

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street, Suite 500, 5th Floor, Boston, MA 02114
617-973-0900
617-973-0985 TTY

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR
JUDYANN BIGBY, MD
SECRETARY
JOHN AUERBACH
COMMISSIONER
RULA HARB
EXECUTIVE DIRECTOR

To: Massachusetts Licensed Practical Nurses and Registered Nurses

Date: July 1, 2012

Re: Massachusetts General Law Chapter 112, revisions to sections 80C and 80G
and the inclusion of 80H to in the document dated, "Revised: December 2011".

Chapter 112: Section 80C. Nurse-midwife; designation; functions

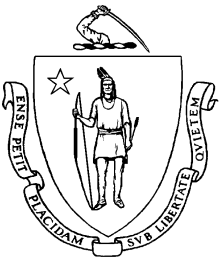
Section 80C. A nurse-midwife who is designated by the board of registration in nursing pursuant to the provisions of section eighty B may engage in the practice of nurse-midwifery.

Chapter 112: Section 80G. Nurse-midwives; power to order tests and therapeutics; issuance of written prescriptions

Section 80G. A nurse authorized to practice as a certified nurse-midwife, under section 80C, may order and interpret tests, therapeutics and prescribe medications in accordance with regulations promulgated by the board and the commissioner of public health under subsection (g) of section 7 of chapter 94C. Nurse-midwives shall practice within a health care system and have clinical relationships with obstetrician-gynecologists that provide for consultation, collaborative management or referral, as indicated by the health status of the patient. Nurse-midwifery care shall be consistent with the standards of care established by the American College of Nurse-Midwives.

Chapter 112: Section 80H. Section 80H Nurse anesthetist; power to issue prescriptions and order tests and therapeutics

Section 80H. A nurse anesthetist may issue written prescriptions and order tests and therapeutics for the immediate perioperative care of a patient pursuant to guidelines mutually developed and agreed upon by the nurse and the supervising physician in accordance with regulations promulgated jointly by the board and the board of registration in medicine after consultation with the board of registration in pharmacy. For the purposes of this section, the immediate perioperative care of a patient shall be defined as the period commencing on the day prior to surgery and ending upon discharge of the patient from post-anesthesia care. A prescription made by a nurse anesthetist shall include the name of the physician with whom such nurse developed and signed mutually agreed upon guidelines approved by the board and the board of registration in medicine under section 80B. The administration of anesthesia by a nurse anesthetist directly to a patient shall not require a written prescription.



COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
BOARD OF REGISTRATION IN NURSING
239 Causeway Street, Suite 500, 5th Floor
Boston, MA 02114
(617) 973-0900
www.mass.gov/dph/boards/rn

CONTENTS	Page(s)
I. Mission Statement and Activities of the Board	2
II. Massachusetts General Laws Governing Nursing Practice and Education	3 -18
III. Board Regulations	
(244 CMR 1.00 and 2.00: Reserved)	
244 CMR 3.00: Definitions and Responsibilities	18 - 21
244 CMR 4.00: Practice of Nursing in the Expanded Role	22 - 33
244 CMR 5.00: Continuing Education	33 - 37
244 CMR 6.00: Approval of Nursing Education Programs	37 - 46
244 CMR 7.00: Action on Complaints	46 - 51
244 CMR 8.00: Licensure Requirements	51 - 55
244 CMR 9.00: Standards of Conduct	55 - 63

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN NURSING

Mission

The mission of the Massachusetts 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.

Activities

Massachusetts General Laws, Chapter 13, sections 13, 14, 14A, 15 and 15D and Chapter 112, sections 74 through 81C authorize the Board of Registration in Nursing to regulate nursing practice and education. Pursuant to these laws, the Board:

- makes, adopts, amends, repeals, and enforces regulations it deems necessary for the protection of the public health, safety and welfare
- issues advisory rulings and opinions which guide nursing practice and education
- approves and monitors nursing education programs which lead to initial licensure
- issues nursing licenses to qualified individuals
- authorizes qualified nurses to practice in advanced roles
- verifies the licensure status of nurses
- collects fees established pursuant to the provisions of GL c. 7, ss. 3B
- investigates and takes action on complaints concerning the performance and conduct of licensed nurses
- audits the continued competency of nurses
- administers the Substance Abuse Rehabilitation Program
- prepares and publishes materials it deems integral to the delivery of safe, effective nursing care, including an annual notification to all licensees of changes in laws and regulations regarding nursing education, licensure and practice
- participates as an active member in the National Council of State Boards of Nursing
- provides consultation and conducts conferences, forums, studies and research on nursing practice, nursing education and related matters

Adopted 5/26/93

Amended 5/09/94, 8/12/98, 11/20/02 (Mission)

Reviewed 12/9/09

**MASSACHUSETTS GENERAL LAWS
GOVERNING NURSING PRACTICE AND EDUCATION**

Chapter 13: Section 13. Board of Registration in Nursing Members; number; qualifications; appointment; term

Section 13.

- (a) The governor shall appoint 17 members to a board of registration in nursing, hereinafter called the board. When making such appointments the governor shall consider persons suggested by nursing organizations in the commonwealth. Members shall be residents of the commonwealth. The composition of the board shall be as follows: 9 registered nurses; 4 licensed practical nurses; 1 physician registered pursuant to chapter 112; 1 pharmacist registered under section 24 of chapter 112 and 2 consumers.
- (b) At the time of appointment or reappointment, nurse members shall:
 - (1) be currently licensed as nurses in the commonwealth;
 - (2) have at least eight years of experience in nursing practice in the ten years immediately preceding the appointment; and
 - (3) be currently employed in nursing in the commonwealth at the time of appointment or reappointment.
- (c) Registered nurse board members shall include representatives from long-term care, acute care, and community health settings in the following manner:
 - (1) one representative from each level of nursing education whose graduates are eligible to write nursing licensure examinations; provided, however that baccalaureate and higher degree programs shall be considered one level;
 - (2) two registered nurses in advanced practice, both of whom must meet requirements for authorization as a registered nurse in advanced practice as established by the board, at least one of whom is employed providing direct patient care at the time of appointment;
 - (3) one registered nurse who is currently employed as a nursing service administrator and who is responsible in that role for agency or service wide policy development and implementation;
 - (4) two registered nurses not authorized in advanced nursing practice and who provide direct patient care.
- (d) Licensed practical nurse board members shall include representatives from long-term care, acute care, and community health settings.
- (e) The consumer board member shall be knowledgeable in consumer health concerns and shall neither be, nor ever have been, associated directly or indirectly with the provision of health care.
- (f) Board members shall serve for a term of three years and until the governor appoints a successor, no member may serve more than two consecutive full terms in any category. Completion of an unexpired term does not constitute a full term. No fewer than four members of the board shall be appointed each year.
- (g) The governor shall fill any vacancy on the board within ninety days of the date that position becomes vacant.
- (h) The present members of the board holding office upon the effective date of this act shall serve as members for the duration of their respective terms.

Chapter 13: Section 14. Meetings; officers; executive director; duties

Section 14. The board shall:

- (a) meet at least four times per year and shall elect a chairperson and officers annually;
- (b) appoint, employ and prescribe the duties of a qualified registered nurse to serve as executive director of the board, who shall not be subject to chapter thirty-one and who shall employ persons, as necessary, to administer section thirteen and this section and

- sections seventy-four to eighty-one C, inclusive, of chapter one hundred and twelve, and who shall receive such salary as may be fixed in accordance with chapter thirty;
- (c) have responsibility and power to administer, coordinate, and enforce the provisions of section thirteen and this section and sections seventy-four to eighty-one C, inclusive, of chapter one hundred and twelve, without limitation to such other powers, duties, and authorities as it may be granted by its status;
 - (d) be authorized to make, adopt, amend, repeal, and enforce such rules and regulations consistent with law as it deems necessary for the protection of the public health, safety and welfare and for proper administration and enforcement of its responsibilities;
 - (e) conduct such hearings and keep records and minutes as are necessary to carry out its duties;
 - (f) collect reasonable fees established pursuant to the provisions of section three B of chapter seven; provided, however, that in setting the level of said fees, the secretary of administration shall take into consideration the projected costs of assuring sufficient funding to meet the purposes of this section, including, but not limited to, clauses (g) to (k), inclusive;
 - (g) conduct studies of the supply of nurses in the commonwealth and, in conjunction with other agencies of the commonwealth, evaluate the demand for nursing services;
 - (h) provide consultation, conduct conferences, forms, studies and research on nursing practice, nursing education and related matters;
 - (i) prepare and publish materials the board determines integral to the delivery of safe and effective nursing care;
 - (j) notify all licensees annually about all changes in law and rules and regulations regarding nursing licensure and nursing practice; and
 - (k) participate in, including attending at meetings of, and paying fees to, national organizations of state boards of nursing.

Chapter 13: Section 14A. Assistant to executive director; qualifications; appointment

Section 14A. There shall be an assistant to the executive director of the board, who shall have been a registered nurse for at least five years prior to appointment, who shall be appointed by the director, with the approval of the board.

Chapter 13: Section 15. Board; members; compensation and expenses

Section 15. Each member of the board shall receive as compensation five hundred dollars a year for the performance of his duties, and also his necessary traveling expenses actually incurred in attending the meetings of the board, but subject to section fifteen D.

Chapter 13: Section 15A – 15C. Repealed

Chapter 13: Section 15D. Compensation and expense limit

Section 15D. The compensation and traveling expenses of the members of the board, and the incidental expenses necessarily incurred by the board and by any member thereof paid by the commonwealth, in any year shall not exceed the receipts from registration and licensing paid to the commonwealth by the board.

Chapter 112: Section 74. Registration of nurses; examinations; fees; certificate; rules and regulations

Section 74. The board of registration in nursing in this section and in sections seventy-four A to eighty-one C, inclusive, called the board, shall hold examinations for the registration of nurses at such times and places as it shall determine. Applications for registration, signed and sworn to by the applicant, shall be made on blanks approved by the board. An applicant

who furnishes satisfactory proof that he is of good moral character and a graduate of a school for nurses approved by the board shall, upon payment of a fee as determined by the secretary of administration pursuant to chapter seven of the General Laws, be examined by the board, and if found qualified, shall be registered, with the right to use the title registered nurse and to practice as such, and shall receive a certificate thereof from the board.

An applicant failing to pass an examination satisfactory to the board shall be entitled to additional examinations under the rules of the board, but shall file a new application and pay a fee as determined under the aforementioned provision for each such examination.

Every person registered hereunder who continues to hold himself out as a registered nurse shall, on or before his birthday in each even-numbered year, renew his registration for the ensuing two year period by payment of a fee as determined by the aforementioned provision to the board, and thereupon, the board shall issue a certificate showing that the holder thereof, is entitled to practice as a registered nurse for the period covered by said payment; provided, however, that if a birthday of any person who shall be registered hereunder shall occur within three months after such original registration, such person need not renew his registration until his birthday in the even-numbered year next following the birthday aforesaid; provided, further, that every person seeking renewal of registration hereunder shall provide evidence of such continuing education as the board shall require by regulation unless the board accepts the training and experience of any such person in lieu of said continuing education requirement.

The board shall promulgate rules and regulations as to the type and amount of continuing education required for such nurse as a qualification for licensing or relicensing; criteria for approved programs, which shall not exclude programs offered by health care facilities licensed by the department of public health or institutions chartered by the commonwealth; procedure for the approval of such programs; mechanism for the verifications of compliance by each person seeking renewal or registration and provision for inactive status.

The board shall have the authority from time to time to make, amend and rescind such rules and regulations as may be necessary to carry out the provisions of the continuing education requirements. Said regulations shall provide that the minimum number of hours required shall not be less than fifteen hours. For the purposes of this section and of section seventy-four A, the birthday of a person born on February twenty-ninth shall be deemed to be February twenty-eighth. In default of such renewal, a person registered hereunder shall forfeit the right to practice as a registered nurse or to hold himself out as such until such fee shall have been paid.

The board, after a hearing, by vote of a majority of its members, may annul the registration and cancel the certificate of any nurse who has been found guilty of a felony.

Chapter 112: Section 74A. Registration of practical nurses; examinations and re-examinations; certificate; fees; cancellation of certificate; rules and regulations

Section 74A. The board shall hold examinations for the licensing of practical nurses at such times and places as it shall determine. Applications for licenses as practical nurses, signed and sworn to by the applicants, shall be made on blanks approved by the board. An applicant who furnishes satisfactory proof that he is of good moral character and that he is a graduate of a school for practical nurses approved by the board or is a graduate of an accredited school of professional nursing or was a student in good standing at an accredited school of professional nursing before completing the program of studies and, at the time of withdrawal, had completed a program of study, theory and clinical practice equivalent to that required for graduation from an approved school of practical nursing, shall, upon payment of

a fee as determined by the secretary of administration pursuant to chapter seven shall be examined by the board and, if found qualified, shall be licensed, with a right to use the title licensed practical nurse and to practice as such, and shall receive a certificate thereof from the board. An applicant failing to pass an examination satisfactory to the board shall be entitled to additional examinations under the rules of the board but shall file a new application and pay a fee as determined under the aforementioned provision for each such examination. Every person licensed hereunder who continues to hold himself out as a licensed practical nurse shall, on or before his birthday in each odd numbered year, renew his license for the ensuing two-year period by payment of a fee as determined under the aforementioned provision to the board, and thereupon the board shall issue a certificate showing that the holder is entitled to practice as a licensed practical nurse for the period covered by said payment; provided, however, that if a birthday of any person who shall be licensed hereunder shall occur within three months after such original licensing, such person need not renew his license until the birthday in the odd-numbered year next following the birthday aforesaid; provided, further, that every person seeking renewal or licensing hereunder shall provide evidence of such continuing education as the board shall require by regulation, unless the board accepts the training and experience of any such person in lieu of said continuing education requirements. The board shall promulgate rules and regulations as to the type and amount of continuing education required for such nurse as a qualification for licensing or relicensing; criteria for approved programs, which shall not exclude programs offered by health care facilities licensed by the department of public health or educational institutions chartered by the commonwealth; procedure for the approval of programs; mechanism for the verification of compliance by each person seeking renewal or registration and provision for inactive status. The board shall have the authority from time to time to make, amend, and rescind such rules and regulations as may be necessary to carry out the provisions of continuing education requirements. Said regulations shall provide that the minimum number of hours required shall not be less than fifteen hours in the registration periods. In default of such renewal, a person licensed hereunder shall forfeit the right to practice as a licensed practical nurse or to hold himself out as such until such fee shall have been paid. The board, after a hearing, by vote of a majority of its members, may annul the license and cancel the certificate of any practical nurse who has been found guilty of a felony.

Chapter 112: Section 75. Examinations

Section 75. Examinations shall be wholly or in part in writing, in the English language, shall include the principles and practice of nursing but shall be limited to such subjects as are included in the curriculum established by the board, shall be in content both reasonable and appropriate for nurses or for practical nurses, as the case may be, and shall be sufficiently thorough to test the applicant's fitness to practice.

Chapter 112: Section 76. Reciprocity registration; fee

Section 76. The board may register or license in like manner, without examination, any person who has been registered as a nurse or licensed as a practical nurse, as the case may be, in another state under laws which, in the opinion of the board, maintain standards substantially the same as those of this commonwealth for nurses or for practical nurses, as the case may be. The fee for registration or licensing without examination under this section shall be determined annually by the commissioner of administration under the provision of section three B of chapter seven.

Chapter 112: Section 76A. Nurses registered in other jurisdictions; temporary registration

Section 76A. The board may, at its discretion, certify as authorized to practice professional nursing any person who furnishes proof, satisfactory to the board, that he was graduated from an approved school of nursing and that he was registered to practice professional nursing in another jurisdiction. Such certification (1) shall be valid for one year only from the date of the issuance of a certificate thereof, but may be renewed for not more than one additional consecutive year, (2) shall be subject to such rules and regulations as the board may prescribe, including the requirement that such certificate holders shall practice under the supervision of a registered nurse and (3) shall, notwithstanding the provisions of section eighty, entitle such certificate holder to engage in the practice of nursing, subject to such limitations upon the capacity in which he may practice as the board may prescribe, while such certification or renewal is in effect, but only in hospitals or other health care institutions licensed by the commonwealth, in hospitals maintained by the federal government, the commonwealth or any of its political subdivisions, or in conjunction with other public health agencies. The fee for certification and renewal under this section shall be determined annually by the commissioner of administration under the provision of section three B of chapter seven.

Chapter 112: Section 76B. Canadian nurse licensure; reciprocity

Section 76B. Any person who has taken and passed the State Board Testing Pool Exam by standards acceptable to the board, and has been registered by a province of Canada in which an examination was taken before August first, nineteen hundred and seventy, and meets the eligibility requirements of clinical and theoretical study as determined by the board, and furnishes to the board satisfactory proof of good moral character and having graduated from a school of nursing approved by the board of nursing in the jurisdiction in which the applicant was originally registered shall be deemed to have met standards substantially the same as those of the commonwealth for the licensing of nurses and shall be licensed in the commonwealth without examination.

Any person who has taken the Canadian Nurses Association Testing Service Exam in English after August first, nineteen hundred and seventy, and has achieved individual scores greater than four hundred in each component of said examination and has been registered by a province of Canada in which an examination was taken, and meets the eligibility requirements of clinical and theoretical study as determined by the board, and furnishes to the board satisfactory proof of good moral character and having graduated from a school of nursing approved by the board of nursing in the jurisdiction in which the applicant was originally registered shall be deemed to have met standards substantially the same as those of the commonwealth for the licensing of nurses and shall be licensed in the commonwealth without examination.

Any person who has taken the Canadian Nurses Association Testing Service Comprehensive Exam in English in August of nineteen hundred and eighty or thereafter and achieved a comprehensive score of greater than four hundred and has been registered by a province of Canada in which an examination was taken and meets the eligibility requirements of clinical and theoretical study as determined by the board, and furnishes to the board satisfactory proof of good moral character and having graduated from a school of nursing approved by the board of nursing in the jurisdiction in which the applicant was originally registered shall be deemed to have met standards substantially the same as those of the commonwealth for the licensing of nurses and shall be licensed in the commonwealth without examination.

Any person who has taken the Canadian Nurses Association Testing Service Exam in French after August first, nineteen hundred and seventy, and has achieved individual scores greater than four hundred in each component of said examination and has been registered

by a province of Canada in which an examination was taken, and meets the eligibility requirements of clinical and theoretical study as determined by the board, and has attained a score of at least five hundred and fifty on the English Proficiency Examination and furnishes to the board satisfactory proof of good moral character and having graduated from a school of nursing approved by the board of nursing in the jurisdiction in which the applicant was originally registered shall be deemed to have met standards substantially the same as those of the commonwealth for the licensing of nurses and shall be licensed in the commonwealth without examination.

Any person who has taken the Canadian Nurses Association Testing Service Comprehensive Exam in French in August of nineteen hundred and eighty or thereafter and achieved a comprehensive score of greater than four hundred and has been registered by a province of Canada in which an examination was taken and meets the eligibility requirements of clinical and theoretical study as determined by the board, and has attained a score of at least five hundred and fifty on the English Proficiency Examination and furnishes to the board satisfactory proof of good moral character and having graduated from a school of nursing approved by the board of nursing in the jurisdiction in which the applicant was originally registered shall be deemed to have met standards substantially the same as those of the commonwealth for the licensing of nurses and shall be licensed in the commonwealth without examination.

Chapter 112: Section 77. Investigation of complaints; national data reporting systems

Section 77. The board shall investigate all complaints of violation of sections seventy-four to eighty-one C, inclusive, and report same to the proper prosecuting officers. The board shall participate in national data reporting systems which provide information on individual nurses.

Chapter 112: Section 78. Records; inspection; annual report

Section 78. The board shall keep records of the names of all persons registered and licensed by it and of all money received and disbursed by it and duplicates thereof shall be open to public inspection in the office of the state secretary. It shall make an annual report of the condition of nursing in the commonwealth.

Chapter 112: Section 79. Rules and regulations

Section 79. The board may make such rules and regulations consistent with law relative to its procedure under sections seventy-four to seventy-eight, inclusive, as it deems expedient.

Chapter 112: Section 80. Violations of provisions relating to professional nursing

Section 80. Whoever, not being lawfully authorized to practice as a registered nurse within the commonwealth, practices or attempts to practice professional nursing or uses the abbreviation R.N., or any other words, letters or figures to indicate that the person using the same is such a registered nurse, shall, except as provided in section sixty-five, be punished by a fine of not more than five hundred dollars; provided, however, that a nonresident, licensed to practice professional nursing in another jurisdiction, may attend upon a nonresident of the commonwealth temporarily abiding here. Whoever becomes or attempts to become registered as a registered nurse or practices or attempts to practice professional nursing under a false or assumed name shall be punished by a fine of not less than five hundred nor more than one thousand dollars or imprisonment for one year, or both.

Chapter 112: Section 80A. Violations of provisions relating to practical nursing

Section 80A. Whoever, not being lawfully authorized to practice as a licensed practical nurse within the commonwealth, practices or attempts to practice practical nursing or uses the abbreviation L.P.N., or any other words, letters or figures to indicate that the person using the same is such a licensed practical nurse shall, except as provided in section sixty-five, be punished by a fine of not more than five hundred dollars; provided, however, that a nonresident, licensed to practice practical nursing in another jurisdiction, may so practice in the commonwealth for a period or periods which, in the aggregate, exclusive of any period of time during which such person is in attendance upon a nonresident of the commonwealth temporarily abiding here, does not exceed six months. Whoever becomes or attempts to become licensed as a licensed practical nurse, or practices or attempts to practice practical nursing under a false or assumed name shall be punished by a fine of not less than five hundred nor more than one thousand dollars or imprisonment for one year, or both.

Chapter 112: Section 80B. Nursing practice; advanced practice; licensed practical nurses

Section 80B. The practice of nursing shall mean the performance for compensation of those services which assist individuals or groups to maintain or attain optimal health. Nursing practice requires substantial specialized knowledge of nursing theory and related scientific, behavioral and humanistic disciplines such as are taught and acquired under the established curriculum in a school for nurses duly approved in accordance with this chapter.

Nursing practice involves clinical decision making leading to the development and implementation of a strategy of care to accomplish defined goals, the administration of medication, therapeutics and treatment prescribed by duly authorized nurses in advanced roles, including certified nurse midwives, nurse practitioners and psychiatric nurse mental health clinical specialists; dentists; physicians; and physician assistants' and the evaluation of responses to care and treatment. It shall include, but not be limited to the performance of services which promote and support optimal functioning across the life span; the collaboration with other members of the health team to achieve defined goals; health counseling and teaching; the provision of comfort measures; teaching and supervising others; and participation in research which contributes to the expansion of nursing knowledge.

Each individual licensed to practice nursing in the commonwealth shall be directly accountable for safety of nursing care he delivers.

The practice of registered nurses shall include, but not be limited to:

- (1) the application of nursing theory to the development, implementation, evaluation and modification of plans of nursing care for individuals, families and communities;
- (2) coordination and management of resources for care delivery;
- (3) management, direction and supervision of the practice of nursing, including the delegation of selected activities to unlicensed assistive personnel.

Registered nurses who apply for initial authorization in advanced nursing practice shall furnish to the board documentation that they have received either a degree for preparation in advanced nursing practice from a graduate school approved by a national accrediting body acceptable to the board, or have received a certificate of completion of an educational program in advanced nursing practice approved by a national accrediting body acceptable to the board. The applicant shall also submit to the board documentation of current certification in advanced nursing practice from a national professional or specialty certifying organization acceptable to the board.

Those registered nurses whose applications include the above-described documentation may be authorized by the board to practice in advanced practice nursing roles as defined in regulations promulgated by the board.

Advanced practice nursing regulations which govern the ordering of tests, therapeutics and prescribing of medications shall be promulgated by the board in conjunction with the board of registration in medicine. Said promulgation shall occur only after the two boards have met, consulted and concurred on the content of such regulations.

The standards of care in the ordering of tests, therapeutics and the prescribing of medications, to which nurses in advanced practice shall be held, shall be those standards which protect consumers, and provide them with safe and comprehensive care, and shall be standards comparable to other professionals, including physicians, providing the same services.

The board is authorized to promulgate regulations requiring advanced practice nurses to have professional malpractice liability insurance or a suitable bond or other indemnity against liability for professional malpractice in such amounts as may be determined by the board.

The practice of licensed practical nurses shall include, but not be limited to:

- (1) participation in the development, implementation, evaluation and modification of the plans of nursing care for individuals, families and communities through the application of nursing theory;
- (2) participation in the coordination and management of resources for the delivery of patient care;
- (3) managing, directing and supervising safe and effective nursing care, including the delegation of selected activities to unlicensed assistive personnel.

Neither “professional nursing” nor “practical nursing” shall mean or be construed to prevent: (1) the gratuitous care of any ill, injured or infirm person by any member of his family or any friend, or his care by any person employed primarily as a companion, housekeeper, domestic servant or nursemaid; (2) the performance of any nursing service in an emergency; (3) the performance, of any student enrolled in a school for nurses or practical nurses duly approved in accordance with this chapter, of any nursing service incidental to any prescribed course in such school; (4) the performance of services incidental to the practice of the religious tenets of any church by any member thereof; (5) the performance of nursing service by a person authorized to practice nursing under section seventy-six A, subject to the provisions of said section; or (6) the performance of services by physicians, dentists, pharmacists, teachers, health educators, social workers, dieticians, therapists, technicians, and medical students which are commonly recognized to be functions of their respective callings; or (7) the performance of any nursing service for any patient in a convalescent or nursing home or rest home, by any person employed in such home, provided that such nursing service is performed under the supervision of a registered nurse or licensed practical nurse.

Chapter 112: Section 80C. Nurse-midwife; designation; functions

Section 80C. A nurse-midwife who is designated by the board of registration in nursing pursuant to the provisions of section eighty B may engage in the practice of nurse-midwifery; provided, however, that the nurse-midwife functions as a member of a health care team which includes a qualified physician licensed to practice medicine in the commonwealth which physician has admitting privileges in a hospital licensed by the department of public health for the operation of maternity and newborn services.

Chapter 112: Section 80D. Nurse-midwifery advisory committee

Section 80D. An advisory committee composed of five practicing nurse-midwives appointed by the board of registration in nursing for a two-year term shall be consulted on matters relating to the practice of nurse-midwifery and shall annually prepare a report informing the board of current functions, standards of practice and qualifications in the practice of nurse-midwifery.

Chapter 112: Section 80E. Nurse practitioners or psychiatric nurse mental health clinical specialists; power to order therapeutics and tests; issuance of written prescriptions

Section 80E. A nurse practitioner or psychiatric nurse mental health clinical specialist may issue written prescriptions and order tests and therapeutics pursuant to guidelines mutually developed and agreed upon by the nurse and the supervising physician in accordance with regulations promulgated jointly by the board and the board of registration in medicine after consultation with the board of registration in pharmacy. A prescription made by a nurse practitioner or psychiatric nurse mental health clinical specialist shall include the name of the physician with whom such nurse has developed and signed mutually agreed upon guidelines approved by said board and said board of registration in medicine pursuant to section eighty B.

Chapter 112: Section 80F. Rehabilitation program; establishment; functions; rehabilitation evaluation committees; program participants

Section 80F.

- (a) The board shall establish a rehabilitation program designed to assist nurses, whose competency has been impaired because of substance abuse disorders, to return to practice. Such program shall be designed in such a manner so that the public health and safety will not be endangered.
- (b) The rehabilitation program shall:
 - (1) serve as a voluntary alternative to traditional disciplinary actions;
 - (2) establish criteria for the acceptance, denial, or termination of registered nurses and licensed practical nurses in said program; and
 - (3) establish an outreach program to help identify registered and licensed practical nurses who are substance abusers and to educate them about said rehabilitation program.

Only those registered nurses and licensed practical nurses who have requested rehabilitation and supervision shall participate in said program.

- (c) The board shall appoint one or more rehabilitation evaluation committees consisting of nine members, two of whom shall be registered nurses with demonstrated experience in the field of substance use disorders or psychiatric mental health nursing; two of whom shall be licensed practical nurses with demonstrated experience in the field of substance use disorders or psychiatric mental health nursing; one of whom shall be a registered nurse employed as a nursing service administrator; one of whom shall be a registered or licensed practical nurse who has recovered from drug or alcohol addiction and has been drug and alcohol free for a minimum of two years; and three of whom shall be representatives of the public who are knowledgeable about the field of substance abuse or mental health. Each committee shall elect a chairperson and a vice chairperson. The members of the committee shall serve for such terms as the board shall determine but in

no case shall such term exceed four years. All members of the committee who are nurses shall hold licenses as nurses in the commonwealth for the duration of their terms. No board member may serve on a committee.

- (d) The board shall employ nurse specialists with demonstrated professional expertise in the field of substance abuse disorders to serve as supervisors of participants in the rehabilitation program. Such supervisors shall serve as a liaison among the board, the committee, approved treatment programs and providers, and licensees. All information obtained by a supervisor pursuant to this section shall be exempt from disclosure and shall be confidential subject to the provisions of subsections (f) and (g).
- (e) All rehabilitation evaluation committee findings shall be submitted to the board as recommendations and shall be subject to final approval of the board. Each committee shall have the following duties and responsibilities:
 - (1) To evaluate, according to the guidelines prescribed by the board, those registered nurses or licensed practical nurses who request participation in the program and to consider the recommendations of the nurse specialist supervisor in the admission of the registered nurse or licensed practical nurse to the rehabilitation program.
 - (2) To review and designate those treatment facilities and services to which rehabilitation program participants may be referred.
 - (3) To receive and review information concerning a registered nurse or licensed practical nurse participating in the program.
 - (4) To consider in the case of each rehabilitation program participant whether the nurse may with safety continue or resume the practice of nursing.
 - (5) To call meetings as necessary to consider the requests of registered nurses or licensed practical nurses to participate in the rehabilitation program, and to consider reports regarding rehabilitation program participants.
 - (6) To prepare reports to be submitted to the board.
 - (7) To set forth in writing for each rehabilitation program participant an individualized rehabilitation program with requirements for supervision and surveillance.
 - (8) To provide information to nurses requesting participation in the program.
- (f) Each registered nurse or licensed practical nurse who requests participation in a rehabilitation program shall agree to cooperate with the rehabilitation program recommended by a rehabilitation evaluation committee and approved by the board. Any failure to comply with the provisions of a rehabilitation program may result in termination of the participant from the rehabilitation program. The name and license number of a registered nurse or licensed practical nurse terminated for failure to comply with the provisions of a rehabilitation program shall be reported to the board.
- (g) After a committee in its discretion has determined that a registered nurse or licensed practical nurse has been rehabilitated and the rehabilitation program is completed, the board shall seal all records pertaining to the nurse's participation in the rehabilitation program. No record shall be sealed sooner than five years from the nurse's date of entry into the rehabilitation program. All board and committee records and records of a proceeding pertaining to the rehabilitation of a registered nurse or licensed practical nurse in the rehabilitation program shall be kept confidential and are not subject to discovery.

Chapter 112: Section 80G. Nurse-midwives; power to order tests and therapeutics; issuance of written prescriptions

Section 80G. A nurse authorized to practice as a certified nurse-midwife may order tests and therapeutics pursuant to guidelines mutually developed and agreed upon by the certified

nurse-midwife and the supervising physician in accordance with regulations promulgated jointly by the board and the board of registration in medicine after consultation with the board of registration in pharmacy and issue written prescriptions subject to the provisions of paragraph (g) of section seven of chapter ninety-four C. Any prescription for medication made by a certified nurse-midwife shall include the name of the supervising physician.

Chapter 112: Section 81. Application of Sections 80 to 80A: Government employees

Section 81. Neither section eighty nor eighty A, as the case may be, shall apply to any person duly licensed to practice nursing within any other jurisdiction, while discharging official duties as an employee of the federal government.

Chapter 112: Section 81A. Inspection and approval of schools for nurses

Section 81A. The board shall upon the request of any school for nurses or for practical nurses in the commonwealth inspect said school and notify its trustees or other governing body if said school is approved for the purposes of section seventy-four or seventy-four A, as the case may be, and, if not, what steps said school should take in order to gain the approval of the board. It shall from time to time inspect any school already approved and may withdraw its approval thereof. Said board shall notify the trustees or other governing body of each school if it merits continuance of approval, and, if not, may specify what steps the school should take to receive continuance of approval. Said board may make inspections by any of its members or by an agent or agents designated by it for the purpose, and no approval shall be withdrawn unless an inspection has been made. Any such trustees or other governing body aggrieved by an adverse decision of the board shall, on petition, be given a hearing before said board.

Chapter 112: Section 81B. Approval of schools in other states

Section 81B. The board may approve, for the purposes of sections seventy-four, seventy-four A or seventy-six A, any school for nurses or for practical nurses, as the case may be, in another state or country which maintains standards substantially the same as those required for an approved school in this commonwealth, and which, in the case of a school in another state, is approved by the board for nurses or for practical nurses, or corresponding body, of the state in which the school is situated.

Chapter 112: Section 81C. Rules and regulations relative to nursing schools

Section 81C. The board may make such rules and regulations consistent with law relative to procedure under sections eighty-one A and eighty-one B as it deems expedient, and shall make reasonable rules and regulations concerning the general conduct of approved schools, including the qualifications of the principals and the teachers therein, requirements for admission of students, the curriculum to be taught therein, the teaching equipment, the care of the health of the students and their housing. The board may make such rules and regulations consistent with section eighty B as it deems expedient except that the board registration and discipline in medicine shall jointly approve additional acts, as referred to in said section eighty B.

Chapter 112: Section 61. Suspension, revocation or cancellation of certificate, registration, license or authority by boards; disciplinary measures; sanctions; student loan defaulters; review

Section 61. Except as otherwise provided by law the board of registration in medicine each board of registration or examination in the department of public health in the executive office of health and human services and, each board of registration or examination in the division of professional licensure in the office of consumer affairs and business regulation, after a

hearing, may, by a majority vote of the whole board, suspend, revoke or cancel any certificate, registration, license or authority issued by it, if it appears to said board that the holder of such certificate, registration, license or authority, is incapacitated by reason of mental illness, or is guilty of deceit, malpractice, gross misconduct in the practice of his profession, or of any offense against the laws of the commonwealth relating thereto. Any person whose certificate, registration, license or authority is suspended or revoked hereunder shall also be liable to such other punishment as may be provided by law. The said boards may make such rules and regulations as they deem proper for the filing of charges and the conduct of hearings.

A board of registration under the supervision of the division of professional licensure may discipline the holder of a license, certificate, registration or authority issued pursuant to this chapter or chapters 141 and 142 if it is determined, after a consent agreement between the parties or after an opportunity for an adjudicatory proceeding conducted pursuant to chapter 30A, that such holder has:

- (1) engaged in conduct which places into question the holder's competence to practice the profession including, but not limited to, gross misconduct; practicing the profession fraudulently; practicing his profession beyond the authorized scope of his license, certificate, registration or authority; practicing the profession with gross incompetence; or practicing the profession with negligence on 1 or more than 1 occasion;
- (2) engaged in the practice of his profession while the ability to practice was impaired by alcohol or drugs;
- (3) violated any law, rule or regulation of the board of registration governing the practice of the profession;
- (4) been convicted of a criminal offense which is reasonably related to the practice of the profession;
- (5) engaged in dishonesty, fraud or deceit which is reasonably related to the practice of the profession;
- (6) knowingly permitted, aided or abetted an unauthorized person in performing activities requiring a license, certificate, registration or authority; or
- (7) had a license, certificate, registration or authority issued by another state or territory of the United States, the District of Columbia, or a foreign state or nation with authority to issue such a license, certificate, registration or authority revoked, cancelled, suspended, not renewed or otherwise acted against, or if the holder has been disciplined, if the basis for the action would constitute a basis for disciplinary action in the commonwealth.

Notwithstanding any general or special law to the contrary, a board of registration under the supervision of the division of professional licensure, may by a majority vote and after a consent agreement between the parties or after an opportunity for an adjudicatory proceeding conducted pursuant to chapter 30A, upon determination made that the holder of a license, certificate, registration or authority issued by any such board of registration is subject to discipline based on any provision enumerated in this section, undertake 1 or more of the following actions:—

- (1) suspend, revoke, cancel, decline to renew, or place on probation such license, certificate, registration or authority;
- (2) reprimand or censure a holder;
- (3) assess upon the holder a civil administrative penalty, as determined by the board, not to exceed \$100 for a first violation; \$500 for a second violation; \$1,500 for a third violation; or \$2,500 for a fourth or subsequent violation;

- (4) require the holder to complete additional education and training as a condition of retention or future consideration of reinstatement of the license, certificate, registration or authority;
- (5) require the holder to practice under appropriate supervision for a period of time as determined by the board as a condition of retention or future consideration of reinstatement of the license, certificate, registration or authority;
- (6) require the holder to participate in an alcohol or drug rehabilitation program as a condition of retention or future consideration of reinstatement of the license, certificate, registration or authority.

Nothing in this section shall be deemed a limitation on a board's authority to impose such reasonable sanctions as it deems appropriate by the board after a hearing or by a consent agreement. A person sanctioned under this section shall be subject to such other sanctions or punishment provided by law. The boards shall promulgate such rules and regulations not inconsistent with chapter 30A as necessary for the filing of charges and the conduct of proceedings.

Each such board of registration or examination, upon receiving a written list of names of educational loan defaulters from the Massachusetts Education Financing Authority established pursuant to section four of chapter fifteen C or the Massachusetts Higher Education Assistance Corporation created under chapter two hundred and ninety-eight of the acts of nineteen hundred and fifty-six, shall suspend, revoke or cancel a professional or occupational certificate, registration, license, or authority issued by it if the holder is so listed as being in default on an educational loan made under any of the programs administered by such authority or corporation, hereinafter referred to in this paragraph as the loan agency. Any such holder whose certificate, registration, license or authority is suspended, revoked or cancelled pursuant to this paragraph because of such holder's default on an educational loan shall be informed by the applicable board of registration of the availability of the review procedure provided by this paragraph. Within thirty days of the receipt of notice of such suspension, revocation or cancellation, the holder may request the loan agency which notified the board of registration of the default to conduct a review of the applicant's alleged loan default. Upon receipt of a request for review, the loan agency shall notify the board of registration that the applicant has requested a review, whereupon the board of registration shall provisionally cancel the suspension, revocation or cancellation of the certificate, registration, license or authority until the board of registration is notified by said loan agency of the disposition of the review. Such review shall include a determination that said loan agency has complied with all federal requirements applicable to student loan defaulters, and any further requirements specified by the director of consumer affairs and business regulation. If the loan agency which conducts the review determines that the notice of default was in error, or enters into an arrangement for repayment or enters into any other arrangement with the applicant, the loan agency shall promptly notify the applicable board of registration and such board shall reinstate or renew the certificate, registration, license or authority of the holder, provided the holder meets all other requirements therefor. If the loan agency determines that the notice of default was warranted, the loan agency shall notify the applicable board of registration to suspend, revoke or cancel said certificate, registration, license or authority. The director of consumer affairs and business regulation is hereby authorized to promulgate regulations pursuant to sections one to eight, inclusive, of chapter thirty A to enforce the provisions of this paragraph.

Each such board, if it appears after a hearing that a statement in an application to it for certification, registration, licensure or authority, which is required to be under oath or affirmation or to contain or be verified by a written declaration that it is made under penalties of perjury, is false and known to the applicant to be false, shall refuse to grant or issue or

shall revoke or cancel such certificate, registration, license or authority. The provisions of this paragraph shall not affect, but shall be in addition to, any other penalty provided by law.

Except as otherwise provided in this chapter, no such board shall make any rule or regulation prohibiting the advertising or dissemination of truthful information concerning the price, nature and availability of goods and services to consumers, the effect of which would restrain trade or lessen competition.

Chapter 112: Section 62. Hearings

Section 62. Any person against whom charges are filed shall be notified of the hearing thereof, and may appear with witnesses and be heard by counsel. If such person has left the commonwealth, or cannot be found by reasonable search, notice may be dispensed with. Said boards shall have the same powers to summon witnesses to attend such hearings, and to swear them as are conferred upon city councils and other bodies by section eight of chapter two hundred and thirty-three, and said section and sections nine and ten of said chapter shall apply to witnesses summoned as aforesaid.

Chapter 112: Section 63. Pendency of action before criminal court; delay; pendency of charge before board; continuance

Section 63. Said boards shall not defer action upon any charge before them until the conviction of the person accused, nor shall the pendency of any charge before any of said boards act as a continuance or ground for delay in a criminal action.

Chapter 112: Section 64. Review by supreme judicial court of suspension, revocation or cancellation order; decree; standards of review by other courts

Section 64. The supreme judicial court, upon petition of a person whose certificate, registration, license or authority has been suspended, revoked or cancelled, may enter a decree revising or reversing the decision of the board, in accordance with the standards for review provided in paragraph (7) of section fourteen of chapter thirty A; but prior to the entry of such decree no order shall be made or entered by the court to stay or supersede any suspension, revocation or cancellation of any such certificate, registration, license or authority. Where a statute provides that a court other than the supreme judicial court may review a board's action, such review shall be conducted in accordance with the standards of review provided in paragraphs (3) to (7), inclusive, of said section 14 of said chapter 30A.

Chapter 112: Section 65. Practice during suspension, revocation or cancellation; civil administrative penalties; notice; expiration and renewal of license; court orders

Section 65.

- (a) Whoever continues to practice a trade or profession after his certificate, registration, license or authority to do so has been suspended, revoked or cancelled under section 61, and while such disability continues, shall be punished by a fine of not more than \$2,500 or by imprisonment for not more than 6 months, or both.
- (b) Notwithstanding any general or special law to the contrary, each board of registration under the supervision of the division of professional licensure and each board of registration under the supervision of the department of public health may, after a consent agreement between the parties or after an opportunity for an adjudicatory proceeding held pursuant to chapter 30A, assess and collect a civil administrative penalty of not more than \$1,000 for the first violation and not more than \$2,500 for a second or subsequent violation upon a person who practices a trade or profession at a time when

his license, certificate, registration or authority to do so has been suspended, revoked or cancelled by the board of registration that issued the license, and upon any person who knowingly practices a trade or profession at a time when his license, certificate, registration or authority to do so has expired; provided, however, that if a licensee has, in accordance with any law and with board regulations, made timely and sufficient application for a renewal, his license shall not expire until his application has been finally determined by the board; provided further, that prior to the assessment of a civil administrative penalty under this section, the board shall notify the licensee that he has at least 90 days after the date of expiration within which to submit an application for renewal during which time the board shall waive any applicable penalties pursuant to this paragraph. An assessment of a civil administrative penalty under this section shall bar a subsequent imposition of a criminal penalty for the same violation and an imposition of a criminal penalty under this section shall bar a subsequent assessment of a civil administrative penalty for the same violation.

- (c) A board may apply to the appropriate court for an order enjoining the unlicensed practice of a trade or profession or for an order for payment of an assessed penalty or for such other relief as may be appropriate to enforce this section.

Chapter 112: Section 65A. Unlicensed practice of trade; penalties

Section 65A. Notwithstanding any general or special law to the contrary, each board of registration under the supervision of the division of professional licensure and each board of registration under the supervision of the department of public health may, after a consent agreement between the parties or after an opportunity for an adjudicatory proceeding held pursuant to chapter 30A, assess and collect a civil administrative penalty not to exceed \$1,000 for the first violation and a civil administrative penalty not to exceed \$2,500 for a second or subsequent violation upon a person who, without holding the required license, certificate, registration or authority, engages in the practice of a trade or profession for which a license, certificate, registration or authority is required. Nothing in this section shall affect, restrict, diminish or limit any other penalty or remedy provided by law. A board may apply to the appropriate court for an order enjoining the unlicensed practice of a trade or profession or for an order for payment of an assessed penalty or for such other relief as may be appropriate to enforce this section.

Chapter 112: Section 65C. Investigative conference meetings; access to meeting records

Section 65C. Meetings of the boards held for the purpose of conducting investigative conferences prior to the issuance of an order to show cause or for purposes of discussing the terms of a negotiated settlement of a complaint against a licensee shall not be considered open meetings within the meaning of section 11A 1/2 of chapter 30A, but a licensee shall have access to records of any meetings concerning the licensee as may be necessary for the defense of his license at an adjudicatory proceeding.

Chapter 112: Section 65D. Assessed penalties; allocation of funds

Section 65D. Twenty per cent of all civil administrative penalties assessed by boards under the supervision of the division of professional licensure pursuant to sections 61 and 65 to 65D, inclusive, shall be deposited in the Division of Professional Licensure Trust Fund established pursuant to subsection (a) of section 35V of chapter 10 and the remaining 80 per cent shall be deposited in the General Fund. Twenty per cent of all civil administrative penalties assessed by boards under the supervision of the department of public health pursuant to sections 65 and 65A of this chapter shall be deposited in the Quality in Health

Professions Trust Fund established pursuant to subsection (a) of section 35X of said chapter 10 and the remaining 80 per cent shall be deposited in the General Fund.

Chapter 112: Section 65E. Reporting requirement

Section 65E. Each board of registration under the supervision of the division of professional licensure and each board of registration under the supervision of the department of public health which takes any action against an individual who practices a trade or profession at a time when his license, certificate, registration or authority to do so is not valid because it has been suspended, revoked or cancelled by the board of registration that issued the license, certificate, registration or authority shall report the individual to the attorney general of the commonwealth for review.

244 CMR 3.00: REGISTERED NURSE AND LICENSED PRACTICAL NURSE

Section

- 3.01: Definition - Registered Nurse
- 3.02: Responsibilities and Function - Registered Nurse
- 3.03: Definition - Practical Nurse
- 3.04: Responsibilities and Functions - Practical Nurse
- 3.05: Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel

3.01: Definition - Registered Nurse

Registered Nurse is the designation given to an individual who is licensed to practice professional nursing, holds ultimate responsibility for direct and indirect nursing care, is a graduate of an approved school for professional nursing, and is currently licensed as a Registered Nurse pursuant to M.G.L. c. 112. Included in such responsibility is providing nursing care, health maintenance, teaching,* counseling, planning and restoration for optimal functioning and comfort, of those they serve.

3.02: Responsibilities and Functions - Registered Nurse

A registered nurse shall bear full and ultimate responsibility for the quality of nursing care she/he provides to individuals and groups. Included in such responsibility is health maintenance, teaching, counseling, collaborative planning and restoration of optimal functioning and comfort or for the dignified death of those they serve. A registered nurse, within the parameters of his/her generic and continuing education and experience, may delegate nursing activities to other registered nurses and/or health care personnel, provided, that the delegating registered nurse shall bear full and ultimate responsibility for:

- (1) making an appropriate assignment;
- (2) properly and adequately teaching, directing and supervising the delegatee; and
- (3) the outcomes of that delegation. A registered nurse shall act, within his/her generic and continuing education and experience to:

* Defined as assignment consistent with the education, experience and demonstrated competence of the assignee and consistent with the needs of the patient(s).

- (a) systematically assess health status of individuals and groups and record the related health data;
- (b) analyze and interpret said recorded data; and make informed judgments therefrom as to the specific problems and elements of nursing care mandated by a particular situation;
- (c) plan and implement nursing intervention which includes all appropriate elements of nursing care, prescribed medical or other therapeutic regimens mandated by the particular situation, scientific principles, recent advancements and current knowledge in the field;
- (d) provide and coordinate health teaching required by individuals, families and groups so as to maintain the optimal possible level of health;
- (e) evaluate outcomes of nursing intervention, and initiate change when appropriate;
- (f) collaborate, communicate and cooperate as appropriate with other health care providers to ensure quality and continuity of care;
- (g) serve as patient advocate, within the limits of the law.

3.03: Definition - Practical Nurse

Licensed practical nurse is the designation given to an individual who is a graduate of an approved practical nursing program, and who is currently licensed as a practical nurse pursuant to M.G.L. c 112. The licensed practical nurse functions within the framework specified by the nursing statutes and regulations of the Commonwealth.

3.04: Responsibilities and Functions - Practical Nurse

A licensed practical nurse bears full responsibility for the quality of health care s/he provides to patients or health care consumers. A licensed practical nurse may delegate nursing activities to other administratively assigned health care personnel provided; that the delegating licensed practical nurse shall bear full responsibility for:

- (1) making an appropriate assignment,
- (2) adequately teaching, directing and supervising the delegatee(s), and
- (3) the outcome of that delegation: all within the parameters of his/her generic and continuing education and experience.
- (4) A licensed practical nurse participates in direct and indirect nursing care, health maintenance, teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience in order to:
 - (a) assess an individual's basic health status, records and related health data;
 - (b) participate in analyzing and interpreting said recorded data, and making informed judgments as to the specific elements of nursing care mandated by a particular situation;
 - (c) participate in planning and implementing nursing intervention, including appropriate health care components in nursing care plans that take account of the most recent advancements and current knowledge in the field;
 - (d) incorporate the prescribed medical regimen into the nursing plan of care;
 - (e) participate in the health teaching required by the individual and family so as to maintain an optimal level of health care;
 - (f) when appropriate evaluate outcomes of basic nursing intervention and initiate or encourage change in plans of care;
 - (g) collaborate, cooperate and communicate with other health care providers to ensure quality and continuity of care.

3.05: Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel

The qualified licensed nurse (Registered Nurse/Practical Nurse) within the scope of his/her practice is responsible for the nature and quality of all nursing care that a patient/client receives under his/her direction. Assessment/ identification of the nursing needs of a patient/client, the plan of nursing actions, implementation of the plan, and evaluation of the plan are essential components of nursing practice and are the functions of the qualified licensed nurse. The full utilization of the services of a qualified licensed nurse may permit him/her to delegate selected nursing activities to unlicensed personnel. Although unlicensed personnel may be used to complement the qualified licensed nurse in the performance of nursing functions, such personnel cannot be used as a substitute for the qualified licensed nurse. The following sections govern the licensed nurse in delegating and supervising nursing activities to unlicensed personnel. Delegation by Registered Nurses and Licensed Practical Nurses must fall within their respective scope of practice as defined in M.G.L. c. 112, § 80B, paragraphs 1 and 2. Said delegation must occur within the framework of the job description of the delegatee and organizational policies and procedures and also must be in compliance with 244 CMR 3.05(4) and (5).

(1) Definitions

Delegation - The authorization by a qualified licensed nurse to an unlicensed person as defined in 244 CMR 3.05(1) to provide selected nursing services.

Supervision - Provision of guidance by a qualified licensed nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

Unlicensed Person - A trained, responsible individual other than the qualified licensed nurse who functions in a complementary or assistive role to the qualified licensed nurse in providing direct patient/client care or carrying out common nursing functions. The term includes, but is not limited to, nurses' aides, orderlies, assistants, attendants, technicians, home health aides, and other health aides.

(2) General Criteria for Delegation. Delegation of nursing activities to unlicensed persons shall comply with the following requirements:

- (a) The qualified licensed nurse delegating the activity is directly responsible for the nursing care given to the patient/client, and the final decision as to what nursing activity can be safely delegated in any specified situation is within the specific scope of that qualified licensed nurse's professional judgment.
- (b) The qualified licensed nurse must make an assessment of the patient's/client's nursing care needs prior to delegating the nursing activity.
- (c) The nursing activity must be one that a reasonable and prudent nurse would determine to be delegatable within the scope of nursing judgment; would not require the unlicensed person to exercise nursing judgment; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the patient's/client's welfare.
- (d) The unlicensed person shall have documented competencies necessary for the proper performance of the task on file within the employing agency; an administratively designated nurse shall communicate this information to the qualified licensed nurse(s) who will be delegating activities to these individuals.
- (e) The qualified licensed nurse shall adequately supervise the performance of the delegated nursing activity in accordance with the requirements of supervision as found in 244 CMR 3.05(3).

(3) Supervision. The qualified licensed nurse shall provide supervision of all nursing activities delegated to unlicensed persons in accordance with the following conditions:

The degree of supervision required shall be determined by the qualified licensed nurse after an evaluation of appropriate factors involved, including, but not limited to, the following:

- (a) the stability of the condition of the patient/client;
- (b) the training and capability of the unlicensed person to whom the nursing task is delegated;
- (c) the nature of the nursing task being delegated; and
- (d) the proximity and availability of a qualified licensed nurse to the unlicensed person when performing the nursing activity.

(4) Delegation of Nursing Activities. By way of example, and not in limitation, the following nursing activities are usually considered within the scope of nursing practice to be delegated, and may be delegated provided the delegation is in compliance with 244 CMR 3.05(2):

- (a) Nursing activities which do not require nursing assessment and judgment during implementation;
- (b) The collecting, reporting, and documentation of simple data;
- (c) Activities which meet or assist the patient/client in meeting basic human needs, including, but not limited to: nutrition, hydration, mobility, comfort, elimination, socialization, rest and hygiene.

(5) Nursing Activities That May Not Be Delegated. By way of example, and not in limitation, the following are nursing activities that are not within the scope of sound nursing judgment to delegate:

- (a) Nursing activities which require nursing assessment and judgment during implementation;
- (b) Physical, psychological, and social assessment which requires nursing judgment, intervention, referral or follow-up;
- (c) Formulation of the plan of nursing care and evaluation of the patient's/client's response to the care provided;
- (d) Administration of medications except as permitted by M.G.L. c. 94C

(6) Patient/Client Health Teaching and Health Counseling. It is the responsibility of the qualified licensed nurse to promote patient/client education and to involve the patient/client and, when appropriate, significant others in the establishment and implementation of health goals. While unlicensed personnel may provide information to the patient/client, the ultimate responsibility for health teaching and health counseling must reside with the qualified licensed nurse as it relates to nursing and nursing services.

REGULATORY AUTHORITY:

244 CMR 3.00: M.G.L. c. 112, § 80

Please be advised that the regulations below are not the official version of the regulations. As is the case with all state regulations, the official versions are available from the Secretary of the Commonwealth's State Publications and Regulations Division, through the State Bookstore, Room 116, Boston, MA 02133 or by calling (617) 727-2834. Official regulations also may be ordered from the State Bookstore on-line at <http://www.sec.state.ma.us/spr/sprcat/catidx.htm>. While the Department strives to keep the regulations included on this site current, that is not always possible. In the case of any discrepancy between the version on this site, and the official Code of State Massachusetts Regulations published by the Secretary of State, the Secretary of State's version takes precedence.

244 CMR 4.00: MASSACHUSETTS REGULATIONS GOVERNING THE PRACTICE OF NURSING IN THE EXPANDED ROLE

Section

- 4.01: Authority
- 4.02: Purpose
- 4.03: Citation
- 4.04: Scope
- 4.05: Definitions
- 4.06: Gender of Pronouns
- 4.07: Number
- (4.08 through 4.10: Reserved)
- 4.11: Categories of Nurses Practicing in Expanded Role
- 4.12: Prohibition of Practice without Authorization and Rules Governing Advertising and Personal Identification
- 4.13: Requirements for Authorization
- 4.14: Criteria for Determining Equivalent Competency
- 4.15: Application for Authorization and Authorization
- 4.16: Renewal of Authorization
- 4.17: Discipline: Revocation, Suspension, or Refusal to Renew Authorization
- (4.18 through 4.20: Reserved)
- 4.21: Responsibility
- 4.22: Development, Approval and Review of Guidelines for Nurse Midwives, Nurse Practitioners and Nurse Anesthetists
- 4.23: Development, Approval and Review of Guidelines for Psychiatric Nurse Mental Health Specialists
- 4.24: Status of Guidelines as Public Documents
- 4.25: Specific Requirements Applicable to Guidelines for Categories of Nurses Practicing in an Expanded Role
- 4.26: Scope of Practice for Categories of Nurses Practicing in an Expanded Role
- 4.27: Self Prescribing and Prescribing for Family Members
- 4.28: Authority of Board of Registration in Medicine

4.01: Authority

The Board of Registration in Nursing adopts 244 CMR 4.00 which it and the Board of Registration in Medicine have approved under the authority of M.G.L. c. 112, § 80B.

4.02: Purpose

The purpose of 244 CMR 4.00 is to establish the conditions under which registered nurses licensed by the Board of Registration in Nursing may practice in an expanded role. 244 CMR 4.00 also establishes principles of supervision, responsibility, and discipline to which nurses practicing in the expanded role are subject.

4.03: Citation

244 CMR 4.00: The Practice of Nursing in the Expanded Role, and persons citing them may use the following abbreviated form: 244 CMR 4.00.

4.04: Scope

244 CMR 4.00 governs the education and practice requirements applicable to nurses practicing in the expanded role. They also guide the actions of persons and/or entities related in a professional or employment capacity to such nurses.

4.05: Definitions

For the purpose of 244 CMR 4.00, the terms or phrases listed below have the meaning ascribed to them in 244 CMR 4.05.

Area of practice means the categories of nursing specified in 244 CMR 4.11 and described in detail in 244 CMR 4.25 and 4.26.

Board means the Board of Registration in Nursing.

Collaboration means a process and relationship in which a nurse practicing in an expanded role works together with physicians and may work with other health professionals to deliver health care within the scope of the various professionals' expertise and lawful practice, and with medical direction and appropriate supervision as provided for in the guidelines required by 244 CMR 4.22, 4.23, and 4.25. Collaboration does not mean that a nurse practicing in the expanded role may practice nursing beyond the limits defined by 244 CMR 4.00.

Contact hour means the unit of measurement of organized learning experience lasting 50 consecutive minutes.

Educational program or formal educational program means a course of training, education, or study followed by successful completion of a certification examination prepared by an appropriate national organization and accepted by the Board.

Guidelines means written instructions and procedures describing the methods that nurses practicing in an expanded role are to follow in managing a health care situation or resolving a health care problem and which specifies those instances in which referral to or consultation with a physician is required.

Immediate Perioperative means the period commencing on the day prior to surgery and ending upon discharge of the patient from post anesthesia care.

Institution means a hospital, clinic, or other facility licensed by the Department of Public Health or the Department of Mental Health having one or more physicians on the staff.

Nurse authorized to practice in the expanded role means a nurse with:

- (a) current licensure as a registered nurse in the Commonwealth;
- (b) advanced nursing knowledge and clinical skills acquired through an appropriate nursing education program, as described in 244 CMR 4.13 or, until April 15, 1993, as acquired through appropriate education and clinical experience, or their equivalent, as described in 244 CMR 4.14; and
- (c) current certification in a specific practice area as described in 244 CMR 4.13.

Nurse engaged in prescriptive practice means a nurse with:

- (a) authorization to practice in the expanded role;
- (b) a minimum of 24 contact hours in pharmacotherapeutics which are beyond those acquired through a generic nursing education program; after December 1, 1992, this requirement shall be met prior to application for registration with the Massachusetts Department of Public Health; nurses registered to prescribe prior to December 1, 1992, shall meet this requirement no later than January 1, 1995; and
- (c) valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health in accordance with M.G.L. c. 94C, § 7(g) and, where required, by the U.S. Drug Enforcement Administration.

Practice in the expanded role means professional nursing activity engaged in by a registered nurse in accordance with 244 CMR 4.00 and involving the employment of advanced skills including the evaluation, diagnosis, and treatment of patients with diseases and adverse health conditions. It also means the management of therapeutic regimens for acute and chronic problems associated with such diseases and conditions. It does not mean activity which the Board recognizes as the generic practice of registered nurses.

Prescriptive practice means the issuance of written or oral prescriptions or medication orders for controlled substances or other medications.

Supervising physician means a physician holding an unrestricted full license in Massachusetts who:

- (a) has completed approved Accreditation Council for Graduate Medical Education (ACGME) training in the United States or is Board certified in the nurse's area of specialty, or has hospital admitting privileges in that specialty area;
- (b) holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration;
- (c) develops and signs mutually agreed upon guidelines with the nurse engaged in prescriptive practice; and
- (d) reviews and provides direction for the nurse's prescriptive practice at least every three months, or delegates to another fully licensed, qualified physician such direction and review.

4.06: Gender of Pronouns

Pronouns having gender refer to persons of both sexes.

4.07: Number

Words importing the singular include the plural and words importing the plural include the singular.

(4.08 through 4.10: Reserved)

4.11: Categories of Nurses Practicing in Expanded Roles

A nurse practicing in an expanded role includes nurses whose professional activities fall within the following categories:

- (1) Nurse Midwife
- (2) Nurse Practitioner

- (3) Psychiatric Nurse Mental Health Clinical Specialist
- (4) Nurse Anesthetist
- (5) Other categories as the Board and the Board of Registration in Medicine determine from time to time.

4.12: Prohibition of Practice without Authorization and Rules Governing Advertising and Personal Identification

- (1) No person may practice as a nurse in an expanded role without first obtaining the Board's authorization to do so in accordance with 244 CMR 4.00.
- (2) No person may advertise as a nurse authorized to practice in an expanded role or use any other words, letters, signs, or figures suggesting that the person is authorized to practice in an expanded role without having first obtained the Board's authorization to practice in an expanded role in accordance with 244 CMR 4.00.
- (3) A person practicing as a nurse in an expanded role shall identify herself as such through the posting of appropriate signs, the wearing of an appropriate name tag, the use of appropriate stationery, and similar devices.

4.13: Requirements for Authorization

The requirements governing authorization as a nurse practicing in an expanded role consist of active licensure as a registered nurse in the Commonwealth and compliance, as evidenced by documentation filed with and acceptable to the Board, with the following requirements as appropriate:

- (1) Nurse Midwife
 - (a) The following requirements apply to persons seeking authorization to practice as a nurse midwife except as they are varied in 244 CMR 4.13(1)(b).
 - 1. Satisfactory completion of a formal educational program which has as its objective the preparation of nurses to perform as nurse midwives and which the Board has recognized as such; and
 - 2. Current certification by a nationally recognized accrediting body approved by the Board for nurse midwives.
 - (b) A person who has completed the educational requirements prescribed in 244 CMR 4.13(1)(a) may practice in an expanded role as a nurse midwife without first submitting evidence of her certification until the announcement of the results to the Board of the first examination given for certification for which she is eligible. Should a person fail to take or fail to pass such an examination, she shall immediately cease practicing in an expanded role as a nurse midwife. Upon passing such an examination, a nurse seeking authorization to practice as a nurse midwife shall promptly inform the Board in writing of this fact.
- (2) Nurse Practitioner
 - (a) The following requirements apply to persons seeking authorization to practice as a nurse practitioner except as they are varied by 244 CMR 4.13(2)(b).
 - 1. Satisfactory completion of a formal educational program for registered nurses which has been approved by a national professional nurses accrediting body which the Board recognizes as such. The program must have as its objective the preparation of professional nurses to practice in an expanded role as nurse practitioners. The Board will accept in satisfaction of this requirement only those

educational programs whose attendance and training requirements are the equivalent of at least one academic year; and

2. Current certification by a nationally recognized accrediting body approved by the Board for nurse practitioners.

(b) A person who has completed the educational requirements prescribed in 244 CMR 4.13(1)(a) may practice in an expanded role as a nurse practitioner until the announcement of the results to the Board of the first examination given for certification for which she is eligible. Should a person fail to take or fail to pass such an examination, she shall immediately cease practicing in an expanded role as a nurse practitioner. Upon passing such an examination, a nurse seeking authorization to practice as a nurse practitioner shall promptly inform the Board in writing of this fact.

(3) Psychiatric Nurse Mental Health Clinical Specialist. The following requirements apply to persons seeking authorization to practice as a psychiatric nurse mental health clinical specialist on or after January 1, 1984.

(a) Satisfactory completion of a formal educational program (whose attendance and training requirements are the equivalent of one academic year) in addition to generic nursing preparation which has been approved by a national professional nursing accrediting body which the Board recognizes as such. The program must have as its objective the preparation of nurses to practice as psychiatric nurse mental health clinical specialists.

(b) Current certification by a nationally recognized accrediting body approved by the Board for psychiatric nurse mental health clinical specialists.

(4) Nurse Anesthetist

(a) The following requirements apply to persons seeking authorization to practice as a nurse anesthetist except as varied by 244 CMR 4.13(4)(b).

1. Satisfactory completion of a formal education program in addition to generic nursing preparation which meets the standards of the Council on Accreditation of Nurse Anesthesia Programs and which has as its objective the preparation of nurses to perform as nurse anesthetists; and

2. Current certification by a nationally recognized accrediting body approved by the Board for nurse anesthetists.

(b) A nurse anesthetist who, as of the effective date of 244 CMR 4.00, has completed the educational requirements in 244 CMR 4.13(1)(a), may practice in an expanded role as a nurse anesthetist without first submitting evidence of her certification to the Board until the announcement of the results of the first examination given for certification for which she is eligible. Should a person fail to take or fail to pass such an examination, she shall immediately cease practicing in an expanded role as a nurse anesthetist. Upon passing such an examination, a nurse seeking authorization to practice as a nurse anesthetist shall promptly inform the Board in writing of this fact.

4.14: Criteria for Determining Equivalent Competency

The following criteria shall be in effect until April 15, 1993. Nurses authorized to practice in an expanded role on the basis of equivalent competency shall be eligible to renew their authorization in compliance with the provisions of 244 CMR 4.16.

(1) Licensure. Current Massachusetts nursing registration.

(2) Practice. Five years clinical nursing practice in the specialty area in eight years preceding the application.

(3) Educational Preparation. Evidence of successful completion of the specialty education beyond the generic nursing program. A nursing focus is preferred for this specialty education.

(4) Supervision

- (a) Supervised practice by a specialist during the educational experience for all candidates except psychiatric/mental health clinical specialists.
- (b) Psychiatric/mental health clinical specialists shall provide evidence of peer review or supervised practice.

(5) References. At least three recent references from professionals in the area of expertise. One must be from the employer if not self employed.

(6) Continuing Education. Documented evidence of annual participation in the area of practice.

(7) Extent and type of practice in the specialty area. In reviewing applications to determine if standards are met, the Board gives equal consideration to each of the above elements. The Board has authority in making the final determination of whether an applicant meets the over all criteria on an equivalent basis.

(8) Successful completion of the current certification examination prepared by an appropriate national organization as accepted by the Board of Registration in Nursing.

4.15: Application for Authorization and Authorization

(1) A person seeking authorization to practice in an expanded role must apply for authorization on a form prescribed by the Board.

(2) When the Board determines that an applicant for authorization meets the qualifications set forth in 244 CMR 4.13 or, until April 15, 1993, the qualifications set forth in 244 CMR 4.14, the Board will endorse the applicant's license as a registered nurse with a designation authorizing the applicant to practice in an expanded role in the appropriate area of practice.

4.16: Renewal of Authorization

The Board will renew a person's authorization to practice in an expanded role concurrently with its renewal of his or her license to practice as a registered nurse in the Commonwealth. Unless otherwise affected by law, 244 CMR 4.00, or disciplinary action, a person's authorization remains in effect for the same period of time as her license to practice.

4.17: Discipline: Revocation, Suspension, or Refusal to Renew Authorization

The Board may revoke, suspend, or refuse to renew its grant or authorization permitting a person to practice in an expanded role or otherwise discipline him or her if it determines, after an adjudicatory hearing conducted in accordance with M.G.L. c. 30A, that the person fails to meet the requirements of 244 CMR 4.00 applicable to his or her area of practice. In addition, the Board may impose discipline for any of the reasons set forth in M.G.L. c. 112, §§ 61 and 74.

(4.18 through 4.20: Reserved)

4.21: Responsibility

A nurse practicing in an expanded role is legally liable for his or her actions.

4.22: Development, Approval, and Review of Guidelines for Nurse Midwives, Nurse Practitioners and Nurse Anesthetists

- (1) All nurses practicing in an expanded role (physician's office, institution or private practice) shall practice in accordance with written guidelines developed in collaboration with and mutually acceptable to the nurse and to:
 - (a) a physician expert by virtue of training or experience in the nurse's area of practice in the case of the nurse in the physician's office and the nurse in private practice; or
 - (b) the appropriate medical staff and nursing administration staff of the institution employing the nurse.
- (2) In all cases the written guidelines shall designate a physician who shall provide medical direction as is customarily accepted in the specialty area. Guidelines may authorize the nurse's performance of any professional activities included within her area of practice. The guidelines shall:
 - (a) specifically describe the nature and scope of the nurse's practice;
 - (b) describe the circumstances in which physician consultation or referral is required;
 - (c) describe the use of established procedures for the treatment of common medical conditions which the nurse may encounter; and
 - (d) include provisions for managing emergencies.
- (3) In addition to the requirements of 244 CMR 4.22(2), the guidelines pertaining to prescriptive practice shall:
 - (a) include a defined mechanism to monitor prescribing practices, including documentation of review with a supervising physician at least every three months;
 - (b) include protocols for the initiation of intravenous therapies and Schedule II drugs;
 - (c) specify the frequency of review of initial prescription of controlled substances; the initial prescription of Schedule II drugs must be reviewed within 96 hours; and
 - (d) conform to M.G.L. c. 94C, 105 CMR 700.000: Implementation of M.G.L. c. 94C, and M.G.L. c. 112, §§ 80E, 80G, or 80H as applicable.
- (4) A nurse practicing in an institution may not practice in an expanded role until:
 - (a) the governing body, including the medical staff and nursing administrative staff of the institution, formally reviews and approves of the guidelines under which she proposes to practice; and
 - (b) a physician is designated who shall provide such medical direction as is customarily accepted in the specialty area. If there is no professional staff of nurses and physicians, the guidelines must be reviewed by the Board. Such formal approval must be in writing and otherwise in accord with the governing body's by laws. Once formally approved, guidelines may remain in effect for two calendar years. Prior to the end of the approved two year period, a nurse who wishes to continue to practice in an expanded role under the guidelines after their expiration must review them in collaboration with the appropriate persons authorized in 244 CMR 4.22(1) to develop them and the governing body must review and formally approve of them.
- (5) The Board may request at any time an opportunity to review the guidelines under which a nurse is practicing or proposes to practice in an expanded role. Failure to provide guidelines to the Board is basis for and may result in disciplinary action. The Board may require changes in the guidelines if it determines that they authorize a nurse to perform professional activities without adequate supervision or collaboration or to perform professional activities which exceed the bounds of the nurse's area of practice or her education or experience. The Board may also disapprove guidelines in their entirety if it

determines that the institution which approved them is incapable of assuring that professional activities performed under them will be in accordance with the Board's standards of professional nursing.

(6) The Board may at any time review, either directly or indirectly, the activities of a nurse practicing in an expanded role to determine whether the activities conform to the applicable guidelines. Generally the Board may indirectly review activities of nurses practicing in physicians' offices or institutions by requesting reports from supervising physicians or the nurse practicing in the expanded role or the medical staff or nursing administrative staff. Review under 244 CMR 4.22 may result in action similar to that authorized by 244 CMR 4.22(4), (5) or (6) or if appropriate, disciplinary action.

(7) Any nurse, physician, or institution who or which is aggrieved by a decision of the Board made under 244 CMR 4.22(4), (5), or (6) is entitled to have the Board reconsider its decision on the basis of a record compiled at an adjudicatory proceeding conducted pursuant to M.G.L. c. 30A.

(8) An advisory committee composed of five practicing nurses in the expanded role shall be appointed by the Board for each category of nurses practicing in the expanded role. The Board shall consult with the appropriate advisory committee on matters relating to the practice of the nurse in the expanded role and on matters relating to practice guidelines of the nurse in that, specific expanded role. The Board shall take final action.

4.23: Development, Approval, and Review of Guidelines for Psychiatric Nurse Mental Health Specialists

(1) A psychiatric nurse practicing in the expanded role shall practice in accordance with written guidelines which will be available upon request to the Board of Registration in Nursing. The guidelines shall specifically describe the nature and scope of the nurse's practice, as well as the circumstances in which physician collaboration, consultation, or referral is required.

(2) In all cases the written guidelines shall designate a physician who shall provide medical direction as is customarily accepted in the specialty area. Guidelines may authorize the nurse's performance of any professional activities included in her area of practice. The guidelines shall:

- (a) specifically describe the nature and scope of the nurse's practice;
- (b) describe the circumstances in which physician consultation or referral is required;
- and
- (c) describe the use of established procedures for the treatment of common medical conditions which the nurse may encounter.

(3) Guidelines pertaining to prescriptive practice shall:

- (a) include a defined mechanism to monitor prescribing practices, including documentation of review with a supervising psychiatrist at least every three months;
- (b) include protocols for the initiation of intravenous therapies and Schedule II drugs;
- (c) specify the frequency of review of initial prescription of controlled substances: the initial prescription of Schedule II drugs shall be reviewed within 96 hours; and
- (d) conform to M.G.L. c. 94C, the regulations of the Department of Public Health at 105 CMR 700.000 et seq., and M.G.L. c. 112, § 80E.

(4) A nurse practicing in an institution may not practice in an expanded role until the nursing administrative governing body of the institution formally reviews and approves of the guidelines under which she proposes to practice. If there is no professional staff of nurses, the guidelines must be reviewed by the Board. Such formal approval must be in writing and

otherwise in accord with the governing body's by laws. Once formally approved, guidelines may remain in effect for two calendar years. Prior to the end of the approved two year period, a nurse who wishes to continue to practice in an expanded role under the guidelines after their expiration must review them in collaboration with the appropriate persons authorized in 244 CMR 4.25(3), to develop them, and the governing body must review and formally approve them.

(5) The Board may periodically review, either directly or indirectly, the activities of a nurse practicing in an expanded role to determine whether the activities conform to the applicable guidelines. Generally the Board may indirectly review activities of nurses practicing in physicians' offices or institutions by requesting reports from supervising physicians or the nurse practicing in the expanded role or medical staff or nursing administrative staff. Review under 244 CMR 4.23(5) may result in action similar to that authorized by 244 CMR 4.22(5), or if appropriate, disciplinary action.

(6) Any nurse, physician, or institution who or which is aggrieved by a decision of the Board made under 244 CMR 4.23(1), (3), or (4), is entitled to have the Board reconsider its decision on the basis of a record compiled at an adjudicatory proceeding conducted pursuant to M.G.L. c. 30A.

(7) An advisory committee composed of five practicing nurses in the expanded role shall be appointed by the Board for each category of nursing practicing in the expanded role. The Board shall consult with the appropriate advisory committee on matters relating to practice guidelines of the nurse in that specific expanded role. The Board shall take final action.

4.24: Status of Guidelines as Public Documents

Guidelines are public documents, and a nurse practicing in an expanded role shall make a copy of her guidelines available to any person upon request.

4.25: Specific Requirements Applicable to Guidelines for Categories of Nurses Practicing in an Expanded Role

(1) Nurse Midwife. Guidelines authorizing a nurse to practice midwifery which includes obstetrical care must comply with the provisions of M.G.L. c. 112, § 80C, which requires that a nurse midwife function as a member of a health care team which includes a qualified physician licensed to practice medicine in the Commonwealth, which physician has OBS admitting privileges in a hospital licensed by the Department of Public Health for the operation of maternity and newborn services, or has a consultative relationship with a physician who has these privileges. A nurse midwife whose practice does not include obstetrical care shall function as a member of a health care team which includes a qualified physician licensed to practice medicine in the Commonwealth, which physician has hospital admitting privileges, or has a consultative relationship with a physician who has these privileges.

In instances where practice guidelines include prescriptive practice, they must conform to M.G.L. c. 94C and M.G.L. c. 112, § 80G, and the regulations of the Department of Public Health at 105 CMR 700.000 et seq.

(2) Nurse Practitioner. Guidelines as required in 244 CMR 4.22 must comply with the provisions of M.G.L. c. 112, § 80B. In instances where guidelines include prescriptive practice, they must conform to M.G.L. c. 94C and M.G.L. c. 112, § 80E, 105 CMR 700.000: Implementation of M.G.L. c. 94C.

(3) Psychiatric Nurse Mental Health Clinical Specialist. Practice guidelines shall include (a) through (f). Guidelines which do not include prescriptive practice shall be established in

consultation with a fully qualified collaborating professional, i.e. psychiatrist, psychologist, licensed independent clinical social worker, or registered nurse authorized to practice in the expanded role as a clinical specialist in psychiatric mental health nursing. Certain areas of the guidelines which address the indications for referral to or consultation with a psychiatrist (244 CMR 4.25(3)(c), (d), (e), and (f)) shall be developed in consultation with a psychiatrist whose name shall appear on the guidelines.

- (a) The scope of continued collaboration and the frequency of periodic reviews with a fully qualified professional, i.e. psychiatrist, psychologist, licensed independent clinical social worker, or registered nurse authorized to practice in the expanded role as a clinical specialist in psychiatric mental health.
- (b) Periodic detailed reviews of the nurse's practice with a collaborating professional.
- (c) Procedures for physical examination and medical clearance of patients.
- (d) Procedures to be followed for managing psychiatric emergencies including the source of medical coverage.
- (e) Procedures to be followed for the care of patients requiring medication.
- (f) Indications for referral to or consultation with a psychiatrist.

(4) Nurse Anesthetist.

Guidelines under which a nurse practices as a nurse anesthetist must comply with the provisions of M.G.L. c. 112, § 80B. In instances where guidelines include prescriptive practice, they must conform to M.G.L. c. 94C and M.G.L. c. 112, § 80H, and 105 CMR 700.000: Implementation of M.G.L. c. 94C.

(a) Guidelines under which a nurse practices as a nurse anesthetist may authorize him or her to provide anesthesia only under the medical direction of a qualified physician expert by virtue of training or experience as a member of an anesthesia care team. The guidelines must provide that a nurse anesthetist's activities are under the overall direction of the physician director of anesthesia services or his qualified anesthetist designee when a full time anesthesiologist heads the service. In an institution which has no physician director of anesthesia services, the guidelines must provide that a nurse anesthetist's activities are under the overall direction of the surgeon or obstetrician responsible for a patient's care. If the physician primarily responsible for a patient's care is not a surgeon, the guidelines must provide that a nurse anesthetist obtains approval from the director of anesthesia services before administering elective anesthesia to a patient. If an institution has no director of anesthesia services, the guidelines must provide that a nurse anesthetist obtains the approval of a designated surgeon on the institution's staff before administering elective anesthesia to a patient. The guidelines under which a nurse practices as a nurse anesthetist must also provide that a physician is immediately available to assist the nurse anesthetist in case of an emergency such as cardiac standstill or cardiac arrhythmia.

(b) In instances where practice guidelines include prescriptive practice, they must conform to M.G.L. c. 94C and M.G.L. C. 112, § 80H, and 105 CMR 700.000: Implementation of M.G.L. c. 94C.

(c) The administration of anesthesia by a nurse anesthetist directly to a patient does not require a written prescription provided that the anesthesia is administered in accordance with signed and agreed upon guidelines as required in 244 CMR 4.22 and 4.25. The nurse anesthetist must administer the anesthesia either pursuant to a medication order of a supervising physician in accordance with M.G.L. c. 94C and related regulations at 105 CMR 700.000: Implementation of M.G.L. c. 94C, or the nurse anesthetist must be registered in accordance with M.G.L. c. 94C and CMR 700.000: Implementation of M.G.L. c. 94C.

4.26: Scope of Practice for Categories of Nurses Practicing in an Expanded Role

(1) Nurse Midwife. The area of practice of a nurse midwife is the care of women throughout the course of pregnancy, labor and delivery periods. It provides for care to mothers and their infants in the post partum period as well as well woman gynecological and family planning management. This care shall be provided according to the standards which have been deemed acceptable by the Board as well as guidelines approved and developed in compliance with 244 CMR 4.22 and which satisfy the requirements of 244 CMR 4.25(1) and is more precisely delineated in 244 CMR 4.26(1)(a) through (h).

- (a) Assessing the health status of women and infants by obtaining health and medical histories, performing physical examinations, and diagnosing health and developmental problems.
- (b) Instituting and providing health care to patients in a continuous manner, helping patients develop an understanding of the importance of following a prescribed therapeutic regimen, and arranging patient referrals to physicians or other health care providers.
- (c) Providing instruction and counseling to women, their families, and other patient groups concerning the promotion and maintenance of personal health during pregnancy and the post natal period.
- (d) Acting in collaboration with other health care providers and agencies to provide coordinated services to women and their families.
- (e) Managing the care of women with normal pregnancies during the labor, delivery, and post partum period.
- (f) Assessing the growth and development of infants.
- (g) Managing diagnostic and therapeutic regimens for contraception and acute and chronic gynecologic illness.
- (h) Such other additional professional activities as authorized by the guidelines under which a particular nurse midwife practices.

(2) Nurse Practitioner. The area of practice of a nurse practitioner includes:

- (a) Assessing the health status of individuals and families by obtaining health and medical histories, performing physical examinations, diagnosing health and developmental problems, and caring for patients suffering from acute and chronic diseases by managing therapeutic regimens according to guidelines approved and developed in compliance with 244 CMR 4.22.
- (b) Such other additional professional activities as authorized by the guidelines under which a particular nurse practitioner practices.

(3) Psychiatric Nurse Mental Health Clinical Specialist. The area of practice of a psychiatric nurse mental health clinical specialist is the delivery of mental health care and includes evaluative, diagnostic, consultative, and therapeutic procedures established in accordance with guidelines approved and developed in compliance with 244 CMR 4.23 and 4.25(3).

(4) Nurse Anesthetist. The area of practice of a nurse anesthetist is the preparation of a patient for anesthesia, its administration, and the provision of post operative care according to guidelines approved and developed in compliance with 244 CMR 4.22 and is more precisely delineated in the separate paragraphs contained in 244 CMR 4.25(4)(a) through (h).

- (a) Performing an immediate preoperative patient evaluation;
- (b) Selecting an anesthetic agent;
- (c) Including and maintaining anesthesia and managing intraoperative pain relief;
- (d) Supporting life functions during the induction and period of anesthesia, including intratracheal intubation, monitoring of blood loss and replacement and electrolytes, and the maintenance of cardiovascular and respiratory function;
- (e) Recognizing abnormal patient responses to anesthesia or to any adjunctive medication or other form of therapy and taking corrective action;

- (f) Providing professional observation and resuscitative care during the immediate postoperative period and until a patient has regained control of his vital functions; and
- (g) Prescribing medications and ordering tests and therapeutics for the immediate perioperative care as authorized by the guidelines under which a particular nurse anesthetist practices; and
- (h) Such other additional professional activities as authorized by the guidelines under which a particular nurse anesthetist practices

4.27: Self Prescribing and Prescribing for Family Members

A nurse authorized to prescribe medication is prohibited from prescribing drugs in Schedules II, III, and IV for personal use. Except in an emergency, such nurse is prohibited from prescribing Schedule II drugs to a member of his or her immediate family, including spouse or equivalent, a parent, child, sibling, parent in law, son/daughter in law, brother/sister in law, step parent, step child, step sibling, and any other relative residing in the same household.

4.28: Authority of Board of Registration in Medicine

Nothing in 244 CMR 4.00 shall limit the Board of Registration in Medicine's review, monitoring and investigation of its licensees' activities and the medical direction they are required to provide by 244 CMR 4.00.

REGULATORY AUTHORITY

244 CMR 4.00: M.G.L. c. 112, §§ 80B, 80C, 80E, 80G and 80H; c. 94C.

244 CMR 5.00: CONTINUING EDUCATION

Section

- 5.01: Introduction
- 5.02: Continuing Education Requirement
- 5.03: Definitions
- 5.04: Criteria for Qualification of Continuing Education Programs/Offerings
- 5.05: Responsibility of Individual Licensee
- (5.06: Reserved)
- 5.07: Appeal Process
- 5.08: Responsibility of the Board

5.01: Introduction

The purpose of 244 CMR 5.00 is to require all registered nurses and licensed practical nurses to comply with continuing education requirements. The Board and Council assume licensed nurses will maintain the high standards of the profession in selecting quality educational programs to fulfill the continuing education requirement.

5.02: Continuing Education Requirement

15 hours of continuing education within the two years immediately preceding renewal of registration are required for licensure.

5.03: Definitions

Board - Board of Registration in Nursing.

Conditions for Renewal - A licensed nurse who has attested under penalty of perjury to completion of 15 contact hours of continuing education for the current registration period.

Contact hour - The unit of measurement of organized learning experience lasting 50 consecutive minutes.

Continuing Education in Nursing - Consists of planned, organized learning experiences designed to augment the knowledge, skills, attitudes for the enhancement of nursing practice, to the end of improving health care to the public.

Evaluation - The process of determining whether objectives have been met.

Experience - In 244 CMR 5.00 shall mean a supervised clinical practice with an organized plan of study.

New Licensee - A nurse who has been graduated and or granted an initial Massachusetts nursing license in the current registration period.

Objective - A statement that delineates a desired, specific attainable and/or measurable change in learner behavior.

Offering - A single learning experience or a segment of at least one hour of a program directed toward attainment of specific objectives.

Orientation - The means by which nurses are introduced to the philosophy, goals, policies, basic procedures, role and expectations, physical facilities and special services in a specific work setting. Orientation is not considered continuing education for the purpose of these rules.

Program - Multiple offerings based on an organized effort directed toward accomplishing major objectives. A program includes several segments which are described as offerings or courses.

Provider - Means those individuals, organizations, institutions of higher education health care facilities, schools of nursing, etc. offering continuing education.

Registration period -

- (a) RN - birthdate to birthdate in the even numbered years.
- (b) LPN - birthdate to birthdate in the odd numbered years.

Type - Means kind, sort, nature, description, character of continuing education for nurses. Examples to include lecture, panel discussion, demonstration, academic courses, self-study, workshops, correspondence courses and planned and supervised clinical experiences.

5.04: Criteria for Qualification of Continuing Education Programs/Offerings

The following guidelines are to assist the licensed nurse to select an appropriate program/offering and the provider to plan and implement continuing education program/offerings. The overriding consideration in determining whether a specific program/offering qualifies as acceptable continuing education is that it be a planned program of learning which contributes directly to the professional competence of the licensed nurse.

- (1) Amount.

- (a) 50 consecutive clock minutes is equivalent to one contact hour.
- (b) One continuing education unit (C.E.U.) equals ten contact hours.
- (c) One semester hour equals 15 contact hours.
- (d) Two clinical hours (100 minutes) is the equivalent of one contact hour.

(2) Standards.

(a) Learner Objectives.

- 1. Objectives shall be written and be the basis for determining content, learning experience, teaching methodologies, and evaluation.
- 2. Objectives shall be specific, attainable, measurable, and describe expected outcomes for the learner.

(b) Subject Matter.

- 1. Appropriate subject matter shall include one or more of the following:
 - nursing science and practice
 - nursing education
 - research in nursing and health care
 - management, administration and supervision in health care delivery
 - social, economic, political, legal aspects of health care
 - teaching health care and consumer health education
 - requirements for a formal nursing program or a related field beyond that completed for original licensure
 - that which improves competency and is not specified on the foregoing list
- 2. Employee orientation, subject matter, standard operating procedure of the employing agency shall not qualify for continuing education purposes under 244 CMR 5.00.
- 3. Subject matter shall be described in outline form and shall include learner objectives, content, time allotment, teaching methods, faculty and evaluation format.
- 4. Types of continuing education should be included (see definition "Types").

(c) The following guidelines are applicable to the selection of a continuing education program/offering and/or planning implementation of a program/offering.

- 1. When the type is an academic course, the following applies: The course must be within the framework of curriculum that leads to an academic degree in nursing or relevant to nursing, or any course within that curriculum that is necessary to an individual's professional growth and development.
- 2. When the type of continuing education is designated as a self-study offering or a correspondence course, the course should:
 - a. Be developed by a professional group such as an educational corporation or professional association.
 - b. Follow a logical sequence.
 - c. Involves the learner by requiring active response to module materials and provide feedback.
 - d. Contain a test to indicate progress and verify completion of module.
 - e. Supply a bibliography for continued study.
- 3. When the type of continuing education is designated as a planned and supervised clinical experience, the course:
 - a. Should be beyond the basic level of preparation of the individual who is licensed and be based on a planned program of study.
 - b. The instructor-supervisor should possess the appropriate credentials related to the discipline being taught.
 - c. The experience should take place in a clinical setting.

(d) Education Methods.

- 1. Learning experiences and teaching methods should be appropriate to achieve the objectives of the offering/program.
- 2. Principles of adult education should be used in the design of the offering/program.

3. Time allotted for each activity should be sufficient for the learner to meet the objectives of the offering.
 4. Facilities and educational resources should be adequate to implement the offerings/programs.
- (e) Faculty Qualifications.
1. The faculty should present documentation to the provider/learner illustrating competency in the content of the planned learning experience and possess knowledge of the principles of adult education.
 2. If the offering includes a clinical nursing component, a licensed qualified nurse in Massachusetts shall provide supervision.
 3. If the offering includes a clinical component other than nursing, a qualified instructor possessing the appropriate credentials of the discipline shall provide instruction.
- (f) Evaluation.
1. Provision must be made for evaluating the participant's attainment of the stated learner objectives/outcomes.
 2. Participants must be given the opportunity to evaluate faculty, learning experiences, instructional methods, facilities and educational resources used for the offering/programs.
- (g) Records.
1. Records of offerings/programs should be kept by the provider for a period of four years.
 2. Records should include content, objectives, outline of offering, faculty qualifications, teaching methods and materials, evaluation tools and data and a list of participants.
 3. The provider shall furnish to each participant an authenticated record of attendance specifying provider, title of offering, date of offering, number of contact hours and successful completion of program/offering.

5.05: Responsibility of Individual Licensee

It is the responsibility of each nurse to maintain an authenticated record of continuing education offerings completed, and to submit evidence of the required number of contact hours for that specific registration period upon request of the Board. This evidence should be maintained for two consecutive registration periods.

- (1) Application for licensure renewal shall be signed under the pains and penalties of perjury.
- (2) The licensed nurse requested to submit evidence of qualifying courses will submit a statement (or xerox) copy including the following:
 - (a) name of school, institution or organization conducting the course;
 - (b) location of course;
 - (c) title of course;
 - (d) dates attended;
 - (e) hours claimed;
 - (f) name (or signature) of authorizing individual.
- (3) New licensees shall not be required to submit evidence of continuing education for the current registration period.

(5.06: Reserved)

5.07: Appeal Process

Any individual who wishes to appeal a decision of the Board for not accepting submitted contact hours must submit a letter of appeal within 30 days of receipt of the notification of the non-qualifying continuing education experiences.

- (1) Acknowledgement of appeal request will be made within one week from receipt of the appeal letter. At that time a list of members of the Advisory Council shall be sent to the appellant.
- (2) An Appeal Board consisting of three members of the Advisory Council (selected by the appellant) and two Board members shall review and recommend on all appeals.
- (3) The appellant will be notified of the hearing ten days in advance. The appellant may be present, or may be requested to be present at the hearing.
- (4) The Board of Registration in Nursing must be notified of the outcome of the appeal within one week after the meeting of the Appeal Board. The appellant will be notified of the decision of the Appeal board at the same time.
- (5) Request for continuation of the appeal process must be made to the Board of Registration in Nursing within ten days of notification of the Appeal Board decision by the appellant. The Board shall conduct a final hearing, at its earliest convenience. The Board shall make the final decision and inform the appellant and Appeal board in 30 days of the decision.
- (6) The Board reserves the right to allow the appellant to practice during the appeal process.

5.08: Responsibility of the Board

- (1) Establish a system to verify information submitted by nurses who are candidates for renewal.
- (2) Establish deadline for submission of documents.
- (3) Provide appeal mechanism for licensees.
- (4) Establish and maintain a record of currently licensed nurses.
- (5) Conduct an ongoing evaluation of the system.
- (6) Supervise related activities as necessary and appropriate.

REGULATORY AUTHORITY

244 CMR 5.00: M.G.L. c. 112, §§ 74 and 74A.

244 CMR 6.00: APPROVAL OF NURSING EDUCATION PROGRAMS AND THE GENERAL CONDUCT THEREOF

Section

- 6.01: Definitions
- 6.02: Public Notice of Nursing Education Program Approval Status
- 6.03: Nursing Education Programs Eligible for Approval
- 6.04: Standards for Nursing Education Program Approval
- 6.05: Procedures for the Establishment and Continuing Operation of Nursing Education Programs
- 6.06: Site Surveys of Nursing Education Programs Granted Full Approval Status
- 6.07: Board Approval of Specific Nursing Education Program Changes
- 6.08: Non-compliance with the Standards for Nursing Education Program Approval
- 6.09: Procedure for Change of Governance of Nursing Education Programs
- 6.10: Procedure for Change of Nursing Education Program Name
- 6.11: Procedure for Discontinuance or Termination of an Approved Nursing Education Program

6.01: Definitions

Accreditation:

Institutional Accreditation means the formal recognition or acceptance of the parent institution by a regional or professional accrediting agency.

Program Accreditation means the formal recognition or acceptance of the nursing education program by a specialized professional accrediting agency recognized as such by the United States Department of Education.

Administrator means the Registered Nurse designated the administrative authority and responsibility for the nursing education program.

Approval Status means the written legal recognition by the Board that a nursing education program is authorized to operate.

Approval with Warning Status means the Board's written notice to a parent institution that the nursing education program has not satisfactorily demonstrated ongoing compliance with 244 CMR 6.04.

Board means the Massachusetts Board of Registration in Nursing.

Board-Recognized Accrediting Agency in Nursing means the accreditation entity which has established criteria by which nursing education programs are voluntarily appraised, and whose criteria are consistent with 244 CMR 6.04.

Board Guidelines means the published written procedural outline for complying with a specific Board regulation related to 244 CMR 6.00.

Change in Governance means the transfer of a Board-approved nursing education program from one parent institution to another.

Chief Executive Officer means the individual designated the administrative authority and responsibility for the parent institution.

CMR means Code of Massachusetts Regulations.

Cooperating Agency means an agency or facility which provides services or clinical resources, or both, which contribute to the achievement of the clinical objectives of the nursing education program.

Curriculum means a planned sequence of course offerings and learning experiences which comprise the nursing education program.

Faculty means the person or body of persons employed within a nursing education program having the responsibility for the development, implementation and evaluation of the program of learning including its services, policies and procedures, student evaluation and curriculum.

Full Approval Status means the Board's written recognition of a parent institution that the nursing education program has provided satisfactory evidence of its continuous compliance with 244 CMR 6.04.

Initial Approval Status means the Board's written recognition of a parent institution that has been granted Prerequisite Approval status that it has provided satisfactory evidence of its ability to achieve compliance with 244 CMR 6.04. Initial Approval Status is the prerequisite

for the admission of students and shall be in effect through the Board's determination of the program's ability to achieve Full Approval Status.

M.G.L. means Massachusetts General Laws.

NCLEX - PN means the National Council Licensure Examination for Practical Nurses, developed by the National Council of State Boards of Nursing.

NCLEX - RN means the National Council Licensure Examination for Registered Nurses, developed by the National Council of State Boards of Nursing.

Nursing Education Program (Program) means the unit within the parent institution which is intended, among other outcomes, to prepare and qualify a graduate to write the NCLEX-RN or NCLEX-PN.

Outcome means measurable performance indicators and shall include, but not be limited to, NCLEX performance, admission, retention and graduation rates, and graduate satisfaction, employment rates and patterns.

Parent Institution means the organization which has the legal authority to operate a nursing education program.

Prerequisite Approval Status means the Board's written notification of a parent institution that it has provided satisfactory evidence of its potential ability to establish a nursing education program complying with 244 CMR 6.04.

Survey means a review of a nursing education program by the Board to determine the program's compliance with 244 CMR 6.04.

6.02: Public Notice of Nursing Education Program Approval Status

The Board shall maintain a list of currently approved nursing education programs. The Board shall notify the chief executive officer of the parent institution in writing within three months of any approval status determination. The Program Administrator shall receive the above notification for Initial, Full and Approval with Warning Status, as well as Withdrawal of Approval.

6.03: Nursing Education Programs Eligible for Approval

Programs eligible for Board approval shall be affiliated with an accredited parent institution and intended, among other outcomes, to prepare and qualify a graduate to write the NCLEX -RN or NCLEX - PN, and shall include:

(1) Registered Nursing programs granting:

- (a) a baccalaureate degree
- (b) an associate degree
- (c) a diploma of completion from a hospital-based diploma program
- (d) a certificate of completion from a graduate degree program.

(2) Practical Nursing programs granting a certificate of completion from a community college, vocational postsecondary school, or hospital.

6.04: Standards for Nursing Education Program Approval

A nursing education program, affiliated with an accredited parent institution seeking Board approval shall comply with the following requirements:

(1) Program Mission and Governance

- (a) A program shall have a published mission or philosophy and objectives, or goals which shall be consistent with those of its parent institution, or with differences that are justified by the objectives or goals of the program. The program's mission, philosophy and objectives, or goals shall be internally consistent.
- (b) Program faculty, administrators, and students shall participate in the governance of the parent institution and the program, as appropriate, for the accomplishment of the goals of the parent institution and program.
- (c) A program administrator, qualified under 244 CMR 6.04(2)(a), shall be appointed to administer the program on a full-time basis.
- (d) Program faculty shall develop, implement and evaluate policies which are consistent with the policies of the parent institution, or with differences that are justified by the goals of the program.
- (e) Faculty shall develop and implement a written plan for the systematic evaluation of all components of the program. This evaluation shall include the measurement of the outcomes of the program. The results of the evaluation shall be used for the development, maintenance and revision of the program.
- (f) The Board shall be notified immediately in writing of a change in administrative personnel within the program, or a change in the chief executive officer of the parent institution, or both.
- (g) The program shall have a written policy for the maintenance and retirement of school, faculty, student and graduate records.
- (h) The program shall publish its current approval status in its official publication.

(2) Faculty qualifications.

- (a) Administrator. The program administrator shall:
 - 1. hold a current Massachusetts Registered Nurse license in good standing;
 - 2. possess an earned masters degree in nursing or an earned entry level doctorate in nursing;
 - 3. possess a minimum of five years full-time nursing experience, or its equivalent, within the last eight years, with at least three years experience in nursing education; and
 - 4. maintain expertise appropriate to administrative responsibilities.
- (b) Instructor. Faculty teaching either the theoretical or clinical component of a nursing course shall:
 - 1. hold a current Massachusetts Registered Nurse license in good standing;
 - 2. possess an earned baccalaureate degree in nursing or an earned masters degree in nursing for appointment to the faculty of a Practical Nursing program;
 - 3. possess an earned masters degree in nursing, or possess an earned doctorate in nursing, for appointment to the faculty of a Registered Nursing program;
 - 4. possess a minimum of two years full-time experience in nursing, or its equivalent, within the last five years and evidence of clinical competence in the area of clinical instruction; and
 - 5. maintain expertise appropriate to teaching responsibilities.

(c) Waiver of 244 CMR 6.04(2)(b)3.

- 1. Before July 1, 1999 programs may apply for a waiver of 244 CMR 6.04(2)(b)3 for the appointment of an instructor who possesses:

- a. an earned baccalaureate degree in nursing and who is matriculated in a graduate nursing program with an expected graduation date within five years of the waiver; or
 - b. an earned baccalaureate degree in nursing and a related non-nursing graduate degree.
2. The program administrator shall request and complete a waiver on forms supplied by the Board.
3. The Board's review of satisfactory evidence of a potential instructor's academic credentials, including evidence of matriculation in a graduate nursing program, shall serve as the basis for the Board's consideration of a waiver request.
4. A waiver of 244 CMR 6.04(2)(b)3. shall be granted by the Board before appointment.

(3) Students.

- (a) The program shall:
 1. require all candidates for admission to provide satisfactory evidence of secondary school graduation, or its equivalent, and compliance with the immunization requirements specified by the Massachusetts Department of Public Health;
 2. publish current policies which describe the specific nondiscriminatory criteria for admission, progression, attendance, course exemption, advanced placement, transfer, educational mobility, withdrawal, re-admission, graduation, and student rights and grievances; and
 3. provide opportunities for students to regularly participate in the development and evaluation of the program.
- (b) Program faculty shall evaluate student achievement of nursing competencies.

(4) Curriculum.

- (a) Program faculty shall develop a nursing curriculum plan which shall provide a variety of learning experiences consistent with the program's mission or philosophy and objectives or goals. The sciences, arts, humanities, and foundations of the profession, shall be an integral part of the nursing curriculum plan.
- (b) The curriculum shall:
 1. extend over a period of time sufficient to provide essential, sequenced learning experiences which enable a student to develop nursing competence. For Practical Nursing programs, this period of time shall be a minimum of 40 academic weeks;
 2. be based on an organized pattern of instruction consistent with principles of learning and educational practice;
 3. provide instruction in the discipline of nursing, appropriate to the Registered Nurse or Practical Nurse level, across the lifespan and include content relevant to national and local health care needs;
 4. be designed in accordance with generally accepted academic standards and credit hours for Registered Nursing programs, and include a minimum of 1080 hours of theory, laboratory and clinical practice for Practical Nursing programs. A minimum of 945 hours shall be allocated to nursing courses in Practical Nursing programs, of which a minimum of 540 hours shall be for clinical experiences; and
 5. identify the level of student achievement expected at defined points in the program.

(5) Resources. The allocation of resources shall be appropriate in meeting the goals and outcomes of the program by:

- (a) utilizing an adequate number of full-time and part-time faculty and support personnel;
- (b) determining the student-faculty ratio in clinical practice by the complexity of the educational experience, the student's level of knowledge and skill, and patient needs. The ratio shall not exceed ten students to one faculty member (10:1);
- (c) providing for current and comprehensive learning resources developed with faculty input. These resources shall be available and accessible to students and faculty;
- (d) maintaining appropriately designed and equipped physical facilities;
- (e) managing fiscal resources to maintain the program's financial health; and
- (f) developing written agreements with cooperating agencies utilized as clinical learning sites. Agreements shall be developed and reviewed annually by both program and agency personnel. Agreements shall be current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency.

6.05: Procedures for the Establishment and Continuing Operation of Nursing Education Programs

The Board shall approve the establishment and continuing operation of nursing education programs. Before the admission of students, a program shall receive both Prerequisite and Initial Approval Status. Thereafter a program shall maintain ongoing compliance with 244 CMR 6.04 to continue operations. Programs seeking Board approval shall adhere to the following procedures:

- (1) Prerequisite Approval Status. A parent institution seeking to establish a program shall:
 - (a) apply in writing to the Board for Prerequisite Approval Status a minimum of 12 months before the proposed date for student admissions to the proposed program;
 - (b) complete the application for Prerequisite Approval Status, including:
 - 1. the name under which the program shall be operated and which shall be used by the program in all communications;
 - 2. the rationale for establishing the program and details of the type of program planned, length of the program, and expected opening date;
 - 3. the philosophy and objectives of the parent institution;
 - 4. the statute, charter or articles of incorporation authorizing the institution to conduct a program;
 - 5. evidence of accreditation of the parent institution;
 - 6. verification of approval of the program by the chief executive officer of the parent institution;
 - 7. a description of the relationship of the proposed program to the parent institution;
 - 8. a comprehensive feasibility study which shall include, but not be limited, to the following:
 - a. documentation of the need and demand for such a program in Massachusetts;
 - b. projected impact on other programs in the region where the program has been proposed;
 - c. availability of a qualified program administrator and faculty; and
 - d. source(s) and number of potential students;
 - 9. names of proposed cooperating agencies, including evidence of their intent to contribute to the achievement of the clinical objectives of the program;
 - 10. satisfactory evidence provided by the parent institution of:

- a. adequate support resources including a library, audio/visual resources, classroom(s), laboratory, supplies, equipment, offices, secretaries, and academic counseling;
 - b. adequate financial resources for planning, implementing and continuing the program; and
- 11. a timetable for planning and implementing the entire program, including the dates of the appointments of the program administrator and faculty;
- (c) demonstrate compliance with 244 CMR 6.00 through a site survey and verification of information presented in the Prerequisite Approval Status application; and
- (d) provide satisfactory evidence of the appointment of a program administrator qualified in accordance with 244 CMR 6.04(2)(a) at least 12 months before the proposed date for student admissions.

(2) Initial Approval Status. A parent institution which has been granted Prerequisite Approval Status and which seeks Initial Approval Status for a proposed program shall:

- (a) submit an application for Initial Approval Status prepared by the program administrator;
- (b) include in the application a report describing the parent institution's ability to comply with 244 CMR 6.04; and
- (c) secure written Initial Approval Status from the Board before the admission of students.

(3) Full Approval Status. A parent institution which has been granted Initial Approval Status and which seeks Full Approval Status for a program shall:

- (a) apply in writing for Full Approval Status within three months of the publication of the NCLEX performance data of all graduates of the first class. The application shall include a report evaluating the program's ability to maintain on-going compliance with 244 CMR 6.04; and
- (b) seek an annual continuation of Full Approval Status contingent on the Board's yearly review of the program's ongoing compliance with 244 CMR 6.04. This review shall include, but may not be limited to, the program's Annual Report to the Board written on forms supplied by the Board, other reports, correspondence and, as deemed necessary by the Board, site visits.

6.06: Site Surveys of Nursing Education Programs Granted Full Approval Status

(1) Site Survey of Programs. The Board shall conduct an on-site survey of a program granted Full Approval Status for the purpose of monitoring the program's compliance with 244 CMR 6.04(1) through (5). The on-site survey shall be conducted:

- (a) at least every eight years for programs fully accredited by a Board-recognized national accrediting body for nursing;
- (b) at least every five years for programs not fully accredited by a Board-recognized accrediting body for nursing;
- (c) at the discretion of the Board.

(2) Waiver of 244 CMR 6.06(1)(a).

- (a) The Board may waive its on-site survey based on its review of a written waiver request submitted by the program administrator within three months of the program's receipt of its notice of full accreditation status by a Board-recognized accrediting agency in nursing, and accompanied by:
 - 1. written evidence of the program's full accreditation;
 - 2. the program's report evaluating its compliance with the accreditation standards of the Board-recognized accrediting agency in nursing;

3. the written findings and recommendations of the Board-recognized accrediting agency in nursing based on its review of the program. The Board may request a progress report from the program in response to the recommendation(s) of the accrediting agency; and
 4. The program report addressing its compliance with 244 CMR 6.04(1)(g) and (h); (2)(a) and (b); (4)(b)1. and 4.; and (5)(b).
- (b) The Board shall notify the program administrator of its action on the waiver request.

6.07: Board Approval of Specific Nursing Education Program Changes

- (1) The Board shall approve any of the following program changes before implementation of such change:
- (a) the admission of a minimum of ten additional students;
 - (b) a change in the program's philosophy, goals and/or outcomes;
 - (c) a change in the sequence of the majority of courses offered or a change in the overall program content designed to achieve educational outcomes which may alter the program; or
 - (d) a change in the overall length of the program.
- (2) The program administrator shall submit a written request for Board approval of program changes in accordance with current Board guidelines. The request shall be submitted to the Board a minimum of six months before the planned implementation date.
- (3) The program administrator shall notify the Board of all other program changes when submitting the program's Annual Report to the Board.

6.08: Non-compliance with the Standards for Nursing Education Program Approval

- (1) Review of the Approval Status of a Program. Grounds for Board review of a program's approval status and site visit shall include, but may not be limited to, the following:
- (a) the Board's receipt of information documenting a violation of 244 CMR 6.00;
 - (b) the denial, withdrawal or change of program accreditation by a Board-recognized national nursing accrediting body or institutional accreditation agency;
 - (c) providing false or misleading information to the Board, enrolled students, program applicants, or the public concerning the program;
 - (d) failure to adhere to current Board guidelines;
 - (e) ongoing difficulty in retaining qualified administrators, faculty or both;
 - (f) failure to adhere to the program's stated philosophy, goals, objectives, policies and curriculum plan;
 - (g) failure to provide clinical experiences necessary to meet the objectives of the program; and
 - (h) ongoing annual NCLEX pass rate less than 80% for first-time writers.
- (2) Approval with Warning Status. The Board may determine that a program has failed to satisfactorily comply with 244 CMR 6.04(1) through (5) and warrants the Approval With Warning Status based on a preponderance of the evidence. The Board shall notify the chief executive officer of the parent institution and the program administrator, in writing, of the program's Approval with Warning Status, and of the actions the parent institution and program shall take to come into compliance with 244 CMR 6.04(1) through (5). A Program placed on Approval With Warning Status shall:
- (a) immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, of the program's Approval with Warning Status, the basis therefor, and the necessary corrective action(s);

- (b) correct the deficiencies identified by the Board within 12 months, unless otherwise directed by the Board. Failure to correct the cited deficiencies within the designated time period shall result in the Board's withdrawal of the program's approval status; and
- (c) inform all program graduates that they remain eligible to write the NCLEX.

(3) Withdrawal of Approval.

(a) The Board shall withdraw its approval of a program after notifying the program in writing of its failure to comply with 244 CMR 6.04 and providing an opportunity to correct such deficiencies. Action by the Board to withdraw approval granted a program shall be taken in accordance with M.G.L. c. 112, § 81A. The provisions in M.G.L. c. 112, § 81A specify that:

- 1. no approval granted by the Board shall be withdrawn unless the Board has conducted an on-site survey visit;
- 2. the parent institution aggrieved by the withdrawal of approval has an opportunity to petition the Board in writing for a hearing before the Board.

(b) The Board shall notify all enrolled students and program applicants upon its withdrawal of a program's approval that they shall not be eligible as graduates of the program to write the NCLEX.

(c) The program administrator shall make all reasonable efforts to assist enrolled students in transferring to a Board-approved program.

(4) Reinstatement of Approval. A program whose approval has been withdrawn by the Board may request reinstatement of approval by following the procedure for obtaining Prerequisite Approval Status as set forth in 244 CMR 6.05.

6.09: Procedure for Change of Governance of Nursing Education Program

The Board shall approve a change in governance before such change may be effective. The chief executive officer of the parent institution shall notify the Board in writing of any anticipated change in institutional governance. The notification shall include, but may not be limited to, documentation satisfactory to the Board which demonstrates:

- (a) all enrolled students and program applicants have been notified in writing of the proposed change and its impact, including cost, possible differences in curriculum, locations of courses and clinical experiences, and financial assistance;
- (b) a plan by the receiving parent institution for the appointment, if needed, of qualified faculty;
- (c) a plan for the orientation of faculty transferred to the receiving parent institution which shall include the receiving institution's philosophy, curriculum and policies;
- (d) the receiving parent institution has established an organizational plan and communicated it to affected personnel;
- (e) the receiving parent institution has been authorized to operate a program by statute or charter;
- (f) the receiving parent institution shall comply with 244 CMR 6.00; and
- (g) the name, title and address of the custodian of the records of the transferred program.

6.10: Procedure for a Change of Nursing Education Program Name

- (1) The legal name of the program on file with the Board shall be used in all references to the program.
- (2) The parent institution shall notify the Board in writing of the new name and its effective date, in the event the name of the program is changed.
- (3) Such notification shall be filed with the Board a minimum of 30 days before the effective date of the name change.

6.11: Procedure for Discontinuance or Termination of an Approved Nursing Education Program

- (1) A parent institution shall submit to the Board written notification of its intent to discontinue or terminate a program. Such notification shall include:
 - (a) the date on which the program shall be terminated or discontinued;
 - (b) the reason(s) for the discontinuance or termination of the program;
 - (c) evidence satisfactory to the Board that all enrolled students and program applicants have been notified in writing of the intention to discontinue or terminate the program, and the date the termination or discontinuance shall be effective;
 - (d) documentation satisfactory to the Board that arrangements have been made by the program administrator for enrolled students to complete their education at another Board-approved program; and
 - (e) the parent institution shall:
 1. arrange for the permanent and secure retention of all graduate records; and
 2. inform the Board in writing of its plan for custody of such records, including the location of all records and the title of the official responsible for maintaining and issuing the records.
- (2) Approval Status for the program shall terminate as of the date on which the last student(s) graduate(s) or transfer(s) from the program.
- (3) The program shall continue to maintain compliance with 244 CMR 6.00 until the effective date of termination of Approval Status.
- (4) The parent institution shall provide for all enrolled students to complete the program or enroll in another program.
- (5) The program administrator shall notify the Board of the date the last student(s) graduate(s) or transfer(s) from the program. The program shall close as of the date on which the last student(s) graduate(s) or transfers from the program.

REGULATORY AUTHORITY

244 CMR 6.00: M.G.L. c. 112, §§ 81A and 81C.

244 CMR 7.00: ACTION ON COMPLAINTS

Section

- 7.01: Purpose
- 7.02: Definitions
- 7.03: Non-Disciplinary Action
- 7.04: Disciplinary Action
- 7.05: Summary Suspension of License, Advanced Practice Nursing Authorization, or Right to Renew License

7.01: Purpose

244 CMR 7.00 sets forth the actions the Board may take on any complaint against a nurse filed with the Board.

7.02: Definitions

Address of Record means the address of a nurse licensed by the Board as provided by the nurse and maintained by the Board on its license database.

Adjudicatory Hearing means an administrative hearing held by the Board to determine the truth and validity of the allegations contained in a complaint filed against a nurse licensed by the Board. The hearing is held in accordance with the State Administrative Procedure Act, M.G.L. c. 30A, and the Standard Rules of Adjudicatory Practice and Procedure at 801 CMR 1.01 *et seq.*

Advanced Practice Nurse (APN) means a Registered Nurse to whom the Board has granted written authorization, under authority of M.G.L. c. 112, § 80B, to engage in advanced practice nursing as defined in 244 CMR 4.00.

Advanced Practice Nursing means professional nursing activity engaged in by a Registered Nurse in accordance with 244 CMR 4.00.

Agreement means a legally binding document reflecting the agreement, including specified terms and conditions, entered into by a nurse licensed by the Board and the Board in resolution of any complaint against such nurse.

APN Authorization means the written authorization granted by the Board to a Registered Nurse in accordance with 244 CMR 4.00 to engage in advanced practice nursing.

Complaint means a communication to, or other information obtained by, the Board alleging that a nurse has engaged in conduct related to the practice of nursing that violates any law or regulation, or both, related to such practice.

Final Decision and Order means the written findings of fact, conclusions of law, and order for sanction or other disposition issued by the Board to a nurse licensed by the Board following the final adjudication of any complaint.

Licensed Practical Nurse (LPN) means a nurse who meets the criteria for licensure under M.G.L. c. 112, § 74A and 244 CMR 8.00, and who holds a valid license to engage in the practice of nursing as a Licensed Practical Nurse.

M.G.L. means Massachusetts General Laws.

Nurse Licensed by the Board means a nurse to whom the Board has at any time issued a license to engage in the practice of nursing as a Registered Nurse or Licensed Practical Nurse, or both, whether or not such license is expired, surrendered, suspended, or revoked.

Order to Show Cause means a document issued by the Board to a nurse licensed by the Board containing allegations that the nurse has engaged in conduct that violates any law or regulation, or both, related to the practice of nursing. The Order to Show Cause may also order the nurse to appear at an adjudicatory hearing held by the Board to “show cause” why the Board should not take disciplinary action against the nurse’s license or APN authorization, or both, or the right to renew such license. See 801 CMR 1.01(6)(a).

Practice of Nursing means the practice of nursing as defined in M.G.L. c. 112, s. 80B and 244 CMR 3.00. The practice of nursing includes, but is not limited to, the provision of a nursing service using telecommunications technology by a nurse physically located *outside* Massachusetts to a person physically located *within* Massachusetts, seeking or accepting any paid or voluntary position as a Registered Nurse or Licensed Practical Nurse, or any paid or voluntary position requiring that the applicant hold a valid license to practice nursing.

Registered Nurse (RN) means a nurse who meets the criteria for licensure under M.G.L. c. 112, § 74 and 244 CMR 8.00 and who holds a valid license to engage in the practice of nursing as a Registered Nurse.

Substance Abuse means a dysfunctional pattern of human response characterized by excessive, inappropriate, or unhealthy use of chemical substances including alcohol or drugs, or both.

Valid License means a license to engage in the practice of nursing in Massachusetts properly issued to a nurse 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.

7.03: Non-Disciplinary Action

Dismissal. The Board may dismiss a complaint where it determines that:

- (a) the Board lacks jurisdiction over the person named in the complaint;
- (b) there is insufficient evidence to support the complaint;
- (c) the conduct complained of does not warrant disciplinary action; or
- (d) a nurse has successfully completed the Board's Substance Abuse Rehabilitation Program (SARP) as determined by the SARP and the Board.

7.04: Disciplinary Actions

The actions set forth in 244 CMR 7.04(1) through (6) constitute disciplinary actions the Board may impose on any license to engage in the practice of nursing in Massachusetts or APN authorization, or both, or on the right to renew such license. Except as provided by 244 CMR 7.05, the Board may only impose disciplinary action as part of a final decision and order issued in connection with the adjudication of a complaint, or under the terms of an agreement entered into between a nurse licensed by the Board and the Board in resolution of any complaint.

Where the Board initiates an adjudicatory proceeding, the Board shall conduct such proceeding in accordance with M.G.L. c. 30A, §§ 10, 11, and 12, and the Standard Adjudicatory Rules of Practice and Procedure at 801 CMR 1.01 *et seq.*

A disciplinary action constitutes a public record and is reportable by the Board to other licensing entities and, in accordance with M.G.L. c. 112, § 77, to national disciplinary data reporting systems as disciplinary action on any license to practice nursing in Massachusetts or on any APN authorization, or both, or on the right to renew such license.

(1) Reprimand. The Board may issue a reprimand in the form of a written statement to a nurse licensed by the Board describing the manner in which the nurse has failed to comply with any law or regulation, or both, related to the practice of nursing.

(2) Probation. Probation consists of a period of time during which a nurse who holds a valid license 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.

(3) Suspension. Suspension of a license to engage in the practice of nursing in Massachusetts or of an APN authorization, or both, is the temporary denial by the Board of the right of a nurse who holds a valid license or APN authorization, or both, to engage in the practice of nursing in Massachusetts or to engage in advanced practice nursing, or both,

and to in any way represent himself or herself by title or other designation as a Licensed Practical Nurse or Registered Nurse, or as authorized to engage in advanced practice nursing, or both. Suspension of the right to renew any license to engage in the practice of nursing in Massachusetts is the temporary denial by the Board of the right of a nurse licensed by the Board to renew such license.

(4) Stayed Suspension. The Board may impose a period of suspension on a license to practice nursing in Massachusetts or on an APN authorization, or both, or on the right to renew such license, which suspension the Board does not activate pending compliance by a nurse licensed by the Board with specified terms and conditions.

(5) Surrender. The Board may request the surrender of a license to practice nursing in Massachusetts or APN authorization, or both, or accept the unsolicited surrender of such license or authorization, or both. The Board may also request the surrender of the right of a nurse licensed by the Board to renew such license or accept the unsolicited surrender of such right to renew. A nurse's surrender of a license to engage in the practice of nursing in Massachusetts or APN authorization, or both, terminates the nurse's right to practice nursing in Massachusetts or such authorization, or both, and to represent himself or herself by title or other designation as a Licensed Practical Nurse or Registered Nurse, or as authorized to engage in advanced practice nursing, or both. Surrender of the right to renew a license to practice nursing in Massachusetts terminates the nurse's right to renew such license.

(6) Revocation. Revocation by the Board of a license to engage in the practice of nursing in Massachusetts or APN authorization, or both, terminates the nurse's right to practice nursing in Massachusetts or such authorization, or both, and to in any way represent himself or herself by title or other designation as a Licensed Practical Nurse or Registered Nurse, or as authorized to engage in advanced practice nursing, or both. Revocation of the right to renew a license to practice nursing in Massachusetts terminates the nurse's right to renew such license.

7.05: Summary Suspension of License, Advanced Practice Nursing Authorization, or Right to Renew License

The Board, pending a hearing, may suspend a license to practice nursing in Massachusetts or APN authorization, or both, or refuse to renew such license, upon a majority vote of the full Board that a nurse's continued or further practice presents an immediate and serious threat to the public health, safety, or welfare.

(1) Vote for Summary Suspension. Upon receipt and review by the Board of a complaint supported by affidavits or other documentary evidence indicating that a nurse's continued or further practice of nursing in Massachusetts presents an immediate and serious threat to the public health, safety, or welfare, the Board shall vote on whether such evidence warrants summary suspension of the nurse's license or APN authorization, or both, or the right to renew such license. If a majority of the full Board has determined by vote that a nurse's continued or further practice of nursing in Massachusetts presents an immediate and serious threat to the public health, safety, or welfare, the Board shall make findings and specify the reasons justifying such summary suspension and shall issue an order of summary suspension of the nurse's license or APN authorization, or both, or of the right to renew such license.

(2) Standard for Determining Immediate and Serious Threat. In determining that a nurse's continued or further practice of nursing in Massachusetts presents an immediate and

serious threat to the public health, safety, or welfare, the criteria the Board shall evaluate include, but are not limited to, whether:

- (a) the nurse licensed by the Board has engaged in conduct resulting in serious harm to another; or
- (b) the ability of a nurse licensed by the Board to engage in the safe and proper practice of nursing is impaired by substance abuse; or
- (c) the ability of a nurse licensed by the Board to engage in the safe practice of nursing is impaired by a mental or physical illness or condition, or both; or
- (d) the nurse licensed by the Board has engaged in criminal activity; and
- (e) summary suspension is necessary to prevent an immediate and serious threat to the public health, safety, or welfare.

(3) Order of Summary Suspension. Where the Board has voted by a majority of the full Board that the continued or further practice of nursing by a nurse licensed by the Board presents an immediate and serious threat to the public health, safety, or welfare, the Board shall issue to the nurse a written order of summary suspension of the nurse's license or advanced practice authorization, or both, or the right to renew such license, specifying its findings and reasons for the suspension. The summary suspension order shall also notify the nurse of the date, time, and place of the adjudicatory hearing scheduled to be held on the necessity for the summary suspension. Such hearing shall be held within seven days of issuance of the summary suspension order to the nurse. At the nurse's request, the Board may reschedule this hearing to a date and time mutually agreeable to the nurse and the Board. Any rescheduling of the hearing granted at the nurse's request shall not operate to lift the summary suspension order.

(4) Notice of Summary Suspension Order and Hearing. The Board shall provide notice to the nurse of the summary suspension order and hearing by first class mail and certified mail at the nurse's address of record. In addition, the Board shall use all reasonable efforts to provide such notice to the nurse by hand delivery to the nurse's address of record.

In accordance with 801 CMR 1.01(4)(c), notice of the Board's action shall be presumed to be received by the nurse upon the day of hand delivery as stated herein or, if mailed, three days after deposit in the U.S. mail. The postmark shall be evidence of the date of mailing.

The summary suspension order shall be effective upon the nurse's receipt of notice as specified herein. The nurse shall immediately cease all nursing practice as ordered by the Board. Within one business day of receipt of said notice, the nurse shall deliver to the Board his or her nursing license, whether current or expired.

(5) Hearing on Necessity for Summary Suspension. Any adjudicatory hearing on the necessity for summary suspension shall be conducted by the Board in accordance with M.G.L. c. 30A, §§ 10, 11, and 12, and the Standard Adjudicatory Rules of Practice and Procedure at 801 CMR 1.01 *et seq.*

At the adjudicatory hearing on the necessity for summary suspension, the Board shall receive oral and documentary evidence limited to determining whether the summary suspension order shall continue in effect pending the final disposition of the complaint.

(6) Continuation or Termination of Summary Suspension Order. Where a majority of the full Board, after any adjudicatory hearing on the necessity of summary suspension, votes to continue the summary suspension order in effect, such order shall be in effect until the adjudication of the merits of the complaint, including judicial review thereof, or until other

final disposition of the complaint by the Board. The nurse shall not engage in the practice of nursing as ordered by the Board while the summary suspension order is in effect.

Where a majority of the full Board votes to terminate the summary suspension order, the Board shall reinstate the license or advanced practice authorization, or both, or the right to renew such license, to the status which was in effect immediately before the Board issued the summary suspension order.

Except where it has been rescheduled at the nurse's request or waived by the nurse, if the adjudicatory hearing on the necessity for summary suspension is not held within seven days of the issuance of a summary suspension order, the nurse's license to practice nursing in Massachusetts or APN authorization, or both, or the right to renew such license, shall be deemed reinstated to the status which was in effect immediately before the Board issued the summary suspension order.

REGULATORY AUTHORITY

244 CMR 7.00: M.G.L. c. 13, § 14; M.G.L. c. 112, §§ 61, 74, 74A, 79, 80, 80A, 80B and 80F.

244 CMR 8.00: LICENSURE REQUIREMENTS

Section

8.01: Definition of Terms

8.02: Initial Licensure as a Registered Nurse by Examination

8.03: Initial Licensure as a Practical Nurse by Examination

8.04: Initial Licensure as a Registered Nurse or Practical Nurse by Reciprocity

8.01: Definition of Terms

Applicant means an individual who has submitted a completed National Council Licensure Examination (NCLEX) application.

Approved Nursing Education Program means a nursing education program for Registered Nurses or Practical Nurses, as applicable, located in Massachusetts and approved by the Board pursuant to 244 CMR 6.00, *or* a nursing education program located outside Massachusetts which, in the opinion of the Board, maintains standards substantially the same as those required for approval of a nursing education program in Massachusetts *and* which program is approved by the nursing board or corresponding body in the jurisdiction where the program is located.

Board means Board of Registration in Nursing.

Candidate means an individual who has been determined eligible by the Board to write the NCLEX.

CGFNS means the Commission on Graduates of Foreign Nursing Schools.

Eligibility means the Board's determination of an applicant's ability to write the NCLEX based on criteria specified in M.G.L. c. 112, §§ 74 and 74A, and Board regulations promulgated thereunder.

Eligibility Period means the period of time during which a candidate must write the NCLEX. A candidate's eligibility period begins on the date the Authorization to Test Certificate is printed and expires 60 calendar days later, or on the date the candidate writes the NCLEX, whichever comes first. The eligibility period is applicable to both first time and repeat candidates. Candidates who do not write the NCLEX within the eligibility period must again apply to write the NCLEX and again submit all required fees and forms.

Graduation means the date the applicant graduated from a nursing education program as defined in the policy of the applicant's nursing education program.

NCLEX means the National Council Licensure Examination.

NCLEX-PN means the National Council Licensure Examination for Practical Nurses.

NCLEX-RN means the National Council Licensure Examination for Registered Nurses.

NCSBN means the National Council of State Boards of Nursing.

State means a state within the United States.

SBTPE means State Board Test Pool Examination.

U.S. Territory means, for the purpose of 244 CMR 8.00, American Samoa, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands, provided the nursing board or corresponding body within the U.S. Territory is a member of the NCSBN.

Withdrawal Date means the date the applicant for licensure as a Practical Nurse withdrew, as defined by the policy of the applicable nursing education program, from an approved nursing education program for Registered Nurses.

8.02: Initial Licensure as a Registered Nurse by Examination

(1) An applicant for initial licensure as a Registered Nurse by examination shall submit to the Board the following documentation to establish the applicant's eligibility to write the NCLEX-RN:

- (a) proof satisfactory to the Board of good moral character as required by M.G.L. c. 112, § 74 and as established by Board policy;
- (b) proof satisfactory to the Board of the applicant's graduation from an approved nursing education program for Registered Nurses:
 - 1. if such program is located in the United States, the District of Columbia, or a U.S. Territory, the applicant's graduate status shall be certified by the program administrator or the program administrator's designee;
 - 2. if such program is *not* located in the United States, the District of Columbia, a U.S. Territory, *or Canada*, the applicant's graduate status shall be certified by the Board or its designee by the applicant's receipt of a CGFNS Certificate, a CGFNS credentials review, or other Board-designated credentials review;
 - 3. if such program is located *in Canada* and the applicant is not eligible for licensure by reciprocity under 244 CMR 8.04(3), the applicant's graduate status shall be certified by the Board or its designee;
- (c) proof satisfactory to the Board that the applicant has achieved a minimum score as specified by the Board on a Board-designated test of English proficiency where the applicant graduated from a nursing education program whose language of instruction or textbooks, or both, was not English;
- (d) payment of all required fees; and

- (e) after meeting the eligibility criteria in 244 CMR 8.02(1)(a) through (d), proof satisfactory to the Board that the candidate has passed the NCLEX-RN during the NCLEX eligibility period.
- (2) A candidate who fails the NCLEX-RN may write the NCLEX-RN again as permitted by the Board's NCLEX Retake Policy.

8.03: Initial Licensure as a Practical Nurse by Examination

(1) An applicant for initial licensure as a Practical Nurse by examination shall submit to the Board the following documentation to establish the applicant's eligibility to write the NCLEX-PN:

- (a) proof satisfactory to the Board of good moral character as required by M.G.L. c. 112, § 74A and as established by Board policy;
- (b) proof satisfactory to the Board of the applicant's graduation from an approved nursing education program for Practical Nurses or Registered Nurses:
 - 1. if such program is located in the United States, the District of Columbia, a U.S. Territory, or Canada, the applicant's graduate status shall be certified by the program administrator or the program administrator's designee;
 - 2. if such program is *not* located in the United States, the District of Columbia, or a U.S. Territory, the applicant's graduate status shall be certified by the Board or its designee by the applicant's receipt of a CGFNS Certificate, a CGFNS credentials review, or other Board-designated credentials review;
 - 3. if such program is located *in Canada*, the applicant's graduate status shall be certified by the Board or its designee;
 - 4. if the applicant was a former student in good standing at an approved nursing education program for Registered Nurses, withdrew from such program in good standing and, as of the applicant's withdrawal date, had completed a program of study, theory, and clinical practice equivalent to that required for graduation from an approved nursing education program for Practical Nurses, the applicant shall provide proof satisfactory to the Board of completion of such equivalent program;
- (c) proof satisfactory to the Board that the applicant has achieved a minimum score as specified by the Board on a Board-designated test of English proficiency where the applicant graduated from a nursing education program whose language of instruction or textbooks, or both, was not English;
- (d) payment of all required fees; and
- (e) after meeting the eligibility criteria in 244 CMR 8.03(1)(a) through (d), proof satisfactory to the Board that the candidate has passed the NCLEX-PN during the NCLEX eligibility period.

(2) A candidate who fails the NCLEX-PN may write the NCLEX-PN again as permitted by the Board's NCLEX Retake Policy.

8.04: Initial Licensure as a Registered Nurse or Practical Nurse by Reciprocity

The Board may license by reciprocity (without examination) an applicant who is, or has been, licensed as a Registered Nurse or Practical Nurse in another state, the District of Columbia, a U.S. Territory, or Canada under laws which, in the opinion of the Board, maintain standards substantially the same as those required for licensure as a Registered Nurse or Practical Nurse in Massachusetts, as applicable.

For the purposes of 244 CMR 8.04, the Board may find an applicant for licensure by reciprocity has met "standards substantially the same" as those required for licensure as a Registered Nurse or Practical Nurse in Massachusetts if the applicant meets all the requirements set forth under 244 CMR 8.04(1), (2), or (3), as applicable.

(1) Registered Nurse Licensed in Another State, the District of Columbia, or a U.S. Territory. The Board may license as a Registered Nurse by reciprocity an applicant who is, or has been, licensed as a Registered Nurse in another state, the District of Columbia, or a U.S. Territory after receipt, review, and approval by the Board or its designee of the following documentation:

- (a) proof satisfactory to the Board of the applicant's good moral character as required by M.G.L. c. 112, § 74, and as established by Board policy;
- (b) proof satisfactory to the Board of the applicant's graduation from an approved nursing education program for Registered Nurses as evidenced by the applicant's licensure as a Registered Nurse by examination in another state, the District of Columbia, or a U.S. Territory;
- (c) proof satisfactory to the Board that the applicant has achieved a minimum score as specified by the Board on a Board-designated test of English proficiency where the applicant graduated from a nursing education program whose language of instruction or textbooks, or both, was not English;
- (d) proof satisfactory to the Board that the applicant has passed the NCLEX-RN or the SBTPE for Registered Nurses as evidenced by the applicant's licensure as a Registered Nurse by examination in another state, the District of Columbia, or a U.S. Territory;
- (e) proof satisfactory to the Board that the applicant is, or has been, licensed as a Registered Nurse by examination in another state, the District of Columbia, or a U.S. Territory; and
- (f) payment of all required fees.

(2) Practical Nurse Licensed in Another State, the District of Columbia, or a U.S. Territory. The Board may license as a Licensed Practical Nurse by reciprocity an applicant who is, or has been, licensed as a Practical Nurse in another state, the District of Columbia, or a U.S. Territory after receipt, review, and approval by the Board or its designee of the following documentation:

- (a) proof satisfactory to the Board of the applicant's good moral character as required by M.G.L. c. 112, § 74A, and as established by Board policy;
- (b) proof satisfactory to the Board of the applicant's graduation from an approved nursing education program for Practical Nurses or Registered Nurses as evidenced by the applicant's licensure as a Practical Nurse by examination in another state, the District of Columbia, or a U.S. Territory;
- (c) if the applicant was a former student at an approved nursing education program for Registered Nurses, withdrew from such program in good standing and, as of the applicant's withdrawal date, had completed a program of study, theory, and clinical practice equivalent to that required for graduation from an approved nursing education program for Practical Nurses, proof satisfactory to the Board of completion of such equivalent program;
- (d) proof satisfactory to the Board that the applicant has achieved a minimum score as specified by the Board on a Board-designated test of English proficiency where the applicant graduated from a nursing education program whose language of instruction or textbooks, or both, was not English;
- (e) proof satisfactory to the Board that the applicant has passed the NCLEX-PN or the SBTPE for Practical Nurses as evidenced by the applicant's licensure as a Practical Nurse by examination in another state, the District of Columbia, or a U.S. Territory;
- (f) proof satisfactory to the Board of the applicant's licensure as a Practical Nurse in another state, the District of Columbia, or a U.S. Territory; and
- (g) payment of all required fees.

(3) Registered Nurse Licensed in Canada. The Board may license as a Registered Nurse by reciprocity an applicant who is, or has been, licensed as a Registered Nurse in Canada after receipt, review, and approval by the Board or its designee of the following documentation:

- (a) proof satisfactory to the Board of the applicant's good moral character as required by M.G.L. c. 112, § 76B, and as established by Board policy;
- (b) proof satisfactory to the Board of the applicant's graduation from a nursing education program for Registered Nurses approved by the nursing board or corresponding body in the province of Canada where the applicant was licensed as a Registered Nurse by examination;
- (c) proof satisfactory to the Board that the applicant has passed one of the following Canadian licensure examinations:
 - 1. if examined *before August 1, 1970*, the SBTPE;
 - 2. if examined *after August 1, 1970*, the Canadian Nurses Association Testing Service (CNATS) Examination with a score greater than 400 in each component of the examination; or
 - 3. if examined *in August 1980 or thereafter*, the CNATS Comprehensive Examination with a comprehensive score of greater than 400;
- (d) if the applicant took the CNATS Examination or the CNATS Comprehensive Examination in French, proof satisfactory to the Board that the applicant has achieved a minimum score of 550 on the Test of English as a Foreign Language (TOEFL) or has achieved a minimum score as specified by the Board on a Board-designated test of English proficiency;
- (e) proof satisfactory to the Board of the applicant's licensure as a Registered Nurse in Canada; and
- (f) payment of all required fees.

REGULATORY AUTHORITY

244 CMR 8.00: M.G.L. c. 13, § 14; c. 112, §§ 74, 74A, 75, 76, 76B, 81B, and 81C.

244 CMR 9.00: STANDARDS OF CONDUCT

Section

- 9.01: Purpose
- 9.02: Definitions
- 9.03: Standards of Conduct for Nurses
- 9.04: Standards of Conduct for Advanced Practice Nurses (APNs)

9.01: Purpose

244 CMR 9.00 defines the standards of conduct for all nurses licensed by the Board of Registration in Nursing.

9.02: Definitions

Abandon means to intentionally terminate any nurse/patient relationship without reasonable notice to the patient or appropriate other person(s), or both, so that arrangements can be made for necessary continuation of care.

Abuse means any impermissible or unjustifiable contact or communication with a patient which in any way harms or intimidates, or is likely to harm or intimidate, a patient. Abuse may be verbal or non-verbal, and may cause physical, sexual, mental, or emotional harm.

Address of Record means the address of a nurse licensed by the Board as provided by the nurse and maintained by the Board on its license database.

Advanced Practice Nurse (APN) means a Registered Nurse to whom the Board has granted written authorization, under authority of M.G.L. c. 112, § 80B, to engage in advanced practice nursing as defined in 244 CMR 4.00.

Advanced Practice Nursing means professional nursing activity engaged in by a Registered Nurse in accordance with 244 CMR 4.00.

APN Authorization means the written authorization granted by the Board to a Registered Nurse in accordance with 244 CMR 4.00 to engage in advanced practice nursing.

Agreement means a legally binding document reflecting the agreement, including specified terms and conditions, entered into by a nurse licensed by the Board and the Board in resolution of any complaint against such nurse.

Authorized Prescriber means a person who holds current and valid controlled substances registrations issued by the United States Drug Enforcement Administration and the Division of Food and Drugs of the Massachusetts Department of Public Health.

Board means the Massachusetts Board of Registration in Nursing.

CMR means the Code of Massachusetts Regulations published by the Regulations Division of the Massachusetts Office of the Secretary of State.

Competency means the application of knowledge and the use of affective, cognitive, and psychomotor skills required for the role of a nurse licensed by the Board and for the delivery of safe nursing care in accordance with accepted standards of practice.

Complaint means a communication to, or other information obtained by, the Board alleging that a nurse licensed by the Board has engaged in conduct related to the practice of nursing that violates any laws or regulations, or both, related to such practice.

Controlled Substance means a drug, substance, or immediate precursor in any schedule or class referred to in M.G.L. c. 94C. Any drug or medication requiring a prescription in Massachusetts is a controlled substance.

Drug means a substance recognized as a drug in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, and all revisions and supplements thereto.

Impaired means the inability to practice nursing with reasonable judgment, skill, and safety by reason of alcohol or drug abuse, use of other substances, a physical or mental illness or condition, or by any combination of the foregoing.

Licensed Practical Nurse (LPN) means a nurse who meets the criteria for licensure under M.G.L. c. 112, § 74A and 244 CMR 8.00, and who holds a valid license to engage in the practice of nursing as a Licensed Practical Nurse.

M.G.L. means Massachusetts General Laws.

Mistreatment means the improper use of any drug, physical or chemical restraint or confinement, or any combination thereof.

Neglect means the unjustified failure to provide treatment or services, or both, necessary to maintain the health or safety, or both, of a patient.

Nurse Licensed by the Board means a nurse to whom the Board has at any time issued a Registered Nurse or Licensed Practical Nurse license, or both, whether or not such license is expired, surrendered, suspended, or revoked.

Practice of Nursing means the practice of nursing as defined in M.G.L. c. 112, § 80B and 244 CMR 3.00. The practice of nursing includes, but is not limited to, the provision of a nursing service by a nurse physically located *outside* Massachusetts to a person physically located *within* Massachusetts using telecommunications technology, seeking or accepting any paid or voluntary position as a Registered Nurse or Licensed Practical Nurse or any paid or voluntary position requiring that the applicant hold a valid license to practice nursing.

Prescription Drug means any and all drugs determined to be prescription drugs under M.G.L. c. 94C.

Prescriptive Practice means the written and oral issuance of any prescription and medication order for prescription and non-prescription drugs.

Professional Boundaries mean the limits of the professional relationship that allow for a safe and therapeutic interface between the professional and the patient.

Registered Nurse (RN) means a nurse who meets the criteria for licensure under M.G.L. c. 112, § 74 and 244 CMR 8.00, and who holds a valid license to engage in the practice of nursing in Massachusetts as a Registered Nurse.

Standards of Nursing Practice means 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.

Substance Abuse means a dysfunctional pattern of human response characterized by excessive, inappropriate, or unhealthy use of chemical substances including alcohol or drugs, or both.

Telecommunications Technology means those modalities used in the practice of nursing over distance, whether intrastate or interstate. Such modalities include, but are not limited to: telephones, facsimile, cellular phones, video phones, computers, e-mail, voice mail, CD-ROM, electronic bulletin boards, audio tapes, audio-visual tapes, teleconferencing, video conferencing, on-line services, World Wide Web, Internet, interactive television, real-time camera, and still-imaging.

Unlicensed Practice of Nursing means engaging, or attempting to engage, in the practice of nursing in Massachusetts without holding a valid license. Unlicensed practice of nursing also means using any title or other designation indicating licensure as a Registered Nurse or Licensed Practical Nurse, or authorization to engage in advanced practice nursing, without the requisite valid license or APN authorization.

Valid License means a license to practice nursing in Massachusetts properly issued to a nurse 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.

9.03: Standards of Conduct for Nurses

Each nurse licensed by the Board and engaged in the practice of nursing shall have knowledge and understanding of the Standards of Conduct for Nurses set forth in 244 CMR

9.00, all state laws and Board regulations governing the practice of nursing, and all other state and federal laws and regulations related to such practice.

The Board may take disciplinary action against the license of any nurse licensed by the Board or against any APN authorization, or both, or against the nurse's right to renew such license, upon the nurse's failure to comply with the Standards of Conduct for Nurses or with all other laws and regulations related to the practice of nursing.

(1) Practice Under Valid License. Except as provided by M.G.L. c. 112, §§ 80, 80A, and 81, a nurse shall only engage in the practice of nursing in Massachusetts with a valid license.

(2) Practice as Advanced Practice Nurse (APN). A Registered Nurse may only engage in advanced practice nursing in Massachusetts after receiving written authorization from the Board in accordance with 244 CMR 4.00.

(3) Practice Following Loss of License. A nurse licensed by the Board shall not engage in the practice of nursing in Massachusetts, or in any way represent himself or herself as a Registered Nurse or Licensed Practical Nurse, after the effective date of:

- (a) license expiration;
- (b) license surrender under the terms and conditions of a written agreement entered into with the Board;
- (c) a license suspension order or license revocation order contained in a final decision and order issued by the Board;
- (d) a summary suspension order issued by the Board in accordance with 244 CMR 7.05.

The practice of nursing in Massachusetts after the occurrence of any of the events set forth in 244 CMR 9.03(3) (a) through (d) shall constitute the unlicensed practice of nursing.

(4) Practice of Nursing in Another Jurisdiction Using Telecommunications Technology. A nurse licensed by the Board who, while physically located *within* Massachusetts, provides a nursing service using telecommunications technology to a person physically located *outside* Massachusetts, shall also be governed by the licensure and practice laws and regulations of the state or jurisdiction in which the recipient of such a service is located.

(5) Adherence to Standards of Nursing Practice. A nurse licensed by the Board shall engage in the practice of nursing in accordance with accepted standards of practice.

(6) Compliance with Laws and Regulations Related to Nursing. (a) A nurse who holds a valid license shall comply with M.G.L. c. 112, §§ 74 through 81C, as well as with any other laws and regulations related to licensure and practice. Examples of such laws include, but are not limited to, the following:

1. M.G.L. c. 19A, § 15 (obligation to report elder abuse);
2. M.G.L. c. 19C, § 15 (obligation to report abuse of disabled person);
3. M.G.L. c. 38, § 3 (report of death to medical examiner);
4. M.G.L. c. 46, § 9 (death pronouncement);
5. M.G.L. c. 62C, § 47A(d) (obligation to pay state taxes);
6. M.G.L. c. 71, § 55A (obligation to sick school child);
7. M.G.L. c. 71, § 55B (obligation to file report certifying freedom from tuberculosis in communicable form);
8. M.G.L. 94C (Controlled Substances Act—requirements for possessing, dispensing, administering, and prescribing controlled substances);
9. M.G.L. c. 111, § 70E (Patients' or Residents' Rights);

10. M.G.L. c. 111, § 70F (HTLV-III Tests);
11. M.G.L. c. 111, § 72G (obligation to report abuse of patient or resident);
12. M.G.L. c. 111, § 110 (obligation to report infant with swollen, red, or inflamed eye(s) or with unnatural discharge within two weeks after birth);
13. M.G.L. c. 111, § 110B (obligation to report examination or treatment of child with Reyes syndrome);
14. M.G.L. c. 111, § 191 (obligation to report lead poisoning);
15. M.G.L. c. 112, § 12CC (obligation to provide patient records);
16. M.G.L. c. 112, § 61 (obligation to pay student loans);
17. M.G.L. c. 119, § 51A (obligation to report child abuse);
18. M.G.L. c. 119A, § 16 (obligation to pay child support);
19. M.G.L. c. 123, § 12 (requirements for commitment of mentally ill person);
20. M.G.L. c. 123, § 21 (requirements for use of restraint and seclusion of mentally ill person); and
21. M.G.L. c. 123B, § 8 (requirements for use of restraint and seclusion of mentally retarded person).

(b) A nurse licensed by the Board who no longer holds a valid license shall comply with 244 CMR 9.03(6)(a)5., 16. and 18., as well as with the good moral character requirement contained in M.G.L. c. 112, § 74 (RNs) and § 74A (LPNs).

(7) Aiding Unlawful Activity. A nurse licensed by the Board shall not aid any person in performing any act prohibited by law or regulation.

(8) Identification Badge. A nurse who holds a valid license and who examines, observes, or treats a patient in any practice setting shall wear an identification badge which visibly discloses at a minimum his or her first name, licensure status and, if applicable, advanced practice authorization.

(9) Responsibility and Accountability. A nurse licensed by the Board shall be responsible and accountable for his or her nursing judgments, actions, and competency.

(10) Acts within Scope of Practice. A nurse who holds a valid license and is engaged in the practice of nursing in Massachusetts shall only perform acts within the scope of nursing practice as defined in M.G.L. c. 112, § 80B and 244 CMR 3.00.

(11) Performance of Techniques and Procedures. A nurse licensed by the Board shall perform nursing techniques and procedures only after appropriate education and demonstrated clinical competency.

(12) Competency. A nurse who holds a valid license shall only assume those duties and responsibilities within his or her scope of practice and for which he or she has acquired and maintained necessary knowledge, skills, and abilities.

(13) Discrimination. A nurse licensed by the Board shall not withhold or deny nursing care based on age, ancestry, marital status, sex, sexual orientation, race, color, religious creed, national origin, diagnosis, or mental or physical disability.

(14) Asepsis and Infection Control. A nurse licensed by the Board shall adhere to standard precautions and to principles of asepsis and infection control, and shall not place a patient, himself or herself, or others at risk for the transmission of infectious diseases.

- (15) Patient Abuse, Neglect, Mistreatment, Abandonment, or Other Harm. A nurse licensed by the Board shall not abuse, neglect, mistreat, abandon, or otherwise harm a patient.
- (16) Patient Confidential Information. A nurse licensed by the Board shall safeguard patient information from any person or entity, or both, not entitled to such information. A nurse licensed by the Board shall share appropriate information only as required by law or for the protection of the patient.
- (17) Patient Dignity and Privacy. A nurse licensed by the Board shall safeguard a patient's dignity and right to privacy.
- (18) Participation in Research. A nurse licensed by the Board who enrolls-subjects in a research study or conducts such a study, or both, shall verify that a board, committee, or other group designated by an institution to ensure the protection of human subjects has approved the study in accordance with accepted standards for the protection of human subjects.
- (19) Exercise of Undue Influence. A nurse licensed by the Board shall not exercise undue influence on a patient, including the promotion or sale of services, goods, appliances or drugs, in such a manner as to exploit the patient for financial gain of the nurse or a third party.
- (20) Borrowing from Patients. A nurse licensed by the Board shall not borrow money, materials, or other property from any patient.
- (21) Undue Benefit or Gain. A nurse licensed by the Board shall care for, and refer, a patient without undue benefit or gain to the nurse or a third party.
- (22) Advertising. A nurse licensed by the Board shall not engage in false, deceptive, or misleading advertising related to the practice of nursing.
- (23) Sexual Contact. A nurse licensed by the Board shall not have sexual contact with any patient with whom he or she has a nurse/patient relationship or with any former patient who may be vulnerable by virtue of emotional status, age, illness, or cognitive ability.
- (24) Professional Boundaries. A nurse licensed by the Board shall establish and observe professional boundaries with respect to any patient with whom he or she has a nurse/patient relationship. A licensed nurse shall continue to observe professional boundaries with his or her former patients who may be vulnerable by virtue of emotional status, age, illness, or cognitive ability.
- (25) Relationship Affecting Professional Judgment. A nurse licensed by the Board shall not initiate or maintain a nurse/patient relationship that is likely to adversely affect the nurse's professional judgment.
- (26) Duty to Report to the Board. A nurse who holds a valid license and who directly observes another nurse engaged in any of the following shall report that nurse to the Board in accordance with Board guidelines:
- (a) abuse of a patient;
 - (b) practice of nursing while impaired by substance abuse;
 - (c) diversion of controlled substances.

- (27) Change of Personal Data. A nurse who holds a valid license shall inform the Board in writing within 30 days of any change of his or her name, address of record, or Social Security number.
- (28) Action Against Certificate. A nurse who holds a valid license and who holds a certificate issued by a certifying body related to the practice of nursing shall report to the Board in writing within 30 days any action against, or surrender of, his or her certificate issued by such certifying body.
- (29) Examinations. In connection with any examination related to the practice of nursing, an applicant to the Board for licensure or a nurse licensed by the Board shall not:
- (a) impersonate or act as proxy for an applicant for nurse licensure, APN authorization, or certification;
 - (b) disclose the contents of any examination, or solicit, accept, or compile information regarding the contents of any such examination before, during, or after its administration, or in any other way compromise or attempt to compromise the integrity of any such examination; or
 - (c) in any other way cheat on any examination.
- (30) Practice Under a False or Different Name. A nurse who holds a valid license shall engage in the practice of nursing only under the name in which such license has been issued.
- (31) Falsification of Information. A nurse licensed by the Board shall not knowingly falsify, or attempt to falsify, any documentation or information related to any aspect of licensure as a nurse, the practice of nursing, and the delivery of nursing services.
- (32) Fraudulent Practices. A nurse licensed by the Board shall not engage in any fraudulent practice including, but not limited to, billing for services not rendered or submitting false claims for reimbursement.
- (33) Impersonation. A nurse licensed by the Board shall not impersonate another nurse or other health care provider, or knowingly allow or enable another person to impersonate him or her.
- (34) Misrepresentation of Credentials. A nurse licensed by the Board shall not misrepresent his or her credentials related to the practice of nursing including, but not limited to, those indicating education, type of nurse licensure, APN authorization, or certification related to the practice of nursing.
- (35) Security of Controlled Substances. A nurse licensed by the Board and engaged in the practice of nursing shall maintain the security of controlled substances that are under his or her responsibility and control.
- (36) Practice While Impaired. A nurse licensed by the Board shall not practice nursing while impaired.
- (37) Unlawful Acquisition and Possession of Controlled Substances. A nurse licensed by the Board shall not unlawfully obtain or possess controlled substances.
- (38) Administration of Drugs. A nurse licensed by the Board shall not administer any prescription drug or non-prescription drug to any person in the course of nursing practice except as directed by an authorized prescriber. 244 CMR 9.03(38) shall not apply where a Registered Nurse authorized by the Board to practice as a nurse anesthetist administers

anesthesia or peri-operative medications, or both, under guidelines required by 244 CMR 4.25(4).

(39) Documentation of Controlled Substances. A nurse licensed by the Board shall document the handling, administration, and destruction of controlled substances in accordance with all federal and state laws and regulations and in a manner consistent with accepted standards of nursing practice.

(40) Circumvention of Law. A nurse licensed by the Board shall not receive from, or offer, give, or promise anything of value or benefit to, any official to circumvent any federal and state laws and regulations related to the practice of nursing.

(41) Compliance with Board Order. A nurse licensed by the Board shall comply with any order for disciplinary action issued by the Board against his or her license to engage in the practice of nursing or right to renew such license except as otherwise may be determined by the appropriate court in the course of an appeal of a Board final decision and order.

(42) Compliance with Agreements. A nurse licensed by the Board shall comply with all provisions contained in any agreement he or she has entered into with the Board.

(43) Violence. A nurse licensed by the Board shall 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.

(44) Documentation. A nurse licensed by the Board shall 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 shall sign his or her name as it appears on his or her license.

(45) Alteration or Destruction of Records. A nurse licensed by the Board shall not inappropriately destroy or alter any record related to the practice of nursing.

(46) Responsibilities of Nurse in Management Role. A nurse licensed by the Board and employed in a nursing management role shall adhere to accepted standards of practice for that role. The responsibilities of the nurse employed in a nursing management role are to develop and implement the necessary measures to promote and manage the delivery of safe nursing care in accordance with accepted standards of nursing practice.

(47) Other Prohibited Conduct. A nurse licensed by the Board shall not engage in any other conduct that fails to conform to accepted standards of nursing practice or in any behavior that is likely to have an adverse effect upon the health, safety, or welfare of the public.

9.04: Standards of Conduct for Advanced Practice Nurses (APNs)

In addition to the Standards of Conduct set forth in 244 CMR 9.03(1) through (47), the standards set forth in 244 CMR 9.04(1) through (6) shall govern all nurses granted APN authorization by the Board.

An APN's failure to comply with the Standards of Conduct for Advanced Practice Nurses may serve as the basis for disciplinary action against the APN's authorization in accordance with M.G.L. c. 112, §§ 61 and 74. Such failure may also serve as the basis for disciplinary action against the APN's Registered Nurse license.

(1) Preparation and Competency. An APN shall practice only in the category of advanced practice nursing for which the Board has authorized him or her. The APN's clinical practice

shall include only those areas of practice for which the APN has formal, advanced nursing education and documented competency. Such formal, advanced nursing education shall meet the criteria for continuing education in nursing as specified in 244 CMR 4.00.

- (2) Practice Following Loss of Authorization. An APN shall not engage in advanced practice nursing, or in any way represent that he or she is authorized to engage in such practice, after the effective date of the surrender, suspension, or revocation of such authorization by the Board, or after the voluntary relinquishment of such authorization to the Board.
- (3) Controlled Substance Registrations. An APN who is an authorized prescriber shall:
 - (a) comply with 244 CMR 4.00 governing prescriptive practice by an APN and with all federal and state laws and regulations governing prescriptive practice and the handling of controlled substances; and
 - (b) notify the Board in writing of any surrender, suspension, revocation, or other action affecting the APN's federal or state controlled substances registrations, or both, within 30 days of such action. In the case of the surrender, suspension, or revocation of either registration, or both, the APN shall immediately cease all prescriptive practice.
- (4) Advanced Practice Certification. In order to maintain APN authorization and to engage in advanced practice nursing, an APN shall hold current professional advanced practice certification and shall submit documentation satisfactory to the Board of current certification with each application for Registered Nurse license renewal.
- (5) Full Disclosure. When proposing any diagnostic or therapeutic intervention which is beyond the scope of generic nursing practice, an APN shall fully disclose to the patient or to the patient's representative the risks and benefits of, and alternatives to, such intervention and shall document such disclosure in the patient's record.
- (6) Notice of Charges for Services. An APN engaged in independent billing for his or her services shall provide access to information regarding charges and methods of payment for services when requested by a patient or the patient's representative.

REGULATORY AUTHORITY

244 CMR 9.00: M.G.L. c. 13, § 14; M.G.L. c. 112, §§ 61, 74, 74A, 79, 80, 80A, 80B and 80F.