We Need Your Input: BORIM Passes New Regulations

Dear Colleagues,

On July 17, The Board of Registration in Medicine (BORIM) unexpectedly voted to approve regulatory changes to 243 CMR 2.00 (Licensing and the Practice of Medicine) that were first proposed in May 2017. These revisions are scheduled to become effective upon publication in the Massachusetts Register. The redlined text is available here. BORIM will announce the effective date when it is available.

MHA testified at the Board’s hearing in May 2017 and cited numerous concerns with the requirements, as did many other provider organizations. Because there has been limited-to-no follow-up on the proposed regulations since the hearing, the passage of this package last week came as a surprise. The significant areas of concern include:

- Provision of evidence showing “Good Moral Character” as a prerequisite for initial licensure.

- Requiring that delegation of medical services be only to an individual who is licensed to perform such services. This could prevent certified professionals such as med techs and medical assistants from performing tasks such as taking blood pressure or assisting in an audiology exam.

- Substantive administrative requirements around written informed consent, including identifying all surgical residents, fellows, physician assistants, and advanced practice registered nurses who might participate in a procedure, intervention, or treatment. In addition, written consent shall be obtained before all diagnostic, therapeutic or invasive procedures, medical interventions or treatments where disclosure of significant medical information, including risks involved, would assist a patient in making an informed decision whether to undergo the proposed procedure, medical intervention or treatment.

- Elimination of Physician Health Services Exemption for substance use disorder treatment. Under the new regulations, Physician Health Services would now disclose the names of those
physicians that they treat for substance use disorder to BORIM due to the inclusion of Chapter 94C, which is the state law governing controlled substances.

- Regarding concurrent surgery: If the attending physician/primary operator was absent for any part of the procedure, the medical record shall reflect the time of the absence(s) and who was the attending physician/primary operator during the absence(s).

MHA is working with the Massachusetts Medical Society to better understand the implications of these changes and to determine the best approach going forward.

Would you please let MHA's V.P. of Clinical Integrations Steve Defossez, M.D. know which of the recent regulatory changes might be most challenging for you to implement, as well as how much time might be required to implement such regulations? Please feel free to share any other thoughts or comments. You may reach him at SDefossez@mhalink.org.

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