

243 CMR: BOARD OF REGISTRATION IN MEDICINE

**DRAFT**

243 CMR 2.00: LICENSING AND THE PRACTICE OF MEDICINE

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2.01: Scope and Construction

(1) Purpose. 243 CMR 2.00 is the Board of Registration in Medicine's directions concerning licensing and the practice of medicine. The purpose of 243 CMR 2.00 is to prescribe substantive standards which will promote the public health, safety, and welfare and inform physicians of the Board's expectations and requirements. The Board requires that every physician in the Commonwealth has notice of 243 CMR 1.00 through 3.00 and expects that he or she will practice medicine in accordance with 243 CMR 2.00.

(2) Authority. The Board adopts 243 CMR 2.00 under the authority of M.G.L. c. 13, §§ 9 through 11; M.G.L. c. 112, §§ 2 through 12DD; M.G.L. c. 112, §§ 61 through 65E and 88; and St. 1977, c. 252.

(3) Structure. 243 CMR 2.00 is organized as follows: 243 CMR 2.01 contains general provisions relating to all of 243 CMR 2.00; Part 1 consists of 243 CMR 2.02 through 2.06, the regulations relating to the licensing of physicians and Part 2 consists of 243 CMR 2.07 through 2.15, the regulations relating to the practice of medicine.

(4) Definitions. For the purposes of 243 CMR 1.00 through 3.00, the terms listed in 243

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CMR 2.01(4) have the following meanings, unless otherwise provided:

ABMS means the American Board of Medical Specialties.

ACGME means the Accreditation Council for Graduate Medical Education.

Accredited Canadian Post Graduate Medical Training means training which has been accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), or the Federation of Medical Licensing Authorities of Canada (FMRAC).

AMA means the American Medical Association.

AOA means the American Osteopathic Association.

Adjudicatory Hearing means a hearing conducted in accordance with M.G.L. c. 30A and with 243 CMR 1.00: *Disciplinary Proceedings for Physicians*.

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Board means the Board of Registration in Medicine established by M.G.L. c. 13, § 10.

Canadian Medical Graduate means a person who attained an M.D. or D.O. degree from an accredited Canadian medical school.

Change of License Status refers to a voluntary process whereby a full, active licensee may apply to the Board to change his or her active license status to an Inactive, Volunteer, Administrative, Retired or Restricted license status. Change of license status also refers to the voluntary process whereby a Volunteer, Administrative, Inactive, Retired or Lapsed licensee may apply to the Board for a change of license status.

Clinical Quality Measures (CQM) means, in the context of Stage 1 Meaningful Use, the processes, experiences or outcomes of patient care, observations or treatment that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable and timely care.

COMLEX means Comprehensive Osteopathic Medical Licensing Examination - USA.

Continuing Professional Development (CPD) may include continuing medical education (CME), continuing physician professional development (CPPD), and clinical training.

CORI means Criminal Offender Record Information, as in M.G.L. c. 6, § 171.

Data means any material upon which written, drawn, spoken, visual, or electromagnetic information or images are recorded or preserved, regardless of physical form or characteristics, as defined in M.G.L. c. 93H, § 1.

Data Subject means the individual to whom personal data refers, as defined in M.G.L. c. 66A, § 1. This term shall not include corporations, corporate trusts, partnerships, limited partnerships, trusts, sole proprietorships, or other business, not-for-profit or charitable entities.

ECFMG means Educational Commission for Foreign Medical Graduates.

Electronic means relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities. An electronic record is a record created, generated, sent, communicated, received, or stored by electronic means.

Electronic Health Record (EHR) means an electronic record of patient health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, generated by 1 or more encounters in any health care delivery setting.

Electronic health record systems include computerized physician order entry (CPOE), e-prescribing and other health information systems.

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Electronic Medical Record (EMR) means an individual patient's medical record maintained by the office of the patient's physician.

End of Life Care refers to the medical and ethical issues surrounding the end of a patient's life. End-of-life issues include the type and extent of medical care, services, treatments, medications and other options that may be available to the patient.

Fifth Pathway means a program of medical education which meets all of the following requirements:

- (a) Completion of two years of pre medical education in a U.S. college or university acceptable to the Board;
- (b) Completion of all the formal requirements for the degree corresponding to doctor of medicine or doctor of osteopathy at a medical school outside the United States which is recognized by the World Health Organization;
- (c) Completion of one academic year of supervised clinical training sponsored by an approved medical school in the United States, the Commonwealth of Puerto Rico or Canada; and
- (d) Completion of one year of graduate medical education in a program approved by the Liaison Committee on Graduate Medical Education of the American Medical Association.

FLEX means the Federation Licensing Examination.

FSMB means the Federation of State Medical Boards.

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Health Care Facility means, for purposes of 243 CMR 2.00, any location where medicine is practiced, a hospital or other institution of the commonwealth, or of a county or of a municipality within it; a hospital or clinic duly licensed or approved by the Department of Public Health; and an out-patient clinic operated by the Department of Mental Health.

Health information exchange means an electronic platform enabling the transmission of healthcare-related data among providers, payers, personal health records controlled by a patient and government agencies according to national standards, the reliable and secure transfer of data among diverse systems and access to and retrieval of data.

Health Information Technology (Health IT or HIT) means the application of computers and technology in health care settings. HIT may include computerized physician order entry systems, e-prescribing, electronic health records and other health information technology systems.

International Medical School means a medical or osteopathic school in a country other than the United States, the Commonwealth of Puerto Rico or Canada.

International Medical Graduate means a graduate of an international medical school.

Lapsed License means the automatic expiration of a certificate of registration of any full licensee upon the licensee's failure to file a completed renewal application together with the required fee within the time period required.

LCME means Liaison Committee on Medical Education.

License means a certificate of registration which the Board issues to a person pursuant to the requirements of M.G.L. c. 112, §§ 2, 5A, 9, and 9B, and which authorizes the person to engage in the practice of medicine. There are four categories of licenses: full, limited, temporary and restricted. A full license allows a licensee to practice medicine as an independent practitioner free from specific limitations on his or her practice. Any other category of license restricts a licensee's practice.

Licensing Committee means a Committee established by the Board to assist the Board in reviewing license applications filed pursuant to M.G.L. c. 112, §§ 2 through 9B. The Licensing Committee may review the qualifications of applicants and licensees, may conduct an interview, may request additional documentation, may refer an applicant or licensee for an evaluation of health concerns to a Board-approved entity, and may recommend actions to the Board. The Board, with due consideration for patient safety and the public health, safety and welfare, shall determine whether to issue, grant or renew a license, what the license term shall be and whether there shall be any license restrictions.

LMCC means Licentiate of the Medical Council of Canada.

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MCCQE means the Medical Council of Canada Qualifying Examination.

Majority Vote (of the Board) means a vote of a majority of the members of the Board present and voting at a Board meeting. A quorum is a majority of the Board, excluding vacancies.

The Massachusetts Health Information Highway (Mass HIway) means the collaboration between the Massachusetts Executive Office of Health and Human Services (EOHHS) and the Massachusetts e-Health Institute (MeHI) to deploy a secure statewide health information exchange.

Medical School means a legally chartered medical school in any jurisdiction.

Medical Student means a person enrolled in a United States or an international medical school.

NBME means the National Board of Medical Examiners.

NPI means the National Provider Identifier, a unique national identification number issued by the federal government to all providers who bill health insurance plans.

Pain Management Training means the education and training required by M.G.L. c. 94C, § 18. Such training shall include, but not be limited to, education in opioids and other pain-relieving medications, training in effective pain management, training in how to identify patients at high risk for substance abuse, and training on how to counsel patients on the side effects and addictive natures of prescription medicines and their proper storage and disposal.

Personal Data has the same meaning in 243 CMR 2.00 as it does in M.G.L. c. 66A, § 1.

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Personal Information has the same meaning in 243 CMR 2.00 as it does in M.G.L. c. 93H, § 1.

Physician Assistant (PA) means a person who is duly registered by the Board of Registration of Physician Assistants established by M.G.L. c. 112, § 9F. Supervising physicians and PAs are subject to the requirements of 243 CMR 2.08.

The Physician Profile Program means the program established under M.G.L. c. 112, § 5, listing certain information about each active physician holding a full license in Massachusetts and disseminating this to the public, primarily through the Board's website on the Internet.

Physician Reentry means a return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment.

The Practice of Medicine means the following conduct, the purpose or reasonably foreseeable effect of which is to encourage the reliance of another person upon an individual's knowledge or skill in the maintenance of human health by the prevention, alleviation, or cure of disease, and involving or reasonably thought to involve an assumption of responsibility for the other person's physical or mental well being: diagnosis, treatment, use of instruments or other devices, or the prescribing, administering, dispensing or distributing of drugs for the relief of diseases or adverse physical or mental conditions.

(a) A person who holds himself or herself out to the public as a physician or surgeon, or with the initials "M.D." or "D.O." in connection with his or her name, and who also assumes responsibility for another person's physical or mental well being, is engaged in the practice of medicine.

(b) The Practice of Medicine includes the following:

1. Telemedicine, as defined in 243 CMR 2.01: Telemedicine; and
2. Providing an independent medical examination or a disability evaluation.

(c) The practice of medicine does not mean the following:

1. Conduct lawfully engaged in by persons licensed by other boards of registration with authority to regulate such conduct; or
2. Assistance rendered in emergency situations by persons other than licensees.

Reinstatement means the action of the Board restoring a revoked license. The Board may impose reasonable restrictions on a reinstated license.

Renewal Date means the last day on which the license is in effect.

Reviving a License means the restoration of a license that has lapsed or is inactive.

RRC means Residency Review Committee.

Risk Management Program means a patient care assessment program established by the

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Board pursuant to M.G.L. c. 111, § 203(d) and recognized as a Risk Management Program within the meaning of M.G.L. c. 112, § 5.

Risk Management Study or Risk Management CPD means instruction in medical malpractice prevention, such as risk identification, patient safety, and medical error prevention. Risk management studies may include education in any of the following areas: medical ethics, quality assurance, medical-legal issues, patient relations, electronic health record education, end-of-life care, utilization review that directly relates to quality assurance, and aspects of practice management. Risk management CPD may include study of the Board's regulations at 243 CMR 1.00 through 3.00.

Specialty Board means a specialty board recognized by the American Board of Medical Specialties, the American Medical Association or the American Osteopathic Association.

Stage 1 Meaningful Use specifies the initial criteria that eligible health care professionals, eligible hospitals and critical access hospitals must meet in order to qualify for an incentive payment. The Centers for Medicare and Medicaid set forth the basic functionalities for electronic health record systems in a Final Rule for the EHR Incentive Programs at 75 Federal Register 44313, dated July 28, 2010.

Stage 1 Meaningful Use Program means a CMS-certified Stage 1 EHR program of an Eligible health care Professional (EP), an Eligible Hospital (EH) or an eligible Critical Access Hospital (CAH).

Telemedicine is the provision of services to a patient by a physician from a distance by electronic communication in order to improve patient care, treatment or services.

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United States Medical Graduate means a person who attained an M.D. or D.O. degree from a United States medical school.

United States Medical School means an LCME accredited school of medicine, or an AOA accredited school of osteopathy, located in the United States.

USMLE means the United States Medical Licensing Examination.

(5) Computation of Time. Any period of time specified in 243 CMR 2.00 includes every calendar day, whether or not the office of the Board is open on that day, except that, when the last day of the period falls on a day when the Board's office is closed, the period ends instead on the next day on which the office is open.

(6) Public Records and Personal Data. Documentary information obtained by the Board during the licensing process concerning an applicant or licensee may be a Public Record, as defined by M.G.L. c. 4, § 7, clause twenty-sixth, or may be Personal Data, as defined by M.G.L. c. 66A, § 1. The Board may not disclose personal data unless disclosure is authorized by statute or is otherwise in accordance with M.G.L. c. 66A, § 2

(7) Confidentiality of Personal Information. The security and confidentiality of personal information held by the Board, whether relating to patients, consumers, applicants, licensees or any other persons, shall be protected by the Board in accordance with applicable state and federal laws, including, but not limited to, the Confidentiality of Alcohol and Drug Abuse Patient Records, (42 U.S.C. 290ee-3, also known as "Part 2"); the Health Insurance Portability and Accountability Act of 1996, (P.L. 104-191); the Patient Safety and Quality Improvement Act of 2005, (P.L. 109-41); the Massachusetts Security Breach Law, (M.G.L. c. 93H); the Massachusetts Privacy Act, (M.G.L. c. 214, § 1B); the Massachusetts Freedom of Information Act, (M.G.L. c. 66A) and the Massachusetts Public Records law, (M.G.L. c. 4, § 7, clause twenty-sixth).

(8) Effective Date. 243 CMR 2.00 is effective February 1, 2012. License applications received by the Board on or after February 1, 2012 are governed by 243 CMR 2.00.

2.02: Initial Licensure for Graduates of Medical Schools in the US, ~~CA~~Canada, and ~~PR~~Puerto Rico

(1) Prerequisites to Initial Licensure. The Board shall determine whether an applicant is qualified to hold a full active license to practice medicine. In order to qualify for a full medical license, an applicant shall meet all of the following minimum requirements for licensure:

- (a) Be age 18 or over;
- (b) Possess Good Moral Character;
- (c) Have Pre-medical Education as described in 243 CMR 2.02(2)(a);
- (d) Have a Medical School Education as described in either 243 CMR 2.02 or 2.03;
- (e) Have Post-graduate Medical Training as described in either 243 CMR 2.02 or 2.03;

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- (f) Pass a Professional Examination as described in 243 CMR 2.02(3) or (4);
- (g) Complete Pain Management training, as described in M.G.L. c. 94C, § 18.
- (h) Participate in a Risk Management Program as described in M.G.L. c. 112, § 5;
- (i) Agree to refrain from balance billing Medicare recipients, if the applicant has agreed to treat Medicare recipients, as provided in M.G.L. c. 112, § 2;
- (j) Sign and swear to the contents of his or her Licensing Application;
- (k) Pay a registration fee, as described in 243 CMR 2.05(1) and 801 CMR 4.02 (243); and
- (l) Demonstrate ~~Competency~~Proficiency in Electronic Health Records, as required by M.G.L. c. 112, § 2 as of January 1, 2015;
- (m) Obtain professional liability malpractice insurance of at least \$100,000/\$300,000 coverage amounts, as provided in 243 CMR 2.07(16), if providing patient care in the Commonwealth; and
- (n) Certify that he or she is in compliance with the laws of the Commonwealth relating to taxes, the reporting of employees and independent contractors, and the withholding and remitting of child support, pursuant to M.G.L. c. 62C, § 49A.

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(2) Procedure for Obtaining an Initial Full License for Graduates of Medical Schools in the United States, Canada and the Commonwealth of Puerto Rico. In order to qualify for a full medical license, an applicant shall meet the prerequisites to licensure in 243 CMR 2.02(1) and the following requirements, in addition to other requirements for licensure as set forth in the Board's regulations (243 CMR) and M.G.L. c. 112.

(a) Pre-medical Education. An applicant shall have completed a minimum of two or more academic years at a legally chartered college or university. Such pre medical training shall include courses in biology, inorganic chemistry, organic chemistry and physics, or their equivalent as determined by the Board.

(b) Medical Education. An applicant for an initial full license shall have completed and attended for four academic years of instruction, of not less than 32 weeks in each academic year, or courses which in the opinion of the Board are equivalent thereto, in one or more legally chartered medical schools, and have received the degree of doctor of medicine from a medical school accredited by the LCME, or a doctor of osteopathy degree from an osteopathic school accredited by the AOA.

(c) Post-graduate Medical Training. Each applicant for a full license, whose application is received by the Board on or after February 1, 2012, must have completed two years of post-graduate medical training in an ACGME or AOA approved, or accredited Canadian program. In the case of sub-specialty clinical fellowship programs, however, the Board may accept post-graduate training in a hospital that has an ACGME or AOA approved, or accredited Canadian, post-graduate medical training program in the primary specialty. In its discretion, the Board may consider an applicant who has completed one year of ACGME or AOA approved, or accredited Canadian, post-graduate training and who:

1. Holds a current, active, unrestricted medical license in another state; and
2. Demonstrates continuous clinical activity; and
3. Is Board certified by either ABMS or AOA.

(d) Examination. An applicant for full licensure shall fulfill the examination requirements for licensure as set forth in 243 CMR 2.02(3) or (4), whichever applies; and

(e) Pain Management Training. Applicants who prescribe controlled substances shall, as a prerequisite to obtaining or renewing a medical license, complete appropriate pain management training and opioid education, according to M.G.L. c. 94C, § 18 and 243 CMR 2.00. Pain Management training shall consist of at least three credits of Board-approved continuing professional development and may be used toward the required ten credits of risk management training.

~~(f) Competency in Electronic Health Records. As of January 1, 2015, or as otherwise determined by law or regulation, an applicant for an initial full license shall submit to the Board satisfactory proof of competency in the use of computerized physician order entry, e-prescribing, electronic medical records and other forms of health information. The Board shall develop standards for establishing competency in electronic health records sufficient to satisfy the requirements of M.G.L. c. 112, § 2. An applicant or licensee shall obtain at least three credits of training in electronic health records prior to licensure or relicensure, and these credits may be used toward the required ten credits of risk management training.~~ EHR Proficiency Requirement.

1. Demonstrating EHR Proficiency. On or after January 1, 2015, an applicant for an initial full license must demonstrate proficiency in the use of electronic health records

(EHR), as required by M.G.L. c. 112, § 2. An applicant shall demonstrate proficiency in the use of EHR once, and in one of the following ways:

- a. Participation in a Stage 1 Meaningful Use program as an eligible health care professional;
- b. Employment with, credentialed by, or in a contractual agreement with an eligible hospital or critical access hospital with a CMS-certified Stage 1 Meaningful Use program;
- c. Participation as either a Participant or an Authorized User in the Massachusetts Health Information Highway.
- d. Completion of three hours of a Category 1 EHR-related CPD course that discusses, at a minimum, the core and menu objectives and the CQMs for Stage 1 Meaningful Use. These three EHR credits may be used toward the required ten risk management CPD credits.

2. Exemptions. Exemptions must be claimed each licensing cycle if applicable. The following are exempt from the requirement to demonstrate EHR Proficiency:

- a. An applicant who will not be engaged in the practice of medicine as defined in 243 CMR 2.01(4);
- b. An applicant for an Administrative License;
- c. An applicant for a Volunteer License;
- d. An applicant on active duty as a member of the National Guard or of a uniformed service called into service during a national emergency or crisis; or
- e. An applicant for an Emergency Restricted License.

(g) Participating in a Risk Management Program. The applicant shall agree to participate in a risk management program as a condition of licensure, as required by M.G.L. c. 112, § 5 and 243 CMR 3.00: *The Establishment of and Participation in Qualified Patient Care Assessment Programs, Pursuant to M.G.L. c. 112, § 5, and M.G.L. c. 111, § 203.* The applicant must agree to participate in a risk management program that meets or exceeds the rules, procedures and standards set forth in 243 CMR 3.00: *The Establishment of and Participation in Qualified Patient Care Assessment Programs, Pursuant to M.G.L. c. 112, § 5, and M.G.L. c. 111, § 203.*

(h) Prohibition on Balance Billing of Medicare Beneficiaries. The applicant shall agree, if he or she agrees to treat Medicare beneficiaries, that he or she shall accept as payment in full the Medicare fee schedule amount for the services performed, and shall not balance bill a Medicare beneficiary as provided in M.G.L. c. 112, § 2 and 243 CMR 2.07(15).

(i) Mandatory Medical Malpractice Insurance. Whenever an applicant renders direct or indirect patient care in Massachusetts, he or she shall maintain professional liability insurance in an amount of at least \$100,000 per claim, \$300,000 minimum annual aggregate, pursuant to 243 CMR 2.07(16).

1. Pursuant to 243 CMR 2.07(16), coverage may be on an individual or shared limit basis. Coverage shall be continued until the expiration of any relevant statutes of limitations relevant to the events or occurrences covered.

2. The following licensees are not subject to the medical malpractice insurance requirement:

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- a. Licensees with no direct or indirect responsibility for patient care in the Commonwealth; or
  - b. Licensees whose patient care in the Commonwealth is limited to professional services rendered at or on behalf of federal, state, county or municipal health care facilities; or
  - c. Limited licensees pursuant to M.G.L. c. 112, § 9.
- (j) Compliance with Tax Laws. Pursuant to M.G.L. c. 62C, § 49A, the applicant for a license to practice medicine shall certify, upon penalties of perjury, that he or she has complied with all the laws of the Commonwealth relating to taxes, the reporting of employees and contractors, and the withholding and remitting of child support. The commissioner of the department of revenue shall notify the board of any returns due or any taxes payable for an applicant.
1. Upon reasonable cause, the commissioner of the department of revenue may issue a waiver of the certification requirement in M.G.L. c. 62C, § 49A.
  2. The existence of a non-frivolous appeal of an unfiled tax return or a tax due or an overdue child support assessment, or the existence of a payment agreement with the department of revenue with which the applicant is fully compliant, shall not prevent the issuance of the full license.
  3. The commissioner of the department of revenue shall confirm for the Board when the applicant is in good standing with respect to returns due or taxes payable.
- (k) Certificate of Registration. If the Board determines that an applicant is qualified, such applicant will be registered as a licensed physician and entitled to a certificate in testimony thereof signed by the chair and secretary.
- (3) Examination Requirements.
- (a) Conduct Prior to and During an Examination. Applicants who engage in the conduct described in 243 CMR 2.02(3)(a)1. through 3. shall have their test materials confiscated, shall be denied permission to complete the examination and shall be required to leave the examination room:
1. Removing test materials from the examination room; reproducing in any manner or aiding in the reproduction of test materials; selling, distributing, buying or having unauthorized possession of test materials; or
  2. Communicating with any other examinee during the exam; copying answers or permitting answers to be copied; having in one's possession, during the examination, any material other than the examination materials; failure to obey instructions to stop working or starting an examination prior to being authorized to do so; or
  3. Falsifying or misrepresenting educational credentials or other information required for admission to the exam; having another person take the exam on one's behalf.
- (b) Examinations Completed January 1, 2000 or Later. An applicant for an initial full license, except those who satisfy the requirements of 243 CMR 2.02(3)(c), must submit evidence, including certification by the examining body, of having achieved a passing score on each of Steps 1, 2, and 3 of the USMLE, or received a passing score on each of the three levels of NBOME's COMLEX exam, within a seven-year time period, beginning with the examination date when the examinee first passes a step of either exam. An

applicant for an initial full license must submit evidence of having successfully completed all parts of the MCCQE.

(c) The Seven-year Rule An applicant who fails to pass Step 3 of the USMLE, or level 3 of the COMLEX, within three attempts, shall be required to take one additional year of ACGME or AOA approved post-graduate training before the Board will authorize the applicant to attempt the step a fourth time. If the fourth attempt at Step 3 or level 3 fails, the applicant is not eligible for Massachusetts licensure. If the applicant did not complete an additional year of ACGME or AOA approved post-graduate training between the third and fourth attempt at Step 3 or level 3, the applicant is not eligible for Massachusetts licensure.

1. Joint Degree Waiver of Seven-year Rule. The Board may grant a waiver of the seven-year examination completion requirement in the case of an applicant who is actively pursuing another advanced doctoral study, provided:

a. The applicant requesting a waiver of the seven-year rule must be enrolled in a LCME accredited program and be a student in good standing.

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b. The Board shall consider the length of time the applicant is beyond the seven years; a candidate requesting a waiver of the seven-year rule will be required to present a verifiable and rational explanation for his or her inability to meet the seven-year requirement. In no case will a waiver be granted beyond a total period of ten years for completion of all three steps of the USMLE.

2. Other Reasons for Requesting a Waiver of the Seven-year Rule. In very limited and extraordinary circumstances, the Board, subject to any policies or guidelines that may be adopted and in effect on the date of the waiver petition, may grant a case-by-case exception to the seven-year period upon petition by an applicant for licensure and demonstration by the applicant of:

- a. A verifiable and rational explanation for the failure to satisfy the regulation;
- b. Strong academic and post-graduate record; and
- c. A compelling totality of circumstances.

(4) Examinations Completed Before January 1, 2000. Applicants may submit evidence, including certification by the examining body, of having achieved scores acceptable to the Board on the following combinations of exams, if satisfactorily completed before January 1, 2000, in *lieu* of passing scores on the USMLE or COMLEX:

- (a) Part I of the examination of the NBME or Step 1 of the USMLE, and Part II of examination of the NBME or Step 2 of the USMLE, and Part III of the examination of the NBME or Step 3 of the USMLE; or
- (b) Both Component 1 and Component 2 of the FLEX; or
- (c) All parts of the MCCQE; or
- (d) Individual state examinations given prior to June 19, 1970, which are satisfactory to the Board; or
- (e) Component 1 of the FLEX and Step 3 of the USMLE; or
- (f) Component 2 of the FLEX and:
  1. Part I and Part II of the examination of the NBME; or
  2. Step 1 and Step 2 of the USMLE; or
  3. Part I of the examination of the NBME and Step 2 of the USMLE; or
  4. Step 1 of the USMLE and Part II of the examination of the NBME.

(5) FLEX Requirements.

- (a) Beginning with the June 1985 examination, an applicant who has received the passing score of 75 or higher on Component 1 and 2 has passed the licensing examination. Prior to the June 1985 examination, an applicant who completed the FLEX in one sitting and has received a passing grade of a FLEX weighted average of 75% or higher has passed the licensing examination.
- (b) An applicant who applies on the basis of an examination taken in June 1985 or later must have received a passing score of 75 or higher on each of the two components and be otherwise qualified. An applicant who applies on the basis of an examination taken prior to June 1985 must have taken the FLEX in one sitting, must have received a grade of a FLEX weighted average of 75% or higher and be otherwise qualified.

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(6) Restricted Licenses.

(a) Nature of Restrictions. An applicant for a license issued under M.G.L. c. 112, § 5A shall first satisfy all the applicable prerequisites to licensure outlined in 243 CMR 2.02(1), ~~except the -electronic health records requirement in 243 CMR 2.02(1)(l) shall not be required.~~ If the Board determines that an applicant's qualifications and professional training indicate that the Board should restrict his or her practice of medicine, the Board may issue a license restricted to any of the following:

1. A specialty or specified procedures within the specialty in which the applicant is a diplomate; or
2. A specified health care facility in which the applicant will practice under the supervision of a fully licensed specified physician; or
3. Prohibitions on performing certain procedures or operations, or prohibitions on performing procedures or operations under certain circumstances; or
4. In any other manner deemed appropriate by the Board based on the Board's assessment of the applicant's qualifications and professional training.

2.02: continued

(b) Emergency Restricted License for a Displaced Physician. The Board may issue an emergency restricted license to practice to a physician licensed in another state, who has been displaced from his or her medical practice by reason of a federally-declared disaster, provided the physician applies for the emergency restricted license under the sponsorship of a licensed Massachusetts physician. An emergency restricted license issued for this purpose shall expire no later than three months after the date of issuance, or upon issuance of a full, unrestricted license, if sooner. If the Board approves a restricted licensee's application for a full, unrestricted license, the issue date of the full unrestricted license shall be the issue date of the emergency restricted license. An emergency restricted license may be restricted by location, specialty or any other manner as described in 243 CMR 2.02(6)(a). For purposes of 243 CMR 2.02(6)(a), a sponsoring physician must have a full, active, unrestricted Massachusetts license, and must be readily available on a continuing basis to provide guidance to the applicant regarding his or her responsibilities under the Board's regulations and the statutes of the Commonwealth. However, 243 CMR 2.02(6)(a) is not intended to affect existing tort law; a sponsoring physician shall not become strictly or otherwise liable for the acts or omissions of the restricted licensee. Each restricted licensee shall provide the Board with proof of appropriate insurance coverage for malpractice claims.

(7) Limited Licenses.

(a) Purpose. Under M.G.L. c. 112, § 9, the Board issues a limited license to a person who has received an appointment as an intern, fellow, or medical officer at a health care facility or in a training program approved by the Board. A limited license enables a person to complete his or her medical training.

(b) Prerequisites and Exceptions. Applicants for a Limited License shall satisfy the requirements of 243 CMR 2.02(1), except the following:

1. 243 CMR 2.02(1)(e): *Post-graduate Training*;
2. 243 CMR 2.02(1)(f): *Professional Examination*;
3. 243 CMR 2.02(1)(g): *Pain Management Training*;
4. 243 CMR 2.02(1)(h): *Participating in a Risk Management Program*;
5. 243 CMR 2.02(1)(i): *Agreement to not Balance Bill Medicare Patients*;
6. 243 CMR 2.02(1)(l): *Demonstration of ~~Competency~~ Proficiency in Electronic Health Records.*

(c) Emergency Restricted Limited License. The Board may issue an emergency restricted limited license to practice to a person who has been displaced from his or her medical training by reason of a federally-declared disaster, provided the person has received an appointment as an intern, fellow, or medical officer at a health care facility or in a training program approved by the Board, and such program sponsors the person for the emergency restricted limited license. Applicants for an Emergency Restricted Limited License shall satisfy the requirements of 243 CMR 2.02(7)(b). -An emergency restricted license issued for this purpose shall expire no later than three months after the date of issuance, or upon issuance of a limited license, if sooner. If the Board approves a restricted licensee's application for a limited license, the issue date of the limited license shall be the issue date of the emergency restricted limited license. An emergency restricted limited license may be restricted by location, specialty or any other manner as described in 243 CMR 2.00. For

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purposes of 243 CMR 2.02(7), a sponsoring training program or health care facility must designate a medical officer or physician who is readily available on a continuing basis to provide guidance to the applicant regarding his or her responsibilities under the Board's regulations (243 CMR) and the laws of the Commonwealth. However, 243 CMR 2.02(7) is not intended to affect existing law such that a medical officer acting as a sponsoring physician might become strictly or otherwise liable for the acts or omissions of the restricted limited licensee.

(d) Requirements for a Limited Medical License. In order to qualify for a limited medical license, an applicant shall meet the following requirements, in addition to other applicable requirements for licensure as set forth in 243 CMR 2.00 and relevant sections of M.G.L. c. 112:

1. Medical Education. Each applicant for a limited license must satisfy the degree requirements of 243 CMR 2.02(1)(a) through (d) or be a graduate of a Fifth Pathway program.
2. Examination Requirements. Each applicant for a limited license must submit evidence of having achieved a passing score on Steps 1 or 2 of the USMLE, or the first two levels of the COMLEX exam or have successfully completed all parts of the MCCQE. Effective January 2, 2014, each applicant for a limited license must submit evidence of having achieved a passing score on Steps 1 and 2 of the USMLE, or the first two levels of the COMLEX exam, or having received a certificate from the MCCQE.

2.02: continued

3. ECFMG Certification. International medical graduates, other than graduates of a Fifth Pathway program, shall submit ECFMG certification valid as of the date of issuance.

4. ACGME or AOA Approved Position. Each applicant for a limited license must submit proof of an appointment to an ACGME or AOA approved post-graduate training program in Massachusetts, or a fellowship in a Massachusetts health care facility, which conducts on its premises ACGME or AOA approved programs.

(8) Procedure for Issuing a Limited License. Any applicant who meets all of the requirements of 243 CMR 2.02(8) to the satisfaction of the Board will be granted a limited license and is entitled to a certificate of registration signed by the chair and the secretary of the Board.

(a) Limited License Is Specific to Training Program. A limited license authorizes a limited licensee to practice medicine only in the specified training program. The licensee may only practice at the training program or at the health care facility designated on the limited license or at the facility's approved affiliates. Limited licensees may, however, practice for up to eight weeks in any single year of residency at a non-designated facility, if that facility is a teaching hospital with three or more ACGME or AOA accredited programs. A limited licensee may practice medicine only under the supervision of a full licensee who has been credentialed by the facility where the limited licensee is practicing pursuant to 243 CMR 2.02(8). The Board will not issue more than one limited license to a person at a time.

(b) Report of Disciplinary Actions to the Board. A health care facility that takes a disciplinary action against a limited licensee in a training program must report this action to the Board. In the event that a limited licensee terminates his or her appointment at a health care facility or his or her participation in a training program prior to the limited license's expiration date, or has his or her appointment or participation terminated, the health care facility designated on the license shall submit to the Board, pursuant to M.G.L. c. 111, § 53B, a written notice of termination which sets forth the reasons for the termination and is signed by the director or the administrator of the health care facility or training program.

(9) Duration of a Limited License.

(a) The Duration of a Limited License shall be One Academic Year. The Board may, subject to any guidelines that have been adopted by the Licensing Committee and the Board, issue a limited license for the duration of a trainee's enrollment in an ACGME or AOA training program. The issuance of a limited license beyond a total of seven years of practice pursuant to a limited license may be granted only by a majority vote of the Board.

(b) Nothing in 243 CMR 2.02(9) shall limit the Board's authority to revoke a limited license at any time in accordance with M.G.L. c. 112, § 9.

(10) Restrictions on Billing by Limited Licensees. In a training program, a full licensee may bill for the services of a limited licensee, but only if such services are rendered as part of the training program under the direct supervision of a full licensee. Except as provided in the

preceding sentence, no one may bill for the services of a limited licensee, but the salary of a limited licensee may constitute part of a health care facility's service charges.

(11) Volunteer License.

(a) Purpose. In order to encourage physician volunteerism and to serve the public health, the Board establishes a Volunteer License category. To qualify for a volunteer license, an applicant shall satisfy the prerequisites for a full initial license as set forth in 243 CMR 2.02(1)-, except for 243 CMR 2.02(1)(l). In satisfaction of 243 CMR 2.02(1)(k), the candidate shall pay a Volunteer License application fee, if one is established by the secretary of administration and finance pursuant to M.G.L. c. 7, § 3B. The Board may require that the applicant successfully pass a clinical skills assessment or other professional evaluation of clinical competency. The Volunteer License is chosen voluntarily by the applicant, and the Board shall not involuntarily impose this license status on an applicant or licensee.

1. Serving the Public Health. As part of the application for a volunteer license, a candidate shall submit the following information:

- a. A written statement from the applicant outlining the scope and duration of services to be provided by him or her;
- b. A written statement from the director of the applicant's proposed work site outlining the scope and duration of the applicant's responsibilities; and

2.02: continued

c. Evidence satisfactory to the Board that the volunteer physician's proposed work will serve the public interest. An example of work that serves the public interest is treating a medical population in need that may not otherwise have access to medical care.

(b) Issuance of Volunteer License. An applicant who meets all of the requirements of 243 CMR 2.02(11) to the satisfaction of the Board will be granted a volunteer license and is entitled to a certificate of registration signed by the chair and the secretary of the Board.

(c) Scope of Practice for Volunteer Status. A licensee engaged in volunteer practice may practice medicine only at work sites approved by the Board in conjunction with his or her license application, shall be subject to the same conditions and responsibilities as a full licensee, and may not accept compensation for his or her practice of medicine. A volunteer licensee must have the approval of the Board prior to changing any work sites.

(d) Termination. A volunteer license issued in accordance with 243 CMR 2.02(11) may be renewed biennially. A volunteer license shall terminate automatically upon termination of the licensee's volunteer work or upon Board approval of a full license application. A volunteer licensee engaged in patient care is required to have professional malpractice liability insurance as in 243 CMR 2.02(1)(m).

(e) Change in License Status.

1. From Retired to Volunteer License. A licensee holding a Retired inactive license may apply to the Board for a change of license status from Retired inactive status to a Volunteer active license. The licensee shall complete an application for a Volunteer license. If the licensee has been away from the clinical practice of medicine for two or more years, the Board may require the completion of a Board-approved clinical skills assessment program, physician supervision or monitoring, CPDs, medical education or other such requirements to assist the licensee in reentering the clinical practice of medicine.

2. From Full to Volunteer License. If a physician with a full license wishes to change his or her license category to a volunteer license, he or she may file a Request for a Change of License Category with the Board. Such a request may be made at the time of license renewal or anytime during the license term.

3. From Volunteer to Full License. A licensee holding a volunteer license may apply to the Board for a change of license status from a Volunteer license to a full license. The licensee shall complete an application for a full license and pay the difference between the volunteer license application fee and the full license application fee.

(12) Administrative License. In order to qualify for an administrative license, an applicant shall satisfy the educational and postgraduate training requirements for a full license as set forth in at 243 CMR 2.02(1), except for 243 CMR 2.02(1)(~~mg~~), 243 CMR 2.02(1)(l) and 243 CMR 2.02(1)(~~gm~~) and the following requirements:

(a) General. The Board may issue an administrative license to an applicant whose primary responsibilities are those of an administrative or academic nature; such as professional managerial, administrative, or supervisory activities related to the practice of medicine or the delivery of health care services or medical research, the practice of investigative medicine or the administration of health insurance organizations. The

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Administrative License status is chosen voluntarily by the applicant, and the Board shall not involuntarily impose this license status on an applicant or licensee. An administrative license does not include the authority to diagnose or treat patients, issue prescriptions for drugs or controlled substances, delegate medical acts or prescriptive authority, or issue opinions regarding medical necessity.

(b) Malpractice Insurance Requirements. A physician with an administrative license is not required to have professional malpractice liability insurance.

(c) Issuance of License. An applicant who meets all of the requirements of 243 CMR 2.02(1), except for 2.02(1)(g) and 2.02(1)(m), to the satisfaction of the Board will be granted an administrative license and is entitled to a certificate of registration signed by the chair and the secretary of the Board.

(d) Biennial. An administrative license issued in accordance with 243 CMR 2.02(12) may be renewed biennially. An administrative license shall terminate automatically upon Board approval of a full license application.

2.02: continued

(e) Change in License Status.

1. From Full to Administrative License. If a physician with a Full license wishes to change his or her license category to an Administrative license, he or she may file a request for a Change of License status with the Board.
2. From Administrative to Full License. A licensee with an Administrative license may apply to the Board to change his or her license status to a Full license upon filing a Request for a Change in License status. The licensee shall submit a proposed reentry into clinical practice plan, if applicable, and pay the full license application fee. A reentry into clinical practice plan will describe the applicant's proposal to resume clinical practice, his or her continuing professional development, clinical training and other relevant experience during the time period in which the applicant held an administrative license. The Board may require that a licensee with an Administrative license status, who wishes to return to clinical practice, successfully pass a Board-approved clinical skills assessment or other Board-approved professional determination of clinical competency.

(13) Temporary License. In order to qualify for an initial temporary license, an applicant must meet the requirements of 243 CMR 2.02(1), except ~~243 CMR 2.02(1)(l) and except~~ as otherwise provided in 243 CMR 2.00, in addition to the requirements of 243 CMR 2.02(13).

(a) Academic Faculty Appointment. Pursuant to M.G.L. c. 112, § 9B, the Board may issue an Academic Faculty Appointment license. This is a temporary license that the Board may issue to a visiting physician who is licensed to practice in another jurisdiction, and who has a temporary faculty appointment certified by the dean of a medical school in Massachusetts for purposes of medical education in an accredited hospital associated with the medical school; and a scope of practice plan certified by the Chair of the Department, approved by the Board and subject to audit thereof.

1. A temporary license issued under 243 CMR 2.02(13) shall be valid for a period set by the Board, not exceeding 12 months, may be renewed up to two times, and shall terminate automatically upon termination of the faculty appointment. A temporary license under 243 CMR 2.02(13) and any renewals thereof shall not exceed three years.
2. In order to renew a temporary license under 243 CMR 2.02(13), the licensee shall complete the following requirements:
  - ~~a.~~ ~~The electronic health records requirement, as described in 243 CMR 2.02(2)(f);~~
  - ~~ab.~~ The opioid education and pain management training requirement, as described in 243 CMR 2.02(2)(e);
  - ~~eb.~~ The end-of-life care education requirement, as described in 243 CMR 2.06(6)(b); and
  - ~~dc.~~ 50% of the continuing professional development requirement for full licensees, as described in 243 CMR 2.06(6).
3. All practice of medicine by a licensee under 243 CMR 2.02(13)(a) must be essential to his or her teaching and shall be restricted to the specified institution or any of that facility's approved affiliates.
4. A temporary licensee may not practice outside the scope of practice that is directly related to his or her educational and training responsibilities.

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(b) Substitute Physician.

1. Holds An Out-of-state License. Pursuant to M.G.L. c. 112, § 9B, the Board may issue a temporary license to a physician who is licensed to practice medicine in another U.S. jurisdiction to permit him or her to act as a substitute physician for a physician licensed in Massachusetts. A temporary license issued in accordance with 243 CMR 2.02(13)(b) may be granted only upon written request of the physician licensed in Massachusetts and shall be limited to a period of three months or less. A *locum tenens* physician may be a substitute physician.

2. Diplomate of Specialty Board. The Board may issue a temporary license to a physician eligible for examination or registration in the commonwealth who is a diplomate of a specialty board approved by the American Medical Association or the American Osteopathic Association to permit him or her to act as a substitute physician for a registered physician in the commonwealth. This temporary license is granted only upon written request of the licensed physician, is limited to the specialty in which the applicant is certified and limited to three months or less.

2.02: continued

(c) Participating in a CPD Course. Pursuant to M.G.L. c. 112, § 9B, the Board may issue a temporary license to a physician who is licensed to practice in another jurisdiction, and who is enrolled in a course of continuing professional development in Massachusetts. A temporary license issued in accordance with 243 CMR 2.02(13)(c) is limited to continuing professional development activities conducted under the supervision of a physician licensed in Massachusetts and shall terminate automatically upon termination of the course and, in any event, at the end of three months.

(d) Issuance of License. An applicant who meets all of the requirements of 243 CMR 2.02(13) to the satisfaction of the Board will be granted a temporary license and is entitled to a certificate of registration signed by the chair and the secretary of the Board.

2.03: Initial License for Graduates of International Medical Schools and Graduates of Fifth Pathway Programs

(1) Full License. In order to qualify for a full active medical license as that term is defined in M.G.L. c. 112, § 2 and 243 CMR 2.00, a graduate of an international medical school or a graduate of a Fifth Pathway program shall meet the prerequisites for licensure as set forth in 243 CMR 2.02(1), except as otherwise provided, and the standards in 243 CMR 2.03(1)(a) through (e), in addition to the standards imposed by M.G.L. c. 112, § 2 and 243 CMR 2.00:

(a) Medical Education. Each applicant for a full license shall have received a degree of doctor of medicine, or its equivalent from a program determined by the Board to be substantially equivalent to the medical school programs accredited by the LCME, or the degree of doctor of osteopathy or its equivalent from a program determined by the Board to be substantially equivalent to the osteopathic school programs accredited by the AOA.

(b) Substantial Equivalency of Medical Education. In order to be considered substantially equivalent, such medical education shall include:

1. Two academic years of basic science study including:

- a. gross anatomy;
- b. biochemistry;
- c. pathology;
- d. physiology;
- e. microbiology;
- f. immunology; and
- g. pharmacology.

2. Two academic years of clinical study including:

- a. internal medicine;
- b. surgery;
- c. pediatrics;
- d. obstetrics and gynecology;
- e. public health and preventive medicine; and
- f. psychiatry.

3. Clinical Training. The Board must also be satisfied that all clinical training is substantially equivalent to the minimum standards required of United States medical school graduates. The applicant shall submit documentation satisfactory to the Board that all clinical study was done:

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- a. Under the direct control and approval of the medical school and under on-site supervision and evaluation by the faculty of the medical school in which the applicant was enrolled at the time of study, and in hospitals which have, in the Board's opinion, programs equivalent to ACGME or AOA approved programs in the area of clinical study;
  - b. Clinical study done in the United States shall be in hospitals which have ACGME or AOA approved programs in the area of the clinical study. Clinical study done in Canada shall be in hospitals which have accredited Canadian post-graduate medical training programs. Supervising clinical faculty shall be physicians who are fully licensed by the jurisdiction where such study is done.
4. Board staff may request additional documentation during the licensure process, which may include, but is not limited to:
- a. A formal evaluation by the faculty of the clinical clerkship;
  - b. A formal written agreement between the medical school and the place of clinical study; or

2.03: continued

c. A course catalog.

5. The Board in its discretion may determine that any college of medicine that had its accreditation withdrawn by a national or regional accreditation organization; or had its authorization, certification or licensure revoked or withdrawn by a national governmental supervisory agency; or issued a medical degree based entirely on coursework via the Internet or via online programs, is inconsistent with quality medical education. Such a program of education will not be an approved college of medicine for the purpose of fulfilling the medical education requirement of 243 CMR 2.02(1).

(c) ECFMG Certificate. A candidate for licensure shall possess an ECFMG certificate which is valid on its face and valid as of the date of licensure. Pursuant to M.G.L. c. 112, § 2, an ECFMG certificate is not required for graduates of Fifth Pathway programs.

(d) Post-graduate Medical Education. Each applicant for a full license must have satisfactorily completed at least two years of post graduate medical training in an ACGME or AOA approved or accredited Canadian program. Effective January 1, 2014, each applicant for a full license must have satisfactorily completed at least three years of post graduate medical training in an ACGME or AOA approved or accredited Canadian program. However, in the case of subspecialty clinical fellowship programs, the Board may accept post graduate training in a hospital that has an ACGME or AOA or accredited Canadian post graduate medical training program in the parent specialty.

1. The Board may, in its discretion, accept teaching experience as post graduate training, when it consists of a faculty appointment at or above the assistant professor level at a medical school accredited by the LCME, if the majority of the teaching experience documented is clinical teaching with supporting evidence of either special honors or awards which the applicant has achieved or articles the applicant has published in reputable medical journals or medical textbooks. With the same supporting evidence, the Board may accept teaching experience at the instructor level with the following consideration: There is a presumption against accepting instructor level teaching experience when combined with a waiver request for any other section of 243 CMR 2.03. The Board, in its discretion, may overcome this presumption only in extraordinary circumstances.

2. In its discretion, the Board may consider for licensure an applicant who has completed two years of ACGME or AOA approved or accredited Canadian post-graduate training and who:

- a. Holds a current, active, unrestricted medical license in another state; and
- b. Demonstrates continuous clinical activity; and
- c. Is board certified by either ABMS or AOA.

(e) Waiver of any 243 CMR 2.03 Requirement. An applicant for a full license pursuant to 243 CMR 2.03 may make a written request to the Board for a waiver of any requirement of 243 CMR 2.03. The Board, in its discretion, may grant the waiver as requested, or with modifications thereof, upon finding:

- a. The applicant meets the standards of M.G.L. c. 112, §§ 2 through 9B; and
- b. Such a waiver would promote the public health, safety or welfare.

(2) Limited License for Graduates of an International Medical School or Fifth Pathway

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Program. In order to qualify for a limited license as that term is defined in M.G.L. c. 112, § 9 and 243 CMR 2.00, a graduate of an international medical school or a graduate of a Fifth Pathway program shall meet the prerequisites in 243 CMR 2.02(7) and the following standards:

(a) Post Graduate Training. The applicant shall be enrolled in a post graduate medical education program in hospitals or equivalent institutions within the Commonwealth of Massachusetts. All such training shall be done in ACGME or RRC or AOA approved programs, or in a sub specialty clinical fellowship program in a hospital that has an ACGME or RRC or AOA approved program in the parent specialty.

(b) Refugee Applicants. In the case of a refugee applicant, the Board, in its discretion, may accept as post graduate training, enrollment in an individualized training program in a hospital or other similar institution for a period of time between one and two years duration under the direct supervision and control of a fully licensed physician on the staff of such institution. An applicant seeking approval for such an alternative program under 243 CMR 2.03(2) shall submit a written proposal to the Board. The Board may adopt guidelines, including a list of criteria for approval of such programs. All training programs must have prior approval of the Board.

2.03: continued

(c) Request to Approve Individualized Training Program. The Board may appoint an Advisory Panel on Refugee Physicians. The Board may request such an Advisory Panel or member(s) thereof to review the applications of refugee physicians and make recommendations to the Board regarding said applications, including requests for approval of individualized training programs under 243 CMR 2.03(2). Any such recommendations are advisory and are not binding on the Board of Registration in Medicine. An applicant who wishes to have an individualized training program approved under 243 CMR 2.03(2)(a)2. shall submit documentation that he or she has made a good faith effort to be accepted in an ACGME or AOA or RRC approved program, and has been unsuccessful in that effort. For the purposes of 243 CMR 2.03(2), the term Refugee shall mean a person who:

1. Has applied and is being considered for, or has received asylum in the United States under the Political Asylum Code, 8 CFR 208; or
2. Was admitted to the United States on a humanitarian visa or on the parole authority of the Attorney General of the United States (8 U.S.C. 1142 (D)(5)); or
3. Any person outside his or her country of nationality who is unable or unwilling to return to such country, and is unable or unwilling to avail himself or herself of the protection of that country because of persecution or a well founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

(d) Standards. The applicant shall meet the standards listed in 243 CMR 2.03(1)(a) through (c).

(3) Temporary License for a Graduate of an International Medical School or Fifth Pathway Program. In order to qualify for a temporary license, as that term is defined in M.G.L. c. 112, § 9B and 243 CMR 2.00, a graduate of an international medical school or a graduate of a Fifth Pathway program shall meet the following standards:

(a) The applicant shall meet the standards listed in 243 CMR 2.03(1).

(b) At the discretion of the Board, an applicant may be issued a temporary license in the following circumstance:

1. If the applicant is a visiting physician, with a license to practice in another state or territory or in the District of Columbia or in another country and has a temporary faculty appointment certified by the Dean of the medical school in the Commonwealth for purposes of medical education in an accredited hospital associated with the medical school; and
2. Has demonstrated outstanding expertise in a medical specialty. The Board shall take the following factors into consideration when evaluating such an applicant:
  - a. The quality of medical education and clinical training;
  - b. Teaching experience;
  - c. Board certification;
  - d. Special honors or awards;
  - e. Articles published in reputable medical journals and medical textbooks; and
  - f. Perfection of a medical technique which is unique and beneficial for the alleviation or cure of disease.

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(c) A temporary license expires 12 months from the issue date, except as otherwise provided. A subsequent temporary license may be issued at the discretion of the Board.

(4) Waiver of a 243 CMR 2.03 Requirement. An applicant may make a written request to the Board for a waiver of the provisions of any of the requirements in 243 CMR 2.03. The Board, after determining that the applicant meets the standards of M.G.L. c. 112, §§ 2 through 9B; and that such a waiver would not harm the public health, safety or welfare, may grant the waiver as requested or with modifications thereof.

2.04: Licensing Application Provisions

243 CMR 2.04 applies to all the Board's license applications, unless otherwise specifically noted.

2.04: continued

(1) Application Forms. Each applicant for licensure or renewal shall submit to the Board a completed application form, any additional information requested by the Board, and the applicable fee as determined by the Secretary of Administration and Finance pursuant to M.G.L. c. 7, § 3B. The Board's licensure application forms, with the exception of its application form for re examination in Massachusetts and its renewal application form and other exceptions specifically noted in 243 CMR 2.04(1)(a) through (c), shall include, but are not limited to, requests for the following information:

- (a) The applicant's name, date of birth, and home and principal business addresses; and
- (b) A verification of the fact that the applicant has completed two years of premedical education, written on the official stationery of the college or university and signed by the dean or other appropriate official. If the school has an official seal, the written verification must be stamped with it. The requirements of this subdivision do not apply to applications for a temporary license; and
- (c) A written verification of the applicant's attendance by month and year at a medical school, signed by the dean or other appropriate official. If the school has an official seal, the written verification must be stamped with it.

(2) Submission of Original Licensing Documents. All documents submitted to the Board in support of a license application shall be original documents, unless otherwise provided by the Board. The Board shall accept electronic records as provided in M.G.L. c. 110G. If an applicant or licensee wants any original document returned, he or she must include an identical photocopy of the document and a self-addressed stamped envelope. Once the original is compared to the copy, the original will be returned.

(3) Foreign Language Licensing Documents. An applicant or licensee who wishes to submit an original document or photocopy written in a foreign language must also submit a notarized translation into English of the documents or copy that is prepared by a United States translation service.

(4) Completed Application. An application for initial licensure or renewal or for reentry into practice status shall be considered complete when:

- (a) It is legible, signed; and has been sworn to by the applicant; and
- (b) All required information, documentation and signatures have been supplied; and
- (c) The fee has been paid in full; and
- (d) All supplemental information required by the Board has been supplied.

(5) Good Moral Character. Pursuant to M.G.L. c. 112, § 2, all applicants for licensure and all licensees shall have good moral character.

- (a) Initial License. An applicant for initial licensure shall submit to the Board a written statement attesting to his or her good moral character. The statement should be executed by someone other than a relative who knows the applicant well and for a substantial period of time. The Board especially seeks statements from physicians licensed to practice in the Commonwealth.
- (b) Renewal License. A renewing licensee shall certify that he or she is of good moral

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character biennially, when signing the renewal application.

(6) Examination Requirements. Each applicant for licensure shall fulfill the examination and other requirements for a license as set forth in 243 CMR 2.00 or as required by the Board.

(7) NPI. Each applicant for licensure or renewal shall provide the Board with his or her NPI number or certify that he or she has applied for an NPI number and will provide it to the Board upon receipt.

(8) CORI. Each applicant for licensure or renewal shall authorize the Board to access information held by the Massachusetts Criminal History Systems Board and other law enforcement agencies.

(9) Pre-medical Education. Each applicant for licensure shall have completed a minimum of two years in a college or university program acceptable to the Board.

2.04: continued

(10) Post-graduate Medical Training. Each applicant for licensure shall satisfy the post-graduate training requirements as set forth in 243 CMR 2.00.

(11) Applicants for Licensure or Renewal Who Have Changed Their Names. Each applicant for licensure or renewal who has been known by a name other than that used on his or her application shall complete the name change forms used by the Board to verify name changes, and shall submit the completed forms along with the documentation required therein.

(12) Duty to Update Registration Information.

(a) During the Application Process. During the initial or renewal application process, an applicant and a licensee have a duty to report to the Board in writing any change in the registration information supplied to the Board in support of his or her application. For an initial application, the process begins on the date the Board receives the first application submission, and ends on the date the license is effective. For a renewal application, the process begins 60 days prior to the anticipated effective date of the license and ends on the date the license is effective. When the applicant or licensee is in the application process, the applicant or licensee shall notify the Licensing Division of the Board as soon as he or she becomes aware of the change in information, but in no event later than 72 hours.

(b) During the Licensing Term. From the day after the effective date of a license or renewal, until the day the next renewal application process begins, a licensee has a duty to timely report in writing any change in the registration information that was supplied to the Board in support of his or her application for licensure or renewal. However, information required under 243 CMR 2.07(8), must be reported to the Board within 30 days of the date the change occurred, or the date that the licensee became aware of the change, whichever is later. If no time period is specified, a report to the Board should be filed within 30 days from the date of the precipitating event.

(c) Exception for Certain Health Information. At all times, physicians who are eligible for the exception to the Mandated Reporting law under M.G.L. c. 112, § 5F and 243 CMR 2.07(23) are exempt from reporting a change in certain health conditions to the Board.

(13) Withdrawal of Application. An applicant may withdraw his or her application at any time prior to review by the Licensing Committee. After review by the Licensing Committee, an applicant may only withdraw the application if he or she requests and receives written permission to do so from the Licensing Committee or the Board. 243 CMR 2.04(13) does not apply to applicants who cannot comply with the Board's medical education requirements for graduates of international medical schools and graduates of Fifth Pathway programs, and who have submitted a waiver request pursuant to 243 CMR 2.03(4).

(14) Preliminary Denial of Licensure.

(a) The Board may preliminarily deny a license application upon a determination that the applicant does not meet the requirements for licensure as set forth in the Board's regulations (243 CMR) and M.G.L. c. 112 or because of acts which, were they engaged in by a licensee, would violate M.G.L. c. 112, § 5 or 243 CMR 1.03(5).

(b) If the Board preliminarily denies a license application pursuant to 243 CMR 2.04(14),

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the Board will notify the applicant in writing of the following:

1. The facts relied upon as the basis for the preliminary denial; and
  2. The statutes or regulations which enable the Board to preliminarily deny a license application; and
  3. The applicant's right to request a hearing, in writing, within 21 days of such notification from the Board. The hearing referred to in 243 CMR 2.04(14) is a licensing hearing conducted by the Board and is not a disciplinary proceeding.
- (c) Upon receipt of an applicant's request for a hearing which meets the requirements of 243 CMR 2.04(14), the Board shall grant such request if:
1. The applicant has specified a factual or legal basis for overturning the preliminary denial; and
  2. The Board determines that specific factual or legal issues, if further developed at a hearing, would be sufficient to overturn the preliminary denial.

2.04: continued

(d) If, after the expiration of the time in which to request a hearing, or after the Board's decision not to grant a hearing, or after a hearing, the Board decides that the applicant should not be licensed, the Board may vote to deny the license application. If, after a hearing, the applicant has demonstrated to the Board's satisfaction that a license should be issued, the Board shall vote to issue a license. The Board may issue policies or guidelines on the procedures relating to the preliminary denial of a license.

2.05: Miscellaneous Licensing Provisions

(1) License Fees. Fees payable to the Board in the amount of \$5.00 or more may be paid by personal check or money order drawn on a U.S. bank in U.S. funds. Fees payable in the amount of \$5.00 or less may be paid by personal check. However, the Board may require any fee to be paid by certified check, money order, credit card or electronic fund transfer.

The Board's fee schedule for processing various documents is set by the secretary of administration and finance pursuant to M.G.L. c. 7, § 3B. Board licensing fees are located at 801 CMR 4.02(243). The application fee is nonrefundable.

(2) Board Approval of Health Care Facility Affiliations. The Board must approve by a majority vote the affiliations between health care facilities and physician training programs, if one of the affiliations is not an ACGME accredited program. In order to approve an affiliation, the Board must determine, among other factors, that the supervision available for training purposes is adequate. Limited licensees may rotate between teaching hospitals with three or more ACGME accredited programs without prior approval of the Board.

(3) Procedure For Approval of Health Care Facility Affiliations. The directors of the health care facilities and the physician training program seeking to affiliate must submit a written joint request to the Board for approval of the affiliation, at least 30 days in advance of when affiliation is sought. If the physician training program is ACGME accredited, a health care facilities affiliation agreement is not necessary.

2.06: License Renewals

(1) Two Year Licensing Period for Full, Administrative or Volunteer Licenses. Pursuant to M.G.L. c. 112, § 2, a licensee must renew his full, administrative or volunteer license every two years. Time shall be calculated according to the two year licensing period for the licensee, beginning on the date the license was issued or renewed by the Board and ending on the following renewal date.

(2) Requirements for Renewing a Full, Administrative or Volunteer License. In order to renew a full, administrative or volunteer license, a licensee must meet the prerequisite requirements in 243 CMR 2.02(1), except as otherwise provided, and the following renewal requirements:

(a) Timely Submission. A licensee must submit to the Board a completed renewal application form and the proper fee prior to the renewal date. A license that has not been

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renewed expires at 11:59 P.M. on the renewal date.

(b) Completed Continuing Professional Development Requirements. A licensee must fulfill his or her continuing professional development requirement as defined in 243 CMR 2.06(5) or obtain a waiver from the Board pursuant to 243 CMR 2.06(5)(e).

(c) Effect of Suspension. A licensee may not renew a license during a period of suspension.

(d) Competency Proficiency in EHR. On January 1, 2015, or as otherwise determined by law or regulation, a renewing full licensee shall establish competency in the use of electronic health records (EHR). Electronic health record systems include computerized physician order entry, e-prescribing and other health information systems.

1. ~~Initial Competency. All licensees shall establish their Initial Competency on or before their first renewal date on or after January 1, 2015. The Board shall determine the methods by which a renewing licensee shall establish his or her competency in electronic health records as of January 1, 2015.~~

a. ~~A licensee who has adopted, implemented or upgraded to federally certified EHR technology, and has qualified for either the Medicare EHR Incentive Payment or the Medicaid EHR Incentive Payment, is deemed to have complied with 243 CMR 2.06 and the requirements of St. 2008, c. 305.~~

~~2.06:—continued~~

~~b.—A licensee who has satisfied the standards and certification requirements for EHR of the Office of the National Coordinator for Health Information Technology will be deemed to have complied with 243 CMR 2.06(2)(c) and the requirements of St. 2008, c. 305.—~~

~~c.—A licensee may establish his or her competency in EHR, by submitting proof of completion of at least three hours of a hospital's EHR training program.—~~

~~d.—Courses, training or certification programs approved by the Massachusetts Health Information Technology Council as the equivalent of at least three credits of continuing professional development in basic electronic health records systems shall be deemed to comply with this competency requirement.~~

~~e.—Courses, training or certification programs completed by the licensee from January 1, 2011 through January 1, 2015 shall qualify the licensee for Initial EHR Competency. Thereafter, courses or programs must be taken within two years of the licensee's renewal date.—~~

~~2. Maintaining Competency.—All licensees shall establish that they have maintained their competency in EHR in alternating license renewal cycles.—The first Maintenance of EHR Competency shall be required for licensees whose renewal date is on or after January 1, 2019.—~~

~~a.—A licensee who has successfully demonstrated the Meaningful Use of certified EHR technology, beyond the requirements of Stage 1, in either the Medicare or the Medicaid program will be deemed to have complied with 243 CMR 2.06(2)(d)2. and the requirements of St. 2008, c. 305.—~~

~~b.—A licensee who has satisfied the standards and certification requirements for EHR of the Office of the National Coordinator for Health Information Technology will be deemed to have complied with 243 CMR 2.06 and the requirements of St. 2008, c. 305.~~

~~c.—A licensee may establish he or she has maintained competency in EHR by completing at least three hours of a hospital's EHR training program.—~~

~~d.—Courses, training or certification programs approved by the Massachusetts Health Information Technology Council as the equivalent of at least three credits of continuing professional development in electronic health records systems shall be deemed to comply with this competency requirement.~~

~~3.—Courses taken to establish Initial Competency or to Maintain Competency may be counted toward a licensee's total continuing professional education requirements and also toward a licensee's required ten credits of risk management training.—~~

~~4.—The Board may develop additional methods by which a licensee may either establish EHR Competency or be deemed compliant with EHR Competency in 243 CMR 2.06(2)(d)1. or 2.—The Board may issue policies or guidelines setting forth procedures for establishing Initial EHR Competency or Maintaining EHR Competency.Demonstrating EHR Proficiency. On or after January 1, 2015, a renewing full licensee must demonstrate proficiency in the use of electronic health records (EHR), as required by M.G.L. c. 112, § 2. A renewing full licensee shall demonstrate proficiency in the use of EHR once, and in one of the following ways:~~

~~a. Participation in a Stage 1 Meaningful Use program as an eligible health care professional;~~

b. Employment with, credentialed by, or in a contractual agreement with an eligible hospital or critical access hospital with a CMS-certified Stage 1 Meaningful Use program;

c. Participation, as either a Participant or Authorized User, in the Massachusetts Health Information Highway; or

d. Completion of three hours of a Category 1 EHR-related CPD course that discusses, at a minimum, the core and menu objectives and the CQMs for Stage 1 Meaningful Use. These three EHR credits may be used toward the required ten risk management CPD credits.

2. Waiver of the EHR Proficiency Requirement. For purposes of this section, a waiver means an extension of time with which to demonstrate EHR Proficiency. A licensee may apply to the Board for a waiver of the EHR Proficiency requirement.

a. The Board may, in its discretion, grant a 90-day waiver of the EHR Proficiency requirement due to undue hardship in meeting the requirement.

b. The licensee must submit the waiver request to the Board no later than 30 days prior to the license renewal date. Only in exceptional circumstances shall the Board permit a licensee to file a waiver request less than 30 days prior to the licensee's renewal date.

c. The Board may extend the validity of the applicant's license through the period of the waiver.

3. Exemptions. Exemptions must be claimed each licensing cycle, if applicable. The following are exempt from the requirement to demonstrate EHR Proficiency:

a. A licensee who is not engaged in the practice of medicine as defined in 243 CMR 2.01(4);

b. An Administrative licensee;

c. A Volunteer licensee;

d. An Inactive licensee;

e. An applicant for any license who is on active duty as a member of the National Guard or of a uniformed service called into service during a national emergency or crisis;

f. An Emergency Restricted licensee; or

g. An applicant who has already demonstrated proficiency under 243 CMR 2.02(2)(f) or 243 CMR 2.06(2)(d).

(3) Inactive Status.

(a) Exempt from Certain Requirements. A licensee may request to change his or her license status from a full active license to an inactive status. A request to change license status may be made at any time during the license term or at the time of renewal. A licensee shall certify that he or she will not practice medicine in Massachusetts while in inactive status. A licensee who is inactive is exempt from the continuing professional development requirements set forth in 243 CMR 2.06(2) and 243 CMR 2.06(56) and professional malpractice liability insurance as set forth in 243 CMR 2.07(16), but is subject to all other provisions of 243 CMR 2.00.

(b) Return to Active Status. Inactive licensee may request at any time a change of license status to return to active status. The Board shall require the licensee to satisfy such continuing professional development requirements as have accumulated during the period of time the licensee was on inactive status, including the EHR Proficiency requirement,

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or such CPD requirements as the Board requires. The Board shall require that the licensee reinstate appropriate professional malpractice liability insurance requirements.

(4) Retiring from the Practice of Medicine. When resignation, as set forth in 243 CMR 1.05(5): *Resignation*, does not apply, a licensee may retire from the practice of medicine in accordance with the following procedure:

2.06: continued

(a) From Active to Retired Status. A licensee who no longer wishes to practice medicine may request, in writing, that the Board change his or her license status from Active to Retired status. A Retired license is an inactive status. The licensee must submit a written statement, signed under the penalties of perjury, detailing the licensee's knowledge of any open or reasonably anticipated complaints before the Board, and agreeing to make patient records accessible in accordance with 243 CMR 2.07(13).

(b) Eligibility for Retired Status. A physician is not eligible to retire if he or she is the subject of an open complaint or reasonably anticipates a complaint will be filed with the Board.

(c) Effective Date of Retirement. If the physician is not the subject of an open complaint, and there are no reasonably anticipated complaints against the licensee, he or she may retire. The physician's retirement status becomes effective on the date set by the Board in its written Notice of a Change in License Status.

(d) Retiree's Duty to Maintain Patient Records. The retired physician shall comply with the requirements of 243 CMR 2.07(13). With respect to patient records existing on or after January 1, 1990, a retiring licensee, a successor physician or the licensee's estate must retain patient records in a manner which permits former patients and their successor physicians access to them for a minimum period of seven years from the date of the last patient encounter. When the patient is a minor on the date of the last patient encounter, the physician must retain the patient's records for a minimum period of seven years from the date of the last patient encounter or until the date that the minor patient reaches the age of 18 years, whichever is the longer retention period.

(e) From Retired Status to Active Status. A physician in Retired status may wish to return to active practice. **The physician must demonstrate EHR Proficiency as set forth in 243 CMR 2.06(2)(d).** If the physician has been out of practice for less than two years, he or she may file a Request for a Change of License status. The Board shall approve such a request provided that the physician has no outstanding complaints or unpaid fines. If the physician in retired status has not engaged in a clinical practice of medicine for two years or more, and the physician intends to return to a practice of medicine that will include direct or indirect patient care, the Board may require that the physician demonstrate current clinical competency prior to reviving the license.

(5) Request for Extension to Complete Certain 243 CMR 2.06 Renewal Requirements. In the circumstances listed in 243 CMR 2.06(5), the Board or its designee may grant a licensee an extension of time in which to file a completed renewal application and may extend the validity of his or her current license through the period of the extension. The Board may deem that a licensee has requested an extension under 243 CMR 2.06 in the following circumstances:

(a) The Board fails to provide the licensee with a renewal application 60 days prior to the renewal date due to the Board's computer, administrative, or clerical difficulties or other compelling circumstances. Such an extension shall not exceed 60 days.

(b) The licensee fails to receive his or her renewal application in a timely manner because of computer, administrative, or clerical difficulties or other compelling circumstances on the part of the licensee. A licensee's failure to receive his or her renewal application due to his own failure to change his or her address with the Board within 30 days as required by

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243 CMR 2.07(8) is not a compelling circumstance.

(6) Continuing Professional Development.

(a) Basic Biennial Requirement. Subject to the exemptions set forth in 243 CMR 2.05(6), each licensee shall obtain no fewer than 100 continuing professional development (CPD) credits during each two year period that begins on the date that his or her license is issued or renewed by the Board and ends on the following renewal date. Credits shall be earned as follows:

1. Category 1. Not less than 40 CPD credits (example: AMA PRA Category 1 Credit™; AAFP Prescribed credit or AOA Category 1-A) from an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Osteopathic Association (AOA), the American Academy of Family Physicians (AAFP) or a state medical society recognized by the ACCME. The entire 100-credit requirement may be completed by earning Category 1, Prescribed or 1-A credits.

2.06: continued

2. Category 2. Not more than 60 credits of Category 2 activities, as defined and adopted by the American Medical Association or AOA.
  3. Risk Management Continuing Professional Development Courses. Ten credits studying risk management, as defined in 243 CMR 2.01(4), at least four of which shall be in Category 1.
  4. Review of Board Regulations. Two credits in either Category 1 or 2 studying 243 CMR 1.00 through 3.00.
- (b) End-of-life Care Studies. Pursuant to M.G.L. c. 13, § 10 and M.G.L. c. 112, § 2, the Board shall require that a licensee participate in at least two credits of either Category 1 or 2 continuing professional development studying end-of-life care issues as a condition for renewal, revival or reinstatement of licensure. End-of-life care studies may be used to satisfy the risk management requirement in 243 CMR 2.06(6)(a)3. The Board will assist licensees in obtaining end-of-life care education and training by providing an online list of resources.
- (c) Clinical Assessment. The Board may require a licensee to participate in a clinical skills or competency assessment, if any such programs exist, as a condition for renewing, reinstating, reviving a license or for changing a license category. An applicant for renewal, revival, reinstatement or change of status may also be required to appear for a personal interview with the Board and its committees. This interview may include, but not be limited to, an inquiry regarding the applicant's reason(s) for renewal, revival, reinstating or change of status and the applicant's plan for practicing medicine in Massachusetts.
1. In determining whether to require a clinical skills assessment or a clinical competency assessment, the Board may consider the length of time that the licensee has been clinically inactive, the licensee's specialty; the cost of the program; the location of the program, and other relevant factors that the Board may by policy develop.
  2. The Board may accept the successful completion of an Ongoing Physician Performance Evaluation (OPPE) by a licensee as establishing clinical competency, provided the OPPE is completed within the past year.
  3. The Board may accept the successful completion of a Focused Physician Performance Evaluation (FPPE) by a licensee as establishing clinical competency, provided the FPPE is completed within the past year.
- (d) Opioid Education and Pain Management Training. Renewing licensees who prescribe controlled substances, as defined in M.G.L. c. 94C, § 1, shall, as a prerequisite to renewing a medical license, complete three credits in pain management training, pursuant to St. 2010, c. 283. Pain management training shall include, but not be limited to, training in how to identify patients at high risk for substance abuse and training in how to counsel patients on the side effects, addictive nature and proper storage and disposal of prescription medicines. Three credits of opioid education and pain management training shall be required of licensees when they biennially renew their licenses. Opioid education and pain management training may be used toward a licensee's required risk management credits of continuing professional education.
- (e) CPD for Temporary Licensee. A temporary licensee with an academic appointment

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shall have fulfilled 50% of the CPD requirement in order to obtain a renewal of the temporary license.

(f) Exemptions. The following licenses are not required to fulfill the basic biennial CPD requirement set forth in 243 CMR 2.06(5)(a):

1. Limited licensees.
2. Licensees on inactive status, except as specified in 243 CMR 2.06(3)(b).
3. Licensees enrolled in any of the following programs:
  - a. A post graduate medical education program (*e.g.*, a residency or fellowship) approved by the ACGME.
  - b. The first or second year of a fellowship (including consecutive fellowships) not approved by the ACGME OR AOA (*e.g.*, a pure research fellowship).
4. National Emergency or National Crisis Exemption. The Board shall grant an exemption of the CPD requirement to those licensees serving in active military duty as members of the National Guard or of a uniformed service who are called into service during a national emergency or crisis.
  - a. An exemption of the CPD requirement may be granted on a pro rated basis.
  - b. The exemption shall constitute a permanent waiver, and the licensee shall not be required to complete the excused credits at a future time.

2.06: continued

c. A licensee may apply to the Board for a waiver of the CPD requirements pursuant to the National Emergency or Crisis Exemption by submitting the waiver request in writing to the Board, together with proof of service, no later than 30 days prior to the license renewal date.

(g) Calculating Credits. Newly licensed or newly active physicians, or licensees initially subject to the exemptions set forth in 243 CMR 2.06(5) shall begin to earn CPD credits as follows:

1. A newly licensed physician not otherwise subject to the exemptions set forth in 243 CMR 2.06(5), shall fulfill the basic biennial CPD requirement during the two year period that begins on the date his or her license is issued by the Board. If that license will be renewed in less than two years, the licensee shall obtain credits as follows:

a. If the license renewal period is one year or shorter, the licensee need not obtain any CPD credits during that renewal period.

b. If the license renewal period is longer than one year but shorter than two years, the licensee shall fulfill one half of the basic biennial CPD requirement during that renewal period.

2. A licensee seeking to return to active status from lapsed license status shall first have fulfilled the basic biennial CPD requirement during the two year period ending on the date he or she returns to active status.

3. A licensee completing or leaving a program described in 243 CMR 2.06(5)(b)3.a., shall fulfill the basic biennial CPD requirement during the two year period that begins on the first license renewal date after the program or the second fellowship year has ended, or (if earlier) that begins on the first license renewal date after the licensee leaves the program or fellowship.

(h) Miscellaneous Provisions.

1. A majority of the total CPD credits required for each renewal cycle shall be directly related to the licensee's primary area(s) of practice.

2. Licensees shall document Category 1 CPD credits by maintaining a written record that lists the date and type of activity, the program sponsor (if applicable) and the number of credits earned, and shall retain each certificate of attendance or letter of attestation issued by a program sponsor. Licensees shall document Category 2 CPD credits and credits certified pursuant to 243 CMR 2.06(5)(d)4. by maintaining a written record that lists the approximate number of hours spent on each type of CPD activity. Such records shall be maintained for no less than one full license renewal cycle after the credits have been earned and must be available for Board inspection upon request.

3. The Board, by majority vote, may certify that any activity, course or training deemed appropriate shall be eligible for the equivalent of Category 1 or Category 2 credit for purposes of license renewal in Massachusetts.

(i) Waiver of a CPD Requirement.

1. A licensee may apply to the Board for a waiver of the portion of the CPD requirements that he or she cannot meet. The licensee must submit the waiver request to the Board no later than 30 days prior to the license renewal date.

2. A waiver request must include the following written information:

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- a. An explanation of the licensee's failure to complete the CPD requirements;
  - b. A listing of the CPD credit hours that the licensee believes that he or she has earned; and
  - c. The licensee's plan for completing the CPD requirements.
3. The Board in its discretion will grant a waiver of the CPD requirement. The grounds for waiver include, but are not limited to:
  - a. Prolonged illness of the licensee; and
  - b. Inaccessibility or unavailability of CPD programs.
4. Licensees granted a waiver by the Board will be given additional time to complete the Board's CPD requirement. Licensees required (by the terms of a waiver or otherwise) to make up a deficiency in CPD credits may apply those credits only to the period in which the deficiency arose.

2.06: continued

(7) Lapsed License Status.

(a) Effect of a Lapsed License. A license not renewed shall lapse at 11:59 P.M. on the license renewal date. A licensee shall not practice medicine with a lapsed license. Continued practice of medicine following the lapse of the license is the unauthorized practice of medicine, and shall be referred to the Enforcement Division of the Board and to law enforcement.

(b) Reviving a Lapsed License. A licensee whose license has lapsed may petition the Board, upon submission of a lapsed license application and payment of the required fee, to revive his or her license.

1. The Board shall require the licensee to satisfy such continuing professional development requirements as have accumulated during the period of the lapse, including the EHR Proficiency requirement, or such CPD requirements as ~~the Board requires~~ determined by the Board. The Board shall require that the licensee reinstate appropriate professional malpractice liability requirements.

2. If the Board has reason to believe the lapsed licensee has committed a violation of law or regulation, or has deviated from good and acceptable standards of medical practice, the matter will be forwarded to the Enforcement Division. The Enforcement Division will review the lapsed license application and if necessary, investigate the matter as an open complaint. The Board may defer action on the lapsed licensee renewal pending completion of the investigation or 180 days after the Board's receipt of a complete lapsed license application, whichever is shorter, or, should the Board issue a Statement of Allegations against the lapsed licensee, pending completion of the adjudicatory process by the Board. The 180 day period allowed for investigation shall be extended by any period of time during which the licensee is unavailable or fails to cooperate with the Board.