

243 CMR: BOARD OF REGISTRATION IN MEDICINE
DRAFT 1-20-2010

243 CMR 2.00: LICENSING AND THE PRACTICE OF MEDICINE

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2.01: Introductory Provisions

(1) Purpose. 243 CMR 2.00 et seq. are the Board of Registration in Medicine's directions concerning licensing and the practice of medicine. The purpose of these regulations 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 1.00-3.00 and expects that he/she will practice medicine in accordance with these regulations.

(2) Authority. The Board adopts these regulations under the authority of M.G.L. c. 13, §§ 9B, 10 and 11, c. 112, §§ 2 through 8, 9A through 12CC, §§ 61 through 65E, § 88, and c. 30A, § 2, and St. 1977, c. 252.

(3) Part 1 of 243 CMR 2.00 consists of regulations relating to the licensing of physicians. Part 2 of 243 CMR 2.00 consists of regulations relating to the practice of medicine.

(4) Definitions. For the purposes of 243 CMR 1.00 – 3.00, the terms listed below have the following meanings:

ABMS means the American Board of Medical Specialties.

ACGME means the Accreditation Council for Graduate Medical Education.

AMA means the American Medical Association.

AOA means the American Osteopathic Association.

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).

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

COMLEX means Comprehensive Osteopathic Medical Licensing Examination - USA.

CORI means Criminal Offender Record Information.

ECFMG means Educational Commission for Foreign Medical Graduates.

End-of-life care refers to the medical and ethical issues surrounding death and dying. 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

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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, 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.

Foreign medical school means a legally chartered medical school in a sovereign state other than the United States, the Commonwealth of Puerto Rico or Canada.

Health care facility means any facility licensed pursuant to M.G.L. c. 111 § 51 or M.G.L. c. 19 § 19; and any health maintenance organization (HMO) within the meaning of M.G.L. c. 176G, § 1 for which physicians and other medical professionals are salaried employees of the HMO and the clinics or health centers in which they practice are owned by the HMO.

Health care provider means any provider as defined in M.G.L. c. 111, § 1.

International Medical School means a medical or osteopathic school in a country other than the United States, 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, 9, and 9B, and which authorizes the person to engage in the practice of medicine. There are six categories of licenses: full; limited; temporary; restricted; volunteer and administrative. A full license entitles a licensee to practice medicine as an independent practitioner free from specific limitations on his/her practice. Any other category of license limits a licensee's practice according to the provisions of 243 CMR 2.00.

LMCC means Licentiate of the Medical Council of Canada.

MCCQE means the Medical Council of Canada Qualifying Examination.

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

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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 to all providers who bill health insurance plans, whether or not these plans include Medicare.

Physician assistant means a person who is duly registered by the Board of Registration of Physician Assistants established by M.G.L. c. 112, § 9F.

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 prescription or administration of drugs for the relief of diseases or adverse physical or mental conditions. A person who holds himself/herself out to the public as a "physician" or "surgeon," or with the initials "M.D." or "D.O." in connection with his/her name, and who also assumes responsibility for another person's physical or mental well being, is engaged in the practice of medicine. The "practice of medicine" includes rendering treatment to a patient located at an originating site within this state by a physician at a distant site located either within this state or outside this state as a result of transmission of individual patient data by electronic or other means from the originating site to such physician or his/her agent at the distant site. The "practice of medicine" includes providing an independent medical examination, a disability evaluation or other similar type of evaluative examination. The practice of medicine does not mean conduct of the type described above lawfully engaged in by persons licensed by other boards of registration with authority to regulate such conduct; nor does it mean assistance rendered in emergency situations by persons other than licensees.

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

Risk Management Study means instruction in medical malpractice prevention, such as risk identification, patient safety, and medical error prevention, and may include instruction in any of the following areas: medical ethics, quality assurance, medical-legal issues, patient relations, utilization review that directly relates to quality assurance, and non-economic aspects of practice management. Risk management includes study of the Board's Patient Care Assessment Regulations, 243 CMR 3.00, but does not include study of the Board's other regulations or procedures or operations.

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

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

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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) Submission of Original Documents. All documents submitted to the Board in support of a license application shall be original documents, unless otherwise provided by the Board, e.g., electronic submissions. If an individual wants any original document returned, he/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.

(7) Foreign Language Documents. A person 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.

(8) Conduct Prior to and During an Examination. Applicants who engage in the conduct described below shall have their test materials confiscated, shall be denied permission to complete the examination and shall be required to leave the examination room.

(a) 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;

(b) 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 and/or starting an examination prior to being authorized to do so;

(c) Falsifying or misrepresenting educational credentials or other information required for admission to the exam; having another person take the exam on one's behalf.

(9) Public Records and Personal Data. Licensing information obtained by the Board concerning a licensee is either a public record, as defined by M.G.L. c. 4, § 7, clause 26, or personal data, as defined by M.G.L. c. 66A. Certain information received by the Board during the licensing process is deemed to be a mandated report, as defined in 243 CMR 1.01(2), and is confidential personal data. The Board may not disclose personal data unless disclosure is authorized by statute or otherwise in accordance with M.G.L. c. 66A, § 2(c).

(a) Licensing information which is a public record includes the following:

1. A licensee's name, business address, and license number.
2. A licensee's educational and professional training and experience.

(b) Licensing information which is personal data includes the following:

1. A licensee's age, marital status, and race;
2. A licensee's home address;
3. Medical or substance abuse treatment records, evaluative information or test scores;

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4. The "Office-Based Surgery" form used in the licensing application (Form PCA-O);
5. Other similar personal details or details of an intimate nature.

2.02: Licensure Provisions

(1) Procedure for Obtaining a Full License for Graduates of Medical Schools in the United States, Canada and Puerto Rico. In order to qualify for a full medical license, an applicant shall meet the following requirements in addition to other requirements for licensure as set forth in the Board's regulations 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 a full license must have received the degree of doctor of medicine from a medical school accredited by the LCME, or the doctor of osteopathy from an osteopathic school accredited by the AOA.

(c) Post-Graduate Medical Training. Each applicant for a full license must have completed two years of post-graduate medical training in an ACGME 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 approved, or accredited Canadian, post-graduate medical training program in the primary specialty.

(d) In its sole discretion, the Board may consider an applicant who has completed one year of ACGME 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.

(e) Additional Requirements. In addition to the requirements set forth in this section, an applicant for full licensure shall:

1. submit to the Board satisfactory proof of good moral character, as determined by the Board; and
2. fulfill the examination requirements for licensure as set forth in this section; and
3. submit to the Board a completed application form, any additional information which the Board requests and a fee to be determined annually by the secretary of administration and finance under M.G.L. c. 7, § 3B.

(f) 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.

(2) Examination Requirements: Seven-year Rule. An applicant for an initial full license, except those who satisfy the requirements of 243 CMR 2.02(3)(b), must submit evidence, including certification by the examining body, of having achieved a score 75 or more on each of Steps 1, 2, and 3 of the USMLE, or 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 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 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 is failed, the applicant is not eligible for Massachusetts

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licensure. If the applicant did not complete an additional year of ACGME approved post-graduate training between the third and fourth attempt at Step 3 or level 3, the applicant is not eligible for Massachusetts licensure.

(a) Joint Degree Exception to Seven-year Rule. The Board may grant an exception to the seven-year examination completion requirement in the case of an applicant who is actively pursuing a joint M.D./Ph.D., provided:

1. The applicant requesting an exception to the seven-year rule must be enrolled in a LCME accredited program and be a student in good standing;

a. The Ph.D. studies must be in a field of biological sciences tested in the Step 1 content of the USMLE, including but not limited to: anatomy, biochemistry, physiology, microbiology, pharmacology, genetics, pathology, neuroscience, and molecular biology. Fields explicitly not included are business, economics, ethics, history, or other fields not directly related to biological science; and

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

(b) Other Exceptions to 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 of:

1. A verifiable and rational explanation for his failure to satisfy the regulation;

2. Strong academic and post-graduate record; and

3. A compelling totality of circumstances.

(3) 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 USLME or COMLEX:

(a) Part I of the examination of the NBME or Step 1 of the USMLE, or Part II of examination of the NBME or Step 2 of the USMLE, or 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

1. Individual state examinations given prior to June 19, 1970, which are satisfactory to the Board; or

2. Component 1 of the FLEX and Step 3 of the USMLE; or

3. Component 2 of the FLEX and:

a. Part I and Part II of the examination of the NBME;

b. Step 1 and Step 2 of the USMLE;

c. Part I of the examination of the NBME and Step 2 of the USMLE;

or

d. Step 1 of the USMLE and Part II of the examination of the NBME.

(4) FLEX Requirements

(a) Beginning with the June 1985 examination, an applicant who has received the passing

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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.

(5) Issuance of License. Upon the determination by the Board that it is in the public interest to do so, an applicant who meets all of the requirements of 243 C.M.R. 2.02(1) and (3), or 2.02(2) and (3), to the satisfaction of the Board will be granted a full license and is entitled to a certificate of registration signed by the chair and the secretary of the Board.

(6) Restricted Licensure. If the Board determines that an applicant's qualifications and professional training indicate that the Board should restrict his practice, the Board may, after opportunity for a hearing, issue a full license restricted to any of the following:

(a) A specialty.

(b) Specified procedures within the specialty in which the applicant is a diplomate.

(c) A specified health care facility in which the applicant will practice under the supervision of a fully licensed physician.

(d) In any other manner deemed appropriate by the Board based on the Board's assessment of the applicant's qualifications and professional training.

(e) Emergency Restricted License. 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) through (d). For purposes of 243 CMR 2.02(6)(e), 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/her responsibilities under the Board's regulations and the statutes of the Commonwealth. However, 243 CMR 2.02(6)(e) is not intended to affect existing law such that a sponsoring physician might 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 Licensure. A limited license enables a person to complete his/her medical training. 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) Emergency Restricted Limited License. The Board may issue an emergency restricted limited license to practice to a person who has been displaced from his/her medical training by reason of a federally-declared disaster, provided the person has received an appointment

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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. 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 2.02(8), 2.02(9), 2.02(10), 2.02(11), or 2.02(12). For purposes of 243 CMR 2.02(8), a sponsoring training program or health care facility must designate a medical officer or administrator who is readily available on a continuing basis to provide guidance to the applicant regarding his/her responsibilities under the Board's regulations and the statutes of the Commonwealth. However, 243 CMR 2.02(8) 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.

(b) 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 these regulations 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 C.M.R. 2.02 (1)(a), or 243 C.M.R. 2.02(2)(a), or be a graduate of a Fifth Pathway program.

(2) Examination Requirements. Each applicant for a limited license must submit evidence, including certification by the examining body, of having achieved a score of 75 or more on Steps 1 and 2 of the USMLE, or the first two levels of the COMLEX exam.

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

(c) Transitional Rule. The examination requirements of this section will apply to applicants who submit their applications to the Board on or after the effective date of these regulations.

(8) Procedure for Issuing a Limited License. Upon the determination by the Board that it is in the public interest to do so, an applicant who meets all of the requirements of this section 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) A limited license authorizes a limited licensee to practice medicine only in the specified training program. The licensee may only practice at the 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 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 this paragraph. The Board will not issue more than one limited license to a person at a time.

(b) 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/her appointment at a health care facility or his/her participation in a training program prior to the limited license's expiration date, or has his/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 guidelines adopted by the Board, issue a limited license for the duration of a trainee's enrollment in an ACGME training program when a specific and trainee-focused program of quality and safety exists as an integrated element of the sponsoring institution's Patient Care Assessment program, and said program provides documentation that it is in compliance with all the provisions of 243 C.M.R. C.M.R. 3.00 *et seq.* 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 vote of the Board.

(b) Nothing herein shall limit the Board's authority to revoke a limited license at any time in accordance with M.G.L. c. 112 § 9 and M.G.L. c. 30A.

(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 volunteerism and to further serve the public interest, the Board establishes a Volunteer License category. To qualify for a volunteer license, an applicant shall satisfy the requirements for a full license as set forth herein at 243 C.M.R. 2.02. 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.

1. Public Interest Requirement. 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/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
- 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 License. Upon the determination by the Board that it is in the public interest to do so, an applicant who meets all of the requirements of this section 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. A licensee engaged in volunteer practice may practice medicine only at work sites approved by the Board in conjunction with his/her license application, shall be subject to the same conditions and responsibilities as a full licensee, and may not accept compensation for his/her practice of medicine. A volunteer licensee must have the approval of the Board prior to changing any work sites.

(d) A volunteer license issued in accordance with this subsection 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 is required to have professional malpractice liability insurance.

(e) Change in License Category. A licensee with a volunteer license may apply for a full license upon filing an application for a full license, upon paying the difference between the volunteer license application fee and the full license application fee, and upon the approval of the Board. If a physician with a full license wishes to change his/her license category to a volunteer license, he/she may file a Request for a Change of License Category with the Board providing he/she meets the requirements of this section.

(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 herein at 243 C.M.R. 2.02, and the following requirements, in addition to other applicable requirements for licensure as set forth in these regulations and M.G.L. c. 112:

(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 and medical research, the practice of investigative medicine or the administration of health insurance organizations. It 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. Upon the determination by the Board that it is in the public interest to do so, an applicant who meets all of the requirements of 243 C.M.R. 2.02 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) An Administrative license issued in accordance with this subsection may be renewed biennially. An administrative license shall terminate automatically upon Board approval of a full license application.

(e) Change in License Category. A licensee with an Administrative license may apply for a full license upon filing an application for a full license, submitting a practice plan and paying the full license application fee. The full license is subject to the approval of the Board. The practice plan will describe the applicant's proposal to resume clinical practice, his/her continuing medical education, clinical training and other relevant experience during the time period in which the applicant held an administrative license. The Board may require that the applicant successfully pass a clinical skills assessment or other professional determination of clinical competency. If a physician with a full license wishes to change his/her license category to an administrative license, he/she may file a Request for a Change of License Category with the Board, providing he/she meets the requirements of this section.

(13) Temporary License.

(a) General. Pursuant to M.G.L. c. 112 § 9B, the Board may issue temporary licenses of the following types:

1. Academic Appointment License. The Board may issue a temporary license to a visiting physician who is licensed to practice in another jurisdiction, and who has:

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- a. 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
- b. A scope of practice plan certified by the Chair of the Department, approved by the Board and subject to audit thereof.

(b) Duration and Scope. A temporary license issued in accordance with this subsection shall be valid for a period not exceeding 12 months and shall terminate automatically upon termination of the faculty appointment, and shall not, in the aggregate, exceed three years. All practice of medicine by a licensee under this section must be essential to his/her teaching and shall be restricted to the specified institution or any of that facility's approved affiliates. A temporary licensee may not practice outside the scope of practice that is directly related to his/her educational and training responsibilities.

(c) Substitute Physician. The Board may issue a temporary license to a physician who is licensed to practice medicine in another U.S. jurisdiction to permit him/her to act as a substitute physician for a physician licensed in Massachusetts. A temporary license issued in accordance with this subsection 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.

(d) Continuing Medical Education. 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 medical education in Massachusetts. A temporary license issued in accordance with this subsection is limited to continuing medical education 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.

(e) Issuance of License. Upon the determination by the Board that it is in the public interest to do so, an applicant who meets all of the requirements of 243 C.M.R. 2.06 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.

(14) Short-Term Faculty License

(a) General. 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 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. A short-term faculty license issued in accordance with this subsection shall be for a period not exceeding 30 days, and shall terminate automatically upon termination of the faculty appointment. All practice of medicine by a licensee under this section must be essential to his/her teaching and shall be restricted to the specified institution or any of that facility's approved affiliates. A temporary licensee may not practice outside the scope of practice that is directly related to his/her educational and training responsibilities.

(b) An applicant for licensure under this section must demonstrate eligibility for a temporary license pursuant to M.G.L. c. 112 § 9B.

(c) Issuance of License. Upon the determination by the Board that it is in the public interest to do so, an applicant who meets all of the requirements of 243 C.M.R. 2.07 to the satisfaction of the Board will be granted a short term faculty license and is entitled to a certificate of registration signed by the chair and the secretary of the Board.

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Programs

(1) Full License. In order to qualify for a full medical license as that term is defined in M.G.L. c. 112, § 2 and 243 CMR 2.00 *et seq.*, a graduate of a foreign medical school or a graduate of a fifth pathway program shall meet the following standards in addition to the standards imposed by M.G.L. c. 112, § 2 and 243 CMR 2.00 *et seq.*:

(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. 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:
 - 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 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, at any time, request additional documentation, 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

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study; or

c. A course catalog.

5. The Board may, in its discretion, determine that any college of medicine which 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 on coursework via the Internet or an online program, 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(2).

(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 whose application is complete 180 days or more after the promulgation of these regulations, must have satisfactorily completed 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 sole discretion, accept as post graduate training, teaching experience consisting 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 sole 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. An applicant for a full license pursuant to this section may make a written request to the Board for a waiver of any requirement of this section. The Board, in its sole 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, §§ 2-9; and

b. Such a waiver would promote the public health, safety or welfare.

(2) Limited License. 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 *et seq.*, a graduate of a foreign medical school or a graduate of a fifth pathway program shall meet the following standards, in addition to the standards imposed by M.G.L. c. 112, § 9 and 243 CMR 2.00 *et seq.*:

(a) Post Graduate Training.

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1. 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.
 2. 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 this section shall submit a written proposal to the Board. The Board may adopt guidelines, including a list of criteria for approval of such programs. For training in progress or completed prior to January 1, 1986, an applicant may seek approval for such a training program to be accepted after the fact. All other training programs must have prior approval of the Board. The Board may appoint an Advisory Panel in 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 this section. 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/she has made a good faith effort to be accepted in an ACGME 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:
 - a. has applied and is being considered for, or has received asylum in the United States under the Political Asylum Code, 8 CFR 208; or
 - b. 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
 - c. any person outside his/her country of nationality who is unable or unwilling to return to such country, and is unable or unwilling to avail himself/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.
- (b) Standards. The applicant shall meet the standards listed in 243 CMR 2.03(1)(a), (b) and (c).
- (3) Temporary License. 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 *et seq.* a graduate of a foreign medical school or a graduate of a fifth pathway program shall meet the following standards, in addition to the standards imposed by M.G.L. c. 112, § 9B and 243 CMR 2.00 *et seq.*:
- (a) Standards. The applicant shall meet the standards listed in 243 CMR 2.03(1)(a), (b), (c) and (d). However, at the discretion of the Board, an applicant may be issued a temporary license:
 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

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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;
- f. and perfection of a medical technique which is unique and beneficial for the alleviation or cure of disease.

(b) A subsequent temporary license may be issued at the discretion of the Board.

(4) 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 may, after consideration and a determination that the applicant meets the standards of M.G.L. c. 112, §§ 2 through 9 and that such a waiver would not impair the public health, safety or welfare, grant the waiver as requested or with modifications thereof.

2.04: Application Provisions

(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 below, will 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.
- (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 sub-division do not apply to applications for a temporary license.
- (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) Completed Application. An application for licensure shall be considered complete when:

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

(3) Good Moral Character. At all times an applicant for licensure or renewal has the burden to demonstrate that the applicant is of good moral character. Each applicant for licensure or renewal shall submit to the Board satisfactory proof of 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.

(4) Examination Requirements.

Each applicant for licensure shall fulfill the examination and other requirements for a license as set forth herein or as required by the Board.

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

(6) CORI. Each applicant for licensure or renewal shall authorize the Board to access conviction and pending criminal offender record information held by the Massachusetts Criminal History Systems Board.

(7) 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.

(8) Post-graduate Medical Training. Each applicant for licensure shall satisfy the post-graduate training requirements as set forth herein.

(9) 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/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.

(10) Duty to Update Information.

(a) Each applicant for licensure or each licensee with a pending license renewal application has a continuing duty to report in writing to the Board any change in the information supplied to the Board in support of his/her application for licensure or renewal, as soon as he/she becomes aware of the change, but in no event later than 72 hours from that date.

(b) Each licensee has a continuing duty to report in writing to the Board any change in the information that was supplied to the Board in support of his/her approved application for licensure or renewal, according to guidelines, if any, established by the Board. Physicians who are eligible for the exception to the mandated reporting law under MGL c. 112, § 5F are exempt from reporting a change in a health condition to the Licensing Division of the Board.

(11) Withdrawal of Application. An applicant may withdraw his/her application at any time unless such application has been reviewed by the Licensing Committee. After review by the Licensing Committee, an applicant may only withdraw his/her application if he/she requests and receives written permission to do so from the Licensing Committee or the Board. This section 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).

(12) 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 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 this section, 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 and/or regulations which enable the Board to preliminarily deny a license application; and

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3. the applicant's right to request a hearing, in writing, within 21 days of such notification from the Board.
- (c) Upon receipt of an applicant's request for a hearing which meets the requirements of this section, the Board may grant such request if:
 1. the applicant has sufficiently specified a factual and/or legal basis for overturning the preliminary denial; and
 2. the Board determines that specific factual issues, if further developed at a hearing, would be sufficient to overturn the preliminary denial.
- (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.
- (13) Conditions of Holding a License. If the Board, in its discretion, decides that an applicant's experience, qualifications, or professional training indicate that the Board should place conditions upon his practice consistent with M.G.L. c. 112, § 5A, the Board may, after providing the applicant with the opportunity for a hearing, issue a license with conditions, including but not limited to restricting the scope of the licensee's practice and/or requiring participation by the licensee in appropriate treatment or monitoring.

2.05: Fees

- (1) General Provisions. 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. The Board may require any fee to be paid by certified check, money order, credit card or electronic fund transfer.
- (2) The fee schedule for processing various documents is found at 801 CMR 4.02 (243).
- (3) The application fee is nonrefundable.

2.06: Renewal Provisions

- (1) Requirements For Renewal of a Full, Administrative or Volunteer License. Pursuant to M.G.L. c. 112, § 2, a licensee must renew his full, administrative or volunteer license every two years. The following are the requirements for renewal of a full, administrative or volunteer license:
 - (a) 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 renewed expires at 11:59 P.M. on the renewal date.
 - (b) A licensee must fulfill his/her continuing medical education 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) A licensee may not renew a license during a period of suspension.
- (2) Inactive Status.
 - (a) A licensee may renew his/her full license and request inactive status. A licensee must make his/her request in writing to the Board and certify that he/she will not practice medicine in Massachusetts. A licensee who is inactive is exempt from the continuing medical education requirements set forth in 243 CMR 2.06(5) and professional malpractice

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liability insurance as set forth in 243 CMR 2.07(16), but is subject to all other provisions of 243 CMR 2.00, including renewal provisions.

(b) An inactive licensee may request at any time that the Board permit him/her to return to active status. The Board and/or its subcommittees will review all reactivation from retirement applications, retaining the discretion to require additional information or completion of other criteria to demonstrate competency. Examples of such other information or criteria may include, but not be limited to, evidence of successful completion of Continuing Medical Education (“CME”) courses and receipt of CME credit, evidence of successful completion of the Special Purpose Examination (“SPEX”) prepared by the Federation of State Medical Boards, databank disclosures, and an assessment of competency and clinical skills. The Board may request a personal interview with the licensee. The Board may require the licensee to satisfy such continuing medical education requirements over such a period of time as it deems appropriate, and the Board shall require the licensee to reinstate appropriate professional malpractice liability insurance requirements.

(3) Requirements for Extension. In the circumstances listed in this section, the Board may grant a licensee an extension of time in which to file a completed renewal application and may extend the validity of his/her current license through the period of the extension. The Board may deem that a licensee has requested an extension under this section in the following circumstances:

(a) The Board fails to provide the licensee with a renewal application 60 days prior to the renewal date because of 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/her renewal application in a timely manner because of computer, administrative, or clerical difficulties or other compelling circumstances. A licensee’s failure to change his/her address within 30 days as required by 243 CMR 2.07(8) is not a compelling circumstance.

(4) Continuing Medical Education

(a) Basic Biennial Requirement.

1. Subject to the exemptions set forth herein, each licensee shall obtain no fewer than 100 continuing medical education (CME) credits during each two-year period that begins on the date that his/her license is issued or renewed by the Board and ends on the following renewal date. Credits shall be earned as follows:

a. Not less than 40 credit hours of Category 1 programs sponsored by an organization accredited for CME by the Accreditation Council for Continuing Medical Education, the Postgraduate Medical Institute or a state medical society. The entire 100-hour requirement may be completed by earning Category 1 credits.

b. Not more than 60 credit hours of Category 2 activities, as defined and adopted by the American Medical Association or AOA.

c. 10 credit hours studying risk management (as defined in 243 CMR 2.01), at least four of which shall be in Category 1.

d. Two credit hours in either Category 1 or 2 studying the Board's regulations (243 CMR 1.00 through 3.00).

e. The Board may accept forms of competency other than credit hours.

2. The Board shall require a licensee to participate in at least two credit hours in either Category 1 or 2 studying end-of-life care issues as a condition for renewal or revival of licensure. The Board will assist licensees in obtaining such education and training by providing a list of appropriate resources.

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3. The Board may require a licensee to participate in a clinical skills/competency assessment as a condition for renewal or revival of licensure or a change of license category.
 4. A temporary licensee with an academic appointment, as defined in 243 C.M.R. 2.06(1)(a), shall have fulfilled 50% of the CME requirement upon renewal of the temporary license.
- (b) Exemptions. The following categories of licensee are not required to fulfill the basic biennial CME 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(5)(c)2.).
 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 (*e.g.*, a pure research fellowship).
 4. National Emergency or Crisis Exemption

The Board shall grant an exemption of the CME 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 CME 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.
 - c. A licensee may apply to the Board for a waiver of the CME 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.
- (c) Calculating Credits. Newly-licensed or newly-active physicians, or licensees initially subject to the exemptions set forth in 243 CMR 2.06(5)(b) shall begin to earn CME credits as follows:
1. A newly-licensed physician not otherwise subject to the exemptions set forth in 243 CMR 2.06(5)(b), shall fulfill the basic biennial CME requirement during the two-year period that begins on the date his/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 CME 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 CME 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 CME requirement during the two year period ending on the date he/she returns to active status.
 3. A licensee completing or leaving a program described in 243 CMR 2.06(5)(b)3a, shall fulfill the basic biennial CME 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.

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(d) Miscellaneous Provisions.

1. A majority of the total CME 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 CME 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 CME 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 CME 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.

(e) Waivers.

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

(5) Lapsed License.

- (a) A license not renewed shall lapse at 11:59 PM on the license renewal date. Continued practice of medicine following lapse shall be considered the unauthorized practice of medicine, shall be referred to law enforcement, and shall be subject to discipline.
- (b) 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 license. If the Board has reason to believe the lapsed licensee has committed a violation of law, the Board's regulations, or has deviated from good and acceptable standards of medical practice, or if there has been a concern raised regarding his/her competency to practice medicine, the matter will be forwarded to the Enforcement Division or any other unit for review. The Enforcement Division will review the lapsed license application and if it deems 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 bring charges against the physician, pending completion of the adjudicatory process by the Board. The 180 day period

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allowed for investigation shall be extended by any period of time during which the licensee is unavailable or fails to cooperate with the Board.