

Questions for Healthcare in Massachusetts:

Major Questions-

1. In Massachusetts, one of the board of registration is the Board for Allied Health Professionals (See <http://www.mass.gov/legis/laws/mgl/13/13-11a.htm>). This entire board (which has 11 members) sets the regulations and licensing procedures for athletic trainers, occupational therapists, and physical therapists. Is it possible that a new board (or two) may take its place? Because athletic training encompasses preventative medicine, whereas occupational therapists and physical therapists focus on rehabilitation, it may make sense to create a separate board focusing on one of the two. This would leave the Allied Health Board to focus on preventative or rehabilitative medicine. Would this split be helpful?

2. Section 13, Chapter 13 of the Massachusetts General Laws discusses the composition of the Board of Registration in Nursing (See <http://www.mass.gov/legis/laws/mgl/13/13-13.htm>). In Chapter 112, Section 80c, it states the designation and function of a midwife (See <http://www.mass.gov/legis/laws/mgl/112-80c.htm>). In the composition of the Board of Registration for Nursing, there are 9 registered nurses and 4 licensed practical nurses, but there are no nurse-midwives on the board. Considering that this board is the one that sets the regulations for the profession, one of the 13 nurses could be a midwife to ensure that their considerations are taken into account when regulations are made. Is there a way to add midwives, and would it be beneficial (basically, are there enough of them)?

3. Naturopathic physicians are an efficient way to provide low cost healthcare to a wide variety of citizens (especially in a state with a diverse population like Massachusetts). Still, some of the more extreme practices of naturopathic physicians are questionable, with regard to their medicinal benefits. With this in mind, allowance of naturopathy needs to be regulated in order to set a standard throughout Massachusetts. This will help ensure safety. What regulations can be put in place to allow the safe practice of naturopathy?

4. For most boards of registration, the governor will assign members. Even though this only has to occur when the term limits are up, this is an inefficient method, as the governor has to have some way to discern who should be on all of the boards. In New York, they have a board specifically designed to assign members to the different boards. In §6500, New York's Statutes describe the Board of Regents, which places all licensing power in them. While the Board of Regents may have too much power to be copied in Massachusetts, a body (or individual) between the governor and the boards of registration may be a way to allow the boards of registration to function most efficiently. What would be the best entity to achieve this?

5. Similar to question 1, is the Board of Registration for mental health and human services professionals too broad. The Board consists of educational psychologists, rehabilitation counselors, clinical mental health counselors, and a union member.

With the different professions (and sometimes vastly different concerns that the respective professions may have), it may be advisable to split this board and create two boards. Is there a way to do so? (See <http://www.mass.gov/legis/laws/mgl/13/13-89.htm>).

Minor Questions-

1. Is there a way to have dual membership (for example, since both the boards of registration for nursing and medicine require physicians, could one physician serve on both). While this would be more work, it may be advisable to have increased communication between certain professions that work closely. Are there specific boards/professions that this would benefit, and is it possible?
2. Could the Board of Registration of massage therapy be combined with another board? (See <http://www.mass.gov/legis/laws/mgl/13/13-99.htm>)
3. Should the Committee on acupuncture (part of the Board of Registration in medicine) be turned into a board of registration, or possibly combined with another board? (See <http://www.mass.gov/legis/laws/mgl/112-149.htm>)
4. Minnesota and Vermont (two of the best states for healthcare, according to the Commonwealth Fund) have both enacted programs to help create a healthier population. Vermont, specifically, has focused on children, hoping that it will decrease the demand for high-cost healthcare at a later date. I included a bill proposal from one of my classmates that recommends changing the eating habits at schools. Are there any measures that Massachusetts can take to help create lower-costs in the healthcare system by creating a healthier population?
5. Both Iowa and Vermont have community-based groups designed to help explain the healthcare needs at a localized level. This increases the efficiency of the healthcare systems because they can allocate resources more effectively. Can community based healthcare groups be used in Massachusetts?
6. In other states, there are movements for greater transparency (from both medical providers and health insurance providers). Can these measures be brought to Massachusetts (for reference, look at profiles I did on Minnesota and Vermont)?