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September 11, 2015

To: Massachusetts Nursing and Professional Healthcare Organizations

From: Laurie Talarico, MS, RN, CNP Nursing Practice Coordinator

Re: Revised Advisory Ruling 9801: *Holistic Nursing and Complementary Integrative Health Approaches*

At the September 9, 2015 Board of Registration in Nursing (Board) meeting, the Board revised Advisory Ruling (AR) 9801: *Holistic Nursing and Complementary/Alternative Modalities* to ensure compliance with current statutes, regulations and scope of practice standards.

Now titled **AR 9801: *Holistic Nursing and Complementary Integrative Health Approaches***, the AR guides the practice of registered nurses and licensed practical nurses who, within their practice, incorporate complementary integrative health approaches (CHA) to meet such nursing and client goals including, but not limited to, increased comfort, relief of pain, relaxation, improved coping mechanisms, reduction of stress, an increased sense of well-being comprehensive health promotion and health risk reduction.

AR 9801: *Holistic Nursing and Complementary Integrative Health Approaches* revisions include:

1. Replaced references to "alternative" practices with "integrative" to reflect contemporary holistic nursing as incorporating complementary and conventional health modalities into patient care in a comprehensive and interdisciplinary manner
2. Replaced references to "complementary alternative modalities (CAM)" with "complementary health approaches (CHA)" to reflect National Center for Complementary and Integrative Health current terminology and American Holistic Nurses Association standards when discussing holistic practices
3. Reworded AR guidance related to competency acquisition for relaxation massage to reduce redundancy
4. Retained guidance related to acupuncture, chiropractic care, and homeopathy

5. Added a section related to the nurse in a management role that states:  
The nurse in a management role must ensure the availability of sufficient resources to provide for safe implementation of CHA, including, but not limited to organizational evidence-based policies and procedures consistent with current nursing standards that provide for:
  - protocols for assessing, validating and documenting CHA competency acquisition and maintenance for each activity
  - nursing care responsibilities, including, but not limited to patient assessment, monitoring, medication practices, response to potential complications and/or emergency situations, and documentation criteria
6. Updated references

In its review of the AR, the Board received and considered the Homeopathic Nurses Association (HNA) proposed revisions requesting the inclusion homeopathy in the AR. HNA proposed that “registered nurses should be allowed in their scope of practice to recommend homeopathic remedies”. The Board concluded that “recommending” is synonymous with prescribing. Registered nurses are not authorized by statute or regulation to prescribe. The statues at M.G.L. Chapter 94C: § 18<sup>1</sup>: *Issuance of prescription by practitioner or physician* and the regulations at 105 CMR 700.001: *Controlled Substance, Drug definitions*<sup>2</sup> require that licensed nurses have prescriptions from duly authorized prescribers to administer medications. This is reiterated in the Board’s regulations at 244 CMR 9.03(38) *Administration of Drugs*<sup>3</sup> by requiring that nurses administer any prescription or non-prescription drug to any person only as directed by an authorized prescriber.

The Board also received and reviewed documentation from Community Health Link, Inc. (CHL) proposing inclusion of The National Acupuncture Detoxification Association (NADA) protocol (protocol) into the AR. CHL provides prevention, treatment and recovery programs addressing mental health, addiction, and homelessness in Central Massachusetts (MA). NADA is a not-for-profit training and advocacy organization that encourages community wellness through the use of a standardized auricular acupuncture protocol for behavioral health; including addictions, mental health, and disaster and emotional trauma. NADA describes the protocol as the application of “up to five fine-gauge, sterilized, one-time use stainless steel needles just under the skin at designated points in each ear”<sup>4</sup>. In MA, MGL c.112 §§ 148 and 159<sup>5</sup> limit such practice to licensed acupuncturists who are regulated through the MA Board of Registration in Medicine.

Please take a moment to review the entire [Advisory Ruling 9801](#).

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<sup>1</sup> <http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C/Section18> accessed 5/28/15

<sup>2</sup> <http://www.mass.gov/Eeohhs2/docs/dph/regs/105cmr700.pdf> accessed 5/28/15

<sup>3</sup> <http://www.mass.gov/eohhs/docs/dph/regs/244cmr009.pdf> which states “A nurse licensed by the Board shall not administer any prescription drug or non-prescription drug to any person in the course of nursing practice except as directed by an authorized prescriber” accessed 5/28/15

<sup>4</sup> <http://www.acudetox.com/about-nada/faq> accessed 5/28/15

<sup>5</sup> <http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section148>; and <http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section159> accessed 5/28/15