



Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health

Presentation to the Public Health Council

Minimum Standards Governing Medical Records and the Conduct of Physical Examinations in Correctional Facilities

105 CMR 205.000

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Overview

- **Background**
 - Statutory Requirements
 - Regulatory Review
 - **Proposed Revisions**
 - **Next Steps**
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Overview of Statutory Mandate—M.G.L. c. 127, § 17

- 105 CMR 205.000 implements state law requiring DPH to promulgate regulations governing the physical examination and content of the medical record for inmates housed in state and county correctional facilities
 - The regulation provides specific standards governing:
 - Immediate admission health screenings for all inmates;
 - Timing and conduct of physical examinations (PE) including the types of equipment used, areas of inquiry, observation, and physical inspection and required diagnostic tests; and
 - Content, storage and retention of inmate medical records.
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Factors Informing Proposed Revisions to 105 CMR 205.000

- Executive Order 562 regulatory review required for all state agencies.
 - DPH conducted stakeholder outreach to the Massachusetts Department of Correction (DOC) and Executive Office of Public Safety and Security staff.
 - Need for alignment with current evidence-based recommendations and community standards of care governing physical examinations and the content of the medical record.
 - Amended to implement changes in state law governing retention period for medical records.
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Proposed Revisions to the Regulations

The proposed amendments will:

- clarify roles and responsibilities of correctional medical staff;
 - eliminate requirements that medical staff use only Department-approved medical record forms;
 - update requirements regarding physical examinations and diagnostic testing; and
 - amend the retention period for medical records to conform to state law.
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Proposed Amendments - Definition

Current:

- Lacks clarity as to personnel responsible for health care delivery within correctional facility, e.g.:
 - “member of medical staff” conducts admission health screening
 - “qualified person” to discuss examination and tests results with inmate
 - “attending physician” responsible for completion of the medical record

Proposed : Defines “health services staff” (a term commonly used in MA correctional facilities) and substitutes term in appropriate sections

Rationale:

- Clarifies roles and responsibilities of correctional health services providers
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Proposed Revisions – Medical Records

Current:

- Requires all clinical assessments and treatment be recorded on specific DPH-created forms; no deviation permitted unless correctional facility obtains prior written approval from Commissioner

Proposed:

- Eliminates required use of pre-approved medical forms; requires medical record be maintained in accordance with standards governing medical recordkeeping for DPH-licensed clinics

Rationale:

- Amendment conforms with DPH standards and provides correctional facilities with flexibility to modify or create new medical forms as needed
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Proposed Amendment-Physical Examination

Current:

- Lists 10 pieces of equipment that, at a minimum, must be available when conducting physical examinations

Proposed :

- Physical examination must be conducted with all appropriate and standard equipment necessary to conduct the examination in its entirety, including an examining table with a disposable covering which shall be replaced after each use, and consistent with equipment standards in DPH's clinic licensure regulation.

Rationale:

- Provides necessary flexibility; eliminates need to update equipment list
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Proposed Amendment-Physical Examination

Current:

- Lists 12 areas of “inquiry” for specific medical issues; 4 areas of “observation” and 10 specific body parts to physically exam

Proposed:

- Simplifies list of inquiries and observations; requires physical examination be “*consistent with community standards, with targeted attention to risk factors common among incarcerated individuals*” and include SBIRT screening

Rationale:

- Eliminates redundant, unnecessary terminology; provides necessary flexibility to allow for changes in standard of care
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Proposed Amendment-Diagnostic Testing

Current :

- Lists 8 diagnostic tests consistent with recommendations of U.S. Preventative Services Task Force, and as clinically appropriate

Proposed:

- Requires tests be performed consistent with current USPSTF and MA Health Quality Partners
- Adds requirements for counseling and voluntary testing for hepatitis C and other age and gender-appropriate laboratory and imaging screening tests

Rationale:

- Updates regulations to conform to state law and evolving standards of care
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Proposed Amendment-Medical Record Retention

Current :

- Requires medical records be maintained for 30 years

Proposed:

- Requires medical records be maintained for the time period required by M.G.L. c. 111, § 70

Rationale:

- State law reduced the retention period to 20 years
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Next Steps

- DPH will notify interested parties and stakeholders of the proposed changes (correctional legal services, DOC, county sheriffs, correctional medical providers).
 - DPH will hold public hearing and a comment period.
 - After the public comment period and hearings, DPH will review comments and draft additional appropriate revisions.
 - Approval of the proposed revisions, along with a review of public comments, will be requested at a subsequent meeting of the Public Health Council.
 - Following final approval, this regulation will be revised.
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