

# Alaska Board of Nursing

## Agenda Item #1



### Roll Call/Call to Order

# Alaska Board of Nursing

## Agenda Item #2



## Ethics Disclosures



# Alaska Board of Nursing

## Agenda Item #3



## Board Activities

# THE 2025 TRI-REGULATOR SYMPOSIUM

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## 2025 Opioid Regulatory Collaborative Summit

MARCH 6–7, 2025  
TYSONS CORNER, VIRGINIA





# THE 2025 TRI-REGULATOR SYMPOSIUM

MARCH 6, 2025 | TYSONS CORNER, VIRGINIA



HOSTED BY:



## Welcome to the 2025 Tri-Regulator Symposium

### ADVANCING REGULATION AT THE INTERSECTION OF MEDICINE, NURSING AND PHARMACY

Dear Colleagues:

We are honored to welcome you to this important gathering of health care leaders. This unique event brings together the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy® (NABP®) and the National Council of State Boards of Nursing® (NCSBN®) at a pivotal moment.

The health care landscape has evolved since our last symposium. New challenges have emerged across our professions – from the transformative impact of artificial intelligence to shifting workforce trends and complex legal precedents. This joint symposium is designed to provide engaging presentations and create meaningful dialogue on critical issues affecting health care regulation.

What makes this occasion particularly valuable is the cross-disciplinary perspective it provides. While our boards operate independently within our respective professions, we share fundamental values and an unwavering commitment to public health protection. The challenges we face increasingly demand collaborative solutions.

When medical, pharmacy and nursing regulators share insights and align strategies, we create more consistent and effective frameworks. We encourage you to engage fully with the program we have assembled. We urge you to look for new pathways and forge connections between the organizations that will strengthen our mutual endeavors.

As we navigate the complex regulatory questions before us, your participation and expertise will help shape the future of health care regulation.

We're grateful for your commitment to this vital work.

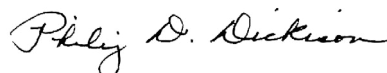
Sincerely,



**Humayun "Hank" J. Chaudhry, DO, MS,  
MACP, FRCP**  
President and Chief Executive Officer  
FSMB



**Lemrey "Al" Carter, PharmD, MS, RPh**  
Executive Director/Secretary  
NABP



**Phil Dickison, PhD, RN**  
Chief Executive Officer  
NCSBN



# INTRODUCTION

The Tri-Regulator Symposium hosted by the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP), and the National Council of State Boards of Nursing (NCSBN), this sixth Tri-Regulator Symposium offers one day of presentations and open forums on topics of high importance to the future of U.S. health care. While each of the three organizations is autonomous with their own membership and advocacy goals, all share common values and a deep commitment to public health protection. Recognizing this, FSMB, NABP, and NCSBN formed the Tri-Regulator Collaborative in order to advance dialogue and build consensus on issues of state-based licensure and regulation. This day will provide the opportunity to discuss interprofessional cooperation and the challenges facing state medical, pharmacy and nursing boards.



## THURSDAY, MARCH 6, 2025

7:00 am – 3:00 pm  
Galleria Foyer

### Registration

7:00 – 8:00 am  
Galleria 1–2

### Breakfast

8:15 – 8:30 am  
Galleria 3–5

### Welcome and Opening Remarks

**Katie L. Templeton, JD**, Chair, Federation of State Medical Boards (FSMB)

**Jeffrey J. Mesaros, PharmD, JD, RPh**, President, National Association of Boards of Pharmacy (NABP)

**Phyllis Polk Johnson, DNP, RN, FNP-BC**, President, National Council of State Boards of Nursing (NCSBN)

8:30 – 9:15 am  
Galleria 3–5

### Keynote Presentation

**Rep. Buddy Carter, PharmD**, Chair, Energy & Commerce Committee, Subcommittee on Health

Rep. Buddy Carter of Georgia, pharmacist and Chairman of the House Energy and Commerce Health Subcommittee, will deliver the keynote address and share his thoughts on the future of health care policy and priorities for the upcoming Congress.

9:15 – 9:45 am  
Galleria 3–5

### Federal Health Policy Updates and Predictions

**Christen Linke Young, JD**, Visiting Fellow, Brookings Institution Former Deputy Assistant to the President and Deputy Director of the Domestic Policy Council, Health and Veterans

In this session, health policy expert Christen Linke Young will discuss her perspective on health policy trends including prescription drug costs, health insurance coverage, and population health.

9:45 – 10:00 am  
Galleria Foyer

### Break

10:00 – 11:00 am  
Galleria 3–5

### State and Federal Court Cases Affecting Regulation

**Jonathan A. Keller, PharmD, JD**, Partner, Faegre Drinker

**Alexis Gilroy, JD**, Partner, Jones Day

**Moderator: Alexandra Blasi, JD, MBA**, Executive Secretary, Kansas Board of Pharmacy

Review recent state and federal court cases that may impact the work of regulatory bodies.



11:00 am – 12:30 pm

Galleria 3–5

### **Artificial Intelligence: Regulating in a New Frontier**

**Mark B. Woodland, MD, MS**, Board of Directors, FSMB

**Jeffrey J. Mesaros, PharmD, JD, RPh**, President, NABP

**Phyllis Polk Johnson, DNP, RN, FNP-BC**, President, NCSBN

**Moderator: Phil Dickison, PhD, RN**, CEO, NCSBN

This session will discuss artificial intelligence tools and disruptors and will provide an update from each board governance on their organization's current work with the regulation of AI.

12:30 – 1:30 pm

Galleria 1–2

### **Lunch**

1:30 – 2:30 pm

Galleria 3–5

### **Workforce Enhancements and Demographic Trends**

**Aaron Young, PhD**, Vice President for Research and Data Integration, FSMB

**Brendan Martin, PhD**, Director of Research, NCSBN

**Andrew Funk, PharmD**, Member Relations/Government Affairs Director, NABP

**Moderator: Katie Templeton, JD**, Chair, FSMB

This session will discuss workforce challenges in health care and detailed efforts made by medicine, nursing and pharmacy to address these workforce challenges from analyzing demographic trends to looking at license portability and evaluating international practitioner requirements to address workforce shortages.

2:30 – 3:00 pm

Galleria 3–5

### **Networking Session**

3:00 – 3:30 pm

Galleria 3–5

### **CEO Closing Session**

**Humayun “Hank” Chaudhry, DO, MS, MACP, FRCP**, President and CEO, FSMB

**Lemrey “Al” Carter, PharmD, MS, RPh**, Executive Director/Secretary, NABP

**Phil Dickison, PhD, RN**, CEO, NCSBN

5:00 – 7:00 pm

Great Falls

### **Reception**



## The Federation of State Medical Boards



The Federation of State Medical Boards (FSMB) is a national nonprofit organization representing the 70 state medical and osteopathic boards within the US, its territories and the District of Columbia. It supports its member boards as they fulfill their mandate of protecting the public's health, safety, and welfare through the proper licensing, disciplining, and regulation of physicians and, in many jurisdictions, other health care professionals.

Working from offices in Texas and Washington, DC, the FSMB serves as the voice of the nation's state medical and osteopathic boards. The FSMB monitors federal and state legislation that impacts medical regulation and serves as a valuable resource for the boards on state and federal legislative issues, policy matters, and administrative initiatives.

The FSMB also offers a variety of services and products for the public and the medical regulatory community. In collaboration with the National Board of Medical Examiners, the FSMB provides assessment tools to help inform the decisions of medical licensing authorities: The United States Medical Licensing Examination® (USMLE®), and the Post-Licensure Assessment System (PLAS). Designed to be taken at different points during medical education and training, the USMLE assesses a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills that are important in health and disease and that constitute the basis of safe and effective patient care. The PLAS provides assessment tools for evaluating the ongoing competence of licensed or previously licensed physicians.

State medical boards have been sharing disciplinary information with one another via the FSMB since the organization's founding in 1912. This data is now shared via the Federation Physician Data Center (PDC), which includes licensure files on the more than 985,000 licensed US physicians and the final orders of thousands of disciplinary actions taken by medical boards against physicians dating to the 1960s. The robust reporting systems developed between the FSMB and state medical boards during their century-long relationship helps ensure the data residing in the PDC is highly accurate and comprehensive. This information is also available to consumers via the FSMB's free physician-search portal, DocInfo, located at [www.docinfo.org](http://www.docinfo.org).

The FSMB's Federation Credentials Verification Service (FCVS) establishes a permanent repository of primary-source verified credentials for physicians and physician assistants, saving duplicative efforts by state medical boards. Established in 1996, FCVS has verified the credentials for hundreds of thousands of physicians and physician assistants. Another valuable tool for medical boards and physicians — the Uniform Application for State Licensure (UA) — significantly speeds up the application process for physicians seeking licensure in multiple states.

The FSMB Foundation supports state medical boards with research and education programs that enhance physician regulation activities, ranging from evaluating and enhancing the work of public members of state boards to providing educational materials aimed at addressing issues such as the nation's opioid abuse and misuse crisis.





## The National Association of Boards of Pharmacy



The National Association of Boards of Pharmacy® (NABP®) was founded in 1904 and represents all of the pharmacy regulatory and licensing jurisdictions in the United States, all 10 provinces of Canada, and The Bahamas.

NABP is the independent, international, and impartial association that assists its member boards in protecting the public health. NABP serves as an information and disciplinary clearinghouse for the interstate transfer of licensure among the state boards of pharmacy and provides model regulations to assist the state boards of pharmacy with the development of uniform practice, educational, and competency standards for the practice of pharmacy.

NABP recognizes and supports pharmacists serving as the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes. NABP also recognizes the ongoing and critical need for patients' medications to be managed by a licensed pharmacist and for state regulatory agencies to aggressively enforce standards of care.

Among its programs and services, NABP tests all graduates of the 144 pharmacy schools in the U.S. for its member boards. Passing the North American Pharmacist Licensure Examination® is a condition of licensure for all boards. NABP also administers the Multistate Pharmacy Jurisprudence Examination® to assess the pharmacy jurisprudence requirements of 48 individual jurisdictions.

In addition, NABP maintains a disciplinary clearinghouse to help state boards and others verify pharmacist disciplinary history. The Association handles pharmacist license transfers for all of the state boards and provides ongoing license monitoring for pharmacists who obtain credentials from boards that participate in the NABP Verify program. This program allows boards of pharmacy to implement new ways of regulating nonresident pharmacists that are effective and efficient. NABP

facilitates the transfer of nonresident pharmacy licenses through its Verified Pharmacy Program® by verifying pharmacy licensure and providing pharmacy inspection services if needed. Inspection programs protect the supply chain through its Supply Chain Inspection program for drug distributors and OTC Medical Device Distributor Accreditation program for over-the-counter medical device distributors. In addition, accreditation programs that protect public health in the areas of online pharmacy and health care merchants, wholesale drug distribution, and the sale of durable medical equipment are also offered, as well as in several other pharmacy practice areas: community, compounding, home infusion therapy, and specialty.

NABP operates the national, state-based NABP PMP InterConnect® to facilitate interoperability and interstate data sharing between prescription monitoring programs (PMPs) so that states can better combat diversion and the abuse and misuse of controlled substances. Presently, 52 of the 54 PMPs in the states and territories are exchanging data through PMP InterConnect.

The Association also manages CPE Monitor®, an online service for pharmacists and technicians to track their continuing pharmacy education (CPE). This service can also help boards of pharmacy save time and resources when auditing CPE requirements for licensure renewals. The NABP Foundation® supports the Safe Pharmacy Program, which educates on proper drug disposal, buying medicine safely online, and the dangers of counterfeit drugs and evaluates thousands of sites offering prescription drugs through its Internet Drug Outlet Identification program. Consumer education in these areas is provided through the [safe.pharmacy website](https://www.safe.pharmacy) and a biweekly email newsletter, as well as educational campaigns. The website features a safe online pharmacy search database and a drug disposal location finder.



## The National Council of State Boards of Nursing

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN has evolved into one of the leading voices of regulation across the world. As a global leader in regulatory excellence, NCSBN champions regulatory solutions to borderless health care delivery, agile regulatory systems, and nurses practicing to the full scope of their education, experience and expertise.

NCSBN's membership is comprised of the nursing regulatory bodies (NRBs) in the 50 states, the District of Columbia and four US territories. There are nine exam user members and 21 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

NCSBN is dedicated to developing a psychometrically sound and legally defensible nurse licensure examination consistent with current nursing practice. The NCLEX-RN® and NCLEX-PN®, the world's premier licensure exams, are constantly and rigorously evaluated to keep pace with the rapidly evolving health care environment. Based on analysis and research that informed NCSBN that an increasing level of knowledge and skills are necessary to meet the demands of an ever evolving and more complex health care system. NCSBN launched the next generation of its preeminent exam in April 2023. This new version of NCLEX is an enhancement of the previous exam and more effectively measures a nursing candidate's clinical judgment and decision making.

Nursys® is the only national database for licensure verification and discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs), and advanced practice registered nurses (APRNs). Nursys data is pushed directly from participating NRB databases. Nursys is live and dynamic, and all updates to the system are reflected immediately.

NCSBN's Global Regulatory Atlas is the first comprehensive resource on the regulation of nurses in countries around

the world. This free-to-use tool allows regulators and educators to easily compare regulations in their own jurisdictions with those of their neighbors; researchers can access data from around the world; and nurses considering immigration can view the policies of the countries to which they might migrate.

NCSBN's International Center for Regulatory Scholarship (ICRS) is a transformative program where professionals from around the world learn, network and discover their leadership potential. Its online and blended courses enrich, inspire and build regulatory knowledge. ICRS's premier offering is the ICRS certificate program, a pioneering, competency-based course of study designed to cultivate and elevate nursing leaders and policymakers.

The *Journal of Nursing Regulation* (JNR) is the first scholarly journal of its kind examining regulation from a nursing perspective. Published quarterly, JNR offers peer-reviewed articles written by leaders in nursing regulation about original nursing regulatory research.

NCSBN was the first to develop two interstate compacts for health care professionals. It launched the Nurse Licensure Compact (NLC) and the APRN Compact to reduce regulatory barriers to cross-border nursing practice for licensed practical/vocational nurses, registered nurses and advanced practice registered nurses. Two new states joined the NLC in 2024 bring the total number of member jurisdictions to 43. Implemented in 2000, The NLC is celebrating 25 years of multistate mobility and greater access to care in 2025. The APRN Compact will be implemented when seven states have enacted legislation.

NCSBN conducts the largest and most comprehensive study on the nursing workforce. It published the groundbreaking 2022 National Nursing Workforce Survey in 2023 that sparked a national conversation on the nursing shortage. Its 2024 study will be published in April 2025.





## **Alexandra Blasi, JD, MBA**

Alexandra Blasi is a JD and MBA graduate of Washburn University in Topeka, Kansas, where she also earned undergraduate degrees in Business and in Vocal Music Performance, and was a recipient of the 2018 Graduate of the Last Decade (GOLD) Award. She is an attorney licensed in the State of Kansas and worked for the state in such capacity for several years before joining the Kansas State Board of Pharmacy as Executive Secretary in November 2015. She also holds a certificate in Business and Transactional Law. Ms. Blasi has served on the Kansas Information Technology Council, the Employee Advisory Committee to the Kansas Healthcare Commission, and is a current and founding member of Kansas WISE – Women in State Employment. Ms. Blasi is Chair of the PMP Interconnect Steering Committee and has been appointed to the NABP Committee on Law Enforcement and Legislation since 2020. She was presented with the 2023 John F. Atkinson Service Award by NABP, named one of Topeka Kansas' Top 20 under 40, and was recognized by the Kansas Pharmacists Association as the 2024 Champion of Pharmacy. Ms. Blasi also serves on the Topeka Collegiate School Board of Trustees.



## **Rep. Buddy Carter, PharmD**

Earl L. “Buddy” Carter is an experienced businessman, health care professional and faithful public servant. For over 32 years Buddy owned Carter’s Pharmacy, Inc. where South Georgians trusted him with their most valuable assets: their health, lives and families. While running his business, he learned how to balance a budget and create jobs. He also saw firsthand the devastating impacts of government overregulation which drives his commitment to ensuring that the federal government creates policies to empower business instead of increasing burdens on America’s job creators.

A committed public servant, Buddy previously served as the Mayor of Pooler, Georgia and in the Georgia General Assembly where he used his business experience to make government more efficient and responsive to the people. Buddy is serving his fifth term in the United States House of Representatives and is a member of the House Energy and Commerce (E&C) Committee and the House Budget Committee. He proudly serves as Chairman of the E&C Subcommittee on Health. As a pharmacist serving in Congress, Buddy is dedicated to working towards a health care system that provides more choices, less costs and better services.

A lifelong resident of the First District, Buddy was born and raised in Port Wentworth, Georgia and is a proud graduate of Young Harris College and the University of Georgia where he earned his Bachelor of Science in Pharmacy. Buddy married his college sweetheart, Amy. Buddy and Amy have three sons, three daughters-in-law and eight grandchildren.



## **Lemrey “Al” Carter, PharmD, MS, RPh**

Dr. Carter is the Executive Director of the National Association of Boards of Pharmacy® (NABP®) and the Secretary of the Association’s Executive Committee. NABP is an international organization whose membership includes the state boards of pharmacy in all 50 United States, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, and all 10 provincial pharmacy regulatory agencies in Canada.

Dr. Carter currently serves as a Governor of the Pharmacy Technician Certification Board (PTCB) Board of Directors, chair of the PTCB Certification Council, and member of the Agency for Healthcare Research and Quality’s (AHRQ’s) National Advisory Council. Dr. Carter is a former member and chair of the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State Board of Pharmacy. Previously, Dr. Carter oversaw pharmacy operations and professional affairs at Walgreens. In this position, he was responsible for the day-to-day operations and pharmacy regulatory oversight of more than 9,200 pharmacies in the U.S. as well as oversight, management and execution of all commercial Medicare Parts B and D and state Medicaid plans.

Dr. Carter graduated from Xavier University of Louisiana, College of Pharmacy, with a Doctor of Pharmacy, and he received his Master of Science degree with studies focused on pharmacy regulation and policy from the University of Florida.



## **Humayun "Hank" Chaudhry, DO, MS, MACP, FRCP**

Dr. Humayun "Hank" Chaudhry is the President and CEO of the Federation of State Medical Boards (FSMB), which operates the Federation Credentials Verification Service (FCVS) and co-owns the United States Medical Licensing Examination (USMLE) with the National Board of Medical Examiners. Dr. Chaudhry is also a Clinical Associate Professor of Medicine at the George Washington University School of Medicine and Health Sciences in Washington, DC. In 2022 and again in 2023, *Modern Healthcare* recognized him as one of the 100 Most Influential People in Healthcare.

Dr. Chaudhry was raised in Brooklyn, New York and graduated from New York University, the New York Institute of Technology College of Osteopathic Medicine and the Harvard T.H. Chan School of Public Health. He completed residency training in Internal Medicine at NYU Langone Long Island Hospital, where he was also Chief Resident. Recipient of a number of honorary degrees, Dr. Chaudhry is Past President of the American College of Osteopathic Internists, a Master of the American College of Physicians and a Fellow of the Royal College of Physicians (London and Edinburgh).

Dr. Chaudhry was in the U.S. Air Force Reserves from 1999 to 2013, where he rose to the rank of Major and served as a flight surgeon. He is the author or co-author of more than 80 articles in the medical literature and co-author of two books. He is a member of the FSMB Foundation's Board of Directors and Past Chair of the International Association of Medical Regulatory Authorities (IAMRA), which represents 49 nations.



## **Phil Dickson, PhD, RN**

Philip Dickison is the CEO for NCSBN. Dr. Dickison is responsible for advancing the mission and vision of NCSBN by overseeing programs and services related to the operations of the organization. He has over 30 years of experience in educational measurement, item construction, item bank maintenance, curriculum design, and instructional technology. He currently oversees and directs the management of test development and psychometric functions for the NCSBN examinations and is responsible for assuring quality of testing programs, products, and services. Dr. Dickison also develops and enforces testing policies and procedures, provides staff support to committees and subcommittees, and secures future integrity of testing programs through research. Dickison spent 11 years in the United States Air Force as a medical service specialist (medic). Upon leaving the USAF, he gained his ADN in nursing from Regents College, New York; his BBA from Mount Vernon Nazarene College, Ohio, and his PhD in Quantitative Research in Evaluation and Measurement in Education from the Ohio State University, Ohio. Dickison has been active in the certification and licensure community for more than 25 years, serving as the psychometrician and Associate Director of the National Registry of Emergency Medical Technicians, as well as being a member of the psychometric society, American Educational Research Association, Institute for Credentialing Excellence and The Association of Test Publishers (ATP).



## **Andrew Funk, PharmD**

Andrew Funk is a pharmacist and director of member relations and government affairs for NABP. In his current role, Andrew assists NABP's member boards with providing them with the necessary resources to further their mission of protecting the public health. Prior to coming to NABP, Andrew served as the executive director of the Iowa board of pharmacy where he worked with interested stakeholders to find solutions to pharmacy workforce issues.





**Alexis Gilroy, JD**

Alexis Gilroy, a national leader in the digital health industry, advises on complex transactional and health regulatory issues with an emphasis on virtual health methods, such as telemedicine, telehealth and mobile health. With more than two decades in digital health her experience supports various regulatory counseling and transactional needs for health AI, digital health product development, and life sciences organizations, including novel virtual clinical trial offerings. Alexis is co-leader of the Firm's Health Care & Life Sciences Practice.

Focused on transactions across the health care, life sciences, and digital health sectors on innovative technologies and methods, Alexis pairs practical experience with a keen understanding of often novel and still evolving federal and state regulatory requirements. Health systems and other health providers, virtual care companies, technology organizations, pharmacy and retail leaders, life sciences businesses, medical device organizations, and investors across the U.S. and abroad seek her legal counsel. She frequently structures and negotiates telehealth specific services and affiliation contracts and manages health regulatory matters for M&A and equity transactions with both investor/buy-side and company/target-side experience. She also advises on multijurisdictional digital health strategy and implementation, state-specific telehealth regulation, corporate practice of medicine, reimbursement, online prescribing, patient consent, credentialing by proxy, remote supervision, and fraud and abuse considerations.

Alexis speaks and writes extensively on matters involving digital health, including testimony before legislative and regulatory bodies. She was an appointee to the Maryland governor's Telemedicine Task Force, member of the Federation of State Medical Boards' workgroup on telehealth, leader of the American Bar Association's Science & Technology Practice Group, and leader of the American Health Lawyer Association's (AHLA) E-Health and Telemedicine Affinity Group.



**Jonathan A. Keller, PharmD, JD**

Jonathan A. Keller is a registered pharmacist and partner at Faegre Drinker who lever-ages his pharmacy background to advise health care and life science companies on a wide range of regulatory, compliance and licensure matters. As the co-leader of the firm's PBM & Pharmacy Services Segment, he advises on strategic transactions and licensing matters, drug compounding, controlled substance regulations, telemedicine/telepharmacy issues and other pharmacy regulatory matters.



**Christen Linke Young, JD**

Christen Linke Young is a health policy expert with 15 years of service in federal and state government, most recently serving in the Biden White House as the Deputy Assistant to the President for Health and Veterans Affairs. She works on a wide range of health policy issues, including pricing of prescription drugs, expanding access to health insurance coverage, and supporting our public health institutions to prevent disease and promote population health. She previously served as the Deputy Secretary of Health and Human Services in North Carolina, and held a number of health policy roles in the Obama administration. She holds a JD from Yale Law School and BS from Stanford University and resides in Washington, D.C. with her husband, 6-year-old daughter, and 2-year-old son.



**Brendan Martin, PhD**

Brendan Martin is a senior investigator with more than 15 years in quantitative modeling and consulting across multiple industries, ranging from Public Relations, Education, and Clinical Trials to now Nursing Regulation. He is currently the Director of Research at the National Council of State Boards of Nursing where he leads a team of six, including statisticians trained in advanced questionnaire design, data scientists versed in large language modeling and machine learning, and experts in large database querying and analysis.

Brendan has extensive graduate-level statistical training in the fields of mathematics and public health sciences. He has presented at numerous national conferences, successfully submitted hundreds of abstracts on topics ranging from advanced applications of statistical models and study design to broader topics, such as workforce planning, post-secondary access, and clinical trials involving novel cancer therapies. In all, Brendan has co-authored more than 70 peer-reviewed manuscripts and is an instructor in NCSBN's International Center for Regulatory Scholarship in which he teaches a course on Fundamentals of Research.



## **Jeffrey J. Mesaros, PharmD, JD, RPh**

Dr. Mesaros, a member of the Florida Board of Pharmacy, automatically assumed the position of president. Previously, Dr. Mesaros served 1-year terms as president-elect and treasurer and two years as a member of the Executive Committee (District 3). Dr. Mesaros has been a registered pharmacist for more than 20 years and has practiced as a pharmacist attorney for more than 15 years. As a member of NABP, Dr. Mesaros has made many contributions to NABP/American Association of Colleges of Pharmacy (AACP) District 3 meetings and has served as the District 3 representative on the Committee on Resolutions. In addition, Dr. Mesaros served on the Work Group on the Development of an Interstate Endorsement Credential, the Task Force on the Regulation of Pharmacy Benefit Managers, and the Task Force on the Definition of a Patient-Pharmacist Relationship. Dr. Mesaros is also active with several other professional organizations, including the American Bar Association, the American Society for Pharmacy Law, and the American Pharmacists Association (APhA). He has served as an adjunct faculty member of the University of Florida College of Pharmacy and the University of Hawaii at Hilo – the Daniel K. Inouye College of Pharmacy. Dr. Mesaros earned his Doctor of Pharmacy degree from Wilkes University Nesbitt School of Pharmacy and his Juris Doctor degree from the University of Miami School of Law. He received his Master of Science degree in pharmacy regulation and policy from the University of Florida.



## **Phyllis Polk Johnson, DNP, RN, FNP-BC**

Phyllis Polk Johnson was appointed the Executive Director of the Mississippi Board of Nursing in 2017. She has served on the Nurse Licensure Compact Executive Committee for the past two years. In November 2014, she joined the staff of the Mississippi Board of Nursing as the Director of Advanced Practice and has served in the following capacities: Director of Investigations, Board of Medical Licensure Advisory Board for Physician Assistants, Advisory Board Project Change Initiative, Pharmacy Board PMP Advisory Council, Governor's Heroin and Opioid Drug Task Force, 2020 Governor's COVID-19 Advisory Group. Phyllis was selected as the *Mississippi Business Journal* Business Woman of the Year (2019).



## **Katie L. Templeton, JD**

As the daughter of a hard-working physician, Katie Templeton was inspired by her father to “do no harm” at a very early age and, later, to focus on medicine as the cornerstone of her professional legal career. Templeton is a dynamic, skilled attorney with over 18 years’ experience in all phases of health care law, litigation, and claims management, focusing on medical outcomes, patient safety, and best practices. Templeton has served as a Public Member on the Oklahoma State Board of Osteopathic Examiners for over ten years and as President of the Board from 2020-2022 and currently serves as Vice President. During her Board tenure, she served as a member of the Oklahoma Opioid Task Force and personally authored the Best Practice guidelines for physicians in the state regarding opioid prescribing and legislative compliance, and Best Practice guidelines regarding legislation implemented following the *Dobbs* decision. In May 2020, Katie was elected as a Public Member to the FSMB Board of Directors and in 2024 as Chair. Templeton’s knowledge and commitment to the FSMB, the Oklahoma Osteopathic Board, and her law career has allowed her to maximize her efforts in promoting state-based medical regulation and accessibility to quality medical care by all, and to help ensure public protection.



## **Mark B. Woodland, MD, MS**

He is Past Chair of the Council on Resident Education in Obstetrics and Gynecology (CREOG) for the American College of Obstetrics and Gynecology (ACOG).

He serves as a physician member of the Pennsylvania State Board of Medicine and was elected chair of that board in October 2020, 2021, and 2022. Dr. Woodland is also a member of the Board of Directors of the Federation of State Medical Boards (FSMB).

Dr. Woodland received his medical degree from George Washington University School of Medicine and served his internship at George Washington University Medical Center. He completed his residency in obstetrics and gynecology at Pennsylvania Hospital.

His career focus has been clinical medicine/minimally invasive surgery, medical education and medical regulation through policy and advocacy.





### **Aaron Young, PhD**

Aaron Young serves as Vice President of Research and Data Services at the Federation of State Medical Boards. He provides expertise on physician licensure and discipline, collaborates with government agencies, and partners with other health care organizations to advance shared goals. Previously, he spent six years leading marketing research and strategy for customer acquisition and retention at a major U.S. energy provider. Aaron holds a PhD from Baylor University, specializing in research methods, needs assessments, program evaluation, and regulatory impact. During his doctoral studies, he consulted for an economic analysis firm, supporting Fortune 500 litigation and economic development initiatives.



## About the Tri-Regulator Collaborative

The organizations representing interrelated health care professional licensing and regulatory boards of the U.S. — the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy® (NABP®) and the National Council of State Boards of Nursing® (NCSBN®) — share a common mission of protecting the public health and enhancing professionalism in health care.

Together, these three organizations regulate more than 7 million health care professionals, significantly impacting national health policy. While each organization is autonomous with its own constituent membership, common values about public protections through state-based licensure unite FSMB, NABP, and NCSBN for dialogue and consensus building.

Recognizing the potential benefits to be gained by collaborating more closely to better protect public health, safety, and welfare, FSMB, NABP, and NCSBN formally launched the Tri-Regulator Collaborative in 2011.

The Collaborative meets periodically to discuss issues of mutual concern, exchange ideas, and share resources to better protect patients and improve the quality of care.

Among its activities, the Collaborative has developed consensus statements on issues of importance to the regulatory community — including strong endorsement of state-based licensure for health professionals.

The Collaborative believes a system of state-based regulation — as mandated in the 10th Amendment of the U.S. Constitution — offers the most effective regulatory framework for health care, ensuring close monitoring of health care

professionals in every region of the country and responding to the diverse circumstances and needs of each state.

It has also taken a strong position as an advocate for improvements in the nation's efforts to collect workforce data about health care professionals. The Collaborative strongly supports a more robust national effort to compile evidence-based comprehensive data and analysis of the health care workforce in order to ensure our ability to meet the growing needs of patients across the nation.

The Tri-Regulator Symposium is intended to strengthen a sense of partnership and common purpose by providing a national forum for shared dialogue on these and other issues critical to our health care future, such as team-based care, new practice models and regulatory strategies, and ensuring fair and respectful stakeholder communications.





# 2025 Opioid Regulatory Collaborative Summit

MARCH 7, 2025 | TYSONS CORNER, VIRGINIA

HOSTED BY:



**NABP**  
National Association of  
Boards of Pharmacy



**NCSBN**  
Leading Regulatory Excellence

## INTRODUCTION

The regulatory boards that license U.S. dentists, physicians, pharmacists and nurses have established the ORC in an effort to bring new resources and strategies to the nation's opioid epidemic response. Composed of leaders from the American Association of Dental Boards (AADB), the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP) and the National Council of State Boards of Nursing (NCSBN), the Collaborative aims to reduce opioid substance use disorder among the public as well as health care practitioners.

## FRIDAY, MARCH 7, 2025

7:00 am – 3:00 pm  
Galleria Foyer

### Registration and Check-in

7:00 – 8:00 am  
Galleria 1–2

### Breakfast

8:00 – 8:15 am  
Galleria 3–5

### Welcome and Opening Remarks

**Katie L. Templeton, JD**, Chair, Federation of State Medical Boards (FSMB)

**Jeffrey J. Mesaros, PharmD, JD, RPh**, President, National Association of Boards of Pharmacy (NABP)

**Phyllis Polk Johnson, DNP, RN, FNP-BC**, President, National Council of State Boards of Nursing (NCSBN)

**Dale Chamberlain, DDS**, Immediate Past President, American Association of Dental Boards (AADB)

8:15 – 9:15 am  
Galleria 3–5

### Keynote Presentation

**Thomas W. Prevoznik**, Deputy Assistant Administrator, Drug Enforcement Administration (DEA)

This session will provide an update on recent developments in access to buprenorphine and other medications for opioid use disorder (MOUD), highlighting both progress and ongoing challenges in addressing substance use disorders. We will explore issues related to pill renting, a growing concern impacting treatment efficacy and patient safety. Additionally, the session will review new initiatives and emerging trends within the DEA aimed at improving regulatory frameworks and supporting innovative approaches to MOUD access. Participants will gain insights into the evolving landscape of substance use disorder treatment and the regulatory measures shaping it.

9:15 – 9:30 am  
Galleria Foyer

### Break

9:30 – 10:00 am  
Galleria 3–5

### Evolving Federal Addiction Policy: Looking Ahead in 2025

**Regina LaBelle, JD**, Director, Center on Addiction Policy, O'Neill Institute for National and Global Health Law, Georgetown Law

Amidst an overdose and addiction crisis that continues to evolve, and as new substances emerge, federal and state addiction policies are in a state of flux. This talk will explore the current state of addiction treatment and prevention in the U.S., analyzing key legislative changes, the impact of harm reduction strategies, and funding challenges. Attendees will gain insight into the future of federal addiction policy, including balancing public health and public safety approaches during a time of unprecedented change.



10:00 – 10:30 am

Galleria 3–5

## Reactor Panel and Discussion

### Panelists:

**Humayun “Hank” Chaudhry, DO, MS, MACP, FRCP**, President and CEO, FSMB

**Lemrey “Al” Carter, MS, PharmD, RPh**, Executive Director/Secretary, NABP

**Philip Dickison, PhD, RN**, CEO, NCSBN

In this reactor panel, our chief executive officers will respond to the issues and updates presented during Mr. Prevoznik's and Ms. LaBelle's presentations. The panel will offer insights from leaders on the implications of recent regulatory challenges, challenges in MOUD access and emerging trends in addressing substance use disorder. Through a dynamic discussion, the CEOs will share their perspectives on potential impacts, opportunities for innovation, and strategies for navigating the evolving landscape. Attendees will gain valuable viewpoints on how these developments may shape future policies.

10:30 – 11:00 am

Galleria 3–5

## Keynote Presentation

**Steve Singer, PhD**, Vice President of Education and Outreach, Accreditation Council for Continuing Medical Education (ACCME)

Updates on the workgroup of the NAM Opioid Action Collaborative.

11:00 – 11:30 am

Galleria 3–5

## Keynote Presentation

**Hon. Drew Ferguson, IV, DMD**, Senior Policy Advisor, Alston & Bird

Served as the U.S. representative for Georgia's 3rd congressional district from 2017 to 2025, serving as House Republican Chief Deputy Whip. Dr. Ferguson was a practicing dentist prior to running for Congress in 2016.

11:30 am – 12:15 pm

Galleria 1–2

## Lunch

12:15 – 1:15 pm

Galleria 3–5

## Moderated Panel: Management and Treatment of Licensees

### Panelists:

**Chris Bundy, MD, MPH, FASAM**, Executive Medical Director, Washington Physicians Health Program; Chief Medical Officer, Federation of State Physician Health Programs

**Nicole L. Chopski, PharmD, ANP**, Bureau Chief, Health Professions Bureau, Idaho Division of Occupational and Professional Licenses

**Christopher Harlow, PharmD**, Executive Director, Kentucky Board of Pharmacy

**Moderator: Katie Templeton, JD**, Chair, FSMB

During this session, we will explore the role of licensing boards in the management and treatment of health care professionals who suffer from substance use disorders. We will discuss best practices for identifying impaired practitioners, offering confidential support and implementing treatment programs to facilitate recovery while ensuring patient safety. This session will highlight collaborative approaches between licensing boards and health professional assistance programs to effectively address substance use disorders, reduce stigma and support rehabilitation for health care professionals.

1:15 – 1:30 pm  
Galleria Foyer

### Break

1:30 – 2:30 pm  
Galleria 3–5

### Moderated Panel: Emerging Trends and the Prescribing of Controlled and Non-Controlled Medications: What Regulators Need to Know

#### Panelists:

**Jack “Jay” Campbell, IV, JD, RPh**, Executive Director, North Carolina Board of Pharmacy

**Kenneth Cleveland, MD**, Executive Director, MS State Board of Medical Licensure

**Phyllis Polk Johnson, DNP, RN, FNP-BC**, President, NCSBN

**Susan C. Winckler, RPh, Esq.**, Chief Executive Officer, Reagan-Udall Foundation

**Moderator: Caroline Juran, BSP Pharm, DPh**, Executive Director, Virginia Board of Pharmacy

This session will explore the evolving landscape of substance use disorder treatment as it moves beyond traditional opioid therapies, focusing on emerging trends related to ketamine, stimulants, psychedelics and compounding of GLP-1 drugs. We will discuss the potential benefits and risks of these substances as well as the regulatory considerations on how these treatments may be integrated into frameworks for addiction care.

2:30 – 3:00 pm  
Galleria 3–5

### End-of-Day Reflection

**Humayun “Hank” Chaudhry, DO, MS, MACP, FRCP**, President and CEO, FSMB

**Lemrey “Al” Carter, MS, PharmD, RPh**, Executive Director/Secretary, NABP

**Philip Dickison, PhD, RN**, CEO, NCSBN

**Kimber Cobb, RDH**, Executive Director, AADB

During this end-of-day reflection session, we will recap and discuss the key issues covered throughout the Summit. This interactive session will provide an opportunity to review insights on recent updates, challenges in substance use disorder treatment for licensees, regulatory trends and new initiatives shared by the presenters. Attendees will have the chance to share their thoughts, ask final questions, and collaborate on takeaways to apply in their work. Together, we will consolidate what we've learned and identify next steps to address the issues moving forward.

3:00 pm  
Galleria 3–5

### Closing



### **Chris Bundy, MD, MPH**

Dr. Bundy is the Executive Medical Director of the Washington Physicians Health Program (WPHP) and Chief Medical Officer of the Federation of State Physician Health Programs. He is board certified in adult and geriatric psychiatry and addiction medicine and is clinical associate professor of psychiatry at the University of Washington School of Medicine and Washington State University Elson S. Floyd College of Medicine. Dr. Bundy draws on his experience as a health care leader, medical educator, and physician in recovery to support education and advocacy efforts related to physician health and well-being. For this work, Dr. Bundy has been recognized with the President's Unsung Hero Award from the Washington State Medical Association.



### **Jack "Jay" Campbell, IV, JD, RPh**

Jay Campbell is the Executive Director of the North Carolina Board of Pharmacy. Jay obtained his BS Pharmacy from the University of North Carolina, and his JD from the Vanderbilt University School of Law. Jay also teaches the pharmacy law course at the UNC School of Pharmacy, and is a guest lecturer at the Campbell and Wingate Schools of Pharmacy. Jay is a past president of the National Association of Boards of Pharmacy and the American Society for Pharmacy Law.



### **Lemrey "Al" Carter, PharmD, MS, RPh**

Dr. Carter is the Executive Director of the National Association of Boards of Pharmacy® (NABP®) and the Secretary of the Association's Executive Committee. NABP is an international organization whose membership includes the state boards of pharmacy in all 50 United States, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, and all 10 provincial pharmacy regulatory agencies in Canada.

Dr. Carter currently serves as a Governor of the Pharmacy Technician Certification Board (PTCB) Board of Directors, chair of the PTCB Certification Council, and member of the Agency for Healthcare Research and Quality's (AHRQ's) National Advisory Council. Dr. Carter is a former member and chair of the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State Board of Pharmacy.

Previously, Dr. Carter oversaw pharmacy operations and professional affairs at Walgreens. In this position, he was responsible for the day-to-day operations and pharmacy regulatory oversight of more than 9,200 pharmacies in the U.S. as well as oversight, management and execution of all commercial Medicare Parts B and D and state Medicaid plans.

Dr. Carter graduated from Xavier University of Louisiana, College of Pharmacy, with a Doctor of Pharmacy, and he received his Master of Science degree with studies focused on pharmacy regulation and policy from the University of Florida.



### **Dale Chamberlain, DDS**

Dr. Chamberlain is an oral & maxillofacial surgery specialist located in Helena, Montana, and has been in private practice since 2012. He received his DDS degree from Creighton University in 1988. From 1989-2011, Dr. Chamberlain had a private practice in Lewistown, Montana. While in Lewistown he also set up the dental program and worked two days a month at NEXUS, a methamphetamine treatment center, for five years. Dr. Chamberlain was awarded the Champagne-Low Award by the CDCA-WREB-CITA in January.





### **Humayun “Hank” Chaudhry, DO, MS, MACP, FRCP**

Dr. Humayun “Hank” Chaudhry is the President and CEO of the Federation of State Medical Boards (FSMB), which operates the Federation Credentials Verification Service (FCVS) and co-owns the United States Medical Licensing Examination (USMLE) with the National Board of Medical Examiners. Dr. Chaudhry is also a Clinical Associate Professor of Medicine at the George Washington University School of Medicine and Health Sciences in Washington, DC. In 2022 and again in 2023, *Modern Healthcare* recognized him as one of the 100 Most Influential People in Healthcare.

Dr. Chaudhry was raised in Brooklyn, New York and graduated from New York University, the New York Institute of Technology College of Osteopathic Medicine and the Harvard T.H. Chan School of Public Health. He completed residency training in Internal Medicine at NYU Langone Long Island Hospital, where he was also Chief Resident. Recipient of a number of honorary degrees, Dr. Chaudhry is Past President of the American College of Osteopathic Internists, a Master of the American College of Physicians and a Fellow of the Royal College of Physicians (London and Edinburgh).

Dr. Chaudhry was in the U.S. Air Force Reserves from 1999 to 2013, where he rose to the rank of Major and served as a flight surgeon. He is the author or co-author of more than 80 articles in the medical literature and co-author of two books. He is a member of the FSMB Foundation’s Board of Directors and Past Chair of the International Association of Medical Regulatory Authorities (IAMRA), which represents 49 nations.



### **Nicole L. Chopski, PharmD, ANP**

Dr. Chopski serves as the Health Professions Bureau Chief for the Idaho Division of Occupational and Professional Licenses and as executive officer of the Boards of Medicine, Nursing, and Pharmacy. Prior to becoming executive officer of the board of pharmacy in 2019, Dr. Chopski served as a member of the board for 12 years. Dr. Chopski has served on the Executive Committee of the National Association of Boards of Pharmacy (NABP) since 2018 and is currently serving as NABP Treasurer. In 2025, Dr. Chopski was honored with the American Pharmacists Association’s Hubert H. Humphrey Award for her government and legislative service. For more than a decade, she has been certified as an authorized nuclear pharmacist by the Nuclear Regulatory Commission at Purdue University. She previously served as a Certified Geriatric Pharmacist for 20 years and as a hospital pharmacist at Portneuf Medical Center for 21 years. Dr. Chopski earned her Doctor of Pharmacy degree from Idaho State University.



### **Kenneth Cleveland, MD**

Kenneth Cleveland is a native of Alabama and a 1995 graduate of the University of Alabama School of Medicine. He completed his residency at the University of Mississippi School of Medicine finishing as Chief Surgical Resident in 2001. He has since practiced medicine in the State of Mississippi in both surgical and administrative capacities. In February of 2018 the 12-member Board of Medical Licensure selected Dr. Cleveland to become their Executive Director. Since that time, he has accepted a position as Commissioner of the Interstate Medical Licensure Compact, where he currently serves as Treasurer. He has been recognized for his work in regulatory medicine by the FDA as well as the Federation of State Medical Boards. Dr. Cleveland’s background brings a wealth of knowledge and experience in legislative proceedings, business management and medicine.



### **Kimber Cobb, RDH**

Over a nearly 20-year career, Kimber Cobb has collaborated extensively with state regulators throughout her service in the dental licensure communities’ education, examination, and organization. Cobb’s experience in public protection and national examination portability led her to her current position as Executive Director of the AADB. A li-censed Dental Hygienist and graduate of the University of Oklahoma College of Dentistry, Cobb’s career also includes substan-tial experience in both private practice and education with faculty positions at Coastal Carolina Community College (North Carolina) and Tulsa Community College (Oklahoma). She previously served as Executive Director of The Central Regional DentalTesting Service (CRDTS), a regional testing agency, and Director of Dental Hygiene Examinations for CDCA-WREB-CITA, a nationwide provider of examinations.



### **Phil Dickson, PhD, RN**

Philip Dickison is the CEO for NCSBN. Dr. Dickison is responsible for advancing the mission and vision of NCSBN by overseeing programs and services related to the operations of the organization. He has over 30 years of experience in educational measurement, item construction, item bank maintenance, curriculum design, and instructional technology. He currently oversees and directs the management of test development and psychometric functions for the NCSBN examinations and is responsible for assuring quality of testing programs, products, and services. Dr. Dickison also develops and enforces testing policies and procedures, provides staff support to committees and subcommittees, and secures future integrity of testing programs through research. Dickison spent 11 years in the United States Air Force as a medical service specialist (medic). Upon leaving the USAF, he gained his ADN in nursing from Regents College, New York; his BBA from Mount Vernon Nazarene College, Ohio, and his PhD in Quantitative Research in Evaluation and Measurement in Education from the Ohio State University, Ohio. Dickison has been active in the certification and licensure community for more than 25 years, serving as the psychometrician and Associate Director of the National Registry of Emergency Medical Technicians, as well as being a member of the psychometric society, American Educational Research Association, Institute for Credentialing Excellence and The Association of Test Publishers (ATP).



### **Hon. Drew Ferguson, IV, DMD**

Congressman Drew Ferguson advises a wide array of clients on tax, trade, and health care policy. He works to create bipartisan legislative strategies and advocates on behalf of clients in both legislative and regulatory arenas. Before joining Alston & Bird, he represented Georgia's third congressional district in the U.S. House of Representatives. He served on the Committee on Ways and Means, where he was the chair of the Subcommittee on Social Security and a member of the Subcommittee on Select Revenue Measures, also known as the Subcommittee on Tax. He also served on the House Budget Committee. From 2019 to 2023, he was chief deputy whip for House Republicans. This position allowed him to gain intimate knowledge of the legislative process and build close bipartisan relationships on Capitol Hill. Before his congressional service, he was mayor of West Point, Georgia, and founded and operated a family dental practice for 25 years.



### **Christopher P. Harlow, PharmD**

Christopher Harlow is the Executive Director of the Kentucky Board of Pharmacy. Dr. Harlow is a graduate of University of Kentucky and completed a Community Pharmacy Practice Residency with the University of Kentucky College of Pharmacy. Prior to becoming the Executive Director in Kentucky, he practiced in areas including community pharmacy, specialty pharmacy, compounding, and substance use disorder. Dr. Harlow previously served on the Board of Directors of the Kentucky Pharmacists Association including roles of Speaker of the House and President of the Association. Dr. Harlow remains active with various committee work for national pharmacy associations.



### **Caroline Juran, BSP Pharm, DPh**

Caroline Juran has been employed by the Virginia Department of Health Professions since 2005 and has served as Executive Director of the Virginia Board of Pharmacy since 2010. Prior to her employment with the department, she practiced in long term care and community pharmacy, held certification as a geriatric pharmacist, and served as a preceptor. Ms. Juran completed her studies at The College of William and Mary and graduated from the School of Pharmacy at the Medical College of Virginia/Virginia Commonwealth University in 1995. Juran recently served as Chairman of the National Association of Boards of Pharmacy and Vice Chair of the Virginia Forensic Science Board.



### **Regina LaBelle, JD**

Regina LaBelle is a public policy professional who served as Acting Director of The White House Office of National Drug Control Policy (ONDCP) in the Biden Administration. LaBelle also served as an appointee in the Obama Administration where she oversaw the nation's response to the opioid epidemic at ONDCP. Regina founded and directs the Addiction and Public Policy Initiative at The O'Neill Institute at Georgetown University Law Center. In addition, LaBelle founded, directs and teaches in the Master of Science in Addiction Policy and Practice in the Graduate School of Arts and Sciences.



### **Jeffrey J. Mesaros, PharmD, JD, RPh**

Dr. Mesaros, a member of the Florida Board of Pharmacy, automatically assumed the position of president. Previously, Dr. Mesaros served 1-year terms as president-elect and treasurer and two years as a member of the Executive Committee (District 3). Dr. Mesaros has been a registered pharmacist for more than 20 years and has practiced as a pharmacist attorney for more than 15 years. As a member of NABP, Dr. Mesaros has made many contributions to NABP/American Association of Colleges of Pharmacy (AACCP) District 3 meetings and has served as the District 3 representative on the Committee on Resolutions. In addition, Dr. Mesaros served on the Work Group on the Development of an Interstate Endorsement Credential, the Task Force on the Regulation of Pharmacy Benefit Managers, and the Task Force on the Definition of a Patient-Pharmacist Relationship. Dr. Mesaros is also active with several other professional organizations, including the American Bar Association, the American Society for Pharmacy Law, and the American Pharmacists Association (APhA). He has served as an adjunct faculty member of the University of Florida College of Pharmacy and the University of Hawaii at Hilo – the Daniel K. Inouye College of Pharmacy. Dr. Mesaros earned his Doctor of Pharmacy degree from Wilkes University Nesbitt School of Pharmacy and his Juris Doctor degree from the University of Miami School of Law. He received his Master of Science degree in pharmacy regulation and policy from the University of Florida.



### **Phyllis Polk Johnson, DNP, RN, FNP-BC**

Phyllis Polk Johnson was appointed the Executive Director of the Mississippi Board of Nursing in 2017. She has served on the Nurse Licensure Compact Executive Committee for the past two years. In November 2014, she joined the staff of the Mississippi Board of Nursing as the Director of Advanced Practice and has served in the following capacities: Director of Investigations, Board of Medical Licensure Advisory Board for Physician Assistants, Advisory Board Project Change Initiative, Pharmacy Board PMP Advisory Council, Governor's Heroin and Opioid Drug Task Force, 2020 Governor's COVID-19 Advisory Group. Phyllis was selected as the *Mississippi Business Journal* Business Woman of the Year (2019).



### **Thomas W. Prevoznik**

Thomas W. Prevoznik is a 34-year veteran of the Drug Enforcement Administration (DEA). His contributions to the DEA as a Diversion Investigator span several regulatory roles specifically relating to entities authorized to possess controlled substances, currently surpassing 2 million nationwide. These roles include such activities as importation, exportation, manufacture, distribution, prescribing, and dispensing.

In September 2023, Thomas was selected to be the first Diversion Investigator to serve as the Assistant Administrator of the Diversion Control Division. He previously served as the Acting Assistant Administrator for the Diversion Control Division. From 2019 to 2022, Prevoznik served as the Deputy Assistant Administrator (DAA) for the Office of Policy within the Diversion Control Division. He served as the Senior Executive in charge of drafting federal regulations and policy for controlled substances, conducting liaison with the registration population, and overseeing the Diversion Investigator Program. Prior to 2019, he served in many supervisory roles in the Philadelphia Division, New Jersey Division, and DEA Headquarters. AA Prevoznik is the most senior Diversion Investigator within the Diversion Control Program.

Prevoznik is a graduate from the University of Notre Dame, with a Bachelor of Arts in 1987; and the University of Virginia, with a Master's in Adult Education in 2004.



### **Steve Singer, PhD**

Dr. Singer oversees educational programs and resources to support the ACCME system of accredited continuing education (CE) providers, ACCME-recognized state accreditors, and accreditation volunteers, including the annual Learn to Thrive meeting and ACCME's online learning portal, ACCME Academy. Dr. Singer also oversees the educational support for Joint Accreditation for Interprofessional Continuing Education, a collaborative initiative founded by ACCME, American Nurses Credentialing Center (ANCC), and Accreditation Council for Pharmacy Education (ACPE). Dr. Singer's liaison responsibilities for the ACCME include the National Academy of Medicine's Action Collaboratives on Clinician Well-Being and Resilience and Countering the U.S. Opioid Epidemic, the Agency for Healthcare Research and Quality (AHRQ) National Action Alliance for Patient and Workforce Safety and evidence-based Care Transformation Support (ACTS) initiatives, and other partnerships to elevate the role of continuing education as a strategic asset for health care change. Dr. Singer received his doctorate in neuropharmacology from the Stritch School of Medicine.





**Katie L. Templeton, JD**

As the daughter of a hard-working physician, Katie Templeton was inspired by her father to “do no harm” at a very early age and, later, to focus on medicine as the cornerstone of her professional legal career. Templeton is a dynamic, skilled attorney with over 18 years’ experience in all phases of health care law, litigation, and claims management, focusing on medical outcomes, patient safety, and best practices. Templeton has served as a Public Member on the Oklahoma State Board of Osteopathic Examiners for over ten years and as President of the Board from 2020-2022 and currently serves as Vice President. During her Board tenure, she served as a member of the Oklahoma Opioid Task Force and personally authored the Best Practice guidelines for physicians in the state regarding opioid prescribing and legislative compliance, and Best Practice guidelines regarding legislation implemented following the *Dobbs* decision. In May 2020, Katie was elected as a Public Member to the FSMB Board of Directors and in 2024 as Chair. Templeton’s knowledge and commitment to the FSMB, the Oklahoma Osteopathic Board, and her law career has allowed her to maximize her efforts in promoting state-based medical regulation and accessibility to quality medical care by all, and to help ensure public protection.



**Susan C. Winckler, RPh, Esq.**

Susan C. Winckler is CEO of the Reagan-Udall Foundation for the Food and Drug Administration; the non-profit organization created by Congress to advance the mission of the FDA.

Prior to accepting the Foundation post in May of 2020, Winckler served as President of Leavitt Partners Solutions, a health care strategy firm founded by Gov. Michael O. Leavitt, former Secretary of the U.S. Department of Health and Human Services. She directly advised C-suite executives on public policy/regulation, business strategy, investments, and other matters. A pharmacist and attorney by training, she was, earlier, CEO of the Food & Drug Law Institute.

As Chief of Staff for the FDA (2007-2009), Winckler managed the Commissioner’s Office, served both Republican and Democratic commissioners as their senior-most staff adviser, analyzed complex policy challenges, and represented FDA with myriad government entities and external stakeholders. Her earlier career service included more than a decade at the American Pharmacists Association.

Winckler earned a bachelor’s degree from the University of Iowa College of Pharmacy and her law degree magna cum laude from Georgetown University Law Center. She is an APhA Fellow, an elected member (2015-2020, 2020-2025) and Chair (2018- present) of the United States Pharmacopeial Convention (USP) Board of Trustees, and a member of the Purgo Scientific, LLC board. In 2023, she received the Distinguished Alumni Award of the Food and Drug Administration Alumni Association and, separately, was awarded the Osterhaus Medal for Lifetime Achievement by the Univ. of Iowa College of Pharmacy.

## OPIOID REGULATORY COLLABORATIVE MEMBERS

### **American Association of Dental Boards**

The American Association of Dental Boards is a national association that encourages the highest standards of dental education by promoting higher and uniform standards of qualification for dental practitioners. Membership is comprised of boards of dentistry, advanced education boards, present and past members of those boards, board administrators, board attorneys, educators, practitioners, and other oral health stakeholders. As the national face of state dental boards, we influence the licenses of over half a million oral health practitioners through the regulation of dentists, dental therapists, hygienists, and assistants by our governing members. Our mission is simple: To serve as a resource by providing a national forum for exchange, development, and dissemination of information to assist dental regulatory boards with their obligation to protect the public. For more information, visit <https://www.dentalboards.org>.

### **Federation of State Medical Boards**

At the Federation of State Medical Boards (FSMB), we proudly support state medical boards within the United States, its territories, and the District of Columbia. We serve our member boards as they fulfill their mandate of protecting the public's health, safety, and welfare through proper medical regulation, licensing, and disciplining of physicians, physician assistants and associates (PAs), and other health care professionals.

Since our founding in 1912, FSMB has served as a forum for connecting state medical and osteopathic boards to share best practices and discuss issues of medical regulation. From providing educational materials to assessment tools to data access and technology solutions, FSMB continues to serve the interests of its member boards and support their integral function within America's health care system. To learn more about FSMB, please visit [www.fsmb.org](http://www.fsmb.org).

### **National Association of Boards of Pharmacy**

The National Association of Boards of Pharmacy (NABP), found in 1904, is the impartial professional organization that supports the state boards of pharmacy in protecting public health. NABP helps support patient and prescription drug safety, through examinations that assess pharmacist competency, pharmacist licensure transfer and verification services, and various pharmacy accreditation programs. Our membership and staff combine diverse skills and backgrounds, which helps us create innovative programs that meet the public health protection needs of today – with an eye on the future.

### **National Council of State Boards of Nursing**

Empowering and supporting nursing regulators across the world in their mandate to protect the public, NCSBN is an independent, not-for-profit organization. As a global leader in regulatory excellence, NCSBN champions regulatory solutions to borderless health care delivery, agile regulatory systems and nurses practicing to the full scope of their education, experience and expertise. A world leader in test development and administration, NCSBN's NCLEX® Exams are internationally recognized as preeminent nursing examinations.

NCSBN's membership is comprised of the nursing regulatory bodies (NRBs) in the 50 states, the District of Columbia and four U.S. territories. There are nine exam user members and 21 associate members that are either NRBs or empowered regulatory authorities from other countries or territories. For more information, please visit <https://www.ncsbn.org>.

## April Update for Med spa group

1. Recommendation to board of barbers and hairdressers
2. Beginning review of IV hydration therapy



# Alaska Board of Nursing

## Agenda Item #4



Consent Agenda Items



# ALASKA BOARD OF NURSING MEETING AGENDA

**MAY 14 & 15, 2025**

## MISSION STATEMENT:

The mission of the Alaska Board of Nursing is to actively promote and protect the health of the citizens of Alaska through governance of the practice of nursing.

## Meeting Details

Meeting Name: Alaska Board of Nursing Meeting

Meeting Start Time: 9:00 AM (AKST)

Meeting Start Date: May 14, 2025

Meeting End Time: 4:00 PM (AKST)

Meeting End Date: May 15, 2025

Meeting Locations: 1. Board/Staff - Suite 1540, Atwood Building, Anchorage, AK  
2. Zoom for Public Attendees (Limited In-Person Space)

## **Join Zoom Meeting**

<https://us02web.zoom.us/j/83113880917?pwd=b1mRJ6BasFMUrhMPgTW2qVPfEgiddD.1>

Meeting ID: 831 1388 0917

Passcode: 111279

## Links

Board of Nursing: [Nursing.Alaska.gov](https://Nursing.Alaska.gov)

### **Board Members:**

Danette Schloeder,  
RN  
(Chairperson)

Lena Lafferty,  
RN

Marianne Murray  
RN Educator

April Erickson,  
APRN

Vacant  
LPN Seat

Michael Collins,  
Public Member

CJ Payne,  
Public Member

### **Staff:**

Patty Wolf, MSN,  
RNC-OB  
Executive  
Administrator

Lisa Maroney,  
Licensing  
Examiner III,  
Supervisor

Kelly Olson, RN  
Nurse Consultant I

### **Upcoming Meetings:**

August 5 & 6, and  
November 5 & 6,  
2025

**Wednesday May 14, 2025**

**Agenda**

\*Times listed are approximate

1. Call to Order/ Roll Call (9:00 - 9:03)
2. Ethics Disclosures (9:03 – 9:07)
3. Board Activities (9:07 – 9:15)
4. Consent Agenda Items (9:15 – 9:20)
  - Meeting Agenda
  - Legislative letters
  - Probation Report
5. Public Comment Period (0920-0935)
6. Defensible Decision Making (9:35- 10:20)
  - Presenter: Sara Chambers, Board and Regulations Advisor

Break (1020-1040)

7. International Center for Regulatory Scholarship (ICRS) Overview (10:40-11:00)  
Presenter: Cheryl Pulec, Director, International Center for Regulatory Scholarship
8. UAF LPN Program update (11:00-11:20)  
Presenter: Audrey McDaniel MSN, RN, Interim LPN Program Administrator
9. Standardize CEU's for valid advanced resuscitation cards (11:20 – 11:40)  
Presenter: Lena Lafferty RN
10. PDMP Update- (11:40-12:00)  
Presenter: Lisa Sherrell, PDMP Manager

Adjourn for Lunch (12:00 – 1:15)

11. Division Updates (1:15-1:45)  
Legislative Update: Glenn Saviers, Deputy Director  
Division Update: Sylvan Robb, Director
12. Regulation Project updates (1:45- 2:30)  
Presenter: Stefanie Davis, Regulations Specialist 2 and Patty Wolf MSN, RNC-OB  
Review of Public Comments, LPN Scope of Practice regulations project  
Delegation of Medication Administration project, need to finalize draft language

Break (2:30-2:50)

13. Med Spa Work group- Update and questions for the board (2:50-3:10)  
Presenter: April Erickson, DNP, CRNA
14. Strategic Plan and Annual Report Review (3:10- 3:30)
  - Strategic Plan and previous action items
  - Finalize Annual report for submission
15. Review/Assign Action item Assignments and due dates for Board Members (to follow)  
Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

**Adjourn**

**Thursday, May 15, 2025**

16. Call to Order/Roll Call (0900)

Discussion of the following topics may require executive session. Only authorized members will be permitted to remain in the Board/Zoom room during executive session.

17. Administrative and Executive Session (09:05)

Reading of orders

18. Investigative Report

Presenter: Sonia Liptor, Investigator 3

19. Request to Update: "Applicant with Recent Substance Abuse History" Policy (10:15-10:30)

Presenter: Sonia Liptor, Investigator 3

Break 10:30-10:50

20. Alternative to Probation Program data compilation request 10 min.

Patty Wolf for Riley Stumph

21. Advisory Opinion updates- 20 min

Presenter: April Erickson DNP, CRNA

22. BON and Licensing Reports (11:20-1200)

RN: Madeleine Henderson and Laura Souders, Occupational Licensing Examiners

CNA Program updates: Kelly Olson, RN, Nurse Consultant

BON: Patty Wolf MSN, RNC-OB

Adjourn for Lunch (12:00-1:15)

23. Division Finance report (1:15-1:35)

Presenter: Melissa Dumas, Administrative Operations Manager I

24. Discussion: Change in APRN curriculum for clinical hour requirement (1:35-1:45)

Presenter: Patty Wolf, MSN, RNC-OB

25. Working Session for current or upcoming Projects/Tasks (1:45-3:35)

**Break at the discretion of the Board**

26. Industrial Hemp FAQ for professional licenses (3:35-3:45)

27. For the Good of the Order (3:45-4:00)

Presenter: Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS

- Assign/Review action items.
- Any further topics or follow-up to cover
- Agenda ideas for future meetings
- Evaluation of board meeting
- 2025 Meeting schedule: August 5 -6 & November 5 - 6

28. Chair Final Comments

Adjourn





# Letter FROM THE President

## POST-BOARD MEETING UPDATE

Feb. 27, 2025

Greetings Colleagues:

The Board of Directors (BOD) met in Chicago Feb. 11–12, 2025. We began our agenda with a report from Nicole Livanos, director of government affairs. Members of the 119th Congress were sworn in on Jan. 3, 2025. To welcome and congratulate new nurse members and members of the Nursing Caucus, NCSBN staff prepared and distributed letters to House and Senate members. The letters reintroduced NCSBN, shared our mission and policy priorities, and encouraged collaboration in the upcoming legislative sessions. The staff continues to engage with the Nursing Community Coalition, outline legislative priorities, and collaborate with the Council of State Governments to advocate for the SHARE Act.

Government Affairs also provided a report on the CMS Nursing Home Staffing Campaign. In response to the April 2024 CMS minimum staffing standards for long-term care, CMS launched a staffing campaign to recruit RNs and CNAs for long-term care employment. On Jan. 8, 2025, CMS announced the start of its financial incentive program to recruit RNs into long-term care. The program will recruit organizations to become financial incentive administrators to administer financial incentives to RNs, including tuition reimbursement and stipends. The BOD received additional reports on the Nurse Licensure Compact, APRN Compact and the Nursing America Campaign. The Government Affairs department continues to promote NCSBN's three legislative campaigns, track legislation impactful to nursing regulation, strengthen our members' public policy knowledge and skills, and build and bolster relationships with key partners across state and federal levels.

A significant responsibility of the BODs is to consider the Finance Reports. These reports are crucial as they provide a comprehensive overview of our financial standing and guide our future decisions. The BOD acted on the following reports and recommendations from the Finance Committee which included:

- Acceptance of the financial statements and the independent auditors' reports for the fiscal year ended Sept. 30, 2024.
- Acceptance of the Agreed Upon Procedures (AUP) Report for the ICNLCA.
- Acceptance of the auditor's NCSBN 403(b) defined contribution retirement plan reports for the year ended June 30, 2024.
- Acceptance of the financial statements for the period ended Dec. 31, 2024.

Additional agenda items included updates on the NCLEX® Online Candidate Talk Alouds (Jeff Kendall), Model Acts and Rules Committee, Midyear Meeting agenda (Jim Cleghorn) and the 2024 National Nursing Workforce Survey results (Richard Smiley and Brendan Martin). The Midyear Meeting in March will center around the theme "Going Beyond" and will encourage regional dialogue and allow members to network with others. The NCSBN staff have worked diligently to develop an agenda that will empower members

## POST-BOARD MEETING UPDATE, CONTINUED

to challenge tradition, generate bold, innovative ideas, analyze the status quo, and break down regulatory barriers. The workforce survey results are due for release later this spring in the April 2025 issue of the *Journal of Nursing Regulation*. The results will provide valuable insights into critical topics such as nurse retention, burnout and intent to leave following the global health crisis.

CEO Philip Dickison provided an update and the board completed their work on the strategic statement. This process is designed to ensure that our actions and decisions align with our mission, vision, and values. In 2025, the BOD will continue strategy discussions at each board meeting to reaffirm the mission, vision, values and strategic direction.

Kindest Regards,

*Phyllis Johnson, DNP, RN, FNP-BC*

**Phyllis Polk Johnson, DNP, RN, FNP-BC**

President

[pjohnson@msbn.ms.gov](mailto:pjohnson@msbn.ms.gov)

### Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

### Vision

Leading regulatory excellence worldwide.

### Values

Collaboration • Transparency •  
Innovation • Integrity • Excellence

Dear Executive Officer:

The Board of Directors (BOD) discussed the findings of the 2023 – 2025 strategic plan related to investigating Health Care Support Worker Reform during their October 2024 retreat. Preparation for this retreat discussion included two formal focus group sessions with our membership to understand the nurse aide regulatory environment. These discussions provided significant information related to the current regulatory environment and NCSBN's role in empowering and supporting nursing regulators in their mandate to protect the public. The discussions identified the following concerns related to the nurse aide regulatory environment:

- No unified professional association or voice for the discipline
- Lack of uniform regulatory governing structure for the occupation
- Lack of uniform title (nurse aide, nursing assistant, nurse assistant)
- Different classification of titles (certified, registered, licensed)
- Variety of authorized regulatory bodies (department of health, board of nursing, other agencies)
- Different examinations and examination administration procedures across the U.S. (Prometric, Credentia, Headmaster, state developed and administered)
- No national registry to support public protection and nurse aide mobility

As a component of the Health Care Support Worker Reform investigation, NCSBN staff provided the BOD with the following historical information related to the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Examination (MACE®):

- In August 2008, NCSBN acquired the intellectual property for NNAAP and MACE programs.
- With this acquisition, NCSBN named Pearson VUE as the “national test service” for NNAAP and MACE examinations.
- Starting Jan. 1, 2022, Credentia purchased the state NNAAP and MACE contracts from Pearson VUE and became the national testing service for the NNAAP and MACE examinations.
- There are currently 19 NNAAP jurisdictions (including 12 nurse regulatory bodies [NRBs] and seven MACE jurisdictions (including one NRB).
- The national test service assumes responsibility for the scheduling, administration, and delivery of the exams through direct contracts with the states and territories that use the examinations.
- NCSBN has no contractual relationship with any jurisdiction for the administration of the NNAAP and/or MACE examinations. NCSBN's responsibilities are exclusively dedicated to the development of valid and reliable examination content.
- NCSBN received no revenue from NNAAP/MACE.



After discussing this information, its alignment with the NCSBN mission and the future strategic priorities of NCSBN, the BOD has determined that development of the nurse aide and medication aide examinations are not currently aligned with the mission of NCSBN. We will begin the process of transferring the exiting examination content to Credentia to ensure that they can continue to meet the needs of their clients through their contract obligations. In addition, we will be removing the NNAAP and MACE information posted on our website and redirect all inquiries to Credentia. We will inform you of the exact date for the completion of these transactions as soon as possible.

In addition to the decision to cease involvement in NNAAP and MACE examination development, the BOD has authorized staff to develop a plan for establishing a mechanism, similar to Nursys®, to assist NRBs in gathering nurse aide registration/licensure data in support of the regulators' mandate to protect the public.

If you have questions concerning this decision and/or require additional information, please do not hesitate to contact me.

Best Regards,

Phil Dickison, PhD, RN  
Chief Executive Officer  
NCSBN



Dear Credentia Partner,

As some of you may have been notified, NCSBN has endowed the NNAPP and MACE intellectual property and exam management to Credentia. With that being said, we are excited and honored to be entrusted with the responsibility to continue providing a gold standard exam.

Due to the inconsistencies in the nurse aide and medication aide examinations, multiple vendors, multiple regulatory boards, and lack of a national registry, NCSBN and the Board of Directors has determined that this does not align with their mission. NCSBN and their stellar team, has worked diligently to create high quality exams and expectations. We are excited to further the mission to partner with all states to provide not only a standardized national exam, but a national registry and compact so that together we can facilitate smooth transfers of CNAs between states to fill gaps and shortages in the workforce.

Over the next several weeks, Credentia and NCSBN will coordinate the transition, which will not affect or disrupt any exam administration and delivery. In the meantime, your Client Relationship Manager will reach out to you regarding updates and the next steps.

Credentia will continue its mission to provide and improve service, technology, and administration for all of our clients. In the last six months, Credentia has been diligently and consistently working hard to increase support and provide satisfactory service, including:

- Significant reduction in the backlog of candidates
- Increased NAE staff, pay, and availability
- Significant decrease in call volume, complaints, and escalations
- Worked with RTS and INFs to provide and increase testing availability
- Assigned a task force to recruit more regional testing sites
- Enhanced the application to provide more features and ease of use

Lastly, we would like to thank you all for your continued support and partnership for test administration of CNAs, who play a vital role in our healthcare system and communities. We would also like to thank NCSBN for their passion and commitment to not only creating superior standardized exams in the nursing industry, but exams that increase public health and safety by establishing a firm foundation for CNAs who continue far into their nursing careers.

Thank you,

Credentia Nurse Aide LLC



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

## Department of Commerce, Community, and Economic Development

### BOARD OF NURSING

P.O. Box 110806  
Juneau, Alaska 99811-0806  
Main: 907.465.2550  
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The Honorable Jesse Bjorkman, Chair  
Senate Labor & Commerce Committee  
Alaska State Capitol, Room 427  
Juneau, Alaska 99801

The Honorable Zach Fields, Co-Chair  
The Honorable Carolyn Hall, Co-Chair  
House Labor & Commerce Committee  
Alaska State Capitol, Rooms 24 & 434  
Juneau, Alaska 99801

### RE: **Support for HB 131 and SB 124 – Nurse Licensure Compact**

Dear Senator Bjorkman, Representative Fields, and Representative Hall,

As the Nurse Licensure Compact (NLC) celebrates its 25<sup>th</sup> anniversary, **the Alaska Board of Nursing is excited to support SB 124 and HB 131**, an Act relating to the licensure of nursing professionals; relating to a multistate nurse licensure compact; and providing for an effective date.

Enacted in 2000, the NLC is the longest-standing and most well-vetted professional licensure compact in the nation and is currently enacted in 43 jurisdictions. NLC legislation has also been introduced in an additional nine jurisdictions this year. The NLC supports over 2.5 million nurses, who meet 13 uniform licensing requirements, to practice freely across state lines. In its 25 years of existence, no state has left the compact. For the last five years, the Alaska Board of Nursing has voted unanimously to support joining the multistate nurse licensure compact (NLC). The Board of Nursing conducted surveys in 2019 and 2024 of all Alaska-licensed nurses, and both showed that 92% of nurses support Alaska joining the NLC.

The NLC is recognized nationally, yet the states retain full authority and autonomy over nursing practice within their borders. The goals of the NLC align with the Alaska Board of Nursing's mission to protect the public. The NLC has many benefits for Alaska, including increased portability of nurses, the increased access to conduct telehealth work, and the increased access for nursing faculty. The NLC is crucial during times of disaster or nursing shortages, as it allows a nurse to quickly get to work without licensure delays. The NLC allows us to maintain our current license options while increasing access to healthcare and filling vacancies across the state of Alaska. For more information, visit the board's NLC webpage:

[ProfessionalLicense.alaska.gov/BoardofNursing/NurseLicensureCompact](https://ProfessionalLicense.alaska.gov/BoardofNursing/NurseLicensureCompact)

The Alaska Board of Nursing lends its full support to HB 131 and SB 124, and asks that your committees hear and support these important bills.

Sincerely,

*Danette M Schloeder*

Danette Schloeder DNP, RNC-OB, C-EFM, C-ONQS  
Chair, Alaska Board of Nursing




THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

Department of Commerce,  
Community,  
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS, AND  
PROFESSIONAL LICENSING  
Anchorage Office

550 West Seventh Avenue, Suite 1500  
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**PROBATION REPORT**

**DATE:** April 16, 2025  
**TO:** Alaska Board of Nursing  
**THROUGH:** Sonia Lipker, Senior Investigator   
**FROM:** Karina Medina, Investigator  
**SUBJECT:** Probation Report for the May 2025 Meeting

The following is a complete list of individuals on probation for this Board. All individuals are in compliance with their agreements except as noted with a (\*).

| <u>NAME</u>       | <u>START DATE</u> | <u>END DATE</u> |           |
|-------------------|-------------------|-----------------|-----------|
| Barbara Anderson  | 05/11/2023        | 05/11/2028      |           |
| Caressa Barth     | 01/06/2021        | 01/06/2026      |           |
| Kristina Beeching | 08/08/2024        | 08/08/2029      |           |
| Samantha Bell     | 07/23/2021        | 07/23/2026      |           |
| Viva Esquibel     | 05/17/2022        | 05/17/2027      |           |
| John Hacker       | 08/11/2023        | 08/11/2028      |           |
| Chad Hamik        | 05/15/2024        | 11/15/2026      |           |
| Roxanne Huzieff   | 05/11/2023        | 05/11/2026      |           |
| Franklin Jones    | 05/01/2022        | 05/01/2027      |           |
| *Kris Kile        | 03/28/2019        | 09/28/2020      | SUSPENDED |
| Kelly Linebarger  | 08/06/2021        | 08/06/2026      |           |
| Lisa Murrell      | 08/20/2020        | 08/20/2025      |           |
| Amy Neel          | 02/04/2021        | 02/04/2026      |           |
| Joyce Martin      | 05/11/2023        | 05/11/2026      |           |
| Danielle Regan    | 08/20/2020        | 08/20/2025      |           |
| Alixandra Stewart | 08/11/2023        | 08/11/2028      |           |
| *Quenna Szafran   | 05/11/2023        | 05/11/2028      | SUSPENDED |
| Ciri Vail         | 08/11/2023        | 08/11/2028      |           |
| Eva Velarde       | 05/15/2024        | 05/15/2026      |           |
| Samantha Weber    | 08/16/2021        | 08/16/2026      |           |
| Jodi Wolcuff      | 03/15/2022        | 03/15/2027      |           |

**Alternative to Probation:**

| <b><u>CASE NUMBER</u></b> | <b><u>START DATE</u></b> | <b><u>END DATE</u></b> |
|---------------------------|--------------------------|------------------------|
| 2024-000014-Prb           | 08/08/2024               | 08/08/2029             |
| 2023-001191-Prb           | 11/07/2024               | 11/07/2029             |
| 2024-000231-Prb           | 11/07/2024               | 11/07/2029             |
| 2023-001003-Prb           | 02/01/2023               | 02/01/2028             |

The following were released after probation completion:

| <b><u>NAME</u></b> | <b><u>START DATE</u></b> | <b><u>END DATE</u></b>     |
|--------------------|--------------------------|----------------------------|
| Sue Boma           | 11/05/2020               | 11/05/2025 (Early release) |
| Tasha Rine         | 08/11/2023               | 08/11/2028 (Surrendered)   |

**Board Requests:**

2023-001191- Prb – Modification Request  
Kelly Linebarger- Early Release Request  
Samantha Weber – Early Release Request

**License Actions:**

**Other:**

**END OF REPORT**



# Alaska Board of Nursing



## Public Comment Period

# Alaska Board of Nursing

## Agenda Item #6



Defensible Decision Making



## **Defensible Decisionmaking 101**

October 2024

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### **Where to find resources:**

Publicly available resources:

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardMemberResources.aspx>

- Professional Licensing *Guide to Excellence in Regulation*
- *Guide to Excellence* training videos
- Right-Touch Regulation information
- Code of Conduct
- Annual Reports
- Quarterly Schedules of Revenues and Expenditures (fiscal reports)
- Council on Licensure, Enforcement, and Regulation (CLEAR) Member Resources
- Forms related to travel

### **1. Roles & Responsibilities (Section 2 in the *Guide*)**

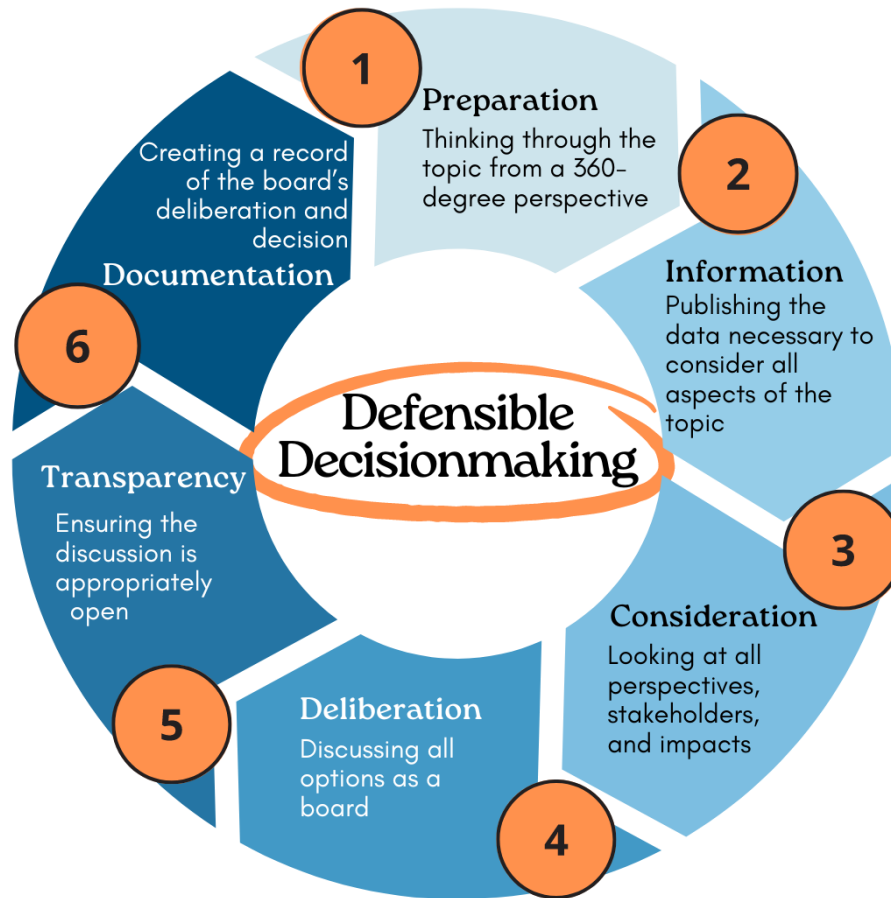
- Board member: Be a decisionmaker.
- Staff: Be a guide/shepherd.
- Reasonable boundaries:
  - Is it illegal?
    - State or federal law: Do we have statutory authority to make this decision?
    - Regulations: Does this require a new regulation?
    - Open meetings: Is the decision being made appropriately?
  - Is it unethical?
    - Executive Branch Ethics Act
    - Appearance of impropriety
    - Unfair or biased treatment of others
  - Does it sidestep required state/division processes?
    - Investigations
    - Travel
    - Communications protocols
  - Does it overstep into division responsibilities?
    - Finances
    - Staff assignments
    - Available resources
  - Does it create weaknesses or liabilities for the board/state?
    - Poor decisionmaking, see below
    - No solid basis for outcome
    - Cannot defend in court
    - Cannot defend to stakeholders

### **2. Decisionmaking process (Section 4 in the *Guide*)**

Good decisionmaking:

- Preparation: Think through, ensuring board and staff understand
- Information: Gather appropriate information, staff prepare board packet
- Consideration: Ensure the board considers all angles; staff ensure the “stage is set” for the discussion
- Deliberation: Ensure the discussion is thorough
- Transparency: Ensure proper processes are followed: Public notice, oral hearing, etc.

- Documentation: Capture all major discussion points, motions, votes, and due-outs; publish timely on web page and follow up timely with stakeholders



#### Board deliberation:

- Everyone **prepare**:
  - Board chair and liaison both think with a 360-degree mindset: Anticipate the needs of the public, licensees, staff/board members, etc. when preparing for the meeting
  - Agenda to include all necessary topics, people; adequate time
  - Follow-up with members who have due-outs
  - Packet to include all pertinent information; published two weeks ahead of time (aim for two weekends)
  - Board members must read the materials before the meeting and come with questions, proposals, etc.
  - Encourage members to come prepared with motions or chair prepare motions ahead of the meeting to include in the board packet; staff may consider assisting with preparation of complex yet apparent motions, such as action on continuing education cases
- Chair or lead member **explain**:
  - Ensure the board is clear on what they are being asked to do.
  - Help them gain awareness of context/relevant information/history on topics and issues.
  - What are important resources or data necessary to make an informed and defensible decision?
  - If another board member or staff member is more appropriate to provide this information, be sure they understand this is the expectation so they can plan ahead and are not surprised at the meeting.
- Everyone **engage**:



- Refer to the decisionmaking framework in the *Guide to Excellence* to assist with deliberation
- Be aware of required processes
  - Does this require a statutory change vs. regulation?
  - Does this require adoption of a regulation instead of issuing an opinion?
  - Does this require a motion and roll call vote
  - Has the board appropriately anticipated and handled conflicts of interest?
  - Is it appropriate to decide in OnBoard vs. a public meeting?
- Assist with setting and maintaining boundaries
  - Does this creep outside the board's mandate? How do we determine that?
  - Is this a staff vs. board responsibility?
  - Is the board over-directing or over-delegating to staff?
  - Are members under-engaged?
  - Does the board have too many projects in process so meaningful work is not being completed?
  - Does not board not meet frequently enough to complete their stated goals?
  - Does the board have too many meetings, keeping staff from completing their other duties? Is that model sustainable for staff and/or the board?
- Invite assistance where needed: Regulations specialist, investigator, supervisor, board advisor, etc.
- Take a break if needed to look up an answer or ask for help
- Document
  - Record the meeting
  - Take action minutes during the meeting, capturing motions and individual votes
  - Post draft minutes of the meeting online within 10 days to ensure public awareness of the board's actions
  - Ensure board votes on final minutes and made available online within a reasonable amount of time.

### 3. **Supporting decisionmaking through good meeting management**

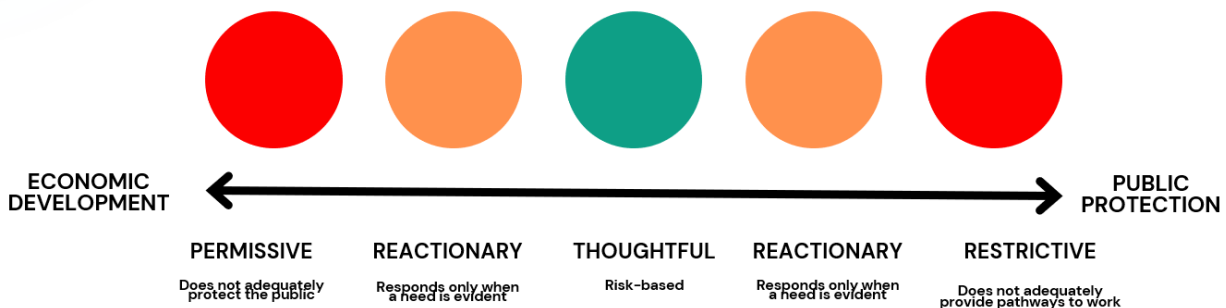
- Most of meeting management comes down to one of the following categories:
  1. *Addressing the business of the day*: Keeping it moving forward
  2. *Using a defensible process in managing the business*: Keeping it moving forward well
  3. *Establishing a record of the business*: Demonstrating what you moved forward and how you did it
- Keeping the business of the board moving forward
  - Ensure the agenda is clear
    - What are we discussing?
    - What is the desired outcome?
  - Encourage members to prepare appropriately (study, research, analyze, bring documents to the meeting, etc.)
  - The chair should lead the board toward the outcome: This does not mean pushing the board toward a *specific* decision...just leading them toward *making* a decision, tabling for cause, sending back to committee, etc.
  - Identify where in the agenda votes may be needed and consider prepopulating with motions
  - Establish metrics to measure the effectiveness of the agenda item:
    - Does it need a champion?
    - Does it need a deadline?

- Do the next steps need clarity?
- Key legal process questions to protect:
  - Are we recording the meeting?
  - Do we have a quorum?
  - Have all potential conflicts been declared and ruled upon appropriately? (See below)
  - Have we made proper motions?
    - On voting items
    - On entering executive session
    - Reasons for license denial or discipline
    - Are they clear?
    - Do all members and staff understand them?
  - Have we taken a proper vote?
    - No votes in executive session
    - Roll call on anything enforceable or policy-related
    - Everyone says “Aye” or “Nay”
    - Outcome of the vote announced
  - Have we protected confidential information?
  - Have we ensured public information is transparent?
  - Have we followed the required steps in addressing regulations?
    - I:\OCCLIC\PROFESSIONAL LICENSING\REGULATIONS SPECIALIST\STAFF RESOURCES
  - Have we adhered to appropriate investigative processes?
  - Have we adhered to state procurement, fiscal, and travel processes?
  - Have we clearly documented the board’s deliberation and actions?
- Key concepts regarding conflicts of interest
  - Chair as Designated Ethics Supervisor for the board makes the final decision regarding whether a conflict exists
    - May seek legal advice on the issue; must withhold action until determined
    - Determination must be in keeping with legal advice
    - Determination may be overruled by a vote of the board
  - How to avoid conflicts of interest
    - Not voting on matters of personal or financial interest or where they have ex parte information
    - Not deliberating or voting on matters where they were the Reviewing Board Member
    - Declaring any gifts or potential affiliations or memberships that may create conflicts
    - Exhibiting awareness of and following the Executive Branch Ethics Act (this list is not exhaustive, see AS 39.52)
    - A state official may not:
      - use their official positions to secure employment or contracts;
      - accept compensation from anyone other than the State for performing official duties;
      - use State time, equipment, property or facilities for their own personal or financial benefit or for partisan political purposes;
      - take or withhold official action on a matter in which they or an immediate family member have a personal or financial interest;
      - coerce subordinates for his/her personal or financial benefit, or attempt to influence the outcome of an administrative hearing by privately contacting the hearing officer.

- May not accept improper gifts
  - A gift worth more than \$150 to a board or commission member or the member's family must be reported within 30 days if:
    - the board member can take official action that can affect the giver, or
    - the gift is given to the board member because he or she is on a state board or commission.
  - The receipt of a gift worth less than \$150 may be prohibited if it could reasonably be inferred that the gift is intended to influence the board member's action or judgment. Receipt of such a gift should be disclosed.
  - Any gift received from another government or lobbyist, regardless of value, must be reported; the board or commission member will be advised as to the disposition of this gift.
- May not use or disclose information improperly

No former or current member of a board or commission may use or disclose any information acquired through official duties if that use or disclosure could result in a financial or personal benefit to the board member (or a family member) unless that information has already been disseminated to the public.
- May not improperly represent in a matter of self-interest

A non-salaried board or commission member may represent, advise, or assist in matters in which the member has an interest that is regulated by the member's own board or commission, if the member acts in accordance with AS 39.52.220 by disclosing the involvement in writing and on the public record, and refrains from all participation and voting on the matter. This section does not allow a board member to engage in any conduct that would violate a different section of the Ethics Act. So, the member must disclose the fact of the member's involvement in the regulated matter and abide by the board or commission's finding as to the existence of a conflict of interest.



#### 4. Strategic thinking

- Helps the board move up the hierarchy of effective regulators (Section 12, p. 87)
- Helps the board take control and own their role and responsibility
- Relieves the board liaison from serving as a de facto chair
- Helps the board engage in active 360-degree thinking
- Helps each other understand the why, not just the “yes” or “no”
- Reduces “checklist mentality” and making knee-jerk decisions
- Supports right-touch regulation and defensible decisionmaking
- Keeps the board forward-thinking, anticipating change at all levels

Helps the board understand their foundational basis for decisionmaking

- “Is it statute or regulation or opinion?” (p. 31-34)
- Can they deny a license/take a disciplinary action (p.35, 58-62)/ask for that information on the application?

Helps the board understand their options for seeking change:

- Statute change (Section 9, p.63) requires the board to seek and advocate for legislation
- Regulation change (Section 7, p. 51) requires assistance from a Regulations Specialist and a prescribed legal process
- All changes they want to enforce must be public and transparent.

## 5. **Boards gone wild**

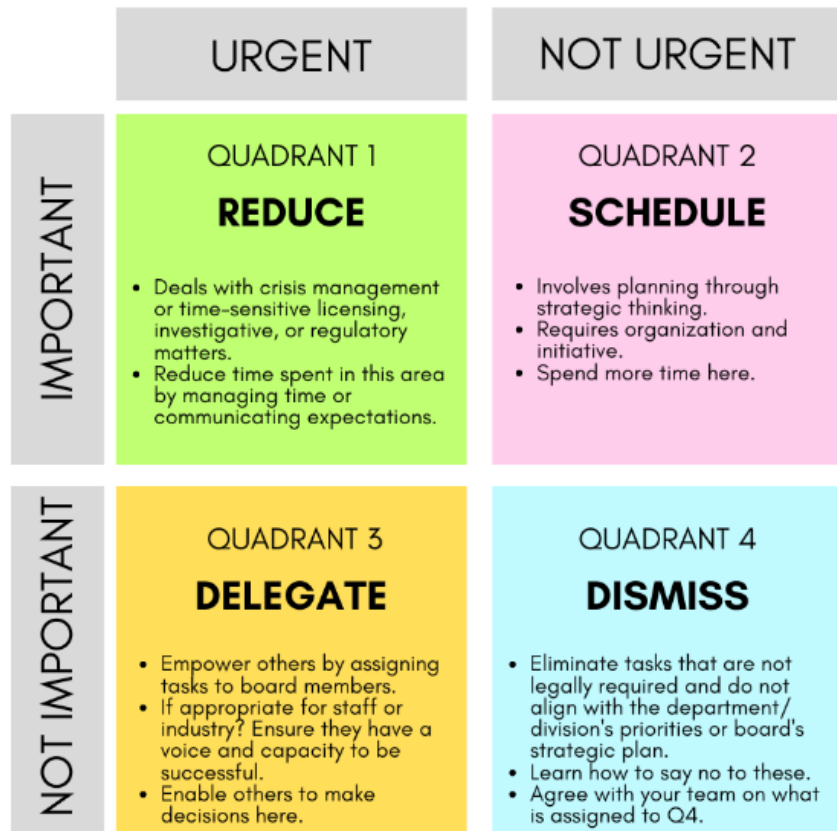
- Refer back to “reasonable boundaries” above
- Member engagement – after on-boarding, this is usually the chair’s responsibility to manage interpersonally
  - Set expectations from Day One. Do not accept unprofessional behavior. Act with integrity: Do what you say you are going to do. Be professionally flexible and understanding without being taken advantage of. Ask the hard questions while maintaining everyone’s dignity. Document.
  - Unengaged members:
    - Play to member strengths and avoid weaknesses
    - Chair should establish expectations of professionalism and preparedness, and staff should model them
    - Care for learning curve of public members
    - Regularly communicate to ensure expectations are known and understood
  - Unprofessional behavior:
    - *Looks like:* Interrupting speakers, assuming the floor when it has not been granted by the chair, holding side conversations, leaving the meeting or taking a call while the meeting is in session, etc.
    - *Might be due to:* Lack of understanding of expectations, low level of personal professionalism, rude personality or generally casual nature, previously allowed to behave this way in other settings
  - Dysfunctional behavior:
    - *Looks like:* Bullying the board by demanding a course of action, calling for a re-vote because they do not like the outcome, speaking against the board’s decision outside the meeting, working outside acceptable board processes on issues, eye-rolling, deep sighs, sarcastic remarks about other members or the chair’s management of a topic
    - *Might be due to:* Sense of privilege or superiority, lack of respect for the members or chair, unhappiness with the board’s direction on a specific issue—especially if the member is in the minority on that topic
- Prioritize: If everything is a priority, nothing is.
  - Establish a mini-strategic plan.
  - Track board activities and write down key elements: Assignments to responsible parties, deadlines, and priorities. Include these in every board packet. Encourage adequate time to go over all existing and new activities, reorganizing if priorities have shifted.
  - Build these steps into every agenda.
  - Shift priorities if situations change. (Move something lower on the list if something else becomes more urgent.)



- Staff should maintain boundaries. “[Good fences make good neighbors.](#)”
  - What should actually be done by a board member, such as research, making phone calls, taking committee minutes, etc.
  - Ensure the board is aware of the “invisible” things that need to continue outside of board business, such as customer service and processing license applications.
  - Board members should not be assigning staff jobs. Encourage a meeting with the chair and supervisor, if needed.



## TASK PRIORITIZATION MATRIX FOR BOARD MEMBERS



- Encourage one or more evaluation processes (Section 12, p. 86)
  - Group “straw poll” at the end of the meeting
  - Encourage feedback from key stakeholders or enlist an observer—such as a more experienced LE3-A or Exec—to attend the meeting and take notes, pointing out what went well and what needs improvement
  - Submit written meeting evaluation (p. 88)
  - Private self-evaluation (p. 89)

## 6. Q&A

# Alaska Board of Nursing



Break



# Alaska Board of Nursing

## Agenda Item #7



ICRS

### **ICRS – AK Board Meeting Outline**

- Introductions
- Certificate program
  - fall term courses – registration open 5/12
  - summer term courses – registration open 7/28
- ICRS program evaluation
  - Status of evaluation
  - Feedback opportunities
    - Member survey – tentative June distribution
    - Virtual focus groups
- Questions



# Alaska Board of Nursing

## Agenda Item #8



## UAF LPN Program Update



LPN Program Update

# UAF-CTC

# Status of ACEN Accreditation

- From April 7-9, 2025, ACEN conducted an Evaluation Review Panel of the UAF-CTC LPN program and recommended **"ACCREDITATION"** to the Board of Commissioners.
- The Board of Commissioners will meet soon with an official determination on May 9, 2025.

# NCLEX-PN Results

- Cohort #1 began with 8 students in Fall 2023; 5 students completed the program in DEC 2024.
- Of the 5 students, 3 tested with two pending scheduling.
- Of the 3 that tested, 2 passed and 1 failed. (66% pass rate)
- Kaplan agreed to extend access and resources for 3 months to the student who failed, including a session on the Channel designed for repeat test-takers.



# Alaska Board of Nursing

## Agenda Item #9



Discussion: CEU's for Advanced  
Resuscitation Cards

**American Heart Association:**

One has to go through introductory online class and 4 subsequent assignments

ALS and PALS: 1.75 credits each

@ Providence website, one can claim CEs through AHA site

**American Red Cross:**

ALS is 6.5 CEs

PALS is 6 CEs.

@ Regional Hospital

**American Red Cross office:**

CEs are 0.1 per hour

ACLS is 0.4 CEs

PALS is 0.4/0.5 CEs

\*No matter whether in person or blended

One just goes through their portal to get CEs.

**American Heart Association office:**

Login to eLearning.Heart.org then one can go from there to get their CEs

: The American Heart Association is not an accrediting agency. We are only authorized to offer the CE credits listed for the course

Originally discussed at the May 2024 BON Meeting:

Situation:

Some Nurses will provide documentation of a current card for ACLS, PALS, and NRP but are unable to provide the certificate with the hours recorded. This information was received from our paralegal: Nurses fail to get certificates of completion, and when they reach out to the providers, the providers either say they were to request that within six months or that it didn't count for CE.

If they have no proof of hours, they do not get CEU credit for an audit. One example was a nurse who had taken both an ACLS and PALS class in the licensing renewal timeframe but because they were unable to produce the correct certificate documentation, they were unable to count those CEU's towards their audit and were considered short. They had valid cards showing an issue date within the official timeframe.

Other boards have set a specific hour amount that they will accept for each certification no matter what proof is provided.

PALS initial class is worth 8 CEUs and a recertification is worth 4 hours.

ACLS- 8- 16 CEU's depending on the class.

Suggestion to consider a set number of hours for an ACLS course, PALS course, or NRP course with a valid completion card within the timeframe:

Example:

Although it's for CPR, for dentists the board accepts four hours for CPR certification no matter if they have proof of hours or not.

# Alaska Board of Nursing

## Agenda Item 10



## PDMP Update



# ALASKA

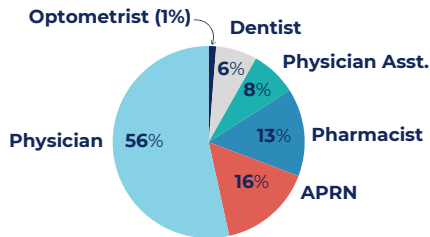
## PRESCRIPTION DRUG MONITORING PROGRAM Q1 2025

**78,071** PATIENTS

Alaskan patients receiving at least one controlled substance prescription.

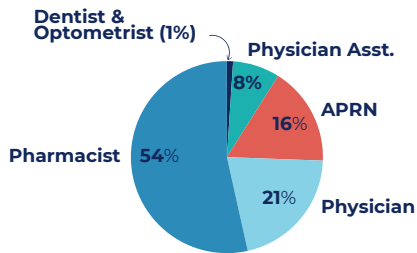
**8,723** REGISTERED USERS

% registered by license type, excluding IHS, military, VA, and delegates.



**300,303** SEARCHES

% of searches by user type, excluding IHS, military, VA, and delegates.



**85%** EHR ACCESS

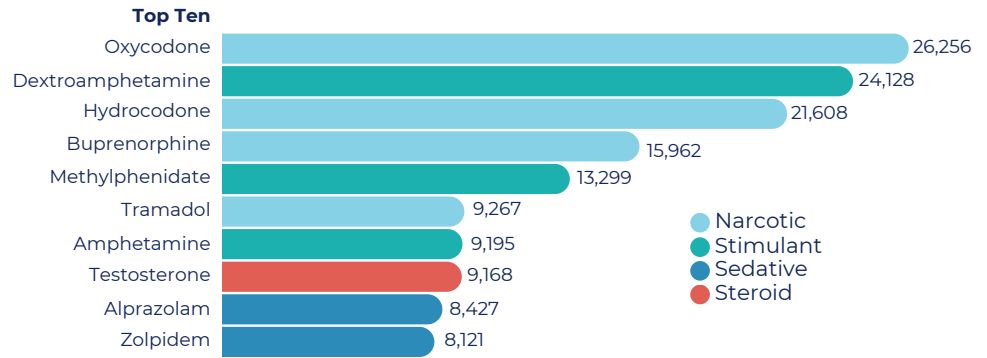
% of providers using electronic health record system (EHR) integration to search patient information within their clinical workflow.

**246** DISPENSERS

Pharmacies or dispensing providers with at least one controlled substance dispensation to Alaska patients.

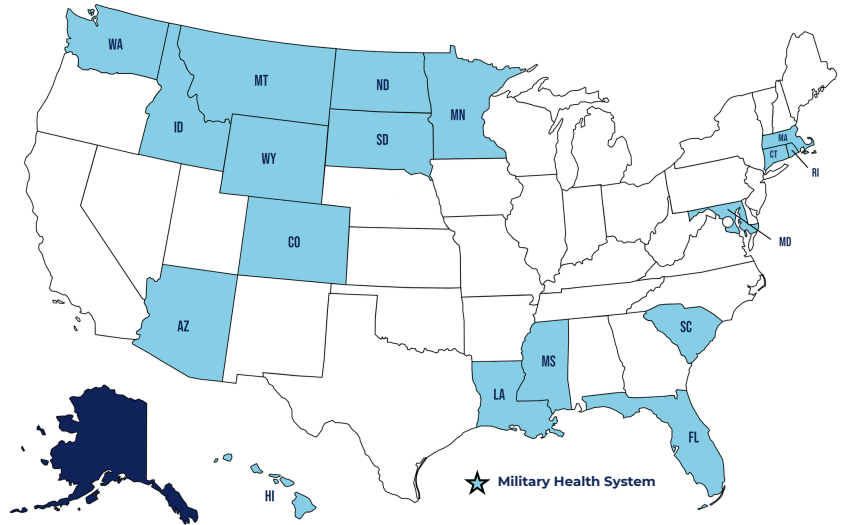
Data is presented for informational purposes only. Data represents prescription and dispensation activity reported to Alaska Prescription Drug Monitoring Program (PDMP) from January 1, 2025 to March 31, 2025. For more information, visit [pdmp.alaska.gov](https://pdmp.alaska.gov).

**188,221** CONTROLLED SUBSTANCE DISPENSATIONS

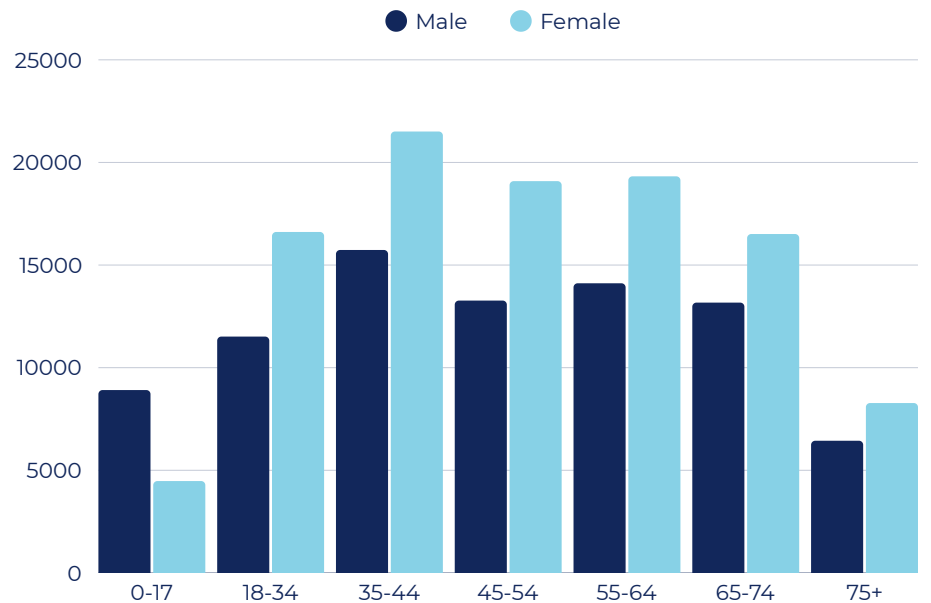


**19** PARTNER STATES

Interstate data sharing including military health system.



## PRESCRIPTION COUNT BY PATIENT AGE & GENDER



Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

# Alaska Board of Nursing



Adjourned for Lunch



# Alaska Board of Nursing

## Agenda Item #11



## Division Updates

# Alaska Board of Nursing

## Agenda Item #12



Regulations Projects, update



## Regulation Projects Update May 2025:

### Opened:

1. LPN Scope of Practice:
  - a. Review Public comment: 1 received. Note: Public Comment closed on 4/4/25 at 4:30 pm. No further comments can be considered.
  - b. Finalize
2. **12 AAC 44.965.** Delegation of Medication Administration: Need to finalize draft language to move forward
3. NUR- 44.317\_44.475\_44.820- Reinstatement Applications and 12 AAC 44.740(c)- Pending with LAW
4. Update Temporary Permit for Reinstatements- Pending with LAW

### Proposed:

1. 12 AAC 44.485 Classroom Curriculum

### Final May 8<sup>th</sup>

1. Includes the changes to the English Exams. Proposal for administrative application to utilize the HRSA website for approved tests and scores.

Draft Proposed changes:

12 AAC 44.845. CLASSROOM CURRICULUM. The 60 hours of classroom instruction required in 12 AAC 44.835(c)(1) must include the following topics:

(1) the role of a certified nurse aide, including

- (A) ethical standards;
- (B) legal issues;
- (C) the certified nurse aide as a member of the health care team; ~~and~~
- (D) the client's rights and responsibilities; **and**
- (E) training on person centered care.**

(2) basic nursing skills, including

- (A) monitoring body functions;
- (B) taking and recording vital signs;
- (C) measuring and recording a client's height and weight;
- (D) caring for the client's environment;
- (E) non-invasive collection and testing of physical specimens;
- (F) measuring and recording fluid and food intake and output;
- (G) caring for a client if the client's death is imminent; and
- (H) postmortem care;

(3) personal care skills, including

- (A) bathing;
- (B) oral hygiene;
- (C) grooming;
- (D) dressing;
- (E) toileting;
- (F) assisting with eating and hydrating;
- (G) proper feeding techniques; and

Draft proposed changes

- (H) skin care;
- (4) safety concepts related to nursing, including
  - (A) medical aseptic technique, including isolation;
  - (B) basic life support;
  - (C) environment;
  - (D) body mechanics;
  - (E) transfer and ambulation;
  - (F) restraints and other protective devices;
  - (G) fire and disaster;
  - (H) food service; and
  - (I) infection control, including standard precautions;
- (5) communication skills, including
  - (A) psychosocial needs of clients;
  - (B) verbal and nonverbal communications;
  - (C) knowledge of communication modifications for clients with limited abilities;
  - (D) medical and nursing terminology; and
  - (E) recording and reporting;
- (6) hygiene and restorative nursing care, including
  - (A) personal hygiene;
  - (B) activities of daily living;
  - (C) adequate nutrition and fluid intake;
  - (D) excretory system;
  - (E) bladder and bowel retraining; and
  - (F) preventive maintenance and rehabilitative measures;
- (7) human growth and development, including
  - (A) basic needs;

Draft proposed changes

(B) developmental needs;

(C) care of the cognitively impaired, including;

(i) techniques for addressing the unique needs and behaviors of an individual with dementia such as Alzheimer's or another neurodegenerative disease:

(ii) communicating with a cognitively impaired individual;

(iii) understanding the behavior of a cognitively impaired individual;

(iv) appropriate responses to the behavior of a cognitively impaired individual; ~~and~~

(v) methods for reducing the effects of the cognitive impairment; ~~and~~

**(vi) knowledge of the signs and symptoms of Alzheimer's or cognitive impairment.**

(D) mental health and social service needs;

(E) cultural factors;

(F) sexuality;

(G) process of aging; and

(H) death and dying.

Authority: AS 08.68.100 AS 08.68.331



SUPPLEMENTAL NOTICE OF PROPOSED CHANGES TO THE SCOPE OF PRACTICE FOR LPNS  
IN THE REGULATIONS OF THE ALASKA BOARD OF NURSING

BRIEF DESCRIPTION

The Board of Nursing is extending the public comment period in relation the proposal to change regulations introducing a standard scope of practice for licensed practical nurses.

The Board of Nursing (Board) proposes to adopt regulation changes in Title 12 of the Alaska Administrative Code adopting a scope of practice for licensed practical nurses to align with the national standards, including the following:

1. **12 AAC 44.136** is proposed as a new section to the chapter under which it is proposed to adopt by reference the Standards of Practice of the National Association of Licensed Practical Nurses aligning the scope of practice for LPNs in the state with the national standards.

This is a **SUPPLEMENTAL NOTICE** adding to the Notice of proposed changes that was issued on February 19, 2025, concerning the proposed changes noted above and contained in the Department of Law file number 2024200564. This **SUPPLEMENTAL NOTICE** is being issued because the Board are extending the public comment period by an additional two weeks to allow for submission of additional public comments to be made in relation to the proposed regulation changes under its initial Notice of proposed changes. If you previously submitted written comments under the February 19, 2025, Notice of proposed changes, you need not resubmit those comments under this notice as those comments are part of the record and will be considered by the Board.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting written comments to Alison Osborne, Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806. Additionally, the Board will accept comments by facsimile at (907) 465-2974 and by electronic mail at [RegulationsAndPublicComment@alaska.gov](mailto:RegulationsAndPublicComment@alaska.gov). Comments may also be submitted through the Alaska Online Public Notice System by accessing this notice on the system using the comment link. **The comments must be received not later than 4:30 p.m. on April 4, 2025.**

You may submit written questions relevant to the proposed action to Alison Osborne Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806 or by e-mail at [RegulationsAndPublicComment@alaska.gov](mailto:RegulationsAndPublicComment@alaska.gov). **The questions must be received at least 10 days before the end of the public comment period.** The Board will aggregate its response to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System and on the Board's website at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofNursing.aspx>.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Alison Osborne at (907) 465-6826 or [RegulationsAndPublicComment@alaska.gov](mailto:RegulationsAndPublicComment@alaska.gov) not later than **March 28, 2025** to ensure that any necessary accommodation can be provided.

A copy of the proposed regulation changes is available on the Alaska Online Public Notice System and by contacting Alison Osborne at (907) 465-6826 [RegulationsAndPublicComment@alaska.gov](mailto:RegulationsAndPublicComment@alaska.gov), or at <https://www.commerce.alaska.gov/web/portals/5/pub/NUR-1124.pdf>.

A copy of material proposed for adoption by reference is available on the Alaska Online Public Notice System. A copy of material proposed for adoption by reference may be viewed at <https://nalpn.org/wp-content/uploads/2023/06/NURSE-PRACTICE-STANDARDS-05.30.2023.pdf>

After the public comment period ends, the Board will either adopt the proposed regulation changes or other provisions dealing with the same subject, without further notice, or decide to take no action. The language of the final regulation may be different from that of the proposed regulation. **You should comment during the time allowed if your interests could be affected.**

**Statutory Authority:** AS 08.01.100; AS 08.68.100;

**Statutes Being Implemented, Interpreted, or Made Specific:** AS 08.01.100; AS 08.68.100

**Fiscal Information:** The proposed regulation changes are not expected to require an increased appropriation.


For each occupation regulated under the Division of Corporations, Business and Professional Licensing, the Division keeps a list of individuals or organizations who are interested in the regulations of that occupation. The Division automatically sends a Notice of Proposed Regulations to the parties on the appropriate list each time there is a proposed change in an occupation's regulations in Title 12 of the Alaska Administrative Code. If you would like your address added to or removed from such a list, send your request to the Division at the address above, giving your name, either your e-mail address or mailing address (as you prefer for receiving notices), and the occupational area in which you are interested.

DATE: 3/21/2025

/s/

Alison Osborne, Regulations Specialist  
Division of Corporations, Business and  
Professional Licensing

**ADDITIONAL REGULATION NOTICE INFORMATION**  
**(AS 44.62.190(d))**

1. **Adopting agency:** Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing - Board of Nursing.
2. **General subject of regulation:** Updates to regulations adopting a scope of practice for licensed practical nurses to align with the national standards
3. **Citation of regulation:** 12 AAC 44.136
4. **Department of Law file number:** 2024200564.
5. **Reason for the proposed action:** Update and clarification of current regulations; compliance with state statute.
6. **Appropriation/Allocation:** Corporations, Business and Professional Licensing – #2360.
7. **Estimated annual cost to comply with the proposed action to:**  
A private person: None known.  
Another state agency: None known.  
A municipality: None known.
8. **Cost of implementation to the state agency and available funding (in thousands of dollars):** No costs are expected in FY 2025 or in subsequent years.
9. **The name of the contact person for the regulation:**  
Patty Wolf, Executive Administrator  
Alaska Board of Nursing  
Division of Corporations, Business and Professional Licensing  
Department of Commerce, Community, and Economic Development  
E-mail: boardofnursing@alaska.gov
10. **The origin of the proposed action:** Staff of state agency.
11. **Date:** 3/21/2025      **Prepared by:** /s/   
Alison Osborne  
Regulations Specialist

## **Chapter 44. Board of Nursing.**

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 44 is amended by adding a new section to read:

**12 AAC 44.136. Licensed practical nurse scope of practice.** The standards of practice set out in the *Nurse Practice Standards for the Licensed Practical & Licensed Vocational Nurse*, dated May 30, 2023, of the National Association of Licensed Practical Nurses are adopted by reference as the authorized scope of practice for a practical nurse licensed under this chapter.

(Eff. \_\_\_\_/\_\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 08.68.100

**Editor's note:** A copy of the *Nurse Practice Standards for the Licensed Practical and Licensed Vocational Nurse*, published by the National Association of Licensed Practical Nurses, dated May 30, 2023, adopted by reference under 12 AAC 44.137, may be obtained from the National Association of Licensed Practical Nurses, PO Box 1895, Manitowoc, Wisconsin, 54221; telephone: (920) 663-8450; email: nalpnooffice@gmail.com; or on the association's Internet website at <https://nalpn.org/wp-content/uploads/2023/06/NURSE-PRACTICE-STANDARDS-05.30.2023.pdf>.



**From:** [Regulations and Public Comment \(CED sponsored\)](#)  
**To:** [jodi.johnson](#)  
**Subject:** RE: Supplemental Notice of Proposed Regulations (Alaska State Board of Nursing 12 AAC 44.136)  
**Date:** Friday, March 21, 2025 3:00:00 PM

---

Thank you for your interest in this project. Public comments can be posted on the Alaska Online Public Notice webpage here is a link for convenience - <https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=218920> You can also send an email to this address which is set up to collect direct comments for the Professional Licensing Boards administered by the State of Alaska.

Many thanks

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**From:** jodi johnson <jdjohnson191@gmail.com>  
**Sent:** Friday, March 21, 2025 2:51 PM  
**To:** Regulations and Public Comment (CED sponsored)  
<regulationsandpubliccomment@alaska.gov>  
**Subject:** Re: Supplemental Notice of Proposed Regulations (Alaska State Board of Nursing 12 AAC 44.136)

You don't often get email from [jdjohnson191@gmail.com](mailto:jdjohnson191@gmail.com). [Learn why this is important](#)

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Where do I provide my comment on this purposed document. Alaska is different and to place more restrictions upon the current LPN's working here would be a disservice to the residents of Alaska.

Sent from my iPhone

On Mar 21, 2025, at 1:51 PM, Regulations and Public Comment (CED sponsored) <[regulationsandpubliccomment@alaska.gov](mailto:regulationsandpubliccomment@alaska.gov)> wrote:

Dear Licensee

The Alaska Board of Nursing proposes to update regulations introducing a scope of practice for LPNs by adopting the Standards of Practice of the National Association of Licensed Practical Nurses.

For more information, please open the attached copy of the public notice and draft of the proposed regulation changes. Please click the following links to view the NALPN Standards of Practice to be adopted

<https://nalpn.org/wp-content/uploads/2023/06/NURSE-PRACTICE-STANDARDS-05.30.2023.pdf> and FAQ's

<https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=153868> The links are also provided on the Board of Nursing webpage, and as an attachment on the Online Public Notice System.

Thank you,  
Board of Nursing

<NUR-1124 combined.pdf>

<Proposed Regulations FAQ LPN Scope of Practice.pdf>

## Updated List of Tests and Scores for Foreign Health Care Workers (as of May 24, 2022)

| English Competency Tests  | Scores: Occupational Therapists/Physical Therapists                         | Scores: Registered Nurses and other B.S. level Health Care Workers           | Scores: <B.S. level Health Care Workers                                     |
|---|---|--|---|
| Cambridge Assessment English: B2 First, C1 Advanced, or C2 qualifications exams                 | Cambridge English Scale 185 overall and 185 Speaking                        | Cambridge English Scale 176 overall and 185 Speaking                         | Cambridge English Scale 169 overall and 185 Speaking                        |
| Educational Testing Service: Test of English as a Foreign Language (TOEFL) Paper-delivered Test | 560   | 540  | 530   |
| Educational Testing Service: TOEFL Internet-Based Test  | 89 with minimum of 63 on Reading, Listening, and Writing and 26 on Speaking | 81 with minimum of 57 on Reading, Listening, and Writing and 24 on Speaking  | 77 with minimum of 53 on Reading, Listening, and Writing and 24 on Speaking |
| Educational Testing Service: TOEIC (Listening and Reading)                                      | No  | 725  | 700   |
| Educational Testing Service: TOEIC (Speaking/Writing)   | Not applicable  | 160 Speaking/150 Writing   | 160 Speaking/150 Writing  |
| International English Language Testing System (IELTS)   | Not applicable  | 6.5 academic with minimum of 7 on Speaking                                   | 6 academic or general with minimum of 7 on Speaking                         |
| Michigan English Test (MET)   | Not applicable  | Overall 55; minimum Speaking section score of 55                             | Overall 55; minimum Speaking section score of 55                            |
| Occupational English Test (OET)   | Not applicable  | OET Grade C+ for Reading, Writing, and Listening<br>OET Grade B for Speaking | OET Grade C for Reading, Writing, and Listening<br>OET Grade B for Speaking |

|                      |                |                         |                         |
|----------------------|----------------|-------------------------|-------------------------|
| Pearson PTE Academic | Not applicable | 55, no section below 50 | 55, no section below 50 |
|----------------------|----------------|-------------------------|-------------------------|

In making the determinations, HRSA relied on information obtained following a request for comments published in the [Federal Register](#) (PDF - 200 KB) in May 2019.

Holding a certificate indicating that an individual meets these updated English proficiency standards does not establish an individual's eligibility to enter the United States for the purpose of performing health care or constitute professional authorization to practice in that health care occupation.

This updated list only describes one aspect of the required processes administered by the Department of Homeland Security (DHS), [U.S. Citizenship and Immigration Services \(USCIS\)](#), for authorizing entry of foreign health care workers to the United States to perform as health care workers.

**Date Last Reviewed:** December 2023

Accessed 4/16/2025:

[Updated List of Tests and Scores for Foreign Health Care Workers \(as of May 24, 2022\) | HRSA](#)



# Alaska Board of Nursing



Break

# Alaska Board of Nursing

## Agenda Item #13



### Med Spa Workgroup

## Med Spa Work Group- Discussion

What is the vision of nursing in this space and how do we influence it through regulation?

Consider these questions through the lens of current nursing regulations and scope of practice.

1. Who can serve as a medical director of an IV hydration clinic?
2. Does the medical director need to be onsite? Who must be onsite for various phases of treatment?
3. Who can perform patient evaluations and diagnose wellness treatment, i.e. determine whether IV fluids or “add-ins” are safe/appropriate for the patient?
4. Who can obtain prescription medicines and products?
5. Who can compound medications onsite? What training/licensure is needed? Are there safety and sanitation requirements?
6. Who can place or start an IV?
7. What are the requirements for medical recordkeeping, HIPAA, etc.?



# Alaska Board of Nursing

## Agenda Item #14



Strategic Plan and Annual Report  
Review



Department of Commerce, Community  
and Economic Development

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Division of Corporations, Business  
and Professional Licensing

**Board of Nursing**

**Annual Report**

Fiscal Year 2025



Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing

P.O. Box 110806  
Juneau, Alaska 99811-0806  
Email: [License@Alaska.Gov](mailto:License@Alaska.Gov)

*This report is required under Alaska Statute 08.01.070(10).*

**Board of Nursing  
FY 2025 Annual Report**

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**Board of Nursing  
FY 2025 Annual Report**

**Board Membership** *(as of the Date This Report was Approved)*

**Date of Final Board Approval:** May ---, 2025

RN- Danette Schloeder, Chair  
RN- Lena Lafferty  
RN-Educator- Marianne Murray  
APRN-April Erickson  
LPN- Vacant  
Public Member- Michael Collins, Secretary  
Public Member- Cheryl "CJ" Payne

**Board of Nursing  
FY 2025 Annual Report**

**Accomplishments**

The Alaska Board of Nursing (BON) initiated or completed the following regulation projects:  
Initiated Regulation Projects:

- Add language to the licensing regulation regarding issuing a temporary permit during the reinstatement process
- Update verbiage in 12 AAC 44.740(c)
- LPN Scope of Practice, adopt by reference
- Update the language of the timeframe of when to use the reinstatement process for each license type

Completed Regulation Projects

- Updated verbiage around English Language Proficiency Exam requirements
- Added language to Nurse Aide Curriculum for dementia training

Additionally, the BON:

- Reviewed, updated, or retired Advisory Opinions
- Completed annual review of national certifying bodies for Advanced Practice Registered Nurses (APRN)
- Approved 9 Certified Nurse Aide (CNA) educational sites for a two- year approval
- Reviewed and approved Schools of Nursing prelicensure programs
  - University of Alaska (ADN and BSN) programs
  - Charter College (ADN)
  - Alaska Pacific University (ADN and LPN) programs

The University of Alaska Fairbanks LPN program, provided a program update and remains in provisional status.

The BON is reviewing and updating the Medication Administration Course process.



## Board of Nursing FY 2025 Annual Report

### Activities

Danette Schloeder is the Area 1 Director on the National Council of State Boards of Nursing (NCSBN) Board of Directors and participated in meetings and strategic planning this fiscal year.

#### **August 2024 Meeting Activity Report**

- Danette represented the BON at Alaska Native Medical Center Leadership Training. She discussed the nursing licensure and the discipline process.
- Danette participated in activities with the legislative audit of the BON.
- Danette attended NCSBN Board meetings in May and July. A report of all NCSBN Board Meetings is available in the consent agenda and in the public board book.
- April has attended the NCSBN APRN Round Table meeting.
- April represents the BON on the Alaska Med Spa Work Group. This group is working on joint regulations for healthcare licensing boards.
- Patty attended the Alaska Nursing Workforce Development Meetings, provided updates to the Northwest Organization of Nurse Leaders (NWONL), provided BON updates to Alaska Nurse Practitioner Association (ANPA), and attended the NCSBN Executive Summit in June.

#### **November 2024 Meeting Activity Report**

- Danette, Lena, Patty, and Kelly Olson attended NCSBN annual meeting and delegate assembly. Patty and Lena were the Alaska delegates.
- April continued her work on the Med Spa Task Force.
- Danette attended two NCSBN board meetings, as well as the Organization of Associate Degree Nursing (OADN) meeting on behalf of the NCSBN board.
- Patty and Danette attended the NCSBN Leadership and Health Policy Conference.

#### **February 2025 Meeting Activity Report:**

- April Erickson continued her work on the Med Spa Task Force
- Danette attended the December NCSBN Board Meeting.
- Marianne presented at the December CNA Educators Conference

#### **May 2025 Meeting Activity Report:**

- Danette and Patty Attended the NCSBN Mid-Year Meeting in March
- Danette attended the Tri Regulators Conference along with a representative from the Board of Pharmacy.
- Patty provided a Board of Nursing update to the AHHA Leadership Council
- April continued her work on the Med Spa Task Force
- Danette presented the Alternative to Probation program to Providence Leadership

#### **Other Board Activities:**

- Ongoing communication with the PDMP
- Supports legislation for a Nurse Licensure Compact.
- Reviewing and implementing ideas to increase communications to the public.
- Successful Sunset Audit

|   |
|---|
| <b>Board of Nursing<br/>FY 2025 Annual Report</b> |
| <b>Needs</b>                                      |

**Needs:**

**The board LPN seat to be filled**

**Evaluation and consideration of a CE counter software**

# Alaska Board of Nursing

## Agenda Item #15



Review/Assign Action Items

# Alaska Board of Nursing



Chair Final Comments/Adjourn



# Alaska Board of Nursing

## Agenda Item #1



### Roll Call/Call to Order

# Alaska Board of Nursing Executive Session



The public attendees will wait in the waiting room.



# Alaska Board of Nursing

## Agenda Item # 18



Investigative Report





THE STATE  
of **ALASKA**

Department of Commerce, Community,  
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND  
PROFESSIONAL LICENSING

550 West Seventh Avenue, Suite 1500  
Anchorage, AK 99501-3567  
Main: 907.269.8160  
Fax: 907.269.8156

**MEMORANDUM**

DATE: April 14, 2025  
TO: Board of Nursing  
THRU: Erika Prieksat, Chief Investigator   
FROM: Christina Bond, Investigator   
RE: Investigative Report for the May 15, 2025 Meeting

The following information was compiled as an investigative report to the Board for the period of January 14, 2025 thru April 14, 2025; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

**OPEN - 125**

| <b><u>Case Number</u></b>          | <b><u>Violation Type</u></b> | <b><u>Case Status</u></b> | <b><u>Status Date</u></b> |
|------------------------------------|------------------------------|---------------------------|---------------------------|
| <b>ADVANCED NURSE PRACTITIONER</b> |                              |                           |                           |
| 2022-000085                        | PDMP Violation               | Intake                    | 01/25/2022                |
| 2023-001053                        | PDMP Violation               | Intake                    | 10/06/2023                |
| 2025-000078                        | Prescriptive practice        | Intake                    | 01/30/2025                |
| 2019-000516                        | Standard of care             | Complaint                 | 07/02/2019                |
| 2020-000292                        | PDMP Violation               | Complaint                 | 11/03/2021                |
| 2020-000369                        | Prescriptive practice        | Complaint                 | 04/15/2020                |
| 2021-000969                        | Standard of care             | Complaint                 | 10/04/2022                |
| 2023-000066                        | Unprofessional conduct       | Complaint                 | 05/04/2023                |
| 2024-000640                        | Prescriptive practice        | Complaint                 | 10/08/2024                |
| 2024-000940                        | Unprofessional conduct       | Complaint                 | 12/03/2024                |



|             |  |               |            |
|-------------|--|---------------|------------|
| 2024-001084 | PDMP Violation: Failure to Register              | Complaint     | 11/14/2024 |
| 2024-001119 | Unprofessional conduct                           | Complaint     | 12/16/2024 |
| 2024-001127 | PDMP Violation: Failure to Register              | Complaint     | 11/26/2024 |
| 2024-001158 | PDMP Violation: Failure to Register              | Complaint     | 12/09/2024 |
| 2024-001180 | Unlicensed practice or activity                  | Complaint     | 12/16/2024 |
| 2025-000025 | Unethical conduct                                | Complaint     | 01/16/2025 |
| 2025-000026 | PDMP Violation: Failure to Register              | Complaint     | 01/14/2025 |
| 2025-000088 | PDMP Violation: Failure to Register              | Complaint     | 02/05/2025 |
| 2025-000101 | PDMP Violation: Failure to Register              | Complaint     | 02/12/2025 |
| 2025-000105 | Substance abuse                                  | Complaint     | 02/20/2025 |
| 2025-000112 | PDMP Violation: Failure to Other (miscellaneous) | Complaint     | 02/14/2025 |
| 2025-000114 | PDMP Violation: Failure to Other (miscellaneous) | Complaint     | 02/14/2025 |
| 2025-000115 | PDMP Violation: Failure to Other (miscellaneous) | Complaint     | 02/18/2025 |
| 2025-000116 | PDMP Violation: Failure to Other (miscellaneous) | Complaint     | 02/18/2025 |
| 2025-000120 | PDMP Violation: Failure to Other (miscellaneous) | Complaint     | 03/05/2025 |
| 2025-000121 | PDMP Violation: Failure to Other (miscellaneous) | Complaint     | 03/05/2025 |
| 2025-000122 | PDMP Violation: Failure to Other (miscellaneous) | Complaint     | 03/05/2025 |
| 2025-000123 | PDMP Violation: Failure to Other (miscellaneous) | Complaint     | 03/05/2025 |
| 2025-000124 | PDMP Violation: Failure to Other (miscellaneous) | Complaint     | 03/05/2025 |
| 2025-000155 | Unprofessional conduct                           | Complaint     | 03/05/2025 |
| 2025-000156 | PDMP Violation: Failure to Register              | Complaint     | 02/27/2025 |
| 2025-000184 | PDMP Violation: Failure to Register              | Complaint     | 03/14/2025 |
| 2025-000231 | PDMP Violation: Failure to Register              | Complaint     | 03/27/2025 |
| 2025-000239 | Prescriptive practice                            | Complaint     | 04/09/2025 |
| 2025-000272 | PDMP Violation: Failure to Register              | Complaint     | 04/09/2025 |
| 2018-000492 | Standard of care                                 | Investigation | 07/08/2021 |
| 2020-001172 | Patient or client abuse                          | Investigation | 07/08/2021 |
| 2021-001023 | Standard of care                                 | Investigation | 06/02/2023 |

|             |                                     |                      |            |
|-------------|-------------------------------------|----------------------|------------|
| 2024-000147 | Unprofessional conduct              | Investigation        | 02/12/2025 |
| 2025-000031 | PDMP Violation: Failure to Register | Investigation        | 04/10/2025 |
| 2025-000139 | Unlicensed practice or activity     | Investigation        | 04/08/2025 |
| 2019-000056 | Falsified application               | Litigation Initiated | 11/05/2020 |
| 2019-000171 | Prescriptive practice               | Litigation Initiated | 10/06/2020 |
| 2020-000302 | Criminal action - no conviction     | Litigation Initiated | 11/05/2020 |

#### **CERTIFIED NURSE AIDE**

|             |                         |               |            |
|-------------|-------------------------|---------------|------------|
| 2025-000152 | Unprofessional conduct  | Intake        | 02/26/2025 |
| 2024-000772 | Continuing education    | Complaint     | 08/28/2024 |
| 2024-000781 | Continuing education    | Complaint     | 09/05/2024 |
| 2024-000783 | Continuing education    | Complaint     | 08/29/2024 |
| 2024-000787 | Continuing education    | Complaint     | 09/10/2024 |
| 2024-000788 | Continuing education    | Complaint     | 08/29/2024 |
| 2024-000790 | Continuing education    | Complaint     | 08/29/2024 |
| 2024-000791 | Continuing education    | Complaint     | 08/29/2024 |
| 2024-000792 | Continuing education    | Complaint     | 08/29/2024 |
| 2024-000793 | Continuing education    | Complaint     | 08/29/2024 |
| 2024-000794 | Continuing education    | Complaint     | 08/29/2024 |
| 2024-000820 | Continuing education    | Complaint     | 09/16/2024 |
| 2024-000843 | Continuing education    | Complaint     | 09/12/2024 |
| 2024-000858 | Continuing education    | Complaint     | 09/20/2024 |
| 2024-000859 | Continuing education    | Complaint     | 09/20/2024 |
| 2024-001136 | Unprofessional conduct  | Complaint     | 01/02/2025 |
| 2024-001197 | Continuing education    | Complaint     | 12/19/2024 |
| 2025-000175 | Patient or client abuse | Complaint     | 03/06/2025 |
| 2024-000527 | Unprofessional conduct  | Investigation | 10/21/2024 |
| 2024-000604 | Unprofessional conduct  | Investigation | 12/02/2024 |
| 2024-000785 | Continuing education    | Investigation | 04/09/2025 |
| 2024-001027 | Continuing education    | Investigation | 12/12/2024 |
| 2025-000017 | Continuing education    | Investigation | 01/29/2025 |

|             |                       |               |            |
|-------------|-----------------------|---------------|------------|
| 2025-000018 | Continuing education  | Investigation | 02/05/2025 |
| 2025-000251 | Falsified application | Investigation |            |

#### **LICENSED PRACTICAL NURSE**

|             |                                 |               |            |
|-------------|---------------------------------|---------------|------------|
| 2025-000283 | Continuing education            | Intake        | 02/14/2025 |
| 2025-000284 |                                 | Intake        | 04/11/2025 |
| 2025-000285 | Continuing education            | Intake        | 04/11/2025 |
| 2025-000286 | Continuing education            | Intake        | 03/14/2025 |
| 2025-000287 | Continuing education            | Intake        | 03/14/2025 |
| 2024-000343 | Unprofessional conduct          | Complaint     | 08/06/2024 |
| 2024-000637 | Criminal action - no conviction | Complaint     | 10/03/2024 |
| 2024-001182 | Unprofessional conduct          | Complaint     | 12/20/2024 |
| 2024-001203 | Unlicensed practice or activity | Complaint     | 12/18/2024 |
| 2025-000023 | Unlicensed practice or activity | Complaint     | 01/15/2025 |
| 2025-000129 |                                 | Complaint     | 03/27/2025 |
| 2025-000130 |                                 | Complaint     | 03/28/2025 |
| 2025-000138 | Unlicensed practice or activity | Complaint     | 03/28/2025 |
| 2023-000567 | Unprofessional conduct          | Investigation | 12/12/2024 |

#### **REGISTERED NURSE**

|             |                        |           |            |
|-------------|------------------------|-----------|------------|
| 2025-000267 | Standard of care       | Intake    | 04/08/2025 |
| 2025-000268 | Standard of care       | Intake    | 04/08/2025 |
| 2025-000270 | Standard of care       | Intake    | 04/08/2025 |
| 2021-001199 | Unprofessional conduct | Complaint | 01/07/2022 |
| 2022-000770 | Unprofessional conduct | Complaint | 04/17/2023 |
| 2023-001102 | Unprofessional conduct | Complaint | 12/26/2023 |
| 2024-000600 | Unprofessional conduct | Complaint | 08/16/2024 |
| 2024-000687 | Unprofessional conduct | Complaint | 08/01/2024 |
| 2024-000767 | Unprofessional conduct | Complaint | 08/27/2024 |
| 2024-000864 | Substance abuse        | Complaint | 09/13/2024 |
| 2024-000880 | Unprofessional conduct | Complaint | 09/23/2024 |
| 2024-001028 | Unprofessional conduct | Complaint | 10/31/2024 |

|             |                                     |               |            |
|-------------|-------------------------------------|---------------|------------|
| 2024-001137 | Unprofessional conduct              | Complaint     | 12/05/2024 |
| 2024-001143 | Unprofessional conduct              | Complaint     | 12/04/2024 |
| 2024-001179 | Unprofessional conduct              | Complaint     | 12/20/2024 |
| 2024-001181 | Unprofessional conduct              | Complaint     | 12/20/2024 |
| 2024-001183 | Unprofessional conduct              | Complaint     | 12/20/2024 |
| 2024-001187 | Unprofessional conduct              | Complaint     | 12/16/2024 |
| 2025-000004 | Falsified application               | Complaint     | 01/09/2025 |
| 2025-000038 | Practice beyond scope               | Complaint     | 01/29/2025 |
| 2025-000044 | Substance abuse                     | Complaint     | 01/29/2025 |
| 2025-000054 | Unprofessional conduct              | Complaint     | 02/06/2025 |
| 2025-000058 | Prohibited activities               | Complaint     | 01/29/2025 |
| 2025-000106 | Patient or client abuse             | Complaint     | 02/26/2025 |
| 2025-000133 | Fraud or misrepresentation          | Complaint     | 02/27/2025 |
| 2025-000140 | Standard of care                    | Complaint     | 03/26/2025 |
| 2025-000191 | Unprofessional conduct              | Complaint     | 03/26/2025 |
| 2025-000193 | Unprofessional conduct              | Complaint     | 03/26/2025 |
| 2025-000194 | Unprofessional conduct              | Complaint     | 03/26/2025 |
| 2025-000195 | Unprofessional conduct              | Complaint     | 03/26/2025 |
| 2025-000196 | Unprofessional conduct              | Complaint     | 03/26/2025 |
| 2025-000216 | Unlicensed practice or activity     | Complaint     | 03/18/2025 |
| 2023-000242 | Unprofessional conduct              | Monitor       |            |
| 2021-000766 | Fraud or misrepresentation          | Investigation | 06/21/2023 |
| 2022-000635 | Unprofessional conduct              | Investigation | 02/19/2025 |
| 2022-001170 | Unlicensed practice or activity     | Investigation | 08/21/2023 |
| 2024-000601 | Action in another state             | Investigation | 01/24/2025 |
| 2024-001019 | Substance abuse                     | Investigation | 02/05/2025 |
| 2024-001195 | Unlicensed practice or activity     | Investigation | 02/20/2025 |
| 2024-001196 | License Application Review/Referral | Investigation | 04/10/2025 |
| 2025-000005 | Substance abuse                     | Investigation | 02/24/2025 |

**REGISTERED NURSE  
ANESTHETIST**



|             |                        |           |            |
|-------------|------------------------|-----------|------------|
| 2019-001275 | Unprofessional conduct | Complaint | 02/04/2020 |
|-------------|------------------------|-----------|------------|

**Closed - 48**

| <b><u>Case #</u></b>               | <b><u>Violation Type</u></b>        | <b><u>Case Status</u></b> | <b><u>Closed</u></b> | <b><u>Closure</u></b>            |
|------------------------------------|-------------------------------------|---------------------------|----------------------|----------------------------------|
| 2025-000024                        | Unprofessional conduct              | Closed-Intake             | 02/24/2025           | Incomplete Complaint             |
| <b>ADVANCED NURSE PRACTITIONER</b> |                                     |                           |                      |                                  |
| 2025-000069                        | Standard of care                    | Closed-Intake             | 02/24/2025           | No Action - Lack of Jurisdiction |
| 2025-000072                        | Standard of care                    | Closed-Intake             | 02/24/2025           | No Action - Lack of Jurisdiction |
| 2024-000933                        | Unprofessional conduct              | Closed-Complaint          | 02/21/2025           | No Action - No Violation         |
| 2024-001220                        | Unprofessional conduct              | Closed-Complaint          | 02/24/2025           | No Action - Lack of Jurisdiction |
| 2025-000050                        | Unprofessional conduct              | Closed-Complaint          | 03/12/2025           | No Action - Lack of Jurisdiction |
| 2021-000478                        | Practice beyond scope               | Closed-Investigation      | 01/16/2025           | No Action - No Violation         |
| 2024-000532                        | PDMP Violation: Failure to Register | Closed-Investigation      | 02/28/2025           | Advisement Letter                |
| 2024-000655                        | PDMP Violation: Failure to Register | Closed-Investigation      | 02/28/2025           | Advisement Letter                |
| 2024-000656                        | PDMP Violation: Failure to Register | Closed-Investigation      | 02/28/2025           | Advisement Letter                |
| 2024-000669                        | PDMP Violation: Failure to Register | Closed-Investigation      | 02/25/2025           | Advisement Letter                |
| 2024-000908                        | PDMP Violation: Failure to Register | Closed-Investigation      | 03/13/2025           | Advisement Letter                |
| 2024-000949                        | PDMP Violation: Failure to Register | Closed-Investigation      | 02/25/2025           | Advisement Letter                |
| 2024-000961                        | PDMP Violation: Failure to Register | Closed-Investigation      | 02/28/2025           | Advisement Letter                |
| 2024-000982                        | PDMP Violation: Failure to Register | Closed-Investigation      | 04/04/2025           | Advisement Letter                |
| 2024-001060                        | Unlicensed practice or activity     | Closed-Investigation      | 02/24/2025           | Advisement Letter                |
| 2024-001130                        | PDMP Violation: Failure to Register | Closed-Investigation      | 04/01/2025           | Advisement Letter                |
| 2025-000003                        | Unlicensed practice or activity     | Closed-Investigation      | 02/21/2025           | Advisement Letter                |
| 2025-000071                        | PDMP Violation                      | Closed-Investigation      | 04/08/2025           | Advisement Letter                |

|                             |                                     |                      |            |                                  |
|-----------------------------|-------------------------------------|----------------------|------------|----------------------------------|
| 2025-000154                 | Unprofessional conduct              | Complaint            | 04/01/2025 | Incomplete Complaint             |
| <b>CERTIFIED NURSE AIDE</b> |                                     |                      |            |                                  |
| 2024-000689                 | Falsified application               | Closed-Complaint     | 04/03/2025 | Application Withdrawn            |
| 2024-000773                 | Continuing education                | Closed-Complaint     | 03/25/2025 | No Action - No Violation         |
| 2024-000780                 | Continuing education                | Closed-Complaint     | 02/14/2025 | License Action                   |
| 2024-000782                 | Continuing education                | Closed-Complaint     | 01/16/2025 | No Action - No Violation         |
| 2024-000784                 | Continuing education                | Closed-Complaint     | 01/16/2025 | No Action - No Violation         |
| 2024-001198                 | Continuing education                | Closed-Complaint     | 02/21/2025 | Other (See Abstract)             |
| 2023-001003                 | Substance abuse                     | Closed-Investigation | 02/21/2025 | Consent Order                    |
| 2024-000658                 | Continuing education                | Closed-Investigation | 02/21/2025 | License Action                   |
| 2024-000659                 | Continuing education                | Closed-Investigation | 02/21/2025 | License Action                   |
| 2024-000844                 | Continuing education                | Closed-Investigation | 02/21/2025 | License Action                   |
| 2024-000860                 | Continuing education                | Closed-Investigation | 02/21/2025 | License Action                   |
| <b>REGISTERED NURSE</b>     |                                     |                      |            |                                  |
| 2024-001169                 | Practice beyond scope               | Closed-Intake        | 01/15/2025 | Incomplete Complaint             |
| 2024-001201                 | License Application Review/Referral | Closed-Intake        | 01/24/2025 | Review Complete                  |
| 2025-000048                 | License Application Review/Referral | Closed-Intake        | 01/23/2025 | Review Complete                  |
| 2025-000070                 | Standard of care                    | Closed-Intake        | 02/24/2025 | No Action - Lack of Jurisdiction |
| 2025-000074                 | Standard of care                    | Closed-Intake        | 02/24/2025 | No Action - Lack of Jurisdiction |
| 2025-000085                 | Unprofessional conduct              | Closed-Intake        | 03/06/2025 | Incomplete Complaint             |
| 2025-000236                 | Prescriptive practice               | Closed-Intake        | 04/01/2025 | No Action - Lack of Jurisdiction |
| 2025-000237                 | Unprofessional conduct              | Closed-Intake        | 03/26/2025 | Review Complete                  |
| 2024-001185                 | Substance abuse                     | Closed-Complaint     | 04/01/2025 | No Action - No Violation         |
| 2025-000134                 | Fraud or misrepresentation          | Closed-Complaint     | 04/10/2025 | Application Withdrawn            |
| 2024-000318                 | Violation of agreement              | Closed-Investigation | 02/21/2025 | License Action                   |
| 2024-001017                 | Unprofessional conduct              | Closed-Investigation | 04/10/2025 | Advisement Letter                |
| 2024-001024                 | Action in another state             | Closed-Investigation | 02/21/2025 | License Action                   |
| 2024-001037                 | Unlicensed practice or activity     | Closed-Investigation | 02/21/2025 | License Action                   |
| 2024-001092                 | Unprofessional conduct              | Closed-Investigation | 02/21/2025 | Advisement Letter                |

|             |                                 |                      |            |                   |
|-------------|---------------------------------|----------------------|------------|-------------------|
| 2025-000016 | Unlicensed practice or activity | Closed-Investigation | 04/03/2025 | Advisement Letter |
| 2025-000243 | Falsified application           | Closed-Investigation | 04/10/2025 | Advisement Letter |

***END OF REPORT***

# Alaska Board of Nursing

## Agenda Item #19



## Policy Update Request



**From:** [Lipker, Sonia L \(CED\)](#)  
**To:** [Wolf, Patty J \(CED\)](#)  
**Cc:** [Bond, Christina M \(CED\)](#)  
**Subject:** Agenda item for next BON meeting  
**Date:** Tuesday, March 18, 2025 7:37:38 AM  
**Attachments:** [image003.png](#)

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Hi Patty,

Investigations has a request for the Board...update to the Applicant with Recent Substance Abuse History policy (link below). The issue we are running into is that licensees are reading the policy to only apply to applicants, not current licensees. So, a current licensed RN doesn't think the policy applies to them because the policy only references "applicants." We are hoping that the board will update the policy to include "applicants/licensees." Also, if the Board will remove "within a year of the application date" from the first sentence and instead consider "The Alaska Board of Nursing adopted the following guidelines for use when considering applicants and current licensees who have had a recent substance misuse."

[https://www.commerce.alaska.gov/web/Portals/5/pub/NURpolicy\\_substancemisuse.pdf](https://www.commerce.alaska.gov/web/Portals/5/pub/NURpolicy_substancemisuse.pdf)

Could this request be added to the next Board meeting?

Thanks,



Sonia Lipker  
Senior Investigator  
Division of Corporations, Business and Professional Licensing

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Office: 907-269-7646  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)

## Alaska Board of Nursing

### Board Policy

|  |   |
|--|---|
| Subject:   | Applicant with Recent Substance Abuse History |
| Implemented:   | 2018  |
| Updated:   | May 2022                                      |
| <p>The Alaska Board of Nursing adopted the following guidelines for use when considering applicants who have had a substance misuse incident within a year of the application date. The applicant will need to complete a substance abuse assessment and submit the results to the Board. A substance misuse incident may include, but is not limited to:</p> <ul style="list-style-type: none"><li>• Driving Under the Influence</li><li>• Driving While Intoxicated</li><li>• Operating Under the Influence</li><li>• Medication diversion</li></ul> |   |

# Alaska Board of Nursing



Break

# Alaska Board of Nursing

## Agenda Item #20



## Data Compilation Request



# Alaska Board of Nursing

## Agenda Item #21



## Advisory Opinions



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

550 West Seventh Avenue, Suite 1500  
Anchorage, AK 99501-3567  
Main: 907.269.8161  
Toll free fax: 907.269.8156  
Email  
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofNursing.aspx>

An Advisory Opinion adopted by the Alaska Board of Nursing (AKBON) is an interpretation of Alaska law. While an advisory opinion is not law, it is the AKBON's official opinion on whether certain nursing procedures, policies, and other practices comply with the standards of nursing practice in Alaska. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure the safety of their patient population and/or decrease risk. *The Alaska Board of Nursing publishes Advisory Opinions regarding the safe nursing practice, in accordance with AS 08.68.100(a)(9).*

**OPINION: Use of Nitrous Oxide**

**APPROVED DATE:**

**REVIEWED DATE: April 15, 2025**

**REVISED DATE:**

Within the Scope of Practice/Role of ☒ APRN ☒ RN ☒ LPN ☒ CNA

**ADVISORY OPINION**

The Alaska State Board of Nursing (AKBON) receives frequent questions regarding the administration of Nitrous Oxide. The purpose of this opinion is to provide guidance for APRNs & registered nurses working in various settings with adult and pediatric populations administering a 50:50 O<sub>2</sub>/N<sub>2</sub>O concentration for various procedures.

*\*This opinion does not apply to CRNAs who are able to give higher concentrations of nitrous oxide per their education and training.*

**Background/Analysis-Nitrous Oxide (N<sub>2</sub>O)**

**Classification**

Inhalation Anesthetic

**Indications**

Appropriate for cases which do not need a complete anesthetic (Example: Dental Anesthesia, labor analgesia)

**Dose**

For non-anesthesia personnel max 50:50 Oxygen/Nitrous mix

**Onset and Duration**

Onset: 1-5 minutes

Duration: 5-10 minutes after end of continuous administration

**Adverse Effects**

Confusion, seizures, hypoxemia, bone marrow depression (typically caused by decreased oxygen from improper administration. Inspired oxygen concentrations of at least 50% should be given.

**Precautions and Contraindications**

- Nitrous oxide is not flammable, but will support combustion
- Nitrous oxide diffuses into air-filled cavities 34 times faster than nitrogen can diffuse out, potentially leading to dangerous pressure buildup in enclosed spaces such as the middle ear, obstructed bowel, pneumothorax, pneumocephalus (could result in increased intracranial pressure, or air embolism. Caution should be taken in patients at risk for these conditions.
- Patients should be cautioned not to drive, operate other machinery or make any other major decisions until the effects of nitrous oxide have completely disappeared.
- This list is not exhaustive and those administering nitrous oxide should understand the risks and complications of nitrous oxide.

**RN Administration****Rationale**

The intention of nitrous oxide administration for the RN is minimal sedation. Minimal sedation is a drug-induced state during which patients respond normally to verbal commands. It is within the scope of practice of a Registered Nurse (RN) to administer nitrous oxide for the purpose of minimal sedation (analgesia or anxiolytic use in adults and children over the age of one. Nitrous oxide will not be used to moderate or deep sedation.

**General Requirements - Adults**

1. Licensed Independent provider (LIP) must be readily available in the facility.
2. Candidates for nitrous oxide administration must be evaluated by the responsible LIP and assessed for appropriateness before initiation of therapy.
3. Written policies, procedures, and protocols are maintained by the facility and have been approved by the facility prior to implementation.
4. Policies, procedures and order sets will include the following
  - a. The use of nitrous for minimal sedation
  - b. Describe the role of the RN during nitrous administration
  - c. Specify frequency of assessment
  - d. Ensure a qualified LIP is available
  - e. Specify emergency equipment and medications to be immediately available including all emergency equipment and medication required to regain and/or maintain the patient's cardiovascular stability.

5. The facility must provide an instructional program that includes nitrous oxide administration/airway management with a minimum of six hours of instruction including theory and didactic management of nitrous oxide administration.
6. Only RNs who have satisfactorily completed the instructional program and have documented initial and ongoing clinical competency on file with the employer may administer nitrous oxide.
7. Current BLS and ACLS on file with the facility
8. Continuous pulse oximetry will be monitored during nitrous oxide administration
9. The RN responsible for nitrous oxide administration shall not leave the patient or be engaged in any other tasks besides monitoring the patient.
10. The RN has the right and responsibility to refuse to administer any medication that may induce procedural sedation when in their professional judgement a state of moderate or deep sedation may be produced or place the patient at risk for complications.
11. The dosage parameters are established through patient specific written/electronic order signed by the LIP
12. The RN may administer and/or discontinue to nitrous oxide as ordered by the LIP.

#### Course Of Instruction

1. Age specific anatomy and physiology
2. Age specific pre-sedation assessment
3. Pharmacologic properties of nitrous oxide/oxygen
4. Indications/contraindications of nitrous oxide
5. Indications/contraindications of nitrous oxide
6. Techniques of administration, titration, and termination of nitrous oxide use
7. Level of consciousness assessment and physiological response to nitrous oxide
8. Airway management
9. Emergency situation management and appropriate interventions
10. Abuse potential
11. Occupational exposure to nitrous
12. Legal implications, responsibility, documentation
13. Nursing roles and responsibilities

#### Pediatric Specific Considerations

##### General Requirements

1. Use of failsafe equipment with a scavenger system must be used
2. The RN has successfully completed 6 hours training that includes didactic, skills, and competency demonstration. See course requirements.
3. The nitrous percent does not exceed 70% and pulse oximetry is continuously monitored.
4. Once additional medications are used in concert with nitrous oxide the RN must also meet the additional requirements of sedation under the board of nursing conscious sedation advisory opinion.
5. A LIP dedicated specifically to sedation must be at the bedside if any additional medications that may cause sedation, relaxation, or paralytics are used. See advisory on RN administered conscious sedation.
6. Patients are assessed by LIP prior to the administration of nitrous oxide.
7. The RN is responsible for obtaining verbal consent. The LIP is responsible for providing written orders or an order set. The specific dosage parameters are established by the LIP in



- writing prior to RN administration of nitrous oxide. The RN may titrate the nitrous oxide with the parameters determined by written orders.
8. There are facility policies and procedures approved in place.
  9. Dosimetry is available in accordance with the facilities policies and procedures.
  10. Signage for nitrous oxide use must be in use during administration.
  11. The RN must hold current BLS and PALS certification on file at the facility.
  12. An RN is dedicated to nitrous administration and must remain with the patient. RN may not engage in other tasks that could compromise the continuous monitoring of the patient airway and/or level of consciousness.
  13. The RN has the right and responsibility to refuse to administer any medication that may induce procedural sedation when in the professional judgement of the RN, the medication or combination of medications, the dosages prescribed, or frequency of administration may produce a state of moderate or deep sedation or place the patient at risk for complications.
  14. Due to occupational exposure risk, RNs may refuse participation.

### **Self-Administration**

Self-Administration of a 50:50 oxygen/nitrous oxide mixture is frequently seen in obstetrics but is not limited to this setting. If educational and other safety requirements are met, nitrous can be administered in a variety of settings and for many case types.

### **Obstetrics**

#### **Recommendations**

1. The licensed independent practitioner managing the labor and delivery must be readily available and is responsible for:
2. Maternal-fetal assessment for suitability for absence of contraindications.
3. Patient and family education about the nature of “self-administration” including the safety feature that when a woman has physiologically reached her limit, she will no longer be able to hold the mask to her face, thus self-regulating her intake.

The RN is responsible for:

1. Reinforcing patient and family education about the nature of “self-administration”
2. Setting up the 50:50 O<sub>2</sub>/N<sub>2</sub>O delivery system
3. Monitoring the 50:50 O<sub>2</sub>/N<sub>2</sub>O delivery system for accuracy and safety
4. Ongoing patient assessment for response to and effectiveness of O<sub>2</sub>/N<sub>2</sub>O self-administered analgesia including continuous pulse oximetry
5. Discontinuing the 50:50 O<sub>2</sub>/N<sub>2</sub>O delivery system when
  - a. There is evidence of maternal or fetal compromise
  - b. The patient chooses to discontinue
  - c. The patient is non-compliant with self-administration instructions
6. In the event the patient is receiving inadequate analgesia with N<sub>2</sub>O alone, the LIP managing the labor and delivery of the patient pay order the addition of IV opioid pain medications and/or regional anesthesia. When these modalities are used in conjunction with N<sub>2</sub>O, the following criteria must be met:
  - a. LIP managing the labor and delivery of the patient must document physical assessment of the patient’s neuro status to include being awake and alert with intact motor and sensory function.
  - b. Continue continuous pulse oximetry monitoring

- c. RN will monitor and document patient neurological status with a validated sedation scale.

## References

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- Elisha, S., Heiner, J. S., & Nagelhout, J. J. (2022). *Nurse anesthesia* (7th ed.). Saunders.
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<https://doi.org/10.5409/wjcp.v11.i2.93>
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# Alaska Board of Nursing

## Agenda Item #22



## Licensing Reports

# LICENSING SUMMARY





FISCAL 3RD QUARTER 2025 (JANUARY 1, 2025– MARCH 31, 2025)



| License Type  | Method      | 3rd Quarter Total | Running Total YTD |
|---------------|-------------|-------------------|-------------------|
| RN            | Exam        | 112               | 231               |
|               | Endorsement | 820               | 2202              |
|               | Reinstate   | 88                | 167               |
| Total:        |             | 1020              | 2600              |
| TOTAL ACTIVE: |             |                   | 19,046            |

FISCAL 3RD QUARTER 2025 (JANUARY 1, 2025– MARCH 31, 2025)



| License Type | Method      | 2nd Quarter Total | Running Total YTD |
|--------------|-------------|-------------------|-------------------|
| LPN          | Exam        | 2                 | 9                 |
|              | Endorsement | 31                | 81                |
|              | Reinstate   | 7                 | 17                |
|              | Total:      | 40                | 107               |
|              |             | TOTAL ACTIVE      | 697               |

FISCAL 3RD QUARTER 2025 (JANUARY 1, 2025– MARCH 31, 2025)



| License Type       | Method    | 2nd Quarter Total            | Running Total YTD |
|--------------------|-----------|------------------------------|-------------------|
| APRN               | Reinstate | 13                           | 23                |
|                    | Initial   | 125                          | 369               |
|                    | Total:    | 138                          | 392               |
| APRN Preceptorship |           | 18                           | 42                |
|                    |           | TOTAL ACTIVE APRN:           | 2444              |
|                    |           | TOTAL ACTIVE PRECEPTORSHIPS: | 64                |

# PERMITS

## FISCAL 3RD QUARTER 2025 (JANUARY 1, 2025– MARCH 31, 2025)



| License Type | 2 <sup>nd</sup> Quarter Total | Running Total YTD |
|--------------|-------------------------------|-------------------|
| RN           | 271                           | 625               |
| LPN          | 6                             | 23                |
| APRN         | 0                             | 4                 |
| TOTAL:       | 277                           | 652               |
|              |                               |                   |



FISCAL 3RD QUARTER 2025 (JANUARY 1, 2025– MARCH 31, 2025)



| License Type | Method                            | 2nd Quarter Total                        | Running Total YTD |
|--------------|-----------------------------------|--|-------------------|
| Retired      |                                   | 1  | 39                |
|              |                                   | TOTAL retired:                           | 262               |
|              |                                   |  |                   |
|              | Grand Total:<br>All license types | 1494                                     | 3832              |
|              |                                   | Grand Total<br>Active Nurse<br>Licenses: | 22,513            |



# LICENSING STATISTICS BY FISCAL YEAR

| Licensing Statistics | 2023 Fiscal year | 2024 Fiscal year | 2025 YTD |
|----------------------|------------------|------------------|----------|
| RN Endorsement       | 3310             | 3100             | 2202     |
| RN Examination       | 327              | 364              | 231      |
| LPN Endorsement      | 116              | 91               | 81       |
| LPN Examination      | 6                | 18               | 9        |
| APRN                 | 381              | 435              | 369      |

# NCSBN EDUCATION PROGRAM SUMMARY

## EDUCATED IN ALASKA

### JANUARY 1, 2025-MARCH 31, 2025

| <div> <div>N.C.S.B.N. EDUCATION PROGRAM SUMMARY</div> <div>Educated in Alaska</div> <div>TESTED DURING 1st Quarter 2025 (January 1-March 31, 2025)</div> </div> |                    |      |       |      |       |  |                |      |       |      |       |
|---|--------------------|------|-------|------|-------|--|----------------|------|-------|------|-------|
| NURSING PROGRAM   | FIRST TIME TESTERS | PASS | PASS% | FAIL | FAIL% |  | REPEAT TESTERS | PASS | PASS% | FAIL | FAIL% |
|   |                    |      |       |      |       |  |                |      |       |      |       |
|   |                    |      |       |      |       |  |                |      |       |      |       |
| UAA A.A.S   | 10                 | 8    | 80%   | 2    | 20%   |  | 2              | 1    | 50%   | 1    | 50%   |
| UAA B.S.N.  | 32                 | 24   | 75%   | 8    | 25%   |  | 2              | 1    | 50%   | 1    | 50%   |
|   |                    |      |       |      |       |  |                |      |       |      |       |
| CHARTER A.D.N   | 14                 | 10   | 71%   | 4    | 29%   |  | 7              | 3    | 43%   | 4    | 57%   |
| APU ADN   | 18                 | 16   | 89%   | 2    | 11%   |  | 2              | 2    | 100%  | 0    | 0%    |
| APU LPN   | 0                  | 0    | 0%    | 0    | 0%    |  | 0              | 0    | 0%    | 0    | 0%    |
| UAF CTC LPN   | 3                  | 2    | 67%   | 1    | 33%   |  | 0              | 0    | 0%    | 0    | 0%    |

\*NOTE: NCSBN does not provide data on “repeat testers” taken in other states. “First time tester” data shown here reflects testing information from all states, whereas “repeat tester” data reflects only our state. This means there may be a repeat testing candidate in another state not included in these totals.

# NCLEX PASS RATE YEAR TO DATE SUMMARY

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# NCLEX YTD SUMMARY



| Nursing Program | 2022 YTD    | 2023 YTD      | 2024 YTD     | 2025 YTD (Jan-March 2025) |
|-----------------|-------------|---------------|--------------|---------------------------|
| UAA AAS         | 90% (73/80) | 83% (67/81)   | 94% (75/80)  | 80% (8/10)                |
| UAA BSN         | 89% (59/66) | 87% (102/117) | 89% (99/111) | 75% (24/32)               |
| Charter ADN     | 91% (49/54) | 80% (61/76)   | 90% (62/69)  | 71% (10/14)               |
| APU ADN         | 73% (11/15) | 60% (12/20)   | 100% (24/24) | 89% (16/18)               |
| APU LPN         | --          | 78% (7/9)     | 96% (25/26)  | 0/0 (0%)                  |
| UAF CTC LPN     | --          | --            | --           | 67% (2/3)                 |

# THANK YOU

■ Madeleine Henderson

Licensing Examiner 2

■ [boardofnursing@alaska.gov](mailto:boardofnursing@alaska.gov)



# Nurse Aide Licensing & Training Program Report

May 2025  
FY25 Q3 Quarterly Board Meeting

## Alaska Board of Nursing





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# Licensing Report



Quarterly Nurse Aide Certification Statistics  
FY25 Quarter 3  
(January 2025-March 2025)

**CNA Certifications by Fiscal Quarter:**

|                                       | <i>New<br/>Permanent<br/>certificates<br/>issued</i> | <i>Reinstatements</i> | <i>Temporary<br/>certificates<br/>issued</i> | <i>Emergency<br/>Courtesy<br/>Certificates<br/>issued</i> | <i>Total<br/>permanent<br/>certificates</i> |
|---------------------------------------|--|-----------------------|--|---|---|
| FY 24 Quarter 1<br>7/1/24 – 9/30/24   | 124  | 2                     | 28   | 0   | 2,404                                       |
| FY 24 Quarter 2<br>10/1/24 – 12/31/24 | 93   | 7                     | 30   | 0   | 2,523                                       |
| FY 24 Quarter 3<br>1/1/25 – 3/31/25   | 119  | 0                     | 29   | 0   | 2,650                                       |
| FY 24 Quarter 4<br>4/1/25 – 6/30/25   |  |                       |  |   |   |



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# Training Program Report



## 34 State Approved Nurse Aide Training Programs

\*Complete list is available on the Alaska Board of Nursing website- “Nurse Aide Registry” page under Certification information.

# NURSE AIDE REGISTRY

Certification of nurse aides and maintenance of the nurse aide abuse registry are responsibilities of the Board of Nursing. The Board also makes final certification decisions and takes disciplinary action against nurse aides who violate the law. The Nurse Aide Registry Program is staffed by the Division of Corporations, Business, and Professional Licensing.

Alaska statutes prohibit unlicensed practice. Specifically, AS 08.68.360 states that the practice of professional or practical nursing for compensation by a person who is not licensed, or whose license is suspended, or revoked, or expired, is declared to be inimical to the public welfare and to constitute a public nuisance.

### Customer Contact Form

Do you have questions about your professional license?  
Please fill out our [Customer Contact Form](#) for the fastest response.

### Certification Information

- [New Certificate Holder Information](#)  
#08-4227, Revised 09/27/2024
- [State Approved Nurse Aide Training Programs](#)  
#08-4943, Revised 01/30/2025
- [Credentia](#)  
Nurse Aide Testing Services
- [Nurse Aide Exam Process Timeline](#)


### Online Applications for Certification




# Newly Approved Instructors

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# Newly Approved Instructors FY25 Q3 12 AAC 44.840

- Kachemak Bay Campus/KPC: 2 New Instructor additions
  - Providence Seward Mountain Haven: 1 New Instructor
  - Providence Anchorage: 2 New Instructors
  - Bartlett Hospital: 1 New Instructor
- 

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88 Active Approved  
Nurse Aide Instructors  
throughout the State  
of Alaska





# Training Program Pass Rates



# Training Program Pass Rate (12 AAC 44.858) FY25 Q3

68 Written Exams

68 Skills Exams

19 Programs had test takers

17 Programs had a quarterly pass rate above 80%

16 Programs had a 100% pass rate for this quarter.

\*Overall pass rate for FY25 Q3 (Both exams- first time test takers passing both exams) = **94.1%**

\*Cumulative Annual Pass rates to be reviewed in August 2025 (end of FY25)

# Training Program Pass Rate (12 AAC 44.858)

## FY25 Q3

### Exam Results by Program - FY25 Q3: January 2025 thru March 2025

#### All Programs

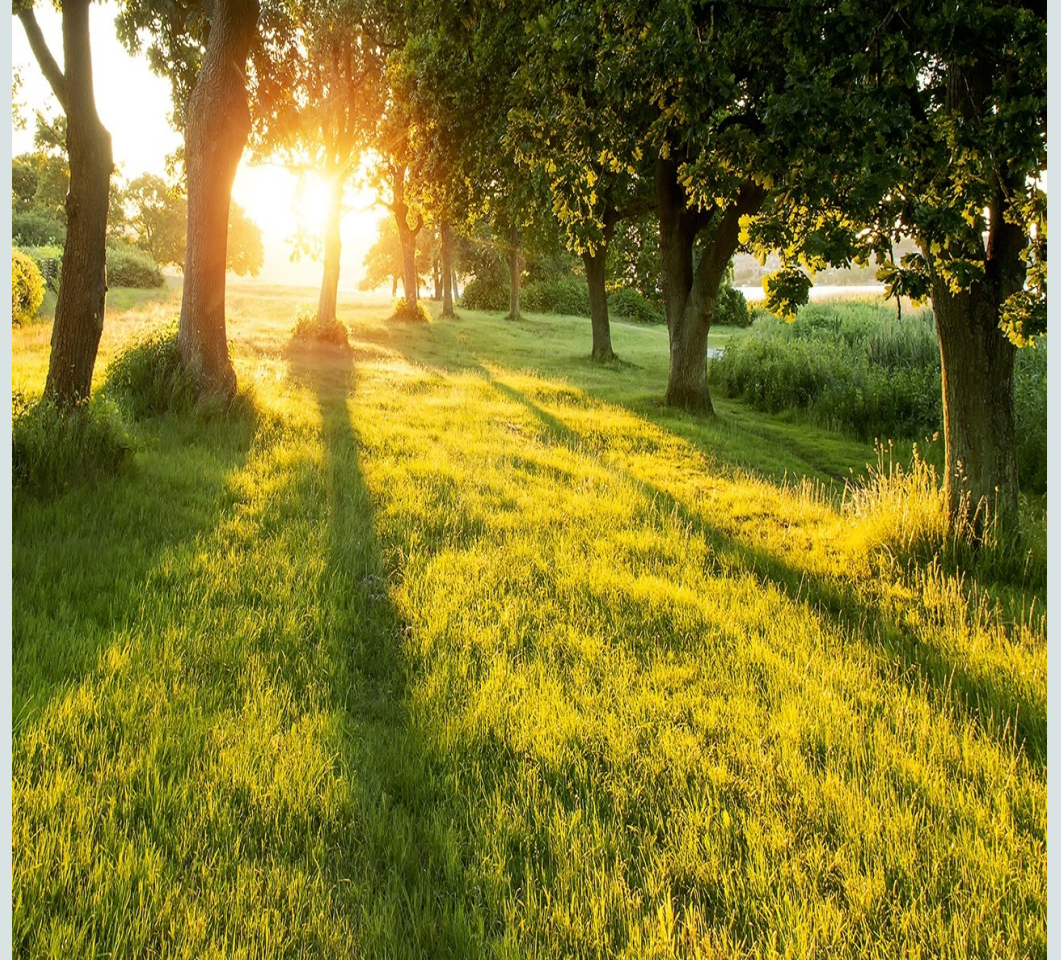
(Do not enter Data on this sheet - use individual Program sheets)

| Program                                     | ID #  | First Time Skills | First Time Written | Passed Skills | Skills Pass Rate | Passed Written | Written Pass Rate | Passed Both | Overall Pass Rate |
|---|-------|-------------------|--------------------|---------------|------------------|----------------|-------------------|-------------|-------------------|
| Alaska CNA Program (Anchorage)              | 02276 | 8                 | 8                  | 7             | 87.5%            | 8              | 100.0%            | 7           | 87.5%             |
| Alaska Job Corps (Palmer)                   | 02246 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| Alaska Native Medical Center                | 02294 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| Alaska Technical Center (Kotzebue)          | 02233 | 1                 | 1                  | 1             | 100.0%           | 1              | 100.0%            | 1           | 100.0%            |
| Alaska Veterans & Pioneer Home              | 02292 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| ASD - King Tech HS (Anchorage)              | 02268 | 0                 | 0                  | 0             | N/A              | 0              | N/A               | 0           | NO TESTS          |
| Bartlett Hospital (Juneau)                  | 02286 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| Bethel                                      | 02271 | 5                 | 5                  | 5             | 100.0%           | 5              | 100.0%            | 5           | 100.0%            |
| Central Peninsula Hospital (Heritage Place) | 02289 | 6                 | 6                  | 6             | 100.0%           | 6              | 100.0%            | 6           | 100.0%            |
| Denali Center                               | 02287 | 4                 | 4                  | 4             | 100.0%           | 4              | 100.0%            | 4           | 100.0%            |
| Heritage Place (Soldotna)                   | 02016 | 4                 | 4                  | 4             | 100.0%           | 4              | 100.0%            | 4           | 100.0%            |
| Kachemak Bay CC (Homer)                     | 02020 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| Kenai Peninsula College / KPBSD (Soldotna)  | 02226 | 8                 | 8                  | 8             | 100.0%           | 8              | 100.0%            | 8           | 100.0%            |
| Kodiak College                              | 02011 | 0                 | 0                  | 0             | N/A              | 0              | N/A               | 0           | NO TESTS          |
| Kodiak HS                                   | 02283 | 3                 | 3                  | 3             | 100.0%           | 3              | 100.0%            | 3           | 100.0%            |
| Mat-Su Career & Tech HS (MSBSD)             | 02259 | 4                 | 4                  | 4             | 100.0%           | 4              | 100.0%            | 4           | 100.0%            |
| Mat-Su CNA (@ Maple Springs)                | 02285 | 1                 | 1                  | 1             | 100.0%           | 1              | 100.0%            | 1           | 100.0%            |
| Petersburg Medical Center                   | 02019 | 3                 | 3                  | 3             | 100.0%           | 3              | 100.0%            | 3           | 100.0%            |
| Prestige Care - Anchorage                   | 02284 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| Providence Anchorage                        | 02295 | 2                 | 2                  | 2             | 100.0%           | 2              | 100.0%            | 2           | 100.0%            |
| Providence Seward Mountain Haven            | 02282 | 2                 | 2                  | 2             | 100.0%           | 2              | 100.0%            | 2           | 100.0%            |
| Providence Valdez                           | 02275 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| PWSC (Cordova)                              | 02008 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| SEARHC Sitka                                | 02288 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| SEARHC Wrangell                             | 02009 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| South Peninsula Hospital                    | 02290 | 0                 | 0                  | N/A           | N/A              | N/A            | N/A               | N/A         | NO TESTS          |
| UAA Anchorage                               | 02280 | 8                 | 8                  | 8             | 100.0%           | 8              | 100.0%            | 8           | 100.0%            |
| UAF CTC (Fairbanks)                         | 02241 | 3                 | 3                  | 3             | 100.0%           | 3              | 100.0%            | 3           | 100.0%            |
| UAF Nome                                    | 02241 | 2                 | 2                  | 2             | 100.0%           | 2              | 100.0%            | 2           | 100.0%            |
| UAS Juneau                                  | 02229 | 1                 | 1                  | 1             | 100.0%           | 1              | 100.0%            | 1           | 100.0%            |
| UAS Ketchikan                               | 02236 | 8                 | 8                  | 5             | 62.5%            | 7              | 87.5%             | 5           | 62.5%             |
| UAS Sitka                                   | 02223 | 3                 | 3                  | 3             | 100.0%           | 2              | 66.6%             | 2           | 66.6%             |
| Q3 Totals                                   |       | 68                | 68                 | 65            | 95.6%            | 66             | 97.1%             | 64          | 94.1%             |



FY25 Q3:  
No On-Site reviews or Self Evals

Next On-Site reviews: FY25 Q4  
Next Self Evaluations: FY26





Thank you



# Questions?

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# Kelly Olson, RN

Nurse Consultant 1

Alaska Board of Nursing

Corporations, Business and Professional Licensing

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# Alaska Board of Nursing



Adjourned for Lunch



# Alaska Board of Nursing

## Agenda Item #23



## Division Finance Report

Department of Commerce Community, and Economic Development  
Corporations, Business and Professional Licensing

Summary of All Professional Licensing  
Schedule of Revenues and Expenditures

| Board of Nursing  | FY 18 FY 19 Biennium |                     |                     | FY 20 FY 21 Biennium |                     |                     | FY 22 FY 23 Biennium |                     |                     | FY 25<br>FY 24 1st -3rd QTR |                     |
|---|----------------------|---------------------|---------------------|----------------------|---------------------|---------------------|----------------------|---------------------|---------------------|-----------------------------|---------------------|
|   |                      |                     |                     |                      |                     |                     |                      |                     |                     |                             |                     |
| <b>Revenue</b>  |                      |                     |                     |                      |                     |                     |                      |                     |                     |                             |                     |
| Revenue from License Fees   | \$ 1,230,358         | \$ 4,018,325        | \$ 5,248,683        | \$ 1,822,883         | \$ 4,677,555        | \$ 6,500,438        | \$ 2,628,125         | \$ 5,564,976        | \$ 8,193,101        | \$ 2,170,218                | \$ 5,034,930        |
| General Fund Received   |                      |                     |                     |                      | \$ -                | -                   | \$ 630,266           | \$ 23,618           | 653,884             | \$ 9,654                    | \$ -                |
| Allowable Third Party Reimbursements  | 1,666                | 731                 | 2,397               | \$ 964               | \$ -                | 964                 | \$ 833               | \$ 1,487            | 2,320               | \$ 4,288                    | \$ 3,315            |
| <b>TOTAL REVENUE</b>  | <b>\$ 1,232,024</b>  | <b>\$ 4,019,056</b> | <b>\$ 5,251,080</b> | <b>\$ 1,823,847</b>  | <b>\$ 4,677,555</b> | <b>\$ 6,501,402</b> | <b>\$ 3,259,224</b>  | <b>\$ 5,590,081</b> | <b>\$ 8,849,305</b> | <b>\$ 2,184,160</b>         | <b>\$ 5,038,245</b> |
| <b>Expenditures</b>   |                      |                     |                     |                      |                     |                     |                      |                     |                     |                             |                     |
| Non Investigation Expenditures  |                      |                     |                     |                      |                     |                     |                      |                     |                     |                             |                     |
| 1000 - Personal Services  | 705,104              | 755,692             | 1,460,796           | 803,659              | 722,490             | 1,526,149           | 913,703              | 942,425             | 1,856,128           | 1,045,777                   | 949,807             |
| 2000 - Travel   | 24,362               | 16,024              | 40,386              | 9,220                | 353                 | 9,573               | 6,531                | 6,808               | 13,339              | 7,656                       | 4,114               |
| 3000 - Services   | 295,510              | 311,479             | 606,989             | 278,101              | 304,961             | 583,062             | 367,557              | 383,215             | 750,772             | 266,336                     | 153,100             |
| 4000 - Commodities  | 3,001                | 3,034               | 6,035               | 641                  | 759                 | 1,400               | 1,240                | 2,615               | 3,855               | 3,828                       | 2,915               |
| 5000 - Capital Outlay   | -                    | -                   | -                   | 50                   | -                   | 50                  | -                    | -                   | -                   | -                           | -                   |
| Total Non-Investigation Expenditures  | 1,027,977            | 1,086,229           | 2,114,206           | 1,091,671            | 1,028,563           | 2,120,234           | 1,289,031            | 1,335,062           | 2,624,094           | 1,323,597                   | 1,109,935           |
| Investigation Expenditures  |                      |                     |                     |                      |                     |                     |                      |                     |                     |                             |                     |
| 1000-Personal Services  | 362,849              | 408,727             | 771,576             | 467,051              | 478,976             | 946,027             | 519,387              | 484,948             | 1,004,335           | 481,381                     | 345,046             |
| 2000 - Travel   |                      | 912                 | 912                 | -                    | -                   | -                   | -                    | 628                 | 628                 | 693                         | -                   |
| 3023 - Expert Witness   | 11,765               | 8,958               | 20,723              | 300                  | 6,550               | 6,850               | 6,825                | 5,088               | 11,913              | 4,650                       | 4,375               |
| 3088 - Inter-Agency Legal   | 80,559               | 57,504              | 138,063             | 96,615               | 116,487             | 213,102             | 146,895              | 118,553             | 265,448             | 86,306                      | 123,537             |
| 3094 - Inter-Agency Hearing/Mediation   | 21,250               | 12,876              | 34,126              | 25,107               | 43,140              | 68,247              | 79,682               | 39,354              | 119,036             | 46,164                      | 54,354              |
| 3000 - Services other   |                      | 4,488               | 4,488               | 3,278                | 1,280               | 4,558               | 3,412                | 1,967               | 5,379               | 3,029                       | 602                 |
| 4000 - Commodities  |                      | -                   | -                   | -                    | -                   | -                   | 10                   | 734                 | 744                 | -                           | -                   |
| Total Investigation Expenditures  | 476,423              | 493,465             | 969,888             | 592,351              | 646,433             | 1,238,784           | 756,211              | 651,272             | 1,407,483           | 622,224                     | 527,913             |
| <b>Total Direct Expenditures</b>  | <b>1,504,400</b>     | <b>1,579,694</b>    | <b>3,084,094</b>    | <b>1,684,022</b>     | <b>1,674,996</b>    | <b>3,359,018</b>    | <b>2,045,242</b>     | <b>1,986,334</b>    | <b>4,031,577</b>    | <b>1,945,821</b>            | <b>1,637,848</b>    |
| Indirect Expenditures   |                      |                     |                     |                      |                     |                     |                      |                     |                     |                             |                     |
| Internal Administrative Costs   | 585,920              | 631,655             | 1,217,575           | 631,028              | 635,747             | 1,266,775           | 769,027              | 853,182             | 1,622,209           | 804,189                     | 603,142             |
| Departmental Costs  | 314,440              | 340,968             | 655,408             | 256,415              | 257,726             | 514,141             | 298,812              | 292,596             | 591,408             | 303,801                     | 227,851             |
| Statewide Costs   | 119,352              | 120,554             | 239,906             | 167,408              | 164,903             | 332,311             | 180,129              | 155,228             | 335,357             | 147,807                     | 110,855             |
| <b>Total Indirect Expenditures</b>  | <b>1,019,712</b>     | <b>1,093,177</b>    | <b>2,112,889</b>    | <b>1,054,851</b>     | <b>1,058,376</b>    | <b>2,113,227</b>    | <b>1,247,968</b>     | <b>1,301,006</b>    | <b>2,548,974</b>    | <b>1,255,797</b>            | <b>941,848</b>      |
| <b>TOTAL EXPENDITURES</b>   | <b>\$ 2,524,112</b>  | <b>\$ 2,672,871</b> | <b>\$ 5,196,983</b> | <b>\$ 2,738,873</b>  | <b>\$ 2,733,372</b> | <b>\$ 5,472,245</b> | <b>\$ 3,293,210</b>  | <b>\$ 3,287,340</b> | <b>\$ 6,580,551</b> | <b>\$ 3,201,618</b>         | <b>\$ 2,579,696</b> |
| <b>Cumulative Surplus (Deficit)</b>   |                      |                     |                     |                      |                     |                     |                      |                     |                     |                             |                     |
| Beginning Cumulative Surplus (Deficit)  | \$ 544,515           | \$ (747,573)        |                     | \$ 598,612           | \$ (316,414)        |                     | \$ 1,627,769         | \$ 1,593,783        |                     | \$ 3,896,524                | \$ 2,879,066        |
| Annual Increase/(Decrease)  | (1,292,088)          | 1,346,185           |                     | (915,026)            | 1,944,183           |                     | (33,986)             | 2,302,741           |                     | (1,017,458)                 | 2,458,549           |
| Ending Cumulative Surplus (Deficit)   | \$ (747,573)         | 598,612             |                     | \$ (316,414)         | \$ 1,627,769        |                     | \$ 1,593,783         | \$ 3,896,524        |                     | \$ 2,879,066                | \$ 5,337,615        |
| <b>Statistical Information</b>  |                      |                     |                     |                      |                     |                     |                      |                     |                     |                             |                     |
| Number of Licenses for Indirect calculation   | 23,970               | 24,126              |                     | 23,705               | 27,695              |                     | 28,173               | 32,169              |                     | 30,263                      |                     |
| <b>Additional information:</b> <ul style="list-style-type: none"> <li>General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going into deficit or increase fees.</li> <li>Most recent fee change: NUA fee increase FY19; NUR fee change FY25</li> <li>Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065.</li> </ul> |                      |                     |                     |                      |                     |                     |                      |                     |                     |                             |                     |



|                         |                  |
|-------------------------|------------------|
| Appropriation Name (Ex) | (Multiple Items) |
| Sub Unit                | (Multiple Items) |
| PL Task Code            | (Multiple Items) |

| Sum of Budgetary Expenditures  | Object Type Name (Ex)    |               |                 |                    |              |
|--|--------------------------|---------------|-----------------|--------------------|--------------|
| Object Name (Ex)   | 1000 - Personal Services | 2000 - Travel | 3000 - Services | 4000 - Commodities | Grand Total  |
| 1011 - Regular Compensation  | 674,982.90               |               |                 |                    | 674,982.90   |
| 1014 - Overtime  | 1,540.28                 |               |                 |                    | 1,540.28     |
| 1021 - Allowances to Employees                                       | 288.00                   |               |                 |                    | 288.00       |
| 1023 - Leave Taken   | 110,674.99               |               |                 |                    | 110,674.99   |
| 1028 - Alaska Supplemental Benefit                                   | 48,309.93                |               |                 |                    | 48,309.93    |
| 1029 - Public Employee's Retirement System Defined Benefits          | 36,667.90                |               |                 |                    | 36,667.90    |
| 1030 - Public Employee's Retirement System Defined Contribution      | 34,068.87                |               |                 |                    | 34,068.87    |
| 1034 - Public Employee's Retirement System Defined Cont Health Reim  | 22,692.93                |               |                 |                    | 22,692.93    |
| 1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical | 5,393.90                 |               |                 |                    | 5,393.90     |
| 1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab   | 111,764.38               |               |                 |                    | 111,764.38   |
| 1039 - Unemployment Insurance  | 398.72                   |               |                 |                    | 398.72       |
| 1040 - Group Health Insurance  | 200,514.71               |               |                 |                    | 200,514.71   |
| 1041 - Basic Life and Travel   | 77.92                    |               |                 |                    | 77.92        |
| 1042 - Worker's Compensation Insurance                               | 4,374.74                 |               |                 |                    | 4,374.74     |
| 1047 - Leave Cash In Employer Charge                                 | 18,141.88                |               |                 |                    | 18,141.88    |
| 1048 - Terminal Leave Employer Charge                                | 12,059.30                |               |                 |                    | 12,059.30    |
| 1053 - Medicare Tax  | 11,000.42                |               |                 |                    | 11,000.42    |
| 1062 - GGU Business Leave Bank Contributions                         | 243.02                   |               |                 |                    | 243.02       |
| 1069 - SU Business Leave Bank Contributions                          | 120.65                   |               |                 |                    | 120.65       |
| 1077 - ASEA Legal Trust  | 836.28                   |               |                 |                    | 836.28       |
| 1079 - ASEA Injury Leave Usage                                       | 114.44                   |               |                 |                    | 114.44       |
| 1080 - SU Legal Trst   | 172.38                   |               |                 |                    | 172.38       |
| 1970 - Personal Services Transfer                                    | 412.13                   |               |                 |                    | 412.13       |
| 2000 - In-State Employee Airfare                                     |                          |               | 513.20          |                    | 513.20       |
| 2001 - In-State Employee Surface Transportation                      |                          |               | 61.93           |                    | 61.93        |
| 2002 - In-State Employee Lodging                                     |                          |               | 1,103.20        |                    | 1,103.20     |
| 2003 - In-State Employee Meals and Incidentals                       |                          |               | 330.00          |                    | 330.00       |
| 2013 - Out-State Employee Surface Transportation                     |                          |               | 106.42          |                    | 106.42       |
| 2014 - Out-State Employee Lodging                                    |                          |               | -               |                    | -            |
| 2015 - Out-State Employee Meals and Incidentals                      |                          |               | 2,106.80        |                    | 2,106.80     |
| 2018 - Out-State Non-Employee Surface Transportation                 |                          |               | -               |                    | -            |
| 2020 - Out-State Non-Employee Meals and Incidentals                  |                          |               | 1,716.00        |                    | 1,716.00     |
| 2022 - Out-State Non-Employee Non-Taxable Reimbursement              |                          |               | 1,078.46        |                    | 1,078.46     |
| 2970 - Travel Cost Transfer  |                          | (2,901.65)    |                 |                    | (2,901.65)   |
| 3001 - Test Monitor/Proctor  |                          |               | 28,635.00       |                    | 28,635.00    |
| 3023 - Expert Witness  |                          |               | 4,375.00        |                    | 4,375.00     |
| 3026 - Transcription/Record  |                          |               | 5.00            |                    | 5.00         |
| 3035 - Long Distance   |                          |               | 53.27           |                    | 53.27        |
| 3036 - Local/Equipment Charges                                       |                          |               | 2.56            |                    | 2.56         |
| 3044 - Courier   |                          |               | 728.91          |                    | 728.91       |
| 3045 - Postage   |                          |               | 1,257.66        |                    | 1,257.66     |
| 3046 - Advertising   |                          |               | 1,112.87        |                    | 1,112.87     |
| 3057 - Structure, Infrastructure and Land - Rentals/Leases           |                          |               | 1,555.61        |                    | 1,555.61     |
| 3085 - Inter-Agency Mail   |                          |               | 1,644.09        |                    | 1,644.09     |
| 3088 - Inter-Agency Legal  |                          |               | 137,541.34      |                    | 137,541.34   |
| 3094 - Inter-Agency Hearing/Mediation                                |                          |               | 54,354.30       |                    | 54,354.30    |
| 3100 - Inter-Agency Safety   |                          |               | 104,702.50      |                    | 104,702.50   |
| 4001 - Equipment/Furniture/Tools/Vehicles                            |                          |               |                 | 599.97             | 599.97       |
| 4002 - Business Supplies   |                          |               |                 | 654.94             | 654.94       |
| 4005 - Subscriptions   |                          |               |                 | 1,660.00           | 1,660.00     |
| Grand Total  | 1,294,850.67             | 4,114.36      | 335,968.11      | 2,914.91           | 1,637,848.05 |

# Alaska Board of Nursing

## Agenda Item #24



Clinical Curriculum Change-  
APRN

APRN change in clinical requirement for educational instruction.

Current Regulation:

12 AAC 44.400. REQUIREMENTS FOR INITIAL LICENSURE.

(1) must have satisfactorily completed

(A) a formal accredited graduate educational course of study preparing in one of the APRN roles that

(i) is a minimum of one academic year in length;

(ii) prepares registered nurses to perform an expanded role in the delivery of health care;

(iii) includes a combination of classroom instruction and a minimum of 500 separate, non-duplicated hours of supervised clinical practice;

Consider:

includes a combination of classroom instruction and before 2026, a minimum of 500 separate, non-duplicated hours of supervised clinical practice. If on or after 2026 (or other year), a minimum of 750 separate, non-duplicated hours of supervised clinical practice;

Excerpt from resource:



2022

Standards  
*for*  
Quality  
Nurse  
Practitioner  
Education  
*6th Edition*

**Criterion III.H.** The NP [population focused](#) track has a minimum of 750 [direct patient care clinical hours](#) to prepare the graduate with competencies for full scope of NP [population focused](#) practice.

[Direct patient care clinical hours](#) may include student provision of care delivered to the patient through telehealth and global health experiences. [Simulation](#) is not direct patient care, and these hours may not be included in the 750 direct patient care total. Time spent attaining the competencies addressed in Criterion III.G are not included in the 750 [direct patient care clinical hours](#).

**Required Evidence:**

- Description of courses that show distribution of [direct patient care clinical hours](#) in each course and the area(s) of practice or population(s) being addressed in each course that prepare the graduate with the nationally recognized NP and [population focused](#) competencies.
- Faculty review of students' clinical encounters for breadth, depth, and type to ensure students have experiences across the role and [population focus](#).
- Description and expected outcomes of telehealth and global health experiences if those hours are included in the direct patient care total.



| Criterion   | Documentation   | Documentation Present - √ if yes  |
|---|---|---|
| <p><b>Criterion III.H.</b> The NP population focused track has a minimum of 750 direct patient care clinical hours to prepare the graduate with competencies for full scope of NP population focused practice.</p> <p>Direct patient care clinical hours may include student provision of care delivered to the patient through telehealth and global health experiences. Simulation is not direct patient care, and these hours may not be included in the 750 direct patient care total. Time spent attaining the competencies addressed in Criterion III.G are not included in the 750 direct patient care clinical hours.</p> | <p><b>Required Evidence:</b></p> <ul style="list-style-type: none"> <li>• Description of courses that show distribution of direct patient care clinical hours in each course and the area(s) of practice or population(s) being addressed in each course that prepare the graduate with the nationally recognized NP and population focused competencies.</li> <li>• Faculty review of students' clinical encounters for breadth, depth, and type to ensure students have experiences across the role and population focus.</li> <li>• Description and expected outcomes of telehealth and global health experiences if those hours are included in the direct patient care total.</li> </ul> | <div data-bbox="1312 296 1341 323"><input type="checkbox"/></div> <div data-bbox="1312 443 1341 470"><input type="checkbox"/></div> <div data-bbox="1312 533 1341 560"><input type="checkbox"/></div> |

# Alaska Board of Nursing

## Agenda Item #25



## Working Session

# Alaska Board of Nursing



Break



# Alaska Board of Nursing

## Agenda Item #26



## FAQ Industrial Hemp





## **Industrial Hemp and Intoxicating Hemp Products FAQ for Professional Licensees**

### **What is legal industrial hemp?**

To be legal, an industrial hemp product that is intended for human or animal consumption, must be endorsed by the Division of Agriculture. The Division does not endorse any product that contains delta-9-THC or a non-naturally occurring cannabinoid, including a cannabinoid made from an ingredient extracted from industrial hemp and modified beyond its original form. Legal products may only be offered to consumers by retailers that are registered with the Division to participate in the Alaska industrial hemp program.

Products that are not endorsed by the Division include delta-9 THC, delta-8 THC-O, delta-10 THC-O, delta-6 THC-O, THCA, THCV, THCP, HHC, HHCP, or other synthetic or lab-created cannabinoids derived from hemp. These products may not be used or offered to consumers under the industrial hemp program. Products derived from the seeds of the hemp plant may be offered to consumers without an endorsement. These products contain no cannabinoids like CBD or THC and the seeds themselves do not naturally contain tetrahydrocannabinol (THC), the main psychoactive ingredient in cannabis.

### **Why do health care providers and other professional licensees need to know this information?**

Commonly, industrial hemp products like CBD oil are used in professional practices regulated under AS 08, including massage therapy, veterinary medicine, chiropractic, naturopathy, esthetics, human medicine, and nursing. Under 11 AAC 40.900(13), consumption means any method of ingestion of or application to the body. In addition to using these products onsite, they may even currently be sold by licensed professionals. For these transactions to be legal, these products must be endorsed and businesses offering them to consumers must be registered by the Division of Agriculture.

### **What are the risks of not following these laws?**

First, unless these products have been tested and endorsed by the Division of Agriculture, users cannot be certain whether the labeling reflects the actual product inside. Products containing these substances may be labeled using terms like "broad spectrum" or "full spectrum" that do not clearly inform the user or retailer of their contents. Counterfeit, mislabeled, or misleading product information is rampant, and Alaskans have detected intoxicating levels of cannabis in otherwise innocuously labeled products. This poses a significant public health risk to minors, pets, consumers who do not wish to get high, and consumers who do not wish to test positive on drug screens.

Second, using or selling these products illegally poses a significant risk for civil and criminal action, including possible discipline by state licensing boards and boards in other jurisdictions where practitioners may be licensed.

### **Where can I find more information?**

The Division of Agriculture maintains a [web site](#) to share information about Alaska's industrial hemp requirements. The [Alcohol and Marijuana Control Office](#), which partners with the Division of Agriculture in enforcement of industrial hemp laws, is also the regulator of recreational cannabis. Please visit these web sites and carefully follow instructions if you wish to use or sell hemp-derived products in your business.

# Alaska Board of Nursing



For the Good of the Order



# Alaska Board of Nursing



Chair Final Comments/Adjourn