

**STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
DEVELOPMENT DIVISION OF CORPORATIONS, BUSINESS, AND
PROFESSIONAL LICENSING
Virtual Meeting
Alaska Board of Nursing Meeting Minutes
January 28, 29, & 30, 2026**

By authority of AS 08.01.070(2) and in compliance with the professions of AS 44/62, Article 6,
a meeting of the Board of Nursing was virtually.

Wednesday, January 28, 2026

CALL TO ORDER

Chair Danette Schloeder called the meeting to order at 0900.

Agenda Item 1: Roll Call

Those present constituting a quorum were Board members:

- Chair RN Member: Danette Schloeder, RN, Anchorage
- APRN Member: April Erickson, APRN, RN, Wasilla
- RN Member: Lena Lafferty, RN, Anchorage
- RN Educator: Marianne Murray, RN
- Public Member: Cheryl "CJ" Payne, Wasilla

Those Absent:

- Public Member: Michael Collins, Wasilla

LPN Seat is vacant

Staff present from the Division of Corporations, Business and Professional Licensing:

- Patty Wolf, MSN, RNC-OB, Executive Administrator
- Kelly Olson, RN, Nurse Consultant, Board of Nursing

Members of the Public in attendance via Zoom:

- Christine Dittrich

- Karla Patterson
- Laurie Pathman
- Alexis Weatherspoon
- Colleen Bridge
- Beth Farnstrom, Alaska Nurses Assoc.
- Jessica Gibbons
- Jaime Bagler

Agenda Item 2. Ethics Disclosures:

- Danette Requests recusal from the agenda item scheduled for tomorrow for the University of Providence and from voting on that topic.

On a motion made by Marianne Murray, seconded by April Erickson and carried with 4 Ayes, it was **RESOLVED** that Danette Schloeder be recused from the voting on the University of Providence topic on this agenda.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins			absent
CJ Payne	X		
Danette Schloeder			X

Note: Recording for meeting started here.

Agenda Item 3: Board Activities

Nothing to report

Agenda Item 4. Consent Agenda Items:

- Review/Approve Meeting Agenda
- Letter from the NCSBN President
- Probation Report
- APRN Certifier Survey_2025

On a motion made by April Erickson, seconded by Lena Lafferty and carried with no objections, it was **RESOLVED** that the Alaska Board of Nursing approves the consent agenda.

Agenda Item 5: AO 360 Regulation Plan Project

Overview of AO 360 and deliverables for the day

Presenter: Sara Chambers

- Provided an overview of the project
 - In August, the Governor issued a mandate to the state entities that work with regulations to meet several goals. To look at streamlining processes, removing outdated information, consider right touch regulation principles – hitting the right spot for the needs of the community.
 - Ask of the Board is to find the spot in the middle that supports public safety and balances financial
 - Consider: How do we rewrite regulations to make them cleaner? What do we want to appeal? Etc.
 - Set intentions with the regulation plan that is developed
 - After approval, the board will take part of the plan and work on the process as official regulation projects
 - Goal is to reduce 15% of the discretionary items in 2026 and an additional 10% in 2027.
 - We will continue to accept public comments on each project until it is officially closed.
 - Looking at an aggressive timeline, there are steps along the way that have to be met and that could change the timeline.
 - “The Board of Nursing job is not to produce A+ nurses, your job is to set the minimum regulatory standard, the minimum safe standard.”
 - Are there pathways that we can reduce paperwork as part of the process?
- Questions to Sara from the Board:
 - Whomever is looking at Centralized Statutes and regulations: Will there be a sharp eye to make sure that there are no conflicts? Requirements for certificates for audit are in centralized Regulations- was this regulation flagged for audit? Sara took note to follow up.
 - Some regulations refer to National standard documents, should we be looking at them? Yes, you might want to consider small pieces of the document for the regulation rather than the entire document.
 - Of note: Advisory opinions do not have the force of law and you should not move items to advisory opinions if you want to retain the force of law.
- Provided a basic overview of the spreadsheet columns and expectations for the board today.
 - Column E – The math is the metric and as stated the goal for 2026 is 15% and 10% for 2027. However, if the board finds they cannot obtain those goals due to public safety standards- the math does not need to supersede your critical thinking skills.
 - Law is requesting an additional column to request if you need their assistance on a particular regulation (to draft it)

Break 1024 Return 1046

Presenter: Patty Wolf, MSN-NMEL, RNC-OB, Executive Administrator

- Guided the board through their draft document to confirm what is to remain on the plan and to fill in the required columns.
- Board Members provided any additional information for their assignments and commented on the other regulations

Adjourn for Lunch 1215

Return at 1:28 pm

Quorum established

- Continued discussion and plan development

Break 2:52 Return 3:10- Quorum confirmed at 3:12

- Continued discussion and plan development
- All elements discussed- Patty will clean up the spreadsheet and bring it back during the meeting for further discussion and review with a plan to finalize the plan by end of day three.

During the meeting and when discussing 12 AAC 44.810 a scenario was shared about the challenges of regulation and requiring primary verifications for training schools. The board staff have noted a significant barrier when training programs have closed causing a shocking almost 100 applicants in 2025 to not meet the qualifications. Patty Wolf, Executive Administrator states that until the regulation can be adjusted and “Unless the board objects, division management has made an administrative decision to go ahead and accept – for “by endorsement” applicants only- verifications provided by other jurisdictions or certified true transcripts/program completion documents in lieu of the verifications directly from the program.” The division will take ownership of the decision. The board had no objections.

Agenda Item 6: Review Agenda for Day 2, Chair final comments,

Adjourn at 3:53

Thursday January 29, 2026- Day 2

CALL TO ORDER

Chair Danette Schloeder called the meeting to order at 0900

Agenda Item 7: Roll Call

Those present constituting a quorum were Board members:

- Chair RN Member: Danette Schloeder, RN, Anchorage
- APRN Member: April Erickson, APRN, RN, Wasilla
- Public Member: Michael Collins, Wasilla
- RN Member: Lena Lafferty, RN, Anchorage
- RN Educator: Marianne Murray, RN
- Public Member: Cheryl “CJ” Payne, Wasilla

Those Absent: None

LPN Seat is vacant

Staff present from the Division of Corporations, Business and Professional Licensing:

- Patty Wolf, MSN, RNC-OB, Executive Administrator
- Crystal Sakar, Administrative Assistant, Board of Nursing

Members of the Public in attendance in person or via Zoom:

1. Alexis Weatherspoon
2. Beth Farnstrom
3. Brenda
4. Bonnie Landis
5. Carries Peluso
6. Christine Dittrich
7. Cristan McLain
8. Elizabeth Blair
9. Emily Anderson
10. Carly Byrne
11. Jessica Gibbons
12. Lori Pathmann
13. Shelis Jorgensen

Agenda Item 8: Public Comment

Carrie Peluso, DNP, APRN, ACNS-BC, CENP, FAONL, FCNS, Chief of Nursing officer for Providence

Good morning, Madame Chair and members of the Alaska Board of Nursing,

Thank you for the opportunity to speak today. My name is Carrie Peluso, I am the Chief Nursing Officer for the Providence Alaska region. Recently, we have fully implemented an innovative model of care that generated some media attention. We wanted to come to the board and introduce this new model of care. As we were reviewing the Board book in anticipation of this public testimony period, we also noted information that has been submitted to the board that we would like to address.

The new innovative model of care that was implemented is called Co-Caring and is a team-based model of care. This model has two different components. The first component is a married state partnership between the bedside RN and the PCT or CNA. The state reduces the number of patients that the PCT is assigned to enabling the PCT to better help the bedside RN. In addition to this team is a Virtual nurse that forms a triad. The virtual nurse is responsible for care that is conducted with the patient, but which is not needed for the nurse to be at the bedside. It is extending nursing practice in a way that improves safety, efficiency, and access—especially in a state like Alaska, where distance and workforce shortages are daily realities.

From a patient safety perspective, virtual nurses provide real-time support for admissions, discharges, medication education, and care coordination. This allows bedside nurses to focus more fully on hands-on care. Patients benefit from more consistent education, clearer discharge instructions, and improved follow-up. We are seeing better comprehension, fewer errors related to miscommunication, and improved patient satisfaction.

From a workforce standpoint, virtual nursing is a powerful retention tool. It creates new practice pathways for experienced nurses who may no longer be able to work long physical shifts at the bedside, but who still want to contribute their clinical expertise. These nurses remain in the profession, mentoring younger nurses and supporting patient care remotely instead of leaving nursing altogether.

For bedside nurses, virtual nursing reduces cognitive overload. Instead of juggling documentation, patient education, and complex care tasks simultaneously, work is shared across a team. When embraced, this improves morale, reduces burnout, and helps stabilize staffing—one of the most urgent issues facing Alaska healthcare today.

Virtual nursing also supports rural and remote care. It allows expert nursing input to reach small facilities that may not always have specialty resources on site. This improves equity of care and helps ensure that Alaskans receive safe, consistent nursing care regardless of location.

Importantly, virtual nursing operates within the nursing scope of practice. It is still nursing assessment, nursing judgment, nursing education, and nursing coordination of care—just delivered through technology rather than physical proximity. The nurse remains accountable to the same standards, ethics, and licensure requirements as any bedside nurse. Virtual nurses do not replace bedside nurses.

I believe virtual nursing strengthens the profession. It preserves clinical wisdom, supports newer nurses, improves patient outcomes, and creates sustainable practice models in an increasingly strained healthcare system.

In Alaska, where geography, workforce shortages, and access challenges intersect every day, virtual nursing is not a luxury—it is a practical, patient-centered solution.

I urge the Board to view virtual nursing not as a threat to nursing practice, but as an evolution of it—one that keeps nurses at the center of care while using technology to extend our reach.

Thank you for your time and your service to the nursing profession.

Brenda Franz, MSN, RN, NEA-BC

Thank you for the opportunity to speak today. My name is Brenda Franz. As Nurse Peluso mentioned, we recently implemented Co-Caring with Virtual Nursing. One question that we have addressed with our nursing staff concerns delegation. One question that has arisen with our nursing staff is whether it is appropriate for a virtual nurse to delegate tasks to a bedside patient care technician, and why a bedside RN does not delegate to a virtual RN?

The answer is grounded in long-standing nursing delegation principles and established models of care.

Delegation in nursing is defined as the transfer of responsibility for performing a task while the registered nurse retains accountability for the outcome. This is not new, and it does not change because technology is involved. It is guided by the five rights of delegation: the right task, the right circumstance, the right person, the right direction, and the right supervision.

In a virtual nursing model, the virtual RN is functioning as the supervising registered nurse for specific delegated activities such as vital signs, ambulation, or routine care tasks. These are tasks that fall within the training and scope of a PCT or CNA, when the patient is stable and the task is appropriate.

The virtual RN:

- Performs nursing assessment and judgment
- Determines what can be safely delegated

- Provides direction
- Remains accountable for the outcome

This mirrors traditional team nursing and functional nursing models that have existed for decades. Technology does not change the legal or professional structure — it simply changes where the RN is physically located.

By contrast, a bedside RN does not delegate to a virtual RN because delegation flows from the RN to unlicensed assistive personnel or licensed staff with a narrower scope of practice. Registered nurses do not delegate to other registered nurses. Instead, RNs collaborate, consult, and share workload, but accountability for delegated tasks must remain with the RN who assigns them.

In the virtual nursing model, the virtual RN is not an assistant to the bedside RN. The virtual RN is an independent licensed professional practicing nursing — performing assessments, providing education, coordinating care, and supervising delegated tasks. The bedside RN does not “send tasks upward” to the virtual RN because that would invert the delegation relationship and blur accountability.

This structure protects patients.

It ensures:

- Clear lines of authority
- One accountable RN for each delegated task
- Appropriate use of PCTs within their competencies
- Reduced workload burden on bedside nurses
- Increased supervision and safety

Research on nursing models shows that no one staffing model produces superior outcomes on its own. What improves outcomes is proper training, clarity of roles, and adherence to scope of practice and delegation standards.

Virtual nursing does not weaken delegation — it strengthens it by adding additional RN oversight, especially in high-volume or high-complexity environments. It also allows experienced nurses to remain in practice when they cannot safely perform physical bedside work, preserving clinical expertise within the system.

It is appropriate for a virtual RN to delegate to a bedside PCT because:

- Delegation is based on role and scope, not physical presence
- The virtual RN maintains accountability
- The task meets the five rights of delegation

And it is not appropriate for a bedside RN to delegate to a virtual RN because:

- RNs do not delegate to RNs
- The virtual RN is a collaborator, not a subordinate
- Accountability must remain clearly defined

This approach aligns with nursing education, nursing law, and decades of delegation practice.

Thank you for your time and for your commitment to protecting the public and advancing the nursing profession in Alaska.

Emily Anderson MSN, RN, PCCN-K, CHFP

Madame Chair and members of the Alaska Board of Nursing,

Thank you for the opportunity to speak today. My name is Emily Anderson. As Chief Nurse Carrie Peluso mentioned, we recently implemented Co-Caring with Virtual Nursing.

Our Virtual Nurses augment the care that is being provided to each patient by helping the bedside RN, the beside Patient Care Tech, and our Case Managers with coordinating and caring for patients of our community.

Virtual Nurses are virtually rounding on patients via technology installed in their patient room. They round on them throughout their shift and provide detailed patient education based of their care plan and medical needs.

While performing their rounds, they also visualize the room for safety and engage patients in their own care. The Virtual Nurses also do all admission documentation, discharge instructions and teachings, pain assessments and re-assessments, calls or conversations to families per patient request, engage with transitions in care such as calling report to a facility the patient might be discharging to, and collaborating with providers and case managers. They also serve as a mentor and are available for supporting newer nurses when questions come up that they want to discuss with an experienced RN.

Since implementing Virtual Nursing and the Co-Care Model, we have observed positive patient experience scores in how they rate the hospital and the care they were provide and have expressed feeling positive about their nurse and the communication from them.

Virtual Nurses have also helped discharge patients in a timely manner, helping them transition to the next step of their medical journey and out of the hospital.

Some key wins from our Virtual Nursing implementation are:

1. **Blood clot caught before discharge:** Patient was preparing for discharge, and wife had been asking bedside staff to reassess his legs as she felt something was off. Bedside staff did assess but felt it was nothing to escalate. While starting discharge education, the wife of patient asked the Virtual Nurse to assess his legs and that they were more swollen than before and that she didn't feel like she was being heard. Virtual Nurse assessed via camera and engaged bedside RN and MD. Testing ordered and patient had new blood clot. Discharge was cancelled and interventions put in place for blood clot treatment.
2. **Patient kudos and appreciation:** Patients reporting to Virtual Nurse that they appreciate having an "extra set of eyes on them".
3. **Caregiver appreciation:** Have had bedside nurses send comments to Virtual Nurses helping call report to ALFs at discharge, being available for clinical questions, and being able to spend extra time talking directly to patients or family members.
4. **Stroke patient progression:** Patient admitted to hospital after stroke. Through his progression with word search and speech, the Virtual Nurses took items from their environment to hold up to him and work through this on both day shift and night shift to progress. Was noted at discharge that he had great progress and was able to go to a lower level of care facility because of how much he had progressed while in the hospital.
5. **Families feeling connected while physically not present:** With the ability to call a family member in virtually, it has allowed us to provide discharge instructions to caretakers without them being directly present at the bedside to ensure they get the same information provided to the patient. This virtual technology has also helped us connect friends and families that are out of state or country while they are in the hospital. Also able to call family members in to say goodbye in end-of-life situations where family wouldn't be able to arrive to see patient before passing.

After watching the Virtual Nursing program grow over the past 15 months, I can truly say that I believe it helps us provide better care to the patients of our community and those that find their way into the hospital in Alaska. Virtual Nursing helps us access patients and families where they are and utilize technology in a way that is collaborative, supportive, and patient-focused. It is an exciting evolution of the nursing profession. To close I'd like to leave you with the words by Florence Nightingale who said, "Nursing is a progressive art such that to stand still is to go backwards."

Thank you for your time and your service to the nursing profession.

Carly Byrne:

Asks the board to review the advisory opinion on Nitrous Administration as there is a barrier of requiring 6 hours of training. Reconsider the timeframe.

Beth Farnstrom: Thanks, Michael, for taking the notes and Lena for her service as it is her last meeting. Shared the history of some of the regulation changes for name tags – started when nurses stopped wearing hats. Enjoys the public board book.

Public Comment closed at 092. Boardofnursing@alaska.gov email for any further comments/questions.

Agenda Item 9: PDMP Report.

Presenter: Lisa Sherrell, PDMP Manager

Discussed report provided. Notes that APRNs are registering more and reminds to register after applying for permission.

Agenda Item 10: Develop a site visit plan for UAF LPN Program

- Marianne Murray volunteers to do the site visit and will coordinate with Kelly for timing
- Danette – Q: What would the site visit look like?
 - Look at the paperwork and create a matrix and a evaluation tool
 - Need to create a template, speak to faculty, administrative,
 - Use the annual evaluation tool, what are the board requirements,
 - Look into ACP, when they do their site visit and coordinate with them also
 - Per Danette, request a site visit template that ACP's uses
 - Need to create and approve Template prior to visit (approved in 2nd Qtr Board Meeting)
 - This site visit is approved to with the no travel ban

Agenda Item 11: University of Providence School of Nursing Program Application Submission- **Agenda item postponed**

Move up: Nurse Aide Data presentation:

Michelle Griffin, Licensing Examiner 2, Board of Nursing

Reviewed power point data included in the board book.

- This quarter, total of 3,015 licensed.
- Training report approved 3 new training programs. New instructors, at UAF, Providence Seward and Denali
- Had the 15th annual Nurse Adie instructor conference-
- CNA renewals are live,

Add on: Discussion AO 360 project

- New template version was received last night and Patty moved all current data into the spreadsheet and organized by priority discussed on Day 1. Started review. Plan to bucket projects by topic and priority. Will discuss further as there is time during this meeting.
 - Tentative plan: Project 1- Nurse Aide/Licensing, 2. Delegation/APRN, 4 Education/CE's/Misc.

Break: Start: 1025 Return: 1050

Agenda Item 12: Medication Administration Course Approval Request

Presenter: LeAnn Drake, RN, South Peninsula Hospital, Outpatient Clinical Educator
 Present on an MA medication approval request. Delegation of the administration of medication – some criteria didn't align with board of nursing requirements. APRN delegating medication administration. The course they built is based on our document of scope of practice on our website. Demo Explains course for instructors, course content, required supplemental information along with optional supplemental information, infographics, skills station, and posttest information. Q &A's.,
 Danette let her know that regulations will be changing, to keep that in mind.
 Marianne asked just to make sure that it says somewhere that an RN needs to be the instructor. It is listed on the outline document.
 Danette asked how many students/medical assistants will be in the class; answer is there is about 50 Ma's and there will be about 8 in the class.

On a motion made by **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the Medication administration course for South Peninsula Hospital Outpatient as presented.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

Agenda Item 13: Sura College Refresher course approval request

Alex Hoffman, campus director at Sura College, based out of Scottsdale, AZ. Dr Megan Kirschner accompanies him and will be presenting, she is the creator of this program. The course is 90 hours in theory, all online, flexible and adaptable. Uses ATI as resource, always updated with policies. Students get the most up to date info needed. They do 135 hours of clinical preceptors. Students have an RN, with at least one year of experience or more. Preceptors do get verified that they are nurses. Works alongside students for placement of clinical hours in different locations.

On a motion made by Lena **Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the Sura College RN refresher course.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

Break for Lunch at: 11:28 am

Return to regular Session: 12:45 ppm

Agenda Item 14: Division Updates

Financials: Melissa Dumas, Administrative Operations Manager
Sharing financials, FY 26 quarter report, July 1st -end of dec for 2025. Licensing revenue is \$902,740, expenditures are listed, explains details, stated that the surplus is 3.6 million dollars, Lena asked about possibly reducing licensing fees, since the surplus is so high, Melissa stated that she can assess the finances and get back with them at the next meeting. Melissa stated that the division would like to keep at least a year of financials in the surplus.

Division Update: Sylvan Robb, Director

10th day of Legislative session, 34th legislature. Elections in the fall. Next year is the 35th legislature. Anything that is not addressed this year and approved will need to be introduced again new for next year. The Nurse license compact licensure update- the state committed to join the 5 nurse licensure compact. Also has a update on the CNA licensure training, bills are on pause due to regulations. There was also a bill that was introduced, HB 270 for controlled substances, Opioid Overdose Prescription. Many thanks to everyone on the BON team and board for licensure times being reduced.

- End of session is in May, 2026
- Nurse Licensing COMPACT:
 - \$50 billion from the “Big beautiful bill” got the largest funding than any other state
 - Alaska has added 5 professional license COMPACT
 - Nursing Compact is one of them
 - April Erickson: question on funding for Alaska (Rural Health Transformation Program)
 - Lena Lafferty: making opinion known about the importance of the AK Nursing licensing Compact (NLC) passing through state government
 - Bill is still sitting to get them heard
- Universal Temp. Licensing Governors Bill
 - Update Military Service ACT, made things easier for military spouses to get licensing as well
- New bill introduction HB270 – Drug overdose Prescription
- Governor mentions Board of Nursing staff success
 - Wins at times in office
 - Reduction in processing times for Nursing Licensing 14 weeks to 2.5 weeks
- There are other bills that are out there, but none with a major impact to nursing
- Lena strongly wants board members and others to go to Juneau to support the NLC

Agenda Item 15: BON and Licensing Reports

See presentation in board book for data

- RN: Madeleine Henderson
 - Question: Michael – is there any analysis given to the information that is gathered? Example: Why is this area increasing or decreasing.
 - Letters of concern regarding NCLEX results to be sent for yearly scores less than 80%
- Patty Wolf MSN-NMEL, RNC-OB
 - All examiners are reviewing applications within 2-3 weeks of submission

- Increase in volume for applications
 - Over 1,100 documents coming into the department
 - Over 300 emails per day in the inbox

Agenda Item 16: Strategic Plan and Annual Report Review

Presenter: Patty Wolf, MSN-NMEL, RNC-OB and Board

- Report is due June 1, 2026
- Board will approve final report at May Meeting
- **Update:**
 - Identified 150 discretionary items for revision on the AO 360 Regulation project, to modernize and reduce regulatory requirements
 - Approved additional medication course
 - Approved SURA recertification program
 - Creation of a Nursing program site visit checklist
 - Add nurse Aide Program additions
 - Board staff did presentations to graduates
- **Updated Needs:**
 - Support for site visit travel for schools of nursing
 - 2 Staff members
- **Review Strategic Plan**
 - Licensing
 - Haven't been able to address some items:
 - CNA Certs project completed
 - Practice:
 - Haven't been able to address 2B – Scope of Practice
 - There are 300 emails per week to read how many are these pertain to scope or delegation?
 - Review of 2C delegation & 2D hydration clinics and related prescribing practices
 - Don't define models of practice
 - Education:
 - Board did supply to support of LPN and RN apprenticeship
 - Governance:

- Done – formalize a system for board member education and onboarding
- Communication:
 - Public board book is online – having issues with the tech. that is available
- Organization
 - Reconsidering the board structure would be a legislative change (board structure is a statute)

BREAK: 2:32 – 2:40pm

Agenda Item 17: Working time for any follow up projects

- Suggestion to move all future meetings to 2.5-3 days. With Executive session on the last day- virtually. This would give more time to the regulation projects that are anticipated. Flow would be 1st day Regulations, 2nd day Presentations/etc., 3rd day- virtual Executive session

Agenda Item 18: Review/Assign Action item Assignments and due dates for Board Members

Chair final comments

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

Adjourn at 2:50

Friday January 30, 2026

CALL TO ORDER

Chair Danette Schloeder called the meeting to order at 0900

Agenda Item 19: Roll Call

Those present constituting a quorum were Board members:

- Chair RN Member: Danette Schloeder, RN, Anchorage
- APRN Member: April Erickson, APRN, RN, Wasilla
- Public Member: Michael Collins, Wasilla

- RN Member: Lena Lafferty, RN, Anchorage
- RN Educator: Marianne Murray, RN
- Public Member: Cheryl “CJ” Payne, Wasilla

Those Absent: None

LPN Seat is vacant

Staff present from the Division of Corporations, Business and Professional Licensing:

- Patty Wolf, MSN, RNC-OB, Executive Administrator

Members of the Public in attendance:

1. Alexis Weatherspoon
2. Brenda Frantz
3. Cherie Lowell
4. Elder Peterson
5. Lori Pathman
6. Cristan McLain
7. Emily Anderson
8. Jessica Gibbons
9. Joy Hartlieb
10. Madison Eckhart
11. Lauren Peterson
12. Margaret Grasse

Agenda Item 20: Virtual Nursing and Questions for the Board

Presenter: Madison Eckhart, RN

- **Request to the Board –**
 - **Part 1: Virtual Nursing:**
 - Presents background information (See document provided in board book)
 - In summary – concerns about virtual nursing practices and delegation
 - **Part 2: Questions:**
 - **Can nurses delegate to nurses?**
 - You do not delegate to the virtual nurse; a virtual nurse can delegate to an unlicensed medical professional.

Michael Collins makes a comment that the board does need to consider technology and use language during the regulation projects that addresses technology and anticipated changes.

Agenda Item 21 -Executive Session-

Move to Executive Session with Lena Lafferty recused at 9:47am, Danette Schloeder, Second April Erickson, - No objections

Back in regular session at 0958 for reading of the orders.

Reading of the orders:

On a motion made by, **Cheryl “CJ” Payne**, seconded by **April Erickson** and carried with 5 Ayes and 1 recusal, it was **RESOLVED** that the Alaska Board of Nursing approves the consent agreement for **Ashley Alshouse**, License Number **191891**, pursuant to AS 08.68.340 (c)

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty			X
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	x		

On a motion made by **Cheryl “CJ” Payne**, seconded by **April Erickson** and carried with 5 Ayes and 1 recusal, it was **RESOLVED** that the Alaska Board of Nursing approves the consent agreement for **Elizabeth Scott**, License Number **104749**, pursuant to AS 08.68.340 (c)

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty			x
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

On a motion made by **Cheryl “CJ” Payne**, seconded by **April Erickson** and carried with 5 Ayes and 1 recusal, it was **RESOLVED** that the Alaska Board of Nursing approves the consent agreement for **Case 2025-000978**, pursuant to AS 08.68.270(3).

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty			x

Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	x		
Danette Schloeder	X		

On a motion made by **Cheryl “CJ” Payne**, seconded by **April Erickson** and carried with 5 Ayes and 1 recusal, it was **RESOLVED** that the Alaska Board of Nursing approves the consent agreement for **Case 2025-000606**, pursuant to AS 08.68.270(3).

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty			x
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

I, Danette Schloeder, Move to Executive Session at 10:03am seconded by April Erickson, No objections.

Back in Session – 10:56am

On a motion made by **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the voluntary license surrender for **Jennifer Judd**, License number: **223587**.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	x		

On a motion made by, **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the voluntary license surrenders for **Casey Blood**, License Nos: **122628 and 130038**.

Board Members	Aye	Nay	Recuse/Abstain
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Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

On a motion made by **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the voluntary license surrender for **Barbara Anderson**, License Number: **NURR1242**.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	x		

On a motion made by, **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the voluntary license surrender for **Jeremy Brumfield**, License Number: **NURR26776**.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

On a motion made by **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the modification of the consent agreement for **Ryan Coon**, license number **NURR33763** and release him from Paragraph K. Rehabilitative Counseling Reports.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		

Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	x		

On a motion made by **Lena Lafferty** to accept the early release from probation for case number **2023-001003-Prb** and seconded by **April Erickson**. Motion failed with 0 Ayes and 6 Nays.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty		X	
Marianne Murray		X	
April Erickson		X	
Michael Collins		X	
CJ Payne		X	
Danette Schloeder		x	

On a motion made by **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the early release from probation for **Danielle Regan**, license number **127850**.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	x		

On a motion made by **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the default for Revocation for **Kyler Quick**, CNA license number **139254** which takes effect immediately upon signature of this order in accordance with the approval of the board.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		

April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	x		

On a motion made by **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the default for Revocation for **Elizabeth Roderick**, CNA license number **NUAA9881** which takes effect immediately upon signature of this order in accordance with the approval of the board.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

On a motion made by **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the default for Revocation for **Carina Ardt**, license number **NURR26818**.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

On a motion made by, **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the Amendment to Consent Agreement for **Roxanne Huzieff**, license number **171132**.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		

April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

On a motion made by **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the voluntary license surrender for **Pamela Henderson**, license number **117177**.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

Disciplinary Matrix Update Discussion:

- Recommendations to rework the flow chart.
- Approving the changes to the Disciplinary Matrix
 - Adding alternative probation option information
- Add appropriate regulation as reference
- Add CNA Certificate be revoked to match Federal Law

On a motion made by, **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing adopt the changes and additions as presented to the Disciplinary Matrix.

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

Agenda Item 22: Investigative Report

Presenter: Jenni Summers, Investigator 4

- 146 open cases
- 49 cases have been closed
- Update from cases that are 3 years old
 - 00492 and 000516 – couldn’t find an experience professional for these cases
 - 00369 : APRN suspended license
 - 001023, 1170,1172 – surrender adopted
 - 000766 -operation nightingale case in Texas
 - 000969, 000066 – formal assigned to previous investigator will be sent out to review
 - 2022-000770 – reassigned and ready for review soon

Reviews AO 360 Reform Plan document/spreadsheet

- Updated to the most current spreadsheet format
- Currently at 32% of regulation reduction (Estimated)
- Updated Summary of Public Comment
- Move to the board to approve the plan

On a motion made by, **Lena Lafferty**, seconded by **April Erickson** and carried with 6 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves **the AO 360 Reform Plan and decisional response.**

Board Members	Aye	Nay	Recuse/Abstain
Lena Lafferty	X		
Marianne Murray	X		
April Erickson	X		
Michael Collins	X		
CJ Payne	X		
Danette Schloeder	X		

Agenda Item 23: Discuss next meeting’s Agenda

May 2026

- Add additional day, Friday May 8th, for Executive Session

- Annual training- Investigations and Board
- UAF LPN Program update
- Approving the Site plan Visit Template and Timeframe
- Discussed other items held over from other meetings: CEU's for a valid Provider card, Reciprocity, and presenter requests. Will work these topics into agendas this year as able.

Agenda Item 24 For the Good of the Order

- Any further topics to cover? None
- Evaluation of the board meeting will be sent to the board for feedback.
- The board and the board staff thank Lena Lafferty for her years of service to the board. Her appointment ends March 1st.

Adjourned at 11:36 am

Next meeting is May 6th, 7th, and 8th, 2026

Respectfully submitted.

Patty Wolf MSN, RNC-OB
Executive Administrator, Alaska Board of Nursing

Approved Minutes with a quorum vote via OnBoard.

Approved:

Signed by:
Danette Schloeder
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2/22/2026

Date: _____

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