



Notice of Proposed Changes in The Regulations of the Alaska Board of Nursing

Proposed Regulations - FAQ

December 2022

1. What is the purpose of the proposed regulations? What will this regulation do?

12 AAC 44.290 and 12 AAC 44.305 Licensure by examination/endorsement

- The proposed regulations will allow the board to maintain a list of English-speaking countries that are exempt from English proficiency requirements. Currently, only the U.S. and Canada (except Quebec) are exempt.
- Nurses who went to school in select English speaking countries who were taught in English will not have to complete English proficiency requirements.
- Allow nursing applicants by exam attest to having graduated from a nursing program instead of listing out nursing education information.
- Remove requirement for endorsement applicants to list the dates they attended nursing school.
- Streamline the application process for licensure.

12 AAC 44.317 Reinstatement of a lapsed or retired status license

- Remove requirement to list complete nursing license history and require only international nursing license history for reinstatement applications.

12 AAC 44.400 Requirements for initial APRN licensure

- Remove the requirement that APRNs need to have three credits in certain courses. The courses will still be required but the specific credit hour requirement will be removed.
- Require CRNAs to complete graduate level courses for course requirements. Currently specific courses are required, but it does not specify that they need to be graduate level.
- Remove requirements for a list of references and a reference form to be completed.
- The proposed regulations will allow the board to maintain a list of English-speaking countries that are exempt from English proficiency requirements. Currently, only the U.S. and Canada (except Quebec) are exempt.
- Nurses who went to school in select English speaking countries who were taught in English will not have to complete English proficiency requirements.
- Streamline the application process for licensure.

12 AAC 44.470 Renewal of APRN

- Add an additional requirement clarifying who needs to complete two hours of continuing education on opioids, addiction, and pain management. Currently, if you have a DEA registration number you have to comply. The Board would like to change the requirement to those with a DEA registration number AND controlled substance prescriptive authority.
- Change the verification of completion of the 2 hours of continuing education to attestation, to allow for an audit of these CEs.
- In Alaska APRNs must have both a DEA registration AND controlled substance prescriptive authority to prescribe controlled substances. Many APRNs will keep an active DEA registration, but choose not to prescribe controlled substances and do not apply for that prescriptive authority. These APRNs are not able to prescribe opioids and therefore should not have to complete continuing education on medications they cannot prescribe. Changing renewal language from verification to attestation will streamline the renewal process and allow licensing staff to focus on issuing licenses.
- These changes will streamline the license renewal process for APRNs.

• **Can an APRN prescribe controlled substances with just a DEA registration number?**

No, in Alaska APRNs must have both a DEA registration and controlled substance prescriptive authority. Pharmacies verify this and will not fill prescriptions if both requirements are not met.

• **Why change the continuing education requirement to an audit?**

Reviewing every single continuing education certificate from each APRN in Alaska is very time consuming. RNs and CNAs both verify continuing education on an audit basis. This will align the renewal process for APRNs with other nursing license types.

12 AAC 44.725 Alternative to discipline program for substance use disorders

- The proposed regulations establish an Alternative to Discipline (ADP) Consent Agreement for nurses and Certified Nurse Aides (CNAs) in the state of Alaska that are experiencing a substance use disorder (SUD). An ADP is a voluntary, non-public program that allows for an alternative to traditional punitive approaches for nurses and CNAs with SUD seeking intervention.
- SUD among nurses is estimated to be from 10-20%. It is the number one reason the Board needs to take disciplinary action against a nurse. Stigma caused by public disclosure of information is a barrier for a nurse or CNA to self-report to the Board for assistance with their SUD. This likely leads to higher incidence of unsafe practice and need for disciplinary action. Forty-two states already have some form of ADP for nurses experiencing SUD.
- Nurses and CNAs with SUD enrolled in ADPs of other states have been found to have better long-term recovery, program retention, and healthcare outcomes compared to nurses and CNAs in traditional disciplinary tracks. There is a significant nursing shortage and allowing a nurse or CNA to seek treatment for their SUD allows them to return to and maintain safe practice as soon as possible.

• **How is an ADP different from what the Board is already doing?**

The ADP will follow a very similar structure to the disciplinary process nurses and CNAs already undergo in Alaska when experiencing an SUD and the Board is made aware. The primary difference compared to what is already being done is that the consent agreement and results of an investigation will not be made public if the nurse meets the criteria for entry into the ADP, admits to having a substance use disorder, and is interested in voluntarily participating in the program.

• **How is an ADP safe for patients a nurse experiencing SUD may be providing care for?**

Nurses in an ADP will have the same compliance and tracking requirements as nurses in a traditional disciplinary consent agreement. All practice restrictions will be tailored to the nurse's situation based on recommendations from a provider approved by the Board. Nurses in the ADP will have even higher incentive to comply with their consent agreement since they have been able to maintain their privacy during their recovery process. Nurses in ADPs have been found to have better long-term recovery, program retention, and healthcare outcomes compared to nurses in traditional disciplinary tracks or program so concern for safety of future practice is lower for nurses that participated in an ADP compared to nurses that had disciplinary action against them.

• **How is an ADP going to be paid for?**

Nurses entering into an ADP consent agreement will be responsible for all costs related to their treatment and random drug testing required for participation. There are no anticipated additional costs.

• **Will the Board still be able to take disciplinary action against a nurse with a SUD?**

Nothing in this new regulation limits the authority of the Board to discipline an impaired individual subject to its jurisdiction. Each case will be reviewed on an individual basis and determinations of eligibility will be made at the discretion of the Board based on circumstances of the case.

• **Will an employer know if a nurse they are hiring is in an ADP consent agreement?**

Yes, employers are required to submit performance reports on nurses within an ADP consent agreement and are aware of participation.

12 AAC 44.800 and 12 AAC 44.805 CNA certification by examination/endorsement

- The proposed regulations will allow the board to maintain a list of English-speaking countries that are exempt from English proficiency requirements. Currently, only the U.S. and Canada (except Quebec) are exempt.
- Nurses who went to school in select English speaking countries who were taught in English will not have to complete English proficiency requirements.

12 AAC 44.850 Nurse aide competency evaluation

- The proposed regulations will remove the name of a specific CNA exam in regulation. There are several nationally known CNA exams, however, only one exam is listed in regulation.
- Since a specific CNA exam is listed in regulation, the Board must contract with the vendor that administers this exam. Removing the name of this exam from regulation allows the Board to contract with other vendors that administer other CNA exams.
- This will allow the Board to consider other, possibly better, vendors to administer the CNA exam in Alaska.

• **Why does the board want to remove the name of the exam in regulation?**

Only one vendor administers this specific exam. There are other vendors who administer comparable exams. The board would like the ability to contract with other vendors if needed while maintaining the same standard, or better standard, of examination for nurse aides.

2. What are the costs to comply with the proposed regulations?

There is no expected cost to comply with the proposed regulations.

3. When will the regulations be effective?

After the public comment deadline, comments received are compiled and given to the Board for consideration. The Board may adopt the regulation as written/publicly noticed, may amend and adopt them, choose to take no action, or may withdraw the proposed regulations in part or in its whole. After Board action, the adopted regulations goes to Department of Law (DOL) for final review/approval. DOL either approves or disapproves regulations. Once approved by DOL, it goes to the Lt. Governor for filing. Regulation takes effect on the 30th day after they have been filed by the Lt. Governor.

Do you have a question that is not answered here? Please email RegulationsAndPublicComment@alaska.gov so it can be added.