

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
DEVELOPMENT DIVISION OF CORPORATIONS, BUSINESS, AND
PROFESSIONAL LICENSING

Atwood Building
550 West Seventh Ave. Room 1550
Anchorage, AK

Board of Nursing Minutes
May 5-6, 2021

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 held in the Atwood Building 550 W. 7th Ave., Suite 1550 Anchorage, Alaska

Wednesday, May 5, 2021

CALL TO ORDER

Chair Danette Schloeder called the meeting to order at 9:02a.m.

Agenda Item 1: Roll Call

Those present constituting a quorum were:

- Chair RN Member: Danette Schloeder, RN, Anchorage
- Public Member: Shannon Connelly, Palmer
- APRN Member: Wendy Monrad, APRN, RN, Anchorage
- Educator Member, Catherine Hample, RN, MSN, Wasilla – excused absence in the morning
- Public Member: Julie Tisdale, Wasilla – excused absence
- RN Member: Lena Lafferty, RN, Anchorage
- LPN Member: Micheal Wilcher, Fairbanks – excused absence

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

- Lisa Maroney, Licensing Supervisor
- Madeleine Henderson, Licensing Examiner
- Joan Green, Nurse Consultant
- Sara Chambers, Division Director
- Jennifer Summers, Investigator
- Jun M., Regulation Specialist
- Lisa Sherrill, PDMP Program Manager
- Harriett Dinegar, AG

Members of the Public in attendance via Zoom:

- Beth Farnstrom, AaNA
- Tina Rhine, Director of Denali Nursing in Fairbanks

- Sara Kozup, APRN Alliance
- Kevin Garner, Assistant Chief Officer at Alaska Regional
- Shane Coleman, Division Medical Director at South Central Foundation
- Jeannie Monk Alaska State Hospital and Nurse Association
- Colleen Bridge, RN
- Cathleen Winfee, CNA
- Rona Johnson, RN South Central Foundation
- Ruthanne Trusdell, CNA instructor at Heritage Place in Soldotna
- Zingre Perry, RN
- Lucinda Miller, RN

Agenda Review

On a motion made by Wendy Monrad, seconded by Shannon Connelly and carried with 4 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approve the agenda for the May 4-5, 2021 meeting.

Ethics Disclosures: None

Agenda Item 2: Public Testimony

- Beth Farnstrom, AaNA – speaking for herself wished everyone a “Happy Nurses Week” and asked that the requirements in statute not be changed in regard to hiring a new Executive Administerer
Speaking for AaNA – Asked when will the Executive Administrator position be filled, when will the office be reopened, how many volunteer hours will be needed at the next renewal, and will the changes to renewals continue since COVID-19 is still affecting things?
- Shane Coleman, Medical Director of South Central Foundation – Concerned about the ending of the emergency order waiver regarding inperson exams through Telehealth with controlled substances. Would like this waiver to continue since COVID-19 is still here and impacting treatments.
- Rona Johnson, RN at South Central Foundation – Concerned about the loss of the emergency order that allowed alternatives to the in-person exam required for controlled substances.
- Lucina Miller, RN at Monarch Psychiatry of Alaska – Shared concerns about the ending of the emergency order that allowed them to not be required to do in-person exams via Telehealth.
- Tina Rhine, Director of Nursing at Denali Center in Fairbanks – Asked that the emergency order allowing the delegation of medicine administered by those trained become permanent.
- Ruthanne Trusdell, CNA Instructor at Heritage Place in Soldotna – Does not support CNAs administering medications.
- Cathy Winfree, RN, CNA Inspector – Has concerns about CNAs administering medications.
- Zingre Perry, RN – Requested that the Board form an alternative discipline program for nurses with substance abuse

Ended Public Testimony at 9:41a.m.

Agenda Item 3: Chair Update

- Chair Schloeder updated the Board with information on the NCSBN midyear meeting, NCSBN Scientific Symposium, & NCLEX Exam Committee meeting
- Reminder that the NCSBN Annual meeting will be in August and will be virtual.

Agenda Item 4: 2021 Annual BON Report

- Budget recommendations: 4 board meeting (August/November/February/May) with 1 in Juneau or Fairbanks, travel site visits and examinations, out of state meetings – NCSBN and Investigators attend a conference
- Narrative: emergency regulations for COVID-19, meetings to do regulations, how COVID-19 affected nursing, regulations not COVID-19 related, updating compliance with PDMP, NLC, representation on national committees, building relationships with stakeholders, licensing information, & improving the website
- Proposed Legislation for New Year: 0964.363 maximum dose of opioid medication treatment of patient substance abuse, NLC, & Telehealth
- Goals: military LPN, statutory authority to create an alternative discipline plan, advisory updates, refine Telehealth, clean up licensing requirements, & readdress the 60 hours of education required for renewal

Break: 10:43a.m.

Return: 10:45a.m.

Agenda Item 5: Licensing Reports and CNA Site Visit Reports

- NCLEX report showed 1 program struggling
- Licensing Summary – down about 3,000 licenses which is normal during a renewal year. APRNs have increased, possibly due to Telehealth
- Joan Green's report on CNA programs: 3 are below 80% in the 3rd quarter, having mentors is helping, there are 24 programs and 1 in provisional status, Chugiak-Eagle River Senior Center is terminating their program.

On a motion made by Shannon Connelly, seconded by Lena Lafferty and carried with 4 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approve the NA Training Programs King Tech High School, UAA/Mat-Su College, Bethel CNA Program, Cordova PWSCC, UAS Juneau, UAS Ketchikan, Mat-Su Career Tech HS, Kodiak HS, UAF NW Campus/NSHC Nome, Petersburg Medical Center, UAS Sitka, Providence Seward Mt. Haven, Wrangell SEARHC Medical Center, Alaska Job Corps for the next 2 years.

The motion passed with no further discussion.

Agenda Item 6: Ketamine Advisory Opinion

Discussion and tabled until Thursday afternoon.

Lunch break: 11:28a.m.

Return: 12:30p.m.

***Catherine Hample joined the Board at 1:30p.m.**

Agenda Item 7: Telehealth

Moved to Thursday.

Agenda Item 8: Current Regulations

On a motion made by Danette Schloeder and seconded by Wendy Monrad and carried with 5 ayes, it was **RESOLVED** that the Board of Nursing after further review and consideration, the board approved to re-adopt section 12 AAC 44. 965 as revised to read:

The Board of Nursing in the State of Alaska approves the State of Alaska Pioneer Home Director to keep the Delegation of the Administration of Medication course, stated in regulation 12 AAC 44.965, current with evidence-based practice and reviewed by the Board of Nursing every 2 years during the February board meeting to be made permanent as amended adding the language at the end of 12 AAC 44.965(b)(4) to include '**section of the Department of Health and Social Services.**

The motion passed with no further discussion.

On a motion made by Wendy Monrad and seconded by Danette Schloeder and carried with 5 ayes, it was **RESOLVED** that the Board of Nursing after further review and consideration, the board approved to re-adopt section 12 AAC 44.610(b) as revised to read:

(b) The board will accept continuing education contact hours that are part of a mediated learning system such as educational television, audio or video cassettes, the Internet, or printed media, or that are part of an independent study program, if the system or program is accredited by an agency that is approved by a national certify body.

The motion passed with no further discussion.

Agenda Item 9: Look at the Future Regulation Projects

- 44.400(5): initial license for APRNs - look at as potential regulation change for having to file a consultative plan. Rework or repeal – look at during the August meeting
- Add MME to dosage in 0864.364

Agenda Item 10: Division Report by Sara Chambers

- Review of 3rd quarter revenue and expenditures
- Legislative bills of interest: HB76 passed, but NLC not advanced
- Update on Executive Administrator position

Break: 2:36p.m.

Return: 2:50p.m.

Agenda Item 10: PDMP Report by Lisa Sherrell

- Communication module within PDMP is coming this Spring
- Working on Appriss being able to issue auto compliance notifications to providers who dispense to let them know when they miss a day of reporting
- Awareness and Feedback Questionnaire is in development and will be available in June

Recommendations

- Encourage increased reviewing, including the use of delegates
- Set daily MME in regulation
- Provide guidance to licensees on prescribing practices related to the use of dangerous combinations
- Develop a plan for following up with delinquent reporters

Agenda Item 11: Medication Course for UAP by Heidi Hamilton, Director of Division of Pioneer Homes of Alaska

Ms. Hamilton presented the medication course which will be reviewed by the Board every 2 years.

On a motion made by Shannon Connelly, seconded by Catherine Hample and carried with 5 Ayes, it was **RESOLVED** that the Alaska Board of Nursing approves the Alaska Pioneer Home Director to keep the Delegation of the Administration of Medication course, stated in regulation 12 AAS44.965, current with evidence-based practice and reviewed by the Board of Nursing every 2 years during the February Board meeting.

The motion passed with no further discussion.

Agenda Item 12: LPN Military Education Subcommittee

Moved to Thursday.

Recessed at 3:43p.m. Until May6th at 9:00a.m.

THURSDAY, MAY 6, 2021 CALL TO ORDER

Chair Danette Schloeder called the meeting to order at 9:00a.m.

Roll Call

Those present, constituting a quorum were:

- Chair RN Member: Danette Schloeder, RN Anchorage
- Public Member: Shannon Connelly
- APRN Member: Wendy Monrad, APRN, MSN, Anchorage
- Educator Member: Catherine Hample, RN, MSN, Wasilla
- Public Member: Julie Tisdale – excused absence
- RN Member: Lena Lafferty, RN, Anchorage
- LPN Member: Micheal Wilcher, LPN, Fairbanks – excused absence

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

- Lisa Maroney, Licensing Supervisor
- Madeleine Henderson, Licensing Examiner
- Joan Green, Nurse Consultant
- Sonia Lipker, Investigator

- Christina Bond, Investigator
 - Jennifer Summers, Investigator
 - Billy Homestead, Investigator
 - Joel Dolphin, Investigator
 - Marilyn Zimmerman, Division Paralegal
 - Karina Medina, Investigator
- Members of the Public in attendance via Zoom
- Administrative Law Judge Cheryl Mandala
 - Beth Farnstrom AaNA

Agenda Item 13: Investigations

On a motion made by Danette Schloeder, seconded by Lena Lafferty, and carried with 5 Ayes it was agreed that the Alaska Board of Nursing enter into a **Deliberative Session** in accordance with AS 44.62.310(d)(1), and Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing the Administrative Law Judge's proposed decision. Board staff members are not to remain during the session.

Let the record reflect that the Board of Nursing moved into Deliberative Session at 9:02a.m. The door is locked, only Board members and the Administrative Law Judge is present.

Off record: 9:02a.m.

Back on the record: 9:39a.m. After coming out of Deliberative Session.

In the matter of Paula Korn pursuant to AS 44. 64.060(e)(1) I, Danette Schloeder, move that the Alaska Board of Nursing pass as written OAH No. 20-0696 NUR. Catherine Hample seconded, and the motion carried with 5 Ayes.

The Alaska State Board of Nursing adopts this decision as final under the authority of AS 44.64.060(e)(1). Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with AS 44.62.560 and Alaska R. App. P. 602(a)(2) within 30 days after the date of distribution of this decision.

On a motion made by Danette Schloeder, seconded by Wendy Monrad, and carried with 5 Ayes it was agreed that the Alaska Board of Nursing enter into Executive Session in accordance with AS 44.62.310(c), and Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing cases and reports by the investigative team. Board staff members are to remain during the session.

Let the record reflect that the Board of Nursing moved into Executive Session at 9:44a.m. The door is locked, only Board members, Board staff and the investigative team are present.

Off record: 9:44a.m.

Back on the record: 12:30p.m.

On a motion made by Lena Lafferty, seconded by Wendy Monrad and carried with 5 Ayes, it

was **RESOLVED** that the Alaska Board of Nursing, having examined the Voluntary Surrender of the Practical Nurse License, in the matter of Christiana Ulofoshiok, Practical Nurse License No. NURP4878, Case No. 2018-001163, hereby adopts the surrender in its entirety, effective immediately.

On a motion made by Lena Lafferty, seconded by Wendy Monrad and carried with 5 Ayes, it was **RESOLVED** that the Board of Nursing for the State of Alaska, having examined the license surrender of Sierra A. Nickoli, License No. 149719, Case No. 2020-000231, hereby adopts the license surrender in this matter.

This license surrender takes effect immediately upon signature of this Order in accordance with the approval of the Board.

On a motion made by Lena Lafferty, seconded by Catherine Hample and carried with 4 Ayes and 1 Recusal, it was **RESOLVED** that the Board of Nursing for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order for Christine Oswald, Case No. 2020-000945, License No. 164040, adopts the Consent Agreement and Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board.

The Division may enforce the Consent Agreement by immediately suspending the Respondent's license, without an additional order from the Board, or without a prior hearing, for a violation of the Consent Agreement.

On a motion made by Lena Lafferty, seconded by Catherine Hample and carried with 4 Ayes and 1 Recusal, it was **RESOLVED** that the Board of Nursing for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order for Kira Ludwig, Case No. 2020-000979, License No. 165854, adopts the Consent Agreement and Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board.

The Division may enforce the Consent Agreement by immediately suspending Respondent's license, without an additional order from the Board, or without a prior hearing, for a violation of the Consent Agreement.

On a motion made by Lena Lafferty, seconded by Catherine Hample and carried with 4 Ayes and 1 Recusal, it was **RESOLVED** that the Alaska Board of Nursing for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order for Kelly Linebarger, Case No. 2020-000729 & No. 2021-000055, License No. NURR23135, adopts the Consent Agreement and Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board.

The Division may enforce the Consent Agreement by immediately suspending Respondent's

license, without an additional order from the Board, or without a prior hearing, for a violation of the Consent Agreement.

On a motion made by Wendy Monrad, seconded by Lena Lafferty and carried with 5 Ayes, it was **RESOLVED** that the Board of Nursing for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order for Karolina Priebe, Case No. 2020-001015, License No. NURU1548, adopts the Consent Agreement and Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board of Nursing.

The Division may enforce the Consent Agreement by immediately suspending Respondent's license, without an additional order from the Board, or without a prior hearing, for a violation of the Consent Agreement.

On a motion made by Wendy Monrad, seconded by Lena Lafferty and carried with 5 Ayes, it was **RESOLVED** that the Board of Nursing for the State of Alaska, having examined the License Surrender of the Registered Nurse License for Daniel Prime, Case No. 2018-001042, License No. 127535, adopts the Surrender of License in this matter.

This Surrender of License takes effect immediately upon signature of this Order in accordance with the approval of the Board of Nursing.

On a motion made by Wendy Monrad, seconded by Lena Lafferty and carried with 4 Ayes and 1 Recusal, it was **RESOLVED** that the Board of Nursing for the State of Alaska, having examined the License Surrender for Leahna Bagley, Case No. 2019-000675, License No. NURR38874, adopts the license surrender in this matter.

This license surrender takes effect immediately upon signature of this Order in accordance with the approval of the Board of Nursing.

On a motion made by Catherine Hample, seconded by Wendy Monrad and carried with 4 Ayes and 1 Recusal, it was **RESOLVED** that the Board of Nursing for the State of Alaska, having examined the Surrender of License Vicie Zielinski, Case No. 2019-000332, License No. NURR27008, hereby adopts the license surrender in this matter.

This Surrender of License takes effect immediately upon the signature of this Order in accordance with the approval of the Board of Nursing.

On a motion made by Catherine Hample, seconded by Wendy Monrad and carried with 4 Ayes and 1 Recusal, it was **RESOLVED** that the Board of Nursing for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order for Lauren Stalder, Case No: 2018-001292, 2019-000347, & 2020-001044, License No. 117669, adopts the Consent Agreement and Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board of Nursing.

The Division may enforce the Consent Agreement by immediately suspending the Respondent's license, without an additional order from the Board, or without a prior hearing, for a violation of the Consent Agreement.

On a motion made by Catherine Hample, seconded by Lena Lafferty and carried with 4 Ayes and 1 Recusal, it was **RESOLVED** that the Board of Nursing for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order for Justin Banks, Case No. 2020-001042, License No. NURR32495, adopts the Consent Agreement and Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board of Nursing.

The Division may enforce the Consent Agreement by immediately suspending Respondent's license, without an additional order from the Board, or without a prior hearing, for a violation of the Consent Agreement.

Probation Requests

At its meeting on May 6, 2021, the Board of Nursing for the State of Alaska considered a request from Amy Althiser to modify the probation requirements of her Consent Agreement. Ms. Althiser is a Registered Nurse in the State of Alaska and holds license No. NURR157953.

On a motion made by Danette Schloeder, seconded by Lena Lafferty and carried with 5 Ayes, the Board hereby modifies the following terms of that Agreement:

Ms. Althiser made a request to the Board for release from the requirement of Paragraph U: Limitation of Access to Controlled Drugs and Paragraph M: Counselor/Therapist Reports. The Board has considered Ms. Althiser's request and has granted her early release from these restrictions.

The Board of Nursing for the State of Alaska, having examined this Order, regarding case No. 2020-000888, pertaining to Amy Althiser, Alaska Licensed Nurse No. 157953, agrees to modify the existing Agreement, effective immediately upon signature of this Order in accordance with the approval of the Board of Nursing.

At its meeting on May 6, 2021, the Board of Nursing for the State of Alaska considered a request from Melanie Anderson for release from the 2-year probation required under her November 5, 2020 Consent Agreement. Ms. Anderson is a Registered Nurse in the State of Alaska and holds License No. NURR38302, first issued on January 28, 2015, which will lapse unless renewed on November 30, 2022.

On a motion made by Danette Schloeder, seconded by Lena Lafferty and with 5 Nays, the Board denied Ms. Anderson's request from early release of her 2-year probation.

At its meeting on May 6, 2021, the Board of Nursing for the State of Alaska considered a

request from MicheaShea Anderson, License No. NURR36070, to modify the probation requirements of her Consent Agreement.

On a motion made by Danette Schloeder, seconded by Lena Lafferty and carried with 5 Ayes, the Board hereby modifies the following terms of that Agreement:

Ms. Anderson made a request to the Board for a release from the requirement of Paragraph K: Rehabilitative Counseling. The Board has considered Ms. Anderson's request and has granted her early release from this restriction.

The board of Nursing for the State of Alaska, having examined this Order, regarding Case No. 2019-001343, pertaining to MicheaShea Anderson, Alaska Licensed Nurse No. NURR36070, agrees to modify the existing Agreement, effective immediately upon signature of this Order in accordance with the approval of the Board of Nursing.

Danielle Regan

At its meeting on May 6, 2021, the Board of Nursing for the State of Alaska considered a request from Danielle Regan, License No. 127850, to modify probation requirements of her Consent Agreement.

On a motion made by Danette Schloeder, seconded by Lena Lafferty and carried with 5 Ayes, the Board hereby modifies the following terms of that agreement:

Ms. Regan made a request to the Board for release from the requirement of Paragraph J: Rehabilitative Counseling. The Board has considered Ms. Regan's request and has granted her early release from this restriction.

The Board of Nursing for the State of Alaska, having examined this Order regarding Case No. 2020-000878, pertaining to Danielle Regan, Alaska Licensed Nurse No. 127850, agrees to modify the existing Agreement, effective immediately upon signature of this Order in accordance with the approval of the Nursing Board.

Kenneth Brown

At its meeting on May 6, 2021, the Board of Nursing for the State of Alaska considered a request from Kenneth Brown License No. 116269, to modify probation requirements of his Consent Agreement.

On a motion made by Danette Schloeder, seconded by Wendy Monrad and carried with 5 Ayes, the Board hereby modifies the following terms of that Agreement.

Mr. Brown made a request to the Board for early release from the requirement of Paragraph U: Limitation of Access to Controlled Drugs. The Board has considered Mr. Brown's request and has granted him early release from this restriction.

The Board of Nursing for the State of Alaska, having examined this Order, regarding Case No. 2020-000880, pertaining to Kenneth Brown, Alaska Licensed Nurse No. 116269, agrees to modify the existing Agreement, effective immediately upon signature of this Order in accordance with the approval of the Board of Nursing.

All original orders were signed by the Chair.

Agenda Item 14: UAA Follow up Report – Dr. Carla Hagen

- Strengths: retention of faculty, recruitment, quality clinical partnerships

- Challenges: new faculty & NCLEX pass rates
- Actions: Introduction of outreach/curriculum coordinator, engaging consultant to support Assessment & Evaluation

Agenda Item 15: Charter College Blended Program Proposal – Tabi Jayd

To implement this change, they will need to increase their enrollment from their current cap of 169 students to 211.

On a motion made by Catherine Hample, seconded by Lena Lafferty and carried with 5 Ayes, it was **RESOLVED** that the State of Alaska Board of Nursing approved the adjustment of the delivery method of the AAS in Nursing program at Charter College from an on-ground delivery method to a blended delivery method. The didactic courses will be delivered via distance education methods, while the laboratory and clinical courses would remain on-ground.

On a motion made by Catherine Hample, seconded by Wendy Monrad and carried with 5 Ayes, it was **RESOLVED** that the State of Alaska Board of Nursing approved the enrollment at Charter College to 211 students.

Agenda Item 16: X Ray Proposal Surgery Center of Fairbanks

- Kelly McGee and Rachel Piszczek presented to the Board their request for RNs to operate limited x-rays in the OR at their facility.
- The Board decided to hold off on a decision and asked them to return at the August meeting to share more information and receive a decision.

***Catherine Hample left the meeting at 2:00p.m.**

Break: 2:02p.m.

Return: 2:16p.m.

On a motion made by Danette Schloeder, seconded by Lena Lafferty and carried with 4 Ayes, it was **RESOLVED** that the State of Alaska Board of Nursing reconsider the two Investigation cases, within 10 working days, that the Board was unable to get a consensus for.

Agenda Item 17: Telehealth

On a motion made by Danette Schloeder, seconded by Wendy Monrad and carried with 4 Ayes, it was **RESOLVED** that the State of Alaska Board of Nursing finds that an emergency exists under AS 44.67.250 and that an emergency regulation change is necessary to 12 AAC 44.925, dealing with standards of practice for Telehealth, for the immediate preservation of the public peace, health, safety, or general welfare.

The facts constituting the emergency include the following:

- The urgent need related to access to care through Telehealth to Alaskans during the public health emergency caused by the COVID-19 pandemic.
- To allow APRNs who are licensed in Alaska to have flexibilities to prescribe, dispense, and administer buprenorphine via Telehealth without an in-person visit during an urgent

situation.

The Board reviewed the draft regulation proposal for 12 AAC 44.925(d)

On a motion made by Danette Schloeder and seconded by Wendy Monrad with 4 ayes the Board of Nursing finds that an emergency exists under AS 44.62.250 and that an emergency regulation change is necessary to 12 AAC 44.925, dealing with standards of practice for telehealth, for the immediate preservation of the public peace, health, safety, or general welfare. The facts constituting the emergency include the following:

The urgent need related to access to care through telehealth to Alaskans during the public health emergency caused by the COVID-19 pandemic.

To allow APRN who are licensed in Alaska to have flexibilities to prescribe, dispense and administer buprenorphine via telehealth without an in-person visit during an urgent situation.

Emergency regulations 12 AAC 44.925 – Standards of practice for telehealth

The Board of Nursing finds that an emergency exists under AS 44.62.250 and that an emergency regulation change is necessary to 12 AAC 44.925, dealing with standards of practice for telehealth by APRNs, for the immediate preservation of the public peace, health, safety, or general welfare. The facts constituting the emergency include the following:

The urgent need related to access to care through telehealth to Alaskans during the public health emergency caused by the COVID-19 pandemic.

To allow APRNs who are licensed in Alaska to have flexibilities to prescribe, dispense, and administer buprenorphine via telehealth without an in-person visit during an urgent situation.

Wendy Monrad, motioned to amend 12 AAC 44.925(d) and (h) in order to allow APRNs who are licensed in Alaska to have flexibilities to prescribe, dispense, and administer buprenorphine via telehealth without an in-person visit during an urgent situation, seconded by Lena Lafferty.

It was RESOLVED to adopt 12 AAC 44.925 as presented and amended, and that the board intends to make the emergency regulations permanent.

(d) Notwithstanding (c) of this section, during a disaster emergency declared by the governor, **or when the board has determined an urgent situation exists as defined in this section**, an appropriate health care provider need not be present with the patient to assist an APRN with examination, diagnosis, and treatment if the APRN is prescribing, dispensing, or administering buprenorphine to initiate **or continue** treatment for opioid use disorder and the APRN

(1) is a waived practitioner under 21 U.S.C. 823(g)(2) (Drug Addiction Treatment Act (DATA));

(2) documents all attempts to conduct a physical examination under this section, [AND] the reason why the examination cannot be performed, **and the reason why another health care provider cannot be present with the patient**; and

(3) requires urine or oral toxicology screenings as part of the patient's medication

adherence plan.

12 AAC 44.925(h) is amended by adding a new paragraph to read:

(h) In this section,

(6) “urgent situation” means a health crisis affecting all or part of the state when circumstances prohibit another licensed health care provider’s presence with the patient.

The motion passed with no further discussion

Agenda Item 18: Ketamine Advisory Opinion

On a motion made by Wendy Monrad, seconded by Lena Lafferty and carried with 4 Ayes, the State of Alaska Board of Nursing **RESOLVED** to adopt the following low-dose infusion advisory opinion:

ADVISORY OPINION

The Board of Nursing has received several inquiries requesting information on the novel uses of low-dose ketamine infusions in non-acute settings in Alaska. Considering these requests, the complexity of patient assessments, interdisciplinary treatment decision-making, potential adverse reactions, advanced monitoring requirements, potential for abuse, and limited literature in respect to guidelines for practice and long-term outcomes^{6-10,35}, it is the Board's position that an advisory opinion is warranted at this time.

Conclusion Statement

This intravenous low-dose ketamine infusion advisory opinion addresses Advanced Practice Registered Nurse (APRN) prescription, administration, and oversight of administration aspects in non-acute care settings as well as Registered Nurse (RN) administration and facility recommendations.

Introduction:

Ketamine is approved by the Federal Drug Administration (FDA) as an intravenous anesthetic agent to be administered by anesthesia providers and has been used for this purpose since the 1960s.¹ However, due to its potential adverse psychomimetic reactions (dizziness, floating “out of body” experiences, dissociation, agitation, visual hallucinations, delusions, and delirium), Ketamine’s use as an anesthetic has had limitations.²⁻⁴ These central nervous system adverse reactions have also made Ketamine an attractive drug of abuse.^{3,5} Ketamine is a schedule III controlled substance regulated by the Drug Enforcement Agency (DEA), requiring a DEA registration for prescribing. As such, APRNs prescribing low-dose ketamine infusions in the state of Alaska are required to have Prescriptive Authority in addition to their APRN license, a DEA registration number, and to be registered with the Alaska Prescription Drug Monitoring Program (PDMP).

- Federal Register: July 13, 1999 (Volume 64, Number 133) Rules & Regulations p. 37673-37675
- 08.68.705 Maximum Dosage for Opioid Prescriptions

- 12 AAC 44.445 Controlled Substance Prescriptive and Dispensing Authority

Over the last several decades, “off-label” uses for ketamine related to treatment of chronic/complex pain syndromes and specific psychiatric disorders have emerged. Multiple state boards of nursing have developed opinions/guidelines for this innovative practice, including Wyoming, Arizona, Kentucky, Texas, Minnesota, and New York.¹¹⁻¹⁸ Ketamine is not a first-line therapy for chronic pain or psychiatric management but may be considered by a patient’s interdisciplinary team after failure or limited response to traditional treatment modalities. ^{18,22,23}

Low-dose ketamine infusions have found utility as an adjunct analgesic for the treatment of postoperative pain in opioid tolerant patients, neuropathic pain, chronic pain (complex regional pain syndrome, ischemic limb pain, phantom limb pain, fibromyalgia), and palliative/cancer pain. Ketamine has also been shown to assist in the treatment of depression and anxiety associated with chronic pain and other chronic illnesses as well as reducing the incidence and severity of opioid side effects, an important factor in patient compliance. ^{2-6,20-23,25,27,35}

In addition to its analgesic properties, these Ketamine infusions are proving useful in the treatment of specific disabling psychiatric disorders (major depressive disorder – MDD, depressive episodes associated with bipolar disorder, treatment-resistant depression, suicidal ideations, mood disorders, and post-traumatic stress disorder – PTSD). A rapid and robust, although temporary, anti-depressive effects and potential improvement in mood and suicidal thinking have been demonstrated^{7-10,19-21,24,26-31,35}.

Ketamine Safety Profile:

Ketamine is a noncompetitive N-methyl-D-aspartate (NMDA) receptor antagonist. These receptors play an important role in central nervous system sensitization, establishing ketamine’s role as an anesthetic. It also binds at other sites (opioid, monoaminergic, cholinergic, nicotinic and muscarinic receptors) attributing its other positive effects like analgesia and mood elevation as well as adverse effects such as tachycardia and psychomimetic effects.²⁰⁻²¹

Although low (sub-anesthetic) doses administered as infusions have been shown to be safe, the safety profile of prolonged ketamine use has not been established.^{6,8,23,29} Potential long-term effects on memory and cognition with use of ketamine in the treatment of chronic pain require further study and should be reserved only for therapy-resistant pain.²²⁻²³

Ketamine has minimal effect on the central respiratory drive when given slowly, although rapid IV injection may cause transient apnea, presenting a compelling argument for its administration by infusion pump only. Ketamine is associated with very few drug-drug interactions and no contraindications are currently known to exist when combined with antidepressants, benzodiazepines, or other psychotropic medications.²¹ The most common side effects include psychotomimetic, dissociative psychiatric symptoms, confusion, inebriation, dizziness, euphoria, elevated blood pressure and tachycardia.^{6,20,29-31} Ketamine can also have deleterious effects on liver and urinary tract function with repeated exposure. There may be a greater risk of ketamine-induced liver injury when

infusions are prolonged or repeated over a short timeframe. Monitoring standards and plans for the management of these potential adverse events should be clearly delineated in facility policies and procedures.^{7,29}

Potential for Ketamine abuse and diversion is a widely recognized problem. There is legitimate concern with widespread use in the outpatient setting for physiological and psychological dependence on ketamine. Appropriate patient screening should be conducted and caution taken when administering ketamine infusions due to the potential risk of abuse, addiction, or complications of long-term use.^{27,32,35} Proper drug disposal measures are important in the prevention of ketamine from being obtained illicitly.^{19,32,35}

Scope of Practice:

Advanced Practice Registered Nurse (APRN)

- The comprehensive scope of practice for all APRNs is determined by their respective national associations and not by the Board of Nursing (12 AAC 44.430). The prescribing and administration of low-dose ketamine infusions is clearly within the respective scopes of practice for the Psychiatric Mental Health APRN (PMHNP), Certified Registered Nurse Anesthetist (CRNA.) , and Advanced Certified Hospice & Palliative Nurse (ACHPN-APRN).
- Prescribing of low-dose Ketamine infusions should include an interdisciplinary team as appropriate and be patient-centered. The following areas should be considered when developing these teams.
 - Close collaboration regarding assessment, diagnosis, referral, and treatment plans between psychiatric clinicians/pain specialist and ketamine infusion providers is highly recommended³⁵
 - Informed consent should be obtained before treatment and include a clear description of the potential risks, benefits and alternative treatments in accordance with AS 09.55.556 (Informed Consent).
 - Coordination/Communication regarding screening, management, monitoring, management of adverse reactions, and follow-up throughout the treatment course
 - Patients should be engaged as part of the care team in shared decision making.
 - Efforts should be made to minimize the potential for adverse events through consideration of premedication, individualized patient therapy, and appropriate monitoring during the peri-infusion period
 - Consider basing infusion rates on ideal body weight when body mass index exceeds 30. Infusion rates can also differ based on other individual factors such as concurrent prescribed medications and drug history. Frequency and length of treatment should be individualized for each patient as determined by the interdisciplinary team³⁶
- Psychiatric Mental Health APRNs (PMHNP)³³⁻³⁴
 - Manage treatment of individuals who may benefit from low-dose ketamine infusion

therapy through diagnosis, identifying areas of focus for care and treatment, and determining level of risk by incorporating knowledge of pharmacological, biological, and complementary interventions with applied clinical skills

- Refer patients for ketamine infusions to LIPs (e.g., CRNAs) with education and training in the administration of low-dose ketamine infusion
- Certified Registered Nurse Anesthetist (CRNA)³⁴⁻³⁵
 - Educated/Trained in administration of ketamine for anesthesia and the management of complex pain patients and adjuvants to psychotherapy
 - CRNAs involved in this practice must demonstrate interdisciplinary relationships with psychiatric and pain specialists (as applicable) before incorporating administration of low-dose ketamine infusions for chronic pain and psychiatric disorders into their practice
 - When administering ketamine for the treatment of psychiatric patients, CRNAs should collaborate with providers who focus on diagnosing and treating psychiatric disorders (e.g., PMHNPs), receiving referrals to provide ketamine infusions to referred patients
 - When administering ketamine for the treatment of chronic pain patients, CRNAs should practice within their identified scope of practice, demonstrating additional education and training as necessary.
 - Treatment may include independent practice (i.e., CRNA owns/operates a pain clinic) or in collaboration with other providers (NP, GP, PA, etc...)who may refer patients to a CRNA for the ketamine infusion in the treatment plan for a patient
 - CRNAs role in the infusion therapy may include and is not limited to: reviewing health records, pre-infusion assessment, history and physical, ordering/evaluating diagnostic tests as needed, ordering/prescribing adjunct medications, initiating the infusion, monitoring the patient, post-infusion assessment, and managing infusion-related adverse events or complications
- Advanced Certified Hospice & Palliative Nurse (ACHPN-APRN).³⁷
 - Educated/Trained in use of ketamine infusions for refractory and complex pain syndromes and end of life care. ACHPN-APRN should practice within their identified scope of practice, demonstrating additional education and training as necessary.
 - ACHPN-APRN involved in this practice must demonstrate interdisciplinary relationships with pain specialists (as applicable) before incorporating the administration of low-dose ketamine infusions into their practice.
 - ACHPN-APRN role in the infusion therapy would include, but is not limited to: reviewing health records, pre-infusion assessment, history and physical, ordering/evaluating diagnostic tests as needed, and ordering/prescribing ketamine infusions, and adjunct

medications. Administration of the ketamine infusions including the monitoring the patient, post-infusion assessment, and managing infusion-related adverse events or complications may also be included in their role with the appropriate education/training.

- The requirement for LIP to be “readily available” in General Recommendations 3(d) can be waived for palliative and end of life care due to the nature of the administration of higher doses.

Registered Nurse (RN)

- An RN must acquire and demonstrate the knowledge and skills essential to safely administer ketamine in sub-anesthetic doses (low-dose intravenous infusion).
- If a patient’s condition requires doses greater than 0.5-1.0mg/kg over ≥ 40 minutes, it would be prudent to consider administration or close supervision (“immediately available”) by an appropriately educated/trained LIP. Again, this requirement can be waived in palliative and end of life care.
- It is within the RN Scope of Practice to administer low-dose ketamine infusion for the following purposes when the General Requirements below are met:
 - Analgesia for postoperative, neuropathic, chronic and palliative/cancer pain
 - Anti-depressive and specific treatment outcomes for currently accepted psychiatric diagnosis (MDD, depressive episodes associated with bipolar disorder, treatment resistant depression, suicidal ideations, mood disorders, and PTSD). The BON recognizes that this is an evolving practice in the field of mental health and that the list of accepted diagnosis that may benefit from low-dose ketamine infusions may enlarge as new applications emerge.
- Psychiatric Mental Health Registered Nurse (PMH RN)³¹
 - Educated/Specializes in promoting mental health through nursing assessment, diagnosis, and treatment of behavioral problems, mental disorders and comorbid conditions across the lifespan

General Recommendations for the Safe Administration of Low-Dose Ketamine Infusions:

1. Organizations providing low-dose ketamine infusions must maintain written policies and procedures
 1. Policies and procedures should specifically address how to deal with emergency situations requiring an advanced level of care (e.g., ACLS and psychiatric emergencies)
 2. A specific policy should be established by the organization addressing the procedures for obtaining, storing, wasting, and disposing of ketamine (abuse/diversion protection)
 - This policy should adhere to all applicable state and federal laws

3. A specific policy should be established to support continuous quality improvement efforts to improve processes and patient outcomes
 4. The involvement of skilled psychiatric mental health nurses in the treatment monitoring and management of patients receiving ketamine infusions can be very beneficial considering the potential for psychiatric adverse effects such as dissociation, agitation, and out-of-body experiences that can be distressing to patients. These potentially “adverse effects” are at times expected in these patients related to medications and disease processes. Infusionist should consider training with PMHNP or mental health experts regarding these effects and the appropriate management techniques.
 5. Discharge criteria should also be clearly delineated in policy (i.e., how long patients should be monitored after infusions before releasing them from care).
2. Licensed Independent Practitioner (LIP) prescribing the low-dose ketamine infusion – those specializing in complex pain management or psychiatric disorders
 1. Evaluate, diagnose, and develop treatment plan for the patient
 2. Place the order for low-dose ketamine infusion (currently recommended in the literature not to exceed 0.5-1.0 mg/kg infusion over ≥ 40 min) as defined by the organizations policy
1. The board recognizes providers may use clinical judgement and experience to make dose adjustments outside of this current recommendation based on patient disease processes, concurrent medications, and tolerance issues. If doses outside of this range are required, the organization should have specific policies delineating safety mechanisms in place to ensure the continued safety of the patient (e.g., LIP must be present for the entire treatment).
 3. Must be readily available for consultation with administering LIP for adverse events specifically related to patients underlying disorder (e.g., psychotic or manic thoughts during the course of treatment, emergence or worsening of suicidal thoughts, or emotional distress) and other potential adverse outcomes related to the infusion
 1. Collaborative relationship with psychiatric experts in management of these events during infusions and follow-up strategies are highly recommended. This can be the referring LIP or a qualified representative (partner in practice or other qualified LIP covering call for the prescribing LIP)
 3. LIP managing administration of the low-dose ketamine infusion:
 1. To be administered by continuous infusion pump only (NO BOLUS doses)
 2. Evaluate patient pre and post infusion
 3. Supervise staff administering the infusion as applicable (i.e., RN administration)
 4. Must be readily available in the facility from the time the medication is initiated until the completion of the infusion and the patient is considered returned to baseline health and ready for discharge
 5. Manage any adverse outcomes while patient is receiving the infusion, including

advanced level of care or consulting with psychiatric and pain specialists as applicable

4. Documentation of annual RN competency training should include but is not limited to:
 1. Ketamine – classification, preparation, onset, duration, desired effect, indications, contraindications, medication interactions, side effects, and adverse reactions
 2. Nursing responsibilities of assessment, monitoring, and documentation
 3. Anatomy/Physiology, basic airway management (oral airways, bag-valve-mask apparatus, oxygen delivery), and emergency equipment and procedures
 4. Use of specialized monitoring equipment, sedation scale, pain scale, and infusion pumps
 5. Level of sedation (minimal, moderate, deep, general anesthesia) with an emphasis on *minimal only* with low-dose ketamine infusions
 6. Recognition of potential clinical complications and appropriate nursing interventions
5. Level of sedation is monitored and documented with a validated sedation scale (e.g., Richmond Agitation Sedation Scale)
6. Compounded infusions (those mixed by the LIP or RN for administration) must be for “immediate use” and must be started within one hour (USP 797 standards). Infusions prepared by a pharmacist will be subject to applicable organization pharmacy policies and procedures
7. Infusion is administered by an IV infusion pump in a dedicated line to prevent inadvertent boluses of ketamine
8. Ketamine is a schedule III drug and as such state and federal regulations require organizations to have systems in place to guard against theft and diversion (Controlled Substance Act, DEA regulations – CSA Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970; US Department of Justice DEA Diversion Control Division). Joint Commission reference – <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-48-drug-diversion-and-impaired-health-care-workers/>
9. An ACLS certified provider is available in the facility throughout the infusion and until discharge – all staff will have current BLS certification
10. Continuous monitoring includes electrocardiogram (for patients at increased risk of cardiovascular events or with higher dosing), oxygen saturation, blood pressure (may be intermittent according to facility policy), respiratory rate, temperature (when appropriate) and level of sedation immediately prior to, during and following the infusion until the patient returns to pre-infusion baseline and meets discharge criteria
11. RNs have the right and obligation to refuse to administer Ketamine in doses that may induce moderate or deep sedation or general anesthesia
12. Emergency equipment necessary to provide ACLS level of care (e.g., advanced airway, cardiac monitor with defibrillator/AED, oxygen source, emergency medications, etc...) must be

operational and immediately available

Agenda Item 18: Approval of Minutes from April 5, 2021 Board Meeting

On a motion made by Danette Schloeder, seconded by Wendy Monrad and carried with 4 Ayes, the State of Alaska Board of Nursing **RESOLVED** to approve the minutes from their meeting on April 5, 2021.

Agenda Item 19: LPN Military Education Sub Committee – Lena Lafferty

On a motion made by Lena Lafferty, seconded by Wendy Monrad and carried with 4 Ayes, the State of Alaska Board of Nursing **RESOLVED** to approve the subcommittee members for LPN Military Education. The subcommittee consists of: Lena Lafferty, Terry Rile, Beth Farnstrom, and Jennifer Sommers.

Agenda Item 20: Meeting Adjourned

On a motion made by Wendy Monrad, seconded by Lena Lafferty and carried with 4 Ayes, the State of Alaska Board of Nursing adjourned at 3:10p.m. Until August 2021, or for any special meetings that occur before then.

Respectfully submitted,

Lisa Maroney

Licensing Supervisor, Alaska Board of Nursing

Approved:

Date: 6/16/21

Danette M. Schreder

Chair, Alaska Board of Nursing