

ALASKA STATE LEGISLATURE

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North to the Future

Senator Cathy Giessel

Senate District N

Senate Bill 120 PAs and APRNs; Psychotropic Drugs Sponsor Statement

1-30-2020 vsn 5

Crises medication is psychotropic medication prescribed and administered to a patient without that patient's informed consent. This can only occur when the patient has been court-ordered to inpatient psychiatric care and the patient, in the clinical opinion of the prescriber, is in a state of crisis or impending crisis that requires medication in order to preserve the life of the patient, or prevent significant physical harm to that patient or others because of the actions or behavior of the patient.

Currently, Alaska statutes limit prescriptive authority in crisis situations only to a physician. However, most inpatient psychiatric care in Alaska is performed by Licensed Independent Practitioners, as well as Advanced Practice Registered Nurses (APRNs) and Physician's Assistants (PAs). Limiting this type of sensitive care and supervision to physicians only places unnecessary stress on the physicians, requiring they remain on-call at all times. That is an untenable situation for obvious reasons.

At times, a Designated Evaluation and Treatment center (such as the Alaska Psychiatric Institute) may only have one psychiatrist on staff, on-call 24/7 for months on end, which has consequently led to burnout and retention issues in Alaska's psychiatric care hospital.

Imagine a patient who is throwing chairs, smashing furniture to pieces, spitting on staff, punching peers, and will not follow redirection or take medications, endangering him/herself and those around them. The APRN on staff, knowing that a psychotropic drug would be the best choice in that crisis situation, informs the nurse, who then must get on the phone, contact the on-call physician, who may be traveling through an area with sketchy internet service or busy with some other task. The physician listens as the situation is described to him/her, and then makes the decision on whether to give permission to administer the medication. The psychiatrist may not even know the patient, unlike the APRN who is there and has been overseeing the patient's care. The psychiatrist, being unfamiliar with the case, may decline to prescribe needed medication. Valuable time is ticking away, increasing the danger to those involved each second. This is not an ideal situation, and Senate Bill 120 offers a better solution to this dangerous scenario.

SB 120 will give APRNs and PAs authority to prescribe and evaluate in psychiatric crisis situations, increasing accessibility to care for vulnerable patients and greatly improve physician retention in this field. Advanced Practice Registered Nurses and Physician's Assistants are licensed and fully capable of providing this level of care, and do so in many other states, and should be allowed to prescribe crises medications here in Alaska.

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