

February 18, 2020

The Honorable Cathy Giessel
President of the Alaska Senate
Alaska Senate
State Capitol Room 111
Juneau AK, 99801

Dear Senator Giessel:

We are writing in support of SB 120, a bill that will allow advanced practice nurses (APRNs) and physician assistants (PAs) to prescribe crisis period medications for patients during hospitalization.

We believe it's vital that the provider who knows the patient best be able to prescribe medications, not only routinely, but in a crisis as well. The Joint Commission requires that the licensed independent practitioner most familiar with the patient be responsible for that patient's care. Currently, the statute requires a physician to give these orders, and this physician may know very little about the patient.

APRNs and PAs already utilize the same medications that are typically ordered during crisis periods, so they are very familiar with risks, benefits, and side effects. APRNs and PAs are also able to petition for court-ordered, involuntary medications, without the assistance of a physician. SB 120 would make their scope of practice consistent with current practices. This is not a major change from what they already do, and would improve patient care.

Given the current status of the statute, the nurses are having to call a physician who may or may not be familiar with the patient or crisis medications and try to get an order – sometimes while the APRN or PA is standing right there. Oftentimes the psychiatrist is a temporary or locums provider unfamiliar with Alaska practice and mental health laws, giving them pause to utilize crisis medications for a patient they often don't know. This is not the best situation for our most vulnerable patients, as being in a crisis is very unsafe, not just from an injury standpoint, but due to the neurological harm that can result from prolonged psychosis and agitation.

As you know, Alaska has a dearth of psychiatric providers. Because of this, API has been forced to frequently utilize contractors and locum tenens providers to assist with the care of our most seriously mentally ill. The psychiatric APRNs and one psychiatric PA at API have remained constant over the past 4 years and have been providing the majority of patient care for the past year. SB 120 would permit continuity of care by those in position to know what's best for their patient at the time of crisis.

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In closing, we are very much in support of SB 120. It is the best practice for our patients, meets standards, and is not beyond the scope of APRNs and PAs.

Thank you for your consideration.

Sincerely,

Anthony Blaw
ANTHONY BLANFORD MD

Sean Farley
Cynthia Montgomery
Michael R. Alexander MD

Maria Rollins
Gerry Martone ANP

Anthony Blanford MD
Michael Alexander MD
Maria Rollins PA
Sean Farley ANP
Gerry Martone ANP
Cynthia Montgomery ANP

Full Spectrum Health



To Whom it may concern,

As a small business owner, and as a Psychiatric Nurse Practitioner, I am in support of SB120 as written to include Psychiatric Nurse Practitioners as providers to order crises medications. This intervention is within the scope of practice of this type of professional, and expanding these privileges allows patients to benefit from increased access to qualified, competent care.

Dr. Tracey Wiese, APRN

Full Spectrum Health, LLC
307 E Northern Lights, Ste 201
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Alaska State Medical Association

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March 2nd, 2020

The Honorable Cathy Giessel
Alaska State Senate
State Capitol Room 111
Juneau, AK 99801

RE: SB 120 "An Act relating to administration of psychotropic medication to a patient without the patient's informed consent"

Dear Senator Giessel:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA would like to express its support for Senate Bill 120. Alaska's current law regarding crisis medication is a balanced approach to protecting a patient's right to consent to treatment while also protecting the patient when they are in a state of crisis. Since the original law was adopted the use of Physician Assistants and Advanced Practice Registered Nurses has increased and Designated Evaluation and Treatment Centers such as Alaska Psychiatric Institute rely on them to assist in delivering health care.

Current law allows Advanced Practice Registered Nurses to make the determination that that a crisis situation exists but does not authorize them to order the medication. ASMA agrees that the law should be amended to allow Physician Assistants and Advanced Practice Registered Nurses to order psychotropic medication and believes this will benefit patient health and safety.

We ask that you pass SB 120.

Sincerely,



Michael Haugen
Executive Director
Alaska State Medical Association



Alaska APRN Alliance
PO Box 240443
Anchorage, AK 99524

February 25, 2020

Senator Cathy Giessel
State Capitol Room 111
Juneau, AK 99801

Dear Senator Giessel,

The Alaska APRN Alliance supports passage of SB 120 "An Act relating to administration of psychotropic medication to a patient without the patient's informed consent; and providing for an effective date". The bill addresses the expansion of licensed health care providers allowed in statute to administer psychotropic medications to patients in crisis to include Advanced Registered Nurse Practitioners and Physician Assistants.

We understand that in this bill, administration of psychotropic medications without a patient's consent would be time limited with the initial order written for no more than 24 hours and if medically justified, could be renewed every 24 hours for a maximum total of 72 hours. The medication order would require regular patient assessments of their status and a determination if a crisis still exists that supports this type of intervention. We also understand this statute would be limited to patients who are hospitalized by a court order in an evaluation facility or designated treatment facility. While not stated in the bill, it is assumed that the Advanced Nurse Practitioner or Physician Assistant is on site at the facility and is able to assess the situation with first hand knowledge to determine if administration of a psychotropic medication without consent is the best intervention for the patient in crisis.

An APRN is a licensed registered nurse with a graduate degree who has been additionally licensed in an advanced practice role. That licensure as an APRN is contingent upon completion of an accredited graduate-level education program and passage of a national certification examination. The four APRN roles in Alaska are Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), and Clinical Nurse Specialist (CNS). In Alaska, there are many Certified Nurse Practitioners who have completed graduate education and are certified as Psychiatric Nurse Practitioners or have obtained additional training in psychiatric care. As independent practitioners, Certified Nurse Practitioners, play a unique and important role in assessing and diagnosing patients with acute and chronic behavioral health conditions, developing treatment plans, prescribing behavioral health medications and providing ongoing care both in outpatient and inpatient settings. Their training also includes the use of behavioral health interventions as well as psychotropic medications for patients in crisis situations.



ALASKA
APRN
ALLIANCE

Alaska APRN Alliance
PO Box 240443
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Patients in crisis are at risk of harming themselves, endangering staff and in some situations require immediate intervention to prevent ongoing escalation of their behaviors and assure their safety. Waiting for a psychiatrist who is not present on-site delays care, places patients in crisis at further risk and can endanger staff around them. Certified Nurse Practitioners are trained to quickly assess the crisis affecting a patient who is known to them and identify medications as well as behavioral health interventions that will ameliorate the crisis behaviors. Certified Nurse Practitioner who are on site and thus able to assess the patient's status will be able to modify the medication and behavioral health treatment plan more quickly over the next 24 hours to the patient's treatment condition. This can improve care for the patient and keep the patient and staff safe.

Access to behavioral health care and treatment is an important factor in improving and maintaining the overall health of all Alaskans. Utilizing the skills and knowledge of Certified Nurse Practitioners trained in behavioral health is one of the solutions to expanding the workforce to care for patients in court ordered inpatient psychiatric care.

Thank you for considering our comments regarding this bill.

Carrie Doyle DNP, APRN, ACNS-BC, CENP, CPHQ
President
Alaska APRN Alliance

February 28, 2020

The Honorable Cathy Giessel
State Capitol
Juneau, AK 99801-1182

Dear Senator Giessel:

I am writing in support of Senate Bill 120. The bill's provisions for administration of crisis period medications are critical to the care and safety of patients and staff at Designated Evaluation and Treatment Centers such as the Alaska Psychiatric Institute.

Senate Bill 120 allows trained and licensed medical professionals to act under their existing scope of practice. Physician assistants and nurse practitioners routinely staff API in the absence of physicians. However, under current statute, only physicians may order crisis medications. As noted by the sponsor, the delay encountered while obtaining a physician's order can impact the outcome of a situation that rapidly escalates. Patient's experiencing psychosis or violent agitation can and have physically hurt themselves, other patients and staff. Thus, timely resolution in this kind of situation benefits everyone.

Before enrolling in my current advanced degree program toward becoming a psychiatric nurse practitioner I was a nurse at API. Medical professionals and staff in the hospital are accountable for upholding the quality of care and preserving the dignity and freedom of patients wherever possible. Continuity in an in-patient psychiatric setting is affected by each individual patient and the demographic makeup of a unit changes constantly. Care must be timely, efficient and effective so that unpredictable situations do not escalate and threaten everyone's safety.

Senate Bill 120 add an important and necessary tool for the safe, efficient and effective care in designated evaluation and treatment centers. I urge passage so all medical professionals can respond quickly in crisis care of patients.

Sincerely,

Marieke Heatwole, RN, PMHNP Class of 2020
5200 Huffman
Anchorage, AK 99516

2-18-2020

Dear Senator Giessel:

I am writing in support of SB 120, a bill that will allow advanced practice nurses (APRNs) and physician assistants (PAs) to prescribe crisis period medications for patients during hospitalization. As a psychiatric nurse practitioner at Alaska Psychiatric Institute (API), it is very important that I am able to provide effective orders for my patients in crisis. The current statute requires a physician to give these orders.

As you know, Alaska has a dearth of psychiatric providers. Because of this, API has been forced to utilize contractors and locum tenens providers to assist with the care of our most seriously mentally ill. The psychiatric APRNs and one psychiatric PA at API have remained constant over the past 4 years and have been providing the bulk of care for the past year.

The difficulty with locum and contract providers is that they are usually unfamiliar with Alaska practice and mental health laws, giving them pause to utilize crisis medications – a concept that is unfamiliar to them – for a patient they often don't know. The APRNs and PA at API are very familiar with crisis period medications. In the current situation, the nurses are having to call a physician who may or may not be familiar with the patient or crisis medications and try to get an order – sometimes while the APRN or PA is standing right there. This is not the best situation for our most vulnerable patients, as being in a crisis is very unsafe, not just from an injury standpoint, but due to the neurological harm that can result from prolonged psychosis and agitation.

The medications that are used in crisis periods are often the same medications that APRNs and PAs at API are already prescribing. We are very familiar with these medications. Additionally, the Joint Commission requires that the licensed independent practitioner most familiar with the patient be responsible for that patient's care. Lastly, APRNs and PAs are able to petition for court ordered medications without the assistance of a physician.

In closing, I am very much in support of SB 120. It is the best practice for our patients, meets standards, and is not beyond the scope of APRNs and PAs.

Thank you for your consideration.

Sincerely,
Cynthia Montgomery, PhD, MSN, APRN, PMHNP-BC
Alaska Psychiatric Institute
907-269-7249

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Feb. 24, 2020

Honorable David Wilson
State Senator
Chair, Senate Health & Social Services Cte
Alaska State Legislature
State Capitol Room 115
Juneau, AK 99801

Honorable Senator Natasha von Imhof
State Senator
Vice Chair, Senate Health & Social Services Cte
Alaska State Legislature
State Capitol Room 516
Juneau, AK 99801

RE: Providence Health & Services Alaska Supports SB 120

Dear Senators:

Providence Health & Services Alaska would like to express our support for the Senate Bill 120: ADMINISTRATION OF PSYCHOTROPIC MEDICATION.

Providence has set the standard for modern health care in Alaska for more than 100 years. Today, Providence is the state's leading health care and behavioral health provider and the largest private employer with nearly 5,000 caregivers across the state.

SB 120 supports the ongoing implementation of services under the state's 1115 Behavioral Health Medicaid waiver. Allowing advance practice registered nurses (APRN) to order psychotropic medication during crisis or emergency situations without patient's informed consent will expand access to crisis services across Alaska.

APRNs have advanced training and education that prepare them to diagnose and prescribe medications and treatments. SB 120 removes existing barriers to allow APRNs to work within the scope of their practice.

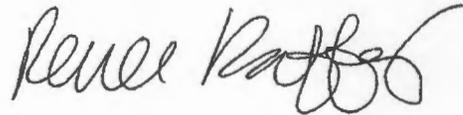
In addition to de-escalation techniques, psychotropic medications may prevent harm to both the patient and caregiver. Providing a safe and stable environment is critical to evaluation and the identification of treatment options.

Thank you for the opportunity to support this legislation and for your service to Alaska.

Sincerely,

A handwritten signature in black ink, appearing to read 'PMS', with a long horizontal flourish extending to the right.

Preston M. Simmons, DSc. FACHE
Chief Executive, Alaska
Providence St. Joseph Health

A handwritten signature in black ink, appearing to read 'Renee Rafferty', with a large, stylized flourish at the end.

Renee Rafferty, MS, LPC
Director of Behavioral Health Services
Providence Health & Services Alaska

Cc: Senate President Cathy Giessel



THE STATE
of **ALASKA**
GOVERNOR MICHAEL I. DUNLEAVY

**Department of
Health and Social Services**

ALASKA PSYCHIATRIC INSTITUTE

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February 3, 2020

The Honorable Cathy Giessel
Alaska State Senate
Room 111
Alaska State Capitol
Juneau, AK 99801

Dear Senator Giessel:

Thank you for sponsoring Senate Bill 120, the "Crisis Medication Bill." I believe that the original intent to only have psychiatrists give orders for a crisis period was during the time that Alaska Psychiatric Institute only employed psychiatrists. Over the last number of years, Alaska Psychiatric Institute has added nurse practitioners and physician assistants to its medical staff. Without having the nurse practitioner or physician assistant able to order the crisis period, covering the on-call schedule becomes difficult, considering how there must be a psychiatrist on call for the crisis period when a midlevel provider is on call.

Being the only psychiatrist employed by Alaska Psychiatric Institute puts me on call at least twenty days a month. Like physicians, nurse practitioners and physician assistants are also licensed independent practitioners; as such, they are qualified to order a crisis period and fully contribute to the on-call schedule at the Alaska Psychiatric Institute. Midlevel practitioners are intimately involved with patient services; accordingly, giving them the ability to order a crisis period greatly contributes to patient continuity of care.

Thank you again for your leadership on this issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Alexander", with a long horizontal line extending to the right.

Michael Alexander, MD
Director of Psychiatry