



APRN ALLIANCE

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April 9, 2021

Senator David Wilson, Chairman
Senate Health & Social Services Committee
State Capitol
Juneau, Alaska 99801

Dear Senator Wilson:

Subject: SB 78 “An Act relating to Telehealth.”

Thank you for this opportunity to share our concerns regarding SB 78 and suggestions for amendments to the bill.

By way of introduction, the Alaska APRN Alliance is Alaska’s largest organization for Advanced Practice Registered Nurses (APRNs). Founded in 2012, the mission of the Alliance is to provide expert advice, preserve the integrity of the APRN role, ensure current and evolving scopes of practice, and advocate for the populations we serve.

An APRN is a licensed registered nurse who has earned graduate academic credentials (masters/doctorate) from an accredited program and has then been additionally trained and licensed for an advanced practice role. This licensure is contingent upon passage of a national certification examination. **The four APRN roles that are Licensed Independent Practitioners (LIP’s) are Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), and Clinical Nurse Specialist (CNS).**

The APRN Alliance actively monitors proposed legislation that might affect their practice and works closely with the Board of Nursing on regulation changes, issues, and novel topics.

APRN’s in current practice have reviewed SB 78 and have three main issues that we wish to call attention and offer suggested amendments.

Issue #1: The proposed bill has no requirement for health care providers to hold an Alaska License.

- a. The APRN Alliance recommends the bill require that any health care provider who is conducting care via telehealth be required to hold an Alaska license.

Language in support could be inserted into Sec. 3 of the bill, AS 08.68.160:
License required. “A person practicing or offering to practice registered, advance



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practice registered, or practical nursing in the state shall submit evidence of qualifications to practice and shall be licensed **in the state of Alaska**". (P.3, L.2).

Licensure in the state of Alaska is important to ensure that the scope of practice and standard of care established in statute and regulation for all levels of nursing are followed as enacted. Without licensure in Alaska, it is difficult for the Board of Nursing to regulate practice and conduct investigations or render corrective action. In addition, if a health care provider is conducting telehealth visits with Alaskans, but is licensed in another state, that state's nursing board does not have jurisdiction to regulate their practice, conduct investigation or render corrective action as the patient is located in Alaska. So Alaskans, as health care consumers, would have no recourse in the event of a bad result.

- b. Secondly, there is no mechanism to collect licensing fees from Advanced Practice Registered Nurses from other states. Revenue from fee collection funds the Board of Nursing and licensing staff, which as you know are required to be self-funded. We believe this inequity will impact their ability carry out their statutory duties of protecting the public.

Issue #2: As of May 2020, Advanced Practice Registered Nurses have telehealth regulations currently in place. See 12 AAC 44.925. These regulations are based on national Standards of Practice for Telehealth developed by the American Telemedicine Association and mirror regulations in place currently for Alaskan Physicians and Physician Assistants (see AS 08.64.364; AAC 12.40.943)

If SB 78 advances with its current language, it will result in significant changes to current regulations and thus practice patterns in place across Alaska. The current regulation, 12 AAC 44.925 allows for the prescribing of controlled substances by APRN's via telehealth "...when another appropriate health care provider is present with the patient to assist the APRN with an examination, diagnosis and treatment". The ability to prescribe medications that are controlled substances by telehealth is important, but not limited, to Advanced Nurse Practitioners certified in Behavioral Health/Psychiatric Nursing.

The number of Alaskans seeking care for chronic and acute behavioral health issues is significant and telehealth offers an important and vital modality of care, especially for underserved residents who live in remote or rural settings, and/or who are medically and/or socially isolated. Controlled substances play a role in



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the complex treatment of individuals who are experiencing anxiety disorders, bipolar mania, endocrine disorders, and ADD/ADHD. This proposed change would negatively impact patient care and significantly reduce access to vital services in behavioral health which are already severely limited throughout Alaska.

Issue #3. Sec. 4 of the bill is too broad in its application of the title “nurse”.

There are currently no regulations in place that guide registered nurses (RN’s) and licensed practical nurses (LPN’s) in the practice of telehealth, so their role in this practice setting is not well defined at this time. The Board of Nursing has agreed to develop a clearer delineation between the role of an Advanced Practice Registered Nurse, who is a Licensed Independent Practitioner (LIP), and that of an RN or LPN, neither of whom practice independently. We would prefer this effort be undertaken in the BoN setting, where the resources, expertise and focus of the board regulatory process are well known to the interested public as well as the nursing profession. In light of this, we would prefer that Sec. 4 of the bill be deleted entirely.

If, in their wisdom, the legislature finds the need to address this situation, we recommend that rather than use the catch-all term “nurse”, new statutory language be patterned after language found in AS 08.68 that delineates the qualifications and roles of nursing and Advance Practice Registered Nursing.

We appreciate the opportunity to provide feedback on SB 78 and we are open to continuing to work with this committee and the bill sponsors on needed changes to assure the bill meets the intended outcome.

Sincerely,

Chris Logan, CRNA, APRN
President, APRN Alliance