

HB

910

STATE OF ALASKA  
Department of Commerce and Economic Development  
Division of Occupational Licensing

The Performance Review of the Division of Occupational Licensing (DOL), dated October 30, 1978, was accomplished by the Division of Legislative Audit in response to the sunset law calling for legislative review of boards and commissions with examination and/or licensing authority in professions. A number of recommendations were made regarding procedures and practices of the Division of Occupational Licensing, most of which were concurred with by DOL and most of which have been implemented.

According to the FY'78 Annual Report from the Department of Commerce and Economic Development, the goal of the Division of Occupational Licensing is to "provide preventive consumer protection in occupational areas where the potential harm is so great that the remedies available for recourse to general law will frequently be insufficient to compensate the aggrieved party."

The Division of Occupational Licensing is statutorily charged with administrative and investigative support services for twenty-one boards and commissions and three occupations which are regulated but have no board. Approximately one hundred and twenty-five members serve on the following boards and commissions:

Board of Chiropractic Examiners  
Board of Dental Examiners  
State Medical Board  
Board of Nursing  
Board of Dispensing Opticians

Board of Examiners in Optometry  
Board of Pharmacy  
Board of Veterinary Examiners  
Board of Psychologist and Psychological Associate Examiners  
Board of Nursing Home Administrators  
Physical Therapy Board  
Board of Public Accountancy  
Board of Barber Examiners  
Collection Agency Board  
Board of Hairdressing and Beauty Culture Examiners  
Board of Electrical Examiners  
State Board of Registration for Architects, Engineers and Land Surveyors  
Guide Licensing and Control Board  
Board of Marine Pilots  
Real Estate Commission  
Board of Welding Examiners

Professions regulated without a board are Mortuary Science, Construction Contractors, and Concert Promoters.

The Division has a total of twenty-one employees. Two investigators, two Executive Officers, and two administrative support persons comprise the Anchorage Field Office personnel. Juneau personnel consists of eight licensing examiners, one licensing supervisor, one chief investigator, one regulation specialist, one management analyst, three administrative support persons and the Director. The Executive Officer and Executive Secretary located in Anchorage are partially exempt positions and are providing administrative support to the Board of Nursing and the Real Estate Commission.

In FY '79, the Division's staff scheduled and coordinated approximately 71 board meetings and 52 examinations for 3,000 candidates, responded to more than 20,000 inquiries, processed and issued 2,742 new licenses and

8,000 renewal licenses, collected over \$717,000 in fees, and maintained more than 28,000 license files.

It should be stressed that DOL is statutorily mandated to provide administrative and budgetary services to boards and commissions; the Division has no authority or decision-making control over any individual board. Legal advice on board activities is provided by the Department of Law, when sought.

Almost without exception the licensing boards have declared their financial independence. That is, they have maintained that they are self-supporting, that revenues from fees charged exceed regulation expenses of their particular profession. Almost without exception this is not the case. Because revenues from all professions are deposited into the general fund, and all expenditures must be allocated from the Division's authorized budget, a penny-by-penny expenditure breakdown is simply not kept for individual boards. The following information was compiled by deducting figures for contractors and mortuary science (who have no board), deducting variables, and assigning administrative expenditures based on number of licensees in each profession in each fiscal year indicated.

FISCAL YEAR 1976

DOL Actual Expenditures:	\$478,100.00	
- Contractor Expenditures:	1,924.60	
- Licensing Examiner:	12,996.00	
- Executive Officers:	26,400.27	
	18,083.29	
- Direct Board Expenditures	<u>124,200.82</u>	
TOTAL:	\$294,495.02	÷ 12,601 Licenses = \$23.37 per license

BOARD	REVENUES	# OF LICENSES	ALLOCATION PER LICENSES	+	DIRECT EXPENDITURES	=	TOTAL COST PER BOARD
Board of Barber Examiners	\$ 4,087.00	275	\$ 6,426.75		\$ 2,489.19		\$ 8,915.94
Board of Chiropractic Examiners	320.00	31	724.47		2,838.78		3,563.25
Collection Agency Board	4,164.00	47	1,098.39		---		1,098.39
Board of Dental Examiners	10,769.40	365	8,530.05		8,654.19		17,184.24
Board of Electrical Examiners	7,857.00	241	5,632.17		2,645.49		8,277.66
Board of Registration for Architects, Engineers and Land Surveyors	101,377.00	2,418	56,508.66		17,876.76		74,385.42
Board of Hairdressing and Beauty Culture Examiners	23,075.00	1,415	33,068.55		5,096.55		38,165.10
Board of Marine Pilots	990.00	46	1,075.02		2,713.52		3,788.54
Medical Board	14,485.00	786	18,368.82		5,553.36		23,922.18
Board of Nursing	54,646.00	3,324	77,681.88		13,931.98		91,613.86
				(Exec Sec.)	26,400.27		118,014.13
Board of Dispensing Opticians	2,720.00	46	1,075.02		1,728.34		2,803.36
Board of Optometry	530.00	38	888.06		2,578.19		3,466.25
Board of Pharmacy	13,848.00	324	7,571.88		5,854.45		13,426.33
Board of Psychologist and Psychological Associates	1,580.00	32	747.84		3,303.51		4,051.35
Board of Public Accountancy	20,777.00	332	7,758.84		12,325.49		20,084.33
Real Estate Commission	178,197.50	1,754	40,990.98		19,186.47		60,177.45
				(Exec. Off.)	18,083.29		78,262.74
Board of Veterinary Examiners	705.00	72	1,682.64		1,706.94		3,389.58
Nursing Home Administrators	1,100.00	15	350.55		1,942.91		2,293.46
Physical Therapy Board	1,880.00	76	1,776.12		804.38		2,580.50
Guide Licensing & Control	38,800.00	911	21,290.07		10,070.31		31,360.38
Board of Welding Examiners	---	53	1,238.61		2,898.01		4,136.62
TOTALS:		12,601	\$294,485.37		\$168,684.38		\$463,169.75

FISCAL YEAR 1977

TOTAL Actual Expenditures:	\$648,000.00			
- Contractor Expenditures:	1,739.75			
- Licensing Examiner:	13,644.00			
- Mortuary Sciences	24.00			
- Executive Officers:	32,339.29			
	29,331.19			
- Direct Board Expenditures:	144,916.01			
TOTAL:	\$426,005.76	÷	14,566 Licenses	= \$29.24 per license

BOARD	REVENUES	# OF LICENSES	ALLOCATION PER LICENSES	DIRECT EXPENDITURES	TOTAL COST PER BOARD
Board of Barber Examiners	\$ 4,970.54	252	\$ 7,368.48	\$ 2,913.27	\$ 10,281.75
Board of Chiropractic Examiners	1,910.00	30	877.20	2,377.00	3,254.20
Collection Agency Board	8,064.00	50	1,462.00	811.59	2,273.59
Board of Dental Examiners	14,437.00	316	9,239.84	6,400.79	15,640.63
Board of Electrical Examiners	28,359.00	252	7,368.48	7,895.32	15,263.80
Board of Registration for Architects, Engineers and Land Surveyors	31,056.00	2,725	79,679.00	19,323.14	99,002.14
Board of Hairdressing and Beauty Culture Examiners	21,963.00	1,638	47,895.12	5,944.05	53,839.17
Board of Marine Pilots	11,122.10	49	1,432.76	5,515.11	6,947.87
Medical Board	62,023.00	844	24,678.56	5,855.54	30,534.10
Board of Nursing	40,747.00	3,469	101,433.56	12,606.53	146,379.36
				(Exec. Sec.) 32,339.29	
Board of Dispensing Opticians	1,060.00	49	1,432.76	2,091.32	3,524.08
Board of Optometry	2,625.00	55	1,608.20	1,920.03	3,528.23
Board of Pharmacy	8,249.00	388	11,345.12	4,655.23	16,000.35
Board of Psychologist and Psychological Associates	1,550.00	38	1,111.12	2,369.43	3,480.55
Board of Public Accountancy	15,135.00	402	11,754.48	5,138.70	26,893.18
Real Estate Commission	119,533.00	2,833	82,836.92	2,489.93	141,817.04
				(Exec. Off.) 29,331.19	
Board of Veterinary Examiners	4,186.50	82	2,397.68	1,110.19	3,507.87
Nursing Home Administrators	2,000.00	30	877.20	2,489.84	3,367.04
Physical Therapy Board	1,455.00	82	2,397.68	673.68	3,071.36
Guide Licensing & Control	38,695.50	927	27,105.48	10,257.33	37,362.81
Board of Welding Examiners	---	55	1,608.20	4,918.99	6,527.19
TOTALS:		14,566	\$425,909.84	\$206,586.49	\$632,496.33

FISCAL YEAR 1978

DOL Actual Expenditures:	\$779,500.00	
- Contractor Expenditures:	2,812.54	
- Licensing Examiner:	14,832.00	
- Mortuary Sciences:	451.49	
- Executive Officers:	23,807.99	
	30,310.73	
- Direct Board Expenditures:	181,228.78	
TOTAL:	\$526,056.47	÷ 17,376 Licenses = \$30.27 per license

BOARD	REVENUES	# OF LICENSES	ALLOCATION PER LICENSES	DIRECT EXPENDITURES	TOTAL COST PER BOARD
Board of Barber Examiners	\$ 4,400.18	267	\$ 8,082.09	\$ 2,933.76	\$ 11,015.85
Board of Chiropractic Examiners	1,070.00	44	1,331.88	4,218.07	5,549.95
Collection Agency Board	6,950.00	54	1,634.58	4,126.22	5,760.80
Board of Dental Examiners	5,970.24	383	11,593.41	8,775.88	20,369.29
Board of Electrical Examiners	15,437.14	305	9,232.35	5,666.42	15,898.77
Board of Registration for Architects, Engineers and Land Surveyors	110,870.75	2,941	89,024.07	21,250.48	110,274.55
Board of Hairdressing and Beauty Culture Examiners	21,821.00	1,878	56,847.06	4,512.32	61,359.38
Board of Marine Pilots	1,780.00	85	2,572.95	3,819.64	6,392.59
Medical Board	17,551.25	910	27,545.70	6,346.32	33,892.02
Board of Nursing	72,265.87	4,245	128,496.15	20,098.55	172,402.69
				(Exec. Sec.) 23,807.99	
Board of Dispensing Opticians	2,190.00	54	1,634.58	1,910.81	3,545.39
Board of Optometry	795.00	63	1,907.01	5,704.41	7,611.42
Board of Pharmacy	16,482.00	414	12,537.78	4,901.40	17,439.18
Board of Psychologist and Psychologist Associates	2,680.00	44	1,331.88	5,637.68	6,969.56
Board of Public Accountancy	38,675.00	482	14,590.14	17,248.81	31,838.95
Real Estate Commission	285,634.92	3,615	109,426.05	38,177.92	177,914.70
				(Exec. Off.) 30,310.73	
Board of Veterinary Examiners	1,160.00	93	2,815.11	1,640.42	4,455.53
Nursing Home Administrators	1,830.00	37	1,119.99	1,703.66	2,823.65
Physical Therapy Board	3,132.00	102	3,087.54	1,745.59	4,833.13
Guide Licensing & Control	41,617.00	1,295	39,199.65	16,828.17	56,027.82
Board of Welding Examiners	---	65	1,967.55	2,982.25	4,949.80
TOTALS:		17,376	\$525,971.52	\$235,347.50	\$761,319.02

FISCAL YEAR 1979

DOL Actual Expenditures:	\$901,072.00			
- Contractor Expenditures:	2,839.58			
- Licensing Examiner:	15,102.00			
- Mortuary Sciences:	319.91			
- Executive Officers:	32,196.12			
	34,324.92			
- Direct Board Expenditures:	<u>219,096.71</u>			
TOTAL:	\$597,192.76	÷	19,477 Licenses	= \$30.66 per license

BOARD	REVENUES	# OF LICENSES	ALLOCATION PER LICENSES	DIRECT EXPENDITURES	TOTAL COST PER BOARD
Board of Barber Examiners	\$ 4,274.00	276	\$ 8,462.16	\$ 4,381.59	\$ 12,843.75
Board of Chiropractic Examiners	3,047.00	54	1,655.64	4,709.43	6,365.07
Collection Agency Board	3,697.55	61	1,870.26	4,670.76	6,541.02
Board of Dental Examiners	16,937.00	419	12,846.54	15,480.40	28,326.94
Board of Electrical Examiners	36,746.00	378	11,589.48	6,791.03	18,380.51
Board of Registration for Architects, Engineers and Land Surveyors	26,388.43	3,119	95,628.54	23,827.90	119,456.44
Board of Hairdressing and Beauty Culture Examiners	26,970.00	2,037	62,454.42	5,989.43	68,443.85
Board of Marine Pilots	10,722.00	88	2,698.08	8,307.44	11,005.52
Medical Board	69,919.00	1,001	30,690.66	14,979.85	41,670.51
Board of Nursing	36,512.50	4,832	148,149.12	21,529.22	201,874.46
				(Exec. Sec.) 32,196.12	
Board of Dispensing Opticians	2,210.00	59	1,808.94	2,287.85	4,096.79
Board of Optometry	3,245.00	72	2,207.52	4,413.32	6,620.84
Board of Pharmacy	6,734.00	429	13,153.14	5,725.01	18,878.15
Board of Psychologist and Psychological Associates	4,435.00	50	1,533.00	7,617.52	9,150.52
Board of Public Accountancy	21,186.00	562	17,230.92	20,174.93	37,405.85
Real Estate Commission	142,659.72	4,202	128,833.32	40,652.49	203,810.73
				(Exec. Off.) 34,324.92	
Board of Veterinary Examiners	5,685.00	107	3,280.67	2,076.94	5,357.56
Nursing Home Administrators	1,435.00	39	1,195	4,226.97	5,422.71
Physical Therapy Board	1,215.00	125	3,832.50	2,293.47	6,125.97
Guide Licensing & Control	40,996.00	1,467	44,978.22	14,249.25	59,227.47
Board of Welding Examiners	1,815.00	100	3,066.00	4,711.91	7,777.91
TOTALS:		19,477	\$597,164.82	\$285,096.71	\$882,782.57

	FY '76		FY '77		FY '78		FY '79	
	Revenues	Expenditures	Revenues	Expenditures	Revenues	Expenditures	Revenues	Expenditures
Board of Barber Examiners	\$ 4,087.00	\$ 2,489.19	\$ 4,970.54	\$ 2,913.27	\$ 4,400.18	\$ 2,933.76	\$ 4,274.00	\$ 4,381.59
Board of Chiropractic Examiners	320.00	2,838.78	1,910.00	2,377.00	1,070.00	4,218.07	3,047.00	4,709.43
Collection Agency Board	4,164.00	--	8,064.00	811.59	6,950.00	4,126.22	3,697.55	4,670.76
Board of Dental Examiners	10,769.40	8,654.19	14,437.00	6,400.79	5,970.24	8,775.88	16,937.00	15,480.40
Board of Electrical Examiners	7,857.00	2,645.49	28,359.00	7,895.32	15,437.14	6,666.42	36,746.00	6,791.03
Board of Registration for Architects, Engineers and Land Surveyors	101,377.00	17,876.76	31,056.00	19,323.14	110,670.75	21,250.48	26,388.43	23,827.90
Board of Hairdressing and Beauty Culture Examiners	23,075.00	5,096.55	21,963.00	5,944.05	21,621.00	4,512.32	26,970.00	5,989.43
Board of Marine Pilots	990.00	2,713.52	11,122.10	5,515.11	1,780.00	3,819.64	10,722.00	8,307.44
Medical Board	14,485.00	5,553.36	62,023.00	5,855.54	17,551.25	6,346.32	69,919.00	14,979.85
Board of Nursing	54,646.00	13,931.98	40,747.00	12,606.53	72,265.87	20,098.55	36,512.50	21,529.22
Board of Dispensing Opticians	2,720.00	1,728.34	1,060.00	2,091.32	2,190.00	1,910.81	2,210.00	2,287.85
Board of Optometry	530.00	2,578.19	2,625.00	1,920.03	795.00	5,704.41	3,245.00	4,413.32
Board of Pharmacy	13,848.00	5,854.45	8,249.00	4,655.23	16,482.00	4,901.40	6,734.00	5,725.01
Board of Psychologist and Psychological Associates	1,580.00	3,303.51	1,550.00	2,369.43	2,680.00	5,637.68	4,435.00	7,617.52
Board of Public Accountancy	20,777.00	12,325.49	15,135.00	15,138.70	32,675.00	17,248.81	21,186.00	20,174.93
Real Estate Commission	178,497.50	19,188.47	119,533.00	29,648.93	285,634.92	38,177.92	142,659.72	40,652.49
Board of Veterinary Examiners	705.00	1,706.94	7.50	1,110.19	1,160.00	1,640.42	5,685.00	2,076.94
Nursing Home Administrators	1,100.00	1,942.91	1.00	2,489.84	1,830.00	1,703.66	1,435.00	4,226.97
Physical Therapy Board	1,880.00	804.38	1,405.00	673.68	3,132.00	1,745.59	1,215.00	2,293.47
Guide Licensing and Control	38,800.00	10,070.31	38,695.50	10,257.33	41,617.00	16,828.17	40,996.00	14,249.25
Board of Welding Examiners	--	2,898.01	--	4,918.99	--	2,982.25	1,815.00	4,711.91
Construction Contractors	229,175.00	1,924.60	195,638.50	1,739.75	332,895.40	2,812.54	247,124.05	2,839.58
Mortuary Science	--	--	4,485.00	24.00	802.00	451.49	3,575.00	319.91
<b>TOTALS</b>	<b>\$711,382.90</b>	<b>\$126,125.42</b>	<b>\$619,264.14</b>	<b>\$146,679.76</b>	<b>\$986,009.75</b>	<b>\$181,492.81</b>	<b>\$717,523.25</b>	<b>\$222,256.20</b>
- direct expenditures	<u>126,125.42</u>		<u>146,679.76</u>		<u>184,432.81</u>		<u>222,256.20</u>	
	<b>\$585,257.48</b>		<b>\$472,584.38</b>		<b>\$801,516.94</b>		<b>\$495,272.05</b>	
DOL Budget (Actual Expenditures)	\$478,100.		\$648,000.		\$779,500.		\$901,072.	

With respect to specific recommendations made by the Division of Legislative Audit, appropriate steps for implementation have been taken in most instances.

Recommendation No. 1: The Division of Occupational Licensing's investigation unit should be transferred to the Department of Public Safety.

As of this date, a thorough analysis of such a transfer is continuing. The feasibility of an KSA between the Department of Commerce and Economic Development and the Department of Public Safety is a valid option that may have considerable merit in that the functions could be assumed by the Department of Public Safety in an expedited time frame. If our review indicates a transfer of the unit is merited, the transfer would take place prior to February 15, 1980.

Improvements have been made in this unit within the past year. Complaints are now being screened and prioritized, and reports by investigative staff are being made to the boards. Approximately 1,700 cases were purged from the Division files in the fall of 1978; these are pending board approval for closure due to age, lack of jurisdiction, or no apparent violation. Effective December, 1979, approximately 400 have been closed. The Division is in the process of organizing all investigative files and forwarding appropriate material to the State archives; this is expected to be completed by the end of January, 1980.

The Division's enforcement staff received 298 complaints for investigation in FY '79, ranging in priority from urgent public harm to minor technical violations. In FY '79, 44 cases were closed due to one of the following reasons: no jurisdiction no violation, voluntary compliance or age. Charges were filed against 27 which required process for hearing. Out of the 27 litigation cases, 3 licenses were revoked, 1 license was suspended, 2 licenses were denied, 1 case was dropped due to no violation, 2 closed with the stipulation that they retake the board examination and pass, 1 applicant was allowed to resubmit an application after

1 year, and 1 license was granted with the other 16 litigation cases still pending. As of December 10, the Division had 307 open cases on file.

Recommendation No. 2: Statutory amendments are needed to assure that appropriate action is taken on consumer complaints against licensed persons.

The Office of the Governor has indicated that appropriate amendments to AS 45.50.471, and its application, are being pursued.

Recommendation No. 3: The Office of the Governor should keep the appointments of members of the occupational licensing boards current.

We agree with this recommendation; the Division has solicited and submitted recommendations for board appointments.

Recommendation No.4: Legislation should be enacted limiting the length of service for all board members to two consecutive terms.

We agree with this recommendation and the reasoning supporting it.

Recommendation No. 5: The Department of Commerce and Economic Development should improve the operation, security and internal control of the 3M-Linolex minicomputer system.

To designate a data entry person is a valid recommendation, however, budget restrictions do not allow us to hire one individual solely to enter data. This would be very costly.

The Division is currently locking all copied data diskettes in its fire proof safe. These disks are kept current by creating new copies to replace the old ones after 20 changes have been made to any one master disk. It would be very difficult for a person to come into the office and be able to open a data disk without prior training. The State also maintains security personnel who walk the floors constantly and who question any individual working in the offices after hours. If, by chance, a disk was ruined we would have a current backup disk in the safe.

It is felt that if we prenumbered the blank licenses, it would add to more confusion to the licensee. This would have to be a four digit number, which is the same number of digits in a license number. The cost is also high.

A system utilization log has been established and is maintained daily.

The only operating procedures manual at this time is the one distributed by 3M. For data entry it is very good, for correcting errors on disks caused by power failure and/or fluctuations, it is poor. Time has not allowed us to complete a manual at present.

Recommendation No.6: The Department of Commerce and Economic Development should review the license fee structure of all boards and seek appropriate revisions.

Agreed. The Division has reintroduced legislation (SB 94 in the Senate Finance Committee) which would allow the Department to set fees after consultation with the boards. This request was also made to the 1978 Legislature but no action was taken.

Recommendation No. 7: The Department of Commerce and Economic Development should include the goals, objectives and quantifiable measures of each board in the Division of Occupational Licensing's budget documents and submit performance reports for each board as required by AS 37.07.

In April of 1979, all boards and commissions were contacted by the Division and requested to submit goals and objectives for inclusion in the FY '81 budget documents; 15 boards complied. Boards were also requested to submit performance reports for FY '79; 14 boards complied with this request.

Recommendation No. 8: The Division of Occupational Licensing should collect, record and maintain, for five year periods, files, and statistics of license and testing applicants, and related workload of the licensing examiners.

For the past year, monthly activity reports have been maintained by the Division containing information on board activities and examiner workload. Examiners are also submitting interim reports to the boards which outline licensure activity between meetings. This encourages feedback from the boards regarding staff performance.

Recommendation No. 9: The Department of Commerce and Economic Development, in conjunction with the Office of the Governor, should prepare a board member orientation booklet, including a code of conduct.

A manual for board members was prepared by the Department of Law and was distributed to all members. In addition to this manual, new board members receive information regarding complaint handling and the board's role in investigation and adjudication, an application packet for the regulated profession, appropriate statutes and regulations, a copy of the Administrative Procedure Act, information on the availability of teletype service, a listing of other members' names and address on the particular board, and a listing of Division employees.

Recommendation No. 10: The 11 health-related boards, in conjunction with the Division of Occupational Licensing should review their applications for licensure and delete any questions which could lead to discrimination against applicants.

All 21 boards and commissions are cognizant of the need to ensure against appearances or charges of discrimination, and of their responsibilities in this area. The process of application review is time consuming for most boards due to the infrequency of meetings; however, all boards have, or will, consider this recommendation, with assistance from the Division.

Recommendation No. 11: The Department of Commerce and Economic Development should improve formal board minutes.

The Division has been implementing this recommendation and will continue to do so. A decrease in licensing examiner turnover has resulted in substantial improvements to board minutes preparation.

Recommendation No. 12: The Department of Commerce and Economic Development and all licensing boards should ensure that public notices of examinations are sufficiently and timely advertised.

Public notices for board meetings and examinations are advertised according to legal requirements.

In conclusion, the DOL wishes to ensure the Legislature and the public that every effort is being made within available resources to accomplish the directives outlined in Title 8. The recommendations made as a result of the Sunset process, in addition to any other appropriate suggestions from any source, have been and will continue to be evaluated.

# MEDICAL CONSULTING SERVICES

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April 28, 1980

The Honorable Thelma Buchholdt  
Chairwoman, Health, Education, and  
Social Services Committee  
House of Representatives  
Pouch B  
Juneau, Alaska 99811

RE: House Bill 910

Dear Ms. Buchholdt:

I would like to take this opportunity to thank you for your assistance in obtaining information regarding this bill during my brief stop in Juneau on April 18. I would like to restate my opposition to sections of that bill as follows.

## Section 2.01.68.060

Lines 26 to 28 (Page One) currently read: "At least two of the members who are professional nurses must hold a bachelor's degree or higher."

Recommendation: I would like to see these lines deleted and substituted with the following - "At least two of the members must be diploma and associate degree registered nurses." Justification for Change: There is no foundation that a professional nurse holding a bachelor's degree is any more qualified as a nurse than one prepared at the three or the two year level. As a matter of fact, a recent study, which I am enclosing for you, published in "RN" magazine in 1980 clearly brings to light the real matter of the problems with baccalaureate programs. This study is sufficient to discredit the idea that the baccalaureate program is inherently better than others in preparing nurses.

## Section 6AS 08.68.111

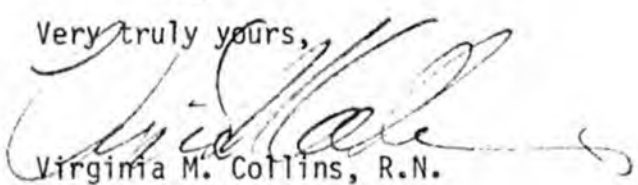
Part B states that "the executive secretary must be a nurse with a bachelor's degree or higher in nursing, must be currently licensed by the state, and must meet other qualifications as established by board regulations." Justification for Change: There is no criteria that indicates that a bachelor's degree registered nurse is any more qualified for the position of executive secretary.

Thelma Buchholdt  
April 28, 1980  
Page 2

I would appreciate your consideration in changing these two sections so that they refer to registered nurses who have met the state's requirement for licensure. This would cover BSN nurses, nurses who have degrees in health science fields, the ADN, and diploma nurses. In this manner, all segments of the nursing population should be represented.

Thank you again for your help. It has been greatly appreciated.

Very truly yours,



Virginia M. Collins, R.N.  
Director

VMC:ah

Enclosure

# Is the BSN better?

**Superior nursing performance of diploma graduates is confirmed in a survey of nursing directors and in state board test results.**

By Anita Zarett, RN, BA

*Although the following study applies to only one state out of 50, it makes a point that's true everywhere and any-time: Don't judge labels; judge results. It's individual performance that counts, not just credentials. What we need now is more information: Is the situation in Pennsylvania typical? Or is it a rare exception? RN welcomes data from any state. If you know of any similar studies, please help us share the results.—The Editors.*

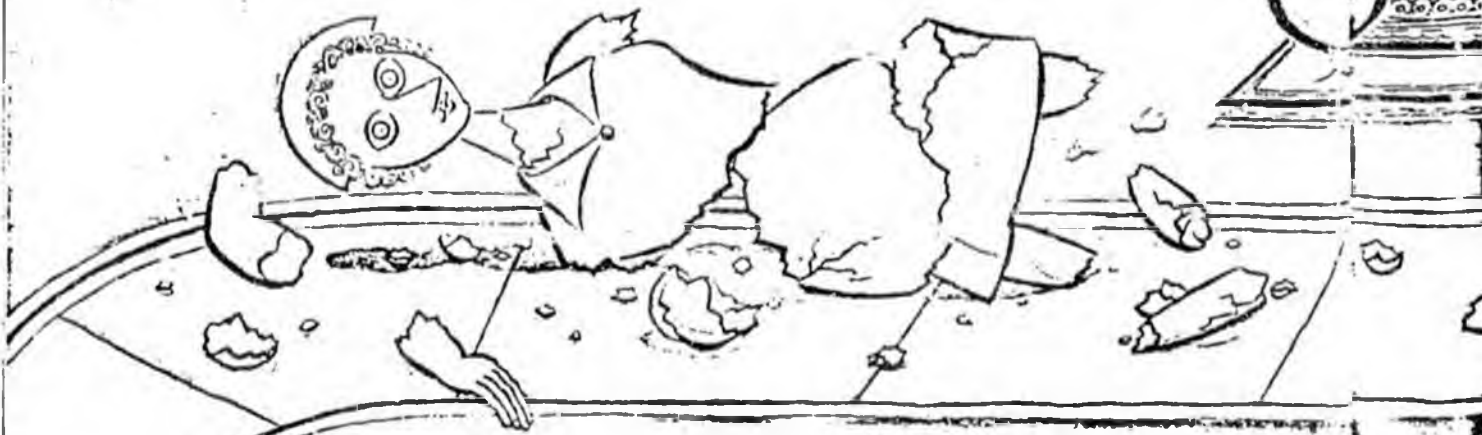
THE AUTHOR, who conducted this study, teaches nursing at Memorial, Rarborough School of Nursing, and is presently completing the graduate health education program at St. Joseph's University in Philadelphia. Contributions to the study were also made by Patricia Nelson, RN, MS, EdM; Carol Chotnicki, RN, BSN, EdM; and Kathleen Brogan, RN.

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Diploma school graduates rate higher than BSNs in nine of 11 nursing performance categories (and the difference is statistically significant in six of them), according to a survey I conducted of directors of nursing in Pennsylvania. In addition, according to 96% of the respondents, diploma graduates need the least amount of orientation at the time of employment.

I've also discovered that diploma graduates outperformed BSNs in the Pennsylvania State Board Examinations for the past two years. In 1977, the diploma grads scored a mean of 22 points higher, and in 1978, a mean of 28 points higher than BSNs. Further, the percentage of graduates failing state boards in 1978 is lowest for

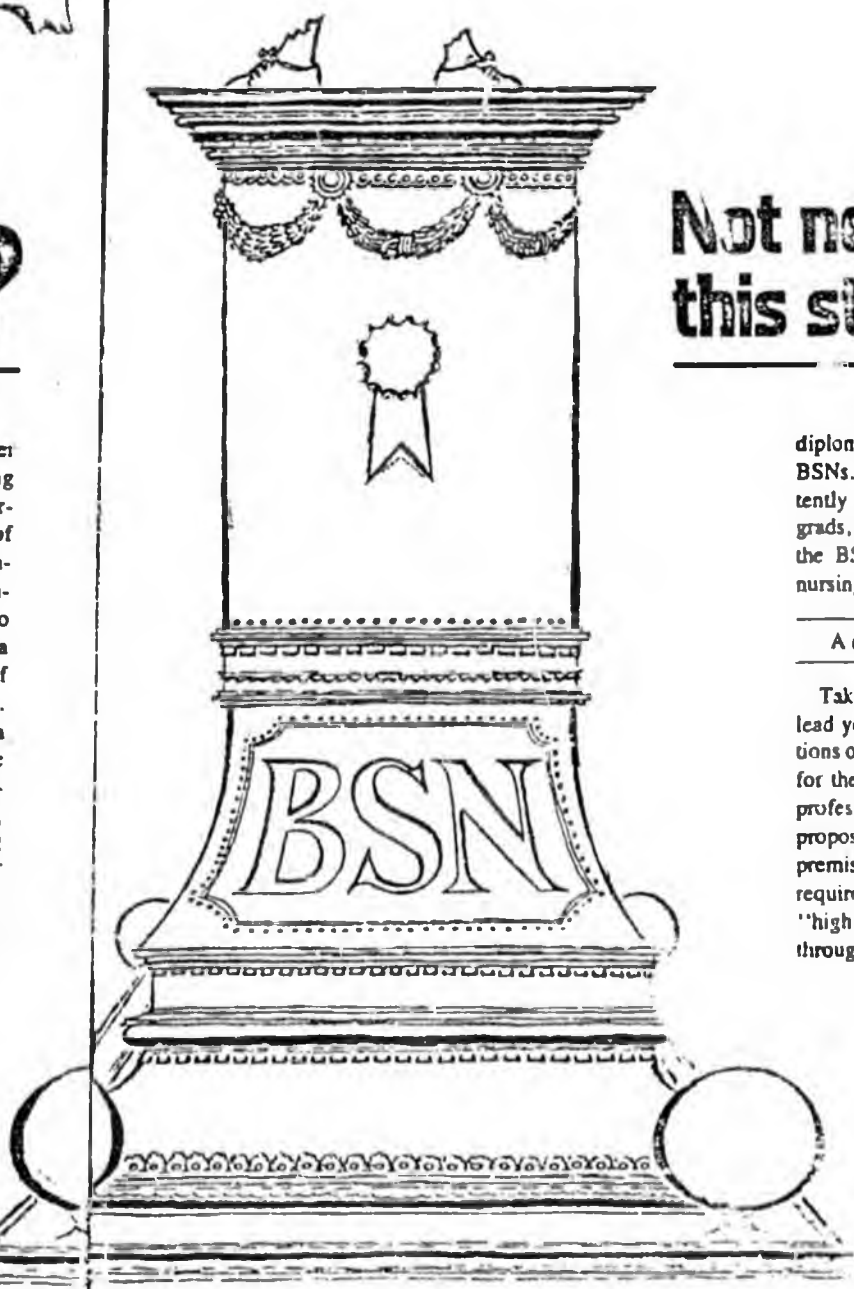


RN Nov. 1980

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## Not necessarily, this study concludes

diploma graduates and highest for BSNs. And although AD grads consistently scored lower than diploma grads, in 1978 they scored higher than the BSNs in four out of five of the nursing areas tested.

### A challenge to the '85 proposal

Taken together, these data certainly lead you to wonder about the assumptions of the ANA '85 resolution calling for the BSN as a requirement to enter professional nursing practice. The '85 proposal is, of course, based on the premise that modern nursing practice requires knowledge and skill of a "high order that can only be obtained through a rigorous course of study in

AR 29

colleges and universities"; and that hospital schools of nursing are "inadequate" in meeting these demands.

Little evidence has been offered to support these assumptions. Virtually no previous research in Pennsylvania has been reported that directly compares the performance of BSN, AD, and diploma graduates. Some other studies have attempted to assess performance by comparing the entry level of nurses who have reached higher positions, or by examining hospital policy for hiring and promoting various grads. But these results are, at best, confusing (see "Do hospitals prefer diploma grads?", below).

So when I set out to test the soundness of the ANA's assumptions, I decided to focus on nursing competency. My basic question was whether or not the quality of nursing care would, in fact, improve if the BSN requirement became mandatory. I felt the best way to determine this was to scientifically answer the following questions:

1. How high do nursing service directors in acute care settings in Pennsylvania rate the performance of all three levels of beginning nurse practitioners?

2. Of the three levels, which group needs the least amount of clinical orientation upon employment?

3. Of the three levels, which group, in fact, displays the most successful performance on Pennsylvania State Board Licensure Examinations?

The third question was answered by comparing the results of the graduates in their Pennsylvania State Board Examinations for the past two years.

The first two questions were answered through a survey sent to all the directors of nursing in acute care hospitals in Pennsylvania. The survey asked them to rate the performance of graduates of the various programs in 11 categories of nursing practice and to indicate which group upon graduation required the least amount of orientation. A total of 323 surveys were mailed, 68% were returned, and 48% were useable. Here are highlights of the results (see "How the study was conducted," page 33).

The nursing directors rated diploma grads significantly higher than BSNs in the following areas of performance:

- Performing independently—when necessary—in providing health care.
- Assuming responsibility for the patients assigned to their care.
- Establishing and choosing appropriate priorities to achieve nursing goals.
- Performing nursing skills accurately and safely in the promotion, maintenance, and restoration of health.
- Systematically reporting and recording pertinent data to determine nursing care needs.
- Exhibiting a high degree of commitment to quality nursing care.

In three other areas the diploma

grads rated higher than the BSNs, but the difference was not statistically significant: utilizing the nursing process competently; interacting effectively with the health care team, patients, family, and society; and respecting the rights and values of patients and significant others.

#### Other significant results

The directors rated BSN grads significantly higher than diploma nurses in applying selective knowledge of bio-psycho-social influences on health status; and in identifying the need for nurse self-actualization and continuing education.

*continued on page 32*

### Do hospitals prefer diploma grads?

Performance does count with hospital employers because, as some studies show, many hospitals hire and promote according to ability and seniority, rather than educational background. In a survey of 13 acute care community hospitals in California, Seles found that diploma nurses filled 82% of the head nurse positions and 78% of the managerial and administrative slots, though they comprised only 69% of the professional nursing staff as a whole.

A study by Dateman in 1977 showed more than 92% of the directors of nursing in Pennsylvania viewed diploma nurses as best prepared for nursing practice. Hogestell, in another 1977 study, found that over half of the AD graduates were being hired for the same positions as BSN grads, and that over 80% of all graduates were promoted without regard to preparation. Likewise, in a competency study by Smoyak (1970) diploma and baccalaureate graduates were found to be more alike than different.

The verdict is far from unanimous, however. In a study by Nelson (1978) supervisors rated BSN nurses highest in performance.

SOURCES: Dateman, J. "Future of Diploma Schools." Unpublished Master's Thesis, Penn State University, 1977. Hogestell, M. O. "Associate Degrees and Baccalaureate Graduates—Do They Function Differently?" *American Journal of Nursing* 77:1598-1600, October 1977. Nelson, L. F. "Competence of Nursing Graduates in Technical, Communicative, and Administrative Skills." *Nursing Research* 27(2):121-125, March-April 1978. Smoyak, S. A. A Panel Study Comparing Self-Reports of BSN, Diploma Graduates After the First Week of Experience in Hospitals. Newark, New Jersey: Unpublished Doctoral Paper, Rutgers, 1970. Soules, M. T. "What does a BSN get you?" *RN*, June 1978.

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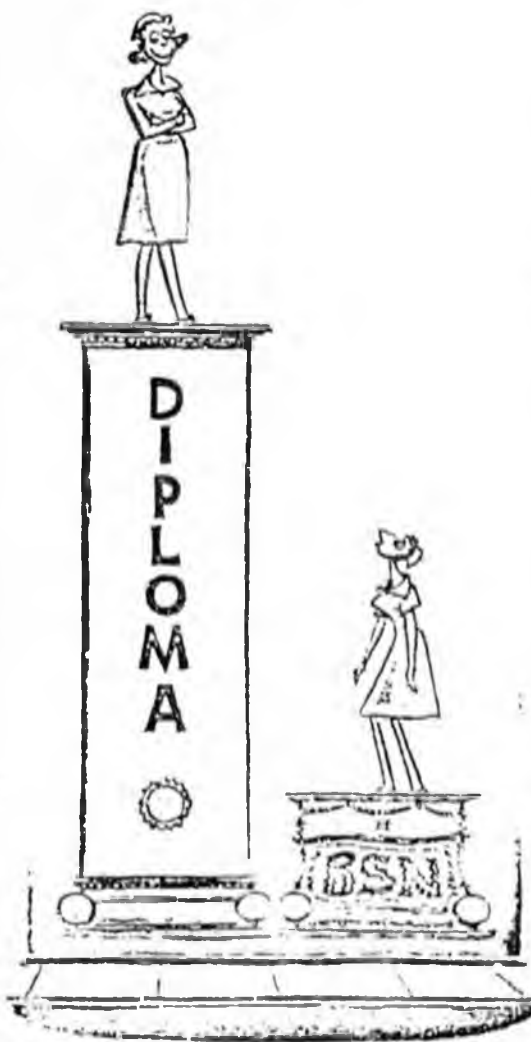
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## Top honors for diploma grads on nine different counts

When 154 Pennsylvania nursing directors rated diploma, BSN, and AD grads on the skills and attributes listed below, the diploma grads got top scores on nine of 11. Ratings are based on a scale of 5 (highest performance) to 1 (lowest performance). Scores represent the directors' average rating.



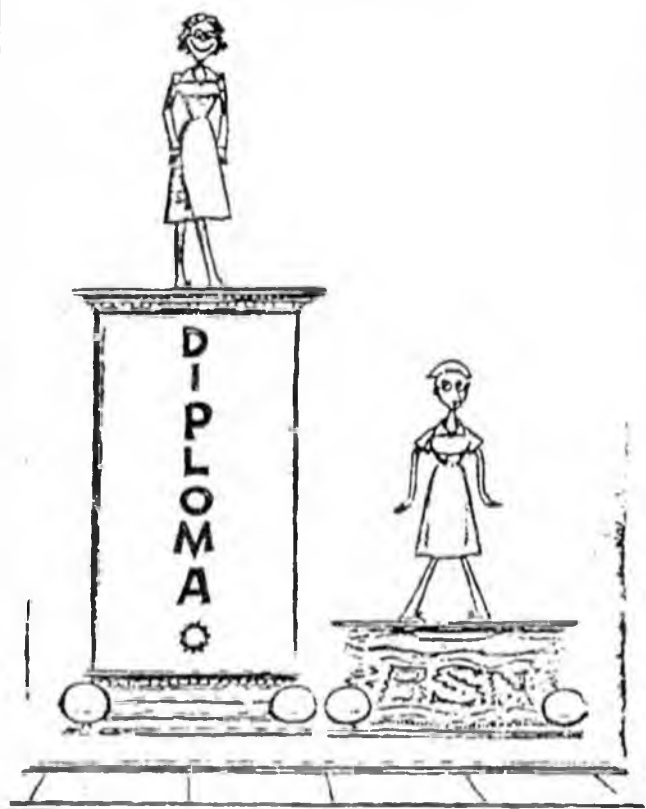
Nursing activity	Diploma	BSN	AD
1. Perform nursing skills accurately and safely in the promotion, maintenance, and restoration of health.	4.13*	3.29	2.62
2. Respect the rights and values of patients/clients and significant others.	4.12	4.01	3.58
3. Assume responsibility for the patients/clients assigned to his/her care.	4.09*	3.49	2.29
4. Exhibit high degree of commitment to quality nursing care.	4.03*	3.35	3.31
5. Perform independently when necessary in the provision of health care.	4.01*	3.12	2.53
6. Identify the need for self-actualization and continuing education.	3.93	4.10**	3.41
7. Interact effectively with the health team, patients/clients, family, and society.	3.92	3.82	3.10
8. Systematically report and record pertinent data to determine nursing care needs.	3.92*	3.71	2.98
9. Establish and choose appropriate priorities in order to achieve goals.	3.86*	2.89	2.68
10. Apply selective knowledge concerning biopsychosocial influences on health status.	3.77	4.11**	2.83
11. Utilize the nursing process competently.	3.68	3.47	2.51

\*This rating is significantly higher for the diploma graduate than for the BSN graduate.

\*\*This rating is significantly higher for the BSN graduate than for the diploma graduate.

## How diploma, BSN, and AD graduates scored on their state boards

The State Board of Nurse Examiners' minimum competency examination leaves little room for misinterpretation. It's the only standard method of evaluating the graduates of all three programs. Here are the comparative results for two consecutive years. The figures speak for themselves.



### Mean score achieved in areas examined

#### 1977

	Diploma	BSN	AD
Medicine	526	430	499
Surgery	542	494	517
Obstetrics	516	504	489
Nursing of Children	522	500	561
Psychiatry	504	517	498

#### 1978

	Diploma	BSN	AD
Medicine	535	490	506
Surgery	535	480	508
Obstetrics	510	484	501
Nursing of Children	511	487	489
Psychiatry	493	505	481

In all cases, the diploma nurses rated significantly higher than the AD graduates and in most cases the BSN nurses rated higher than the ADs.

The twelfth entry on the survey gave the directors of nursing an opportunity to point out which program prepared

nurses to function appropriately with the least amount of orientation. Respondents were invited to give open-ended comment on their assessment of the graduates. Of the 154 directors of nursing responding, 148 (96%) said the diploma graduate is prepared to

begin nursing at the entry level with the least amount of orientation. Twenty-three directors claimed that the only nurse prepared to meet the demands of the hospital milieu is the diploma graduate. Ten commented that it took the BSN and the AD six months to a

level

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501  
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508  
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483  
481

year to "catch up," but five of these said that once the BSN caught up, she exceeded the other two in performance. Although six directors said that the BSN is the best prepared in patient communication, teaching, and similar tasks, three mentioned that after a year of experience, many BSNs accept positions that take them away from the bedside.

The directors of nursing of the larger inner city hospitals associated with a

BSN program tended to rate baccalaureate graduates equal to or better than diploma graduates, and those hospitals with their own schools of nursing viewed the diploma graduate as superior. A number of directors (34) expressed concern over nursing shortages that would be created if the '85 proposal became effective. Others stated that instead of closing diploma programs, the ANA and state nurses associations should put pressure on

colleges and universities to make the transition from RN to BSN less difficult for those who seek it.

No matter how painstaking the methodology of this research (see "How the study was conducted," below), it remains a survey of the opinions of the directors of nursing, rather than a direct measure of nursing performance.

But the second part of my study leaves little room for personal opinion

continued on page 78

### How the study was conducted\*

Two factors—performance on licensing exams and the opinions of Directors of Nursing—were used to compare the competency of Pennsylvania nurses graduating from BSN, AD, and diploma programs. A null hypothesis was adopted.

Test results of the State Board Registered Nurse Licensing Examinations from the years 1977 and 1978 were used to compare the performances of the examinees. Means were reported individually for the areas tested and failures were expressed in percentages for all three groups.

To study the opinions of directors of nursing, a three-part survey form was developed by the investigators. The first part collected information on hospital size and whether or not nurses from all three programs were employed. The second part listed 11 functions nurses should be able to perform to meet acceptable standards of care and asked the directors to rate the performance of their new graduate nurse employees using a 5 point Likert Scale with a "strongly agree" rating of 5 down to a "strongly disagree" rating of 1 on each of the behaviors. These 11 areas of nursing performance were gleaned from the catalogues of six Pennsylvania baccalaureate, associate degree, and diploma schools. The schools, two of each type, were selected on the basis of their common terminal objectives. The list complies with ANA standards of nursing practice, and the Pennsylvania Nurses Association "1985" position paper's outline of specific nursing qualities.

Content validity for these 11 elements was tested by administering the instrument to four nursing supervisors and two directors of nursing. Unclear areas were revised in accordance with

their recommendations if the suggestions agreed with ANA standards.

Reliability of the instrument was assessed by applying the test-retest method three weeks apart. Reliability ( $r=.87$ ) was computed by the Pearson Product Moment Correlation.

The third part of the survey asked the director which level graduate required the least orientation upon employment. Comments were also solicited.

From July through December 1977, a total of 323 survey forms were mailed to hospitals with a census range from less than 50 to over 2,000 beds—modal census was 250. In September of 1977 a second request was mailed to institutions that had not responded to the first. A total of 220 (68%) of the forms were returned completed. Sixty-six were discarded—50 because the hospital did not have either BSN or AD graduates in their employ, the remaining 16 because respondents developed their own rating scale which could not be accurately converted to the survey's scaling system.

After the data was collected and computed, a three-way analysis of variance was employed to test the first 11 hypotheses. An F ratio was obtained at the .05 level of probability. When significance was demonstrated, T tests were applied to indicate exactly between which groups the significance occurred. Both .01 and .05 levels were used. T tests were chosen in preference to the more sophisticated methods because of their simplicity in computation. The results of the 12th variable—the question on orientation—were merely tallied and expressed in the form of a percentage.

\*Statistics and measurement tool available on request.

**BSN** *continued from page 33*

or prejudice to color the results. It uses the only standardized method of evaluating nurses that we have: the State Board of Nurse Examiners' cognitive-theoretical minimum competency exam. At present, graduates of all three preparatory programs in Pennsylvania take the same test and are scored in the same manner. So it was a simple matter to compare the performance of the graduates from all three programs in both the 1977 and 1978 exams. Here are some highlights of the findings (for details, see page 32).

In both 1977 and 1978, diploma graduates consistently scored higher than AD and BSN graduates in medical, surgical, obstetric, and nursing of children. BSN graduates scored higher than diploma graduates only in psychiatric nursing. Although AD graduates scored lower than their diploma colleagues, in 1978 they scored higher than BSNs in four of the five areas tested.

Overall means place the diploma graduate first, the AD second, and the BSN last. In 1978, the BSNs' mean scores were lower than their 1977 mean scores in all five areas, and the gap between their scores and the diploma graduates' widened.

#### Conclusion and implications

Although this study applies only to the state of Pennsylvania, it is certainly sufficient to discredit the idea that a BSN program is inherently better than diploma training. Indeed, it demonstrates that, in at least one major state, diploma school preparation is in many ways significantly superior. The implications are clear.

Before any serious consideration can be given to legislative changes in the entry requirements, an objective comparison of all programs' effectiveness must be carried out on a national scale. If the facts I discovered in Pennsylvania hold true throughout the nation, mandating the BSN would clearly be a terrible mistake. In fact, it would actually make more sense to mandate the diploma. □

## Diploma vs. BSN: Some caveats

Because the results of this study are controversial, to say the least, *AN* asked for comments on it from a representative group of nurses, including nursing directors and educators. Included in their remarks were a number of specific provisos worth remembering as you weigh the study's results.

- These data are limited to new graduates employed in or having taken state board exams in Pennsylvania. That doesn't mean, however, that these grads all went to nursing school in Pennsylvania. In fact, some may even have been trained abroad. Several respondents claim the same results would not be found in their states.

- The 11 activities surveyed seem, to some observers, to be weighted toward technical, task-oriented clinical performance rather than leadership and management skills. Since diploma programs are noted for their strong technical/clinical orientation and BSN programs for leadership and management, the results of the survey may be skewed in favor of diploma graduates. The same cannot be said of the state board results, however, because of the cognitive/theoretical bases of the exams.

- Directors of nursing in large hospitals, one reviewer notes, are not as well qualified to speak of the performance of new graduates as supervisors and head nurses are. In smaller community and rural hospitals, the directors might have first hand knowledge of new graduate performance, but the study doesn't break down the data according to institutional size.

- Fifty hospitals had to be disqualified because they did not have ADs or BSNs on staff and consequently had no basis for comparing performance. These were probably diploma school hospitals and/or rural hospitals where AD and BSN graduates are scarce. If so, the survey may understate the overall favor diploma graduates enjoy.

Almost everyone saw a need for more studies. One reviewer suggested an evaluation of performance based on the competencies established by the National League for Nursing for the graduates of various programs. Enrica Singleton, RN, DrPH, an *AN* consultant, focused her attention on the finding that BSN grads rated significantly higher than diploma grads in applying selective knowledge of bio-psycho-social influences on health status. "If this is true," she observed, "better care and performance should be the ultimate result." This seems to be confirmed by the comments of some directors who say that, although it takes BSNs six months to a year to "catch up," once they have, they surpass ADs and diploma grads in performance. Ms. Singleton suggested that possibility is worth a follow up study.

But other reviewers express impatience with studies that look back. Contributing Editor Margaret Van Meter, RN, wants nursing to press forward. "What's needed is in-depth analysis of future health-care needs and an educational program that's geared to meet those needs."

Norman Buchholdt

TO: HOUSE NURSING COMMITTEE (Copy to each member)

From: Carol Beardsley, RN, Anch. Fracture & Orthopedic Clinic, Anch. 279-9522  
Gail Augdahl, RN, Alaska Hospital - OR, Anchorage - 276-1151  
Audrey Ayers, RN, Providence Hospital - OR - Anchorage - 276-4511

~~Joanne Sidney, RN, Anch. Fracture & Orthopedic Clinic, Anchorage, Alaska 99504 - 279-9522~~  
Joanne Sidney, RN, Anch. Fracture & Orthopedic Clinic, Latouche  
Anchorage, Alaska 99504 - 279-9522

Sue Bear, RN, Manager - Emergency Room - Providence Hospital, Anchorage - 276-4511

Relating to: House Bill 910 - An Act Relating to the practice of nursing.

As diploma and associate degree registered nurses, we continue to oppose HB 910.

We will continue to oppose this bill until we have a guarantee in writing that we will have representation on the board of nursing of a diploma RN graduate and an associate degree RN graduate.

It would require making changes in the language in sections 1 and 2 on page 1 of HB 910.

Regardless of what any other lobbyist, spokesman, legislative writer, or the like, who supports this bill may say to your committee, we are against the bill until the above guarantees are inserted into the bill.

Diploma and associate degree registered nurses comprise the majority of RNs in the State of Alaska. We want equal representation on the board. We do not want to be governed by a minority (the Bachelor of Science RNs) -- as it would be unfair, undemocratic and unsupportable.

We did have a meeting with representatives of the Alaska Nursing Association -- whose officers support this bill. Our meeting reconfirmed that we should oppose the bill until diploma and associate degree nurses are represented on the board.

Thank you for your consideration.

Introduced: 2/27/80  
Referred: Health, Education &  
Social Services and Finance

1 IN THE HOUSE

BY THE RULES COMMITTEE BY  
REQUEST OF THE GOVERNOR

2 HOUSE BILL NO. 910

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the practice of nursing."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 \* Section 1. AS 08.68.010 is amended to read:

9 Sec. 08.68.010. CREATION AND MEMBERSHIP OF BOARD OF NURSING.

10 There is created a Board of Nursing, consisting of seven members  
11 appointed by the governor. One member must [SHALL] be an actively  
12 licensed practical nurse [CURRENTLY INVOLVED IN INSTITUTIONAL NURSING  
13 SERVICE], one member an advanced nurse practitioner [IN COMMUNITY OR  
14 PUBLIC HEALTH NURSING], one member who is a professional nurse engaged  
15 in basic professional nursing education, [AND] two members who are  
16 professional nurses with direct or indirect responsibilities for  
17 nursing services [IN BASIC OR CONTINUING NURSING EDUCATION, ONE NURSE  
18 AT LARGE], and two persons who have no direct financial interest in  
19 the health care industry.

20 \* Sec. 2. AS 08.68.060 is amended to read:

21 Sec. 08.68.060. QUALIFICATIONS OF REGISTERED NURSE AND LICENSED

22 PRACTICAL NURSE BOARD MEMBERS. The five members of the board who are  
23 nurses must [SHALL] be licensed [PROFESSIONAL NURSES] in the state,  
24 and must [SHALL] have been actively engaged in nursing for not less  
25 than four years before appointment, three [TWO] years of which were  
26 within the five years immediately preceding appointment. ~~At least two~~

27 ~~of the members who are professional nurses must hold a bachelor's~~  
28 ~~degree or higher.~~

29 \* Sec. 3. AS 08.68.070 is amended to read:

delete  
ad op.

1           Sec. 08.68.070. ELECTION OF OFFICERS. The board shall annually  
2 elect a chairperson [CHAIRMAN] and secretary-treasurer from among its  
3 members.

4 \* Sec. 4. AS 08.68.080 is amended to read:

5           Sec. 08.68.080. MEETINGS. The board <sup>May Adop.</sup> ~~shall~~ meet at least four  
6 times [ONCE] a year.

7 \* Sec. 5. AS 08.68.100 is amended to read:

8           Sec. 08.68.100. DUTIES AND POWERS OF BOARD. (a) The board  
9 shall

10           (1) adopt [RULES AND] regulations necessary to make this  
11 chapter effective, including regulations pertaining to practice as an  
12 advanced nurse practitioner [AND WHEN NECESSARY, ADDITIONS TO OR  
13 CHANGES IN RULES AND REGULATIONS OF THE BOARD BY A QUORUM VOTE BY  
14 MAIL, THESE ADDITIONS TO OR CHANGES IN THE RULES AND REGULATIONS WHICH  
15 ARE MADE BY MAIL AND THE VOTE ON THEM TO BE ENTERED IN THE MINUTES OF  
16 THE BOARD AT ITS NEXT MEETING];

17           [(2) MAKE AVAILABLE, UPON REQUEST, COPIES OF THIS CHAPTER  
18 AND THE REGULATIONS ADOPTED FOR ADMINISTERING IT;]

19           (3) approve curricula and adopt standards for

20           (A) educational programs preparing persons for licensure  
21 or authorization to practice under AS 08.68, and

22           (B) basic and graduate degree educational programs in  
23 nursing [LICENSING AND PROVIDE FOR SURVEYS OF THESE PROGRAMS IN  
24 THE STATE AT THE TIMES IT CONSIDERS NECESSARY];

25           (4) accredit [ACCREDITS] educational programs which meet  
26 the requirements of this chapter and [THE STANDARDS] of the board, and  
27 deny, revoke, or suspend [OR WITHDRAW] accreditation from educational  
28 programs for failure to meet board requirements [STANDARDS];

29           (5) examine, license, and renew the licenses of qualified

1 applicants [, AND CONDUCT HEARINGS UPON CHARGES AND ADMINISTER OATHS  
2 TO PERSONS GIVING TESTIMONY AT HEARINGS];

3 (6) prescribe requirements to validate competency to con-  
4 tinue or re-enter practice; [KEEP A RECORD OF ITS PROCEEDINGS, AND  
5 SUBMIT ANNUAL REPORTS TO THE GOVERNOR AND THE LEGISLATURE]

6 (7) keep a record of its proceedings, and submit annual  
7 reports to the governor and legislature;

8 (8) define by regulation the duties of the executive secre-  
9 tary and delegate such authority of the board to the executive secre-  
10 tary as may be necessary for the conduct of board business.

11 (b) The board may:

12 ~~(1) issue subpoenas, compel the attendance of witnesses,~~  
13 ~~and administer oaths to persons giving testimony at hearings;~~

*delete  
adp.*

14 ~~(2) conduct hearings upon charges of alleged violations~~  
15 ~~of this chapter or regulations adopted under it;~~

16 (3) invoke, or request the department to invoke, discipli-  
17 nary action against a licensee, in accordance with the Administrative  
18 Procedure Act (AS 44.62).

19 \* Sec. 6. AS 08.68.111 is amended to read:

20 Sec. 08.68.111. EXECUTIVE SECRETARY [OFFICER] OF BOARD. (a)  
21 The Department of Commerce and Economic Development, in consultation  
22 with the Board of Nursing, shall employ a licensed, professional  
23 [REGISTERED] nurse, who is not a member of the board, to serve as  
24 executive secretary [OFFICER] of the board.

25 (b) The executive secretary <sup>may adp.</sup> ~~must~~ [OFFICER SHALL] be a nurse  
26 having a bachelor's degree or higher in nursing, <sup>shall adp.</sup> ~~must~~ be currently  
27 licensed in the state. ~~and must meet other qualifications as estab-~~  
28 ~~lished by board regulations.] [WITH NOT LESS THAN FIVE YEARS OF ACTIVE~~  
29 NURSING EXPERIENCE, OF WHICH NOT LESS THAN TWO YEARS WITHIN THE PRE-

*delete adp.*

1 CESSING FIVE YEARS HAS BEEN IN AN ADMINISTRATIVE OR A TEACHING CAPACITY  
2 IN AN ACCREDITED INSTITUTION ACCEPTABLE TO THE BOARD. IF A LICENSED  
3 PROFESSIONAL NURSE HOLDING A BACHELOR'S DEGREE IS NOT AVAILABLE TO  
4 FILL THE POSITION OF EXECUTIVE OFFICER, THE BOARD MAY WAIVE THE REQUIRE-  
5 MENT FOR A BACHELOR'S DEGREE AND APPOINT A LICENSED PROFESSIONAL NURSE  
6 POSSESSING OTHER QUALIFICATIONS IN EDUCATION AND ADMINISTRATIVE EXPERI-  
7 ENCE WHICH THE BOARD CONSIDERS ACCEPTABLE. HOWEVER, THE APPOINTEE  
8 SHALL COMPLETE THE REQUIREMENTS FOR THE AWARD OF A BACHELOR'S DEGREE  
9 IN FOUR YEARS AFTER APPOINTMENT TO THE POSITION OF EXECUTIVE OFFICER.  
10 ANNUALLY, THE APPOINTEE SHALL OFFER THE BOARD EVIDENCE OF SATISFACTORY  
11 PROGRESS TOWARD AWARD OF A BACHELOR'S DEGREE. IF AFTER THE ANNUAL  
12 REVIEW THE BOARD BELIEVES THAT THE APPOINTEE HAS NOT MADE SATISFACTORY  
13 PROGRESS TOWARD AWARD OF A BACHELOR'S DEGREE, THE DEPARTMENT MAY  
14 DISMISS THE APPOINTEE, NOTWITHSTANDING THE PROVISIONS OF AS 39.25.170.]

15 (c) The executive secretary [OFFICER] shall:

16 (1) perform the [administrative] duties <sup>prescribed The Bd.</sup> ~~as required~~ by law,  
17 regulation, or [THE STATUTES AND] the department, including the prepara-  
18 tion of minutes of board meetings.

19 (2) carry out regulations and policy decisions, consistent  
20 with law, made by the Board of Nursing, [AND]

21 (3) review and approve applicants for licensure who meet  
22 the qualifications prescribed in this chapter and in the board's regu-  
23 lations, [ASSIST THE BOARD IN THE CONDUCTING OF EXAMINATIONS, EDUCA-  
24 TIONAL PROGRAMS, PREPARATION OF MINUTES AND OTHER BOARD ADMINISTRATIVE  
25 WORK]

26 (4) bring before the board those applications that raise  
27 questions requiring full board consideration.

28 (5) conduct licensure examinations for qualified applicants,

29 (6) assist the department in informing licensees of the

delete  
adp.

1 necessity to renew licenses,

2 (7) communicate with other state boards and educational in-  
3 stitutions regarding licensure of candidates and related concerns,

4 (8) refer complaints against licensees to the department  
5 for investigation,

6 (9) prepare periodic and special reports and surveys as  
7 required, including the annual report to the governor and the legisla-  
8 ture,

9 (10) collect, compile, analyze, and distribute data relating  
10 to nursing education and licensure,

11 (11) respond to communications relating to nursing licensure,  
12 the provisions of AS 08.68, nursing education, and other related  
13 matters,

14 (12) direct communications requiring full board action to  
15 the board,

16 (13) provide information concerning the provisions of AS  
17 08.68, board regulations and policies, and trends in nursing and  
18 nursing education to members of the public and the nursing profession,  
19 and to schools and other interested institutions and organizations,

20 (14) participate in educational program surveys,

21 (15) refer educational program reports to the board,

22 (16) assist the board and the department in the preparation  
23 of the annual budget,

24 (17) prepare and distribute the agenda for board meetings,

25 (18) collect and make available to the board all pertinent  
26 information on issues before the board,

27 (19) assist the division in the orientation of new board  
28 members.

29 \* Sec. 7. AS 08.68.170 is amended to read:

*delete  
adp.*

1           Sec. 08.68.170. QUALIFICATIONS OF PROFESSIONAL OR PRACTICAL  
2 NURSE APPLICANTS. An applicant for a license to practice professional  
3 or practical nursing shall submit to the board on forms and in the  
4 manner prescribed by the board, written evidence, verified by oath,  
5 that the applicant has [COMPLETED AN APPROVED FOUR YEAR HIGH SCHOOL  
6 COURSE OF STUDY OR THE EQUIVALENT AS DETERMINED BY THE APPROPRIATE  
7 EDUCATIONAL AGENCY, AND HAS] successfully completed (1) a professional  
8 or practical nursing education program accredited by the board; or (2)  
9 a professional or practical nursing education program outside the  
10 state which, in the opinion of the board, meets the minimum require-  
11 ments of the board for an accredited program of study in this state at  
12 the time the applicant graduated; or (3) a professional or practical  
13 nursing education program accredited by the National League for Nursing  
14 at the time the applicant graduated.

15 \* Sec. 8. AS 08.68.190 is amended to read:

16           Sec. 08.68.190. LICENSE BY EXAMINATION. The applicant shall  
17 pass a written examination as prescribed by [IN THE SUBJECTS WHICH]  
18 the board [PRESCRIBES]. The board shall issue a license to an appli-  
19 cant who passes the examination to practice professional [NURSING] or  
20 practical nursing provided the other qualifications outlined in AS 08.-  
21 68.170 and 08.68.180 are also met. The board shall conduct examina-  
22 tions annually and as often as it considers necessary.

23 \* Sec. 9. AS 08.68.200 is amended to read:

24           Sec. 08.68.200. LICENSE BY ENDORSEMENT. The board may issue a  
25 license by endorsement to practice professional or practical nursing  
26 [OR TO PRACTICE PRACTICAL NURSING], whichever is appropriate, to an  
27 applicant who

28           (1) is licensed as either a professional or practical nurse  
29 [OR A PRACTICAL NURSE] under the laws of another state or territory,

1 if in the opinion of the board the applicant meets the qualifications  
2 required for licensing in the state, and meets the requirements of AS  
3 08.68.170 [EITHER SEC. 170 OR SEC. 180 OF THIS CHAPTER, WHICHEVER IS  
4 APPLICABLE]; or

5 (2) meets the requirements of AS 08.68.170 and has success-  
6 fully completed the Canadian Nurses' Association Testing Service  
7 (CNATS) examination if the board determines it is comparable to the  
8 examination administered by this state.

9 \* Sec. 10. AS 08.68.210(a)(2) is amended to read:

10 (2) meets the requirements of AS 08.68.170 [EITHER SEC. 170  
11 OR SEC. 180 OF THIS CHAPTER, WHICHEVER IS APPLICABLE], and

12 \* Sec. 11. AS 08.68.210(b) is amended to read:

13 (b) The board may issue a nonrenewable permit to an applicant  
14 for license by examination if (1) the applicant [HE] meets the qualifi-  
15 cations of AS 08.68.170, or (2) the applicant is a graduate of a  
16 foreign school of nursing and has successfully completed the examina-  
17 tion administered by the Commission on Graduates of Foreign Nursing  
18 Schools (CGFNS) [SEC. 180 OF THIS CHAPTER, WHICHEVER IS APPLICABLE,  
19 AND PAYS THE REQUIRED FEE]. The permit will be valid for a period not  
20 extending beyond the time when the results are published of the first  
21 examination the applicant is eligible to take after the permit is  
22 issued.

23 \* Sec. 12. AS 08.68.220 is amended to read:

24 Sec. 08.68.220. FEES. The following fees shall be imposed under  
25 this chapter when applicable:

- 26 (1) for professional [OR REGISTERED] nursing  
27 (A) application fee..... \$40 [\$20]  
28 (B) license-by-examination fee..... \$20  
29 (C) license-by-endorsement fee..... \$20

1 if in the opinion of the board the applicant meets the qualifications  
2 required for licensing in the state, and meets the requirements of AS  
3 08.68.170 [EITHER SEC. 170 OR SEC. 180 OF THIS CHAPTER, WHICHEVER IS  
4 APPLICABLE]; or

5 (2) meets the requirements of AS 08.68.170 and has success-  
6 fully completed the Canadian Nurses' Association Testing Service  
7 (CNATS) examination if the board determines it is comparable to the  
8 examination administered by this state.

9 \* Sec. 10. AS 08.68.210(a)(2) is amended to read:

10 (2) meets the requirements of AS 08.68.170 [EITHER SEC. 170  
11 OR SEC. 180 OF THIS CHAPTER, WHICHEVER IS APPLICABLE], and

12 \* Sec. 11. AS 08.68.210(b) is amended to read:

13 (b) The board may issue a nonrenewable permit to an applicant  
14 for license by examination if (1) the applicant [HE] meets the qualifi-  
15 cations of AS 08.68.170, or (2) the applicant is a graduate of a  
16 foreign school of nursing and has successfully completed the examina-  
17 tion administered by the Commission on Graduates of Foreign Nursing  
18 Schools (CGFNS) [SEC. 180 OF THIS CHAPTER, WHICHEVER IS APPLICABLE,  
19 AND PAYS THE REQUIRED FEE]. The permit will be valid for a period not  
20 extending beyond the time when the results are published of the first  
21 examination the applicant is eligible to take after the permit is  
22 issued.

23 \* Sec. 12. AS 08.68.220 is amended to read:

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25 this chapter when applicable:

- 26 (1) for professional [OR REGISTERED] nursing  
27 (A) application fee..... \$40 [\$20]  
28 (B) license-by-examination fee..... \$20  
29 (C) license-by-endorsement fee..... \$20

1 (D) biennial license renewal fee..... \$20 [\$15]

2 (2) for practical or vocational nursing

3 (A) application fee..... \$30 [\$15]

4 (B) license-by-examination fee..... \$10 [\$15]

5 (C) license-by-endorsement fee..... \$10 [\$15]

6 (D) biennial license renewal fee..... \$20 [\$15]

7 \* Sec. 13. AS 08.68.251 is amended to read:

8 Sec. 08.68.251. LAPSED LICENSES. (a) A lapsed license may be  
9 reinstated if it has not remained lapsed for more than three [FIVE]  
10 years by payment of license fees which have fallen due during the  
11 lapsed period.

12 (b) If a [THE] license has remained lapsed for more than three  
13 [FIVE] years and

14 (1) if the board has reason to believe that the person  
15 applying for reinstatement [OF HIS LICENSE] no longer has sufficient  
16 knowledge to carry out the duties of a licensed nurse, the board shall  
17 [MAY] require the applicant to [TAKE AND PASS THE EXAMINATION GIVEN  
18 UNDER SEC. 190 OF THIS CHAPTER OR] complete a course of study [REFRESHER  
19 COURSE] approved by the board or pass an examination prescribed by the  
20 board, and to pay all applicable fees as if for a new application;

21 (2) if the board determines that the person applying for  
22 reinstatement has been actively employed in nursing in another state  
23 and has sufficient knowledge to carry out the duties of a licensed  
24 nurse, the lapsed license may be reinstated by payment of a reasonable  
25 fee imposed by the board under AS 44.62 (the Administrative Procedure  
26 Act), not to exceed the total fees required for a new application.

27 \* Sec. 14. AS 08.68 is amended by adding a new section to read:

28 Sec. 08.68.260. INACTIVE NURSES UNDER PREVIOUS LAW. A nurse who  
29 holds an inactive license issued under previous AS 08.68.261 shall

1 either (1) activate the license on or before that renewal date, or (2)  
2 permit the license to lapse.

3 \* Sec. 15. AS 08.68.270 is amended to read:

4 Sec. 08.68.270. GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION.

5 The board, after compliance with the Administrative Procedure Act (AS  
6 44.62), may deny, suspend or revoke the license of a person who

7 (1) has obtained or attempted to obtain a license to prac-  
8 tice nursing by fraud or deceit;

9 (2) has been convicted of a felony;

10 (3) has been convicted of any misdemeanor that bears direct-  
11 ly on the fitness of the person to practice nursing [A CRIME INVOLVING  
12 MORAL TURPITUDE];

13 (4) [IS] habitually abuses alcoholic beverages, stimulants,  
14 or depressants or illegally uses hallucinogenic or stimulant drugs as  
15 defined by AS 17.12.150(3) or narcotic drugs as defined by AS 17.10.-  
16 230(13) [INTOXICATED OR IS ADDICTED TO THE USE OF NARCOTICS];

17 (5) has impersonated a professional or practical nurse;

18 (6) is guilty, in the opinion of the board, of negligence  
19 which has resulted in a significant risk to the health or safety of  
20 a client or has resulted in [SERIOUS] injury to a client [PATIENT];

21 (7) practices or attempts to practice nursing while afflicted  
22 with physical or mental illness, deterioration, or disability to such  
23 an extent that the affliction interferes with the individual's perfor-  
24 mance of nursing functions [IS MENTALLY ILL OR MENTALLY INCOMPETENT];

25 (8) is guilty of unprofessional conduct;

26 (9) has wilfully [OR REPEATEDLY] violated any of the pro-  
27 visions of this chapter;

28 (10) is considered by the board to be professionally incom-  
29 petent;

1 (11) denies care or treatment to a patient or person seeking  
2 assistance if the sole reason for the denial is the failure or refusal  
3 of the patient or person seeking assistance to execute an agreement to  
4 arbitrate a dispute, controversy, or issue arising out of the care or  
5 treatment, as provided in AS 09.55.535(a).

6 \* Sec. 16. AS 08.68 is amended by adding a new section to read:

7 Sec. 08.68.276. CONTINUING COMPETENCE REQUIRED. A license to  
8 practice nursing may not be renewed unless the nurse has complied with  
9 continuing competence requirements that may be established by the  
10 board by regulation.

11 \* Sec. 17. AS 08.68.280 is amended to read:

12 Sec. 08.68.280. NURSING EDUCATION PROGRAM PROHIBITED UNLESS  
13 ACCREDITED. No person, institution or agency may conduct a nursing  
14 education program preparing persons for examination, licensure, authori-  
15 zation for specialized practice, or a graduate degree [FOR PROFESSIONAL  
16 OR PRACTICAL NURSES] unless the program is accredited by the board.  
17 All nursing education programs must be established in an accredited  
18 post secondary educational institution within the state.

19 \* Sec. 18. AS 08.68.290 is amended to read:

20 Sec. 08.68.290. APPLICATION FOR ACCREDITATION BY BOARD. An  
21 institution desiring to conduct a nursing education program to prepare  
22 professional [OR PRACTICAL] nurses at the associate, baccalaureate or  
23 higher degree levels or to prepare a nurse to perform in an expanded  
24 role as an advanced nurse practitioner or to prepare practical nurses  
25 shall apply to the board and submit evidence that (1) it is prepared  
26 to carry out the curriculum which meets requirements prescribed by  
27 law and [APPROVED] by the board for professional nursing, [OR] for  
28 practice as an advanced nurse practitioner or for practical nursing,  
29 [AS THE CASE MAY BE,] and that (2) it is prepared to meet other

1 requirements prescribed [STANDARDS ESTABLISHED] by law and by the  
2 board.

3 \* Sec. 19. AS 08.68.300 is amended to read:

4 Sec. 08.68.300. SURVEY AND ACCREDITATION BY THE BOARD. The  
5 board shall designate a survey team [THE EXECUTIVE OFFICER, A BOARD  
6 MEMBER, OR A CONSULTANT TO SURVEY THE INSTITUTION APPLYING FOR ACCREDI-  
7 TATION] to determine if the [STANDARDS AND] requirements prescribed  
8 [REQUIRED] by law and the board are met. The board may survey a  
9 nursing education program in the state at any time. Written reports  
10 of the surveys shall be filed with and retained by the board [AND  
11 RETAINED BY IT].

12 \* Sec. 20. AS 08.68 is amended by adding a new section to read:

13 Sec. 08.68.325. RECOGNITION OF EDUCATIONAL PROGRAMS. No program  
14 or course of study will be recognized as satisfying state requirements  
15 without board approval.

16 \* Sec. 21. AS 08.68.330 is amended to read:

17 Sec. 08.68.330. LIST OF ACCREDITED AND APPROVED PROGRAMS. The  
18 board shall prepare, maintain, and periodically [FROM TIME TO TIME]  
19 publish a list of accredited nursing education programs preparing  
20 nurses to practice and programs or courses of study which are approved  
21 to validate competency or to prepare a nurse for authorization to  
22 practice as an advanced nurse practitioner or to obtain a graduate  
23 degree [IN THE STATE].

24 \* Sec. 22. AS 08.68.340 is repealed and re-enacted to read:

25 Sec. 08.68.340. VIOLATIONS. (a) It is a class A misdemeanor  
26 for a person to:

27 (1) sell or fraudulently obtain or furnish a nursing diploma,  
28 license renewal, or record, or knowingly aid in doing so;

29 (2) practice nursing under cover of a diploma, license, or

1 record illegally or fraudulently obtained or signed or issued unlaw-  
2 fully, with knowledge of the illegality or unlawfulness of the act;

3 (3) practice or offer to practice nursing with knowledge  
4 that he has not been licensed, except when rendering necessary aid to  
5 the ill, injured, or infirm in an emergency, or knowingly to employ as  
6 a nurse a person without a license to practice nursing;

7 (4) knowingly use in connection with his name a designation  
8 tending to imply that he is a licensed nurse unless he is licensed;

9 (5) practice nursing during the time his license is suspended  
10 or revoked, knowing of the suspension or revocation;

11 (6) conduct a nursing education program that represents or  
12 implies that it is accredited knowing that the program has not been  
13 accredited by the board;

14 (7) do an act described in AS 08.68.405(10), (11), (14), or  
15 (15); or

16 (8) knowingly do an act described in AS 08.68.405(9).

17 (b) It is a class B misdemeanor for a person to:

18 (1) practice nursing under cover of a diploma, license, or  
19 record illegally obtained or signed or issued unlawfully;

20 (2) practice or offer to practice nursing without having  
21 been licensed, except when rendering necessary aid to the ill, injured,  
22 or infirm in an emergency, or to employ as a nurse a person without a  
23 license to practice nursing;

24 (3) use in connection with his name a designation tending  
25 to imply that he is a licensed nurse unless he is licensed;

26 (4) practice nursing during the time his license is suspended  
27 or revoked or with knowledge his license has lapsed;

28 (5) conduct a nursing education program that represents or  
29 implies that is is accredited, unless the program has been accredited

1 by the board; or

2 (6) do an act described in AS 08.68.405(4), (6), (7), (8),  
3 (12), (17), (18), or (19).

4 (c) It is a violation for a person to practice nursing during  
5 the time his license is lapsed.

6 \* Sec. 23. AS 08.68.400(a) is amended to read:

7 (a) This chapter does not apply to

8 (1) a qualified nurse licensed in another state employed by  
9 the United States Government or a bureau, or agency, or division of  
10 the United States Government while in the discharge of his official  
11 duties;

12 (2) nursing service given temporarily in the event of a  
13 public emergency, epidemic, or disaster;

14 (3) the practice of nursing by a student enrolled in a  
15 nursing education program accredited by the board when the practice is  
16 in connection with the student's course of study; [OR]

17 (4) the practice of nursing by an individual [A NURSE]  
18 enrolled in an approved program or course of study for purposes of  
19 meeting competency re-entry requirements under AS 08.68.251; or  
20 [REFRESHER COURSE]

21 (5) the practice of nursing by a nurse licensed in another  
22 state who engages in nursing education or nursing consultation activi-  
23 ties when these activities and contact with clients do not exceed 20  
24 working days within a licensing period.

25 \* Sec. 24. AS 08.68 is amended by adding a new section to read:

26 Sec. 08.68.405. UNPROFESSIONAL CONDUCT. (a) A person who com-  
27 mits one of the following acts is guilty of unprofessional conduct:

28 (1) failing to use appropriate judgment in the practice of  
29 nursing based upon the level of nursing for which the individual is

1 educationally prepared and licensed;

2 (2) failing to exercise technical competence in carrying  
3 out nursing care,

4 (3) failing to safeguard a client's dignity and right to  
5 privacy;

6 (4) violating the confidentiality of information or know-  
7 ledge concerning a client;

8 (5) verbally abusing a client;

9 (6) physically abusing a client;

10 (7) performing new nursing techniques or procedures without  
11 proper education and preparation;

12 (8) using alcohol or other drugs to the extent that the use  
13 interferes with nursing functions;

14 (9) making a disposition of prescription drugs or narcotics  
15 other than that ordered or prescribed by a person authorized by law to  
16 do so;

17 (10) falsifying a client's records or intentionally making  
18 an incorrect entry in a client's chart;

19 (11) violating state or federal laws regulating drugs, by  
20 forging prescriptions or by making drugs available to himself, friends,  
21 or family members;

22 (12) delegating a nursing care function, task, or responsi-  
23 bility to another who is not licensed under AS 08.68 to perform that  
24 function, task, or responsibility, and the delegation involves a sub-  
25 stantial risk of harm to a client;

26 (13) assuming duties and responsibilities, on repeated  
27 occasions, without adequate training or when competency has not been  
28 maintained;

29 (14) assisting another person to violate or circumvent any

1 law or regulation intended to regulate nursing practice;

2 (15) permitting or allowing another person to use his or  
3 her nursing license or permit for any purpose;

4 (16) failing to exercise adequate supervision over persons  
5 who are authorized to practice only under the supervision of the  
6 licensed professional;

7 (17) leaving a nursing assignment without properly notifying  
8 appropriate personnel;

9 (18) committing any act that poses a substantial risk of  
10 harm to a client.

11 (19) failing to perform acts within the nurse's scope of  
12 competence which are necessary to prevent substantial risk of harm to  
13 a client;

14 (20) failing to report as required by AS 08.68.406.

15 (b) The board may by regulation provide that other acts contrary  
16 to the standards of the nursing profession constitute unprofessional  
17 conduct.

18 \* Sec. 25. AS 08.68 is amended by adding a new section to read:

19 Sec. 08.68.406. DUTY TO REPORT ILLEGAL CONDUCT OR CONDUCT  
20 DANGEROUS TO CLIENTS. A nurse who witnesses a health care provider  
21 engaged in the following conduct shall report that conduct to the  
22 appropriate licensing board or to the immediate supervisor of that  
23 provider:

24 (1) any act described in AS 08.68.405(6), (8), (9), (10),  
25 (11), (12), (14), (15), (18), or (19);

26 (2) any act described in AS 08.64.380(3)(B) or (F);

27 (3) any act posing a danger to a client's welfare.

28 \* Sec. 26. AS 08.68.410 is repealed and re-enacted to read:

29 Sec. 08.68.410. DEFINITIONS. As used in this chapter

1 (1) "accredited nursing education program" means a program  
2 having curricula and standards which meet the requirements established  
3 by the board;

4 (2) "advanced nurse practitioner" means a registered pro-  
5 fessional nurse authorized to practice in the state who, by virtue of  
6 specialized education and experience, has become certified to perform  
7 acts of medical diagnosis and the prescription of medical, therapeutic,  
8 or corrective measures under regulations adopted by the board;

9 (3) "board" means the Board of Nursing;

10 (4) "endorsement" is the licensing of an applicant without  
11 examination through the acceptance of a license or registration issued  
12 by any state or territory after a comprehensive examination which is  
13 substantially equivalent to the examination offered in this state;

14 (5) "licensed practical nurse" is equivalent to the title  
15 "licensed vocational nurse" and to the name suffix abbreviations  
16 L.P.N. and L.V.N.;

17 (6) "licensed professional nurse" is equivalent to the  
18 common title "registered nurse" and the name suffix abbreviation R.N.;

19 (7) "practice of practical nursing" means the performance  
20 for compensation or personal profit of selected acts in the prevention  
21 of illness, and in the care of the ill, injured, or infirm under the  
22 direction of a licensed professional nurse or a licensed physician or  
23 a licensed dentist not requiring the substantial specialized skill,  
24 judgment, and knowledge required in professional nursing;

25 (8) "practice of professional nursing" means the performance  
26 for compensation or personal profit of acts of professional service  
27 requiring substantial specialized knowledge, judgment, and skill based  
28 upon the principles of biological, physiological, behavioral, and  
29 sociological sciences in assessing and responding to actual or poten-

1 tial health needs of individuals, families, or communities through  
2 such services as:

3 (A) assessment, problem identification, counseling,  
4 and health teaching;

5 (i) in the maintenance of health or in the  
6 prevention of illness of clients; and

7 (ii) in the care of the ill, injured, or infirm;

8 (B) administration, supervision, delegation, and  
9 evaluation of nursing practice;

10 (C) teaching of nursing;

11 (D) execution of a medical regimen as prescribed by a  
12 health care provider authorized by the state to perform acts of  
13 medical practice;

14 (E) performance of such additional acts requiring  
15 education and training and recognized by the nursing profession  
16 as properly performed by registered professional nurses;

17 (F) performance of acts of medical diagnosis and the  
18 prescription of medical therapeutic or corrective measures under  
19 regulations adopted by the board;

20 (9) "professional incompetence" means that a nurse does not  
21 possess the skills, knowledge, and awareness of his or her limitations  
22 and abilities to continue safely the practice of nursing.

23 \* Sec. 26. Administrative regulations, adopted jointly by the Board of  
24 Nursing and the State Medical Board and in effect on the effective date of  
25 this Act, remain in effect until amended or repealed by the Board of Nursing  
26 under this Act.

27 \* Sec. 27. AS 08.68.180(a), 08.68.260, and 08.68.350 are repealed.  
28  
29

1) get figures on how much the Bd brings in from licensing fees.

2) How much does it cost to run the Bd.

Introduced: 2/27/80  
Referred: Health, Education & Social Services and Finance

3) cost to administer test

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

IN THE HOUSE

4) proposed budget for next yr.

HOUSE BILL NO. 910

IN THE LEGISLATURE OF THE STATE OF ALASKA

ELEVEN LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to the practice of nursing."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

\* Section 1. AS 08.68.010 is amended to read:

Sec. 08.68.010. CREATION AND MEMBERSHIP OF BOARD OF NURSING.

There is created a Board of Nursing, consisting of seven members appointed by the governor. One member must [SHALL] be an actively licensed practical nurse [CURRENTLY INVOLVED IN INSTITUTIONAL NURSING SERVICE], one member an advanced nurse practitioner [IN COMMUNITY OR PUBLIC HEALTH NURSING], one member who is a professional nurse engaged in basic professional nursing education, [AND] two members who are professional nurses with direct or indirect responsibilities for nursing services [IN BASIC OR CONTINUING NURSING EDUCATION, ONE NURSE AT LARGE], and two persons who have no direct financial interest in the health care industry.

\* Sec 2. AS 08.68.060 is amended to read:

Sec. 08.68.060. QUALIFICATIONS OF REGISTERED NURSE AND LICENSED PRACTICAL NURSE BOARD MEMBERS. The five members of the board who are nurses must [SHALL] be licensed [PROFESSIONAL NURSES] in the state, and must [SHALL] have been actively engaged in nursing for not less than four years before appointment, three [TWO] years of which were within the five years immediately preceding appointment, At least two of the members who are professional nurses must hold a bachelor's degree or higher.

Delete adopted

\* Sec. 3. AS 08.68.070 is amended to read:

1           Sec. 08.070. ELECTION OF OFFICERS. The board shall annually  
2 elect a chairperson [CHAIRMAN] and secretary-treasurer from among its  
3 members.

4 \* Sec. 4. AS 08.68.080 is amended to read:

5           Sec. 08.68.080. MEETINGS. The board <sup>may</sup> ~~shall~~ <sup>adopt</sup> meet at least four  
6 times [ONCE] a year.

7 \* Sec. 5. AS 08.68.100 is amended to read:

8           Sec. 08.68.100. DUTIES AND POWERS OF BOARD. (a) The board  
9 shall

10           (1) adopt [RULES AND] regulations necessary to make this  
11 chapter effective (including regulations pertaining to practice as an  
12 advanced nurse practitioner) [AND WHEN NECESSARY, ADDITIONS TO OR  
13 CHANGES IN RULES AND REGULATIONS OF THE BOARD BY A QUORUM VOTE BY  
14 MAIL, THESE ADDITIONS TO OR CHANGES IN THE RULES AND REGULATIONS WHICH  
15 ARE MADE BY MAIL AND THE VOTE ON THEM TO BE ENTERED IN THE MINUTES OF  
16 THE BOARD AT ITS NEXT MEETING];

17           [(2) MAKE AVAILABLE, UPON REQUEST, COPIES OF THIS CHAPTER  
18 AND THE REGULATIONS ADOPTED FOR ADMINISTERING IT;]

19           (3) approve curricula and adopt standards for

20           (A) educational programs preparing persons for licensure  
21 or authorization to practice under AS 08.68, and

22           (B) basic and graduate degree educational programs in  
23 nursing [LICENSING AND PROVIDE FOR SURVEYS OF THESE PROGRAMS IN  
24 THE STATE AT THE TIMES IT CONSIDERS NECESSARY];

25           (4) accredit [ACCREDITS] educational programs which meet  
26 the requirements of this chapter and [THE STANDARDS] of the board, and  
27 deny, revoke, or suspend [OR WITHDRAW] accreditation from educational  
28 programs for failure to meet board requirements [STANDARDS];

29           (5, examine, license, and renew the licenses of qualified

Physician is responsible for Nurse Practitioner!  
Associated nurse practitioner vs Dr. will collaborate if they can't work

1 applicants [, AND CONDUCT HEARINGS UPON CHARGES AND ADMINISTER OATHS  
2 TO PERSONS GIVING TESTIMONY AT HEARINGS];

3 (6) prescribe requirements to validate competency to con-  
4 tinue or re-enter practice; [KEEP A RECORD OF ITS PROCEEDINGS, AND  
5 SUBMIT ANNUAL REPORTS TO THE GOVERNOR AND THE LEGISLATURE]

6 (7) keep a record of its proceedings, and submit annual  
7 reports to the governor and legislature;

8 (8) define by regulation the duties of the executive secre-  
9 tary and delegate such authority of the board to the executive secre-  
10 tary as may be necessary for the conduct of board business.

11 (b) The board may:

12 (1) issue subpoenas, compel the attendance of witnesses,  
13 and administer oaths to persons giving testimony at hearings; *delete*  
*adopted*

14 (2) conduct hearings upon charges of alleged violations  
15 of this chapter or regulations adopted under it;

16 (3) invoke, or request the department to invoke, discipli-  
17 nary action against a licensee, in accordance with the Administrative  
18 Procedure Act (AS 44.62).

19 \* Sec. 6. AS 08.68.111 is amended to read:

20 Sec. 08.68.111. EXECUTIVE SECRETARY [OFFICER] OF BOARD. (a)  
21 The Department of Commerce and Economic Development, in consultation  
22 with the Board of Nursing, shall employ a licensed, professional  
23 [REGISTERED] nurse, who is not a member of the board, to serve as  
24 executive secretary [OFFICER] of the board.

25 (b) The executive secretary <sup>*may adopted*</sup> [must] [OFFICER SHALL] be a nurse  
26 having a bachelor's degree or higher in nursing, <sup>*shall adopted*</sup> [must] be currently  
27 licensed in the state. <sup>*delete*</sup> [and must meet other qualifications as estab-  
28 lished by board regulations.] <sup>*adopted*</sup> [WITH NOT LESS THAN FIVE YEARS OF ACTIVE  
29 NURSING EXPERIENCE, OF WHICH NOT LESS THAN TWO YEARS WITHIN THE PRE-

1 CEDING FIVE YEARS HAS BEEN IN AN ADMINISTRATIVE OR A TEACHING CAPACITY  
2 IN AN ACCREDITED INSTITUTION ACCEPTABLE TO THE BOARD. IF A LICENSED  
3 PROFESSIONAL NURSE HOLDING A BACHELOR'S DEGREE IS NOT AVAILABLE TO  
4 FILL THE POSITION OF EXECUTIVE OFFICER, THE BOARD MAY WAIVE THE REQUIRE-  
5 MENT FOR A BACHELOR'S DEGREE AND APPOINT A LICENSED PROFESSIONAL NURSE  
6 POSSESSING OTHER QUALIFICATIONS IN EDUCATION AND ADMINISTRATIVE EXPERI-  
7 ENCE WHICH THE BOARD CONSIDERS ACCEPTABLE. HOWEVER, THE APPOINTEE  
8 SHALL COMPLETE THE REQUIREMENTS FOR THE AWARD OF A BACHELOR'S DEGREE  
9 IN FOUR YEARS AFTER APPOINTMENT TO THE POSITION OF EXECUTIVE OFFICER.  
10 ANNUALLY, THE APPOINTEE SHALL OFFER THE BOARD EVIDENCE OF SATISFACTORY  
11 PROGRESS TOWARD AWARD OF A BACHELOR'S DEGREE. IF AFTER THE ANNUAL  
12 REVIEW THE BOARD BELIEVES THAT THE APPOINTEE HAS NOT MADE SATISFACTORY  
13 PROGRESS TOWARD AWARD OF A BACHELOR'S DEGREE, THE DEPARTMENT MAY  
14 DISMISS THE APPOINTEE, NOTWITHSTANDING THE PROVISIONS OF AS 39.25.170.]

15 (c) The executive ~~secretary~~ [OFFICER] shall ~~perform~~ <sup>prescribed</sup>

16 (1) ~~perform the administrative duties~~ <sup>The board</sup> ~~prescribed~~ <sup>delete</sup> by law,  
17 regulation, or [THE STATUTES AND] the department, including the prepara-  
18 tion of minutes of board meetings,

19 (2) carry out regulations and policy decisions, consistent  
20 with law, made by the Board of Nursing, [AND]

21 (3) review and approve applicants for licensure who meet  
22 the qualifications prescribed in this chapter and in the board's regu-  
23 lations, [ASSIST THE BOARD IN THE CONDUCTING OF EXAMINATIONS, EDUCA-  
24 TIONAL PROGRAMS, PREPARATION OF MINUTES AND OTHER BOARD ADMINISTRATIVE  
25 WORK]

26 (4) bring before the board those applications that raise  
27 questions requiring full board consideration.

28 (5) conduct licensure examinations for qualified applicants.

29 (6) assist the department in informing licensees of the

1 necessity to renew licenses,

2 (7) communicate with other state boards and educational in-  
3 stitutions regarding licensure of candidates and related concerns,

4 (8) refer complaints against licensees to the department  
5 for investigation,

6 (9) prepare periodic and special reports and surveys as  
7 required, including the annual report to the governor and the legisla-  
8 ture,

9 (10) collect, compile, analyze, and distribute data relating  
10 to nursing education and licensure,

11 (11) respond to communications relating to nursing licensure,  
12 the provisions of AS 08.68, nursing education, and other related  
13 matters,

14 (12) direct communications requiring full board action to  
15 the board,

16 (13) provide information concerning the provisions of AS  
17 08.68, board regulations and policies, and trends in nursing and  
18 nursing education to members of the public and the nursing profession,  
19 and to schools and other interested institutions and organizations,

20 (14) participate in educational program surveys,

21 (15) refer educational program reports to the board,

22 (16) assist the board and the department in the preparation  
23 of the annual budget,

24 (17) prepare and distribute the agenda for board meetings,

25 (18) collect and make available to the board all pertinent  
26 information on issues before the board,

27 (19) assist the division in the orientation of new board  
28 members.

29 \* Sec. 7. AS 08.68.170 is amended to read:

*Delete  
adopted*

1           Sec. 08.68.170. QUALIFICATIONS OF PROFESSIONAL OR PRACTICAL  
2 NURSE APPLICANTS. An applicant for a license to practice professional  
3 or practical nursing shall submit to the board on forms and in the  
4 manner prescribed by the board, written evidence, verified by oath,  
5 that the applicant has [COMPLETED AN APPROVED FOUR YEAR HIGH SCHOOL  
6 COURSE OF STUDY OR THE EQUIVALENT AS DETERMINED BY THE APPROPRIATE  
7 EDUCATIONAL AGENCY, AND HAS] successfully completed (1) a professional  
8 or practical nursing education program accredited by the board; or (2)  
9 a professional or practical nursing education program outside the  
10 state which, in the opinion of the board, meets the minimum require-  
11 ments of the board for an accredited program of study in this state at  
12 the time the applicant graduated; or (3) a professional or practical  
13 nursing education program accredited by the National League for Nursing  
14 at the time the applicant graduated.

15 \* Sec. 8. AS 08.68.190 is amended to read:

16           Sec. 08.68.190. LICENSE BY EXAMINATION. The applicant shall  
17 pass a written examination as prescribed by [IN THE SUBJECTS WHICH]  
18 the board [PRESCRIBES]. The board shall issue a license to an appli-  
19 cant who passes the examination to practice professional [NURSING] or  
20 practical nursing provided the other qualifications outlined in AS 08.-  
21 68.170 and 08.68.180 are also met. The board shall conduct examina-  
22 tions annually and as often as it considers necessary.

23 \* Sec. 9. AS 08.68.200 is amended to read:

24           Sec. 08.68.200. LICENSE BY ENDORSEMENT. The board may issue a  
25 license by endorsement to practice professional or practical nursing  
26 [OR TO PRACTICE PRACTICAL NURSING], whichever is appropriate, to an  
27 applicant who

28           (1) is licensed as either a professional or practical nurse  
29 [OR A PRACTICAL NURSE] under the laws of another state or territory,

1 if in the opinion of the board the applicant meets the qualifications  
2 required for licensing in the state, and meets the requirements of AS  
3 08.68.170 [EITHER SEC. 170 OR SEC. 180 OF THIS CHAPTER, WHICHEVER IS  
4 APPLICABLE]; or

5 (2) meets the requirements of AS 08.68.170 and has success-  
6 fully completed the Canadian Nurses' Association Testing Service  
7 (CNATS) examination if the board determines it is comparable to the  
8 examination administered by this state.

9 \* Sec. 10. AS 08.68.210(a)(2) is amended to read:

10 (2) meets the requirements of AS 08.68.170 [EITHER SEC. 170  
11 OR SEC. 180 OF THIS CHAPTER, WHICHEVER IS APPLICABLE], and

12 \* Sec. 11. AS 08.68.210(b) is amended to read:

13 (b) The board may issue a nonrenewable permit to an applicant  
14 for license by examination if (1) the applicant [HE] meets the qualifi-  
15 cations of AS 08.68.170, or (2) the applicant is a graduate of a  
16 foreign school of nursing and has successfully completed the examina-  
17 tion administered by the Commission on Graduates of Foreign Nursing  
18 Schools (CGFNS) [SEC. 180 OF THIS CHAPTER, WHICHEVER IS APPLICABLE,  
19 AND PAYS THE REQUIRED FEE]. The permit will be valid for a period not  
20 extending beyond the time when the results are published of the first  
21 examination the applicant is eligible to take after the permit is  
22 issued.

23 \* Sec. 12. AS 08.68.220 is amended to read:

24 Sec. 08.68.220. FEES. The following fees shall be imposed under  
25 this chapter when applicable:

26 (1) for professional [OR REGISTERED] nursing

27 (A) application fee..... ~~(\$40)~~ (\$20) *adopted*

28 (B) license-by-examination fee..... \$20

29 (C) license-by-endorsement fee..... \$20

A.

- (D) biennial license renewal fee..... ~~220~~ [\$25] *adp.*
- (2) for practical or vocational nursing
  - (A) application fee..... ~~30~~ [\$15] *adp*
  - (B) license-by-examination fee..... \$10 [\$15]
  - (C) license-by-endorsement fee..... \$10 [\$15] *same adp*
  - (D) biennial license renewal fee..... ~~220~~ [\$15] *adp*

\* Sec. 17. AS 08.68.251 is amended to read:

Sec. 08.68.251. LAPSED LICENSES. (a) A lapsed license may be reinstated if it has not remained lapsed for more than three [FIVE] years by payment of license fees which have fallen due during the lapsed period. ~~Q. going to say that if 3 yrs. of non-practice license may not be renewed~~

(b) If a [THE] license has remained lapsed for more than three [FIVE] years and

(1) if the board has reason to believe that the person applying for reinstatement [OF HIS LICENSE] no longer has sufficient knowledge to carry out the duties of a licensed nurse, the board shall [MAY] require the applicant to [TAKE AND PASS THE EXAMINATION GIVEN UNDER SEC. 190 OF THIS CHAPTER OR] complete a course of study [REFRESHER COURSE] approved by the board or pass an examination prescribed by the board, and to pay all applicable fees as if for a new application;

(2) if the board determines that the person applying for reinstatement has been actively employed in nursing in another state and has sufficient knowledge to carry out the duties of a licensed nurse, the lapsed license may be reinstated by payment of a reasonable fee imposed by the board under AS 44.62 (the Administrative Procedure Act), not to exceed the total fees required for a new application.

\* Sec. 14. AS 08.68 is amended by adding a new section to read:

→ Sec. 08.68.260. <sup>260 adp</sup> INACTIVE NURSES UNDER PREVIOUS LAW. A nurse who holds an inactive license issued under previous AS 08.68.250 shall

1 either (1) activate the license on or before that renewal date, or (2)  
2 permit the license to lapse.

3 \* Sec. 15. AS 08.68.270 is amended to read:

4 Sec. 08.68.270. GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION.

5 The board, after compliance with the Administrative Procedure Act (AS  
6 44.62), may deny, suspend or revoke the license of a person who

7 (1) has obtained or attempted to obtain a license to prac-  
8 tice nursing by fraud or deceit;

9 ~~(2) has been convicted of a felony;~~ *delete*

10 ~~(3) has been convicted of any misdemeanor that bears direct-  
11 ly on the fitness of the person to practice nursing [A CRIME INVOLVING  
12 MORAL TURPITUDE];~~

13 ~~(4) [IS] habitually abuses alcoholic beverages, stimulants,  
14 or depressants or illegally uses hallucinogenic or stimulant drugs as  
15 defined by AS 17.12.15 (3) or narcotic drugs as defined by AS 17.10.-  
16 230(13) [INTOXICATED OR IS ADDICTED TO THE USE OF NARCOTICS];~~

17 ~~(5) has impersonated a professional or practical nurse;~~

18 ~~(6) is guilty, in the opinion of the board, of negligence  
19 which has resulted in a significant risk to the health or safety of  
20 a client or has resulted in [SERIOUS] injury to a client [PATIENT];~~

21 ~~(7) practices or attempts to practice nursing while afflicted  
22 with physical or mental illness, deterioration, or disability to such  
23 an extent that the affliction interferes with the individual's perfor-  
24 mance of nursing functions [IS MENTALLY ILL OR MENTALLY INCOMPETENT];~~

25 ~~(8) is guilty of unprofessional conduct;~~

26 ~~(9) has wilfully [OR REPEATEDLY] violated any of the pro-  
27 visions of this chapter;~~

28 ~~(2) <sup>(10)</sup> is considered by the board to be professionally incom-~~  
29 ~~petent or demonstrate unprofessional conduct;~~

*(do not delete by reg.) ?*

(3)

~~HE~~ denies care or treatment to a patient or person seeking assistance if the sole reason for the denial is the failure or refusal of the patient or person seeking assistance to execute an agreement to arbitrate a dispute, controversy, or issue arising out of the care or treatment, as provided in AS 09.55.535(a).

Be careful stating specific requirements business card met

\* Sec. 16. AS 08.68 is amended by adding a new section to read:

Sec. 08.68.276. CONTINUING COMPETENCE REQUIRED. A license to practice nursing may not be renewed unless the nurse has complied with continuing competence requirements that may be established by the board by regulation.

~~add in the job training as part of continuing ed.~~

Sunset asked for this

\* Sec. 17. AS 08.68.280 is amended to read:

Sec. 08.68.280. NURSING EDUCATION PROGRAM PROHIBITED UNLESS ACCREDITED. No person, institution or agency may conduct a nursing education program preparing persons for examination, licensure, authorization for specialized practice, or a graduate degree [FOR PROFESSIONAL OR PRACTICAL NURSES] unless the program is accredited by the board. All nursing education programs must be established in an accredited post secondary educational institution within the state.

delete sec 17 adopt

delete Does present law remain?

\* Sec. 18. AS 08.68.290 is amended to read:

Sec. 08.68.290. APPLICATION FOR ACCREDITATION BY BOARD. An institution desiring to conduct a nursing education program to prepare professional [OR PRACTICAL] nurses at the associate, baccalaureate or higher degree levels or to prepare a nurse to perform in an expanded role as an advanced nurse practitioner or to prepare practical nurses shall apply to the board and submit evidence that (1) it is prepared to carry out the curriculum which meets requirements prescribed by law and [APPROVED] by the board for professional nursing, [OR] for practice as an advanced nurse practitioner or for practical nursing, [AS THE CASE MAY BE,] and that (2) it is prepared to meet other

1 requirements prescribed [STANDARDS ESTABLISHED] by law and by the  
2 board.

3 \* Sec. 19. AS 08.68.300 is amended to read:

4 Sec. 08.68.300. SURVEY AND ACCREDITATION BY THE BOARD. The  
5 board shall designate a survey team [THE EXECUTIVE OFFICER, A BOARD  
6 MEMBER, OR A CONSULTANT TO SURVEY THE INSTITUTION APPLYING FOR ACCREDI-  
7 TATION] to determine if the [STANDARDS AND] requirements prescribed  
8 [REQUIRED] by law and the board are met. The board may survey a  
9 nursing education program in the state at any time. Written reports  
10 of the surveys shall be filed with and retained by the board [AND  
11 RETAINED BY IT].

12 \* Sec. 20. AS 08.68 is amended by adding a new section to read:

13 Sec. 08.68.325. RECOGNITION OF EDUCATIONAL PROGRAMS. No program  
14 or course of study will be recognized as satisfying state requirements  
15 without board approval.

16 \* Sec. 21. AS 08.68.330 is amended to read:

17 Sec. 08.68.330 *motion to repeal adopted* LIST OF ACCREDITED AND APPROVED PROGRAMS. The  
18 board shall prepare, maintain, and periodically [FROM TIME TO TIME]  
19 publish a list of accredited nursing education programs preparing  
20 nurses to practice and programs or courses of study which are approved  
21 to validate competency or to prepare a nurse for authorization to  
22 practice as an advanced nurse practitioner or to obtain a graduate  
23 degree [IN THE STATE].

24 \* ~~Sec.~~ *Classification* 22. AS 08.68.340 is repealed and re-enacted to read:

25 Sec. 08.68.340. VIOLATIONS. (a) It is a class A misdemeanor  
26 for a person to:

27 (1) sell or fraudulently obtain or furnish a nursing diploma,  
28 license renewal, or record, or knowingly aid in doing so;

29 (2) practice nursing under cover of a diploma, license, or

*Delete  
Sec. 19  
adopt*

*Delete  
adopt*

A 142  
5,000  
B 1,000 8 days

1 record illegally or fraudulently obtained or signed or issued unlaw-  
2 fully, with knowledge of the illegality or unlawfulness of the act;

3 (3) practice or offer to practice nursing with knowledge  
4 that he has not been licensed, except when rendering necessary aid to  
5 the ill, injured, or infirm in an emergency, or knowingly to employ as  
6 a nurse a person without a license to practice nursing;

7 (4) knowingly use in connection with his name a designation  
8 tending to imply that he is a licensed nurse unless he is licensed;

9 (5) practice nursing during the time his license is suspended  
10 or revoked, knowing of the suspension or revocation;

11 (6) conduct a nursing education program that represents or  
12 implies that it is accredited knowing that the program has not been  
13 accredited by the board;

14 (7) do an act described in AS 08.68.405(10), (11), (14), or  
15 (15); or

16 (8) knowingly do an act described in AS 08.68.405(9).

17 (b) It is a class B misdemeanor for a person to:

18 (1) practice nursing under cover of a diploma, license, or  
19 record illegally obtained or signed or issued unlawfully;

20 (2) practice or offer to practice nursing without having  
21 been licensed, except when rendering necessary aid to the ill, injured,  
22 or infirm in an emergency, or to employ as a nurse a person without a  
23 license to practice nursing;

24 (3) use in connection with his name a designation tending  
25 to imply that he is a licensed nurse unless he is licensed;

26 (4) practice nursing during the time his license is suspended  
27 or revoked or with knowledge his license has lapsed;

28 (5) conduct a nursing education program that represents or  
29 implies that it is accredited, unless the program has been accredited

1 by the board; or

2 (6) do an act described in AS 08.68.405(4), (6), (7), (8),  
3 (12), (17), (18), or (19).

4 (c) It is a violation for a person to practice nursing during  
5 the time his license is lapsed.

6 \* Sec. 23. AS 08.68.400(a) is amended to read:

7 (a) This chapter does not apply to

8 (1) a qualified nurse licensed in another state employed by  
9 the United States Government or a bureau, or agency, or division of  
10 the United States Government while in the discharge of his official  
11 duties;

12 (2) nursing service given temporarily in the event of a  
13 public emergency, epidemic, or disaster;

14 (3) the practice of nursing by a student enrolled in a  
15 nursing education program accredited by the board when the practice is  
16 in connection with the student's course of study; [OR]

17 (4) the practice of nursing by an individual [A NURSE]  
18 enrolled in an approved program or course of study for purposes of  
19 meeting competency re-entry requirements under AS 08.68.251; or  
20 [REFRESHER COURSE]

21 (5) the practice of nursing by a nurse licensed in another  
22 state who engages in nursing education or nursing consultation activi-  
23 ties when these activities and contact with clients do not exceed 20  
24 working days within a licensing period.

25 \* Sec. 24. AS 08.68 is amended by adding a new section to read:

26 *Clarification*  
27 Sec. 08.68.405. UNPROFESSIONAL CONDUCT. (a) A person who com-  
28 mits one of the following acts is guilty of unprofessional conduct:

29 (1) failing to use appropriate judgment in the practice of  
nursing based upon the level of nursing for which the individual is

1 educationally prepared and licensed;

2 (2) failing to exercise technical competence in carrying  
3 out nursing care;

4 (3) failing to safeguard a client's dignity and right to  
5 privacy;

6 (4) violating the confidentiality of information or know-  
7 ledge concerning a client;

8 (5) verbally abusing a client;

9 (6) physically abusing a client;

10 (7) performing new nursing techniques or procedures without  
11 proper education and preparation;

12 (8) using alcohol or other drugs to the extent that the use  
13 interferes with nursing functions;

14 (9) making a disposition of prescription drugs or narcotics  
15 other than that ordered or prescribed by a person authorized by law to  
16 do so;

17 (10) falsifying a client's records or intentionally making  
18 an incorrect entry in a client's chart;

19 (11) violating state or federal laws regulating drugs, by  
20 forging prescriptions or by making drugs available to himself, friends,  
21 or family members;

22 (12) delegating a nursing care function, task, or responsi-  
23 bility to another who is not licensed under AS 08.68 to perform that  
24 function, task, or responsibility, and the delegation involves a sub-  
25 stantial risk of harm to a client;

26 (13) assuming duties and responsibilities, on repeated  
27 occasions, without adequate training or when competency has not been  
28 maintained;

29 (14) assisting another person to violate or circumvent any

1 law or regulation intended to regulate nursing practice;

2 (15) permitting or allowing another person to use his or  
3 her nursing license or permit for any purpose;

4 (16) failing to exercise adequate supervision over persons  
5 who are authorized to practice only under the supervision of the  
6 licensed professional;

7 (17) leaving a nursing assignment without properly notifying  
8 appropriate personnel;

9 (18) committing any act that poses a substantial risk of  
10 harm to a client;

11 (19) failing to perform acts within the nurse's scope of  
12 competence which are necessary to prevent substantial risk of harm to  
13 a client;

14 (20) failing to report as required by AS 08.68.406.

15 (b) The board may by regulation provide that other acts contrary  
16 to the standards of the nursing profession constitute unprofessional  
17 conduct.

18 Sec. 25. AS 08.68 is amended by adding a new section to read:

19 Sec. 08.68.406. DUTY TO REPORT ILLEGAL CONDUCT OR CONDUCT  
20 DANGEROUS TO CLIENTS. A nurse who witnesses a health care provider  
21 engaged in the following conduct shall report that conduct to the  
22 appropriate licensing board [or to the immediate supervisor of that  
23 provider: ] if not delete whole sec then amend this

24 (1) any act described in AS 08.68.405(6), (8), (9), (10)  
25 (11), (12), (14), (15), (18), or (19);

26 (2) any act described in AS 08.64.380(3)(B) or (F);

27 (3) any act posing a danger to a client's welfare.

28 ~~Sec. 26.~~ Sec. 26. AS 08.68.410 is repealed and re-enacted to read:

29 Sec. 08.68.410. DEFINITIONS. As used in this chapter

? if don't report then committed a crime unprofessional conduct

Classification

By reformed deletion open to Blackmail

1 (1) "accredited nursing education program" means a program  
2 having curricula and standards which meet the requirements established  
3 by the board;

4 (2) "advanced nurse practitioner" means a registered pro-  
5 fessional nurse authorized to practice in the state who, by virtue of  
6 specialized education and experience, has become certified to perform  
7 acts of medical diagnosis and the prescription of medical, therapeutic,  
8 or corrective measures under regulations adopted by the board;

9 (3) "board" means the Board of Nursing;

10 (4) "endorsement" is the licensing of an applicant without  
11 examination through the acceptance of a license or registration issued  
12 by any state or territory after a comprehensive examination which is  
13 substantially equivalent to the examination offered in this state;

14 (5) "licensed practical nurse" is equivalent to the title  
15 "licensed vocational nurse" and to the name suffix abbreviations  
16 L.P.N. and L.V.N.;

17 (6) "licensed professional nurse" is equivalent to the  
18 common title "registered nurse" and the name suffix abbreviation R.N.;

19 (7) "practice of practical nursing" means the performance  
20 for compensation or personal profit of selected acts in the prevention  
21 of illness, and in the care of the ill, injured, or infirm under the  
22 direction of a licensed professional nurse or a licensed physician or  
23 a licensed dentist not requiring the substantial specialized skill,  
24 judgment, and knowledge required in professional nursing;

25 (8) "practice of professional nursing" means the performance  
26 for compensation or personal profit of acts of professional service  
27 requiring substantial specialized knowledge, judgment, and skill based  
28 upon the principles of biological, physiological, behavioral, and  
29 sociological sciences in assessing and responding to actual or poten-

1 tial health needs of individuals, families, or communities through  
2 such services as:

3 (A) assessment, problem identification, counseling,  
4 and health teaching:

5 (1) in the maintenance of health or in the  
6 prevention of illness of clients; and

7 (11) in the care of the ill, injured, or infirm;

8 (B) administration, supervision, delegation, and  
9 evaluation of nursing practice;

10 (C) teaching of nursing;

11 (D) execution of a medical regimen as prescribed by a  
12 health care provider authorized by the state to perform acts of  
13 medical practice;

14 (E) performance of such additional acts requiring  
15 education and training and recognized by the nursing profession  
16 as properly performed by registered professional nurses;

17 (F) performance of acts of medical diagnosis and the  
18 prescription of medical therapeutic or corrective measures under  
19 regulations adopted by the board;

20 (9) "professional incompetence" means that a nurse does not  
21 possess the skills, knowledge, and awareness of his or her limitations  
22 and abilities to continue safely the practice of nursing.

23 \* Sec. <sup>27</sup>26. Administrative regulations, adopted jointly by the Board of  
24 Nursing and the State Medical Board and in effect on the effective date of  
25 this Act, remain in effect until amended or repealed by the Board of Nursing  
26 under this Act.

27 \* Sec. <sup>28</sup>27. AS 08.68.180(a), 08.68.260, and 08.68.350 are repealed.  
28  
29

TO: Rep. Thelma Buchholdt  
FROM: Susan Littell, R.N., M.S.N.  
4906 Knights Way, Anch., 99504 338-0393

I'm writing in regard to the bill before your committee regarding Nurses Practice Act. Although on the whole the bill is very good, I do object to the portion making it acceptable for Nurse Practitioners to make "medical diagnosis". The bill has merits, but I feel the part regarding medical diagnosis should be reworked or omitted.

\*\*\*\*\*





STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

March 10, 1980

The Honorable Thelma Buchholdt  
Chairman, House Health, Education  
& Social Services Committee  
Alaska State Legislature  
Pouch V  
Juneau, Alaska 99811

Re: Attached amendment to  
HB 910 (nursing bill)

*Thelma*

Dear Representative ~~Buchholdt~~:

An amendment to HB 910 (nursing) is attached. It would clarify the status of incumbent members of the Board of Nursing when the provisions of the new law changing requirements for board members take effect. The bill as written would leave the status of incumbent members in doubt; some amendment is therefore necessary.

The Board of Nursing wishes to allow incumbent board members to serve out the remainders of their terms of office under AS 08.68.020 -- 08.68.030. The amendment so provides; it also provides that any new appointment would then be made on the basis of the amended version of AS 08.68.010.

Sincerely,

*Keith*

Keith W. Specking  
Legislative Assistant  
to the Governor

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A M E N D M E N T

OFFERED IN THE HOUSE

BY \_\_\_\_\_

TO: HOUSE BILL NO. 910

Page 17, between lines 26 - 27, add the following:

\* Sec. 27. An incumbent member of the Board of Nursing may continue to serve until the period of his or her appointment under AS 08.68.020 -- 08.68.030 expires, notwithstanding AS 08.68.010 as amended in sec. 1 of this Act. New appointments to the Board of Nursing shall be made in accordance with the provisions of AS 08.68.010, as amended.

Page 17, line 27:

Delete "\* Sec. 27." and insert "\* Sec. 28." in its place.

Box 1216

Kodiak, Alaska 99615

April 11, 1980

Mrs. Thelma Buchholdt, Representative  
Chairman, House HE+SS Committee

Pouch V -

Tuneau, Alaska 99811

Dear Representative Buchholdt:

House Bill 919, an act related to the practice of nursing, i.e. the Nurse Practice Act, was introduced February 27, 1980 and referred to the House HE+SS Committee. As a licensed professional nurse in the state, I am very interested in seeing this legislation passed this session. As introduced, the bill is in a very acceptable form and sections I would like to see stay intact, with no alteration in content, are especially the following:

Sec. 08.68. 251. Reinstatement of license after lapse

Sec 08.68. 270 - grounds for denial, suspension or revocation of license

Sec. 08.68. 276 Continued Competence

Sec 08.68. 340 Violations

Sec 08.68. 405 - Unprofessional conduct

Sec 08.68. 410(8) - Definition of nursing.

Your support in initiating movement on this bill would be greatly appreciated.

Sincerely -

Beth Ennis, R.N.

Box 1214

Kodiak, Alaska 99615

April 11, 1980

Fred Zharoff, Representative

Pouch V

Juneau, Alaska 99811

Dear Representative Zharoff:

H.B. 910, an act related to the practice of nursing, ie the Nurse Practice Act, was introduced February 27, 1980 and is presently sitting in the House HESS committee with no reported action to date.

As presented, the bill is in very acceptable form and the following are sections with which I am particularly pleased, and which I would like to see remain intact with no change in intent:

Sec. 08.68.251 - reinstatement of license after a lapse. This addresses competence and controlled, reasonable fees.

Section 08.68.270 - grounds for denial, suspension or revocation of license. Makes this very specific

Section 08.68.276. Continued Competence. Does not make continuing education mandatory, and leaves any future regulations in the hands of nursing thru the Board of Nursing.

Sec. 08.68.340 violations and

Sec. 08.68.405 - unprofessional conduct.

These two, together, are excellent, as they

Landoff  
April 11, 1980

Pg 2

Specify acts in question and the specific class of misdemeanor as a result of infraction. Although I am uneasy as to the potential interpretation of some of the acts listed, ie "verbally abusing client", I have faith, which I hope will be justified, that the Board of Nursing investigator will be reasonable in deciding on any such cases.

Sec. 08.68.410 (8) - Definition of nursing. Bring this into the modern world and in line with education and practice.

HB 910 will be referred to HESS and Finance committees and your support in getting action moving on this and/or finding out if there are factors not favorable to a move at this time, would be greatly appreciated. I would like to see this passed this session.

Sincerely,

Beth Ennis, R.N.

FACT SHEET FOR NURSE PRACTICE ACT  
HB 910

The Nurse Practice Act revisions address the Sunset Review Recommendations.

1. Legislation should be introduced requiring continuing education for nurses as a provision for license renewal. This is addressed by Section 08.68.276 in the continuing competence requirements.
2. A statutory amendment is needed to ensure that all regulated nurses are adequately represented on the Board of Nursing. This is addressed by Section 08.68.010 which adds an LPN and ANP to the membership of the Board of Nursing.
3. The Board of Nursing should discontinue its policy of requiring foreign nurse graduates to have one year of work experience before a temporary permit can be issued. Section 08.68.210(b) speaks to this issue as it allows for substitution of successful completion of the exam administered by the committee on Graduates of Foreign Nursing Schools. This area also more clearly states requirements for licensure of graduates of Canadian programs.
4. The Board of Nursing, in conjunction with the Attorney General, should compose formal regulations which define and list examples of license violations. Section 08.68.340 outlines violations which are classified according to the Alaska criminal code. Section 08.68.405 more clearly defines acts which are contrary to the accepted standards of the nursing profession and constitute unprofessional conduct.
5. The fifth recommendation refers to the Board refining their goals and objectives and submitting a performance report. This recommendation is addressed under Section 08.68.100 a (7) which defines the reporting procedures of the Board of Nursing.
6. The Division of Occupational Licensing should comply with the Board of Nursing resolution requiring the Executive Officer to review and approve all applications for license by endorsement. This is defined as above by Section 08.68.111 c (3). This section delineates the job description for the Executive Secretary. The duties are explained more succinctly and are more comprehensible to the public.

Additional highlights of the bill which are of importance to nurses and consumers follow:

7. The powers and duties of the Board of Nursing are further elaborated upon in Section 08.68.100 including a (1) adopt regulations necessary to make this chapter effective, including regulations pertaining to practice as an advanced nurse practitioner; and a (6) prescribe requirements to validate competency to continue or re-enter practice. This section also gives the Board authority to conduct inquiry into revoking licensure in accordance with the Administrative Procedures Act.

8. The inactive status of nurses was dropped because of the inability to maintain competency of that group.
9. Section 08.68.400 a (5) covers the practice of a nurse licensed in another state engaged in nursing education and consultation in Alaska for a period not to exceed 20 working days.
10. Section 08.68.406 makes it mandatory for nurses to report illegal conduct or conduct dangerous to clients regardless of the providers health care profession.

prepared by the Alaska Nurses Association, Legislative Committee, 3/80

BOARD OF NURSING

HB 910

"AN ACT RELATING TO THE PRACTICE OF NURSING"

<u>SECTION</u>	<u>SUBJECT</u>	<u>RATIONALE</u>
08.68.010 (p. 1-line 9)	Board membership	More effectively represents the profession to be regulated by providing for a LPN & ANP on the board.
08.68.060 (p. 1-line 22)	Qualifications of RN & LPN Board members	Insures that members have recent experience in nursing; and the educational background to evaluate nursing programs.
08.68.080 (p.2-line 5)	Meetings	Assures the Board may meet often enough to accomplish its goals and complete the large volume of work for which it is responsible.
08.68.100 (p.2-line 11)	Board Duties adopt ANP regs	See Sunset Review comments "In September of 1978, after commendable efforts by the Board of Nursing and little cooperation from the State Medical Board, proposed regulations were approved by the Boards for public hearings which will allow registered nurses to perform an expanded role in the delivery of health care." "The Board was impeded in their efforts to compose and approve advanced nurse practitioner regulations by the State Medical Board which was jointly responsible for the promulgation of the regulations." The present ANP regulations <u>jointly promulgated</u> with the medical board, were the original regulations proposed by the Board of Nursing, with very little modification. The joint promulgation is not only a slow process but is also costly for the State.
(p.3-line 6)	Prescribe requirements to validate competency to continue or re-enter practice	Sunset review recommendation was to establish c.e. requirements. The Board feels this is a complex issue and deserves study of other alternatives such as work experience and testing. The impact of any requirement of this nature on the Alaska health care system must be carefully studied. However, in its mission to protect the public, the Board must be granted this power.

<u>SECTION</u>	<u>SUBJECT</u>	<u>RATIONALE</u>
08.68.111	Executive Secretary	The performance of this staff person is so vital to the Board's functioning, the Board feels these duties must be clearly defined.
08.68.210 (b) (p.7-line 15)	Foreign Nurses	Board has found it impossible to evaluate the programs of foreign nurses. CGFNS examination helps to assure the Board that the applicant has the minimal knowledge necessary for safe practice with a temporary permit until passing the SBTPE exam. See also Sunset Recommendation #3.
08.68.220 (p.7-line 1(A))	Fees	The Board has felt it necessary to increase fees to reflect costs. Fees had not been changed for <u>many</u> years.
08.68.251	Lapsed licenses	The board wishes to change the period of time it will allow a license to lapse from five years to three years. Nursing is changing so rapidly that it is necessary to carefully consider an applicants ability to give safe nursing care when they have been inactive for three years.
08.68.261	Inactive Status	Inactive status serves no useful purpose for the applicant, and is costly for the state. In many cases, the Board has found this to be misleading to applicants who believe they may easily activate an inactive license. This is not true - the Board does consider inactive license activation in the same light as a lapsed license.
08.68.270 (p.9-line 4+)	More clearly defines examples of license violations	See Sunset Review recommendation #4 - "The Board of Nursing, in conjunction with the Attorney General, should compose formal regulations which define and list examples of license violations." The Board will find this most helpful in substantiating its decisions on violations.
08.68.276 (p.10-line 7+)	Continuing competency requirements	(see previous remarks concerning 08.68.100 -- p.3-line 6).
	Accreditation of educational programs	The Board already is empowered to accredit programs within our state. This more clearly defines the types of programs to be accredited.

<u>SECTION</u>	<u>SUBJECT</u>	<u>RATIONALE</u>
08.68.340 (p.11-line 25)	Violations	This realigns current violations to comply with the new criminal code.
p. 13-line 17 (4)	Exemptions - nursing educators	Allows nurses to teach/consult within the state for a short period of time without obtaining an Alaska license. These individuals must be licensed in another State. The board wishes to encourage nurses to come to Alaska to share their expertise, without having to go through a formal licensing procedure.
08.68.405 (p. 13-line 26)	Unprofessional conduct	(see previous remarks concerning rationale for 08.68.270 (p.9-line 4+)
08.68.406	Reporting illegal conduct	(see previous remarks concerning rationale for 08.68.270 (p.9-line 4+) The nurse is the patients advocate.
(p.16-line 25)	Definition practice of professional nursing	An updating of what this practice entails.
(p.17-line 23)	Repeal of regualtions	The Board feels this is misleading - it has no present intent to repeal the regulations jointly promulgated with the Board of Medicine.
(p.17-line 26/27)	Board membership	This allows for an orderly reconstitution of the Board membership as specified in A.S. 08.68.010 as amended.

9 00 APR 23 PM

TELEGRAM

2256 NL TDA FAIRBANKS ALASKA 50 04-22 7457 AST  
PMS REP THELMA BUCHHOLDT  
JUNEAU AK

ALASCOM. INC.  
PHONE: 586-6442  
JUNEAU, AK 99802

URGE DO PASS ON HB910. NEW CONCEPT IN THE BILL SUCH AS  
SECTION 08. 68. 410 (8)S. WILL AID IN THE DEVELOPMENT OF  
A GROWING AND IMPROVING PRACTICE ADJUNCTIVE TO THAT OF  
PHYSICIANS. REGULATIONS PROMULGATED BY THE BOARD OF NURSING  
WILL BE TIMELY AND PROTECTIVE OF THE PUBLIC INTEREST.

*"endorsement"  
of out-of-state  
licenses*

RUTH BENSON, RI

LA61 1971 11.24 JAO1 0031 11.24 04/16/80

TO: REPRESENTATIVE FRED ZHAROFF

I URGE YOUR SUPPORT OF HB 910 THE NURSE PRACTICE ACT. THIS IS  
A VITAL BILL TO NURSING.

BETTY HALL, RN  
P.O. BOX 614  
KODIAK, ALASKA 99615

# TELEGRAM

ALASKA TEL. CO.  
ANCHORAGE 556-5443  
JUNEAU, AK 99802

02042 POM ANCHORAGE ALASKA 15 04-23 953A AST

PMS REP THELMA BUCHHOLDT CHAIRMAN

JUNEAU AK

I OPPOSE HB910 NO REPRESENTATION OF 2 AND 3

YEAR NURSES ON BOARD

CAROL BEARDSLEY

1412 ANNAPOLIS DR ANCHORAGE 99504

1980 APR 23 AM 11 50

# STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

OFFICE OF THE COMMISSIONER

POUCH D

JUNEAU, ALASKA 99811

Phone: 465-2500

April 17, 1980

Honorable Thelma Buchholdt  
Chairman, House Health, Education  
& Social Services Committee  
House of Representatives  
Pouch V  
Juneau, Alaska 99811

Dear Ms. Buchholdt:

RE: Department of Commerce & Economic  
Development Synopsis of HB 910

At the request of your committee, the following is a departmental synopsis of HB 910, "An Act relating to the practice of nursing."

- Section 1. Changes composition of board of nursing by adding an L.P.N. member and an advanced nurse practitioner. Also, more clearly states minimum necessary qualifications of other board members. These changes are felt necessary to assume board representation for all regulated nurses.
- Section 2. More clearly delineates minimum qualifications of the licensed nurses on the board.
- Section 3. Housekeeping measure changing "chairman" to "chairperson."
- Section 4. Mandates that the board shall meet at least four times a year.
- Section 5. More clearly defines the powers and duties of the board. Also, gives the board the authority to define by regulation the duties of its Executive Secretary to make it a more effective position.
- Section 6. Changes the title of the executive officer to executive secretary which better establishes this person's relationship to the board. Gives the board the authority to estab-

lish minimum qualifications of the executive secretary by regulation rather than be limited by statute.

Sections 7-10. All housekeeping measures.

Section 11. Better defines temporary permit procedures and the validity of temporary permits.

Section 12. Establishes fees to be collected by the board and a biennial renewal.

Section 13. Changes the criteria for reinstatement of a lapsed license. Makes it more difficult for a nurse who has not been practicing to resume practicing. Must prove competency to reinstate license. This section is felt necessary as a result of section 27 of this bill which repeals the inactive status of nursing licenses.

Section 14. Correction needed: On line 29, the statute referred to should read AS 08.68.260.

Section 15. Housekeeping measure to better define violations and get rid of ambiguous terminology. More in accordance with the new criminal code.

Section 16. Authorizes the board to establish continuing competency for nurses through regulation.

Section 17. Establishes accredited programs for the state. Suggest a wording change on line 17 and 18 to read: "All nursing education programs within the state must be established in an accredited past secondary educational institution [WITHIN THE STATE]."

Section 18. Outlines which programs must apply for board accreditation and establishes the procedures to be followed.

Section 19. Housekeeping measure which would designate a board survey team and allow for better use of board time.

Sections 20-21. Housekeeping measures pertaining to the accredited programs.

Section 22. Outlines violations and provides punishment for violations in accordance with new criminal code.

Section 23. Sets out exemptions from the act; most important being (5) which pertains to nurses licensed in another state.

April 17, 1980

Section 24. Establishes all possible acts which constitute unprofessional conduct.

Section 25. We question making this a mandatory provision.

Section 26. Definitions. We feel that (2) and (8)(F) should be amended to include language which would provide for regulations to be adopted jointly by the Board of Nursing and the State Medical Board.

Section 27. Should be deleted.

Section 28. Standard housekeeping repeals.

Sincerely,

Charles R. Webber  
Commissioner



BY: Ann Griggs, Director  
Division of Occupational Licensing

AG/cwA16

Thelma Buchholdt  
Chairman, House Hess Committee  
Pouch V  
Juneau, Alaska

Dear Ms. Buchholdt,

I understand that objections have been raised by the medical profession relating to the following sections of HB910: Section 5 08.68.100 Duties and Powers of the Board (a) The board shall

- (1) adopt regulations necessary to make this chapter effective, including regulations pertaining to practice as an advanced nurse practitioner.

Section 26 AS 08.68.410

- (2) "advanced nurse practitioner" means a registered professional nurse authorized to practice in the state who, by virtue of specialized education and experience.....under regulations adopted by the board;
- (8) "practice of professional nursing" means .....(F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the board;

All of these sections listed above refer to advanced nurse practitioner regulations. The former nurse practice act, which HB910 seeks to amend, states that regulations for advanced nurse practitioners must be "promulgated jointly by the State Medical Board and the Board of Nursing".

The rationale of the Board of Nursing in modifying these sections related to the length of time and difficulty in promulgating the regulations jointly. (See "A performance Review of the Board of Nursing" - October 6, 1978 - Division of Legislative Audit -pp. 5-6, 13).

The chairman of the medical board has contacted me about his objections to deletion of the section on joint promulgation. He has objected also to Section 26 "Administrative regulations, adopted jointly by the Board of Nursing and the State Medical Board....remain in effect until amended or repealed by the Board of Nursing under this Act."

The Board of Nursing has no intent to repeal these regulations. We have a good working relationship with the Medical Board and have no desire to jeopardize that relationship.

Therefore, we are in agreement, that the act may be revised to specify "joint promulgation." Therefore, the following sections may be revised to read as follows:

Section 5. AS08.68.100 -

"(1) adopt regulations necessary to make this chapter effective. This includes regulations pertaining to practice of an advanced nurse practitioner which shall be jointly promulgated with the State Medical Board."

Section 26. AS08.68.410 -

(2) "...under regulations jointly promulgated by the Board of Nursing and the State Medical Board."

(8) " practice of professional nursing means .....(F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the Board of Nursing and the State Medical Board."

Section 26

"Administrative regulations, adopted jointly by the Board of Nursing and the State Medical Board and in effect on the effective date of this Act, remain in effect until amended or repealed by the Board of Nursing under this Act." Delete.

Thank you for your consideration of this matter.

Sincerely,

*Eileen Montano*

Eileen Montano, Chairman  
Alaska Board of Nursing

EM:mc

# MEDICAL CONSULTING SERVICES

VIRGINIA M. COLLINS, R.N.

3201 "C" STREET, SUITE 240  
ANCHORAGE, ALASKA 99503  
(907) 276-7943

April 28, 1980

The Honorable Thelma Buchholdt  
Chairwoman, Health, Education, and  
Social Services Committee  
House of Representatives  
Pouch B  
Juneau, Alaska 99811

RE: House Bill 910

Dear Ms. Buchholdt:

I would like to take this opportunity to thank you for your assistance in obtaining information regarding this bill during my brief stop in Juneau on April 18. I would like to restate my opposition to sections of that bill as follows.

## Section 2.61.68.060

Lines 26 to 28 (Page One) currently read: "At least two of the members who are professional nurses must hold a bachelor's degree or higher."

Recommendation: I would like to see these lines deleted and substituted with the following - "At least two of the members must be diploma and associate degree registered nurses." Justification for Change: There is no foundation that a professional nurse holding a bachelor's degree is any more qualified as a nurse than one prepared at the three or the two year level. As a matter of fact, a recent study, which I am enclosing for you, published in "RN" magazine in 1980 clearly brings to light the real matter of the problems with baccalaureate programs. This study is sufficient to discredit the idea that the baccalaureate program is inherently better than others in preparing nurses.

## Section 6AS 08.68.111

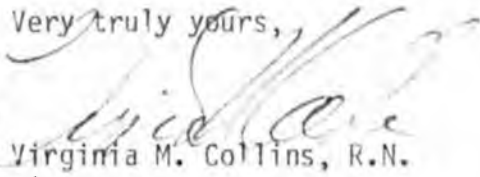
Part B states that "the executive secretary must be a nurse with a bachelor's degree or higher in nursing, must be currently licensed by the state, and must meet other qualifications as established by board regulations." Justification for Change: There is no criteria that indicates that a bachelor's degree registered nurse is any more qualified for the position of executive secretary.

Thekma Buchholdt  
April 23, 1980  
Page 2

I would appreciate your consideration in changing these two sections so that they refer to registered nurses who have met the state's requirement for licensure. This would cover BSN nurses, nurses who have degrees in health science fields, the ADN, and diploma nurses. In this manner, all segments of the nursing population should be represented.

Thank you again for your help. It has been greatly appreciated.

Very truly yours,



Virginia M. Collins, R.N.  
Director

VMC:ah

Enclosure



STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

March 10, 1980

The Honorable Thelma Buchholdt  
Chairman, House Health, Education  
& Social Services Committee  
Alaska State Legislature  
Pouch V  
Juneau, Alaska 99811

Re: Attached amendment to  
HB 910 (nursing bill)

*Thelma*

Dear Representative ~~Buchholdt~~:

An amendment to HB 910 (nursing) is attached. It would clarify the status of incumbent members of the Board of Nursing when the provisions of the new law changing requirements for board members take effect. The bill as written would leave the status of incumbent members in doubt; some amendment is therefore necessary.

The Board of Nursing wishes to allow incumbent board members to serve out the remainders of their terms of office under AS 08.68.020 -- 08.68.030. The amendment so provides; it also provides that any new appointment would then be made on the basis of the amended version of AS 08.63.010.

Sincerely,

*Keith*

Keith W. Specking  
Legislative Assistant  
to the Governor

A M E N D M E N T

OFFERED IN THE HOUSE

BY \_\_\_\_\_

TO: HOUSE BILL NO. 910

Page 17, between lines 26 - 27, add the following:

\* Sec. 27. An incumbent member of the Board of Nursing may continue to serve until the period of his or her appointment under AS 08.68.020 -- 08.68.030 expires, notwithstanding AS 08.68.010 as amended in sec. 1 of this Act. New appointments to the Board of Nursing shall be made in accordance with the provisions of AS 08.68.010, as amended.

Page 17, line 27:

Delete "\* Sec. 27." and insert "\* Sec. 28." in its place.

March 4, 1980

To: House HESS Committee  
House Finance Committee  
Senate Health & Social Services Committee

From: Concerned nurses in Anchorage.

A Position Paper relating to H.B. 910 "An Act relating to the practice of nursing."

We, the undersigned, have reviewed H.B. 910. We do not support certain specific changes. The balance of the bill is reasonable, as much of it relates to existing law and is relatively unchanged.

We would appreciate your consideration of the following suggested changes:

Section 2. 08.68.060 - lines 26 - 28 (page 1) currently reads - At least two of the members who are professional nurses must hold a bachelor's degree or higher.

We would like to see these lines deleted:

Reason: By allowing those three lines or that sentence to stand as is, the law would prevent all of the registered nurses who graduated from three year diploma programs from having a representative on the board. The vast majority of registered or professional nurses, the terms used interchangeably, in Alaska -- and other states -- are three and two year registered nurses, not BS degree nurses.

It is also common knowledge around the United States that a small minority of BS registered nurses are trying to dominate the profession. In New Jersey recently, for example, the legislature soundly defeated a proposal which would have required all registered nurses to have Bachelor's degrees -- which was being pushed by a few BS nurses and University nursing programs.

There is absolutely no foundation that a Professional Nurse with a Bachelor's degree or higher can give better patient care or render decisions relating to patient care in a non-supervisory capacity. Quite the contrary, many physicians and hospitals have found that those registered nurses who have come from diploma programs are far better prepared to work with patients than those coming from Bachelor Degree programs. This is because the diploma nurses spend far more time training right on patient floors with patients--whereas the Bachelor's degree RN spends more time in the classroom setting. This is a sore point with many Bachelor's RNs and also why they are trying to change their programs. It is also why many in the health care community put them as head nurses rather than floor nurses -- as their training better prepares them for the administrative role rather than the patient care role. There are exceptions, of course, of Bachelor's RNs who do have good clinical training, but that is not the point.

The vast majority of RNs around the United States are diploma RNs. They are good nurses and deserve to be represented on all state boards of nursing. We seriously object to being left off, as we would be under this section.

We have no objection to your substituting the following: At least two of the members must include diploma and associate's degree registered nurses. The Bachelor's degree nurses are already represented in two other categories.

Section 6 AS 08.68.111 (part b)

(b) states that the executive secretary must be a nurse having a bachelor's degree or higher in nursing, must be currently licensed by the state and must meet other qualifications as established by board regulations.

1. We have no objections to the part about being licensed by the state, providing licensed means and includes all diploma RNs.
2. There is no reason to believe that a Bachelor's Degree RN could handle the job of executive secretary any better than a Diploma RN.
3. It should not be left up to the board to decide other qualifications when the majority of RNs (diploma nurses) are not represented on the board.

As is described in the opening Section (1) Creation and Membership of Board of Nursing -- it is almost impossible for a diploma RN - who are in the majority in every state in the United States including Alaska, to be appointed to the Board. Only two professional nurses can be chosen who are directly or indirectly responsible to nursing services. Then, in the next section as I described before, those two must have Bachelor's degrees. Therefore, we are left out. Nurse practitioners and professional nurses in education both have to have Bachelor's degrees, and the practical nurse is a totally different level of patient care.

Therefore, we would appreciate your consideration in changing these two sections so that they refer to registered nurses who have either diploma, <sup>ADN</sup> bachelor's degrees.

There are hundreds of RNs currently working in Alaska and other states who have diploma degrees. We give good patient care to you and your families. We take offense to a few Bachelor's degree RNs trying to impose their power grabbing tactics on us. There are nursing supervisors, probably some director's of nursing, and head nurses who come from diploma programs. It is a disservice to them and the many staff diploma RNS to not be represented.

Thank you for your consideration. Replies can be sent to: Carol Beardsley, RN  
Head Nurse

Anchorage Fracture &  
Orthopedic Clinic  
3546 Latouche  
Anchorage, Alaska 99504

Signed: Mary Strand, RN ADN

Joann F. Selby, RN  
 Judy Napak, RN, ADN  
 Corinne Hutzfeldt, RN, ADN  
 James Hastings, RN  
 Pat Karmer, RN  
 Sandra Marshall  
 Rita Reed, RN  
 ...

# *Ketchikan Medical Clinic, Inc.*

3612 TONGASS  
KETCHIKAN, ALASKA 99901

H.J. Henrickson, M.D.  
D.E. Johnson, M.D.  
T.L. Conley, M.D.

Phone 225-5144  
Phone 225-5145

March 14, 1980

Honorable Terry Gardiner  
Pouch "V"  
Juneau, Alaska 99811

Subject: House Bill No. 910 - Practice of Nursing

Dear Representative Gardiner:

The above bill, in sections 5 and 26, contain provisions that may have significant import with respect to the practice of medicine within the state of Alaska.

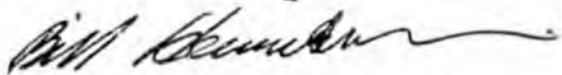
For whatever it's worth, it is interesting that in our recent meeting in February, in Juneau, we had a joint meeting for a brief period of time with the nursing board, during which time House Bill 910 was not brought to our attention.

I think it is abundantly clear that the legislature, over the years, has felt that the State Medical Board is the best means of regulating the practice of medicine for the citizens of Alaska. The state board of nursing has had regulatory authority over nursing and now wishes to have regulatory authority over a variety of mid-level practitioners of medicine. As a board member and a practicing physician, I feel very strongly that whenever the practice of medicine arises it should be dealt with by those who have been trained in the traditional practice of medicine. I would like to see sections 5 and 26 deleted or replaced with language that retains the current Board of Medicine, Board of Nursing relationship; that, in fact, retains the concept that the state medical board will indeed be ultimately responsible, under the legislature, for the regulation of the practice of medicine in the state of Alaska.

To permit sections 5 and 26 to stay in House Bill No. 910 will mean that advanced nurse practitioners, mid-wives and whatever other level of practitioners arise in the future to be working independent of any medical guidance except as that which is decreed by the nursing board. What we shall see, under those circumstances, is the development of parallel practices of medicine, some of which will be by physicians, some of which will be by mid-level practitioners. A problem arises in the inability

of the public to select out what levels of training each of these imply. I feel this is a distinct potential hazard to the patient and would opt for mid-level practice of medicine, or any level practice of medicine be under the final responsibility of the physician. Our current PA and ANP regulations seem to protect the public from this possibility and still permit the mid-level practitioner the opportunity to provide a service for the people of Alaska.

Sincerely,



Hilbert J. Henrickson, M.D.

HJH/bjr

cc: Robert Ziegler, Sr.

Glenn Hackney

Oral Freeman

March 4, 1980

To: House HESS Committee  
House Finance Committee  
Senate Health & Social Services Committee

From: Concerned nurses in Anchorage.

A Position Paper relating to H.B. 910 "An Act relating to the practice of nursing."

We, the undersigned, have reviewed H.B. 910. We do not support certain specific changes. The balance of the bill is reasonable, as much of it relates to existing law and is relatively unchanged.

We would appreciate your consideration of the following suggested changes:

Section 2. 08.68.060 - lines 26 - 28 (page 1) currently reads - At least two of the members who are professional nurses must hold a bachelor's degree or higher.

We would like to see these lines deleted:

Reason: By allowing those three lines or that sentence to stand as is, the law would prevent all of the registered nurses who graduated from three year diploma programs from having a representative on the board. The vast majority of registered or professional nurses, the terms used interchangeably, in Alaska -- and other states -- are three and two year registered nurses, not BS degree nurses.

It is also common knowledge around the United States that a small minority of BS registered nurses are trying to dominate the profession. In New Jersey recently, for example, the legislature soundly defeated a proposal which would have required all registered nurses to have Bachelor's degrees -- which was being pushed by a few BS nurses and University nursing programs.

There is absolutely no foundation that a Professional Nurse with a Bachelor's degree or higher can give better patient care or render decisions relating to patient care in a non-supervisory capacity. Quite the contrary, many physicians and hospitals have found that those registered nurses who have come from diploma programs are far better prepared to work with patients than those coming from Bachelor Degree programs. This is because the diploma nurses spend far more time training right on patient floors with patients--whereas the Bachelor's degree RN spends more time in the classroom setting. This is a sore point with many Bachelor's RNs and also why they are trying to change their programs. It is also why many in the health care community put them as head nurses rather than floor nurses -- as their training better prepares them for the administrative role rather than the patient care role. There are exceptions, of course, of Bachelor's RNs who do have good clinical training, but that is not the point.

The vast majority of RNs around the United States are diploma RNs. They are good nurses and deserve to be represented on all state boards of nursing. We seriously object to being left off, as we would be under this section.

We have no objection to your substituting the following: At least two of the members must include diploma and associate's degree registered nurses. The Bachelor's degree nurses are already represented in two other categories.

Section 6 AS 08.68.111 (part b)

(b) states that the executive secretary must be a nurse having a bachelor's degree or higher in nursing, must be currently licensed by the state and must meet other qualifications as established by board regulations.

1. We have no objections to the part about being licensed by the state, providing licensed means and includes all diploma RNs.
2. There is no reason to believe that a Bachelor's Degree RN could handle the job of executive secretary any better than a Diploma RN.
3. It should not be left up to the board to decide other qualifications when the majority of RNs (diploma nurses) are not represented on the board.

As is described in the opening Section (1) Creation and Membership of Board of Nursing -- it is almost impossible for a diploma RN - who are in the majority in every state in the United States including Alaska, to be appointed to the Board. Only two professional nurses can be chosen who are directly or indirectly responsible to nursing services. Then, in the next section as I described before, those two must have Bachelor's degrees. Therefore, we are left out. Nurse practitioners and professional nurses in education both have to have Bachelor's degrees, and the practical nurse is a totally different level of patient care

Therefore, we would appreciate your consideration in changing these two sections so that they refer to registered nurses who have either diploma, <sup>ADN</sup> or bachelor's degrees.

There are hundreds of RNs currently working in Alaska and other states who have diploma degrees. We give good patient care to you and your families. We take offense to a few Bachelor's degree RNs trying to impose their power grabbing tactics on us. There are nursing supervisors, probably some director's of nursing, and head nurses who come from diploma programs. It is a disservice to them and the many staff diploma RNS to not be represented.

Thank you for your consideration. Replies can be sent to: Carol Beardsley, RN  
 Head Nurse  
 Anchorage Fracture &  
 Orthopedic Clinic  
 3546 Latouche  
 Anchorage, Alaska 99504

Signed: Mary Friend, RN ADN  
 Jean T. Schaefer, RN  
 Judy Dapole RN, ADN  
 Connie Hestegals, RN ADN  
 James Hastings RN  
 Pat Kamen, RN  
 Sandra Chase RN  
 Lita Reed RN

S.R. 10033  
Fairbanks, Alaska 99701  
April 14, 1980

PH 452-8181 Ext 253,254

Home: 479-4418

Theima Buchholdt  
Chairman, House Hess Committee  
Pouch V  
Juneau, Alaska

Dear Ms. Buchholdt,

I understand that objections have been raised by the medical profession relating to the following sections of HB910: Section 5 03.68.100 Duties and Powers of the Board (a) The board shall

- (1) adopt regulations necessary to make this chapter effective, including regulations pertaining to practice as an advanced nurse practitioner.

Section 26 AS 03.68.410

- (2) "advanced nurse practitioner" means a registered professional nurse authorized to practice in the state who, by virtue of specialized education and experience.....under regulations adopted by the board;
- (8) "p.actice of professional nursing" means .....(F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the board;

All of these sections listed above refer to advanced nurse practitioner regulations. The former nurse practice act, which HB910 seeks to amend, states that regulations for advanced nurse practitioners must be "promulgated jointly by the State Medical Board and the Board of Nursing".

The rationale of the Board of Nursing in modifying these sections related to the length of time and difficulty in promulgating the regulations jointly. (See "A performance Review of the Board of Nursing" - October 6, 1978 - Division of Legislative Audit -pp. 5-6, 13).

The chairman of the medical board has contacted me about his objections to deletion of the section on joint promulgation. He has objected also to Section 26 "Administrative regulations, adopted jointly by the Board of Nursing and the State Medical Board....remain in effect until amended or repealed by the Board of Nursing under this Act."

The Board of Nursing has no intent to repeal these regulations. We have a good working relationship with the Medical Board and have no desire to jeopardize that relationship.

Therefore, we are in agreement, that the act may be revised to specify "joint promulgation." Therefore, the following sections may be revised to read as follows:

Section 5. AS08.68.100 -

"(1) adopt regulations necessary to make this chapter effective. This includes regulations pertaining to practice as an advanced nurse practitioner which shall be jointly promulgated with the State Medical Board."

Section 26. AS08.68.410 -

(2) "...under regulations jointly promulgated by the Board of Nursing and the State Medical Board."

(8) " practice of professional nursing means .....(F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the Board of Nursing and the State Medical Board."

Section 26

"Administrative regulations, adopted jointly by the Board of Nursing and the State Medical Board and in effect on the effective date of this Act, remain in effect until amended or repealed by the Board of Nursing under this Act." Delete.

Thank you for your consideration of this matter.

Sincerely,

*Eileen Montano*

Eileen Montano, Chairman  
Alaska Board of Nursing

EM:mc

FRX/LID/MW  
4/14/80 via #400





STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

February 27, 1980

HB 910

The Honorable Terry Gardiner  
Speaker of the House  
Alaska State Legislature  
Pouch V  
Juneau, Alaska 99811

Dear Mr. Speaker:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill relating to qualifications for nursing practice in the state, and to the powers and duties of the Board of Nursing.

The bill revises and clarifies the statutes setting out the powers and duties of the board and its executive secretary. It also revises qualifications required for service on the board.

In addition, the bill clarifies the requirements and procedures to be followed by applicants for licensing to engage in nursing practice, defines "unprofessional conduct," adds a requirement of "continuing competence," and brings criminal penalty provisions into conformity with the new criminal code.

Further, the bill makes two changes of a more substantive nature: (1) it eliminates inactive status for nurses, on the rationale that maintaining competency is more important in the provision of health care than any right to that status; and (2) it creates a duty to report conduct or omissions by another health care provider which can result in serious harm to a patient.

Sincerely,

Jay S. Hammond  
Governor

By: Terry Miller  
Lieutenant Governor

FISCAL NOTE

I. REQUEST HOUSE BILL NO. 910  
 Bill/Resolution No. \_\_\_\_\_  
 Title An Act Relating to the Practice of Nursing  
 Requested by Governor Date 2/21/80

II. FISCAL DETAIL  
 Agency Affected Department of Commerce & Economic Development  
 Program Category Affected Public Protection  
 BRU, Program, or Subprogram(s) Affected Division of Occ. Licensing, Board of Nursing  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)  
EXPENDITURES (Thousands of Dollars)

	FY 80	81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
200 TRAVEL		12.9	13.8	14.8	15.8	16.9
300 CONTRACTUAL		5.0	-0-	-0-	-0-	-0-
400 COMMODITIES		-0-	-0-	-0-	-0-	-0-
500 EQUIPMENT		-0-	-0-	-0-	-0-	-0-
600 LAND & STRUCTURES		-0-	-0-	-0-	-0-	-0-
700 GRANTS, CLAIMS, ETC.		-0-	-0-	-0-	-0-	-0-
<b>TOTAL</b>		17.9	13.8	14.8	15.8	16.9

FUNDING (Thousands of Dollars)

GENERAL FUND		17.9	13.8	14.8	15.8	16.9
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Please see attached.

IV. DATE February 21, 1980 PREPARED BY *Ann Griiggs* Ann Griiggs, Director  
 AGENCY Division of Occupational Licensing  
 PHONE 465-2534

Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named)

200. Travel costs for FY 81 broken down as follows:

2 meetings in Anchorage	=	\$5.2
7 board members (trans. + per diem)		
Executive secretary (no travel costs assoc. w/ Anch. mtg.)		
Staff (trans. + per diem)		
1 meeting in Fairbanks	=	\$3.4
7 board members (trans. + per diem)		
Executive secretary (trans. + per diem)		
Staff (trans. + per diem)		
1 meeting in Juneau	=	\$3.3
7 board members (trans. + per diem)		
Executive secretary (trans. + per diem)		
Staff (no travel costs assoc. w/ Juneau meeting)		
2 trips to Fairbanks	=	\$ .6
1 trip to Juneau	=	\$ .4
Executive secretary (trans. + per diem) to discuss w/ public and nursing community the new act		
TOTAL	=	\$12.9

Travel for succeeding years is based on FY 81 costs plus 7% inflation factor.

300. FY 81 contractual cost of 5.0 covers one time printing costs associated with the printing of new statutes for distribution

7 00 APR 23 PH 19

TELEGRAM

02256 NL TDA FAIRBANKS ALASKA 50 04-22 7 57 AST

PMS REP THELMA RUCHHOLDT

JUNEAU AK

ALASCOM, INC.  
PHONE: 586-6442  
JUNEAU, AK 99802

URGE DO PASS ON HB910. NEW CONCEPT IN THE BILL SUCH AS SECTION 08. 68. 410 (8)S. WILL AID IN THE DEVELOPMENT OF A GROWING AND IMPROVING PRACTICE ADJUNCTIVE TO THAT OF PHYSICIANS. REGULATIONS PROMULGATED BY THE BOARD OF NURSING WILL BE TIMELY AND PROTECTIVE OF THE PUBLIC INTEREST.

RUTH BENSON, RN

*endorsement of out-of-state licenses*

# TELEGRAM

ALASCOM, INC.  
PHONE: 586-6442  
JUNEAU, AK 99802

02042 POM ANCHORAGE ALASKA 15 04-28 950A AST

PMS REP THELMA BUCHHOLDT CHAIRMAN

JUNEAU AK

I OPPOSE HB910 NO REPRESENTATION OF 2 AND 3

YEAR NURSES ON BOARD

CAROL BEARDSLEY

1412 ANNAPOLIS DR ANCHORAGE 99504

1980 APR 28 AM 11 51

SR Box 30218 - Farmers Loop Rd  
Fairbanks, Alaska 99701  
19 March 1980

Hon. Thelma Buchholdt, Chair  
House HESS Committee  
Pouch V  
Juneau, Alaska 99811

re: HB 910

Dear Rep. Buchholdt,

I've been reading the proposed amendments to the Nurse Practice Act and am distressed that the bill in this form was introduced - There are substantial changes which I strongly feel are not improvements and some reversions to former terminology for which I can think of no rationale. The proscriptions against "unprofessional" conduct are detailed but the standards by which such conduct is judged are not defined nor credited (American Nurses Association published Standards for Nursing Practice?) I hope this bill will remain in your committee until nurses in Alaska have had opportunity to study and understand the proposed changes it contains. Thank you.

Rebecca Benson, N.