Part one of ‘Alaska and the opioid epidemic’ reviewed prescription opioids; codeine, hydrocodone, oxycodone, morphine and fentanyl and the discovery that over prescription of opioids in the U.S. has led to an epidemic of deaths due to opioids. Since the June issue, there has been continued action regarding opioid use and abuse on the federal and state level. In addition to the CDC release of recommendations for prescribing opioids for chronic pain last spring,1 congress passed the CARA act (cadca.org), President Obama formed a new interagency taskforce aimed at making sure insurance programs treat medical and mental health coverage equally, the state convened an Alaska Opioid Policy Task Force tasked with presenting recommendations to the executive and legislative branches before the end of the year, and finally, Senator Dan Sullivan of Alaska convened a Summit on Conquering the Opioid Crisis last August in the Mat-Su.2

Vivek Murthy, MD, U.S. Surgeon General, speaking at the Summit, described his belief in a policy of prevention. He hopes to educate prescribers by sending out a letter in the fall on safe opioid prescribing along with a pocket reminder. In addition, later this year the first ever report on substance abuse will be issued from the office of the Surgeon General. In this issue we will:

• review the options available to Alaskans with opioid use disorder who seek treatment
• introduce the Prescription Drug Monitoring Program to nurses and the changes that are taking place due to passage of SB 74
• describe the changes made in law by SB 23
• list CR resources on opioids for nurses.

Addressing the Harms—Medication Assisted Treatment
A person who has become addicted to an opioid and seeks treatment must first get an evaluation as different medications are available. The goal of therapy is harm reduction and maximizing function. According to Sarah Spencer, DO, we need to develop a chronic disease model for addiction just as we have done for diabetes and depression. Just as insulin will manage but not cure diabetes, opioid replacement will not cure the patient, it can suppress symptoms of craving and withdrawal to allow patients to make behavioral changes that will rewire the brain reversing some of the changes of addiction.3

The following descriptions are very brief on a complex subject and the reader is advised to go to the references for more in depth information. Medication-Assisted Treatment (MAT) is the use of medication, combined with counseling and behavioral therapies, to provide a holistic approach to the treatment of substance use disorders.4 Those patients meeting the criteria for opioid use disorder have three options for MAT depending upon the shared decision making of the clinician and patient.5

1. Methadone, an opioid, is a schedule II opioid agonist that binds to various opioid receptors producing analgesia and sedation. It lessens the pain of withdrawal and blocks the euphoric effects of opiate drugs such as morphine and oxycodone. Methadone is carefully regulated and can only be delivered through a SAMHSA-certified opioid treatment program. Patients are closely monitored and may be in residential treatment though most are seen between visits to the program. Treatment can last from a year to several years.2,4,6
2. Buprenorphine or Suboxone (buprenorphine/naloxone) is a schedule III opioid partial agonist/antagonist. It reduces symptoms of craving and withdrawal without producing...
**Time for License Renewal**

**New “Retired” Option**

If you have questions about the statutes and regulations, the complete nursing statutes and regulations are available at www.nursing.alaska.gov (see Board of Nursing Links on the left side of the screen).

**APRNs**

See above for general information on RNs. In addition to the RN continued competency requirements, APRNs must hold a current national certification for each of the roles and populations for which the applicant is seeking renewal. In addition, they must include certification of completion during the previous two years of 12 hours of CE in advanced pharmacotherapeutics and 12 hours of CE in clinical management of patients (12 AAC 44.440).

**New! “Retired” Option**

Effective August 10, 2016, a nurse who has an active and unencumbered license, may apply for a retired nurse license status. They may use the title LPN, Retired, RN, Retired, APRN, Retired etc. but may not practice.

A retired nurse license is valid for the life of the holder and does not require renewal. It may be considered an honorary title similar to what is used in the military services. It may also be used when writing for publication and public speaking. It may not be used to practice or volunteer nursing services. A retired licensee who wishes to return to active nursing must meet the requirements of lapsed or reinstatement of a license. There is a one-time, $165 fee. Interested nurses should contact the Board of Nursing.

**Screening Saves Lives**

- Malignant Neoplasms are the leading cause of death in Alaska.
- 32% of Alaskan women are not getting cervical cancer screenings.
- Thousands of Alaskan women are eligible for free screening.

**Will you help Alaskan women by reminding them to get their regular breast cancer screening?**

**Alaska’s Breast and Cervical Health Check Program (BCHC) can assist women with both breast and cervical cancer screening, diagnostic tests, and access to treatment, if needed.**

**Encourage your patients to call today 1-800-410-MAMM (6266)**

** Theta Omicron Alaska chapter of STTI **

**Presents Using Evidence in Nursing Practice Every Day**

**October 15th at the BP Energy Center, Birch Room, Anchorage, 8a-5p Earn 7.5 CEs!**

$125 registration, $100 (presenters), $25 for students
To learn more visit alaskanursingsociety.com

To learn more about this event visit the AKPNO website.

**Are you ready to RESPOND?**

Our purpose is to identify and mobilize licensed Alaska healthcare professionals to serve as volunteers in a disaster or public health emergency.

For more information and to register online visit us today.

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Homer is on the southern shores of the Alaska Kenai Peninsula. A quaint town nestled on the beautiful Kachemak Bay offering breathtaking views of glaciers, mountains and wildlife. It has something for everyone: adventure, culture, scenery, or even a little bit of solitude.

**South Peninsula Hospital**

is a modern facility with 22 Acute Care beds and an attached 28 bed Long Term Care nursing facility. We are seeking dedicated and talented nursing professionals to join our diverse team:

- Emergency Department RN
- Acute Care ICU, OB RN
- Circulator RN

We offer highly competitive wages and benefits including health/life insurance, retirement, wellness, loan forgiveness, generous paid leave and a recruitment bonus.

Apply today at www.sphosp.org

Contact Human Resources (907) 235-0800 dhallm@sphosp.org

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I won’t spread flu to my patients or my family.

Even healthy people can get the flu, and it can be serious. Everyone 6 months and older should get a flu vaccine. This means you.

This season, protect yourself—and those around you—by getting a flu vaccine.

For more information, visit: http://www.cdc.gov/flu or call the Alaska Immunization Helpline at 1-888-430-4321.
The Alaska Board of Nursing website is loaded with information though sometimes it may seem difficult for the newcomer to find things with such a large amount of information. In this article, we will deal with just one subject and one part of the website, the Board of Nursing Advisory Opinions. This article will cover the Advisory Opinions of 2015.

The Board of Nursing is unique among the professional boards in Alaska in that it has been allowed for more than 35 years by the legislature (that is by statute) to give advisory opinions to its licensees, not just make regulations. An advisory opinion is not a law, but it is an official opinion of the Board of Nursing on the practice of nursing in Alaska therefore should certainly be adhered to.

In recent years, the advisory opinions have sometimes been used by the Board as an indication of their ideas prior to being made into regulation. Advisory opinions are much easier to initiate and change than regulations and take less time. Therefore, if you are an expert in areas you see are being dealt with by the Board, you should send in your commentary, analysis and references regarding Advisory Opinions as these can be helpful.

To find the Advisory Opinions, go to www.nursing.alaska.gov, where you will see the home screen of the BON. (See Fig. 1)

The top section of Advisory Opinions tends to be answers to scope of practice questions brought up by individuals or facilities and brought to the Board. They are thought to be significant enough that the opinion is published on the website in addition to being responded to with a letter. They are grouped under what type of licensee the question pertained too.

The following are the Opinions from 2015 in the top section:

**Licensed Practical Nurses**

**Topic:** IV Administration by LPNs

**Opinion:** BON approved the LPN intravenous course proposed by Chief Andrew Issac Health Center. LPNs who complete the course including competency checks can start IVs on patients over the age of 12.

**Interested Party:** Chief Andrew Isaac Health Center

**Date:** January 2015

**Registered Nurses**

**Topic:** Nitrous Oxide administration by RN for a Pediatric Patient

**Opinion:** BON approves the educational program for RN administered Nitrous Oxide/Oxygen in the pediatric patient. The proposal is approved with an amendment noting administration of a maximum 70%. The intent of the motion is not to be restrictive based on either sign nor symptom of specific procedure.

**Interested Party:** Fairbanks Memorial Hospital


**Topic:** Nitrous Oxide for labor analgesia

**Opinion:** BON approves the expanded scope of practice for RNs to administer Nitrous Oxide for labor analgesia as follows: 1) the policy and procedures reflect that RN administering Nitrous Oxide holds a current ACLS certification.

**Interested Party:** Fairbanks Memorial Hospital

**Date:** April 2015

**Advanced Nurse Practitioner (now APRN)**

**Topic:** Colonoscopy administration at ANMC

**Opinion:** The Board approved the request by Lisa An, ANP to perform colonoscopies at ANMC based on her proposal and the mentoring of Claudia Christiansen, ANP who was previously approved by the Board.

**Interested Party:** Lisa An, ANP

**Date:** April 2015

The bottom section of the webpage on Advisory Opinions deals with topics that may be issues repeatedly brought to the Board, or, national issues in nursing that the Board feels should be addressed in a proactive manner. They are generally longer and include background information and references. They may be updated over the years such as the opinion on RN administration of sedating and anesthetic agents which has been written and updated in 2009, 2013 and again in 2015.

Although the top section of the webpage of opinions may be narrow responses to specialized scope of practice questions, the bottom section of Advisory Opinions are well worth reviewing by all nurses. The full text of the “Other Advisory Opinions” are too long to include here but the opinions that were either published or updated in 2015 were:

1. Registered Nurse administration of sedating and anesthetic agents.
2. Telehealth for the Advanced Nurse Practitioner

If you have questions about the Advisory Opinions feel free to email the Executive Director of the Board of Nursing, Gail Bernth, APRN at gail.bernth@alaska.gov.
Nurses and the March of Dimes: A Critical Connection

By Barbara Berner, Director, School of Nursing, UAA and Chair, March of Dimes Nurse of the Year

Dating back to the polio era, nurses have played a key role in advancing the mission of the March of Dimes. In fact, 40,000 nurses volunteered to assist with the Salk polio vaccine field trials in 1954, the largest medical investigation of its kind ever conducted.

Today, nurses serve as volunteers, fund-raisers and advisors to the March of Dimes and are critical to the organization’s mission of improving the health of mums and babies. This powerful connection will culminate in an evening of celebration and recognition on Friday, November 18, 2016 at the DeNata Convention Center in Anchorage when the March of Dimes Alaska honors these extraordinary caregivers for the 13th annual Nurse of the Year awards.

It’s Going to be a Busy Fall

By LeMay Hupp, RN, Alaska Respond Training Coordinator

Upcoming HALE BOREALIS FORUM

Don’t miss the three day HALE BOREALIS FORUM to be held October 18, 19 and 20 at the Anchorage Hilton Hotel. This year’s theme, “Ingeniousness and Integration for Better Outcomes,” will provide significant cross-disciplinary opportunities, evidence-based practice methods and current trends in regard to emergency preparedness and disaster response. Important information on the latest innovations will be included in over fifty sessions, many presented by national speakers. From Lessons Learned from the San Bernardino Attack, to Evacuation from the Ft. McMurray Fire in Canada, the Flint Water Crisis to the mass shooting at the college in Oregon, there is much for us to learn. For more information and registration go to: www.haleborealis.com.

Upcoming MOBILE DISPENSING EXERCISE, October 1

In a public health emergency, the health of the community may be impacted due to a large scale disease outbreak or intentional or accidental release of nerve agents, chemical agents, or biological pathogens. The Strategic National Stockpile (SNS) is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications and other Lifesaving medical/surgical items designed to supplement and re-supply state and local public health agencies. The state will be assisting with setting up Points of Dispensing (PODS) for all to get medicines, including those that are home bound. Alaska Respond volunteers are being asked to assist in an exercise on Saturday, October 1, to volunteer in a current program that administers Influenza vaccine each fall. This will benefit the community and help us to fine tune our emergency operations plan for Mobile Dispensing in a crisis situation.

If you are an Alaska Respond Volunteer you will automatically receive the current training plan for Mobile Dispensing in a crisis situation. For more information or to sign up, go to: www.akrespond.alaska.gov.

Nurse of the Year is presented by the Children’s Hospital at Providence. Nurses will be presented awards in 15 different categories. From the very youngest of patients in newborn intensive care units to the elderly in hospice, nurses protect our health, work to prevent injury, alleviate suffering and advocate for our care. Nurses of the Year do this in a way to so thank you and honor selflessness, dedication and passion for the profession of nursing.

The Nurse of the Year initiative supports the March of Dimes mission while recognizing exceptional nurses throughout the state, celebrating the profession and creating awareness of the strides made in this growing field. The purpose of the event is to raise public awareness of and interest in the diverse and rewarding careers available to nurses as well as to acknowledge the incredible contribution of nurses that occurs on a daily basis.

The Nurse of the Year event is an opportunity for March of Dimes, and the community, to publicly honor these wonderful caregivers who make such a difference in our lives. Have you been touched by the exceptional care of a nurse? Has a nurse co-worker inspired you? You can nominate a nurse! This is your opportunity to bring recognition to those very special unsung heroes. Simply access our quick and easy online application to nominate a nurse.

I am deeply honored to Chair the event this year. Along with a selection committee comprised of health care professionals, I will review the confidential nominations and select finalists in each category in order to acknowledge these amazing individuals who have touched the hearts and lives of so many.

More information is available online: marchofdimes.org/Alaska. For additional information, including tickets and honoring a nurse with a Tribute Gift, Contact Janie Odgers at (907) 276-4111 or janodgers@marchofdimes.org.

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Members of the Advanced Practice Registered Nurse Alliance gather around Gov. Bill Walker just after the signing of SB 53, a change in the nursing statutes that combines nurse practitioners, clinical nurse specialists, certified nurse midwives and certified registered nurse anesthetists under the title Advanced Practice Registered Nurse (APRN). The bill sponsored by Senator Cathy Giessel and lobbied for by the APRN Alliance was a four year endeavor and included the Senator, APRN-A and the Board of Nursing.

Pictured from left, APRNs’ Nan McGrath, Laura Sarcone, Tracey Weise, Ret. BON Executive Administrator Nancy Sanders, Carrie Doyle, Gov. Bill Walker, Sen. Cathy Giessel, Lynn Hartz, Jessica Walsh, Andrea Hiles, Ex-BON member Beth Farnstrom, and Jeff Worrell.

From left, Cindy Cooke, AANP President, Brittany Burglin, APRN, NP, Karen Fell, APRN, FNP, Alaska AANP Representative.

Each year the American Academy of Nurse Practitioners honors an individual NP with the NP State Award for Excellence who has demonstrated excellence in NP clinical practice. This year Brittany Burglin, a nurse practitioner at the J. Michael Carroll Cancer Center in Fairbanks was given the award. Ms. Burglin is known as a “Respected NP providing compassionate care by balancing the benefits and burdens of curative oncology therapies addressing patient’s personal goals.”

Mark Beck, MD was recognized with the 2016 AANP Advocate State Award for Excellence. The Advocate Award is given to an individual who has made a significant contribution toward increasing awareness and recognition of NPs. Dr. Beck practices at Diagnostic Health, Anchorage.

Representatives of the American Cancer Society gather around Gov. Bill Walker after he signed into law an Act relating to insurance for “anti-cancer medication.” Prior to passage of SB 142, oncology patients who might have been candidates for oral therapy were sometimes forced to use intravenous instead of oral chemotherapy due to preferential insurance coverage favoring intravenous forms of treatment. The bill ensures that both intravenous and orally administered chemotherapy are treated equitably by insurance companies as far as reimbursement. From left are sponsor of the bill Senator Cathy Giessel, Gov. Bill Walker and Emily Nenon and Heather Aronno from the American Cancer Society.

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Looking for highly motivated RNs and CNAs to become part of our Behavioral Health Team.

New ‘16 bed facility Residential Detoxification
Care Coordination Psychiatric Referrals
Facilitating Positive Initiative a Must Behavior Change

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Up to $15,000 Hiring Bonus
The University of Alaska conferred degrees upon the following students last August. The Alaska Professional Nurses Organization welcomes you to our profession. May you have long and rewarding careers!

Special honors were bestowed on these graduates:

**Directors Award**
Awarded to the student with the highest GPA
BS – Michelle Wilson

**Spirit of Nursing Award**
Awarded by faculty vote for the student whom they feel demonstrates the spirit of caring, science, love of learning, and compassion.
BS – Hillary Olsen

**Evidence-Based Practice Award**
The Evidence-Based Practice Award was established by the Alaska Professional Nurses Organization in 2013 to recognize a nursing student who integrates research-based evidence and clinical experience to achieve excellence in nursing practice.
MS – Monica Perez-Verdia
BS – Bryn Haebe and Jenelle Woodruff

**Peer Award**
Awarded by the senior class to a fellow classmate who has completed their nursing studies while balancing the daily demands of life. Sponsored by the Alaska Nurses Association.
BS – Alexandra Burril

**RN-BS Graduates**
- Nikole Alexander
- Nicole Barker
- Alina Cushing
- Theresa Olanna
- Regina Pierce
- Danette Robinson
- Katie Shaw
- Rhoda Woodworth

**BS Graduates**
- Sarah Armbrust
- Ariel Austin
- Danielle Ayers
- Shannon Broske
- Alexandra Burril
- Pang Chang
- Cassandra Dahl
- Megan Davis
- Nicole DeLong
- Bryn Haebe*
- Caryn Hafer
- Melissa Hall
- Jeanne Hepper
- Samantha Holmquist
- Nicole Jenson
- Christina Johnson
- Valarie Joseph
- Shannon Kim
- Rachel Leaman
- Stephen Lowe
- Carley Mattingley
- Kristina Mattle
- Stacey McCully
- Lindy Monagle
- Nicole Moore
- Hillary Olsen*
- Kyla Phillips
- Irina Prince
- Mai Thao
- Esther Wee
- Kimberly Wells
- India Williams
- Michelle Wilson*
- Jenelle Woodruff

**MS Graduates**
- Carisa Battah
- Monica Perez-Verdia*
- Adam Randall

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We are accepting applications for: Director of Nursing & Registered Nurses

Cordova Community Medical Center is a 23 bed Critical Access Hospital that includes a Primary Care Clinic, Emergency Department, Inpatient, Long Term Care, and Swing Care/Rehab. We serve a close-knit community of approximately 2,100 people year-round that booms to around 5,000 between May and September every year during the fishing season.

Please contact:
Kim Wilson, HR Coordinator
kwilson@cdvcmc.com • 907-424-8221
www.cdvcmc.com
Influenza (flu) is a contagious respiratory infection caused by influenza viruses that infect the respiratory tract. It can cause mild to severe illness; serious outcomes can include hospitalization or death. Anyone can get the flu, including people who are otherwise healthy, making influenza a major public health concern.

The Centers for Disease Control (CDC) recommends an annual influenza vaccination for most people 6 months and older as the single most effective measure of preventing influenza. Influenza vaccines are safe and cannot cause the flu.

Numerous leaders in healthcare organizations strongly recommend an annual influenza vaccination for health care workers as an effective tool to protect staff, families and patients against influenza-related illness.1 The American Nurses Association (ANA) has taken a stand in support for mandatory influenza vaccines for health care workers (HCWs), ANA states, “registered nurses have an ethical responsibility to model the same health maintenance and health promotion measures they preach and research.”

During the 2014-15 season, approximately 77% of HCWs reported receiving an influenza vaccination.2 This is below the Healthy People 2020 objective of 90%.3 Coverage was found to be highest in hospitals and lowest among HCWs in long-term care settings. In the absence of requirements, increased vaccination coverage was associated with employers offering vaccination onsite, free of charge, and offering vaccination for multiple days.4 The best way to prevent transmission of influenza to our patients is to get vaccinated against influenza.

National Influenza Vaccination Week is December 6-12, 2016. Get vaccinated!

3. Influenza Vaccination Coverage Among Health Care Personnel — United States, 2014-15 Influenza Season. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6436a1.htm
4. Healthy People Objectives. Available at: http://www.healthypeople.gov/
For three hours last May, the Fairbanks Public Health Center’s meeting room transformed into a First Friday gallery. Families came to view local art, enjoy homemade snacks, and listen to live music. They had all come to enjoy the artwork depicting mothers holding babies to their chests while the babies, secure next to their moms, ate without concern of whatever else was going on in the photograph or painting around them. Perfectly natural, perfectly motherly—and most importantly, perfectly normal.

The event grew from an idea I had while reading a popular graphic novel where the heroes of the story had a newborn and were fugitives on the run. As the couple journeyed through outer space with limited resources, they breastfed their new baby. No one in the story mentioned breastfeeding; it was not a part of the story. The only reason the reader knew about it was the illustrations. Adult characters moved the plot and the baby was drawn sleeping, crying, and eating. I loved it. It was breastfeeding in a matter of fact way. No need to list health benefits—it just was.

More exciting—to a public health nurse—is that many of the people reading the comic may have never once thought about breastfeeding. Curious, I started to look through breastfeeding posters and art. I found multiple creative and beautiful works of art and graphic design, but most were public health posters or religious paintings. I did not find much art where breastfeeding simply was. If we want to promote breastfeeding as a normal everyday event, then we need to reflect that in our everyday surroundings, as part of what we observe normally and learn from daily life.

For our inaugural 2015 breastfeeding art and mingling event, seven artists contributed work and over 90 people attended the art opening. Individuals and the Fairbanks Hospital Foundation generously contributed donations that allowed us to offer 1st, 2nd, and People’s Choice prizes. Fairbanks Breastfeeding Coalition members donated cookies, vegetable platters, string cheese sticks, coffee and punch. Musicians playing fiddle, upright bass, guitar and mandolin entertained the viewers; we even had a photographer to document the event. Families came and stayed, going through the displayed art multiple times, listening to music and talking with friends and families. The event was so successful that we wanted to make the arts show an annual event.

Building on the movement from the 2015 show we applied for and received the 2015 General Nursing Grant – Clinical/Community Project Grant from the Alaska Nurses Foundation. For the Second Annual Art Exhibition First Friday Event, we wanted to go further than we did the year before. We would have local judges come again to award prizes, but we would also have a group from the Alaska Breastfeeding coalition choose one piece of artwork to develop an “Alaska Breastfeeds” poster.

The afternoon before the art show opening, the volunteer judges used professional criteria to judge artist’s skill, the composition, colors, and context of the piece. The group from the Alaska Breastfeeding coalition chose a piece that was fun, bright, and showed Alaskan mom’s breastfeeding as a part of everyday life. The decision on photographer’s Rachel Marney’s “Halftime” was unanimous.

Three months after choosing “Halftime,” we produced 50 posters, all 24” X 18.” We are currently distributing the posters to local healthcare providers, including all those providers I have been peppering with flyers for the past two years—WIC and public health offices around the state and to our local derby-girls team. Our hope is that this is the first of many more posters to come, both in the Fairbanks area, and around the state.

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Alaska Responds

Prescription Drug Monitoring Program

When the problem with increasing deaths due to prescription opioids was recognized, the federal government started funding programs to gather and monitor data on prescription of controlled drugs. There are now programs in 49 states. In Alaska, the program called the Prescription Drug Monitoring Program (PDMP) began in 2008. Based on the Alaska Board of Pharmacy, the controlled substance prescription database gathers information from in-state and out-of-state pharmacies on outpatient prescriptions for controlled substances for Alaskans. Data is not collected from hospitals or nursing homes. The purpose of the PDMP is to improve patient care by providing prescribers and pharmacists the controlled substance history of their patients. Additional goals are to reduce drug diversion and assist in investigations when there is cause.

Although the initial federal funding ended in 2013, a new federal grant has extended monies to run the program until 2021. In the most recent report to the legislature, 1,122, or 13.5% of prescribers were registered in the system for Alaska.

In 2015, there were 202,141 patients who received prescriptions for Class 2 drugs, which would have included opioid drugs. Sixty-one persons in 2015 exceeded the 5/5 threshold in which they received a controlled substance in five months from five different pharmacies in a three month period. One person exceeded the 10/10 threshold.

Until now, there has been no PDMP outreach to send out unsolicited reports to prescribers that would alert them to possible diversion or abuse by individuals. Recent passage of SB 74 will allow more prescribers of patients in cases of potential problems. Use of the program by prescribers has been voluntary, but has increased significantly since implementation of the law. Linda Lascasera, ANP, a recent registrant was impressed with the ease of access and use of the system. “There was no problem signing up. The Program Manager was really helpful and the site was user friendly.”

SB 74 Changes

Senate Bill 74, passed in 2016, is a lengthy law dealing with Medicaid, telehealth and the PDMP. Changes in the law regarding the statute bring it more into compliance with best practices recommendations in an ongoing effort to prevent diversion, substance abuse and standard practice guidelines.

The following statute changes made by SB 74 have the potential to affect many nurses and APRN prescribers. In the Alaska Statutes Book/online, these changes are found under Sec.21.AS 17.30.200(a) through Sec.34.AS 17.30.200:

1. Data on Class 5 drugs is no longer mandated but still requested.

2. Licensed pharmacies will now have to send in information on class 2-4 prescriptions on a weekly basis instead of monthly.

3. Prescribers with DEA authority have always had access to the database to look up information on their patients, they may now authorize “an agent or employee of the practitioner who has been certified under AS 08: Prior to this change, only the prescriber could access the database. Now, nurses in clinics may be asked to access the database as the practitioner who has been licensed to order, or the practitioner has to be notified to access the database.

4. Though the database has some privacy protection, it is available to authorized public health personnel, law enforcement and Alaska tribal health organizations for aggregate data reports and individual criminal investigations. SB 74 expanded this ability of those who can be licensed or registered, that could include LPNs, CNAs but will exclude unlicensed assistants.

5. Any practitioner who prescribes controlled medication for 24 hours or less that are included in the database must send a report to the Board of Pharmacy. Failure to register could result in disciplinary action.

6. Prescribers are not obligated to check the PDMP when they are ordering non-controlled medications on the patient’s behalf.

7. Prescribers are obligated to check the PDMP and check the “patients prescription records before dispensing, prescribing, or ordering scheduling of non-controlled substances under Federal law to the patient.” Exceptions to the law are patients in an inpatient setting, at the scene of an emergency, in an ambulance, in a hospice or nursing home that has an in-house pharmacy, or a non-refillable prescription of a controlled substance in a quantity intended to last for not more than three days.

8. The Department of Health and Social Services is modifying the PDMP to unsolicited information to a practitioner if a patient has received quantities of controlled substances on more than one occasion. If the practitioner is inconsistent with generally recognized standards of safe practice.

9. Fees for registration with the database will be set so that registrants are the only one paying for all prescribers and pharmacists required to register.

Although the law has been passed, SB 74 will impact five Boards; the Medical Board, Board of Pharmacy, Board of Dentistry, Board of Nursing and the Board of Midwifery.

Medication Assisted Treatment (MAT) providers in Alaska

### Treatment group

<table>
<thead>
<tr>
<th>Alaska VA Health Care System</th>
<th>Anchorage</th>
<th>buprenorphine (Suboxone), Methadone</th>
<th>907-274-4011</th>
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<tbody>
<tr>
<td>Anchorage Treatment Solutions</td>
<td>Anchorage</td>
<td>buprenorphine (Suboxone), Methadone</td>
<td>907-837-4791</td>
</tr>
<tr>
<td>Chief Andrew Isaac Health Clinic</td>
<td>Fairbanks</td>
<td>buprenorphine (Suboxone)</td>
<td>907-452-8251 ext. 3800</td>
</tr>
<tr>
<td>Community Medical Services</td>
<td>Wasilla</td>
<td>buprenorphine (Suboxone), Methadone</td>
<td>907-290-3760</td>
</tr>
<tr>
<td>Discovery Cove Recovery &amp; Wellness Center</td>
<td>Eagle River</td>
<td>buprenorphine (Suboxone)</td>
<td>907-694-5350</td>
</tr>
<tr>
<td>Interior Aid Association</td>
<td>Fairbanks</td>
<td>Methadone</td>
<td>907-452-4227</td>
</tr>
<tr>
<td>Kodiak Community Association</td>
<td>Kodiak</td>
<td>buprenorphine (Suboxone), Methadone</td>
<td>907-469-8361</td>
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<tr>
<td>Narcotic Drug Treatment Center</td>
<td>Anchorage</td>
<td>Methadone</td>
<td>907-276-6430</td>
</tr>
<tr>
<td>Neighborhood Health Center</td>
<td>Anchorage</td>
<td>buprenorphine (Suboxone)</td>
<td>907-743-7201</td>
</tr>
<tr>
<td>Providence Breakthrough</td>
<td>Anchorage</td>
<td>buprenorphine (Suboxone)</td>
<td>907-212-6970</td>
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<tr>
<td>Rainforest Recovery Center</td>
<td>Juneau</td>
<td>buprenorphine (Suboxone)</td>
<td>907-796-8950</td>
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<tr>
<td>Southcentral Foundation / 4 Directions Programs</td>
<td>Anchorage</td>
<td>buprenorphine (Suboxone)</td>
<td>907-729-6300</td>
</tr>
</tbody>
</table>

### Physician

**Physician**

**Anchorage - Medical Park Family Care**

- Dr. Peter Montesano
  - Anchorage - Medical Park Family Care
  - buprenorphine (Suboxone)
  - 907-279-8486

- Dr. Sarah Spencer, D.O.
  - Ninilchik - Community Clinic
  - buprenorphine (Suboxone)
  - 907-567-3970

- Dr. Sarah Spencer, D.O.
  - Homer - Medical Center
  - buprenorphine (Suboxone)
  - 907-235-8586

- Dr. Mark Tuscilla
  - Petersburg - Physicians Clinic
  - buprenorphine (Suboxone)
  - 907-772-9271

- Dr. Courtney Hess
  - Petersburg - Physicians Clinic
  - buprenorphine (Suboxone)
  - 907-772-9271

- Dr. Kris Sergeant
  - Petersburg - Physicians Clinic
  - buprenorphine (Suboxone)
  - 907-772-9271

- Dr. Jennifer Frye
  - Petersburg - Physicians Clinic
  - buprenorphine (Suboxone)
  - 907-772-9271

Source: State of Alaska, Division of Public Health
of Nursing, Board of Pharmacy, Board of Dental Examiners and the Board of Optometry. The boards will have to coordinate and make regulations for their licensees. It will probably be July 2017 before the process for registration is in place.10

Want to Register at the PDMP?

Go to https://alaska.pmpaware.net/login Help line 1-855-525-4767 Email help akpdm@alaska.gov

SB 23

Signed into law March of 2016, SB 23 is an Act relating to immunity for prescribing, providing or administering overdose drugs. The drug referred to is naloxone, or Narcan, an opioid antagonist that antagonizes various opioid receptors. It is used to reverse opioid overdose. Naloxone is a prescription drug but is not controlled. It is usually given SC or by nasal spray for fastest action.

Changes SB 23 has made:

• The new law allows independent dispensing of naloxone by pharmacists who have attended special training. This was unavailable before.

• Prescribers may now provide prescriptions not only to appropriate patients but to a family member, friend, caregiver, or other person who might need to administer the drug as long as they have been trained in administration. This may include nurses in residential treatment facilities or other treatment centers.

• The law now reads, a person is not liable for civil damages resulting from an act or omission in the emergency administration of the opioid overdose drug if they reasonably believe the person has had an overdose.

According to a New York Times article reprinted in the ADN, naloxone carries no health risk, cannot be abused and if given mistakenly to someone who has not overdosed on opioids, does no harm. Therefore if people who are at risk have the drug on hand, including family members and friends, it can be used without fear.

Naloxone and drug seeking is the main priority.12 Therefore, for treatment to work, clinicians and patients must view addiction as a chronic disease that will need lifelong management.

Alaska has made significant progress through passage of news laws such as SB 74 and SB 23 and has a robust public health education website. Further progress is expected with the recommendations of the state Opioid Policy Task Force in the coming months.

References

2. Murphy, V., Opgenorth PT. Narcan. Discussion with Jay Butler presented at Alaska Wellness Summit – Conquering the Opioid Crisis, Mat-Su, AK.
4. www.dpt.samhsa.gov (Substance abuse and mental health services administration.)
10. Personal communication, Brian Howes, Program Manager, PDMP, 8/3/16.
12. Personal communication, Jay Butler, MD. Dir. Division of Public Health, 8/8/16.

Alaska and the opioid epidemic is a story of good intentions regarding pain control gone awry, overdose of opioids resulting in deaths and eventual government and health care community recognition and response. The resulting recognition of the lack of evidence of efficacy of treatment of chronic pain including opioids has led to initiation of studies. The increased rate of addiction has led to an emerging new concept of addiction in that use of opiates may have been a choice in the beginning but at some point it is no longer a choice. The brain has been rewired and drug seeking is the main priority.12 Therefore, for treatment to work, clinicians and patients must view addiction as a chronic disease that will need lifelong management.

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2. Murphy, V., Opgenorth PT. Narcan. Discussion with Jay Butler presented at Alaska Wellness Summit – Conquering the Opioid Crisis, Mat-Su, AK.
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Nursing Coalition Praises Commission on Care Recommendations to Improve Veterans’ Healthcare

APRNs, RNs looking forward to being part of solution to improve access to timely care

WASHINGTON, D.C. – Advanced practice registered nurses (APRNs) and other registered nurses (RNs) in the Veterans Health Administration (VHA) stand ready to be part of the solution to improve access to timely, quality healthcare by working to their full practice authority as recommended by the Commission on Care in a report to the White House on July 5, said Juan Quintana, DNP, MHS, CRNA, president of the American Association of Nurse Anesthetists (AANA).

The commission, established as part of the Veterans Access, Choice, and Accountability Act of 2014, was charged with examining veterans’ access to health care and determining how best to deliver healthcare to veterans during the next 20 years. The 308-page report was the culmination of an exhaustive 10-month assessment by the commission.

Speaking on behalf of a Nursing Coalition which endorses direct access to APRNs including Certified Nurse Practitioners (CNP), Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwives (CNM), and Clinical Nurse Specialists (CNS), Quintana said that allowing all APRNs and RNs the same access to the full scope of their education and their ability, without physician supervision would improve veterans’ access to essential healthcare by reducing long wait times for appointments and services.

The commission’s recommendation supports a Veterans Administration (VA) proposed rule to grant direct access to VA APRNs that was published in the Federal Register on May 25; comments on the rule are being accepted by the VA until July 25. With less than two weeks to go, more than 62,000 comments have been received from veterans, healthcare professionals, and the general public, mostly in favor of the rule.

“The evidence cannot be denied,” said Quintana. “The commission’s final report adds additional strength to the case for all APRNs to have full practice authority as a major step toward increasing veterans’ access to quality healthcare.”

During its examination of veterans’ access to healthcare and how to best deliver healthcare services over the next two decades, the commission reviewed the results of the legislation that allowed APRNs and other advanced practice providers in the VHA that was ordered by Congress in 2015; met with a broad range of stakeholders, including veterans and leaders of organizations; made site visits to VHA facilities; and exchanged ideas with VA leaders and employees, members of Congress, and healthcare experts. Ten APRN and nursing groups provided an outline for the commission on the role and recommendations of APRNs to improve VHA healthcare delivery.

“APRNs are a vital link to ensuring quality care is readily accessible for America’s veterans.”

“The clinical evidence and informed recommendations that patient care improved by direct access to APRNs continue to grow,” said Cindy Cooke, DNP, FNP-C, FAANP, president of the American Association of Nurse Practitioners (AANP). “Veterans, the AAAP, other APRN groups, the VA, and now an independent congressional commission on the VHA all agree that the VA must allow all APRNs, including 1,400 nurse practitioners who provide a wide range of healthcare services, are the right solution to ensuring veterans have access to timely, quality healthcare.”

American Nurses Association (ANA) Chief Executive Officer Marla Weston, PhD, RN, FAAN, who previously served in the VHA as program director in the Office of Nursing Services and then as deputy chief officer in the VA Workforce Management and Consulting Office, praised the commission’s recommendations on clinical operations.

“The commission’s recommendation that clinical operations should be enhanced through more effective use of health professionals – particularly optimizing use of advanced practice registered nurses along with improved data collection and management, is right on target,” said Weston. “The commission’s recommendation is consistent with the recommendations of the National Academy of Sciences to remove scope-of-practice barriers and allow the VA to fully utilize the skills of its APRNs to the full extent of their education, training, and certification.”

The American Association of Colleges of Nursing (AACN) commended the commission for recognizing that the way in which APRNs are educated and trained, as well as how APRNs practice, is right on target. “The Commission on Care should be applauded for its steadfast work to advance recommendations based on the evidence,” said Juliann Sebastian, PhD, RN, FAAN, chair of the AACN Board of Directors. “For our nation’s Veterans to receive the care they need, when they need it, we must look to the decades of data that show APRNs excel in providing high quality care when practice barriers are removed.”

The VA’s proposed policy to allow direct access to APRNs in order to improve veterans’ access to timely healthcare is supported by veterans groups such as AMVETS, Veterans of America, Military Officers Association of America, and Air Force Sergeants Association; AARP (whose membership includes 3.7 million veteran householders), numerous healthcare professional organizations; and more than 80 Democratic and Republican members of Congress.


Coalition Members

For more information about the coalition members, visit:

American Association of Colleges of Nursing (www.aacn.nche.edu)

American Association of Nurse Practitioners (www.aanp.org)

American Nurses Association (www.nursingworld.org)

American Organization of Nurse Executives (www.aone.org)

Nursesbooks: Errors of Omission

Taking care of multiple patients, staying on top of paperwork, helping fellow nurses and other colleagues—RN’s workload is busy and hectic. Even the best nurses occasionally commit errors of omission, which can have devastating effects on patient care and on nurses themselves.

To help understand and reduce these incidents of missed nursing care and to establish a foundation for support, the American Nurses Association has released Errors of Omission: How Missed Nursing Care Imperils Patients.

Based on 10 years of extensive research, Errors of Omission provides an in-depth analysis of the correlation between missed nursing care—standard, required nursing care that’s left undone—and adverse outcomes in both patient care and nursing staff retention.

Author Beatrice J. Kalisch, PhD, RN, FAAN, the Titus Professor at the University of Michigan in Ann Arbor, MI, and an ANA-Michigan member, has conducted extensive research on nursing care. Kalisch served as the 2013-14 Distinguished Nurse Scholar-in-Residence at the Institute of Medicine, which was supported by ANA, the American Academy of Nursing and the American Nurses Foundation.

The new book offers a wide array of resources to help readers learn about the different aspects of missed nursing care:

Key areas of missed nursing care:

Consequences of not providing care:

Methods of studying missed care:

The important roles of leadership, management, and teamwork in addressing and preventing missed nursing care.

Errors of Omission is essential to everyone in the nursing profession. Staff nurses and managers will find this book extremely valuable as they work to provide the highest standards of safe, quality care. Nursing students will gain a thorough understanding of the science and value of nursing care and the devastating effects of not providing one-on-one care.

Learn how to prevent errors of omission to provide higher quality patient care. To order Errors of Omission: How Missed Nursing Care Imperils Patients, visit http://www.Nursesbooks.org.
The Adult Immunization Program (formerly known as the Assisted Living Home Immunization Project) is now in its sixth year of providing seasonal influenza and pneumococcal vaccines to those most vulnerable in our community. Our program is looking for licensed and non-licensed individuals who are able to give immunizations and assist with paperwork. On October 1 and October 8 groups of volunteers travel to numerous homes in Anchorage and the Valley. For more information, contact Lisa Nash, project coordinator at lisa.nash99@yahoo.com or 907-240-8905. Thank you for considering spending your time with us.

**Scholarships/Funding/Volunteer/Nominations**

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The 2016 U.S. Selected Practice Recommendations for Contraceptive Use (U.S. MEC) addresses issues regarding initiation and use of specific contraceptive methods. The information in this report updates the 2013 U.S. MEC recommendations (include 1) revised recommendations for starting regular contraception after the use of emergency contraceptive pills and 2) new recommendations for the use of medications to ease insertion of intrauterine devices. These recommendations are a companion document to the CDC U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. Google MVMVR Vol 65, No. RR-4, July 29, 2016

The 2016 U.S. Medical Eligibility Criteria for Contraceptive Use

Nurses Health Study Participants Needed: 8/4/16

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Your encouragement will go a long way to help explain how a small commitment to a study like this is of extraordinary value for promoting healthy living.

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### National Guidelines/Resources/Websites

**Advisory Committee on Immunization Practices**

**Recommended Immunization Schedules for Persons Aged 0 Through 18 Years—United States, 2016**

Recommended immunization schedule and patient friendly handouts can be found at the immunization schedule website.

([http://www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html))

**USPSTF recommends obesity screening for children ages 6 and up**

A final recommendation from the US Preventive Services Task Force found insufficient evidence to recommend for or against pediatric high cholesterol screening among asymptomatic children or teenagers and noted the need for further research. The task force did recommend screening children ages 6 and older for obesity and making weight management counseling referrals as needed. [ANA smartbrief]

**USPSTF recommends against routine asymptomatic herpes screening**

The US Preventive Services Task Force issued a recommendation against routine screening for genital herpes among asymptomatic, adults and pregnant women. The task force notes that routine screening and early treatments are unlikely to help those without any symptoms, as genital herpes is incurable, while experts recommend more awareness about signs and symptoms of the disease. [AAAN Smartbrief 8/3/16]

**CDC expands Zika testing, protection guidelines for pregnancy**

The CDC has revised its Zika virus prevention guidelines for pregnant women to warn of possible sexual transmission from an infected woman after female-to-male sexual transmission was documented. The CDC also revised testing guidance, including a recommendation that all pregnant women who may have been exposed to the virus in the past few months should show no symptoms. [ANA Smartbrief 7/26/16]

**USPSTF recommendations provide more flexible services. The liner screening**

The US Preventive Services Task Force has updated its guidelines for colon cancer screening to allow adults between the ages of 50 and 75 more freedom in choosing a screening method they are most comfortable with. Screening in older patients should be personalized based on general health status and patient preferences. [ANA Smartbrief 7/26/16]

**Alaska Guidelines/Resources/Websites**

DHSS section of Chronic Disease Prevention and Health Promotion presents a monthly webinar series, 30 minutes each that can be participated in live or viewed later. The task force said, and recommended screening intervals vary, depending on the method selected. [ANA Smartbrief 8/8/16]

**USPSTF recommends against routine asymptomatic herpes screening**

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AANN 2016 Specialty & Leadership Conference
September 22-25, 2016
Hyatt Regency O’Hare Hotel
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www.aann.org

Children’s Environmental Health Summit
October 5-6, Alaska Pacific University
Multidisciplinary
http://www.akaction.org/scholarships/

9th National Doctors of Nursing Practice Conference
Transforming Healthcare Through Collaboration
October 5-7, 2016
Baltimore Marriott Inner Harbor at Camden Yards
www.doctorsforsurgerypractice.org

Theta Omicron Presents
Using Evidence in Nursing Practice Every Day
October 15, 2016
BP Center, 900 E. Benson, Anchorage, 7.5 CE
www.alaskanursingsociety.com

Hale Borealis Forum
October 18-20, 2016
Hilton Anchorage Hotel
www.haleborealis.com

ANT readers. Rather than typing in all those hyperlinks, you can also go to akn.org and download the latest.pdf issue of the ANT and just click on any hyperlinks in the newsletter you are receiving.

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South Central AK Chapter of AACN Presents
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CCRN/PCCN Review Course
Nov. 3-4, 2016
AK Native Tribal Health Consortium
Office Building, Anchorage
Contact Jana Shockman RN for info RNJana@msn.com

Alaska Public Health Summit
January 17-18, 2017
Hotel Captain Cook, Anchorage
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