

### DEPARTMENT OF HEALTH, ARKANSAS STATE BOARD OF NURSING

**SUBJECT:** Chapter Ten: Alternative to Discipline

**<u>DESCRIPTION</u>**: The Arkansas State Board of Nursing is amending their Alternative to Discipline rules to broaden individuals eligible for participation to include not only individuals licensed by the Board of Nursing but also those who are certified.

<u>PUBLIC COMMENT</u>: A public hearing was held on February 28, 2024. The public comment period expired on March 8, 2024. The board indicated that it received no comments.

The proposed effective date is pending legislative review and approval.

**<u>FINANCIAL IMPACT</u>**: The agency indicated that the proposed rule does not have a financial impact.

**LEGAL AUTHORIZATION:** The Arkansas State Board of Nursing has the power and responsibility to promulgate whatever rules it deems necessary for the implementation of Title 17, Chapter 87 of the Arkansas Code, concerning nurses. *See* Ark. Code Ann. § 17-87-203(1)(A). This rule implements Act 234 of 2024, sponsored by Senator Missy Irvin, which amended the Alternative to Discipline Act and broadened the Alternative to Discipline Act to apply to non-nurses regulated by the Arkansas State Board of Nursing.

# QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE ARKANSAS LEGISLATIVE COUNCIL

	ARTMENT
	RD/COMMISSION
BOA	RD/COMMISSION DIRECTOR
CON	TACT PERSON
ADD	RESS
	NE NO EMAIL
NAM	IE OF PRESENTER(S) AT SUBCOMMITTEE MEETING
PRES	SENTER EMAIL(S)
	INSTRUCTIONS
Ques what	der to file a proposed rule for legislative review and approval, please submit this Legislative tionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing the rule does, the rule changes being proposed, and the reason for those changes; (2) both a kup and clean copy of the rule; and (3) all documents required by the Questionnaire.
of Re	e rule is being filed for permanent promulgation, please email these items to the attention ebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative s Subcommittee.
Direc	e rule is being filed for emergency promulgation, please email these items to the attention of etor Marty Garrity, <a href="mailto:garritym@blr.arkansas.gov">garritym@blr.arkansas.gov</a> , for submission to the Executive ommittee.
Pleas	se answer each question completely using layman terms.
**** 1.	**************************************
2.	What is the subject of the proposed rule?
3.	Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No
	If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).
	If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes No

4.	Is this rule being filed for permanent promulgation? Yes No
	If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No
	If yes, what was the effective date of the emergency rule?
	On what date does the emergency rule expire?
5.	Is this rule required to comply with a <i>federal</i> statute, rule, or regulation? Yes No  If yes, please provide the federal statute, rule, and/or regulation citation.
6.	Is this rule required to comply with a <i>state</i> statute or rule? Yes No
	If yes, please provide the state statute and/or rule citation.
7.	Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No
	If yes, please list the rules being repealed.
	If no, please explain.  N/A - these changes are amendments only and not a new rule
8.	Is this a new rule? Yes No
	Does this repeal an existing rule? Yes No If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.
	Is this an amendment to an existing rule? Yes No If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9.	What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).
10.	Is the proposed rule the result of any recent legislation by the Arkansas General Assembly? Yes No
	If yes, please provide the year of the act(s) and act number(s).
11.	What is the reason for this proposed rule? Why is it necessary?

12.	provided in Ark. Code Ann. § 25-19-108(b)(1).
13.	Will a public hearing be held on this proposed rule? Yes No
	If yes, please complete the following:
	Date:
	Time:
	Place:
Pleas	se be sure to advise Bureau Staff if this information changes for any reason.
14.	On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date.
15.	What is the proposed effective date for this rule?
16.	Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.
17.	Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).
18.	Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.
19.	Is the rule expected to be controversial? Yes No  If yes, please explain.

### FINANCIAL IMPACT STATEMENT

### PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEI	PARTMENT_
	ARD/COMMISSION
PER	RSON COMPLETING THIS STATEMENT
TEL	LEPHONE NO EMAIL
emai	omply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and il it with the questionnaire, summary, markup and clean copy of the rule, and other documents. se attach additional pages, if necessary.
TIT	LE OF THIS RULE
1.	Does this proposed, amended, or repealed rule have a financial impact? Yes No
2.	Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?  Yes  No
3.	In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No
	If no, please explain:
	(a) how the additional benefits of the more costly rule justify its additional cost;
	(b) the reason for adoption of the more costly rule;
	(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and
	(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.
4.	If the purpose of this rule is to implement a <i>federal</i> rule or regulation, please state the following:

(a) What is the cost to implement the federal rule or regulation?

Special Revenue Other (Identify)  Total \$0.00  Total \$0.00  Total \$0.00  (b) What is the additional cost of the state rule?  Current Fiscal Year  General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)  Other (Identify)  Total  Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjerule, and explain how they are affected.  Current Fiscal Year  Special Revenue General Revenue General Revenue General Revenue General Revenue General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)  Total  Total  Next Fiscal Year		Next Fiscal Year
Federal Funds Cash Funds Special Revenue Other (Identify)  Total \$0.00  Total \$0.00  Total \$0.00  Total \$0.00  Current Fiscal Year  General Revenue General Revenue General Revenue Federal Funds Cash Funds Cash Funds Cash Funds Cash Funds Cash Funds Charter Fiscal Year  General Revenue Federal Funds Cash Funds Cash Funds Total Total Total Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjerule, and explain how they are affected.  Current Fiscal Year  Next Fiscal Year	General Revenue	General Revenue
Cash Funds Special Revenue Other (Identify)  Total \$0.00  (b) What is the additional cost of the state rule?  Current Fiscal Year  General Revenue General Revenue Federal Funds Cash Funds Cash Funds Cash Funds Cash Funds Cash Funds Cherrical Revenue Four Fiscal Year  General Revenue Four Fiscal Funds Cash Funds Cash Funds Cash Funds Total Total Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjerule, and explain how they are affected.  Current Fiscal Year  Next Fiscal Year	Federal Funds	Federal Funds
Special Revenue Other (Identify)  Total \$0.00  Total \$0.00  Total \$0.00  (b) What is the additional cost of the state rule?  Current Fiscal Year  General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)  Other (Identify)  Total  Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjerule, and explain how they are affected.  Current Fiscal Year  Special Revenue General Revenue General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)  Total  Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjerule, and explain how they are affected.  Current Fiscal Year  Next Fiscal Year	Cash Funds	Cash Funds
Other (Identify)  Total \$0.00  Total \$0.00  Total \$0.00  (b) What is the additional cost of the state rule?  Current Fiscal Year  General Revenue Federal Funds Cash Funds Cash Funds Special Revenue Other (Identify)  Total  Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjerule, and explain how they are affected.  Current Fiscal Year  Other (Identify)  Total  Total  Next Fiscal Year	Special Revenue	Special Revenue
Current Fiscal Year  General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)  Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjerule, and explain how they are affected.  Current Fiscal Year  Next Fiscal Year  Next Fiscal Year	Other (Identify)	Other (Identify)
Current Fiscal Year  General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)  Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjerule, and explain how they are affected.  Current Fiscal Year  Next Fiscal Year  Next Fiscal Year	Total_\$0.00	Total_ \$0.00
General Revenue Federal Funds Cash Funds Cash Funds Special Revenue Other (Identify)  Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subject ule, and explain how they are affected.  Current Fiscal Year  General Revenue  General Revenue  Federal Funds  Cash Funds  Special Revenue  Other (Identify)  Total  Total  Fotal  Next Fiscal Year		
Federal Funds Federal Funds Cash Funds Special Revenue Special Revenue Other (Identify) Other (Identify) Total Total Total Total Please identify those subject to the proposed, amended, or repealed rule? Please identify those subject ule, and explain how they are affected.  Current Fiscal Year Next Fiscal Year	Current Fiscal Year	Next Fiscal Year
Federal Funds Cash Funds Cash Funds Special Revenue Other (Identify)  Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjerule, and explain how they are affected.  Current Fiscal Year  Federal Funds Cash Funds Cash Funds Special Revenue Other (Identify)  Total  Total  Next Fiscal Year	General Revenue	General Revenue
Cash Funds Special Revenue Other (Identify)  Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjerule, and explain how they are affected.  Current Fiscal Year  Cash Funds Special Revenue Other (Identify)  Total  Total  Next Fiscal Year	Federal Funds	Federal Funds
Special Revenue Other (Identify)  Total  Total  What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjectle, and explain how they are affected.  Current Fiscal Year  Special Revenue Other (Identify)  Total  Next Fiscal Year	Cash Funds	Cash Funds
Total To	Special Revenue	Special Revenue
What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjectle, and explain how they are affected.  Current Fiscal Year  Next Fiscal Year	Other (Identify)	Other (Identify)
What is the total estimated cost by fiscal year to any private individual, private entity, or business subject to the proposed, amended, or repealed rule? Please identify those subjectle, and explain how they are affected.  Current Fiscal Year  Next Fiscal Year		
	Total	Total
	What is the total estimated cost by fise business subject to the proposed, ame	cal year to any private individual, private entity, or ended, or repealed rule? Please identify those subject.
What is the total estimated cost by fiscal year to a state, county, or municipal governmen implement this rule? Is this the cost of the program or grant? Please explain how the go is affected.	What is the total estimated cost by fise business subject to the proposed, ame rule, and explain how they are affected Current Fiscal Year  \$  What is the total estimated cost by fise implement this rule? Is this the cost of	cal year to any private individual, private entity, or pended, or repealed rule? Please identify those subjected.  Next Fiscal Year  \$
implement this rule? Is this the cost of the program or grant? Please explain how the go	What is the total estimated cost by fisc business subject to the proposed, ame rule, and explain how they are affected.  Current Fiscal Year  S  What is the total estimated cost by fisc implement this rule? Is this the cost of is affected.	cal year to any private individual, private entity, or pended, or repealed rule? Please identify those subjected.  Next Fiscal Year  S  cal year to a state, county, or municipal government of the program or grant? Please explain how the government of the program or grant?

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs:
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

# PROPOSED COPY

### CHAPTER TEN ALTERNATIVE TO DISCIPLINE

#### SECTION I QUALIFICATIONS FOR ADMISSION

In order to be eligible for admission to the ATD program the <u>individual</u> <del>licensee or applicant for licensure</del> shall:

- A. Hold an Arkansas nursing license, or certificate or be eligible for licensure or certification;
- B. Otherwise be eligible for continued licensure or certification under the Arkansas *Nurse Practice Act*;
- C. Acknowledge a drug or alcohol abuse problem or addiction; and
- D. Voluntarily request participation in the ATD program.
- E. A participant may transfer from another state's alternative program if it is substantively similar and approved by the ATD program director.

HISTORY: Adopted: January 1, 2018 Amended: July 1, 2020; 2023

#### SECTION II DENIAL TO PROGRAM

Licensees or applicants for licensure Individuals will be denied participation in the ATD program if they:

- A. Do not meet the qualifications listed in Section I;
- B. Diverted controlled substances for reasons other than self-administration;
- C. Engaged in behaviors resulting in patient harm;
- D. Have prior discipline by any board of nursing for substance abuse or diversion; or
- E. Demonstrated unsuccessful participation resulting in termination from the Arkansas ATD program or similar program offered in another jurisdiction.

HISTORY: Adopted: January 1, 2018

Amended: 2023

# SECTION III REQUIREMENTS FOR PARTICIPATION

The participant shall:

- A. Agree to immediately place licensure or certification on inactive status;
- B. Complete an in-depth psychological and addictive evaluation by a Board approved evaluator;
- C. Agree to complete all treatment recommendations, if any, of the evaluator;
- D. Admit, in writing, to violation of the Arkansas Nurse Practice Act;
- E. Enter into an ATD program contract;
- F. Execute any release necessary to give the ATD program director access to records, including but not limited to medical, employment and criminal records; and
- G. Agree to not practice nursing without written authorization from the ATD program director.

HISTORY: Adopted: January 1, 2018

Amended: 2023

# PROPOSED COPY

### SECTION IV STANDARDS FOR APPROVED EVAULATORS AND TREATMENT PROVIDERS

- A. Board approved evaluators shall meet the following standards:
  - 1. Be a physician, psychiatrist, psychologist, or mental health certified Advanced Practice Registered Nurse who is engaged in the treatment of substance use disorder, including alcohol;
  - 2. Demonstrate the ability to perform an examination to include a detailed history with the appropriate testing i.e. drug screens and other psychological testing as indicated;
  - 3. Cooperate and communicate with the ATD program director; and
  - 4. Submit evaluation reports according to Board approved criteria.
- B. Board approved treatment providers shall meet the following standards:
  - 1. Provide outpatient and/or inpatient treatment;
  - 2. Cooperate and communicate with the ATD program director;
  - 3. Submit individualized written plan of care to include, but not limited to, assessment, diagnosis, treatment goals, discharge criteria, and recommendations for continuing recovery; and
  - 4. Meet all regulatory requirements in their respective state.

HISTORY: Adopted: January 1, 2018

### SECTION V DISCHARGE FROM PROGRAM

- A. A participant shall be discharged from the ATD program upon:
  - 1. Successful completion of all terms and conditions of the ATD program contract; or
  - 2. Demonstration of noncompliance with the terms and conditions of the contract.
- B. If discharged from the ATD program for noncompliance, the licensee participant shall immediately surrender their licensure or certification, accept a consent agreement, or be scheduled for a Board hearing.
- C. Participation in the ATD program does not preclude the Board from commencing any disciplinary action against a participant who is discharged from the ATD program or receives additional complaints.
- D. A participant may transfer to another state's alternative program if it is substantively similar and approved by the Arkansas ATD program director.
- E. If the participant voluntarily withdraws from the program, he/she shall immediately surrender his/her license or certification nursing licensure.

HISTORY: Adopted: January 1, 2018

Amended: 2023

#### SECTION VI REPORTING TO THE BOARD

The ATD program director shall make the following information available to the board:

- A. Names and results of any contact or investigation regarding an impaired <u>individual</u> nurse who is believed to be a danger to the public;
- B. Names of participants who:
  - 1. Fail to comply with the terms and conditions of the contract;
  - 2. Refuse to cooperate with the ATD program director; or
  - 3. Voluntarily withdraw or involuntarily discharge from the program;
- C. An annual evaluation of the program; and

### ARKANSAS STATE BOARD OF NURSING RULES

# PROPOSED COPY

D. Other information and data as requested by the Board.

HISTORY: Adopted: January 1, 2018

Amended: 2023

# **CLEAN COPY**

### CHAPTER TEN ALTERNATIVE TO DISCIPLINE

#### SECTION I QUALIFICATIONS FOR ADMISSION

In order to be eligible for admission to the ATD program the individual shall:

- A. Hold an Arkansas nursing license, or certificate or be eligible for licensure or certification;
- B. Otherwise be eligible for continued licensure or certification under the Arkansas Nurse Practice Act;
- C. Acknowledge a drug or alcohol abuse problem or addiction; and
- D. Voluntarily request participation in the ATD program.
- E. A participant may transfer from another state's alternative program if it is substantively similar and approved by the ATD program director.

HISTORY: Adopted: January 1, 2018 Amended: July 1, 2020; 2023

#### SECTION II DENIAL TO PROGRAM

Individuals will be denied participation in the ATD program if they:

- A. Do not meet the qualifications listed in Section I;
- B. Diverted controlled substances for reasons other than self-administration;
- C. Engaged in behaviors resulting in patient harm;
- D. Have prior discipline by any board of nursing for substance abuse or diversion; or
- E. Demonstrated unsuccessful participation resulting in termination from the Arkansas ATD program or similar program offered in another jurisdiction.

HISTORY: Adopted: January 1, 2018

Amended: 2023

## SECTION III REQUIREMENTS FOR PARTICIPATION

#### The participant shall:

- A. Agree to immediately place licensure or certification on inactive status;
- B. Complete an in-depth psychological and addictive evaluation by a Board approved evaluator;
- C. Agree to complete all treatment recommendations, if any, of the evaluator;
- D. Admit, in writing, to violation of the Arkansas Nurse Practice Act;
- E. Enter into an ATD program contract;
- F. Execute any release necessary to give the ATD program director access to records, including but not limited to medical, employment and criminal records; and
- G. Agree to not practice without written authorization from the ATD program director.

HISTORY: Adopted: January 1, 2018

Amended: 2023

# **CLEAN COPY**

### SECTION IV STANDARDS FOR APPROVED EVAULATORS AND TREATMENT PROVIDERS

- A. Board approved evaluators shall meet the following standards:
  - 1. Be a physician, psychiatrist, psychologist, or mental health certified Advanced Practice Registered Nurse who is engaged in the treatment of substance use disorder, including alcohol;
  - 2. Demonstrate the ability to perform an examination to include a detailed history with the appropriate testing i.e. drug screens and other psychological testing as indicated;
  - 3. Cooperate and communicate with the ATD program director; and
  - 4. Submit evaluation reports according to Board approved criteria.
- B. Board approved treatment providers shall meet the following standards:
  - 1. Provide outpatient and/or inpatient treatment;
  - 2. Cooperate and communicate with the ATD program director;
  - 3. Submit individualized written plan of care to include, but not limited to, assessment, diagnosis, treatment goals, discharge criteria, and recommendations for continuing recovery; and
  - 4. Meet all regulatory requirements in their respective state.

HISTORY: Adopted: January 1, 2018

### SECTION V DISCHARGE FROM PROGRAM

- A. A participant shall be discharged from the ATD program upon:
  - 1. Successful completion of all terms and conditions of the ATD program contract; or
  - 2. Demonstration of noncompliance with the terms and conditions of the contract.
- B. If discharged from the ATD program for noncompliance, the <u>participant shall immediately surrender their</u> licensure or certification, accept a consent agreement, or be scheduled for a Board hearing.
- C. Participation in the ATD program does not preclude the Board from commencing any disciplinary action against a participant who is discharged from the ATD program or receives additional complaints.
- D. A participant may transfer to another state's alternative program if it is substantively similar and approved by the Arkansas ATD program director.
- E. If the participant voluntarily withdraws from the program, he/she shall immediately surrender his/her license or certification.

HISTORY: Adopted: January 1, 2018

Amended: 2023

### SECTION VI REPORTING TO THE BOARD

The ATD program director shall make the following information available to the board:

- A. Names and results of any contact or investigation regarding an impaired individual who is believed to be a danger to the public;
- B. Names of participants who:
  - 1. Fail to comply with the terms and conditions of the contract;
  - 2. Refuse to cooperate with the ATD program director; or
  - 3. Voluntarily withdraw or involuntarily discharge from the program;
- C. An annual evaluation of the program; and

### ARKANSAS STATE BOARD OF NURSING RULES

D. Other information and data as requested by the Board.

HISTORY: Adopted: January 1, 2018 Amended: 2023