

4th AGENDA

BOARD OF NURSING
January 9, 2014 – 10:00 a.m.
Room 210 (Second Floor)
Heber M. Wells Building
160 E. 300 S. Salt Lake City, Utah

This agenda is subject to change up to 24 hours prior to the meeting.

ADMINISTRATIVE BUSINESS:

1. Sign Per Diem
2. Call Meeting to Order.
3. Review and approve October 10, 2013 and December 12, 2013 minutes

BOARD BUSINESS:

9:00 a.m. - Informal Agency Action – Laena Young - canceled

Board meeting will begin at 10:00 a.m.

10:00 a.m. - Environmental Scan:

- Review pharmacology course submitted by Celia Woodcock, APRN, for approval to meet licensure requirements
- Election of chair-elect

11:30 a.m. - Tige Hazelton, his request

LUNCH: 12:00 NOON – 1:00 P.M

PROBATION INTERVIEWS:

Please note: The compliance report, report from Committees and probation interviews may result in a closed meeting in accordance with §52-4-205(1)(a).

1:00 p.m. - Connie Call, Compliance report, probationer requests/miscellaneous

	Group 1 Room 210	Group 2 Room 464
1:30 p.m.	Synthia Carter, non-compliant	Sara Calderas, canceled
1:45 p.m.	Ian Gowans, non-compliant	Destine Banta, her request
2:00 p.m.	Camille Hyatt, review evaluations	Karen Burton, non-compliant
2:15 p.m.	Break	Break
2:30 p.m.	Brett Davis, non-compliant	Sam Bellacomo, non-compliant
2:45 p.m.	Julie White Hall, non-compliant	Toni Pettit, non-compliant

BOARD BUSINESS:

3:15 p.m. - Report from Committees

3:45 p.m. - Steve Reiber, CRNA, discussion regarding CRNA's prescribing legend drugs. *Canceled*

4:00 p.m. - Environmental Scan continued:

- Review and discussion of the pamphlet "Twelve Principles of Governance that Power Exceptional Boards."
- Open and Public Meetings Act Training *Tabled*
- Discussion regarding January 23, 2014 meeting

cancel

NEXT MEETING: January 23, 2014 or February 13, 2014

Meetings scheduled for the next quarter: February 13, 2014; March 13, 2014 and April 10, 2014

Note: In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify, Dave Taylor, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675

REVISED CHECKLIST FOR PUBLIC MEETINGS

(Fill in the blanks to correspond to each respective board, commission, or committee.)

- I am CESCILEE RALL, chairperson of the BOARD OF NURSING.
- I would like to call this meeting of the BOARD OF NURSING to order.
- It is now (time) 10:00 a.m. on JANUARY 9, 2014.
- This meeting is being held in room 210 of the HEBER WELLS BUILDING in SALT LAKE CITY UT.
- Notice of this meeting was provided as required under Utah's Open Meeting laws.
- In compliance with Utah's Open Meetings laws, this meeting is being recorded in its entirety. The recording will be posted to the Utah Public Notice Website no later than three business days following the meeting.
- In compliance with Utah's Open Meeting laws, minutes will also be prepared of this meeting and will be posted to the Utah Public Notice Website. Appropriately marked "pending approval" minutes will be posted no later than 30 days after the close of the meeting and "approved" minutes no later than three business days after approval.
- The following Board members are in attendance:

	YES	NO
<u>CESCILEE RALL</u> , Chairperson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>PEGGY BROWN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>RALPH PITTMAN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>MEGAN CHRISTENSEN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>JAMIE JO CLINTON-LONT</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>DIANA PARRISH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>CALVIN KREMIN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>ALISA BANGERTER</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>BARBARA JEFFRIES</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Excused
<u>(VACANT)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>(VACANT)</u>	<input type="checkbox"/>	<input type="checkbox"/>

- The following Board members are absent: (Refer to the above list.)
- The following individuals representing DOPL and the Department of Commerce are in attendance:

	YES	NO
<u>Mark B. Steinagel</u> , Division Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Debra Hobbins</u> , Bureau Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shirlene Kimball</u> , Board Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Connie Call</u> , Compliance Specialist	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Mitchell Jones</u> , AG's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Jennie Jonsson</u> , ALJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- We welcome any visitors and interested persons at this time. Please be sure to sign the attendance report for the meeting and identify yourself before speaking.
- As a courtesy to everyone participating in this meeting, at this time we ask for all cell phones, pagers, and other electronic devices to be turned off or changed to silent mode.
- Board motions and votes will be recorded in the minutes.
- Let us now proceed with the agenda.
- (End of the Meeting) It is now (time) _____ : _____ (am / pm), and this meeting is adjourned.

close- 2:15
back- 2:23

**SWORN STATEMENT
SUPPORTING CLOSURE OF BOARD MEETING**

DOPL-FM-010 05/02/2006

I Cecilee Fall acted as the presiding member of the Nursing
Board, which met on Jan. 9, 2014

Appropriate notice was given of the Board's meeting as required by §52-4-202.

A quorum of the Board was present at the meeting and voted by at least a two-thirds vote, as detailed in the minutes of the open meeting, to close a portion of the meeting to discuss the following:

- the character, professional competence, or physical or mental health of an individual (52-4-205(1)(a))
- strategy regarding pending or reasonably imminent litigation (§52-4-205(1)(c))
- deployment of security personnel, devices, or systems (§52-4-205(1)(f))
- investigative proceedings regarding allegations of criminal misconduct (§52-4-205(1)(g))

The content of the closed portion of the Board meeting was restricted to a discussion of the matter(s) for which the meeting was closed.

With regard to the closed meeting, the following was publically announced and recorded, and entered on the minutes of the open meeting at which the closed meeting was approved:

- (a) the reason or reasons for holding the closed meeting;
- (b) the location where the closed meeting will be held; and
- (c) the vote of each member of the public body either for or against the motion to hold the closed meeting.

If required, and/or kept or maintained, the recording and any minutes of the closed meeting will include:

- (a) the date, time, and place of the meeting;
- (b) the names of members present and absent; and
- (c) the names of all others present except where such disclosure would infringe on the confidentiality necessary to fulfill the original purpose of closing the meeting.

Pursuant to §52-4-206(5), a sworn statement is required to close a meeting under §52-4-205 (1)(a) or 52-4-205(1)(f), but a record by tape recording or detailed minutes is not required.

- A record was not made
- A record was made by: Tape Recording Detailed Written Minutes

Pursuant to §52-4-206(1), a record by tape recording is required for a meeting closed under §52-4-205(1)(c) or 52-4-205(1)(g), and was made.

- Detailed written minutes of the content of a closed meeting although not required, are permitted and were kept of the meeting.

I hereby swear or affirm under penalty of perjury that the above information is true and correct to the best of my knowledge.

Cecilee Fall
Board Chairman or other Presiding Member

1-9-14
Date of Signature

SWORN STATEMENT
SUPPORTING CLOSURE OF BOARD MEETING

DOPL-FM-010 05/02/2006

1302-
1318
1337-1334

I Marguerite Egan acted as the presiding member of the Nursing Board, which met on 1-9-2017

Appropriate notice was given of the Board's meeting as required by §52-4-202.

A quorum of the Board was present at the meeting and voted by at least a two-thirds vote, as detailed in the minutes of the open meeting, to close a portion of the meeting to discuss the following:

- the character, professional competence, or physical or mental health of an individual (52-4-205(1)(a))
- strategy regarding pending or reasonably imminent litigation (§52-4-205(1)(c))
- deployment of security personnel, devices, or systems (§52-4-205(1)(f))
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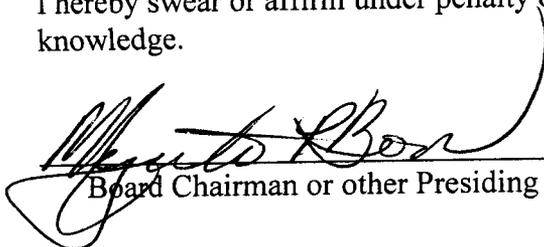
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Detailed written minutes of the content of a closed meeting although not required, are permitted and were kept of the meeting.

I hereby swear or affirm under penalty of perjury that the above information is true and correct to the best of my knowledge.


Board Chairman or other Presiding Member

1-9-2017
Date of Signature

Guests - Please sign

Date: 1-9-2014

BOARD OF NURSING

NAME: (Please Print)

REPRESENTING

Carrie Brinton Julie Hall

Matt Brinton "

Steven Hall Julie Hall

Blank lined area for additional signatures.

Dear Shirlene,

Thanks for putting up with my many questions. I am very anxious to do right by you and the board of nursing. I have included descriptions of the two advanced Pharmacotherapeutics courses that I can get into in a timely fashion. I hope that these will meet with approval by the board. I am especially interested in the course taught by FHEA. This curriculum has been taught in the NP program at Pennsylvania State University. The Pennsylvania BON accepts this course as its course required to obtain state prescribing privileges. I can start either of these courses immediately upon receiving approval of the Utah Board of Nursing.

I am sending by mail the fingerprints which were done again by our local police department and also a copy of my driver's license they should arrive at your office in the next 2-3 days.

I would appreciate hearing from the board as soon as possible so that I can continue by application process.

Looking forward to hearing from you and again my thanks

A handwritten signature in cursive script that reads "Celia Woodcock".

Celia Woodcock

Clinical Pharmacology for NPs & Advanced Practice Clinicians ON-LINE

No Picture

Presented by: FHEA Associates

Publisher: Fitzgerald Health Ed Associates

Year Published: 2012 Running Time: 37.90(Hrs)

Format: On-line Course 1Contact Hours: 55.30

ISBN: 9785646517976

Availability - You will receive an e-mail with access codes and instructions by the end of the next business day.

Access to this material is for the next 6 months after receiving access codes.

Qty: Price: \$799.00 (each)

Price displayed is the current price but is subject to change without notice.

However, price is guaranteed once you place your order.

Instructors:

Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC

Sally K. Miller, PhD, FNP-BC, AGACNP, AGPCNP, FAANP

This is a 6 day course, reviewed and updated bi-annually, to ensure up-to-date content. The price includes on-line testing..

This course addresses the growing need for a thorough course in the principles of pharmacotherapeutics taught by highly skilled NP educators. Prescribing has become a major part of the role of advanced practice nurses while at the same time, prescribing has become more complex and polypharmacy is more prevalent with the possibility of adverse interactions. Thus, a course of this caliber is critical to the preparation of advanced practice nurses. The course is taught by two of the nation's most respected NP educators in an intensive format. The instructors have taught this curriculum at several universities most recently at Pennsylvania State University. In addition, these recorded lectures have formed the basis for other university NP pharmacology courses. The material constitutes the equivalent of a 3 credit university course in pharmacology. May meet state requirements for additional pharmacology courses required to obtain state prescribing privileges.

Because states' requirements vary, it is important that you contact your Board for details regarding educational requirements for prescriptive authority.

The Nurse Prescriber: Key legal and legislative issues

Principles of Safe Prescribing: Pharmacokinetics, pharmacodynamics, pharmacogenomics, drug interactions

Prescribing in Special Populations: Pregnancy, lactation, children, older adults

Pharmacologic Management in Type 1 and Type 2 DM: Oral agents, insulin and non-insulin preparations

Principles of Antimicrobial Therapy: Intervention in bacterial infection

Evaluation and Intervention in Common Thyroid Disorders

Drugs that Affect the Respiratory System: Beta2 agonists, methylxanthines, anticholinergics, mast cell stabilizers, inhaled and systemic corticosteroids, leukotriene modifiers, over-the-counter cough and cold medications

Intervention in Select Hematologic Conditions

Hormonal Contraception and Post Menopausal Hormone Therapy

Laboratory Monitoring During Drug Therapy

Drugs that Affect the Cardiovascular Systems: Antihypertensives, antianginals, dysrhythmics, medications used in the management of heart failure

Pharmacologic Treatment of Lipid Abnormalities and Drugs that Affect Cotting

Drugs that Affect the Nervous System: Antidepressants, anxiolytics, adrenergic agonists, dopamine agonists

Drugs that Affect the GI System: H2 receptor antagonists, proton pump inhibitors, antacids, prokinetics, antidiarrheals, including over-the-counter medications

Management of Viral, Fungal, and Protozoal Infection
Management of Pain; opioids, NSAIDs and others including over-the-counter medications
Management of Eye, Ear, and Skin Disorders

This course covers the content normally included in a graduate level pharmacology course. It is intended to meet the additional pharmacology education requirements of many states for prescribing authority.

Fitzgerald Health Education Associates, Inc., is pleased to announce that on May 3, 2011 the Pennsylvania State Board of Nursing approved our Clinical Pharmacology Course for Nurse Practitioners and Advanced Practice Clinicians. This course meets the required 45 hours of coursework specific to advanced pharmacology for Pennsylvania CRNP Prescriptive Authority.

Post-tests included in the fee for this program.

1 All contact hours are awarded upon successful completion of the included online post test.
For best results, use MicroSoft Media Player
Get Windows Media Player

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WEB COURSES >

Advanced Pharmacologic Applications in Primary Care

CE Contact Hours: KBN# 3-0008-01-13-065-078 45 KBN (37.5 ANCC) contact hours (14 modules at 3.2 per module)

Cost: \$36.00 per module

Course Description: This course is designed to prepare clinical nurse specialists, nurse practitioners, midwives and other nurses to accurately describe, administer, and counsel patients regarding appropriate and safe medication regimens. In addition, nurse practitioners, nurse midwives and clinical nurse specialists will be prepared for medication prescriptive authority within their scope of practice. Basic pharmacologic principles and the pharmacologic actions of the major drug classes will be discussed in relation to physiologic systems, with emphasis on the application of these agents.

Course Objectives:

Upon completion of the course, students will be able to:

1. Explain the basic principles of pharmacology and pharmacotherapeutics.
2. Describe the most commonly prescribed agents in the major drug classes.
3. Explain the mechanism of action of the major drug classes.
4. Analyze the adverse effect and drug interaction profiles of the major drug classes and individual drugs within these classes.
5. Make appropriate therapeutic treatment decisions for individual patients utilizing drugs from the major drug classes.
6. Apply the laws governing the prescribing of drugs when writing prescriptions.

Faculty: Mikael D. Jones, PharmD, BCPS, assistant professor, Colleges of Nursing and Pharmacy, University of Kentucky

Disclosure: Mikael D. Jones, PharmD, BCPS, has nothing to disclose.

Teaching/Learning Methods: This is a self-directed learning using core PowerPoint presentations, Word documents, websites, and case-solving activities. Students must have access to computer facilities, the Internet, a Web browser equivalent to Internet Explorer 5 or higher, an email address and a printer.

Examinations and Evaluations: Each unit will have an examination consisting of 10 or more multiple choice questions.

Requirement for CE Credit: Participants must complete the content online, take the post-test and evaluation then print their certificate of completion.

When registering, please select "Adv. Pharm Module #_" to avoid confusion with other courses.

REGISTER

Class Format: This is a web course and will use a distance learning format. It will be taught via the web-enhanced format using the assigned web sites, core PowerPoint presentation, Word documents, textbook reading assignments and other self-directed learning activities.

Suggested Texts: Katzung (2007). Basic and Clinical Pharmacology, 10th Edition. Lange Medical Books, McGraw-Hill. 9th Edition Drug Information Handbook for Advanced Practice Nursing. Lexi-Comp, Inc. Reading assignments made from the Katzung textbook Basic and Clinical Pharmacology are intended to supplement student comprehension of assigned Learning Units.

Core Learning Unit Materials: Units/modules will be available online with continued availability. Assigned readings in the Katzung text are intended to supplement student comprehension of assigned learning units/modules.

	Assignments	Topics
Unit 1	Chapters 1-4 in Katzung Web-based material	Basic Principles of Pharmacology and Therapeutics
Unit 2	Chapters 43-46, 48 and 51 in Katzung Web-based materials	Anti-Infectives I 1. Antibiotics
Unit 3	Chapters 48-49 in Katzung Web-based materials	Anti-Infectives II 1. Antifungals 2. Antivirals
Unit 4	Chapters 11, 17 (pgs 277-281), and 15 in Katzung Web-based materials	Cardiovascular and Renal Systems I 1. Antihypertensive agents
Unit 5	Chapters 12, 13, and 17 (pgs 285-286) Web-based materials	Cardiovascular and Renal Systems II 1. Drug used in Congestive heart failure 2. Agents used in Angina and Myocardial Infarction
Unit 6	Chapters 33 and 35 in Katzung Web-based materials	Hematologic system I 1. Agents used Anemias 2. Agents used in Dyslipidemias
Unit 7	Chapter 34 Web-based materials	Hematologic System II 1. Thromboembolic disorders 2. Miscellaneous hematologic disorders

		Respiratory System
Unit 8	Chapters 9 (pgs 121-122, 124, 137), 16 (pgs 255-263), and 20 Web-based materials	1. Asthma/COPD 2. Allergic rhinitis 3. Cough/Cold
		Endocrine System
Unit 9	Chapters 38, 41, 42 in Katzung Web-based materials	1. Thyroid disorders 2. Osteoporosis 3. Diabetes
		Reproductive System
Unit 10	Chapter 40 in Katzung Web-based materials	1. Hormone Replacement Therapy 2. Hormonal Contraceptives 3. Menstrual Disorders
		Gastrointestinal System
Unit 11	Chapters 16 (pgs. 263-270) and 63 in Katzung Web-based materials	1. Nausea /Vomiting 2. Diarrhea/Constipation 3. Peptic Ulcer 4. GERD
		Nervous System I
Unit 12	Chapters 21, 24, and 28 in Katzung Web-based materials	1. Seizure Disorders 2. Parkinsonism and other movement disorders
		Nervous System II
Unit 13	Chapters 22, 29, and 30 in Katzung Web-based materials	1. Antipsychotic agents and Lithium 2. Antidepressant Agents 3. Sedative-hypnotic Agents
		Nervous System III
Unit 14	Chapters 31 and 36 in Katzung Web-based materials	1. Opioid analgesics and antagonists 2. NSAIDS 3. Antirheumatic drugs

Units: Each unit will consist of objectives, study questions, a core PowerPoint presentation (or Word document), textbook reading assignments and web-based material.

- (3) (a) This Subsection (3) applies to the following:
- (i) Chapter 5a, Podiatric Physician Licensing Act;
 - (ii) Chapter 16a, Optometry Practice Act;
 - (iii) Chapter 17b, Pharmacy Practice Act;
 - (iv) Chapter 24b, Physical Therapy Practice Act;
 - (v) Chapter 28, Veterinary Practice Act;
 - (vi) Chapter 31b, Nurse Practice Act;
 - (vii) Chapter 40a, Athletic Trainer Licensing Act;
 - (viii) Chapter 44a, Nurse Midwife Practice Act;
 - (ix) Chapter 67, Utah Medical Practice Act;
 - (x) Chapter 68, Utah Osteopathic Medical Practice Act;
 - (xi) Chapter 69, Dentist and Dental Hygienist Practice Act;
 - (xii) Chapter 70a, Physician Assistant Act;
 - (xiii) Chapter 71, Naturopathic Physician Practice Act; and
 - (xiv) Chapter 73, Chiropractic Physician Practice Act.
- (b) Subsection (1)(g) does not:
- (i) require a board's approval to amend a practice act; and
 - (ii) apply to technical or clarifying amendments to a practice act.

Amended by Chapter 259, 2012 General Session

58-1-203. Duties, functions, and responsibilities of division in collaboration with board -- Construction Services Commission.

- (1) **The following duties, functions, and responsibilities of the division shall be performed by the division with the collaboration and assistance of the appropriate board:**
- (a) **defining which schools, colleges, universities, departments of universities, military educational and training programs, or other institutions of learning are reputable and in good standing with the division;**
 - (b) **prescribing license qualifications;**
 - (c) **prescribing rules governing applications for licenses;**
 - (d) **providing for a fair and impartial method of examination of applicants;**
 - (e) **defining unprofessional conduct, by rule, to supplement the definitions under this chapter or other licensing chapters;**
 - (f) **establishing advisory peer committees to the board and prescribing their scope of authority; and**
 - (g) **establishing conditions for reinstatement and renewal of licenses.**
- (2) Notwithstanding Subsection (1), the duties, functions, and responsibilities of the division outlined in Subsection (1) shall, instead, be performed by the Construction Services Commission for all purposes of Title 58, Chapter 55, Utah Construction Trades Licensing.

Amended by Chapter 181, 2011 General Session

58-31b-201. Board.

- (1) There is created the Board of Nursing that consists of the following eleven members:
 - (a) nine nurses in a manner as may be further defined in division rule; and
 - (b) two members of the public.
- (2) The board shall be appointed and serve in accordance with Section 58-1-201.
- (3) The board shall carry out the duties and responsibilities in Sections 58-1-202 and 58-1-203 and shall:
 - (a) (i) **recommend to the division minimum standards for educational programs qualifying a person for licensure or certification** under this chapter;
 - (ii) **recommend to the division denial, approval, or withdrawal of approval regarding educational programs that meet or fail to meet the established minimum standards;** and
 - (iii) **designate one of its members** on a permanent or rotating basis to:
 - (A) **assist the division in reviewing complaints concerning the unlawful or unprofessional conduct of a licensee;** and
 - (B) **advise the division in its investigation** of these complaints.
- (b) **A board member who has, under Subsection (3)(a)(iii), reviewed a complaint or advised in its investigation may be disqualified from participating with the board when the board serves as a presiding officer in an adjudicative proceeding concerning the complaint.**
- (4) (a) The director shall appoint an individual to serve as an **ex officio member of the Board** of Nursing to represent the position of the division in matters considered by the board.
- (b) The **ex officio member** shall be a licensed registered nurse, shall have earned a masters degree in nursing, and shall have a minimum of five years of experience working in nursing administration or nursing education.

58-1-202. Boards -- Duties, functions, and responsibilities.

- (1) **The duties, functions, and responsibilities of each board include the following:**
 - (a) **recommending to the director appropriate rules;**
 - (b) recommending to the director policy and budgetary matters;
 - (c) **approving and establishing a passing score for applicant examinations;**
 - (d) **screening applicants and recommending licensing, renewal, reinstatement, and relicensure actions to the director in writing;**
 - (e) **assisting the director in establishing standards of supervision for students or persons in training to become qualified to obtain a license in the occupation or profession it represents;**
 - (f) **acting as presiding officer in conducting hearings associated with adjudicative proceedings and in issuing recommended orders when so designated by the director;** and
 - (g) in accordance with Subsection (3), **each board may recommend to the appropriate legislative committee whether the board supports a change to the licensing act.**
- (2) Subsection (1) does not apply to boards created in Title 58, Chapter 55, Construction Trades Licensing.

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HEALTH & WELLNESS

A Pill to Cure Addiction?

New medicines are being tested to help people quit

By JONATHAN ROCKOFF

Dec. 23, 2013 7:06 p.m. ET

Researchers probing alcohol and drug addiction are learning the molecular reasons for the "dark side" that occurs when people go cold turkey. Jonathan Rockoff joins Lunch Break.

New research is identifying the molecular reasons why alcohol and drug habits are so difficult to break, which could point the way to new medicines to help addicts go cold turkey.

Scientists have known for years how heavy use of alcohol and drugs works on reward centers in the brain to drive dependence. The new research, including a study published in November in *JAMA Internal Medicine* and early-stage drug testing at the National Institute on Alcohol Abuse and Alcoholism, is revealing another, darker side to how such substances impact the brain. By transforming its chemical architecture, drinking and drug use trigger feelings of anxiety and tension that can only be eased by more consumption.

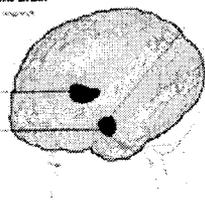
How Addiction Affects the Brain

Scientists are studying how the brain responds to pleasure and drug use.

In the nucleus accumbens, the brain's reward center, drugs and alcohol alter neural signaling, a neurotransmitter that helps produce pleasurable feelings. This processing area is shown.

In the amygdala, where emotional reactions are processed, long-term substance abuse can lead the stress-response system into overdrive.

Illustration by [unreadable]



Blotting Out Feelings

Scientists hope that by blocking a drug's action in the brain, they can reduce the ability of these substances to produce pleasurable feelings.

Illustration by [unreadable]



"There's been a huge amount of progress understanding what drives alcoholism and makes it difficult to stop," says Barbara Mason, co-director of the Pearson Center for Alcoholism and Addiction Research at the Scripps Research Institute in La Jolla, Calif.

While this dark side has been documented in laboratory animals and in some human testing, its validity in people was significantly bolstered by the recent JAMA-published study, led by Dr. Mason, indicating that a drug that targets dependency's stressful effects helped quitters. Its findings: About 45% of the 150 alcoholics who took the highest dose of the drug, known generically as gabapentin, either stopped drinking altogether or did so only occasionally.

In 2011, more than 21 million Americans needed treatment for a problem related to alcohol or drugs, according to the federal government's most recent National Survey on Drug Use and Health. Many try to quit, but studies show 60% or more of alcoholics and drug addicts relapse within a year of trying to kick their habit, addiction specialists say.

Audio

Jonathan Rockoff has more on The Wall Street Journal This Morning.

00:00 |
00:00

Support groups like Alcoholics Anonymous and Narcotics Anonymous only work in a fraction of alcoholics and addicts, according to Michael Fingerhood, who heads Johns Hopkins University School of Medicine's division of chemical dependency. The few pharmaceuticals taking aim at alcoholism often don't work or are dropped by addicts before they achieve recovery. And while chemical-replacement

therapies like methadone have proved effective at reducing pleasure and blocking cravings for certain opiates, there is no known effective prescription medicine available for treating cocaine addiction, he says.

Until now, most research has focused on the pleasure provided by drinking or drug use, studying how neurotransmitters like dopamine help give rise to rewarding feelings—a buzz or high—that encourage further consumption. But heavy substance abuse can compromise this reward system, researchers say, requiring the production of ever-increasing amounts of dopamine to realize the same high. Addiction can follow.

More recent research is showing that the brain's stress response also contributes to dependence. Years of heavy drinking or drug use remodels the circuitry in and around a part of the brain known as the amygdala where these feelings of anxiety are triggered, says George Koob, who pioneered study of this dark side of addiction. The brain's stress system is sent into overdrive.

The result: constant feelings of tension that alcohol or drugs temporarily lighten, but which worsen over the longer term. "You're kind of digging a hole every time you fix the hole," says Dr. Koob, a Scripps scientist who is the incoming director of the National Institute on Alcohol Abuse and Alcoholism.

One chemical found to play a role in the brain's stress response is known by the initials CRF (corticotropin-releasing factor). It springs into action when there is a bang in the night or a tight deadline approaching. It is also triggered by alcohol or drug use because it helps the brain return to a normal state after the heightened sensation of pleasure. But years of heavy drinking or drug taking makes the brain more sensitive to CRF.

In effect, the brain remembers that the substances relieve stress, says Paul Kenny, who studies the molecular underpinnings of addiction at the Icahn School of Medicine at Mount Sinai. The brain's stress response gets stuck in high gear.

CRF is sometimes referred to as a "misery neurotransmitter" because it is thought to cause the anxiousness felt by addicts until they receive temporary relief by drinking again or taking drugs. The chemical is also thought to be a driver behind the difficulties that alcoholics or addicts have trying to quit, especially during stressful episodes that add to the feelings of tension.

The NIAAA, a part of the National Institutes of Health, is conducting early-stage testing in alcoholics of two experimental drugs that aim to stop CRF from revving up the brain's stress centers, says Markus Heilig, the agency's clinical director. NIAAA is also testing in alcoholics and heroin addicts a third drug that stymies another neurotransmitter involved in stress response, called neurokinin 1.

Kathy Selman says she failed several times to wean herself from alcohol because struggles to stay afloat amid the recent economic downturn propelled her to drink again.

Ms. Selman, a 57-year-old sales and marketing professional from San Diego, says she slipped into alcoholism around 2007, after her husband lost his job and the couple lost three parents, their savings and then their rental properties and home.

Afraid her two sons would only know her as an alcoholic, she enrolled in the Pearson Center's trial testing gabapentin in 2011. The drug, which is also sold under the brand name Neurontin, is approved for the treatment of epileptic seizures. It also calms the brain's stress system, addiction researchers say.

Ms. Selman doesn't know for certain whether she received gabapentin or a placebo as part of the study. She believes she got the medicine because her mood lightened during the 12 weeks she was taking the capsules and she felt depressed for a period afterward. And quickly, she quit drinking entirely, Ms. Selman says

She says she remains sober, but admits that as she tries to launch new ventures in business networking and addiction coaching, the daily stresses can be trying. As part of the study, Ms. Selman also received counseling, and through it, she says she learned how stress triggered her desire to drink and ways to cope with the related wave of anxiety. One of her strategies: She carries index cards that remind her how she felt while drinking and how she feels since going sober.

Nora Volkow, director of the National Institute on Drug Abuse, says successfully treating addiction will probably require a combination of behavioral and cognitive counseling with the prescription of multiple medicines tailored to the phase of recovery and targeting both the light and dark sides of dependence.

"These two systems interact very, very clearly with one another," Dr. Volkow says.

Write to Jonathan Rockoff at Jonathan.Rockoff@wsj.com

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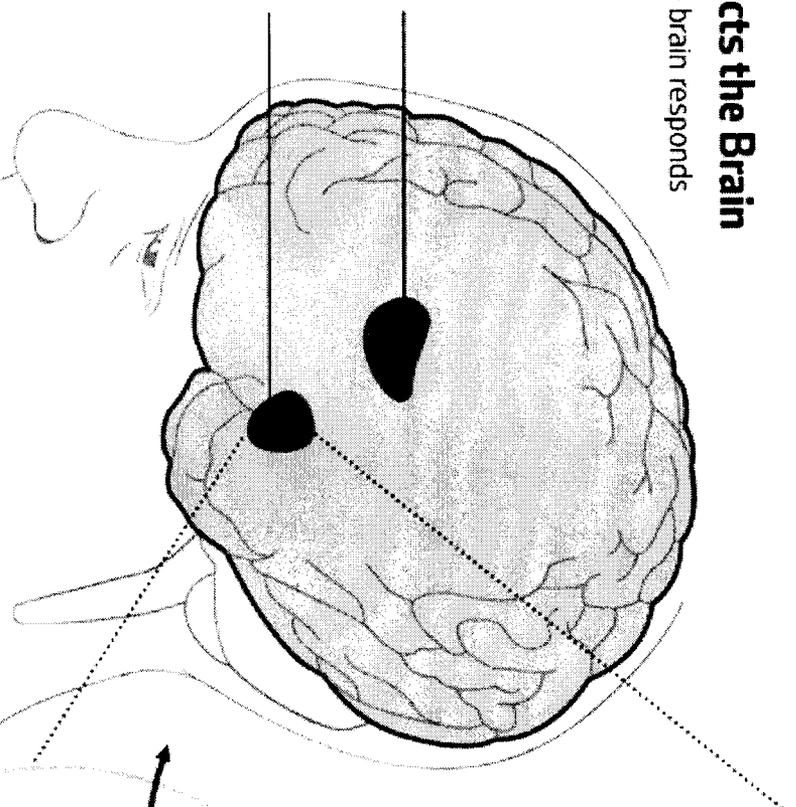
How Addiction Affects the Brain

Two ways scientists say the brain responds to alcohol and drug abuse

In the nucleus accumbens, the brain's reward center, drug and alcohol use boosts dopamine, a neurotransmitter that helps produce pleasurable feelings, thus promoting more cravings.

In the amygdala, which processes memory and emotions, long-term substance abuse can send the stress-response system into overdrive.

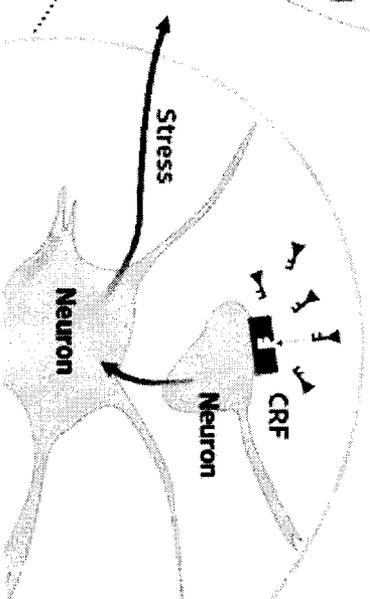
Source: George Koob, Scripps Research Institute
The Wall Street Journal



Blocking Bad Feelings

Scientists hope that by blocking a 'misery neurotransmitter' known as **CRF**, they can hinder the brain's stress response to addiction on a molecular level. A drug called gabapentin recently showed promising results.

Inside the amygdala



State of Utah
Administrative Rule Analysis

NOTICE OF PROPOSED RULE

- * The agency identified below in box 1 provides notice of proposed rule change pursuant to Utah Code Section 63G-3-301.
- * Please address questions regarding information on this notice to the agency.
- * The full text of all rule filings is published in the Utah State Bulletin unless excluded because of space constraints.
- * The full text of all rule filings may also be inspected at the Division of Administrative Rules.

DAR file no:

38197

State

11-29-2011

State Admin Rule Filing Id:

1160

	Agency No.	Rule No.	Section No.
Utah Admin. Code Ref (R no.):	R 156	- 1	- 501
Changed to Admin. Code Ref. (R no.):	R	-	-

1. **Agency:** Commerce/Division of Occupational and Professional Licensing
Room no.:
Building: Heber M. Wells Building
Street address 1: 160 East 300 South
Street address 2:
City, state, zip: Salt Lake City UT 84111-2316
Mailing address 1: PO Box 146741
Mailing address 2:
City, state, zip: Salt Lake City UT 84114-6741
Contact person(s):
Name: Noel Taxin
Phone: 801-530-6621
Fax: 801-530-6511
E-mail: ntaxin@utah.gov

(Interested persons may inspect this filing at the above address or at the Division of Administrative Rules during business hours)

2. **Title of rule or section (catchline):**
Unprofessional Conduct
3. **Type of notice:**
New ___; Amendment XX; Repeal ___; Repeal and Reenact ___
4. **Purpose of the rule or reason for the change:**
The Division and Osteopathic Physicians and Surgeon's Licensing Board, Physicians Licensing Board, Podiatric Physician Board and Physician Assistant Licensing Board are recommending the adoption of a new Federation of State Medical Board's model policy on the use of opioid analgesics in the treatment of chronic pain applicable to all prescribing practitioners. These guidelines in the model policy support Utah's initiative to reduce overdose deaths and increase safe prescribing.
5. **This change is a response to comments from the Administrative Rules Review Committee.**
No XXX; Yes ___

6. **Summary of the rule or change:**

Paragraph (7) is added to incorporate by reference the Federation of State Medical Board's Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain, dated July 2013.

7. **Aggregate anticipated cost or savings to:**

A) **State budget:**

Affected: No ; Yes

The Division will incur minimal costs of approximately \$50.00 to print and distribute the rule once the proposed amendments are made effective. Any costs incurred will be absorbed in the Division's current budget.

B) **Local government:**

Affected: No ; Yes

The proposed amendments only apply to licensed prescribing practitioners in Utah. As a result, the proposed amendments do not apply to local governments.

C) **Small businesses ("small business" means a business employing fewer than 50 persons)**

Affected: No ; Yes

The proposed amendments only apply to licensed prescribing practitioners in Utah. Such licensees may work in a small business; however, the proposed amendments would not directly affect the business.

D) **Persons other than small businesses, businesses, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):**

Affected: No ; Yes

The proposed amendments only apply to licensed prescribing practitioners in Utah. There may be a slight fiscal impact to licensees because of time needed to re-educate or update themselves on the new policy with respect to the use of opioid analgesics in the treatment of chronic pain; however any total costs cannot be estimated by the Division. It should also be noted that no costs are involved with obtaining a copy of the model policy since the document is available at no cost from the Federation of State Medical Board's website.

8. **Compliance costs for affected persons:**

The proposed amendments only apply to licensed prescribing practitioners in Utah. There may be a slight fiscal impact to licensees because of time needed to re-educate or update themselves on the new policy with respect to the use of opioid analgesics in the treatment of chronic pain; however any total costs cannot be estimated by the Division. It should also be noted that no costs are involved with obtaining a copy of the model policy since the document is available at no cost from the Federation of State Medical Board's website.

9. **A) Comments by the department head on the fiscal impact the rule may have on businesses:**

As explained in the rule analysis, this filing requires medical practitioners to understand and comply with a nationally-recognized model policy regarding the prescribing of opioid analgesics. No fiscal impact to businesses is anticipated.

B) **Name and title of department head commenting on the fiscal impacts:**

Francine A. Gian, Executive Director

10. **This rule change is authorized or mandated by state law, and implements or interprets the following state and federal laws.**

State code or constitution citations (required) (e.g., Section 63G-3-402; Subsection 63G-3-601(3); Article IV) :

Subsection 58-1-106(1)(a)

Section 58-1-308

Subsection 58-1-501(2)

11. **This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Division of Administrative Rules; if none, leave blank):**

First Incorporation

Second Incorporation

Official Title of Materials Incorporated (from title page): Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain

Publisher: Federation of State Medical Boards

Date Issued:

Issue, or version: July 2013

ISBN Number (optional):

ISSN Number (optional):

Cost of Incorporated Reference: none

Action: Adds, updates, or removes: Adds

(If this rule incorporates more than two items by reference, please attach additional pages)

- 12 The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. The agency is required to hold a hearing if it receives requests from ten interested persons or from an association having not fewer than ten members. Additionally, the request must be received by the agency not more than 15 days after the publication of this rule in the Utah State Bulletin. See Section 63G-3-302 and Rule R15-1 for more information.)

A) Comments will be accepted until 5:00 p.m. on (mm/dd/yyyy): 01/14/2014

B) A public hearing (optional) will be held:

On (mm/dd/yyyy): At (hh:mm AM/PM): At (place):

- 13 This rule change may become effective on (mm/dd/yyyy): 01/21/2013

NOTE: The date above is the date on which this rule MAY become effective. It is NOT the effective date. After the date designated in Box 12(A) above, the agency must submit a Notice of Effective Date to the Division of Administrative Rules to make this rule effective. Failure to submit a Notice of Effective Date will result in this rule lapsing and will require the agency to start the rulemaking process over.

- 14 Indexing information -- keywords (maximum of four, in lower case, except for acronyms (e.g., "GRAMA") or proper nouns (e.g., "Medicaid")); may not include the name of the agency:

diversion programs licensing
supervision evidentiary restrictions

- 15 Attach an RTF document containing the text of this rule change (filename): R156-1.pro

To the agency: Information requested on this form is required by Sections 63G-3-301, 302, 303, and 402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the Utah State Bulletin, and delaying the first possible effective date.

AGENCY AUTHORIZATION

Agency head or designee, and title:

[Handwritten signature]

Date (mm/dd/yyyy): 11/25/2013

R156. Commerce, Occupational and Professional Licensing.

R156-1. General Rule of the Division of Occupational and Professional Licensing.

R156-1-501. Unprofessional Conduct.

"Unprofessional conduct" includes:

(1) surrendering licensure to any other licensing or regulatory authority having jurisdiction over the licensee or applicant in the same occupation or profession while an investigation or inquiry into allegations of unprofessional or unlawful conduct is in progress or after a charging document has been filed against the applicant or licensee alleging unprofessional or unlawful conduct;

(2) practicing a regulated occupation or profession in, through, or with a limited liability company which has omitted the words "limited company," "limited liability company," or the abbreviation "L.C." or "L.L.C." in the commercial use of the name of the limited liability company;

(3) practicing a regulated occupation or profession in, through, or with a limited partnership which has omitted the words "limited partnership," "limited," or the abbreviation "L.P." or "Ltd." in the commercial use of the name of the limited partnership;

(4) practicing a regulated occupation or profession in, through, or with a professional corporation which has omitted the words "professional corporation" or the abbreviation "P.C." in the commercial use of the name of the professional corporation;

(5) using a DBA (doing business as name) which has not been properly registered with the Division of Corporations and with the Division of Occupational and Professional Licensing; or

(6) failing, as a prescribing practitioner, to follow the "Model Policy for the Use of Controlled Substances for the Treatment of Pain", 2004, established by the Federation of State Medical Boards, which is hereby adopted and incorporated by reference; and

(7) failing, as a prescribing practitioner, to follow the "Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain", July 2013, adopted by the Federation of State Medical Boards, which is incorporated by reference.

KEY: diversion programs, licensing, supervision, evidentiary restrictions

Date of Enactment or Last Substantive Amendment: [~~November 21,~~ 2013] 2014

Notice of Continuation: January 5, 2012

Authorizing, and Implemented or Interpreted Law: 58-1-106(1)(a); 58-1-308; 58-1-501(2)