

MINUTES

BOARD OF NURSING AND CERTIFIED NURSE MIDWIVES MEETING

January 8, 2026

Heber M. Wells Bldg.

ELECTRONIC MEETING – 8:30 a.m.

Salt Lake City, UT 84114

CONVENED: 8:34 A.M.

ADJOURNED: 10:44 A.M.

DOPL STAFF PRESENT:

Bureau Manager: Jeff Busjahn

Board Secretary: Kelli Arriola

Compliance Specialist: Sharon Bennett

CONDUCTING:

Ralph Pittman, LPN - Chair

BOARD MEMBERS PRESENT:

Ralph Pittman, LPN

Wendy Rusin, APRN

Erica Nelson, DNP, APRN, CNM

Mandi Lew, DNP, CNM, PMH-C

Derek Bradley, Public

BOARD MEMBERS EXCUSED:

Curtis Nielsen, APRN-CRNA

Sheryl Steadman, Ph.D., RN

Shane Yardley, Ph.D., RN

GUESTS:

Kelli Jacobsen, UPHP

Jennifer Avila Johnson, UPHP

Robert Simpson, UPHP MD

Camille Farley, DOPL, Investigations

Brent Ericksen, DOPL, Investigations

Nathan Allred, DOPL, Investigations

Russell Godfrey, DOPL, Investigations

Dave Olsen, DOPL, Investigations

Mike Farnsworth, DOPL, Investigations

Kristen Shumway, DOPL, Legal Analyst

Lauren Peterson

ADMINISTRATIVE BUSINESS:

CALL MEETING TO ORDER:

Mr. Pittman called the meeting to order at 8:34 a.m.

REVIEW AND APPROVAL OF December 1, 2025, MINUTES:

Ms. Rusin motioned to approve the minutes.

Dr. Nelson seconded the motion.

The vote passes.

UPHP PRESENTATION

(Refer to audio for specifics. Audio_05:37 – 44:09)

Ms. Jacobson, the UPHP Program Manager and Medical Director Dr. Simpson, presented to the board on the transition of monitoring healthcare professionals with substance use disorders and disciplinary licenses to the UPHP model. The rationale for the transition, which grew from division restructuring, an audit highlighting inconsistency in managing healthcare professionals with substance use disorders.

What is UPHP's Background:

- Established in 2020 – Created following an extensive overhaul of the former ‘diversion’ program.
- Dual Role Mission – Provide support and advocacy for Health Care Professionals with substance use disorders while prioritizing public safety.
- Non-Disciplinary – Offers confidential monitoring for voluntary participants.
- Resource Hub – Provides referrals for expert evaluations and treatment.

Evidence-Based Model:

- Success Rate: Research (BMJ Cohort Study, McLellan et al.) shows an 80% success rate for 5 years for physicians in PHP monitoring programs.
- National Alignment – UPHP is a member of the Federation of State Physician Health Programs (FSHP).

The UPHP monitoring process:

- Evaluation - Independent evaluation determines diagnosis, treatment level, and fitness for duty.
- Treatment - Referral to approved treatment providers followed by therapy and mutual support.
- Monitoring - Random toxicology testing, quarterly meetings with case managers, and a worksite liaison reports.
- Return to Work – Progressive return to practice once safety is firmly established.

Project Mandate – The GRIT Initiative:

- GRIT - Government Reform, Innovation, & Transparency is a state initiative focused on Government process improvement, efficiency and transparency.
- The Probation/UPHP transition is a key GRIT project selected to modernize and standardize monitoring of SUD in HCPs.

Alignment with our Goals:

- Standardization – Eliminates inconsistent enforcement by centralizing the monitoring model.
- Efficiency – Reduces time spent by DOPL boards and managers on routine SUD case management.
- Accountability – Establishes clear, measurable standards (FSPHP) for SUD monitoring.

The Vision a Unified Gold Standard Model:

- One model for all – Integrating probation monitoring into the UPHP framework establishes a single gold standard for monitoring model.
- Evidence-based – Adheres to FSPHP 2019 guidelines.
- Validated – UPHP’s alignment confirmed via FSPHP’s PEER process.
- National Norm – Most PHPs nationwide monitoring both probationary and non-public cases successfully.

Core Components of the Unified Model:

- Clinical Case Management – A Clinical Coordinator (mental health professional) meets with the licensee quarterly and intervenes rapidly when needed.
- Medical Director Oversight – Physician, addiction trained oversight for all probation cases and oversight of complex medical situations.
- Adherence Support – Compliance Specialist provides administrative support and adherence verification for all participants.

Two Paths One Standard:

- Licensees with public discipline are monitored by the same team and model but are NOT classified as UPHP ‘participants.’
- Distinctions preserve the safe-haven firewall, ensuring the confidential, non-disciplinary path remains distinct from the public probationary path.

Key Benefits of the Unified Model:**Enhanced Services Delivery:**

- Ensures even handed application of interventions for both probationary and private cases.
- Reduces the perception of disparity between public and private monitoring.
- Leads to better outcomes for professionals and their communities.

Time & Cost Savings:

- Reduces routine case reviews in board meetings, freeing members to focus on policy.
- Transfers complex SUD management to specialized UPHP team.
- Leaves DOPL managers to focus on regulatory oversight.

Governing Policies and Oversight:

Policy 1: Return to Use Behavior:

- Outlines a graduated, four-level protocol for intervening in non-adherence or return to unapproved substance use.
- Defines criteria for immediate division notification event (e.g., level III incidents requiring immediate action).

Policy 2: Communication & Reporting:

- Licensees will no longer make routine appearances before the board.
- Licensees only required to appear before the board after a formal notice of agency action (NOAA).
- UPHP provides a programmatic update (adherence status) and detailed programs metrics to the board.

Recovery & Public Safety-Intervention Protocol for Level I & Level II Incidents:

Level I: Behavioral Warning Signs:

- Incident Examples – Missed check-ins, missed therapy, worksite liaison concerns (no substance use confirmed).
- UPHP Action – Intervention within **1 business day**. Increased testing, meetings, and case management focus.
- Board Notification: **None**, unless persistent nonadherence, licensee refuses intervention/safety cannot be guaranteed.

Level II: Return to Use Non-Workplace:

- Incident Examples – Confirmed positive test or self-report of use outside of the practice setting.
- UPHP Action – Intervention within **1 business day**. Immediate cessation of practice until a safety plan is established. Clinical evaluation.
- Board Notification – **None**, unless licensee refuses intervention/safety cannot be guaranteed.

Division Notification Event: Level III Incidents:

Level III: High-Risk Incident:

- Incident Examples – Impairment or use in the workplace.
- Drug Diversion
- Any incident placing a patient at direct risk of harm.

Mandatory and Immediate Reporting:

- Any level III incident is classified as a Division Notification Event and requires immediate reporting to the DOPL manager.
- Action – Licensee must immediately cease practice.
- Outcome – Division takes over necessary action, which could lead to filing of a Notice of Agency Action for licensees on public probation or an order to show cause for UPHP participants or Emergency Hearing for UPHP/Probation participants.
- Threshold – This is the firm line where although clinical management continues the disciplinary process begins.

UTAH CODE 26B-2-203(6)(a)(iii) and (iv) DISCUSSION:

(Refer to audio for specifics. Audio_44:09 – 57:45)

Mr. Busjahn advised this discussion is about satellite emergency departments on the ambiguity of the language which pertains to the staffing requirements. If you go to 6A and (iii) it goes over you need a Physician and their qualifications, then goes to two registered nurses licensed under title 58, chapter 31B, Nurse Practice Act, who have specialized training in providing emergency medical services. A staff member who is specifically trained and certified or licensed in respiratory care sufficient to support the needs of patients in a timely and appropriate manner, as determined by the satellite emergency department’s clinical protocols. Mr. Busjahn questioned the board members how they interpret “specifically trained”, he interprets as a staff member who is specifically trained or certified in respiratory care, it could be a nurse, it does not say it has to be licensed respiratory care therapist. What does “specifically trained” mean and who do the training. Mr. Busjahn advised he would be going over this topic with the Respiratory Care Board as well. Also Mr. Busjahn does not have rule writing authority for code is 26B. This code is handled by health department.

Dr. Nelson agreed that the language is ambiguous and leaves room for a person who is not a respiratory therapist to fill that role. The board members agree there should be explicit instructions on what the specific training and certification entails. The board members questioned whether nurses currently have the necessary knowledge for things like ventilators. Board members stated nurses are not typically making changes or dealing with ventilators extensively, which is usually handled by a respiratory therapist.

Facility policy and Certification would need specific clarification and facilities having a clear policy on what constitutes training or establishing a national certification that nurses could obtain. Also pointed out the ambiguous language might be beneficial as it could help improve access to respiratory care in remote rural areas where hiring a full-time respiratory therapist might be difficult.

LEGISLATIVE AND ENVIRONMENTAL SCAN:

NA

BOARD BUSINESS:

PROBATIONER WRITTEN REQUESTS AND REVIEW OF DOCUMENTS:

(Refer to audio for specifics. Audio_Part1_59:40 –01:08:55)

Ms. Bennett provided the Board with an overview of the new process in spectrum on how to review probationer’s current files and history. Also reviewing public reprimand or other reports.

PROBATIONER INTERVIEWS:

Sarah Navanick – Interview conducted by Mr. Pittman.

Ms. Navanick is working as a Nurse.

Ms. Navanick attends therapy.

Ms. Navanick has good family and work support.

Laurie Tashman – Interview conducted by Dr. Nelson.

Ms. Tashman is working as a Nurse.

Ms. Tashman has one out-of-range UA.

Ms. Tashman attends 12 step and NA meetings.

Michael Farnsworth – Interview conducted by Ms. Rusin.

Mr. Farnsworth is working as a Nurse.

Mr. Farnsworth has no missed check-ins.

Mr. Farnsworth is not required to check in or test.

Ms. Rusin motioned to approve Mr. Farnsworth's early termination of probation.

Dr. Nelson seconded the motion.

The vote in favor was unanimously approved.

Heather Carlson – Interview conducted by Dr. Nelson.

Ms. Carlson is working as a Nurse.

Ms. Carlson has no missed check-ins.

Ms. Carlson has good work support.

Ellie Villaruz – Interview conducted by Mr. Pittman.

Mr. Villaruz is not working as a Nurse.

Mr. Villaruz is still working with California Board of Nursing.

Mr. Villaruz attends therapy weekly.

Bryan Pratt – Interview conducted by Ms. Rusin.

Mr. Pratt is not working as a Nurse.

Mr. Pratt is not required to check in or test.

Mr. Pratt has good family and work support.

NEXT SCHEDULED MEETING: FEBRUARY 12, 2026

ADJOURN: 10:44 A.M.

The meeting was adjourned at 10:44 A.M.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred. For specific details, refer to the audio recording.

02/12/2026

Date Approved

Ralph Pittman
[Ralph Pittman \(Feb 12, 2026 15:16:04 MST\)](#)

Ralph Pittman - Board of Nursing & Certified Nurse Midwives

02/12/2026

Date Approved

Jeff Busjahn

Jeff Busjahn - Bureau Manager, DOPL