

**From:** [Sunset Advisory Commission](#)  
**To:** [Cecelia Hartley](#)  
**Subject:** FW: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Monday, October 24, 2016 8:05:45 AM

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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Sunday, October 23, 2016 2:01 PM  
To: Sunset Advisory Commission  
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: TEXAS BOARD NURSING TBN

First Name: Alison

Last Name: Brewer

Title: CRNA

Organization you are affiliated with: Licensed by board of nursing

Email:

City: San marcos

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed: Support hard look at BON/TPAPN treatment of impaired nurses. I was a self report in Oregon, moved to Texas for a job that fell thru. The investigative team forced me to be Board Ordered to TPAPN vs my self enrollment- writing a review that looked like I murdered everyone in Montana! Once in TPAPN I was discriminated against because I was an advanced practice nurse. I was denied permission to be employed in informatics- a job with no contact with controlled substances- that by the way I never abused and had administered safely in Oregon and Washington prior to coming to TX. I was harassed to renounce my CRNA on a weekly basis and it was apparent they wanted me to starve to death- and I literally was, particularly after I lost everything I had in the flood. There is no good overseeing of volunteer advocates. If I was ever going to relapse it would have been my time in TPAPN. I did not. I fought to get out of Texas, moved back to Oregon, I am in monitoring here, employed as a CRNA and will complete this program in 1.5 months. I support your findings that these groups are punishing rather than recovery focused.

Any Alternative or New Recommendations on This Agency:

1. All medical related boards should be combined in regard to monitoring so like treatment can be made. Addiction and abuse of substance is independent of profession.
2. Recommend how NM, oR, and WA be studied and program overhaul be done immediately
3. Program manuals need to be completed annually
4. Fire woman who answers phone at TPAPN- she is nasty to participants. Loses faxes and insists not sent in.
5. Program is too long. Logically ALL nurses have equal access to medications with wide spread use of paxils. The AANA sent a letter recommending 5 years.  
My observation is that this group does not treat substance abuse patients and why is this considered a guideline?
6. TPAPN should be associated with an addictionologist- basic nurses administrating the program need input from an addiction specialist.
7. Mandatory medical meetings for participants with a licensed therapist would be an improvement. I would make advocate program voluntary. This way a trained participant has 'eyes on' vs a phone call to a message machine.

8. Warning should be emailed to participant if they are in jeopardy of being removed from the program.
9. If participant indicates problem with advocate- should be investigated and not ignored. Advocates might relapse too- and have.
10. There should only be one disciplinary program. First offenses should retroactively be invisible to the public.
12. The Board of Nursing should not be reporting to certification groups.  
Certification is not a license to practice. The board of nursing is responsible for public safety- not the nbcna. Don't waste manpower to a group who does not respect your authority in regard to public safety.
13. I commend the legislature in TX for understanding addiction as a disease requiring medical intervention. I am healthy today because they extended a hand to help!

My Comment Will Be Made Public: I agree