Upcoming Meetings:

May 3, 2024
(Tentative)

August 9, 2024
(Tentative)

November 8, 2024
(Tentative)

ALASKA STATE MEDICAL BOARD

QUARTERLY MEETING

FRIDAY, FEBRUARY 16, 2024

DRAFT - AGENDA

Discussion of the following topics may require executive session. Only authorized members will be permitted to remain in the Board/Zoom room during executive session.

Meeting Registration Link:
https://us02web.zoom.us/meeting/register/tZAoceqqpzoiGdc9GiY8JsCHthVDQTIZgF5t

Agenda

8:30 a.m. 1. Call to Order / Roll Call

8:32 a.m. 2. Review / Approval of Agenda

8:35 a.m. 3. Review / Approval of Minutes

- Nov. 17, 2023
- Nov. 22, 2023

8:40 a.m. 4. Ethics Disclosure

8:45 a.m. 5. Old Business:

- Regulation projects:
  - Physician Assistant Work Group Update
  - MD Licensing Streamline
- Role of Reviewing Board Members

9:15 a.m. 6. Deliberative Session – (Closed to Public)
Case: 2023-000453 – Proposed Decision

9:45 a.m. 7. Break

10:00 a.m. 8. Investigation Unit Updates – Executive Session (Closed to Public)
Case: 2021-000336
Case: 2022-000374
Case: 2023-000453
Case: 2023-000022

11:15 a.m. 9. Board of Pharmacy Update – Dr. Schaber, Board Chair

11:30 a.m. 10. Pharmacy Association Presentation - Dr. Seignemartin, Exec. Director

12:00 p.m. 11. Lunch Break

1:00 p.m. 12. Public Comments

1:15 p.m. 13. Board Interviews

2:45 p.m. 14. New Business / Chair Updates:

- DOH Request for Support for Regulation Change – POLST
- Statement of support for HB 314/SB 225 Licensing/Investigative fees

3:15 p.m. 15. Break

3:30 p.m. 16. Malpractice Case Reviews – Executive Session (Closed to Public)

4:30 p.m. 17. Applicant Review

- Full Board Review (Executive Session)
- Ratification of Full Licenses

  Osteopaths, Allopaths, Physician Assistants

5: 00 p.m. 18. Closing Business / Adjourn

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING

STATE MEDICAL BOARD
MINUTES OF MEETING
Friday, November 17, 2023

These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.

By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a quarterly meeting of the Alaska State Medical Board was held Friday, November 17, 2023.

1. Call to Order/ Roll Call
The meeting was called to order by Chair Wein at 9:03 a.m.

Roll Call
Board members present:
Sarah Bigelow Hood, PA-C
Matthew Heilala, DPM
Lydia Mielke, Public Member (Secretary)
David Paulson, MD
Richard Wein, MD (Chair)
David Wilson, Public Member

Board Members not present:
David Barnes, DO

Board staff present: Natalie Norberg, Executive Administrator; Jason Kaeser, Jacob Olsen & Alisa Perkins Occupational Licensing Examiners

Dr. Barnes joined the meeting at 9:04 a.m.

2. **Review / Approval of Agenda**
On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll call vote the Alaska State Medical Board accepted the draft agenda as presented.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein and Mr. Wilson.

3. **Review/Approval of Minutes**
On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll call vote, the Alaska State Medical Board accepted the minutes for the August 18, 2023, board meeting with a correction identified to a roll call on page 3, Item #7 ; Dr. Freeman abstained from vote (the draft minutes erroneously reflected her voting in favor of the motion).

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein and Mr. Wilson.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll call vote, the Alaska State Medical Board accepted the minutes for September 21, 2023, board meeting as presented.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein and Mr. Wilson.

4. Ethics Disclosures

Ethics reporting by board members is done on a quarterly basis and is a standing item on the quarterly meeting agenda. The Chair requested Ms. Norberg query each board member.

There were no ethical disclosures made by board members.

5. Physician Health Committee Update

Dr. Foland was invited to address the Board to provide an update on the work of the Physician Health Committee (PHC). Dr. Foland reported that the committee is currently directly monitoring approximately 12 physicians who reside within the state and receiving quarterly reports on 4 physicians who are being monitored by out-of-state physician health committees. Dr. Foland acknowledged and thanked the Medical Board for its work to adopt a consistent and predictable referral process to the PHC for physicians with a DUI charge. The process appears to be working well. With respect to drug testing, the PHC typically administers random urine drug tests to its participants 3 times per month. Approximately once per quarter, participants are required to obtain a full panel drug test to monitor for cross addiction. Dr. Foland urged the board to consider adopting DNA based drug testing for more comprehensive and efficient screening. The mouth-swab DNA based testing offers quicker results than urine tests and does not include a collection fee. After asking and having his questions answered, Chair Wein acknowledged that DNA drug testing may be a worthwhile tool for the board to further explore and utilize.

6. Physician Assistant Regulation Project

Chair Wein described the process which led the board to the current draft regulations. The process was initiated by physician assistants who approached the board with a request to modernize the regulations. A work group was formed which met numerous times to talk through potential language changes. A first draft was approved by the board in February 2023. After a legal review was completed, the board approved a second draft in August 2023, which then went out for both written and oral public comments. Chair Wein requested a roll call query of board members to determine whether they listened to the audio recording of the oral public comments and reviewed the written comments:

Dr. Barnes: Listened to the oral comments, reviewed all written comments
Sarah Bigelow Hood: Attended the oral comment hearing and reviewed all written comments
Dr. Freeman: listened to the oral comments, did not read all of the public comments
Dr. Heilala: listened to the oral comments, read all of the public comments
Lydia Mielke: listened to the oral comments, read all of the public comments
Dr. Paulson: Read the written comments and the transcripts of the oral comments
Dr. Wein: Attended the oral comment hearing and reviewed all written comments

David Wilson: Read the written comments and reviewed some of the transcripts of the oral comments

Chair Wein identified the various options for how the board may proceed with respect to either adopting, tabling, or modifying the proposed regulations. Chair Wein noted that having participated throughout this entire process he believes there is a move towards advancing physician assistants to independent practice. This is evidenced by the desire for physician assistants to have independent prescriptive authority and the desire to not have an alternative collaborator. Chair Wein asserted that supporting physician assistants to achieve independent practice and to establish their own board is another option the Medical Board may consider in deciding how to proceed with the proposed regulation changes. If the board supports independent practice for physician assistants there are two potential options for moving forward: 1) The board could support SB115 introduced last session by Senator Tobin and request the bill be amended to allow physician assistants to form their own board; 2) the board might appeal to the Governor's Office to appoint more physician assistants to the Medical Board to create board within a board using a "Chinese Wall" framework. Chair Wein requested members of the board to share their thoughts on how to proceed.

Ms. Bigelow Hood read a statement regarding the history and contributions of physician assistant participation on the Medical Board and to assert that physician assistants genuinely value collaborative relationships with physicians in practice and desire collaboration with the medical board. Ms. Bigelow Hood further asserted that the Medical Board should recognize the value of physician assistants and acknowledge the health care crisis that Alaskans face.

Dr. Barnes stated that in reviewing the public comments it was clear that there is enormous opposition to the changes to the regulations proposed by the board and he questioned whether the changes are appropriate.

Dr. Freeman stated she was amazed at how strong the response was in opposition of the proposed changes, her conclusion is that the board needs to be going in a different direction.

Dr. Heilala echoed the reflections of Dr. Barnes and Dr. Freeman, adding he was pleased that the public process worked and provided a nice "gut check" on how impactful these changes would be. In spite of all the deliberations made by the board in developing the proposed changes, the public comments offered a huge eye-opener. Dr. Heilala questioned whether physician assistants or Alaskans actually want a separate board for physician assistants. Dr. Heilala stated he thinks the public likes how things have been functioning in Alaska to this point, but there is a recognition that times are changing. Dr. Heilala supports continuing to work on revising the regulations. He does not support abandoning the project or creating a separate board for the physician assistants.

Lydia Mielke stated she learned a lot and really appreciated all of the public comments. She noted that there were a few sections in the proposed regulations that did not have opposition and she would be open to approving those sections, or she supports tabling the entire project and starting over fresh on the controversial sections.

Dr. Paulson acknowledged the strong response to the regulations. He is sensitive to expanding the role of physician assistants and wants to make sure Alaskans are not exposed to unsafe practices. He noted the comments were beneficial and helped increase his knowledge. He is hopeful to find a solution that balances safety and access to care.

David Wilson stated he appreciated reading all of the comments and acknowledged there was much opposition to the proposed regulations. Mr. Wilson believes there is a need for accountability and updates to the regulations. Mr. Wilson followed up with some of the executives of the rural health care organizations that submitted comments to learn more about the perceived notion that the proposed regulations would harm physician assistant staffing levels. One facility noted they would need 80-100 more physician assistants to be considered fully staffed. He has also read reports that indicate that medical staffing shortages is a nation-wide problem due to not enough people entering the industry and schools not producing enough trained professionals. Mr. Wilson disagrees with the notion that the proposed changes to the regulations are going to limit health care in Alaska. Mr. Wilson also reached out to an insurance underwriter for medical malpractice to inquire as to whether a move to independent practice for physician assistants would change the perceived level of risk and cause insurance rates to increase. In essence the response was that the insurance carrier would consider a practitioner and their experience on an individual basis and assess policy costs accordingly. Mr. Wilson concluded that it will be the malpractice insurance companies that will determine whether a physician assistant can afford to practice independently, not the perceived level of regulation imposed by the medical board. Mr. Wilson supports the physician assistants having their own board.

Ms. Bigelow Hood stated she does not believe the consideration or discussion regarding creating a separate board for physician assistant's is appropriate at this time. Ms. Hood reiterated the desire for the physician assistant community to maintain their historical relationship with the Medical Board and collaborative relationships with physicians on the practice level.

Dr. Wein reiterated it was the physician assistant association that originally came to the Medical Board to propose a modernization project and the board agreed to form a work group to initiate the project. At this point there had not been any single or significant particular problem or concern identified regarding the regulations – rather a mutual agreement that they needed review and potential updating. Upon closer review, Dr. Wein noted concerns with the limited number of active practice hours required for a collaborating physician. Dr. Wein considers the role of a collaborating physician similar to that of a mentor and since physician assistants do not participate in a residency as part of their formal training, this mentorship role is very important, especially for PA's that are new to the field. Under the existing regulations a mentoring physician would only need to practice 5 weeks (200 hours) out of a year to qualify as a collaborator. In Dr. Wein's view, the proposed change to increase active practice hours to 12 weeks (480 hours) would better ensure that the collaborating physician maintains the clinical experience to appropriately serve in the mentoring role. The second area of great contention in the proposed regulation changes is the increase in hours of experience for PA's to work in a remote setting. Dr. Wein asserted that the current requirement of 160 hours of direct supervision if a PA lacks 2 years of general experience prior to taking a remote practice did not seem sufficient. Out of concern for public safety, in his opinion, it is reasonable to increase the hours of experience required to practice remotely, especially considering that the PA might be the highest-level practitioner at the site. Two years/2400 hours of prior experience was suggested in the Regulation Project be required before treating patients remotely. It was stated in public commentary that this was too long. Of note, to be a residential or a commercial electrician in Alaska, one needs 4,000 and 8,000 hours respectively before they can independently "practice." Many of the public comments warned that such changes would have dire impacts on the ability to recruit PA's to work in remote settings. Dr. Wein shares Mr. Wilson's opinion that this assertion is false. Dr. Wein noted that staff shortages in remote areas existed prior to COVID, were exasperated during the pandemic, and will continue to exist regardless of if the proposed new standards are put in place. Dr. Wein further noted that outside forces on a national scale, such as

corporate telemedicine providers are competing with local providers and pose a threat to local providers earning a living.

After confirming there were no board members who wished to provider further comments, Ms. Bigelow Hood summarized the public comments received by the Medical Board, stating, "On 9/18/2023 public comments were heard by the ASMB on the proposed PA regulation changes. There were 163 unduplicated individuals who provided either oral or written comments. This included 64 individuals who identified as a PA, 25 who identified as MD or DO and 12 who identified as an RN or NP. Three out of the 163 comments contained some limited support for the proposed changes. One hundred and three individuals cited general opposition, many noting the proposed changes are administratively burdensome and will negatively impact health care in Alaska. Sixty-one comments cited specific concerns related to language changes."

On a motion duly made by Ms. Bigelow Hood and seconded by Dr. Heilala, after considering all public comments receive and cost to private persons, the State Medical Board decided to table the regulation project, file number 2023200164, and form a new work group consisting of State Medical Board members, Alaska Physician Assistant Academy Board members, and other members of the public to continue to discuss and identify new recommended changes to the regulations.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein and Mr. Wilson.

7. (Moved from Agenda #14) The Role of Reviewing Board Members

Chair Wein provided an introduction, stating in the recent past, Reviewing Board Members (RBM) were told they should not participate during the board's deliberative and voting process in (investigative) cases they had reviewed. The Board was provided with a legal opinion on this matter, and it turns out, it is not statutorily mandated for RBM's to be recused, but rather a recommendation. Chair Wein suggested that the board should make a decision regarding how it will proceed with respect to this matter.

Ms. Mielke introduced a motion, seconded by Dr. Freeman, for the Alaska State Medical Board to resolve that a board member who serves as a reviewing board member during the investigation of a matter, may, at their discretion, participate in the board's deliberation, decision-making, or voting.

Chair Wein asserted that the RBM has the full knowledge of the case and their help during the deliberation of a case can be of great value, especially in complicated cases.

Dr. Barnes stated that he agrees with Chair Wein's assertion. Dr. Barnes further stated he understands the concern by the Attorney General's Office is that the in-depth knowledge held by the RBM will bias the other board members, however he believes this depth of knowledge is needed.

Ms. Bigelow Hood questioned whether the "in-depth knowledge" will be factual based versus opinion.

Chair Wein responded that generally the RBM is considered an expert on the subject matter and their opinion as an expert is desired. The RBM should be allowed the opportunity to explain their rationale to the Board as to why a provider should be sanctioned.

Ms. Bigelow Hood suggested that the RBM is provided the opportunity to explain their rationale in writing at the conclusion of their review.

The Chair recognized Sara Chambers, Special Assistant to the Commissioner, to speak to the motion. Ms. Chambers wished to inform the Board that the Department recognizes the concerns of the Medical Board and is working on developing some tools and changes to the investigative process to make sure the insights of the RBM is appropriately provided to the Board. The first phase is more education for the investigators to encourage the RBM to robustly describe their rationale and for the investigators to consistently convey this information to the board. Secondly the Department is working on developing a risk assessment tool to help the Board assess the risk of having the RBM remain in the deliberative session. The Department is committed to ensuring the RBM is supported in sharing critical information to the board in order to help shield boards from exposing themselves to unnecessary risk by allowing the RBM to participate in the deliberative session.

Ms. Bigleow Hood stated that she is not in favor of having the RBM present during the deliberative session. Ms. Bigelow Hood recommended tabling the vote on the motion until the board has the opportunity to review the new processes and risk assessment tool being developed by the department.

Dr. Heilala sees some value in having the RBM present during the deliberative session to help clarify nuances. He stated that board members take an ethical oath and should have the freedom to participate in the deliberative process. Dr. Heilala views the need to protect the public as outweighing the concerns related to risk aversion.

Ms. Chambers asserted that protecting the public is put at risk if the deliberative process is considered biased and the board's decision is overturned on appeal. Director Robb echoed this statement.

Chair Wein questioned whether any Medical Board decisions have been overturned related to RBM bias.

Ms. Bigelow Hood suggested training for the public members of the board may be needed before there is a vote on this matter.

Mr. Wilson agreed that more education regarding the role of the RBM would be helpful. Mr. Wilson stated that during his time on the board, with respect to bias, in his observation, it is the investigators that appear to bring bias in their investigations. Mr. Wilson further asserted that in considering sanctions for a licensee it is important to discern whether an action was intentional, criminal, negligent, systemic, or isolated in its nature and only the RBM with experience in the field can help discern the intent. Mr. Wilson places tremendous value on the input of the RBM because they have the most relevant information on a case. Mr. Wilson suggested that before there is a vote on this matter, it would be helpful to have data on the number of board cases overturned as a result of the RBM's participation in a final decision.

Director Robb agreed to have the data related to overturned cases compiled and provided to the board. She noted that because most boards are adhering to the advice to not include RBMs in the deliberative sessions, it unlikely that many of the example cases will point to RBM bias as a reason for the case being overturned. Director Robb offered training to the board on the role of RBM, stating she would like to have Chief Investigator Prieksat provide this training. Finally, Director Robb noted that hearing of

perceived Investigator bias is concerning, and she would like to be notified if this is observed during future deliberations.

Ms. Mielke withdrew the motion. Chair Wein noted that this conversation will be resumed at a future date after the board has had the opportunity to review the aforementioned data and risk assessment tool.

8. Division Update

Director Robb provided an overview of the Medical Board's Final 4th Quarter FY 23 Budget Report. Ms. Mielke inquired as to whether the division has considered consolidating office space with many employees still teleworking. Director Robb advised that the Division's office space footprint both in Juneau and in Anchorage were significantly decreased this year. Many staff who telework utilize "hotel" spaces for those occasional days in the office. There were no other questions or concerns regarding the budget from board members.

9. Break

The board went off the record for a break at 10:59 a.m. and returned on the record at 11:15 a.m.

Division Update - Continued

Chair Wein invited Deputy Director Saviers to proceed with the remaining division updates. Ms. Saviers announced the allocation of three new staff positions to support the Medical Board. These positions include a Licensing Supervisor, a Licensing Examiner, and an Administrative Assistant. The division is pleased to announce that the licensing supervisor position was filled by Jason Kaeser, who formerly served as a Licensing Examiner for the Medical Board. The other two new positions remain vacant due to a lack of applicants.

> **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood and approved by roll call vote the board designated Jason Kaeser, Records and Licensing Supervisor, the authority, under the direction of the Executive Administrator, to issue temporary permits to physician, osteopath, podiatrist, and physician assistant applicants who meet the requirements in accordance with AS 08.64.270.**
>
> Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein and Mr. Wilson.

Ms. Saviers introduced proposed changes to regulations related to eliminating certain requirements for licensure. Rationale for eliminating the requirements was provided. Chair Wein indicated his support for eliminating the verification of hospital privileges and DEA clearance so long as separate attestations are added to the license applications for applicants to confirm they have no derogatory issues with any hospital affiliations or the DEA.

> **On a motion duly made by Ms. Mielke and seconded by Ms. Bigleow Hood, the board approved to direct the Executive Administrator to work with division staff to draft changes to the appropriate sections in Chapter 12 AAC 40 related to the repeal of the requirements for the verification of hospital privileges, DEA Clearances and AMA/AOA Physician Profiles for initial licensure and license reinstatements for the Board's review and consideration at the next quarterly meeting.**

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein and Mr. Wilson.

10. Lunch Break

The board went off the record for a lunch break at 11:50 a.m. and returned on the record at 12:45 p.m.

11. Public Comment / Board Communications

Jenny Fayette with Alaska Association of Physician Assistants (AAPA) was invited to address the board. Ms. Fayette highlighted the training and education requirements of physician assistants, challenging members of the board for their frequently used and poor comparison of the training requirements for private airplane pilots to the training required for physician assistants. Ms. Fayette reiterated that AAPA values the collaborative relationship with physicians and thanked the board for voting to table the physician assistant regulation project, vowing to fully participate in the next round of workgroup sessions to propose changes to the regulations.

Chair Wein provided a summary of written public comments received by the Board during the last quarter.

12. Board Interviews

Mohammad Ashori, MD

Dr. Ashori requested to be interviewed in executive session.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow-Hood and approved by roll call vote, the Alaska State Medical Board entered into executive session in accordance with AS 44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing Dr. Mohammad Ashori's application for licensure, with Board staff remaining during the session.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, Mr. Wilson

The board entered executive session at 1:05 p.m. The board returned on the record at 1:15 p.m.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood and approved by roll call vote, the Alaska State Medical Board approved Mohammad Ashori, M.D., a full license.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, Mr. Wilson

Danash Raja, MD

Dr. Raja requested to be interviewed in executive session.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow-Hood and approved by roll call vote, the Alaska State Medical Board entered into executive session in accordance with AS 44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions, for the purpose of

discussing Dr. Danash Raja's application for licensure, with Board staff remaining during the session.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, Mr. Wilson

The board entered executive session at 1:22 p.m. The board returned on the record at 1:28 p.m.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood and approved by roll call vote, the Alaska State Medical Board approved Danash Raja, M.D., a full license.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, Mr. Wilson

13. Break. The board went off the record at 3:15 p.m. for a break. The oard returned on the record at 3:26 p.m.

14. Interstate License Medical Compact

Chair Wein introduced this topic by providing a review of the process taken by board members to explore and consider supporting the adoption of the Interstate License Medical Compact (ILMC). This process included dedicated time during the February 2023 quarterly board meeting for an overview and presentation from the ILMC Executive Director; an entire special meeting on April 13, 2023 which again included the ILMC Executive Director; the formation of a work group during the May 19, 2023 board meeting; and three subsequent work group sessions held on September 1, October 13 and November 8 which consisted of a thorough examination of the compact language and question and answer sessions facilitated by Deputy Director Glenn Saviers and peer consultation with the State of Idaho. Chair Wein invited board members to share their thoughts on the ILMC before proceeding to a vote.

Dr. Freeman stated that she is in support of Alaska moving forward with engaging with the ILMC.

Dr. Heilala acknowledged that with the increasing momentum of granting reciprocity across states, it seems that eventually joining the ILMC is inevitable. He would be interested in moving forward with the ILMC with caution. However, he does have some concerns about the mission drift of the Federation of State Medical Boards and the influence of the FSMB over the ILMC.

Dr. Barnes stated he holds a bias against the FSMB after being threatened to lose his credentials as a result of sharing "misinformation " during COVID. He is not in support of joining the ILMC because he views it as being too closely aligned with the FSMB. He also voiced a concern that the ILMC would likely increase telemedicine providers in the state who do not care about a physical presence in Alaska.

Ms. Mielke advised that she is generally in support of the ILMC.

Mr. Wilson is concerned that the ILMC is not accountable to the people of Alaska. He believes more input from the public is needed before pursuing the ILMC. He shares the concern that the ILMC would draw more telemedicine providers who might threaten the practices of physicians who are physically in

the state. He is also concerned about the influence of the FSMB on the ILMC and believes the ILMC is compromised because of its relationship with the FSMB. Mr. Wilson does not wish to pursue the ILMC.

Ms. Bigelow Hood stated that she is generally in support of the ILMC and would also support the inclusion of a "sunset clause" in the legislation.

Dr. Paulson shares concerns about the FSMB and is concerned about the FSMB's relationship with the ILMC. He is opposed to large bureaucratic organizations that answer to nobody. Dr. Paulson does not support joining the ILMC.

Dr. Wein stated the promise of efficiencies and streamlining of the licensing process was held up as one of the main benefits of joining the compact, however since the board has just agreed to eliminate some redundancies in the licensing process and is receiving additional staff, he does not think the ILMC will bring much added benefit by way of licensing efficiencies. Dr. Wein shares concerns regarding the influence of the FSMB over the ILMC and the combined unchecked power these two entities will have over the practice of medicine in the country. Dr. Wein also shares in the concerns regarding the ILMC benefitting telemedicine providers but not benefitting practitioners in Alaska. Concerns about the costs of implementing the ILMC were also raised.

Through a roll call vote, the Alaska State Medical denied the motion duly made by Ms. Mielke and seconded by Ms. Bigelow Hood to request that the Executive Administrator and Board Chair draft a resolution in favor of supporting the ILMC in Alaska and take steps to identify a legislative sponsor.

Roll Call Vote: Nays, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Parker, Dr. Paulson, Dr. Wein, Mr. Wilson.

16. Malpractice Case Reviews

The Chair recommended that the Board enter executive session.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood and approved by roll call vote, the Alaska State Medical Board entered into executive session, in accordance with AS 44.62.310 (c)(3), and Alaska Constitutional Right to Privacy Provisions, with board staff remaining in the session, for the purpose of discussing malpractice cases involving the following practitioners:

1. Jason Chirichigno, MD
2. Amjad Safvi, MD
3. Arelene Sussman, MD
4. Jillian Woodruf, MD

Roll Call Vote: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Parker, Dr. Paulson, Dr. Wein, Mr. Wilson.

The board went off the record and entered executive session at 4:05 p.m. The board returned on the record at 4:36 p.m.

On a motion duly made by Ms. Mielke, seconded by Sarah Bigelow-Hood, and approved by roll call vote the Alaska State Medical Board decided to take no further action with respect to malpractice cases involving the following physicians:

1. Arelene Sussman, MD
2. Jillian Woodruff, MD

Roll Call Vote: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Parker, Dr. Paulson, Dr. Wein, Mr. Wilson.

On a motion duly made by Ms. Mielke, seconded by Sarah Bigelow-Hood, and approved by roll call vote the Alaska State Medical Board decided to request the Executive Administrator draft a non-disciplinary advisory letter for the following physicians pertaining to their involvement in the reviewed malpractice cases:

1. Jason Chirichigno, MD
2. Amjad Safvi, MD

Roll Call Vote: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Parker, Dr. Paulson, Dr. Wein, Mr. Wilson.

17. Applicant Review / License Approvals
Full Board Review

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow-Hood and approved by roll call vote, the Alaska State Medical Board entered into executive session in accordance with AS 44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing Dr. Leo Hsu's application for licensure, with Board staff remaining during the session.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, Mr. Wilson

The board entered executive session at 4:43 p.m. The board returned on the record at 4:48 p.m.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood and approved by roll call vote, the Alaska State Medical Board approved Leo Hsu, M.D., a full license.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, Mr. Wilson

License Approvals: DPM, DO, MD, PA

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood and approved by roll call vote, the Alaska State Medical Board approved Meagan Jennings and Benjamin Tehrani, doctors of podiatric medicine, full licenses.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, Mr. Wilson

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood and approved by roll call vote, the Alaska State Medical Board approved the following list of osteopathic physicians for full licensure.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, Mr. Wilson

	Lic Type	First Name	Last Name
1.	DO	Lori	Arney
2.	DO	Umar	Bhatti
3.	DO	Martin	Cook
4.	DO	Khomthon	Cunvong
5.	DO	Bradley	Dayton
6.	DO	Randolph	Dipp
7.	DO	Perry	Funk
8.	DO	Georgia	Gaveras
9.	DO	Terry	Himes
10.	DO	Jeremy	Hunter
11.	DO	Emily	Hurst
12.	DO	Christina	Kang
13.	DO	Amanda	Killinger
14.	DO	Shiny	Mandla
15.	DO	Sarah	McClure
16.	DO	Ronald	McHose
17.	DO	Ryah	McKinley
18.	DO	Sarah	Mills
19.	DO	Brian	Morgan
20.	DO	Peter	Nguyen
21.	DO	Avinash	Ravilla
22.	DO	Chad	Terry

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood and approved by roll call vote, the Alaska State Medical Board approved the following list of allopathic physicians for full licensure.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, Mr. Wilson

	Lic Type	First Name	Last Name
1.	MD	Avram	Adelman
2.	MD	Rana	Ahmad
3.	MD	Umer	Ahmed
4.	MD	William	Altemeier
5.	MD	Alison	Amsterdam
6.	MD	Anthony	Anderson
7.	MD	Heather	Anderson
8.	MD	Julia	Atkins
9.	MD	Erin	Balay-Dustrude
10.	MD	Rachel	Banach
11.	MD	Kate	Baron
12.	MD	Ahmad	Bayomy
13.	MD	Clarence	Blea
14.	MD	Peter	Benda
15.	MD	Anthony	Bennett
16.	MD	Tristan	Berry
17.	MD	Carolyn	Blackman
18.	MD	Clarence	Blea
19.	MD	Tiffany	Borbon
20.	MD	Robert	Brenteson
21.	MD	John	Brockington
22.	MD	Daniel	Brunnhoelzl
23.	MD	Claudio	Burstein
24.	MD	Ashley	Call
25.	MD	Kevin	Carr
26.	MD	Vivek	Chander
27.	MD	Jonathan	Chen
28.	MD	Geman	Cheng
29.	MD	David	Chess
30.	MD	Christine	Chung
31.	MD	Shannon	Colohan
32.	MD	Cary	Crall
33.	MD	Joseph	Crane
34.	MD	Kelly	Craven
35.	MD	Steven	Creelman

	Lic Type	First Name	Last Name
36.	MD	Scott	Cummis
37.	MD	Eve	Cunningham
38.	MD	Timothy	Curlett
39.	MD	Andrew	Dabbs
40.	MD	Michael	D'Amore
41.	MD	Krissi	Danielsson
42.	MD	Glenn	Davis
43.	MD	Ralph	Davis
44.	MD	Iris	DeCastro
45.	MD	Ann	Diamond
46.	MD	Falguni	Doshi
47.	MD	John	Dugal, Jr.
48.	MD	William	Ellis
49.	MD	George	Fournier
50.	MD	Babuji	Gandra
51.	MD	Sarah	Gartner
52.	MD	Frank	Gilliam
53.	MD	Leonard	Giuffreda
54.	MD	Philip	Granchi
55.	MD	Ashish	Gupta
56	MD	Shahin	Hakimian
57.	MD	Ann Malia	Haleakala
58.	MD	Maureen	Handoko-Yang
59.	MD	Daniel	Hanesworth
60.	MD	Ernst	Hansch
61.	MD	Morgan	Hines
62.	MD	Benjamin	Hoffman
63.	MD	Christoph	Hofstetter
64.	MD	Thomas	Holcombe
65.	MD	Agnes	Hunyady
66.	MD	Ravi	Jhaveri
67.	MD	Arthie	Jeyakumar
68.	MD	Steven	Jones
69.	MD	Richard	Joseph
70.	MD	Taylor	Kantor

71.	MD	Siddartha	Kapnadak
72.	MD	Christopher	Katsura
73.	MD	Matthew	Kay
74.	MD	Ross	Kessler
75.	MD	Dareen	Khalaf
76.	MD	Kristen	King
77.	MD	Corinne	Klein
78.	MD	Andrew	Ko
79.	MD	Alan	Kowitz
80.	MD	David	Krakowski
81.	MD	Stephen	Kujansuu
82.	MD	Cedric	Kwon
83.	MD	William	Lasswell
84.	MD	Sergy	Lemeshko
85.	MD	Michael	Levitt
86.	MD	Phillippe	Levy
87.	MD	Chantal	Lewis
88.	MD	Kelly	Locke
89.	MD	Thomas	Long
90.	MD	Paul	Lynch
91.	MD	James	Lyons
92.	MD	Barbara	Macfarlane
93.	MD	Jennifer	Maciaszek
94.	MD	Gary	Mallis
95.	MD	Paul	Manner
96.	MD	David	Marks
97.	MD	Angela	McCarthy
98.	MD	Robert	McClure
99.	MD	Glen	McCracken
100.	MD	Bryan	McNeilly
101.	MD	Casey	Medina
102.	MD	Jonathan	Mellen
103.	MD	Susan	Mellinger
104.	MD	Mariah	Minder
105.	MD	Faiz	Mirza
106.	MD	Steven	Mishkind
107.	MD	Natalia	Murinova
108.	MD	Nicholas	Murray
109.	MD	Ram	Narayan
110.	MD	Kellie	Nelson
111.	MD	Noel	Nepomuceno
112.	MD	Tara	Ness
113.	MD	Kirk	O'Donnell
114.	MD	Armond	Ohanian
115.	MD	Irene	Oladokun
116.	MD	Daniel	Olivero
117.	MD	Hope	Opara
118.	MD	Thomas	Orsini
119.	MD	Jacqueline	Panko
120.	MD	Chinmay	Paranjape
121	MD	Devin	Patchell
122.	MD	Thomas	Pitts
123.	MD	Andrew	Plaster
124.	MD	Kathryn	Polovitz
125.	MD	Hina	Quasim
126.	MD	Ganesh	Raghu
127.	MD	Stephen	Ratcliff
128.	MD	Roman	Reznik
129.	MD	Cherry	Rosales
130.	MD	Timothy	Rupp
131.	MD	Timothy	Russell
132.	MD	Constantine	Saclarides
133.	MD	Choudhury	Salekin
134.	MD	Aravind	Sanjeevaiah
135.	MD	Aurianna	Santos
136.	MD	Mary	Sarrantonio
137.	MD	David	Schaeffer
138.	MD	Joshua	Schiffer
139.	MD	Nicholas	Schiller
140.	MD	Carl	Schofield
141.	MD	Herman	Sequeira
142.	MD	Julia	Shatten
143.	MD	Sherene	Shalhub
144.	MD	Benjamin	Shapiro
145.	MD	Sung	Shim
146.	MD	Michael	Shin
147.	MD	Emma	Simpson
148.	MD	Anupama	Singh
149.	MD	Vikramjeet	Singh
150.	MD	Evert-Jan	Slingerberg
151.	MD	Philip	Smith
152.	MD	Saron	Smith
153.	MD	Shawn	Smith
154.	MD	Rebecca	Sutphen
155.	MD	David	Swain
156.	MD	Vinita	Tandon
157.	MD	Brian	Thomas
158.	MD	Katherine	Thomas

159.	MD	Rechelle	Tull
160.	MD	Heath	Turner
161.	MD	Amanda	Underwood
162.	MD	James	Underwood
163.	MD	Sridevi	Upadhyayula
164.	MD	Pamela	Valentino
165.	MD	Gloria	Von Geldern
166.	MD	Devesh	Vyas
167.	MD	Melissa	Walsh
168.	MD	John	Weston
169.	MD	Ryan	Wilson
170.	MD	Tenaya	Wilson-Charles
171.	MD	Steven	Wong
172.	MD	Randall	Wright
173.	MD	Vivian	Yang
174.	MD	Martin	Yee
175.	MD	David	Zhen
176.	MD	Dan	Zuckerman

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood and approved by roll call vote, the Alaska State Medical Board approved the following list of physician assistants for full licensure.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, Mr. Wilson

	Lic Type	First Name	Last Name
1.	PA	Craig	Ameduri
2.	PA	Rebecca	Beutel
3.	PA	David	Bird
4.	PA	Amanda	Blanchet
5.	PA	Laura	Brewer
6.	PA	Dwayne	Bricker
7.	PA	Summer	Britton
8.	PA	Shelley	Butler
9.	PA	Michele	Church
10.	PA	Taylor	Deal
11.	PA	Scott	Dombroski
12.	PA	Morgan	Edwards
13.	PA	Wesley	Estock
14.	PA	Parvaneh	Firozbakht
15.	PA	Scott	Fleck

	Lic Type	First Name	Last Name
31.	PA	Sandra	Kruidenier
32.	PA	Alexander	Kryvenia
33.	PA	Amanda	Laferty
34.	PA	Michael	Mallatt
35.	PA	Jacob	McNamara
36.	PA	Aaron	Parcha
37.	PA	Meagan	Rector
38.	PA	Cara	Rockwood
39.	PA	Madison	Rosin
40.	PA	Joshua	Stickland
41.	PA	Viola	Sudheer
42.	PA	Mark	Vonderharr
43.	PA	Lina	Weber
44.	PA	Stephen	Webber
45.	PA	Emily	Wolf

16.	PA	Stephanie	Flood-Thomas		46.	PA	Stephen	Young
17.	PA	Cameron	French					
18.	PA	Thomas	Gathright					
19.	PA	Daniel	Greene					
20.	PA	Robert	Hamblin					
21.	PA	Jon	Haney					
22.	PA	Karen	Harris					
23.	PA	Charise	Hasdorff					
24.	PA	Camden	Helder					
25.	PA	Cynthia	Henry					
26.	PA	Martin	Hensel					
27.	PA	Carrie	Hofstad					
28.	PA	Lydia	Knuths					
29.	PA	Simon	Kolcaj					
30.	PA	Sandra	Kruidenier					

20. Closing Business/Adjourn

Chair Wein thanked the Board Members for their time and participation in the meeting.

The next quarterly meeting date is set for February 16, 2024.

The meeting was adjourned by unanimous consent at 4:58 p.m.

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING

STATE MEDICAL BOARD
MINUTES OF MEETING
Wednesday, November 22, 2023

These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.

By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a special meeting of the Alaska State Medical Board was held Wednesday, November 22, 2023.

1. Call to Order/ Roll Call
The meeting was called to order by Chair Wein at 4:06 p.m.

Roll Call
Board members present:
David Barnes, DO
Sarah Bigelow Hood, PA-C
Maria Freeman, MD
Matthew Heilala, DPM
Lydia Mielke, Public Member (Secretary)
Richard Wein, MD (Chair)
David Wilson, Public Member

Board members absent:
David Paulson, MD

Staff present: Sonia Lipker, Investigator; Natalie Norberg, Executive Administrator

Other: Max Garner, Administrative Law Judge

3. Deliberative Session

On a motion duly made by Ms. Mielke and seconded by Ms. Bigelow-Hood, the Alaska State Medical Board entered into deliberative under AS 44.62.310(d) solely to make a decision concerning vacating the summary suspension

In the Matter of Timothy Carey
Board Case Numbers 2022-000262, 2022-000276, 2022-000416, 2023-000119
Office of Administrative Hearings Case Number 23-0707-MED

Administrative Law Judge Max Garner remained with the Board during the deliberative session, all others were excluded, including board and investigative staff.

Roll Call: Yeas, Dr. David Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Wein and Mr. Wilson.

Absent for Vote: Dr. Paulson

The board entered deliberative session at 4:09 p.m.

Dr. Paulson joined the meeting and entered the deliberative session at 4:11 p.m.

The board exited deliberative session at 5:31 p.m.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow-Hood, the Alaska State Medical Board accepted the order to vacate the summary suspension

In the Matter of Timothy Carey
Board Case Numbers 2022-000262, 2022-000276, 2022-000416, 2023-000119
Office of Administrative Hearings Case Number 23-0707-MED

Roll Call:
Yeas, Dr. David Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Mr. Wilson.
Nays: Dr. Wein

6. Adjourn

The Meeting was adjourned by unanimous consent at 5:36 p.m.

Respectfully submitted:

/s/ Natalie Norberg
Natalie Norberg, Executive Administrator
Alaska State Medical Board

11/22/2023
Date

Chapter 40. State Medical Board.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 40.010(b) is amended to read:

(b) A complete application must include the following items

(1) submitted by the applicant:

(A) a completed application on a form provided by the department, including a photograph of the applicant;

(B) a completed authorization for release of records on a form provided by the department and signed by the applicant;

(C) [REPEALED 4/2/2004;

(D)] a **true and correct attestation** [STATEMENT] listing each hospital at which the applicant has held privileges within the five years immediately before the date that the applicant signs the application form**, and a disclosure of any disciplinary action against the applicant by any hospital or other health care facility, including whether**

(i) the applicant's employment or privileges were restricted, terminated, or investigated; or

(ii) the applicant is currently under investigation for a complaint or accusation regarding the applicant's practice during the five-

year period;

(D) [(E)] all [REQUIRED] application and licensing fees **required under 12 AAC 02.250**;

(E) [(F) REPEALED 7/7/2022;

(G) IF APPLICABLE,] verification of the applicant's post-graduate training that meets the requirements of (h) of this section**, if applicable**;

(F) an [(H)] attestation **that** [OF] the **applicant has completed** [APPLICANT'S COMPLETION OF] education in pain management and opioid use and addiction**; if the applicant** [. FOR AN APPLICANT WHO] does not currently hold a valid federal Drug Enforcement Administration registration number, verification will be waived until the applicant applies for a valid registration number;

(G) a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration;

(2) **submitted** [REQUESTED BY THE APPLICANT FROM APPROPRIATE AGENCIES AND SENT] directly to the division office **upon the applicant's request**:

(A) evidence [SATISFACTORY TO THE BOARD] that the applicant has passed an appropriate examination **that meets the requirements set out under** [AS DESCRIBED IN] (c) of this section;

(B) verification of licensure from the appropriate licensing authority in each state, territory, province, or other country where the applicant holds or has ever held a license to practice medicine;

(C) [ORIGINAL LETTERS OF VERIFICATION OF HOSPITAL PRIVILEGES FROM EACH OF THE HOSPITALS LISTED BY THE APPLICANT AS

REQUIRED IN (1)(D) OF THIS SUBSECTION; THE LETTERS OF VERIFICATION MUST INCLUDE

(i) CONFIRMATION OF THE DATE OF PRIVILEGES HELD BY THE APPLICANT;

(ii) INFORMATION ON ANY DISCIPLINARY ACTION TAKEN AGAINST THE APPLICANT;

(iii) ANY DEROGATORY INFORMATION ON RECORD ABOUT THE APPLICANT; AND

(iv) ANY REASON FOR WHICH THE APPLICANT WOULD NOT BE READMITTED TO PRIVILEGES IN THAT FACILITY];

(D) CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION (DEA);

(E)] clearance from the Federation of State Medical Boards or the Federation of Podiatric State Medical Boards;

[(F) A PHYSICIAN PROFILE FROM THE AMERICAN MEDICAL ASSOCIATION (AMA) OR AMERICAN OSTEOPATHIC ASSOCIATION (AOA), IF APPLICABLE;]

(D) [(G)] verification from the applicant's medical school that the applicant completed medical school and received a medical school diploma;

(E) [(H) IF APPLICABLE,] verification of the applicant's completion of post-graduate training that meets the requirements of (h) of this section**, if applicable**;

(F) [(I)] for foreign medical graduates, verification from the Educational Commission for Foreign Medical Graduates (ECFMG) of successful ECFMG

certification, or a certified true copy of the applicant's certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

12 AAC 40.010(h) is amended to read:

(h) An applicant for licensure under this section who graduated from a medical school described in **AS 08.64.200(a)** [AS 08.64.200(a)(1)] or a school of osteopathy described in **AS 08.64.205** [AS 08.64.205(1),] must submit **direct source verification of** [A CERTIFIED TRUE COPY OF A CERTIFICATE DOCUMENTING] successful completion of the post-graduate training required under **AS 08.64.200(a)** [AS 08.64.200(a)(2)] or **08.64.205** [AS 08.64.205(2)]. Any other applicant must submit **direct source verification of** [A CERTIFIED TRUE COPY OF A CERTIFICATE DOCUMENTING] successful completion of the post-graduate training required under **AS 08.64.225(a)** [AS 08.64.225(a)(2)(A)], if applicable. Training periods of less than 12 months will not be accepted. [AN ORIGINAL LETTER WITH AN ORIGINAL SIGNATURE SUBMITTED ON PROGRAM LETTERHEAD WILL BE ACCEPTED IN LIEU OF A CERTIFIED TRUE COPY OF A CERTIFICATE IF THE LETTER IS SUBMITTED DIRECTLY TO THE BOARD BY THE RECOGNIZED HOSPITAL OR FACILITY.]

(Eff. 12/30/70, Register 36; am 5/18/85, Register 94; am 8/2/86, Register 99; am 4/10/88, Register 106; am 5/1/94, Register 130; am 6/28/97, Register 142; am 8/17/97, Register 143; am 11/7/98, Register 148; am 8/9/2000, Register 155; am 6/15/2001, Register 158; am 4/2/2004, Register 169; am 10/14/2006, Register 180; am 3/4/2007, Register 181; am 12/21/2007, Register 184; am 5/8/2013, Register 206; am 8/17/2018, Register 227; am 3/25/2020, Register 233; em am 4/21/2020 - 8/18/2020, Register 234; am 11/16/2020, Register 236; am 10/28/2022, Register

243; am ____/____/_____, Register _____)

Authority: AS 08.64.100 AS 08.64.210 AS 08.64.250
AS 08.64.200 AS 08.64.225 AS 08.64.255
AS 08.64.205 AS 08.64.240

12 AAC 40.015(b) is amended to read:

(b) A complete application for a license by examination must meet the requirements of AS 08.64.200, 08.64.205, 08.64.209, or 08.64.225 and include the following documents

(1) submitted by the applicant:

(A) a completed application on a form provided by the department, including a photograph of the applicant;

(B) a completed authorization for release of records on a form provided by the department and signed by the applicant;

(C) [REPEALED 4/2/2004;

(D)] a **true and correct attestation** [STATEMENT] listing each hospital at which the applicant has held privileges within the five years immediately before the date the applicant signs the application form**, and a disclosure of any disciplinary action against the applicant by any hospital or other health care facility, including whether**

(i) the applicant's employment or privileges were restricted, terminated, or investigated; or

(ii) the applicant is currently under investigation for a complaint or accusation regarding the applicant's practice during the five

year period;

(D) all [REQUIRED] application and licensing fees **required under 12 AAC 02.250**;

(E) an attestation that that the applicant has completed [(F) A CERTIFIED TRUE COPY OF THE APPLICANT'S MEDICAL, OSTEOPATHY, OR PODIATRY SCHOOL DIPLOMA OR CERTIFICATE;

(G) IF APPLICABLE, A CERTIFIED TRUE COPY OF EACH OF THE APPLICANT'S POST-GRADUATE TRAINING PROGRAM CERTIFICATES;

(H) VERIFICATION OF APPLICANT'S COMPLETION OF AT LEAST TWO HOURS OF] education in pain management and opioid use and addiction [EARNED IN A CATEGORY I CONTINUING MEDICAL EDUCATION PROGRAM ACCREDITED BY THE AMERICAN MEDICAL ASSOCIATION, OR EARNED IN A CATEGORY I OR II CONTINUING MEDICAL EDUCATION PROGRAM ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION, OR EARNED IN A CONTINUING MEDICAL EDUCATION PROGRAM FROM A PROVIDER THAT IS APPROVED BY THE COUNCIL ON PODIATRIC MEDICAL EDUCATION]**; if the applicant** [. FOR AN APPLICANT WHO] does not currently hold a valid federal Drug Enforcement Administration registration number, verification will be waived until the applicant applies for a valid registration number;

(F) [(H)] verification **that** [OF] the **applicant has completed** [APPLICANT'S COMPLETION OF] at least two hours of education in pain management and opioid use and addiction earned in a Category I continuing medical education program accredited by the American Medical Association, [OR EARNED IN]

a Category I or II continuing medical education program accredited by the American Osteopathic Association, or [EARNED IN] a continuing medical education program from a provider that is approved by the Council on Podiatric Medical Education**; if the applicant** [. FOR AN APPLICANT WHO] does not currently hold a valid federal Drug Enforcement Administration registration number, verification will be waived until the applicant applies for a valid registration number;

(G) a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration;

(2) **submitted** [REQUESTED BY THE APPLICANT FROM APPROPRIATE AGENCIES AND SENT] directly to the division office **upon the applicant's request**:

(A) [ORIGINAL LETTERS OF VERIFICATION OF HOSPITAL PRIVILEGES FROM EACH OF THE HOSPITALS LISTED BY THE APPLICANT IN (1)(D) OF THIS SUBSECTION; THE LETTERS OF VERIFICATION MUST INCLUDE

(i) CONFIRMATION OF THE DATE OF PRIVILEGES HELD BY THE APPLICANT;

(ii) INFORMATION ON ANY DISCIPLINARY ACTION TAKEN AGAINST THE APPLICANT;

(iii) ANY DEROGATORY INFORMATION ON RECORD ABOUT THE APPLICANT; AND

(iv) ANY REASON FOR WHICH THE APPLICANT WOULD NOT BE READMITTED TO PRIVILEGES IN THAT FACILITY;

(B) CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT

ADMINISTRATION (DEA);

(C)] clearance from the Federation of State Medical Boards or the Federation of Podiatric State Medical Boards;

(B) [(D) A PHYSICIAN PROFILE FROM THE AMERICAN MEDICAL ASSOCIATION (AMA) OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA), IF APPLICABLE;

(E) REPEALED 3/25/2020;

(F)] verification from the applicant's medical school that the applicant completed medical school and received a medical school diploma;

(C) [(G) IF APPLICABLE,] verification of completion of post-graduate training from the facility where the applicant completed the internship or residency program**, if applicable**; training periods of less than 12 months in a program will not be accepted;

(D) [(H) for foreign medical graduates, verification from the Educational Commission for Foreign Medical Graduates (ECFMG) of successful ECFMG certification, or a certified true copy of the applicant's certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

(Eff. 7/29/83, Register 87; am 3/30/84, Register 89; am 4/10/88, Register 106; am 6/28/97, Register 142; am 8/17/97, Register 143; am 6/15/2001, Register 158; am 4/2/2004, Register 169; am 3/4/2007, Register 181; am 12/21/2007, Register 184; am 8/17/2018, Register 227; am 3/25/2020, Register 233; em am 4/21/2020 - 8/18/2020, Register 234; am 11/16/2020, Register 236; am ____/____/_____, Register _____)

Authority: AS 08.64.100 AS 08.64.205 AS 08.64.225

AS 08.64.180 AS 08.64.209 AS 08.64.240

AS 08.64.190 AS 08.64.210 AS 08.64.255

12 AAC 40.025(b) is amended to read:

(b) A physician license that has been lapsed for at least one year but less than five years will be reinstated if the applicant meets the requirements in **(a)(2) - (4)** [(a)(2), (3), AND (4)] of this section and

(1) submits a completed reinstatement application on a form provided by the department;

(2) **provides a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [RECEIVES CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION (DEA) AND DOCUMENTATION OF THE CLEARANCE IS SENT DIRECTLY TO THE DIVISION BY THE DEA];

(3) arranges for verification of licensure to be sent directly to the division from **the appropriate licensing authority in** each state**, territory, province, or other country** [OTHER THAN ALASKA] where the applicant is or has been licensed as a physician;

(4) is qualified for a license under AS 08.64.230 and is not disqualified by AS 08.64.240; and

(5) **provides a true and correct attestation listing each hospital at which the applicant has held privileges during the five years immediately before the date the applicant signs the application form and a disclosure regarding of any disciplinary action by any hospital or other health care facility, including whether**

(A) the applicant's employment or privileges have been restricted,

terminated, or investigated; or

(B) the applicant is currently under investigation for a complaint or accusation regarding the applicant's practice during the five year period

[ARRANGES FOR A VERIFICATION OF HOSPITAL PRIVILEGES TO BE SENT DIRECTLY TO THE DIVISION, FROM EACH HOSPITAL WHERE THE APPLICANT HAS HELD PRIVILEGES WITHIN THE FIVE YEARS IMMEDIATELY BEFORE THE DATE THAT THE APPLICANT SIGNS THE APPLICATION FORM].

(Eff. 8/20/87, Register 103; am 5/16/98, Register 146; am 6/15/2001, Register 158; am 7/25/2008, Register 187; am ____/____/_____, Register _____)

Authority: AS 08.01.100 AS 08.64.100 AS 08.64.240

12 AAC 40.033(d)(7) is amended to read:

(7) **provide a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [RECEIVE CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION (DEA) AND ARRANGE FOR DOCUMENTATION OF THE CLEARANCE TO BE SENT DIRECTLY TO THE DIVISION BY THE DEA].

(Eff. 9/30/2001, Register 159; am 12/7/2006, Register 180; am ____/____/_____, Register _____)

Authority: AS 08.64.100 AS 08.64.240 AS 08.64.313

12 AAC 40.036(b) is amended to read:

(b) A complete application must include **the following:**

(1) **direct source verification of successful completion of medical school** [A CERTIFIED COPY OF A MEDICAL SCHOOL DIPLOMA];

(2) **direct source** verification of the applicant's completion of post-graduate training that meets the requirements of 12 AAC 40.010(h);

(3) verification of licensure from the appropriate licensing authority in each state, territory, or province where the applicant holds or has ever held a license, requested by the applicant and sent directly to the division from the licensing jurisdiction;

(4) all [REQUIRED] application fees **required under 12 AAC 02.250** for a locum tenens permit;

(5) clearance from the Federation of State Medical Boards sent directly to the division**;**

(6) clearance from the National Practitioner Data Bank.

(Eff. 5/18/85, Register 94; am 4/10/88, Register 106; am 8/17/97, Register 143; am 8/9/2000, Register 155; am 6/15/2001, Register 158; am 9/9/2010, Register 195; am 10/8/2017, Register 224; am 12/25/2019, Register 232; am ____/____/_____, Register _____)

Authority: AS 08.64.100 AS 08.64.180 AS 08.64.279
AS 08.64.101 AS 08.64.275

12 AAC 40.045(d) is amended to read:

(d) The board, a member of the board, [OR] the executive secretary**, or the board's designee** may issue a courtesy license to an applicant who

(1) submits a complete application on a form provided by the department;

(2) pays the application and licensing fees **required under** [ESTABLISHED IN] 12 AAC 02.250;

(3) submits verification [, TO THE BOARD'S SATISFACTION,] of a current license to practice medicine in good standing and not under investigation in the state or territory, or a province of Canada in which the applicant resides;

(4) [SUBMITS CURRICULUM VITAE;

(5)] **submits a description of** [DESCRIBES , TO THE BOARD'S SATISFACTION,] the circumstances under which the applicant will be practicing, including the name and license number of the supervising physician if the applicant is working in a supervised hospital fellowship;

(5) submits a description of[(6) DESCRIBES] the scope of medical practice required to perform the duties for which the courtesy license is issued; the description must include the practice location, duration of practice, and patient population to be seen; the applicant must demonstrate [, TO THE BOARD'S SATISFACTION,] that the scope of medical practice is for a limited purpose set out in (b) of this section;

(6) [(7)] submits a signed [, NOTARIZED] authorization for the release of records;

(7) [(8)] submits a certified true copy of an accredited medical school diploma **or direct source verification of successful completion of medical school**;

(8) [(9)] submits **direct source verification of the applicant's completion of post-graduate training** [A CERTIFIED TRUE COPY OF ALL ACCREDITED POSTGRADUATE TRAINING CERTIFICATES];

(9) [(10) SUBMITS A CERTIFIED TRUE COPY OF AN AMERICAN BOARD OF MEDICAL SPECIALTIES MEMBER BOARD CERTIFICATE; THIS REQUIREMENT MAY BE WAIVED BY THE BOARD IF THE COURTESY LICENSE IS INTENDED TO BE USED FOR A FELLOWSHIP; AND

(11)] submits a Federation of State Medical **Boards'** [BOARDS'S] Board Action Data Bank clearance report**; and**

(10) receives clearance from the National Practitioner Data Bank.

12 AAC 40.045(j)(2) is amended to read:

(2) submits a completed application on a form provided by the department, and

(A) if a physician or osteopath,

(i) verification of a current license to practice medicine or osteopathy in good standing and not under investigation in the jurisdiction in which the applicant resides, or verification of a retired license issued under AS 08.64.276;

(ii) clearance from the Federation of State Medical Boards;

(iii) clearance from the National Practitioner Data Bank; and

(iv) **a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION];

(B) if a physician assistant,

(i) verification of a current license to practice medicine in good standing and not under investigation in the jurisdiction in which the applicant

resides;

(ii) clearance from the Federation of State Medical Boards;

(iii) clearance from the National Practitioner Data Bank; and

(iv) **a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION];

(C) repealed 5/5/2023.

(Eff. 5/1/94, Register 130; am 8/9/95, Register 135; am 12/18/2001, Register 160; am 10/8/2017, Register 224; am 12/25/2019, Register 232; em am 4/21/2020 - 8/18/2020, Register 234; am 11/16/2020, Register 236; am 5/5/2023, Register 246; am ____/____/_____, Register _____)

Authority: AS 08.01.062 AS 08.64.100 AS 08.64.240

12 AAC 40.046(b)(5)(D) is amended to read:

(D) **a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION];

12 AAC 40.046(b)(6)(D) is amended to read:

(D) **a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION].

(Eff. 9/25/2022, Register 243; am ____/____/_____, Register _____)

Authority: AS 08.01.062 AS 08.64.100 AS 08.64.240

AS 08.01.063 AS 08.64.101

12 AAC 40.050 is repealed:

12 AAC 40.050. Biographical data. Repealed [AN APPLICATION FOR LICENSURE BY CREDENTIALS OR EXAMINATION WILL NOT BE CONSIDERED COMPLETE UNTIL THE APPLICANT HAS REQUESTED THE FOLLOWING DOCUMENTS AND THEY ARE ON FILE IN THE DIVISION OFFICE:

(1) A PHYSICIAN PROFILE FROM THE AMERICAN MEDICAL ASSOCIATION OR AMERICAN OSTEOPATHIC ASSOCIATION;

(2) CLEARANCE FROM THE UNITED STATES DEPARTMENT OF JUSTICE, DRUG ENFORCEMENT ADMINISTRATION;

(3) CLEARANCE FROM THE FEDERATION OF STATE MEDICAL BOARDS REGARDING PREVIOUS OR PENDING DISCIPLINARY ACTIONS AGAINST THE APPLICANT BY ANOTHER JURISDICTION]. (Eff. 8/29/73, Register 47; am 3/30/84, Register 89; am 5/18/85, Register 94; am 8/2/86, Register 99; am 5/1/94, Register 130; repealed ____/____/_____, Register _____)

Resolution in Support of SB121/HB226: Protecting Patient Freedom of Pharmacy Choice and Access to Medications

WHEREAS, the Alaska Board of Medicine is committed to upholding the highest standards of patient care and ensuring access to essential healthcare services for all residents of Alaska; and

WHEREAS, Senate Bill 121 (SB121) and House Bill 226 (HB226) aim to protect patient freedom of pharmacy choice, guarantee access to necessary medications within local communities, and ensure patients receive safe and timely access to clinician-administered medications, thereby preventing negative health consequences resulting from delays in care; and

WHEREAS, these bills align with the Board's mission to safeguard public health and promote the well-being of patients by facilitating efficient access to healthcare services and medications; and

WHEREAS, it is imperative to recognize the importance of empowering patients to make informed decisions regarding their healthcare providers and the pharmacies from which they obtain their medications, thus promoting patient autonomy and preserving the doctor-patient relationship; and

WHEREAS, SB121/HB226 serve to mitigate potential barriers to care, particularly in rural and underserved areas, by ensuring that patients have convenient access to the medications and services they require for optimal health outcomes;

THEREFORE, BE IT RESOLVED that the Alaska Board of Medicine hereby expresses its full support for Senate Bill 121 and House Bill 226, recognizing their significant contributions to protecting patient freedom of pharmacy choice, enhancing access to essential medications, and promoting timely access to clinician-administered treatments; and

BE IT FURTHER RESOLVED that the Board urges legislators and policymakers to prioritize the passage and implementation of SB121/HB226 to uphold the fundamental rights of patients, safeguard public health, and ensure equitable access to quality healthcare services throughout the state of Alaska.

ADOPTED by the Alaska Board of Medicine on [Insert Date].

[Signature]

[Name], Chairperson

Alaska Board of Medicine

Alaska Board of Pharmacy Update

Alaska State Medical Board Meeting

February 16, 2024

Ashley Schaber, PharmD, MBA, BCPS

Chair, Board of Pharmacy

2023 Highlights

2023 Professional Meetings Attended

- February AKPhA Annual Conference
  - 2 Board Members, Executive Administrator
- April RxSummit-
  - 1 Board Member, PDMP Manager
- May National Association of Boards of Pharmacy (NABP) Annual Meeting-
  - 1 Board Member, Executive Administrator
- October NABP District 6,7,8 Meeting
  - Collaboration with AACP and State Pharmacy Assn Leaders
  - 1 Board Member, Executive Administrator
- November Online FDA 2023 Intergovernmental Working Meeting on Drug Compounding
  - 1 Board Member

2023 Highlights

- Regulation Changes
  - 47 regulation changes completed (finalized on May 19, 2023, and January 19, 2024)
  - 6 requests submitted to Department of Law; awaiting release for public comment

- Legislation Changes
  - HB 112 – Profession of Pharmacy (passed 2023)
    - Changes the membership of the board to include one pharmacy technician in lieu of one public member.
    - Allows board to license internet-based pharmacies.
    - Aligns board's statutes with Drug Supply Chain & Security Act
    - Allows pharmacists to independently prescribe epinephrine and decreases barriers to dialysis fluid distribution.
    - Gives the board authority to require national background checks for pharmacist and pharmacy technician applicants.
    - Gives the board the authority to increase the wage of the Executive Administrator if a licensed pharmacist in Alaska.
    - Gives the board the authority to adopt regulations pertaining to retired pharmacist status.

Regulatory Project - Effective 1/19/24

Approved during August 2023 Board meeting; public comment reviewed at December 2023 Board meeting

Practice Advancement and Access to Care

- **12 AAC 52.140. Pharmacy technician license,** amend the requirements of pharmacy technicians to lower the age to become licensed from 18 to 16 years of age.
- **12 AAC 52.205. General standards of pharmacy practice,** bring the regulations into alignment with standards of pharmacy practice throughout the United States of America.
- **12 AAC 52.920. Disciplinary guidelines,** clarify regulatory language and bring the language into alignment with the proposed addition of 12 AAC 52.205.
- **12 AAC 52.240. Pharmacist collaborative practice authority,** bring this section into alignment with the Mainstreaming Addiction Treatment Act of 2021 (MAT Act), allowing pharmacists to prescribe controlled substances under a collaborative agreement *
  *Regulation changes still needed on Medical Board side.

Regulatory Projects – Awaiting Public Comment

Approved to move forward at November 2023 Board meeting; requested as priority.

Temporary Closures

- **12 AAC 52.060. Fire or other disaster,** is proposed to add requirements for pharmacies in the event of an unexpected temporary closure: In the event of an unexpected temporary closure the pharmacy shall arrange for continuity of patient care.

Law Exam/Efficiency Regulation Changes

- **12 AAC 52.090. Examination requirements and registration; 12 AAC 52.092. Eligibility to sit for examination; 12 AAC 52.095. Application for pharmacist license by reciprocity,** is proposed to remove the multistate pharmacy jurisprudence examination requirement.

- **12 AAC 52.093. Alaska pharmacy jurisprudence examination,** is proposed to be added to update the jurisprudence requirement for application by reciprocity to an Alaskan pharmacy jurisprudence examination prepared by the board.

- **12 AAC 52.150. Proof of licensure for individual pharmacists working for tribal health programs,** is proposed to be repealed to remove the requirement for a pharmacist practicing in the federal IHS system to submit an exemption for Alaska licensure.

Patient Freedom of Pharmacy Choice- SB121/HB 226 Board of Pharmacy Legislative Support

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, & Economic Development

Corporations, Business, & Professional Licensing
Board of Pharmacy

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2550
Fax: 907.465.2974

July 23, 2023
The Honorable Senator Giessel
Alaska State Senate
State Capitol Room 427
Juneau, Alaska 99801
Senator.Cathy.Giessel@akleg.gov

Re: SB 121 –Patient Freedom of Pharmacy Choice– Letter of Support

Dear Senator Giessel,

The Alaska Board of Pharmacy ("board") is submitting its position on SB 121, An Act relating to the Board of Pharmacy; relating to insurance; relating to pharmacies; relating to pharmacists; relating to pharmacy benefits managers; relating to patient choice of pharmacy; and providing for an effective date. During its April 21, 2023, meeting, the board discussed and voted to support SB 121 because it:

- Gives patients the right to access medications at the pharmacy of their choice.
- Provides framework for transparency and fair reimbursement for pharmacies and patients.
- Protects patient access to clinician administered medication by restricting the practices of white bagging and brown bagging.
- Aligns with the board's FY2023 strategic plan, specifically goal #4 which is to grow Alaska's economy while promoting community health and safety.

The board endeavors to promote, preserve, and protect the public health, safety, and welfare by and through the effective control and regulation of the practice of pharmacy. Over the last few years, the board has received comment from Alaskan pharmacists, technicians, members of the public, and organizations about current practices limiting access to Alaskan pharmacies and compromising the safety of medications received in the state. SB 121 will help ensure Alaska's pharmacies can continue to safely serve Alaskans.

Sincerely,

Ashley Schaber

Ashley Schaber, PharmD, MBA, BCPS
Chair, Alaska Board of Pharmacy

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, & Economic Development

Corporations, Business, & Professional Licensing
Board of Pharmacy

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2550
Fax: 907.465.2974

January 17, 2024
The Honorable Representative Sumner
Alaska State House of Representatives
State Capitol Room 421
Juneau, Alaska 99801
Representative.Jesse.Sumner@akleg.gov

Re: HB 226 –Patient Freedom of Pharmacy Choice Bill– Letter of Support

Dear Representative Sumner,

The Alaska Board of Pharmacy ("board") is submitting its position on HB 226, An Act relating to the Board of Pharmacy; relating to insurance; relating to pharmacies; relating to pharmacists; relating to pharmacy benefits managers; relating to patient choice of pharmacy; and providing for an effective date. The board is in support of HB 226 because it:

- Gives patients the right to access medications at the pharmacy of their choice if their pharmacy is a willing provider.
- Provides framework for transparency and fair reimbursement for pharmacies and patients.
- Protects patient access to clinician administered medication by restricting the practices of white bagging and brown bagging.
- Aligns with the board's FY2023 strategic plan, specifically goal #4 which is to grow Alaska's economy while promoting community health and safety.

The board endeavors to promote, preserve, and protect the public health, safety, and welfare by and through the effective control and regulation of the practice of pharmacy. Over the last few years, the board has received comment from the public, Alaskan pharmacists, technicians, and organizations about current practices limiting access to Alaskan pharmacies and compromising the safety of medications received in the state. We have continued to see the negative impacts the current practices are having on Alaskans and recognize change is needed quickly. HB 226 will help ensure Alaska's pharmacies can continue to safely serve Alaskans.

Sincerely,

Ashley Schaber

Ashley Schaber, PharmD, MBA, BCPS
Chair, Alaska Board of Pharmacy

Potential Legislative Actions- Looking Ahead

The Board of Pharmacy is currently working on the following statute updates:

- AS 08.80.337 to allow pharmacists to practice at the top of their clinical ability and training
- Changes to statute to allow for non-punitive addiction treatment for licensees who self-disclose and seek assistance in this area.
  - Possible alternative pathway through regulation change
- Repeal AS 08.80.145(6) to remove the requirement for taking and passing a law exam for licensure by reciprocity

Additional Board Initiatives for 2024

- Partnership with the Alaska Pharmacy Association and UAA/ISU for regular updates on initiatives during quarterly meetings.
- Continuing education for portions of Board meetings.
- Publication and distribution of a regular newsletter for all licensees.
- Support for online initial license applications. To date, the initial license applications for technicians and pharmacists are available online. Initial facility license applications will be prioritized next.
- Just culture- exploring how regulatory boards can apply this concept

How the Medical Board can support/collaborate

- Thank you for the model pathway you've had for years for non-punitive addiction treatment for licensees who self-disclose and seek assistance in this area.
  - The Board of Pharmacy appreciates having this as a model.
- Consider regulation changes that would align with Board of Pharmacy Changes to 12 AAC 52.240 that recently brought this section into alignment with the Mainstreaming Addiction Treatment Act of 2021 (MAT Act), allowing pharmacists to prescribe medications for MAT under a collaborative agreement.
  - Specific change requested: repeal 12 AAC 40.983(c)(11)a prohibition on the administration or dispensing of any schedule I, II, III, or IV controlled substances.
- Consider supporting efforts allowing pharmacists to practice at the top of their clinical ability.
- Consider support of Alaska Senate Bill 121/ House Bill 226 to increase access to Alaska pharmacies

Upcoming Meetings

Tentative Dates for Quarterly Meetings:

- April 11, 2024
- August 22, 2024
- November 14, 2024

Committee Meetings and Special Meeting to be scheduled as needed throughout the year.

Contact Information

- Board of Pharmacy
  - BoardofPharmacy@Alaska.Gov
  - PO Box 110806
    Juneau, AK 99811-0806

Pharmacists Roles in Access to Care

ALASKA PHARMACY ASSOCIATION

Pharmacists Roles

- Dispensing of Medications
  - Traditional Role
  - Doctrine of Shared Responsibility

- Provider
  - Team-based care
  - Chronic Disease State Management
  - Medication Assisted Treatment for Opioid Use Disorder
  - Public Health Applications in the community setting

Education and Training

- Doctorate level clinical training
- Patient Care Process
- Patient Assessment
- Therapeutics & Pharmacology
- 1990 hours of experiential education
  - Requirements in Ambulatory care, Institutional, General Medicine, Community Pharmacy

Patient Access to Medications within our Communities

Pharmacy Benefits Managers (PBMs) are wreaking havoc on our Public Health Infrastructure in Alaska

- Patient steering to PBM owned pharmacies (mostly out of state)
  - Leads to delays in care, patient harm, and even death
- White bagging and Brown bagging of clinician administered medications
  - Poor outcomes, delayed care, patient harm, administrative burden
- Loss of 25% of independent pharmacies since 2018, other pharmacy closures = access issues

Solution = SB 121 / HB 226

SB 121 / HB 226

- Supported by AK Board of Pharmacy, Alaska Primary Care Association, Alaska Healthcare and Hospital Association, Many other patient focused advocacy and provider groups.
- Brings transparency to the reimbursement model for prescription medications
- Gives patients freedom of pharmacy choice
- Restricts the dangerous practices of white bagging and brown bagging for clinician administered medications
- Protects patient access to medications within our communities
- **Request: Please vote to support SB121/HB226 and submit a letter of support to Senator Giessel and Rep Sumner**

Shifting perspectives: Regulating pharmacists based on the Standard of Care and increasing access to cooperative care

- Application for Cooperative Practice Agreements (CPAs)
  - Accountability through agreements vs independent authority
  - Create more access to care
  - Other state agreement models: MI, NE, ID, WA, others

- Current problem is that CPAs with physicians are very restrictive, tend not to be used. Regulations package needed to improve access and ability for pharmacists and physicians to collaborate
- Idaho Model – regulating based on the standard of care

Collaboration can increase access to MAT

- The Opioid Epidemic is a Public Health Emergency
- The X-waiver is gone, any provider may register with the DEA to prescribe buprenorphine containing products for MAT, if allowed by state regulations
  - 8-hour required training for all non-physician providers
  - Updated definition in federal regulations of Practitioner in for Opioid Treatment Programs that includes pharmacists

  Example Alaska case:
  - Providence Family Medicine Center
    - Dr. Roxanne Jones, Associate Program Director for the Alaska Family Medicine Residency
    - Dr. Linda Gutierrez-Miller, Clinical Pharmacist
  - VA Example
    - Matt Kirkland, VA Pharmacist
    - No cooperative agreement needed

The power of collaborations for public health applications

- Test and treat (COVID, influenza, Strep, others)
- Smoking cessation
- PEP/PrEP
- Diabetes Care (DSMES programs)
- Asthma and COPD
- Many others – but need changes to BOM Regulations on Cooperative Practice Agreements

Recommended Language Change: Repeal 12AAC 40.983 (c)(11) and (d), amend (b)

12 AAC 40.983. COOPERATIVE PRACTICE AGREEMENTS WITH PHARMACISTS.

~~(11) a prohibition on the administration or dispensing of any schedule I, II, III, or IV controlled substances.~~

~~(d) The physician, or a physician assistant under the supervision of the physician, must physically examine and evaluate a patient before that patient may be included under a cooperative practice agreement to which that physician is a party. The physician must issue a prescription or medication order for each patient valid for up to one year. The physician, or a physician assistant under the supervision of the physician, must conduct a physical examination of a patient at least once a year while that patient is included under a cooperative practice agreement to which that physician is a party. The requirements of this subsection do not apply to a cooperative practice agreement allowing the administration of emergency contraception, immunizations of persons 18 years of age or older, and those immunizations recommended to be given on a yearly basis by the United States Department of Health and Human Services Centers for Disease Control and Prevention.~~

Recommended Language Change: Repeal 12AAC 40.983 (c)(11) and (d), amend (b)

(b) A physician planning to enter into a cooperative practice agreement with a pharmacist must submit to the board a written proposed agreement that meets the requirements of this section. ~~The proposed agreement must be approved by the board before cooperative practice under the agreement, if approved, begins. A proposed modification to an agreement must be submitted to the board for approval, before the modification, if approved, is implemented. The board will approve a proposed agreement or modification if it is medically appropriate and provides for the safety of the patient. If the board disapproves a proposed agreement or modification, the board shall state the reasons for its action.~~

- The requested changes reduce barriers to cooperative practice and increase patient access to treatment for OUD and public health services.

Perspectives on Implementing Standard of Care Regulation and its Impact on Pharmacy Practice in Alaska

Jennifer L. Adams, PharmD, EdD, FAPhA, FNAP
Associate Dean for Academic Affairs,
Associate Professor
UAA / ISU Doctor of Pharmacy Program
Idaho State University
College of Pharmacy

Standard of Care Regulation

The “medical standard of care” is typically defined as the level and type of care that a reasonably competent and skilled health care professional, with a similar background and in the same medical community, would have provided under the circumstances. This is often considered within the context of actions that led to alleged malpractice.[1]

The regulatory model based on the “standard of care” is determined by the individual circumstances that present in practice rather than specific requirements codified in law, allowing for flexibility as practice guidelines change, technology changes, and new knowledge is identified. This model requires less regulatory modification to keep pace with change.[1]

- Example: IDAPA 24.36.01.104.16 **Standard of Care.** Acts or omissions within the practice of pharmacy which fail to meet the standard provided by other qualified licensees or registrants in the same or similar setting.

Bright Line Regulation

An objective rule that resolves a legal issue in a straightforward, predictable manner. A bright-line rule is easy to administer and leaves little room for varying interpretation.

- Example: *Miranda v. Arizona* (1966) establishing Miranda warning of rights to criminal suspects
- Example: IDAPA 24.36.01.213 Each pharmacist must complete fifteen (15) CPE hours each calendar year between January 1 and December 31.

Scope of Practice

The services that a qualified health care professional is deemed competent to perform and permitted to undertake in keeping with the terms of their professional licensure.

Scope of Practice

The activities that a health professional is permitted to engage in as defined by state laws and regulations

Determined by the political process = geographical differences

One-size-fits all: applies to all professionals in class

Static (aside from law changes)

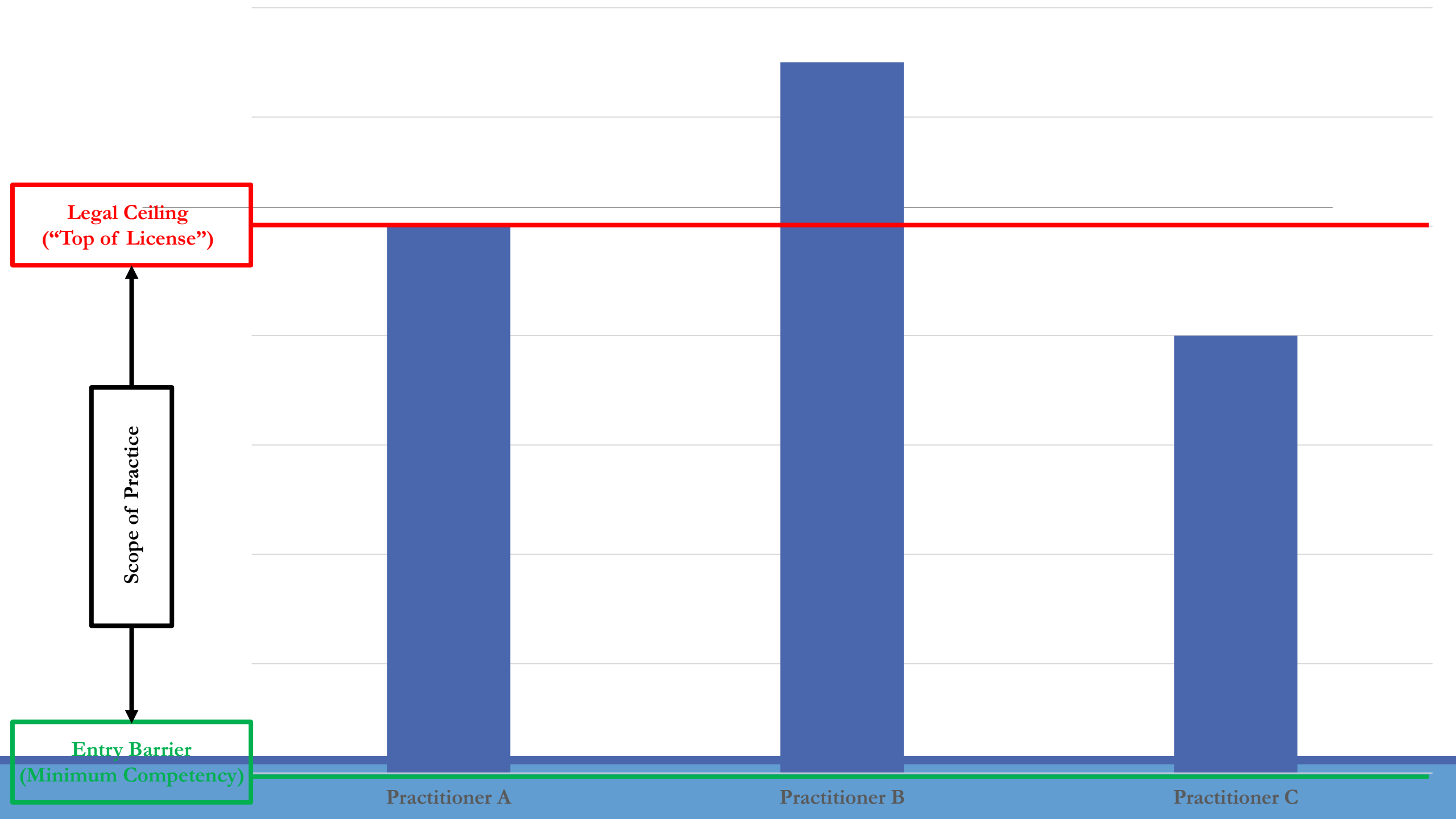
Clinical Ability

The true competence and ability of the health professional

Determined by education, training, career experience, and practice environment

Individualistic: recognizes professional heterogeneity

Dynamic; advances with new education, technology, etc.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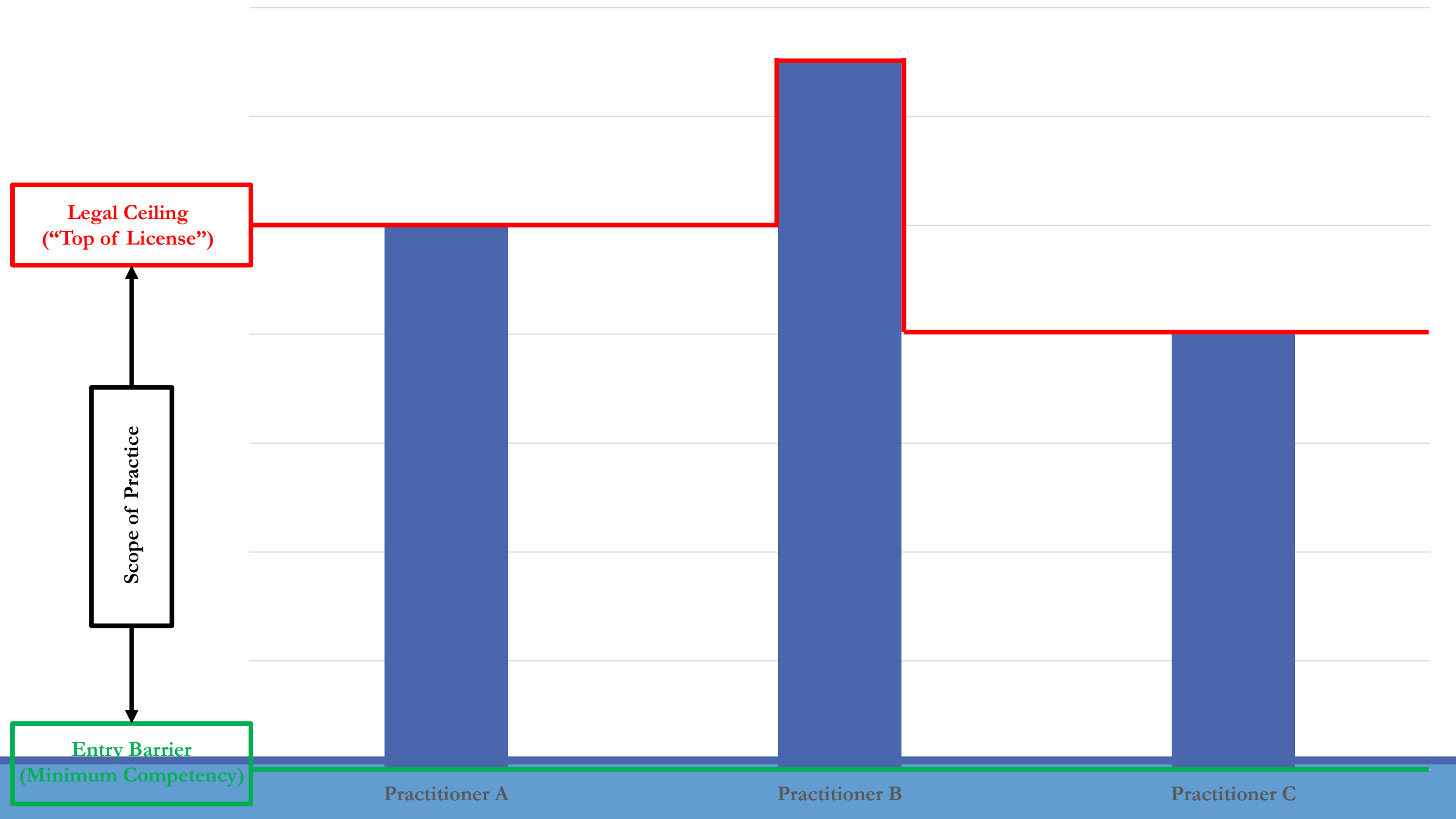
Scope of Practice
Entry Barrier
(Minimum Competency)
Practitioner A
Practitioner B
Practitioner C


Legal Ceiling
("Top of License")
Scope of Practice
Entry Barrier
(Minimum Competency)
Practitioner A
Practitioner B
Practitioner C

Recent Rule Changes for AK

OPTION B

Article 11 General Provisions

12 AAC 52. 995 DEFINITIONS

(44) “standard of care” means care provided by a licensee that is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training, and experience.

Recent Rule Changes for AK

12 AAC 52. 205 GENERAL STANDARDS OF PHARMACY PRACTICE

(a) To determine whether a specific act is within the scope of pharmacy practice in or into the state, or whether an act can be delegated to other individuals under a licensee's supervision, the licensee must independently determine whether the act is:

(1) expressly prohibited by:

A. this chapter; or

b. any applicable state or federal laws;

(2) consistent with licensee or registrant's education, training, and experience; and

(3) within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training, and experience.

(b) The pharmacist-in-charge shall make necessary changes or improvements to ensure patient safety and employee wellness in a pharmacy, as part of a continuous quality improvement program for pharmacy services.

Recent Rule Changes for AK

Article 10 Alaska Disciplinary Guidelines

12 AAC 52.920 Disciplinary Guidelines

(15) ~~failing to use reasonable knowledge, skills or judgment in the practice of pharmacy~~

Acts or omissions within the practice of pharmacy which fail to meet the standard of care;

References

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4. Adams AJ, Weaver KK. 2019. Pharmacists’ Patient Care Process: A State “Scope of Practice” Perspective. *Innovations in pharmacy*, Vol. 10, No. 2. https://pubs.lib.umn.edu/index.php/innovations/article/view/1389/1485
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Perspectives on Implementing Standard of Care Regulation and its Impact on Pharmacy Practice in Alaska

Jennifer L. Adams, PharmD, EdD, FAPhA, FNAP
Associate Dean for Academic Affairs,
Associate Professor
UAA ISU Doctor of Pharmacy Program
Idaho State University
College of Pharmacy
Jenadams@isu.edu

SB 121: Patient Freedom of Pharmacy Choice
One page explainer

This bill:

1. Guarantees freedom of patient choice of pharmacy. This bill bars Pharmacy Benefits Managers (PBMs) from funneling patients to PBM-approved pharmacies that are often owned by or affiliated with the PBM.

2. Guarantees patients safe and efficient access to clinician-administered drugs. This bill enhances patient wellbeing and safety. The PBM practices of "white bagging" and "brown bagging" are potentially unsafe and impose barriers between patients and their healthcare providers. At issue are expensive drugs—like infusion cancer drugs—that clinicians prepare and administer directly to patients in a clinical setting. PBMs often bar hospital and clinical pharmacies from filling prescriptions on-site to treat patients. Instead, PBMs require prescriptions be sent to external, PBM-selected pharmacies who ship the drug to the patient's provider, who then must store the drug until the patient arrives for treatment ("white bagging"). Or worse, PBMs require the drug to be shipped to the front porch of the patient who then must then retrieve, store, and carry the drug to the clinic for treatment ("brown bagging"). In these situations, clinical pharmacies cannot ensure the efficacy of the drug's source, dosage, or handling in transit. As such, providers can't guarantee they will have the drug when needed or that it will be safe and effective when they receive it. This bill bars insurers and PBMs from requiring white or brown bagging. It also authorizes the Board of Pharmacy to regulate these practices.

3. Puts an end to other objectionable PBM practices by bringing them within the Alaska Unfair Trade Practices and Consumer Protection Act. This bill will ensure that a PBM may not:
    - reimburse any pharmacy less than the PBM reimburses its own affiliated pharmacies;
    - impose unequal copayments, fees or conditions for those of the same benefit category;
    - "steer" patients to PBM-affiliated pharmacies using penalties, benefits or personal data;
    - restrict patients to only mail-order or PBM-affiliated pharmacies;
    - prohibit a network pharmacy from shipping or delivering drugs to its patients;
    - require undue credentialing standards or fees from pharmacies as a condition of joining a PBM network;
    - engage in "spread pricing," *i.e.*, collect more for a drug from an insurer than the PBM reimburses to the pharmacy (and pocketing the difference)

4. Provides pharmacies a shot at fair reimbursement from PBMs. Pharmacies buy drugs from wholesalers and must recover their costs from PBMs. But PBMs use their own proprietary 'black box' formulas that often limit recovery to a level below a pharmacy's actual cost, short-changing pharmacies. This bill requires reimbursement at an objective and transparent standard: the 'national average drug acquisition cost,' continually updated by CMS survey. It also balances appeal procedures so pharmacies have a meaningful opportunity for fair reimbursement from PBMs.

From:	Sandy McAllister (FSMB) on behalf of Humayun Chaudhry
To:	Humayun Chaudhry
Cc:	Sandy McAllister (FSMB); Joe Knickrehm
Subject:	NY Times Op-Ed Today
Date:	Monday, November 20, 2023 12:15:27 PM
Attachments:	image001.png NYT Opinion-The Big #MeToo Moment for Doctors Is Finally Here - The New York Times.pdf

Dear Executive Directors,

I am writing to alert you to an op-ed published in this morning's New York Times that focuses on the issue of physician sexual misconduct and the lack of reporting by hospital systems and healthcare institutions. The author, Dr. Helen Ouyang, is an emergency room physician and professor at Columbia University.

The op-ed (linked above and attached as a PDF) mentions both state medical boards and FSMB. State medical boards and FSMB have long advocated for strengthening reporting requirements to ensure that individuals or entities who become aware of or witness inappropriate behavior by physicians are compelled to come forward and report it to the medical board and relevant authorities. We recognize significant challenges exist in addressing instances where hospital systems and healthcare institutions either neglect reporting requirements or find ways to circumvent them. FSMB is actively working to raise public awareness about the role of state medical boards to help empower the public to play an active role in reporting incidents of physician sexual misconduct.

I encourage you all to review our policy on "Physician Sexual Misconduct" which establishes clear guidelines for addressing instances of misconduct but also underscores the importance of robust reporting mechanisms. We are committed to continuing to advocate for strengthened reporting requirements and delivering new and enduring educational materials on this topic for both our member boards and licensees.

On behalf of FSMB, I thank you for your work and wish you and your families a happy and safe Thanksgiving.

Thank you,

Hank

Humayun "Hank" Chaudhry, DO, MACP
President and Chief Executive Officer

Federation of State Medical Boards
1775 Eye Street NW | Suite 410 | Washington, DC 20006
o. 817-868-4044 | hchaudhry@fsmb.org | www.fsmb.org


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Medical Regulation.
Trust in Care.

From:	Bowles, Michael P (CED)
To:	Glenn, Amy M (CED); Jones, Sarah A (CED); Perez, Briggham M (CED)
Cc:	Chambers, Sara C (CED); Bannarbie, Shane R (CED); Billiet, Rachel K (CED); Bowman, Reid T (CED); Bowman, Tami J (CED); Carabajal, Ashley L (CED); Kaeser, Jason R (CED); Maroney, Lisa K (CED); Norberg, Natalie M (CED); Pace, Jeanne M (CED); Saviers, Glenn A (CED); Sherrell, Lisa D (CED); Wilson, La Creatia I (CED); Wolf, Patty J (CED)
Subject:	FW: PHA/CEN stat/reg booklets updated - effective today
Date:	Friday, January 19, 2024 11:02:45 AM
Attachments:	Centralized_Licensing_Regs.pdf PharmacyStatutes.pdf Filed Permanent Regs - PHA - Eff. 1-19-2024.pdf Filed Permanent Regs - Eff. 1-19-2024.pdf

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Good morning,

The board of pharmacy has new statues and regulations effective today. The centralized statutes and regulations affected by these changes are also attached and effective today.

Michael Bowles
Executive Administrator
Alaska Board of Pharmacy
Office: (907) 465-1073
Fax: (907) 465-2974

Board of Pharmacy Homepage

From: Patricia McCarty (FSMB)
To: Patricia McCarty (FSMB)
Subject: FSMB Nominating Committee Report with Candidate Profiles and Bylaws Committee Report
Date: Tuesday, January 23, 2024 12:09:28 PM
Attachments: image001.png
2024 Report of the Bylaws Committee.pdf

Dear Member Medical Board Presidents/Chairs and Staff Fellows,

In preparation for the elections at the business meeting of the FSMB House of Delegates on Saturday, April 20, 2024, in Nashville, TN, the following link contains for your review the 2024 Report of the Nominating Committee and corresponding profile information on all of the individuals who have been included on the Committee's roster of candidates. This report and candidate information is viewable on the FSMB Annual Meeting website.

Nominating Committee Report and Candidate Profiles

Also for your review is the 2024 Report of the Bylaws Committee (see attached PDF document).

All House of Delegates agenda materials will be posted online as they are completed and no later than 1 month prior to the meeting, that is, March 20, 2024.

Feel free to forward this information to other members of your boards, especially to your designated Voting Delegates.

With kind regards,

Pat

Patricia McCarty, M.M.
Director, Leadership Services

Federation of State Medical Boards
400 Fuller Wiser Road | Euless, TX 76039
o. 817-868-4067 | pmccarty@fsmb.org | www.fsmb.org

fsmb Integrity in Medical Regulation. Trust in Care.

From: Sandy McAllister (FSMB) on behalf of Humayun Chaudhry
To: Humayun Chaudhry
Cc: Aaron Young; Katie Arnhart; Andrea Ciccone; Sandy McAllister (FSMB)
Subject: FSMB Annual Member Board Survey Results
Date: Friday, January 19, 2024 6:06:13 AM
Attachments: image001.png
2023 FSMB Member Board Survey Key Findings.pdf

Dear Executive Directors,

The FSMB has compiled the results from our 9th Annual Member Board Survey. We once again had exceptional participation, with 76% of member boards completing the survey. We appreciate your continued support of this project as it provides us with valuable information about where to focus our work, resources, and educational programming to better serve your needs.

Please find a summary of key findings from the survey attached. If you have any questions, please do not hesitate to reach out to me or contact Andrea Ciccone, JD, FSMB's Vice President of Engagement and Member Services, at aciccone@fsmb.org.

With great thanks,

Hank

Humayun "Hank" Chaudhry, DO, MACP
President and Chief Executive Officer

Federation of State Medical Boards
1775 Eye Street NW | Suite 410 | Washington, DC 20006
o. 817-868-4044 | hchaudhry@fsmb.org | www.fsmb.org

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From:	Federation of Podiatric Medical Boards
To:	Russell Stoner (FPMB)
Subject:	FPMB - [Allied Organization Announcement #2] American Association of Colleges of Podiatric Medicine - Feet on the Street Press Release
Date:	Monday, December 18, 2023 7:16:37 AM
Attachments:	AACPM Press Release - FOS Donors.pdf

**** This message is being sent to the primary staff contact(s) at your agency with email addresses on file. Please feel free to forward this message to other relevant Board and/or staff as well. ****

Dear Member Podiatric Medical Board:

The **American Association of Colleges of Podiatric Medicine (AACPM)** represents:

- the eleven accredited schools and colleges of podiatric medicine, and
- more than two hundred hospitals and institutions that offer postdoctoral training in podiatric medicine.

AACPM's mission is to serve as the leader in facilitating and promoting excellence in podiatric medical education leading to the delivery of the highest quality lower extremity healthcare to the public.

AACPM is actively engaged in student recruitment, which is critical to ensuring future licensees for FPMB's member podiatric medical boards. Launched September 1, 2023, the **"Feet on the Street"** student recruitment initiative creates purposeful engagement opportunities for undergraduate advisors, undergraduate students, DPM faculty, and local DPMs to visit 220 colleges across the country. A key component of the initiative is having the mentoring/shadowing local DPM present at the presentations and events. Appropriate website content, **www.explorepodmed.org**, social media interface (YouTube Shorts, TikTok and Instagram), and continued podcasts (www.deanschat.com) and blogs will supplement these visits.

For additional information, please contact:

Moraith G. North
AACPM Executive Director
mnorth@aacpm.org
301-948-9760

Have a wonderful week!

Best,
Russ

Russell J. Stoner, CAE
Executive Director

Federation of Podiatric Medical Boards

12116 Flag Harbor Drive | Germantown, MD 20874-1979
202-810-3762 direct | 202-318-0091 fax
fpmb@fpmb.org | www.fpmb.org

How am I doing? Send comments to feedback@fpmb.org

From:	Federation of Podiatric Medical Boards
To:	Russell Stoner (FPMB)
Subject:	FPMB - [Allied Organization Announcement #1] Council on Podiatric Medical Education - Updated Frequently Asked Questions
Date:	Monday, December 18, 2023 7:14:57 AM

**** This message is being sent to the primary staff contact(s) at your agency with email addresses on file. Please feel free to forward this message to other relevant Board and/or staff as well. ****

Dear Member Podiatric Medical Board:

The **Council on Podiatric Medical Education (CPME)** is an autonomous accrediting agency for podiatric medical education that has final authority for:

- The accreditation of colleges of podiatric medicine, the approval of fellowships and residency programs, and providers of continuing education.
- The recognition of specialty certifying boards for podiatric medical practice.

CPME has created and finalized a series of Frequently Asked Questions (FAQ) documents to provide you with greater information about the CPME and its processes. Specifically, FAQs have been created for the CPME (What is the CPME?), colleges of podiatric medicine, residency and fellowship programs, providers of continuing education, and the specialty boards. These documents are posted on the www.cpme.org homepage under "News," linked directly here, or found within each program area tab on the main CPME homepage. Note that at the end of each FAQ document, you will find a listing and link to the other FAQ documents.

It is CPME's hope that these FAQ documents provide you with greater insight into CPME and its accreditation, approval, and recognition activities. If you have any questions, please feel free to reach out to:

Heather M. Stagliano, DHSc, CAE
CPME Executive Director
hstagliano@cpme.org

Have a wonderful week!

Best,
Russ

Russell J. Stoner, CAE
Executive Director

Federation of Podiatric Medical Boards
12116 Flag Harbor Drive | Germantown, MD 20874-1979
202-810-3762 direct | 202-318-0091 fax
fpmb@fpmb.org | www.fpmb.org

From:	Frances Cain (FSMB)
To:	Frances Cain (FSMB)
Cc:	Andrea Ciccone
Subject:	For your information: 2023 Annual Report on the USMLE and December Quarterly FSMB Update on USMLE
Date:	Thursday, December 14, 2023 11:37:02 AM
Attachments:	image001.png 2023 Annual Report on the USMLE.pdf Quarterly FSMB Update on USMLE - December 2023.pdf

Dear State Board Executive Directors,

On behalf of the Federation of State Medical Boards (FSMB) and National Board of Medical Examiners (NBME), I am pleased to share the *2023 Annual Report on the USMLE.* This report is intended to provide state medical and osteopathic boards with an overview of the USMLE program and recent updates that may be of interest to board staff and members.

Also attached is the December 2023 edition of the Quarterly FSMB Update on USMLE. Highlighted are the recent USMLE State Board Advisory Panel meeting, a new study tying USMLE performance to better patient outcomes, and an end of year message from executive USMLE staff at the FSMB and NBME.

We encourage you to share both of these documents with your board and staff.

I hope you find both of these helpful. Please do not hesitate to contact me if you have any questions or if I can be of assistance in any way.

Take care,
Frances

Frances Cain, MPA
Director, Assessment Services

Federation of State Medical Boards
400 Fuller Wiser Road | Euless, TX 76039
o. 817-868-4022 | fcain@fsmb.org | www.fsmb.org

From:	Saviers, Glenn A (CED)
To:	Robb, Sylvan S (CED); Dumas, Melissa L (CED); Wilson, La Creatia I (CED); Chambers, Sara C (CED); Wolf, Patty J (CED); Maroney, Lisa K (CED); Norberg, Natalie M (CED); Kaeser, Jason R (CED); Bowles, Michael P (CED); Bowman, Reid T (CED); Carabajal, Renee R (CED); Pace, Jeanne M (CED); Bannarbie, Shane R (CED); Billiet, Rachel K (CED); Adams, Marlo M (CED); Ryan, Sheri J (CED); Baranov-Kaderman, Sydney (CED); Edwards-Smith, David J (CED); Olson, Kelly L (CED); Glenn, Amy M (CED); Jones, Sarah A (CED); Perez, Briggham M (CED); Sherrell, Lisa D (CED); Larson, Charley V (CED); Young, Stephen M (CED); Henderson, Madeleine R (CED); Linn, Chris W (CED); Souders, Laura B (CED); Pugh, Samantha F (CED); Clay, Rebecca E (CED)
Subject:	AHHA"s 2023 Alaska Healthcare Workforce Analysis Report
Date:	Friday, January 5, 2024 10:41:09 AM

Good morning all,

AHHA's 2023 Alaska Healthcare Workforce Analysis report has been released. This will be used maybe most in discussions about the Nurse Licensure Compact, but provides data that may be relevant for all of our health care and mental health boards – so please feel free to review and/or share with your boards.

For instance, the workers by count and total pay table on page 7 includes:

- Mental health and substance abuse social workers
- Dentists
- Pharmacists
- Physician Assistants
- Occupational Therapists
- Physical Therapists
- SLPs
- RNs
- APRNs
- Family Medicine Physicians
- Dental Hygienists
- Pharmacy Techs
- Psychiatric Techs
- LPNs
- Massage Therapists
- Dental Assistants

Happy New Year!

Glenn Saviers
Deputy Director
Division of Corporations, Business, and Professional Licensing (CBPL)
Department of Commerce, Community, and Economic Development (DCCED)

From: Kelly Alfred
To: Kelly Alfred
Subject: 2023 Annual Report of the FSMB Foundation
Date: Friday, December 15, 2023 10:12:30 AM

Dear Colleague:

On behalf of the FSMB Foundation and its Board of Directors, I am pleased to share the Foundation's first-ever Annual Report, highlighting our activities over the last year. You can view the report using the link below.

www.fsmbfoundation2023annualreport.org

As you will see in the report, the Foundation continues to make good progress in its efforts to increase Foundation resources and to provide larger, more impactful grants to benefit the work of medical regulators.

We wish you and those in your organization a joyful holiday season as we near the end of another successful year, and we thank you for your support.

Sincerely,

Janelle A. Rhyne, MD, MACP
President

fsmb FOUNDATION

From: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Sent: Monday, January 29, 2024 9:11 AM
To: cgodfrey@lippes.com
Subject: FW: Telemedical Exams for Bariatric Prescriptions

Greetings,

Thank you for contacting the Alaska State Medical Board.

An Alaska-licensed physicians (including osteopaths and podiatrists) and physician assistants may prescribe a controlled substance via telehealth if the provider complies with Sec. 08.64.364.and federal law.

For more information regarding providing telehealth services in Alaska, please visit this website: Telehealth Information, Division of Corporations, Business and Professional Licensing (alaska.gov)

Best regards,

Natalie Norberg, LMSW
Executive Administrator, Alaska State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Desk: 907-465-6243
natalie.norberg@alaska.gov

From: Connor T. Godfrey <cgodfrey@lippes.com>
Sent: Friday, January 26, 2024 1:43 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Telemedical Exams for Bariatric Prescriptions

I am involved in an Alaska medical practice that is considering offering the use of telehealth for exams prior to weight loss prescriptions or programs, including the potential prescription of Semaglutide (Ozempic) when advisable. I am researching whether there may be any legal restrictions regarding such usage of telehealth exams. If you are able to provide any guidance or point me toward any helpful resources, I would greatly appreciate it.

Thanks,

Connor T. Godfrey
Associate

LippesMathias LLP
ATTORNEYS AT LAW

50 Fountain Plaza, Suite 1700

Buffalo, NY 14202-2216

ph: 716.853.5100 ext. 1313 | fx: 716.853.5199
cgodfrey@lippes.com | lippes.com
LinkedIn // Twitter // Facebook

From: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Sent: Thursday, January 18, 2024 4:17 PM
To: solsticemedi@alaska.net
Subject: Question

Hello,

According to Alaska regulation 12 AAC 40.920 (f) (6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products may NOT be delegated to someone who is not otherwise authorized under the scope of their own license to perform such duties. If a provider licensed under the state medical board (physician or physician assistant) were to delegate such duties to a medical assistant, they could be liable for civil sanctions.

Best,

Natalie Norberg
Alaska State Medical Board

-----Original Message-----
From: solsticemedi@alaska.net <solsticemedi@alaska.net>
Sent: Wednesday, January 17, 2024 8:43 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Re: Question

hello! we have another question,
can a medical assistant do anything IV related in the state of Alaska under a providers supervision?
thank you!

Solstice Medicine & Wellness
475 Riverstone Way #2
Phone: 907-456-6334

On Mon, 8 May 2023 20:19:34 +0000, "Board, Medical (CED sponsored)" <medicalboard@alaska.gov> wrote:

Greetings,

Yes, a licensed nurse may perform the actions described below with training and on-site supervision of a licensed physician. Please see this policy for more information.

https://www.commerce.alaska.gov/web/portals/5/pub/MED_Guide_Dermatological.pdf

Natalie Norberg
Alaska State Medical Board

-----Original Message-----
From: solsticemedi@alaska.net
Sent: Friday, May 5, 2023 9:41 AM
To: Board, Medical (CED sponsored)
Subject: Question

Good morning,

to whom this may concern we are inquiring/have a question as to, we are looking to hire a nurse (she is currently into her 30th week of nursing) but wondering if we hire her can she learn to inject aesthetics (botox, lip fillers) under the doctors supervision/training in office ?

Solstice Medicine & Wellness
475 Riverstone Way #2
Phone: 907-456-6334

From: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Sent: Tuesday, January 16, 2024 8:49 AM
To: Debbie K. Kesselring <dkesselring@bartletthospital.org>
Cc: Department Credentialing <DepartmentCredentialing@bartletthospital.org>
Subject: RE: Cruise Ship Physician/Providers

Good morning, Debbie,

This issue comes up from time to time and there is no specific guidance on this matter. As far as I have been able to discern, physicians on cruise ships do not have to be licensed in Alaska. If they treat patients while "at sea," Alaska laws do not apply. The definition of "at sea" in Alaska waters is not defined (to my knowledge). When ships are in port, technically, they are not "at sea": this might lead one to think that ship physicians should not treat patients when they are docked in an Alaskan port - and should refer to local health care facilities, but this is also murky and has not been challenged, to my knowledge.

Sorry to not be of more assistance.

Take good care,

Natalie Norberg
Alaska State Medical Board

From: Debbie K. Kesselring <dkesselring@bartletthospital.org>
Sent: Friday, January 12, 2024 6:00 PM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Cc: Department Credentialing <DepartmentCredentialing@bartletthospital.org>
Subject: Cruise Ship Physician/Providers

Hi Natalie,
I hope this email finds you well. Our Credentials Committee is discussing how to track physicians/providers for cruise ships. Before we go down a rabbit hole, do the cruise ship physicians/providers have to have an Alaska state medical license in order to practice or do they qualify to practice via a different route?

Thank you and stay warm,

Debbie Kesselring, CPCS, CPMSM (She/Her)
Director of Medical Staff Services
Bartlett Regional Hospital
3260 Hospital Drive
Juneau, AK 99801
(907) 796-8672 Phone
(907) 796-8614 Fax
dkesselring@bartletthospital.org
www.bartletthospital.org

From: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Sent: Thursday, January 18, 2024 1:20 PM
To: kalley.harmon.f41k@statefarm.com
Subject: HIPAA VIOLATION REPORTING

Dear Kally Harmon,

Thank you for contacting the State Medical Board. The matter you have raised is concerning. I have spent some time exploring and consulting with colleagues regarding possible actions that could be taken by the Medical Board or any other state entity to address a breach of confidentiality by a medical assistant. Unfortunately, we were unable to identify any specific recourses. Medical Assistants are not required to be licensed or even certified in Alaska, therefore no governing body has oversight or jurisdiction to enforce professional conduct standards over this profession. One option might be to contact and file a complaint with the State's Department of Law's Consumer Protection Unit. Additionally, since HIPAA is a federal law, you may also report the breach to the U.S. Dept. of Health and Human Services: Breach Reporting | HHS.gov

I am sorry to not be able to offer any further assistance.

Best regards,

Natalie Norberg, LMSW
Executive Administrator, Alaska State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
natalie.norberg@alaska.gov

From: Kalley Harmon <kalley.harmon.f41k@statefarm.com>
Sent: Thursday, January 11, 2024 3:47 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: HIPAA VIOLATION REPORTING

Hello,
I am unsure who I would reach out to in an attempt to report someone for a HIPAA violation within the state of Alaska. I am unsure if this CCMA is licensed or holds a current CCMA certification to practice in Alaska, and if not, what can be done about someone breaching HIPAA with no license.

On 4/28/2023, Chyenne Hausler MA, accessed and printed my son's private medical records from her place of employment for her boyfriend's child custody case in which she also is a part of due to filling out in her own handwriting the incident log for that 12/2022 urgent care visit for my son. There was no Release of Information on file nor did Chyenne Hausler have authorization from this clinic to access this information.

I am looking for someone to point me in the right direction to report this HIPAA breach, as on 1/9/2024 after an internal investigation was concluded on the matter, I was informed that the violation did take

place as you can see by the letter they sent to me as well as the child custody log filled out by Ms. Hausler for the child custody case for her boyfriend.

I strongly believe that Chyenne Hausler should not be working in areas where she can access patient medical files as her actions show that she abuses that position of power for her own personal needs and gain. This is a clear violation of HIPAA and I am seeking State of Alaska Medical Board's assistance in ensuring that patient medical records can be safe from being breached by the very people that we entrust with that information.

Chyenne Hausler is no longer working at the organization where the violation occurred however is still practicing as **a CCMA at Vein Specialists of Alaska 2851 E Palmer-Wasilla Hwy #4, Wasilla Alaska 99654**

I would appreciate some direction for this, and have attached those documents regarding this breach within this email..

Thank you so much for your time. I can be reached at the number provided.

Kalley Harmon
907-521-4911

From: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Sent: Monday, January 8, 2024 10:10 AM
To: nicole@amensda.org
Subject: Volunteer Clinic License- Board Approval

Greetings, Ms. Braxton,

Thank you for contacting the Alaska State Medical Board. We appreciate your desire to provide humanitarian services to Alaskans. The State Medical Board has jurisdiction over physicians and physician assistants. You may want to contact the Alaska Board of Dental Examiners and the Board of Examiners in Optometry concerning the other professions you listed.

The Alaska State Medical Board offers a "courtesy license" available to physicians interested in providing the free clinic services you describe below. There are no exceptions to the requirement for a physician or physician assistant to be license in Alaska in order to provide medical services in Alaska. The courtesy license involves a much-reduced fee and simpler application process than full licensure. For more information about the courtesy license process please visit our website. Application for licensure can take up to 6 to 8 weeks (or longer) for processing. If your organization plans on providing clinics in March in Alaska, I highly recommend that your physicians submit their applications for licensure ASAP.

Please let us know if you have any additional questions.

Best regards,

Natalie Norberg, LMSW
Executive Administrator, Alaska State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Desk: 907-465-6243
natalie.norberg@alaska.gov

From: Nicole Braxton <nicole@amensda.org>
Sent: Wednesday, January 3, 2024 10:29 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Volunteer Clinic License- Board Approval

Dear Licensing Board,

Happy New Year!

My name is Nicole Braxton Director for the Adventist Medical Evangelism Network (AMEN). AMEN has been specializing in free clinics across the U.S. and beyond for over a decade. We are excited to serve the underinsured and underserved in your community with local healthcare providers. Our services include free dental (cleanings, extractions and fillings), medical (basic screenings), vision care. Historically, local licensing Boards have granted us exceptions from the formal process and fees for the out-of-state licensed providers volunteering their time. AMEN is requesting an exception from the formal process. We are prepared to forward the out-of-state providers license number, copy of license, names, and contact information.

We are excited to work with all of our local and nation wide healthcare volunteers as we prepare for the Anchorage and Bethel clinics in March of 2024. Please note that the Bethel clinic will be a scaled down version primarily focused in behavioral health. We are seeking for the clinics to be March 24-28, 2024 at the Hillside O'Malley Seventh-Day Adventist Church and Bethel Seventh-Day Adventist Church.

Additionally, I have attached a flyer to share our typical services.

Thank you for all that you do.

With gratitude,
Nicole

Nicole Braxton
AMEN Clinic Director
Click to Schedule a Meeting with Me
nicole@amensda.org | amenfreeclinic.org

From: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Sent: Wednesday, January 3, 2024 4:06 PM
To: ctobe1@msn.com
Subject: Telemedicine on Ships in Alaskan Waters

Hello, Dr. Tobe,

Thank you for reaching out to the Alaska State Medical Board. This is to follow up our telephone conversation from last week. With respect to your request for written guidance regarding the allowable distance from shore/ licensure requirements for practitioners of telemedicine to occupants on ships in Alaskan waters - I consulted with my supervisor/agency leadership and confirmed that no such written guidance exists. It is generally understood that the board has jurisdiction over its licensees and the practice of medicine for patients within the state. In terms of defining the boundaries of the state, this is not a matter for which the division or the medical board has the legal authority or jurisdiction to delineate. We recommend that you contact either the government agency that has jurisdiction over the matter or a maritime attorney for guidance (which you indicated is already happening). As far as which government agency has jurisdiction (federal or state) we found Part 5 of a Legal Sidebar from the Congressional Research Service in September 2022 that discusses when concurrent federal and state jurisdiction exists over maritime claims, and alternatively, when such claims fall within the federal courts' exclusive jurisdiction.

Sorry to not be of greater assistance.

Best regards,

Natalie Norberg, LMSW
Executive Administrator, Alaska State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Desk: 907-465-6243
natalie.norberg@alaska.gov

From: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Sent: Thursday, December 14, 2023 11:33 AM
To: gwells@y-chc.org
Subject: Non Certified and Certified Medical Assistant

Greetings, Gary Wells,

Thank you for your inquiry to the State Medical Board. The board has provided the attached guidance regarding unlicensed medical assistants. For guidance related to the delegation of injectables to certified or not certified medical assistants, I recommend you reference regulation 12 AAC 40.920. **Standards for delegation of routine duties**. According to 12 AAC 40.920, physician, podiatrist, osteopath or physician assistant licensed in Alaska may not delegate administration of injectable medications, unless (14) (A) it is a single intramuscular, intradermal, or subcutaneous injection, not otherwise prohibited under 12 AAC 40.967(32). With respect to drawing blood in a clinical environment, if the conditions under 12 AAC 40.920 (a) are met, then it is appropriate for a medical assistant to draw blood.

Hope this helps.

Best regards,

Natalie Norberg, LMSW
Executive Administrator, Alaska State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Desk: 907-465-6243
natalie.norberg@alaska.gov

From: George G. Wells <gwells@y-chc.org>
Sent: Wednesday, December 13, 2023 11:24 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Non Certified and Certified Medical Assistant

Hi, my name is Gary Wells and I am a licensed paramedic in the state of Alaska and I work for the Yakutat Community Clinic under Dr Peterson. Currently I am searching for any state regulation that pertains to the delegation of injectables to certified and or not certified medical assistants. Any information or direction you could provide me would be greatly appreciated. Also, any information on medical assistants drawing blood in the clinical environment. Thank you in advance for your valuable time.

Gary Wells, FPC, NRP
907-314-2220

From: Jacoline Bergstrom <jacoline.bergstrom@tananachiefs.org>
Sent: Friday, November 17, 2023 11:04 AM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Subject: RE: Medical Board Meeting - Public Comments follow up

Good morning Ms. Norberg,

Thank you for that clarification. I was able to listen in and would like to say “Thank You” to the board for their thoughtful considerations of all the comments they had received and tabling the issue.

As the Vice Chair of the Association of Tribal Health Directors, I would like to share, for those who may not be super familiar with the Tribal Health System, that all the Tribal Health organizations in Alaska –the majority of whom serve our rural communities -, are accredited organizations with rigorous policies, procedures, credentialing, privileging and peer review processes and practices in place.
All our medical providers, including Advanced Practitioner Providers are subject to those policies and processes; all providers are integral parts of our care teams and never operate in a vacuum. The Tribal Health Care system is unique, is complex and is the system that makes quality health care more accessible for those in all rural

communities across the State of Alaska. Physician Assistants play an important role in helping us increase and maintain access.

Thanks again to the Board for their considerations today,

Jacoline Bergstrom

Jacoline Bergstrom
Executive Director of Health Services
Tanana Chiefs Conference
Alfred Ketzler Sr. Building
201 1st Avenue, Ste 300
Fairbanks, AK, 99701
Phone (907) 452-8251 ext. 3142 ; Fax 459-3950

"Healthy People Across Generations"

From: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Sent: Wednesday, November 15, 2023 12:15 PM
To: Jacoline Bergstrom <jacoline.bergstrom@tananachiefs.org>
Subject: Medical Board Meeting - Public Comments follow up

Dear Jacoline Bergstrom,

Thank you for registering to participate in the Medical Board meeting on November 17, 2023. You indicated on your registration that you would like to provide public comments. Please be advised that the public comment period for the proposed changes to the Physician Assistant regulations is closed. The board is not allowed to consider any further comments while the regulation project is open. Per the draft meeting agenda, the board is scheduled to address the matter of the regulations at 9:30 AM.

Please let me know if you have any questions, or if you would like to address the board during the public comment period regarding a different matter.

Thank you.

Natalie Norberg, LMSW
Executive Administrator, Alaska State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Desk: 907-465-6243
natalie.norberg@alaska.gov

From: Mark Staz
To: Mark Staz
Subject: FSMB Requests Comment
Date: Friday, February 9, 2024 11:48:16 AM
Attachments: image001.png

Dear State Medical and Osteopathic Board Chairs/Presidents and Executive Directors,

The Federation of State Medical Boards (FSMB) is seeking stakeholder comment on three documents:

- Report of the FSMB Ethics and Professionalism Committee: Guidelines & Recommendations to Aid State Medical Boards and Physicians in Navigating the Responsible and Ethical Incorporation of AI into Clinical Practice
- Position Statement on Access to Evidence-Based Treatment for Opioid Use Disorder
- Report of the FSMB Workgroup on the Regulation of Physicians in Training

We kindly ask that any comments on the draft documents be submitted by **Sunday, March 10th** through the Feedback Forms. Once the comment period has closed, all comments will be reviewed, and a final document will be considered by FSMB's House of Delegates in April 2024.

Ethics and Professionalism Committee Report (AI in Medical Regulation)

The 2023-2024 Ethics and Professionalism Committee, Chaired by Mark B. Woodland, MS, MD, is tasked with identifying ethical principles that will guide the FSMB's approach to developing an understanding of Artificial Intelligence (AI) and help inform potential medical regulatory considerations for state medical boards as they encounter the application of AI in the clinical practice of licensees.

Draft Document: https://www.fsmb.org/siteassets/communications/report-ethics-and-professionalism-draft-for-comment.pdf
Feedback Form: https://www.jotform.com/build/240375352630148

Position Statement on Access to Evidence-Based Treatment for OUD

FSMB's Workgroup on FSMB Workgroup on Opioid and Addiction Treatment was appointed in April 2022 by the FSMB Chair Sarvam P. TerKonda, MD, to conduct a comprehensive review of FSMB recommendations related to opioids and to update this guidance, as appropriate. This Position

Statement addresses access to evidence-based treatment for Opioid Use Disorder.

Draft Document: https://www.fsmb.org/siteassets/communications/oud-statement-2-24-for-comment.pdf
Feedback Form: http://www.jotform.com/form/240375017367153

Report of the Workgroup on the Regulation of Physicians in Training
FSMB's Workgroup on the Regulation of Physicians in Training was appointed in May 2023 by FSMB Chair Jeffrey D. Carter, MD, and charged with conducting a comprehensive review of state medical and osteopathic board licensure and other regulatory requirements related to the oversight of physicians in postgraduate training programs, FSMB recommendations, and other current trends and information on physicians in training.

Draft Document: https://www.fsmb.org/siteassets/communications/rpit-draft-report-2-24-for-comment.pdf
Comment Form: https://www.jotform.com/form/240375022098150

As a reminder, FSMB has also released two additional documents for comment. The deadline for comments on these documents is February 16, 2024.

Reentry to Practice
FSMB's Workgroup on Reentry to Practice was appointed in May 2023 by FSMB Chair Jeffrey D. Carter, MD, and charged with updating and bringing current FSMB policies related to reentry to practice for state medical and osteopathic boards.

Draft Document: https://www.fsmb.org/siteassets/communications/reentry-to-practice-draft-for-comment.pdf
Feedback Form: https://www.jotform.com/240104795368157

Guidelines for the Structure and Function of a State Medical Board
FSMB's Advisory Council of Board Executives recently completed its triennial review and update of the *Guidelines for the Structure and Function of a State Medical and Osteopathic Board.* The *Guidelines* were reviewed and updated in 2021 and now again in 2024 to reflect relevant characteristics of effective medical boards, incorporating recently adopted FSMB policies, and best practices and innovative concepts.

Draft Document: https://www.fsmb.org/siteassets/communications/guidelines-for-the-structure-and-function-of-a-state-medical-and-osteopathic-board-2024-for-comment.pdf
Feedback Form: https://www.jotform.com/240104440857147

Thank you in advance for taking time to respond to this call for comments. We look forward to receiving your responses.

Should you have any questions or need further information, please do not hesitate to contact me.

Kind regards,

Mark Staz, MA (he/him/his)
Chief Learning Officer

Federation of State Medical Boards
1775 Eye Street NW, Suite 410 | Washington, DC 20006
o. 202-601-7802 | mstaz@fsmb.org | fsmb.org

Alaska State Medical Board - February 16, 2024, Meeting

The Department of Health is requesting the support of the Medical Board Support for proposed regulation changes related to the Provider Orders for Life Sustaining Treatment (POLST) Program

Background:

HB 392 was signed into law on August 10, 2022. This legislation expanded the authority of APRN's and Physician Assistants to issue or revoke DNR orders, sign death certificates, and/or issue life-sustaining procedures in accordance with the existing authority of physicians. The Department of Health drafted changes to the regulations that govern the POLST program to conform with this new legislation. The draft regulations are attached. According to a technicality in state law, any regulations related to DNR protocols must be approved by the State Medical Board:

> AS 13.52.065 **Do not resuscitate protocol and identification requirements.** (b) The department shall by regulation adopt a protocol, subject to the approval of the State Medical Board, for do not resuscitate orders that sets out a standardized method of procedure for the withholding of cardiopulmonary resuscitation by health care providers and health care institutions.

Proposed Motion:

I move that the Alaska State Medical Board approves the draft regulation changes to 7 AAC 16.010 related to Do-Not-Resuscitate Protocol and Identification as publicly noticed on November 7, 2023.

DEPARTMENT OF HEALTH

PROPOSED CHANGES TO REGULATIONS.

DO-NOT-RESUSCITATE (DNR) PROTOCOL & IDENTIFICATION: PROVIDER ORDERS FOR LIFE SUSTAINING TREATMENT (POLST) PROGRAM.

7 AAC 16. Do-Not-Resuscitate Protocol & Identification.

♦

PUBLIC REVIEW DRAFT
November 7, 2023.

COMMENT PERIOD ENDS: December 20, 2023.

Please see the public notice for details about how to comment on these proposed changes.

Notes to the reader:

1. Except as discussed in note 2, new text that amends an existing regulation is **bolded and underlined**.

2. If the lead-in line above the text of each section of the regulations states that a new section, subsection, paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined*.

3. [ALL-CAPS TEXT WITHIN BRACKETS] indicates text that is to be deleted.

4. When the word "including" is used, Alaska Statutes provide that it means "including, but not limited to."

5. Only the text that is being changed within a section of the current regulations is included in this draft. Refer to the text of that whole section, published in the current Alaska Administrative Code, to determine how a proposed change relates within the context of the whole section and the whole chapter.

Title 7. Health and Social Services.

Chapter 16. Do-Not-Resuscitate Protocol and Identification.

7 AAC 16.010(a) is amended to read:

(a) This section, and the ***Provider*** *[PHYSICIAN] Orders for Life Sustaining Treatment (POLST) Program*, adopted by reference in 7 AAC 16.020, establish the do-not-resuscitate (DNR) protocol for **a** [PHYSICIANS AND OTHER] health care **provider** [PROVIDERS] to withhold cardiopulmonary resuscitation under AS 13.52.065. The [PHYSICIAN OR OTHER] health care provider implementing the protocol shall comply with applicable state and federal laws and regulations related to the provision of or withholding of care.

The introductory language of 7 AAC 16.010(b) is amended to read:

(b) Unless exempted under (c) of this section, **a** [THE PHYSICIAN OR OTHER] health care provider must first clearly confirm the identity of **a** [THE] patient by one of the following methods:

…

(((Publisher: Please remove the "or" connector from the end of 7 AAC 16.010(b)(4).)))

7 AAC 16.010(c) is amended to read:

(c) If a patient is unconscious or otherwise unresponsive to questions regarding the patient's identity, **a** [THE PHYSICIAN OR OTHER] health care provider may rely solely on the department-approved DNR necklace or bracelet worn by the patient, without using other methods to identify the patient.

The introductory language of 7 AAC 16.010(d) is amended to read:

(d) Once **a** [THE] patient's identity is determined under (b) or (c) of this section, **a** [THE PHYSICIAN OR OTHER] health care provider shall examine the patient, patient's available medical records, and other sources to determine the patient's DNR status. The **patient's** DNR status and the patient's desire for resuscitative efforts may be determined using the following:

…

7 AAC 16.010(d)(4) is amended to read:

(4) the department's [POLST REGISTRY, OR THE DEPARTMENT'S] *Alaska POLST (**Provider** [PHYSICIAN] Orders for Life Sustaining Treatment) Form*, dated **August 28, 2023** [JUNE 3, 2020,] and adopted by reference;

The introductory language of 7 AAC 16.010(d)(5) is amended to read:

(5) an attending physician's**, attending advanced practice registered nurse's, or attending physician assistant's** DNR order, if

•••

7 AAC 16.010(d)(5)(B) is amended to read:

(B) a verbal order has been issued directly to **a** [THE PHYSICIAN OR] health care provider by the attending physician**, attending advanced practice registered nurse, or attending physician assistant;** [.]

7 AAC 16.010(d)(6) is amended to read:

(6) a DNR**,** POLST**,** or MOLST order or identification for the patient that is executed or issued in another state or a territory or possession of the United States and that meets the requirements of AS 13.52.150.

7 AAC 16.010(e) is amended to read:

(e) **A** [THE PHYSICIAN OR OTHER] health care provider shall immediately proceed with patient assessment and care, including cardiopulmonary resuscitation, until the information required under (b) - (d) of this section is obtained. Cardiopulmonary resuscitation (CPR) need not be started or continued if the [PHYSICIAN OR OTHER] health care provider determines that it would be futile.

7 AAC 16.010(f) is amended to read:

(f) After establishing that **a** [THE] patient is a qualified DNR patient under AS 13.52 and this chapter, **a** [THE PHYSICIAN OR] health care provider may not attempt CPR for a patient who does not have a pulse or is not breathing. The DNR order does not affect other care or

services that the [PHYSICIAN OR OTHER] health care provider has determined are appropriate for the patient and may lawfully be performed by that provider.

7 AAC 16.010(g) is amended to read:

(g) **A** [THE] qualified DNR patient**,** or the patient's attending physician**, attending advanced practice registered nurse, or attending physician assistant** may revoke the patient's DNR status at any time and in any manner in accordance with AS 13.52. (Eff. 10/10/96, Register 140; am 5/6/2021, Register 238; am ____/____/_____, Register _____)

Authority: AS 13.52.060 AS 13.52.100 AS 13.52.135
AS 13.52.065 AS 13.52.110 AS 13.52.140
AS 13.52.080 AS 13.52.120 AS 13.52.150
AS 13.52.090 AS 13.52.130 AS 13.52.160

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Editor's note: A copy of the ***Provider*** *[PHYSICIANS] Orders for Life Sustaining Treatment (POLST) Program*, adopted by reference in 7 AAC 16.020, may be accessed online at **https://doh.alaska.gov/dph/Emergency/Pages/ems/programs/Alaska-Provider-Orders-for-**

Life-Sustaining-Treatment.aspx

[HTTPS://DHSS.ALASKA.GOV/DPH/EMERGENCY/PAGES/EMS/PROGRAMS/ALASKA-PHYSICIAN-ORDERS-FOR-LIFE-SUSTAINING-TREATMENT.ASPX], or may be reviewed at the State of Alaska, Department of Health, Division of Public Health, Section of Rural and Community Health Systems, 3601 C Street, Suite 424, Anchorage, AK 99503.

7 AAC 16.090(5) is amended to read:

(5) "POLST" means **provider** [PHYSICIAN] orders for life sustaining treatment, including DNR orders and other orders that specify a patient's wishes for other life sustaining treatment**; for purposes of this paragraph, "provider" or "health care provider" means a licensed physician, advanced practice registered nurse, or attending physician assistant**;[.]

7 AAC 16.090 is amended by adding a new paragraph to read:

(6) "provider" or "health care provider" has the meaning given in AS 13.52.390.

(Eff. 10/10/96, Register 140; am 5/6/2021, Register 238; am ____/____/_____, Register _____)

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DEPARTMENT OF HEALTH

PROPOSED CHANGES TO REGULATIONS.

DO-NOT-RESUSCITATE (DNR) PROTOCOL & IDENTIFICATION: PROVIDER ORDERS FOR LIFE SUSTAINING TREATMENT (POLST) PROGRAM.

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STATE OF ALASKA
DEPARTMENT OF HEALTH

Provider Orders for Life Sustaining Treatment (POLST) Program.

Office of Emergency Medical Services
Section of Rural and Community Health Systems
Division of Public Health
August 28, 2023.

Table of Contents

Alaska POLST Program: An Introduction

POLST helps give seriously-ill patients more control over the medical treatment they receive. The POLST form guides discussions between patients, their families, and and their healthcare team about treatment wishes in instances of serious illness. POLST transforms those wishes into medical orders, which are actionable and to be respected across the continuum of healthcare settings. POLST helps to ensure that patients receive the treatments that they want, and do not receive treatments that they do not want.

The POLST form complements an Advance Directive and does not replace that document. An Advance Directive is still necessary to appoint a legal healthcare decision maker, and is recommended for all adults, regardless of their health status. Use of the POLST form is designed for persons with advanced chronic, progressive and/or end-stage illness.

Completing a POLST form is completely voluntary. It is intended for patients with advanced illness or frailty and records choices for medical treatment in the patient's current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, the patient's treatment wishes may change, in which case POLST orders can and should be changed to reflect new preferences and treatment choices. If a POLST form is completed, Alaska law requires that the healthcare professional honor the completed POLST form and is provided immunity from civil or criminal liability when complying in good faith with a patient's POLST requests.

Requirement to Honor POLST Forms

The State of Alaska has defined that all healthcare providers, including prehospital emergency medical providers and first responder shall comply with life-sustaining treatment orders executed by a healthcare professional (MD/DO/ARNP/PA-C) according to Alaska Statute; AS: 13.52.60.

Who Should Consider Having a POLST Form?

The POLST form is intended for patients with advanced illness or frailty where accurate predictions cannot be made but death is likely in the foreseeable future.

Determine If The Patient Has A Condition That Warrants POLST Form Completion

The health care professional (MD/DO/ARNP/PA-C) may use several questions to determine if a POLST form is warranted. If the answer is "Yes" to any of these questions, the patient may have a condition that warrants the completion of a POLST form. A POLST form may be completed on the basis of a deteriorating irreversible health condition.

- Does the patient have a disease process that is in an advanced stage?;
- Is the patient experiencing a significant decline in health (such as frequent aspiration pneumonias)?;
- Is the patient in a palliative care, hospice program, or skilled nursing facility?; and/or

- Has this patient's level of functioning become more severely impaired as a result of a deteriorating health condition when intervention will not significantly impact the process of decline?

POLST Use for Patients With Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition Who Are Near the End of Life

Special consideration is required when completing a POLST form for a patient with significant physical disabilities, developmental disabilities and/or a significant mental health condition. Patients in these groups have the right to both the highest quality of care for their chronic disability and for equally high-quality care at the end of their life.

Patients with disabilities are at risk of bias resulting in under-treatment and/or have their chronic health conditions mistaken for illnesses or conditions nearing the end of life. The challenge to the health care professional is to discern when the patient is transitioning from a stable chronic disability to a more advanced phase of their illness.

Use of POLST for Individuals with Guardians

A guardian is the legal representative of the patient and should participate in a POLST discussion. The provider (MD/DO/ARNP/PA-C) may sign a POLST that includes limitations of treatment when the patient's guardian offers a non-opposition to their recommendations for withholding lifesaving or life-sustaining treatment.

Advance Directives and POLST: Working Together in Advance Care Planning

The voluntary use of the POLST form and the Advance Directive form are complementary to advance care planning to ensure patient wishes are followed. The purpose of advanced care planning is to document patient treatment preferences, provide a venue for reviewing and regularly updating these preferences, and communicate these preferences clearly to first responders and health care providers. While the Advance Directive and POLST forms differ, they both play important roles in end-of-life planning.

The POLST form is designed to direct medical treatment in acute situations through specific medical orders addressing defined medical interventions. Since these orders are followed in emergent conditions, the POLST should reflect what the patient would want now in their current state of health.

The focus of the Advance Directive is to document future health care instructions for patients who no longer can speak for themselves.

Patients with medical decision-making capacity should be assisted by their health care professional (MD/DO/ARNP/PA-C)in voiding their current POLST form and creating a new POLST form to reflect changing circumstances and wishes. If, however, the patient becomes incapacitated, the health care instructions and surrogate/health care decision-maker appointed

in an Advance Directive play an important role in implementing goals for care consistent with the patient wishes in their new state of health. The surrogate/health care decision-maker would participate in updating POLST orders (if needed) to be consistent with a patient's preferences as the patient's health status changes.

Note that the POLST form is a medical order and not intended to replace an Advance Directive. The Advance Directive is the appropriate legal document to appoint a surrogate/health care decision-maker.

Advanced Directive **A Voluntary Legal Document**	**POLST** **A Voluntary Medical Order**
For all adults regardless of health status.	For those with advanced illness, or frailty, or a limited prognosis at any age, depending on health status.
1. Appoints a legal decision-maker 2. Memorializes values and preferences 3. Is signed by the patient and witnessed and/or notarized	A patient or surrogate/health care decision-maker participates in the shared decision making of the POLST form. When the form is signed by the healthcare professional (MD/DO/ARNP/PA-C , it becomes a medical order.
Provides for theoretical situations in which a person may not have capacity for decision making. Guidelines for imagined future situations which may arise and for which a person may have preferences for a particular kind of care plan.	Provides for likely events that can be foreseen. Specific medical orders addressing defined medical interventions for situations that are likely to arise given the patient's health status and prognosis.

Who Can Fill Out A POLST Form?

The POLST form is intended for the patient to complete in consultation with his/her health care provider. If the patient is not fully capable of making decisions, the surrogate/health care decision-maker as appointed in the Advance Directive is the legally recognized surrogate and discussions should occur with this person. It is prudent for the signer to review the Advance Directive and verify its validity. The surrogate/health care decision-maker has the legal right to accept or refuse medical treatments for the patient as defined by Alaska Statute.

What If The Patient Does Not Have An Advance Directive?

If the patient does not have an Advance Directive, AS 13.52.030 identifies the appropriate surrogate decision makers that may be invited to speak on the incapacitated patient's behalf or provide input into treatment options. Facility ethics committees or institutional policy may provide additional guidance for those who do not have a surrogate/health care decision-maker.

Determining Appropriate Surrogate/Health Care Decision-Maker for Those Who Have Not Completed an Advance Directive

An adult may designate an individual to act as a surrogate/health care decision-maker. In the absence of a designation, or if the designee is not reasonably available, Alaska law defines the classes of patient family who may act as surrogate in AS 13.52.030 (c).

If none of the persons identified in the statute are available, then life-sustaining procedures may be withheld or withdrawn upon the direction and under the supervision of the attending physician, Advanced Registered Nurse Practitioner, or Physician Assistant (some health systems have additional procedures for decision making in the care of those without a surrogate/health care decision-maker).

Completing the POLST Form

The next section of this guidance provides a section-by-section review and instructions for completing the POLST form. Note that the provider (MD, DO, APRN, PA-C) should document the patient's goals of care and details of the discussion upon which the orders are based in the patient's medical record.

References to the "patient's representative" indicate the surrogate/health care decision-maker who is permitted to complete or void this form by Alaska Statute.

Any incomplete portion of this form defaults to the presumption that full treatment should be provided for that section.

Patient Information—Required

The following information is required in the Patient Information section of the POLST form:

- Patient First Name
- Last Name
- DOB

The following information is optional, but is helpful for providing further identification of the patient:

- Middle Name/Initial
- Preferred Name
- Suffix
- Gender
- Social Security Number's last 4 digits
- State where form was completed

Section A: Cardiopulmonary Resuscitation Orders

These orders apply only when the patient has no pulse and is not breathing. If the patient wants CPR and CPR is ordered, then the "YES CPR" box is checked. Full CPR measures should be carried out and 9-1-1 should be called. If a patient has indicated that they do not want CPR in the event of no pulse and no breathing, then the "NO CPR" box is checked. CPR should not be performed.

Section A also includes reference to "mechanical ventilation, defibrillation and cardioversion." This information is intended to support the provider in providing clarity to the patient regarding what "YES CPR" means.

Note: If the patient chooses "YES CPR" in Section A, then the "Full Treatments" box must be checked in Section B.

Section B: Initial Treatment Orders

This section begins with a reminder to reassess and discuss interventions with the patient or patient representative regularly. This is an important element to ensure that the POLST form represents the patient's most current care goals.

These orders in Section B apply to the patient who has a pulse and is breathing.

Full Treatments

"Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care."

This area should be chosen if all life-sustaining treatments are desired. This includes use of intubation, advanced airway intervention, mechanical ventilation, cardioversion, transfer to hospital and use of intensive care as indicated with no limitation of treatment. Full treatments must be chosen if YES CPR is chosen in Section A of this form. Additional clarifying orders may be included in Section C, Additional Orders or Instructions.

Selective Treatments

"Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form."

This area should be chosen if the patient's care goals include hospitalization if needed, but the patient wishes to avoid mechanical ventilation and the intensive care unit (ICU). Some patients may want hospitalization and treatments for reversible conditions or exacerbations of their underlying illness with the goal of restoring them to their current state of health (e.g., hospitalization for dehydration, pneumonia). Additional clarifying orders or other specific wishes to limit treatments may be included in Section C, Additional Orders or Instructions.

Comfort-focused Treatments

"Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting."

This area should be chosen for those patients wishing to avoid hospitalization. Additional clarifying orders may be included in Section C, Additional Orders or Instructions.

Section C: Additional Orders or Instructions

The purpose of this section is to put context around anything ordered in Section B and any other specific treatment wishes. Information written in this section comprises medical orders

that are in addition to those listed in Section B. These orders may include, but are not limited to: dialysis, blood products, limited time interventions, hydration, cardiac or breathing support, antiarrhythmic drugs, medications, antibiotic treatments, hyperalimentation, electrolyte or acid/base corrective measures, hospice evaluation, chemotherapy or radiation preferences, and diagnostic testing preferences (labs, imaging, or X-ray diagnostic testing restrictions). This section also includes the note "EMS protocols may limit emergency responder ability to act on orders in this section." EMS regulations, Scope of Practice, and agency protocols dictate the treatments they can provide, and they may not be able to honor what is ordered in this section.

Section D: Medically Assisted Nutrition

The intent of this area of the POLST form is to indicate high-level decision making about the patient's desire for surgical (long-term) or non-surgical (short term) treatment to support nutrition needs.

Choices in this section include:

- Provide feeding through new or existing surgically-placed tubes
- Trial period for artificial nutrition but no surgically–placed tubes
- No artificial means of nutrition desired
- Discussed but no decision made (standard of care provided)

The purpose of including the choice "Discussed but no decision made (standard of care provided)" is to indicate to other providers that this issue has been previously addressed with the patient. The reference to "standard of care" is included as a reminder to all parties that the absence of a decision defaults to providing the standard of care in this area.

Section E: Signature/Patient or Patient Representative (optional)

The first statement in this area reinforces that this form is voluntary and indicates that the patient has discussed treatment options and goals of care with their provider. The patient signature is not required, however, it is highly encouraged that the patient sign this form to confirm that the document accurately reflects the patient's preferences. It is understood that most states require a patient signature on this form, and the form may not be honored in other states without the patient's signature included.

It is the responsibility of the signer in Section F to know if the patient is capable of making decisions and signing the POLST form. If the patient is not capable of making decisions, the signer in Section F must ensure that the information included on this form was discussed with the appropriate patient representative appointed in the Advance Directive. If there is no Advance Directive, or there is no patient representative identified in the Advance Directive, then refer to the section of this document entitled *Determining Appropriate Surrogate For Those Who Have Not Completed An Advance Directive* for additional guidance.

Section F: Signature/Health Care Provider

POLST is a medical order and, to be valid, must be signed by an authorized provider. In Alaska, only a MD, DO, ARNP, or PA-C is authorized to sign in Section F. By signing this form, the provider confirms that the orders were discussed with the patient and they reflect the patient's wishes. A verbal order is also acceptable, with a follow-up signature, in accordance with the facility's verbal orders policy. Note: forms may be completed electronically and signed using an electronic signature.

If the POLST form has been prepared by someone other than the signer, this attestation confirms that the signing professional personally knows that the information is correct. It is the legal responsibility of the signer, not the preparer, to confirm that POLST orders reflect the patient's wishes in their current state of health.

Form Validity and Expiration

The bottom of Page 1 of the POLST form indicates that a "copied, faxed or electronic version of this form is a legal and valid medical order." It is understood that the original copy of the POLST form may not be available, and this statement affirms that other presentations of the form are valid.

The final statement on Page 1 indicates "This form does not expire." While this form and the orders therein do not expire, it is vital that the provider or his/her designee reviews this firm regularly with the patient or patient's representative. This is recommended to occur at the following intervals:

- When the patient is transferred from one care setting or level to another;
- Has a substantial change in health status;
- Changes primary provider; or
- Changes his/her treatment preferences or goals of care.

Form Completion Information (required)

All individuals present for the POLST discussion must be documented in this section. This includes individuals who are not legal decision-makers (friends, family members, etc.). If a health care provider assists in form completion, other than the MD/DO/ARNP/PA-C who signed the orders, then this individual's name must be legibly written in the designated area, along with the date and phone number. Additionally, the provider type must be indicated by checking the correct box or completing the "Other" category.

Contact Information (optional)

Contact information is provided in this section for convenience and is not required. Note that designating an individual as the Patient's Emergency Contact in this section does not grant them authority to act as a legal representative for the patient. This is explicitly stated on the form.

Using POLST with an Interpreter

Health care interpreter services should be used when the patient and/or patient representative has limited English proficiency. The signed version of the POLST form must remain in English so that emergency medical personnel can understand and follow the orders.

Modifying the POLST Form

The POLST Form cannot be modified. If changes are needed, the current form must be voided and a new form created.

Voiding the POLST Form

A patient with capacity, or the patient representative who has legal decision-making authority for a patient without capacity, can void the form. This is done when the patient or patient representative no longer wishes to have a POLST form, or when the form no longer accurately reflects patient wishes and needs to be updated.

- For facilities using a paper form, draw a line through Page 1 of the form, write VOID in large letters, and send a copy to the POLST Registry.
- If included in an electronic medical record, follow voiding procedures of facility.

Transferring a Patient With a POLST Form

For patients in institutional settings, the POLST form should accompany the patient upon transfer from one setting to another. A copy of the POLST form should be kept in the individual's medical record. HIPAA permits disclosure of POLST orders to other health care professionals across treatment settings. Copies of the POLST form are valid and should be honored by EMS and other professionals.

Should You Transfer Patients With Comfort-focused Treatment Orders?

"Comfort-focused Treatment" orders as designated in Section B of the POLST form suggest that the patient prefers not to be transferred to a hospital unless comfort needs cannot be met in the current location. Sometimes it is necessary to transfer patients to the hospital to control their suffering. Examples include pain and other symptom management (e.g., immediate and ongoing pain relief, control of bleeding, uncontrolled seizures, wound closing and treatment of lacerations), and stabilization of any fracture or other measures with the goal to control pain.

Addressing Disputes Regarding a POLST Form

Sometimes disputes arise regarding existing treatment orders on a POLST form for a patient who no longer has decision-making capacity. These disputes may center on who has decision-making authority and/or what the decision(s) should be. For example, a family member is requesting treatment that is inconsistent with the existing POLST form.

For EMS, it is recommended to clarify the family's understanding of the POLST form and if possible, contact medical control. contacting your On-Line Medical Control, if possible. If conflict continues to exist, transport to a hospital where there is more time to thoughtfully address the conflict.

For health care facilities and organizations, if a family dispute arises concerning the validity of a POLST form, it is recommended that you follow the facility or organization policy regarding surrogate/health care decision-making.

LAWS OF ALASKA

2022

Source
SCS CSHB 392(HSS)

Chapter No.
_____

AN ACT

Relating to advanced practice registered nurses and physician assistants; and relating to death certificates, do not resuscitate orders, and life sustaining treatment.

_____

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

THE ACT FOLLOWS ON PAGE 1

AN ACT

Relating to advanced practice registered nurses and physician assistants; and relating to death certificates, do not resuscitate orders, and life sustaining treatment.

*** Section 1.** AS 08.68.700(a) is amended to read:

(a) A registered nurse licensed under this chapter may make a determination and pronouncement of death of a person under the following circumstances:

(1) an attending physician**, an attending advanced practice registered nurse, or an attending physician assistant** has documented in the person's medical or clinical record that the person's death is anticipated due to illness, infirmity, or disease; this prognosis is valid for purposes of this section for **not** [NO] more than 120 days from the date of the documentation;

(2) at the time of documentation under (1) of this subsection, the physician**, the advanced practice registered nurse, or the physician assistant** authorized in writing a specific registered nurse or nurses to make a determination and

pronouncement of the person's death; however, if the person is in a health care facility and the health care facility has complied with (d) of this section, the physician**, the advanced practice registered nurse, or the physician assistant** may authorize all nurses employed by the facility to make a determination and pronouncement of the person's death.

*** Sec. 2.** AS 08.68.700(b) is amended to read:

(b) A registered nurse who has determined and pronounced death under this section shall document the clinical criteria for the determination and pronouncement in the person's medical or clinical record and notify the physician**, the advanced practice registered nurse, or the physician assistant** who determined that the prognosis for the patient was for an anticipated death. The registered nurse shall sign the death certificate, which must include the

(1) name of the deceased;

(2) presence of a contagious disease, if known; and

(3) date and time of death.

*** Sec. 3.** AS 08.68.700(c) is amended to read:

(c) Except as otherwise provided under AS 18.50.230, a physician **or physician assistant** licensed under AS 08.64 **or an advanced practice registered nurse licensed under this chapter** shall certify a death determined under (b) of this section within 24 hours after the pronouncement by the registered nurse.

*** Sec. 4.** AS 08.68.700(d) is amended to read:

(d) In a health care facility in which a physician**, an advanced practice registered nurse, or a physician assistant** chooses to proceed under (a) of this section, written policies and procedures shall be adopted that provide for the determination and pronouncement of death by a registered nurse **authorized by a physician, an advanced practice registered nurse, or a physician assistant** under this section. A registered nurse employed by a health care facility **and authorized by a physician, an advanced practice registered nurse, or a physician assistant to make a determination and pronouncement of death under this section** may not make **the** [A] determination or pronouncement [OF DEATH UNDER THIS SECTION] unless the facility has written policies and procedures implementing and

ensuring compliance with this section.

*** Sec. 5.** AS 13.52.065(a) is amended to read:

(a) A physician**, an advanced practice registered nurse, or a physician assistant** may issue a do not resuscitate order for a patient of the physician**, the advanced practice registered nurse, or the physician assistant with the consent of the patient or the parent or guardian of the patient if the patient is under 18 years of age**. The physician**, the advanced practice registered nurse, or the physician assistant** shall document the grounds for the order in the patient's medical file.

*** Sec. 6.** AS 13.52.065(c) is amended to read:

(c) The department shall develop standardized designs and symbols for do not resuscitate identification cards, forms, necklaces, and bracelets that signify, when carried or worn, that the carrier or wearer is an individual for whom a physician**, an advanced practice registered nurse, or a physician assistant** has issued a do not resuscitate order.

*** Sec. 7.** AS 13.52.065(d) is amended to read:

(d) A health care provider other than a physician**, an advanced practice registered nurse, or a physician assistant** shall comply with the protocol adopted under (b) of this section for do not resuscitate orders when the health care provider is presented with a do not resuscitate identification, an oral do not resuscitate order issued directly by a physician**, an advanced practice registered nurse, or a physician assistant** if the applicable hospital allows oral do not resuscitate orders, or a written do not resuscitate order entered on and as required by a form prescribed by the department.

*** Sec. 8.** AS 13.52.065(f) is amended to read:

(f) A do not resuscitate order may not be made ineffective unless a physician**, an advanced practice registered nurse, or a physician assistant** revokes the do not resuscitate order, a patient for whom the order is written and who has capacity requests that the do not resuscitate order be revoked, or the patient for whom the order is written is under 18 years of age and the parent or guardian of the patient requests that the do not resuscitate order be revoked. Any physician**, advanced practice**

registered nurse, or physician assistant of a patient for whom a do not resuscitate order is written may revoke the do not resuscitate order if the person for whom the order is written requests that the physician**, the advanced practice registered nurse, or the physician assistant** revoke the do not resuscitate order.

*** Sec. 9.** AS 13.52.080(a) is amended to read:

(a) A health care provider or health care institution that acts in good faith and in accordance with generally accepted health care standards applicable to the health care provider or institution is not subject to civil or criminal liability or to discipline for unprofessional conduct for

(1) providing health care information in good faith under AS 13.52.070;

(2) complying with a health care decision of a person based on a good faith belief that the person has authority to make a health care decision for a patient, including a decision to withhold or withdraw health care;

(3) declining to comply with a health care decision of a person based on a good faith belief that the person then lacked authority;

(4) complying with an advance health care directive and assuming in good faith that the directive was valid when made and has not been revoked or terminated;

(5) participating in the withholding or withdrawal of cardiopulmonary resuscitation under the direction or with the authorization of a physician**, an advanced practice registered nurse, or a physician assistant** or upon discovery of do not resuscitate identification upon an individual;

(6) causing or participating in providing cardiopulmonary resuscitation or other life-sustaining procedures

(A) under AS 13.52.065(e) when an individual has made an anatomical gift;

(B) because an individual has made a do not resuscitate order ineffective under AS 13.52.065(f) or another provision of this chapter; or

(C) because the patient is a woman of childbearing age and AS 13.52.055 applies; or

(7) acting in good faith under the terms of this chapter or the law of another state relating to anatomical gifts.

*** Sec. 10.** AS 13.52.100(c) is amended to read:

(c) An individual who is a qualified patient, including an individual for whom a physician**, an advanced practice registered nurse, or a physician assistant** has issued a do not resuscitate order, has the right to make a decision regarding the use of cardiopulmonary resuscitation and other life-sustaining procedures as long as the individual is able to make the decision. If an individual who is a qualified patient, including an individual for whom a physician**, advanced practice registered nurse, or physician assistant** has issued a do not resuscitate order, is not able to make the decision, the protocol adopted under AS 13.52.065 for do not resuscitate orders governs a decision regarding the use of cardiopulmonary resuscitation and other life-sustaining procedures.

*** Sec. 11.** AS 13.52.300 is amended to read:

Sec. 13.52.300. Optional form. The following sample form may be used to create an advance health care directive. The other sections of this chapter govern the effect of this or any other writing used to create an advance health care directive. This form may be duplicated. This form may be modified to suit the needs of the person, or a different form that complies with this chapter may be used, including the mandatory witnessing requirements:

ADVANCE HEALTH CARE DIRECTIVE

Explanation

You have the right to give instructions about your own health care to the extent allowed by law. You also have the right to name someone else to make health care decisions for you to the extent allowed by law. This form lets you do either or both of these things. It also lets you express your wishes regarding the designation of your health care provider. If you use this form, you may complete or modify all or any part of it. You are free to use a different form if the form complies with the requirements of AS 13.52.

Part 1 of this form is a durable power of attorney for health

care. A "durable power of attorney for health care" means the designation of an agent to make health care decisions for you. Part 1 lets you name another individual as an agent to make health care decisions for you if you do not have the capacity to make your own decisions or if you want someone else to make those decisions for you now even though you still have the capacity to make those decisions. You may name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. Unless related to you, your agent may not be an owner, operator, or employee of a health care institution where you are receiving care.

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you that you could legally make for yourself. This form has a place for you to limit the authority of your agent. You do not have to limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right, to the extent allowed by law, to

(a) consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition, including the administration or discontinuation of psychotropic medication;

(b) select or discharge health care providers and institutions;

(c) approve or disapprove proposed diagnostic tests, surgical procedures, and programs of medication;

(d) direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care; and

(e) make an anatomical gift following your death.

Part 2 of this form lets you give specific instructions for any aspect of your health care to the extent allowed by law, except you may not authorize mercy killing, assisted suicide, or euthanasia. Choices are provided for you to express your wishes regarding the provision,

withholding, or withdrawal of treatment to keep you alive, including the provision of artificial nutrition and hydration, as well as the provision of pain relief medication. Space is provided for you to add to the choices you have made or for you to write out any additional wishes.

Part 3 of this form lets you express an intention to make an anatomical gift following your death.

Part 4 of this form lets you make decisions in advance about certain types of mental health treatment.

Part 5 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end and have the form witnessed by one of the two alternative methods listed below. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as your agent to make sure that the person understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time, except that you may not revoke this declaration when you are determined not to be competent by a court, by two physicians, at least one of whom shall be a psychiatrist, or by both a physician and a professional mental health clinician. In this advance health care directive, "competent" means that you have the capacity

(1) to assimilate relevant facts and to appreciate and understand your situation with regard to those facts; and

(2) to participate in treatment decisions by means of a rational thought process.

PART 1

DURABLE POWER OF ATTORNEY FOR

HEALTH CARE DECISIONS

(1) DESIGNATION OF AGENT. I designate the following individual as my agent to make health care decisions for me:

_____

(name of individual you choose as agent)

_____

(address) (city) (state) (zip code)

_____

(home telephone) (work telephone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent

_____

(name of individual you choose as first alternate agent)

_____

(address) (city) (state) (zip code)

_____

(home telephone) (work telephone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent

_____

(name of individual you choose as second alternate agent)

_____

(address) (city) (state) (zip code)

_____

(home telephone) (work telephone)

(2) AGENT'S AUTHORITY. My agent is authorized and directed to follow my individual instructions and my other wishes to the extent known to the agent in making all health care decisions for

me. If these are not known, my agent is authorized to make these decisions in accordance with my best interest, including decisions to provide, withhold, or withdraw artificial hydration and nutrition and other forms of health care to keep me alive, except as I state here:

_____

_____

_____

(Add additional sheets if needed.)

Under this authority, "best interest" means that the benefits to you resulting from a treatment outweigh the burdens to you resulting from that treatment after assessing

(A) the effect of the treatment on your physical, emotional, and cognitive functions;

(B) the degree of physical pain or discomfort caused to you by the treatment or the withholding or withdrawal of the treatment;

(C) the degree to which your medical condition, the treatment, or the withholding or withdrawal of treatment, results in a severe and continuing impairment;

(D) the effect of the treatment on your life expectancy;

(E) your prognosis for recovery, with and without the treatment;

(F) the risks, side effects, and benefits of the treatment or the withholding of treatment; and

(G) your religious beliefs and basic values, to the extent that these may assist in determining benefits and burdens.

(3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE. Except in the case of mental illness, my agent's authority becomes effective when my primary physician determines that I am

unable to make my own health care decisions unless I mark the following box. In the case of mental illness, unless I mark the following box, my agent's authority becomes effective when a court determines I am unable to make my own decisions, or, in an emergency, if my primary physician or another health care provider determines I am unable to make my own decisions. If I mark this box [ ], my agent's authority to make health care decisions for me takes effect immediately.

(4) AGENT'S OBLIGATION. My agent shall make health care decisions for me in accordance with this durable power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(5) NOMINATION OF GUARDIAN. If a guardian of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as guardian, I nominate the alternate agents whom I have named under (1) above, in the order designated.

PART 2

INSTRUCTIONS FOR HEALTH CARE

If you are satisfied to allow your agent to determine what is best for you in making health care decisions, you do not need to fill out this part of the form. If you do fill out this part of the form, you may strike any wording you do not want. There is a state protocol that governs the use of do not resuscitate orders by physicians**, advanced practice registered nurses, physician assistants,** and other health care providers. You may obtain a copy of the protocol from the Alaska Department of Health and Social Services. A "do not resuscitate order"

means a directive from a licensed physician**, advanced practice registered nurse, or physician assistant** that emergency cardiopulmonary resuscitation should not be administered to you.

(6) END-OF-LIFE DECISIONS. Except to the extent prohibited by law, I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: (Check only one box.)

[ ] (A) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards; OR

[ ] (B) Choice Not To Prolong Life

I want comfort care only and I do not want my life to be prolonged with medical treatment if, in the judgment of my physician, I have (check all choices that represent your wishes)

[ ] (i) a condition of permanent unconsciousness: a condition that, to a high degree of medical certainty, will last permanently without improvement; in which, to a high degree of medical certainty, thought, sensation, purposeful action, social interaction, and awareness of myself and the environment are absent; and for which, to a high degree of medical certainty, initiating or continuing life-sustaining procedures for me, in light of my medical outcome, will provide only minimal medical benefit for me; or

[ ] (ii) a terminal condition: an incurable or irreversible illness or injury that without the administration of life-sustaining procedures will result in

my death in a short period of time, for which there is no reasonable prospect of cure or recovery, that imposes severe pain or otherwise imposes an inhumane burden on me, and for which, in light of my medical condition, initiating or continuing life-sustaining procedures will provide only minimal medical benefit;

[ ] Additional instructions: _____

_____

(C) Artificial Nutrition and Hydration. If I am unable to safely take nutrition, fluids, or nutrition and fluids (check your choices or write your instructions),

[ ] I wish to receive artificial nutrition and hydration indefinitely;

[ ] I wish to receive artificial nutrition and hydration indefinitely, unless it clearly increases my suffering and is no longer in my best interest;

[ ] I wish to receive artificial nutrition and hydration on a limited trial basis to see if I can improve;

[ ] In accordance with my choices in (6)(B) above, I do not wish to receive artificial nutrition and hydration.

[ ] Other instructions:_____

_____

(D) Relief from Pain.

[ ] I direct that adequate treatment be provided at all times for the sole purpose of the alleviation of pain or discomfort; or

[ ] I give these instructions:

_____

_____

(E) Should I become unconscious and I am pregnant, I direct that _____

_____

_____

(7) OTHER WISHES. (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that

_____

_____

Conditions or limitations: _____

_____.

(Add additional sheets if needed.)

PART 3

ANATOMICAL GIFT AT DEATH

(OPTIONAL)

If you are satisfied to allow your agent to determine whether to make an anatomical gift at your death, you do not need to fill out this part of the form.

(8) Upon my death: (mark applicable box)

[ ] (A) I give any needed organs, tissues, or other body parts, OR

[ ] (B) I give the following organs, tissues, or other body parts only _____

_____

[ ] (C) My gift is for the following purposes (mark any of the following you want):

[ ] (i) transplant;

[ ] (ii) therapy;

[ ] (iii) research;

[ ] (iv) education.

[ ] (D) I refuse to make an anatomical gift.

PART 4

MENTAL HEALTH TREATMENT

This part of the declaration allows you to make decisions in advance about mental health treatment. The instructions that you include in this declaration will be followed only if a court, two physicians that include a psychiatrist, or a physician and a professional mental health clinician believe that you are not competent and cannot make treatment decisions. Otherwise, you will be considered to be competent and to have the capacity to give or withhold consent for the treatments.

If you are satisfied to allow your agent to determine what is best for you in making these mental health decisions, you do not need to fill out this part of the form. If you do fill out this part of the form, you may strike any wording you do not want.

(9) PSYCHOTROPIC MEDICATIONS. If I do not have the capacity to give or withhold informed consent for mental health treatment, my wishes regarding psychotropic medications are as follows:

_____ I consent to the administration of the following medications: _____

_____ I do not consent to the administration of the following medications: _____

Conditions or limitations:_____

_____.

(10) ELECTROCONVULSIVE TREATMENT. If I do not have the capacity to give or withhold informed consent for mental health treatment, my wishes regarding electroconvulsive treatment are as follows:

_____ I consent to the administration of electroconvulsive treatment.

_____ I do not consent to the administration of electroconvulsive treatment.

Conditions or limitations: _____

_____.

(11) ADMISSION TO AND RETENTION IN FACILITY. If I do not have the capacity to give or withhold informed consent for mental health treatment, my wishes regarding admission to and retention in a mental health facility for mental health treatment are as follows:

_____ I consent to being admitted to a mental health facility for mental health treatment for up to _____ days. (The number of days not to exceed 17.)

_____ I do not consent to being admitted to a mental health facility for mental health treatment.

Conditions or limitations: _____

_____.

OTHER WISHES OR INSTRUCTIONS

_____

_____

_____

Conditions or limitations: _____

_____.

PART 5

PRIMARY PHYSICIAN

(OPTIONAL)

(12) I designate the following physician as my primary physician:

_____

(name of physician)

_____

(address) (city) (state) (zip code)

_____

(telephone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

_____

(name of physician)

_____

(address) (city) (state) (zip code)

_____

(telephone)

(13) EFFECT OF COPY. A copy of this form has the same effect as the original.

(14) SIGNATURES. Sign and date the form here:

_____

(date) (sign your name)

_____

(print your name)

_____

(address) (city) (state) (zip code)

(15) WITNESSES. This advance care health directive will not be valid for making health care decisions unless it is

(A) signed by two qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature; the witnesses may not be a health care provider employed at the health care institution or health care facility where you are receiving health care, an employee of the health care provider who is providing health care to you, an employee of the health care institution or health care facility where you are receiving health care, or the person appointed as your agent by this document; at least one of the two witnesses may not be related to you by blood, marriage, or adoption or entitled to a portion of your estate upon your death

under your will or codicil; or

(B) acknowledged before a notary public in the state.

ALTERNATIVE NO. 1

Witness Who is Not Related to or a Devisee of the Principal

I swear under penalty of perjury under AS 11.56.200 that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney for health care in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, and that I am not

(1) a health care provider employed at the health care institution or health care facility where the principal is receiving health care;

(2) an employee of the health care provider providing health care to the principal;

(3) an employee of the health care institution or health care facility where the principal is receiving health care;

(4) the person appointed as agent by this document;

(5) related to the principal by blood, marriage, or adoption; or

(6) entitled to a portion of the principal's estate upon the principal's death under a will or codicil.

_____

(date) (signature of witness)

_____

(printed name of witness)

_____

(address) (city) (state) (zip code)

Witness Who May be Related to or a Devisee of the Principal

I swear under penalty of perjury under AS 11.56.200 that the principal is personally known to me, that the principal signed or

acknowledged this durable power of attorney for health care in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, and that I am not

(1) a health care provider employed at the health care institution or health care facility where the principal is receiving health care;

(2) an employee of the health care provider who is providing health care to the principal;

(3) an employee of the health care institution or health care facility where the principal is receiving health care; or

(4) the person appointed as agent by this document.

_____

(date) (signature of witness)

_____

(printed name of witness)

_____

(address) (city) (state) (zip code)

ALTERNATIVE NO. 2

State of Alaska

_____ Judicial District

On this ____ day of _____, in the year _____, before me, _____ (insert name of notary public) appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that the person executed it.

Notary Seal

_____

(signature of notary public)

*** Sec. 12.** AS 13.52.390(12) is amended to read:

(12) "do not resuscitate order" means a directive from a licensed physician**, advanced practice registered nurse, or physician assistant** that emergency cardiopulmonary resuscitation should not be administered to a qualified patient;

*** Sec. 13.** AS 13.52.390(23) is amended to read:

(23) "life-sustaining procedures" means any medical treatment, procedure, or intervention that, in the judgment of the primary physician**, advanced practice registered nurse, or physician assistant**, when applied to a patient with a qualifying condition, would not be effective to remove the qualifying condition, would serve only to prolong the dying process, or, when administered to a patient with a condition of permanent unconsciousness, may keep the patient alive but is not expected to restore consciousness; in this paragraph, "medical treatment, procedure, or intervention" includes assisted ventilation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs, including antibiotics, or artificial nutrition and hydration;

*** Sec. 14.** AS 13.52.390 is amended by adding new paragraphs to read:

(38) "advanced practice registered nurse" has the meaning given in AS 08.68.850;

(39) "physician assistant" means an individual licensed under AS 08.64.107.

*** Sec. 15.** AS 18.50.230(c) is amended to read:

(c) The medical certification shall be completed and signed within 24 hours after death by the physician**, the advanced practice registered nurse, or the physician assistant** in charge of the patient's care for the illness or condition that resulted in death except when an official inquiry or inquest is required and except as provided by regulation in special problem cases.

HOUSE BILL NO. 314

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-THIRD LEGISLATURE - SECOND SESSION

BY THE HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

Introduced: 2/9/24
Referred: Labor and Commerce

A BILL

FOR AN ACT ENTITLED

"An Act relating to occupational licensing fees; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*** Section 1.** AS 08.01.065(a) is amended to read:

(a) Except for business licenses, the department shall adopt regulations that establish the amount and manner of payment of application fees, examination fees, license fees, registration fees, permit fees, [INVESTIGATION FEES,] and all other fees as appropriate for the occupations covered by this chapter.

*** Sec. 2.** AS 08.01.065(c) is amended to read:

(c) Except as provided in (f) - (k) of this section, the department shall establish fee levels under (a) of this section so that the total amount of fees collected for an occupation approximately equals the actual regulatory costs for the occupation. The department shall annually review each fee level to determine whether the regulatory costs of each occupation are approximately equal to fee collections related to that occupation. If the review indicates that an occupation's fee collections and regulatory costs are not approximately equal, the department shall calculate fee adjustments and

adopt regulations under (a) of this section to implement the adjustments. In January of each year, the department shall report on all fee levels and revisions for the previous year under this subsection to the office of management and budget. If a board regulates an occupation covered by this chapter, the department shall consider the board's recommendations concerning the occupation's fee levels and regulatory costs before revising fee schedules to comply with this subsection. [IN THIS SUBSECTION, "REGULATORY COSTS" MEANS COSTS OF THE DEPARTMENT THAT ARE ATTRIBUTABLE TO REGULATION OF AN OCCUPATION PLUS

(1) ALL EXPENSES OF THE BOARD THAT REGULATES THE OCCUPATION IF THE BOARD REGULATES ONLY ONE OCCUPATION;

(2) THE EXPENSES OF A BOARD THAT ARE ATTRIBUTABLE TO THE OCCUPATION IF THE BOARD REGULATES MORE THAN ONE OCCUPATION.]

*** Sec. 3.** AS 08.01.065 is amended by adding a new subsection to read:

(*l*) In this section, "regulatory costs" means costs of the department that are attributable to regulation of an occupation, including all expenses of a board that regulates the occupation if the board regulates only one occupation or the expenses of a board that are attributable to the occupation if the board regulates more than one occupation. In this section, "regulatory costs" does not include costs attributable to disciplinary investigations and actions involving a person engaged in an unlicensed practice or legal and actual costs associated with complaints, hearings, mediation, and settlement.

*** Sec. 4.** AS 08.13.185(b) is amended to read:

(b) The department shall set fees under AS 08.01.065 for examination [AND INVESTIGATION].

*** Sec. 5.** AS 08.61.090 is amended to read:

Sec. 08.61.090. Fees. The department shall set fees under AS 08.01.065 for application, license issuance, **and** license renewal [, AND INVESTIGATION] under this chapter.

*** Sec. 6.** AS 08.62.040(a) is amended to read:

(a) The board shall

(1) provide for the maintenance of efficient and competent pilotage service on the inland and coastal water of and adjacent to the state to assure the protection of shipping, the safety of human life and property, and the protection of the marine environment;

(2) consistent with the law, adopt regulations, subject to AS 44.62 (Administrative Procedure Act), establishing the qualifications of and required training for pilots and providing for the examination of pilots and the issuance of original or renewal pilot licenses to qualified persons;

(3) keep a register of licensed pilots, licensed deputy pilots, and agents;

(4) adopt regulations establishing

(A) pilotage regions in the state;

(B) the criteria for concurring in the amount of license, application, training, [INVESTIGATION,] and audit fees proposed by the department under AS 08.01.065;

(C) the criteria for recognizing pilot organizations under AS 08.62.175;

(5) make available, upon request, copies of this chapter and the regulations adopted under this chapter;

(6) review and approve the articles, bylaws, and rules of pilot organizations;

(7) audit a pilot organization or an individual pilot as necessary to implement and enforce this chapter;

(8) review and approve training programs conducted by pilot organizations; the board shall cooperate with the Department of Environmental Conservation in the review and approval of training programs for pilots of tank vessels;

(9) establish and publish the dates of future license examinations; and

(10) approve or disapprove rates for pilotage services as provided under AS 08.62.046.

*** Sec. 7.** AS 08.62.140(a) is amended to read:

(a) The department shall set fees under AS 08.01.065 for applications, licenses, agent registrations, [INVESTIGATIONS,] audits, and training.

*** Sec. 8.** AS 08.70.150 is amended to read:

Sec. 08.70.150. Fees. The department shall set fees under AS 08.01.065 for examination and **evaluation** [INVESTIGATION] of persons applying for a license, initial license, and license renewal.

*** Sec. 9.** AS 08.80.160 is amended to read:

Sec. 08.80.160. Fees. The Department of Commerce, Community, and Economic Development shall set fees under AS 08.01.065 for the following:

(1) examination;

(2) reexamination;

(3) **evaluation** [INVESTIGATION] for licensing by license transfer;

(4) pharmacist license;

(5) temporary license;

(6) pharmacy technician license;

(7) pharmacy intern license;

(8) emergency permit;

(9) license amendment or replacement;

(10) licensure of a facility classified under AS 08.80.157(b).

*** Sec. 10.** AS 08.98.190 is amended to read:

Sec. 08.98.190. Fees. The department shall set fees under AS 08.01.065 for the following:

(1) application;

(2) examination;

(3) **evaluation** [INVESTIGATION] of credentials;

(4) license;

(5) license renewal;

(6) temporary license;

(7) temporary permit.

*** Sec. 11.** This Act takes effect July 1, 2024.

17. Applicant Review / License Approvals – Doctors of Allopathic Medicine

	Lic Type	First Name	Last Name
1.	MD	August	Adams
2.	MD	Justin	Allen
3.	MD	Anubhav	Amin
4.	MD	Rida	Ashraf
5.	MD	Kate	Backstrum
6.	MD	Bruce	Barton
7.	MD	Chetan	Bharel
8.	MD	Jonathan	Breslau
9.	MD	Josiah	Brown
10.	MD	Charles	Buess
11.	MD	Yamil	Cardel
12.	MD	Michael	Chang
13.	MD	Tara	Chang
14.	MD	Louisa	Chatroux
15.	MD	Nak	Chhiv
16.	MD	Kyle	Chong
17.	MD	Michael	Clarke
18.	MD	Lee	Cranmer
19.	MD	Brad	Dolinsky
20.	MD	Francis	Downey
21.	MD	Ajeet	Dube
22.	MD	Cindy	Duke
23.	MD	Kyler	Dykes
24.	MD	David	Eilender
25.	MD	Christopher	Gammarano
26.	MD	Manisha	Ghimire
27.	MD	Reza	Ghomi
28.	MD		
29.	MD	Thomas	Gill
30.	MD	Lauren	Gunderman
31.	MD	Feras	Hamdan
32.	MD	John	Hawrot
33.	MD	David	Helton
34.	MD	Alisa	Hideg
35.	MD	Amber	Hill

	Lic Type	First Name	Last Name
36.	MD	Andrew	Hoene
37.	MD	Mary	Horner
38.	MD	Melissa	Hummelke
39.	MD	Aizaz	Hundal
40.	MD	Benjamin	Huntley
41.	MD	Jazmine	Irish
42.	MD		
43.	MD	Luke	Johnson
44.	MD	Vasanth	Kainkaryam
45.	MD	Suman	Kaza
46.	MD	Mohammad	Khaledy
47.	MD	Nicholaos	Kehagias
48.	MD	Teri	Kim
49.	MD	Taras	Kindrat
50.	MD	Predrag	Latkovich
51.	MD	Daniel	Lazar
52.	MD	Gigi	Lefebvre
53.	MD	Sharon	Lee
54.	MD	Max	Levitt
55.	MD	Susan	Little-Jones
56	MD	Iris	Liou
57.	MD	Laily	Mahoozi
58.	MD	Katsiaryna	Malykhina
59.	MD	Mark	Mauriello
60.	MD	Harveshp	Mogal
61.	MD	Jeffrey	Mudrick
62.	MD	Stephen	Meyers
63.	MD	Leah	Morelli
64.	MD	Imaad	Nasir
65.	MD	Hridayesh	Nat
66.	MD	Mohammad	Nawabi
67.	MD	Audrey	Newell
68.	MD	Chinedu	Ngwudike
69.	MD	David	Nordin
70.	MD	Augustine	O'Malley

71.	MD	Melven	Omodon
72.	MD	Okemefuna	Okpara
73.	MD	Dennerd	Ovando
74.	MD	Haines	Paik
75.	MD	James	Park
76.	MD	Jordan	Pearce
77.	MD	James	Powell
78.	MD	Julia	Quirion
79.	MD	Svetlana	Raichel-Stivi
80.	MD	Naeem	Rahim
81.	MD	Inna	Robrahn
82.	MD	Jacob	Ruzevick
83.	MD	Nayomi	Sajan
84.	MD	Debra	Salter
85.	MD	Mark	Samson
86.	MD	Katherine	Saunders
87.	MD	Gregory	Schlessinger
88.	MD	Jessica	Schlicher
89.	MD	Jason	Schmidt
90.	MD	Barbara	Semakula
91.	MD	Jeremy	Sharib
92.	MD	Nancy	Sharma
93.	MD	Vikas	Sharotri
94.	MD	Christine	Shaw
95.	MD	William	Shirah
96.	MD	Jeremy	Smith
97.	MD	Leslee	Stevenson
98.	MD	Saher	Suleman
99.	MD	Brittany	Tabler
100.	MD	Ignasia	Tanone
101.	MD	Michael	Than
102.	MD	Nita	Thapa
103.	MD	Jason	Thompson
104.	MD	Purushottam	Tiwari
105.	MD	Cathy	Tong
106.	MD	John	VanTassel
107.	MD	Chardonnay	Vance
108.	MD	Ryan	Vega
109.	MD	Dhanviney	Verma
110.	MD	Richard	Veyna
111.	MD	Michael	Visik
112.	MD	Jeffrey	Walker
113.	MD	Su Chong	Weber
114.	MD	Jennifer	Weissman
115.	MD	April	Whitaker
116.	MD	Gina	Wilson
117.	MD	Jeffrey	Walker
118.	MD	David	Wong
119.	MD	Michael	Woo-Ming
120.	MD	William	Yee

17. Applicant Review / License Approvals – Physician Assistants

	Lic Type	First Name	Last Name
1.	PA	Katherine	Alexander
2.	PA	Andrew	Ashford
3.	PA	Andrew	Ashton
4.	PA	David	Auer
5.	PA	Douglas	Bartel
6.	PA	Lauren	Bentley
7.	PA	Alice	Berg
8.	PA	Pooja	Bhattacharyya
9.	PA	Anton	Clark
10.	PA	David	Durkee
11.	PA	Erin	Eisses
12.	PA	Sadyk	Fayzulayev
13.	PA	Gibson	Gamel
14.	PA	Margaret	Glissmeyer
15.	PA	Katarina	Godin
16.	PA	Laila	Habib
17.	PA	Floresita	Hernandez
18.	PA	Casey	Hill
19.	PA	Stefana	Iacob-Townsend
20.	PA	Daniel	Knudsen
21.	PA	Jessica	Lachowicz
22.	PA	Stephen	Meyer
23.	PA	Keith	McCormick
24.	PA	Brigid	Morgan
25.	PA	Brianne	Newman
26.	PA	Adetunji	Oshun
27.	PA	Michael	Parente
28.	PA	Adam	Richins
29.	PA	William	Roberts
30.	PA	Douglas	Russell

	Lic Type	First Name	Last Name
31.	PA	Julian	Saavedra
32.	PA	James	Schmid
33.	PA	Alla	Shabtai
34.	PA	Narda	Sherman
35.	PA	Elizabeth	Snedeker
36.	PA	Mark	Steinhauser
37.	PA	Erin	Storck
38.	PA	Tevin	Trinh
39.	PA	Eva	Vaaia
40.	PA	Caitlin	Ward
41.	PA	London	Wodfolk
42.	PA	Lauren	Younger
43.	PA	Bradley	Youngers
44.	PA	Grace	Zimmerman

17. Applicant Review / License Approvals – Doctors of Osteopathic Medicine

	Lic Type	First Name	Last Name
1.	DO	Jarrett	Burns
2.	DO	Chelsea	Eisenberg
3.	DO	Genevieve	Jacobs
4.	DO	Richard	Kim
5.	DO	Alicia	King
6.	DO	Douglas	Lucas
7.	DO	Olga	Mejia
8.	DO	Phillip	Mele
9.	DO	Hailey	Sibbett
10.	DO	Kevin	Sigley
11.	DO	Ted	Spiewak
12.	DO	James	Teet
13.	DO	Michael	Vrablik
14.	DO		
15.	DO		
16.	DO		
17.	DO		
18.	DO		
19.	DO		
20.	DO		
21.	DO		
22.	DO		
23.	DO		
24.	DO		
25.	DO		
26.	DO		
27.	DO		
28.	DO		
29.	DO		
30.	DO		