

NOTICE OF PROPOSED CHANGES IN THE REGULATIONS OF THE STATE MEDICAL BOARD TO STREAMLINE LICENSURE REQUIREMENTS FOR PHYSICIANS

BRIEF DESCRIPTION: The State Medical Board proposes to change regulations relating to the practice of physicians, including eliminating redundant requirements for licensure to streamline and expedite the licensure process.

The State Medical Board (Board) proposes to adopt regulation changes in Title 12, Chapter 40 of the Alaska Administrative Code, eliminating redundant requirements for licensure for physicians, including the following:

1. **Article 1 - Licensing**, is proposed to amend the regulations to remove the requirements for original letters of verification of hospital privileges, federal Drug Enforcement Administration (DEA) clearances, and American Medical Association (AMA) or American Osteopathic Association (AOA) Physician Profiles for both initial licensure and renewals. This will simplify and expedite the current licensure process for physicians. To replace these requirements, the Board proposes regulations to require disclosures, statements, and attestations from the applicant regarding disciplinary actions taken against the applicant and revoked or restricted DEA registration information.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting written comments to Stefanie Davis, Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806. Additionally, the Board will accept comments by facsimile at (907) 465-2974 and by electronic mail at RegulationsAndPublicComment@alaska.gov. Comments may also be submitted through the Alaska Online Public Notice System by accessing this notice on the system at <http://notice.alaska.gov/215303>, and using the comment link. **The comments must be received not later than 4:30 p.m. on June 11, 2024.**

You may submit written questions relevant to the proposed action to Stefanie Davis, Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811 - 0806 or by e-mail at RegulationsAndPublicComment@alaska.gov. **The questions must be received at least 10 days before the end of the public comment period.** The Board will aggregate its response to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System and on the Board's website at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Stefanie Davis at (907) 465-2537 or RegulationsAndPublicComment@alaska.gov not later than June 4, 2024 to ensure that any necessary accommodations can be provided.

A copy of the proposed regulation changes is available on the Alaska Online Public Notice System and by contacting Stefanie Davis at (907) 465-2537 or RegulationsAndPublicComment@alaska.gov, or at <https://www.commerce.alaska.gov/web/portals/5/pub/MED-1223.pdf>.

After the public comment period ends, the Board will either adopt the proposed regulation changes or other provisions dealing with the same subject, without further notice, or decide to take no action. The language of the final regulations may be different from that of the proposed regulations. **You should comment during the time allowed if your interests could be affected.**

Statutory Authority: AS 08.01.062; AS 08.01.063; AS 08.01.100; AS 08.64.100; AS 08.64.101; AS 08.64.180; AS 08.64.190; AS 08.64.200; AS 08.64.205; AS 08.64.209; AS 08.64.210; AS 08.64.225; AS 08.64.240; AS 08.64.250; AS 08.64.255; AS 08.64.275; AS 08.64.279; AS 08.64.313

Statutes Being Implemented, Interpreted, or Made Specific: AS 08.64.100; AS 08.64.101; AS

08.64.180; AS 08.64.190; AS 08.64.200; AS 08.64.205; AS 08.64.209; AS 08.64.225

Fiscal Information: The proposed regulation changes are not expected to require an increased appropriation.

For each occupation regulated under the Division of Corporations, Business and Professional Licensing, the Division keeps a list of individuals or organizations who are interested in the regulations of that occupation. The Division automatically sends a Notice of Proposed Regulations to the parties on the appropriate list each time there is a proposed change in an occupation's regulations in Title 12 of the Alaska Administrative Code. If you would like your address added to or removed from this list, send your request to the Division at the address above, giving your name, either your e-mail address or mailing address (as you prefer for receiving notices), and the occupational area in which you are interested.

DATE: 5/9/2024

/s/
Stefanie Davis, Regulations Specialist
Division of Corporations, Business and
Professional Licensing

ADDITIONAL REGULATION NOTICE INFORMATION (AS 44.62.190(d))

- 1. Adopting agency:** State Medical Board – Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing.
- 2. General subject of regulation:** Physician licensure requirement updates.
- 3. Citation of regulation:** 12 AAC 40.010 through 12 AAC 40.050.
- 4. Department of Law file number:** 2024200012.
- 5. Reason for the proposed action:** Update and clarification of current regulations; compliance with state statute.
- 6. Appropriation/Allocation:** Corporations, Business and Professional Licensing – #2360.
- 7. Estimated annual cost to comply with the proposed action to:**
A private person: None known.
Another state agency: None known.
A municipality: None known.
- 8. Cost of implementation to the state agency and available funding (in thousands of dollars):**
No costs are expected in FY 2024 or in subsequent years.
- 9. The name of the contact person for the regulation:**
Natalie Norberg, Executive Administrator
State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
E-mail: natalie.norberg@alaska.gov
- 10. The origin of the proposed action:** Staff of state agency
- 11. Date:** 5/9/2024 **Prepared by:** /s/

Stefanie Davis
Regulations Specialist

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 at any time, 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;

(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**;

(E) [(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 at any time, 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;

(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 at any time, 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 [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 _____)

Comments on: NOTICE OF PROPOSED CHANGES IN THE REGULATIONS OF THE STATE MEDICAL BOARD TO STREAMLINE LICENSURE REQUIREMENTS FOR PHYSICIANS

Submitted By	Comment
5/10/2024 9:48:14 PM	I support the proposed changes to streamline the medical licensing process.
Kristin Mitchell MD politicalkmm@gmail.com Kenai, AK, US Anonymous User	In addition, I would support a system to expedite review of licensees who already hold a license in a WWAMI state, with particular focus on expediting medical resident licenses (from ACGME accredited programs where there is already a high level of supervision and scrutiny) to allow for increased professional exposure to Alaska medical settings during training when physicians are making decisions about their final practice locations.

From: [Jared Kosin](#)
To: [Regulations and Public Comment \(CED sponsored\)](#)
Cc: [Jeannie Monk](#); [Jann Mylet](#); [Ryan Johnston](#)
Subject: Public Comments to Proposed Changes to Reg for Physician Licensure
Date: Thursday, May 30, 2024 11:40:27 AM
Attachments: [image003.png](#)
[AHHA Public Comments re Physician Licensure Reg Changes 5-30-24.pdf](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To Whom It May Concern,

Please see attached a letter of support from the Alaska Hospital & Healthcare Association for the proposed changes to regulation concerning physician licensure.

Sincerely,

Jared

May 30, 2024

Stefanie Davis
Regulations Specialist
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, AK 99811
RegulationsAndPublicComment@alaska.gov

RE: Proposed Changes to Regulation for Physician Licensing

To Whom It May Concern:

For 70 years, the Alaska Hospital & Healthcare Association (AHHA) has served as a non-profit trade association representing Alaska's hospitals, nursing homes, and a growing number of healthcare partners across the continuum of care. AHHA members play an invaluable role, both as community providers and essential employers, in cities, towns, and villages across Alaska.

It is well documented that Alaska's healthcare system is severely challenged by workforce shortages, recruitment barriers, and other limitations to access. AHHA supports all efforts that seek to simplify and expedite the licensure process for healthcare professionals.

AHHA strongly supports the proposed changes to regulation for physician licensing. The proposed changes will specifically remove the requirements for original letters of verification of hospital privileges, federal Drug Enforcement Administration (DEA) clearances, and American Medical Association (AMA) or American Osteopathic Association (AOA) Physician Profiles for both initial licensure and renewals. Consistent with states across the country, the Board is modernizing Alaska's regulations by replacing these requirements with detailed disclosures, statements, and attestations.

We appreciate the diligent work performed by the Alaska State Medical Board, and its collaboration with stakeholders like us. The proposed changes better align Alaska's licensing process with best practices used in other states, and we believe the proposed changes are a positive step forward for decreasing the amount of time it takes to compile a complete application, which should help speed up the process for licensing physicians.



Thank you again for your work on these regulations, and your efforts to modernize and streamline the licensure process so physicians can safely and appropriately get to work providing care to Alaskans.

Sincerely,

A handwritten signature in blue ink, appearing to read 'J. Kosin'.

Jared C. Kosin, JD, MBA
President & CEO

Selection of physicians for PA Work Group

Survey Details

Open Date: 7/10/2024 2:24 PM AKDT

Close Date: 7/18/2024 1:45 PM AKDT

Survey Description

The Board must select TWO physicians to serve on the work group tasked with revising the physician assistant regulations. Please review the statements submitted by the physicians interested in serving on the work group. Vote for "Yes" for your top TWO choices.

Survey Results



Name	Yes Votes	No Votes
Daniel Griffis, MD	1	6
Daniel Reynolds, DO	4	3
Donna Galbreath, MD	0	7
Jonathan Barnes, MD	4	3
Kristin Mitchell, MD	1	6
Murray Butner	1	6
Rachel Carricaburu	3	4

Question 1. Daniel Griffis, MD

Roll Call Results

Director	Selection
Matt Heilala	No
David Paulson	
Brent Taylor	No
David Wilson	No
David Barnes	No
Sarah Bigelow-Hood	No
Eric Nimmo	No
Lydia Mielke	Yes

Graphical Results



Selection	Percent	Count
Yes	 14%	1
No	 86%	6
		Total 7

Question 2. Daniel Reynolds, DO

Roll Call Results

Director	Selection
Matt Heilala	Yes
David Paulson	
Brent Taylor	No
David Wilson	No
David Barnes	Yes
Sarah Bigelow-Hood	Yes
Eric Nimmo	Yes
Lydia Mielke	No

Graphical Results


Selection	Percent	Count
No	 43%	3
Yes	 57%	4
		Total 7

Question 3. Donna Galbreath, MD

Roll Call Results

Director	Selection
Matt Heilala	No
David Paulson	
Brent Taylor	No
David Wilson	No
David Barnes	No
Sarah Bigelow-Hood	No
Eric Nimmo	No
Lydia Mielke	No

Graphical Results



Selection	Percent	Count
Yes	0%	0
No	 100%	7
		Total 7

Question 4. Jonathan Barnes, MD

Roll Call Results

Director	Selection
Matt Heilala	No
David Paulson	
Brent Taylor	Yes
David Wilson	Yes
David Barnes	Yes
Sarah Bigelow-Hood	No
Eric Nimmo	No
Lydia Mielke	Yes

Graphical Results



Selection	Percent	Count
Yes	 57%	4
No	 43%	3
		Total 7

Question 5. Kristin Mitchell, MD

Roll Call Results

Director	Selection
Matt Heilala	No
David Paulson	
Brent Taylor	No
David Wilson	Yes
David Barnes	No
Sarah Bigelow-Hood	No
Eric Nimmo	No
Lydia Mielke	No

Graphical Results



Selection	Percent	Count
Yes	 14%	1
No	 86%	6
		Total 7

Question 6. Murray Buttner, MD

Roll Call Results

Director	Selection
Matt Heilala	No
David Paulson	
Brent Taylor	No
David Wilson	No
David Barnes	No
Sarah Bigelow-Hood	Yes
Eric Nimmo	No
Lydia Mielke	No

Graphical Results



Selection	Percent	Count
Yes	 14%	1
No	 86%	6
		Total 7

Question 7. Rachel Carricaburu, MD

Roll Call Results

Director	Selection
Matt Heilala	Yes
David Paulson	
Brent Taylor	Yes
David Wilson	No
David Barnes	No
Sarah Bigelow-Hood	No
Eric Nimmo	Yes
Lydia Mielke	No

Graphical Results

Selection	Percent	Count
Yes	 57%	3
No	 43%	4
		Total 7