ALASKA STATE MEDICAL BOARD

MONTHLY MEETING

THURSDAY, MARCH 20, 2025

DRAFT – AGENDA – REVISED 3/18/2025

Only authorized members will be
permitted to remain in the Board/Zoom room during executive / deliberative sessions.

Zoom Link:

Agenda

4:00 p.m. 1. Call to Order / Roll Call

4:02 p.m. 2. Review / Approval of Agenda

4:05 p.m. 3. Investigation Updates (Public excluded)

- Case# 2023 – 000878, B.K.
- Case# 2023 – 0010306, L.Z.
- Case# 2024 – 000994, M.T.
- Case# 2023-000195, H.B.

4:35 p.m. 4. Deliberative Session (Public excluded)

- Case # OAH 24-0640-MED – B.M.

5:00 p.m. 5. Board Statement

5:30 p.m. 6. Physician-Pharmacy Agreement

- Genoa Health Care

5:45 p.m. 7. Reconsideration: Letter of Support for SB 89

6:00 p.m. 8. Wrap up / Adjourn

Next meeting: April 17, 2025, 4:00 p.m.

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

STATE MEDICAL BOARD

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

Draft Statement Concerning the Treatment of Childhood Apotemnophilia / Gender Dysphoria in Minors

The Alaska State Medical Board opposes hormonal and surgical treatments for gender dysphoria in minors due to insufficient evidence of long-term benefits and risks of irreversible harm. We view these interventions as lacking legitimacy as standard medical practice for those under the age of 18 years old. We support legislative limits on such treatments and promote psychological support and counseling as safer alternatives. This reflects our duty to protect patients and uphold evidence-based care.

ALASKA STATE MEDICAL BOARD CHECKLIST - PHYSICIAN-PHARMACIST COOPERATIVE PLAN

Cooperative Plan (License Record) Number: _____

Physician Name(s): Jayson Weir _____ License No. 158691
_____ License No. _____
_____ License No. _____

Pharmacist Name (s): Yunga Vercelline (PHAP1126); Reed Supe (PHAP 2257) License No. Donna Northcote (PHAP2233)
Dali Abaza (?)' Killsoo Jang (PHAP1918); Anthony Schnese (?) License No. _____
Palak Patel (PHAP2177); Christine Youngbood (PHAP1873) License No. _____

Date Received: Intiial received 2/19/2025; revised received 3/4/2025

Written Proposed Agreement addresses the following elements:

1. Includes types of cooperative practice decisions the physician is granting to the pharmacist ☐ No ☐ Yes
   Check all that apply:
   ☐ Types of diseases or conditions: List Administration of vaccines and immunizations only
   _____
   ☐ Types of medications or medication categories: List Administration of vaccines and immunizations only
   _____
2. Includes procedures, decision criteria or plans the pharmacist must follow when making therapeutic decisions, particularly when initiating or modifying medications. ☐ No ☐ Yes
   _____
3. Includes expectations and requirements for the pharmacist to follow with respect to documentation of decisions made, and a plan for communication and feedback to the physician regarding decisions made ☐ No ☐ Yes
   _____
4. Includes a plan for the physician to review decisions made by the pharmacist at least once every three months. ☐ No ☐ Yes
   _____
5. Includes a plan for the pharmacist to provide the physician any patient records created under the agreement. ☐ No ☐ Yes
   _____
6. Includes a provision that allows the physician to override the agreement if the physician considers it medically necessary or appropriate. ☐ No ☐ Yes
   _____
7. Includes an acknowledgement that the physician will not receive any compensation from the pharmacist or pharmacy as a result of the care or treatment of any patient under the agreement. ☐ No ☐ Yes
   _____
8. Includes a prohibition against the administration or dispensing of any schedule I, II. III or IV controlled substances. ☐ No ☐ Yes
   _____

Comments: _____

Date Application Complete/forwarded to Board Member for Review: _____ Examiner: _____

ALASKA STATE MEDICAL BOARD CHECKLIST - PHYSICIAN-PHARMACIST COOPERATIVE PLAN

BOARD MEMBER REVIEW FOR APPROVAL

☐ APPROVED ☐ HOLD FOR BOARD ☐ INTERVIEW REQUIRED

Comments: _____

_____

Date Issued: _____

VALID FOR 6 MONTHS

Signed: _____ Date _____

From:	Wrigley, William D
To:	Norberg, Natalie M (CED); wwrigley@genoahealthcare.com
Cc:	dnorthcote@genoahealthcare.com; yvercelline@genoahealthcare.com
Subject:	RE: Genoa Pharmacy Phys-Pharmacist CPA application
Date:	Tuesday, March 4, 2025 6:42:34 AM
Attachments:	image001.png image002.png image003.png Weir, Jayson - AK - Genoa - IMZ to 12.31.25.2 - signed.pdf

Hello,

Please see the attached, we have addressed the comments below in Section 4 and Section 6

Let us know if any additional comments

Thank you

William Wrigley, PharmD
Product Director, Immunizations | Genoa Clinical Services | Genoa Healthcare
701-367-7672

From: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Sent: Thursday, February 20, 2025 1:37 PM
To: wwrigley@genoahealthcare.com
Cc: dnorthcote@genoahealthcare.com; yvercelline@genoahealthcare.com
Subject: RE: Genoa Pharmacy Phys-Pharmacist CPA application

****External Sender****
Hello,

We are in receipt of your Cooperative Practice Agreement. I have conducted an initial review of your application and determined that per 12 AAC 40.983, the follow elements are missing and must be included in your application before it may be considered complete and reviewed/approved by the State Medical Board:

- a provision that allows the physician to override the agreement if the physician considers it medically necessary or appropriate.
- an acknowledgement that the physician will not receive any compensation from the pharmacist or pharmacy as a result of the care or treatment of any patient

under the agreement
- a prohibition against the administration or dispensing of any schedule I, II. III or IV controlled substances

Please submit a revised agreement. The agreement may be sent directly to me .

Please let me know if you have any questions.

Best regards,

Natalie Norberg, LMSW
Executive Administrator, State Medical Board
Corporations, Business & Professional Licensing
natalie.norberg@alaska.gov
Office: 907-465-6243 | Fax: 907-465-2974
www.commerce.alaska.gov

From: Wrigley, William D <wwrigley@genoahealthcare.com>
Sent: Wednesday, February 19, 2025 12:32 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Cc: Northcote, Donna M <dnorthcote@genoahealthcare.com>; Vercelline, Yunga L <yvercelline@genoahealthcare.com>
Subject: Genoa Pharmacy Phys-Pharmacist CPA application

Hello,

Please see the attached CPA application and Immunization protocol. Let us know if any questions, thank you

William Wrigley, PharmD
Product Director, Immunizations | Genoa Clinical Services | Genoa Healthcare
701-367-7672

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or intended recipient's authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska State Medical Board
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *MedicalBoard@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/StateMedicalBoard*

Physician-Pharmacist Cooperative Practice Agreement Application

Under 12 AAC 40.983, a physician may participate in a cooperative agreement with a pharmacist by submitting this application and copy of the protocol to the State Medical Board for approval. A "cooperative practice agreement" is an agreement by which a physician authorizes a pharmacist to manage a patient's medication therapy.

The Board of Pharmacy must also endorse the approval before a physician and pharmacist can engage in the agreement. This is a joint application; there is no need to submit separate applications to each board.

PART I Application Type

Application Type:	■ New Agreement ☐ Renewal ☐ Modification of Existing Agreement ☐ Termination of Agreement

PART II Cooperative Practice History

1. Agreement number for renewal, modification, and termination application types only:				
2. **If a modification,** describe what protocols have changed since the cooperative practice was initially issued or last renewed (e.g., new designation types added or removed):				
3. **If a renewal,** please confirm the protocols and services provided under the existing cooperative practice agreement have not changed since initially issued or last renewed, whichever is most recent. (If there have been changes, apply by modification.)				
Original Agreement Date:				
Requested Effective Dates for Agreement:*	**Start Date:**		**End Date:**	

**May not exceed two years.*

PART III Designation Types

Protocol Type:	☐ Travel Medication ☑ Immunizations ☐ Hypertension ☐ Emergency Contraception ☐ Anticoagulation ☐ Other, Please Specify: _____

PART IV Physician Information

Physician Name:	Jayson Weir	**License Number:**	158691
Email Address:		**Phone Number:**	916-865-7373
Employer Name:		**Physician Type:**	MD

PART V Additional Physicians

Please list additional participating physicians involved in the cooperative practice agreement, if known. *Attach additional pages, if needed.*

Physician Name	Alaska License Number	Expiration Date

PART VI Pharmacy Information (If Applicable)

Pharmacy Name:	Genoa Healthcare		
Pharmacy Email Address:		**Alaska Pharmacy License Number:**	attached
Pharmacy Physical Address:	attached Street City State Zip		

PART VII Pharmacist Information

Cooperating Pharmacist Name:	attached	**License Number:**	
Practice Address: (If Not Pharmacy Listed Above)	Street City State Zip		
Email Address:		**Phone Number:**	

PART VIII Additional Pharmacists

Please list additional participating pharmacists involved in the cooperative practice agreement, if known. *Attach additional pages, if needed.*

Pharmacist Name	Alaska License Number	Expiration Date

PART IX Cooperative Practice Protocol Details (12 AAC 40.983)

1.	Does the protocol contain an agreement in which physicians authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol?	■ **Yes** ☐ **No**
2.	Does the protocol contain a statement identifying the physicians authorized to prescribe and the pharmacists who are party to the agreement?	■ **Yes** ☐ **No**
3.	Is a time period for the protocol specified? (May not exceed two years.)	■ **Yes** ☐ **No**
4.	Does the protocol include the types of collaborative authority decisions that the pharmacists are authorized to make, including: **A.** Types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case? **B.** Procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved?	■ **Yes** ☐ **No**
5.	Does the protocol include activities the pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning the specific decisions made?	■ **Yes** ☐ **No**
6.	Does the protocol contain a list of the specific types of patients eligible to receive services under the written protocol?	■ **Yes** ☐ **No**
7.	Does the protocol include a plan for the authorizing practitioners to review the decisions made by the pharmacist at least once every three months?	■ **Yes** ☐ **No**
8.	Does the protocol include a plan for providing the authorizing physicians with each patient record created under the written protocol?	■ **Yes** ☐ **No**
9.	Does the protocol specify and require completion of additional training, if required for the procedures authorized under the protocol?	■ **Yes** ☐ **No**
10.	Does the protocol include a provision that allows the physician to override the agreement if the physician considers it medically necessary or appropriate?	■ **Yes** ☐ **No**
11.	Does the plan acknowledge that the physician will not receive any compensation from a pharmacist or pharmacy as a result of the care or treatment of any patient under the agreement?	■ **Yes** ☐ **No**

PART X Agreement

For Physicians: By providing my signature below, I acknowledge that I will also comply with all provisions required by the State Medical Board's Cooperative Practice Agreement regulations.

For Pharmacists: By providing my signature below, I acknowledge that a signed copy of the approved collaborative practice application and protocols must remain at the pharmacy location at all times as required by 12 AAC 52.240(i).

☒ Attach a copy of your written protocol.

Cooperating Physician Signature:		**Date Signed:**	02/19/25
Cooperating Pharmacist Signature:		**Date Signed:**	2/14/25

2/14/25

Physician: Jason Weir MD
PICs: Donna Northcote & Yunga Vercelline

Site name	Address	City	State	zip	Phone	License number	Pharmacist	email	Pharmcist License number
Anchorage - AK - 00146	4120 Laurel Street Suite 102	Anchorage	AK	99508	(907) 891-7079	200216	Yunga Vercelline	Yvercelline@genoahealthcare.com	PHAP1126
Anchorage - AK - 00146	4120 Laurel Street Suite 102	Anchorage	AK	99508	(907) 891-7079	200216	Reed Supe		PHAP 2257
Anchorage - AK - 00146	4120 Laurel Street Suite 102	Anchorage	AK	99508	(907) 891-7079	200216	Dali Abaza		162269
Anchorage - AK - 00146	4120 Laurel Street Suite 102	Anchorage	AK	99508	(907) 891-7079	200216	Killsoo Jang		PHAP1918
Anchorage - AK - 00146	4120 Laurel Street Suite 102	Anchorage	AK	99508	(907) 891-7079	200216	Anthony Schnese		113695
Anchorage - AK - 00146	4120 Laurel Street Suite 102	Anchorage	AK	99508	(907) 891-7079	200216	Palak Patel		PHAP2177
Anchorage - AK - 00146	4120 Laurel Street Suite 102	Anchorage	AK	99508	(907) 891-7079	200216	Christine Youngblood		PHAP1873
Juneau - AK - 20242	1944 Allen Court Suite P1	Juneau	AK	99801	(877) 658-0304	143630	Donna Northcote	DNorthcote@genoahealthcare.com	PHAP2233

genoa healthcare

Collaborative Agreement
for Pharmacist-Administered Vaccines

This Collaborative Agreement (**Agreement**) is made effective as of January 1, 2025 ("Effective Date"), by and between Jayson Weir (**Authorizing Practitioner**), a practitioner authorized to prescribe legend drugs, licensed in and actively practicing in the State of Alaska, and **Genoa Healthcare, LLC** (**Pharmacy**), a Alaska licensed pharmacy, for the purpose of setting forth the terms under which a pharmacist (**Pharmacist**), who is employed by Pharmacy and **listed in Attachment 1**, may administer vaccines without a prescription.

1. **Pharmacist Qualifications**. Pharmacy must ensure that Pharmacist meets the following requirements prior to administering a vaccine to an individual under this Agreement.

    a. **Relationship with Pharmacy**. Pharmacist must be an employee of Pharmacy. If Pharmacist's employment with Pharmacy ends, Pharmacist's authorization to administer vaccines under this Agreement is immediately terminated.

    b. **Certification and Training**. Pharmacist must complete a course accredited by the Accreditation Council for Pharmacy Education (ACPE) or a comparable course for pediatric, adolescent, and adult immunization practices. Course must be repeated if pharmacist has not administered a vaccine during the past 10 years.[1]

    c. **License in Good Standing**. Pharmacist must be licensed and in good standing with the Alaska Board of Pharmacy.

2. **Technician Qualifications.** Pharmacy technicians must meet the following requirements prior to administering a vaccine under this agreement[2]

    a. Completion of a course accredited by the ACPE or a comparable course for pediatric, adolescent, and adult immunization practices. Course must be repeated if technician has not administered a vaccine during the past 10 years.

    b. Must maintain certification and keep documentation in adult and pediatric cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training

3. **Pharmacy Duties**.

    a. **Board Notification/Approval**. Prior to the administration of a vaccine to an individual under this Agreement, Pharmacy must submit a copy and receive approval of this Agreement from the Alaska Board of Pharmacy.[3] Pharmacy must submit Pharmacist Collaborative Practice Application[4] along with this Agreement.

    b. **Contraindications and Precautions.** Pharmacy must ensure that professional judgment is exercised in determining whether a vaccine is appropriate for an individual. Decisions concerning the administration of a vaccine must be made in compliance with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) published by the Centers for Disease Control and Prevention (CDC) and the protocol for the vaccine (available in Exhibit A).

    c. **Vaccines and Emergency Medications that may be Administered**. The following vaccines and immunizations may be administered in compliance with 12 Alaska Admin. Code 52.240, Alaska Stat 08.80.168, the recommendations of the ACIP, and the attached protocol for the vaccine available in Exhibit A.

        i. **Children under nineteen (19) years of age.**
            1. DTaP.....(Exhibit A-21)

[1] 12 Alaska Admin. Code 52.992
[2] 12 Alaska Admin. Code 52.992
[3] 12 Alaska Admin. Code 52.240(a).
[4] Application available at https://www.commerce.alaska.gov/web/portals/5/pub/med4410.pdf

2. HepA.....(Exhibit A-5)
3. HepB.....(Exhibit A-7)
4. Hib.....(Exhibit A-1)
5. HPV.....(Exhibit A-9)
6. Influenza.....(Exhibit A-2)
7. IPV.....(Exhibit A-19)
8. MenACWY, MenB.....(Exhibits A-13, A-15)
9. MMR.....(Exhibit A-11)
10. PPSV, PCV.....(Exhibits A-16, A-17)
11. RV.....(Exhibit A-20)
12. Tdap/Td.....(Exhibit A-22)
13. Varicella.....(Exhibit A-24)
14. COVID-19 ..... (Exhibit A-34)

ii. **Adults who are nineteen (19) years of age and older:**

1. HepA.....(Exhibit A-6)
2. HepB.....(Exhibit A-8)
3. Hib.....(Exhibit A-3)
4. HPV.....(Exhibit A-10)
5. Influenza.....(Exhibit A-4)
6. MenACWY or MPSV4, MenB.....(Exhibits A-14, A-15)
7. MMR.....(Exhibit A-12)
8. Pneumococcal.....(Exhibit A-18)
9. Tdap/Td.....(Exhibit A-23a, A-23b)
10. Varicella.....(Exhibit A-25)
11. Zoster (>50 years old or >19/Immunocompromised) .....(Exhibit A-26)
12. COVID-19 ..... (Exhibit A-34)
13. RSV..... (Exhibit A-35)

iii. **Emergencies or Disasters**. In the event that a governmental agency declares a disaster or emergency and grants pharmacists expanded scope of practice to administer vaccines in addition to those set forth in this Agreement, Pharmacy may authorize Pharmacist to administer those vaccines in accordance with the governmental guidelines.

d. **Documentation**. All vaccines administered must be properly documented.

i. **Individual Records**. Pharmacy must maintain an individual record of administration including: individual name, date, vaccine given, manufacturer, lot number, expiration date, and signature of person administering vaccine. Pharmacy must provide Authorizing Practitioner with each individual record created under this Agreement.[5]

ii. **Vaccine Information Statement**. The current Vaccine Information Statement (VIS) for each vaccine to be administered must be discussed and provided to each individual (or if the individual is a minor, the individual's parent or guardian). The VIS is available at http://www.cdc.gov/vaccines/hcp/vis/.

iii. **Record Retention**. Pharmacy must maintain records for at least two (2) years after administration of a vaccine.[6]

e. **Emergency Procedures for Adverse Reactions**. Allergic, anaphylactic, or other emergency conditions will be managed according to the emergency protocol (Exhibits A-31, A-32).

f. **Reporting**.

i. **Authorizing Practitioner**. Pharmacy must provide Authorizing Practitioner with each individual record created under this Agreement at least once every three (3) months.[7]

[5] 12 Alaska Admin. Code 52.240(b)(8).
[6] 12 Alaska Admin. Code 52.240(e).
[7] 12 Alaska Admin. Code 52.240(b)(8).

ii. **State**. Pharmacy must report the administration of all vaccines within fourteen (14) days of administration to the state registry, VacTrAK.[8] Pharmacy must report individual name, address, sex, race and date of birth; date of vaccination; vaccine lot number, manufacturer, and dosage; and dose level vaccine eligibility code.[9]

iii. **Adverse Events**. Pharmacy must report adverse events to the Vaccine Adverse Event Reporting System (VAERS) within ten (10) days of the adverse event.

g. **Delegation**. Pharmacy may delegate administration of a vaccine to a qualified pharmacy technician or intern provided that they are directly supervised by Pharmacist.[10]

h. **References**. Pharmacy must maintain a copy of this Agreement, approved Pharmacist Collaborative Practice Application, and protocols at all places where Pharmacist administers vaccines.[11]

4. **Authorizing Practitioner Duties**.

a. **Board Notification/Approval**.[12] Prior to the administration of a vaccine to an individual under this Agreement, Authorizing Practitioner must submit a copy and receive approval of this Agreement from the Alaska State Medical Board prior to the administration of a vaccine under this Agreement. Authorizing Practitioner must also submit a Cooperative Practice Agreement Application.

b. **Availability**. Authorizing Practitioner must be available for consultation, questions about contraindications or precautions, advice in the event of an adverse reaction, and decisions made under this Agreement.[13]

c. **Periodic Review of Records**. Authorizing Practitioner must review all records of vaccines administered under this Agreement at least once every three (3) months to review the activities and decisions of Pharmacist related to administering the vaccines.[14]

d. **Record Retention**. Authorizing physician must retain this Agreement and records required for at least seven (7) years after the termination of the agreement.

e. **Authority to Override.** Authorizing physician retains the authority to override the terms of this agreement if authorizing physician determines it is appropriate or medically necessary

5. **Term and Termination**. Unless rescinded earlier in writing by either party for any reason, the term of this Agreement shall commence on the Effective Date and shall continue in effect for one (1) year (the "Term") for activities performed by Pharmacist in Pharmacy.[15] If Pharmacist's employment with Pharmacy ends, Pharmacist's authorization under this Agreement is automatically terminated.

a. **Alaska State Medical Board**. Authorizing Physician must ensure the Alaska State Medical Board is notified within thirty (30) days of termination of this Agreement.[16]

b. **Alaska Board of Pharmacy**. Pharmacy must ensure the Alaska Board of Pharmacy is notified within thirty (30) days of termination of this Agreement.[17]

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[8] 7 Alaska Admin. Code 27.650(a).
[9] 7 Alaska Admin. Code 27.650(c).
[10] 12 Alaska Admin. Code 52.220(b); Alaska Stat 08.80.480(14).
[11] 12 Alaska Admin. Code 52.240(i).
[12] 12 Alaska Admin. Code 40.983(b); Application is available at https://www.commerce.alaska.gov/web/portals/5/pub/med4410.pdf
[13] 12 Alaska Admin. Code 52.240(b)(5).
[14] 12 Alaska Admin. Code 52.240(b)(7).
[15] 12 Alaska Admin. Code 52.240(b)(3).
[16] 12 Alaska Admin. Code 40.983(g).
[17] 12 Alaska Admin. Code 52.240(f).

6. **Miscellaneous**.

a. **Changes to Agreement**. This Agreement may be modified only by a written instrument signed by both Parties. Any significant changes to this Agreement must be submitted to and approved by the Alaska Board of Pharmacy and the Alaska State Medical Board. No vaccines may be administered until the boards approve the new agreement.[18]

b. **Entire Agreement**. This Agreement, the Protocols and any Exhibits constitute the entire understanding of the Parties regarding the subject matter hereof, and supersede any prior agreements, writings, or understandings, whether oral or written. This Agreement may be executed in multiple counterparts, all of which will constitute one and the same agreement. Each Party intends the facsimile of its signature printed by a receiving fax machine to be an original signature.

c. **Jurisdiction**. This Agreement will be governed by and construed in accordance with the laws of the State of Alaska, without reference to its conflict of law provisions.

d. **Headings**. The headings to the sections and subsections of this Agreement must be disregarded in its interpretation.

e. **Assignment**. This Agreement is binding upon the Parties and their successors and permitted assigns. Neither Party must assign its rights or delegate or subcontract its duties under this Agreement without prior written consent of the other Party.

f. **Notice**. All notices required or permitted hereunder will be deemed sufficiently given if hand-delivered or sent by certified mail or by facsimile, with confirmation receipt, addressed as follows:

If to Pharmacy:	**Name**: Genoa Healthcare, LLC **Address**: 707 S. Grady Way, Suite 400 Renton, WA 98057 **Facsimile**: (253) 218-0336
If to Authorizing Practitioner:	**Name**: Jayson Weir **Facsimile**: 678-221-5789

g. **Privacy of Medical Records**. The Parties will treat all medical records or other health and enrollment information as confidential and protected against unauthorized disclosure so as to comply with all state and federal laws regarding the privacy, security, confidentiality and disclosure of individuals' health information. The Parties must allow each other to use medical records as necessary to provide appropriate individual care.

h. **Compensation**. PROVIDER will not receive any direct compensation from pharmacy as a result of the care or treatment of any patient under the Agreement

i. **Controlled Substances**. Nothing in this agreement shall delegate authority of pharmacy to dispense or administer schedule I, II, III, or IV controlled substances

j. **Exclusion from Federal Health Care Programs**.

i. **Pharmacy**. Pharmacy hereby represents that neither Pharmacy, nor, to the best of Pharmacy's knowledge, Pharmacist, Pharmacy's employees, agents or independent contractors involved in the provision of services have been excluded from participation in any Federally-funded health care programs, including, but not limited to, Medicare and Medicaid.

ii. **Practitioner**. Authorizing Practitioner hereby represents that neither Authorizing Practitioner, the company under which Authorizing Practitioner submits claims to Medicare (Group Practice) nor, to the best Authorizing Practitioner's knowledge, Group Practice's employees, agents or

[18] 12 Alaska Admin. Code 52.240(g).

independent contractors involved in the provision of services have been excluded from participation in any Federally-funded health care programs, including, but not limited to, Medicare and Medicaid.

k. **Independent Contractors**. Each Party is an independent entity and nothing in this Agreement must be construed to establish an employer/employee or principal/agent relationship or any fiduciary or other relationship other than independent parties contracting with each other for the purpose of carrying out the duties and obligations of this Agreement.

l. **Severability and Waiver**. The invalidity or unenforceability of any term or provision of this Agreement must in no way affect the validity or enforceability of any other term or provision. The waiver by either Party of a breach of any provision of this Agreement must not operate as or be construed as a waiver of any subsequent breach thereof.

The undersigned represent that they are duly authorized to execute this Agreement on behalf of the party for whom they sign; and such party shall be bound by the terms of this Agreement.

Authorizing Practitioner Signature:	**Genoa Healthcare, LLC**:
Signature: _____	Signature: Amr Elebiary (Feb 27, 2025 15:48 PST)
Print Name: Jayson Weir	Print Name: **Amr Elebiary, Pharm.D., MBA**
Address: 4800 Cordova St	Title: VP/GM of West Operations
City/State/Zip: Anchorage, AK 99503	Address: 707 S. Grady Way, Suite 400
Medical License#: 158691	City/State/Zip: Renton, WA 98057
Phone#: 916-865-7373	Phone#: (888) 436-6279
Date: 02/27/25	Date: 27/02/25

Exhibit A: Protocols

Exhibit A-1	Haemophilus influenzae type b (Hib) – Children	www.immunize.org/catg.d/p3083a.pdf
Exhibit A-2	Influenza inactivated and live intranasal – Children	www.immunize.org/catg.d/p3074a.pdf
Exhibit A-3	Haemophilus influenzae type b (Hib) – Adults	www.immunize.org/catg.d/p3083.pdf
Exhibit A-4	Influenza inactivated and live intranasal – Adults	www.immunize.org/catg.d/p3074.pdf
Exhibit A-5	Hepatitis A – Children	www.immunize.org/catg.d/p3077a.pdf
Exhibit A-6	Hepatitis A – Adults	www.immunize.org/catg.d/p3077.pdf
Exhibit A-7	Hepatitis B – Children	www.immunize.org/catg.d/p3076a.pdf
Exhibit A-8	Hepatitis B – Adults	www.immunize.org/catg.d/p3076.pdf
Exhibit A-9	HPV – Children	www.immunize.org/catg.d/p3090.pdf
Exhibit A-10	HPV – Adults	www.immunize.org/catg.d/p3091.pdf
Exhibit A-11	MMR – Children	www.immunize.org/catg.d/p3079a.pdf
Exhibit A-12	MMR – Adults	www.immunize.org/catg.d/p3079.pdf
Exhibit A-13	Meningococcal (MenACWY) – Children	www.immunize.org/catg.d/p3081a.pdf
Exhibit A-14	Meningococcal (MenACWY) – Adults	www.immunize.org/catg.d/p3081.pdf
Exhibit A-15	Meningococcal B (MenB) – Children and Adults	www.immunize.org/catg.d/p3095.pdf
Exhibit A-16	Pneumococcal polysaccharide vaccine (PPSV) – Children	www.immunize.org/catg.d/p3075a.pdf
Exhibit A-17	Pneumococcal conjugate vaccine (PCV) – Children	www.immunize.org/catg.d/p3086.pdf
Exhibit A-18	Pneumococcal – Adults	www.immunize.org/catg.d/p3075.pdf
Exhibit A-19	Polio (IPV) – Children	www.immunize.org/catg.d/p3071.pdf
Exhibit A-20	Rotavirus (RV) – Children	www.immunize.org/catg.d/p3087.pdf
Exhibit A-21	Tetanus-diphtheria toxoids & pertussis (DTaP) – Children	www.immunize.org/catg.d/p3073.pdf
Exhibit A-22	Tetanus-diphtheria toxoids & pertussis (Tdap/Td) – Children	www.immunize.org/catg.d/p3078a.pdf
Exhibit A-23a	Tetanus-diphtheria toxoids & pertussis (Tdap/Td) – Adults	www.immunize.org/catg.d/p3078.pdf
Exhibit A-23b	Tetanus-diphtheria toxoids & pertussis (Tdap/Td) – Pregnant Women	www.immunize.org/catg.d/p3078b.pdf
Exhibit A-24	Varicella (Chicken Pox) – Children	www.immunize.org/catg.d/p3080a.pdf
Exhibit A-25	Varicella (Chicken Pox) – Adults	www.immunize.org/catg.d/p3080.pdf
Exhibit A-26	Zoster – Adults CDC Guidance (>50 yr or Immunocompromised 19+)	www.immunize.org/catg.d/p3092.pdf
~~Exhibit A-27~~	~~Japanese Encephalitis – Children and Adults~~	~~https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/japanese-encephalitis-standing-order-9-2015.docx~~
~~Exhibit A-28~~	~~Rabies – Children and Adults~~	~~https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/rabies-vaccine-standing-order-9-2015.docx~~
~~Exhibit A-29~~	~~Typhoid – Children and Adults~~	~~https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/typhoid-vaccine-standing-order-9-2015.docx~~
~~Exhibit A-30~~	~~Yellow Fever – Children and Adults~~	~~https://bula-docs.s3.amazonaws.com/immunization-cpas/vaccine-protocols/yellow-fever-standing-order-9-2015.docx~~
Exhibit A-31	Medical Management of Vaccine Reactions in Adult Patients	www.immunize.org/catg.d/p3082.pdf
Exhibit A-32	Medical Management of Vaccine Reactions in Children and Teens	www.immunize.org/catg.d/p3082a.pdf

Exhibit A: Protocols

Exhibit A-34	COVID-19 Vaccines	Reference current COVID vaccine standing order template by product https://www.immunize.org/standing-orders/
Exhibit A-35	RSV Vaccine	Adults: https://www.immunize.org/wp-content/uploads/catg.d/p3098.pdf Pregnant women *Abrysvo Only*: https://www.immunize.org/wp-content/uploads/catg.d/p3096.pdf

Attachment 1: Pharmacists Authorized to Administer Vaccines Under the Agreement

This Agreement allows the following Pharmacists to administer vaccines under the attached protocols at the pharmacy locations provided below. This authorization shall immediately terminate at the earlier of either: (a) the termination of this Agreement; or (b) when Pharmacist ceases to be employed by Pharmacy.

______________________________ (signature)

____
Printed name

Pharmacist License #: ____________

Pharmacy (on- or off-site) Address(es):________
____

Date: ______________

______________________________ (signature)

____
Printed name

Pharmacist License #: ____________

Pharmacy (on- or off-site) Address(es):________
____

Date: ______________

______________________________ (signature)

____
Printed name

Pharmacist License #: ____________

Pharmacy (on- or off-site) Address(es):________
____

Date: ______________

______________________________ (signature)

____
Printed name

Pharmacist License #: ____________

Pharmacy (on- or off-site) Address(es):________
____

Date: ______________

______________________________ (signature)

____
Printed name

Pharmacist License #: ____________

Pharmacy (on- or off-site) Address(es):________
____

Date: ______________

______________________________ (signature)

____
Printed name

Pharmacist License #: ____________

Pharmacy (on- or off-site) Address(es):________
____

Date: ______________

______________________________ (signature)

____
Printed name

Pharmacist License #: ____________

Pharmacy (on- or off-site) Address(es):________
____

Date: ______________

______________________________ (signature)

____
Printed name

Pharmacist License #: ____________

Pharmacy (on- or off-site) Address(es):________
____

Date: ______________

Weir, Jayson - AK - Genoa - IMZ to 12.31.25.2

Final Audit Report 2025-02-27

Created:	2025-02-27
By:	Bethany Mitricska (bmitricska@genoahealthcare.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAjT2HRL0unZycNxEsAR2HrlSbomSlwv7e

"Weir, Jayson - AK - Genoa - IMZ to 12.31.25.2" History

Document created by Bethany Mitricska (bmitricska@genoahealthcare.com)
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Document e-signed by Amr Elebiary (aelebiary@genoahealthcare.com)
Signature Date: 2025-02-27 - 11:48:35 PM GMT - Time Source: server

Agreement completed.
2025-02-27 - 11:48:35 PM GMT

Members of the Alaska State Medical Board

March 17, 2025

Re: SB 89 relating to Physician Assistant scope of practice

Dear Members of the Medical Board,

I write as president of the Alaska State Medical Association (ASMA) to express my concern about your letter expressing conditional support of the legislation to expand physician assistant (PA) scope of practice.

ASMA participated (through our executive director) in efforts this summer to update and streamline regulations around PA collaborative agreements. Although the medical board did not hear directly from physicians during this process, ASMA supported the final position to reduce the number of collaborators from two to one, locate the collaborative agreement at the practice level, and streamline regulatory overhead for PAs. These proposed regulatory changes have not yet been finalized, and we do not have data about whether they will sufficiently relieve PA concerns about administrative burdens to practice.

When it became clear that the Medical Board would not take up the issue of independent practice, PA representatives agreed to meet with ASMA to discuss their concerns. Over the course of ten hours of Zoom meetings, PA representatives met with physician leaders from ASMA, Family Medicine, Emergency Medicine, Internal Medicine, Pediatrics, Primary Care/FQHCs, Independent physician groups, and invited speakers from PA training programs and the AMA.

Physicians respect the contribution of PAs to high functioning medical teams, and affirm that these teams should be led by physicians. No physician leaders supported independent practice for physician assistants. We share concerns about the much abbreviated clinical training of PAs (2,000 hours compared with up to 16,000 hours for family medicine) and specifically the lack of a residency experience which develops clinical, judgement and leadership competencies.

We note the Medical Board's concerns about needing 'to establish a mechanism for ensuring competency in a chosen specialty' and believe that it would be extremely difficult, if not impossible, to develop a robust mechanism to assess competencies of the kind that a residency program director or specialty medical board can certify. Because PA training presupposes participation on a team led by a physician, there is no national specialty board or USMLE exam that can certify independent competency of a physician assistant. Does the State Medical Board have the expertise or staffing or funding to devise a robust competency assessment?

We also note the Medical Board's concerns about qualification for rural practice. We acknowledge that rural Alaskans suffer disproportionately from a lack of access to medical care.

According to 2023 HRSA data, Alaska ranks 48th in meeting medical needs, and according to the Robert Graham Center, Alaska will need to increase its primary care physician workforce by 40% by 2030. The expanded WWAMI medical school and established Alaskan residencies in family medicine, pediatrics, and the new internal medicine residency are working diligently to meet this need. A statewide Graduate Medical Education (GME) Council will begin meeting this spring to discuss these and additional GME training opportunities in family medicine and psychiatry. In contrast to the physician shortages in Alaska, we have the highest rate of PAs per capita in the country. According to the 2023 AHHA Workforce Development data, Alaska has more than 1.5 times the national average of PAs per capita, yet most PAs do not practice in Primary Care specialties, and most do not practice in rural areas. Nothing in SB 89 provides incentives for PAs to engage in rural practice.

In conclusion, physician leaders in Alaska would like our Medical Board to support strong physician-led teams. We note that only a few states have embraced independent practice for PAs. If Alaskan legislators want to pursue this experiment, we suggest the following amendments, and request that the Medical Board consider amending its initial statement regarding SB 89 to include these patient safeguards as well:

-Increasing the experience hours for initial independent licensing from 4000 to 10000 (as in Utah),
-Requiring a minimum number of 6000 hours (rather than a maximum) to switch specialties
-Specifying as North Dakota does, that ‘a physician assistant shall practice at a licensed health care facility, facility with a credentialing and privileging system, physician-owned facility or practice, or facility or practice approved by the state medical board.’
-Requiring clarity and transparency about credentials when providing or advertising medical services.

Respectfully,

Kristin Mitchell, MD, FACP
President, ASMA

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

STATE MEDICAL BOARD

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

February 25, 2025

Alaska State Senate
Alaska State House of Representatives
Juneau, Alaska 99801

Re. Conditional Statement of Support – SB 89 – Physician Assistant Scope of Practice

Dear Members of the Legislature,

Senate Bill 89 would allow physician assistants to practice independently in a declared specialty after completing 4000 hours of post graduate clinical work under the supervision of a collaborating physician. At its meeting on February 21, 2025, the State Medical Board voted in support of SB 89 – but with reservation and recommendations for the following changes:

- Add a requirement for the collaborating physician to sign off on the physician assistant's hours and establish a mechanism for ensuring competency in a chosen specialty at completion of the required 4000 hours of supervised clinical experience.

- Add a requirement for physician assistants to qualify to practice in a remote location, a physician assistant with less than two years of full-time clinical experience must work 160 hours in direct patient care.
    - The first 40 hours must be completed before the physician assistant begins practice in the remote practice location. The remaining 120 hours must be completed within 90 days after the physician assistant begins practice in a remote location with an advanced practice provider (APP) or physician onsite who has two or more years of full-time clinical experience.
    - Add a definition for "remote practice location" to mean a location in which a physician assistant practices that is 100 or more miles by road from the nearest primary, secondary or tertiary care facility

The Board would urge your support of SB 89 with the above recommendations.

Sincerely,

Brent Taylor, M.D.
Board Chair

From: sarah bigelow
To: Norberg, Natalie M (CED)
Date: Wednesday, March 19, 2025 8:15:41 AM

To the Alaska State Medical Board,

I want to thank each of you for your hard work, long hours, dedication, compassion, and efforts on the board. It was a pleasure of mine to serve with each of you.

At my last meeting we voted to support the PAs of Alaska through a letter of support for Senate Bill 89 (SB89). Several recommendations were included in this letter which we felt would be better served at the regulation level rather than in statues.

Your letter of support submitted 2/25/25 requests the change of:
"Add a requirement for the collaborating physician to sign off on the physician assistant's hours and establish a mechanism for ensuring competency in a chosen specialty at completion of the required 4000 hours of the supervised clinical experience."

Current statutes (sec 08.64.107) have directed the board to adopt regulations of PAs and the medical services they may perform. What SB89 asks differently is for education and qualifications to be included in statutes (SB89 8.64.206) and to have a pathway to independent licensing after a set number of hours. This solidifies the professional qualifications of a PA in our state statutes. The qualifications are taken directly from the regulation working group applicant qualifications. Section 206 also closely matches language of current statutes sections 8.64.200 for physicians, 8.64.205 for osteopath, and 8.64.209 for podiatry applicants.

SB89, as written, includes section (08.64.107) (a) which directs the board to adopt regulations establishing:

1. acts within the practice of medicine that PAs may perform, with surgical restrictions.
2. requirements for PA to practice new specialty; and
3. methods of periodic assessment that a collaborating physician may use to evaluate a PA.

Subsection of 8.64.107 also cover many other areas agreed on in the regulation working group but solidify them in statutes rather than in regulations. It allows the SMB, as experts in the field, to establish these additional requirements through regulations, in addition to the statutes.

(b) mandates that a PA with less than 4000 hours may practice only under a collaborative agreement and further defines these requirements.
(c) mandates direct telephonic, electronic, or video access to collaborating physician or another senior health care provider if practicing in a remote area.
(d) mandates that a PA shall notify the board if they begin to practice in a new specialty. It gives the board the power to determine if that specialty requires additional hours or postgraduate clinical experience.
(e) requires the PA to provide copy of collaborative agreements to the board and to notify and attest to hours achieved (on a form provided by the board).
(f) limits additional hours in a new specialty to the original requirement of 4000 hours.

I am hoping this breakdown of the proposed statute changes will make it clear that SB89 is a bill that will protect the PA profession's qualifications and place on the Alaska healthcare team, while still allowing the SMB to continue regulating the profession as they do other medical licensees.

I've attached a copy of SB89, the Sectional Analysis and the Sponsor Statement for you all to review in depth. At a time when PAs are quickly getting outnumbered by other professions it is important that their regulating body, the SMB, understand exactly what this bill does and the importance of it to the profession.

If you have any questions or concerns I'm happy to discuss with you at any time. You can also reach out to Jenny Fayette 907-891-1697 or Meghan Hall 907-227-4132 with specific questions.

I appreciate your time, dedication and continued support to the PA profession.

Sincerely,
Sarah Hood, PA-C

ALASKA STATE LEGISLATURE

Senator Löki Gale Tobin
Education Committee Chair

EDUCATION
HEALTH & SOCIAL SERVICES
JUDICIARY
TRANSPORTATION

Senate Bill 89: Physician Assistant Scope of Practice
Sponsor Statement

We have all heard about long wait times and difficulty accessing care across Alaska. This frustrates patients and creates impediments to quick diagnosis and treatment. Senate Bill 89 provides a pathway to independent licensure for experienced physician assistants. This allows physician assistants to provide medical care to the fullest extent of their licensure, increasing the capacity of our medical system and reducing unnecessarily strict regulations on physician assistants.

Senate Bill 89 maintains the collaborative agreement structure currently in place for less experienced physician assistants, while also establishing a pathway to independent licensure within an established scope of practice. Physician assistants will continue to receive oversight from the State Medical Board. Under Senate Bill 89 the State Medical Board may establish additional licensure requirements for physician assistants who want to pursue a new specialty.

Alaska has a demonstrated need for increasing accessible medical care, reducing high medical costs, and decreasing barriers to experienced medical practitioners across Alaska. The majority of the physician assistants in Alaska practice in rural areas. Increasing the medical care available locally in rural Alaska produces better outcomes and less expensive care. This also allows patients to stay in their home communities, thereby reducing strain on hub communities.

Senate Bill 89 does not sacrifice medical rigor or oversight. It simply allows experienced and licensed physician assistants to continue to offer high quality medical care within their scope of practice. Thank you for considering this legislation.

ALASKA STATE LEGISLATURE

Senator Löki Gale Tobin

Education Committee Chair

EDUCATION
HEALTH & SOCIAL SERVICES
JUDICIARY
TRANSPORTATION

Senate Bill 89: Sectional Analysis

Section 1. Removes state medical board (SMB) reference to AS 08.64.107 Regulation of Physician Assistants which is repealed and reenacted in a later section.

Section 2. Repeals and reenacts 08.64.107 to restructure the physician assistant authorizing statutes.

Subsection (a) directs the SMB to adopt regulations related to the acts within the practice of medicine that physician assistants (PAs) may perform, which must allow for PA practice of acts they are generally educated and trained to perform. This subsection specifically prevents PAs from performing surgery without supervision. This subsection also directs the SMB to promulgate regulations for PAs who switch specialty, and the methods by which a collaborating physician will assess a PA.

Subsection (b) establishes that a PA with less than 4,000 postgraduate clinical hours may only practice under a collaborating agreement. These collaborative agreements must be in writing and describe the specialty the hours are completed within, as well as the oversight methods.

Subsection (c) outlines that assessment for PAs practicing in rural areas can be done telephonically or via video.

Subsection (d) outlines the process for a PA to notify the SMB if they begin to practice a new specialty.

Subsection (e) requires a copy of the collaborative agreement be provided to the SMB. At such a time as the PA reaches the required postgraduate hours, they shall notify the SMB and complete an attestation provided by the SMB.

Subsection (f) directs the SMB to assess whether that specialty will require additional requirements or hours. For specialty change, or in other regulation change, the requirements are not to exceed the clinical hours required in subsection (b).

Section 3. Amends 08.64 to add a new section laying out the qualifications for physician assistant qualifications for licensure.

Section 4. Amends 08.64.230 to add an additional section directing the SMB or it's executive secretary to grant a license to qualified applicants.

Section 5. Amends the existing statute to include physician assistants in the list of medical practitioners whose licensure we recognize from other states and provinces of Canada.

Section 6. This amends 08.64.250 to include PAs in the existing temporary licensure process and reference the new applicable section 08.64.206.

Section 7. This section amends the existing statute to include physician assistants alongside the other medical practitioners in the list of temporary licensure and substitute roles in different medical facilities.

Section 8: Adds a subsection to include PAs in the fee requirement when applying for a license.

Section 9: Amends the section to include PAs in the existing statute regarding the SMBs parameters for evaluating any extenuating circumstances to waive certain requirements for meeting licensure qualifications.

Section 10. This section amends AS 08.64.326 subsection (a) to include PAs in the existing statutes regarding the process for being sanctioned for crime, misrepresentation, and failure to pay fees, to name a few of the examples given in the statute.

Section 11. This amends the existing statute to include PAs in the existing voluntary surrender provisions in AS 08.64.334.

Section 12. This amends the existing statute to include PAs in the process for medical practitioners who treat fellow licensed medical practitioners for alcoholism, drug addiction, and mental/emotional disorders who might constitute a danger to their patients or themselves, to report to the SMB.

Section 13. Grants immunity in civil liability for PAs who submit a report in good faith to the SMB relating to addictive substances abuse.

Section 14. Amends statute so that PAs cannot refuse to submit a report to the SMB or withhold evidence on the grounds that it is under doctor-patient confidentiality.

Section 15. Updates the statute covering all state licensees under this chapter, including PAs, to specify that if they practice without a valid license, they are guilty of a class A misdemeanor.

Section 16. Amends the statute to include PAs in the list of medical providers who can support a licensed physician in another state, in the support of the regular medical service of the United States Public Health Service, or volunteering services to the armed services of the US among other unique medical support situations.

Section 17. Amends the statute to allow physicians assistants to show their PA credentials to communicate their qualifications.

Section 18. Amends 08.64.380 to include PAs as providers who can accept concurrent referrals for systemic disease treatment.

Section 19: Amends the definition of practitioner to include physician assistant in the statute.

Section 20: Puts in statute the definition of physician assistant.

Section 21: Amends the statute referenced to be in line with the repealed statutes removed by previous sections.

Section 22: Adds a section under AS 21.07.010 to prevent any requirements within a health care insurance policy from being more restrictive than or inconsistent with the practice, education, or collaboration provisions outlined in AS 08.64.

Section 23: Updates the definition of licensed physician assistants to remove the supervision requirement allowing for PAs who have completed their postgraduate clinical requirements and are no longer subject to a collaborating physician agreement to continue their practice.

Section 24: Amends the statute to include physician assistant in the definition of health care provider in statute.

SENATE BILL NO. 89

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY SENATORS TOBIN, Gray-Jackson, Giessel

Introduced: 2/7/25
Referred: Health and Social Services. Labor and Commerce

A BILL

FOR AN ACT ENTITLED

"An Act relating to physician assistants; relating to collaborative agreements between physicians and physician assistants; relating to the practice of medicine; relating to health care providers; and relating to provisions regarding physician assistants in contracts between certain health care providers and health care insurers."

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

*** Section 1.** AS 08.64.010 is amended to read:

Sec. 08.64.010. Creation and membership of State Medical Board. The governor shall appoint a board of medical examiners, to be known as the State Medical Board, consisting of five physicians licensed in the state and residing in as many separate geographical areas of the state as possible, one physician assistant licensed **in the state** [UNDER AS 08.64.107], and two persons with no direct financial interest in the health care industry.

*** Sec. 2.** AS 08.64.107 is repealed and reenacted to read:

Sec. 08.64.107. Scope of practice of physician assistants; collaborative

agreements. (a) The board shall adopt regulations establishing

(1) acts within the practice of medicine, osteopathy, and podiatry that physician assistants may perform; the regulations must, at a minimum, allow physician assistants to perform acts that physician assistants are generally educated and trained to perform by accredited physician assistant programs described in AS 08.64.206(1); the regulations may not allow a physician assistant to perform surgery or operate on a human without assistance;

(2) requirements for a physician assistant to practice a new specialty; and

(3) methods of periodic assessment that a collaborating physician may use to evaluate a physician assistant.

(b) Except as provided in (d) of this section, a physician assistant with less than 4,000 hours of postgraduate clinical experience may practice only under a collaborative agreement maintained with the employer of the physician assistant. The collaborative agreement must

(1) be in writing;

(2) require a collaborating physician to oversee the performance, practice, and activities of the physician assistant;

(3) describe the methods of periodic assessment the collaborating physician will use to evaluate the physician assistant's competency, knowledge, and skills; and

(4) describe each specialty in which the physician assistant is obtaining clinical experience under the collaborative agreement.

(c) If a physician assistant is practicing in a remote area, a collaborating physician may oversee the physician assistant under (b)(2) of this section by providing the physician assistant with direct telephonic, electronic, or video access to the collaborating physician or another senior health care provider.

(d) A physician assistant shall notify the board if the physician assistant begins practicing in a new specialty. If the board determines that the new specialty requires the physician assistant to obtain additional hours of postgraduate clinical experience, the physician assistant may practice only under a collaborative agreement maintained

with the employer of the physician assistant until the hours of postgraduate clinical experience required under this subsection and (b) of this section are obtained.

(e) A physician assistant shall provide a copy of the collaborative agreement to the board. Upon obtaining the hours of postgraduate clinical experience required under (b) and (d) of this section, the physician assistant shall notify the board and attest to the number of hours of postgraduate clinical experience obtained by the physician assistant on a form provided by the board.

(f) The board may not require a physician assistant to obtain hours of postgraduate clinical experience in excess of the 4,000 hours required under (b) of this section and the additional hours required when practicing a new specialty under (d) of this section.

*** Sec. 3.** AS 08.64 is amended by adding a new section to read:

Sec. 08.64.206. Qualifications for physician assistant applicants. Each physician assistant applicant shall meet the qualifications prescribed in AS 08.64.200(a)(3) - (5) and shall submit

(1) a certificate of graduation obtained from a physician assistant program accredited, at the time of graduation, by

(A) the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs if the applicant graduated before January 1, 2001; or

(B) the Accreditation Review Commission on Education for the Physician Assistant if the applicant graduated on or after January 1, 2001;

(2) proof of current certification issued by the National Commission on Certification of Physician Assistants;

(3) proof of receiving a passing score on the physician assistant national certifying examination offered by the National Commission on Certification of Physician Assistants;

(4) proof of any hours of postgraduate clinical experience obtained by the applicant, including the specialties in which those hours were obtained.

*** Sec. 4.** AS 08.64.230 is amended by adding a new subsection to read:

(d) If a physician assistant applicant passes the examination and meets the requirements of AS 08.64.206 and 08.64.255, the board or its executive secretary shall grant a license to the applicant to practice the acts within the practice of medicine, osteopathy, and podiatry, as determined by the board under AS 08.64.107(a).

*** Sec. 5.** AS 08.64.250(a) is amended to read:

(a) The board may waive the examination requirement and license by credentials if the physician, osteopath, **physician assistant,** or podiatry applicant meets the requirements of AS 08.64.200, 08.64.205, **08.64.206,** or 08.64.209, submits proof of continued competence as required by regulation, pays the required fee, and has

(1) an active license from a board of medical examiners established under the laws of a state or territory of the United States or a province or territory of Canada issued after thorough examination; or

(2) passed an examination as specified by the board in regulations.

*** Sec. 6.** AS 08.64.270(a) is amended to read:

(a) The board, a member of the board, the executive secretary, or a person designated by the board to issue temporary permits may issue a temporary permit to **an** [A PHYSICIAN APPLICANT, OSTEOPATH APPLICANT, OR PODIATRY] applicant who meets the requirements of AS 08.64.200, 08.64.205, **08.64.206,** 08.64.209, or 08.64.225 and pays the required fee.

*** Sec. 7.** AS 08.64.275(a) is amended to read:

(a) A member of the board, its executive secretary, or a person designated by the board to issue temporary permits may grant a temporary permit to a physician**,** [OR] osteopath**, or physician assistant** for the purpose of

(1) substituting for another physician**,** [OR] osteopath**, or physician assistant** licensed in this state;

(2) being temporarily employed by a physician**,** [OR] osteopath**, or physician assistant** licensed in this state while that physician**,** [OR] osteopath**, or physician assistant** evaluates the permittee for permanent employment; or

(3) being temporarily employed by a hospital or community mental health center while the facility attempts to fill a vacant permanent physician**,** [OR]

osteopath**, or physician assistant** staff position with a physician**,** [OR] osteopath**, or physician assistant** licensed in this state.

*** Sec. 8.** AS 08.64.275 is amended by adding a new subsection to read:

(g) A physician assistant applying under (a) of this section shall pay the required fee and shall meet the requirements of AS 08.64.206 and 08.64.279. In addition, the physician assistant shall submit evidence of holding a license to practice in a state or territory of the United States or in a province or territory of Canada.

*** Sec. 9.** AS 08.64.312(c) is amended to read:

(c) The board or its designee may exempt a physician, osteopath, [OR] podiatrist**, or physician assistant** from the requirements of (b) of this section upon an application by the physician, osteopath, [OR] podiatrist**, or physician assistant** giving evidence satisfactory to the board or its designee that the physician, osteopath, [OR] podiatrist**, or physician assistant** is unable to comply with the requirements because of extenuating circumstances. However, a person may not be exempted from more than 15 hours of continuing education in a five-year period; a person may not be exempted from the requirement to receive at least two hours of education in pain management and opioid use and addiction unless the person has demonstrated to the satisfaction of the board that the person does not currently hold a valid federal Drug Enforcement Administration registration number.

*** Sec. 10.** AS 08.64.326(a) is amended to read:

(a) The board may impose a sanction if the board finds after a hearing that a licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation while providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted, including conviction based on a guilty plea or plea of nolo contendere, of

(A) a class A or unclassified felony or a crime in another jurisdiction with elements similar to a class A or unclassified felony in this

jurisdiction;

(B) a class B or class C felony or a crime in another jurisdiction with elements similar to a class B or class C felony in this jurisdiction if the felony or other crime is substantially related to the qualifications, functions, or duties of the licensee; or

(C) a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs;

(5) has procured, sold, prescribed, or dispensed drugs in violation of a law regardless of whether there has been a criminal action or harm to the patient;

(6) intentionally or negligently permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards even if the patient was not injured;

(7) failed to comply with this chapter, a regulation adopted under this chapter, or an order of the board;

(8) has demonstrated

(A) professional incompetence, gross negligence, or repeated negligent conduct; the board may not base a finding of professional incompetence solely on the basis that a licensee's practice is unconventional or experimental in the absence of demonstrable physical harm to a patient;

(B) addiction to, severe dependency on, or habitual overuse of alcohol or other drugs that impairs the licensee's ability to practice safely;

(C) unfitness because of physical or mental disability;

(9) engaged in unprofessional conduct, in sexual misconduct, or in lewd or immoral conduct in connection with the delivery of professional services to patients; in this paragraph, "sexual misconduct" includes sexual contact, as defined by the board in regulations adopted under this chapter, or attempted sexual contact with a patient outside the scope of generally accepted methods of examination or treatment of the patient, regardless of the patient's consent or lack of consent, during the term of the physician-patient relationship, as defined by the board in regulations adopted under this chapter, unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating, courtship,

or engagement relationship with the licensee;

(10) has violated AS 18.16.010;

(11) has violated any code of ethics adopted by regulation by the board;

(12) has denied care or treatment to a patient or person seeking assistance from the **licensee** [PHYSICIAN] if the only reason for the denial is the failure or refusal of the patient to agree to arbitrate as provided in AS 09.55.535(a);

(13) has had a license or certificate to practice medicine in another state or territory of the United States, or a province or territory of Canada, denied, suspended, revoked, surrendered while under investigation for an alleged violation, restricted, limited, conditioned, or placed on probation unless the denial, suspension, revocation, or other action was caused by the failure of the licensee to pay fees to that state, territory, or province; or

(14) prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.64.363.

*** Sec. 11.** AS 08.64.334 is amended to read:

Sec. 08.64.334. Voluntary surrender. The board, at its discretion, may accept the voluntary surrender of a license. A license may not be returned unless the board determines, under regulations adopted by it, that the licensee is competent to resume practice. However, a license may not be returned to the licensee if the voluntary surrender resulted in the dropping or suspension of civil or criminal charges against the physician **or physician assistant**.

*** Sec. 12.** AS 08.64.336(a) is amended to read:

(a) A physician **or physician assistant** who professionally treats a person licensed to practice medicine or osteopathy in this state for alcoholism or drug addiction, or for mental, emotional, or personality disorders, shall report [IT] to the board if there is probable cause that the person may constitute a danger to the health and welfare of that person's patients or the public if that person continues in practice. The report must state the name and address of the person and the condition found.

*** Sec. 13.** AS 08.64.336(e) is amended to read:

(e) A physician, **physician assistant,** hospital, hospital committee, or private

professional organization contracted with under AS 08.64.101(a)(5) to identify, confront, evaluate, and treat individuals licensed under this chapter who abuse addictive substances that in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil liability for the submission or participation.

*** Sec. 14.** AS 08.64.336(f) is amended to read:

(f) A physician**, physician assistant,** or hospital may not refuse to submit a report under this section or withhold from the board or its investigators evidence related to an investigation under this section on the grounds that the report or evidence

(1) concerns a matter that was disclosed in the course of a confidential physician-patient or psychotherapist-patient relationship or during a meeting of a hospital medical staff, governing body, or committee that was exempt from the public meeting requirements of AS 44.62.310; or

(2) is required to be kept confidential under AS 18.23.030.

*** Sec. 15.** AS 08.64.360 is amended to read:

Sec. 08.64.360. Penalty for practicing without a license or in violation of law. Except for [A PHYSICIAN ASSISTANT OR] a person licensed or authorized under another law of the state who engages in practices for which that person is licensed or authorized under that law, a person practicing medicine or osteopathy in the state without a valid license or permit is guilty of a class A misdemeanor. Each day of illegal practice is a separate offense.

*** Sec. 16.** AS 08.64.370 is amended to read:

Sec. 08.64.370. Exceptions to application of chapter. This chapter does not apply to

(1) officers in the regular medical service of the armed services of the United States or the United States Public Health Service while in the discharge of their official duties;

(2) a physician**,** [OR] osteopath**, or physician assistant** licensed in another state who is asked by a physician**,** [OR] osteopath**, or physician assistant** licensed in this state to help in the diagnosis or treatment of a case, unless the physician**, osteopath, or physician assistant** is practicing under AS 08.02.130(b);

(3) the practice of the religious tenets of a church;

(4) a physician **or physician assistant** in the regular medical service of the United States Public Health Service or the armed services of the United States volunteering services without pay or other remuneration to a hospital, clinic, medical office, or other medical facility in the state;

(5) a person who is certified as a direct-entry midwife by the department under AS 08.65 while engaged in the practice of midwifery whether or not the person accepts compensation for those services;

(6) a physician **or physician assistant** licensed in another state who, under a written agreement with an athletic team located in the state in which the physician **or physician assistant** is licensed, provides medical services to members of the athletic team while the athletic team is traveling to or from or participating in a sporting event in this state.

*** Sec. 17.** AS 08.64.380(6) is amended to read:

(6) "practice of medicine" or "practice of osteopathy" means [:]

(A) for a fee, donation**,** or other consideration, to diagnose, treat, operate on, prescribe for, or administer to [,] any human ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition; or to attempt to perform or represent that a person is authorized to perform any of the acts set out in this subparagraph;

(B) to use or publicly display a title in connection with a person's name**,** including "doctor of medicine," "physician," "M.D.," [OR] "doctor of osteopathic medicine**,**" [OR] "D.O.**,**" **"physician assistant," or "P.A."** or a specialist designation including "surgeon," "dermatologist," or a similar title in such a manner as to show that the person is willing or qualified to diagnose or treat the sick or injured;

*** Sec. 18.** AS 08.64.380(7) is amended to read:

(7) "practice of podiatry" means the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot, and superficial lesions of the hand other than those associated with trauma; the use of preparations, medicines, and drugs as are necessary for the

treatment of these ailments; the treatment of the local manifestations of systemic diseases as they appear in the hand and foot, except that

(A) a patient shall be concurrently referred to a physician**,** [OR] osteopath**, or physician assistant** for the treatment of the systemic disease itself;

(B) general anaesthetics may be used only in colleges of podiatry approved by the board and in hospitals approved by the joint commission on the accreditation of hospitals, or the American Osteopathic Association; and

(C) the use of X-ray or radium for therapeutic purposes is not permitted.

*** Sec. 19.** AS 11.71.900(20) is amended to read:

(20) "practitioner" means

(A) a physician, **physician assistant,** dentist, advanced practice registered nurse, optometrist, veterinarian, scientific investigator, or other person licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in the state;

(B) a pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in the state;

*** Sec. 20.** AS 13.52.390(31) is amended to read:

(31) "physician assistant" means an individual licensed **as a physician assistant** under **AS 08.64** [AS 08.64.107].

*** Sec. 21.** AS 18.08.089(a) is amended to read:

(a) A mobile intensive care paramedic licensed under this chapter, a physician assistant registered or licensed under **AS 08.64** [AS 08.64.107], or an emergency medical technician certified under this chapter may make a determination and pronouncement of death of a person under the following circumstances:

(1) the mobile intensive care paramedic or emergency medical technician is an active member of an emergency medical service certified under this chapter;

(2) neither a physician licensed under AS 08.64 nor a physician exempt from licensure under AS 08.64 is immediately available for consultation by radio or telephone communications;

(3) the mobile intensive care paramedic, physician assistant, or emergency medical technician has determined, based on acceptable medical standards, that the person has sustained irreversible cessation of circulatory and respiratory functions.

*** Sec. 22.** AS 21.07.010(b) is amended to read:

(b) A contract between a participating health care provider and a health care insurer that offers a health care insurance policy may not contain a provision that

(1) has as its predominant purpose the creation of direct financial incentives to the health care provider for withholding covered medical care services that are medically necessary; nothing in this paragraph shall be construed to prohibit a contract between a participating health care provider and a health care insurer from containing incentives for efficient management of the utilization and cost of covered medical care services;

(2) requires the provider to contract for all products that are currently offered or that may be offered in the future by the health care insurer; [OR]

(3) requires the health care provider to be compensated for medical care services performed at the same rate as the health care provider has contracted with another health care insurer**; or**

(4) imposes a practice, education, or collaboration requirement on physician assistants that is inconsistent with or more restrictive than the requirements imposed under AS 08.64 or a regulation adopted by the State Medical Board.

*** Sec. 23.** AS 23.30.395(3) is amended to read:

(3) "attending physician" means one of the following designated by the employee under AS 23.30.095(a) or (b):

(A) a licensed medical doctor;

(B) a licensed doctor of osteopathy;

(C) a licensed dentist or dental surgeon;

(D) a licensed physician assistant [ACTING UNDER SUPERVISION OF A LICENSED MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY];

(E) a licensed advanced practice registered nurse; or

(F) a licensed chiropractor;

*** Sec. 24.** AS 33.30.901(10) is amended to read:

(10) "health care provider" means

(A) a physician assistant licensed to practice in the state [AND WORKING UNDER THE DIRECT SUPERVISION OF A LICENSED PHYSICIAN OR PSYCHIATRIST];

(B) a mental health professional as defined in AS 47.30.915; or

(C) an advanced practice registered nurse as defined in AS 08.68.850;

*** Sec. 25.** AS 08.64.170(a)(1) is repealed.

Members of the Alaska State Medical Board

March 18, 2025

Re: SB 89 relating to Physician Assistant scope of practice

Dear Members of the Medical Board,

I write as a longtime practicing physician and medical educator in Alaska; I spent my first year in Alaska in Barrow (now Utqiagvik) in 1985-86, then many years doing primary care and consultative endocrinology in the Alaska Tribal Health System and have consistently taught our WWAMI medical students throughout this time. I am deeply concerned about your letter expressing conditional support of SB-89, a bill intended to expand physician assistant (PA) scope of practice.

PAs are a wonderful asset to medical care in Alaska, and I fully agree that we need to support them better, decreasing the unnecessary burdens they currently face. I have been delighted to see the UAA PA Program develop and add to this portion of our medical workforce. Your rather sudden and unexpected about-face regarding whether they should practice independently, however, is alarming and I fear may be ill-considered.

I wonder whether you are aware that, according to the 2021 National Commission on Certification of PAs (NCCPA) Statistical Profile of Certified PAs[1], only 47.4% of PAs practicing in Alaska are practicing primary care and that number has been falling? The very vocal PAs we have heard from regarding PA independent practice are highly specialized and many have extensive experience, hardly representative of the new graduates we need to attract to do rural primary care, especially in rural Alaska. I know several PAs who have left their jobs due at least in part to inadequate support in that work. Making PAs independent practitioners hardly seems the best approach to improving access to primary care in Alaska, which is the overriding concern we need to address.

Several physician leaders have put together a more comprehensive approach to improving access to high quality health care for all Alaskans and we would be happy to discuss that with you at any time. Meanwhile, I hope you will reconsider your support for PA independent practice as it may accidentally make matters worse.

Respectfully,

Molly B. Southworth, MD, MPH, MACP

Clinical Professor of Medicine, University of Washington School of Medicine
Adjunct Professor of Medical Education, University of Alaska Anchorage/ WWAMI
Endocrinologist, retired, Alaska Tribal Health System
Past Regent, American College of Physicians

[1] https://www.nccpa.net/wp-content/uploads/2022/08/2021StatProfileofCertifiedPAs-A-3.2.pdf

From: Katherine Van Atta
To: Board, Medical (CED sponsored)
Subject: Comments re: PA statutes and regulations
Date: Wednesday, March 19, 2025 12:56:11 PM

Dear Alaska State Medical Board,

I am writing to thank you for your support for improving physician assistant (PA) statutes and regulations in Alaska. As a PA who has worked in remote clinics in Alaska on a regular basis for the past 15 years, I fully support efforts to modernize PA statutes and regulations. In the past, Alaska has pioneered innovative solutions to address health care disparities in rural areas, such as the Community Health Aide Practitioner Program. I hope our state will continue to be a leader in innovative solutions to health care inequity.

As I'm sure you are aware, there are not enough physicians to meet all the health care needs of Alaskans, particularly in rural areas. Many rural employers can only afford Advanced Practice Providers (APPs), not physicians. In my experience, rural clinics function best when staffed by providers with a variety of backgrounds who work collaboratively. A nurse practitioner (NP) with a strong nursing background, paired with a PA with a strong medical background, can make a great team. Right now, however, the administrative burden of hiring PAs, as compared with NPs, has resulted in some employers preferentially hiring NPs.

Last year, in the discussion of the previous PA bill, SB115, Ethan McWilliams, CEO of Wilderness Medical Staffing, submitted a public letter of support in which he stated that he already has clients in Alaska who have adopted an "NP only" model for hiring. As you know, NPs are regulated by the Nursing Board, not the Medical Board. **A potential outcome of retaining burdensome administrative requirements for PAs is that APP positions more and more frequently will go to NPs, over whom the Medical Board has no jurisdiction**.

I also happen to work as a hospital-based certified nurse-midwife in an area with a high community (home and birth center) birth rate. These births typically are attended by CNMs (who are regulated by the Nursing Board) or certified direct-entry midwives (who are regulated by the Midwifery Board). When complications arise in community settings, patients are transferred to nearby hospitals, and cared for by physicians providing EMTALA coverage, who by law cannot refuse those transfers. Physicians have no control over what happens in the community settings, but have to deal with the consequences, which can be a source of frustration, concern and medicolegal risk for those physicians. But when the providers transferring patients to those physicians are not regulated by the Medical Board, recourse is limited.

Relaxing some of the administrative burdens on PAs would allow us to remain competitive in the job market. It may sound counterintuitive, but in the long run, this

may result in physicians and the Medical Board retaining more control over health care, not less.

Thank you for your time,
Sincerely,
Katherine Van Atta, PA-C, CNM

Dear Members of the Alaska State Medical Board,

I am writing to express my concern regarding the Board's letter of support for SB89 regarding independent practice for Physician Assistants (PAs). It has come to my attention that the letter's content appears to be in stark contrast to the concerns voiced by members of the Board during meetings, raising questions about the Board's actual stance on this critical issue.

Specifically, I am troubled by the disregard for the significant disparity in training and experience between physicians and PAs. While the Board minutes reflect "concerns about physician assistants being given parity of practice with family physician practitioners," the letter seemingly minimizes this crucial distinction.

Physicians undergo extensive medical education and rigorous residency training, typically accumulating 12,000 - 16,000 hours of clinical training prior to independence.[1] Then, additional testing of competency in the form of board exams, and board certification. This comprehensive education equips them with the knowledge and skills necessary for the complex decision-making and patient care that independent practice demands. In contrast, the suggestion that 4,000 hours of PA experience is sufficient for independent practice is not only inadequate but dangerously misleading. PA programs are typically two years in length and in some cases can be completed exclusively online, further widening the gap in comprehensive clinical training.

Concerningly, a leader on the PA side wishes to function as an independent dermatologist, which is really that individual's primary motivation, not improving access to rural healthcare. The Board minutes seem to recognize this and indeed noted "concerns about a lack of transparency regarding the motivation for seeking independent practice and concerns about the rigidness of having scope of practice detailed in statute rather than regulation, which allows less flexibility to fix problems when they arise." These are valid and important concerns that should be front and center in any discussion of independent practice. Yet, the Board's letter of support seemingly downplays these significant reservations.

Furthermore, the Board's support for independent practice for PAs sends a damaging message to prospective medical students. It implies that the years of rigorous medical school and residency are unnecessary, and that an abbreviated PA program with minimal clinical hours can provide equivalent training. This not only devalues medical education but also poses a potential risk to patient safety. If individuals are led to believe that they can achieve the same level of expertise and autonomy through a shorter, less comprehensive educational path, the quality of healthcare will be jeopardized. The notion that a student could forgo medical school and residency to become a "dermatologist" physician associate or family medicine physician associate by becoming a PA with a total of 6,000 hrs of training, and no board certification - is a frightening premise. The pathway proposed by SB 89 threatens quality of patient care, network adequacy, and undermines the talented physicians currently working in these roles.

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[1] https://www.ama-assn.org/practice-management/scope-practice/scope-practice-education-matters#:~:text=PA%20or%20PA%2DC:%202%2C000,or%20DO:%2012%2C000%2D16%2C000%20hours

While the Physician Assistant community does have valid criticisms of the current structure of collaborating physician agreements, this should be reformed to better support PAs as opposed to completely done away with. This should be done in regulation, not in statute, which as noted by members of the board, being coded in statute makes them less flexible and harder to change if problems arise.

Physicians attempted to collaborate with PAs on language that would be better while still providing a path to independent practice, and the PA representatives were really quite dismissive of suggestions and wished to press forward with a sympathetic legislator. If the board wishes to support a bill, at minimum, the hours should be widely expanded to at least 10,000 hours. Additionally, there should be language narrowly defining the scope of practice to the field that the PA received their experience in. They should not be able to work in an urgent care for 4,000 hours, then open a dermatology office, which would be completely allowed as the law is currently written. If the goal is really to enhance rural healthcare in places where it is difficult or not practical to have a physician full time, then independent practice should be limited to those locations after sufficient experience. Ideally, care sites would maintain the ability to still have input from real time physician collaboration, and the state should seek to support such systems.

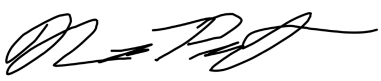
Given the serious nature of these concerns and the potential impact on the health and safety of Alaskans, I respectfully request that the Alaska State Medical Board:

- Rescind its letter of support.
- Reopen discussions regarding its position on independent practice for PAs at its upcoming March 20th meeting.
- Seek and carefully consider input from the broader Alaska medical community, which the Medical Board is duty-bound to represent, before taking any further action on this matter.

I believe that a more thorough and transparent process is essential to ensure that any decisions made by the Board are in the best interests of the public and reflect the considered opinions of the medical professionals it serves.

Thank you for service to the medical profession in Alaska, and for your time and consideration of this critical issue.

Best Regards,



Nicholas Papacostas, MD FACEP
Emergency Physician, Anchorage, AK
Immediate Past President, Alaska Chapter of American College of Emergency Physicians