

1 STATE OF ALASKA
2 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
3 DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
4

5 STATE MEDICAL BOARD
6 MINUTES OF MEETING
7 Thursday October 10, 2024
8

9 *These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional*
10 *Licensing. They have not been reviewed or approved by the Board.*
11

12 By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a special meeting of
13 the Alaska State Medical Board was held Thursday, October 10, 2024.
14

15 **1. Call to Order/ Roll Call**

16 The meeting was called to order by Chair Nimmo at 5:00 p.m.
17

18 **Roll Call**

19 Board members present:

20 Eric Nimmo, MD, Chair
21 David Barnes, DO
22 Sarah Bigelow-Hood, Vice-Chair
23 Matt Heilala, DPM
24 Lydia Mielke, Public Member (Secretary)
25 Brent Taylor, MD
26 David Wilson, Public Member

27 Note: David Paulson, MD was present but did not answer at roll call.
28

29 State employees present:

30 Natalie Norberg, Executive Administrator and Jason Kaeser, Licensing Supervisor
31

32 **2. Review / Approval of Agenda**
33

34 **On a motion duly made by Ms. Mielke and seconded by Ms. Bigelow-Hood, the Alaska State**
35 **Medical Board approved the agenda as presented.**
36

37 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow-Hood, Dr. Heilala, Ms. Mielke, Dr. Nimmo, Dr. Paulson,
38 Dr. Taylor, and Mr. Wilson
39

40 **3. Physician Assistant Regulation Project**

41 Chair Nimmo invited Ms. Bigelow Hood to present the work group's changes to the physician assistant
42 regulations. After the members of the work group were named, Ms. Bigelow Hood provided a section-
43 by-section review and rationale for the recommended changes. Primary points of discussion were
44 around the changes to eliminate the requirement for methods of assessment to be included in
45 collaborative practice agreements; the fact that the change to permitting practice agreements to be
46 maintained at the practice level will eliminate the ability for the public to view/search agreement
47 participants from the licensing website; and the inclusion of advanced practitioners as having the ability
48 to provide the requisite hours of onsite training for new physician assistants in remote settings. Board
49 members generally acknowledged their understanding for and support for the changes.

1
2 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood and approved by roll**
3 **call vote, Alaska State Medical Board accepted the changes proposed to Article 5. Physician**
4 **Assistants, in sections 12. AAC 40. 400 through 12. AAC. 40.490, as presented requested the**
5 **initiation of a regulation change project.**
6

7 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow-Hood, Dr. Heilala, Ms. Mielke, Dr. Nimmo, Dr. Paulson,
8 Dr. Taylor, and Mr. Wilson
9

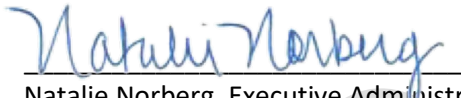
10 The members of the work group were heartily thanked by the Chair and other members of the board for
11 their hard work.
12

13 **4. Wrap up / Adjourn**

14 Board members discussed the proposed date of the next quarterly board meeting and decided to
15 change the date from November 8, 2024, to November 15, 2024.
16

17 The meeting was adjourned by Dr. Nimmo at 6:12 p.m.
18

19 Submitted by:
20

21
22
23 
24 _____

25 Natalie Norberg, Executive Administrator

10/11/2024

Date

Article 5

Physician Assistants

12 AAC 40.400 Physician assistant license

(a) An individual who desires to undertake medical diagnosis and treatment or the practice of medicine under [AS 08.64.380\(6\)](#) or [AS 08.64.380\(7\)](#) as a physician assistant

(1) shall apply for a permanent renewable license on a form provided by the department;

(2) shall pay the appropriate fees established in [12 AAC 02.250](#); and

(3) must be approved by the board or the board's designee.

(b) The application must contain documented evidence of

(1) graduation from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs;

~~(2) a passing score on the certifying examination administered by the National Commission on Certification of Physician Assistants;~~¹

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

~~(4) compliance with continuing medical education standards established by the National Commission on Certification of Physician Assistants;~~²

(3) verification of registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant or any other health care professional;

~~(6) verification of successful completion of a physician assistant program that meets the requirements of (1) of this subsection; that verification must be sent directly from the program to the board;~~³

(4) attestation of the applicant's completion of at least two hours of education in pain management and opioid use and addiction earned in a continuing medical education program approved by the National Commission on Certification of Physician Assistants (NCCPA), a Category I continuing medical education program accredited by the American Medical Association, or a Category I or II continuing medical education program accredited by the American Osteopathic Association, for an applicant who does not currently hold a valid federal Drug Enforcement Administration registration number, the verification will be waived until the applicant applies for a valid registration number;

¹ Cannot be NCCPA certified without this so it is redundant

² Again redundant due to current NCCPA certification indicating this compliance

³ Redundant as NCCPA certification requires this as well

(5) clearance from the Board Action Data Bank maintained by the Federation of State Medical Boards; and

~~(6) clearance from the federal Drug Enforcement Administration (DEA).~~ **A true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration.** ⁵

(c) Repealed 9/1/2007

(d) Notwithstanding (b) of this section, an applicant for a physician assistant license may submit the credentials verification documents through the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

(e) attest that there is an active practice agreement in place maintained at the practice level and is available to the ASMB upon request. ⁶

12 AAC 40.405. Temporary license permit. ⁷

(a) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits, may approve a temporary physician assistant ~~permits~~ **license** of an applicant who meets the requirements of 12 AAC 40.400 or ~~12 AAC 40.445~~ and pays the fee set out in 12 AAC 02.250.

(b) A temporary ~~permit license~~ **license** is valid for six months or until ~~the board meets and considers the application for a permanent renewable license is approved,~~ whichever occurs first. ⁸

(c) The board may renew a temporary license once only, based on good cause.

(d) Repealed 7/25/2008.

~~(e) An applicant who meets the requirements on the checklist established in this section has demonstrated the necessary qualifications for the temporary permit applied for and will be approved by the board, the executive secretary, or the board's designee for issuance of that permit. An applicant who does not meet the requirements on the checklist established in this section for that permit will not be issued a temporary permit unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.64 and this chapter for that permit. The form titled Alaska State Medical Board Checklist, Temporary Permit for Physician Assistant, dated February 2018, is adopted by reference. This form is established by the board for the use by the executive secretary or another employee of the division in completing the application processing for a temporary permit under this section.~~ ⁹

(e) A member of the board, the executive secretary, or a person designated by the board to

⁴ Language added to all licensee requirements to be consistent

⁵ Same language that physicians have in their licensing requirements

⁶ Attestation instead of filing as practice agreement maintained at the practice level

⁷ Permit language used throughout all regulations for licensees

⁸ Cleaning up language to be consistent

⁹ Making requirements consistent across licensees

issue temporary permits, may expedite the issuance of a temporary physician assistant permit to an applicant who has on file with the division:

- (1) a completed application on a form provided by the department;
- (2) current practice address
- (3) a completed authorization for release of records on a form provided by the department and signed by the applicant;
- (4) payment of all required application and licensing fees;
- (5) graduation from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs;
- (6) verification of current certification issued by the National Commission on Certification of Physician Assistants (NCCPA);
- (7) clearance from the Board Action Data Bank maintained by the Federation of State Medical Boards; and
- (8) has no adverse or derogatory history including
 - (A) grounds for which the board may impose disciplinary sanctions under AS 08.64.326
 - (B) malpractice settlements or payment
 - (C) any criminal charge or conviction, including conviction based on guilty plea or plea of nolo contendere;
 - (D) any complaint, investigation, or action regarding the practice of medicine, in another state or territory of the United States, a province of Canada, a federal agency, the armed forces of the United States, or international jurisdiction;
 - (E) any adverse action taken by a hospital, health care facility, or health care employer.¹⁰

12 AAC 40.406. Locum tenens authorization to practice. Repealed.

12 AAC 40.408. Authorization to practice as a physician assistant. Repealed.

12 AAC 40.410. Collaborative relationship and **practice agreement.** ¹¹

(a) A licensed physician assistant may ~~not~~ practice without at least one collaborative relationship established under this chapter. The collaborative relationship must be documented by a practice agreement and **maintained at the practice level** ~~on a form provided by the board~~ and must include ¹²

(1) the name, license number, and specialty, if any, for the primary supervising ~~physician~~ and at least one ~~alternate~~ collaborating physician; ¹³

(2) the name, place of employment, and ~~both residence and~~¹⁴ mailing addresses of the physician assistant with whom the physician intends to establish a collaborative relationship;

¹⁰ Added for consistency across all licensees

¹¹ Group felt practice agreement was better terminology. This change is made throughout the document

¹² Group felt it was much better to house practice agreement at the practice level and not file with state

¹³ Specialty not important for practice agreement, alternate physician requirement removed

¹⁴ Group felt residential address for providers was not needed in agreement

(3) the beginning date of employment under the practice agreement and the physical location of practice;

(4) compliance with [12 AAC 40.415](#) if the practice location is a remote practice location; and

(5) The practice agreement ~~will~~ **may include** a method of assessment between practice agreement parties. ¹⁵

~~(6) prescriptive authority being granted to the physician assistant by the collaborating physician under the practice agreement. ¹⁶~~

(b) The practice agreement must be **maintained at the practice location and available to the ASMB upon request.** ¹⁷ ~~filed with the division within 14 days after the effective date of the practice agreement or within 14 days after the effective date of any change to that plan.~~

~~(c) Receipt by the board of the practice agreement will be considered documented evidence of an established practice agreement. ¹⁸~~

(c) Any physician assistant subject to a board order must have their **practice agreement** approved by the board or its designee in advance of the effective date of the **agreement plan** to ensure that the **practice agreement collaborative plan** conforms to the terms of the order.

~~(e) A copy of the current plan must be retained at the place of employment specified in the plan and must be available for inspection by the public. ¹⁹~~

~~(f) A change in a practice agreement automatically suspends a licensed physician assistant's authority to practice under that practice agreement unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician and at least one alternate collaborating physician remains in place. Any change to collaborating physicians must be reported to the board in accordance with (b) of this section. ²⁰~~

(d) Nothing in this section prohibits periodic board review and assessment of the collaborating physician and the practice agreement.

(e) A physician(MD/DO/DPM) who wishes to establish a collaborative relationship with a physician assistant must hold a current, active, and unrestricted license to practice medicine in this state and be in active practice of allopathic/osteopathic/**podiatric** medicine. ²¹

(f) A collaborative physician or physician assistant who has any licensing restriction placed, by any state medical board, must provide the ASMB written verification the PA has been notified of the restrictions within 48 hours. Physician assistants cannot be reprimanded for not complying with 12 AAC 40.410 during that 48 hour period. If the physician assistant does not comply with 12 AAC 40.410 immediately after notification the physician assistant's collaboration practice agreement will be rendered void. ²²

¹⁵ Allows for discretion of the employer to decide how to evaluate practice of physician assistant

¹⁶ No longer granted in practice agreement

¹⁷ Practice agreement is housed at the practice level and available to board upon request

¹⁸ Not needed with agreement at practice level

¹⁹ Redundant at that is where it will be housed

²⁰ See f

²¹ Added podiatry

²² Added to make sure that a PA isn't held liable for a physician not notifying them that their license was restricted

~~(g) The primary collaborating physician shall maintain in the physician's records a copy of each DEA Form 222 official order form submitted by each physician assistant with whom the physician has a collaborative relationship. The primary collaborating physician is responsible for ensuring that the physician assistant complies with state and federal inventory and record keeping requirements.~~

(h) In this section, "active practice" means at least 200 hours each year of practicing medicine with direct patient contact.

12 AAC 40.415. Remote practice location.

~~(a) To qualify to practice in a remote practice location, a physician assistant with less than two years of full-time clinical experience must work 160 hours in direct patient care under the direct and immediate supervision of the collaborating physician or alternate collaborating physician. The first 40 hours must be completed before the physician assistant begins practice in the remote practice location, and the remaining 120 hours must be completed within 90 days after the date the physician assistant starts practice in the remote practice location. 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.²³~~

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 remote practice in the remote location with an advanced practice provider (APP) or physician onsite who has two or more years of full-time clinical experience. The physician assistant is not required to repeat the first 40 hours due to a change in the collaborating physician.** This will be outlined in the practice agreement prior to initiation of the **practice agreement prior to initiation** plan and will be continued with any change of the **practice agreement except termination or violation.**²⁴

~~(b) A physician assistant with less than two years of full-time clinical experience who practices in a remote practice location and who has a change of collaborating physician must work 40 hours under the direct and immediate supervision of the new collaborating physician within 60 days after the effective date of the new practice agreement unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician.²⁵~~

~~(c) A physician assistant with two or more years of full-time clinical experience who applies for authorization to practice in a remote practice location shall submit with the practice agreement (1) a detailed curriculum vitae documenting that the physician assistant's previous experience as a physician assistant is sufficient to meet the requirements of the location assignment; and (2) a written recommendation and approval from the collaborating physician.²⁶~~

(b) In this section, "remote practice location" means a location in which a physician assistant practices that is ~~30~~**100** or more miles **by road from the nearest primary, secondary or tertiary care facility.** ~~collaborating physician's primary office.~~²⁷

12 AAC 40.420. Currently practicing physician assistant. Repealed.

²³ Changed to simplify requirements for new PAs

²⁴ Increases flexibility for remote clinics while providing support to new remote providers

²⁵ Removed as it was felt that the skill/experience of the PA does not change with new practice agreement

²⁶ It was felt that requiring a CV was no necessary as the new PA will have support per (a)

²⁷ Updated to better reflect the reality of remote medicine in Alaska

- ~~(a) A person may perform medical diagnosis and treatment as a physician assistant only if licensed by the board and only within the scope of practice of the collaborating physician.~~
- ~~(b) A periodic method of assessment of the quality of practice must be established by the collaborating physician. In this subsection, "periodic method of assessment" means evaluation of medical care and clinic management.~~
- ~~(c) Repealed 3/27/2003.~~
- ~~(d) Repealed 3/27/2003.~~
- ~~(e) Assessments must include annual direct personal contact between the physician assistant and the primary or alternate collaborating physician, at either the physician or physician assistant's work site. The collaborating physician shall document the evaluation on a form provided by the department.~~
- ~~(f) Except as provided in (h) of this section, practice agreements in effect for less than two years must include at least one direct personal contact visit with the primary or alternate collaborating physician per calendar quarter for at least four hours duration.~~
- ~~(g) Except as provided in (h) of this section, practice agreements in effect for two years or more must include at least two direct personal contact visits with the primary or alternate collaborating physician per year. Each visit must be of at least four hours duration and must be at least four months apart.~~
- ~~(h) Physician assistants who practice under a practice agreement for a continuous period of less than three months of each year must have at least one direct personal contact visit with the primary or alternate collaborating physician annually.~~
- ~~(i) practice agreements, regardless of duration, must include at least monthly telephone, radio, electronic, or direct personal contact between the physician assistant and the primary or alternate collaborating physician during the period in which the physician assistant is actively practicing under the practice agreement. Dates of active practice under the practice agreement and monthly contact must be documented.~~
- ~~(j) Contacts, whether direct personal contact or contact by telephone, radio, or other electronic means, must include reviews of patient care and review of health care records.~~
- ~~(k) The primary collaborating physician shall maintain records of performance assessments. The board may audit those records.~~
- ~~(l) The primary collaborating physician shall maintain on file the completed records of assessment form for at least seven years after the date of the evaluation.~~
- ~~(m) If an alternate collaborating physician performs the evaluation, copies of the record of assessment must be provided to the primary collaborating physician for retention in the primary collaborating physician's records.~~
- ~~(n) The board's executive secretary may initiate audits of performance assessment records. In any one calendar year, the performance assessment records of not more than 10 percent of the~~

²⁸ Entire section felt to be unnecessary with practice agreement at the practice level with individual assessments being done

~~actively licensed physician assistants, selected randomly by computer, will be audited. For each audit,~~

~~(1) the collaborating physician shall produce records of assessment for the past two calendar years immediately preceding the year of audit; and~~

~~(2) if the practice agreement has been in effect for at least one year, but less than two years, only one year of records will be audited; practice agreements of less than one year's duration will not be audited.~~

~~(o) Repealed 5/8/2013.~~

~~(p) Repealed 5/8/2013.~~

~~(q) Repealed 5/8/2013.~~

~~(r) During an urgent situation as determined by the board, direct personal contact as required under this section may be met by audio and video means; "urgent situation" has the meaning given in [12 AAC 40.045](#).~~

~~[12 AAC 40.440. Student physician assistant permit.](#) Repealed.~~

~~[12 AAC 40.445. Graduate physician assistant license.](#) ²⁹~~

~~(a) An applicant for a license to practice as a graduate physician assistant (1) shall apply on a form provided by the department; (2) shall pay the fees established in [12 AAC 02.250](#); and (3) must be approved by the board.~~

~~(b) The application must include~~

~~(1) evidence of having graduated from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs; and~~

~~(2) evidence of having been accepted to take the next entry level examination of the National Commission on Certification of Physician Assistants, Inc. (NCCPA) for initial certification.~~

~~(c) A graduate physician assistant license is automatically suspended on the date the board receives notice that the applicant failed to pass the NCCPA certifying examination required under (b)(2) of this section.~~

~~(d) Upon request, the board will reissue a graduate physician assistant license only if the licensee was prevented from taking a scheduled examination.~~

~~(e) A licensed graduate physician assistant must be under the continuous on-site supervision of a physician assistant licensed in this state or a physician licensed in this state.~~

~~(f) When licensed, the licensee shall display a nameplate designating that person as a "graduate physician assistant."~~

~~(g) Notwithstanding (b) of this section, an applicant for a graduate physician assistant license may submit the credentials verification documents through the Federation Credentials~~

²⁹ Entire section removed as it was felt this type of license is no longer needed

Verification Service (FCVS) of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

12 AAC 40.447. Authorization to practice as a graduate physician assistant. Repealed.

12 AAC 40.450. Authority to prescribe, order, administer, and dispense medications.

(a) A physician assistant who prescribes, orders, administers, or dispenses controlled substances must

~~(1) have a current Drug Enforcement Administration (DEA) registration number, valid for that handling of that controlled substance on file with the department; and~~³⁰

~~(2) comply with 12 AAC 40.976.~~

(b) Repealed 9/1/2007.

~~(c) A physician assistant with a valid DEA registration number may order, administer, dispense, and write a prescription for a schedule II, III, IV, or V controlled substance. (f) A physician assistant may prescribe, order, administer, or dispense a medication that is not a controlled substance only with the authorization of the physician assistant's primary collaborating physician. The authorization must be only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current practice agreement on file with the division.~~

~~(d) The physician assistant's authority to prescribe may not exceed that of the primary collaborating physician as documented in the practice agreement on file with the division.~~

~~(e) A physician assistant with a valid DEA registration number may request, receive, order, or procure schedule II, III, IV, or V controlled substance supplies from a pharmaceutical distributor, warehouse, or other entity only with the authorization of the physician assistant's primary collaborating physician. If granted this authority, the physician assistant is responsible for complying with all state and federal inventory and record keeping requirements. The authorization must be documented in the physician assistant's current practice agreement on file with the division. Within 10 days after the date of issue on the form, the physician assistant shall provide to the primary collaborating physician a copy of each DEA Form 222 official order form used to obtain controlled substances.~~

~~documented in the physician assistant's current practice agreement on file with the division.~~

~~(g) A graduate physician assistant licensed under this chapter may not prescribe, order, administer, or dispense a controlled substance.~~

~~(h) Termination of a practice agreement terminates a physician assistant's authority to prescribe, order, administer, and dispense medication under that agreement.~~

(i) A prescription written under this section by a physician assistant must include

the (1) primary collaborating physician's name;

(2) primary collaborating physician's DEA registration number;

(3) physician assistant's name; and

³⁰ Changed section to make it clear that prescriptive authority is granted with license and DEA registration

~~(4) physician assistant's DEA registration number.~~

~~(j) In this section, unless the context requires otherwise,~~

~~(1) "order" means writing instructions on an order sheet to dispense a medication to a patient from an on-site pharmacy or drug storage area; for purposes of this paragraph, "on-site pharmacy" means a secured area that provides for the storage and dispensing of controlled substances and other drugs and is located in the facility where the physician assistant is practicing;~~

~~(2) "prescription" means a written document regarding a medication prepared for transmittal to a licensed pharmacy for the dispensing of the medication;~~

~~(3) "schedule," used in conjunction with a controlled substance, means the relevant schedule of controlled substances under 21 U.S.C. 812 (Sec. 202, Federal Controlled Substances Act).~~

12 AAC 40.460. Identification.

~~A licensed physician assistant authorized to practice shall conspicuously display on the licensee's clothing a nameplate identifying the physician assistant as a "Physician Assistant-Certified (PA-C)" and shall display at the licensee's customary place of employment~~

~~(1) a current state license; and~~

~~(2) a sign at least five by eight inches informing the public that documents showing the licensed physician assistant's education and a copy of the current practice agreement on file with the division are available for inspection.³¹~~

12 AAC 40.470. Renewal of a physician assistant license.

~~(a) A physician assistant license must be renewed biennially on the date set by the department.~~

~~(b) An application for renewal must be made on the form provided by the department and must include~~

~~(1) payment of the renewal fee established in [12 AAC 02.250](#);~~

~~(2) **attestation and maintenance** of documented evidence that the applicant has met the continuing medical education and recertification requirements of the NCCPA, including the NCCPA recertification examination, and is **current certification** by NCCPA;³²~~

~~(3) verification on a form provided by the department of each authorization to practice issued before September 1, 2007 under which the physician assistant is practicing.~~

~~(3) **attestation of the applicant's completion of at least two hours of education in pain management and opioid use and addiction earned in a continuing medical education program approved by the National Commission on Certification of Physician Assistants (NCCPA), a Category I continuing medical education program accredited by the American Medical Association, or a Category I or II continuing medical education program accredited by the American Osteopathic Association, for an applicant who does not currently hold a valid federal Drug Enforcement Administration registration number, the verification will be waived until the applicant applies for a valid registration number;**~~

³¹ Felt to be redundant as Sec. 08.64.326 already states all licensees must present their credentials and identify themselves

³² Keeping the language consistent with initial licensing section

12 AAC 40.473. Inactive physician assistant license.

(a) A physician assistant who is not practicing in the state may hold an inactive license that may be renewed.

(b) A physician assistant may apply for an inactive license at the time of license renewal by

(1) indicating on the form for license renewal that the physician assistant is requesting an inactive license; and

(2) paying the inactive biennial license fee established in [12 AAC 02.250](#).

(c) A physician assistant licensed as inactive may not practice as a physician assistant in the state.

(d) A physician assistant licensed as inactive who wishes to resume active practice as a physician assistant in the state must

(1) submit a completed renewal application form indicating request for reactivation;

(2) pay the physician assistant biennial license renewal fee established in [12 AAC 02.250](#), less any inactive license fee previously paid for the same licensing period;

(3) ~~attest to submit a copy of a current~~ **attest to submit a copy of a current and maintenance of** certificate issued by the National Commission of Certification of Physician Assistants; and ³⁴

(4) ~~request~~ a clearance report from the Federation of State Medical Boards's Board Action Data Bank be sent directly to the board.

(e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician assistant authorization for the same reasons that it may impose disciplinary sanctions against a licensee under [AS 08.64.326](#) and this chapter.

12 AAC 40.475. Lapsed physician assistant license.

(a) A physician assistant license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits

(1) a complete renewal application form;

(2) documentation that the continuing medical education requirements of [12 AAC 40.470](#) (b)(**2&3**) have been met;

(3) the renewal fees required by [12 AAC 02.250](#).

(b) A physician assistant license that has been lapsed for at least one year but less than five years will be reinstated if the applicant submits

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

(2) documentation that the continuing medical education requirements of [12 AAC 40.470](#) (b) (**2&3**) have been met for the entire period that the authorization has

³³ Same language as initial license section

³⁴ Keeping language consistent in all sections

been lapsed;

(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 as a physician assistant or other health care professional;

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

~~(5) clearance from the federal Drug Enforcement Administration (DEA); and~~³⁵

(5) the applicable fees required in [12 AAC 02.250](#).

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician assistant license for the same reasons that it may impose disciplinary sanctions against a licensee under [AS 08.64.326](#) and this chapter.

~~12 AAC 40.480. Exemptions.~~

~~(a) Nothing in this chapter prevents or regulates the use of a community health aide in the usual and customary manner in the rural areas of the State of Alaska.~~

~~(b) Nothing in this chapter regulates, restricts, or alters the functions of a person traditionally employed in an office, by a physician, performing duties not regulated by the State Medical Board under [AS 08.64.106](#)~~³⁶

12 AAC 40.490. Grounds for suspension, revocation, or denial of license.

The board, after compliance with the Administrative Procedure Act ([AS 44.62](#)), will, in its discretion, suspend, revoke, or deny the license of a physician assistant who

(1) fails to pay the fees established in [12 AAC 02.250](#);

(2) fails to comply with AS Sec 08.64.326³⁷

~~(2) has obtained, or attempted to obtain, a license or authorization to practice as a physician assistant by fraud, deceit, material misrepresentation, or false statement;~~

~~(3) habitually abuses alcoholic beverages, or illegally uses depressants, hallucinogenic or stimulant drugs as defined by [AS 17.12.150\(3\)](#), or uses narcotic drugs as defined by [AS 17.10.230\(13\)](#);~~

~~(4) consistently fails to comply with [12 AAC 40.460](#);~~

~~(5) practices without the required practice agreement as required by [12 AAC 40.410](#);~~

~~(6) represents or uses any signs, figures, or letters to represent himself or herself as a physician, surgeon, doctor, or doctor of medicine;~~

~~(7) violates any section of this chapter;~~

³⁵ Removed for all licensees

³⁶ This section did not make sense to us. Removed and await guidance from legal if needed or not

³⁷ It was decided that this statute applies to all licensees of the board and covers everything in this section

~~(8) is found to have demonstrated professional incompetence as defined in [12 AAC 40.970](#);~~

~~(9) in a clinical setting,~~

~~(A) fails to clearly identify oneself as a physician assistant to a patient;~~

~~(B) uses or permits to be used on the physician assistant's behalf the term "doctor," "Dr.," or "doc"; or~~

~~(C) holds oneself out in any way to be a physician or surgeon;~~

~~(3 40) practices without maintaining certification by the National Commission on Certification of Physician Assistants (NCCPA).³⁸~~

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³⁸ This could likely also be removed as it is quite redundant

Additional information that was considered by the working group:

For comparison - these are the grounds for imposition of disciplinary sanctions in the physician statutes.

Sec. 08.64.326. Grounds for imposition of disciplinary sanctions.

- (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 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.

(b) In a case involving (a)(13) of this section, the final findings of fact, conclusions of law and order of the authority that suspended or revoked a license or certificate constitutes a prima facie case that the license or certificate was suspended or revoked and the grounds under which the suspension or revocation was granted.