

Annual Report

Fiscal Year 2021

ALASKA STATE MEDICAL BOARD



**Department of Commerce, Community
and Economic Development**

**Division of Corporations, Business
and Professional Licensing**

This annual performance report is presented in accordance with
Alaska statute AS 08.01.070(10).

Its purpose is to report the accomplishments, activities, and the
past and present needs of the licensing program.

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Identification of the Board

Board Member	Duty Station	Date Appointed	Term Expires
Richard Wein, MD President, Physician	Sitka	Mar 01, 2020	Mar 01, 2024
David Boswell Secretary, Public Member	Fairbanks	Mar 01, 2020	Mar 01, 2024
Sarah Bigelow Hood, PA-C Physician Assistant	Anchorage	Mar 01, 2020	Mar 01, 2024
Larry Daugherty, MD Physician	Eagle River	Mar 01, 2020	Mar 01, 2024
Maria Freeman, MD Physician	Wasilla	Mar 01, 2018	Mar 01, 2024
Lydia Mielke Public Member	Big Lake	Mar 01, 2020	Mar 01, 2024
Steve Parker, MD Physician	Palmer	Mar 01, 2020	Mar 01, 2024
Vacant Physician			

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Identification of Staff

Natalie Norberg – Executive Administrator (effective February 8, 2021)
Department of Commerce, Community & Economic Development
Division of Corporations, Business and Professional Licensing
Post Office Box 110806
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(907) 465-2550

Steven Alvarado – Licensing Examiner
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Jason Kaeser – Licensing Examiner
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Olena Ziuba – Licensing Examiner
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Sonia Lipker – Senior Investigator
Department of Commerce, Community & Economic Development
Division of Corporations, Business and Professional Licensing
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Identification of Staff (continued)

Billy Homestead – Investigator

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Michele Wall-Rood – Investigator

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Karina Medina – Probation Monitor

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Narrative Statement

The Alaska State Medical Board (ASMB) is responsible for protecting the public through the licensing, regulation, and discipline of allopathic and osteopathic physicians, podiatrists, physician assistants, and mobile intensive care paramedics. The Board establishes and evaluates minimum competency standards for applicants who wish to practice medicine in Alaska.

In FY 2021, the Board experienced one of its busiest years ever, processing over 800 licenses while maintaining a continued priority focus on addressing emergency related matters related to the COVID-19 pandemic. The board met a total of 18 times to address time sensitive regulation and policy projects, licensing actions, conduct board interviews, and to review a high volume of license applications. In November 2020, the board began the implementation of the Emergency Courtesy License, a new time-limited license type aimed at creating a fast-track option to get health care professionals quickly licensed in Alaska to meet urgent industry demand for personnel during the pandemic.

During FY 2021 (as of June 28, 2021), the board issued 812 licenses, including:

- 484 allopathic physicians
- 72 osteopathic physicians
- 1 podiatrist
- 41 resident permits, 34 allopathic physicians and 7 osteopathic physicians
- 7 locum tenens
- 78 physician assistants
- 49 mobile intensive care paramedics
- 80 emergency courtesy licenses including 62 allopathic physicians, 18 osteopathic physicians

The Board approved emergency regulations to:

- Create an Emergency Courtesy License type for allopathic and osteopathic physicians, physician assistants, and mobile intensive care paramedics, eliminate the requirement of a notary for application, and allow a longer time to run before an incomplete application goes stale and lapses.
- Expand the scope of services allowed to be performed by mobile intensive care paramedics. This was first approved in August 2020 and renewed in February 2021 to expire in December 2021.
- Expand the conditions for which a public health emergency may be declared in order to extend the ability for practitioners to prescribe buprenorphine for Opioid Use Disorder within a telehealth platform without the requirement of a licensed practitioner being physically present with the patient.

Additionally, regulations were passed to:

- Require licensees with a DEA number to register in the controlled substance prescription database within 30 days of licensure.

FY 2021 Narrative Statement (continued)

The Board passed a resolution urging the legislature to amend AS 17.30.200 to allow for licensed practitioners to utilize non-licensed delegates to access the PDMP database on their behalf.

As a member of the Federation of State Medical Boards (FSMB) and Administrators in Medicine (AIM), the Board participated in national and regional meetings to understand issues concerning the practice of medicine nationally. Topics this year included reciprocation of professional licenses, compliance with Prescription Drug Monitoring Programs and development and revision of professional policies and standards. Comprised of 70 state and territorial boards, FSMB monitors developments in the health care regulatory database of licensed physicians and physician assistants. AIM researches and tracks issues and developments on a state-by-state basis and supports board executives through access to information to more effectively respond to the needs of their states. Both FSMB and AIM develop and deliver education and assistance to board staff and members, including certification programs for executives and investigators.

In the coming year, the Board plans to evaluate board functions and administrative processes to identify areas where further efficiencies may be implemented. Areas of focus include: 1) reduce the process time for initial applications, including the creation of an expedited process for temporary licensure; 2) review of statutes and regulations for relevancy to today's practices; 3) collaboration with the Board of Pharmacy to enhance Physician-Pharmacist Cooperative Plans and processes, and to recommend statutory changes related to the prescription drug monitoring program; and 4) strengthen outreach and communication with licensees, the legislature and the public.

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Budget Recommendations for FY 2022

The Budget Recommendations section anticipates the board’s fiscal priorities for the upcoming year. Please complete all parts of this section with details about anticipated meetings, conferences, memberships, supplies, equipment, to other board requests. Meeting expenses that are being funded through third-party reimbursement or direct booking must be identified separately from expenses paid through license fees (receipt-supported services or RSS). Be sure to explain any items listed as “other” so they may be tracked appropriately.

Board Meeting Date	Location	# Board	# Staff
November 2021	Wasilla	8	1
<input checked="" type="checkbox"/> Airfare:			\$1,600.00
<input checked="" type="checkbox"/> Hotel:			\$1,200.00
<input checked="" type="checkbox"/> Ground:			\$1,000.00
<input checked="" type="checkbox"/> Other:			\$1,200.00
Total Estimated Cost:			\$5,000.00

Board Meeting Date	Location	# Board	# Staff
May 2021	Wasilla	8	1
<input checked="" type="checkbox"/> Airfare:			\$1,600.00
<input checked="" type="checkbox"/> Hotel:			\$1,200.00
<input checked="" type="checkbox"/> Ground:			\$1,000.00
<input checked="" type="checkbox"/> Other:			\$1,200.00
Total Estimated Cost:			\$5,000.00

Non-Travel Budget Requests

- Not Applicable Resources Examinations
 Membership Training Other

Product or Service	Provider	Cost Per Event
Member board annual dues	Federation of State Medical Boards	\$2,400.00

Description of item and its role in supporting the mission of the Board:

The FSMB establishes national policies and standards for the medical profession on behalf of state medical and osteopathic Boards in their protection of the public. They provide specialized training for new board members and staff. In addition, the Board contracts with FSMB to administer the licensing examination for physicians.

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Budget Recommendations for FY 2022 (continued)

Non-Travel Budget Requests

- Not Applicable Resources Examinations
 Membership Training Other

Product or Service	Provider	Cost Per Event
Member board annual dues	Administrators in Medicine	\$1,200.00

Description of item and its role in supporting the mission of the Board:

AIM researches and tracks issues and developments on a state-by-state basis and assists board executives in obtaining and sharing information to more effectively respond to the needs of their states. AIM also provides education and assistance to board staff and members, including certification programs for executives and investigators.

Non-Travel Budget Requests

- Not Applicable Resources Examinations
 Membership Training Other

Product or Service	Provider	Cost Per Event
Expert Testimony / Court mandated relates services	TBD	\$5000 - 10000

Description of item and its role in supporting the mission of the Board:

Board action against licensees for public safety at times require the testimony of expert witnesses and/or services to be provided at the Board's expense.

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Budget Recommendations for FY 2022 (continued)

Other Items with a Fiscal Impact		Cost Per Event: \$0.00
<input type="checkbox"/> Not Applicable		Number of Events: 0
Product or Service	Provider	Total Cost
Teleconferences & Online Meeting Management platforms	Zoom & Onboard	\$1000.00
<p>Description of item and its role in supporting the mission of the Board:</p> <p>Subscriptions for electronic platforms needed to host virtual board meetings.</p>		

Summary of FY 2022 Fiscal Requests	
Board Meetings and Teleconferences:	\$10,000.00
Travel for Exams:	\$0.00
Out-of-State and Additional In-State Travel:	\$0.00
Dues, Memberships, Resources, Training:	\$3,600.00
Total Potential Third-Party Offsets:	-\$0.00
Other:	\$2,000.00
Total Requested:	\$15,600.00

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Legislation Recommendations Proposed Legislation for FY 2022

No Recommendations

The Board has no recommendations for proposed legislation at this time.

Recommendations

The Board has the following recommendations for proposed legislation:

1. The Board identified AS 17.30.200 overly restrictive as it pertains to the ability to assign delegates to access the PDMP on behalf of the licensed practitioner. The Board recommends amending AS 17.30.200 (d) (3) to allow for more flexibility with respect to assigning delegates as follows:

AS 17.30.200 (d) (3) a licensed practitioner having authority to prescribe controlled substances or an agent or employee of the practitioner whom the practitioner has authorized to access the database on the practitioner's behalf, to the extent the information relates specifically to a current patient of the practitioner to whom the practitioner is prescribing or considering prescribing a controlled substance [THE AGENDT OR EMPLOYEE MUST BE LICENSED OR REGISTERD UNDER AS 08.]

(Words [CAPITALIZED AND BRACKETED] indicate language being deleted. Words **bolded and underlined** indicate language being added.)

2. To improve efficiencies for Board members to communicate with the Department, the Board recommends to allow communication under AS 08.01.087(b) via email or text, as follows:

AS 08.01.087 (b) If it appears to the commissioner that a person has engaged in or is about to engage in an act or practice in violation of a provision of this chapter or a regulation adopted under it, or a provision of AS 43.70, or a provision of this title or regulation adopted under this title dealing with an occupation or board listed in AS 08.01.010, the commissioner may, if the commissioner considers it in the public interest, and after notification of a proposed order or action by telephone, **text, or email** [FACSIMILE] to all board members, if a board regulates the act or practice involved, unless a majority of the members of the board object within 10 days.

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Regulation Recommendations Proposed Legislation for FY 2022

No Recommendations

The Board has no recommendations for proposed regulations at this time.

Recommendations

The Board has the following recommendations for proposed regulations:

1. The Board recommends to make permanent the emergency regulations approved by the Board effective June 10, 2021 related to expanded language and flexibility for defining a public health emergency and the use of telemedicine to provide medication assisted treatment for opioid use disorder under 12 AAC 40.943 (b).
2. The Board recommends allowing for increased flexibility and modifications to the existing Physician Assistant Collaborative Agreement process beginning with allowing Physician Assistants to temporarily suspend collaborative agreements with a supervising physician while working outside of the designated practice community or region of the supervising physician.

The board passed a motion to amend 12 AAC. 40.430 (i) to modify the requirement for monthly direct personal contact between the physician assistant and the primary or alternate collaborating physician who share a collaborative to only during the period in which the physician assistant is actively practicing under the collaborative plan.

3. To streamline and make the approval and implementation process of the Pharmacist Cooperative Agreement more efficient, the Board passed a motion to amend 12 AAC 40.983 (k) such that the Board of Pharmacy will no longer be required to approve Physician-Pharmacy Cooperative Agreements.

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Goals and Objectives

Part I

FY 2021's goals and objectives, and how they were met:

- 1. The Board will ensure it addresses all findings reported in the 2019 sunset audit.***

The Board successfully addressed all findings reported in the 2019 Legislative Sunset Audit. See Sunset Audit Recommendations section (below) for more details.

- 2. The Board will work with the Board of Pharmacy and other health care related programs within the Division that interact with the PDMP to reframe the PDMP as a tool to improve patient care.***

The Division instituted monthly meetings of the health care board chairs to foster relationships and coordination related to PDMP compliance strategies amongst the different boards. A legislative subgroup is being formed to collaboratively identify recommended statutory changes to be presented during the 2022 Legislative session.

- 3. The Board will continue to evaluate the impact and effectiveness of current statutes and regulations, as well as recent emergency regulations, and the need to revise outdated regulations and/or new regulations.***

Regulation changes addressed during this year are listed under previous sections of this report. This remains an ongoing goal. As the health care industry rebounds and stabilizes after being consumed with responding to emergency issues related to the pandemic, the expectation is that the Board will be able to assume a systematic review of current statutes and regulations.

- 4. The Board will annually review and update its disciplinary guidelines and its policies and procedures.***

To comport with the new regulations implemented by the Board regarding the requirement of licensees to register with the PDMP within 30 days after licensure, the Board revised its disciplinary guidelines and policy and procedures with respect to sanctions for failure to register with the PDMP within the 30-day deadline. Instead of imposing a \$1000 fine for each violation, the Board decided upon a graduated civil fine schedule, beginning with a \$250 fine. At its June 3, 2021 meet, the Board reviewed and explored raising the civil fines for facilities who fail to report a loss of hospital privileges or other actions taken against a physician.

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Goals and Objectives (continued)

Part I (continued)

FY 2021's goals and objectives, and how they were met:

5. *The Board will gather information about the interstate medical licensure compact, nine basic criteria, and determine next steps. The Board plans to reach out to FSMB and boards in other jurisdictions to gain insight on the pros and cons of this licensure compact.*

The Board made no progress on this goal and intends to retain this goal for FY22.

6. *The Board will continue to be involved with the Federation of State Medical Boards and its affiliated organizations and require Board members and staff to attend their meetings and activities.*

The board chair and secretary attended the annual virtual House of Delegates meeting and participate in quarterly meetings. The FSMB continues to be a valued resource for guidance and support for addressing new and emerging challenges or policy issues in the medical profession.

7. *The Board will improve communication and outreach efforts with licensees and the public.*

Division staff updated online applications and attempted to keep up to date COVID-19 response information current on the Board websites. The Board's website was updated timely to reflect board business including meeting dates, agendas and minutes. This item will remain a priority goal for next year.

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Goals and Objectives

Part II

FY 2022's goals and objectives, and proposed methods to achieve them.

Describe any strengths, weaknesses, opportunities, threats and required resources:

In the coming year, the Board plans to evaluate board functions and administrative processes to identify areas where further efficiencies may be implemented. Areas of focus include: 1) reducing the processing time for initial applications, including creating an expedited process for temporary licensure; 2) reviewing statutes and regulations for relevancy to today's practices; 3) collaborating with the Board of Pharmacy to enhance Physician-Pharmacist Cooperative Plans and processes, and to recommend statutory changes related to the prescription drug monitoring program; and 4) strengthening outreach and communication with licensees, the legislature and the public.

- 1. The Board will continue to evaluate the impact and effectiveness of current and new statutes and regulations, and the need to revise outdated regulations and/or new regulations especially as they relate to the initial application and licensing processes.***

Key objectives include 1) reducing the processing time for initial applications; 2) creating an expedited process for temporary licensure and military spouses; 3) reviewing and developing new streamlined processes for Physician Assistant Collaborative Plans and Pharmacist Cooperative Plans.

- 2. The Board will continue to work with the Board of Pharmacy and other health care related programs within the Division that interact with the PDMP to reframe the PDMP as a tool to improve patient care.***

The board chair and executive administrator will participate in monthly meetings of the health care board chairs and legislative to help identify and draft a white paper related to recommended statutory changes to be presented during the 2022 Legislative session.

- 3. The Board will gather information about the interstate medical licensure compact and determine next steps. The Board will draft a white paper on the pros and cons of a medical licensure compact for Alaska to present to the legislature.***

- 4. The Board will continue to be involved with the Federation of State Medical Boards and its affiliated organizations and require Board members and staff to attend their meetings and activities.***

The board chair, secretary and executive administrator will attend annual virtual House of Delegates meeting and participate in quarterly meetings.

- 5. The Board will improve communication and outreach efforts with licensees, the public and the legislature.***

Strategies will include 1) ensuring the Medical Board webpage is kept current with relevant information, updated forms, and FAQ's; 2) revitalizing and enhancing the use of the Listserv to promote timely updates to licensees Medical Board statute, regulation and policy changes.

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Sunset Audit Recommendations

Date of Last Legislative Audit: April 26, 2019

Board Sunset Date: June 30, 2023

Audit Recommendation: The board should adopt regulations to provide guidance for registering with the controlled substance prescription database.

Action Taken: The board adopted revised regulations, (effective 3/7/21) to require licensees with a DEA number to register in the controlled substance prescription database within 30 days of licensure. (12 AAC 40.450(a); 12 AAC 40.976)

Next Steps: N/A

Date Completed: March 7, 2021

Audit Recommendation: The Board should develop procedures to ensure licensees with a Drug Enforcement Administration (DEA) number register in the controlled substance prescription database.

Action Taken: The Board adopted a new Policy and Procedure during the Feb 18-19, 2021 meeting related to ensuring licensees with a Drug Enforcement Administration number register with the controlled substance prescription database. The P&P was submitted to Legislative audit, revised and reissued in March 2021, based on feedback from the auditors. Additional actions taken included editing and updating all online license applications to clearly highlight and articulate the PDMP registration requirement for Alaska licensees. Edits were also made to applications to streamline the fee process so that both the license and PDMP registration fee can be paid at the same time.

Next Steps: Continue to monitor compliance and ensure staff follow the established procedures. Evaluate effectiveness to determine if revisions are necessary.

Date Completed: February 2021/Ongoing

Sunset Audit Recommendations (continued)

Audit Recommendation:	The board chair should work with DCCED's Director of the Division of Corporations, Business, and Professional Licensing's to establish and implement procedures to ensure the board reports disciplinary actions in accordance with state law.
Action Taken:	The Division's Investigations Unit developed and implemented new procedures in January 2020 for reporting to the FSMB – "Case Closure and Disciplinary Action Reporting" (INV SOP 6).
Next Steps:	Continue to monitor compliance to ensure timely reporting of the imposition of civil fines and board actions.
Date Completed:	November 2019/Ongoing