Alaska Board of Physical Therapy and Occupational Therapy

Apr 24, 2020 12:00 PM - 1:30 PM AKDT

Table of Contents

Enlow Walker reviewed Mandate 15 and created this summary for the Board meeting. All board members to review the entire Mandate 15 to see if there is anything else that they would like to stress in the April 24, 2020 board meeting.

COVID-19 Health Mandate 015 summary

First phase in effect April 20, 2020. Providers may resume services that require minimal protective equipment and follow the guidelines below:

1. Every effort should continue to be made to deliver care without being in the same physical space, such as utilizing telehealth, phone consultation and physical barriers between providers and patients.

2. All health care requires universal masking procedures. Employees not involved with services/procedures, such as front office staff, may wear cloth face coverings. Those involved in direct patient care are to wear surgical masks. Gloves should be worn for patient care.

3. Regardless of symptoms, all patients are to be screened for recent illness, travel, fever or recent exposure to COVID-19. Treat suspicious patients as if they are positive.

4. Minimize aerosolizing procedures such as nerve block over deep sedation, intubation, suctioning and breathing treatments.

Urgent and Emergent services should continue but with the enhanced screening and safety measures noted above. In addition to Emergent procedures, surgeries and procedures are permitted to proceed if delay is deemed to cause significant impact on health, livelihood or quality of life.

Second phase in effect May 4, 2020. Health care services that cannot be delayed beyond eight weeks without posing a significant risk to quality of life may resume if the following conditions are met:

1. Health care delivery can meet all of the standards noted above under the first phase.

2. Health care is delivered by a provider listed in statute.

3. Health care can be safely done with a surgical mask, eye protection and gloves.

4. If the procedure puts the health care worker at increased risk, such as deliveries, dental work, or aerosolizing procedures such as suctioning, intubation or breathing treatments, then a negative PCR for Sars-Cov-2 must be obtained within 48 hours prior to the procedure.

5. No visitors permitted in health care facilities except: end-of-life visits; a parent of a minor; a support person for labor/delivery; one spouse/caregiver (that resides with the patient) on day of surgery/procedure and at the time of discharge. If the caregiver does not reside with

the patient they may be present at the time of discharge. All allowed visitors must wear a fabric face covering.

6. Workers must maintain social distancing of at least six feet from non-patients and must minimize contact with the patient.

7. Unlicensed assistive personnel necessary to procedures may be included in service delivery.

SOA April 15 COVID-19 Health Mandate 015: Services by Health Care Providers

Alaska DHSS sent this bulletin at 04/15/2020 05:30 PM AKDT

STATE CAPITOL
P.O. Box 110001
Juneau, AK 99811-0001
907-465-3500

550 West Seventh Avenue, Suite 1700
Anchorage, AK 99501
907-269-7450

Governor Michael J. Dunleavy
STATE OF ALASKA

COVID-19 HEALTH MANDATE

Issued: April 15, 2020

By: Governor Mike Dunleavy
Commissioner Adam Crum, Alaska Department of Health and Social Services
Dr. Anne Zink, Chief Medical Officer, State of Alaska

To slow the spread of COVID-19, the State of Alaska is issuing its fifteenth health mandate, based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

While health care is an essential service, there is also the risk of coronavirus spreading in health care facilities and to vulnerable populations. The suspension of non-essential procedures and health care have been beneficial in slowing the spread of the disease. The benefits of suspension must also be balanced with delayed health care and other health outcomes.

Health Mandate 015 is being issued by Governor Mike Dunleavy and the State of Alaska. Mandate 015 will go into effect in phases, with **Section II going into effect April 20, 2020** and **Section IV going into effect May 4, 2020**; however, the State of Alaska reserves the right to amend the Mandate at any time.

This Mandate supersedes Mandate 005 and 006 and affects the health care providers directly addressed in Mandate 009.

Health Mandate 015 – Services by Health Care Providers

I. Applicability: This Mandate applies to the following heath care facilities and health care providers:

a. **Heath Care Facilities**
   i. Hospitals, private, municipal, state, or federal, including tribal
   ii. Independent diagnostic testing facilities
   iii. Residential psychiatric treatment centers
   iv. Skilled and intermediate nursing facilities
   v. Kidney disease treatment, including free-standing facilities
   vi. Ambulatory surgery centers
   vii. Free-standing birth centers
   viii. Home health agencies
   ix. Hospice
   x. Rural health clinics defined under AS 47.32.900(21) and 7 AAC 12.450
   xi. A health care provider office (for reference see 7 AAC 07.001)

b. **Health Care Providers as Defined in Statute**
   i. Acupuncturists
   ii. Ambulatory Surgery Centers
   iii. Assistant Behavior Analysts
   iv. Athletic Trainers
   v. Audiologists/Speech-Language Pathologists
   vi. Behavior Analysts
   vii. Certified Nurse Aides
   viii. Chiropractors
   ix. Dental Hygienists
   x. Dentists
   xi. Dietitians
   xii. Hospitals
   xiii. Hearing Aid Dealers
   xiv. Health Aides
   xv. Long-Term Care Facilities
   xvi. Marital and Family Therapists
   xvii. Massage Therapists
   xviii. Midwives
   xix. Mobile Intensive Care Paramedics
   xx. Naturopaths
   xxi. Nurses
   xxii. Nutritionists
   xxiii. Occupational Therapy Assistants
   xxiv. Opticians
   xxv. Optometrists
   xxvi. Pharmacists
   xxvii. Pharmacy Technicians
   xxviii. Physical Therapists
   xxix. Occupational Therapists

xxx. Physician Assistants
xxxi. Physicians/Osteopathic Physicians
xxxii. Podiatrists
xxxiii. Professional Counselors
xxxiv. Psychologists
xxxv. Psychological Associates
xxxvi. Religious Healing Practitioners
xxxvii. Social Workers
xxxviii. Veterinarians
xxxix. Students training for a licensed profession who are required to receive training in a health care facility as a condition of licensure

II. Health Care Delivery
Section II goes into effect April 20, 2020

a. Health care facilities and providers defined in statute and listed in Section I, will be able to resume services that require minimal protective equipment and follow the guidance below.
   i. Every effort should continue to be made to deliver care without being in the same physical space, such as utilizing telehealth, phone consultation, and physical barriers between providers and patients.
   ii. All health care, delivered both in and out of health care facilities, (this includes hospitals, surgical centers, long-term care facilities, clinic and office care, as well as home care) shall deploy universal masking procedures in coordination with the facility infection control program. This may be a combination of cloth face coverings (for employees not present for provision of services or procedures, such as front desk staff) and surgical masks for those involved in non-aerosolizing direct-patient care.
   iii. Regardless of symptoms, all health care facilities should screen all patients for recent illness, travel, fever, or recent exposure to COVID-19, and to the extent that is possible, begin testing all admitted patients.
   iv. Every effort shall be made to minimize aerosolizing procedure (such as a nerve block over deep sedation or intubation).
   v. **Other urgent or emergent procedures with an increased risk of exposure**, such as deliveries, dental work, aerosolizing procedures such as suctioning, intubation, and breathing treatments, should have patients tested for SARS CoV-2 prior to the procedure or birth, to the extent that is reasonably possible, after considering available testing capacity and any other relevant constraints. In the alternative, clinicians should use rigorous screening procedures and treat suspicious patients as if they are positive for COVID-19.
   vi. It is the duty of the provider to ensure the health considerations of staff and patients. This includes the health of the provider, ensuring providers not come to work while ill, minimizing travel of providers, and adequate personal protective equipment. They are also encouraged to utilize the following means of protection:
      1. Pre-visit telephonic screening and questionnaire.
      2. Entry screening.
      3. Lobbies and waiting rooms with defined and marked social distancing and limited occupancy.
      4. Other personal and environmental mitigation efforts such as gloves, exceptional hand hygiene, environmental cleaning, and enhanced airflow.

III. Urgent and Emergent Services

a. Health care services that are urgent or emergent should continue, but with the enhanced screening and safety measures listed in **Section II**.
    i. In addition to emergent surgeries and procedures that cannot be delayed without significant risk to life, surgeries and procedures are permitted to proceed if delay is deemed to cause significant impact on health, livelihood, or quality of life. Each facility should review these procedures with its task force that was created in the April 7, 2020 revision to COVID-19 Health Mandate 005. Surgeries and procedures that can be delayed without posing a significant risk to health, livelihood, or quality of life must be postponed until further notice.
    ii. All patients coming to surgery should be tested for SARS CoV-2 within 48 hours of their procedure. If positive, all procedures should be considered for delay, and specifically those procedures not urgent or emergent, as defined by the American College of Surgeons (ACS), should be postponed or canceled. If a facility is unable to test patients within 48 hours of their procedure, facilities should use rigorous screening procedures and treat suspicious patients as if they are positive for COVID-19.

IV. Provision for Resuming Non-Urgent/Non-Emergent Elective Services

a. Health care services that cannot be delayed beyond eight weeks without posing a significant risk to quality of life may resume **Monday May 4, 2020** if the following conditions are met:
    i. Health care delivery can meet all of the standards outlined in Section II of this mandate.
    ii. Health care is delivered by a provider listed in statute (see Section I).
    iii. Health care can be safely done with a surgical mask, eye protection and gloves.
    iv. If the procedure puts the health care worker at increased risk such as deliveries, dental work, or aerosolizing procedures such as suctioning, intubation, or breathing treatments then a negative PCR for Sars-CoV-2 must be obtained within 48 hours prior to the procedure.
    v. There are to be no visitors in health care facilities except for: end-of-life visits; a parent of a minor; a support person for labor and delivery settings; and only one (1) spouse or caregiver that resides with the patient will be allowed into the facility during the day of a surgery or procedure and at the time of patient discharge to allow for minimal additional exposure. If a caregiver does not reside with the patient, they can be with the patient at the time of discharge. Any of the allowed visitors must wear a fabric face covering.
    vi. Workers must maintain social distancing of at least six feet from non-patients and must minimize contact with the patient.
    vii. Exceptional environmental mitigation strategies must be maintained, including the protection of lobbies and front desk staff.
    viii. Unlicensed assistive personnel necessary to procedures under this section may be included in service delivery.

V. Other Considerations

a. Patients traveling for medical procedures and health care services is allowed under Health Mandate 012 to travel within Alaska as a critical personal need.
b. Patients whose communities have established quarantines for return from intra-state travel as outlined in Attachment B – Alaska Small Community Emergency Travel Order, should have a plan in place, developed with their local community, for return home after their procedures.
c. Transportation may be arranged on behalf of individuals who must travel to receive medical care and must be able to return home following the medical treatment or must arrange for their own accommodations if they are unable to return home.

d. Every effort should be made to minimize physical interaction and encourage alternative means such as telehealth and videoconferencing. For many licensed health care professionals, this will mean continued delays in care or postponing care.
e. Every effort should be made in the outpatient and ambulatory care setting to reduce the risk of COVID-19 and follow the following guidelines:
    - www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html
f. Dental work carries an added risk of spreading COVID-19, especially to the dentist who can spread it to others and so dental guidance should be followed and are listed here:
    - www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html
g. Dialysis centers provide life-saving work, but it is also a place where high-risk individuals congregate. They need to follow the following guidelines:
    - www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html

***** State of Alaska reserves the right to change this mandate at any time *****

THIS MANDATE SUPERSEDES ANY AND ALL LOCAL GOVERNMENT MANDATES OR ORDERS PUT INTO EFFECT BY BOROUGHS, MUNICIPALITIES, CITIES, VILLAGES, AND TRIBES.

For the latest information on COVID-19, visit coronavirus.alaska.gov
State of Alaska COVID-19 Mandate 015
Mandates available at https://gov.alaska.gov/home/covid19-healthmandates/

STATE CAPITOL
P.O. Box 110001
Juneau, AK 99811-0001
907-465-3500

550 West Seventh Avenue, Suite 1700
Anchorage, AK 99501
907-269-7450

Governor Michael J. Dunleavy
STATE OF ALASKA

** COVID-19 HEALTH MANDATE **

Issued: April 22, 2020

By: Governor Mike Dunleavy
Commissioner Adam Crum, Alaska Department of Health and Social Services
Dr. Anne Zink, Chief Medical Officer, State of Alaska

The State of Alaska is issuing its sixteenth health mandate, based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020. This Mandate will go into effect April 24, 2020. The State of Alaska reserves the right to amend the Mandate at any time.

To date, the State of Alaska has issued 15 mandates to protect the public health of all Alaskans. These mandates, which have been aimed at flattening the curve, have been beneficial in slowing the spread of the disease.

This Mandate seeks to balance the ongoing need to maintain diligent efforts to slow and disrupt the rate of infection with the corresponding critical need to resume economic activity in a reasonable and safe manner.

This Mandate is the first of a series that are intended to reopen Alaska responsibly. By issuing this Mandate, the Governor is establishing consistent mandates across the State in order to mitigate both the public health and the economic impacts of COVID-19 across Alaska.

This Mandate addresses and modifies a number of prior Mandates and Health Care Advisories, as appropriate, to implement Phase I of the "Reopen Alaska Responsibly Plan." If there is any discrepancy between this Mandate, including its attachments, and any other statements, mandates, advisories, or documents regarding the "Reopen Alaska Responsibly Plan", this Mandate and its attachments will govern. FAQs may be issued to bring additional clarity to this Mandate based on questions that may arise.

Health Mandate 016 – REOPEN ALASKA RESPONSIBLY PLAN- PHASE I-A

Health Mandate 016 goes into effect at 8:00 a.m. on Friday, April 24, 2020.

Reopening Alaska's businesses is vital to the state's economic well-being, and to the ability of Alaskans to provide for their families. At the same time, everyone shares in the obligation to keep Alaska safe and continue to combat the spread of COVID-19. As a result, businesses and

employees must, to the extent reasonably feasible, continue to take reasonable care to protect their staff and operations during this pandemic. Meanwhile, all Alaskans have an obligation to help promote public health and fight this pandemic by continuing to follow public health guidance regarding sanitizing, handwashing, and use of face masks. Those that are at high risk of infection are encouraged to continue to self-quarantine, to the extent possible, and strictly follow social distancing mandates and advisories.

Unless explicitly modified by this Mandate as set forth below and in Attachments D through H, prior Mandates remain in effect unless and until they are amended, rescinded, or suspended by further order of the Governor. The Governor and the State of Alaska reserve the right to amend this Mandate at any time in order to protect the public health, welfare, and safety of the public and assure the state's safe resumption of economic activity.

The activities and businesses listed below that were previously governed by the referenced Mandates may resume under the conditions and guidance provided in the following attachments.

Attachment D – Non-Essential Public Facing Businesses Generally – modifies Mandate 011

Attachment E – Retail Businesses – modifies Mandate 011

Attachment F – Restaurants Dine-In Services – modifies Mandate 03.1

Attachment G – Personal Care Services – modifies Mandate 09

Attachment H - Non-Essential Non-Public-Facing Businesses – modifies Mandate 011

PREEMPTION OF LOCAL MANDATES

The policies contained in this Health Mandate are most effective when implemented uniformly across the State. Conflicting local provisions will frustrate this Mandate's health and economic objectives and, therefore, are irreconcilable with this Mandate's purposes. Therefore, unless specifically authorized by this, or any another Mandate issued by the Governor, this Mandate, Attachment A (*Alaska Essential Services and Critical Workforce Infrastructure Order*), Attachment B (*Alaska Small Community Emergency Travel Order*), and Attachments D through G expressly and intentionally supersede and preempt any existing or future conflicting local, municipal, or tribal mandate, directive, resolution, ordinance, regulation, or other order.

Business operations and other activities permitted to operate under this mandate may not be prohibited by local, municipal, or tribal mandate, directive, resolution, ordinance, regulation, or other order.

Notwithstanding the above, businesses subject to this mandate that are located within the Municipality of Anchorage, must continue to operate under prior state and municipal mandates through 8 a.m. Monday April 27, 2020, at which time, this Mandate will control.

ENFORCEMENT

A violation of a State of Alaska COVID-19 Mandate may subject a business or organization to an order to cease operations and/or a civil fine of up to $1,000 per violation. In addition to the potential civil fines noted, a person or organization that fails to follow State COVID-19 Mandates designed to protect the public health from this dangerous virus and its impact may, under certain circumstances, also be criminally prosecuted for Reckless Endangerment pursuant to Alaska Statute 11.41.250. Reckless endangerment is defined as follows:

(a) A person commits the crime of reckless endangerment if the person recklessly engages in conduct which creates a substantial risk of serious physical injury to another person.

(b) Reckless endangerment is a class A misdemeanor.

Pursuant to Alaska Statute 12.55.135, a defendant convicted of a class A misdemeanor may be sentenced to a definite term of imprisonment of not more than one year.

Additionally, under Alaska Statute 12.55.035, a person may be fined up to $25,000 for a class A misdemeanor, and a business organization may be sentenced to pay a fine not exceeding the greatest of $2,500,000 for a misdemeanor offense that results in death, or $500,000 for a class A misdemeanor offense that does not result in death.

*****This Mandate is in effect until rescinded or modified.*****

Emergent criteria which supports In-person therapeutic intervention include, but are not limited to:

1. Significant restrictions of mobility which impair patients' movement and/or activity thus restricting their ability to maintain health and wellness or potentially increases the risk of more invasive care such as invasive medical procedures, hospitalization or other healthcare resources.
2. Significant functional impairments which predispose patients to further disability or dysfunction which could further burden healthcare resources.
3. Post-operative and post-traumatic care necessary to reduce risk of re-injury or to avoid delay in recovery which could require invasive medical procedures, hospitalization or other healthcare resources
4. Patients working in critical infrastructure industry deemed to have pain-related conditions or movement dysfunctions which interfere with or restrict performance of essential duties.
5. Conditions that increase risks for falls or significant injury which could lead to further burden healthcare resources.

The Alaska Board of Physical Therapy and Occupational Therapy advises licensed providers to adhere to the published health mandates and CDC guidance regarding COVID-19. All Therapists must adequately screen patients to determine potential risks of exposure and existence of co-morbid conditions which may impair patient health status. Therapists are responsible for ensuring emergent criteria are fulfilled prior to performing any care which may be considered an exception to the standing mandates. It is critical that all in-person encounters are conducted in an environment that minimizes the potential risk of exposure to the COVID-19 virus while reducing the burden on strained healthcare resources. Therapists have advanced training in cardiovascular and pulmonary function which will be relevant for the screening procedures necessary to identify exposure risk among patients.

Recommendations for mitigating COVID-19 exposure risk include, but are not limited to:

1. Conduct screening procedures for all patients to determine risks of COVID-19 exposure and identify high risk individuals with impaired health status. Recommend delay in treatment or telehealth options if screening identifies potential exposure or impaired health status. CDC Guidelines on COVID-19
2. Complete thorough cleaning and disinfection of all surfaces, equipment and tools with potential patient/provider contact. The CDC has provided a resource for getting your practice ready. CDC Get Clinic Ready for COVID-19
3. Maintain social distancing in all common areas of the practice in accordance with health mandates. Implement measures in the clinical setting to reduce contact: one on one visits, staggered scheduling, 6 feet distancing of seating in reception area, advising patients to not be accompanied, unless a minor.
4. Maintain the highest sanitary levels via frequent handwashing/sanitizer use. For example, any provider-patient contact will require immediate sanitization and handwashing before and after contact.
5. Limit use of personal protective equipment except in cases where there is a potential for exposure to high risk patients. The need for patient contact must adhere to the criteria for critical and necessary care and follow sanitation guidelines.
6. Keep clinical staffing to essential providers and limit administrative personnel, to ensure a safe and clean treatment setting, while avoiding any unnecessary interactions.

Addendum:

PT and OT professionals provide necessary evaluation of individuals:

- Subjective History to identify pain generators, type and/or cause of injury and how their injury is affecting their function and safety at home and in the community.
- Cognitive and Vision screening to ensure safe decision making and judgement.
- Range of Motion (to rule out limits and to identify if treatment is needed to improve an individual's ability to reach and use upper extremities for daily living tasks).
- Musculoskeletal Strength via manual muscle testing to identify strength levels and if deficits are present.
- Perform comprehensive gait and balance/coordination screenings to ensure safe ambulation at home and in the community.
- Sensory testing (important to ensure one can detect hot and cold especially in kitchen).

Patient Categories that PT and OT professionals provide comprehensive evaluation and treatment for including, but not limited to:

The following categories are examples of pathologies that can send the individual or others to the emergency department, thereby increasing their exposure to COVID-19 and/or creating a drain of health care resources

- Neurological (TBI, Stroke, Parkinson's).
- Orthopedic/Musculoskeletal Injuries (Trauma injuries, Soft tissue sprains and strains, tendon lacerations and repairs, fractures, nerve injuries, amputations).
- Vestibular (dizziness, balance, vision).
- Workers Compensation and Industrial (Functional Capacity Evaluations, Fit for Work Testing, Work conditioning.
- Pelvic Health (Urinary and Bowel Incontinence, pregnancy, childbirth, constipation, trauma).

The following are day to day examples of critically necessary patient populations seen in outpatient PT and OT clinics (NOTE: these are examples and not an exhaustive list)**:**

1. Pediatric: Babies and young children will lose essential motor and neurodevelopment if they go weeks/months without visits. Additionally, this type of clinical setting is a place where children can be observed to ensure they are being cared for appropriately and are not being abused, which they may be at a higher risk for right now while everyone is at home together.
2. Acute and chronic pain: Patients in pain are likely to increase NSAID usage, and NSAIDs increase the respiratory response of the COVID-19. Too much Tylenol causes liver failure. Conservative care for chronic pain patients will keep them healthier with improved immunity and better able to sustain a viral infection if they get one in the community.
3. Vestibular: Vestibular treatment for patients with vertigo making the individual unable to drive or walk safely, severely restricting safety, self-care, and childcare ability. Treatment for this requires close monitoring of eye movement (which cannot be done accurately on telehealth) for tolerance and assessment, as well as close guarding for exercises to ensure safety.
4. Pelvic Health
    a. Skilled pelvic floor physical therapy to address chronic constipation based on pelvic floor muscle restriction that if not treated could result in obstruction and potential surgery

b. Skilled pelvic floor physical therapy to address incontinence (fecal or urinary) that prevent full participation in ADLs or add financial burden or increased stress to patient for buying or finding pads or other sanitary products
c. Skilled pelvic floor physical therapy to address pain or instability which affects post-partum mothers providing care for their children.

5. Musculoskeletal Pathology examples:
    a. Acute cervical condition or post cervical fusion where range of motion is less than 60 degrees and puts patient at risk of accident or injury with an inability to check lanes when driving or look right and left when crossing the street.
    b. Cervicobrachial syndrome where an individual cannot use the affected arm with confidence in child care, home care, or patient care
    c. Cervicogenic migraine where an individual is unable to care for children at home or perform essential jobs in the community, be it grocery store or gas station or truck driver
    d. Frozen shoulder patients who cannot reach to dress themselves or for self-hygiene
    e. Post total knee where extension is essential to gain for walking function, here also essential to observe for infection not just of the incision but intra-articular
    f. Conditions where someone cannot use the toilet due to pain in the back or hip
    g. Ankle patients who have a loss of mobility for ascending/descending inclines, swift walking such as to cross a street. With fear of falling or sprain that would lead to fracture or ED visit
    h. Wrist/hand patients with pain, loss of motion and/or weakness that leads to frequent dropping of objects, which makes cooking and or holding anything that is glass hazardous
    i. Conditions such as thoracic outlet syndrome that lead to arm pain and fatigue, leading to instances such as a case of a surgeon dropping a tray of sterile tools or a young mother being fearful of holding a child, or having difficulty driving due to arms falling asleep
    j. Such as patients that have difficulty swallowing after cervical fusion
    k. Loss of local neuromuscular control following surgery leading to imbalance, fear of falling, fear of movement and general loss of control in home care or childcare

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community and Economic Development
Board of Physical Therapy and Occupational Therapy

PO Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2580
Toll free FAX: 907.465.2674

Alaska State Board of Physical Therapy and Occupational Therapy

Date: April 22, 2020

Adopted by: The Alaska State Board of Physical Therapy and Occupational Therapy

PURPOSE: COVID 19 crisis impact on Alaska Physical Therapy and Occupational Therapy Licensees

HISTORY – On March 11, 2020 Governor Michael J. Dunleavy issued a Declaration of Public Health Disaster Emergency under AS 26.23.020(c) for COVID-19. Governor Dunleavy has issued subsequent health mandates limiting health professionals from performing services unless they are following the Health and Social Service (HSS) guidelines. Information and recommendations are ongoing and it is anticipated that these may change regularly. All licensees are expected to stay informed and follow HSS mandates. https://covid19.alaska.gov/health-mandates/

On April 10, 2020 Governor Dunleavy signed SB 241 into law.

Statement from the Board – The Board held a meeting on March 26, 2020. In review of COVID 19 public emergency and mandates the Board recognized a need to clarify emergent/urgent procedures. They also recognized COVID 19 restrictions have created the inability for some licensees to complete the continuing competency requirements for renewal of their professional licensees by June 30, 2020. The regulations for renewal requirements and audits add another burden during this trying time. The Board reviewed and acknowledged SB241 Sec. 6 (b)(2) provides the ability to waive continuing education requirements to licensees.

Summary:

COVID 19 mandates from Health and Social Service impact professional practice for Physical Therapy and Occupational Therapy. The Board crafted clarification of Emergent/Urgent Procedures which are published to the website. https://www.commerce.alaska.gov/web/cbpl/CBPLCOVID-19Information.aspx

Enactment of SB 241 licensees may renew their license for the July 1, 2020 to June 30, 2022 license period without having met all regulatory renewal requirements. Note: this decision does not apply to any licensee for this license renewal period who have a consent agreement and are under mandatory audit.

The Alaska State Board of Physical Therapy and Occupational Therapy per authority of SB241 Sec. 6 (b)(2) waives the 2020 license renewal requirement to provide 60 hours of therapy services and 24 contact hours of continuing education. The Board waives the continuing competency and audit requirements of 12 AAC 54.400 - 12 AAC 54.435 and 12 AAC 54.700 - 12 AAC 54.725 for the June 30, 2020, license renewal.