Alaska Board of Chiropractic Examiners
October 10, 2025, at 9:00 AM
Alaska Division of Corporations, Business and Professional Licensing

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Department of Commerce, Community, and Economic Development

Virtual Meeting Code of Conduct

I understand that by participating in any virtual board meeting or event hosted by the Department of Commerce, Community, and Economic Development, **I am agreeing to the following code of conduct:**

Expected Behavior

- All board members, invited guests, members of the public, and staff will be treated with respect.
- Be considerate, respectful, and collaborative with fellow participants.
- Demonstrate understanding that the boards are following a business agenda and may reasonably change it to ensure meeting efficiency.
- Speak only when recognized by the Chair. When speaking, adhere to the topic and time limits.
- Recognize the Chair has the authority to manage the meeting, and staff may intercede to assist, if needed.
- All participants are subject to State and Federal laws.

Unacceptable Behavior

- Harassment, intimidation, stalking, or discrimination in any form is considered unacceptable behavior and is prohibited.
- Physical, verbal or non-verbal abuse, or threat of violence toward any board member, invited guest, member of the public, staff, or any other meeting guest/participant by any meeting participant is prohibited.
- Disruption of any meeting or hosted online session is prohibited. Public participants should mute their microphones and turn off video when not recognized by the chair.
- Examples of unacceptable behavior include:
    - Interrupting the meeting without being recognized by the Chair.
    - Making harassing comments or exhibiting other disruptive unprofessional behavior.
    - Comments related to gender, gender identity or expression, age, sexual orientation, disability, physical appearance, body size, race, religion, national origin, or political affiliation;
    - Sharing screen or presenting video without being recognized by the Chair;
    - Inappropriate use of nudity and/or sexual images in presentations;

- Use of music, noise, or background conversations as a disruption. While this may happen briefly or incidentally, prolonged or repeated incidents are prohibited.
- Shouting, badgering, or continued talking over the speaker who has been recognized by the Chair.

Reporting Unacceptable Behavior

If you or anyone else in the meeting is in immediate danger or threat of danger at any time, please contact local law enforcement by calling 911. All other reports should be made to a member of the management team.

Consequences

If the director of the division/agency hosting the meeting determines that a person has violated any part of this code of conduct, staff or board members may take any of the following actions against any individual or group found to be in repeated violation of the code of conduct:

Sanctions may include, but are not limited to:

- Verbal or written warnings;
- Limiting a participant's ability to engage in the meeting, including muting, stopping video, or expelling a participant from the meeting;
- Suspending attendance at a future meeting or event – both virtual and in-person;
- Reporting conduct to an appropriate state entity/organization;
- Reporting conduct to local law enforcement.

The federal Servicemembers Civil Relief Act (SCRA) Applications

The federal Servicemembers Civil Relief Act (SCRA) licensure portability laws **require** states to issue comparable licenses to any military servicemember or spouse with orders to Alaska if that licensee has held that license in at least one other U.S. jurisdiction and is in good standing in all U.S. jurisdictions where they hold and have ever held a license. To qualify for all license under SCRA, the military member or spouse must submit the following items. Each U.S. jurisdiction has

a legal requirement to comply with the federal law and issue the license once these requirements are met. (Please note, these are the updated requirements which took effect March 23, 2025):

1. An application and the required fees associated – we have an SCRA specific application at the advice of the Department of Law, available through our Military Licensing webpage.
2. A copy of the current military orders to Alaska.
3. For a servicemember spouse, a copy of the marriage license.
4. Notarized Affidavit for Permanent Professional License under SCRA form (#08-4969)
5. Primary source licensure verifications from all U.S. jurisdictions where the applicant holds or have ever held a license
6. If relevant for the license type (DEN, OPT, PHA, MED, NUR), we also need confirmation of DEA registration and if so, confirmation of intent to comply with Alaska's PDMP requirements.

If these requirements are met, the federal law says the servicemember or spouse **shall** receive an Alaska license in the discipline applied for per federal law. If you need Sylvan or I to attend this part of the board meeting to discuss this with the board, please work with Karmen to set up a time and date for us to do that. The Division has realized that boards can delegate authority specifically (and only) for licenses issued under SCRA to the division – since the license qualifications and requirement to issue SCRA license are under federal law, and not AS 08.

Once a license is issued under SCRA, it becomes a standard/permanent license and will fully be under the board's jurisdiction like any other license of its type – including needing to comply with requirements related to continuing competency, renewal, PDMP, collaborative agreements, and etc.

Motion language to delegate SCRA authority to Division staff:

I _____motion that licenses applied for under the Federal Servicemembers Civil Relief Act's (or "SCRA") licensure portability laws be reviewed, approved, and issued by the division, rather than by the board, in order to comply with federal law requiring expediency and due to the fact that the board's authority and requirement to approve and issue licenses is under Alaska Statute Title 8, rather than federal law. Once licensed is issued pursuant to the SCRA, these licensees will be subject to the requirements of Title 8 of Alaska Statutes and subject to the board's authority, same as all other Alaska professional licensees under the board's jurisdiction.

Board or Commission: **Board of Chiropractic Examiners**

Meeting Date: October 10, 2025

Agenda Item # _____ Tab #_____ Topic: Federal Servicemembers Civil Relief Act (SCRA)

Primary Motion

Motion:

I motion that licenses applied under the Federal Servicemembers Civil Relief Act's (or "SCRA") licensure portability laws be reviewed, approved, and issued by the division, rather than by the board, in order to comply with federal law requiring expediency and due to the fact that the board's authority and requirement to approve and issue licenses is under Alaska Statute Title 8, rather than federal law. Once licensed is issued pursuant to the SCRA, these licensees will be subject to the requirements of Title 8 of Alaska Statutes and subject to the board's authority, same as all other Alaska professional licensees under the board's jurisdiction.

Board Member	Motion	2nd		Yes Vote	No Vote	Abstain	Recuse	Comments
John Lloyd								
Walter Campbell								
Tim Kanady								
Edward Barrington								
Ron Gherman								

Subsidiary Motion or Amendment

Motion:

Board Member	Motion	2nd		Yes Vote	No Vote	Abstain	Recuse	Comments

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Natural Resources

DIVISION OF AGRICULTURE
Alaska Plant Material Center
5310 S. Bodenburg Spur
Palmer, AK 99645-7646
Main: 907.745-4469

Industrial Hemp and Intoxicating Hemp Products FAQ for Professional Licensees

What is legal industrial hemp?

To be legal, an industrial hemp product that is intended for human or animal consumption, must be endorsed by the Division of Agriculture. The Division does not endorse any product that contains delta-9-THC or a non-naturally occurring cannabinoid, including a cannabinoid made from an ingredient extracted from industrial hemp and modified beyond its original form. Legal products may only be offered to consumers by retailers that are registered with the Division to participate in the Alaska industrial hemp program.

Products that are not endorsed by the Division include delta-9 THC, delta-8 THC-O, delta-10 THC-O, delta-6 THC-O, THCA, THCV, THCP, HHC, HHCP, or other synthetic or lab-created cannabinoids derived from hemp. These products may not be used or offered to consumers under the industrial hemp program. Products derived from the seeds of the hemp plant may be offered to consumers without an endorsement. These products contain no cannabinoids like CBD or THC and the seeds themselves do not naturally contain tetrahydrocannabinol (THC), the main psychoactive ingredient in cannabis.

Why do health care providers and other professional licensees need to know this information?

Commonly, industrial hemp products like CBD oil are used in professional practices regulated under AS 08, including massage therapy, veterinary medicine, chiropractic, naturopathy, esthetics, human medicine, and nursing. Under 11 AAC 40.900(13), consumption means any method of ingestion of or application to the body. In addition to using these products onsite, they may even currently be sold by licensed professionals. For these transactions to be legal, these products must be endorsed and businesses offering them to consumers must be registered by the Division of Agriculture.

What are the risks of not following these laws?

First, unless these products have been tested and endorsed by the Division of Agriculture, users cannot be certain whether the labeling reflects the actual product inside. Products containing these substances may be labeled using terms like "broad spectrum" or "full spectrum" that do not clearly inform the user or retailer of their contents. Counterfeit, mislabeled, or misleading product information is rampant, and Alaskans have detected intoxicating levels of cannabis in otherwise innocuously labeled products. This poses a significant public health risk to minors, pets, consumers who do not wish to get high, and consumers who do not wish to test positive on drug screens.

Second, using or selling these products illegally poses a significant risk for civil and criminal action, including possible discipline by state licensing boards and boards in other jurisdictions where practitioners may be licensed.

Where can I find more information?

The Division of Agriculture maintains a web site to share information about Alaska's industrial hemp requirements. The Alcohol and Marijuana Control Office, which partners with the Division of Agriculture in enforcement of industrial hemp laws, is also the regulator of recreational cannabis. Please visit these web sites and carefully follow instructions if you wish to use or sell hemp-derived products in your business.

[redacted]

Sylvan Robb
Director
Division of Corporations, Business and Professional Licensing

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www.commerce.alaska.gov

From: Robb, Sylvan S (CED)
Sent: Monday, May 12, 2025 11:29 AM
To: Robb, Sylvan S (CED) <sylvan.robb@alaska.gov>
Cc: Saviers, Glenn A (CED) <glenn.saviers@alaska.gov>;
Subject: Administrative Order 358
Importance: High

Dear Professional Licensing Board Members,

Some of you may have received the Governor's press release and/or heard about Administrative Order (AO) No. 358 that the Governor issued on Friday afternoon. You can read the complete AO here. The Governor has instituted these measures in response to declining oil prices and the resulting loss of state revenue (more explanation is included in the "background" and "purpose"

sections of the AO). All CBPL board members are receiving this message.

Administrative Order #358 does three things:

1. **Severely Restricts Travel (Effective Last Friday, May 9th):**
    a. **Even previously approved and/or booked travel is no longer approved – regardless of whether it's for staff or board members.**
    b. All out of state travel is canceled, effectively immediately. This includes previously approved and/or booked travel.
        i. It does not matter the funding source for the travel; even third-party reimbursed travel is canceled.
        ii. Because you may not be in travel status for state business (which includes board business) without approval, you do not have the option to attend a conference even if you are willing to pay for the travel yourself.
        iii. This restriction is about travel, so if conferences have an online attendance option, that is allowable.
        iv. If you have any out-of-state travel coming up, even if it's this week, it will be cancelled, and you will likely receive the cancellation notification within the next day or so.
    c. In-state travel is also severely limited.
        i. This means nearly all board meetings will be limited to Zoom going forward. This includes any in-person meetings occurring next week or later.
        ii. If you have any in-state travel coming up, unless it's this week, it will be cancelled, and you will likely receive the cancellation notification within the next day or so.
        iii. If a board has an essential business need to meet in person (i.e., must complete something in person that cannot occur via Zoom, such as in-person exams where a majority of the board members participate), please raise the issue with your board liaison so they can seek approval to meet in person.

2. **Institutes a Hiring Freeze:**
    a. This won't have any immediate impact on board members, but you all should be aware that it will impact our ability to fill current and future vacancies.

3. **Pauses Regulations:**
    a. All regulations projects that are already out for public comment or have been out for public comment may continue.
    b. All other regulation projects are paused, effectively immediately, and cannot be sent to Department of Law.
    c. Those projects with the Dept. of Law that have not gone out for public comment are paused.

d. Your board can continue to work on refining regulations projects during this pause, but we recommend keeping the regulations project open that you can continue to add to each meeting (as needed).
e. For now, our Regulations Specialist will be focusing all efforts on regulations projects that are allowed to continue (i.e., those that have gone out for public comment already).

We recognize many of you likely have questions or concerns. At this point, our board liaisons/EAs won't have any additional information beyond what's provided in the AO (linked above). If more information is made available, your board liaisons will let you know. We are sorry for any inconvenience this may cause and appreciate your continued service and dedication to the important work each of your boards do.

Sylvan

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Administrative Order No. 359

I, Mike Dunleavy, Governor of the State of Alaska, under the authority of Article III, Sections 1, 23, and 24 of the Constitution of the State of Alaska hereby order a statewide annual Government Efficiency Review of all executive branch agencies to identify, evaluate, and implement opportunities for greater efficiency and cost-effectiveness in the delivery of government services.

BACKGROUND AND PURPOSE

State revenues are contingent on the price of oil, which fluctuates continually due to rapidly evolving geopolitical conditions. Public expenditures have nevertheless consistently risen year after year, even as oil revenues are falling due to global events such as OPEC's December 2024 decision to increase output. The State of Alaska's savings accounts now hold only enough reserves to fund seven months of government operations.

The constitutional spending cap has proven ineffective at limiting the State's ever increasing annual budgets and there is presently no other mechanism to constrain spending. At the same time, proposals for new revenue measures, such as taxes, threaten to diminish the climate for private sector investment in Alaska and thereby endanger job creation.

It is imperative that the State put in place mechanisms to annually review and streamline the state budget to constrain expenditures and maintain the soundness of the public purse on a permanent basis. There is currently, however, no process in place to review zero base budget appropriations and expenditures.

The State of Alaska instead uses base budgeting to record incremental transactions to the State budget. Once a transaction is approved by the Legislature, it is then recorded as an annually recurring budget item for which an agency receives funding; that transaction is no longer recorded or accounted for individually, it is part of the yearly tranche of funds the agency receives and is not discussed or reconsidered annually.

A review of annual expenditures for accountability is a basic management practice that should be performed routinely by every organization and is done annually in the private sector. The State of Alaska has a fiduciary responsibility to its citizens to be good stewards of their resources, including making sure funds spent annually are promoting the efficient delivery of government services to Alaskans.

This Order mandates a review of executive branch agencies' practices, processes, and outcomes to identify efficiencies and savings to the State of Alaska and its people, achieve

better outcomes, and prioritize limited resources to promote the efficient delivery of essential services to Alaskans.

GOALS

This Order is issued to achieve the following goals:

- Deliver efficient, effective, and fiscally responsible government services to Alaska's citizens.
- Identify and implement cost-saving measures and streamline government operations.
- Ensure the best use of every public dollar spent by minimizing administrative overhead, prioritizing responsible resource development, eliminating waste, and eradicating preferential spending on diversity, equity, and inclusion.
- Ensure funds are going to the most critical and urgent needs.
- Promote accountability, transparency, and public confidence, through regular disclosure of how all public money is actually spent and for what purposes.
- Establish procedures for the annual review of every expenditure in the base budget.
- Create and implement guidelines for transparency, accountability, and compliance in all state-funded grant programs.

APPLICABILITY

This Order applies to all executive branch agencies, including departments, boards, commissions, and public corporations (hereafter referred to as "agencies").

RESPONSIBILITY FOR IMPLEMENTATION

The Office of Management and Budget (OMB) shall be responsible for the implementation of this Administrative Order.

ORDER

GOVERNMENT EFFICIENCY REVIEW

OMB shall annually lead an executive branch-wide Government Efficiency Review of base budget expenditures and practices to:

1. Identify potential savings.
2. Improve efficiency of operations.

3. Modernize processes to fully integrate IT solutions.
4. Recommend services to be contracted out.
5. Simplify operations.
6. Focus the state's limited workforce where most needed.

OMB shall annually publish a list of funds granted, by agency, to what entities, and for what purposes.

AGENCY PARTICIPATION

During each annual efficiency review, every agency shall:

1. Identify target areas and practices to review.
2. Utilize technology and artificial intelligence (AI) to review large datasets in order to determine how State of Alaska funds are actually being spent.
3. Review and publish how funds granted to non-state entities are being spent.
4. Recommend a targeted level of reductions through savings on wasteful and unnecessary spending.
5. Recommend state processes to be updated or modernized.
6. Recommend where technological or AI resources can realize efficiencies and better outcomes.
7. Recommend services that can be contracted out.

INITIAL FOCUS

Initial areas of focus of the Government Efficiency Review will include:

1. Grants to non-State of Alaska entities.
2. Accounts Payable.

DURATION

This Administrative Order takes effect immediately and remains in effect until revoked.

DATED this 4th day of August 2025.

Administrative Order No. 360

I, Mike Dunleavy, Governor of the State of Alaska, under the authority of Article III, Sections 1, 23, and 24 of the Constitution of the State of Alaska, hereby rescind Administrative Order 157 (Directives regarding Administrative Regulations in order to accomplish objectives) and Administrative Order 266 (establishing regulatory efficiency guidelines) and replace them with Administrative Order 360, the purpose of which is to improve the quality, transparency, and efficiency of the State's regulatory environment.

BACKGROUND AND PURPOSE

The State of Alaska is committed to growing its economic base, increasing its gross domestic product ("GDP"), and ensuring Alaskans have the freedom to do business, innovate, and pursue opportunities while complying with state and federal laws. Regulations are essential for interpreting and implementing these laws. However, the state's regulatory system has expanded over time, often adding layers of requirements without considering the burden imposed on Alaska's citizens and businesses. Alaska must be competitive on the world stage – including its regulatory framework – to attract investment and grow its economic base.

The public is best served when regulations are up-to-date, clearly written, account for impact on individual Alaskans and those doing business in the state and allow state agencies to facilitate implementation of laws in the most reasonable and cost-effective manner.

In light of the steady expansion of state regulatory requirements, I am announcing a statewide review of all existing regulations, guidance documents [1], and materials incorporated by reference to reduce unnecessary burdens on Alaska's citizens and businesses. I am also directing that all current guidance documents be published on the Alaska Online Public Notice System to ensure transparency and accountability.

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[1] The term "guidance document" in this Order refers to documentation other than regulations produced by an agency often referred to as guidance documents, policies, interpretive bulletins, and the like.

GOALS

This Order is issued to achieve the following goals:

- Promote growth and investment in Alaska by reducing administrative and economic burdens associated with regulatory compliance, including removing barriers, finding solutions, and identifying alternative pathways.

- Streamline permitting processes and improve coordination and efficiency within all permitting departments, including the Department of Natural Resources ("DNR"), the Department of Environmental Conservation ("DEC"), and the Department of Fish and Game ("DFG").
- Ensure boards and commissions adjust regulatory structures as necessary to maintain critical consumer protection while eliminating unnecessary barriers to entry for new professionals.
- Engage stakeholders early and continuously in the regulatory development and reform process.
- Ensure all regulations are clearly written, legally sound, and supported by a demonstrated need.
- Regularly evaluate existing regulations for effectiveness, redundancy, clarity, and impact.
- Reduce the regulatory burden on all Alaskans.

APPLICABILITY

This Order applies to all executive branch agencies, including departments, boards, commissions, and public corporations (hereafter referred to as "agencies").

RESPONSIBILITY FOR IMPLEMENTATION

The following agencies ("implementing agencies") are responsible for ensuring agency compliance with this Order:

-
    - **The Office of the Governor.** This office will provide oversight and ensure interagency cooperation.
    - **The Department of Law.** This department will coordinate the implementation of and ensure compliance with this Order pursuant to its role under AS 44.62. The Department of Law will provide the training and documentation to be used in implementing this Order.

ORDER

<u>REGULATORY REDUCTION</u>

Each agency shall:

Review existing regulations, guidance documents, and materials incorporated by reference to identify provisions that are outdated, redundant, or unclear.

Develop proposals for the revision, repeal, or streamlining of the regulations, guidance documents, and materials incorporated by reference identified above.

Reduce the number of regulatory requirements by 15 percent by December 31, 2026, and 25 percent (cumulative) by December 31, 2027.

AGENCY REGULATORY LIAISON

The **commissioner of each state department** shall designate an **Agency Regulatory Liaison** ("ARL") to oversee regulatory reform for agencies housed within their department. Commissioners may designate more than one ARL when approved to do so by the Office of the Governor.

Each department's ARL shall submit a quarterly progress report to the Office of the Governor, with copies to the Department of Law.

STAKEHOLDER AND PUBLIC ENGAGEMENT

Stakeholder feedback is essential and required at all stages of regulatory reform. Accordingly, each agency shall:

Solicit written and oral input from the public, affected industries, and community organizations regarding which regulations are the most burdensome and should be prioritized for reform, and how the agency's regulatory system could be reorganized or simplified.

Document and publish stakeholder and public feedback and agency responses.

PERMITTING REFORM

To improve the efficiency and responsiveness of Alaska's permitting systems, and to support responsible resource and economic development while protecting environmental and public interests, DNR, DEC, and DFG shall focus their initial regulatory reform efforts on permitting process reform. Accordingly, DNR, DEC, and DFG shall:

Review and revise permitting procedures to eliminate unnecessary steps, reduce duplicative reviews, simplify application requirements, streamline internal workflows, and clarify interagency roles to reduce inefficiencies and delays.

Adopt, in regulation, clear timelines and deadlines for permit application processing, review of milestones, and final decision making, including provisions for automatic approval if deadlines are not met.

Ensure transparent processes by making permit application statuses, timelines, and decision rationales available to applicants and the public, to the extent allowable by law.

Promote predictability in decision-making by applying regulatory standards consistently.

Leverage technology, such as artificial intelligence ("AI"), to support digitization, automation, and public access to permitting information.

GUIDANCE DOCUMENTS

Agencies may not utilize or issue guidance documents unless the Department of Law has reviewed the documents and verified the documents (or portions thereof) are not required to be promulgated as a regulation.

Agencies shall post all guidance documents on the Alaska Online Public Notice System.

STATE UNIFIED REGULATORY PLAN

Annually, all agencies shall submit to the Office of the Governor a projected regulatory plan that lists all anticipated rulemaking actions during the subsequent state fiscal year. The Office of the Governor shall approve individual agency plans. The Department of Law shall compile the approved agency plans into a single State Unified Regulatory Plan and post the plan on the Alaska Online Public Notice System.

DURATION

This Administrative Order takes effect immediately and remains in effect until revoked.

DATED this 4th day of August 2025.

THE STATE of ALASKA

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Fax: 907.269.8156

MEMORANDUM

DATE: September 25, 2025

TO: Board of Chiropractic Examiners

THRU: Erika Prieksat, Chief Investigator BH

FROM: Joshua Hardy, Investigator JH

RE: Investigative Report for the October 10, 2025 Meeting

The following information was compiled as an investigative report to the Board for the period of March 14, 2025 thru September 25, 2025; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

OPEN - 9

Case Number	Violation Type	Case Status	Status Date
CHIROPRACTIC PHYSICIAN			
2024-000467	Sexual misconduct	Complaint	06/01/2024
2024-000744	Unethical conduct	Complaint	08/20/2024
2025-000021	License Application Review/Referral	Complaint	01/13/2025
2025-000364	Standard of care	Complaint	06/02/2025
2025-000365	Continuing education	Complaint	05/06/2025
2025-000450	Continuing education	Complaint	05/27/2025
2025-000864	Violation of Profession Statute or Regulation	Complaint	09/18/2025
2023-000568	Fraud or misrepresentation	Investigation	11/20/2024
2024-000743	Unethical conduct	Investigation	08/20/2025

Closed - 3

Case #	Violation Type	Case Status	Closed	Closure
CHIROPRACTIC PHYSICIAN				
2025-000855	Unprofessional conduct	Closed-Intake	09/18/2025	Other (See Abstract)
2024-000926	Unprofessional conduct	Closed-Complaint	05/19/2025	No Action - No Violation
2020-000442	Sexual misconduct	Closed-Investigation	09/25/2025	License Action

END OF REPORT

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
Juneau Office

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Medical Spa Services Frequently Asked Questions
DRAFT 9-26-25

This document is intended to assist in interpretation of Alaska statutes and regulations regarding various medical spa services. This draft has been reviewed by the Medical Spa Services Work Group, and is being circulated to relevant professional licensing boards for final approval prior to publication. This work draft should not be relied upon as a final interpretation or alternative to the law. Certain regulations are included below; always review the entirety of statutes and regulations of the appropriate programs and seek attorney assistance when needed.

Reviewed by Medical Spa Services Work Group: July 11, 2025.
Reviewed by Department of Law: August 7, 2025.
Approved by the Board of Nursing: August 5, 2025
Board of Barbers and Hairdressers: August 13, 2025
Board of Pharmacy: August 21, 2025
Medical Board: August 22, 2025
Board of Chiropractic Examiners TBD
Board of Dental Examiners TBD

MEDICAL DIRECTOR AND CLINIC OVERSIGHT

- **What is a medical spa?**
  A "medical spa" is not a term specifically recognized in Alaska law, though the services rendered and personnel performing them may be regulated by one or more professional licensing boards. For the purpose of this FAQ, a "medical spa" is a popular term of art describing a clinic where medical procedures and services may be delivered, albeit in a more casual or consumer-focused setting than a traditional clinic and potentially alongside nonmedical services. Medical spas themselves are not specifically regulated as a unique *entity* by the state, though licensees advertising or performing medical or esthetics services and procedures are. A medical facility regulated by the Department of Health that offers medical spa services may have requirements in addition to those outlined in this FAQ.

  The term "medical spa services" is also not specifically defined in Alaska law. For the purpose of this analysis, examples of medical spa services include, but are not limited to, all aspects of oversight, diagnosis, prescription, administration, and follow-up care for elective cosmetic and wellness-related services that are considered to fall within the practice of medicine, nursing, pharmacy, or another regulated health care profession if performed outside a traditional medical setting. Some of the services reviewed by the Medical Spa Services Work Group are discussed below.

  Although medical spas may offer services that are not medically necessary or consider themselves "wellness"—rather than medical—institutions, some of the medical cosmetic procedures and intravenous hydration services they provide fall under the delivery of medical or nursing services and are regulated by the State Medical Board and Board of Nursing. These services are discussed further in this document.

- **Who may serve as the "medical director"?**

"Medical director" is not a term specifically found in Alaska law. When associated with a medical spa, a medical director is considered anyone who has the legal authority to supervise or delegate medical or nursing activities: a physician or physician assistant licensed by the Alaska State Medical Board or an advanced practice registered nurse licensed by the Alaska Board of Nursing must practice within the scope of their license and obtain any certification, training, or education necessary to safely deliver the services being provided to their patient population.

A person serving as the medical director of a spa or clinic providing services requiring professional licensure takes on the responsibility of ensuring delegation is appropriate under state law and within their own scope of practice, including ensuring the appropriateness of any licensing, training, and education of persons to whom they are delegating.

A registered nurse, licensed practical nurse, chiropractor, dentist, physical therapist, massage therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, determine, or delegate treatment for medical services in a general medical spa or IV hydration clinic setting outside their own licensed scopes of practice. Refer to the individual Alaska statutes and regulations governing these licenses and certifications.

- **The significance of Alaska licensure**
  Licenses or certifications in other jurisdictions, by private companies, or by manufacturers of beauty or health care products do not qualify individuals to practice esthetics, nursing, or medicine in Alaska. Persons who do not hold an Alaska license and persons who are licensed and considering performing services outside of their scope should review whether the services or procedures—or the promotion of such services or procedures—qualifies as the practice of medicine under AS 08.64.380 or nursing under AS 08.68.850.

- **What services may a physician or physician assistant delegate, and what are those requirements?**
  12 AAC 40.967(32) prohibits a Medical Board licensee from permitting patient care that includes administering a botulinum toxin or dermal filler, autotransplanting biological materials, or treating with chemical peels below the dermal layer, or hot lasers, by a person who is not an appropriate health care provider trained and licensed under AS 08 to perform the treatment.

  Otherwise, if a licensee with the ability to delegate determines the procedure can be delegated and the licensee and the person to whom they are delegating meet the qualifications set out under statute or regulation--then the delegation is permissible.

  What procedures are *permissible and not permissible* to be delegated are spelled out at 12 AAC 40.920(e) and (f):
  (e) Routine medical duties that may be delegated to another person under the standards set out in this section means duties that
  (1) occur frequently in the daily care of a patient or group of patients;
  (2) do not require the person to whom the duty is delegated to exercise professional medical knowledge or judgment;
  (3) do not require the exercise of complex medical skills;
  (4) have a standard procedure and predictable results; and
  (5) present minimal potential risk to the patient.
  (f) Duties that require the exercise of professional medical knowledge or judgment or complex medical skills may not be delegated. Duties that may not be delegated include
  (1) the assessment of the patient's medical condition, and referral and follow-up;
  (2) formulation of the plan of medical care and evaluation of the patient's response to the care provided;
  (3) counseling of the patient and the patient's family or significant others regarding the patient's health;

(4) transmitting verbal prescription orders, without written documentation, from the patient's health care provider;
(5) duties related to pain management and opioid use and addiction;
(6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products;
(7) the initiation administration, and monitoring of procedural sedation;
(8) assessing sterile wound or decubitus ulcer care;
(9) managing and monitoring home dialysis therapy;
(10) oral tracheal suction;
(11) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration;
(12) placement and administration of nasogastric tubes and fluids;
(13) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition; and
(14) the administration of injectable medications, unless
(A) it is a single intramuscular, intradermal, or subcutaneous injection, not otherwise prohibited under 12 AAC 40.967(33); and
(B) all other provisions of this section are met; and
(C) the delegating physician, podiatrist, osteopath, or physician assistant is immediately available on site.

The circumstances under which delegable procedures may be delegated, how the unlicensed practice must be supervised, and how a medical director makes those assessments are substantially addressed for medicine at 12 AAC 40.920(a) – (d):
(a) A physician, podiatrist, osteopath, or physician assistant licensed under AS 08.64 may delegate the performance of routine medical duties to an agent of the physician, podiatrist, osteopath, or physician assistant, if the following conditions are met:
(1) the duty to be delegated must be within the scope of practice of the delegating physician, podiatrist, osteopath, or physician assistant;
(2) a licensed physician, podiatrist, osteopath, or physician assistant must assess the patient's medical condition and needs to determine if a duty for that patient may be safely delegated;
(3) the patient's medical condition must be stable and predictable;
(4) the person to whom the duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented;
(5) the delegating physician, podiatrist, osteopath, or physician assistant determines that the person to whom a duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly;
(6) performance of the delegated duty would not require the person to whom it is delegated to exercise professional medical judgment or have knowledge of complex medical skills;
(7) the delegating physician, podiatrist, osteopath, or physician assistant provides to the person, with a copy maintained on record, written instructions that include
(A) a clear description of the procedure to follow to perform each task in the delegated duty;
(B) the predicted outcomes of the delegated task;
(C) procedures for observing, reporting, and responding to side effects, complications, or unexpected outcomes in the patient; and
(D) the procedure to document the performance of the duty in the patient's record.
(b) A physician, podiatrist, osteopath, or physician assistant who has delegated a routine duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another physician, podiatrist, osteopath, or physician assistant may assume delegating responsibilities from the delegating physician, podiatrist, osteopath, or physician assistant if the substitute physician, podiatrist, osteopath, or physician assistant has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original or substitute delegating

physician, podiatrist, osteopath, or physician assistant shall remain readily available for consultation by the person to whom the duty is delegated, either in person or by telecommunication.
(c) The delegation of a routine duty to another person under this section is specific to that person and for that patient, and does not authorize any other person to perform the delegated duty.
(d) The physician, podiatrist, osteopath, or physician assistant who delegated the routine duty to another person remains responsible for the quality of the medical care provided to the patient.

- **The importance of professional judgment**
  In every consideration of delegation, the delegating physician or physician assistant must decide what constitutes appropriate professional judgment as it pertains to their interpretation of these cited regulations. The AMA Code of Ethics adopted by reference by the Medical Board at 12 AAC 40.955 provides useful guidance as to what appropriate professional judgment looks like in a medical director who is licensed under AS 08.64.

- **What services may an advanced practice registered nurse delegate, and what are those requirements?**
  If a licensee with the ability to delegate determines the procedure can be delegated and the licensee and the person to whom they are delegating meet the qualifications--both of which as determined within reason by the licensee under statute or regulation--then the delegation is permissible.

  The board has formally adopted a regulation regarding scope of practice that generally refers to activities allowable by an APRN, in addition to other requirements pertaining to training and education required for safe delivery of medical spa services:

  12 AAC 44.430. SCOPE OF PRACTICE. The board recognizes advanced and specialized acts of nursing practice as those described in the scope of practice statements published by national professional nursing associations recognized by the board for advanced practice registered nurses certified by the national certification bodies recognized by the board.

  The procedures that are *permissible* to be delegated to unlicensed persons are fairly well spelled out in 12 AAC 44.955, .960, .965, .966, .970, .975.

  The circumstances under which delegable procedures may be delegated, how the unlicensed practice must be supervised, and how an APRN makes those assessments are substantially addressed for nursing at 12 AAC 44.950 and .975.

  12 AAC 44.950. Standards for delegation of nursing duties to other persons
  (a) A nurse licensed under AS 08.68 may delegate the performance of nursing duties to other persons, including unlicensed assistive personnel, if the following conditions are met:
  (1) the nursing duty to be delegated must be within the scope of practice of the delegating nurse;
  (2) a registered nurse must assess the patient's medical condition and needs to determine if a nursing duty for that patient may be safely delegated to another person;
  (3) the patient's medical condition must be stable and predictable;
  (4) the person to whom the nursing duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented;
  (5) the nurse determines that the person to whom a nursing duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly;
  (6) performance of the delegated nursing duty would not require the person to whom it was delegated to exercise professional nursing judgment or knowledge or complex nursing skills;
  (7) the nurse provides to the person, with a copy maintained on record, written instructions that include

(A) a clear description of the procedure to follow to perform each task in the delegated duty;
(B) the predicted outcomes of the delegated nursing task;
(C) how the person is to observe and report side effects, complications, or unexpected outcomes in the patient, and the actions appropriate to respond to any of these; and
(D) the procedure to document the performance of the nursing duty in the patient's record.

(b) A nurse who has delegated a nursing duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another nurse may assume delegating responsibilities from the delegating nurse if the substitute nurse has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original delegating nurse or the substitute nurse shall remain readily available for consultation by the person, either in person or by telecommunication.

(c) The delegation of a nursing duty to another person under this section is specific to that person and for that patient, and does not authorize any other person to perform the delegated duty.

(d) The nurse who delegated the nursing duty to another person remains responsible for the quality of the nursing care provided to the patient.

12 AAC 44.955 Delegation of routine nursing duties

(a) Routine nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950. Routine nursing duties are those that

(1) occur frequently in the daily care of a patient or group of patients;
(2) do not require the person to whom the duty is delegated to exercise professional nursing knowledge or judgment;
(3) do not require the exercise of complex nursing skills;
(4) have a standard procedure and predictable results; and
(5) present minimal potential risk to the patient.

(b) Routine nursing duties that may be delegated include

(1) monitoring bodily functions;
(2) taking and recording vital signs;
(3) transporting patients;
(4) non-invasive collection and testing of physical specimens;
(5) measuring and recording fluid and food intake and output; and
(6) personal care tasks such as bathing, oral hygiene, dressing, toileting, assisting with eating, hydrating, and skin care.

12 AAC 44.960 Delegation of specialized nursing duties

(a) Specialized nursing duties are those duties that do not require professional nursing education to correctly perform, but require more training and skill than routine nursing duties. Specialized nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950.

(b) Specialized nursing tasks that may be delegated include

(1) changing simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;
(2) assisting patients with self-medication;
(3) obtaining blood glucose levels;
(4) suctioning of the oral pharynx;
(5) providing tracheostomy care in established, stable patients;
(6) removal of internal or external urinary catheters;
(7) adding fluid to established gastrostomy tube feedings and changing established tube feeding bags; and
(8) placing electrodes and leads for electrocardiogram, cardiac monitoring, and telemetry.

(c) A nurse who delegates a nursing duty to another person under this section shall develop a nursing delegation plan that describes the frequency and methods of evaluation of the performance of the delegated duty by the other person. The delegating nurse shall evaluate a continuing delegation as

appropriate, but must perform an evaluation on-site at least once every 90 days after the delegation was made. The delegating nurse shall keep a record of the evaluations conducted.

12 AAC 44.970. Nursing duties that may not be delegated.
Nursing duties that require the exercise of professional nursing knowledge or judgment or complex nursing skills may not be delegated. Nursing duties that may not be delegated include
(1) the comprehensive assessment of the patient by a registered nurse, and referral and follow-up;
(2) the focused assessment of the patient by a licensed practical nurse;
(3) formulation of the plan of nursing care and evaluation of the patient's response to the care provided;
(4) health education and health counseling of the patient and the patient's family or significant others in promoting the patient's health;
(5) receiving or transmitting verbal, telephone, or written orders from the patient's health care provider;
(6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products;
(7) providing and assessing sterile wound or decubitus ulcer care;
(8) managing and monitoring home dialysis therapy;
(9) oral tracheal suction;
(10) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration;
(11) placement and administration of nasogastric tubes and fluids;
(12) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition;
(13) except as provided in 12 AAC 44.966, the administration of injectable medications.

12 AAC 44.975. Exclusions
The provisions of 12 AAC 44.950 – 12 AAC 44.970 apply only to the delegation of nursing duties by a nurse licensed under AS 08.68; they do not apply when nursing duties have not been delegated, including when a person is acting
(1) within the scope of the person's own license;
(2) under other legal authority; or
(3) under the supervision of another licensed health care provider.

In every consideration of delegation, the delegating practitioner must decide what constitutes appropriate professional judgment as it pertains to their interpretation of these cited regulations. In addition to the statutes and regulations of the board, we can usually turn to the code of ethics adopted by the board in regulation as an additional standard. The Board of Nursing has not officially adopted a code of ethics in regulation; however, nurses informally lean on codes published by national nursing associations that generally echo the same principles.

Note that 12 AAC 44.770 spells out unprofessional conduct, including a list of examples. Nursing conduct that could adversely affect the health and welfare of the public constitutes unprofessional conduct under AS 08.68.270(7).

- **Does the medical director need to be onsite? When is telemedicine allowed?**
  The medical director must remain readily available for consultation by the person to whom any duty is delegated, either in person or by telecommunication. An initial consultation with a patient may happen via telecommunication. During medical procedures, a person with the appropriate level of licensure to perform the procedure and manage emergencies according to established facility protocols should always be onsite. A medical director should be immediately available (by phone or text) in case of complications.

- **Who can perform patient evaluations, diagnose conditions requiring treatment, and make treatment recommendations?**
  A physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. Registered nurses, licensed practical nurses,

medical assistants, and other persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse in performing their patient evaluation.

Although medical spas may offer services that are not medically necessary, or they may consider themselves "wellness"—rather than medical—institutions, the medical cosmetic procedures and hydration services they provide may fall under the delivery of medical or nursing services and are regulated by the State Medical Board and Board of Nursing.

- **Who can obtain, prescribe, administer, or dispense prescription medicines and products?**
  A licensee with prescriptive authority and who is practicing within their scope, such as a physician, physician assistant, or advanced practice registered nurse. Delegation requirements are spelled out in the statutes and regulations of each board. A dentist may do so within the practice of dentistry, which does not include most esthetics procedures.

  Standing orders for prescriptions issued by a physician, physician assistant, or advanced practice registered nurses are unique to each patient. They may not be generally given for a class or group of patients. Any changes to an individual's standing orders must include evaluation and written changes by the medical director or other provider in the practice who is an Alaska-licensed physician, physician assistant, or advanced practice registered nurse.

  The procurement and/or purchase of pharmaceutical products must adhere to all applicable federal regulations, including but not limited to the Controlled Substances Act, the Drug Quality and Security Act, and the Drug Supply Chain Security Act at all times. Sterile compounding practices must comply with federal guidance USP <797>.

- **What are the requirements for medical recordkeeping, HIPAA, etc.?**
  Medical spas and IV hydration clinics must adhere to all recordkeeping standards applicable to the practitioner's license, state and federal laws, and other standards that may apply to their individual situations, such as insurance requirements. Each facility should have a written protocol for recordkeeping.

- **What is the legal risk for a medical director?**
  The risk is the same as it would be for any practitioner within any other medical practice. If a licensee delegates authority to another person, they generally assume the risk associated with actions by that individual. If the medical director is also an owner of the facility or is the employer of providers or other personnel in the facility, additional responsibilities and potential liabilities regarding the workplace or public access may apply.

  Any facility where medical services are provided should have written emergency protocols, both to address general contingencies and those specific to the potential risks of the procedures performed. Providers should be trained in monitoring patients for adverse outcomes and how to respond in case of an emergency. The medical director should always be available onsite or by telecommunication.

<u>EMTs AND PARAMEDICS</u>

The State EMS Medical Director and State EMS Medical Direction Committee are solely responsible for the scope of practice and medical direction for EMS and paramedics in the state. The scope of practice for these individuals is limited to procedures authorized in regulation or by the EMS Medical Director.

The activities of these personnel are contemplated within the context of basic or advanced life support (ALS) and only under the supervision of a sponsoring physician. There is currently no authorization for certified EMS personnel or paramedics to practice advanced procedures outside of ALS activities, such as performing

procedures authorized within their certification while employed at a medical spa. Doing so can constitute a breach of the EMS regulations, placing an ALS EMS clinician at professional risk.

ESTHETICS

1. **What services may an Alaska-licensed esthetician provide under their license?**
A person providing esthetics services must be licensed as an esthetician by the Alaska Board of Barbers and Hairdressers or be licensed in Alaska as a health care professional per AS 08.13. Certain limited exceptions may apply; please refer to AS 08.13.160(d).

   Holding a "license" or "certification" by the manufacturer of an esthetics device is not the same as licensure by the board and does not authorize the individual to legally use that device on another person. With limited exceptions, estheticians must practice in a shop licensed by the board.

   Per AS 08.13.220, "esthetics" means for a fee, using hands, appliances, cosmetic preparations, antiseptics, or lotions in massaging, cleansing, stimulating, or similar work on the scalp, face or neck, including skin care, make-up, and temporary removal of superfluous hair, for cosmetic purposes.

   12 AAC 09.990(b) clarifies the definition of "appliances":
   > (1) "appliances" in the field of esthetics means only those devices used to stimulate natural physiological processes intended to improve the health and appearance of a person's skin; a device
   >
   > (A) operates within the manufacturer's guidelines;
   > (B) does not directly ablate or destroy live tissue;
   > (C) does not involve an incision into skin beyond the epidermis; and
   > (D) is not defined as a Class III or Class IV laser device under 21 C.F.R. 1040.10, revised as of April 2, 2018, and adopted by reference;

2. **What esthetics services may an Alaska-licensed hairdresser provide under their license?**
A person licensed by the Alaska Board of Barbers and Hairdressers to practice hairdressing is considered to be licensed to practice manicuring, hair braiding, and limited esthetics under the same license. Per AS 08.13.220, "limited esthetics" means to perform for a fee and for cosmetic purposes, temporary removal of superfluous hair on the face or neck, including eyebrow arching by use of wax; or application of makeup or false eyelashes. With limited exceptions, hairdressers must practice in a shop licensed by the board.

3. **What are "advanced esthetics services" and who may provide them?**
The term "advanced esthetics services" is not defined under Alaska law. For the purposes of the Medical Spa Services Work Group and related boards, the term refers to any procedure or service that falls outside of the scope of an Alaska-licensed esthetician.

   As noted above, the Medical Board has specifically opined that the treatment with chemical peels below the dermal layer or use of hot (ablative) lasers constitutes the practice of medicine and can only be delegated by a physician to a health care provider appropriately trained and licensed to perform the procedure.

4. Where does Alaska law define these various health care "practices?"

- Medicine: AS 08.64.380 (6) "practice of medicine" or "practice of osteopathy" means:
   > (A) for a fee, donation or other consideration, to diagnose, treat, operate on, prescribe for, or administer to, any human ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition; or to attempt to perform or represent that a person is authorized to perform any of the acts set out in this subparagraph;
   > (B) to use or publicly display a title in connection with a person's name including "doctor of medicine," "physician," "M.D.," or "doctor of osteopathic medicine" or "D.O." or a specialist designation including

"surgeon," "dermatologist," or a similar title in such a manner as to show that the person is willing or qualified to diagnose or treat the sick or injured;

- Nursing: AS 08.68.850 (9) "practice of advanced practice registered nursing" includes, in addition to the practice of registered nursing, the performance of acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board;

  AS 08.68.850 (10) "practice of practical nursing" means the performance for compensation or personal profit of nursing functions that do not require the substantial specialized skill, judgment, and knowledge of a registered nurse;

  AS 08.68.850 (11) "practice of registered nursing" means the performance for compensation or personal profit of acts of professional service that requires substantial specialized knowledge, judgment, and skill based on the principles of biological, physiological, behavioral, and sociological sciences in assessing and responding to the health needs of individuals, families, or communities through services that include
  (A) assessment of problems, counseling, and teaching
  (i) clients to maintain health or prevent illness; and
  (ii) in the care of the ill, injured, or infirm;
  (B) administration, supervision, delegation, and evaluation of nursing practice;
  (C) teaching others the skills of nursing;
  (D) execution of a medical regimen as prescribed by a person authorized by the state to practice medicine;
  (E) performance of other acts that require education and training that are recognized by the nursing profession as properly performed by registered nurses;
  (F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the board;

IV HYDRATION

1. **What are the general practice requirements for an IV hydration clinic?**
   "IV hydration clinic" and "hydration services" are not terms that appear in Alaska law. Within the context of the regulation of medical spa services, these terms relate to the intravenous delivery of saline, vitamins, and other substances. An IV hydration clinic in any form and in any location is considered a medical clinic and must follow all state and federal standards applicable to any other general health care facility.

2. **Who may evaluate, diagnose, and determine treatment for a patient?**
   As noted above, a physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. A chiropractor, dentist, physical therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, and determine treatment for a patient in a general medical spa setting. Refer to the individual scopes of practice for these licenses and certifications.

   Registered nurses, licensed practical nurses, medical assistants, and other unlicensed persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse who will personally assess the patient's condition and determine a treatment plan. The evaluation of intake data, determination of fitness to receive services, and formulation of a treatment plan may be performed in person or through telecommunication but may not be delegated.

3. **Who may order and administer substances delivered intravenously?**
   Substances administered intravenously, including but not limited to saline and vitamins, require a prescription under federal law. A physician, physician assistant, or advanced practice registered nurse may order prescription medications if authorized under their Alaska license. A dentist may only order and administer prescription substances for use within the practice of dentistry. A chiropractor, physical therapist, massage therapist, or other licensed or certified health care provider without prescriptive

authority may not order or administer prescription medication. Refer to the statutes and regulations for each license type for details about each scope of practice.

12 AAC 40.920(f) and (g) prevents a physician or physician assistant from delegating the initiation, administration, and monitoring of intravenous therapy, including blood or blood products. A person with the authority to perform these procedures under the scope of their own license is not restricted from doing so as long as these duties have not been delegated.

A medical director may delegate placing and starting an IV to a registered nurse or licensed practical nurse with an appropriate course of training on administering intravenous medication.

4. **What are the compounding requirements for IV hydration clinics?**
   USP <797> governs sterile compounding within the United States. Conditions for sterile compounding are outlined in this federal guidance, including standards for sterile "immediate use" (mixing and using within four hours) and use of a clean room if prepared outside of the immediate use window.

   A registered nurse may add an appropriate substance to an IV bag per the medical director order for a specific patient, following USP standards.

BOTOX, FILLERS, and OTHER COSMETIC INJECTABLES

1. **Who may evaluate, diagnose, and determine treatment for a patient?**
   As noted above, a physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. A chiropractor, dentist, physical therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, and determine treatment for a patient in a general medical spa setting. Refer to the individual scopes of practice for these licenses and certifications.

   Registered nurses, licensed practical nurses, medical assistants, and other unlicensed persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse who will personally assess the patient's condition and determine a treatment plan. The evaluation of intake data, determination of fitness to receive services, and formulation of a treatment plan may be performed in person or through telecommunication but may not be delegated.

2. **Who may order and administer cosmetic injectables?**
   A physician, physician assistant, or advanced practice registered nurse may order prescription medications if authorized under their Alaska license. A dentist may order and administer Botox within the scope of practice of dentistry, such as to treat symptoms of TMJ. A dental hygienist is not allowed to administer Botox, fillers, or other cosmetic injectables.

   12 AAC 40.967(32) prohibits a Medical Board licensee from permitting patient care that includes administering a botulinum toxin or dermal filler by a person who is not an appropriate health care provider trained and licensed under AS 08 to perform the treatment.

   The Board of Nursing has issued an advisory opinion on cosmetic injectables;
   https://www.commerce.alaska.gov/web/Portals/5/pub/NUR_AO_Medical_Aesthetic_2024.pdf

   An esthetician, chiropractor, physical therapist, massage therapist, or other licensed or certified health care provider without prescriptive authority may not order prescription medication. They may not administer prescription medication without proper delegation. Refer to the statutes and regulations for each license type for details about each scope of practice.

Council on Chiropractic Education

Aug. 1, 2025

COUNCIL ELECTIONS ANNOUNCEMENT

The Council on Chiropractic Education (CCE) seeks nominations of qualified individuals to fill five (5) positions on the Council. These positions will be filled at the conclusion of the January 2025 Annual Council Meeting. In accordance with CCE Bylaws, Section 6.03(a), **candidates may only be nominated in one (1) category**.

All nominees must possess the willingness and ability to meet the time commitment of a Councilor, to include, but not limited to, attendance at Annual and Semi-Annual Meetings (January and July), significant preparatory work prior to each meeting, committee participation, and the ability to respond to communications in a timely manner.

Nominations must be received by **Monday, September 1, 2025 at 4:30 PM PDT**

-- COUNCILOR ELECTIONS --			
POSITION	**INCUMBENT NAME (if applicable)**	**NEW TERM LENGTH**	**REQUIREMENTS/ATTRIBUTES**
CATEGORY NOMINATION FORMS AVAILABLE AT WWW.CCE-USA.ORG			
2 POSITIONS **CATEGORY 1** **EMPLOYEE OF A CCE PROGRAM / INSTITUTION**	**Rachael Pandzik** **Waleska Crespo Rivera**	**3 YEARS** **Jan 2026 to Jan 2029** **3 YEARS** **Jan 2026 to Jan 2029**	**Bylaws Requirements:** Full-time employee of the Member DCPs, or institutions housing a DCP and involved in operations of a CCE accredited program: curriculum design and decisions, strategic plan implementation, outcome measurement, incorporating outcome findings, decisions about teaching and measuring knowledge and skills for clinical practice, department policy decisions. *(CCE Bylaws, Section 6.02a)* **Attributes Desired:** CCE welcomes, embraces, and respects diversity of people, identities, abilities, and cultures. Experience in one or more of the following is desired: accreditation, finance, research, assessment, quality assurance, and/or clinical education.
1 POSITION **CATEGORY 2** **PRACTICING DOCTOR OF CHIROPRACTIC**	**Vacant**	**1 YEAR** **Jan 2027 to Jan 2028**	**Bylaws Requirements:** A graduate from a CCE Accredited Doctor of Chiropractic Program, who has direct delivery of chiropractic services as primary employment, is full or part-time employment or has not been retired for more than three years, and not employed by or affiliated with a CCE accredited program/institution. Must have a record of authorship or professional accomplishment. (CCE Bylaws, Section 6.02e) **Attributes Desired:** CCE welcomes, embraces, and respects diversity of people, identities, abilities, and cultures. Experience in one or more of the following is desired: Accreditation, research, assessment and/or quality assurance.
1 POSITION **CATEGORY 3** **PUBLIC MEMBER**	**Vacant**	**3 YEARS** **Jan 2026 to Jan 2029**	**Bylaws Requirements:** Public Member who is not a DC, not associated with a CCE accredited program/institution, not a member of any related or affiliated trade assoc. or membership org., or have been officially associated with a CCE accredited program/institution within the past 5 yrs; or a family member to an individual of the above. (CCE Bylaws, Section 6.02c) **Attributes Desired:** CCE welcomes, embraces, and respects diversity of people, identities, abilities, and cultures. Experience in one or more of the following is desired: Finance, higher education, law, accreditation or other health care professions.
1 POSITION **CATEGORY 4** **EMPLOYEE OF A CCE PROGRAM / INSTITUTION**	**Vacant**	**2 YEARS** **Jan 2026 to Jan 2028**	**Bylaws Requirements:** Full-time employee of the Member DCPs, or institutions housing a DCP and involved in operations of a CCE accredited program: curriculum design and decisions, strategic plan implementation, outcome measurement, incorporating outcome findings, decisions about teaching and measuring knowledge and skills for clinical practice, department policy decisions. *(CCE Bylaws, Section 6.02d)* **Attributes Desired:** CCE welcomes, embraces, and respects diversity of people, identities, abilities, and cultures. Experience in one or more of the following is desired: accreditation, finance, research, assessment, quality assurance, and/or clinical education.
1 POSITION **CATEGORY 5** **PRACTICING DOCTOR OF CHIROPRACTIC**	**Justin Goehl**	**3 YEARS** **Jan 2026 to Jan 2029**	**Bylaws Requirements:** A graduate from a CCE Accredited Doctor of Chiropractic Program, who has direct delivery of chiropractic services as primary employment, is full or part-time employment or has not been retired for more than three years, and not employed by or affiliated with a CCE accredited program/institution. Must have a record of authorship or professional accomplishment. (CCE Bylaws, Section 6.02e) **Attributes Desired:** CCE welcomes, embraces, and respects diversity of people, identities, abilities, and cultures. Experience in one or more of the following is desired: Accreditation, research, assessment and/or quality assurance.

In accordance with CCE Bylaws, Article VI, Section 6.02 not more than one (1) individual from any DCP shall serve on the Council, and not more than three (3) Councilors may be the individual responsible for the program (as described in the CCE Standards) at any given time. The following list represents positions currently held on the Council by employees of CCE accredited programs (to include incumbents).

Current Councilors	DCPs Available for Representation on the Council	Individual Responsible for the program
	Canadian Memorial Chiropractic College	
1	Cleveland University – KC	
	D'Youville College	
	Keiser University	
	Life Chiropractic College West	
	Life University	
1	Logan College of Chiropractic	Yes
	Southern California University of Health Sciences	
	National University of Health Sciences	
1	Northeast College of Health Sciences	
1	Northwestern Health Science University	
1	Palmer College of Chiropractic	
1	Parker University	
	Sherman College of Chiropractic	
	Texas Chiropractic College	
	University of Bridgeport	
2*	Universidad Central del Caribe	Yes
1	University of Western States	

*-Reference CCE Bylaws, Article VI, Section 6.02

Nominations must be submitted electronically --- mail or fax are not accepted.
Please email completed nominations and required materials to:
Angela Kotalik, Administration & Finance Manager
Email: kotalik@cce-usa.org

NOTE: CCE Bylaws, Section 6.03(a), candidates may only be nominated in one (1) category.

Nominations must be received no later than

Monday, September 1, 2025 at 4:30 PM PDT

and must include:
1. Completed Nomination Form for appropriate Category
(available on CCE website at www.cce-usa.org)

2. Current Brief Professional Resume/CV (for nominee) (approx. 3-4 pages)

3. An applicant is permitted, but not required, to attach a one-page cover letter describing their interest and qualifications.

From:	Toshia Wenning
To:	Alabama (Shiela Bolton) ; Board of Chiropractic Examiners (CED sponsored); Arizona; Arkansas; bppe.notices@dca.ca.gov; Colorado (Tony Munoz) ; Connecticut (Jennifer Filippone) ; DC (jacqueline Watson) ; Delaware (Catherine Simon) ; Florida; Georgia (Brig Zimmerman) ; Hawaii (Lynn Bhanot); Hong Kong; Idaho (Tana Cory) ; Illinois (Todd Robertson) ; Indiana (Cindy Vaught); Iowa; Kansas (Susan Gile); Kentucky (Ashley Cotton); Kristin.walker@dca.ca.gov; Louisiana (Patricia Oliver) ; Maine (Licensing Clerk); Marylan (Oliver, Sharon); Massachusetts; Minnesota; Mississippi (Richard Walker); Missouri (Gloria Lindsey); Montana (Dennis Clark); Nebraska; Nevada (Cindy Wade); New Hampshire; New Jersey (Jonathan Eisenmenger) ; New Mexico (Pauline Varela0; New York (Doug Lentivech) ; North Carolina (Tom Sullivan) ; North Dakota (Jerry Blanchard) ; Ohio (Kelly Caudill); Oklahoma (Beth Carter); Oregon (Cassandra Skinner); Pennsylvania (Shakeena Chappelle); Rhode Island; South Carolina (Mack Williams); South Dakota (Marcia Walter) ; Tennessee (Sabrina Craig Boyd); Texas (Glenn Parker) ; Utah (Craig Campbell); Vermont (Diane Lafaille); Virgin Islands (Deborah Richardson-Peter); Virginia (William Harp) ; Washington (Bob Nicoloff); West Virginia ; Wisconsin (Thomas Ryan); Wyoming (Emily Cronbaugh)
Cc:	S. Ray Bennett; Jeannette Danner; Angela Kotalik; Crissy Lewis; Craig Little, Ed.D.
Subject:	CCE Council Election
Date:	Friday, August 1, 2025 5:51:11 AM
Attachments:	image001.png 2025-08 Election Announcement.pdf

State Boards,

For your information, CCE is currently accepting nominations for open seats on the Council in accordance with our policies and procedures for terms beginning in January 2026. Please view the attached announcement or visit the homepage of our website (www.cce-usa.org), for further information.

As indicated in the announcement, all nomination forms for the respective categories are available on the website. Please distribute as you deem appropriate within your organization.
Any questions may be directed to Dr. Little at your convenience.

Regards,

Toshia

Toshia M. Wenning, MBA
Director of Operations

Council on Chiropractic Education

Phone: 480-443-8877 opt. 6
Email: wenning@cce-usa.org

Kenai Sports & Family Chiropractic
Dr. Joseph W. Keith
Chiropractic Physician

36901 Mallard Road.
Fax: (907) 283-3792 **Kenai AK, 99611** **Phone: (907) 283-3752**

Date: 7/30/25

To whom it may concern.

The following statement is provided for the purpose to fulfill requirement #8 on the State of Alaska Chiropractic Locum Tenens Permit Application instructions. Attached you find form 08-4965 signed and notarized as instructed.

Seven years ago I suffered an injury to my lower back that caused a herniation at L5. Over the years this injury has progressively worsened and is now causing significant radiculopathy to my body. On August 21st 2025 I will be receiving a surgical intervention to stabilize my spine and alleviate my symptoms. I will be out of the office and unable to practice for an estimate 12 weeks time. During this time a colleague has agreed to apply to become a locum tenens chiropractic physician in Alaska for the purpose of substituting for me in my practice at Kenai Sports & Family Chiropractic while I am out for recovery. My estimated return date will be November 20th 2025. Because of this extensive recovery time I humbly ask the Alaska Chiropractic Board to extend Dr. Gravels valid period from 60 days to 90 days.

Joseph Keith D.C.