Board Members:

Brent Taylor, MD (Chair)

David Barnes, DO

Ryan McDonough, DO

David Paulson, MD

David Wilson Public Member

Upcoming Meetings:

Oct. 16 at 4:00 p.m. Nov. 21 at 8:30 a.m.

ALASKA STATE MEDICAL BOARD QUARTERLY MEETING

THURSDAY, SEPTEMBER 18, 2025

DRAFT-AGENDA

Discussion of the following topics may require executive session. Only authorized members will be permitted to remain in the Board/Zoom room during executive session.

Location: Zoom, register at:

https://us02web.zoom.us/meeting/register/bGLhHyoRS5CRwMqOC8Assg

Agenda

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

4:03 p.m. 2. Review/Approval of Agenda

4:05 p.m. 3. Ethics Disclosure

4:10 p.m. 4. Investigations - Executive session

• Case# 2024-000440, J.B.

• Case# 2024-000373, K.C.

• Case# 2022-000801, DO

4:20 p.m. 5. Old Business

Telemedicine Regulation Project
 (Approval needed to proceed with public comment)

4:30 p.m. 6. Interview – Executive Session

Michael Fruchter, MD

5:00 p.m. 7. Full Board Review – Executive Session

Christopher Melcher, PA

5:15 p.m. 8. Wrap up / Adjourn

ASMB September 2025 - Telemedicine Regulation Change Project

The issue:

At its November 2024 meeting, the Medical Board approved the attached regulations changes. Those changes were forwarded for review to the Dept. of Law. During that review process the Governor's Administrative Order 358 halted all work on regulations. The division requested a waiver and was approved on July 30, 2025 to proceed with this project.

Background:

In 2022 new state and federal legislation was enacted, rendering much of the language in 12 AAC. 40.943 obsolete.

Change in Federal law:

The requirement for the DATA waiver was eliminated at the federal level. Section 1262(a)(1) of the Consolidated Appropriations Act, 2023 (Pub. L. No: 117–328), which was enacted on December 29, 2022, amended the CSA (21 U.S.C. 823(h)) and eliminated the requirement that practitioners obtain a waiver to prescribe certain schedule III—V medications for the treatment of opioid use disorder (OUD). This immediately removed the requirement for practitioners to submit a notification of intent and to receive the Drug Addiction Treatment Act of 2000 (DATA)-Waiver before prescribing buprenorphine.

Change in State law:

In 2022, HB 265 eliminated the requirement for a health care provider to conduct an in-person visit prior to providing telehealth services, when certain conditions are met. This law also created the ability for providers to prescribe controlled substances for through telehealth so long as state and federal laws are followed.

Current issue for the Board's Review & Approval

Approve the changes to go out for public notice and comments

12. AAC 40.943 Standards of practice for telemedicine.

Proposed Edit:	Rationale/Citation:
(a) The guiding principles for telemedicine practice in the American Medical Association (AMA), Report 7 of the Council on Medical Service (A-14), Coverage of and Payment for Telemedicine, dated 2014, and the Federation of State Medical Boards (FSMB), Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine, dated April 2014 Appropriate Use of Telemedicine Technologies in in the Practice, dated 2022, are adopted by reference as the standards of practice when providing treatment, rendering a diagnosis, prescribing, dispensing, or administering a prescription or controlled substance without first conducting an in-person physical examination under AS 08.64.364.	The FSMB adopted new Telemedicine guidance in 2022. The board decided to adopt the new guidelines in December 2024. (This is a separate regulation project.)
(b) During a public health emergency declared by the governor or commissioner of health and social services, an appropriate licensed health care provider need not be present with the patient to assist a physician or physician assistant with examination, diagnosis, and treatment if the physician or physician assistant is prescribing, dispensing, or administering buprenorphine to initiate or continue treatment for opioid use disorder and the physician or physician assistant	08.64.364 renders this language obsolete. Prescribers must adhere to federal laws (including emergency waivers) and state laws related to prescribing controlled substances.
(1) is a waived practitioner under 21 U.S.C 823(g)(2) (Drug Addiction Treatment Act (DATA));	
2) documents all attempts to conduct a physical examination under AS 08.64.364(b), the reason why the examination cannot be performed, and the reason why another health care provider cannot be present with the patient; and	
(3) requires urine or oral toxicology screening as part of the patient's medication adherence plan.	

Register,2025 PROFESSIONAL REGULATIONS	
Chapter 40. State Medical Board.	
(Words in boldface and underlined indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)	
12 AAC 40.943(b) is repealed:	
(b) Repealed/ [DURING A PUBLIC HEALTH EMERGENCY	
DECLARED BY THE GOVERNOR OR COMMISSIONER OF HEALTH, AN	
APPROPRIATE LICENSED HEALTH CARE PROVIDER NEED NOT BE PRESENT WITH	
THE PATIENT TO ASSIST A PHYSICIAN OR PHYSICIAN ASSISTANT WITH	
EXAMINATION, DIAGNOSIS, AND TREATMENT IF THE PHYSICIAN OR PHYSICIAN-	
ASSISTANT IS PRESCRIBING, DISPENSING, OR ADMINISTERING BUPRENORPHINE	
TO INITIATE OR CONTINUE TREATMENT FOR OPIOID USE DISORDER AND THE	
PHYSICIAN OR PHYSICIAN ASSISTANT	
(1) IS A WAIVED PRACTITIONER UNDER 21 U.S.C 823(g)(2) (DRUG	
ADDICTION TREATMENT ACT (DATA));	
(2) DOCUMENTS ALL ATTEMPTS TO CONDUCT A PHYSICAL	
EXAMINATION UNDER AS 08.64.364(b), THE REASON WHY THE EXAMINATION	
CANNOT BE PERFORMED, AND THE REASON WHY ANOTHER HEALTH CARE	
PROVIDER CANNOT BE PRESENT WITH THE PATIENT; AND	
(3) REQUIRES URINE OR ORAL TOXICOLOGY SCREENING AS PART OF	
THE PATIENT'S MEDICATION ADHERENCE PLAN]. (Eff. 10/8/2017, Register 224; am	
5/5/2020, Register 234; am 9/20/2020, Register 235; am 6/10/2021, Register 239; am	
/, Register)	

Authority: AS 08.64.100 AS 08.64.101 AS 08.64.364