Board Members:

Brent Taylor, MD
(Chair)

David Barnes, DO

David Paulson, MD

Ryan McDonough, DO

David Wilson
Public Member

Upcoming Meetings:

December 18, 2025, at 4:00 p.m.

January 15, 2026, at 4:00 p.m.

February 20, 2026 at 8:30 a.m.

ALASKA STATE MEDICAL BOARD

QUARTERLY MEETING

FRIDAY, NOVEMBER 21, 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/AKcLXE4jQLyjfDGH8uAVSg

Agenda

8:30 a.m. 1. Call to Order / Roll Call

8:32 a.m. 2. Review / Approval of Agenda

8:33 a.m. 3. Review / Approval of Minutes

- August 22, 2025
- September 18, 2025

8:35 a.m. 4. Ethics Disclosure

8:40 a.m. 5. Public Comments & Board Correspondence

8:50 a.m. 6. Division Update - Director Sylvan Robb

a. Administrative Order 360
b. Legal opinion on expungement matters
c. Budget Update

9:30 a.m. 7. New Business

a. List of proposed regulation changes -compliance with AO 360
b. Students with Traumatic Brain Injuries – Request to support *Return to School Accommodation Act*
c. Venomous Reptiles – Request to support ADFG regulations

10:15 a.m. 8. Break

10:30 a.m. 9. Interview

- Gamil Makar, MD

11:00 a.m. 10. Malpractice Cases – Executive Session

- Eichler, Mark MD
- Eitter, Patrick MD

- Ewasko, Sandra MD
- Lin, Joel DO
- Powell, Elisha MD
- Thompson, Colin MD
- Tsukerman, Zhanna MD
- Wolf, Evan MD

12:00 p.m. 11. Lunch Break

1:00 p.m. 12. Investigation Updates – Executive Session
- Case Number: 2024-000629, P.F.
- Case Number: 2021-000336, B.B.
- Case Numbers: 2018-000980, 2019-000785, 2019-001381, 2020-000422, 2021-000036 and 2021-000790, J.W.

1:45 p.m. 13. Deliberative Session
- Case Numbers: 24-0763/MED / 2024-001125, S.M.

2:00 p.m. 14. Wrap Up / Adjourn

Tentative date for the next meeting: December 18, 2025, at 4:00 p.m.

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING

STATE MEDICAL BOARD
MINUTES OF MEETING
Friday, August 22, 2025

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

By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a quarterly meeting of the Alaska State Medical Board was held Friday, August 22, 2025.

1. Call to Order/ Roll Call
The meeting was called to order by Chair Taylor at 8:30 a.m.

Chair Taylor introduced Dr. McDonough as a recently appointed board member. Dr. McDonough is from the Mat-Su area and practices as a cardiologist.

Chair Taylor announced that Dr. Heilala has declared his candidacy for the position of Governor and that Dr. Heilala's role and service on the Medical Board is a separate matter from his role as a candidate for Governor. Regarding this matter, Chair Taylor advised that the Board will be monitoring for potential conflicts of interest and adhering to the Executive Branch Ethics Act.

Roll Call
Board members present:

David Barnes, DO
Matt Heilala, DPM
Ryan McDonough, DO
David Paulson, MD
Brent Taylor, MD (Chair)
David Wilson, Public Member

Staff present: Sara Chambers, Assistant to the Commissioner, Kendra Wardlaw, Senior Investigator, Jessie Aaron, Investigator, Shelley Irons, Investigator, Karina Medina, Probation Monitor, Natalie Norberg, Executive Administrator; Jason Kaeser, Licensing Supervisor, Jacob Olsen, Licensing Examiner, Alisa Perkins, Licensing Examiner

2. **Review / Approval of Agenda**
Chair Taylor acknowledged the large number of members of the public participating in today's meeting including many individuals who indicated during pre-registration that they wished to provide public comments. Due to this, he recommended amending the agenda to increase the allocated time for public comment from 10 to 20 minutes.

On a motion duly made by Mr. Wlson, seconded by Dr. Taylor, and approved by roll call vote, the Alaska State Medical Board decided to adopt the agenda as presented but with additional time allocated for public comment as recommended.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor, and Mr. Wilson.

3. **Review/Approval of Minutes**

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor, and approved by roll call vote, the Alaska State Medical Board approved the minutes for the May 16, 2025, June 5, 2025, and June 26, 2025, board meetings.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor, and Mr. Wilson.

4. Ethics Disclosures

Dr. Heilala confirmed that he has declared his candidacy for Governor. Dr. Heilala advised that while he views his work on the board as separate from his candidacy, due to time constraints and the demands of his campaign, he has submitted his letter of resignation to the Board, effective at the conclusion of this meeting. He added that he has very much appreciated and valued the opportunity to serve on the Board.

Ms. Norberg queried the rest of the board members. There were no additional ethic disclosures made by board members.

5. Public Comments

Members of the public who preregistered and indicated an interest in providing public comments were invited to address the board in the order in which their request was received.

Name	Nature of Comment
Jennifer Fayette, PA-C	Offered the Board her expertise and perspective as a PA, related to PA-specific agenda items, if needed, since there is currently no PA representative on the Board
Tom Pittman, Dir. Identity Inc.	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.
Robert Hockema	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.
Jacob Sears	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct. And opposes the Board's statement on late-term abortion.
Dr. Lindsey Banning, Ph.D.	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.
Rhianne Christopher, NP	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.
Rev. Rebecca Bernard	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.
Kathleen Easley, RN	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct. And opposes the Board's statement on late-term abortion.
Josh Smith	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.

Starina Abrahamsen	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.
Col Lockard	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.
Ann Mayo-Kiely	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.
Dr. Kevin Tarlow, Ph.D.	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.
Bryant Griffith, Medical Student	Opposes the Board's draft regulations related to considering the treatment of gender dysphoria as professional misconduct.

6. Old Business

a. Medical Spa Services Work Group Update

- **Frequently Asked Questions Document**

Sara Chambers, Boards and Regulations Advisor in the Office of the Commissioner for the Dept. of Commerce, Community and Economic Development and facilitator of the Medical Spa Services Work Group, was invited to address the Board. Ms. Chambers introduced the *FAQs* document as a product developed through the work group to help educate the public, licensees and applicants regarding what the statutes and regulations say regarding the various services, roles and responsibilities around the Medical Spa industry in our state. The document reflects board and work group discussions and has been reviewed by the Department of Law to ensure consistent legal interpretation of statutes and regulations. The document is a first step in helping people understand, for example what is a medical director of a medical spa and when a license is needed to provide esthetic services. The Medical Board was asked to review, offer suggested edits and/or approve the document. Board members were also asked to weigh in and affirm whether a physician assistant can serve as a medical director, which the document does confirm.

Dr. Paulson, the Board's representative on the Medical Spa Services Work Group, stated that he believes the document is self-explanatory, straightforward and that the Board should approve it. He also welcomed board members' input on the issue of whether physician assistants may serve as medical directors.

Chair Taylor invited board members to share any additional comments on the document and the issue of physician assistants as medical directors. There were no further comments.

On a motion duly made by Dr. Paulson, seconded by Dr. McDonough, and approved by roll call vote, the Alaska State Medical Board decided to approve the Medical Spa Services Work Group's *Frequently Asked Questions* document as presented.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor, and Mr. Wilson.

- **Letter to Board of Chiropractors**

Chair Taylor invited board members to comment on the draft letter to the Board of Chiropractors presented for the Board's review and consideration. Chair Taylor offered that he thought it was a well-written letter. There were no further comments.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor, and approved by roll call vote, the Alaska State Medical Board decided to approve the draft letter dated August 22, 2025, to the Board of Chiropractors as presented.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor, and Mr. Wilson.

- **Proposal concerning Medical Assistants**

Ms. Norberg informed Chair Taylor that this item was no longer a topic for discussion.

b. Board Statement/New Regulation Project

- **Statement on Late Term Abortion**

Chair Taylor invited Dr. Heilala to introduce this topic. Dr. Heilala advised that this subject came up as a discussion among board members and as a concern regarding the lack of transparency about how our state appears to be an outlier regarding the extremely permissive nature of the practice of abortion. Abortion is something that the legislature has granted the State Medical Board the authority to regulate. Dr. Heilala clarified that the intent of this statement is not about making abortion illegal, it is a statement of transparency. Chair Taylor invited board members to share any additional comments on the proposed statement. There were no further comments.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor, and approved by roll call vote, the Alaska State Medical Board decided to approve the statement concerning late-term abortion as presented.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor, and Mr. Wilson.

- **New Regulation Project - Treatment of Gender Dysphoria in Minors**

Chair Taylor provided background information: On August 1, the State Medical Board concluded an online vote in which the majority of members voted in favor of submitting a request to the Governor's Office to request a waiver to Administrative Order 358 to initiate a regulation project aimed at discouraging Medical Board licensees from providing treatment for gender dysphoria in minors. The roll call for that vote was as follows: Dr. Barnes, Dr. Heilala, Dr. Taylor and Mr. Wilson voted in favor; Dr. Paulson did not cast a vote. The waiver was approved by the Governor's Office on August 7, 2025, giving the Board approval to move forward with this project. Dr. Heilala was invited to provide some opening comments.

Dr. Heilala acknowledged the common goal of care and responsibility for minors and the cordial public discourse on this issue thus far in the meeting. He highlighted the Board's strong support from the Governor on this issue and that more than half the states have outright banned or curtailed this treatment. Dr. Heilala further highlighted that regulation is an optional tool to be used at the discretion of the board, it is not an obligation to discipline or sanction.

Dr. Paulson stated he appreciates the comments he has received in person, by email and text. He believes protecting youth means acting with compassion and caution. Dr. Paulson stated, "Our first duty is to do no harm. While compassion requires us to care for youth in distress, we must recognize our duty to protect them from medical and surgical interventions that risk permanently altering their bodies and futures before they are fully capable of mature consent."

Mr. Wilson acknowledged all the emails and correspondence to the Board, adding that "It's really important to have public engagement." Mr. Wilson advised that the concern regarding the treatment of gender dysphoria in minors was brought to the Board over a year ago by members of the public. He stated, "We are acting on that concern. We did a tremendous amount of research to validate that concern." Mr. Wilson further stated, "This is not politically driven. This is not politically motivated." Mr. Wilson concluded by encouraging the public to stay engaged and stating that the Board is interested in public input.

The draft language for this regulation change was reviewed.

A member of the public, who was not addressed by the Chair, inquired regarding whether the public would have an opportunity for public comment.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board approved the draft language as presented to regulation 12 AAC 40.967; to initiate a regulation change project and to approve this project for public comment pending a legal review with no substantive changes recommended.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor, and Mr. Wilson

Ms. Sara Chambers was recognized by the Chair to provide an overview of the regulation adoption process and to clarify that there will be future opportunities for the public to comment. Ms. Chambers explained that the proposed regulation change, approved by the Board today, will go to the Dept. of Law to be properly formatted and then it will go out for public comments for 30 or more days. This notice will be on the online public notice system. There is usually an opportunity through the Board's website to sign up for alerts so you can stay abreast of this topic. During that 30-day period, the public may submit written comments to the Board. The Board may also determine if they want to hold an oral hearing. After the comments are received the Board is obliged by law to consider those comments and determine whether additional changes need to be made to the language of the regulation. If those changes are substantive, it would go out for more public comment. If there are no changes or not substantive changes, the Board can move forward with adoption, or it can abandon the project altogether. The public is encouraged to be engaged, to sign up for alerts and to check the online public notice system.

7. New Business

- **Definition of Written Prescriptions**

Chair Taylor requested Ms. Norberg introduce this topic. Ms. Norberg explained that this matter originated from a request for the Board to provide clarification and guidance regarding the requirements for physician assistants when they prescribe, and specifically for the Board to provide a definition for a "written prescription." The proposed definition would define "written prescription" as meaning a prescription written on a paper document that has been in the control of a patient prior to being submitted to a pharmacy for the purpose of dispensing medication. A prescription written on a piece of paper by a physician assistant would be subject to the requirements outlined in regulation 12 AAC 40.450 (i); whereas a prescription transmitted electronically directly to a pharmacy from a physician assistant would be exempt from these requirements. Chair Taylor observed that the request seemed straightforward and invited board members to comment on the proposed definition. There were no comments.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board approved the definition of "written prescription" as proposed, to clarify the prescribing procedures for physician assistants.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor, and Mr. Wilson

- **Request for Record Expungement**

Chair Taylor advised that Dr. Fisch submitted a request to the Board to have a disciplinary action from 1997 expunged for her licensing record. He recommended moving into executive session to discuss the matter.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board entered executive session in accordance with AS 44.62.310(c)(3), for the purpose of discussing case # 2850-97-16, with Board staff remaining during the session.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor, and Mr. Wilson

The Board went off the record at 9:41 a.m. and returned on the record at 9:46 a.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board accepted the order to rescind the public reprimand and expunge the 1997 disciplinary action from Alaska's licensing database in case number 2850-97-16.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor, and Mr. Wilson

Chair Taylor acknowledged Kendra Wardlaw, Senior Investigator who advised the Board that the National Practitioner Databank does not allow actions to be removed from the database once they have been entered, however a respondent does have the option to provide a rebuttal to an entry.

8. Break

The Board went off the record for a break at 9:47 a.m. and returned on the record at 10:07 a.m.

9. Full Board Review

On a motion duly made by Mr. Wilson seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board entered executive session in accordance with AS 44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions for the purpose of discussing the following individuals' applications for licensure with Board staff remaining during the entire session:

- **Michael Fruchter, MD**
- **Jeffrey Graham, MD**
- **Sheryar Khan, DO**
- **Anita Powell, PA**

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The Board went off the record at 10:08 a.m. and returned on the record at 10:21 a.m.

On a motion duly made by M4. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board approved Jeffrey Graham, MD, Sheryar Khan, DO and Anita Powell, PA for full licenses.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board tabled a decision regarding whether to grant a license to Dr. Michael Fruchter until further information is gathered.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

10. Malpractice Cases

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board entered into executive session in accordance with AS 44.62.310 (c)(3), with board staff Natalie Norberg and Jason Kaeser remaining in the session and all others excluded from the session for the purpose of discussing malpractice cases involving the following practitioners:

Alfonso Urdaneta-Moncada, MD
Amit Sanghi, DO
Beatrice Brooks, MD
Timothy Peterson, MD
David Marks, MD
Edward Prince, MD
Emily Lampe, MD
John Keitz, DO
Marius Pakalniskis, MD
Muneer Desai, MD

The Board went off the record at 10:25 a.m. and returned on the record at 10:43 a.m.

On a motion made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board decided to take no further action with respect to the malpractice cases related to: Alfonso Urdaneta-Moncada, MD, Amit Sanghi, DO, Beatrice Brooks, MD, Timothy Peterson, MD, David Marks, MD, Edward Prince, MD, Emily Lampe, MD John Keitz, DO and Marius Pakalniskis, MD

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

On a motion made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board decided to request the Executive Administrator draft a non-disciplinary advisory letter related to the malpractice cases involving Muneer Desai, MD.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

Chair Taylor recognized being ahead of schedule. It was decided to rearrange the order of agenda items and move up Item number 13, “Investigations Update.” The board took a break while these arrangements were made.

The Board went off the record for a break at 10:44 a.m. and returned on the record at 10:50 a.m.

Investigations

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board entered into executive session in accordance with AS 44.62.310 (c)(2), for the purpose of discussing case# 2024-001176 with board and investigative staff remaining in the session and the reviewing board members abstaining from the session.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The Board went off the record at 10:50 a.m. and returned on the record at 11:02a.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Barnes and approved by a roll call vote, the Alaska State Medical Board adopted the order for a license surrender in case# 2024-001176.

Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, and Mr. Wilson
Abstained: Dr. Heilala and Dr. Taylor

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board entered into executive session in accordance with AS 44.62.310 (c)(2), for the purpose of discussing case# 2024-000220 with board and investigative staff remaining in the session and the reviewing board member abstaining from the session.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The Board went off the record at 11:04 a.m. and returned on the record at 11:12a.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board adopted the order for a consent agreement, decision and board order as presented in case# 2024-000220.

Roll call: Yeas, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson
Abstained, Dr. Barnes & Dr. Heilala

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board entered into executive session in accordance with AS 44.62.310 (c)(2), for the purpose of discussing case# 2024-000373 with board and investigative staff remaining in the session.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The Board went off the record at 11:16 a.m. and returned on the record at 11:34 a.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Barnes and denied by a roll call vote, the Alaska State Medical Board rejected the decision and order as presented in case# 2024-00373.

Roll call: Nays, Dr. Barnes, Dr. Heilala, Dr. Paulson, Dr. Taylor and Mr. Wilson
Abstained, Dr. McDonough

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board entered into executive session in accordance with AS 44.62.310 (c)(2), for the purpose of discussing case# 2024-000768 with board and investigative staff remaining in the session and the reviewing board abstaining from the session.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The Board went off the record at 11:38 a.m. and returned on the record at 11:47 a.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Heilala and approved by a roll call vote, the Alaska State Medical Board granted Dr. Dolf Ichtertz a full license.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, and Mr. Wilson
Abstained, Dr. Taylor

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by a roll call vote, the Alaska State Medical Board entered into executive session in accordance with AS 44.62.310 (c)(2), for the purpose of discussing case# 2022-000233-Prb with board and investigative staff remaining in the session.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The Board went off the record at 11:50 a.m. and returned on the record at 11:54 a.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and denied by a roll call vote, the Alaska State Medical Board rejected the request to modify the Board Order and grant an early release in case# 2022-000233-Prb.

Nays, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

Kendra Wardlaw expressed appreciation for Dr. Heilala' s time and dedication to the Board and the Division, acknowledging that he reviewed many cases. Others, including Dr. Paulson, Dr. Taylor and Shelley Irons also expressed appreciation to Dr. Heilala.

11. Lunch Break

The Board went off the record at 11:58 a.m. and returned on the record at 12:31 p.m.

12. Interview

Dr. Jacob Stephenson requested to have his interview conducted in an executive session.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by roll call vote, the Alaska State Medical Board entered executive session in accordance with AS 44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions for the purpose of discussing Dr. Jacob Stephenson's application for licensure with Dr. Stephenson remaining for part of the session and Board staff to remain during the entire session.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The Board went off the record at 12:33 p.m. and returned on the record at 12:49 p.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by roll call vote, the Alaska State Medical Board granted Dr. Jacob Stephenson a full medical license.

Roll call: Yeas, Dr. Barnes, Dr. Heilala, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

13. Investigations Update (moved to earlier in the agenda)

14. Request for reconsideration of Interstate Medical Licensure Compact

Chair Taylor invited Representative Prax to address the Board. Rep. Prax stated he has an interest in multi-state licensure compacts for medical providers and would like to know whether the Medical Board is interested in endorsing a compact, if a bill is introduced. Rep. Prax asked board members for their thoughts on such a proposal.

Dr. Barnes expressed concerns regarding the Board giving up autonomy over licensing to outside affiliations, including the Federation of State Medical Boards (FSMB). Rep. Prax acknowledged the concern but asserted that most states have approximately the same requirements/standards for licensure. Dr. Barnes questioned the goal of doctors whose aim is to become licensed in all 50 states to provide telemedicine, citing concerns about their commitment to Alaska, contributing to the economy and building real patient relationships. Rep. Prax advised he has a different view about telemedicine and sees it as increasing much needed access to care for Alaskans. Dr. Barnes conceded that telemedicine may be needed for residents in remote areas of the state or for specialty providers but questions the notion that there is a lack of access due to a lack of providers.

Dr. Paulson stated that he loves the practicality and simplicity of a compact as a concept yet is also concerned about giving up autonomy. Dr. Paulson also expressed concerns about the compact, leading to more telemedicine providers, citing concerns about the quality of telemedicine.

Dr. Heilala advised that two years ago, the Board spent extensive time over many months looking at whether to join the compact. "It ended with a vote to table it and decline it for now." Rep. Prax requested to receive the report and meeting minutes from these discussions.

Mr. Wilson reiterated that a major reason for the Board's decision to not join the Compact was because of the Compact's affiliation with the FSMB. Mr. Wilson shared his experience as a patient during the pandemic. He stated that his physician received threatening emails and a letter from the FSMB, threatening license revocation if his physician "promoted or disagreed with a particular narrative during COVID." This resulted in Mr. Wilson's physician refusing to see him as a patient because he refused to accept a particular treatment. Mr. Wilson identified another reason for not joining the compact is because the compact only allows physicians to join who have a "squeaky-clean" record. Mr. Wilson asserts that many people including physicians are not perfect, but they can still provide "fabulous services" to our communities. Finding good physicians who want to live in Alaska is always a struggle but eliminating those that are not squeaky-clean makes recruitment more difficult.

Dr. Talor echoed the concerns about losing autonomy by joining the Compact. He also agrees that telemedicine does not provide the same level of care as an in-person provider. Dr. Taylor stated that Alaska is unique and a one-size-fits-all selection process for providers does not work.

Rep. Prax stated he believes the goal is to make the licensing process work as efficiently as possible. He is open to working together on addressing any obstacles for a customized approach.

Dr. Barnes encouraged Rep. Prax to reach out to the Governor's office to advocate for more appointments to the Board, citing that the Board is currently understaffed.

Rep. Prax informed the Board that he is working on a bill to increase the scope of naturopaths and that he is particularly interested in moving forward with giving naturopaths more authority to work; and he would appreciate the Board's thoughts on that bill.

15. Wrap up/Adjourn

It was announced that the next board meeting is scheduled for September 18, 2025, at 4:00 p.m.

Dr. Taylor thanked everyone for the positive comments throughout the meeting and for keeping the meeting civil despite a contentious topic addressed earlier in the day.

Dr. Taylor and other board members once again thanked Dr. Heilala for his service and time on the Board.

The meeting was adjourned by unanimous consent at 1:14 p.m.

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING

STATE MEDICAL BOARD
MINUTES OF MEETING
Thursday September 18, 2025

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

By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a meeting of the Alaska State Medical Board was held Thursday, September 18, 2025.

1. Call to Order/ Roll Call
The meeting was called to order by Chair Taylor at 4:01 p.m.

Roll Call
Board members present:

Brent Taylor, MD, Chair
David Barnes, DO
Ryan McDonough, DO
Dave Paulson, MD
David Wilson, Public Member

State employees present: Kendra Wardlaw, Senior Investigator; Patrick Kase, Investigator; Shelley Irons, Investigator; Natalie Norberg, Executive Administrator and Jason Kaeser, Licensing Supervisor

2. Review / Approval of Agenda

On a motion duly made by Mr. Wilson and seconded by Dr. Taylor, the Alaska State Medical Board approved the agenda as presented.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

3. Ethics Disclosures
Dr. Taylor disclosed a conflict concerning a physician involved in case number 2022-000801. Dr. Taylor stated the conflict relates to the fact that over his career Dr. Taylor received "a tremendous number of referrals" from this physician. These referrals included members of the physician's family. Dr. Taylor suggested that he should be recused from any discussion or voting on this case.

On a motion duly made by Mr. Wilson, seconded by Dr. Barnes and approved by a roll call vote, the Alaska State Medical Board recused Dr. Taylor from deliberating or voting on case number 2022-000801.

There were no additional ethical disclosures made by the remaining board members.

4. Investigations Update

- **Case# 2024-000440**

On a motion duly made by Dr. Taylor, seconded by Mr. Wilson and approved by a roll call vote, the Alaska State Medical Board entered executive session in accordance with AS 44.62.310(c)(4), for the purpose of discussing case number 2024-000440, with Division staff remaining during the session and the reviewing board member excluded from the session.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The board entered the executive session at 4:07 p.m. and returned on the record at 4:09 p.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by roll call vote, the Alaska State Medical Board approved the order for an imposition of a civil fine in case number 2024-000440 as presented.

Roll Call: Yeas, McDonough, Dr. Taylor, Dr. Paulson, and Mr. Wilson.
Abstained: Dr. Barnes

- **Case# 2024-000373**

On a motion duly made by Dr. Taylor, seconded by Dr. McDonough and approved by a roll call vote, the Alaska State Medical Board entered executive session in accordance with AS 44.62.310(c)(4), for the purpose of discussing case number 2024-000373, with Division staff remaining during the session. The reviewing board member is no longer with the Board.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The board entered the executive session at 4:11 p.m. and returned on the record at 4:14 p.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Paulson and approved by roll call vote, the Alaska State Medical Board approved the voluntary surrender of license as presented in case number 2024-00373.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

- **Case# 2022-000801**

On a motion duly made by Mr. Wilson, seconded by Dr. Barnes and approved by a roll call vote, the Alaska State Medical Board entered executive session in accordance with AS 44.62.310(c)(4), for the purpose of discussing case number 2022-000801, with Division staff remaining during the session and Dr. Taylor excluded from the session.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The board entered the executive session at 4:16 p.m. and returned on the record at 4:21 p.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Paulson and approved by roll call vote, the Alaska State Medical Board approved the voluntary surrender of license as presented in case number 2022-000801.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson and Mr. Wilson
Abstained: Dr. Taylor

5. Old Business

- **Telemedicine Regulation Project**

On a motion duly made by Mr. Wilson, seconded by Dr. Barnes and approved by a roll call vote, the Alaska State Medical Board approved the changes to regulation 12 AAC 40.943, outlined in project # 202400569, to go out for public notice and comments.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

6. Interview

- **Michael Fruchter**

Dr. Fruchter opted to enter executive session for his interview.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by roll call vote, the Alaska State Medical Board entered executive session in accordance with AS 44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions for the purpose of discussing Dr. Michael Fruchter's application for licensure with Dr. Fruchter remaining for part of the session and Board staff to remain during the entire session.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The Board went off the record at 4:24 p.m. and returned on the record at 4:33 p.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by roll call vote, the Alaska State Medical Board approved Dr. Michael Fruchter for a full medical license.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

7. Full Board Review

- **Christopher Melcher, PA**

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by roll call vote, the Alaska State Medical Board entered executive session in accordance with AS 44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions for the purpose of discussing Mr. Christopher Melcher's application for licensure with Board staff remaining during the session.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

The Board went off the record at 4:34 p.m. and returned on the record at 4:39 p.m.

On a motion duly made by Mr. Wilson, seconded by Dr. Taylor and approved by roll call vote, the Alaska State Medical Board decided to postpone a decision regarding Mr. Melcher's license application pending a board interview.

Roll Call: Yeas, Dr. Barnes, Dr. McDonough, Dr. Paulson, Dr. Taylor and Mr. Wilson

8. Wrap up / Adjourn

It was announced that the next meeting is tentatively scheduled for October 16 at 4:00 p.m.

The meeting was adjourned at 4:41 p.m.

Note to Board Members concerning correspondence related to the treatment of gender dysphoria in minors and late term abortion, topics addressed by the Board during the August 22, 2025, board meeting:

Any correspondence received on these topics prior to 2:00 PM on August 21, 2025 was provided to board members with the materials for the August 22, 2025 board meeting.

The following emails/correspondences were received after 2:00 PM on August 21, 2025. This correspondence has not been previously shared with Board.

From: Tom Pittman <tom.pittman@identityinc.org>
Sent: Friday, August 22, 2025 11:58 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Cc: Chandra Poe <chandra.poe@identityinc.org>; Amanda Allard <amanda.allard@identityinc.org>
Subject: Submission of Open Letter from Alaska Health Professionals

Dear Members of the Alaska State Medical Board,

On behalf of 700+ health professionals across Alaska, we are submitting the attached **open letter** in response to the resolution under consideration regarding gender-affirming care for minors.

This letter affirms:

- Gender-affirming care is evidence-based, nationally recognized, and supported by every major U.S. medical association.
- Labeling it "unprofessional conduct" would set a dangerous precedent that undermines both science and the integrity of medical practice in our state.
- Providers across disciplines—including physicians, nurse practitioners, physician assistants, nurses, behavioral health clinicians, and pharmacists—stand united in opposition to this resolution.

Also attached is a file listing the names of every signer to date. Each of these professionals has chosen to add their voice because they believe Alaska's youth and families deserve access to the same trusted, evidence-based care recognized nationwide.

We respectfully submit this letter and signatures as part of the record. The more than 700 Alaska health professionals who signed urge the Board to recognize that gender-affirming care is evidence-based, nationally endorsed, and vital to the health of transgender youth.

As the resolution moves into public comment, these voices represent a clear message: Alaska's medical community does not support the politicization of professional standards, and stands firmly with science, patients, and families.

Thank you for your attention and for considering the voices of Alaska's medical community.

gunalchéesh,

Tom Pittman, MHA He/Him
Executive Director | Identity, Inc
907-202-2332 | LinkedIn

identity
ADVANCING ALASKA'S LGBT COMMUNITY

Mission
Empowering and advancing the LGBTQIA2S+ community through quality, inclusive healthcare and meaningful connections.
Vision
A world where all people are free and safe to proudly express their identities and orientations

Open Letter from Alaska Health Professionals to the Alaska State Medical Board

Re: Proposed resolution labeling gender-affirming care for minors as "unprofessional conduct"

To the Alaska State Medical Board,

We, the undersigned Alaska health professionals, write to strongly oppose the Board's proposal to classify gender-affirming care for minors as "unprofessional conduct."

Earlier this year, the legislature declined to act on similar recommendations from the Board—rejecting interference in standards of care as inappropriate. By now advancing a resolution, the Board is disregarding that decision and overstepping its proper role. Even more concerning, in the same discussion the Board raised abortion as another area for punitive action, signaling an alarming trend of politicizing medicine across multiple domains.

Gender-affirming care for adolescents, when indicated and provided in partnership with families, is evidence-based medicine. It is recognized by every major medical association—including the American Academy of Pediatrics, the American Medical Association, the American Psychiatric Association, and the Endocrine Society—as the standard of care. Labeling it "negligence" is not a medical conclusion. It is a political act with devastating consequences: punishing clinicians, undermining parents, and denying young people lifesaving treatment.

Alaska realities matter:

- Our state already faces severe shortages in pediatric, primary care, and behavioral health. Restricting providers further will force families to travel out of state, delay care, or go without.
- These same medications are safely prescribed to cisgender youth for other conditions. Singling out transgender youth is discriminatory, not scientific.
- Alaska has long recognized the constitutional right to privacy in family medical decisions. This proposal undermines that legacy.

We urge the Board to:

1. Withdraw the proposed resolution.
2. Affirm evidence-based standards of care.
3. Engage clinicians and national experts in dialogue and education, not punitive threats.

As Alaska providers, our duty is to deliver safe, evidence-based care rooted in science and ethics. This proposal endangers that trust—and we cannot remain silent.

First name	Last name	City	State/Provi	State/Provi	Zip code	Country	Timestamp (ET)
Jennifer	Hoadley	Palmer	Alaska	AK	99645	US	2025-08-20 13:32:59 ET
Elizabeth	Pietralczyk	Anchorage	Alaska	AK	99516	US	2025-08-20 13:36:26 ET
Megan	Ferguson	Palmer	Alaska	AK	99645	US	2025-08-20 13:37:32 ET
kathryn	bell	Anchorage	Alaska	AK	99507	US	2025-08-20 13:38:31 ET
Jamison	Schroyer	Anchorage	Alaska	AK	99501	US	2025-08-20 13:42:40 ET
Laura	Jones	Anchorage	Alaska	AK	99516	US	2025-08-20 13:48:01 ET
Jaime	Butler				99517	NZ	2025-08-20 13:49:56 ET
Holly	Novack MD	Anchorage	Alaska	AK	99502	US	2025-08-20 13:51:08 ET
Tara	McCutchec	Anchorage	Alaska	AK	99508	US	2025-08-20 13:56:48 ET
Wendy	Cruz	Anchorage	Alaska	AK	99516	US	2025-08-20 14:01:01 ET
Daniel	Harren	Anchorage	Alaska	AK	99508	US	2025-08-20 14:03:19 ET
Irisa	Devine	Anchorage	Alaska	AK	99508	US	2025-08-20 14:07:17 ET
Jaimie	Hardy	Anchorage	Alaska	AK	99508	US	2025-08-20 14:12:24 ET
Emily	Olsen	Anchorage	Alaska	AK	99517	US	2025-08-20 14:16:14 ET
Megan	Kelley	Anchorage	Alaska	AK	99504	US	2025-08-20 14:17:50 ET
Pamela	Williams	Anchorage	Alaska	AK	99516	US	2025-08-20 14:24:03 ET
Sarah	Holsopple	Anchorage	Alaska	AK	99508	US	2025-08-20 14:32:15 ET
Ailinh	Tran	Anchorage	Alaska	AK	99515	US	2025-08-20 14:37:14 ET
Ailinh	Tran	Anchorage	Alaska	AK	99515	US	2025-08-20 14:37:31 ET
Peter	Varney	Eagle River	Alaska	AK	99577	US	2025-08-20 14:44:11 ET
Meghan	Gervais	Homer	Alaska	AK	99603	US	2025-08-20 14:47:23 ET
Robin	Holmes	Homer	Alaska	AK	99603	US	2025-08-20 14:54:19 ET
Eli	Michael	Anchorage	Alaska	AK	99503	US	2025-08-20 14:55:19 ET
Rhianne	Christophe	Anchorage	Alaska	AK	99503	US	2025-08-20 14:56:16 ET
Rebecca	Rowen	Anchorage	Alaska	AK	99508	US	2025-08-20 14:57:39 ET
Amber	Hickey	Anchorage	Alaska	AK	99507	US	2025-08-20 14:59:50 ET
Karen	Rey	Anchorage	Alaska	AK	99501	US	2025-08-20 15:05:04 ET
Lindsey	Banning	Anchorage	Alaska	AK	99516	US	2025-08-20 15:06:21 ET
Julia	Terry, LCSW	Anchorage	Alaska	AK	99504	US	2025-08-20 15:07:14 ET
Jess	Haley	Anchorage	Alaska	AK	99504	US	2025-08-20 15:08:21 ET
GRACE	Lee	Anchorage	Alaska	AK	99508	US	2025-08-20 15:09:59 ET
Crystal	Beal	Anchorage	Alaska	AK	99503	US	2025-08-20 15:10:20 ET
Luis	Perez	Anchorage	Alaska	AK	99516	US	2025-08-20 15:10:59 ET
June	George	Anchorage	Alaska	AK	99508	US	2025-08-20 15:11:42 ET
oliver	rymer	Anchorage	Alaska	AK	99516	US	2025-08-20 15:11:47 ET
Sarah	Smith	Anchorage	Alaska	AK	99507	US	2025-08-20 15:12:21 ET
Gwendolyn	Lieb	Fairbanks	Alaska	AK	99712	US	2025-08-20 15:17:57 ET
Justine	Goldon	Anchorage	Alaska	AK	99504	US	2025-08-20 15:19:50 ET
Alexa	Williams	Anchorage	Alaska	AK	99503	US	2025-08-20 15:20:32 ET
Mary Helen	Snider	Eagle River	Alaska	AK	99577	US	2025-08-20 15:23:12 ET
Louisa	Chatroux	Anchorage	Alaska	AK	99517	US	2025-08-20 15:23:18 ET
Emily	Kwon	Anchorage	Alaska	AK	99515	US	2025-08-20 15:24:41 ET
Holly	Fisk	Anchorage	Alaska	AK	99502	US	2025-08-20 15:25:53 ET

Alana	Branson, N	Kodiak	Alaska	AK	99615	US	2025-08-20 15:27:11 ET
John	Christophe	Anchorage	Alaska	AK	99508	US	2025-08-20 15:30:43 ET
Sarah	Sjostedt	Anchorage	Alaska	AK	99503	US	2025-08-20 15:32:35 ET
Jennie	Armstrong	Anchorage	Alaska	AK	99517	US	2025-08-20 15:33:00 ET
Allison	Critchlow	Anchorage	Alaska	AK	99516	US	2025-08-20 15:34:10 ET
Heather	Brock	Wasilla	Alaska	AK	99654	US	2025-08-20 15:35:54 ET
Elaina	Davis	Anchorage	Alaska	AK	99518	US	2025-08-20 15:37:28 ET
Christine	Dittrich	Anchorage	Alaska	AK	99517-315	US	2025-08-20 15:40:29 ET
Katherine	Senter	Anchorage	Alaska	AK	99507	US	2025-08-20 15:41:00 ET
S	Safari	Anchorage	Alaska	AK	99507	US	2025-08-20 15:43:31 ET
Meagan	Byrne	Anchorage	Alaska	AK	99507	US	2025-08-20 15:47:03 ET
Earl	Banning	Anchorage	Alaska	AK	99516	US	2025-08-20 15:47:25 ET
Andrea	Foster	Eagle River	Alaska	AK	99577	US	2025-08-20 15:49:50 ET
Lisa	Hiton	Brooklyn	New York	NY	11217	US	2025-08-20 15:51:06 ET
Bethany	Janidlo	Anchorage	Alaska	AK	99511	US	2025-08-20 15:51:35 ET
Marin	Granholm	Anchorage	Alaska	AK	99517	US	2025-08-20 15:58:03 ET
Brighton	Brooks	Fairbanks	Alaska	AK	99709	US	2025-08-20 16:00:25 ET
Lauren	Kennard	Anchorage	Alaska	AK	99504	US	2025-08-20 16:01:27 ET
Merijeanne	Moore, DO,	Anchorage	Alaska	AK	99516	US	2025-08-20 16:04:23 ET
colby	perez	Kodiak	Alaska	AK	99615	US	2025-08-20 16:08:00 ET
David	Swinney	Anchorage	Alaska	AK	99507	US	2025-08-20 16:09:16 ET
Allison	van Haaste	Eagle River	Alaska	AK	99577	US	2025-08-20 16:10:03 ET
Michelle	Laufer	Anchorage	Alaska	AK	99517	US	2025-08-20 16:13:00 ET
Megan	Gatlin	Anchorage	Alaska	AK	99516	US	2025-08-20 16:13:58 ET
Corina	Hopkins-Va	Anchorage	Alaska	AK	99504	US	2025-08-20 16:14:34 ET
Emma	Simpson	Anchorage	Alaska	AK	99516	US	2025-08-20 16:25:57 ET
Cathleen	Marshall	Wasilla	Alaska	AK	99654	US	2025-08-20 16:26:24 ET
Ashley	Saxe	Anchorage	Alaska	AK	99504	US	2025-08-20 16:26:38 ET
Emma	Cantor	Anchorage	Alaska	AK	99507	US	2025-08-20 16:29:39 ET
Callie	Michaud	Anchorage	Alaska	AK	99507	US	2025-08-20 16:32:12 ET
Laura	Tillman	Anchorage	Alaska	AK	99503	US	2025-08-20 16:33:53 ET
Sarah	Petty	North Pole	Alaska	AK	99705	US	2025-08-20 16:34:18 ET
Marianne	Isla-Yuzon	Anchorage	Alaska	AK	99508	US	2025-08-20 16:34:50 ET
Dr. Jana	Linfield	Anchorage	Alaska	AK	99517	US	2025-08-20 16:36:11 ET
Susan	Klein	Anchorage	Alaska	AK	99507	US	2025-08-20 16:37:35 ET
Marion	Ruth	Anchorage	Alaska	AK	99507	US	2025-08-20 16:38:49 ET
Allison	McLellan	Palmer	Alaska	AK	99645	US	2025-08-20 16:42:11 ET
Lisa	Lindquist	Eagle River	Alaska	AK	99577	US	2025-08-20 16:44:42 ET
Margaret	Michaud	Anchorage	Alaska	AK	99507	US	2025-08-20 16:46:11 ET
Kassandra	Kay	Palmer	Alaska	AK	99645	US	2025-08-20 16:47:26 ET
Katherine	Ossiander	Chugiak	Alaska	AK	99567	US	2025-08-20 16:51:48 ET
Rachel	Samulson	Anchorage	Alaska	AK	99502	US	2025-08-20 16:56:50 ET
Sarah	Baldwin	Anchorage	Alaska	AK	99507	US	2025-08-20 16:58:39 ET
Taylor	Adams	Anchorage	Alaska	AK	99516	US	2025-08-20 16:59:41 ET

Emily	Baumann	Anchorage	Alaska	AK	99504	US	2025-08-20 17:00:22 ET
Kathryn	Hickman	Anchorage	Alaska	AK	99517	US	2025-08-20 17:01:56 ET
Jerome	Nasenbeny	Anchorage	Alaska	AK	99508	US	2025-08-20 17:03:49 ET
Greer	Gehler	Anchorage	Alaska	AK	99508	US	2025-08-20 17:04:23 ET
Therese	Tomasoski	Palmer	Alaska	AK	99645	US	2025-08-20 17:04:36 ET
Margaret	Adams	Anchorage	Alaska	AK	99508	US	2025-08-20 17:05:01 ET
Benjamin	Preston	Anchorage	Alaska	AK	99504	US	2025-08-20 17:07:45 ET
Amelia	Hanrahan	Juneau	Alaska	AK	99801	US	2025-08-20 17:09:13 ET
Alexa	Geider	Anchorage	Alaska	AK	99517	US	2025-08-20 17:09:27 ET
Cameron	Adams	Anchorage	Alaska	AK	99502	US	2025-08-20 17:10:55 ET
Keegan	Gallagher	Anchorage	Alaska	AK	99502	US	2025-08-20 17:15:13 ET
N	N	Anchorage	Alaska	AK	99517	US	2025-08-20 17:16:39 ET
Erin	Neubauer	Anchorage	Alaska	AK	99517	US	2025-08-20 17:17:21 ET
Arielle	Himelbloor	Anchorage	Alaska	AK	99508	US	2025-08-20 17:18:02 ET
Kim	Glaspell	Homer	Alaska	AK	99603	US	2025-08-20 17:18:08 ET
Summer	Engler	Anchorage	Alaska	AK	99507	US	2025-08-20 17:20:46 ET
Vanessa	Meade	Anchorage	Alaska	AK	99517	US	2025-08-20 17:21:29 ET
Holly	Brooks	Anchorage	Alaska	AK	99507	US	2025-08-20 17:29:03 ET
Jessica	Kusner-Kal	Palmer	Alaska	AK	99645	US	2025-08-20 17:38:03 ET
Gina	DeMasellis	Anchorage	Alaska	AK	99507	US	2025-08-20 17:39:18 ET
Linnea	Dohring	Anchorage	Alaska	AK	99504	US	2025-08-20 17:41:34 ET
Mychal	Machado	Eagle River	Alaska	AK	99577	US	2025-08-20 17:43:01 ET
Amanda	Oropeza	Spokane	Washingtor	WA	99223	US	2025-08-20 17:43:05 ET
Sylvia	Moses	Anchorage	Alaska	AK	99501	US	2025-08-20 17:43:44 ET
Gwenyth	Crabtree	Anchorage	Alaska	AK	99515	US	2025-08-20 17:45:20 ET
Amy	Lundstrom	Anchorage	Alaska	AK	99518	US	2025-08-20 17:47:17 ET
Heather	Caldwell	Anchorage	Alaska	AK	99503	US	2025-08-20 17:55:01 ET
Tammera	Espe	Anchorage	Alaska	AK	99503	US	2025-08-20 17:55:03 ET
Gilia	DeGange	Anchorage	Alaska	AK	99508	US	2025-08-20 17:56:42 ET
Alia	Parker, ARN	Anchorage	Alaska	AK	99503	US	2025-08-20 17:57:03 ET
Kelly	Hale	Anchorage	Alaska	AK	99501	US	2025-08-20 17:57:45 ET
Paris	Taylor	Wasilla	Alaska	AK	99623	US	2025-08-20 18:00:43 ET
Stephanie	Chen	Anchorage	Alaska	AK	99508	US	2025-08-20 18:01:35 ET
Tania	Hall	Anchorage	Alaska	AK	99507	US	2025-08-20 18:06:56 ET
Barbara	Dunham	Anchorage	Alaska	AK	99518	US	2025-08-20 18:08:13 ET
Irene	Saxton	Homer	Alaska	AK	99603	US	2025-08-20 18:09:21 ET
Christophe	Kelliher	Anchorage	Alaska	AK	99508	US	2025-08-20 18:10:47 ET
Sandra	Christohers	Anchorage	Alaska	AK	99508	US	2025-08-20 18:14:42 ET
Megan	McIlmail	Wasilla	Alaska	AK	99654	US	2025-08-20 18:21:49 ET
Alyssa	Faircloth	Anchorage	Alaska	AK	99504	US	2025-08-20 18:22:47 ET
Hope	McGratty	Anchorage	Alaska	AK	99501	US	2025-08-20 18:27:16 ET
Tor	Christophe	Anchorage	Alaska	AK	99502	US	2025-08-20 18:28:21 ET
Michael	Mraz	Anchorage	Alaska	AK	99501	US	2025-08-20 18:34:24 ET
Mary	Totten	Anchorage	Alaska	AK	99516	US	2025-08-20 18:35:11 ET

Michael	Hennigan	Homer	Alaska	AK	99603	US	2025-08-20 18:36:28 ET
Scott	Taylor	Wasilla	Alaska	AK	99654	US	2025-08-20 18:37:05 ET
Steven	Deaton	Anchorage	Alaska	AK	99502	US	2025-08-20 18:39:32 ET
Alissa	Seely-Kipp	Anchorage	Alaska	AK	99517	US	2025-08-20 18:39:47 ET
Anna	Pfahl	Anchorage	Alaska	AK	99503	US	2025-08-20 18:41:09 ET
Jennifer	Gessert	Anchorage	Alaska	AK	99501	US	2025-08-20 18:41:28 ET
Megan	Engler	Anchorage	Alaska	AK	99516	US	2025-08-20 18:45:42 ET
Gus	O'Malley	Anchorage	Alaska	AK	99517	US	2025-08-20 18:47:16 ET
Marjorie	Thomson	Juneau	Alaska	AK	99801	US	2025-08-20 18:49:06 ET
Jennifer	MacLaughli	Anchorage	Alaska	AK	99508	US	2025-08-20 18:55:31 ET
Amy	Fuller	Eagle River	Alaska	AK	99577	US	2025-08-20 19:00:39 ET
Laura	Spano	Anchorage	Alaska	AK	99517	US	2025-08-20 19:02:12 ET
Tristan	Walsh	Anchorage	Alaska	AK	99503-173	US	2025-08-20 19:07:38 ET
Holly	Blumell	Anchorage	Alaska	AK	99508	US	2025-08-20 19:07:47 ET
Lisa	Townshend	Eagle River	Alaska	AK	99577	US	2025-08-20 19:07:55 ET
Josiah	Brown	Anchorage	Alaska	AK	99507	US	2025-08-20 19:08:48 ET
Michael	Malandra	Anchorage	Alaska	AK	99516	US	2025-08-20 19:13:26 ET
Madison	Bird	Anchorage	Alaska	AK	99504	US	2025-08-20 19:14:54 ET
Liana	Obeidi	Anchorage	Alaska	AK	99515	US	2025-08-20 19:19:07 ET
Kristin	Chandler	Chugiak	Alaska	AK	99567	US	2025-08-20 19:22:43 ET
Kara	Casanova	Anchorage	Alaska	AK	99503	US	2025-08-20 19:25:34 ET
Brittany	DeRose				99517	FR	2025-08-20 19:27:16 ET
Stacie	Baker	Eagle River	Alaska	AK	99577	US	2025-08-20 19:28:01 ET
Chantal	Cohen	Anchorage	Alaska	AK	99504	US	2025-08-20 19:28:20 ET
Savannah	Courtright	Eagle River	Alaska	AK	99577	US	2025-08-20 19:32:10 ET
Belle	Merritt	Palmer	Alaska	AK	99645	US	2025-08-20 19:33:52 ET
Jenna	Wixon-Gen	Anchorage	Alaska	AK	99517	US	2025-08-20 19:34:28 ET
Alexa	Gonzales	Eagle River	Alaska	AK	99577	US	2025-08-20 19:35:49 ET
Melissa	Hammes	Anchorage	Alaska	AK	99501	US	2025-08-20 19:38:27 ET
Marc	Kornmesse	Anchorage	Alaska	AK	99507	US	2025-08-20 19:48:05 ET
John	Hessburg	Anchorage	Alaska	AK	99501	US	2025-08-20 19:55:28 ET
John	Hessburg	Anchorage	Alaska	AK	99501	US	2025-08-20 19:55:36 ET
Jenny	Poon	Anchorage	Alaska	AK	99516	US	2025-08-20 19:57:21 ET
Jenny	Poon	Anchorage	Alaska	AK	99516	US	2025-08-20 19:57:27 ET
Taylor	Finley	Bethel	Alaska	AK	99559	US	2025-08-20 20:00:35 ET
Rebecca	Cleveland	Anchorage	Alaska	AK	99501	US	2025-08-20 20:02:56 ET
Sheri	Lisenbee	Anchorage	Alaska	AK	99502	US	2025-08-20 20:03:09 ET
Jennifer	Theulen	Anchorage	Alaska	AK	99515	US	2025-08-20 20:04:24 ET
Kyle	Mielke	Anchorage	Alaska	AK	99501	US	2025-08-20 20:06:43 ET
Abram	Goodstein	Anchorage	Alaska	AK	99504	US	2025-08-20 20:08:52 ET
R	Smith	Anchorage	Alaska	AK	99517	US	2025-08-20 20:09:02 ET
Felicia	Hanna	Eagle River	Alaska	AK	99577	US	2025-08-20 20:14:39 ET
Holly	Legere	Anchorage	Alaska	AK	99517	US	2025-08-20 20:15:21 ET
Bella	Barrows	Anchorage	Alaska	AK	99508	US	2025-08-20 20:15:22 ET

Shelley	Kranda	Anchorage	Alaska	AK	99503	US	2025-08-20 20:19:43 ET
Terrin	Holliman	Palmer	Alaska	AK	99645	US	2025-08-20 20:28:17 ET
Cailin	Denton	Anchorage	Alaska	AK	99504	US	2025-08-20 20:33:36 ET
Peek	Ehlinger MI	Bethel	Alaska	AK	99559	US	2025-08-20 20:40:58 ET
Conner	Ferrin	Anchorage	Alaska	AK	99502	US	2025-08-20 20:44:32 ET
Reinou	Groen	Anchorage	Alaska	AK	99501	US	2025-08-20 20:46:21 ET
Travis	King Weave	Anchorage	Alaska	AK	99508	US	2025-08-20 20:47:03 ET
Sarah	Van Abel	Anchorage	Alaska	AK	99517	US	2025-08-20 20:49:01 ET
William	Guerin	Bethel	Alaska	AK	99559	US	2025-08-20 20:50:27 ET
Rachael	Langerman	Anchorage	Alaska	AK	99515	US	2025-08-20 20:52:42 ET
Sadie	Marden	Homer	Alaska	AK	99603	US	2025-08-20 20:54:58 ET
Sara	Kozup	Anchorage	Alaska	AK	99503	US	2025-08-20 20:55:38 ET
JODIE	TOTTEN	Juneau	Alaska	AK	99803	US	2025-08-20 21:01:24 ET
Cam	Bean	Anchorage	Alaska	AK	99504	US	2025-08-20 21:02:29 ET
Erika	McGough	Wasilla	Alaska	AK	99654	US	2025-08-20 21:10:19 ET
Ankita	Ambasht	Anchorage	Alaska	AK	99504	US	2025-08-20 21:17:55 ET
Marah	Gotcsik	Anchorage	Alaska	AK	99508	US	2025-08-20 21:18:17 ET
Tracey	Wiese	Anchorage	Alaska	AK	99518	US	2025-08-20 21:24:16 ET
Erin	Lusk	Palmer	Alaska	AK	99645	US	2025-08-20 21:24:54 ET
Ruby	Clark	Chugiak	Alaska	AK	99567	US	2025-08-20 21:33:58 ET
Alan	McPherson	Juneau	Alaska	AK	99801	US	2025-08-20 21:46:18 ET
Rebecca	Hamel	Eagle River	Alaska	AK	99577	US	2025-08-20 21:48:34 ET
Emily	Davis	Anchorage	Alaska	AK	99516	US	2025-08-20 21:49:51 ET
Wesley	Gifford	Anchorage	Alaska	AK	99516	US	2025-08-20 21:53:05 ET
Megan	Clancy	Anchorage	Alaska	AK	99508	US	2025-08-20 21:54:54 ET
Bruce	Chandler	Anchorage	Alaska	AK	99507	US	2025-08-20 22:01:49 ET
Andrea	Wang	Anchorage	Alaska	AK	99508	US	2025-08-20 22:02:24 ET
Charlot	Pierce	Anchorage	Alaska	AK	99516	US	2025-08-20 22:06:03 ET
Monique	Child	Anchorage	Alaska	AK	99503	US	2025-08-20 22:12:30 ET
Nicholas	Wahl	Palmer	Alaska	AK	99645	US	2025-08-20 22:13:59 ET
Adam	Grove	Anchorage	Alaska	AK	99517	US	2025-08-20 22:20:30 ET
Emily	Lowe	Anchorage	Alaska	AK	99504	US	2025-08-20 22:22:19 ET
Rebecca	Weicht	Anchorage	Alaska	AK	99516	US	2025-08-20 22:25:55 ET
Lily	White	Nome	Alaska	AK	99762	US	2025-08-20 22:37:45 ET
Elizabeth	Galloway	Anchorage	Alaska	AK	99507	US	2025-08-20 22:37:47 ET
Susan	Beesley	Anchorage	Alaska	AK	99503	US	2025-08-20 22:40:06 ET
Jodi	Elliott	Anchorage	Alaska	AK	99507	US	2025-08-20 22:49:31 ET
amy	dressel	Juneau	Alaska	AK	99801	US	2025-08-20 22:51:09 ET
Jenna	Schmidt	Juneau	Alaska	AK	99801	US	2025-08-20 22:51:28 ET
Ellen	Chirichella	Anchorage	Alaska	AK	99517	US	2025-08-20 22:52:14 ET
Brenda	Wittman				99526	US	2025-08-20 22:52:59 ET
Brenda	Wittman				99526	US	2025-08-20 22:52:59 ET
Sharon	Skidmore	Anchorage	Alaska	AK	99524	US	2025-08-20 22:55:08 ET
Kelsey	Campolong	Juneau	Alaska	AK	99801	US	2025-08-20 22:56:18 ET

Katy	Ryan	Anchorage	Alaska	AK	99507	US	2025-08-20 22:56:30 ET
priya	keane	Anchorage	Alaska	AK	99501	US	2025-08-20 22:56:37 ET
Dorothy	Shearn	Anchorage	Alaska	AK	99517	US	2025-08-20 22:59:39 ET
David	Baines	Anchorage	Alaska	AK	99502-280	US	2025-08-20 23:01:32 ET
Jennifer	McNichol, M	Sitka	Alaska	AK	99835	US	2025-08-20 23:02:13 ET
Valerie	Edwards	Sitka	Alaska	AK	99835	US	2025-08-20 23:03:00 ET
Willow	Monterrosa	Anchorage	Alaska	AK	99504	US	2025-08-20 23:04:17 ET
Pebbles	Shanley	Anchorage	Alaska	AK	99516	US	2025-08-20 23:08:48 ET
Molly	Masters	Anchorage	Alaska	AK	99508	US	2025-08-20 23:09:04 ET
Jonathan	Casurella	Anchorage	Alaska	AK	99507	US	2025-08-20 23:10:07 ET
Allene	Whitney	Anchorage	Alaska	AK	99516	US	2025-08-20 23:10:29 ET
Charles	Ryan	Anchorage	Alaska	AK	99507	US	2025-08-20 23:10:32 ET
John	Heimerl	Anchorage	Alaska	AK	99502	US	2025-08-20 23:12:26 ET
Laura	Norton-Cru	Anchorage	Alaska	AK	99517	US	2025-08-20 23:13:39 ET
Julie	Dravis	Kenai	Alaska	AK	99611	US	2025-08-20 23:14:17 ET
Anthony	Larson	Anchorage	Alaska	AK	99508	US	2025-08-20 23:15:00 ET
Amanda	Nalewaja	Anchorage	Alaska	AK	99502	US	2025-08-20 23:15:51 ET
Casey	Gokey	Anchorage	Alaska	AK	99508	US	2025-08-20 23:17:33 ET
Justin	Carricaburu	Anchorage	Alaska	AK	99516	US	2025-08-20 23:18:25 ET
Becks	Jacobs	Anchorage	Alaska	AK	99502	US	2025-08-20 23:20:03 ET
Hannah	Hawkins	Anchorage	Alaska	AK	99508	US	2025-08-20 23:20:35 ET
BJ	Coopes	Anchorage	Alaska	AK	99507	US	2025-08-20 23:21:46 ET
Parin	Seakit	Anchorage	Alaska	AK	99504	US	2025-08-20 23:24:01 ET
Toby	Currin	Anchorage	Alaska	AK	99516	US	2025-08-20 23:25:04 ET
Katie	Gray	Kodiak	Alaska	AK	99615	US	2025-08-20 23:26:37 ET
Steve	Smith	Anchorage	Alaska	AK	99507	US	2025-08-20 23:28:39 ET
Kaia	Pearson	Bethel	Alaska	AK	99559	US	2025-08-20 23:29:17 ET
Ted	Walker	Anchorage	Alaska	AK	99507	US	2025-08-20 23:30:50 ET
Ann	Jennings	Anchorage	Alaska	AK	99504	US	2025-08-20 23:32:13 ET
Allison	Kelliher	Ester	Alaska	AK	99725	US	2025-08-20 23:32:49 ET
Robert	Church	Anchorage	Alaska	AK	99508	US	2025-08-20 23:34:02 ET
Jessica	Arasmith	Palmer	Alaska	AK	99645	US	2025-08-20 23:37:08 ET
Juliana	Shields	Anchorage	Alaska	AK	99515	US	2025-08-20 23:37:19 ET
Matthew	Davis, MD	Anchorage	Alaska	AK	99501	US	2025-08-20 23:38:32 ET
Rachel	White	Anchorage	Alaska	AK	99504	US	2025-08-20 23:40:41 ET
Teryl	Elam	Anchorage	Alaska	AK	99515	US	2025-08-20 23:40:50 ET
Elisabeth	Jacobs	Juneau	Alaska	AK	99803	US	2025-08-20 23:42:31 ET
Anthony	Markuson	Anchorage	Alaska	AK	99501	US	2025-08-20 23:47:32 ET
Steve	Ingle	Anchorage	Alaska	AK	99504	US	2025-08-20 23:47:40 ET
Sandi	Angevine	Anchorage	Alaska	AK	99501	US	2025-08-20 23:47:51 ET
Jamie	Popham	Palmer	Alaska	AK	99645	US	2025-08-20 23:48:27 ET
Sarah	Holsopple	Anchorage	Alaska	AK	99508	US	2025-08-20 23:48:54 ET
David	Vastola	Sitka	Alaska	AK	99835	US	2025-08-20 23:49:44 ET
Sandi	Angevine	Anchorage	Alaska	AK	99501	US	2025-08-20 23:50:24 ET

Brenna	McCarthy	Anchorage	Alaska	AK	99508	US	2025-08-20 23:54:59 ET
Laura	Selvidio	Eagle River	Alaska	AK	99577	US	2025-08-21 00:03:06 ET
Angela	Santiago	Anchorage	Alaska	AK	99523	US	2025-08-21 00:04:09 ET
Jamez	Terry	Anchorage	Alaska	AK	99508	US	2025-08-21 00:04:24 ET
Meredith	Lane	Anchorage	Alaska	AK	99502	US	2025-08-21 00:05:49 ET
Neil	Liotta	Bethel	Alaska	AK	99559	US	2025-08-21 00:08:31 ET
Ryan	Webb	Anchorage	Alaska	AK	99501	US	2025-08-21 00:09:04 ET
Jordi	Pellicer	Anchorage	Alaska	AK	99507	US	2025-08-21 00:11:07 ET
Maura	Walsh	Anchorage	Alaska	AK	99508	US	2025-08-21 00:12:23 ET
Kristina	W.	Anchorage	Alaska	AK	99516	US	2025-08-21 00:13:37 ET
Patricia Cla	Clay	Anchorage	Alaska	AK	99517	US	2025-08-21 00:15:04 ET
Jaclyn	Long	Anchorage	Alaska	AK	99515	US	2025-08-21 00:17:21 ET
Abigail	Piccolo	Anchorage	Alaska	AK	99504	US	2025-08-21 00:17:46 ET
Ana	Chartier	Palmer	Alaska	AK	99645	US	2025-08-21 00:18:11 ET
Lindsay	Gearhart	Providence	Rhode Islar	RI	2906	US	2025-08-21 00:18:59 ET
Ashley	Franklin	Fairbanks	Alaska	AK	99709	US	2025-08-21 00:20:02 ET
Brian	Chen	Anchorage	Alaska	AK	99516	US	2025-08-21 00:23:04 ET
Austin	Piccolo	Anchorage	Alaska	AK	99504	US	2025-08-21 00:26:23 ET
Allison	Carr	Fairbanks	Alaska	AK	99709	US	2025-08-21 00:31:24 ET
Ashley	Huhndorf	Anchorage	Alaska	AK	99516	US	2025-08-21 00:31:38 ET
Anne	Hillman	Anchorage	Alaska	AK	99508	US	2025-08-21 00:33:57 ET
Daniel	Mindlin	Anchorage	Alaska	AK	99517	US	2025-08-21 00:38:25 ET
Donna	Fearey	Anchorage	Alaska	AK	99508	US	2025-08-21 00:41:12 ET
Arielle	Niederer	Anchorage	Alaska	AK	99502	US	2025-08-21 00:42:10 ET
Adrian	Furman	Anchorage	Alaska	AK	99508	US	2025-08-21 00:42:40 ET
Lauren	Flynn	Anchorage	Alaska	AK	99517	US	2025-08-21 00:42:43 ET
tammy	gifford	Anchorage	Alaska	AK	99503	US	2025-08-21 00:43:12 ET
Tanya	Pasternack	Anchorage	Alaska	AK	99508	US	2025-08-21 00:44:07 ET
Maude	Vance	Anchorage	Alaska	AK	99516	US	2025-08-21 00:45:43 ET
Megan	Skaggs	Jber	Alaska	AK	99505	US	2025-08-21 00:46:33 ET
Sara	Hoedel	Anchorage	Alaska	AK	99507	US	2025-08-21 00:47:00 ET
Elizabeth	Little	Chugiak	Alaska	AK	99567	US	2025-08-21 00:49:34 ET
Mary	Spatafore	Wasilla	Alaska	AK	99654	US	2025-08-21 00:50:21 ET
Joy	Neyhart	Belgrade	Montana	MT	59714	US	2025-08-21 00:51:38 ET
Emily	Reilly	Anchorage	Alaska	AK	99508	US	2025-08-21 00:53:33 ET
Kristen	Schupp	Fairbanks	Alaska	AK	99709	US	2025-08-21 00:54:03 ET
Tara	Ness	Anchorage	Alaska	AK	99517	US	2025-08-21 00:55:36 ET
Robin	Hill	Anchorage	Alaska	AK	99517	US	2025-08-21 00:57:46 ET
Robin	Hill	Anchorage	Alaska	AK	99517	US	2025-08-21 00:58:38 ET
Taylor	Allen	Anchorage	Alaska	AK	99517	US	2025-08-21 01:00:02 ET
Benjamin	Katz				99508	CA	2025-08-21 01:04:52 ET
Petra	Davis	Anchorage	Alaska	AK	99518	US	2025-08-21 01:05:01 ET
Cara	Wolfe	Eagle River	Alaska	AK	99577-947	US	2025-08-21 01:06:25 ET
Jessica	Goldberger	Girdwood	Alaska	AK	99587	US	2025-08-21 01:06:46 ET

Sarah	Schultz	Anchorage	Alaska	AK	99504	US	2025-08-21 01:08:07 ET
Marissa	Gonzalez Ja	Anchorage	Alaska	AK	99501	US	2025-08-21 01:09:36 ET
Trish	Young	Anchorage	Alaska	AK	99508	US	2025-08-21 01:14:58 ET
Jaime	Spatrisano	Anchorage	Alaska	AK	99504	US	2025-08-21 01:16:46 ET
Eric	Noble	Eagle River	Alaska	AK	99577	US	2025-08-21 01:18:58 ET
Heidi	Baines	Anchorage	Alaska	AK	99515	US	2025-08-21 01:20:13 ET
Stephanie	Ehlenfeldt	Fairbanks	Alaska	AK	99712	US	2025-08-21 01:20:34 ET
Megan	Chamberla	Anchorage	Alaska	AK	99508	US	2025-08-21 01:21:11 ET
Seth	Workentine	Anchorage	Alaska	AK	99508	US	2025-08-21 01:25:50 ET
Jasmine	Auza	Anchorage	Alaska	AK	99517	US	2025-08-21 01:26:18 ET
Tricia	Elliott	Anchorage	Alaska	AK	99516	US	2025-08-21 01:28:06 ET
Samantha	McNelly	Anchorage	Alaska	AK	99515	US	2025-08-21 01:28:34 ET
Amber	Michael	Anchorage	Alaska	AK	99516	US	2025-08-21 01:33:16 ET
Donna	Stephens	Sterling	Alaska	AK	99672	US	2025-08-21 01:35:26 ET
Madison	Thomas	Palmer	Alaska	AK	99645	US	2025-08-21 01:36:11 ET
Katy	Lee	Anchorage	Alaska	AK	99504	US	2025-08-21 01:37:41 ET
Mario	Binder	Anchorage	Alaska	AK	99504	US	2025-08-21 01:38:22 ET
Dana	Tower	Anchorage	Alaska	AK	99507	US	2025-08-21 01:38:26 ET
Bertha	Tien	Anchorage	Alaska	AK	99504	US	2025-08-21 01:40:09 ET
Josephine	Beavers	Anchorage	Alaska	AK	99508	US	2025-08-21 01:42:09 ET
Jennifer	Dolphin	Anchorage	Alaska	AK	99504	US	2025-08-21 01:42:33 ET
Melissa	Hardesty	Anchorage	Alaska	AK	99516	US	2025-08-21 01:43:41 ET
Christine	Hallas	Anchorage	Alaska	AK	99507	US	2025-08-21 01:46:15 ET
Julie	Wilson	Anchorage	Alaska	AK	99508	US	2025-08-21 01:48:34 ET
David	Penn	Anchorage	Alaska	AK	99503	US	2025-08-21 01:53:28 ET
Johnna	Kohl	Anchorage	Alaska	AK	99508	US	2025-08-21 01:56:15 ET
Camille	Clements	Anchorage	Alaska	AK	99517	US	2025-08-21 02:02:19 ET
Jessica	Barry	Eagle River	Alaska	AK	99577	US	2025-08-21 02:04:00 ET
Lee	McKoin	Anchorage	Alaska	AK	99504	US	2025-08-21 02:06:08 ET
Whitney	Wood	Anchorage	Alaska	AK	99504	US	2025-08-21 02:06:12 ET
Susie	Dietz MD	Anchorage	Alaska	AK	99507	US	2025-08-21 02:10:10 ET
Heidi McCr	Heimerl	Anchorage	Alaska	AK	99502	US	2025-08-21 02:10:37 ET
Laura	Kabatt-Ken	Eagle River	Alaska	AK	99577	US	2025-08-21 02:10:47 ET
Justin	Lazenby	Soldotna	Alaska	AK	99669	US	2025-08-21 02:15:50 ET
Sara	Gress	Juneau	Alaska	AK	99801	US	2025-08-21 02:20:07 ET
Mary	Herrick	Anchorage	Alaska	AK	99502	US	2025-08-21 02:20:43 ET
Delana	Eby	Juneau	Alaska	AK	99801	US	2025-08-21 02:21:32 ET
Joseph	Piper	Anchorage	Alaska	AK	99507	US	2025-08-21 02:22:06 ET
Royal	Kiehl	Anchorage	Alaska	AK	99516	US	2025-08-21 02:23:10 ET
Ashley	Glasheen	Bethel	Alaska	AK	99559	US	2025-08-21 02:23:27 ET
Sarah	Switzer	Anchorage	Alaska	AK	99501	US	2025-08-21 02:25:50 ET
Phyllis	Kiehl	Anchorage	Alaska	AK	99516-240	US	2025-08-21 02:26:48 ET
Emily	Bos	Juneau	Alaska	AK	99801	US	2025-08-21 02:28:14 ET
Amber	Hill	Eagle River	Alaska	AK	99577	US	2025-08-21 02:32:00 ET

Llinda	Janidlo	Anchorage	Alaska	AK	99516	US	2025-08-21 02:33:29 ET
Katherine	McClure	Anchorage	Alaska	AK	99501	US	2025-08-21 02:36:49 ET
Mackenzie	Reminger-C	Anchorage	Alaska	AK	99508	US	2025-08-21 02:42:18 ET
Kaitlyn	Bausler	Juneau	Alaska	AK	99801	US	2025-08-21 02:43:48 ET
Jeanne	Bonar	Anchorage	Alaska	AK	99508	US	2025-08-21 02:51:53 ET
Cailey	Neary	Juneau	Alaska	AK	99801	US	2025-08-21 02:53:22 ET
Mark	Holman	Anchorage	Alaska	AK	99501	US	2025-08-21 02:55:38 ET
Sarah	Hermann	Seward	Alaska	AK	99664	US	2025-08-21 03:02:48 ET
Brian	Belcher	Anchorage	Alaska	AK	99503	US	2025-08-21 03:11:12 ET
Claire	Todd	Anchorage	Alaska	AK	99503	US	2025-08-21 03:34:22 ET
Melissa	Lewis	Douglas	Alaska	AK	99824	US	2025-08-21 03:34:46 ET
Kristin	Mitchell	Soldotna	Alaska	AK	99669	US	2025-08-21 03:42:08 ET
Mat	Thomas	Anchorage	Alaska	AK	99504	US	2025-08-21 04:00:11 ET
Jane	Klueber	Anchorage	Alaska	AK	99502	US	2025-08-21 04:22:16 ET
Kai	Younkins	Anchorage	Alaska	AK	99515	US	2025-08-21 04:54:06 ET
Nicholas	Van Lith	Anchorage	Alaska	AK	99517	US	2025-08-21 05:16:51 ET
Jay	Greene	Anchorage	Alaska	AK	99502	US	2025-08-21 05:51:31 ET
Harrison	Smith	Anchorage	Alaska	AK	99501	US	2025-08-21 06:20:56 ET
Stephanie	Berge	Eagle River	Alaska	AK	99577	US	2025-08-21 06:37:22 ET
Kelly	Wilson	Anchorage	Alaska	AK	99502	US	2025-08-21 07:03:09 ET
Gina	Wilson-Ran	Anchorage	Alaska	AK	99502	US	2025-08-21 07:54:33 ET
Barbara	Piromalli	Anchorage	Alaska	AK	99507	US	2025-08-21 09:13:13 ET
Katy	Smith	Anchorage	Alaska	AK	99517	US	2025-08-21 09:28:32 ET
Lara	Imler	Anchorage	Alaska	AK	99515	US	2025-08-21 09:28:50 ET
Cindy	Hensley	Anchorage	Alaska	AK	99515	US	2025-08-21 09:28:55 ET
BRIDGETTE	SCHULZE	Anchorage	Alaska	AK	99517	US	2025-08-21 09:42:39 ET
Jennifer	Twito	Juneau	Alaska	AK	99801	US	2025-08-21 09:47:10 ET
Grace	McDowell	Anchorage	Alaska	AK	99502	US	2025-08-21 09:49:19 ET
Emma	Haddix	Anchorage	Alaska	AK	99516	US	2025-08-21 09:52:44 ET
Leah	Besh	Anchorage	Alaska	AK	99507	US	2025-08-21 10:04:57 ET
Daniel	Corson-Knc	Juneau	Alaska	AK	99801	US	2025-08-21 10:19:04 ET
Ashley	Olson	Bethel	Alaska	AK	99559	US	2025-08-21 10:39:31 ET
Sophie	Arroyo	Anchorage	Alaska	AK	99508	US	2025-08-21 10:47:41 ET
William	Eggimann, I	Anchorage	Alaska	AK	99501	US	2025-08-21 10:50:37 ET
Laurel	Carlsen	Palmer	Alaska	AK	99645	US	2025-08-21 10:51:04 ET
Amber	Henderson	Wasilla	Alaska	AK	99654	US	2025-08-21 10:56:50 ET
Jacob	Miss	Anchorage	Alaska	AK	99515	US	2025-08-21 10:58:52 ET
LeeAnne	Carrothers	Anchorage	Alaska	AK	99507	US	2025-08-21 11:10:01 ET
Laura	Jones	Anchorage	Alaska	AK	99516	US	2025-08-21 11:16:00 ET
Carrie	Harris	Anchorage	Alaska	AK	99508	US	2025-08-21 11:21:53 ET
Katherine	Byrd	Anchorage	Alaska	AK	99504	US	2025-08-21 11:21:53 ET
Ruth	McGovern	Anchorage	Alaska	AK	99504	US	2025-08-21 11:21:56 ET
Andrew	Gray	Anchorage	Alaska	AK	99507	US	2025-08-21 11:31:45 ET
Cathy	Baldwin-Jol	Wasilla	Alaska	AK	99654	US	2025-08-21 11:34:31 ET

Madeleine	Grant MD	Anchorage	Alaska	AK	99517	US	2025-08-21 11:38:54 ET
Rachael	Carricaburu	Anchorage	Alaska	AK	99516	US	2025-08-21 11:46:38 ET
Mazio	Anderson	Anchorage	Alaska	AK	99508	US	2025-08-21 11:47:44 ET
Andrew	Richie	Anchorage	Alaska	AK	99502	US	2025-08-21 11:49:30 ET
Maggie	Seaca, FNP	Anchorage	Alaska	AK	99503	US	2025-08-21 11:50:13 ET
Molly	Dietrich	Anchorage	Alaska	AK	99508	US	2025-08-21 11:50:16 ET
Melody	Burns	Juneau	Alaska	AK	99801	US	2025-08-21 11:52:04 ET
Matthew	Greenberg	Bethel	Alaska	AK	99559	US	2025-08-21 12:06:19 ET
Patricia Cla	Clay	Anchorage	Alaska	AK	99517	US	2025-08-21 12:07:37 ET
Kim	Ward-Mass	Anchorage	Alaska	AK	99517	US	2025-08-21 12:11:36 ET
Marcia	Haggerty	Bethel	Alaska	AK	99559	US	2025-08-21 12:12:16 ET
Tim	Samuelson	Anchorage	Alaska	AK	99502	US	2025-08-21 12:12:53 ET
Sarah	Tucker	Anchorage	Alaska	AK	99501	US	2025-08-21 12:15:47 ET
Katherine	Walker	Anchorage	Alaska	AK	99501	US	2025-08-21 12:21:57 ET
David	Vernola	Eagle River	Alaska	AK	99577	US	2025-08-21 12:22:17 ET
Marguerite	Leeds	Girdwood	Alaska	AK	99587	US	2025-08-21 12:22:41 ET
Sara	Buckinghar	Anchorage	Alaska	AK	99508	US	2025-08-21 12:22:42 ET
Kathryn	Miller	Anchorage	Alaska	AK	99501	US	2025-08-21 12:23:57 ET
Erin	McLaughlin	Anchorage	Alaska	AK	99507	US	2025-08-21 12:23:58 ET
Nicholas	White	Anchorage	Alaska	AK	99501	US	2025-08-21 12:25:31 ET
Curry	Long	Anchorage	Alaska	AK	99516	US	2025-08-21 12:25:42 ET
Rebecca	Reed	Anchorage	Alaska	AK	99504	US	2025-08-21 12:26:47 ET
Ky	Martin	Anchorage	Alaska	AK	99504	US	2025-08-21 12:29:02 ET
Daraka	Zimmer	Anchorage	Alaska	AK	99516	US	2025-08-21 12:30:31 ET
Wendy	Sprague	Anchorage	Alaska	AK	99502	US	2025-08-21 12:31:03 ET
Stephen	Odegard	Fairbanks	Alaska	AK	99701	US	2025-08-21 12:39:52 ET
Richard	Ervin	Anchorage	Alaska	AK	99517	US	2025-08-21 12:40:24 ET
Ronda	Nakoa	Anchorage	Alaska	AK	99508	US	2025-08-21 12:40:32 ET
Rebecca	Rowen	Anchorage	Alaska	AK	99508	US	2025-08-21 12:42:19 ET
Morgan	Stoneciphe	Juneau	Alaska	AK	99801	US	2025-08-21 12:43:39 ET
Kellie	Day	Chugiak	Alaska	AK	99567	US	2025-08-21 12:43:44 ET
Nadine	Baker	Anchorage	Alaska	AK	99508	US	2025-08-21 12:48:19 ET
Joclyn	Reilly	Anchorage	Alaska	AK	99516	US	2025-08-21 12:49:17 ET
Molly	Southworth	Anchorage	Alaska	AK	99517	US	2025-08-21 12:51:31 ET
Carolyn	Knackstedt	Anchorage	Alaska	AK	99503	US	2025-08-21 12:51:46 ET
Ashley	Sheetz	Chugiak	Alaska	AK	99567	US	2025-08-21 12:53:34 ET
Sarah	Herndon	Chugiak	Alaska	AK	99567	US	2025-08-21 12:56:15 ET
Christa	Cook	Eagle River	Alaska	AK	99577	US	2025-08-21 12:57:12 ET
Patricia	Cushman	Anchorage	Alaska	AK	99502	US	2025-08-21 12:59:51 ET
Marianne	Holman	Anchorage	Alaska	AK	99508	US	2025-08-21 13:01:29 ET
Tiffany	Sylvester	Anchorage	Alaska	AK	99518	US	2025-08-21 13:02:35 ET
Angela	Holland	Homer	Alaska	AK	99603	US	2025-08-21 13:15:28 ET
Tabatha	Schellenge	Anchorage	Alaska	AK	99508	US	2025-08-21 13:15:55 ET
Sonja	Martin Your	Homer	Alaska	AK	99603	US	2025-08-21 13:19:08 ET

Eileen	Hosey	Juneau	Alaska	AK	99801	US	2025-08-21 13:20:17 ET
Maxine	Laberge	Anchorage	Alaska	AK	99503	US	2025-08-21 13:21:51 ET
Kim	Hort	Juneau	Alaska	AK	99801	US	2025-08-21 13:27:44 ET
Royal	Kiehl	Anchorage	Alaska	AK	99516	US	2025-08-21 13:31:45 ET
Samuel	Castles, MI	Eagle River	Alaska	AK	99577	US	2025-08-21 13:40:37 ET
Sarah	Roberts MD	Homer	Alaska	AK	99603	US	2025-08-21 13:40:38 ET
Chami	Krueger	Wasilla	Alaska	AK	99654	US	2025-08-21 13:45:17 ET
Ann	Conducy	Anchorage	Alaska	AK	99517	US	2025-08-21 13:47:11 ET
Anne	Morris	Anchorage	Alaska	AK	99507	US	2025-08-21 13:53:07 ET
Gabby	Anderson	Anchorage	Alaska	AK	99504	US	2025-08-21 13:57:35 ET
Sharon	Fleck	Chugiak	Alaska	AK	99567	US	2025-08-21 13:59:08 ET
Mackenzie	Slater	Anchorage	Alaska	AK	99508	US	2025-08-21 14:00:58 ET
Cydney	Dupps	Anchorage	Alaska	AK	99504	US	2025-08-21 14:08:31 ET
Jennifer	Gibson	Homer	Alaska	AK	99603	US	2025-08-21 14:09:02 ET
Jasmine	Gribble	Homer	Alaska	AK	99603	US	2025-08-21 14:12:29 ET
Ron	Feigin	Anchorage	Alaska	AK	99503	US	2025-08-21 14:22:44 ET
Laura	Jaremko	Anchorage	Alaska	AK	99504	US	2025-08-21 14:26:47 ET
Mindy	Goorchenk	Chugiak	Alaska	AK	99567	US	2025-08-21 14:27:57 ET
Michale	Badua	Anchorage	Alaska	AK	99517	US	2025-08-21 14:32:07 ET
Harold	Johnston	Anchorage	Alaska	AK	99515	US	2025-08-21 14:34:21 ET
Emilie	Loran	Nome	Alaska	AK	99762	US	2025-08-21 14:37:40 ET
Peter	Mjos	Anchorage	Alaska	AK	99508	US	2025-08-21 14:39:23 ET
Morgan	Yaskus	Wasilla	Alaska	AK	99654	US	2025-08-21 14:40:29 ET
Robert	Bundtzen	Anchorage	Alaska	AK	99507	US	2025-08-21 14:41:16 ET
Nataliia	Gusak	Anchorage	Alaska	AK	99501	US	2025-08-21 14:42:07 ET
Ariane Rose	Banez	Anchorage	Alaska	AK	99508	US	2025-08-21 14:44:01 ET
Robert	Bundtzen	Anchorage	Alaska	AK	99507	US	2025-08-21 14:46:20 ET
Margo	Stroman	Anchorage	Alaska	AK	99507	US	2025-08-21 14:49:37 ET
Margo	Stroman	Anchorage	Alaska	AK	99507	US	2025-08-21 14:49:55 ET
Lewis	Fineman	Anchorage	Alaska	AK	99501	US	2025-08-21 14:50:28 ET
Audrey	Edwards	Palmer	Alaska	AK	99645	US	2025-08-21 14:50:56 ET
Sarah	Frenzel-Lee	Eagle River	Alaska	AK	99577	US	2025-08-21 14:51:19 ET
Shana	Hamilton	Anchorage	Alaska	AK	99504	US	2025-08-21 14:51:25 ET
Alanna	de la Pena	Anchorage	Alaska	AK	99504	US	2025-08-21 14:55:57 ET
Lauren	Gillott	Anchorage	Alaska	AK	99508	US	2025-08-21 14:56:19 ET
Alexandra	Peter	Wasilla	Alaska	AK	99623	US	2025-08-21 14:58:36 ET
S	Safari	Anchorage	Alaska	AK	99507	US	2025-08-21 15:00:43 ET
Bethany	Buchanan	Anchorage	Alaska	AK	99517	US	2025-08-21 15:01:04 ET
Robert	Bundtzen	Anchorage	Alaska	AK	99507	US	2025-08-21 15:03:48 ET
Chris	Zerger	Anchorage	Alaska	AK	99503	US	2025-08-21 15:04:26 ET
David	Sonneborn	Anchorage	Alaska	AK	99517	US	2025-08-21 15:04:26 ET
Leo	Bustad	Anchorage	Alaska	AK	99507	US	2025-08-21 15:05:45 ET
Mary	Stewart	Anchorage	Alaska	AK	99507	US	2025-08-21 15:06:21 ET
Maliko	Ubl	Fairbanks	Alaska	AK	99709	US	2025-08-21 15:14:28 ET

Meghan	McClain	Anchorage	Alaska	AK	99507	US	2025-08-21 15:20:04 ET
Fake	Person	Anchorage	Alaska	AK	99501	US	2025-08-21 15:21:51 ET
Julie	Glynn	Eagle River	Alaska	AK	99577	US	2025-08-21 15:28:00 ET
Mercedes	Arciniega	Anchorage	Alaska	AK	99517	US	2025-08-21 15:40:50 ET
Clarissa	Christensei	North Pole	Alaska	AK	99705	US	2025-08-21 15:46:02 ET
Oliviah	Franke	Anchorage	Alaska	AK	99501	US	2025-08-21 15:48:59 ET
Mary	Cavalier	Anchorage	Alaska	AK	99501	US	2025-08-21 15:57:05 ET
Todd	Baer	Eagle River	Alaska	AK	99577	US	2025-08-21 15:57:35 ET
Megan	Russell-Lic	Anchorage	Alaska	AK	99508	US	2025-08-21 16:02:58 ET
Cheryl	Ferucci	Anchorage	Alaska	AK	99508	US	2025-08-21 16:09:03 ET
Karen	Murdock	Homer	Alaska	AK	99603	US	2025-08-21 16:10:22 ET
Marianne	Johnstone-I	Kenai	Alaska	AK	99611	US	2025-08-21 16:18:54 ET
William	Paton	Anchorage	Alaska	AK	99508	US	2025-08-21 16:20:48 ET
Katie	W	Anchorage	Alaska	AK	99508	US	2025-08-21 16:21:36 ET
Gail	Norton	Fairbanks	Alaska	AK	99709	US	2025-08-21 16:24:56 ET
Lynalice	Bandy	Palmer	Alaska	AK	99645	US	2025-08-21 16:33:33 ET
Sydney	Burns	Eagle River	Alaska	AK	99577	US	2025-08-21 16:38:34 ET
Christophe	Wightman	Anchorage	Alaska	AK	99508	US	2025-08-21 16:42:05 ET
Caelan	Palmer	Dillingham	Alaska	AK	99576	US	2025-08-21 16:43:37 ET
Lantz	Dow	Anchorage	Alaska	AK	99501	US	2025-08-21 16:47:57 ET
Meli	Syphus	Anchorage	Alaska	AK	99517	US	2025-08-21 16:49:39 ET
Elizabeth	Pietralczyk	Anchorage	Alaska	AK	99516	US	2025-08-21 16:57:15 ET
Dianne	Maythorne	Anchorage	Alaska	AK	99515	US	2025-08-21 16:57:24 ET
Jackie	Harmon	Anchorage	Alaska	AK	99518	US	2025-08-21 17:05:12 ET
Terri	Draper	Anchorage	Alaska	AK	99516	US	2025-08-21 17:12:28 ET
Amy	Dummann	Anchorage	Alaska	AK	99504	US	2025-08-21 17:25:25 ET
Madeline	Jovanovich	Fairbanks	Alaska	AK	99709	US	2025-08-21 17:26:12 ET
Ellie	Menta	Tacoma	Washingtor	WA	98403	US	2025-08-21 17:28:03 ET
Gladys	Robards	Anchorage	Alaska	AK	99502	US	2025-08-21 17:37:45 ET
Ashley	Voigt	Anchorage	Alaska	AK	99516	US	2025-08-21 17:38:04 ET
Jeanette	Paterson	Big Timber	Montana	MT	59011	US	2025-08-21 17:38:46 ET
Lina	Villar	Anchorage	Alaska	AK	99504	US	2025-08-21 17:54:23 ET
Catherine	Haese	Eagle River	Alaska	AK	99577	US	2025-08-21 17:57:36 ET
Sarah	Hess	Anchorage	Alaska	AK	99507	US	2025-08-21 17:58:29 ET
Scotty	Orr	Anchorage	Alaska	AK	99517	US	2025-08-21 17:59:59 ET
Jordan	Tabb	Ketchikan	Alaska	AK	99901	US	2025-08-21 18:00:34 ET
Emily	Low	Fairbanks	Alaska	AK	99709	US	2025-08-21 18:03:44 ET
Janet	Shelley	Wasilla	Alaska	AK	99687	US	2025-08-21 18:10:03 ET
Natalie	Wiggins	Anchorage	Alaska	AK	99508	US	2025-08-21 18:13:45 ET
Stlaay	Cloudmorri	Anchorage	Alaska	AK	99507	US	2025-08-21 18:18:16 ET
Megan	Young	Anchorage	Alaska	AK	99504	US	2025-08-21 18:19:14 ET
John	Nelson	Anchorage	Alaska	AK	99504	US	2025-08-21 18:19:59 ET
Michael	Wind	Animas	New Mexic	NM	88020	US	2025-08-21 18:21:03 ET
Grace	Hwang	Anchorage	Alaska	AK	99507	US	2025-08-21 18:21:58 ET

Brooke	Field	Anchorage	Alaska	AK	99504	US	2025-08-21 18:23:38 ET
Sarah	Lyrata	Eagle River	Alaska	AK	99577	US	2025-08-21 18:32:52 ET
Stlaay	Cloudmorri	Anchorage	Alaska	AK	99507	US	2025-08-21 18:36:47 ET
Sarah	Tolbert	Anchorage	Alaska	AK	99504	US	2025-08-21 18:43:59 ET
Panna	Lynch Jarus	Anchorage	Alaska	AK	99507	US	2025-08-21 18:47:42 ET
Paul	Davis	Anchor Poi	Alaska	AK	99556	US	2025-08-21 18:48:52 ET
Melissa	Tondre	Anchorage	Alaska	AK	99515	US	2025-08-21 18:54:18 ET
Anna	Smith	Anchorage	Alaska	AK	99501	US	2025-08-21 18:55:26 ET
Kevin	Tarlow	Anchorage	Alaska	AK	99502	US	2025-08-21 19:00:07 ET
Katie	Butler	Anchorage	Alaska	AK	99508	US	2025-08-21 19:03:56 ET
Monica	Perez-Verdi	Anchorage	Alaska	AK	99502	US	2025-08-21 19:06:16 ET
Jonathan	Guerrero	Anchorage	Alaska	AK	99515	US	2025-08-21 19:09:27 ET
Lauren	Kiker	Anchorage	Alaska	AK	99508	US	2025-08-21 19:09:54 ET
Kathleen	Easley	Anchorage	Alaska	AK	99507-247	US	2025-08-21 19:11:05 ET
Elizabeth	Hosselkus	Eagle River	Alaska	AK	99577	US	2025-08-21 19:18:39 ET
Brytan	Felter	Fairbanks	Alaska	AK	99709	US	2025-08-21 19:20:46 ET
Laurel	Wikle	Palmer	Alaska	AK	99645	US	2025-08-21 19:20:51 ET
Christine	Sagan	Anchorage	Alaska	AK	99517	US	2025-08-21 19:22:13 ET
Alexa	Millward	Sterling	Alaska	AK	99672	US	2025-08-21 19:27:40 ET
Hannah	Stice	Anchorage	Alaska	AK	99501	US	2025-08-21 19:33:40 ET
Sarra	Khlifi	Anchorage	Alaska	AK	99508	US	2025-08-21 19:37:01 ET
Lyn	Clark	Anchorage	Alaska	AK	99503	US	2025-08-21 19:42:15 ET
Nora	Gecan	Anchorage	Alaska	AK	99517	US	2025-08-21 19:47:29 ET
Bryceann	Cutsinger	Princeton	Indiana	IN	47670	US	2025-08-21 19:47:32 ET
Pam	Boyleston,	Girdwood	Alaska	AK	99587	US	2025-08-21 19:56:55 ET
Sara	Risi	Anchorage	Alaska	AK	99502	US	2025-08-21 19:58:59 ET
Hannah	Rebadulla	Anchorage	Alaska	AK	99516	US	2025-08-21 20:09:36 ET
Brooke	Kuhn	Anchorage	Alaska	AK	99516	US	2025-08-21 20:10:23 ET
Olivia	Wilkerson	Anchorage	Alaska	AK	99507	US	2025-08-21 20:15:40 ET
William	Bell	Homer	Alaska	AK	99603	US	2025-08-21 20:17:53 ET
Emma	Clark	Anchorage	Alaska	AK	99515	US	2025-08-21 20:19:30 ET
Jessica	Petalio	Anchorage	Alaska	AK	99504	US	2025-08-21 20:20:23 ET
Erin	Green	Anchorage	Alaska	AK	99502	US	2025-08-21 20:34:42 ET
Larry	Pokladnik	Anchorage	Alaska	AK	99508	US	2025-08-21 20:36:10 ET
Bri	Norby	Anchorage	Alaska	AK	99503	US	2025-08-21 20:52:54 ET
Eric	Booton	Anchorage	Alaska	AK	99503	US	2025-08-21 20:55:18 ET
L	Hay	Fairbanks	Alaska	AK	99709	US	2025-08-21 20:55:42 ET
Celia	Sheppard	Anchorage	Alaska	AK	99504	US	2025-08-21 21:03:44 ET
Allen	King	Seward	Alaska	AK	99664	US	2025-08-21 21:17:06 ET
Harold C	Smith MD, I	Homer	Alaska	AK	99603	US	2025-08-21 21:22:23 ET
Jennifer	Talley				99827	CA	2025-08-21 21:23:27 ET
Emma	Clark	Anchorage	Alaska	AK	99515	US	2025-08-21 21:31:46 ET
Paulina (Lir	Power	Anchorage	Alaska	AK	99503	US	2025-08-21 21:34:33 ET
Esther	Oâ€™Neal	Eagle River	Alaska	AK	99577	US	2025-08-21 21:36:55 ET

Andrea	Caballero	Anchorage	Alaska	AK	99508	US	2025-08-21 21:37:10 ET
Merrik	Brown	Anchorage	Alaska	AK	99507	US	2025-08-21 21:39:11 ET
Lena	Merrell	Juneau	Alaska	AK	99801	US	2025-08-21 21:44:18 ET
Melanie	Dowling	Anchorage	Alaska	AK	99504	US	2025-08-21 21:44:25 ET
Megan	Rosier	Anchorage	Alaska	AK	99507	US	2025-08-21 21:50:10 ET
Kirsten	Rothacker	Anchorage	Alaska	AK	99507	US	2025-08-21 21:50:14 ET
Michelle	Rothoff	Anchorage	Alaska	AK	99507	US	2025-08-21 21:56:23 ET
Allen	King	Seward	Alaska	AK	99664	US	2025-08-21 22:03:09 ET
Kailyn	Hooley	Anchorage	Alaska	AK	99517	US	2025-08-21 22:04:09 ET
Allison	McLellan	Palmer	Alaska	AK	99645	US	2025-08-21 22:07:59 ET
Kim	Greer	Homer	Alaska	AK	99603	US	2025-08-21 22:11:13 ET
Whitney	Willcut	Eagle River	Alaska	AK	99577	US	2025-08-21 22:20:07 ET
Candice	Faria	Eagle River	Alaska	AK	99577	US	2025-08-21 22:31:03 ET
Sarah	Cronick	Anchorage	Alaska	AK	99501	US	2025-08-21 22:34:11 ET
Tiffany	McKinney	Anchorage	Alaska	AK	99507	US	2025-08-21 22:41:02 ET
Jenee	Dolata	Anchorage	Alaska	AK	99508	US	2025-08-21 22:41:24 ET
Linda	Allen	Wasilla	Alaska	AK	99623	US	2025-08-21 22:55:35 ET
Natalie	Janicka	Anchorage	Alaska	AK	99515	US	2025-08-21 23:00:17 ET
Bryant	Griffith	Anchorage	Alaska	AK	99504	US	2025-08-21 23:22:12 ET
Margaret	Power	Anchorage	Alaska	AK	99517	US	2025-08-21 23:23:54 ET
Rya	Berrigan	Palmer	Alaska	AK	99645	US	2025-08-21 23:25:49 ET
Mikayla	May	Anchorage	Alaska	AK	99504	US	2025-08-21 23:26:14 ET
Masa	Abaza	Anchorage	Alaska	AK	99507	US	2025-08-21 23:30:29 ET
Alison	Starr				99615	NZ	2025-08-21 23:30:29 ET
Marisabel	Ramirez	Anchorage	Alaska	AK	99516	US	2025-08-21 23:37:12 ET
Helen	Lewis	Anchorage	Alaska	AK	99504	US	2025-08-21 23:37:22 ET
Heather	Morrison	Anchorage	Alaska	AK	99501	US	2025-08-21 23:45:35 ET
Lindsey	Wilson	Anchorage	Alaska	AK	99501	US	2025-08-21 23:45:56 ET
Karol	Gum	Anchorage	Alaska	AK	99502	US	2025-08-21 23:47:33 ET
Claire	Geldhof	Juneau	Alaska	AK	99801	US	2025-08-21 23:52:15 ET
Karen	Ruud	Anchorage	Alaska	AK	99508	US	2025-08-21 23:58:05 ET
Karen	Ruud	Anchorage	Alaska	AK	99508	US	2025-08-21 23:59:11 ET
Mary	Curry	Anchorage	Alaska	AK	99516	US	2025-08-22 00:03:13 ET
Adriana	Hernandez	Wasilla	Alaska	AK	99654	US	2025-08-22 00:07:13 ET
Marjorie	Thomson	Juneau	Alaska	AK	99801	US	2025-08-22 00:08:21 ET
Brittany	Shattuck	Palmer	Alaska	AK	99645	US	2025-08-22 00:08:58 ET
Denise	BaÃ©z	Anchorage	Alaska	AK	99507	US	2025-08-22 00:15:46 ET
Andrea	Clark, MD	Anchorage	Alaska	AK	99507	US	2025-08-22 00:17:29 ET
Sofia	Sytniak	Anchorage	Alaska	AK	99503	US	2025-08-22 00:19:43 ET
Jennifer	Dancer	Wasilla	Alaska	AK	99687	US	2025-08-22 00:24:06 ET
Leilani	Curry	Anchorage	Alaska	AK	99515	US	2025-08-22 00:25:29 ET
Rebecca	Mannion	Wasilla	Alaska	AK	99654	US	2025-08-22 00:32:52 ET
Seth	Anderson	Anchorage	Alaska	AK	99504	US	2025-08-22 00:43:31 ET
Kristen	Mrozowski	Anchorage	Alaska	AK	99517	US	2025-08-22 00:45:59 ET

Reeve	Geiger	Anchorage	Alaska	AK	99515	US	2025-08-22 00:49:45 ET
Michelle	Tatela	Anchorage	Alaska	AK	99507	US	2025-08-22 01:01:53 ET
Tess	Weaver	Anchorage	Alaska	AK	99507	US	2025-08-22 01:03:30 ET
Sabrina	Hoppas	Anchorage	Alaska	AK	99507	US	2025-08-22 01:07:15 ET
Zan	Whitman	Eagle River	Alaska	AK	99577	US	2025-08-22 01:15:16 ET
Matt	Huckabee	Eagle River	Alaska	AK	99577	US	2025-08-22 01:31:32 ET
Jennifer	Gehrke	Fairbanks	Alaska	AK	99701	US	2025-08-22 01:48:28 ET
Kathleen	Eagle LPC	Homer	Alaska	AK	99603	US	2025-08-22 01:51:06 ET
Stephanie	Silianoff	Homer	Alaska	AK	99603	US	2025-08-22 02:34:11 ET
Emma	Mayfield	Homer	Alaska	AK	99603	US	2025-08-22 02:36:03 ET
Adrian	Mendoza	Anchorage	Alaska	AK	99515	US	2025-08-22 03:04:49 ET
Molly	Connor	Anchorage	Alaska	AK	99504	US	2025-08-22 03:05:03 ET
Rory	Martin	Anchorage	Alaska	AK	99504	US	2025-08-22 03:05:15 ET
Angela	Colavecchi	Anchorage	Alaska	AK	99501	US	2025-08-22 03:05:21 ET
Logan	Wieland	Eagle River	Alaska	AK	99577	US	2025-08-22 03:05:22 ET
Mallory	Pelton	Anchorage	Alaska	AK	99508	US	2025-08-22 03:05:32 ET
Reese	Miller	Anchorage	Alaska	AK	99502	US	2025-08-22 03:05:39 ET
Lauren	Singmaster	Eagle River	Alaska	AK	99577	US	2025-08-22 03:05:52 ET
Damon	Wright	Anchorage	Alaska	AK	99501	US	2025-08-22 03:06:56 ET
Alexander	King	Anchorage	Alaska	AK	99503	US	2025-08-22 03:08:55 ET
Macey	Scott	Anchorage	Alaska	AK	99518	US	2025-08-22 03:10:40 ET
Francisca	Caneo Ram	Anchorage	Alaska	AK	99517	US	2025-08-22 03:11:31 ET
Rodrigo	de Mello	Anchorage	Alaska	AK	99508	US	2025-08-22 03:15:00 ET
Lailani	Stone	Anchorage	Alaska	AK	99515	US	2025-08-22 03:20:30 ET
Toni	Biskup	Anchorage	Alaska	AK	99516	US	2025-08-22 03:22:56 ET
Rodrigo	de Mello	Anchorage	Alaska	AK	99508	US	2025-08-22 03:27:39 ET
Rodrigo	de Mello	Anchorage	Alaska	AK	99508	US	2025-08-22 03:30:30 ET
Rodrigo	de Mello	Anchorage	Alaska	AK	99508	US	2025-08-22 03:31:24 ET
Helen	Adams, MD	Anchorage	Alaska	AK	99502	US	2025-08-22 03:34:02 ET
Martin	Kathy	Anchorage	Alaska	AK	99501	US	2025-08-22 03:34:35 ET
Emma	Ricks	Anchorage	Alaska	AK	99517	US	2025-08-22 03:44:16 ET
Andy	Paul	Wasilla	Alaska	AK	99654	US	2025-08-22 04:14:20 ET
Josephine	Ryan	Homer	Alaska	AK	99603	US	2025-08-22 04:51:28 ET
Ashley	Wee	Anchorage	Alaska	AK	99508	US	2025-08-22 06:33:11 ET
Mary	Gianotti	Palmer	Alaska	AK	99645	US	2025-08-22 06:36:33 ET
Erica	Longley	Anchorage	Alaska	AK	99508	US	2025-08-22 07:13:56 ET
Daniel	Smith	Commerce	Colorado	CO	80022	US	2025-08-22 08:10:43 ET
Kira	Brewer	Fairbanks	Alaska	AK	99709	US	2025-08-22 08:45:07 ET
Bernice	Nisbett	Anchorage	Alaska	AK	99501	US	2025-08-22 08:47:01 ET
Nicole	Kopacz	Anchorage	Alaska	AK	99508	US	2025-08-22 09:04:26 ET
Deana	Glick	Anchorage	Alaska	AK	99507	US	2025-08-22 10:11:10 ET
Chas	Eberle	Anchorage	Alaska	AK	99507	US	2025-08-22 10:33:45 ET
tammy	gifford	Anchorage	Alaska	AK	99503	US	2025-08-22 10:36:02 ET
Amanda	Dunlap	Anchorage	Alaska	AK	99516	US	2025-08-22 11:25:54 ET

Nicole	Fenton	Anchorage	Alaska	AK	99507	US	2025-08-22 11:27:42 ET
Mary	Steiert	Anchorage	Alaska	AK	99507	US	2025-08-22 11:36:58 ET
Cat	Seaver	Eagle River	Alaska	AK	99577	US	2025-08-22 11:44:37 ET
Megan	Sarnecki	Anchorage	Alaska	AK	99517	US	2025-08-22 11:53:06 ET
Emily	Cohen	Anchorage	Alaska	AK	99501	US	2025-08-22 12:01:30 ET
Kathryn	Frutiger	Ketchikan	Alaska	AK	99901	US	2025-08-22 12:05:03 ET
Mary Kay	Robinson	Wasilla	Alaska	AK	99687	US	2025-08-22 12:05:13 ET
Ruth Ann	Zent	Kotzebue	Alaska	AK	99752	US	2025-08-22 12:08:01 ET
Mendy	Southard	Anchorage	Alaska	AK	99516	US	2025-08-22 12:11:09 ET
Tanya	Leinicke	Anchorage	Alaska	AK	99508	US	2025-08-22 12:18:09 ET
Mary	Sarrantonic	Anchorage	Alaska	AK	99507	US	2025-08-22 12:19:05 ET
Adrienne	Canino	Anchorage	Alaska	AK	99504	US	2025-08-22 12:20:55 ET
Elizabeth	Linxwiler	Anchorage	Alaska	AK	99508	US	2025-08-22 12:39:46 ET
Erica	Signor	Fairbanks	Alaska	AK	99709	US	2025-08-22 12:40:07 ET
Naomi	LaSota	Fairbanks	Alaska	AK	99712	US	2025-08-22 12:42:33 ET
Kathy	Ingallinera	Sitka	Alaska	AK	99835	US	2025-08-22 13:18:51 ET
Raymond	Ganacias	Anchorage	Alaska	AK	99501	US	2025-08-22 13:22:04 ET
Robert	Bidwell	Anchorage	Alaska	AK	99502	US	2025-08-22 13:31:09 ET
Colleen	Flynn	North Pole	Alaska	AK	99705	US	2025-08-22 13:40:33 ET
Adrienne	Kishi	Bethel	Alaska	AK	99559	US	2025-08-22 13:40:58 ET
Kelsea	Johnson				99835	NO	2025-08-22 13:53:38 ET
Kinzea	Jones	Fairbanks	Alaska	AK	99709	US	2025-08-22 14:05:39 ET
Jennifer	MacLeanna	Douglas	Alaska	AK	99824	US	2025-08-22 14:06:52 ET
Jacqueline	Collins	North Pole	Alaska	AK	99705	US	2025-08-22 14:11:18 ET
Leanne	Stewart	Anchorage	Alaska	AK	99515	US	2025-08-22 14:34:13 ET
Amelia	Fatsi	Anchorage	Alaska	AK	99508	US	2025-08-22 14:35:30 ET
Zoe	Ash	Palmer	Alaska	AK	99645	US	2025-08-22 14:37:31 ET
Morgan	Urquia	Palmer	Alaska	AK	99645	US	2025-08-22 14:37:36 ET
Melodee	Morris	Fairbanks	Alaska	AK	99701	US	2025-08-22 14:42:33 ET
Annie	Eggert	Wasilla	Alaska	AK	99654	US	2025-08-22 14:44:36 ET
Sarah	Boatner	Palmer	Alaska	AK	99645	US	2025-08-22 14:50:38 ET
Fiona	Brown	Palmer	Alaska	AK	99645	US	2025-08-22 14:50:51 ET
Jonathan	Ferri	Palmer	Alaska	AK	99645	US	2025-08-22 14:51:21 ET
Luc	Rondeau	Palmer	Alaska	AK	99645	US	2025-08-22 14:57:13 ET
J	Pieper	Palmer	Alaska	AK	99645	US	2025-08-22 14:59:37 ET
Alvin	Espejo	Fairbanks	Alaska	AK	99701	US	2025-08-22 15:04:15 ET
Leah	Bennett	Juneau	Alaska	AK	99801	US	2025-08-22 15:04:53 ET
Angela	LaBeau	Fairbanks	Alaska	AK	99701	US	2025-08-22 15:08:48 ET

21 August 2025

Dear Members of the Alaska State Medical Board,

I am a board-certified emergency medicine physician actively practicing in the state. I am writing to state my opposition to the board's proposed statement regarding late-term abortion and also to oppose the proposed resolution to label gender-affirming care for minors as 'unprofessional conduct.'

Involvement of this board in these matters is outside the scope of this body. Additionally, gender affirming care is evidence based, unlike your proposals. Please stop abusing your board positions to push political goals.

I request as a physician and resident of Alaska that you withdrawal the proposed statement and resolution.

Sincerely,

Jodie Totten, MD MPH

Tonie Protzman, LPC
Executive Director

September 8, 2025

Alaska State Medical Board
P.O. Box 110806
Juneau, AK 99811-0806
Sent via email: medicalboard@alaska.gov

RE: Public Comment on Gender Affirming Care

Dear Alaska State Medical Board:

The National Association of Social Workers – Alaska Chapter (NASW-AK) affirms social workers' ethical responsibility to provide evidence-based practices and care for Alaskans, including gender-affirming care for youth. While providing gender-affirming mental health care and treatment in Alaska is legal and permissible, limiting access to medical care is harmful. Therefore, we object to the State Medical Board's action to restrict gender-affirming care treatment options for youth in Alaska.

According to the National Association of Social Workers [NASW] Code of Ethics (2021), social workers are responsible for promoting the well-being of clients (Standards 1.01, 1.02), to "respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals", and to refrain from practicing, condoning, facilitating, or collaborating "with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability" (Standard 4.02). Social workers are further called serve clients in alignment with ethical, evidence-based practice, and engage in "action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully" (Standard 6.04(a)) and to "act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class" (Standard 6.04(d)).

The regulatory changes approved by Alaska's Medical Board classify medical or surgical intervention to treat gender dysphoria in minors as unprofessional conduct. This restricts access to necessary care for transgender, gender non-conforming, and gender diverse youth. By creating a separate set of rules that apply only to transgender youth, this regulation directly violates the NASW code of ethics.

In summary, the Alaska State Medical Board's opposition to gender-affirming care for youth creates health inequities and is discriminatory, oppressive, dangerous, and unethical. By replacing clinical standards with political ones, the Board endangers the health and safety of Alaska's most vulnerable youth undermines the work of Alaska's social workers.

Respectfully submitted,
Luigia Goodman, LCSW, Sandra DeHart-Mayor, LCSW
Kelly Campbell, LCSW, Sarah Switzer, LCSW
NASW-Alaska Chapter, Ethics Committee

From: Lucien Dyer <lucien@standupalaska.org>
Sent: Thursday, August 21, 2025 2:03 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Protect Trans Kids and Late Term Abortion
Hello fellow Alaskan representatives,

My name is Lucien, and I am the Communications Director with Stand UP Alaska and Alaskans Take A Stand. I am an out and proud member of the LGBTQ+ community, and a proud beacon of hope and representation for the young queer community here and all over the country. I recently graduated from The Alaska Center's Boards and Commissions cohort, the inaugural program managed by Emme Peavey. During this cohort I learned that diversity is highly sought after in spaces of power. Times are changing, and they have been for quite some time.

I find it irresponsible for the state appointed board, who decides for all of Alaska, looks absolutely nothing like the people they represent, to be the end all be all. Just as there are standards to meet to be a part of a board or commission, I believe my lived experience as a trans person offers a perspective that is crucial to decision making. I ask you to hear me when I say- please absorb the messages of your constituents. There are trans people who walk amongst you every day. They exist now, and always have, always will. There is nothing more persevering than a child who knows exactly who they are. Banning care for trans youth does not do anything for the society we live in, just as banning late term abortion does. It does not stop the need for gender affirming care, or abortions, it just stops the safe access to it.

Thank you for reading my concerns. I hope you implement true representation practices. I am eager to invite you to ask me questions, as I would be thrilled to help further the research on the populus you are making decisions for.

Best regards,
--
Lucien Dyer
Communications Director
lucien@standupalaska.org
(540) 273-5202
Stand UP Alaska Website

From: jojo siwa <vsxsean@gmail.com>
Sent: Thursday, August 21, 2025 2:25 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: potential gender affirming care ban

Banning gender affirming care for anyone, even youth will significantly raise suicide & self harm rates. we are not progressing by making calls like this one. this country is at a downward spiral & is repeating history. transgender individuals- & queer people in general are paralyzed by fear at this point. fear of rejection, fear of being quite literally shunned out of existence. very bad call 👎 dont do it smh

From: Nickolas McVay <nick.mcvay@gmail.com>
Sent: Thursday, August 21, 2025 2:29 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Opposition to Restriction on Gender-Affirming Healthcare for Minors in Alaska

Dear Members of the Alaska Medical Board,
I hope this message finds you well. As a medical student, I am writing to express my strong opposition to any guidance or action that would restrict or oppose gender-affirming care for minors in Alaska.
This potential decision to impose such restrictions goes against the guidance and standards set by medical and mental health organizations across the country, including the American Medical Association and the American Academy of Pediatrics. These organizations consistently emphasize the importance of providing transgender minors with access to affirming healthcare, which is shown to significantly reduce mental health risks, including depression and suicide. Specifically, the American Medical Association has called on legislatures to avoid interfering in the healthcare of transgender children.
Furthermore, restricting access to gender-affirming care for minors undermines the autonomy of healthcare providers and the well-being of young individuals who may already face significant social and emotional challenges. Gender-affirming care is not only a matter of individual health but also one of human dignity, and I firmly believe that it is essential to allow healthcare providers the flexibility to determine the best course of action in collaboration with patients and their families.
While I understand that this is a sensitive and complex issue, I urge you to carefully consider the long-term effects that restricting access to gender-affirming care can have on minors, their mental health, and their overall well-being. I ask that the Alaska Medical Board consider the weight of evidence from the medical community and advocate for policies that support, rather than hinder, transgender youth in accessing necessary care.
Please, do not undermine the vital patient-parent-provider relationship or restrict access to science-based healthcare for Alaskan minors.
Thank you for your time and consideration.
Sincerely,
Nickolas McVay

From: mrbojangles@alaskan.com <mrbojangles@alaskan.com>
Sent: Thursday, August 21, 2025 2:41 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Appropriate Care for Transgender Children and Teens

Dear Members of the Alaska State Medical Board:

I am writing in support of children and youth/teens who either have come to realize that they are transgender or are discerning their gender status. I don't know any of you personally to know if any of you or anyone in your family are transgender, so I am unsure of your familiarity with the issues inherent in this. There is a lot of ignorance, misinformation and hate in our public discourse and politics these days, with an inordinate amount of it aimed at transgendered people. It's hard enough to be a kid in general ways, and transgender kids face even more challenges. They need the love and support of their family, friends, schools and politicians to grow and develop into whomever God made them to be. Please do not put any political or legal roadblocks in front of these kids as they seek to obtain proper healthcare for their needs. This may include counseling, hormone treatment or hormone blockers. These are important to be started in a timely manner after full evaluations by qualified medical personnel.
After looking at each of your qualifications for being on this board, it looks like only one of you would ever be in a position to assess a patient with transgender health needs, and even then, a referral to a specialist in this type of medicine would be indicated. I hope that you have all been open to discussing the healthcare needs of transgendered individuals, especially children and teens with legitimate healthcare specialists who practice this type of medicine, and I also hope that you have all been open to hearing from transgendered children and teens and their families. Additionally, I hope that you have had the compassion and professionalism to avoid the political hate talk and misinformation that is so prevalent on so many blogs and right-wing "news" sites. We must do better for these kids.
Thank you for your consideration,
Sheri Whitethorn (RN, retired)

From: Jennifer Richey <jmdrichey@gmail.com>
Sent: Thursday, August 21, 2025 2:50 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Opposition to Limitations on Gender-Affirming Care

To the Members of the Alaska State Medical Board,

I am writing to express my deep concern and strong opposition to the Board's actions to restrict access to scientifically supported gender-affirming care. These restrictions represent a dangerous overreach into personal medical decisions that should be made between patients and their healthcare providers.

Gender-affirming care is not experimental and is not politically driven. It is supported by decades of peer-reviewed medical research and is endorsed by every major medical and mental health association in the United States, including the American Medical Association, the American Academy of Pediatrics, and the American Psychiatric Association. Denying or limiting access to this care puts Alaskans at risk, worsens health disparities, increases mental health crises, and ultimately endangers lives.

The Alaska Constitution recognizes the fundamental right to privacy in Article I, Section 22. That right protects the ability of individuals to make deeply personal decisions about their own bodies and healthcare without unwarranted intrusion from the government. The United States Constitution likewise recognizes rights to liberty and equal protection under the law. Restricting gender-affirming care undermines those constitutional protections by allowing politicians and bureaucrats to substitute ideology for personal autonomy and medical judgment.

From an ethical perspective, the medical profession is bound by core principles that must guide every decision: autonomy, beneficence, nonmaleficence, and justice. Limiting access to gender-affirming care violates these principles. It disregards the autonomy of patients to make decisions about their own health, fails to provide beneficial care that is proven to improve outcomes, actively causes harm by withholding treatment, and creates unjust disparities in access to necessary care. Such policies run counter to the very foundation of medical ethics.

Medical decisions should never be dictated by political ideology. Alaskans have the right to make informed choices about their own healthcare in consultation with licensed professionals who are trained to provide evidence-based treatment. By restricting gender-affirming care, the Board undermines medical integrity, violates ethical obligations, and infringes upon the constitutional rights of Alaskans.

I urge the Board to reconsider its position and to uphold its duty to protect public health by ensuring that all Alaskans have access to the full spectrum of safe, evidence-based medical care. Our state deserves a medical system governed by science, ethics, compassion, and respect for constitutional rights, not politics.

Respectfully,
Jennifer M. Richey
Anchorage, Alaska

And once the storm is over, you won't remember how you managed to survive. You won't even be sure, in fact, whether the storm is really over. But one thing is certain. When you come out of the storm, you won't be the same person who walked in. That's what this storm's all about.
~Hardline Muramaki~

From: Mary Corcoran <marycorc@gmail.com>
Sent: Thursday, August 21, 2025 2:54 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Abortion and Gender Dysphoria agenda

To AK State Medical Board Members,

I am writing to the Board to express my strong objection to August 22 meeting Agenda item 6.b. Board Statement/New Regulation Project

• Late Term Abortion
• Treatment of Gender Dysphoria in Minors

Both of these are beyond the scope of this Board. There is much science that must be considered by doctors and patients, not to mention guarantees of privacy rights for personal medical care.

This health care is not your business. Please do not support either of these as regulations.
Mother and Alaska resident,

Mary Corcoran
Delta Junction, Alaska

From: Erika Burr <burrlike@gmail.com>
Sent: Thursday, August 21, 2025 3:05 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Concern about doctor-patient confidentiality and care for female reproductive health

Members of the Alaska State Medical Board;

TLDR: Please do not adopt policy that could threaten Alaskans' right to privacy by intervening in the confidential relationship between patients and providers. In particular, do not support actions to restrict access to reproductive or gender-specific medical care for women or youth.

Thank you for considering the concerns and entreaties of your fellow Alaskans. Our families, friends, children and students deserve access to high-quality, individualized medical care so they can be free to pursue meaningful lives that support the Alaskan economy and their communities. We are counting on you, the State Board, to ensure access to quality, individualized care for all Alaskans.

Alaskans are fiercely independent, love their freedoms and live here, at least in part, to enjoy minimal government intervention in their private matters. Our privacy is constitutionally protected. **Any move to restrict access to safe, expert medical treatment** (in particular, such as care before, during and after pregnancy or pregnancy loss or hormonal therapy) that is discussed and agreed upon by a patient and his/her provider, **undermines our constitutional rights as Alaskans.** It is the Board's duty to protect access to medical care for Alaskans, not to decide what medical treatments are available to individuals. Only providers and the patient can know enough about each particular medical situation to assess the options and choose an appropriate treatment plan.

Dangerous complications can and do arise during pregnancies. Women in my family have had significant complications in late pregnancy that have scared us and our families and put our older children at risk of losing their mother, let alone siblings whose arrival they eagerly awaited. It is the right of every woman to have accurate information about the

risks and options for life-saving interventions so that she can make decisions that have the best chance of preserving her life and her role as mother to her current and future children. The choice (or medical necessity) to terminate a pregnancy (that the mother may not be likely to survive) must be unburdened of political and legal concerns.

Though I have no experience with gender affirming-care, I feel that the consideration of such treatment options is also a deeply private matter.

These are privacy concerns; any such considerations are completely between the patient(s) and her/their provider(s). These conversations and decisions are not taken lightly, and they are some of the most difficult, private questions that individuals and families face.

Do not overstep and approve policy that invades our most sacred space in addressing potentially devastating, certainly challenging, and deeply personal medical questions that affirm our roles as mothers (current or future) and Alaskans.

Erika Burr
Fairbanks parent, teacher, community member,
Life-long Alaskan who expects the best for our great state and its future

From: Mel Langdon <mellenlangdon@gmail.com>
Sent: Thursday, August 21, 2025 3:06 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: gender affirming care for minors

To: Dr. Matt Heilala, Dr. Brent Taylor, Dr. David Paulson, Dr. Ryan McDonough, Dr. David Barnes, and David Wilson

Dear members of the Alaska State Medical Board,
I strongly object to your proposed action to oppose gender-affirming care for minors. This proposed action, declaring practitioners who utilize hormonal and surgical treatments for gender dysphoria in minors as being grossly negligent and therefore subject to disciplinary sanctions by the Medical Board, is not scientifically sound, as every major medical association -- including the American Medical Association and American Academy of Pediatrics -- has endorsed this medical care as evidence-based and often life-saving. There is no statute currently restricting gender-affirming care in Alaska. Your proposed action targets a small number of trans individuals in Alaska and their health care providers. I also strongly object to any statement by your Board about "raising public awareness regarding Alaska's expansive laws allowing abortion." The state Supreme Court has ruled that the right to privacy in the Alaska Constitution protects abortion access. Privacy rights

are not “expansive” laws; they are the right of you or me to consult our medical providers without state interference.
These proposed actions are beyond your prerogatives as members of the State Medical Board. The Medical board is charged with overseeing the licensure of medical practitioners in Alaska, including by revoking licenses from practitioners if they are deemed by the board to have violated state statutes. Neither abortion nor gender affirming care are prohibited by state statute. Please stay in your lane.
Sincerely, Mel Langdon

From: Chase Bieling <chasebieling@gmail.com>
Sent: Thursday, August 21, 2025 3:11 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Abortion Rights and Care for LGBTQ+ Persons

Hello, this is Chase Bieling, a resident of the state of Alaska.
I am writing this email as a statement and request to the people of the Medical Board who are scheduled to vote on Gender-Affirming Care, as well as Abortion. These two topics are inflammatory by nature, and to lump them together underneath one single meeting is diminishing those who hold stake in such discussions. These topics deserve respect and heavy consideration, regardless of which side of the isle one stands.
Personally, I stand for personal rights and freedoms to make the choice of what is best for ones personal health and wellbeing. That belief extends to deciding to preserve one's own life in pursuit of an Abortion, regardless of the cause or reason for the decision. To take away that right is to decide life-altering without the consent and input of the person this decision affects most. I understand the argument for pro-life, however if a fetus cannot support life on its own, then the decision should be made by the individual who would be responsible for said life. Arguing semantics or belief beyond this forces the views of disassociated parties onto others, which should be a clear stopping point in a nation which prides itself on Freedom.
In regards to Gender-Affirming Care, I personally disagree with the idea of providing Gender-Affirming Care to minors due to their stage of development and the permanent effect this has on life moving forward. That said, this decision should be left up to the individual and their medical professional, not a politician. To attempt to classify and enforce a strict ban or restriction on this would only prove harmful to the study of this field and cause undue distress to those who may very well need the care. No good can come from denying medical care when deemed necessary, and it certainly is not the place of a disinterested party or politician to enforce such regulations without the feedback of the general populace. If such a vote was to be called, it should be made during a general election where all among the community could decide for themselves collectively, not by a potentially biased board of members appointed by a partisan governor known for his hate of such already-ostracised groups of minorities.
I do not write this to attack or diminish any among the board. I am sure that you have earned your way to your position, and trust that your feelings on this matter are weighed against the ramifications these decisions will enact. I only ask that you also take into account your constituents, and please leave the choice for care up to the individual, not the government.
Thank you.

From: FishHound Expeditions <fishhoundexp@gmail.com>
Sent: Thursday, August 21, 2025 3:21 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Alaskans for gender affirming care

Alaska Medical Board,

I am writing this email stating that I oppose the Alaska Medical board taking away gender affirming care for Alaskans. There are hundreds of medical associations that show proper medical care is crucial for trans people. Health care should not be political, health care should be for all people. It literally says in our states constitution Article 7 § 4. Public Health
The legislature shall provide for the promotion and protection of public health.
Please don't take away health care from Alaskans. Thank you for your time and reading my email.
Sincerely,

Adam Cuthriell
907-382-1802
www.FishHoundExpeditions.com

From: Ann Dougherty <dougherty.ann@gmail.com>
Sent: Thursday, August 21, 2025 3:25 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Save trans care and protect abortion

I assume as unbiased medical providers working in public health, you do not need the numerous studies sent to you on the benefits of retaining care for trans people and protecting abortion rights.

The only reason this is coming up is because we are under a christo-fascist regime intent on scape goating the trans community and turning women into "host bodies." That term was recently used by FL House Speaker Jose Oliva.

Every step taken to push back against this rhetoric and quick slide to losing our rights is what we as Alaskans are asking you to do. Vote to protect Trans care and protect abortion access.

Ann Dougherty

907-795-7167
myoalaska.com
dougherty-ann.medium.com

From: Amanda Thomas <amanda.c.thomas.618@gmail.com>
Sent: Thursday, August 21, 2025 3:32 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Language change to AAC 40.956

Hello,

I am writing as an Alaskan resident (99517, Turnagain Arm neighborhood in Anchorage) to submit comments in light of the board's discussion of adding language to 12 AAC 40.956 that would define treatment of gender dysphoria in minors as "unprofessional conduct."

I believe that our Alaska statewide community needs to hold strong against misinformation in all aspects of healthcare, whether regarding vaccines or discrimination against our youth in need of life saving care for gender dysphoria.

The language proposed defining the treatment of gender dysphoria as 'unprofessional conduct' is clearly discriminatory and not based on medical best practice. The proposed language goes against widely held healthcare policy, including those of the American Medical Association, American Academy of Pediatrics, American Psychiatric Association, Endocrine Society, and the World Health Organization.

Clinicians who treat transgender youth already follow safety guidelines which include years of psychotherapy before medication is prescribed for treatment of gender dysphoria. Gender surgery is not performed on minors because puberty blockers, which are safe and reversible, allow time to make an informed decision when the youth reaches adulthood. When youth are denied this care before adulthood, the science reflects clearly that they are at a much higher risk for suicide and other negative outcomes.

The exceptions for gender affirming care listed in the language proposed for youth who are not transgender makes it clear that the intent of this language is discriminatory against a certain class of people. If gender affirming treatments are inherently harmful, why should they be available to some individuals and not others?

At its core, this language is forcing youth to adhere to someone else's version of who they are "supposed" to be. It is denying the reality of who they are. This language, if passed, will have deadly consequences. Similar policy has already resulted in increased suicides in trans youth in other communities. Without access, trans youth face irreversible lifelong changes to their bodies with catastrophic consequences for their psychological well-being.

I implore you to reject this language change, thank you for your consideration.

Amanda Thomas
Turnagain Arm. Anchorage, Alaska

-----Original Message-----
From: phyllis haggland <phaggland@yahoo.com>
Sent: Thursday, August 21, 2025 3:37 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Abortion and care for transgender youth in Alaska

Medical Board:

Abortion and care for transgender youth in Alaska should be available. The Board should not vote to allow this limitation on health care in Alaska.

Respectfully submitted,
Phyllis Haggland
55 years as a resident in Fairbanks, AK

Sent from my iPad

-----Original Message-----
From: Jennifer Campbell <campbelljl907@gmail.com>
Sent: Thursday, August 21, 2025 3:42 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Support Transgender youth

Ak Medical Board members,

Please support our transgender youth by opposing limits on their gender affirming care. If you have ever listened to their stories or gotten to know anyone with gender dysphoria (young or old) you would understand the turmoil they go through trying to figure out who they are.

My nephew is trans and the moment he was able to safely discuss his predicament and care for who he really is, all thoughts of suicide and other harmful acts were gone. Now he is a thriving and productive young adult. I can't imagine what would have happened had he and his parents not had choices for his care. Please don't take that away from others. It's not your call!!

Thank you,
Jennifer Campbell
Fairbanks

From: Samantha Lopez <snjones190@gmail.com>
Sent: Thursday, August 21, 2025 3:43 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: 8/22/25 Medical Board Meeting: Public Comment

RE: Proposed resolution labeling gender-affirming care for minors as "unprofessional conduct"

To the Alaska State Medical Board:

I urge the board to withdraw the proposed resolution. It is not based in science, and is based solely in performative politics that will only serve to harm young Alaskans and medical providers. Alaska has some of the highest suicide rates in the country, many of them being youth. It is clear that this resolution is the opinion of the few of you on this board, is not founded on evidence-based science, and does not represent the will of Alaskans.

Thank you,
Samantha Lopez
Kenai, Alaska

From: Eric Schneider <Eric.Schneider@tananachiefs.org>
Sent: Thursday, August 21, 2025 3:48 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: "No" on policy change for transgender youth

Sir/Ma'am—

I oppose any policy change regarding the treatment of transgender youth.
I also oppose any policy change/position change regarding obstetric care, to include abortion services.
I am not sure why the physicians licensed under this Board were not notified about Friday's meeting; I learned about this meeting through the Anchorage Daily News.
I regularly get notice of changes with the opportunity to comment on issues of lesser potential impact.

Policy changes this big should be properly debated amongst the professionals of the state.

I am concerned that these policy changes are politically motivated, and not driven by science. I note, also, that the Board has two unfilled positions, is geographically constrained, and thus the voices on the Board may not fully represent the needs and concerns of both physicians and patients across all of Alaska.

Discussion and debate are okay; however, I urge you to postpone any action to a later date.

These comments are my own. These comments should not be construed to represent my employer.

Respectfully submitted,

Eric L. Schneider, DO

Family Physician
Fairbanks

From: Nathan Borson <nate@borson.net>
Sent: Thursday, August 21, 2025 4:02 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Opposition to Proposed Statement on Gender-Affirming Care

To the medical board:

I strongly oppose any action to restrict providers from treating gender dysphoria in minors (or anyone else). Three of my acquaintances, Alaskan children of friends, are trans. They need treatment, not recriminations, and that treatment must be decided by them and their doctors and parents, not by a transparently political licensing body. Sanctioning providers for medically necessary and appropriate care would be a cruelly dogmatic step back towards the dark ages of superstition, not patient protection and care.

Sincerely,

Nate

Nathan Borson
PO Box 211
Gustavus, AK 99826
717-862-8378

From: Lizzy Buckingham <ebuckin2@gmail.com>
Sent: Thursday, August 21, 2025 3:20 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Don't violate our right to privacy - how is this board operating legally?

Hello,

I am writing to express my concerns on the upcoming vote towards gender affirming care. Please do not pass this ban. It is unethical and illegal. There are many medical conditions where a child would need something that would be considered "gender affirming care". Inter sex children exist. Do they not get care because it doesn't fit your agenda? Kids can have health conditions that could require hormones - do they get to suffer now?

This ban violates peoples right to privacy. I'm also concerned about the late term abortion vote. None of you have or will ever experience being pregnant. So if a women has a much wanted pregnancy and something arises - whether in her own health or the fetus - she's just supposed to expect she will have to risk dying? Leaving kids she may have motherless? It's abhorrent you have zero women on this board.

Additionally, I do not believe that the Alaska medical board is following the law. The Alaska medical board is required to have eight members. You have six. The Alaska medical board

under law must consist of physicians “residing in as many separate geographical areas of the state as possible.”

The board currently consists of six men, three of whom reside in Palmer, one in Wasilla and two in Anchorage.
How is having all six out of the required 8 within Anchorage and the valley following the law? It seems abhorrent to have you vote on matters that will more adversely affect rural Alaska. How is it ethical of a board of only men to vote on issues related to women? How is a commercial pilot being on the board legal when the law says the board must be physicians?

After hearing about these I’m glad I won’t have to even consider voting for the one board member running for governor. It’s clear to me you do not value privacy, following the law, or women and children. I guess the point of this vote is cruelty. Focus on following the law of what the board is supposed to be before you start striping people of their rights.

From: Samantha Lopez <snjones190@gmail.com>
Sent: Thursday, August 21, 2025 4:21 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: 8/22/25 Medical Board Meeting: Public Comment

RE: Agenda item regarding abortion access in Alaska

To the Alaska State Medical Board:

Abortion care is health care. While I support the board releasing a statement to Alaskans reassuring them of our independence & that Alaskans will continue to have uninterrupted access to abortion, I caution the board against engaging in performative politics surrounding these "hot topic" issues. Alaskans deserve to have full control over our own bodies, which includes access to procedures like abortion. Any statement released must be clear in its directive that this issue will remain between the patient and the medical provider.

Thank you,
Samantha Lopez
Kenai, Alaska

From: Beth Carroll <jahismypilot@gmail.com>
Sent: Thursday, August 21, 2025 4:22 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender Affirming Care

Hello
I am writing to you today as a parent that has journeyed through gender transition with my child. We began first seeking care for Ashe at the age of 15. Meeting with mental health

professionals, both counseling and psychiatric providers before moving on to medical care. We began with simply affirming desired name, pronoun and social transition before finally choosing gender affirmation medication, all before the age of 18.
I can tell you from first hand experience, this has not only been life changing but more importantly life saving. Ashe is now a fully functioning adult that has hopes, plans and dreams of a future where before suffered from deep depression and suicidal ideation.
I beg you to carefully consider the implications of banning gender affirming care for minors. The potential lives lost, the cruelty of prohibiting any human being from important medical care and the overreach of government decisions that interfere with parental and physician medical decisions.
I am deeply disturbed that a panel of mostly conservative cis men making decisions that belong in the hands of parents, guardians and doctors.
This is an unacceptable overreach of government, particularly in Alaska where our state constitution specifically provides the right to privacy.
Please do what is right by the small, but important members of our Beloved Alaska Trans community.
Regards,
Beth Carroll
Proud Trans Parent
Homer, Alaska

From: Jess Leachman <leachman0016@gmail.com>
Sent: Thursday, August 21, 2025 4:26 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: "Small government" means stat OUT

Alaskans don't want your big government egos in thier healthcare choices. If an Alaskan wants to do whatever and thier doctor says cool, then shut up. Drink raw milk, or go on hormone blockers, or get your boobs done; who cares!? Stop being shills to lower 48 nonsense sicophants. Act like Alaskans or get the Hell out!

-----Original Message-----
From: Lisa <lckrebs@gmail.com>
Sent: Thursday, August 21, 2025 4:51 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Two items to discuss on Friday's meeting

Dear Dr. Heilala, Dr. Taylor, Dr. Paulson, Dr. McDonough, Dr. Barnes, and Mr. Wilson,

I am writing to you today about the topics of discussion for your Friday meeting.
First, I would like to discuss the possibility of eliminating gender affirming medical care for children.
A peer reviewed study was published in September 2024 in "Nature Human Behavior" that looked at data on suicide attempts of youth from 19 states prior to and after passing legislation banning transgender care. They looked at data in 3 year increments and saw a large increase in suicide attempts in every state by youth after bans were put in place.

Alaska already has some of the highest rates of suicide in the nation. Banning transgender care will further isolate these youth (which is estimated at no more than 1% of our population) and cause further mental and behavioral issues, and possibly death. We cannot support this ban knowing it will do more harm than good. We are talking about our Alaskan children. I strongly am against limiting medical care for transgender youth.

Second, I would like to comment on the ban on late term abortions.

Alaska has the right to abortion written into our State Constitution. Late term anbortions are rarely done, and most often only if there are medical problems with the fetus or the mother. There are many different examples where the survival of the mother and/or fetus are at stake. This decision should be made with the mother's medical doctor, the mother, and her family, not by a Medical Board. I strongly oppose restricting long term abortion.

Thank you for your time,

Lisa Krebs
lckrebs@gmail.com
40946 Dorothy Drive
Homer, AK 99603

From: Timbi Barron <timbi@alaskablues.net>
Sent: Thursday, August 21, 2025 4:53 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Protect trans youth and abortion rights

You have an important job, which is to operate in the best interests of Alaskans. Support for our tiny trans community and women's rights are of the utmost importance. That you are on the attack towards both of these issues show you are not acting in our best interests. Please do the right thing, the thing that allows you to look at yourself in the mirror and know you stood up. We're watching and we're counting on you. Please protect our trans community, trans kids, and women's rights.

Thank you
Timbi Barron
Anchorage AK

From: Meisha Robichaux <meisharobichaux@gmail.com>
Sent: Thursday, August 21, 2025 5:04 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Fervent Opposition to Restricting Gender-Affirming Care

To the Alaska Medical Board,
I am writing to express my most fervent and unwavering opposition to your proposed vote to restrict or ban gender-affirming care for transgender minors as well as your attack on a woman's right to choose. As a woman and a resident of Wasilla, I am absolutely sick of uneducated bureaucrats stripping away my fundamental rights, including the right to choose what I do with MY body. The fact that this board, comprised of political appointees rather than elected officials, is even considering such a measure is an outrageous overreach of power.

This proposed vote is a blatant political attack, not a medically sound decision. It is an act of evil ignorance, pushed by extremist male Republicans who are determined to dictate the private medical decisions of families and individuals and eliminate my freedom to choose what I do with my body AND what religion I honor. Just because YOU believe something doesn't mean we should all bend over backwards to appease only YOUR beliefs, especially when they cannot be backed up by logic, science, or facts.

The overwhelming majority of major medical associations, from the American Medical Association to the American Academy of Pediatrics, support gender-affirming care as medically necessary and life-saving. Your consideration of this resolution flies in the face of established science and professional ethics. One of your board members isn't even a medical professional! What right do any of you men, who don't even specialize in this field of medicine you're voting on, have to take away our rights? You don't - plan and simple.

You are threatening to criminalize life-saving care and punish dedicated physicians who are simply following best-practice medicine. This is a direct assault on the rights and well-being of Alaskan families. My body, my life, my choice, my religion, and my beliefs. And for parents and their children, it is their right to make these decisions with their doctors, free from the interference of a politically motivated board.

I expect you to do the right thing and vote decisively to reject this harmful and unscientific resolution. Anything less is a betrayal of your duty to serve the public and a demonstration that you are nothing more than dull political pawns.

Sincerely,
Meisha Robichaux
7365 W. Dean Dr.
Wasilla, AK 99623

-----Original Message-----
From: Robin Eagleton <rspara@icloud.com>
Sent: Thursday, August 21, 2025 5:07 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender affirming care

To whom it may concern,

Banning gender affirming care for minors in the state of Alaska is a mistake. Your (cis male) kid is suicidal because he is being bullied for having an unusual amount of breast tissue? Can't do shit about it. Your (cis female) kid is suicidal because she is being bullied for having masculine facial features? Can't do shit about that either. Gender affirming care is widely used by a lot of people, both cis and trans, and is meant to improve quality of life. By banning gender affirming care for minors, you would be lowering quality of life standards for ALL minors.

If protecting children is the goal then please allow them access to medical care.

Your constituent,
Robin Eagleton
Fairbanks, AK

From: Danny Casner <dxcasner@gmail.com>
Sent: Thursday, August 21, 2025 5:07 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject:

To the esteemed members of the board,
I'm writing to urge you NOT to pass the proposed resolutions opposing gender affirming care and abortions in Friday (8/22/25)'s meeting. In addition to the preponderance of evidence showing that gender affirming care reduces rates of suicide and depression in vulnerable populations, the passing of this resolution would serve as a psychological attack on vulnerable children. Further, any moves to restrict abortion access also run the risk of complicating and reducing medical care for expectant mothers, which has already costs lives of pregnant women in other states. Both of these actions, and their consequences, represent a clear violation of the Hippocratic oath to do no harm. Thank you for your consideration.
-Danny Casner
(He/Him)

-----Original Message-----
From: Emily Sousa <rottador@gmail.com>
Sent: Thursday, August 21, 2025 5:20 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Public comment: do not restrict gender affirming care

Dear members of the state medical board, I am a parent and educator based in Fairbanks urging you not to restrict gender affirming care for minors. Evidence from research shows that when transgender youth are supported and have access to gender affirming care, rates of depression and suicide drop dramatically. Gender-affirming care is life saving care. Please do what is best for Alaskan youth- do NOT restrict gender affirming care for minors. Let those conversations take place between kids, families, and their medical care team.
Thank you,
Emily Sousa
Fairbanks, AK
From: Mike Garvey <mpg167@gmail.com>
Sent: Thursday, August 21, 2025 5:33 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Public comment on item 6b of Quarterly Meeting

Good afternoon,

I am writing in my personal capacity as an Alaskan to express dismay that the Medical Board is devoting time and energy at the scheduled quarterly meeting tomorrow for taking

up statements or new regulations around "late term abortion" and "treatment of gender dysphoria in minors."

This strikes me as a nakedly political agenda; if you were to list out the top concerns that the Board might have about the practice of medicine in Alaska across all types of medicine, these realistically wouldn't be close to the top of the list. Why isn't the Board seeking to educate Alaskans on how changes to Medicaid will impact providers? Or how challenging recruitment and retention may be? Or any other area of medicine that doesn't directly correlate to partisan politics?

On the issue of gender affirming care, it is especially galling to potentially regulate specific medical care in a way that interferes with the patient and provider relationship, and circumventing the experts in that area of care. Unprofessional conduct regulations overwhelmingly deal with practices that can apply to all types of providers and licensees. It is a dangerous precedent for the state board to start declaring itself the arbiter of what type and manner of care is appropriate.

And I say that out of principle and personally. I'm a 41 year old man. I just started hormone replacement therapy because my testosterone is off the charts low. I made that decision in consultation with my doctor and my wife, for reasons that are deeply personal and that I suspect you don't care to know. I would be appalled if, for example, the state decided to get in the middle of that conversation because, say, taking testosterone lowers the chances of reproduction by lowering natural sperm counts. All Alaskans deserve the dignity and privacy that I was afforded in making decisions about their lives with their care providers. You are not the experts in those lives, or the vast array of medical decisions that parents and providers make about their children's healthcare, and I urge you not to act like it.

Sincerely,
Michael P. Garvey, MSW

From: Guy Keyes <raven.darklord.76@gmail.com>
Sent: Thursday, August 21, 2025 5:33 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject:

I am writing to express my concern regarding this Board's decision to take up the treatment of gender dysphoria in minors. This Board is charged with overseeing the licensure of medical practitioners in Alaska, including by revoking licenses from practitioners if they are deemed by the board to have violated state statutes. There is NO statute currently restricting gender-affirming care in Alaska. This Board should be focused on accepted science, not advancing political theories that do not meet the intent of this Board. The American Academy of Pediatrics (AAP) and other medical experts and organizations

continue to support gender affirming care, emphasizing its role in the mental health and wellbeing of trans children and teens.

AAP President Susan J. Kressly, M.D., FAAP, has stated that "Patients, their families, and their physicians-not politicians or government officials-should be the ones to make decisions together about what care is best for them based on evidence-based, age-appropriate care." She further stated that "The AAP remains focused on supporting pediatricians in delivering the best possible care to every child, informed by science and the lived experiences of patients and families. We will continue to support the well-being of all children and access to high-quality care that meets their needs."

There is already a stringent process for receiving treatment for gender dysphoria in minors. It is not a simple task and is not one that is taken lightly by any of the multidisciplinary care team involved. This team includes clinicians, endocrinologists, mental health professionals, guardians, and the minor themselves. It may take years before the minor is prepared and cleared for treatment to begin and requires the approval from all involved.

Scientific research has been done to ensure that the correct procedures are followed that benefit the minor. This includes the Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. In this paper the following guidelines already exist:

"We recommend treating gender-dysphoric/gender-incongruent adolescents who have entered puberty at Tanner Stage G2/B2 by suppression with gonadotropin-releasing hormone agonists. Clinicians may add gender-affirming hormones after a multidisciplinary team has confirmed the persistence of gender dysphoria/gender incongruence and sufficient mental capacity to give informed consent to this partially irreversible treatment. Most adolescents have this capacity by age 16 years old. We recognize that there may be compelling reasons to initiate sex hormone treatment prior to age 16 years, although there is minimal published experience treating prior to 13.5 to 14 years of age."

By ending or otherwise limiting the treatment of gender dysphoria in minors, this Board risks not only the physical wellbeing, but the mental wellbeing of our Alaskan youth. A publication from 2023 speaks directly to the mental health impacts on transgender and gender diverse (TGD) youth:

"A number of subsequent reports have confirmed the positive mental health impact of gender-affirming medical care for TGD adolescents and young adults. In particular, a cross-sectional survey of more than 20,000 transgender adults (aged 18–36 years) found a significantly lower odds of life-time suicidal ideation (P=0.001) in those that had been treated with pubertal blockers during adolescence in comparison to those who wanted such treatment but did not receive it."

"A 2020 survey of 11,914 transgender or nonbinary youth, aged 13–24 years, in which 14% of respondents were receiving GAHT, demonstrated that such treatment was associated a lower odds of recent depression and serious consideration of suicide compared to those who wanted such care but didn’t receive it. A separate survey study demonstrated that

access to GAHT during adolescence was associated with lower odds of past-year suicidal ideation (P = 0.0007) compared to those who accessed such care during adulthood."

In closing, I ask that this Board reflect back on its purpose and intent. I ask that you each remember that in Alaska we are a proud and private folk that stand for our rights and those of our fellow Alaskans. What Alaskans do not stand for is the politicization of our youth and the overreaching that this Board is attempting to do.

Sincerely,
Mr. Keyes

From: Ryan Oeste <ryoeste@gmail.com>
Sent: Thursday, August 21, 2025 5:49 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Opposition to proposed actions on "Treatment of Gender Dysphoria in Minors" and "Late-Term Abortion" on the August 22, 2025 agenda

Dear Members of the Alaska State Medical Board,
I am writing to urge you NOT to adopt new restrictive language or disciplinary measures relating to gender-affirming care for minors or to adopt new restrictions relating to abortion that are listed on the Board's agenda for August 22, 2025. I appreciate the Board's duty to protect patient safety and uphold evidence-based practice, but these proposed actions risk doing the opposite: they would interfere with established medical standards, threaten patient confidentiality and access to care, and could run counter to recognized legal and constitutional protections in Alaska.
First, I want to be clear about what I understand the Board is considering. The Board's published agenda and materials listed as "Treatment of Gender Dysphoria in Minors" and "Late Term Abortion" as items for this meeting. These matters are therefore before the Board now and any changes could be adopted at the meeting.
Second, acting to discipline clinicians or to broadly prohibit evidence-based treatments for transgender youth would conflict with the positions of leading medical organizations and the available clinical guidance. Major professional bodies — including the American Medical Association, the American Academy of Pediatrics, the Endocrine Society, and other expert groups — have repeatedly recognized gender-affirming care as medically necessary for some patients and urged that clinical decisions be made by medical professionals following accepted standards of care rather than by political or regulatory fiat. The AMA, for example, has publicly opposed state interference that would criminalize or restrict medically-necessary gender-affirming care.
Third, restricting access to gender-affirming care and threatening disciplinary action against providers is likely to cause concrete harm. Peer-reviewed studies and clinical reviews show that gender-affirming care, when delivered according to accepted protocols and after careful assessment, is associated with improved mental-health outcomes for transgender and gender-diverse youth, and that removing or restricting access is correlated with increases in distress and risk. Given the small number of Alaskan youth who receive such care, broad punitive measures would be a blunt instrument that risks serious unintended consequences.

Fourth, on abortion: Alaska courts and legal trackers note that abortion protections in Alaska are shaped by the state constitution's privacy protections and subsequent court rulings recognizing reproductive choice as a fundamental right under state law. Any Board action that would meaningfully restrict access to abortion care (including measures that increase provider risk or limit who may provide standard care) should be approached with caution and full legal review because of these protections and existing litigation and rulings in the state.
For these reasons I urge the Board to:
• Refrain from adopting any new regulatory language or disciplinary standards at this meeting that would criminalize, stigmatize, or broadly prohibit gender-affirming care for minors; instead, direct any concerns about evidence to a neutral, independent systematic review process and invite input from pediatric, endocrine, and mental-health experts.
• Avoid adopting any regulatory changes related to abortion provision without thorough legal review of Alaska constitutional protections and the practical effects on access in a rural, sparsely-populated state.
• Prioritize patient safety, confidentiality, and evidence-based clinical judgment — not political considerations — when discussing board statements or regulatory actions.
Thank you so much for your time and service! I respectfully request that the Board publish any proposed draft regulatory language in full and allow adequate public comment before taking steps that would meaningfully alter the standard of care or the regulatory environment for clinicians and patients in Alaska. :) I would happily provide further information or to point you to clinical experts and peer-reviewed evidence if that would be helpful.
Thank you for your time,
Ryan Oeste
Fairbanks, Alaska
ryoeste@gmail.com

From: Emily Dawson <erdawson90@gmail.com>
Sent: Thursday, August 21, 2025 5:52 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender Affirming Care

I'm writing in support of the state of Alaska maintaining gender affirming care for its residents of all ages. Gender affirming care practices have evidence-based testing and data to support as well as being backed by major medical organizations. This is just one more example of a type of healthcare that saves lives. There are many examples of trans and cisgender youth benefiting from gender affirming care. This is not a criminal act and should not be considered malpractice.

From: Kristy Harrington <akkristy@yahoo.com>
Sent: Thursday, August 21, 2025 6:29 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Fw: Failure Notice

----- Forwarded Message -----
From: "mailer-daemon@yahoo.com" <mailer-daemon@yahoo.com>
To: "akkristy@yahoo.com" <akkristy@yahoo.com>
Sent: Thursday, August 21, 2025 at 06:26:38 PM AKDT
Subject: Failure Notice

Sorry, we were unable to deliver your message to the following address.

<alaskamedicalboard@alaska.gov>:
550: 5.4.1 Recipient address rejected: Access denied. For more information see https://aka.ms/EXOSmtpErrors [DS1PEPF00017E08.namprd09.prod.outlook.com 2025-08-22T02:26:37.970Z 08DDE004FBDF7304]

---------- Forwarded message ----------
Hi, I just want to say THANK YOU for bringing up the horrendous insanity that has been allowed in Alaska. I am hoping every board member will be in agreement that mutilating a child is an abhorrent thing to do to a child whether by blockers or actual surgery under the age of 18 or in the womb. When I talk to people about abortion it suprised me that more people didn't know the fact that it was legal in Alaska and 8 other states up to birth. My grandaughter was born at 24 weeks. She is now 16. How can we as a society so undervalue the most vulnerable humans then we pass laws that protect Bald Eagle eggs. I pray that Alaska joins the other 12 states that have a total ban on killing babies at any stage of growth. How can a physician or anyone in the medical profession condone this. Please cast a vote for our children and babies. Both transitioning and abortion should not be allowed in our great State or anywhere in our nation or world. Sincerely, Kristy Harrington

From: Flame Fern <faustskinner@gmail.com>
Sent: Thursday, August 21, 2025 6:34 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Medical care has no gender.

Hello, my name is Faust Cotton, I have seen a concerning consideration to pull back treatment options for people with physical body dismorphia (trans), this could lead to heavier medicine doses to keep depression down, larger heavier people eating thier self hate away, and suicide.
Please reconsider this move as it will not help anyone be healthier which is the goal of medacine, you can not tell me you want to help people then be against the people that plead for the help.
Do not let people that only know hate and pushing over the weaker, tell you how to care.

From: Arctic Goddess <arcticgoddess11@hotmail.com>
Sent: Thursday, August 21, 2025 6:37 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: 22 Aug Medical Board Meeting Comment

Chair Taylor
I am a wife, mother, and midlife woman using hormone replacement therapy to manage menopause. Some of the medications I take are the same ones used in gender-affirming care. Restricting them puts my health—and the health of many Alaskans—at risk.
Healthcare decisions belong to patients and their doctors. Families do not pursue gender-affirming care on a whim; it comes after deep struggle and careful consideration. Government should not interfere.
I strongly oppose using the regulatory process to restrict gender-affirming care in Alaska.
As for so-called "late-term abortion" limits—stop. Abortion is healthcare. Women should not face burdens or scrutiny to prove they "deserve" care, whether for elective reasons or medical emergencies.
Alaskans need more access to healthcare, not less. Stop targeting the small number of families with trans children who are simply trying to love and support their kids.

These proposed restrictions are harmful, unnecessary, and a misuse of effort. I urge you to reject them.

Thank you
Rhonda Widener
Fairbanks

From: Saeward S <saeward.schillaci@gmail.com>
Sent: Thursday, August 21, 2025 6:38 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: I oppose attempts to limit healthcare for abortions & transgender youth

Hello,

I'm an Alaskan living in Fairbanks. I'm emailing regarding the board's proposed actions for tomorrow which would oppose abortion and medical care for transgender youth. You should respect the dignity of all people by affirming Alaskans' rights to abortion and gender-affirming care. The residents of our state need more and better healthcare, not discrimination, restrictions, and violations of privacy. Respect the needs of ordinary Alaskans by opposing these actions.

Thank you,
Saeward Schillaci

-----Original Message-----
From: Paige Poston <paige.poston@hotmail.com>
Sent: Thursday, August 21, 2025 6:44 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Oppose the restriction of trans healthcare

Good evening,

I am writing to voice my opposition to the potential restriction on healthcare for transgender youth. I work in suicide prevention and I regularly see data proving that transgender youth are at higher risk of suicide than their peers. That risk goes up exponentially when they are denied access to gender-affirming healthcare. The type of care that the medical board is considering restrictions on is life-saving. Please do the right thing and protect access to it.

Thank you,
Paige Poston
Sent from my iPhone

From: Michael Mason <michael.mason83@gmail.com>
Sent: Thursday, August 21, 2025 6:49 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Public Testimony for Friday 8/22/2025

Hello

I was born and raised in Alaska.

Article 23 of our state constitution guarantees the rignt to privacy which includes families making decisions with their doctor.

Gender affirming care saves lives and the science shows it.

Every single major medical organization, including the American Academy of Pediatrics, the American Medical Association, and the American Psychiatric Association, supports the provision of age-appropriate, gender-affirming care for transgender and non-binary people.

These organizations represent millions of doctors, researchers, and mental health professionals in the United States. Gender-affirming care has always existed.

Stop trying to politicize what should be private decisions between families and their doctors.

Sincerely,
Mike Mason
Alaska Citizen

From: Sydney Mullen <sydneykmullen@gmail.com>
Sent: Thursday, August 21, 2025 6:58 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Reject any amendment to regulations that designates medical or surgical treatment of gender dysphoria in minors as "unprofessional conduct"

To the Alaska Medical Board,
I strongly urge the Board to **reject** any amendment to regulations that designate medical or surgical treatment of gender dysphoria in minors as "unprofessional conduct."

The American Academy of Pediatrics, the American Medical Association, the American Psychiatric Association, and the Endocrine Society, and other medical organizations and experts have all underscored the importance and urgency in providing medical treatment for gender dysphoric youth. This guidance includes recommendations to treat "gender-dysphoric/gender-incongruent adolescents who have entered puberty at Tanner Stage G2/B2 by suppression with gonadotropin-releasing hormone agonists. Gender-affirming hormones may be added after a multi-disciplinary team has confirmed the persistence of gender dysphoria/gender-incongruence and sufficient mental capacity to give informed consent" (Hembree et al., 2017).

Based on high quality cohort data, low regret rates have been observed for medical care provided to gender dysphoric/gender-incongruent adolescents when these guidelines are followed. Furthermore, these same medications are routinely prescribed to cisgender adolescents for a variety of other conditions-- calling out gender-dysphoric/gender-incongruent adolescents is not based on scientific findings and is inherently discriminatory.

The current medical guidance for gender-dysphoric/gender-incongruent adolescents is not negligence-- labeling it as such is dangerous, political, and not supported by medical and scientific research. Again, I urge the Board to reject the proposed resolution as it is blatantly political and goes against the most rigorous, up-to-date research on the issue. Alaskans deserve access to science-based healthcare and this will have a chilling effect between providers and their most vulnerable patients.

Thank you for your time,
Sydney K. Mullen, Ph.D.

Reference:
Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., Safer, J. D., Tangpricha, V., & T'Sjoen, G. G. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of clinical endocrinology and metabolism*, *102*(11), 3869–3903. https://doi.org/10.1210/jc.2017-01658

From: Annie Hughey <annie.hughey@gmail.com>
Sent: Thursday, August 21, 2025 7:03 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Support for Abortion & Transgender Youth Care

Hello,

I am a resident of Valdez, Alaska. I would like to formally express my support for abortion services in Alaska and for medical care for transgender youth. Please do not abandon women and our transgender youth.

Thank you,
Annie Hughey

From: Abigail Nastan <amnastan@gmail.com>
Sent: Thursday, August 21, 2025 7:10 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Comment for tomorrow's quarterly meeting

Dear members of the State of Alaska Medical Board,

I would like to enter a comment in advance of tomorrow's meeting. Please uphold your oaths to do no harm and do not allow politics to influence scientifically backed medical practice. Studies clearly show that ensuring trans kids can access gender affirming care saves lives and leads to better health outcomes all around. Similarly, accessible abortion care is critical to protect womens' health.

As medical professionals, I know you are aware of what the science says. I am shocked and dismayed that you would even consider ignoring well-studied scientific evidence in favor of ideology. For heaven's sake, how can you live with the thought of putting women and kids in mortal danger like this?

Serving as a scientific professional in an official state capacity comes with an ethical obligation to put aside any personal biases, consider what objective science tells us, and speak truth to power. So far, the board has completely failed on these issues. Do better.

Abigail Nastan
2000 Raven Dr
Fairbanks AK 99709

From: N. H. <nikki1113is@gmail.com>
Sent: Thursday, August 21, 2025 7:21 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Concerned in Alaska

Hello,

I am writing to express my strong concerns regarding your upcoming meeting to consider adopting language that condemns access to gender-affirming healthcare for minors in Alaska.

I want to remind you that our state constitution, specifically Article 1, Section 22, guarantees every resident the right to privacy. This right extends to the medical information and treatment decisions for children and their parents. It is not appropriate for the government to interfere in these deeply personal matters.

Gender-affirming care is supported by scientific and medical consensus. Your personal feelings, religious beliefs, or moral objections should not dictate public policy, especially when it comes to healthcare decisions that impact the well-being of Alaskan families. Alaskans are deeply independent individuals who do not appreciate being told how to raise their families.

The children and families who seek gender-affirming care already face enough condemnation from their peers, neighbors, and communities. They do not need additional judgment from their state government.

Sincerely,
Nicole

From: Jennifer Addington <jenniaddington@gmail.com>
Sent: Thursday, August 21, 2025 7:22 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Meeting August 22 2025

To whom it may concern;

As a concerned Alaskan I am writing to address the agenda item concerning gender affirming care. Please leave this to parents to make the best decision for their children. This is heathcare.

Also the item of Late Term Abortion. This sadly is also heathcare care. As a woman who has been pregnant I can attest that should this need arise there are sad , dire consequences happening. This must be left to the care of the doctors and the patients.

I appreciate your time

Jennifer Addington
Fairbanks AK 99709

From: Rem Soliday <rem@choosingourroots.org>
Sent: Thursday, August 21, 2025 7:45 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Friday meeting of the board

Good day to whomever is reading this email,

It has recently come to my attention that the Alaska medical board is voting Friday August 22nd to adopt language which would restrict access to gender affirming care for youth in Alaska. As a concerned citizen and as someone who has worked with trans youth professionally I would like to voice my opposition to this stance by the medical board.

Gender affirming care is life saving for transgender, and gender nonconforming youth. Organizations across the globe have recognized that blocking access to gender affirming care for adolescents can have extremely detrimental effects on their mental health and wellbeing.
As I'm sure you are aware we are currently in the middle of a mental health crisis in this country. Teens in Alaska also face an increased risk of depression and suicide. With this in mind, I would think that the medical board of this state would ensure that our youth's mental health is at the forefront of our minds in every discussion around medical priorities in Alaska.

Furthermore myself and several other concerned constituents take issue with the fact that the man leading this charge has no experience in treating transgender or gender nonconforming youth. As someone who works with trans youth daily I can promise you that gender affirming care saves lives.As such by blocking access to this care you are ensuring the suffering of teenagers who already facing increased risk for depression, substance abuse, suicide, and suicidal ideation.

I urge you to reconsider adopting this language. I urge the board to make the mental health of our youth your top priority rather than attempting to make a political statement at the expense of the wellbeing of our young Alaskans. I hope that during this meeting you make a choice based on documented, evidence based science rather than political ideals.

With **Queer Joy and Excellence**,

Rem Soliday
pronouns: he/they
Anchorage Resource Navigator
(814)-559-9399
http://www.choosingourroots.org

Choosing Our Roots serves communities throughout the unceded territories of the Indigenous Peoples of Alaska. We acknowledge the ancestral & present knowledge of the peoples of these territories.

-----Original Message-----
From: Susan Dent <docdent@mtaonline.net>
Sent: Thursday, August 21, 2025 7:58 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Opposition to Proposed Statement on Gender-Affirming Care

Dear board of medical examiners.

I urge you not to move forward on your motion to discipline medical professionals who provide transgender care.

The decision to undergo such treatments should be between the doctor and the family and must be decided on a case by case basis Surely you are aware of transgender youths who take their own lives if such care is not available for them. Such treatment should be rare, legal and safe.

The very lives of transgender youth are in your hands. Do no harm

Susan Dent.
Sent from my iPad

From: Ben Preston <preston.benjamin@gmail.com>
Sent: Thursday, August 21, 2025 8:08 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Please Protect Medical Freedom

Dear Sirs & Madams,

I am writing in regards to the vote schedule for Friday the 22nd.
Gender affirming care, for minors or for anyone is a decision that should be up to the patient, with informed consent.
Increased restrictions are unnecessary and could result other unforeseen harm.
Tomorrow, please vote to preserve Alaskans freedom of medical choices.

Thank you,
-Ben

From: Carrie Nash <nash.carrie@gmail.com>
Sent: Thursday, August 21, 2025 8:15 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: abortion rights and lifesaving care for transgender youth

8/21/25
To the Alaska State Medical Board:

I am a lifelong resident of Interior Alaska. I am writing to clearly state my opinion regarding the items you will consider at tomorrow's meeting.
Please DO NOT LIMIT gender affirming care for transgender minors. You will be immorally limiting care that will keep transgender youth ALIVE.
It is unconscionable to deliberately withhold care from kids due to your personal political or religious beliefs. This is a MEDICAL ISSUE.

Similarly there are Alaskan women (and girls!) who will rarely require late term abortions for medical reasons or reasons of mental health. It is not your
committee's place to second guess lawmakers and physicians. DO NOT LIMIT WOMEN'S LIFESAVING CARE. Women are half the world. They are people who have
lives and children and family and self determination.

Thank you for your attention to this matter.
Sincerely,

Carrie Nash, Fairbanks

Carrie Nash
nash.carrie@gmail.com

907 388 5018 cell
740 Pelican Way
Fairbanks, AK 99709

From: Jasmine Maurer <jazmaurer@gmail.com>
Sent: Thursday, August 21, 2025 8:29 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Evidence-Based Care for all Alaskans

Re: Proposed resolution labeling gender-affirming care for minors as “unprofessional conduct”
To the Alaska State Medical Board,
I am writing to strongly oppose the Board’s proposal to classify gender-affirming care for minors as “unprofessional conduct.”
Only months ago, the legislature declined to act on similar recommendations from the Board—rejecting interference in standards of care as inappropriate. By acting now in this

way to advance this resolution, the Board is disregarding that decision and overstepping its proper role. Even more concerning, in the same discussion the Board raised abortion as another area for punitive action, signaling an alarming trend of politicizing medicine across multiple domains. This is not the will of the people, it is not in alignment with medical knowledge or morals.

Gender-affirming care for adolescents, when indicated and provided in partnership with families, is evidence-based medicine. It is recognized by every major medical association—including the American Academy of Pediatrics, the American Medical Association, the American Psychiatric Association, and the Endocrine Society—as the standard of care. Labeling it "negligence" is not a medical conclusion. It is a political act with devastating consequences: punishing clinicians, undermining parents, and denying young people lifesaving treatment.

Alaska realities matter:

- Our state already faces severe shortages in pediatric, primary care, and behavioral health. Restricting providers further will force families to travel out of state, delay care, or go without.
- Alaska's population has been declining for years in part because of medical inadequacies and this act would contribute to decreasing population confidence in our medical systems and level of care in our state.
- These same medications are safely prescribed to cisgender youth for other conditions. Singling out transgender youth is discriminatory, not scientific.
- Alaska has long recognized the constitutional right to privacy in family medical decisions. This proposal undermines that legacy.

I urge the Board to:

1. Withdraw the proposed resolution.
2. Affirm evidence-based standards of care.
3. Engage clinicians and national experts in dialogue and education, not punitive threats.
4. Revisit your medical oath to do no harm to use knowledge to help others and to be a life long learner keeping up with scientific advances and human rights and dignity
5. Open your hearts to love all as they are, love them as God loves us unconditionally just as we are.
6. Fulfill your Board duty to seek appointments of members from diverse backgrounds and geography to fully represent the state and its communities.

Be the leaders we need to have healthy thriving communities.

Sincerely,
Jasmine

From: hotshot@mosquitonet.com <hotshot@mosquitonet.com>
Sent: Thursday, August 21, 2025 8:38 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Care for ALL people
Importance: High

Alaska Medical Board ~

I am firmly against restricting care for anybody! You take an oath to do no harm and yet you entertain doing this? What planet are you living on where you have the right to refuse care for anyone?

I strongly oppose limiting health care for transgender youth. Just because their needs may be different than yours does not mean you can discard them like a piece of trash. These kids and their parents are doing their best to cope with these unique challenges. To take away health care is an act of cruelty.

This shouldn't even be a discussion. These folks need health care like you do.

Women also need protected reproductive health care as our constitution provides.
So don't get any ideas.

Joyce Parks
Fairbanks, Ak

From: Mary Kirisimasi <marykirisimasi@gmail.com>
Sent: Thursday, August 21, 2025 8:51 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject:

To the Alaska State Medical Board,

I am writing to state my strong opposition to the proposed resolution that would classify gender-affirming care for minors as “unprofessional conduct.”

Alaskans value our freedom and our right to make personal medical decisions in partnership with our families and healthcare providers—not politicians or boards pushing political agendas. Interfering in standards of evidence-based medical care undermines both patient rights and the trust we place in health professionals.

Gender-affirming care, when medically indicated, is recognized and supported by every major medical association. Attempts to criminalize or delegitimize it are not only out of step with science, but also with the freedoms we hold dear as Alaskans.

I urge the Board to respect established standards of care, respect families, and stop this unnecessary and harmful attempt to politicize medicine.

Sincerely,
Mary Kirisimasi
Anchorage, Alaska

From: M. Izard <izardmac@gmail.com>
Sent: Thursday, August 21, 2025 7:42 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: put people over politics

To whom it may concern:

Please do not limit healthcare for Alaskans by blocking access to abortion and care for trans kids.

Trans healthcare for youth is not what the lower 48 media makes it out to be. It is not big permanent procedures. It is life saving medications and other interventions that reduce children's suicide rates massively. Healthcare professionals around the country support gender affirming care. There are so few trans people in our state; they deserve care and love and this is both discriminatory and a waste of time spent on a culture war against a few trans kids who are just trying to live their lives.

Abortion is also life saving care. Please do not block access to important medical interventions just to further a political agenda. People's lives should come first.

Thank you,
Mel Izard
Juneau AK 99801

-----Original Message-----
From: Christy <christym907@gmail.com>
Sent: Thursday, August 21, 2025 9:09 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Meeting

I believe parents should have the right to decide, with their medical provider, what is in their child's best interest. That means that this board should not decide for them. Vote accordingly!
Sent from my iPhone

From: Cassandra Cook Raevsky <casey@alpenglowak.com>
Sent: Thursday, August 21, 2025 9:11 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Public Comment for Quarterly Board Meeting scheduled 08/22/2025

To all Members of the Board:
I am writing to express profound disappointment with your recent use of the term *"late term abortion."* This is not a medical term. It is a politicized, inaccurate phrase that has no place in any official communication from a state medical regulatory body. By using it, the Board not only spreads misinformation but also undermines its credibility with both the public and the medical community.

As physicians, we are held to the standard of accuracy in our language, our diagnoses, and our treatment. That standard must apply equally to the Board that governs us. The fact that such terminology is being used by those tasked with regulating medicine in Alaska is deeply troubling. It suggests a willingness to substitute opinion and politics for science and fact.

Equally concerning is why the Board is devoting time and energy to issuing statements of opinion instead of focusing on its actual purpose: overseeing the safe, ethical, and competent practice of medicine in our state. Alaskans rely on the Board to uphold professional standards—not to amplify misleading rhetoric. It would certainly behoove you to involve boarded specialists and/or sub-specialists to educate you on standards of care pertaining to any matters you've placed on your agenda. It does not appear that there is a single OB/GYN, Perinatologist or Complex Family Planning physician on the board. I'm sure you can see how this adds to my confusion on why this topic is on your agenda as a "New Regulation Project." In the future, it would certainly behoove you to involve boarded specialists and/or sub-specialists to educate you on standards of care pertaining to any matters you've placed on your agenda. On the off chance you have any interest in factual terminology, a late term pregnancy is specifically defined as 41.0 to 41.6 weeks gestation. Nobody is terminating pregnancies at this point.

The misuse of language in this context is not a minor semantic issue. It is a distortion that erodes trust, confuses the public, and disrespects the complexity of medical care provided in difficult and often heartbreaking circumstances. It is unworthy of a body charged with protecting the public and regulating the practice of medicine.

I urge the Board to immediately correct this error, commit to the use of accurate medical terminology, and refocus its efforts where they belong—on the regulation of medicine, not on political posturing. Anything less is a failure of responsibility to both physicians and patients in Alaska. It is also, quite frankly, embarrassing.

Sincerely,

Dr. Cassandra Cook

Cassandra Cook, DO FACOOG
Alpenglow Women's Health
3122 E. Meridian Park Lp, Ste 3 | Wasilla, AK 99654
Office (907) 357-1113 | Fax (907) 357-1110
AlpenglowAK.com

-----Original Message-----
From: Tess Weaver <tess.weaver@gmail.com>
Sent: Thursday, August 21, 2025 9:15 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Support Gender Affirming Care

Hello,

I am writing to encourage and ask the Alaska Medical Board to support gender affirming care in our state as well as our country. Gender affirming care is life changing and life saving. It should be readily available and safe for those in need and interest.

The absence of gender affirming care will cause more harm than good and every Alaskan deserves quality, safe healthcare without discrimination.

Thank you,

Tess Weaver
8420 Longhorn Street
Anchorage, AK 99507

From: km_vanmeel@yahoo.com <km_vanmeel@yahoo.com>
Sent: Thursday, August 21, 2025 9:37 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Pro transgender care and pro abortion rights

Dear Medical Board members,

I am writing to express my deep concern for the upcoming vote about transgender care for minors and the late term abortion ban. First, I am saddened by the mere fact these are being considered. Secondly, I can't help but notice that the board is not a good representation of who might be providing care for those in question. Third, why is someone who doesn't practice medicine on the board at all!?

For the mere fact that those on the board have no expertise in serving youth regarding their gender care and pregnant women, should be enough to mean the vote shouldn't occur.

However, I recognize that this is likely not to be the case. So I will ask, please have some empathy, listen to patients, and consider other perspectives beyond your own. In doing so perhaps you will become not only a better doctor but a better person.

Sincerely,
A very concerned patient

Kayla Wagenfehr

-----Original Message-----
From: Jenny Blanchard <j.haggar@hotmail.com>
Sent: Thursday, August 21, 2025 9:48 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Meeting tomorrow

I am writing because I am very concerned about an agenda item for your upcoming meeting. You are planning a vote on opposing treatment of transgender minors. It is well established fact that trans youth have some of the highest suicide rates of any group.

Support from their families and community can help them survive that statistic. That doesn't work if you take away this care.

I'm also shocked that you're considering taking away parents' rights in this way. Surely parents should be left alone to raise their children, without the government telling them what to do?

Finally, I'm frankly shocked at the hubris of the board, that you think you have the expertise to make this decision. No endocrinologist, no psychiatrist, no pediatrician on the board, but you are going to dictate what those specialists can do to help their patients. Please, let us as Alaskan parents make decisions about our children's health without your interference.

Jenny Blanchard
Anchorage, AK

Sent from my iPhone

From: Maria Berger <marialberger@hotmail.com>
Sent: Thursday, August 21, 2025 9:50 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Vote no on resolution proposing to limit gender-affirming medical care in Alaska

To the members of the Alaska Medical Board,

I am writing to urge you to vote NO on the resolution that would support limiting access to gender affirming medical care for minors in Alaska. By proposing to label the provision of such life-saving care as unprofessional conduct, the resolution prioritizes partisan politics over professional medical expertise and evidence-based practice. That the resolution was drafted by an individual who has since declared his candidacy for governor and who has contributed thousands of dollars to Republican candidates' campaigns certainly creates a public perception of a conflict of interest, if not an actual conflict of interest.

In its June 18, 2025 statement in response to the U.S. Supreme Court ruling in the U.S. vs. Skrmetti case, the American Academy of Pediatrics stated "Gender-affirming care is medically necessary for treating gender dysphoria and is backed by decades of peer-reviewed research, clinical experience, and scientific consensus. Too often mischaracterized as exclusively involving surgery and hormones, this care is provided thoughtfully and with the involvement of multidisciplinary teams of physicians, mental health professionals, families, and most importantly, young people themselves." I am stunned by the hubris of a board consisting of a podiatrist, a neurosurgeon, a general surgeon, a cardiologist, and a primary care physician, and a non-physician community member - no pediatricians, psychiatrists, endocrinologists, or other physicians whose expertise overlaps with gender-affirming care - in proposing a resolution that is in direct opposition to the stance of the AAP, a non-partisan professional organization of pediatricians, attending physicians, and other pediatric providers with a membership of more than 67,000.

I urge you to stand up for transgender youth and their families and the physicians who care for them. Just because you or I might not relate to the experience of gender dysmorphia or might not be able to imagine what it feels like to be transgender does not mean that those experiences and those people don't exist, that their needs are not legitimate and real, or that they aren't equally as deserving of quality medical care and human dignity.

Sincerely,

Maria L Berger
15-year Alaska resident, 12-year Fairbanks resident

-----Original Message-----
From: Betsy <betsyp@gci.net>
Sent: Thursday, August 21, 2025 10:22 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Public comment: Late Term Abortion and Treatment of Gender Dysphoria in Minors

I am writing regarding the above two topics, which are on the agenda for tomorrow's quarterly meeting of the medical board.

Simply put, it is none of the state's business what personal choices are made or why, and any intervention by the state in such personal matters is a violation of Alaska's constitutional right to privacy.

Further, the type of regulations and restrictions this board seeks to impose infringe upon an individual's right to choose their best medical treatment options. Those decisions should be made by the patient, in consultation with the patient's personal physician who is appropriately trained in the relevant field, and not by a board comprised of people without such specific training.

It is disheartening that this board is attempting to politicize personal medical decisions. It is unconscionable that it seeks to railroad its personal beliefs into unwanted and unnecessary regulations that will restrict Alaskans' choices and infringe on their rights to privacy.

My great uncle served as the first vice president of Alaska's Constitutional Convention. The framers of our Constitution had the foresight to include language to restrict the very sorts of actions you are attempting to take. You should be ashamed of yourselves.

betsy Peratrovich
Anchorage, Alaska 99517

907-278-1226

From: Carly Jensen <ck.jensen01@gmail.com>
Sent: Thursday, August 21, 2025 10:30 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Support Gender Affirming and Access to Abortion

Dear distinguished board members,

I am writing today to ask that you rely on your medical expertise and experiences and protect people's abiliy to access the care and treatment with their doctors without having to worry about access being denied for very life saving and necessary care.

Best regards,

Carly Jensen

From: Savannah Martin <smartin679@gmail.com>
Sent: Thursday, August 21, 2025 10:43 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject:

Alaskans should have theri freedom.

From: Catey Burtness-Adams <cateyb.a@gmail.com>
Sent: Thursday, August 21, 2025 10:51 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Protect our healthcare and rights!

Good morning,

In your vote today, please do not limit our healthcare. Healthcare should not be limited by political pressure.

Vote to protect life-saving care for all kids of all genders! (This includes trans children without argument).

Vote to protect women's healthcare and personal freedoms which include bodily automony. Abortion is healthcare, life-saving healthcare.

Thank you for trusting science over politics,

Catherine Burtness-Adams
Lifelong Alaskan
Fairbanks, AK

From: Tess Olympia <olympiatess@gmail.com>
Sent: Thursday, August 21, 2025 11:10 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Medical rights

Hello,

I am appalled to hear of the decisions about Alaskan's medical freedoms being stripped. All Alaskans including trans minors and birthing people have a right to medical care. Abortion is a right written into the Alaskan constitution. It is a right that when taken away can cause unnecessary, preventable death of the parent particularly in the 3rd trimester. That is not a time that abortion is a choice, it is a medically necessary procedure to save a life.

Trans people deserve healthcare in the same way that everyone deserves healthcare. Parents should absolutely get to make choices for their children regarding their healthcare in every circumstance.

Alaskans have fought over and over again to keep both abortion rights and trans rights legal. Do not take our choice away.

Thank you,

Tess Ramsey
Juneau resident

From: RUTH ZENT <razmd@otz.net>
Sent: Thursday, August 21, 2025 11:10 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Transgender Youth

I very strongly oppose action by the Board to criminalize Physician's who treat Transgender Youth in the state of AK. This action is cruel both to the Transgender Youth and the Physician's who selflessly treat them. It is not criminal to give compassionate care. In my view, this is a loss of freedom for our state's residents and not consistent with our democracy. It is picking on the most vulnerable of our population. It is not easy to have gender dysphoria or to be Transgender and this makes it even more difficult.

Sincerely,
Ruth Ann Zent, M. D.
Kotzebue, AK

From: Melanie Lee <melmelilyis@gmail.com>
Sent: Friday, August 22, 2025 12:01 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Concerned Alaskan.

Hello,

I am writing to express my strong concerns regarding your upcoming meeting to consider adopting language that condemns access to gender-affirming healthcare for minors in Alaska.

I want to remind you that our state constitution, specifically Article 1, Section 22, guarantees every resident the right to privacy. This right extends to the medical information and treatment decisions for children and their parents. It is not appropriate for the government to interfere in these deeply personal matters.

Gender-affirming care is supported by scientific and medical consensus. Your personal feelings, religious beliefs, or moral objections should not dictate public policy, especially when it comes to healthcare decisions that impact the well-being of Alaskan families. Alaskans are deeply independent individuals who do not appreciate being told how to raise their families.

The children and families who seek gender-affirming care already face enough condemnation from their peers, neighbors, and communities. They do not need additional judgment from their state government.

Sincerely,
Melanie

From: Kristine Chen <kristinechen16@gmail.com>
Sent: Friday, August 22, 2025 12:45 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Public Comment for Aug 22, 2025 Meeting of Alaska State Medical Board

I am writing to provide public comment on item 6b on the tentative agenda, relating to "Late Term Abortion" and "Treatment of Gender Dysphoria in Minors."

Comments on "Proposed State Medical Board Statement on Late Term Abortion"
I strongly oppose the board's proposed statement on late term abortion. First, "late term abortion" is not a medical term and is ambiguously defined; as such, it is an inappropriate phrase to use in a statement by a medical board. Secondly, contrary to the proposed statement, I, as an Alaskan, *do* find that so-called "late term abortions" are in line with my values of freedom, privacy, and putting patient safety and health first and foremost. Restricting access to "late term abortions" will lead to negative outcomes for patients, and not just for those seeking abortions. Techniques used in abortions are also used to manage

miscarriages and stillbirths, and restricting the use of these techniques for "late term abortions" risks making them unavailable for people who need interventions for miscarriages and stillbirths. In sum, the medical board's support for new legislation regarding "late term abortions" is irresponsible, unscientific, and will encourage restrictions on proven treatment methods for pregnant people.

Comments on "Treatment of Gender Dysphoria in Minors"
I strongly oppose the board's efforts to label the provision of gender-affirming treatment for minors as unprofessional conduct. Gender-affirming care (in the form of medical and surgical intervention) is evidence-based medicine that is recognized by organizations like the American Board of Pediatrics, American Academy of Pediatrics, and other medical associations under the Federation of Pediatric Organizations. Their 2022 statement urges the best use of available research and evidence to make medical decisions that support transgender children. This includes the use of puberty blockers, which are safe and reversible, and mentioned specifically as an intervention that would be considered unprofessional conduct by the board's proposed changes. The other interventions mentioned in the proposed changes are exceedingly rare for minors, with transgender patients receiving years of counselling and treatment before any surgeries are permitted. The implication that minors are commonly receiving these treatments serves only to sensationalize what is, in actuality, a non-issue. Overall, the proposed changes would be harmful in that they would: (1) eliminate in-state access to gender-affirming medical care for minors; (2) create an atmosphere of confusion for providers regarding what is and isn't acceptable treatment for minors; (3) cast doubt on evidence-based gender-affirming care, and (4) intrude on the ability of patients and doctors to make private medical decisions.

Thank you,
Kristine Chen, Anchorage

-----Original Message-----
From: eyelets.defiant5i@icloud.com <eyelets.defiant5i@icloud.com>
Sent: Friday, August 22, 2025 1:19 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Eat my ass

Leave trans people alone you old whit ass fucks.
Let the fucking children live.
Rot in fucking hell you facists fucks.
TRANS LIVES MATTER!!!!

-----Original Message-----
From: Christine Timm <cbealer@hotmail.com>
Sent: Friday, August 22, 2025 1:31 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Trans youth vote

To whom it may concern,

I want to ask if you can please vote tomorrow to protect the access to medical treatments for trans youth.
Thank you,

Christine Timm
907-347-6640

From: Kelly Kealy <kelly.kealy@gmail.com>
Sent: Friday, August 22, 2025 7:29 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: comment regarding today's agenda item discussing late-term abortion

Dear members of the Alaska State Medical Board,

In light of the agenda item for today's meeting that includes discussion of possible addition of late-term abortion restrictions for the state of Alaska, I would like to voice my strong concern.

If you are taking public comment at this time, I would like to voice the following: It's especially crucial for women to retain their right to bodily autonomy in situations where their pregnancy becomes life-threatening, and crucial for women to be able to make decisions about what is best for both themselves and their child(ren) with their own medical providers.

Thank you for your consideration of the above.

Kelly Kealy
Fairbanks resident

From: amy bethka <amy.bethka@gmail.com>
Sent: Friday, August 22, 2025 7:43 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Protect gender affirming care

Please protect gender affirming care. It is evidence based, supported by major medical organizations, and life saving. As a life long Alaskan I value gender affirming care.
Amy Bethka

From: Christy Newell <newellchristym@gmail.com>
Sent: Friday, August 22, 2025 7:47 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Safe medical access

To The Alaska State Medical Board,

Every person deserves safe access to medical care, despite who is holding public office. I urge you not to throw road blocks up for trans patients and patients seeking abortions. Transgender people will continue to exist as they have throughout human history, and women will still have autonomy over their bodies, though forced to do so in more dangerous ways. Any lay person with google can see the impacts of access to gender-affirming care for youth is a life or death issue. And we shouldn't need a reminder for the implications of what going back in time, denying abortion access, would mean for the safety and health of so many.

Please do the right thing and ensure safe access to medical care continues and lives are protected.

Sincerely,
Christina Newell
Anchorage, AK

From: Dave Musgrave <fbksdave@gmail.com>
Sent: Friday, August 22, 2025 7:55 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: I oppose attempts to criminalize transgender care

I strongly object to the politicization of transgender care in Alaska. Declaring that practitioners who provide hormonal or surgical treatment for gender dysphoria in minors are "grossly negligent" and subject to disciplinary sanctions is a dangerous overreach. Such a policy strips parents of their right to make medical decisions for their children and will undoubtedly be challenged before the Alaska Supreme Court. Given the privacy protections in the Alaska Constitution, this effort is destined to fail.
I urge you to focus on issues that truly matter to Alaskans instead of wasting public time and money on legal battles that serve only to advance a political agenda.
Sincerely,
Dave Musgrave
Palmer

From: Melissa Toffolon <mt@actionabledataconsulting.com>
Sent: Friday, August 22, 2025 7:53 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender-affirming care

Dear Alaska State Medical Board,

It has come to my attention that you are planning to make policy changes that will make providing gender-affirming care a form of negligence. I urge you to take politics and personal opinion out of your mind when deciding which medical procedures you think are appropriate. If you are going to go down this slippery slope, I would venture that much plastic surgery is unnecessary and not medically advised and healthy for people; however, no one is planning to make a policy to determine that this is negligence.

There is a whole body of research that supports gender affirming care. Please do not conflate politics with your role on the scientific advisory board.

Sincerely,
Melissa Toffolon PhD, MPH

Melissa Toffolon, PhD, MPH
https://actionabledataconsulting.com/
(907) 414-8180

I acknowledge my residence in Bentah (Wasilla) and Nuutah (Palmer), the ancestral territory of the Dena'ina and Ahtna Peoples. I offer my reconciliation and respect to their elders past and present.
For more information see: (https://usdac.us/nativeland); (http://www.chickaloon-nsn.gov/); (https://kniktribe.org/)

From: Robin Holmes <robinholm1@gmail.com>
Sent: Friday, August 22, 2025 8:01 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Treatment of Gender Dysphoria

To the Alaska State Medical Board:

As a licensed, board-certified Family Medicine Physician, I am disturbed by the Medical Board's proposal to regulate gender affirming care for minors as "unprofessional conduct". This is not based in science, evidence, or consensus guidelines. With just a bit of investigation into the subject, The Board can find statements from professional organization across specialties supporting gender affirming care for minors, including from the American Academy of Family Physicians. To deem all of this evidence and the opinions of multiple professional societies inconsequential is an affront to the medical profession and a disgraceful political move.

This proposal is designed to specifically target only a handful of individual families who are fighting politics to provide care for their children. I provide gender affirming care of all kinds, following evidence from a variety of sources. It is widely recognized that this care is necessary, well-supported, and life-saving.

I would be happy to provide The Board with the evidence it finds lacking to support gender affirming care of minors.

Due to the demands of my clinical care schedule, I will be unable to attend the borad meeting in-person. It is my sincere hope, that I do not have to walk into an exam room on Monday and tell a patient that I can no longer provide the care they need because I will lose my medical license.

With deep concern,
Robin Holmes, MD

From: Alex Petkanas <alexpetkanas@gmail.com>
Sent: Friday, August 22, 2025 8:04 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Protect Alaska's youth: don't attack gender affirming care

Members of the Medical Board,

I urge you to protect medical access for youth. Do NOT label gender affirming medical care "unprofessional conduct."

All people deserve access to medical care, and many of the medications provided as "gender affirming care" are given to youth in other contexts without issue or concern. I have faith in our providers to determine the appropriate course of action for individuals with their particular medical needs and history.

I urge you to stop this proposal and be on the right side of history. What you choose to do in this role will impact Alaska's future and our ability to keep families and medical providers here, and you have an opportunity to do the right thing.

Sincerely,

Alex Petkanas

From: Jocelyn Ciarlone <jmciarlone@gmail.com>
Sent: Friday, August 22, 2025 8:19 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Oppose 12 AAC 40.956

Good Morning,

The following are my comments in regards to the board's intent to define treatment of gender dysphoria in minors as "unprofessional conduct".

It is clear that the board's intention is not to promote evidence-based best medical practice. If so, they would not be defying the positions of such organizations as the American Medical Association, American Academy of Pediatrics, American Psychiatric Association, Endocrine Society, or World Health Organization. Not a single major medical organization supports regulation that interferes in or criminalizes treatment of people of diverse gender.
Clinicians who treat transgender youth already follow a cautious approach, beginning with years of psychotherapy, only proceeding to medication treatment at adolescence with those who are responsibly diagnosed with gender dysphoria. Gender surgery is not performed on minors at any scale, because puberty blockers, which are safe and reversible, allow time to make an informed decision at the age of adulthood.

The exception for those who are not transgender makes it clear that the intent is discrimination against a certain class of people. If the argument is true that gender-affirming treatments are inherently harmful, why should they be available to some but not others?

Please do not move this policy forward.

Sincerely,
Jocelyn Ciarlone
--
Jocelyn Ciarlone She/Her/Hers

From: Adrienne <adriennevolunteering@gmail.com>
Sent: Friday, August 22, 2025 8:21 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Opposing the Medical Board's overreach

Hello,
I deeply oppose this medical board's attempt to overrule the citizens rights in this state. Using the medical board to make access to abortion, a constitutionally guaranteed right in Alaska, something professionals can be disciplined for is wrong. This is gross impingement of our rights by unelected individuals.
Further, to make access to treatment for youth that is widely considered beneficial and even lifesaving (500 professionals here in this state have signed the open letter), subject to similar discipline action is wrong. It makes life worse for Alaskans, and continues to drive families and professionals from our state, when we ought to be focusing on how to be a welcoming and thriving community.

Yours in citizenship,
Adrienne Canino
Anchorage, AK

From: Boyd Soule <boydsoule@gmail.com>
Sent: Friday, August 22, 2025 8:26 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Subject: Opposition to Ban on Gender-Affirming Care

To the Alaska State Medical Board,

I am writing to express my strong opposition to any measure that would ban or restrict access to gender-affirming care in Alaska.

Medical decisions should be made between a patient and their doctor, based on established medical guidelines and standards of care. Banning this care would violate this fundamental principle and have devastating consequences for transgender individuals, who are already a vulnerable population.

Gender-affirming care is supported by every major medical and mental health organization, including the American Medical Association and the American Academy of Pediatrics. This care is not experimental; it is a life-saving, medically necessary treatment. Restricting access would lead to increased rates of mental distress, suicide, and self-harm among transgender Alaskans.

I urge you to uphold the highest ethical standards of the medical profession and reject any proposed ban on gender-affirming care. Please protect the health and well-being of all Alaskans.

Sincerely,

Boyd Soule
Anchorage, Alaska

From: Jessica Horwatt <jessicahorwatt@gmail.com>
Sent: Friday, August 22, 2025 8:32 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Today's Quarterly Meeting

I am writing in opposition to your expected actions to limit health care privacy and choice for transgender youth and women.

Both of the items up for a vote today are protected by our state constitution via our right to privacy. You must adhere to the state constitution.

You want to make a discriminatory ruling against groups of people who deserve equal freedoms. There is no scenario in which the government is better equipped to make health care choices than individuals, their families and health care providers.

This is downright shameful and discriminatory...and unnecessary. The only reason I can think of for this board to be attempting to limit freedoms of specific groups of people is to take advantage of our current political environment to hold groups of Alaskan's down.

Do not vote to discriminate against people. Do not perpetuate the idea that some people deserve less.

Jessica Horwatt

From: nancy fresco <nancyfresco@gmail.com>
Sent: Friday, August 22, 2025 8:44 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Medical treatments for trans youth

Dear Board Members,
I am not a doctor, but I do hold a PhD in biology, so I understand many of the complexities surrounding questions of puberty, hormonal development, atypical gender expression, and unusual chromosomal combinations such as XO, XXY, XYY, etc. Gender is not as "obvious" or "clear-cut" as many people would like it to be, and it never has been.

I am a parent of teens, and I am someone who struggled myself as a teen with intense gender dysphoria. I know many young people today who suffer from similar struggles, and I rejoice to know that they have more options than I did back in the 1980s. These options may be simply good therapy, support, and psychologists. But in some cases, these options also include medical care such as puberty blockers, hormonal therapy, or even surgery.

I would write a much longer message, but I have just heard of your debate today, and my time to respond now is limited, so I will merely exhort you to keep these options open. Alaska's youth are relying on you.
Thank you for all your efforts.
Sincerely,
Nancy Fresco
93 Roxie Road
Fairbanks AK 99709
907-888-6960

From: Dave Mayo-Kiely <dave.mayokiely@gmail.com>
Sent: Friday, August 22, 2025 8:47 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender-Affirming Care

I am writing to oppose the proposed regulation change that would restrict gender-affirming care in Alaska. Many young people in Alaska have mental health issues related to their gender identity. For many of them, gender-affirming care is a path to ease those issues. As you are aware, decisions about providing and receiving are not taken lightly and are preceded by children, their parents and health care providers.

I have seen first-hand the benefits of gender-affirming care in a family friend. Please do not make this regulatory change.

Dave Mayo-Kiely
8601 Jupiter Dr.
Anchorage, AK 99507

From: Bobby Burgess <robert.a.burgess.ak@gmail.com>
Sent: Friday, August 22, 2025 8:50 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Oppose banning gender affirming care

Hello.

It seems you will be discussing whether or not to ban gender affirming care for transgender people, despite a wealth of evidence documenting that providing such care saves lives and leads to the best possible outcomes.

I also hear you are considering opposing abortion. Again, please look at the evidence. Women have died recently in states that have banned abortion since the supreme court overturned Roe v Wade due to being unable to get medical care.

Please, don't play political games with people's health and lives. Please don't go against the vast majority of doctors and healthcare agencies and medical professionals who have data and direct experience about the need for these types of care.

Sincerely,
Robert Burgess
Fairbanks

-----Original Message-----
From: Michael Shephard <michael.shep.ak@gmail.com>
Sent: Friday, August 22, 2025 8:52 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Concerning - getting in the way of parents, their kids, and their doctor

Dear Medical Board,
I am very concerned about the proposed rules that would affect health care for Trans kids. As with any health care, this is a privacy issue. I think the care our kids (or any of us) receive is a private matter between the doctor, parents and the child! And should not be regulated by a a Board decision that is based on religious or political views!
Sincerely, Michael Shephard

From: Marianna Mallory <mariannakmallory@gmail.com>
Sent: Friday, August 22, 2025 9:04 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Alaska's Health

To the Medical Board,

Please vote to uphold and protect the rights afforded to Alaskans under the Alaska constitution. The right to choose is important in Alaska. The cost of living is high, and being able to choose to wait until one is prepared to bring a child into the world is important. Teens also would not have the option to decide they are not old enough to be parents.

Furthermore, restricting abortion endangers women's lives, as abortion in many cases can be a life saving measure.

Please keep the government out of Alaskan's rights to healthcare privacy and autonomy to make their own choices.

Respectfully,

Marianna Mallory

From: Kim Jones <kimberlykingjones.ak@gmail.com>
Sent: Friday, August 22, 2025 9:07 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Testimony on gender affirming care

I was not able to speak during the testimony portion of your hearing, so here are my remarks:
Hello, my name is Kim, and I'm the parent of a transgender child.
Before my son understood his gender identity, he was sad, angry, and struggling. He was hearing screaming when he laid down at night. He was having bathroom accidents at school every single day. He felt like the world didn't see him, didn't understand him, and didn't care.
Then one day he looked at me and said: *"Mommy, I feel better in my heart and brain when people don't call me a girl."* That was it. That was the truth of who he is. And from that moment forward, as the adults in his life listened, affirmed, and created space for him to be himself, he became safe, he became happy, he became whole again.
Like Josh said earlier, he is brave—one of the bravest kids I know. Despite being shoved, yelled at, and teased, he has not looked back since realizing his true self. He just wants to be happy.
And now you're sitting here debating whether kids like mine should be denied the medical care that allows them to keep living that truth. **Shame on anyone who thinks they know better for my child than me.** You are not raising him. You don't see his tears, his joy, or the difference affirmation has made in his life.
We know what happens when trans kids aren't allowed access to gender-affirming care. Their mental health suffers. Their risk of suicide skyrockets. I will not go back. And I will not

lose my child to suicide because of the decisions made by a group of strangers who refuse to follow evidence-based medicine.
I'm not asking for anything radical. I'm asking for my son to grow up safe, healthy, and loved—just like every other child deserves. Please do not take away the medical care that keeps him alive, thriving, and free to be his true self.

--
Kimberly King Jones
(405) 612-7695

From: David Song <dmsong93@gmail.com>
Sent: Friday, August 22, 2025 9:08 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Re: Gender Affirming Care

To the Alaska State Medical Board,

- Much of the membership of this board has been appointed by Governor Dunleavy, not for the insight or medical expertise of the members, but because of political alignment. Dr. Heilala, for instance, is a longtime political activist for the GOP, major donor for all of our main GOP elected officials, and is **actively running to be our Governor** (continuing the "great work" of Governor Dunleavy).
- This effort to ban gender affirming care for minors is **a POLITICAL action**, not a decision based on any real medical evidence or science. Maybe you'll focus on the "butchering" of children or "indoctrination" into "gender ideology," fearmongering instead of supporting the overwhelming evidence that gender affirming care has an exceedingly low regret rate and improves the mental health of individuals facing gender dysphoria.
- Gender affirming care is a spectrum of treatments. I would say "as you should know," but people like Dr. Heilala, and I would venture the rest of the Dunleavy spokespeople appointed to the board, have literally no experience with treating patients with gender dysphoria. These treatments basically do not ever include surgical procedures for minors, but mostly range from simple supportive mental health care, and REVERSIBLE treatments such as puberty blockers.
- Early interventions for gender affirming care have more efficacy than those that happen once puberty has occurred, and NONE of these treatments are provided lightly. Patients require extensive medical consultations and evaluations before treatments are considered.
- Trans people are not being "indoctrinated" into being trans. No one "wants" to make anyone trans. Doctors, teachers, etc. have no time or mental capacity to enact the "trans agenda."**Trans people are trans IN SPITE of constant bullying** from partisan "medical professionals," demonization from "leaders" like the Mat-Su School Board and Governor Dunleavy, and ostracization from their peers. They seek gender affirming care IN SPITE of all of this, because they would rather live authentically no matter the cost.
- Blocking access to these treatments, done in consultation with parents, trained medical professionals, and the trans person themselves, is simply condemning

these people to misery, self-harm, and even death for your own unfounded political beliefs.
- You are saying that you know better than hundreds of medical providers and a wealth of medical literature that contradicts your views on gender affirming care. You don't. You just think it's "wrong" because you think trans people's existence is "wrong." If you could, you would also ban gender affirming care for adults.

This decision, which I feel you have already made in your minds, **helps no one**. Feeding into anti-trans hysteria only hurts people, including many cis girls, whose genders are being policed and questioned by freaks who think they are in the wrong bathroom. Do you want your daughters to be accosted in public and forced to expose themselves to strangers to "prove" their genders?

Do you really just want to be pawns for two egotistical men who have political aspirations, and want to use this anti-scientific and purely political messaging tactic to run (doomed) elections? (Sorry Dr. Heilala, you aren't going to be governor, and sorry Governor Dunleavy, you are not going to get noticed by Donald Trump).

Shame on you all.

David

From: Claudia Duffield <cdocean@gmail.com>
Sent: Friday, August 22, 2025 9:16 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Transgender youth

Hello

Please support care for transgender youth!

These youth are already at a very high risk for suicide. I have witnessed an individual who suffered from gender dysphoria, until receiving care. This person now has gender euphoria and is a highly contributing member of our society!

Transgender people deserve all the support they can get from our state and federal government!

Thank you!

Claudia Duffield
Alaska resident since 1978

-----Original Message-----
From: Chris & Kathleen <wcjones@mtaonline.net>
Sent: Friday, August 22, 2025 9:23 AM

To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Politicization of Medical Care

I strongly object to the politicization of transgender care in Alaska. Declaring that practitioners who provide hormonal or surgical treatment for gender dysphoria in minors are “grossly negligent” and subject to disciplinary sanctions is a dangerous overreach.

Incriminating medical professionals for political reasons is why Red States, such as Alaska, are seeing medical professionals leave! Stop the brain drain, and turn your attention to more pertinent political realities. Incriminating medical professionals is irrational and counterproductive.

Such a policy strips parents of their right to make medical decisions for their children and will undoubtedly be challenged before the Alaska Supreme Court. Given the privacy protections in the Alaska Constitution, this effort is destined to fail.

I urge you to focus on issues that truly matter to Alaskans instead of wasting public time and money on legal battles that serve only to advance a political agenda.

Sincerely,
Wayne Jones
Palmer

Sent from Chris & Kathleen

From: Hannah Atkinson <hannah.atki@gmail.com>
Sent: Friday, August 22, 2025 9:25 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Limiting of medical care in Alaska

Hello,

I am an Anchorage resident and a long time Alaskan. I am emailing to oppose the Medical Board's draft resolution that limits the care available to transgender youth and people seeking abortions. This action will decrease the quality of life for Alaskans and cause people to leave the state, or, if they do not have money to leave the state, suffer without medical services. Health care decisions are deeply personal and I implore you to leave them to the individual rather than forcing your ideological agenda on our fellow Alaskans.

Hannah Atkinson

-----Original Message-----
From: alinanicole@yahoo.com <alinanicole@yahoo.com>
Sent: Friday, August 22, 2025 9:26 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender-affirming care

To whom it may concern:

As a child and adolescent psychiatrist, I will never be asked to prescribe gender-affirming hormones. However, I do see many children and teens who question their sexuality and gender identity, which is appropriate, as adolescence is a time of exploration of all aspects of identity. It is vital to the health and safety of children and teens that neither laws nor actions of the medical board intrude on these very private and delicate conversations. Banning physician involvement in gender-affirming care will not change patients' feelings about their identities but will increase shame, prevent them from seeking guidance or counsel, and will likely exacerbate the rising rates of suicidal and self-harm behaviors. And from a purely economic standpoint, it would likely contribute to out-migration of families and physicians, which the state can ill-afford. Please reconsider your rash plans.

Sincerely,
Alina Schneider, MD
Sent from my iPhone

From: Meryl Connelly-Chew <merylchew@gmail.com>
Sent: Friday, August 22, 2025 9:26 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Re: Proposed resolution about gender affirming care for minors

To the Alaska State Medical Board,

I am writing to oppose the Board's proposal to classify gender-affirming care for minors as "unprofessional conduct".

The American Psychological Association (APA) has made it very clear that gender-affirming care is a life-saving, appropriate medical intervention for Transgender people. Please take the time to read the APA Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals, Addressing Misinformation, and the Role of Psychological Practice and Science.

As stated on their website,

"This policy statement affirms APA's support for unobstructed access to health care and evidence-based clinical care for transgender, gender-diverse, and nonbinary children, adolescents, and adults.

Furthermore, this policy statement addresses the spread of misleading and unfounded narratives that mischaracterize gender dysphoria and affirming care, likely resulting in further stigmatization, marginalization, and lack of access to psychological and medical supports for transgender, gender-diverse, and nonbinary individuals."
Call it what you will in these conversations, but revoking gender affirming care from Alaska minors is a death sentence. Youth will die, will kill themselves, because of a decision like this to remove their needed medical care.
The Trevor Project reports that, "LGBTQ+ young people are not inherently prone to suicide risk because of their sexual orientation or gender identity but rather placed at higher risk because of how they are mistreated and stigmatized in society." They go on to report,
A 2020 peer-reviewed study by The Trevor Project's researchers, published in the *Journal of Adolescent Health*, found that transgender and nonbinary youth were **2 to 2.5 times** as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide compared to their cisgender LGBQ peers." Making a decision to make gender-affirming care harder, or impossible, to receive for youth will increase suicide rates, and is an inappropriate and reckless decision.
Transgender youth are being used as a political pawn. It is your responsibility to protect children in our state, not put them at further risk.
Please, as an Alaska resident, I ask you to withdraw the proposed resolution and affirm evidence-based standards of care.
Thank you,
Meryl Chew

-----Original Message-----
From: Victoria Weakland <victoriaweakland@yahoo.com>
Sent: Friday, August 22, 2025 9:27 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Alaskan Right to Health Care

To whom it may concern,

Gender affirming care is evidence based, supported by major medical organizations both nationally and internationally, and life saving care.

Alaskans deeply value our right to privacy. This "vote" today, August 22nd, is an invasion of that right. Respect our rights.

Anchorage Resident
Victoria Hemphill

From: Kayla Mailloux <maillouxmagic@gmail.com>
Sent: Friday, August 22, 2025 9:30 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Please Oppose Restrictions on Abortion and Gender-Affirming Care

Dear Alaska State Medical Board,
I am writing as a concerned Alaskan and parent to urge you not to adopt any policies that oppose abortion or restrict gender-affirming, life-saving care for transgender youth.
These medical decisions are deeply personal and should be left between patients, their families, and their qualified healthcare providers—not limited by political or ideological agendas.
Restricting access to safe and proven care would harm some of our state's most vulnerable residents, including young people and families who already face barriers in accessing healthcare. Abortion and gender-affirming care are recognized by leading medical organizations as essential health services, and denying them would put lives and well-being at risk.
I urge you to follow the science, listen to medical experts, and protect the right of Alaskans to access the healthcare they need. Please vote against these harmful proposals.

Thank you for your time and for your commitment to the health and safety of all Alaskans.

Sincerely,
Kayla Mailloux
Fairbanks, Alaska

-----Original Message-----
From: Laurie Montano <lmlalderson@gmail.com>
Sent: Friday, August 22, 2025 9:35 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Recent proposals - public comment

Dear Members of the Alaska State Medical Board, I am writing in opposition to your recent proposals regarding "Late Term Abortion" and "Treatment of Gender Dysphoria in Minors". We as Alaskan physicians prefer to make our own evidence based decisions within the scope of our specialty and our training for our patients. We took an oath to first do no harm and we stand by this oath. I believe that what you are attempting to do with trying to regulate the practice of medicine with non evidence based guidelines is dangerous and a slippery slope. You will be opening the door for more political influence in medicine from both sides of the aisle.
Please allow us to continue to practice our good care without the influence of politics or board restrictions. We practice in good faith and with national and ethical standards of care.

Sincerely,
Laurie Montano, MD
Alaska Internal Medicine and Pediatrics

From: Esse Smith <smith.l.esther@gmail.com>
Sent: Friday, August 22, 2025 9:40 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Support Gender Affirming Care

Dear Alaska State Medical Board Members,

I am writing to support gender affirming care. Gender affirming care is evidence based, supported by major medical organizations, and part of comprehensive care for gender diverse and transgender youth. It is supported and backed by the American medical Association, the American Academy of Pediatrics, the American Psychological Association, and the American Psychiatric, Association. It is life-saving and legitimate.

I urge you to take action to support gender affirming care in Alaska.

Thank you,
Esther Smith
Life-long Alaskan Resident in Anchorage

From: Vicki Turner Malone <vickimalone2006@gmail.com>
Sent: Friday, August 22, 2025 9:50 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Do not limit gender affirming care in Alaska

I am very disappointed that the medical board is even considering going against prevailing medical best practices. Gender affirming care for any individual at any age is a complex set of decisions that are best made between patients, doctors and families. Certainly, you are aware of the many studies that show that gender is not as strictly binary as some politicians would like to portray it.

Vicki Turner Malone
PO Box 876529
Wasilla Ak

From: Alyssa Quintyne <alyssaquintyne@yahoo.com>
Sent: Friday, August 22, 2025 10:01 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Leave our Access to Medical Care Alone.

To the Medical Board -
My name is Alyssa Quintyne, I am a resident in Fairbanks. And I am deeply concerned at this board's decision to vote on our access to gender affirming care, hormonal treatment, and abortions.
I am a cisgender woman, the demographic people claim these bans will save. My lived experience shows otherwise. I started puberty when I was 4 years old. I needed puberty blockers to save my life. We didn't know it at the time, but this happened because I have PCOS (Polycystic Ovarian Syndrome) and would later develop other hormonal and endocrine issues that I would need medication like birth control to manage. I have been told by specialists since I was 14, not even thinking about having children, that I will probably need an abortion at some point in my life due to the high likeliness that I will have a high risk pregnancy or miscarriage.

Banning gender-affirming care and abortions will hurt our Trans children and neighbors, but also cisgender people who need gender affirming care as well; progesterone given to older cis women and men as they age to regulate their hormones, birth control to manage the debilitating painful periods for an 11 year old, puberty blockers for young children going thru Precocious Puberty which is life-threatening, the abortion pill ending the ectopic pregnancy, also live-threatening.

Bodies are weird and the truth is we are not always in control of what happens to us. We all, whether cis or trans will need gender affirming care and hormonal treatment sometime in our lives whether young, old, or somewhere in between. And what a miracle that we live in a world where these life-threatening conditions and emergencies can be managed with a pill, or a weekly injection, a doctor that listens and admits the right test, instead of just dying. The best thing this board can do in ensure that we have better access to all forms of medical care, meaning better pay and resources to our medical staff and students, more in-state providers and specialists so we don't have to leave the state to get the care we need, more regulations on insurance companies so we can actually afford the care we need, actually addressing the incidents or racial discrimination and disparities that are happening in our hospitals and affect the trust we have in our medical system. These are all things this board has the jurisdiction to access, and you all chose to vote on whether we should have access to gender-affirming care, hormonal treatment, and abortions??? Y'all have work to do and this is not it.

Our identities, age, and personal circumstances cannot be the bases for whether we are allowed by the state to receive life-changing and saving medical care. That is discrimination and unconscionable.

The only people who should be making decisions on our access to why kind of medical care is us and our providers. We all deserve science based care, not partisan attacks.

~ Alyssa

From: Pamela Huber <pamela.c.huber@gmail.com>
Sent: Friday, August 22, 2025 10:15 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Follow the science for transgender and pregnant people

Hello,

I am writing today as an Alaska resident, a woman who may have a child in Alaska in the next 2-4 years, and a teacher of transgender students. I am writing to urge you, during your deliberations today, to follow the industry-wide scientific consensus on the importance of gender-affirming care, usually in the form of puberty blockers, for transgender youth, as well as for access to medically necessary "late-term abortions" (a political and not a medical term, for the record) for pregnant individuals in Alaska.

As a teacher of transgender college students who have made it to adulthood, I know and see the importance of gender-affirming care in these students' childhoods. This care might include puberty blockers, which only delay puberty, which has been coming sooner and sooner for children. Medical science supports the mental health benefits of gender affirming care for transgender youth just as it does for intersex youth. There is no national attack on hormone treatment for intersex youth because transgender healthcare is a culture war issue that has been politicized, whereas the medical scientific community has the data it needs for consensus.

Even more personal to me as a woman considering having her first child in the next few years within Alaska, is my terror of political interventions at the Alaska Medical Board outweighing my rights. This fear is so pervasive, I may choose to not have children, though I want them, to protect my own life, for if I medically need an abortion in my second or third trimester, it is not because I do not want to carry my child to term, but because of medical necessity for myself or the child. This decision should be between me and my doctor, and politics should not enter the Medical Board's guidance for my doctor.

For a Medical Board that is entirely politically appointed and consisting of too few members, per the board's own requirements, from too concentrated a regional portion of the state, per the board's requirements, and made entirely of men to decide to violate Alaska's constitutional rights to privacy and restrict women's rights is unconscionable. The medical board is being politicized to violate my rights as a Jewish Alaskan woman to privacy and my religious freedoms which, in the Jewish tradition, is clear on my rights to terminate a pregnancy at any time for medical necessity.

As doctors you took a vow to do no harm, and issuing guidance to prevent life-saving treatment of some of Alaska's most vulnerable populations would be doing just that.

Pamela Huber
Resident of Palmer, Alaska

From: Sue Signor <signorsue2@gmail.com>
Sent: Friday, August 22, 2025 10:33 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Oppose your attempt to limit health care for youth

I strongly oppose your attempt to limit health care for transgender youth. There is proven evidence that this care saves lives.
I fully support abortion and life-saving gender reaffirming care for transgender youth in Alaska.
Susan Signor
Fairbanks, Alaska

From: Sarah Switzer <switzak@hotmail.com>
Sent: Friday, August 22, 2025 10:42 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender affirming care feedback

Greetings Alaska State Medical Board,
I have been a social worker in the state of Alaska for 23 years, 22 of which have been spent working in healthcare. I have had the privilege of working with many queer, trans, and non-binary children and adults during my career. I have seen first-hand the benefits, impact, and outcome of healthcare that affirms who they are. We know that gender affirming care decreases suicide risk in youth, and in a state that already has higher suicide rates I would hope this matters to you. One of the beautiful aspects of gender affirming care, is that it is provided as a team, with expertise, and from evidence based practices. It is built on assessment, relationship, and communication between a patient and their provider, social worker/counselor, other care providers and guardian. Please don't let the government contradict evidence based medical care for our Alaskans that is based on science and research. Our neighbors, families, and community members deserve care, not political maneuvering. Thank you, SarahSwitzer, LCSW

From: katie martini <kt.martini17@gmail.com>
Sent: Friday, August 22, 2025 11:00 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: In support of gender affirming care

To whom it may concern,

I want to voice my strong opposition toward any efforts to restrict access to gender affirming healthcare for Alaskans. Efforts to do so are based in far-right ideology, ignorance, bigotry, and hate. Please remember who you serve. Restricting people's access to bodily autonomy is dangerous and stands counter to the values of every Alaskan I know.

Sincerely,
Katie Martini (99501)
Kt.martini17@gmail.com
916.300.4485

From: Sarah Freije <evans.s3@gmail.com>
Sent: Friday, August 22, 2025 11:00 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Alaskan Right to Health Care

Dear Members of the Medical Board,
Sometimes I'm astounded that I have to be speaking up on "issues" that are really non-issues. Everyone should have a right to health care. Gender affirming care is evidence-based, supported by major medical organizations both nationally and internationally, and at its core is life-saving care. Abortion is also health care.

This vote today is an invasion to Alaskan's privacy and basic human rights. This is absurd that we are even having this conversation. Respect our rights.

Sarah Freije
Anchorage Resident

-----Original Message-----
From: Carly McQueen <carly.mcqueen@gmail.com>
Sent: Friday, August 22, 2025 11:34 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Trans and Women's Rights are Human Rights

To whom it may concern-

I am one of many who believe healthcare is a right, and not a commodity, and that people of all genders and ethnicities deserve equal access to the care they need to lead full lives in their communities.

I do not support any laws, amendments, regulations or other political agendas that take away or make grossly difficult the right to access necessary care such as the right to choose what is right for one's own body. Taking away access to care for women and trans identifying individuals not only harms these individuals, but brings undue stress to communities.

Please do not pass any laws or regulations that will take away access to care for any individual. Please support a healthy, productive, supportive community where all people can lead fulfilling lives and receive the care they need.

Thank you,

Carly McQueen
Physician Associate, Fairbanks
MPAC

---------- Forwarded message ---------
From: **Nannette Pierson** <nnpierson@alaska.edu>
Date: Thu, Aug 21, 2025 at 11:09 PM
Subject: Voting on abortion and trans care
To: <mediccalboard@alaska.gov>

To whom it may concern:
The only type of abortion you can prevent by removing that right, is safe and legal abortion. We know this to be true from history and the many women who died from back alley butchers. The other thing that most fail to recognize is the fact that safe and legal abortions are only done with the consent of the women, and currently when a woman does NOT want an abortion, she doesn't get one. This was not always true for the illegal abortions performed in places and times where the access to abortion was denied or limited and many traffickers would force this often unwanted procedure on their victims using illegal means. Women need to have control over their autonomy and when and if they will bear children. It's insane that there are no laws dictating what a man can do with his body, but for a woman it depends on the state. Abortion care is medical healthcare and restrictions placed on access results in women dying, plain and simple.
We also know that when people have access to gender affirming care they have the ability to live healthier, longer and more productive lives. Lives where they can be who they are without fear, crippling anxiety and high rates of suicide. The fact based science behind supporting youth is clear and we see such high rates of suicide among the youth who are denied the opportunity to be their most authentic selves.
Please do extensive research. Please know that we are all humans who care deeply for one another and want to save lives.

Nannette Pierson
Admin Specialist
(Former front desk team lead, lab tech, and phlebotomist for a reproductive health clinic)

-----Original Message-----
From: Cady Lister <cadylister@gmail.com>
Sent: Friday, August 22, 2025 12:00 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender affirming care

I'm writing to strongly condemn any attempt to ban gender affirming care for transgender minors in Alaska.
Thank you,
Cady Lister
907-602-2828

Sent from my iPhone

From: Louis maurer <ironmaurer@hotmail.com>
Sent: Friday, August 22, 2025 12:21 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Proposed resolution labeling gender-affirming care for minors as “unprofessional conduct”

To the Alaska State Medical Board,

I am writing to strongly oppose the Board’s proposal to classify gender-affirming care for minors as “unprofessional conduct.”
Only months ago, the legislature declined to act on similar recommendations from the Board—rejecting interference in standards of care as inappropriate. By acting now in this way to advance this resolution, the Board is disregarding that decision and overstepping its proper role. Even more concerning, in the same discussion the Board raised abortion as another area for punitive action, signaling an alarming trend of politicizing medicine across multiple domains. This is not the will of the people, it is not in alignment with medical knowledge or morals.
Gender-affirming care for adolescents, when indicated and provided in partnership with families, is evidence-based medicine. It is recognized by every major medical association—including the American Academy of Pediatrics, the American Medical Association, the American Psychiatric Association, and the Endocrine Society—as the standard of care. Labeling it “negligence” is not a medical conclusion. It is a political act with devastating consequences: punishing clinicians, undermining parents, and denying young people lifesaving treatment.
Alaska realities matter:

- Our state already faces severe shortages in pediatric, primary care, and behavioral health. Restricting providers further will force families to travel out of state, delay care, or go without.
- Alaska’s population has been declining for years in part because of medical inadequacies and this act would contribute to decreasing population confidence in our medical systems and level of care in our state.
- These same medications are safely prescribed to cisgender youth for other conditions. Singling out transgender youth is discriminatory, not scientific.
- Alaska has long recognized the constitutional right to privacy in family medical decisions. This proposal undermines that legacy.

I urge the Board to:

1. Withdraw the proposed resolution.
2. Affirm evidence-based standards of care.
3. Engage clinicians and national experts in dialogue and education, not punitive threats.
4. Revisit your medical oath to do no harm to use knowledge to help others and to be a life long learner keeping up with scientific advances and human rights and dignity
5. Open your hearts to love all as they are, love them as God loves us unconditionally just as we are.
6. Fulfill your Board duty to seek appointments of members from diverse backgrounds and geography to fully represent the state and its communities.

Be the leaders we need to have healthy thriving communities.

Sincerely,
Louis Maurer
60203 Bear Creek Dr
Homer, AK 99603

-----Original Message-----
From: vendalwind@gmail.com <vendalwind@gmail.com>
Sent: Friday, August 22, 2025 1:56 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: No Gender treatment care

I have a feeling, like on many subjects, a vocal swathe of liberal minds have made public statement supporting transgender care.

I, Daniel Holayter want to out forth my clear and simple feeling that gender affirming care is dangerous, destructive, unnatural, unhealthy, and is a progressing disease on the mental health of our people.

I strongly oppose access for minors to transgender care during their developmental years, i strongly oppose it generally, and it absolutely should not be in any way funded with taxpayer, or insurance funds driving the costs up for real medical practice.

-Daniel Holayter
Sent from my iPhone

From: Chavarri, Vanina M <vmchavarri@anthc.org>
Sent: Friday, August 22, 2025 2:16 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender Affirming Care

I just heard today that the Alaska medical board is planning on having a vote regarding gender affirming care. As a physician here in Alaska, I firmly believe that a person's medical care so strictly be determined by the patient and their doctor and based on evidence, and that politics should not weigh into it. Gender affirming care is supported by major medical organizations and is life saving for those suffering from gender dysphoria. Appropriate gender affirming care can make an incredible difference in a patient's physical and psychological well-being. Please, while voting today, think about your constituents as people, and not as political tokens. Also, remember that gender affirming care is anything that helps a person more closely match the gender they feel they are. This includes men with gynecomastia getting reduction of breast tissue, and women getting treatment for hirsutism. It is cruel and hypocritical to deny this life changing care to people.

From: Kathleen Easley BSN, RN, NCSN <katmandu26@hotmail.com>
Sent: Friday, August 22, 2025 3:50 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Medical Board plans 8.22.25

I gave testimony today but the two minutes was not enough to get information to the board. Please read my original testimony/public comment in full.

My name is Kathleen Easley, and I am a registered nurse here in Alaska. I am here today to share my concerns about the Alaska Medical Board's broad statements and its overzealous push to restrict transgender care for minors and to influence abortion legislation—what has been referred to as "late-term abortions," a term not recognized by the medical community.

I understand this board is here to conduct business and to discuss these two topics. But I am deeply concerned about the unnecessary actions being taken: resolutions, regulations, and statements designed to restrict gender-affirming care ("treatment of gender dysphoria") and to push misleading narratives about abortion in Alaska. These are political hot-button issues, and it is clear that the purpose of this activity is not to protect Alaskans but to score partisan political points.

Most concerning is that none of the members here provides the care they are debating. Instead of deferring to existing evidence-based practices established by experts, this board has chosen to inject personal convictions into its work. This behavior undermines public trust and represents political gamesmanship in a space that must remain neutral.

Every Alaskan should be alarmed when the state medical board acts in a politically motivated manner. Your mandate is not to impose ideology or personal beliefs, but to rely on science, facts, and medical consensus.

The Alaska Legislature did not take up the issue of gender-affirming care last session because this "crisis" is manufactured. These issues should remain matters between patients and their providers. Our constitution protects privacy and medical decision-making. Yet this board continues to spread false information, claiming that children are undergoing chemical or surgical interventions simply for expressing their gender identity. That is untrue.

According to the Endocrine Society, pediatric gender-affirming care follows a conservative approach. It does not automatically involve medical interventions or surgeries. Prior to puberty, gender-affirming care typically consists only of social transition: a child may use new pronouns or a name, choose clothing or hairstyles that match their identity, or share their affirmed gender with others. These steps are fully reversible and carry no medical risk. To misrepresent them as dangerous or invasive is harmful and misleading.

Instead of listening to established medical consensus, this board now seeks to threaten providers who support trans youth by labeling their work "unprofessional conduct." This is a misuse of authority. It rejects scientific standards, obstructs Alaskans' right to health care, and violates the AMA's own Principles of Medical Ethics.

The American Academy of Pediatrics, along with every major medical association, endorses gender-affirming care. Yet some groups—including a small minority of health professionals—still promote discredited practices such as conversion therapy or insist on delaying transition regardless of a child's symptoms. These approaches are rejected by leading experts and known to cause harm.

No one on this board is a pediatrician, endocrinologist, behavioral health provider, obstetrician, gynecologist, or maternal-fetal medicine specialist. No one here routinely provides women's health or transgender care. Yet you are moving forward with anti-trans and anti-choice efforts that will harm—and in some cases, kill—women and trans youth in Alaska. You are weaponizing your credentials and positions of authority not to help people, but to undermine their rights.

I urge you to invite medical professionals in these specialties—not for political cover, but to ensure your decisions are grounded in science and facts. Your responsibility is to protect Alaskans, not legislate against them.
This board is also not a lobbying group- you seek to educate and encourage Alaskans to reach out to their legislator to ask them to put out legislation about abortion? Its disturbing and not education. Its a dog whistle for anti-abortion. Alaskans have said they want access to safe abortion and medical intervention if needed- you again should not be pushing an agenda. Look to Idaho- now a 1/3 of their obstetrics care is gone because of over stepping and taking medical decision making out of their hands- women will have to almost die to get help if miscarriage or other complications arise- stop intervening- it is not your role.
Finally, thank you Dr. Heiala for stepping down as I believe his continued participation raises serious ethical concerns- as he is actively running for governor and it appears he has used this board as a political platform to promote his right-wing agenda. This is a clear conflict of interest, and his stepping down can hopefully preserve the integrity of this board.
Thank you for your time, even if not one of you took heed to what was being said to you today- you all voted to move these items forward today. Its shameful and dishonest to Alaskans.
Kathleen Easley RN

From: Kevin Klott <kklott@gmail.com>
Sent: Friday, August 22, 2025 9:58 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Healthcare Access

Passing resolutions to restrict our freedoms is not Alaskan. Do not limit access to gener-affirming care for minors or access to late-term abortion.

Thank you,
Kevin Klott

-----Original Message-----
From: Sierra Lloyd <sierravlloyd@gmail.com>
Sent: Saturday, August 23, 2025 9:48 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Care For Transgender Youth

To whom it may concern,

My name is Sierra Lloyd. I am writing to the Board regarding the drafted sanctioning of gender-affirming care for transgender youth.

I am a lifelong resident of Alaska, born and raised in Juneau, schooled in Fairbanks, now building my career and adult life in Seward. If there is one thing I know from growing up alongside multiple transgender peers, it is that if you restrict gender-affirming care for Alaskans under the age of 18, you will be responsible for the deaths of children.

Transgender youth are already at the greatest risk in terms of mental health struggles. To deny them the care they need— even in ways as simple as acknowledging their feelings about gender— will only further alienate children who need support.

As a young Alaskan hoping to create and raise a family in this state— do not put this risk over our heads. We deserve to keep our physical and mental health matters private, between ourselves, our children, and our doctors; without threat from lawmakers we have never met. These sanctions will only prevent people from getting care they need.

Thank you for your time.
Sincerely,
Sierra Lloyd
Seward, AK

From: Kev Miller <kmiller907@myyahoo.com>
Sent: Saturday, August 23, 2025 9:13 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender Affirming Care

Dear Members of the Board,

I am writing to respectfully urge you to support access to gender-affirming care for transgender youth in Alaska. As healthcare leaders, you know how essential it is that medical decisions are guided by evidence-based practices and the well-being of patients.

Gender-affirming care is recognized as best practice by every major medical organization in the United States, including the American Academy of Pediatrics, the American Medical Association, and the American Psychiatric Association. Decades of research show that such care significantly reduces rates of depression, anxiety, and suicide attempts among transgender youth. Conversely, when care is denied, young people face higher risks of mental health crises and poorer long-term outcomes.

Transgender youth deserve the same respect, dignity, and access to care as any other patient population. As medical professionals, it is our responsibility to protect vulnerable communities and ensure that healthcare decisions remain grounded in science, compassion, and ethics—not politics.

By supporting gender-affirming care, the Board would be safeguarding the health and futures of young Alaskans who simply want the chance to thrive. I urge you to recognize the evidence, listen to the voices of medical experts and patients alike, and affirm policies that uphold the highest standards of care.

Thank you for your consideration and for your commitment to the health of all Alaskans.

References:

- American Academy of Pediatrics. (2018). Policy Statement: Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents.
- American Medical Association. (2021). AMA Policies on LGBTQ Issues – Access to Comprehensive Gender-Affirming Health Care.
- American Psychiatric Association. (2018). Position Statement on Access to Care for Transgender and Gender Diverse Individuals.
- Turban, J. L., et al. (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. Pediatrics, 145(2).

From: Mary Calmes <yetna2@gmail.com>
Sent: Sunday, August 24, 2025 11:31 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Trans kids' rights to medical intervention

I see that the Alaska Medical Board voted unanimously to restrict medical interventions for trans kids
experiencing gender dysphoria. I would like to know the total number of comments you received on this
issue and well as what the ratio (for restricting medical intervention vs. protecting medical intervention
for trans kids) of the comments you received on this issue.

Thank you.
Mary Calmes
yetna2@gmail.com

Laughter: The tangible evidence of hope.

From: Carol Roughton <roughton25@gmail.com>
Sent: Sunday, August 24, 2025 3:46 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Stop attacking women and transgender people

Dear Alaska Medical Board Member,

We see you. We see you compromising the health of human beings to make political points. We understand the scapegoating of a tiny minority to stoke and channel fear to distract from your power grab, and we understand your efforts to disenfranchise women because they generally don't vote the way you want them to.

The majority of people in this country want bodily autonomy for women and want transgender people to get the healthcare they need. You're on the wrong side of history.

Carol Roughton

-----Original Message-----
From: Joelyn Betz <joelynbetz@gmail.com>
Sent: Sunday, August 24, 2025 9:14 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Transgender care resolution

To whom it may concern,
I am writing in support of my transgender adult child and their partner, who is also trans. As I watch these two amazing, brave souls navigate their way through an increasingly hostile world, I felt like there was some measure of safety and care here in Alaska. Hearing about the recent resolution to make providing medical care to transgender youth punishable via your board, (which looks suspiciously like a political stunt by a certain someone running for governor) was a punch in the gut to every transgender person and their families in Alaska.

Transgender residents of Alaska are a minuscule minority that have tragically become the Right's favored punching bag to whip up political outrage among their voters. The narrative is inflammatory and misleading, if not outright false and I consider it obscene that these amazing kids and adults who already live under stress and fear are being used so egregiously. Please stick to your jobs of making sure that all Alaskans have access to the health care they need and that is supported by every major medical association in the US and around the world.

Shame on you for abusing your positions like this.

Sincerely,
Joelyn Betz
Anchorage

From: Larissa Sage <larissasage18@gmail.com>
Sent: Sunday, August 24, 2025 9:54 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: PROTECT ALASKANS

You should be ashamed to call yourselves Alaskans. Actively voting against abortion AND care for trans youth. Absolutely disgusting. Your children, grandchildren, and great grandchildren will change their names to not be associated with you or the things you have been involved in. I am sure many of you go home to your families at night and/or to church on Sunday claiming to be such good, righteous people, when you are absolutely going to hell.

From: Kim Broers <kimbroers@yahoo.com>
Sent: Monday, August 25, 2025 6:48 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Politicizing medical care

Stay in your own lane. Punching down at vulnerable trans People is ugly, hateful, and completely un-Christian.

K Broers
Sent from Yahoo Mail for iPhone

From: Karla & Heidi Horner-Raffaele <greatkids9@gmail.com>
Sent: Monday, August 25, 2025 11:12 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: trans youth care

Dear Members on the Alaska Medical Board,

This is just a brief email to request that you support science based gender affirming care for children and teens within the state of Alaska. Additionally, please support the medical professionals providing necessary care to those who experience gender dysphoria and transition care. Parents and doctors work together to provide necessary and life saving care to children experiencing very complicated medical conditions. The government does not know what is medically best for individuals of any age or condition. If parents ignore doctors advice regarding their child's care, the Office of Children's Services can intervene, which causes any number of problems and issues for the family. Nearly all parents want to do their very best to medically support their children. The medical board needs to ground itself in science ONLY! Politics must stay clear of the doctor's office and HIPPA must be fully recognized. Finally, there is no "trans-pandemic" affecting our Alaska youth. Statistically, those of us who follow science recognize that trans individuals represent a minute group of people in our state. The medical board should not be asking the legislature to create laws that penalize medical professionals and parents who treat their children with science based care. Wake up members of the board! You all should know better because you are scientists. It's your job to lead by example and protect the sanctity of the doctor's office and science based care for everyone no matter their age or circumstance.

Respectfully,

Heidi Horner Raffaele
(907) 738-1499

From: Shonti Elder <shontieldermusic@gmail.com>
Sent: Monday, August 25, 2025 12:20 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Opposition to Proposed Statement on Gender-Affirming Care

Government has no business intruding on the individual rights of doctors, families, or individuals by denying gender-affirming care. Clearly you've never spoken with those people, before deciding your baseless new statement.

Why does the state of Alaska continue to persecute young trans people by denying human rights?

Please reconsider this harmful statement. Young trans people have enough personal problems without the state of Alaska adding more.

Sincerely yours,

Shonti Elder
3101 E Dannys Ave
Wasilla, AK 99654

From: Pamela Montgomery <montgomery.pamela@gmail.com>
Sent: Monday, August 25, 2025 1:40 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: proposal related to physicians providing medical care for gender dysphoria diagnosis

Alaska State Medical Board Members:

As a born and raised Alaskan, I have been proud of my state's diversity, appreciation of individuality and support for people living their lives without undue government interference. In recent years, it has been deeply disappointing to watch this Alaskan ethic be replaced by bigotry, intolerance and blind obedience to a Republican Party that has become engulfed in hate and corruption. I am appalled that the Alaska State Medical Board plans to directly interfere with the doctor-patient relationship for one part of our population. The prejudice and cruelty is unjust, unkind and likely illegal. Let doctors and patients, and parents of minors who are patients, make decisions that are in the best interests of the patient NOT to further the Republican political agenda.

Pamela Montgomery
--
Pamela R. Montgomery ACSW Inc.
1120 Huffman Road, Suite 24, PMB 202
Anchorage, Alaska 99515 USA
Phone 907-345-9626

state holidays. If you choose to email during any of these times, a reply is not to be expected until at least the next busin

From: Ken Winterberger <alasken@icloud.com>
Sent: Monday, August 25, 2025 2:11 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Regarding treatment of gender dysphoria
Importance: High

I was greatly dismayed by the Alaska State Medical Board drafting a statement declaring that MDs who treat transgender minors for gender dysphoria would be subject to disciplinary sanctions by the Board. Would you please explain to me how a neurosurgeon, a dermatologist, a cardiologist, an internist, a retired podiatrist running for governor, and a conservative politician with no apparent medical background can make an important decision on how gender dysphoria should be treated?

This seems to be purely political and seems to have nothing to do with medicine.

Thank you.

Ken Winterberger

alasken@icloud.com
1 860 287 1566 (c)
1201 Denali Street 311
Anchorage, AK 99501-4598

I am the Lorax. I speak for the trees, for the trees have no tongues.

-Dr. Suess

From: Carolyn Petersen <carolyn.petersen71@gmail.com>
Sent: Monday, August 25, 2025 2:40 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Patient Care vs Politics

To the Alaska State Medical Board
P.O. Box 110806
Juneau, AK 99811-0806
Dear Members of the Alaska State Medical Board,
I am writing to respectfully urge the Board to maintain its commitment to medical neutrality and avoid engaging in politically motivated decisions or policies, particularly regarding patients' rights related to abortion and transgender healthcare.

The primary duty of the State Medical Board is to uphold medical standards, protect patient safety, and ensure that physicians are practicing competently and ethically. This important mission is undermined when the Board takes positions that align with political agendas rather than relying on evidence-based medicine and patient-centered care.
Abortion and transgender healthcare are complex and deeply personal medical matters. Decisions in these areas should be made privately between patients and their healthcare providers, based on current medical guidelines and individual patient needs—not through state-imposed restrictions or political pressure.
When regulatory bodies like the Medical Board become involved in politicizing healthcare, it threatens the trust between patients and providers, and risks limiting access to appropriate and necessary care. It also creates fear and uncertainty for healthcare professionals who are trying to follow both their ethical obligations and best medical practices.
I urge the Alaska State Medical Board to remain focused on its essential role: protecting the health and rights of all Alaskans by supporting evidence-based medical care, free from political interference.
Thank you for your time, your service, and your dedication to ethical medical oversight.
Sincerely,
Carolyn Petersen

From: Sarah Garland <dsarahgarland@gmail.com>
Sent: Monday, August 25, 2025 3:23 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Alaska physicians need to provide AMA accepted care to minors with gender dysphoria

To the Alaska Medical Board,

I am deeply concerned at your recent statement that doctors who treat minors for gender dysphoria would be subject to disciplinary action by the Board.

I am not a medical expert in any area, including gender dysphoria. If a child of mine experienced gender dysphoria, I'd consult with a qualified doctor who, I'd hope, would follow standards of care espoused by the American Medical Association, based on decades of research. I do not think it is appropriate for a state medical board to adopt a policy that counters the national organization's accepted standards of care. It is pretty clear that this is a politically-motivated policy, not in the best interests of patients.

Refusal to acknowledge and treat gender dysphoria puts young people at increased risk of suicide. This is literally a life-and-death matter. Let's keep our young people alive to grow up and make healthy decisions for themselves. As I understand it, the typical care for a minor with gender dysphoria is all reversible: social and psychological support, and possibly puberty blocking drugs.

Let's all step back and allow trained physicians to offer the best care possible for their patients, in ALL situations -- including gender dysphoria.

Sincerely,
D. Sarah Garland
Fairbanks, Alaska 99712

From: Christin Swearingen <mushroomchristin@gmail.com>
Sent: Monday, August 25, 2025 4:11 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: I support trans kids

Hi,
I heard that the AK state medical board is moving to sanction doctors who treat transgender minors for gender dysphoria. This is wrong and not supported by science. Gender affirming care can be lifesaving for transgender youth, who have a higher suicide rate. Treatment for gender dysphoria is safe medical help and withholding it is unnecessary.
Thanks,
--
Christin Swearingen (she/her)

From: Name <susanallmeroth@gmail.com>
Sent: Tuesday, August 26, 2025 4:01 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Demand for Immediate Resignation of Medical Board Members and Reaffirmation of Alaskan Rights

Subject: Demand for Immediate Resignation of Medical Board Members and Reaffirmation of Alaskan Rights

Medical Board members,

I write to express my strong and unequivocal disagreement with the recent decision by the Medical Board of Mat-Su Borough to unilaterally remove the rights of Alaskan citizens—specifically the rights related to abortion and transgender surgeries for minors. This action represents a significant overreach by an unelected body that, in my view, violates the principles enshrined in the Alaska State Constitution and our laws, particularly the right to privacy, equal protection, and reproductive rights.

The Alaska Constitution, specifically Article I, Section 22, guarantees that "\[t]he right of the people to privacy is recognized and shall not be infringed." This provision has been interpreted to protect a woman's right to make decisions about her own body, including decisions about abortion. Although Roe v. Wade was overturned by the Dobbs v. Jackson Women's Health Organization decision in 2022, which returned the authority to regulate abortion to the states, the Alaska Constitution provides robust protections for privacy, and these protections have been upheld in the state courts.

In Doe v. State (1989), the Alaska Supreme Court ruled that the state constitution's privacy provision guarantees access to abortion services, regardless of federal shifts. Thus, the

Medical Board's actions in restricting abortion access directly contravene this longstanding interpretation of Alaskan law.

Additionally, under Article I, Section 1 of the Alaska Constitution, every person is entitled to "equal protection of the laws," which mandates that no person shall be discriminated against on the basis of sex, gender identity, or any other protected characteristic. By restricting access to abortion services and healthcare for cisgender minors—such as young girls who prematurely develop or boys who grow breasts—the Board has not only violated these constitutional rights but also engaged in discriminatory practices that disproportionately affect women and youth.

It is clear that meaningful consultation with Alaska's Indigenous communities and Tribes was not given the attention or priority it deserved. Indigenous sovereignty, which is fundamental to Alaska Native cultures, was disregarded. The lack of respect for these sacred traditions, cultural beliefs, and the voices of sovereign governments within our state is deeply troubling and speaks to the negligence of this process.

The Alaska Statutes also provide protections for individuals against unlawful government action. For instance, AS 18.16.010 guarantees access to healthcare services and protections for patients against unnecessary restrictions. Furthermore, AS 18.10.010 requires that any regulatory actions by the state, including decisions by boards, be reasonable, justifiable, and in accordance with the rights of citizens.

The short notice provided and the lack of adequate consultation and legal justification raises serious concerns about the legality and fairness of this decision. It is highly likely that such measures will lead to significant legal challenges, costing Alaskan taxpayers both time and money in unnecessary lawsuits.

You, as members of the Medical Board, have no legal standing to strip away the unalienable rights of Alaskans under the Alaska Constitution. The attempt to curtail access to reproductive healthcare, including abortion, and healthcare for cisgender minors—such as young girls who develop prematurely or boys who grow breasts—represents a gross overreach and an infringement on their autonomy. These actions are a direct violation of privacy rights and are discriminatory by nature.

The impact of these decisions will be felt by all women, as well as by cisgender girls and boys who experience these changes in their bodies. The consequences of these actions, which infringe upon the rights and dignity of our citizens, will be recorded in history as a profound injustice.

At this time, I demand the immediate resignation of each and every board member who voted in favor of these harmful measures. Your actions betray the very oaths you took to uphold the Constitution of Alaska and have harmed the individuals you swore to protect. This decision is not only an affront to justice but a stain on your legacy.

Discrimination, in any form, is a violation of our values as Alaskans. Hate has no place in our state. Your actions have now set a dangerous precedent, one that will be met with legal challenges and widespread public opposition.

In conclusion, I implore you to resign immediately. Your conduct has disgraced the state of Alaska, and I, along with countless others, will hold you accountable for your actions.

Thank you for your attention to this matter.

Sincerely,
Susan Allmeroth
Two Rivers, Alaska

Legal References:

1. Alaska Constitution, Article I, Section 22 (Right to Privacy):
Protects individuals from government infringement on their right to privacy, which has been interpreted to cover reproductive rights such as abortion.

2. Alaska Constitution, Article I, Section 1 (Equal Protection):
Guarantees that no one shall be discriminated against on the basis of sex, gender, or any other protected category.

3. AS 18.16.010 - Healthcare Services:
Protects access to healthcare services, including abortion services and healthcare for minors.

4. AS 18.10.010 - Regulatory Actions:
Requires any actions by regulatory bodies, including the Medical Board, to be reasonable, justifiable, and consistent with the legal rights of Alaskans.

5. Doe v. State (1989):
This case affirmed that the right to privacy, as protected under the Alaska Constitution, extends to a woman's decision to have an abortion, irrespective of federal decisions like Roe v. Wade.

-----Original Message-----
From: Kayla Newsom <kaynewsom1@yahoo.com>
Sent: Tuesday, August 26, 2025 1:18 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Stop voting to control people

Hello,

I’m contacting you all today to say to stop trying to control what other people do with their bodies, enough is enough. We’ve got real issues to worry about and a women’s right to abortion and transgenders ISNT a problem, and never will be a problem. Keep your political

views off of my body, and off of others. Keep your personal opinions off of people's bodies, period. We've got real problems and those aren't any of them problems. Why not focus on the spread of diseases, maybe focus on making sure we have good doctors and nurses who are licensed and trained? We've also got those drug abuse problems up here too. Again? Keep your personal opinions and personal issues off of people's bodies. No one should regulate what someone gets to do with their own body. Do better, be kind, accept others and love thy neighbor. As a mother, and as a cousin to someone who is trans, I disrespect you all for even trying to manipulate and control what people get to do with their bodies, you are a disgrace to this state if you go through with it. You will regain our respect once you stop going after people's bodily autonomy.

Thank you,

Kayla Newsom
Direct-(210)331-1855
Email-kaynewsom1@yahoo.com

From: Steffi Kim <smkim5@alaska.edu>
Sent: Tuesday, August 26, 2025 4:14 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Support Transgender Care

Hi,

My name is Dr. Steffi Kim. I am a licensed clinical psychologist and want to voice my concerns regarding the discrimination against the medical care of transgender youth. Having worked in the field, I am appalled to see how the medical board is influenced and manipulated by political views rather than science and scientific evidence.

The history of medicine has taught us to conduct scientific inquiry, observations, and treatment based on evidence, not whim. The holocaust is one of those examples in which the opportunity for self-determination was taken from people based on the belief that Jewish people are not people and that medical experiments are beneficial for society. That was also based on political beliefs, and a group of a few, who manipulated the medical profession into ending people's lives on the premise that some people are worth less than others.

I am appealing to you to reconsider your decision and allow people to live their lives as they see fit. You are interfering with people's rights to self-determination and happiness based on your personal beliefs. Treatments should be available for individuals to choose based on their specific needs, centered on their overall well-being, not a small group of people who may have never interacted with that community.

Best,
Steffi Kim

Steffi Marotzke Kim, Ph.D. (she/her)

Licensed Psychologist
AN CARE Lab https://www.ancarelab.com/
University of Alaska Anchorage
3211 Providence Drive, NSB 219
Anchorage, Alaska 99508
smkim5@alaska.edu

Dena'inaq ełnen'aq' gheshtnu ch'q'u yeshdu (audio)
'I live and work on the land of the Dena'ina.'
translation: Helen Dick, Sondra Shaginoff-Stuart, & Joel Isaak

From: Lindsay Standish <llstandish@gmail.com>
Sent: Tuesday, August 26, 2025 6:07 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Gender affirming care - public input

Please get your personal opinions out of your work.

I do not support restricting gender affirmating care for our youth. Gender affirming care has scientific backing, and denying this care leads to worse outcomes. Care should be between the patient, their parents, and their doctor. You have no business restricting personal freedom, or limiting the rights of parents to care for their children.

I feel similarly about interjection of your personal opinions on late term abortion. Women do not seek out late term abortions for fun. When late term abortions occur, it is almost always of a desire child, and out of great medical need. Care should be between the patient and their doctor. You have no business restricting personal freedom.

Religion that is pure and undefiled before God the Father is this: to visit orphans and widows in their affliction, and to keep oneself unstained from the world - James 1:27

Take your religion back to where it belongs; in your community, uplifting your community members who are struggling, and out of people's private medical business.

-Lindsay Standish

From: Julee Faso-Formoso <juleeff@mtaonline.net>
Sent: Tuesday, August 26, 2025 7:38 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Youth transgender affirming care

Please keep science in mind when deciding on the care of Alaska's trans youth community.

Alaska ranks number 1 in youth suicide rates in the US. Alaska Native and Native Indian rank as the highest rate of suicide among racial/ethnicity groups. One longitudinal study of

over 6,000 transgender individuals in the US indicates that the highest risk of suicide is among those under 18 years of age.

Research shows 73.3% of the research sample reported a history of suicidal ideation; this percentage dropped to 43.4% following the initiation of gender-affirming treatment. Prior to treatment initiation, 35.8% of the sample reported a history of suicide attempt(s), and 9.4% reported a history of suicide attempt(s) after initiation of gender-affirming treatment. (Social and medical gender affirmation experiences are inversely associated with mental health problems in a U.S. non-probability sample of transgender adults. Hughto JM, Gunn HA, Rood BA, Pantalone DW. Arch Sex Behav. 2020;49:2635–2647. doi: 10.1007/s10508-020-01655-5.)

To reduce Alaska's rate of suicide, all possible reasons behind this mental health crisis should be treated from a medical perspective with scientific backing, including transgender affirming care for youths.

From my understanding, you will also be discussing abortion policies at the same meeting. As someone who has heard from women across the country where abortion has been restricted severely, womens lives are being put at risk. Had severe restrictions occurred 25 years ago, I could have been dead or been put in bankruptcy due to medical bills while waiting out a failed pregnancy. Instead, I got the health care needed at the time and went on to have a health child two months later. Alaska's population has been in a slow but steady decline for some time now. If you want families to have children in this state, maternal health care and women's health care rights is a great place to start.

Many young women are choosing where to go college based on abortion policies. Why? Because often times when you finish your degree you have interned in the state, made professional contacts, and have local personal and professional references to provide. If the health care policies of the state are dangerous, young women either choose to attend elsewhere or choose putting off a family until they get some years of work experience in their field before moving to a state with more progressive health care policies. By maintaining current abortion policies, Alaskaxa universities will continue to attract young women seeking degrees. Maintaining current health care policies won't increase the brain drain already happening in this state, but rather hold it steady or possibly decrease it.

As a medical board you are a trusted team of professionals who are assumed to look to the scientific communities, not religious ones, when making decisions regard medical policiesand proceduresin Alaska. Please do so when making the decisions Friday.

Thank you,

Julee Faso-Formoso

From: Layla Lesley <blingqueen907@gmail.com>
Sent: Tuesday, August 26, 2025 8:00 PM

To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Stop Pretending Medicine is Politics

Dear Alaska State Medical Board,

Calling gender-affirming care “medical malpractice” is not medicine, it’s cowardly politics in a lab coat. You know the standards of care. You know informed consent. You also know fear-mongering when you see it.

If you green-light this, you’ll harm patients, sabotage clinicians, and turn Alaska into a punchline for medical recruitment. Do your job: uphold evidence and ethics, not talking points.

Boards are not legislatures, and political agendas do not become “medicine” by committee vote. If the Board substitutes ideology for evidence here, what stops future boards from outlawing other legitimate treatments?

Tske you religion and your politics elsewhere and reject this nonsense.

Sincerely,
Layla Lesley
Wasilla

P.S. Silence from a medical board is not neutrality. Patients and clinicians read it as endorsement.

From: Schmidtty55 <trs@vocend.com>
Sent: Wednesday, August 27, 2025 11:39 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Cc: letters@adn.com
Subject: Letter of concern

Dear Alaska Medical Board Members,

I have been an Alaskan citizen for over 35 years, taught in both rural village and Anchorage schools for 28 years, and am a certified vocational rehabilitation counselor. I have fought against discrimination for my students and clients throughout my entire life, and recognize it when I see it.

Your recent collective action taken against transgender youth seeking medical care is not only discriminatory, it is, in my personal and professional opinion, amoral as well as criminal. This assault against a minority population of our youth is disgusting and a political fealty to our governor. I urge the Board to reevaluate its decision and reject this abhorrent action.

In today’s Anchorage Daily News, two professional, experienced, brave, ethical doctors contributed their opinions and stated facts backed up by the American Medical

Association (AMA) as well as other reputable medical professional associations. I agree with their statements. This is a political move to satisfy the governor's wishes. The Board's sycophantic decision is beyond the pale.

In full transparency, I am not dealing personally with gender dysphoria, and I do not have family members who are transgender. This is blatant discrimination, and it is a shame on the Board to go along and let this regulation go into effect. Please evaluate your decision and vote down this anti-trans proposal. The individuals affected by your decision are members of our community, and they deserve our care and protection.

I appreciate your reconsideration.

Thomas Schmidt, MA., CRC

From: Jonathan Miller <atjis@hotmail.com>
Sent: Friday, August 29, 2025 10:08 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Opposing proposal regarding gender-affirming care

To the Alaska State Medical Board,
I am writing as a licensed mental health professional in the state of Alaska to strongly oppose the Board's proposal to classify gender-affirming care for minors as "unprofessional conduct." Labeling gender-affirming care for adolescents as "negligence" comes across as an aggressive, political act with divisive and negative consequences: potentially punishing caring clinicians, undermining respectful conversations, and discouraging honest research.
I urge the Board to:

1. Withdraw the proposed resolution.
2. Affirm clinicians' care for their patients and encourage open-minded, evidence-based standards of care.
3. Engage clinicians and national experts in dialogue and education, not punitive threats.

As Alaska providers, our duty is to deliver safe, evidence-based care rooted in science and ethics. This proposal endangers that trust and creates fear rather than honest conversation.
Thank you,
Jonathan Miller, LPCS

From: Kate Ripley <kate.ripley@ymail.com>
Sent: Sunday, August 31, 2025 10:42 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: OPPOSED to your draft regulation and letter to AK Legislature

Dear AK Medical Board:

I write to register my opposition to a proposed regulation in which the Alaska Medical Board, a politically appointed group of Gov. Dunleavy cronies, proposes government overreach into the medical decisions that a small minority of Alaska parents rarely make on behalf of their children.

I'm also opposed to your actions requesting that the Alaska Legislature ignore the Alaska Constitution and insert itself into the exam rooms of women and their doctors.

Both of your actions clearly demonstrate ***Far Right/MAGA political activism*** and not medical expertise or professional conduct. They are not based on science or expertise in your field. Shame on you.

Your draft regulation and letter asking for political actions to suit your ***religious beliefs*** interferes with fundamental rights of parents, women and children, as well as the rights of doctors who treat them.

I'm a born and raised, multi-generation Alaskan. Decisions about medical care are best left to doctors and their patients within the privacy of medical offices--not by political cronies of whatever governor happens to be in charge.

I'm 100 percent opposed to your political maneuvers.

Thank you
Kate Ripley, Fairbanks, AK
Multi-generation and life-long Alaskan

From: Rachael Langerman <rachael@alaskacompass.com>
Sent: Tuesday, September 9, 2025 2:22 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Opposition to proposed changes

To the Alaska State Medical Board:

Your decision to deem gender-affirming care for minors as “unprofessional conduct” and to advance restrictions on abortion is an appalling abuse of power. It is not medicine. It is politics dressed up as authority, and it comes at the expense of the most vulnerable people you are sworn to protect.

None of you possesses expertise in gender-affirming care, yet you presume to erase it. As a psychiatric mental health nurse practitioner, I have seen firsthand the profound mental health consequences of denying this care: escalating depression, anxiety, self-harm, and suicide. Research shows that access to gender-affirming interventions dramatically reduces rates of suicidality and improves overall well-being in youth (Turban et al., JAMA Psychiatry, 2022). To strip this care away is to increase suffering knowingly.

Public comment overwhelmingly opposed your proposal. You heard directly from Alaskans—patients, parents, providers—warning you of the damage this would cause. You ignored them.

Gender diversity is not a modern "trend." From Indigenous Two-Spirit identities to records across ancient cultures, history affirms that human identity has always existed beyond rigid binaries (Roscoe, Changing Ones, 1998). The Board's erasure of this truth is an erasure of history itself.

Your actions also fly in the face of every major medical authority. The American Medical Association (AMA, 2021), the American Academy of Pediatrics (AAP, 2018), the American College of Physicians (ACP, 2015), the American Academy of Family Physicians (AAFP, 2012), and the National Association of Pediatric Nurse Practitioners (NAPNAP, 2021) all endorse gender-affirming care and access to comprehensive reproductive health. Abortion restrictions, particularly on later procedures—which constitute less than 1% of abortions and are nearly always due to catastrophic complications (Guttmacher Institute, 2023)—serve only to magnify trauma, not prevent it.

You are not protecting patients—you are targeting them. You are not upholding medicine—you are betraying it. The evidence is clear, the consensus is overwhelming, the public told you "no," and the harm you will cause is measurable. If you cannot place patient well-being above politics, the honorable path forward is simple: resign.

Rachael Langerman MSN, APRN, PMHNP-BC
She/Her
Alaska Compass
2600 Denali Street, Suite 300
Anchorage, AK 99503
907-318-9050
www.alaskacompass.com

From: River Anderson <flyingpanda150@gmail.com>
Sent: Thursday, September 18, 2025 4:35 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Public Comment Opposing Draft Regulation on Gender Dysphoria Treatment

Dear Chair Dr. Brent Taylor and Members of the Alaska State Medical Board,

My name is River Anderson and I am a sophomore in high school.
I strongly oppose the draft regulations that would classify the treatment of gender dysphoria as "unprofessional conduct." While I understand that not everyone with gender dysphoria is transgender, transgender people are the primary recipients of care for it —and they will be disproportionately harmed by this proposal.

"Treatment of gender dysphoria" is an incredibly broad term. The three main treatment options that come to mind are puberty blockers, Hormone Replacement Therapy, and gender-affirming surgeries. To consider all of these treatments for gender dysphoria as

"unprofessional conduct" is an overgeneralizing point of view that fails to recognize the nuance of each individual treatment. Would this draft bar behavioral health professionals and therapists from helping patients that report gender dysphoria? That is not ideal. Puberty blockers are safely used in cisgender youth experiencing precocious puberty. There is no reason to withhold this treatment from youth experiencing gender dysphoria.; in fact, strong evidence reports puberty blocker's benefits for transgender health. HRT uses the same hormones that cisgender women use for menopause or hormone imbalances, and has been shown to significantly reduce depression in trans people within two years, according to the *New England Journal of Medicine*. Gender-affirming surgeries, performed since the 1930s, are associated with long-term reductions in gender dysphoria, depression, and suicidality (source).
As you may know, depression, anxiety, and minority stress is a real problem for the transgender community. There's a common misconception that gender-affirming care changes a transgender person's body in a way that severs them from their past self. Once these ties are cut, there is concern for the principle "do no harm." The truth is, that for patients with gender dysphoria, harm has and is being done to them. It is crucial to highlight that when individuals with gender dysphoria reach out for help, it is not so they can change who they are, but so they can restore who they are. Aligning your body with your gender identity after a harmful puberty or years of dysphoria is, to trangender people, restoration. Major medical organizations such as the American Medical Association, the American Academy of Pediatrics, and the Endocrine Society agree that when transgender individuals receive gender-affirming treatment, their mental health improves, their rates of depression and suicide decrease, and their quality of life increases.

I am submitting this public comment because denying this care ignores overwhelming medical consensus. By criminalizing the treatment of gender dysphoria, this proposal risks traumatizing a generation of transgender youth already surviving an increasingly polarized political climate. If "do no harm" involves minimizing the risk of preventable harm to patients, it is within your principles to prevent this proposal from coming to pass.

I urge the board to reject this harmful and medically unjustified proposal.

Respectfully,

River Anderson.

From: Emily Bauer <emilybauer1991@gmail.com>
Sent: Friday, October 10, 2025 8:58 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Keep your opinions out of medicine

What does it do to you if a transgender 16 year old starts their life the way they were meant to? What does it mean to you? Are you being forced to live in an uncomfortable body? Are you being forced to preform any procedure? Are you prescribing any testosterone or estrogen? No, didn't think so. You have the right to say no sorry, I don't believe in that. What you don't have the right to do is make your biased opinions law. Nor anything else. This is not what you are here for. For you to speak for the people but only the ones who fit your

agenda is disgraceful and disgusting. I'm sure this email is vetted by AI, you should still be forced to read each and every one of them! To hear exactly what the people of Alaska have to say.

From: B Daven <bdaven7@gmail.com>
Sent: Saturday, October 11, 2025 10:02 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Re medical board positions and politics

Hello.
It has recently come to my attention that the medical board is attempting to become political in their actions and proposals for new rules to bend toward certain gubernatorial candidates who are leaning toward certain attitudes toward Alaskans receiving gender-affirming care. This type of pandering is not appropriate for a medical board and is not looking out for ALL persons' medical care.
Please take this letter in consideration when making new "rules" that would limit access to health care.

Thank you.

A constituent

Becky D.

From: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Sent: Thursday, October 16, 2025 1:52 PM
To: jameseomalleymd@gmail.com
Subject: Recent State Medical Board Activity

Hello, Dr. O'Malley,

The proposed regulation change that would add the treatment of gender dysphoria care minors as a new type of conduct for which licensee may be disciplined under 12 AAC 40.967 is still under review by the Dept. of Law. If approved to move forward, the proposed regulation change will have a 30-day public comment period, as do all proposed regulation changes. As is standard practice, the Division of Corporations, Business and Professional Licensing will send an email notice to all active licensees of the profession (who have opted-in to receive electronic communications from us) alerting them to the public comment period. You can also register to receive public notices regarding regulation changes from this website.

Best regards,

Natalie Norberg, LMSW
Executive Administrator, State Medical Board
Corporations, Business & Professional Licensing
natalie.norberg@alaska.gov

Office: 907-465-6243 | Fax: 907-465-2974
www.commerce.alaska.gov

-----Original Message-----
From: James E O'Malley MD <jameseomalleymd@gmail.com>
Sent: Wednesday, October 15, 2025 1:22 PM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Subject: Recent State Medical Board Activity

Natalie: I am a General Surgeon engaged in solo practice in Anchorage for the past 39 years.

I recently saw an article in the newspaper about the Alaska State Medical Board issuing a proclamation regarding gender-affirming care for minors, which was also mated with some sort of a prohibition of late term abortion.

After a careful reading of the mission statement of the State Medical Board, I find that nowhere does it state that the Board has any authority to dictate, form, or otherwise approve or disapprove any scope of practice for the medical providers in the State of Alaska.

This recent proclamation, which clearly addresses scope of practice issues, is then not valid for lack of authority.

The news articles about this issue reveal that the members of the Board apparently have sincere opinions about the issues addressed, however, they do not have the authority to implement any rule or law. This proclamation has “been forwarded to the state law department”, which no doubt will affirm this lack of authority.

I would appreciate it if you were to inform me when the state law department issues an opinion. Thank you.

James E. O’Malley, MD FACS

-----Original Message-----
From: David Grauman <dgrauman137@gmail.com>
Sent: Wednesday, October 15, 2025 3:04 PM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Subject: Re: Correction

I don't need to address the board personally... I do want the entire board to understand the issue, however. I do ask the the members be aware the long term ramifications of even minor actions they take, that continue to echo down a career long after they have served their usefulness. In my case, having to explain this (yet again) after 30 years delayed my Arizona licensure by 4 months.

Thanks for your help.

On Oct 15, 2025, at 15:57, Norberg, Natalie M (CED) <natalie.norberg@alaska.gov> wrote:

Hello, Dr. Grauman,

I will include your request with the materials provided to board members in advance of the November 21, 2025, Board meeting and it will be considered as part of the "public record" for that meeting. However, your request will not be orally "read" on the record. If you wish, you may address the board during the public comment period of the meeting to read your request to the Board. For information about the meeting agenda please monitor the board's website at:
https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMe

The meeting agenda should be posted in a couple of weeks.

Register in advance for this meeting:

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fus02

After registering, you will receive a confirmation email containing information about joining the meeting.

Best regards,

Natalie Norberg
Executive Administrator

Alaska State Medical Board

-----Original Message-----

From: David Grauman <dgrauman137@gmail.com>
Sent: Wednesday, October 15, 2025 8:16 AM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Subject: Correction

I mistakenly quoted Arizona law, and no such law exist in Arizona. However, I would still ask that this matter, be written into the public record and presented to the full board.

Davis Grauman MD FACP

Sent from my iPhone

From: David Grauman
To: Norberg, Natalie M (CED)
Subject: Re: request to expunge letter of reprimand
Date: Wednesday, October 15, 2025 7:13:41 AM

Thank you for your reply.

In this case, I would ask that my request and the reason for its denial be read before the full board at a scheduled meeting; both so that the request and its reason for denial be made part of a public record, and so that the entire board be made aware that some of its actions are considered irreversible, even if future events dictate they should be otherwise. I seek this also i light of Arizona law which which indicates many misdemeanor convictions *can* be "expunged" in the sense of being **sealed** under the newer Arizona law (A.R.S. § 13-911), assuming the offense is eligible and you meet all requirements. It may be that it does not apply in this instance for legal reasons, but its spirit at least deserves to be acknowledged.

Thank you for your consideration

David S. Grauman MD, FACP

On Oct 14, 2025, at 08:57, Norberg, Natalie M (CED) <natalie.norberg@alaska.gov> wrote:

Good morning, Dr. Grauman,

The Board has recently been advised that Alaska state law does not permit the State Medical Board to expunge the record of a final disciplinary action. The only way for a decision to be overturned is on motion for reconsideration or appeal. In your case, the period to initiate these procedures has expired.

This means your request will not be considered by the Board and the historic action will remain on your record.

Sincerely,

<image001.png>

Natalie Norberg, LMSW
Executive Administrator, State Medical Board
Corporations, Business & Professional Licensing
natalie.norberg@alaska.gov
Office: 907-465-6243 | Fax: 907-465-2974
www.commerce.alaska.gov

<image002.png><image003.png>

From: David Grauman <dgrauman137@gmail.com>
Sent: Monday, October 6, 2025 9:51 AM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Subject: Re: request to expunge letter of reprimand

OK, thanks. I'd just like to get this off my record, to not have to continue to explain a letter issued over 30 years ago, and the NPDB says it has to come from the board. Thanks for the help.

On Oct 6, 2025, at 10:41, Norberg, Natalie M (CED) <natalie.norberg@alaska.gov> wrote:

Hello, Dr. Grauman,

Please be advised that a decision has been made to postpone the consideration of your request for an expungement until a later date (yet to be determined). The reason for the delay is to allow the division time to explore the legal authority and a consistent process to expunge records and remove them from the public record. Up until recently, expungement requests were extremely rare; the current composition on the Board and staff have little experience with such requests. Recently (in August), for example, the Board considered and approved an "expungement" however it created a myriad of legal and procedural questions outside of the Board's purview, that we have yet to fully sort out.

I appreciate your patience, unfortunately I don't have an estimated timeline for when your request will be placed back on a meeting agenda, but I will keep you posted as I have updates.

Best regards,

<image005.png>

Natalie Norberg, LMSW
Executive Administrator, State Medical Board
Corporations, Business & Professional Licensing
natalie.norberg@alaska.gov
Office: 907-465-6243 | Fax: 907-465-2974
www.commerce.alaska.gov

<image003.png><image004.png>

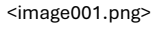
From: David Grauman <dgrauman137@gmail.com>
Sent: Tuesday, September 16, 2025 3:32 PM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Subject: Re: request to expunge letter of reprimand

Thank you for your prompt attention.

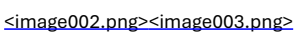
David Grauman MD FACP

> On Sep 16, 2025, at 15:45, Norberg, Natalie M (CED) <natalie.norberg@alaska.gov> wrote:
>
> Hello, Dr. Grauman,
> This is to let you know that your request for an expungement will be considered by the Medical Board at the October 16 board meeting. Only your written request will be presented to the board, you will not be asked to verbally present to the board. If you care to join to observe the meeting you may register at:
> https://us02web.zoom.us/meeting/register/qWqzjkA4ROaFLzJyO0dmsg
> The meeting announcement and agenda will be posted on the Medica Board's website within the next couple of weeks. Please let me know if you have any questions.

Best regards,



Natalie Norberg, LMSW
Executive Administrator, State Medical Board
Corporations, Business & Professional Licensing
natalie.norberg@alaska.gov
Office: 907-465-6243 | Fax: 907-465-2974
www.commerce.alaska.gov



-----Original Message-----
From: Board, Medical (CED sponsored)
Sent: Thursday, September 11, 2025 10:28 AM
To: 'dgrauman137@gmail.com' dgrauman137@gmail.com
Subject: request to expunge letter of reprimand

Dear Dr. Grauman,

Thank you for your email. We were able to locate your letter of request. My apologies for a delayed response. I regret that your letter was initially misfiled. Your request has now been forwarded to the chair of the State Medical Board for an initial review. I will let you know when there is a determination regarding the next step regarding this matter.

Best regards,

Natalie Norberg, LMSW
Executive Administrator, State Medical Board Corporations, Business & Professional Licensing natalie.norberg@alaska.gov
Office: 907-465-6243 | Fax: 907-465-2974 www.commerce.alaska.gov

-----Original Message-----
From: David Grauman <dgrauman137@gmail.com>
Sent: Friday, September 5, 2025 6:22 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: request to expunge letter of reprimand

Dear People,

About two months ago, I sent a letter petitioning the board to expunge a letter of reprimand I received in 1991. Insofar as there have been no other board actions, either by the Alaska board or any other board where I have been licensed, I am hoping that the board will agree that the terms of this action have long since been fulfilled, and would agree to expunge this action (and so report to the NPDB) that my record would now be cleared. I have not received any feedback to date, and am wondering if this request was received and any action taken.

Sincerely,
David S. Grauman MD FACP
Flagstaff, Arizona

David S. Grauman MD FACP

12340 N Eagle Rd

Flagstaff, Arizona. 86004

dgrauman137@gmail.com

LIC(MED)S1058)

Alaska State Medical Board

PO Box 110806

Juneau, AK 99811-0806

Dear People,

In 1991 I received a letter of reprimand from the board for a single instance of inappropriate prescribing. I complied with the requirements of that letter, and believed the matter was considered closed. In the 34 years since that letter was issued there have not been any further license issues or investigations by you or any other board. I would therefore like to petition the board for expungement of this action and removal from the NPDB.

Sincerely,

David S. Grauman MD FACP

David Grauman
Elizabeth Kohnen
12340 N Eagle Rd
Flagstaff, AZ 86004

PHOENIX AZ 852
26 JUL 2025 PM 6 L

USA
Liberty
FOREVER

ALASKA STATE MEDICAL BOARD
PO BOX 110806
JUNEAU, AK 99811-0806

99811-080606

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

BEFORE THE STATE MEDICAL BOARD

In the Matter of:

David S. Grauman, M.D.

Respondent

Case No. 2800-91-015

MEMORANDUM OF AGREEMENT

IT IS HEREBY AGREED by the Department of Commerce and Economic Development, Division of Occupational Licensing (Division), and David S. Grauman, M.D. (Grauman) as follows:

1. Licensure. Grauman is currently licensed as a physician in the State of Alaska and holds medical license No. AA 1058. This license was first issued on July 3, 1972, and will expire, unless renewed, on December 31, 1992.

2. Admission/Jurisdiction. Grauman admits and agrees that the Alaska State Medical Board (Board) has jurisdiction over him and over the subject matter of his his licensing and this agreement.

3. Admission/Facts. Grauman admits to having prescribed controlled substances, schedules II - IV, to Catherine A. Grauman, his wife, since October of 1989, in a manner not consistent with acceptable medical practice and against the advice of other physicians.

4. Formal Hearing Process. It is the intent of the parties to this memorandum of agreement to provide for the compromise and settlement of all issues which could be raised by an accusation to impose disciplinary sanctions against Grauman's license through a formal hearing process.

5. Waiver of Rights. Grauman understands that he has the right to consult with an attorney of his own choosing and the right to an administrative hearing on the facts that he has admitted above. He understands and agrees that by signing this Memorandum of Agreement he is waiving his right to a hearing and is relieving the Division of its burden of proving the facts that he admits above. Grauman further understands and agrees that by signing this memorandum of agreement, he is voluntarily and knowingly giving up his right to present his defense by oral and documentary evidence, to present rebuttal evidence, to cross examine witnesses against him, and to appeal the

STATE OF ALASKA
DIVISION OF OCCUPATIONAL LICENSING
FRONTIER BUILDING
3601 "C" STREET, SUITE 722, BOX 22
ANCHORAGE, ALASKA 99503

Board's decision to Superior Court.

6. Effect of Nonacceptance of Agreement. Grauman and the Division agree that this memorandum of agreement is subject to the approval of the Board. They agree that if the Board rejects this agreement, it will be void and an accusation may be filed. If this agreement is rejected by the Board, it will not constitute a waiver of Grauman's right to a hearing of the matters alleged in an accusation and the admissions contained herein will have no effect. Grauman agrees that if the Board rejects this agreement, the Board may decide the case after a hearing and its consideration of this agreement shall not alone be grounds for claiming that the Board is biased against him, that it cannot fairly decide the case, or that it has received exparte communications.

7. Memorandum of Agreement, Decision and Order. Grauman agrees that the Board has the authority to enter into this memorandum of agreement and to issue the following decision and order.

PROPOSED DECISION AND ORDER

IT IS HEREBY ORDERED: The following letter of reprimand shall be placed in Grauman's license file:

A. Letter of Reprimand

Dear Dr. Grauman:

On May 3, 1991, an investigation was initiated by the Division of Occupational Licensing, on behalf of the Alaska State Medical Board, in regard to controlled substance prescriptions you wrote for your wife, Catherine A. Grauman, R.N.

The Alaska State Medical Board hereby reprimands you, David A. Grauman, M.D., for your unprofessional conduct during the period October 1989, through April 1991, during which time you authored a substantial number of prescriptions for controlled substances in Schedule II, III, IV, and V, as defined under the Controlled Substances Act of 1970, for your wife. The controlled substances you provided to your wife, all of a sedative nature, were definately enough to impair her normal functions. In addition, you prescribed the substances in spite of warnings issued by other physicians that the continued use of the substances might be fatal in light of her difficulties with encephalopathy and liver failure. Further, you failed to maintain any medical records other than the results of some laboratory testing you ordered.

A medical consultant who reviewed documents pertaining to this matter states, "His prescribing of the multitude of sedative drugs during 1990 and 1991 would be nearly impossible to justify on a rational medical basis", and "The total lack of medical records flies in the face of reasonable medical care, especially

STATE OF ALASKA
DIVISION OF OCCUPATIONAL LICENSING
FRONTIER BUILDING
3601 "C" STREET, SUITE 722, BOX 22
ANCHORAGE, ALASKA 99503

when continuously prescribing controlled substances. If there could have been any reason at all for prescribing the drugs he did for Mrs. Grauman, he failed to record whatever that reason might have been."

By your actions you have abdicated your professional responsibilities, and have engaged in conduct that not only placed your wife in jeopardy, but brought discredit upon your professional reputation.

During the conduct of this investigation no information was developed which indicated you had inappropriately prescribed any controlled substances to any other person.

B. Continuing Education. It is further ordered that Grauman agrees to attend, at his own expense, the three-day appropriate prescribing workshop sponsored by the Oregon Board of Medical Examiners. This workshop is scheduled for October 16, 17 and 18, 1991.

C. Prescriptive Restrictions. Further, Grauman is prohibited from prescribing, administering or dispensing medications to any family member, including controlled substances in schedules I, II, III, IV and V, and all legend drugs.

D. Periodic Interview with the Board. Upon the request of the Board or its agent, Grauman shall report in person to the Board or its agent to allow a review of his compliance with this order. Grauman shall be excused from attending any interview only at the discretion of the Board or its agent.

E. Reported Violation; Summary Suspension Pending Hearing. Grauman's license shall be automatically and summarily suspended for a maximum of seven (7) days, pending a hearing, if any of the following occurs:

(1) the Board or its agent receives a written and signed report or inquiry from any person which, in the opinion of the Board or its agent, provides reasonable cause to suspect that Grauman has violated any term or condition of this agreement.

(5) The board may summarily suspend Grauman's license under AS 08.01.075(c) if the board finds that Grauman poses a clear and immediate danger to the public health and safety.

STATE OF ALASKA
DIVISION OF OCCUPATIONAL LICENSING
FRONTIER BUILDING
3601 "C" STREET, SUITE 722, BOX 22
ANCHORAGE, ALASKA 99503

If Grauman's license is summarily suspended under this paragraph, Grauman shall be given a hearing within seven (7) days pursuant to AS 08.64.331(c). Grauman agrees that the failure to comply with terms of this agreement as outlined above or any failure to comply with a request by the Board to report in person to the Board to allow review of his compliance with the agreement shall be deemed a clear and immediate danger to the public health and safety and thus grounds for the summary suspension of his license pursuant to AS 08.64.331(c).

F. Violation of Agreement. If, after notice and hearing, Grauman is found by preponderance of the evidence as presented by the state to have violated any term or condition of this agreement, the Board may take other disciplinary action as it sees fit.

G. Address of the Board. All communication concerning compliance with this Memorandum of Agreement shall be addressed to:

Discipline Monitor
Division of Occupational Licensing
3601 "C" Street, Suite 722
Anchorage, Alaska 99503

All notices or other communications with Grauman shall be addressed to:

David S. Grauman, M.D.
1919 Lathrop, Drawer 2F
Fairbanks, AK 99701

Grauman shall notify the Division of any change in his mailing address and will keep a current physical address on file with the Division at all times.

I, David S. Grauman, M.D., have read this Memorandum of Agreement and Proposed Order and agree to be bound by its terms and conditions.

David S. Grauman, M.D.

SUBSCRIBED AND SWORN TO before me this 17th day of Sept., 1991, at Fairbanks, AK

Notary Public in and for the State of Alaska
My commission expires: 10/1/92

STATE OF ALASKA
DIVISION OF OCCUPATIONAL LICENSING
FRONTIER BUILDING
3601 "C" STREET, SUITE 722, BOX 22
ANCHORAGE, ALASKA 99503

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

BEFORE THE STATE MEDICAL BOARD

In the Matter of:	
David S. Grauman, M.D.	Case No. 2800-91-015
Respondent	

ORDER

The Medical Board of the State of Alaska, having examined the Memorandum of Agreement and Proposed Decision and Order dated 10/9, 1991 by the parties, hereby adopts this Memorandum of Agreement and Proposed Decision and Order as its FINAL ORDER in this matter.

IT IS HEREBY FURTHER ORDERED THAT this order shall take effect immediately upon its adoption by the Board and is a public record of the Board and of the State of Alaska. The State may provide a copy of this order to the Federation of State Medical Boards' Disciplinary Data Bank, the National Practitioner Data Bank, and to any person or entity making a relevant inquiry such as any professional licensing board, state or local government agency.

DATED this 9th day of October, 1991, at Soldotna, Alaska.

ALASKA STATE MEDICAL BOARD

By: Paul G. Isaak, M.D. for
Chairperson, Medical Board
Dr J. Thompson

1138M

STATE OF ALASKA
DIVISION OF OCCUPATIONAL LICENSING
FRONTIER BUILDING
3601 "C" STREET, SUITE 722, BOX 22
ANCHORAGE, ALASKA 99503

Elevate Your Impact with FPMB

MISSION: The **Federation of Podiatric Medical Boards** serves as the national voice for state podiatric medical boards while collaborating with allied organizations, supporting Member Boards with services and initiative that protect and promote patient safety, integrity of podiatric medicine, access to high-quality healthcare, and regulatory best practices.

MEMBER BENEFITS

PUBLIC POLICY & ADVOCACY

FPMB aids Member Boards in strengthening regulation and reducing burden by:

Governance: Providing data and testimony to help Member Boards ensure effective board structures/compositions that protect the public

License Portability: Advancing the Podiatry Compact (IPMLC) to expand portability, streamline operations, and enhance information sharing

Legislation: Supplying data that informs state and federal policymaking

COLLABORATION & COMMUNICATION

FPMB connects Member Boards with information and peers to act confidently by:

National Data: Providing national licensure and regulatory data to support sound decisions

Accessible Forums: Hosting virtual meetings for peer exchange and best practices on key issues such as continuing education, discipline, license portability, rulemaking, and scope of practice

Updates: Publishing informative newsletters and legislative updates

PRIMARY SOURCE VERIFICATION

FPMB provides Member Boards with timely access to accurate and verified information:

Licensing Examinations: NBPME's APMLE Parts I, II, II CSPE, and III (PMLexis)

Disciplinary Records: FPMB Disciplinary Action Reports

Rapid Turnaround: Less than one business day

APMLE American Podiatric Medical Licensing Examination

NCQA Measuring quality. Improving health care.

REPRESENTATION

FPMB ensures Member Boards have a national voice by engaging with key stakeholders:

Government: Federal/State Agencies and Legislatures

Representation: APMA, ASPE, CPME-CEC, FSMB, NBPME

Collaboration: Interstate Healthcare Collaborative (IHC)

CPME Council on Podiatric Medical Education

apma

fsmb

National Board of Podiatric Medical Examiners 1956

American Society of Podiatric Medical Assistants

FPMB strengthens and supports every Member Board. Through powerful data, advocacy, collaboration, verification, and representation, Member Boards protect the public with confidence and transformative impact. Contact FPMB today to ensure your board is supported.

PUBLIC POLICY & ADVOCACY

BOARD CONSOLIDATIONS

Across the United States, there is a growing movement to consolidate professional licensing boards. Although often presented as efforts to improve efficiency or reduce administrative costs, these initiatives raise important questions about the regulation of podiatric medicine and the ability of licensing boards to maintain profession-specific expertise that protects patient safety.

Recent proposals have sought to fold podiatry into larger multidisciplinary boards or to place podiatric physicians alongside unrelated allied health professions. FPMB has emphasized that podiatric physicians, who complete physician-level education and residency training, are most appropriately regulated either by independent podiatry boards or in alignment with MDs and DOs under combined medical boards. Our advocacy is guided by three principles: preserving podiatric expertise to protect patients, ensuring equitable representation and leadership opportunities for podiatric physicians on any consolidated boards, and preventing their placement with non-physician health professions.

FPMB encourages Member Boards to remain alert and to share developments from their jurisdictions. We will advocate for those that wish to maintain their current structure and will assist those that choose or are required to navigate consolidation, ensuring that patient safety remains paramount and that the profession's regulatory and licensing expertise is fully represented.

IMPORTANT INFORMATION

Is your Board facing consolidation?
Contact your FPMB TODAY for support.

PODIATRY COMPACT (IPMLC)

The issue of license portability in podiatry is becoming increasingly important with the rise of telehealth and other evolving healthcare delivery methods. To address this, the Federation of Podiatric Medical Boards (FPMB) has developed the Interstate Podiatric Medical License Compact, modeled after the successful Interstate Medical Licensure Compact (IMLC) for MDs and DOs. **In 2024, one state introduced the Model Legislation, and now more than a dozen other states are advancing the legislation** through their decision-making process or actively preparing to introduce it in their upcoming legislative sessions. **Please contact us if a presentation regarding this initiative would be beneficial to your Board.**

NEXT STEPS

- Seek Legislative Approval
- Ratification by Participating States
- Activate the Compact Commission
- Implement the Compact

CONTACT INFO

Jay S. LeBow, DPM
Director of Compact Enactment / Licensure Pathways
e: jlebow@fpmb.org
o: 516.874.7652
w: https://ipmlc.org/

FY2025-2026 Member Board Dues Statement

sent in August 2025 to primary and billing contacts at your licensing board

If you have not already, please submit the attached dues statement. Payment is due by **October 31, 2025**.

As a 501(c)(6) nonprofit organization, annual Member Board dues are a critical source of funding for the vital services the FPMB provides to Member Boards, the public, and the entire podiatric community:

- Public Policy & Advocacy
- Collaboration & Communication
- Primary Source Verification
- Representation

> *"[FPMB] is a clearinghouse resource and point of communication for all podiatric boards in the country. If we have a question about how other states are doing something, we can submit a request for information and within a day or so they will email a survey to all the boards, and we can then receive that information. They provide immediate access to license candidate's national exam data. They provide national webinar meetings on topics impacting the national podiatric picture. Ongoing topics include exam testing changes and reentry of podiatrists into the profession after drug treatment, a timely subject given the opioid crisis, CME auditing, fees, license portability, scope or practice, etc."*
>
> ***-Steve Uecker, MPH, Health and Wellness Section Manager, Podiatric Advisory Board, Texas Department of Licensing and Regulation***

REMINDER: Voting, ability to nominate to FPMB's Board of Directors, and other rights & privileges are restricted to dues-paid Member Boards.

FY2025-2026 Disciplinary Action Report Form

sent in August 2025 to primary and enforcement/complaints contacts

REPORT ALL disciplinary actions on podiatrists in a timely manner for inclusion in FPMB's disciplinary action database.

Your participation is **critical** to ensuring the **safety** of podiatry for all Member Boards and the public. The form is a fillable PDF file for easier and faster data entry, includes data not published on Member Boards' websites, and can be sent **securely** to FPMB.

FPMB's VISION

A podiatric medical regulatory system that protects patients and ensures access to high-quality healthcare services, sustaining the integrity and excellence of podiatric medicine

DATA → INFO → KNOWLEDGE

"During a sunset review, the Podiatric Medical Board of California (PMBC) identified a renewal requirement for podiatry that was not required by other medical boards in California. PMBC engaged the FPMB to collect and report podiatric licensure renewal requirements nationwide that confirmed that PMBC's requirement was an outlier.

At PMBC's invitation, FPMB presented the research findings and the occupational licensure reform implications at the March 2021 Board Meeting. After analysis, the Board voted to delete the additional requirement.

PMBC began working with leadership at the California Podiatric Medical Association (CPMA) resulting in Assembly Bill 826 (AB 826). AB 826 was analyzed by Assembly and State Committees and staff, and FPMB's recorded presentation to PMBC was instrumental in that analysis. The bill was signed by the Governor on July 27, 2023, to become effective on January 1, 2024."

-Brian K. Naslund, Executive Officer, Podiatric Medical Board of California

REQUESTS FOR INFORMATION (RFI)

FPMB's expertise in data collection, analysis, and reporting supports Member Boards and allied organizations in making informed, timely, and defensible decisions.

CONTINUING EDUCATION

- Renewals: cycles, hours, providers, and mandated courses
- Delivery formats

LICENSURE / REGULATION

- License portability & temporary licenses
- Scope of practice & re-entry
- Exam & residency requirements
- Podiatric supervision (HBO, radiology, assistants)

BOARD

- Board authority and legal protections
- Operations: meetings, communications, and QA programs
- Responding to scope of practice requests

IMPORTANT INFORMATION

Does your Board need nationwide data? Contact your FPMB TODAY for an RFI.

FPMB's IMPACT

An effective and efficient podiatric medical regulatory system that: a) acts in the public interest, b) provides patient protection, c) sustains the integrity of podiatric medicine, and d) supports license portability

DATA → INFO → KNOWLEDGE

FPMB MEETINGS

FPMB hosts accessible virtual membership meetings (no registration fees) to provide relevant data, updates, and announcements.

Updates, Announcements, & Presentations

Get the latest news and updates from FPMB on current issues

Community of Practice Sessions

Opportunity for members to interact and share knowledge on topic-based discussions.

Why attend?

"There is a wealth of information available. Much of which would be difficult to obtain without participation. Also provides a live format to discuss issues and address questions in real time."

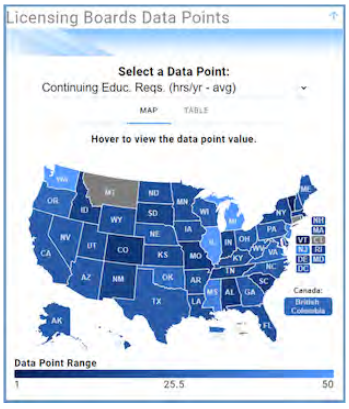
"To gain knowledge of other jurisdictions policies, procedure and structure which may be helpful when restructuring or making decisions for your own Board."

"Situational awareness. It seems like change is gradually accelerating overall and it's important to keep abreast of it."

FPMB WEBSITE: MEMBER BOARD INFO

FPMB's "Member Boards Info" webpage offers interactive visualizations — maps, lists, and tables — of general, contact, licensure, and regulatory data for each Member Board, serving both boards and broader stakeholders.

https://www.fpmb.org/Resources/MemberBoardsInfo.aspx



FPMB & Member Boards
working together to protect the public

This is your FPMB, and your feedback is highly valued and encouraged. Feel free to reach out whenever you require assistance or support.

"Thank you so much for your help [with the Nevada Legislature]. Many thanks for all you have done for my state, licensees, and their patients."

- Carolyn J. Cramer, Esq., Executive Director | Nevada State Board of Podiatry

CONTACT INFO

FEDERATION OF PODIATRIC MEDICAL BOARDS

Russell J. Stoner, CAE | Executive Director | rstoner@fpmb.org

General Contact Information:
12116 Flag Harbor Dr | Germantown, MD 20874
o: 202-810-3762 | f: 202-318-0091 | e: fpmb@fpmb.org
w: www.fpmb.org

Opportunity to Serve on FPMB Board of Directors

FPMB will have one (1) vacancy on its Board of Directors next year. Nominees must be members or staff of a **dues-paid** Member Podiatric Medical Board at the time of election and must not have previously served on the FPMB Board of Directors during the previous three (3) years.

A call for nominations will be sent out in early 2026.

From: Norberg, Natalie M (CED)
To: Ariane Lewis
Subject: RE: Alaska State Medical Board Guidance on Brain Death Determination
Date: Thursday, September 11, 2025 10:59:38 AM
Attachments: image001.png
image002.png
image003.png
image004.png

Hello, Dr. Lewis,

No, the Alaska State Medical Board has not had the opportunity to discuss this matter. They are a small board with many competing priorities and numerous vacancies. There are no pediatricians currently appointed to the board. I highly doubt that even if they were to review these practice guidelines that they would accept or endorse them. Nonetheless, again, my recommendation would be for you to show up at board meeting during the time set for public comment to introduce the guidelines. The next board meeting that will entertain public comments will be on November 21. You can watch our website or contact me closer for that date to receive an agenda and the call-in information.

Best regards,

Natalie Norberg
Executive Administrator
Alaska State Medical Board

From: Ariane Lewis <ariane.kansas.lewis@gmail.com>
Sent: Monday, September 8, 2025 5:30 AM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Cc: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Re: Alaska State Medical Board Guidance on Brain Death Determination

I am writing to follow up whether your organization has had the opportunity to discuss acknowledging the 2023 American Academy of Neurology (AAN)/American Academy of Pediatrics (AAP)/Child Neurology Society (CNS)/Society of Critical Care Medicine (SCCM) Pediatric and Adult Brain Death/Death by Neurologic (BD/DNC) Criteria Consensus Practice Guideline as the accepted medical standard for determination of BD/DNC.
Please let me know your organization's views on this matter.

Thank you.

Ariane Lewis, MD

Professor of Neurology and Neurosurgery, NYU Langone Medical Center

On Wed, Mar 12, 2025 at 2:00 PM Ariane Lewis <ariane.kansas.lewis@gmail.com> wrote:

> Natalie-
>
> Thank you for this update. If it is feasible to put this on the August agenda, that would be great. I would be happy to join the meeting.
>
> Ariane
>
> On Mon, Mar 10, 2025 at 12:52 PM Norberg, Natalie M (CED) <natalie.norberg@alaska.gov> wrote:
>
> > Hello, Dr. Lewis,
> >
> > To clarify, the Alaska State Medical Board ended up meeting on Feb 21, instead of Feb. 14, and the new Board Chair elected to not have this item placed on the agenda as a separate item for discussion. The guidelines were included in the board packet for board member review/consideration but none of them chose to highlight or discuss the guidelines. Due to this board being in transition with several long-term members leaving, the recent selection of a new chair, and being in the middle of a busy legislative session, I really don't anticipate this board having the bandwidth to consider this matter anytime in the near future. I might recommend you resubmit the guidelines approximately a month before the August 15 quarterly meeting and call-in during that meeting's "public comment period" to urge board members to consider adopting the guidelines.
> >
> > Best regards,
>
> Natalie Norberg, LMSW
> Executive Administrator, State Medical Board
> Corporations, Business & Professional Licensing
> natalie.norberg@alaska.gov
> Office: 907-465-6243 | Fax: 907-465-2974
> www.commerce.alaska.gov

From: Ariane Lewis <ariane.kansas.lewis@gmail.com>
Sent: Wednesday, March 5, 2025 1:06 PM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Cc: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Re: Alaska State Medical Board Guidance on Brain Death Determination

Natalie-

I am writing to follow up the outcome of your organization's February 14 discussion re: acknowledging the the 2023 American Academy of Neurology (AAN)/American Academy of Pediatrics (AAP)/Child Neurology Society (CNS)/Society of Critical Care Medicine (SCCM) Pediatric and Adult Brain Death/Death by Neurologic (BD/DNC) Criteria Consensus Practice Guideline as the accepted medical standard for determination of BD/DNC.

Thank you.

Ariane Lewis, MD

Professor of Neurology and Neurosurgery, NYU Langone Medical Center

On Fri, Dec 6, 2024 at 1:48 PM Norberg, Natalie M (CED) <natalie.norberg@alaska.gov> wrote:

> Dear Dr. Lewis,
>
> This item will be included for the Board's consideration at it February 14, 2024 quarterly meeting.
>
> Thank you.
>
> Natalie Norberg, LMSW
> Executive Administrator, State Medical Board
> Corporations, Business & Professional Licensing
> natalie.norberg@alaska.gov
> Office: 907-465-6243 | Fax: 907-465-2974
> www.commerce.alaska.gov

From: Ariane Lewis <ariane.kansas.lewis@gmail.com>
Sent: Friday, December 6, 2024 9:35 AM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>; Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Re: Alaska State Medical Board Guidance on Brain Death Determination

I'm writing to follow up on my below email regarding acknowledging the 2023 American Academy of Neurology (AAN)/American Academy of Pediatrics (AAP)/Child Neurology Society (CNS)/Society of Critical Care Medicine (SCCM) Pediatric and Adult Brain Death/Death by Neurologic (BD/DNC) Criteria Consensus Practice Guideline as the accepted medical standard for determination of BD/DNC.

Please let me know your organization's views on this matter.

Thank you.

Ariane Lewis, MD

Professor of Neurology and Neurosurgery, NYU Langone Medical Center

On Fri, Nov 8, 2024 at 8:50 AM Ariane Lewis <ariane.kansas.lewis@gmail.com> wrote:

> Dear Executive Administrator Norber and Chair Wein,
>
> As a Professor of Neurology and Neurosurgery at NYU Langone Medical Center with expertise in brain death/death by neurologic criteria, I am writing to respectfully request the Alaska State Medical Board acknowledge the 2023 American Academy of Neurology (AAN)/American Academy of

Pediatrics (AAP)/Child Neurology Society (CNS)/Society of Critical Care Medicine (SCCM) Pediatric and Adult Brain Death/Death by Neurologic (BD/DNC) Criteria Consensus Practice Guideline as the accepted medical standard for determination of BD/DNC.

The Alaska statute on determination of death indicates that, "An individual is considered dead if, in the opinion of a physician licensed or exempt from licensing under AS 08.64 or a registered nurse authorized to pronounce death under AS 08.68.700, based on acceptable medical standards, or in the opinion of a mobile intensive care paramedic, physician assistant, or emergency medical technician authorized to pronounce death based on the medical standards in AS 18.08.089 (the paramedic, physician assistant, or emergency medical technician has determined, based on acceptable medical standards, that the person has sustained irreversible cessation of circulatory and respiratory functions), the individual has sustained irreversible cessation of circulatory and respiratory functions, or irreversible cessation of all functions of the entire brain, including the brain stem. Death may be pronounced in this circumstance before artificial means of maintaining respiratory and cardiac function are terminated." However, the statute defers to physicians regarding the identity of the "accepted medical standards." The AAN published a practice guideline for BD/DNC determination in adults in 1995, then updated it in 2010. A guideline for BD/DNC determination in pediatric patients was published by the AAP in 1987, then updated in 2011 by the AAP, CNS and SCCM. Last year the AAN, AAP, CNS and SCCM published a guideline for BD/DNC for persons of all ages. No other medical societies have published a BD/DNC guideline, so this is the accepted medical standard in the United States for BD/DNC determination.

Unfortunately, in the absence of stipulated accepted medical standards, reviews of hospital BD/DNC policies demonstrated inconsistencies compared with the standards published by the 2010 AAN and 2011 AAP/CNS/SCCM guidelines. This is problematic because it could lead to inaccurate BD/DNC determination, which would have major negative medical, legal, and ethical implications and erode public trust in the ability of clinicians to accurately determine BD/DNC.

For example, Nevada had to modify their determination of death statute in 2017 after the Supreme Court of Nevada ruled that it was not clear which standards represented the accepted medical standards. Their statute now notes the accepted medical standards are those written by the AAN and the SCCM, or their successor organizations. In New York, the Department of Health indicated the accepted medical standards for BD/DNC determination are the 2023 AAN/AAP/CNS/SCCM Pediatric and Adult BD/DNC Consensus Practice
Guideline: https://www.health.ny.gov/professionals/hospital_administrator/determining_brain_death/.

For the past few years, the Uniform Law Commission considered revising the Uniform Determination of Death Act to address a number of concerns, and one revision that was discussed was specification of the accepted medical standards. However, for a variety of reasons, the revision process was abandoned. As such, it is left to individual states to address this issue because a person should not be considered dead at one hospital, but alive at another.

I previously contacted the Alaska Department of Health about this issue and their CMO discussed it with the Alaska Hospital and Healthcare Association, and both felt this was outside their purview, but recommended contacting your organization.

As such, I respectfully request the Alaska State Medical Board acknowledge the 2023 AAN/AAP/CNS/SCCM Pediatric and Adult BD/DNC Consensus Practice Guideline as the accepted medical standard for determination of BD/DNC.

Thank you for your consideration.

Sincerely,

Ariane Lewis, MD

Professor of Neurology and Neurosurgery, NYU Langone Medical Center

--

Ariane Lewis, MD, FAAN, FNCS

Professor, Departments of Neurology and Neurosurgery, Director of Neurocritical Care

Co-Editor-in-Chief, Journal of Clinical Neuroscience

Deputy Editor, Seminars in Neurology

Deputy Editor, Neurology Disputes and Debates

NYU Langone Medical Center

530 First Avenue, MSB-2-206

New York, NY 10016

C: 914-479-8669

O: 646-501-0243

--

Ariane Lewis, MD, FAAN, FNCS

Professor, Departments of Neurology and Neurosurgery, Director of Neurocritical Care

Co-Editor-in-Chief, Journal of Clinical Neuroscience

Deputy Editor, Seminars in Neurology

Deputy Editor, Neurology Disputes and Debates

NYU Langone Medical Center

530 First Avenue, MSB-2-206

New York, NY 10016

C: 914-479-8669

O: 646-501-0243

--

Ariane Lewis, MD, FAAN, FNCS

Professor, Departments of Neurology and Neurosurgery, Director of Neurocritical Care

Co-Editor-in-Chief, Journal of Clinical Neuroscience

Deputy Editor, Seminars in Neurology

Deputy Editor, Neurology Disputes and Debates

NYU Langone Medical Center

530 First Avenue, MSB-2-206

New York, NY 10016

C: 914-479-8669

O: 646-501-0243

--

Ariane Lewis, MD, FAAN, FNCS

Professor, Departments of Neurology and Neurosurgery, Director of Neurocritical Care

Co-Editor-in-Chief, Journal of Clinical Neuroscience

Deputy Editor, Seminars in Neurology

Deputy Editor, Neurology Disputes and Debates

NYU Langone Medical Center

530 First Avenue, MSB-2-206

New York, NY 10016

C: 914-479-8669

O: 646-501-0243

--

Ariane Lewis, MD, FAAN, FNCS

Professor, Departments of Neurology and Neurosurgery, Director of Neurocritical Care

Co-Editor-in-Chief, Journal of Clinical Neuroscience

Deputy Editor, Seminars in Neurology

Deputy Editor, Neurology Disputes and Debates

NYU Langone Medical Center

530 First Avenue, MSB-2-206

New York, NY 10016

C: 914-479-8669

O: 646-501-0243

From: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Sent: Friday, September 12, 2025 9:23 AM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Cc: Kaeser, Jason R (CED) <jason.kaeser@alaska.gov>
Subject: FW: Urgent Notice of Misrepresentation – Please Read Carefully
Importance: High

We don't have either provider licensed in the State, just relaying this info.

Roger Martin A. Casquejo
Occupational Licensing Examiner
State of Alaska Medical Board
Division of Corporations, Business & Professional Licensing
Email: roger.casquejo@alaska.gov (preferred communication)
Office: 907-465-2550 | Mobile: 907-465-6278
www.commerce.alaska.gov

From: Board, Nursing (CED sponsored) <boardofnursing@alaska.gov>
Sent: Friday, September 12, 2025 8:44 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: FW: Urgent Notice of Misrepresentation – Please Read Carefully
Importance: High

FYI

Sincerely,

Patty Wolf, MSN, RNC-OB
Executive Administrator, Alaska Board of Nursing
Corporations, Business and Professional Licensing

patty.wolf@alaska.gov
Office: 907-269-8194
Board of Nursing, Professional Licensing, Division of Corporations, Business and Professional Licensing (alaska.gov)

From: Dr Wound <drwound@snfwoundcare.com>
Sent: Thursday, September 11, 2025 11:02 AM
To: Board, Nursing (CED sponsored) <boardofnursing@alaska.gov>
Subject: Urgent Notice of Misrepresentation – Please Read Carefully
Importance: High

Urgent Notice of Misrepresentation – Please Read Carefully

Hi Nursing,

This is to formally notify you of a matter of concern regarding misrepresentation.

We have recently become aware that **Dr. Michael Tehrani**, who started a wound care company called **Wound Docs**, has been visiting nursing facilities **pretending to be Dr. Payam Tehrani,** founder of **SNF Wound Care**.

It appears that he is purposely attempting to mislead staff and facilities into believing he is **Dr. Payam Tehrani**.

To clarify:

Dr. Payam Tehrani is the **founder of SNF Wound Care** and has **no business affiliation whatsoever** with **Dr. Michael Tehrani** and his company, **Wound Docs**.

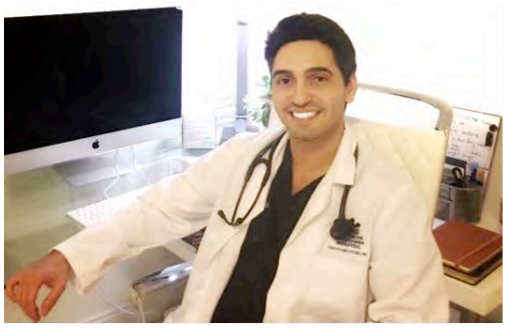
Any individual or company operating under the name **Wound Docs** is not endorsed by, connected to, or associated with **SNF Wound Care** in any manner.

To avoid any confusion, please be advised that **SNF Wound Care and Dr. Payam Tehrani are entirely independent from Dr. Michael Tehrani and Wound Docs**.

We respectfully request that you take note of this important distinction and ensure your staff is informed to prevent further confusion.

For verification or confirmation regarding **SNF Wound Care**, please contact us directly.

Thank you for your attention to this matter.



Dr. Payam Tehrani, MD
CEO SNF Wound Care
SNFwoundcare.com

Sent with love from SNF Wound Care HQ

1.833.379.6863

info@snfwoundcare.com

ALASKA PDMP

PRESCRIPTION DRUG MONITORING PROGRAM

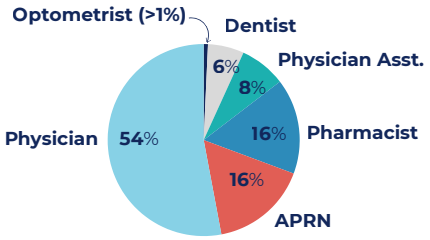
Q3 2025

81,105 PATIENTS

Alaskan patients receiving at least one controlled substance prescirption.

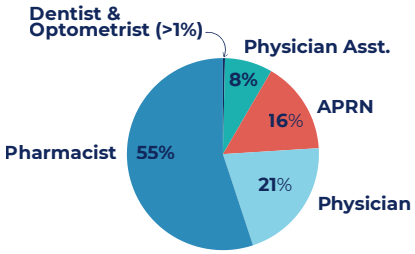
9,919 REGISTERED USERS

% registered by license type, excluding IHS, military, VA, and delegates.



271,358 SEARCHES

% of searches by user type, excluding IHS, military, VA, and delegates.



85% EHR ACCESS

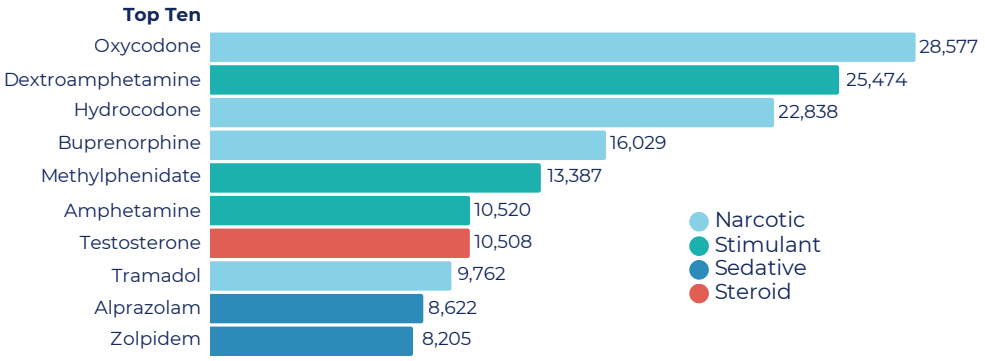
% of providers using electronic health record system (EHR) integration to search patient information within their clinical workflow.

268 DISPENSERS

Pharmacies or dispensing providers with at least one controlled substance dispensation to Alaska patients.

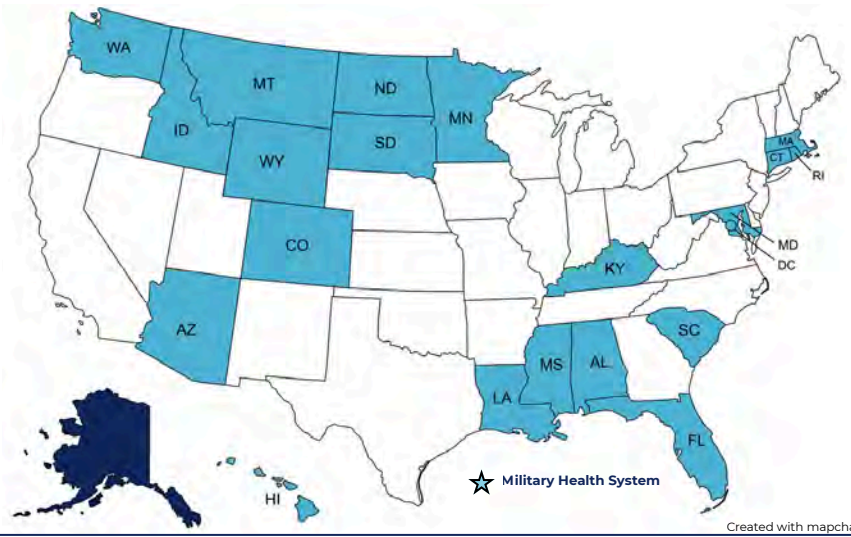
Data is presented for informational purposes only. Data represents prescription and dispensation activity reported to Alaska Prescription Drug Monitoring Program (PDMP) from July 1, 2025 to September 30, 2025. For more in formation, visit pdmp.alaska.gov.

197,743 CONTROLLED SUBSTANCE DISPENSATIONS



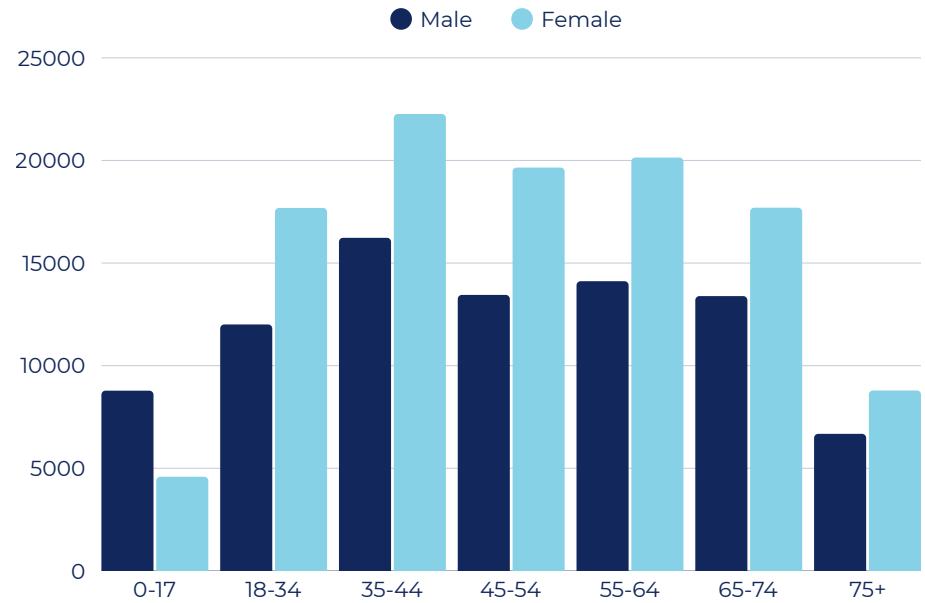
22 PARTNER STATES

Interstate data sharing including military health system.



Created with mapchart.net

PRESCRIPTION COUNT BY PATIENT AGE & GENDER



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Medical Board	FY 18	FY 19	Biennium	FY 20	FY 21	Biennium	FY 22	FY 23	Biennium	FY 24	FY 25	Biennium
Revenue												
Revenue from License Fees	$ 347,304	$ 2,380,618	$ 2,727,922	$ 578,308	$ 2,597,830	$ 3,176,138	$ 945,106	$ 2,876,309	$ 3,821,415	$ 852,030	$ 2,690,026	$ 3,542,056
General Fund Received					$ -	-	$ 272,744	$ 173,090	445,834	$ 40,368	$ -	40,368
Allowable Third Party Reimbursements	3,517	184	3,701	$ -	$ -	-	$ -	$ -	-	$ 1,071	$ -	1,071
TOTAL REVENUE	$ 350,821	$ 2,380,802	$ 2,731,623	$ 578,308	$ 2,597,830	$ 3,176,138	$ 1,217,850	$ 3,049,399	$ 4,267,249	$ 893,469	$ 2,690,026	$ 3,583,495
Expenditures												
Non Investigation Expenditures												
1000 - Personal Services	488,823	473,122	961,945	420,810	521,976	942,786	446,216	454,584	900,800	507,288	660,375	1,167,663
2000 - Travel	17,577	15,801	33,378	13,357	-	13,357	8,875	1,471	10,346	3,442	886	4,328
3000 - Services	44,741	31,730	76,471	23,009	46,044	69,053	69,997	97,210	167,207	93,406	32,007	125,413
4000 - Commodities	2,016	1,525	3,541	1,252	1,290	2,542	3,278	3,045	6,323	2,972	3,268	6,240
5000 - Capital Outlay	-		-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	553,157	522,178	1,075,335	458,428	569,310	1,027,738	528,366	556,310	1,084,676	607,108	696,536	1,303,644
Investigation Expenditures												
1000-Personal Services	210,010	226,965	436,975	264,001	272,106	536,107	289,348	336,511	625,859	411,332	414,623	825,955
2000 - Travel		2,104	2,104	2,032	-	2,032	2,655	-	2,655	-	-	-
3023 - Expert Witness	1,700	7,577	9,277	16,050	22,775	38,825	31,350	14,000	45,350	39,107	18,209	57,316
3088 - Inter-Agency Legal	60,885	34,329	95,214	56,267	33,435	89,702	42,629	208,613	251,242	484,830	564,968	1,049,798
3094 - Inter-Agency Hearing/Mediation	9,299	28,803	38,102	18,640	911	19,551	11,870	61,195	73,065	164,138	265,356	429,494
3000 - Services other		3,348	3,348	1,919	625	2,544	1,257	2,126	3,383	1,112	1,319	2,431
4000 - Commodities		-	-	-	-	-	-	-	-	126	-	126
Total Investigation Expenditures	281,894	303,126	585,020	358,909	329,852	688,761	379,109	622,445	1,001,554	1,100,645	1,264,475	2,365,120
Total Direct Expenditures	835,051	825,304	1,660,355	817,337	899,162	1,716,499	907,475	1,178,755	2,086,230	1,707,753	1,961,011	3,668,764
Indirect Expenditures												
Internal Administrative Costs	225,669	263,046	488,715	285,614	316,771	602,385	250,301	286,502	536,803	250,148	321,608	571,756
Departmental Costs	150,736	168,176	318,912	123,361	143,500	266,861	122,427	120,114	242,541	143,482	178,470	321,952
Statewide Costs	78,101	72,595	150,696	90,219	108,989	199,208	92,456	86,033	178,489	88,909	91,726	180,635
Total Indirect Expenditures	454,506	503,817	958,323	499,194	569,260	1,068,454	465,184	492,649	957,833	482,539	591,804	1,074,343
			-			-						
TOTAL EXPENDITURES	**$ 1,289,557**	**$ 1,329,121**	**$ 2,618,678**	**$ 1,316,531**	**$ 1,468,422**	**$ 2,784,953**	**$ 1,372,659**	**$ 1,671,404**	**$ 3,044,063**	**$ 2,190,292**	**$ 2,552,815**	**$ 4,743,107**
Cumulative Surplus (Deficit)												
Beginning Cumulative Surplus (Deficit)	$ 137,265	$ (801,471)		$ 250,210	$ (488,013)		$ 641,395	$ 486,586		$ 1,864,582	$ 567,759	
Annual Increase/(Decrease)	(938,736)	1,051,681		(738,223)	1,129,408		(154,809)	1,377,996		(1,296,823)	137,210	
Ending Cumulative Surplus (Deficit)	$ (801,471)	250,210		$ (488,013)	$ 641,395		$ 486,586	$ 1,864,582		$ 567,759	$ 704,969	
Statistical Information												
Number of Licenses for Indirect calculation	7,138	8,421		9,801	12,808		8,259	9,221		7,676	10,199	

Additional information:

- *General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going into deficit or increase fees.*
- *Most recent fee change: Fee reduction FY25*
- *Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065.*

Sub Unit	(Multiple Items)
PL Task Code	MED1

Sum of Budgetary Expenditures	Object Type Name (Ex)				
Object Name (Ex)	1000 - Personal Services	2000 - Travel	3000 - Services	4000 - Commodities	Grand Total
1011 - Regular Compensation	559,210.50				559,210.50
1014 - Overtime	873.80				873.80
1021 - Allowances to Employees	432.00				432.00
1023 - Leave Taken	91,890.33				91,890.33
1028 - Alaska Supplemental Benefit	40,012.16				40,012.16
1029 - Public Employee's Retirement System Defined Benefits	44,557.65				44,557.65
1030 - Public Employee's Retirement System Defined Contribution	25,551.63				25,551.63
1034 - Public Employee's Retirement System Defined Cont Health Reim	16,258.60				16,258.60
1035 - Public Employee's Retiremnt Sys Defined Cont Retiree Medical	4,034.62				4,034.62
1037 - Public Employee's Retiremnt Sys Defined Benefit Unfnd Liab	84,317.93				84,317.93
1039 - Unemployment Insurance	1,324.40				1,324.40
1040 - Group Health Insurance	173,203.74				173,203.74
1041 - Basic Life and Travel	35.28				35.28
1042 - Worker's Compensation Insurance	2,861.12				2,861.12
1047 - Leave Cash In Employer Charge	15,039.50				15,039.50
1048 - Terminal Leave Employer Charge	8,791.93				8,791.93
1053 - Medicare Tax	9,144.19				9,144.19
1069 - SU Business Leave Bank Contributions	186.00				186.00
1077 - ASEA Legal Trust	531.65				531.65
1079 - ASEA Injury Leave Usage	40.39				40.39
1080 - SU Legal Trst	254.36				254.36
1970 - Personal Services Transfer	(3,553.99)				(3,553.99)
2000 - In-State Employee Airfare		395.80			395.80
2001 - In-State Employee Surface Transportation		121.56			121.56
2002 - In-State Employee Lodging		279.00			279.00
2003 - In-State Employee Meals and Incidentals		90.00			90.00
2012 - Out-State Employee Airfare		1,471.14			1,471.14
2970 - Travel Cost Transfer		(1,471.14)			(1,471.14)
3000 - Training/Conferences			-		-
3002 - Memberships			3,881.00		3,881.00
3023 - Expert Witness			18,209.17		18,209.17
3026 - Transcription/Record			93.77		93.77
3035 - Long Distance			133.57		133.57
3036 - Local/Equipment Charges			12.78		12.78
3045 - Postage			1,267.07		1,267.07
3057 - Structure, Infrastructure and Land - Rentals/Leases			179.52		179.52
3085 - Inter-Agency Mail			688.39		688.39
3088 - Inter-Agency Legal			588,379.95		588,379.95
3094 - Inter-Agency Hearing/Mediation			269,014.20		269,014.20
4005 - Subscriptions				3,267.50	3,267.50
Grand Total	**1,074,997.79**	**886.36**	**881,859.42**	**3,267.50**	**1,961,011.07**

1961011
0.07

FY 2025 CBPL COST ALLOCATIONS

Name	Task Code	Direct Revenues	General Fund Received	3rd Party Reimbursement	Total Revenues	Direct Expense	Percentage of board licenses/total licensees:	Department certified transactions % by Fiscal Revenue $	Indirect Expense (Total Non-PCN Allocated)	Percentage of program direct Personal Services:	Total Indirect Expenses	Total Expenses	2025 Annual Surplus (Deficit)	FY24 Direct Expense	FY24 Indirect Expenses	FY24 Total Expenses
Acupuncture	ACU1	$ 36,704		$ -	$ 36,704	$ 7,610	$ 3,586	$ -	$ 3,586	1,873	$ 5,459	$ 13,069	$ 23,635	$ 6,651	$ 5,234	$ 11,885
Architects, Engineer	AEL1	$ 188,460	$ -	$ 3,193	$ 191,653	$ 449,475	226,368	$ 4,018	230,386	105,959	336,345	785,820	(594,167)	337,247	290,445	627,692
Athletic Trainers	ATH1	$ 5,120		$ -	$ 5,120	$ 3,035	2,045	$ 918	2,963	803	3,766	6,801	(1,681)	1,642	2,538	4,180
Audiology and Speech Pathologists	AUD1	$ 98,651		$ -	$ 98,651	$ 54,058	33,460	$ 1,439	34,899	13,362	48,261	102,319	(3,668)	41,069	41,314	82,383
Barbers & Hairdressers	BAH1	$ 303,803		$ -	$ 303,803	$ 447,826	201,888	$ 6,299	208,187	108,174	316,361	764,187	(460,384)	364,706	299,416	664,122
Behavior Analysts	BEV1	$ 16,771		$ -	$ 16,771	$ 13,162	4,090	$ -	4,090	3,270	7,360	20,522	(3,751)	8,861	6,382	15,243
Chiropractors	CHI1	$ 315,785		$ 1,200	$ 316,985	$ 191,694	10,136	$ 868	11,004	43,354	54,358	246,052	70,933	194,286	46,936	241,222
Collection Agencies	COA1	$ 19,430		$ -	$ 19,430	$ 49,960	17,101	$ 1,811	18,912	12,787	31,699	81,659	(62,229)	11,743	22,895	34,638
Concert Promoters	CPR1	$ 13,875		$ -	$ 13,875	$ -	830	$ 372	1,202		1,202	1,202	12,673	44	774	818
Construction Contractors	CON1	$ 1,408,302		$ -	$ 1,408,302	$ 786,652	287,154	$ 5,134	292,288	135,461	427,749	1,214,401	193,901	607,170	333,943	941,113
Home Inspectors	HIN1	$ 8,495		$ -	$ 8,495	$ 21,906	2,638	$ 1,339	3,977	5,800	9,777	31,683	(23,188)	19,253	9,692	28,945
Dental	DEN1	$ 630,810	$ -	$ -	$ 630,810	$ 310,844	71,070	$ 3,472	74,542	77,402	151,944	462,788	168,022	350,066	157,023	507,089
Dietitians/Nutritionists	DTN1	$ 13,060		$ -	$ 13,060	$ 18,722	13,811	$ 1,190	15,001	4,947	19,948	38,670	(25,610)	24,885	21,145	46,030
Direct Entry Midwife	MID1	$ 104,366		$ -	$ 104,366	$ 18,786	1,482	$ -	1,482	4,909	6,391	25,177	79,189	24,961	3,268	28,229
Dispensing Opticians	DOP1	$ 30,433		$ -	$ 30,433	$ 18,914	5,542	$ -	5,542	4,881	10,423	29,337	1,096	24,239	12,672	36,911
Electrical Administrator	EAD1	$ 32,310		$ -	$ 32,310	$ 88,422	27,059	$ 223	27,282	14,330	41,612	130,034	(97,724)	96,254	46,081	142,335
Euthanasia Services	EUT1	$ 3,500		$ -	$ 3,500	$ 735	445	$ -	445	194	639	1,374	2,126	488	548	1,036
Geologists	GEO1	$ 1,150		$ -	$ 1,150	$ 45	652	$ -	652	7	659	704	446	991	925	1,916
Guardians/Conservators	GCO1	$ 10,100		$ -	$ 10,100	$ 60,548	741	$ 322	1,063	4,905	5,968	66,516	(56,416)	6,758	2,881	9,639
Guide-Outfitters	GUI1	$ 285,923		$ -	$ 285,923	$ 537,908	47,212	$ 3,795	51,007	118,688	169,695	707,603	(421,680)	434,101	166,507	600,608
Marine Pilots	MAR1	$ 73,700		$ -	$ 73,700	$ 106,816	4,090	$ 273	4,363	21,217	25,580	132,396	(58,696)	85,392	20,286	105,678
Foreign Pleasure Craft	FPC1	$ 70,215		$ -	$ 70,215		-	$ -	-		-	-	70,215		334	334
Marital & Family Therapy	MFT1	$ 101,579		$ -	$ 101,579	$ 97,649	5,542	$ 570	6,112	24,843	30,955	128,604	(27,025)	29,916	13,629	43,545
Massage Therapists	MAS1	$ 54,925		$ 330	$ 55,255	$ 236,819	37,639	$ 2,059	39,698	56,561	96,259	333,078	(277,823)	225,078	95,655	320,733
Mechanical Administrator	MEC1	$ 21,305		$ -	$ 21,305	$ 85,553	16,893	$ 918	17,811	10,618	28,429	113,982	(92,677)	95,639	32,432	128,071
Medical	MED1	$ 2,690,026		$ -	$ 2,690,026	$ 1,961,011	302,269	$ 4,935	307,204	284,600	591,804	2,552,815	137,211	1,707,753	482,539	2,190,292
Mortuary Science	MOR1	$ 26,555		$ -	$ 26,555	$ 8,854	4,475	$ 372	4,847	2,275	7,122	15,976	10,579	8,230	6,524	14,754
Naturopaths	NAT1	$ 8,280		$ -	$ 8,280	$ 7,098	1,126	$ -	1,126	1,826	2,952	10,050	(1,770)	4,147	2,744	6,891
Nurse Aides	NUA1	$ 225,185		$ 132	$ 225,317	$ 239,914	83,814	$ 1,513	85,327	34,781	120,108	360,022	(134,705)	101,931	110,655	212,586
Nursing	NUR1	$ 5,462,496	$ -	$ 3,777	$ 5,466,273	$ 2,218,313	896,404	$ 4,067	900,471	473,604	1,374,075	3,592,388	1,873,885	1,843,890	1,145,143	2,989,033
Nursing Home Administrators	NHA1	$ 16,700		$ -	$ 16,700	$ 2,250	1,956	$ -	1,956	56	2,012	4,262	12,438	2,044	1,575	3,619
Optometry	OPT1	$ 136,631		$ -	$ 136,631	$ 46,014	7,646	$ 174	7,820	11,608	19,428	65,442	71,189	41,753	19,413	61,166
Pawnbrokers	PAW1	$ 350		$ -	$ 350	$ 3,076	474	$ -	474	814	1,288	4,364	(4,014)	4,222	2,035	6,257
Pharmacy	PHA1	$ 363,853	$ -	$ 2,506	$ 366,359	$ 829,496	204,111	$ 6,374	210,485	213,141	423,626	1,253,122	(886,763)	658,578	364,788	1,023,366
Physical/Occupational Therapy	PHY1	$ 163,679		$ 719	$ 164,398	$ 226,724	72,611	$ 3,993	76,604	54,249	130,853	357,577	(193,179)	185,128	124,363	309,491
Prescription Drug Monitoring Program	PDMP	$ -		$ 1,170	$ 1,170	$ 1,190	-	$ -	-	-	-	1,190	(20)	1,721	-	1,721
Professional Counselors	PCO1	$ 105,550		$ 644	$ 106,194	$ 208,103	36,898	$ 2,034	38,932	53,127	92,059	300,162	(193,968)	204,504	91,681	296,185
Psychology	PSY1	$ 168,552		$ -	$ 168,552	$ 198,579	11,855	$ 645	12,500	47,869	60,369	258,948	(90,396)	173,098	59,195	232,293
Public Accountancy	CPA1	$ 153,165	$ -	$ 6,859	$ 160,024	$ 288,048	45,760	$ 992	46,752	70,939	117,691	405,739	(245,715)	318,407	130,590	448,997
Real Estate	REC1	$ 148,775		$ -	$ 148,775	$ 326,027	108,176	$ 1,835	110,011	76,980	186,991	513,018	(364,243)	391,392	191,680	583,072
Real Estate Appraisers	APR1	$ 180,565		$ -	$ 180,565	$ 151,483	12,507	$ 2,803	15,310	37,416	52,726	204,209	(23,644)	104,135	39,303	143,438
Social Workers	CSW1	$ 126,150		$ -	$ 126,150	$ 246,022	42,826	$ 2,109	44,935	63,348	108,283	354,305	(228,155)	197,753	97,794	295,547
Storage Tank Workers	UST1	$ 1,080		$ -	$ 1,080	$ 4,678	1,838	$ -	1,838	1,238	3,076	7,754	(6,674)	11,150	5,691	16,841
Veterinary	VET1	$ 316,829		$ 1,953	$ 318,782	$ 247,029	26,347	$ 1,339	27,686	61,279	88,965	335,994	(17,212)	147,383	67,057	214,440
No longer existent board/commission (ie Athletic)			$ -									-	-			
Totals All Boards		**$ 14,143,193**	**$ -**	**$ 22,483**	**$ 14,165,676**	**$ 10,821,048**	**$ 2,882,567**	**$ 68,205**	**$ 2,950,772**	**$ 2,263,495**	**$ 5,214,267**	**$ 16,035,315**	**$ (1,869,639)**	**$ 9,098,659**	**$ 4,575,725**	**$ 13,674,384**
							-	-								
ABL & Corporations	DA0801005	$ 13,065,329		$ -	$ 13,065,329	$ 474,829	$ 1,348,575	$ 9,301	$ 1,357,876	$ 256,212	$ 1,614,088	$ 2,088,917	10,976,412			
													-			
Fines & Forfeit GF		223,196	-		223,196							-				
Revenue Transfer In (Carry Forward Net)	CFWD	2,011,431	-		2,011,431							-				
Reimbursable Service Agreements AR	DA0801007	-			-	-							-			
RSA 0825023- DHSS Nurse Aide Program		129,571			129,571	129,571						129,571	-			
RSA 0825024- DHSS PFS- DOA PDMP		306,958			306,958	306,958						306,958	-			
RSA 0825022- DHSS PFS- DOA BJA PDMP		447,963			447,963	447,963						447,963	-			
RSA 0825025- DHSS EPI PDMP		198,352			198,352	198,352						198,352	-			
RSA 0825021 Child Support Assistance		302			302	302						302	-			
RSA 0825309- DHSS PFS- PDMP		195,000			195,000	195,000						195,000	-			
Interagency clearing		-			-	-						-	-			
Direct Professional Licensing TASK 8000					-	73,036						73,036				
General Fund Received TASK 8000		-	288,274		288,274	288,274						288,274				
Telemedicine Business Registry	TBR1	107,800			107,800							-				
DWAD - Emergency Authorizations					-							-				
Real Estate Recovery Fund	ZSU1	39,020			39,020	123,846						123,846				
Third Party Reimbursement	080801108		-	-	-	-						-	-			
Total CBPL		**$ 30,868,114**	**$ 288,274**	**$ 22,483**	**$ 31,178,872**	**$ 13,059,180**	**$ 4,231,142**	**$ 77,506**	**$ 4,308,648**	**$ 2,519,707**	**$ 6,828,355**	**$ 19,887,535**	11,291,337			

DIVISION INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Business Supplies	25,582	25,478	104
Office Equipment	195,244	189,754	5,490
State Vehicles	2,641	2,324	317
Storage and Archives	17,687	15,112	2,575
Legal Support	51,005	51,005	-
Central Mail Services Postage	46,394	21,267	25,127
Software Licensing and Maintenance	93,639	93,639	-
Division Administrative Expenses - all other	262,518	262,518	-
Division allocated by percentage of direct personal services:	694,710	661,097	33,613
Percentage of board licenses/total licensees:			
Investigations indirect Personal Services	360,659	331,542	29,117
Division Administration Personal Services	3,179,249	1,942,740	1,236,509
Division allocated by percentage of board licenses/total licensees:	3,539,908	2,274,282	1,265,626
Total Division Indirect Expenses	4,234,618	2,935,379	1,299,239

DEPARTMENT INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Commissioner's Office	205,782	181,088	24,694
Administrative Services - Director's Office	98,735	86,887	11,848
Administrative Services - Human Resources	81,583	71,793	9,790
Administrative Services - Fiscal	134,815	118,637	16,178
Administrative Services - Budget	77,293	68,018	9,275
Administrative Services - Information Technology	229,784	202,210	27,574
Administrative Services - Information Technology - Network & Database/ Management &	149,044	131,159	17,885
Administrative Services - Mail	14,875	13,090	1,785
Administrative Services - Facilities - Maintenance	-	-	-
Department allocated by percentage of direct personal services:	991,911	872,882	119,029
Percentage of board licenses/total licensees:			
Department administrative services support: Fiscal, IT, Procurement	691,234	608,285	82,949
Receipting transaction % by Personal Services:			
Department certified transactions % by Fiscal Revenue $	77,506	68,205	9,301
Total DEPARTMENT INDIRECT EXPENSES	**1,760,651**	**1,549,372**	**211,279**

STATEWIDE INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Accounting and Payroll Systems	86,615	76,221	10,394
State Owned Building Rental (Building Leases)	297,003	261,363	35,640
State OIT Server Hosting & Storage	7,712	6,787	925
State OIT SQL	8,040	7,075	965
State Software Licensing	-	-	-
Human Resources	78,602	69,170	9,432
IT Non-Telecommunications (Core Cost)	316,458	274,883	41,575
IT Telecommunications	36,340	31,979	4,361
Risk Management	2,316	2,038	278
Statewide allocated by percentage of direct personal services:	**833,086**	**729,516**	**103,570**

FY25 TOTALS BY METHODOLOGY	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:	2,519,707	2,263,495	256,212
Percentage of board licenses/total licensees:	4,231,142	2,882,567	1,348,575
Receipting transaction % by Personal Services:	77,506	68,205	9,301
Grand Total	**6,828,355**	**5,214,267**	**1,614,088**

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
Juneau Office

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2550
Fax: 907.465.2974

MEMORANDUM

TO: Members of Professional Licensing Boards DATE: October 7, 2025

FROM: Sylvan Robb, Director RE: Administrative Order 360

I am providing additional information to clarify the purpose and expectations of Administrative Order 360, which was issued by Governor Dunleavy on August 4, 2025, to improve the quality, transparency, and efficiency of the State's regulatory environment. The full language of AO 360 can be found at https://gov.alaska.gov/admin-orders/administrative-order-no-360/.

There are several goals associated with this Administrative Order, but I'd like to highlight #3: "Ensure boards and commissions adjust regulatory structures as necessary to maintain critical consumer protection while eliminating unnecessary barriers to entry for new professionals." This goal highlights that all state boards are critical components to accomplishing the purpose of this initiative.

The *division* is responsible for providing key deliverables throughout this project:

1. **Hold stakeholder meetings:** These meetings invite members of the public to provide suggestions on regulations that they feel can be removed or improved. The division has scheduled stakeholder meetings with corresponding windows for receiving written comments. Input from stakeholders is vitally important in the development of the boards' regulatory reform plans this winter.

   These meetings are different than oral testimony on proposed regulations, so boards themselves are not holding these meetings. However, members are welcome to attend and listen.

   We have organized the meetings as follows:

   - Health care professions: Thursday, October 9th, 9:00 - 11:00 a.m.; Monday, October 27th, 6:00 - 8:00 p.m., Wednesday, October 29th, 11:30 a.m. - 1:30 p.m.
   - Non-health care professions: Thursday, October 9th, 9:00 - 11:00 a.m.; Monday, October 27th, 6:00 - 8:00 p.m., Wednesday, October 29th, 11:30 a.m. - 1:30 p.m.

2. **Review guidance documents:** Documents—such as PDFs and web pages—providing guidance on regulatory requirements will be published in the Online Public Notice System (OPN) and moved forward for review by the Department of Law. Guidance documents are intended to *explain* requirements contained in statutes or regulations or to provide background information. This includes forms, checklists, applications, FAQs, board opinions, and other types of information relating to the public process. The legal review will ensure no existing or new documents contain guidance that should

actually be promulgated as a regulation. Once legal reviews are completed next spring, the division and its boards may need to address any changes.

3. **Establish a baseline of current regulatory requirements:** Using statewide guidance, staff are currently reviewing regulations and determining what constitutes a regulatory requirement using the guidance provided by the Department of Law. All requirements are counted and identified as "mandatory"— required by federal, statutory, or court-ordered mandates—or "discretionary"—those that the board has the ability to evaluate, interpret, and adopt. Discretionary requirements with room for improvement in quality, transparency, and efficiency will be identified by staff and moved forward for each board to consider including it its regulatory reform plan.

Individual professional licensing *boards* are responsible for implementing the deliverables of AO 360 now through 2027. Meeting these deadlines set by the Office of the Governor will require boards to either hold additional meetings or significantly expand their agendas:

1. **Review public and staff recommendations for regulatory reform (starting in November):** Individual boards will review the input received from the public and additional changes recommended by staff. This is the opportunity to jump start any pending board regulations changes or plans that have been put "on the back burner."

2. **Develop a regulatory reform plan (due in February):** Design and approve a plan to reduce specific regulatory requirements by 15% in calendar year 2026, culminating in a total reduction of 25% by the end of calendar year 2027. This plan must be completed and provided to me by February 13. I will submit it to the department to be included as part of the department's overall plan. After the Office of the Governor has reviewed and approved the proposed plan, it will be posted on OPN. At that point, any regulation change included in the board's plan has the green light to move forward through the usual regulations adoption process. (No additional waiver is required.)

To summarize, AO 360 requires the division to review regulations, count the number of requirements, determine which are discretionary, and make a recommendation to each board so it can approve a regulatory reform plan. It does not diminish the authority of the board to propose and adopt regulations concerning their industry. The Office of the Governor encourages each board and agency to focus on the end goals of regulatory transparency and efficiency rather than becoming overly concerned about the specific deliverables along the way. All departments of state government are encouraged to use this structured opportunity to work with their stakeholders and think deeply about ways to best serve the public through this initiative.

As required by the initiative, Sara Chambers has been designated by Commissioner Sande as our department's Agency Regulatory Liaison, providing training and guidance, as well as serving as the point of contact with the Office of the Governor and the Department of Law for all divisions and corporate agencies within the DCCED umbrella. She is assisting us in seeking modifications to the statewide schedule of deadlines, as long as we are making progress toward the Governor's goal.

Timelines and guidance are fast-moving and subject to change. The key deadlines the board should know are:

- **Informational sessions for board members to hear details and ask questions:**
    - Monday, October 13 at 12:00 p.m.
    - Meeting ID: 219 918 166 590
    - Passcode: Hm2TC2ad

    - Thursday, October 16 at 11:00 a.m.
    - Meeting ID: 248 100 560 125 1

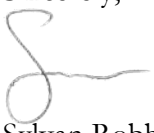
- Passcode: 3tf2oH7t

- Monday, October 20 at 1:00 p.m.
- Meeting ID: 289 987 973 913 6
- Passcode: hh2pX6aD

- **Stakeholder meetings** are scheduled for the month of October—see above.
- **Your proposed regulatory reform plan** is due by February 13.

Your board liaison will work with your chair to schedule the meetings necessary for you to review public and staff recommendations, discuss merits and potential changes, and ultimately adopt your reform plan. If you have questions or concerns, please attend one of the informational sessions or reach out to me so I can provide you with timely responses.

Sincerely,



Sylvan Robb
Director

From:	Campbell, Karmen L (CED)
To:	Norberg, Natalie M (CED)
Cc:	Saviers, Glenn A (CED); Robb, Sylvan S (CED)
Subject:	MED - AO360 Requirements
Date:	Friday, October 31, 2025 9:33:59 AM
Attachments:	image001.png AO360 Medical Statutes and Regs.pdf Medical Board Adopted by Reference Discretionary Requirements.docx

---

Good morning,

Please see your program's attached AO 360 regulations requirements and adopted by reference requirement tracker.

Glenn is going to try and review all the boarded programs to share some suggestions; she will share that once she finished reviewing MED's regulations. Given the tight timeline for the board to determine what items it can eliminate and streamline, Sylvan noted that you should not wait for Glenn's feedback to get your board working on looking for their reductions.

The baseline number of requirements for MED is 1,224. 359 of these requirements are from the regulations, and 865 requirements are from documents adopted by reference in the regulations. The 25% target is against the 1,224 number.

Please let me know if you have any questions.

Best regards,

Karmen Campbell
Director's Assistant
Division of Corporations, Business, and Professional Licensing
https://www.commerce.alaska.gov/web/cbpl

Medical Board Adopted by Reference Discretionary Requirements:

Documents Adopted by Reference	# of Discretionary Requirements
Practice Bulletin, Number 135, June 2013, Second-Trimester Abortion, Reaffirmed 2017	59
MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE	53
Code of Ethics – American Medical Association 2016	525
Code of Ethics – American Osteopathic Association 2016	33
Code of Ethics - American Podiatric Medical Association 2017	110
Guidelines for Ethical Conduct for the Physician Assistant Profession 2013	85
Total:	**865**

Practice Bulletin, Number 135, June 2013, Second-Trimester Abortion, Reaffirmed 2017: 59

Requirement Count Summary

Here is a breakdown of the discrete regulatory-style requirements found in the document:

Section	Requirement Examples	Count
Clinical Recommendations	Cervical preparation before D&E, antibiotic prophylaxis, uterotonic use, referral facilitation, etc.	18
Box 1: Medical Abortion Regimens	Specific drug dosages and timing protocols	9
Postabortion Hemorrhage Management	Primary, secondary, tertiary treatment steps	10

Section	Requirement Examples	Count
Complication Prevention	Use of vasopressin, cervical dilation protocols, training recommendations	6
Contraceptive Guidance	Immediate IUD insertion, method eligibility	4
Summary Recommendations (Level A, B, C)	Reiterated clinical directives	12

MODEL POLICY FOR THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE: 53

Requirement Count Summary

Section	Requirement Examples	Count
Preamble & Expectations	Maintain professionalism, supervise non-physicians, protect confidentiality	5
Establishing Physician–Patient Relationship	Verify patient identity, disclose provider credentials, obtain consent	6
Licensure	Must be licensed in the patient's state	1
Evaluation & Treatment	Must conduct evaluation before treatment or prescribing	3
Informed Consent	Must obtain and document informed consent with specific elements	7

Section	Requirement Examples	Count
Continuity of Care	Must provide follow-up access and documentation	2
Emergency Services	Must provide an emergency plan and protocol	2
Medical Records	Must maintain and document all telemedicine-related records	3
Privacy & Security	Must comply with HIPAA, maintain policies, ensure secure transmission	6
Online Disclosures	Must disclose services, fees, credentials, privacy practices, etc.	10
Patient Rights	Must allow access, feedback, and complaint mechanisms	3

Code of Ethics – American Medical Association 2016: 525

Requirement Count Summary

Section	Topic Area	Approx. Count
Chapter 1	Patient–Physician Relationships	85
Chapter 2	Consent, Communication & Decision Making	70
Chapter 3	Privacy, Confidentiality, Medical Records	25

Section	Topic Area	Approx. Count
Chapter 4	Genetics & Reproductive Medicine	30
Chapter 5	End-of-Life Care	20
Chapter 6	Organ Procurement & Transplantation	15
Chapter 7	Research & Innovation	90
Chapter 8	Physicians & Public Health	65
Chapter 9	Professional Self-Regulation	40
Chapter 10	Interprofessional Relationships	35
Chapter 11	Financing & Delivery of Health Care	50

Code of Ethics – American Osteopathic Association 2016: 33

Requirement Count Summary

The AOA Code of Ethics includes 19 numbered sections, each containing at least one requirement. Some sections contain multiple discrete requirements. Here's a breakdown:

Section	Topic	Requirement Count
1–2	Confidentiality, Disclosure	2
3	Non-discrimination, Emergency Care	3
4	Abandonment	2

Section	Topic	Requirement Count
5	Competence, Continuing Education	2
6	Professional Self-Regulation	2
7	Advertising	2
8	Credentials, Representation	3
9	Consultation	1
10–11	Disputes Among Physicians	2
12	Fees, Fee Splitting	2
13	Respect for Law	2
14	Community Participation	1
15–16	Sexual Misconduct, Harassment	2
17	Gifts from Industry	3
18	Misrepresentation	1
19	Research Ethics	2

Code of Ethics - American Podiatric Medical Association 2017: 110

Requirement Count Summary

The APMA Code of Ethics is structured into three main categories:

- Medical Ethics (ME)
- Business Ethics (BE)
- Association Ethics (AE)

Each category contains multiple subsections with specific obligations. Here's the breakdown:

Section	Topic Area	Approx. Count
ME1–ME7	Professional judgment, informed consent, confidentiality, patient respect, professionalism, physician health, research ethics	45
BE1–BE7	Advertising, business transactions, referrals, supervision, legal compliance, staff respect, managed care	55
AE1–AE4	Conflicts of interest, confidentiality, commercial relationships, association conduct	10

Guidelines for Ethical Conduct for the Physician Assistant Profession 2013: 85

Requirement Count Summary

The document is organized into five major sections, each containing multiple ethical obligations:

Section	Topic Area	Approx. Count
The PA and the Patient	Role, consent, confidentiality, end-of-life, diversity, reproductive care	40
The PA and Individual Professionalism	Conflicts of interest, competency, harassment, identity	15

Section	Topic Area	Approx. Count
The PA and Other Professionals	Teamwork, impairment, supervision, illegal conduct	10
The PA and the Health Care System	Research, education, expert witness, workplace actions	10
The PA and Society	Lawfulness, executions, access to care, community well-being	10

Statutes and Regulations
Medical

April 2025

3767

359

DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING

Rev. 4/04/2025

(b) The board may not impose disciplinary sanctions on a physician or physician assistant for prescribing, dispensing, or administering a prescription drug that is a controlled substance if the requirements under (a) of this section and AS 08.64.363 are met.

(c) Notwithstanding (a) and (b) of this section,

(1) a physician may not prescribe, dispense, or administer an abortion-inducing drug under (a) of this section unless the physician complies with AS 18.16.010; and

(2) a physician or physician assistant may not prescribe, dispense, or administer a prescription drug in response to an Internet questionnaire or electronic mail message to a person with whom the physician or physician assistant does not have a prior physician-patient relationship.

(d) In this section,

(1) "controlled substance" has the meaning given in AS 11.71.900;

(2) "prescription drug" has the meaning given in AS 08.80.480;

(3) "primary care provider" has the meaning given in AS 21.07.250.

Sec. 08.64.366. Liability for services rendered by a mobile intensive care paramedic. *[Repealed, Sec. 18 ch 29 SLA 2021.]*

Sec. 08.64.367. Use of amygdalin (laetrile); investigational drugs, biological products, or devices. (a) A physician may not be subject to disciplinary action by the board for prescribing or administering amygdalin (laetrile) to a patient under the physician's care who has requested the substance unless the board in a hearing conducted under AS 44.62 (Administrative Procedure Act) has made a formal finding that the substance is harmful.

(b) A hospital or health facility may not interfere with the physician-patient relationship by restricting or forbidding the use of amygdalin (laetrile) when prescribed or administered by a physician and requested by a patient unless the substance as prescribed or administered by the physician is found to be harmful by the board in a hearing conducted under the provisions of AS 44.62 (Administrative Procedure Act).

(c) A physician may not be subject to disciplinary action by the board for prescribing, dispensing, or administering an investigational drug, biological product, or device, or providing related treatment, to a patient for the purpose of sustaining the patient's life if the patient

(1) has a terminal illness;

(2) is ineligible or unable to participate in a current clinical trial for the investigational drug, biological product, or device;

(3) has considered, after consultation with the physician, all other treatment options currently approved by the United States Food and Drug Administration; and

(4) has given informed consent in writing for the use of the investigational drug, biological product, or device.

(d) In this section,

(1) "investigational drug, biological product, or device" means a drug, biological product, or device that has successfully completed Phase 1 studies of clinical trials for investigation and remains in ongoing clinical trials under Phase 2 or Phase 3 or is in the new drug application process following Phase 3 of clinical trials, but has not been approved for general use the United States Food and Drug Administration;

(2) "terminal illness" means a disease, that, without life-sustaining procedures, will result in death in the near future or a state of permanent unconsciousness from which recovery is unlikely.

Sec. 08.64.369. Health care professional to report certain injuries. (a) A health care professional who initially treats or attends to a person with an injury described in (b) of this section shall make certain that an oral report of the injury is made promptly to the Department of Public Safety, a local law enforcement agency, or a village public safety officer. The health care professional shall make certain that a written report of an injury described in (b)(1) or (2) of this section is submitted to the Department of Public Safety within three working days after the person is treated. The report shall be on a form provided by the Department of Public Safety.

(b) The following injuries shall be reported under (a) of this section:

(1) second or third degree burns to five percent or more of a patient's body;

(2) a burn to a patient's upper respiratory tract or laryngeal edema due to the inhalation of super-heated air;

(3) a bullet wound, powder burn, or other injury apparently caused by the discharge of a firearm;

(4) an injury apparently caused by a knife, axe, or other sharp or pointed instrument, unless the injury was clearly accidental; and

(5) an injury that is likely to cause the death of the patient, unless the injury was clearly accidental.

(c) person who, in good faith, makes a report under this section, or who participates in judicial proceedings related to a report under this section, is immune from any civil or criminal liability that might otherwise be incurred as a result of making such a report or participating in the judicial proceedings.

(d) In this section, "health care professional" includes an emergency medical technician certified under AS 18.08, health aide, physician, nurse, mobile intensive care paramedic licensed under AS 18.08, and physician assistant, but does not include a practitioner of religious healing.

Sec. 08.64.360. Penalty for practicing without a license or in violation of law. Except for a physician assistant or a person licensed or authorized under another law of the state who engages in practices for which that person is licensed or authorized under that law, a person practicing medicine or osteopathy in the state without a valid license or permit is guilty of a class A misdemeanor. Each day of illegal practice is a separate offense.

Sec. 08.64.362. Limitation of liability. An action may not be brought against a person for damages resulting from a report made in good faith to a public agency by the person or participation by the person in an investigation by a public agency or an administrative or judicial proceeding relating to the report if the report relates to a person licensed under this chapter.

Sec. 08.64.363. Maximum dosage for opioid prescriptions. (a) A licensee may not issue

(1) an initial prescription for an opioid that exceeds a seven-day supply to an adult patient for outpatient use;

(2) a prescription for an opioid that exceeds a seven-day supply to a minor; at the time a licensee writes a prescription for an opioid for a minor, the licensee shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opioid use.

(b) Notwithstanding (a) of this section, a licensee may issue a prescription for an opioid that exceeds a seven-day supply to an adult or minor patient if, in the professional medical judgment of the licensee, more than a seven-day supply of an opioid is necessary for

(1) the patient's acute medical condition, chronic pain management, pain associated with cancer, or pain experienced while the patient is in palliative care; the licensee may write a prescription for an opioid for the quantity needed to treat the patient's medical condition, chronic pain, pain associated with cancer, or pain experienced while the patient is in palliative care; the licensee shall document in the patient's medical record the condition triggering the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition;

(2) a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier; the licensee may write a prescription for an opioid for the quantity needed to treat the patient for the time that the patient is unable to access a practitioner; the licensee shall document in the patient's medical record the reason for the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition; in this paragraph, "practitioner" has the meaning given in AS 11.71.900; or

(3) the treatment of a patient's substance abuse or opioid dependence; the licensee may write a prescription for an opioid approved for the treatment of substance abuse or opioid dependence for the quantity needed to treat the patient's substance abuse or opioid dependence; the licensee shall document in the patient's medical record the reason for the prescription of an opioid approved for the treatment of substance abuse or opioid dependence in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate for the treatment of substance abuse or opioid dependence.

(c) In this section,

(1) "adult" means

(A) an individual who has reached 18 years of age; or

(B) an emancipated minor;

(2) "emancipated minor" means a minor whose disabilities have been removed for general purposes under AS 09.55.590;

(3) "minor" means an individual under 18 years of age who is not an emancipated minor.

ARTICLE 3.
MISCELLANEOUS PROVISIONS

Section

Sec. 08.64.364. Prescription of drugs without physical examination. (a) The board may not impose disciplinary sanctions on a physician or physician assistant for rendering a diagnosis, providing treatment, or prescribing, dispensing, or administering a prescription drug that is not a controlled substance to a person without conducting a physical examination if

(1) the physician, physician assistant, or another licensed health care provider in the medical practice is available to provide follow-up care; and

(2) the physician or physician assistant requests that the person consent to sending a copy of all records of the encounter to the person's primary care provider if the prescribing physician or physician assistant is not the person's primary care provider and, if the person consents, the physician or physician assistant sends the records to the person's primary care provider.

licensee is competent to resume practice. However, a license may not be returned to the licensee if the voluntary surrender resulted in the dropping or suspension of civil or criminal charges against the physician.

Sec. 08.64.335. Reports of disciplinary action or license suspension or surrender. The board shall promptly report to the Federation of State Medical Boards for inclusion in the nationwide disciplinary data bank license and permit refusals under AS 08.64.240, actions taken by the board under AS 08.64.331, and license and permit suspensions or surrenders under AS 08.64.332 or 08.64.334.

Sec. 08.64.336. Duty of physicians and hospitals to report. (a) A physician who professionally treats a person licensed to practice medicine or osteopathy in this state for alcoholism or drug addiction, or for mental, emotional, or personality disorders, shall report it to the board if there is probable cause that the person may constitute a danger to the health and welfare of that person's patients or the public if that person continues in practice. The report must state the name and address of the person and the condition found.

(b) A hospital that revokes, suspends, conditions, restricts, or refuses to grant hospital privileges to, or imposes a consultation requirement on, a person licensed to practice medicine or osteopathy in the state shall report to the board the name and address of the person and the reasons for the action within seven working days after the action is taken. A hospital shall also report to the board the name and address of a person licensed to practice medicine or osteopathy in the state if the person resigns hospital staff privileges while under investigation by the hospital or a committee of the hospital and the investigation could result in the revocation, suspension, conditioning, or restricting of, or the refusal to grant, hospital privileges, or in the imposition of a consultation requirement. A report is required under this subsection regardless of whether the person voluntarily agrees to the action taken by the hospital. A report is not required if the sole reason for the action is the person's failure to complete hospital records in a timely manner or to attend staff or committee meetings. In this subsection "consultation requirement" means a restriction placed on a person's existing hospital privileges requiring consultation with a designated physician or group of physicians in order to continue to exercise the hospital privileges.

(c) Upon receipt of a report under (a) or (b) of this section, the board shall investigate the matter and, upon finding that there is reasonable cause to believe that the person who is the subject of the report is a danger to the health or welfare of the public or to the person's patients, the board may appoint a committee of three qualified physicians to examine the person and report its findings to the board. Notwithstanding the provisions of this subsection, the board may summarily suspend a license under AS 08.64.331(c) before appointing an examining committee or before the committee makes or reports its findings.

(d) If the board finds that a person licensed to practice medicine or osteopathy is unable to continue in practice with reasonable safety to the person's patients or to the public, the board shall initiate action to suspend, revoke, limit, or condition the person's license to the extent necessary for the protection of the person's patients and the public.

(e) A physician, hospital, hospital committee, or private professional organization contracted with under AS 08.64.101(5) to identify, confront, evaluate, and treat individuals licensed under this chapter who abuse addictive substances that in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil liability for the submission or participation.

(f) A physician or hospital may not refuse to submit a report under this section or withhold from the board or its investigators evidence related to an investigation under this section on the grounds that the report or evidence

(1) concerns a matter that was disclosed in the course of a confidential physician-patient or psychotherapist-patient relationship or during a meeting of a hospital medical staff, governing body, or committee that was exempt from the public meeting requirements of AS 44.62.310; or

(2) is required to be kept confidential under AS 18.23.030.

Sec. 08.64.338. Medical and psychiatric exams. For the purposes of an investigation under this chapter, the board may order a person to whom it has issued a license or permit to submit to a medical or psychiatric examination by a physician or other practitioner of the healing arts appointed by the board. An examination shall be at the board's expense. An examination may include the required submission of biological specimens requested by the examining physician or practitioner.

Sec. 08.64.340. Statement of grounds of refusal or revocation of license. If the board refuses to issue a license or revokes a license, it shall file a brief and concise statement of the grounds and reasons for the action in the office of the secretary of the board and in the department. The statement, together with the written decision of the board, shall remain of record in the department.

Sec. 08.64.345. Reports relating to malpractice actions and claims. A person licensed under this chapter shall report in writing to the board concerning the outcome of each medical malpractice claim or civil action in which damages have been or are to be paid by or on behalf of the licensee to the claimant or plaintiff, whether by judgment or under a settlement. This report shall be made within 30 days after resolution of the claim or termination of the civil action.

(e) The board may suspend a license upon receipt of a certified copy of evidence that a license to practice medicine in another state or territory of the United States or province of Canada has been suspended or revoked. The suspension remains in effect until a hearing can be held by the board.

(f) The board shall be consistent in the application of disciplinary sanctions. A significant departure from earlier decisions of the board involving similar situations must be explained in findings of fact or orders made by the board.

Sec. 08.64.332. Automatic suspension for mental incompetency or insanity. Notwithstanding AS 44.62, if a person holding a license to practice medicine or osteopathy under this chapter is adjudged mentally incompetent or insane by a final order or adjudication by a court of competent jurisdiction or by voluntary commitment to an institution for the treatment of mental illness, the person's license shall be suspended by the board. The suspension shall continue in effect until the court finds or adjudges that the person has been restored to reason or until a licensed psychiatrist approved by the board determines that the person has been restored to reason.

Sec. 08.64.333. Disciplinary sanctions: physician licensed in another state. (a) The board may sanction a physician licensed in another state who provides health care services through telehealth under AS 08.02.130(b) if the board finds after a hearing that

(1) one or more of the grounds listed in AS 08.64.326(a)(1) – (13) exist with respect to that physician;

(2) the physician exceeded the scope of the physician's privilege to practice in this state under AS 08.02.130; or

(3) the physician prescribed, dispensed, or administered through telehealth to a patient located in the state a controlled substance listed in AS 11.71.140 – 11.71.190.

(b) If the board finds grounds to sanction a physician under (a) of this section, the board may

(1) permanently prohibit the physician from practicing in the state;

(2) prohibit the physician from practicing in the state for a determinate period;

(3) censure the physician;

(4) issue a letter of reprimand to the physician;

(5) place the physician on probationary status under (d) of this section;

(6) limit or impose conditions on the physician's privilege to practice in the state;

(7) impose a civil fine of not more than $25,000;

(8) issue a cease and desist order prohibiting the physician from providing health care services through telehealth under AS 08.02.130(b); an order issued under this paragraph remains in effect until the physician submits evidence acceptable to the board showing that the violation has been corrected;

(9) promptly notify the licensing authority in each state in which the physician is licensed of a sanction imposed under this subsection.

(c) In a case finding grounds for sanction under AS 08.64.326(a)(13), the final findings of fact, conclusions of law, and order of the authority that suspended or revoked a license or certificate constitute a prima facie case that the license or certificate was suspended or revoked and the grounds under which the suspension or revocation was granted.

(d) The board may place a physician on probation under this section until the board finds that the deficiencies that required the imposition of a sanction have been remedied. The board may require a physician on probation to

(1) report regularly to the board on matters involving the reason for which the physician was placed on probation;

(2) limit the physician's practice in the state to those areas prescribed by the board;

(3) participate in professional education until the board determines that a satisfactory degree of skill has been attained in areas identified by the board as needing improvement.

(e) The board may summarily prohibit a physician from practicing in the state under AS 08.02.130(b) if the board finds that the physician, by continuing to practice, poses a clear and immediate danger to public health and safety. A physician prohibited from practicing under this subsection is entitled to a hearing conducted by the office of administrative hearings (AS 44.64.010) not later than seven days after the effective date of the order prohibiting the physician from practicing. The board may lift an order prohibiting a physician from practicing if the board finds after a hearing that the physician is able to practice with reasonable skill and safety. The physician may appeal a decision of the board under this subsection to the superior court.

(f) The board shall take measures to recover from a physician the cost of proceedings resulting in a sanction under (b) of this section, including the costs of investigation by the board and department, and hearing costs.

(g) The board may prohibit a physician from practicing in the state upon receipt of a certified copy of evidence that a license to practice medicine in another state or territory of the United States or province or territory of Canada has been suspended or revoked. The prohibition remains in effect until a hearing can be held by the board.

(h) The board shall be consistent in the application of disciplinary sanctions. A significant departure from earlier decisions of the board involving similar situations must be explained in findings of fact or orders made by the board.

Sec. 08.64.334. Voluntary surrender. The board, at its discretion, may accept the voluntary surrender of a license. A license may not be returned unless the board determines, under regulations adopted by it, that the

(4) has been convicted, including conviction based on a guilty plea or plea of nolo contendere, of

(A) a class A or unclassified felony or a crime in another jurisdiction with elements similar to a class A or unclassified felony in this jurisdiction;

(B) a class B or class C felony or a crime in another jurisdiction with elements similar to a class B or class C felony in this jurisdiction if the felony or other crime is substantially related to the qualifications, functions, or duties of the licensee; or

(C) a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs;

(5) has procured, sold, prescribed, or dispensed drugs in violation of a law regardless of whether there has been a criminal action or harm to the patient;

(6) intentionally or negligently permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards even if the patient was not injured;

(7) failed to comply with this chapter, a regulation adopted under this chapter, or an order of the board;

(8) has demonstrated

(A) professional incompetence, gross negligence or repeated negligent conduct; the board may not base a finding of professional incompetence solely on the basis that a licensee's practice is unconventional or experimental in the absence of demonstrable physical harm to a patient;

(B) addiction to, severe dependency on, or habitual overuse of alcohol or other drugs that impairs the licensee's ability to practice safely;

(C) unfitness because of physical or mental disability;

(9) engaged in unprofessional conduct, in sexual misconduct, or in lewd or immoral conduct in connection with the delivery of professional services to patients; in this paragraph, "sexual misconduct" includes sexual contact, as defined by the board in regulations adopted under this chapter, or attempted sexual contact with a patient outside the scope of generally accepted methods of examination or treatment of the patient, regardless of the patient's consent or lack of consent, during the term of the physician-patient relationship, as defined by the board in regulations adopted under this chapter, unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating, courtship, or engagement relationship with the licensee;

(10) has violated AS 18.16.010;

(11) has violated any code of ethics adopted by regulation by the board;

(12) has denied care or treatment to a patient or person seeking assistance from the physician if the only reason for the denial is the failure or refusal of the patient to agree to arbitrate as provided in AS 09.55.535(a);

(13) has had a license or certificate to practice medicine in another state or territory of the United States, or a province or territory of Canada, denied, suspended, revoked, surrendered while under investigation for an alleged violation, restricted, limited, conditioned, or placed on probation unless the denial, suspension, revocation, or other action was caused by the failure of the licensee to pay fees to that state, territory, or province; or

(14) prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.64.363.

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

Sec. 08.64.331. Disciplinary sanctions. (a) If the board finds that a licensee has committed an act set out in AS 08.64.326(a), the board may

(1) permanently revoke a license to practice;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require the licensee to

(A) report regularly to the board on matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a licensee;

(7) impose a civil fine of not more than $25,000; or

(8) impose one or more of the sanctions set out in (1) – (7) of this subsection.

(b) The board may end the probation of a licensee if it finds that the deficiencies which required this sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if the licensee continues to practice. A person whose license is suspended under this section is entitled to a hearing conducted by the office of administrative hearings (AS 44.64.010) not later than seven days after the effective date of the order, and the person may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license that has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

extension for the same reasons the board may refuse to grant a license under AS 08.64.240. Permits and extensions of permits issued to an individual under this section are not valid for more than 240 calendar days during any consecutive 24 months.

(f) Notwithstanding (e) of this section, a permit issued under this section may be extended by the board or its designee for a time period that exceeds the limit established in (e) of this section if the board or its designee determines that the extension is necessary in order to provide essential medical services for the protection of public health and safety and the board has received a

(1) clearance report from the National Practitioner Data Bank;
(2) physician profile from the American Medical Association or the American Osteopathic Association;
(3) clearance report from the United States Drug Enforcement Administration; and
(4) completed application form and the fee required for licensure under this chapter.

Sec. 08.64.276. Retired status license. (a) On retiring from practice and payment of an appropriate one-time fee, a licensee in good standing with the board may apply for the conversion of an active or inactive license to a retired status license. A person holding a retired status license may not practice medicine, osteopathy, or podiatry in the state. A retired status license is valid for the life of the license holder and does not require renewal. A person holding a retired status license is exempt from AS 08.64.312.

(b) A person with a retired status license may apply for active licensure. Before issuing an active license under this subsection, the board may require the applicant to meet reasonable criteria as determined under regulations of the board, which may include submission of continuing medical education credits, reexamination requirements, physical and psychiatric examination requirements, an interview with the entire board, and review of information in the national data bank of the National Federation of State Medical Boards.

Sec. 08.64.279. Interview for permits. An applicant for an intern permit, a resident permit, or a temporary permit for locum tenens practice may be interviewed in person by the board, a member of the board, the executive secretary of the board, or a person designated for that purpose by the board.

Sec. 08.64.312. Continuing education requirements. (a) The board shall promote a high degree of competence in the practice of medicine, osteopathy, and podiatry by requiring every licensee of medicine, osteopathy, and podiatry in the state to fulfill continuing education requirements.

(b) Before a license may be renewed, the licensee shall submit evidence to the board or its designee that continuing education requirements prescribed by regulations adopted by the board have been met. Continuing education requirements must include not less than two hours of education in pain management and opioid use and addiction in the two years preceding an application for renewal of a license, unless the licensee demonstrates to the satisfaction of the board that the licensee's practice does not include pain management and opioid treatment or prescribing.

(c) The board or its designee may exempt a physician, osteopath, or podiatrist from the requirements of (b) of this section upon an application by the physician, osteopath, or podiatrist giving evidence satisfactory to the board or its designee that the physician, osteopath, or podiatrist is unable to comply with the requirements because of extenuating circumstances. However, a person may not be exempted from more than 15 hours of continuing education in a five-year period; a person may not be exempted from the requirement to receive at least two hours of education in pain management and opioid use and addiction unless the person has demonstrated to the satisfaction of the board that the person does not currently hold a valid federal Drug Enforcement Administration registration number.

Sec. 08.64.313. Inactive license. A licensee who does not practice in the state may hold an inactive license. A person, who practices in the state, however infrequently, shall hold an active license.

Sec. 08.64.315. Fees. The department shall set fees under AS 08.01.065 for each of the following:

(1) application;
(2) license by examination;
(3) license by endorsement or waiver of examination;
(4) temporary permit;
(5) locum tenens permit;
(6) license renewal, active;
(7) license renewal, inactive;
(8) license by reexamination.

Sec. 08.64.326. Grounds for imposition of disciplinary sanctions. (a) The board may impose a sanction if the board finds after a hearing that a licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation while providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(1) an active license from a board of medical examiners established under the laws of a state or territory of the United States or a province or territory of Canada issued after thorough examination; or

(2) passed an examination as specified by the board in regulations.

(b) The board shall adopt regulations under (a) of this section that require an applicant to demonstrate professional competence in pain management and addiction disorders. An applicant may include past professional experience or professional education as proof of professional competence.

Sec. 08.64.255. Interviews. An applicant for licensure may be interviewed in person by the board or by a member of the board before a license is issued. The interview must be recorded. If the application is denied on the basis of the interview, the denial shall be stated in writing, with the reasons for it, and the record shall be preserved.

Sec. 08.64.260. Reexamination. (a) If the applicant fails the examination, the applicant may, on the same application and payment of a reexamination fee, take another examination not less than six months nor more than two years after the date of the first examination. If the applicant fails a second examination, the applicant may, after a year or more of further study or training approved by the board, make a new application for licensure.

(b) *[Repealed, Sec. 21 ch 87 SLA 1987.]*

(c) *[Repealed, Sec. 21 ch 87 SLA 1987.]*

(d) *[Repealed, Sec. 21 ch 87 SLA 1987.]*

Sec. 08.64.270. Temporary permits. (a) The board, a member of the board, the executive secretary, or a person designated by the board to issue temporary permits may issue a temporary permit to a physician applicant, osteopath applicant, or podiatry applicant who meets the requirements of AS 08.64.200, 08.64.205, 08.64.209, or 08.64.225 and pays the required fee.

(b) A temporary permit issued under this section is valid for six months and shall be reviewed by the board at the next regularly scheduled board meeting that occurs after its issuance.

(c) A temporary permit issued under this section may not be renewed.

(d) The fee for a permit issued under this section is one-fourth of the fee for a biennial license, plus the appropriate application fee.

(e) Upon application by the permittee and approval of the board, a permit issued under this section may be converted to a biennial license upon payment of the biennial fee minus the six-month permit fee paid under (d) of this section, plus the appropriate application fee.

Sec. 08.64.272. Residency and internship permits. (a) A person may not serve as a resident or intern without a permit issued under this section.

(b) For the limited purpose of residency or internship, the board may issue a permit to an applicant without examination if the applicant meets the requirements of AS 08.64.200(a)(1) and applicable regulations of the board, meets the requirements of AS 08.64.279, pays the required fee, and has been accepted by an eligible institution in the state for the purpose of residency or internship.

(c) A permit issued under this section is valid for the period specified by the board, but not to exceed 36 months after the date of issue. Upon application by a person who pays the required fee and has been accepted by an eligible institution in the state for the purpose of residency or internship, the board may renew a permit issued under this section for a period specified by the board, but not to exceed 36 months after the date of renewal.

Sec. 08.64.275. Temporary permit for locum tenens practice. (a) A member of the board, its executive secretary, or a person designated by the board to issue temporary permits may grant a temporary permit to a physician or osteopath for the purpose of

(1) substituting for another physician or osteopath licensed in this state;

(2) being temporarily employed by a physician or osteopath licensed in this state while that physician or osteopath evaluates the permittee for permanent employment; or

(3) being temporarily employed by a hospital or community mental health center while the facility attempts to fill a vacant permanent physician or osteopath staff position with a physician or osteopath licensed in this state.

(b) A physician applying under (a) of this section shall pay the required fee and shall meet the requirements of AS 08.64.279 and the requirements of either AS 08.64.200 or 08.64.225. In addition, the physician shall submit evidence of holding a license to practice medicine in a state or territory of the United States or in a province or territory of Canada.

(c) An osteopath applying under (a) of this section shall pay the required fee and shall meet the requirements of AS 08.64.205 and 08.64.279. In addition, the osteopath shall submit evidence of holding a license to practice in a state or territory of the United States or in a province or territory of Canada.

(d) Within 10 days after the permit has been granted, the board member shall forward to the department a report of the issuance of the permit.

(e) A permit issued under this section is initially valid for 90 consecutive calendar days. Upon request by a permittee, a permit issued under this section shall be extended for 60 calendar days by the board or its designee if, before the expiration of the initial 90-day permit, the permittee submits to the department a completed application form and the fee required for licensure under this chapter, except that the board may refuse to grant a request for an

(2) take the examination required by AS 08.64.210; the State Medical Board shall call to its aid a podiatrist of known ability who is licensed to practice podiatry to assist in the examination and licensure of applicants for a license to practice podiatry;

(3) receive education in pain management and opioid use and addiction, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal Drug Enforcement Administration registration number; an applicant may include past professional experience or professional education as proof of professional competence;

(4) meet other qualifications of experience or education that the board may require.

(b) The provisions of AS 08.64.180—08.64.190, 08.64.220, and 08.64.230—08.64.380 relating to the practice of medicine or osteopathy apply to the application procedure, testing, and practice of podiatry, as appropriate.

Sec. 08.64.210. Examination required. (a) The applicant shall take examinations in subjects the board considers necessary, unless excused under provisions of AS 08.64.250.

(b) The deadline for submitting an exam application to the board shall be established by regulation.

Sec. 08.64.220. Contents of examination and grading. (a) The board shall offer a written examination sufficient to test the applicant's fitness to practice medicine or osteopathy.

(b) *[Repealed, Sec. 27 ch 148 SLA 1970.]*

(c) The examinations, answers, and scores shall be preserved and filed.

Sec. 08.64.225. Foreign medical graduates. (a) Applicants who are graduates of medical colleges not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association shall

(1) meet the requirements of AS 08.64.200(a)(3) – (5) and 08.64.255;

(2) have successfully completed

(A) three years of postgraduate training as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency and a certificate of successful completion of two additional years of postgraduate training at a recognized hospital; or

(B) other requirements establishing proof of competency and professional qualifications as the board considers necessary to ensure the continued protection of the public adopted at the discretion of the board by regulation, including education in pain management and opioid use and addiction, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal Drug Enforcement Administration registration number; an applicant may include past professional experience or professional education as proof of professional competence; and

(3) have passed examinations as specified by the board in regulations.

(b) Requirements establishing proof of competency under (a)(2)(B) of this section may include

(1) current licensure in another state and an active medical practice in that state for at least three years; or

(2) current board certification in a practice specialty by the American Board of Medical Specialties.

(c) In this section, "recognized hospital" means a hospital that has been approved for internship or residency training by the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada.

Sec. 08.64.230. License granted. (a) If a physician applicant passes the examination and meets the requirements of AS 08.64.200 and 08.64.255, the board or its executive secretary shall grant a license to the applicant to practice medicine in the state.

(b) If an osteopath applicant passes the examination and meets the requirements of AS 08.64.205 and 08.64.255, the board or its executive secretary shall grant a license to the applicant to practice osteopathy in the state.

(c) Each license shall be signed by the secretary and president of the board, and have the seal of the board affixed to it.

Sec. 08.64.240. License refused. (a) The board may not grant a license if

(1) the applicant fails or cheats during the examination;

(2) the applicant has surrendered a license in another jurisdiction while under investigation and the license has not been reinstated in that jurisdiction;

(3) the board determines that the applicant is professionally unfit to practice medicine or osteopathy in the state; or

(4) the applicant fails to comply with a requirement of this chapter.

(b) The board may refuse to grant a license to any applicant for the same reasons that it may impose disciplinary sanctions under AS 08.64.326.

Sec. 08.64.250. License by credentials. (a) The board may waive the examination requirement and license by credentials if the physician, osteopath, or podiatry applicant meets the requirements of AS 08.64.200, 08.64.205, or 08.64.209, submits proof of continued competence as required by regulation, pays the required fee, and has

(d) A podiatrist practicing in the state on March 26, 1976, is exempt from this section, and shall be issued a license without examination if application is made within one year of March 26, 1976.

Sec. 08.64.180. Application for license. A person who desires to practice medicine, or osteopathy in the state shall apply in writing to the department for a license.

Sec. 08.64.190. Contents of application. The application must state the name, age, residence, the time spent in medical or osteopathy study, the place, year, and school in which degrees were granted, the applicant's medical work history, and other information the board considers necessary. The application shall be made under oath. The board may verify information in the application through direct contact with the appropriate schools, medical boards, or other agencies that can substantiate the information.

Sec. 08.64.200. Qualifications of physician applicants. (a) Except for foreign medical graduates as specified in AS 08.64.225, each physician applicant shall

(1) submit a certificate of graduation from a legally chartered medical school accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association;

(2) submit a certificate from a recognized hospital or hospitals certifying that the applicant has satisfactorily performed the duties of resident physician or intern for a period of

(A) one year if the applicant graduated from medical school before January 1, 1995, as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency; and

(B) two years if the applicant graduated from medical school on or after January 1, 1995, as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency and a certificate of successful completion of one additional year of postgraduate training at a recognized hospital;

(3) submit a list of negotiated settlements or judgements in claims or civil actions alleging medical malpractice against the applicant, including an explanation of the basis for each claim or action;

(4) not have a license to practice medicine in another state, country, province, or territory that is currently suspended or revoked for disciplinary reasons; and

(5) receive education in pain management and opioid use and addiction, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal Drug Enforcement Administration registration number; an applicant may include past professional experience or professional education as proof of professional competence.

(b) The board shall determine whether each physician applicant has any disciplinary or other actions recorded in the nationwide disciplinary data bank of the Federation of State Medical Boards. If the physician applicant was licensed or practiced in a jurisdiction that does not record information with the data bank of the Federation of State Medical Boards, the board shall contact the medical regulatory body of that jurisdiction to obtain comparable information about the applicant.

Sec. 08.64.205. Qualifications for osteopath applicants. Each osteopath applicant shall meet the qualifications prescribed in AS 08.64.200(a)(3) – (5) and shall

(1) submit a certificate of graduation from the legally chartered school of osteopathy approved by the board;

(2) submit a certificate from a hospital approved by the American Medical Association or the American Osteopathic Association that certifies that the osteopath has satisfactorily completed and performed the duties of intern or resident physician for

(A) one year if the applicant graduated from a school of osteopathy before January 1, 1995, as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency; or

(B) two years if the applicant graduated from a school of osteopathy on or after January 1, 1995, as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency and a certificate of successful completion of one additional year of postgraduate training at a recognized hospital;

(3) take the examination required by AS 08.64.210 or be certified to practice by the National Board of Examiners for Osteopathic Physicians and Surgeons or by the National Board of Osteopathic Medical Examiners;

(4) receive education in pain management and opioid use and addiction, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal Drug Enforcement Administration registration number; an applicant may include past professional experience or professional education as proof of professional competence.

Sec. 08.64.209. Qualifications for podiatry applicants. (a) Each applicant who desires to practice podiatry shall meet the qualifications prescribed in AS 08.64.200(a)(3) – (5) and shall

(1) submit a certificate of graduation from a legally chartered school of podiatry approved by the board;

medical study, the place of medical study, and the year and school from which degrees were granted. The record must also show whether the applicant was granted a license or rejected.

(b) The board shall maintain records for each person licensed under this chapter concerning the outcome of malpractice actions and claims as reported under AS 08.64.200(a) and 08.64.345. The board must periodically review these records to determine if the licensee should be found to be professionally incompetent under AS 08.64.326(a)(8)(A).

(c) The board shall make available to the public the information maintained under (a) and (b) of this section for each person licensed under this chapter.

Sec. 08.64.160. Applicability of Administrative Procedure Act. The board shall comply with AS 44.62 (Administrative Procedure Act).

ARTICLE 2.
LICENSING

Section

Sec. 08.64.170. License to practice medicine, podiatry, or osteopathy. (a) A person may not practice medicine, podiatry, or osteopathy in the state unless the person is licensed under this chapter, except that

(1) a physician assistant may examine, diagnose or treat persons under the supervision, control, and responsibility of either a physician licensed under this chapter or a physician exempted from licensing under AS 08.64.370;

(2) a person who is licensed or authorized under another law of the state may engage in a practice that is authorized under that law; and

(3) a person may perform routine medical duties delegated under AS 08.64.106.

(b) *[Repealed, § 4 ch 101 SLA 1974.]*

(c) A chiropodist practicing in the state on May 16, 1972, is exempt from this section.

(5) under regulations adopted by the board, contract with private professional organizations to establish an impaired medical professionals program to identify, confront, evaluate, and treat persons licensed under this chapter who abuse alcohol, other drugs, or other substances or are mentally ill or cognitively impaired;

(6) adopt regulations that establish guidelines for a physician or physician assistant who is rendering a diagnosis, providing treatment, or prescribing, dispensing, or administering a prescription drug to a person without conducting a physical examination under AS 08.64.364; the guidelines must include a nationally recognized model policy for standards of care of a patient who is at a different location than the physician or physician assistant;

(7) require that a licensee who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o).

(b) The board may adopt regulations authorizing

(1) the executive secretary to grant a license to an applicant under this chapter; the regulations must provide

(A) that the applicant meet the requirements provided under this chapter;

(B) that the executive secretary may not grant a license under this chapter if the applicant has submitted

(i) a list of one or more negotiated settlements and judgments under AS 08.64.200(a)(3);

(ii) information that the applicant had a license to practice medicine in another state, country, province, or territory that was suspended or revoked under AS 08.64.200(a)(4); or

(iii) information that requires consideration by the board;

(C) other requirements that the board determines necessary; and

(2) a member of the board, the executive secretary, or a person designated by the board to issue a temporary permit under AS 08.64.270(a) or 08.64.275(a) if the applicant meets the requirements established under this chapter.

Sec. 08.64.103. Investigator; executive secretary. (a) After consulting with the board, the department shall employ two persons who are not members of the board; one shall be assigned as the investigator for the board; the other shall be assigned as the executive secretary for the board. The investigator shall

(1) conduct investigations into alleged violations of this chapter and into alleged violations of regulations and orders of the board;

(2) at the request of the board, conduct investigations based on complaints filed with the department or with the board; and

(3) be directly responsible and accountable to the board, except that only the department has authority to terminate the investigator's employment and the department shall provide day to day and administrative supervision of the investigator.

(b) The executive secretary is the principal executive officer of the board and shall perform duties as prescribed by the board. The executive secretary is in the partially exempt service under AS 39.25.120 and is entitled to receive a monthly salary equal to a step in Range 23 on the salary schedule set out in AS 39.27.011(a).

Sec. 08.64.105. Regulation of abortion procedures. The board shall adopt regulations necessary to carry into effect the provisions of AS 18.16.010 and shall define ethical, unprofessional, or dishonorable conduct as related to abortions, set standards of professional competency in the performance of abortions, and establish procedures and set standards for facilities, equipment, and care of patients in the performance of an abortion.

Sec. 08.64.106. Delegation of routine medical duties. The board shall adopt regulations authorizing a physician, podiatrist, osteopath, or physician assistant licensed under this chapter to delegate routine medical duties to an agent of the physician, podiatrist, osteopath, or physician assistant. The regulations must

(1) require that an agent who is not licensed under this chapter may perform duties delegated under this section only if the agent meets applicable standards established by the board;

(2) require that a physician, podiatrist, osteopath, or physician assistant may not delegate duties related to pain management and opioid use and addiction; and

(3) define the phrase "routine medical duties."

Sec. 08.64.107. Regulation of physician assistants. The board shall adopt regulations regarding the licensure of physician assistants and the medical services that they may perform, including the

(1) educational and other qualifications, including education in pain management and opioid use and addiction;

(2) application and licensing procedures;

(3) scope of activities authorized; and

(4) responsibilities of the supervising or training physician.

Sec. 08.64.110. Per diem and expenses. The members of the board are entitled to per diem and expenses authorized by law.

Sec. 08.64.130. Board records. (a) The board shall preserve a record of its proceedings, which must contain the name, age, residence and duration of residence of each applicant for a license, the time spent by the applicant in

CHAPTER 64.
MEDICINE

Article

ARTICLE 1.
STATE MEDICAL BOARD

Section

Sec. 08.64.010. Creation and membership of State Medical Board. The governor shall appoint a board of medical examiners, to be known as the State Medical Board, consisting of five physicians licensed in the state and residing in as many separate geographical areas of the state as possible, one physician assistant licensed under AS 08.64.107, and two persons with no direct financial interest in the health care industry.

Sec. 08.64.050. Oath of office. Each member shall take an oath of office. The oath shall be filed and preserved in the department.

Sec. 08.64.060. Seal. The board shall adopt a seal.

Sec. 08.64.070. Officers. The board shall elect a president and secretary from among its members. The president and secretary may administer oaths.

Sec. 08.64.075. Designees. If this chapter authorizes a designee to perform a duty, the board may designate a single board member, the executive secretary, or another employee of the department.

Sec. 08.64.085. Meetings of the board. The board shall meet at least four times a year.

Sec. 08.64.090. Quorum. Five members of the board constitute a quorum for the transaction of all business properly before the board.

Sec. 08.64.100. Power of board to adopt regulations. The board may adopt regulations necessary to carry into effect the provisions of this chapter.

Sec. 08.64.101. Duties. (a) The board shall

(1) except as provided in regulations adopted by the board under (b) of this section, examine and issue licenses to applicants;

(2) develop written guidelines to ensure that licensing requirements are not unreasonably burdensome and the issuance of licenses is not unreasonably withheld or delayed;

(3) after a hearing, impose disciplinary sanctions on persons who violate this chapter or the regulations or orders of the board;

(4) adopt regulations ensuring that renewal of licenses is contingent on proof of continued competency on the part of the licensee;

ARTICLE 4.
GENERAL PROVISIONS

Section

Sec. 08.64.370. Exceptions to application of chapter. This chapter does not apply to

(1) officers in the regular medical service of the armed services of the United States or the United States Public Health Service while in the discharge of their official duties;

(2) a physician or osteopath licensed in another state who is asked by a physician or osteopath licensed in this state to help in the diagnosis or treatment of a case, unless the physician is practicing under AS 08.02.130(b);

(3) the practice of the religious tenets of a church;

(4) a physician in the regular medical service of the United States Public Health Service or the armed services of the United States volunteering services without pay or other remuneration to a hospital, clinic, medical office, or other medical facility in the state;

(5) a person who is certified as a direct-entry midwife by the department under AS 08.65 while engaged in the practice of midwifery whether or not the person accepts compensation for those services;

(6) a physician licensed in another state who, under a written agreement with an athletic team located in the state in which the physician is licensed, provides medical services to members of the athletic team while the athletic team is traveling to or from or participating in a sporting event in this state.

Sec. 08.64.380. Definitions. In this chapter,

(1) "board" means the State Medical Board;

(2) "department" means the Department of Commerce, Community, and Economic Development;

(3) *[Repealed, Sec. 18 ch 29 SLA 2021.]*

(4) *[Repealed, Sec. 18 ch 29 SLA 2021.]*

(5) "opioid" includes the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140 and 11.71.160;

(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;

(7) "practice of podiatry" means the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot, and superficial lesions of the hand other than those associated with trauma; the use of preparations, medicines, and drugs as are necessary for the treatment of these ailments; the treatment of the local manifestations of systemic diseases as they appear in the hand and foot, except that

(A) a patient shall be concurrently referred to a physician or osteopath for the treatment of the systemic disease itself;

(B) general anesthetics may be used only in colleges of podiatry approved by the board and in hospitals approved by the joint commission on the accreditation of hospitals, or the American Osteopathic Association; and

(C) the use of X-ray or radium for therapeutic purposes is not permitted.

CHAPTER 40.
STATE MEDICAL BOARD.

Articles

ARTICLE 1.
LICENSING.

Section

12 AAC 40.010. APPLICATION FOR LICENSE BY CREDENTIALS. (a) Before the board will consider issuance of a license, an applicant for licensure by credentials shall

(1) file a complete application; and

(2) if required under 12 AAC 40.055, be interviewed in accordance with AS 08.64.255.

(b) A complete application must include the following items

(1) submitted by the applicant:

(A) a completed application on a form provided by the department, including a photograph of the applicant;

(B) a completed authorization for release of records on a form provided by the department and signed by the applicant;

(C) a true and correct attestation listing each hospital at which the applicant has held privileges within the five years immediately before the date that the applicant signs the application form, and a disclosure of any disciplinary action against the applicant by any hospital or other health care facility at any time, including whether

(i) the applicant's employment or privileges were restricted, terminated, or investigated; or

(ii) the applicant is currently under investigation for a complaint or accusation regarding the applicant's practice;

(D) all application and licensing fees required under 12 AAC 02.250;

(E) verification of the applicant's post-graduate training that meets the requirements of (h) of this section, if applicable;

(F) an attestation that the applicant has completed education in pain management and opioid use and addiction; if the applicant does not currently hold a valid federal Drug Enforcement Administration registration number, verification will be waived until the applicant applies for a valid registration number;

(G) a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration;

(2) submitted directly to the division office upon the applicant's request:

Exam not required for license under Credential Per 08.64.250

(A) evidence that the applicant has passed an appropriate examination that meets the requirements set out under (c) of this section;

(B) verification of licensure from the appropriate licensing authority in each state, territory, province, or other country where the applicant holds or has ever held a license to practice medicine;

(C) clearance from the Federation of State Medical Boards or the Federation of Podiatric State Medical Boards;

(D) verification from the applicant's medical school that the applicant completed medical school and received a medical school diploma;

(E) verification of the applicant's completion of post-graduate training that meets the requirements of (h) of this section, if applicable;

(F) for foreign medical graduates, verification from the Educational Commission for Foreign Medical Graduates (ECFMG) of successful ECFMG certification, or a certified true copy of the applicant's certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

(c) The evidence that an applicant has passed an appropriate examination as required by (b)(2)(A) of this section must be either

(1) verification of an examination in the medical and basic science subjects as a prerequisite to licensure in a state or territory of the United States, District of Columbia, Puerto Rico, or a province or territory of Canada; or

(2) an official transcript from

(A) the Federation of State Medical Boards documenting successful passage of the FLEX exam;

(B) the National Board of Medical Examiners documenting successful passage of the NBME exam;

(C) the National Board of Osteopathic Medical Examiners documenting successful passage of the NBOME or COMLEX examination;

(D) the National Board of Medical Examiners or the Federation of State Medical Boards documenting successful passage of the United States Medical Licensing Examination (USMLE); or

(E) the National Board of Podiatric Examiners (NBPME) documenting successful passage of the NBPME or Podiatric Medical Licensing Examination for States (PMLexis); or

(3) official transcripts from the appropriate administering federations or boards documenting successful passage of all segments of an acceptable examination combination in 12 AAC 40.021.

(d) Applicants are responsible for requesting transcripts and paying any fees associated with having transcripts sent directly to the board.

(e) Before the board will consider issuance of a license, an applicant must receive clearance from the National Practitioner Data Bank.

(f) If necessary, the board will require an applicant to provide additional information to verify that the applicant meets the licensing requirements in AS 08.64.250 and this chapter.

(g) The board will waive the verification requirements set out in (b)(2)(B) of this section for an applicant who is unable to obtain verification of licensure from another country that does not have diplomatic relations with the United States, and the board will waive the verification requirements set out in (b)(2)(G) and (H) of this section for an applicant who is unable to obtain those verifications due to circumstances beyond the applicant's control as determined by the board, if the board is able to satisfactorily substantiate through other means that the applicant has met those licensure, education, and training requirements. The applicant must submit to the board a written request for a waiver that

(1) explains the reason for the applicant being unable to obtain those verifications; and

(2) documents that licensure, education, and training requirements have been met.

(h) An applicant for licensure under this section who graduated from a medical school described in AS 08.64.200(a) or a school of osteopathy described in AS 08.64.205 must submit direct source verification of successful completion of the post-graduate training required under AS 08.64.200(a) or 08.64.205. Any other applicant must submit direct source verification of successful completion of the post-graduate training required under AS 08.64.225(a), if applicable. Training periods of less than 12 months will not be accepted.

(i) Except for a diploma written in Latin, a document submitted under this section must be either written in English or accompanied by a certified English translation of that document.

(j) If a foreign medical graduate applicant for licensure in this state took the FLEX examination series before the implementation of the USMLE examination series, but did not achieve a minimum standard score of 75 for each component of the examination series, and has not otherwise provided evidence satisfactory to the board that the applicant has passed an appropriate examination as described in (c) of this section, the applicant may submit an official transcript from the Federation of State Medical Boards documenting that the applicant achieved a weighted average score of 75 or higher. The board will not accept a weighted average score if the applicant

(1) is not currently licensed in at least one other state;

(2) has been the subject of disciplinary action for a violation substantially similar to one listed in AS 08.64.326 in any state or other jurisdiction within the five years immediately preceding application for a license in this state; or

(3) is not currently board-certified by a member board of the American Board of Medical Specialties or the American Osteopathic Association.

(k) Notwithstanding (b)(2) of this section, an applicant for licensure by credentials may submit the credentials verification documents through the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

Authority: AS 08.64.100 AS 08.64.200 AS 08.64.205 AS 08.64.210 AS 08.64.225 AS 08.64.240 AS 08.64.250 AS 08.64.255

Editor's note: Information on the verification process described in 12 AAC 40.010(k) may be obtained from the Federation of State Medical Boards of the United States, Inc., P.O. Box 619850, Dallas, TX 75261-9850; telephone: (817)868-4000; website at www.fsmb.org.

12 AAC 40.015. APPLICATION FOR LICENSE BY EXAMINATION. (a) Repealed 6/28/97.

(b) A complete application for a license by examination must meet the requirements of AS 08.64.200, 08.64.205, 08.64.209, or 08.64.225 and include the following documents

(1) submitted by the applicant:

(A) a completed application on a form provided by the department, including a photograph of the applicant;

(B) a completed authorization for release of records on a form provided by the department and signed by the applicant;

(C) a true and correct attestation listing each hospital at which the applicant has held privileges within the five years immediately before the date the applicant signs the application form, and a disclosure of any disciplinary action against the applicant by any hospital or other health care facility at any time, including whether

(i) the applicant's employment or privileges were restricted, terminated, or investigated; or

(ii) the applicant is currently under investigation for a complaint or accusation regarding the applicant's practice;

(D) all application and licensing fees required under 12 AAC 02.250;

(E) an attestation that the applicant has completed education in pain management and opioid use and addiction; if the applicant does not currently hold a valid federal Drug Enforcement Administration registration number, verification will be waived until the applicant applies for a valid registration number;

(F) verification that the applicant has completed at least two hours of education in pain management and opioid use and addiction earned in a Category I continuing medical education program accredited by the American Medical Association, a Category I or II continuing medical education program accredited by the American Osteopathic Association, or a continuing medical education program from a provider that is approved by the Council on Podiatric Medical Education; if the applicant does not currently hold a valid federal Drug Enforcement Administration registration number, verification will be waived until the applicant applies for a valid registration number;

(G) a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration;

(2) submitted directly to the division office upon the applicant's request:

(A) clearance from the Federation of State Medical Boards or the Federation of Podiatric State Medical Boards;

(B) verification from the applicant's medical school that the applicant completed medical school and received a medical school diploma;

(C) verification of completion of post-graduate training from the facility where the applicant completed the internship or residency program, if applicable; training periods of less than 12 months in a program will not be accepted;

(D) for foreign medical graduates, verification from the Educational Commission for Foreign Medical Graduates (ECFMG) of successful ECFMG certification, or a certified true copy of the applicant's certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

(c) After passing the written examination an applicant must be interviewed in accordance with AS 08.64.255 if the board determines that, under 12 AAC 40.055, an interview is required before the board will consider issuance of a license.

(d) Before the board will consider issuance of a license, an applicant

(1) shall provide for official examination results to be sent to the department directly from the examination agency; and

(2) must receive clearance from the National Practitioner Data Bank.

(e) If necessary, the board will require an applicant to provide additional information to verify that the applicant meets the licensing requirements in

(1) AS 08.64.200, 08.64.205, 08.64.209, or 08.64.225; and

(2) this chapter.

(f) Except for a diploma written in Latin, a document submitted under this section must be either written in English or accompanied by a certified English translation of that document.

(g) Notwithstanding (b)(2) of this section, an applicant for licensure by examination may submit the credentials verification documents through the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

Authority: AS 08.64.100 AS 08.64.180 AS 08.64.190 AS 08.64.205 AS 08.64.209 AS 08.64.210 AS 08.64.225 AS 08.64.240 AS 08.64.255

Editor's note: Information on the verification process described in 12 AAC 40.015(g) may be obtained from the Federation of State Medical Boards of the United States, Inc., P.O. Box 619850, Dallas, TX 75261-9850; telephone: (817) 868-4000; website at www.fsmb.org.

12 AAC 40.016. APPLICATION FOR LICENSE BY FOREIGN MEDICAL GRADUATES. (a) An applicant for licensure by examination who is a graduate of a medical college not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association must

(1) have graduated from a school listed in the *World Directory of Medical Schools*, produced by the World Federation for Medical Education, after successful completion of a medical curriculum extending over a period of at least four academic years; the four academic years must consist of at least 32 months of actual instruction, consisting of a minimum of 4,000 hours, with at least 80 percent of actual in-person attendance required; if an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received before the granting of the degree;

(2) meet the requirements of AS 08.64.225, 12 AAC 40.015, 12 AAC 40.020, and this section; and

(3) have successfully completed three years of postgraduate training that meets the requirements of AS 08.64.225(a)(2)(A), including

(A) at least one continuous year of training in a general medical program that includes basic clinical training; training periods of less than 12 months in a program will not be accepted; and

(B) at least two years of training in one continuous single program; a year of full-time employment as a faculty member at a medical college accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association may be substituted for a year of required postgraduate training, up to the maximum required under this subsection; training periods of less than 12 months in a program will not be accepted.

(b) An applicant for licensure by credentials who is a graduate of a medical college not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association must

(1) have graduated from a school listed in the *World Directory of Medical Schools*, produced by the World Federation for Medical Education, after successful completion of a medical curriculum extending over a period of at least four academic years; the four academic years must consist of at least 32 months of actual instruction, consisting of a minimum of 4,000 hours, with at least 80 percent of actual in-person attendance required; if an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received before the granting of the degree;

(2) meet the requirements of AS 08.64.225, 08.64.250, 12 AAC 40.010, and this section; and

(3) establish proof of competency and professional qualifications by meeting one of the following requirements:

(A) have successfully completed three years of postgraduate training that meets the requirements of AS 08.64.225(a)(2)(A), including

(i) at least one continuous year of training in a general medical program that includes basic clinical training; training periods of less than 12 months in a program will not be accepted; and

(ii) at least two years of training in one continuous single program; a year of full-time employment as a faculty member at a medical college accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association may be substituted for a year of required postgraduate training, up to the maximum required under this subsection; training periods of less than 12 months in a program will not be accepted;

(B) hold a current, active, unrestricted license to practice medicine in another state and

(i) have engaged in the active practice of medicine in that state for at least three years before the date of application for licensure in this state;

(ii) hold a current certification in a practice specialty issued by the American Board of Medical Specialties; and

(iii) have successfully completed postgraduate training that meets the requirements of AS 08.64.225(a)(2)(A) and includes at least one continuous year in a general medical program that includes basic clinical training.

(c) If necessary to determine whether an applicant for licensure who is a graduate of a medical college not accredited by the Association of American Medical Colleges and the Council on Medical Education of the

American Medical Association is competent and able to safely practice medicine in this state, the board may require the applicant to pass the Special Purpose Examination (SPEX) administered by the Federation of State Medical Boards or to undergo a formal assessment of professional competency by a program approved by the board for that purpose.

(d) Nothing in this section requires the board to evaluate for equivalency any education or training required under this section.

Authority: AS 08.64.100 AS 08.64.205 AS 08.64.225
AS 08.64.180 AS 08.64.209 AS 08.64.250
AS 08.64.200 AS 08.64.210 AS 08.64.255

Editor's note: Information about the *World Directory of Medical Schools* described in 12 AAC 40.016(a) and (b) may be obtained from the World Federation for Medical Education, c/o Medical Schools Council, Woburn House, 20 Tavistock Square, London WC1H 9HD; website at https://wfme.org/world-directory/.

12 AAC 40.017. DENIAL OF APPLICATION. The board may deny an application for licensure if the applicant is the subject of an unresolved investigation, complaint review procedure, or other disciplinary proceeding undertaken by a certifying or licensing agency of another state, territory of the United States, or other country.

Authority: AS 08.64.100 AS 08.64.240

12 AAC 40.020. LICENSE BY EXAMINATION. (a) The physician qualification examination required for licensure in this state is the most current version of the United States Medical Licensing Examination (USMLE).

(b) The minimum passing score for

(1) step 1 of the USMLE is 176 in the three-digit scoring system and 75 in the two-digit scoring system;

(2) step 2 of the USMLE is 167 in the three-digit scoring system and 75 in the two-digit scoring system; and

(3) step 3 of the USMLE is 177 in the three-digit scoring system and 75 in the two-digit scoring system.

(c) Repealed 4/27/97.

(d) Repealed 4/27/97.

(e) Repealed 4/27/97.

(f) Repealed 4/27/97.

(g) Repealed 9/1/2007.

(h) Repealed 9/1/2007.

(i) Except as provided in (m) of this section, if an applicant does not pass all steps of the USMLE within the seven years after the date the applicant first passes step one or step two, whichever is earlier, the applicant must retake and pass all steps including steps previously passed.

(j) Except as provided in (m) of this section, if an applicant has passed any step of the USMLE in another state during the five years before application in this state, the applicant need only take the steps not passed as long as all steps are passed within seven years.

(k) An applicant for licensure under this section may make two attempts to pass each step or step component of the USMLE. An applicant who fails any step or step component of the USMLE on the second attempt must complete a supervised course of study approved by the board before permission to retake the step or step component will be given.

(l) An osteopathic applicant for licensure by examination may substitute the applicant's successful passing of all three levels of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) administered by the National Board of Osteopathic Medical Examiners for the applicant's successfully passing of all three steps of the USMLE examination. The osteopathic applicant may only use the substitution if the applicant successfully passed all three levels of the COMLEX examination in sequential order within seven years of the applicant's successfully passing level one of the COMLEX examination. An osteopathic applicant for licensure under this subsection may make two attempts to pass each level of the COMLEX examination. If the applicant takes any level of the COMLEX examination and fails the second attempt, the applicant must complete a supervised course of study approved by the board, before permission to retake the level of the COMLEX examination will be given. The minimum passing score for all levels of the COMLEX examination is 75.

(m) An applicant that is enrolled in a dual degree medical program for M.D. and Ph.D. degrees must complete all three steps of the USMLE within 10 years from the date that the applicant passed the first step of the USMLE.

Authority: AS 08.64.100 AS 08.64.210 AS 08.64.220

12 AAC 40.021. ACCEPTABLE EXAMINATION COMBINATIONS. (a) The board will accept the following combinations of examinations described in 12 AAC 40.020 if successfully completed before January 1, 2000:

(1) (NBME part one or USMLE step one) plus (NBME part two or USMLE step two) plus (NBME part three or USMLE step three);

(2) (FLEX component one) plus (USMLE step three); or

(3) (NBME part one or USMLE step one) plus (NBME part two or USMLE step two) plus (FLEX component two).

(b) Applicants who are graduates of medical colleges not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association shall pass all components of an examination described in 12 AAC 40.020. The board will not accept combinations of examinations.

Authority: AS 08.64.100 AS 08.64.210 AS 08.64.220

12 AAC 40.022. POSTGRADUATE TRAINING AND ACTIVE DUTY MILITARY SERVICE. The board may accept one year of active duty military service as described in AS 08.01.064(a)(2) as a general medical officer or flight surgeon, verified by the unit hospital commander or senior medical officer, as meeting the second year of postgraduate training required under AS 08.64.200(a)(2)(B) or 08.64.205(2)(B).

Authority: AS 08.01.064 AS 08.64.200 AS 08.64.205
AS 08.64.100

12 AAC 40.023. TRAINING REQUIREMENTS FOR PODIATRY APPLICANT. In addition to meeting the application requirements in AS 08.64.209, an applicant for a license to practice podiatry shall submit to the board

(1) a certified true copy of a certificate verifying the applicant's successful completion of surgical residency training in a hospital accredited by the American Podiatric Medical Association Council on Podiatric Medical Education or the American Board of Podiatric Surgery for a period of at least

(A) one year if the applicant graduated from an accredited school of podiatry on or before December 31, 2010; or

(B) two years if the applicant graduated from an accredited school of podiatry on or after January 1, 2011;

(2) verification of the applicant's completions of at least two hours of education in opioid use and addiction

(A) education under this paragraph must be earned in a continuing medical education program from a provider that is approved by the Council on Podiatric Medical Education;

(B) for an applicant who does not currently hold a valid federal Drug Enforcement Administration registration number, the verification will be waived until the applicant applies for a valid registration number.

Authority: AS 08.64.100 AS 08.64.190 AS 08.64.209

Editor's note: Information on accredited hospitals described in 12 AAC 40.023 may be obtained by contacting the American Podiatric Medical Association Council on Podiatric Medical Education, 9312 Old Georgetown Road, Bethesda, Maryland 20814-1621 or the American Board of Podiatric Surgery, 1601 Dolores Street, San Francisco, California 94110-4906.

12 AAC 40.024. LICENSING REQUIREMENTS FOR APPLICANTS FROM FIFTH PATHWAY PROGRAMS. (a) A physician applicant who earned a certificate of completion from a fifth pathway program supported by the American Medical Association may apply for and receive licensure by examination in this state, if otherwise eligible for licensure.

(b) If otherwise eligible for licensure, and in order to be licensed in this state, a physician applicant for licensure by credentials who earned a certificate of completion from a fifth pathway program not supported by the American Medical Association must provide verification of full and unrestricted licensure in at least one licensing jurisdiction in the United States, with evidence of successful completion of post graduate training recognized by the American Board of Medical Specialties and evidence of board certification by a board under the American Board of Medical Specialties.

(c) In this section, "fifth pathway program" means a program by which students who have attended four years at a foreign medical school that requires one year of social service before awarding the degree may complete their supervised clinical work at a United States medical school, become eligible for entry to residency training in the United States, and ultimately obtain a license to practice in the United States.

Authority: AS 08.64.100 AS 08.64.200 AS 08.64.225

12 AAC 40.025. LAPSED PHYSICIAN LICENSES. (a) A physician license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant

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

(2) pays the applicable biennial license renewal fee established in 12 AAC 02.250(a);

(3) submits proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220; and

(4) receives clearance from the Federation of State Medical Boards and documentation of the clearance is sent directly to the division by that federation.

(b) A physician license that has been lapsed for at least one year but less than five years will be reinstated if the applicant meets the requirements in (a)(2) - (4) of this section and

(1) submits a completed reinstatement application on a form provided by the department;

(2) provides a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration;

(3) arranges for verification of licensure to be sent directly to the division from the appropriate licensing authority in each state, territory, province, or other country where the applicant is or has been licensed as a physician;

(4) is qualified for a license under AS 08.64.230 and is not disqualified by AS 08.64.240; and

(5) provides a true and correct attestation listing each hospital at which the applicant has held privileges during the five years immediately before the date the applicant signs the application form and a disclosure regarding of any disciplinary action by any hospital or other health care facility at any time, including whether

(A) the applicant's employment or privileges have been restricted, terminated, or investigated; or

(B) the applicant is currently under investigation for a complaint or accusation regarding the applicant's practice.

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

Authority: AS 08.01.100 AS 08.64.100 AS 08.64.240

12 AAC 40.030. RE-EXAMINATION FEES. Repealed 5/18/85.

12 AAC 40.031. ACTIVATING A RETIRED STATUS LICENSE. (a) An applicant holding a retired status license under AS 08.64.276 will, in the board's discretion, be issued an active license to practice medicine, podiatry, or osteopathy in this state, as appropriate, if the applicant

(1) submits a new and complete application as required by 12 AAC 40.010, documenting compliance with

(A) AS 08.64.200 and 08.64.250, if a physician applicant;

(B) AS 08.64.209 and 08.64.250, if a podiatry applicant; or

(C) AS 08.64.205, if an osteopath applicant;

(2) submits evidence of at least 50 hours of continuing medical education credits earned within the two years immediately before the date of application;

(3) submits evidence of successful completion of the Special Purpose Examination (SPEX) prepared by the Federation of State Medical Boards;

(4) submits, at the request of the board, physical and mental examination reports from practitioners approved by the board indicating that, at the time of the examination, the applicant is mentally and physically capable of practicing medicine, podiatry, or osteopathy safely;

(5) submits information from the disciplinary data bank of the Federation of State Medical Boards;

(6) is interviewed by a member of the board; and

(7) pays the fees established in 12 AAC 02.250.

(b) If the report required in (a)(5) of this section shows evidence of disciplinary action in this state or another licensing jurisdiction within the five years immediately before the date of application under (a)(1) of this section, the board will, in its discretion, deny an application for reactivation, if the evidence demonstrates that the applicant is not capable of practicing medicine, podiatry, or osteopathy safely or lawfully.

Authority: AS 08.64.100 AS 08.64.180 AS 08.64.276

12 AAC 40.033. INACTIVE PHYSICIAN LICENSE. (a) A physician who is not practicing in the state may hold an inactive license that may be renewed.

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

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

(2) paying the inactive biennial license fee established in 12 AAC 02.250; and

(3) submitting proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220;

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

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

(1) repealed 12/7/2006;

(2) submit a written request for reactivation;

(3) request a clearance report from the Federation of State Medical Boards' Board Action Data Bank be sent directly to the board;

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

(5) submit proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220;

(6) arrange for verification of licensure to be sent directly to the division from each state other than this state where the applicant is or has been licensed as a physician; and

(7) provide a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration.

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

Authority: AS 08.64.100 AS 08.64.240 AS 08.64.313

12 AAC 40.035. TEMPORARY PERMIT APPLICATION REQUIREMENTS. (a) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits, may issue a temporary physician permit to an applicant who

(1) meets the requirements of AS 08.64.270; and

(2) has a complete application under 12 AAC 40.010 or 12 AAC 40.015 on file with the division; and

(3) if an interview is required under 12 AAC 40.055, is interviewed in accordance with AS 08.64.279.

(b) Repealed 8/9/2000.

(c) Repealed 8/9/2000.

(d) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits, may expedite the issuance of a temporary physician permit to an applicant who

(1) meets the requirements of AS 08.64.270; and

(2) has on file with the division

(A) a completed application on a form provided by the department;

(B) a completed authorization for release of records on a form provided by the department and signed by the applicant;

(C) payment of all required application and licensing fees;

(D) repealed 7/7/2022;

(E) repealed 7/7/2022;

(F) repealed 7/7/2022;

(G) clearance from the Federation of State Medical Boards or the Federation of Podiatric State Medical Boards; and

(H) clearance from the National Practitioner Data Bank; and

(3) has no adverse or derogatory history, including

(A) grounds for which the board may impose disciplinary sanctions under AS 08.64.326;

(B) malpractice settlements or payments in excess of $50,000 individually or $100,000 in the aggregate;

(C) any criminal charge or conviction, including conviction based on a guilty plea or plea of nolo contendere;

(D) any complaint, investigation, or action, regarding the practice of medicine, in another state or territory of the United States, a province or territory of Canada, a federal agency, the armed forces of the United States, or any international jurisdiction;

(E) any adverse action taken by a hospital, health care facility, health care entity, residency program or fellowship program.

Authority: AS 08.64.100 AS 08.64.270 AS 08.64.279
AS 08.64.180

12 AAC 40.036. LOCUM TENENS PERMIT APPLICATION REQUIREMENTS. (a) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits, may issue a locum tenens permit to an applicant who

(1) meets the requirements of AS 08.64.275;

(2) has a complete application on file with the division;

(3) if an interview is required under 12 AAC 40.055, is interviewed in accordance with AS 08.64.279; and

(4) if the applicant is a foreign medical graduate, meets the requirements of 12 AAC 40.016.

(b) A complete application must include the following:

(1) direct source verification of successful completion of medical school;

(2) direct source verification of the applicant's completion of post-graduate training that meets the requirements of 12 AAC 40.010(h);

(3) verification of licensure from the appropriate licensing authority in each state, territory, or province where the applicant holds or has ever held a license, requested by the applicant and sent directly to the division from the licensing jurisdiction;

(4) all application fees required under 12 AAC 02.250 for a locum tenens permit;

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

(6) clearance from the National Practitioner Data Bank.

(c) Repealed 6/15/2001.

(d) A physician who is not currently licensed in this state may apply for a locum tenens permit for the purpose of substituting for a physician licensed in this state who is

(1) temporarily absent from the practice location at which the applicant will practice; or

(2) not expected to return to the practice location, if issuance of a locum tenens permit is necessary to temporarily provide essential medical services to the public or to protect the public health and safety.

(e) Notwithstanding (a) of this section, the board's designee, as identified under 12 AAC 40.910, will perform the duties described in this section, as delegated by the board.

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

Authority: AS 08.64.100 AS 08.64.180 AS 08.64.279
AS 08.64.101 AS 08.64.275

12 AAC 40.038. RESIDENCY PERMIT. (a) A member of the board or the executive secretary, may issue a residency permit to an applicant who

(1) meets the requirements of AS 08.64.272;

(2) if an interview is required under 12 AAC 40.055, is interviewed in accordance with AS 08.64.279;

(3) provides a complete application;

(4) if the applicant is a foreign medical graduate, meets the requirements of 12 AAC 40.016(a)(1).

(b) A complete application must include the following:

(1) a complete notarized application form with a photograph and signed by the applicant;

(2) a certified true copy of a medical school diploma as required under AS 08.64.200, AS 08.64.205, or AS 08.64.225, or an official transcript sent directly from the medical school from which the applicant graduated to the board;

(3) verification of successful completion of medical school education sent directly by the medical school from which the applicant graduated to the board;

(4) a statement signed by the physician program director, from a residency training program approved by the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, the American Medical Association, or the American Osteopathic Association stating that the applicant is a resident in good standing in the program and that the rotation in this state is an approved part of the post-graduate training program;

(5) a statement from the institution in this state accepting the resident applicant as a resident in training and accepting responsibility for the applicant's training while at that institution, signed by the program director, clinical director, or other physician responsible for the training of the applicant;

(6) verification of licensure from all states or licensing jurisdictions where the applicant holds or has ever held a license to practice medicine as a physician;

(7) verification of licensure from all states or licensing jurisdictions where the applicant holds or has ever held a license as a health care professional;

(8) clearance from the Federation of State Medical Boards sent directly to the board; and

(9) the application fee and the residency permit fee established in 12 AAC 02.250.

(c) A residency permit is valid only for the duration of the residency at the institution in this state, not to exceed 36 months. The permit may be renewed for an additional 36 months upon board approval of a new application by the resident.

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

Authority: AS 08.64.100 AS 08.64.272 AS 08.64.279
AS 08.64.101

12 AAC 40.040. RECOGNIZED HOSPITAL. For the purpose of AS 08.64.200(a)(2), a recognized hospital is one that has a postgraduate training program located in the United State or its territories, or in Canada, and that has been approved for internship or residency training by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.

Authority: AS 08.64.100 AS 08.64.200

12 AAC 40.045. COURTESY LICENSE. (a) A courtesy license authorizes the holder to practice medicine, osteopathy, or podiatry for limited purposes recognized by the board in (b) and (j) of this section. A courtesy license does not authorize the holder to perform medical services outside the scope of the courtesy license issued under this section.

(b) For purposes of (a) of this section, the board will consider the following physicians to practice for limited purposes that qualify for the issuance of a courtesy license:

(1) physicians who come to the state for the purpose of conducting a specialty clinic, if the patients do not pay or give a fee or other remuneration for the services provided;

(2) out-of-state sports team physicians who accompany their team to the state for the duration of the team's presence in the state for the sporting activity and whose practice while in the state is limited to care of the applicant's team and visiting support staff personnel associated with the event;

(3) physicians who are formally contracted by state agencies to conduct specialty clinics;

(4) physicians who come to the state to provide emergency medical care or emergency mental health care, except under an emergency courtesy license as provided in (j) of this section, if

(A) the patients do not pay or give a fee or other remuneration; and

(B) the services are provided as part of an organized response to a disaster emergency

(i) that the governor has declared under AS 26.23.020; and

(ii) in which extensive injuries or deaths have occurred;

(5) physicians who will be working in a supervised hospital fellowship; and

(6) physicians who are coming into the state accompanying an employer-patient for the duration of the employer-patient's visit to the state and whose practice while in the state is limited to care of the employer-patient and accompanying family and staff.

(c) If a courtesy license is issued under (b)(5) of this section, the supervising physician shall notify the board in writing of any termination of or change to the supervisory relationship with the courtesy license holder. The supervising physician's responsibility continues until the board receives the written notice of termination or change.

(d) The board, a member of the board, the executive secretary, or the board's designee may issue a courtesy license to an applicant who

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

(2) pays the application and licensing fees required under 12 AAC 02.250;

(3) submits verification of a current license to practice medicine in good standing and not under investigation in the state or territory, or a province of Canada in which the applicant resides;

(4) submits a description of the circumstances under which the applicant will be practicing, including the name and license number of the supervising physician if the applicant is working in a supervised hospital fellowship;

(5) submits a description of the scope of medical practice required to perform the duties for which the courtesy license is issued; the description must include the practice location, duration of practice, and patient population to be seen; the applicant must demonstrate that the scope of medical practice is for a limited purpose set out in (b) of this section;

(6) submits a signed authorization for the release of records;

* a requirement → (7) submits a certified true copy of an accredited medical school diploma or direct source verification of successful completion of medical school;

(8) submits direct source verification of the applicant's completion of post-graduate training;

(9) submits a Federation of State Medical Boards' Board Action Data Bank clearance report; and

(10) receives clearance from the National Practitioner Data Bank.

(e) A courtesy license is valid only for the shorter of the following periods:

(1) the duration of the activity as listed in (b) of this section;

(2) a period not to exceed

(A) one year after the date the courtesy license is issued under (b)(1) – (b)(3) or (b)(5) – (b)(6) of this section; or

(B) for an emergency courtesy license, six months with a six-month extension upon request, if issued under (j) of this section, or the board has determined the urgent situation no longer requires an emergency courtesy license.

(f) A courtesy license holder is subject to all relevant provisions of AS 08.64, this chapter, and any other statutes or regulations governing the practice of medicine and the prescription of drugs in this state.

(g) A courtesy license holder may not use a courtesy license

(1) for purposes of locum tenens coverage;

(2) to serve in place of a temporary license; or

(3) for purposes of employment consideration.

(h) Notwithstanding (a), (b), or (d) of this section, the board may refuse to issue a courtesy license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326.

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

(j) The board may determine that there exists an urgent situation that requires issuance of an emergency courtesy license. In an urgent situation, the board, executive administrator, or the board's designee may issue an emergency courtesy license under this subsection to an applicant who practices medicine or osteopathy, or who practices as a physician assistant to provide emergency medical or mental health care within the scope and duration of the declared urgent situation. A courtesy license may be issued under this subsection to a person who

(1) holds a current, unencumbered license to practice as a physician, osteopath, or physician assistant in another jurisdiction, or holds a retired license under AS 08.64.276 that has been issued less than two years;

(2) submits a completed application on a form provided by the department, and

(A) if a physician or osteopath,

(i) verification of a current license to practice medicine or osteopathy in good standing and not under investigation in the jurisdiction in which the applicant resides, or verification of a retired license issued under AS 08.64.276;

(ii) clearance from the Federation of State Medical Boards;

(iii) clearance from the National Practitioner Data Bank; and

Required

(iv) a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration;

(B) if a physician assistant,

(i) verification of a current license to practice medicine in good standing and not under investigation in the jurisdiction in which the applicant resides;

(ii) clearance from the Federation of State Medical Boards;

(iii) clearance from the National Practitioner Data Bank; and

Required

(iv) a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration;

(C) repealed 5/5/2023.

(k) The board may refuse to issue a courtesy license or an emergency courtesy license for the same reasons it may deny, suspend, or revoke a license under AS 08.64.326.

(l) In this section, "urgent situation" means a health crisis affecting all or part of the state that requires increased availability of healthcare providers licensed under this chapter.

Authority: AS 08.01.062 AS 08.64.100 AS 08.64.240

12 AAC 40.046. TEMPORARY MILITARY COURTESY LICENSE. (a) The board, executive secretary, or board's designee will issue a temporary military courtesy license to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice medicine, osteopathy, podiatry, or as a physician assistant who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.

(b) An applicant for a temporary military courtesy license under this section

(1) must submit an application on a form provided by the department;

(2) must pay the temporary license application fee and fee for a temporary license set out under 12 AAC 02.105;

(3) must submit a copy of

(A) the applicant's current active duty military orders showing assignment to a duty station in this state; or

(B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;

(4) must hold a current license that is not restricted, suspended, or revoked in any jurisdiction that authorizes the applicant to practice as a physician, osteopath, podiatrist, or physician assistant in the licensing jurisdiction; and

(5) if a physician, podiatrist, or osteopath, must submit

(A) verification of a current license to practice medicine, podiatry, or osteopathy in good standing and not under investigation by the licensing authority of another jurisdiction;

(B) clearance from the Federation of State Medical Boards;

(C) clearance from the National Practitioner Data Bank; and

(D) a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration;

(6) if a physician assistant, must submit

(A) verification of a current license to practice medicine in good standing and not under investigation in the jurisdiction in which the applicant resides;

(B) clearance from the Federation of State Medical Boards;

(C) clearance from the National Practitioner Data Bank; and

(D) a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration.

(c) A temporary military courtesy license issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180-day period, at the discretion of the board.

(d) A temporary military courtesy license holder is subject to all relevant provisions of AS 08.64, this chapter, and any other statutes or regulations governing the practice of medicine and the prescription of drugs in this state.

(e) The board may refuse to issue a temporary military courtesy license or an emergency courtesy license for the same reasons it may deny, suspend, or revoke a license under AS 08.64.326.

Authority: AS 08.01.062 AS 08.64.100 AS 08.64.240
AS 08.01.063 AS 08.64.101

12 AAC 40.050. BIOGRAPHICAL DATA. Repealed 8/30/2024.

12 AAC 40.055. INTERVIEW. (a) An applicant for a license or permit regulated by the board shall be interviewed in accordance with AS 08.64.255 or AS 08.64.279 if additional information from the applicant is necessary for the board to determine whether the applicant meets the qualifications in AS 08.64 and this chapter for the license or permit the applicant seeks.

(b) In determining whether an interview is required, the board or a member of the board will consider the information provided by the applicant on the completed application form and

(1) the applicant's disciplinary history with any medical board, licensing agency, credentialing authority, medical or professional school, internship program, residency program, or military authority;

(2) the applicant's charges or convictions of a felony, misdemeanor, or violation of a law, statute, or regulations of this or another jurisdiction, including the United States or another country, that relate to the grounds for the applicable license or permit denial or imposition of disciplinary sanctions under AS 08.64 or this chapter; the applicant's charges or convictions

(A) include those crimes involving alcohol or narcotics or other controlled substances; but

(B) exclude minor traffic violations;

(3) the applicant's mental, emotional, and physical fitness to practice in a profession regulated by the board under the standards established for the applicable license or permit denial or imposition of disciplinary sanctions under AS 08.64 or this chapter; the board will limit inquiry of the applicant's personal history under this paragraph to information concerning the five years immediately before the date of application;

(4) the applicant's history of negotiated settlements, judgments, or awards in claims or civil actions alleging medical or professional malpractice against the applicant;

(5) the information obtained from a disciplinary data bank regarding the applicant;

(6) the information supplied by the applicant's medical or professional school;

(7) the information received from the program in which the applicant completed post graduate training; and

(8) the information received from other licensing jurisdictions regarding the applicant's professional license status and history.

Authority: AS 08.64.100 AS 08.64.255 AS 08.64.279
AS 08.64.240

Re deleting

12 AAC 40.058 REVIEW OF APPLICATIONS. (a) An applicant who meets the requirements on the appropriate checklist established in this section has demonstrated the necessary qualifications for the temporary permit, residency permit, courtesy license, or physician license applied for and will be approved by the board, executive secretary, or the board's designee for issuance of that license or permit. An applicant who does not meet the requirements on the appropriate checklist in this section for that permit or license will not be issued a permit or license unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.64 and this chapter for the permit or license applied for.

(b) The form titled *Alaska State Medical Board Checklist — Physician*, dated April 2019, is adopted by reference. This form is established by the board for the use by the executive secretary or a person designated by the board in completing the application processing for a temporary permit under AS 08.64.270 or a podiatrist license under AS 08.64.209; this form is also used by a board member or the executive secretary in completing the application processing for a physician or osteopath license under AS 08.64.230, or a podiatrist license under AS 08.64.209.

(c) The form titled *Alaska State Medical Board Checklist — Resident Permit*, dated February 2018, is adopted by reference. This form is established by the board for the use by the executive secretary in completing the application processing for a residency permit under AS 08.64.272.

(d) The form titled *Alaska State Medical Board Courtesy License Checklist*, dated February 2018, is adopted by reference. This form is established by the board for the use by the executive secretary in completing the application processing for a courtesy license under AS 08.01.062 and 12 AAC 40.045.

(e) The form titled *Alaska State Medical Board Checklist – Locum Tenens Permit*, dated April 2019, is adopted by reference. This form is established by the board for the use by a board member, the executive secretary, or a person designated by the board in completing the application processing for a temporary permit for locum tenens practice under AS 08.64.275.

Authority: AS 08.01.062 AS 08.64.205 AS 08.64.270
AS 08.64.075 AS 08.64.209 AS 08.64.272
AS 08.64.100 AS 08.64.255 AS 08.64.279
AS 08.64.200

Editor's note: The application checklist forms listed in 12 AAC 40.058 are available at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing offices in Anchorage and Juneau.

ARTICLE 2.
ABORTIONS.

Section

12 AAC 40.060. TERMINATION OF PREGNANCY. Termination of pregnancy must be requested by the pregnant woman.

Authority: AS 08.64.100 AS 08.64.105

12 AAC 40.070. INFORMED CONSENT. A written informed consent that complies with AS 18.16.060 shall be obtained from the patient. The written informed consent shall be on the patient's chart. The patient shall be advised of the medical implications and the possible emotional and physical sequelae of the procedure.

Authority: AS 08.64.100 AS 08.64.105

12 AAC 40.080. MEDICAL PROCEDURES. The patient shall be examined by a physician licensed in this state, and a written record of the patient's physical and emotional health shall be prepared before performing an abortion.

Authority: AS 08.64.100 AS 08.64.105

12 AAC 40.090. EVALUATION. The attending physician shall make an evaluation of the patient and an estimation of the duration of gestation based upon the patient's history, examination and test results. This information shall be recorded on the patient's chart.

Authority: AS 08.64.105

12 AAC 40.100. CONSULTATION REQUIREMENTS. Repealed 7/19/2017.

12 AAC 40.110. ABORTION PROCEDURES. The procedures described in the *Clinical Management Guidelines for Obstetrician-Gynecologists: Second-Trimester Abortion* Practice Bulletin Number 135, dated June 2013 and reaffirmed 2015, of the American College of Obstetricians and Gynecologists are adopted by reference as the standard of practice when providing an abortion after the first trimester.

Authority: AS 08.64.100 AS 08.64.105

Editor's note: A copy of the American College of Obstetricians and Gynecologists (ACOG) *Clinical Management Guidelines for Obstetrician-Gynecologists: Second-Trimester Abortion* Practice Bulletin Number 135, dated June 2013 and reaffirmed 2015, adopted by reference in 12 AAC 40.110, may be obtained from the American College of Obstetricians and Gynecologists, 409 12th Street SW, PO Box 96920, Washington, DC 20090-6920 or website at http://www.acog.org/Resources-And-Publications/Practice-Bulletins-List.

12 AAC 40.120. STANDARDS FOR HOSPITALS AND FACILITIES. (a) During the second or third trimester of a pregnancy, abortions shall be performed under sterile conditions. A bed and a registered nurse shall be available for a minimum recovery period of one-half hour. A registered nurse shall be present during the procedure.

(b) From and after the point in time when a fetus becomes viable, as determined by those medical examinations and tests that in the physician's professional judgment are necessary, an abortion may only be performed at a hospital with a neonatal intensive care unit (NICU).

Authority: AS 08.64.100 AS 08.64.105

12 AAC 40.130. RECORDS. In accord with 12 AAC 40.940, during the second or third trimester of a pregnancy, the attending physician shall record a medical history, findings of the physical examination, operative report of the abortion procedure, and pathology report as part of the clinical record to be maintained by the hospital or facility. The physician and hospital or facility shall treat the patient's identity and medical record as confidential information.

Authority: AS 08.64.100 AS 08.64.105

12 AAC 40.140. LIMITATION. A fetus that has not developed beyond 150 days after the first day of the last menstrual period may be considered non-viable. In the performance of an abortion after that date, the physician shall be guided by a reasonable judgment as to whether the fetus is viable in fact.

Authority: AS 08.64.100 AS 08.64.105

ARTICLE 3.
CONTINUING MEDICAL EDUCATION.

Section

12 AAC 40.200. GENERAL REQUIREMENTS. (a) A physician, osteopath, or podiatrist seeking renewal of a license shall obtain

(1) an average of 25 credit hours of continuing medical education during each year of the previous license period; and

(2) at least two of the total hours required to qualify for renewal must be education in pain management and opioid use and addiction, unless the licensee provides a certification under 12 AAC 40.220 that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number.

(b) If a licensee fails to meet continuing medical education requirements due to illness or other extenuating circumstances, the licensee may request an extension of time in order to comply with those requirements. The request for an extension must be made on the licensee's application for license renewal. The board, or its designee, will only consider a request for extension if the licensee also agrees to enter into a memorandum of agreement with the board that specifies the date within the licensing period by which the licensee will meet the continuing education requirements and the licensee's agreement to voluntarily surrender the license to the board if the licensee fails to comply with the memorandum of agreement. The board, or its designee, will evaluate the request and proposed memorandum of agreement on an individual basis. If approved, the board, or its designee, will grant the extension of time and issue the renewed license for the next licensing period, effective from the date of the approval of the agreement.

Authority: AS 08.01.100 AS 08.64.100 AS 08.64.312
AS 08.64.075

12 AAC 40.210. CREDIT HOURS. (a) Except as provided in (b) of this section, a licensee may meet the continuing medical education requirements set out in 12 AAC 40.200(a) only by obtaining

(1) credit hours in a Category I continuing medical education program accredited by the American Medical Association;

(2) Category I or II continuing medical education hours accredited by the American Osteopathic Association; or

(3) continuing medical education hours earned from providers that are approved by the Council on Podiatric Medical Education.

(b) The board will accept the following as the equivalent of the credit hours required under 12 AAC 40.200(a)(1):

(1) a current physician's recognition award from the American Medical Association, American Podiatry Association, American Osteopathic Association, or a recognized subspecialty board; or

(2) initial certification or recertification during the concluding licensing period by a specialty board recognized by the American Medical Association or the American Osteopathic Association; or

(3) participation in a residency program during the concluding licensing period.

Authority: AS 08.64.100 AS 08.64.312

12 AAC 40.220. CERTIFICATION OF COMPLIANCE. (a) A licensee shall submit, upon a form supplied by the board, a signed statement of compliance with the continuing medical education requirement at the time the licensee applies for license renewal.

(b) The board, or its designee, will, in the board's or the board designee's discretion, require a licensee to submit additional evidence of compliance with the continuing medical education requirement. The licensee shall maintain evidence of compliance.

(c) The board, or its designee, will, in the board's or the board designee's discretion, audit the statements of compliance and additional evidence submitted under (a) and (b) of this section. If upon audit, the board or its designee determines that the statement of compliance contained misstatements and that the licensee had not met continuing medical education requirements set out in 12 AAC 40.200 and 12 AAC 40.210 by the time that the statement of compliance was signed, the board or its designee will consider the licensee as securing a license through intentional misrepresentation under AS 08.64.326(a)(1). Nothing in this subsection precludes the board from finding other grounds for imposition of disciplinary sanctions under AS 08.64.326 based on the conduct described in this subsection.

Authority: AS 08.64.075 AS 08.64.312 AS 08.64.326
AS 08.64.100

12 AAC 40.240. EXEMPTION FROM CONTINUING MEDICAL EDUCATION REQUIREMENTS. For the purposes of exempting a licensee from meeting the continuing medical education requirements in a licensing period, extenuating circumstances are those circumstances, beyond the licensee's control, that prevent the licensee from meeting the continuing medical education requirements. Extenuating circumstances include the licensee's debilitating or long-term personal illness or injury and the debilitating or long-term illness or injury of a member of the licensee's immediate family.

Authority: AS 08.64.100 AS 08.64.101 AS 08.64.312

ARTICLE 4.
MOBILE INTENSIVE CARE PARAMEDICS.

Section

12 AAC 40.300. APPLICATION FOR LICENSE. Repealed 5/5/2023.

12 AAC 40.310. QUALIFICATIONS FOR INITIAL LICENSE. Repealed 5/5/2023.

12 AAC 40.315. SPONSORSHIP. Repealed 5/5/2023.

12 AAC 40.320. APPROVED CURRICULUM. Repealed 5/5/2023.

12 AAC 40.325. INTERNSHIP REQUIREMENTS. Repealed 5/5/2023.

12 AAC 40.330. PERSONS CURRENTLY PRACTICING AS MOBILE INTENSIVE CARE PARAMEDICS. Repealed 8/25/90.

12 AAC 40.340. LICENSE ISSUANCE AND EXPIRATION. Repealed 5/5/2023.

12 AAC 40.350. RENEWAL OF LICENSE. Repealed 5/5/2023.

12 AAC 40.352. LAPSED MOBILE INTENSIVE PARAMEDIC LICENSES. Repealed 5/5/2023.

12 AAC 40.355. TEMPORARY PERMITS. Repealed 5/5/2023.

12 AAC 40.356. PROVISIONAL LICENSE. Repealed 5/5/2023.

12 AAC 40.360. GROUNDS FOR SUSPENSION, REVOCATION OR REFUSAL TO ISSUE A LICENSE. Repealed 5/5/2023.

12 AAC 40.370. SCOPE OF AUTHORIZED ACTIVITIES. Repealed 5/5/2023.

12 AAC 40.380. PROHIBITED ACTS. Repealed 5/5/2023.

12 AAC 40.390. IDENTIFICATION. Repealed 5/5/2023.

ARTICLE 5.
PHYSICIAN ASSISTANTS.

Section

12 AAC 40.400. PHYSICIAN ASSISTANT LICENSE. (a) An individual who desires to undertake medical diagnosis and treatment or the practice of medicine in AS 08.64.380(6) or AS 08.64.380(7) as a physician assistant

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

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

(3) must be approved by the board.

(b) The application must contain documented evidence of

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

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

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

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

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

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

(7) verification of the applicant's completion of at least two hours of education in pain management and opioid use and addiction earned in a continuing medical education program approved by the National Commission

on Certification of Physician assistants (NCCPA), a Category I continuing medical education program accredited by the American Medical Association, or a Category I or II continuing medical education program accredited by the American Osteopathic Association, for an applicant who does not currently hold a valid federal Drug Enforcement Administration registration number, the verification will be waived until the applicant applies for a valid registration number;

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

(9) clearance from the federal Drug Enforcement Administration (DEA).

(c) Repealed 9/1/2007.

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

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.405. TEMPORARY LICENSE. (a) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits, may approve a temporary physician assistant license of an applicant who meets the requirements of 12 AAC 40.400 or 12 AAC 40.445 and pays the fee set out in 12 AAC 02.250.

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

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

(d) Repealed 07/25/2008.

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

Authority: AS 08.64.100 AS 08.64.101 AS 08.64.107

Editor's note: The application checklist form listed in 12 AAC 40.405 is available at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing offices in Anchorage and Juneau.

12 AAC 40.406. LOCUM TENENS AUTHORIZATION TO PRACTICE. Repealed 9/1/2007.

12 AAC 40.408. AUTHORIZATION TO PRACTICE AS A PHYSICIAN ASSISTANT. Repealed 9/1/2007.

12 AAC 40.410. COLLABORATIVE RELATIONSHIP AND PLAN. (a) A licensed physician assistant may not practice without at least one collaborative relationship established under this chapter. The collaborative relationship must be documented by a collaborative plan on a form provided by the board and must include

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

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

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

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

(5) prescriptive authority being granted to the physician assistant by the collaborating physician under the collaborative plan.

(b) The collaborative plan must be filed with the division within 14 days after the effective date of the collaborative plan or within 14 days after the effective date of any change to that plan.

(c) Receipt by the board of the collaborative plan will be considered documented evidence of an established collaborative plan.

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

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

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

(g) Nothing in this section prohibits periodic board review and assessment of the collaborating physician and the collaborative plan.

(h) A physician who wishes to establish a collaborative relationship with a physician assistant must hold a current, active, and unrestricted license to practice medicine in this state and be in active practice of medicine.

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

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

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.415. REMOTE PRACTICE LOCATION. (a) To qualify to practice in a remote practice location, a physician assistant with less than two years of full-time clinical experience must work 160 hours in direct patient care under the direct and immediate supervision of the collaborating physician or alternate collaborating physician. The first 40 hours must be completed before the physician assistant begins practice in the remote practice location, and the remaining 120 hours must be completed within 90 days after the date the physician assistant starts practice in the remote practice location.

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

(c) A physician assistant with two or more years of full-time clinical experience who applies for authorization to practice in a remote practice location shall submit with the collaborative plan

(1) a detailed curriculum vitae documenting that the physician assistant's previous experience as a physician assistant is sufficient to meet the requirements of the location assignment; and

(2) a written recommendation and approval from the collaborating physician.

(d) In this section, "remote practice location" means a location in which a physician assistant practices that is 30 or more miles by road from the collaborating physician's primary office.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.420. CURRENTLY PRACTICING PHYSICIAN ASSISTANT. Repealed 6/28/97.

12 AAC 40.430. PERFORMANCE AND ASSESSMENT OF PRACTICE. (a) A person may perform medical diagnosis and treatment as a physician assistant only if licensed by the board and only within the scope of practice of the collaborating physician.

(b) A periodic method of assessment of the quality of practice must be established by the collaborating physician. In this subsection, "periodic method of assessment" means evaluation of medical care and clinic management.

(c) Repealed 3/27/2003.

(d) Repealed 3/27/2003.

(e) Assessments must include annual direct personal contact between the physician assistant and the primary or alternate collaborating physician, at either the physician or physician assistant's work site. The collaborating physician shall document the evaluation on a form provided by the department.

(f) Except as provided in (h) of this section, collaborative plans in effect for less than two years must include at least one direct personal contact visit with the primary or alternate collaborating physician per calendar quarter for at least four hours duration.

(g) Except as provided in (h) of this section, collaborative plans in effect for two years or more must include at least two direct personal contact visits with the primary or alternate collaborating physician per year. Each visit must be of at least four hours duration and must be at least four months apart.

(h) Physician assistants who practice under a collaborative plan for a continuous period of less than three months of each year must have at least one direct personal contact visit with the primary or alternate collaborating physician annually.

(i) Collaborative plans, regardless of duration, must include at least monthly telephone, radio, electronic, or direct personal contact between the physician assistant and the primary or alternate collaborating physician during the period in which the physician assistant is actively practicing under the collaborative plan. Dates of active practice under the collaborative plan and monthly contact must be documented.

(j) Contacts, whether direct personal contact or contact by telephone, radio, or other electronic means, must include reviews of patient care and review of health care records.

(k) The primary collaborating physician shall maintain records of performance assessments. The board may audit those records.

(l) The primary collaborating physician shall maintain on file the completed records of assessment form for at least seven years after the date of the evaluation.

(m) If an alternate collaborating physician performs the evaluation, copies of the record of assessment must be provided to the primary collaborating physician for retention in the primary collaborating physician's records.

(n) The board's executive secretary may initiate audits of performance assessment records. In any one calendar year, the performance assessment records of not more than 10 percent of the actively licensed physician assistants, selected randomly by computer, will be audited. For each audit,

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

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

(o) Repealed 5/8/2013.

(p) Repealed 5/8/2013.

(q) Repealed 5/8/2013.

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

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.440. STUDENT PHYSICIAN ASSISTANT PERMIT. Repealed 8/17/97.

12 AAC 40.445. GRADUATE PHYSICIAN ASSISTANT LICENSE. (a) An applicant for a license to practice as a graduate physician assistant

(1) shall apply on a form provided by the department;

(2) shall pay the fees established in 12 AAC 02.250; and

(3) must be approved by the board.

(b) The application must include

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

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

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

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

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

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

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

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.447. AUTHORIZATION TO PRACTICE AS A GRADUATE PHYSICIAN ASSISTANT. Repealed 9/1/2007.

12 AAC 40.450. AUTHORITY TO PRESCRIBE, ORDER, ADMINISTER, AND DISPENSE MEDICATIONS. (a) A physician assistant who prescribes, orders, administers, or dispenses controlled substances must

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

(2) comply with 12 AAC 40.976.

(b) Repealed 9/1/2007.

(c) A physician assistant with a valid DEA registration number may order, administer, dispense, and write a prescription for a schedule II, III, IV, or V controlled substance only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current collaborative plan on file with the division.

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

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

(f) A physician assistant may prescribe, order, administer, or dispense a medication that is not a controlled substance only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current collaborative plan on file with the division.

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

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

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

(1) primary collaborating physician's name;

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

(3) physician assistant's name; and

(4) physician assistant's DEA registration number.

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

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

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

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

Authority: AS 08.64.100 AS 08.64.107 AS 17.30.200

12 AAC 40.460. IDENTIFICATION. A licensed physician assistant authorized to practice shall conspicuously display on the licensee's clothing a nameplate identifying the physician assistant as a "Physician Assistant-Certified (PA-C)" and shall display at the licensee's customary place of employment

(1) a current state license; and

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

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.470. RENEWAL OF A PHYSICIAN ASSISTANT LICENSE. (a) A physician assistant license must be renewed biennially on the date set by the department.

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

(1) payment of the renewal fee established in 12 AAC 02.250;

(2) documented evidence that the applicant has met the continuing medical education and recertification requirements of the NCCPA, including the NCCPA recertification examination, and is currently certified by NCCPA;

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

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.315

12 AAC 40.473. INACTIVE PHYSICIAN ASSISTANT LICENSE. (a) A physician assistant who is not practicing in the state may hold an inactive license that may be renewed.

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

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

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

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

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

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

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

(3) submit a copy of a current certificate issued by the National Commission on Certification of Physician Assistants; and

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

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

Authority: AS 08.64.100 AS 08.64.240 AS 08.64.313
AS 08.64.107

12 AAC 40.475. LAPSED PHYSICIAN ASSISTANT LICENSE. (a) A physician assistant license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits

(1) a complete renewal application form;

(2) documentation that the continuing medical education requirements of 12 AAC 40.470(b)(2) have been met; and

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

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

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

(2) documentation that the continuing medical education requirements of 12 AAC 40.470(b)(2) have been met for the entire period that the authorization has been lapsed;

(3) verification of licensure from the appropriate licensing authority in each state, territory, or province where the applicant holds or has ever held a license as a physician assistant or other health care professional;

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

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

(6) the applicable fees required in 12 AAC 02.250.

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

Authority: AS 08.01.100 AS 08.64.100 AS 08.64.107

or counted

12 AAC 40.480. EXEMPTIONS. (a) Nothing in this chapter prevents or regulates the use of a community health aid in the usual and customary manner in the rural areas of the State of Alaska.

(b) Nothing in this chapter regulates, restricts, or alters the functions of a person traditionally employed in an office, by a physician, performing duties not regulated by the State Medical Board under AS 08.64.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.490. GROUNDS FOR SUSPENSION, REVOCATION, OR DENIAL OF LICENSE. The board, after compliance with the Administrative Procedure Act (AS 44.62), will, in its discretion, suspend, revoke or deny the license of a physician assistant who

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

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

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

(4) consistently fails to comply with 12 AAC 40.460;

(5) practices without the required collaborative plan as required by 12 AAC 40.410;

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

(7) violates any section of this chapter;

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

(9) in a clinical setting,

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

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

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

(10) practices without maintaining certification by the National Commission on Certification of Physician Assistants (NCCPA).

Authority: AS 08.64.100 AS 08.64.107

ARTICLE 6.
GENERAL PROVISIONS.

Section

12 AAC 40.905. MEETINGS. (a) Subject to available funds and consideration of travel costs, the board may hold at least four in-person meetings each year at times and places designated by the board, in as many separate geographical areas of the state as possible.

(b) Subject to available funds and consideration of travel costs, special meetings may be held upon the call of the president or a majority of the members of the board, at the time and place as may be designated in the call.

Authority: AS 08.64.085 AS 08.64.100 AS 08.64.101

12 AAC 40.910. DELEGATION OF AUTHORITY TO THE BOARD'S DESIGNEE. (a) At least once each year, at a scheduled meeting of the board, the board will take formal action to identify the board's primary designee to perform duties that may be delegated to that designee under AS 08.64. The board will identify an alternative designee, either a single board member, the executive secretary, or another employee of the division who may act as the board's designee in the absence of the primary designee.

(b) The board may designate another employee of the division to issue temporary permits to applicants who meet the requirements of 12 AAC 40.035, 12 AAC 40.036, 12 AAC 40.058, or 12 AAC 40.405.

Authority: AS 08.64.075 AS 08.64.100 AS 08.64.101

12 AAC 40.920. STANDARDS FOR DELEGATION OF ROUTINE DUTIES. (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.

(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.

(g) The provisions of this section apply only to the delegation of routine medical duties by a physician, podiatrist, osteopath, or physician assistant licensed under AS 08.64; they do not apply when 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 health care provider licensed under AS 08, who has authority to delegate routine duties.

Authority: AS 08.64.100 AS 08.64.106 AS 08.64.107 AS 08.64.170 AS 08.64.326 AS 08.64.336 AS 08.64.380

12 AAC 40.930. REQUIREMENTS FOR REPORTING THE OUTCOME OF MALPRACTICE CLAIMS OR ACTIONS. (a) A person licensed under this chapter shall submit to the board a signed, notarized report on a form provided by the department, explaining the outcome of each malpractice claim or action against the licensee in which damages have been or are to be paid, whether by judgement or settlement. Reports shall be submitted to the board within 30 days of the date of the resolution of the claim or action.

(b) Malpractice reports shall include the

(1) name and address of the licensee;

(2) telephone number of the licensee;

(3) date of the occurrence;

(4) summary of the alleged malpractice;

(5) summary of the licensee's response to the allegations;

(6) case, claim, or court number of the malpractice claim or action; if a court action was not filed, the medical record or chart number, and the location of the records relating to the alleged malpractice;

(7) amount of the award or settlement paid or to be paid by or on behalf of the licensee;

(8) date of award or settlement;

(9) following type of resolution of the claim or action:

(A) court or jury award;

(B) settlement following initiation of civil court action;

(C) settlement before the initiation of civil court action;

(D) other private compromise.

(c) Failure to submit a malpractice report required by this section constitutes unprofessional conduct under 12 AAC 40.967 and is subject to disciplinary action by the board.

Authority: AS 08.64.100 AS 08.64.130 AS 08.64.200 AS 08.64.209 AS 08.64.345

12 AAC 40.940. STANDARDS OF PRACTICE FOR RECORD KEEPING. (a) A physician or physician assistant licensed by the board shall maintain adequate records for each patient for whom the licensee performs a professional service.

(b) Each patient record shall meet the following minimum requirements:

(1) be legible;

(2) contain only those terms and abbreviations that are or should be comprehensible to similar licensees;

(3) contain adequate identification of the patient;

(4) indicate the dates that professional services were provided to the patient;

(5) reflect what examinations, vital signs, and tests were obtained, performed, or ordered concerning the patient and the findings and results of each;

(6) indicate the chief complaint of the patient;

(7) indicate the licensee's diagnostic impressions of the patient;

(8) indicate the medications prescribed for, dispensed to, or administered to the patient and the quantity and strength of each medication;

(9) reflect the treatment provided to or recommended for the patient;

(10) document the patient's progress during the course of treatment provided by the licensee.

(c) Each entry in the patient record shall reflect the identity of the individual making the entry.

(d) Each patient record shall include any writing intended to be a final record. This subsection does not require the maintenance of preliminary drafts, notes, other writings, or recordings once this information is converted to final form and placed in the patient record.

not counted → (e) The patient records for a physician or physician assistant practicing under AS 08.64.364 must comply with the requirements of this section and include

(1) the physical location of the patient and the physician or physician assistant when the patient care was provided;

(2) a description of the method of the communication between the physician or physician assistant and patient;

(3) the name, location, and phone number, state of licensure and license number of the physician, physician assistant, or other licensed health care provider available to provide follow-up care; and

(4) if the prescribing physician or physician assistant is not the patient's primary care provider, documentation of the patient's consent to sending a copy of all records of the encounter to the patient's primary care provider, and if the patient consents, confirmation that the records were sent to the patient's primary care provider.

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.364

12 AAC 40.943. STANDARDS OF PRACTICE FOR TELEMEDICINE. (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, 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.

(b) 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.

Authority: AS 08.64.100 AS 08.64.101 AS 08.64.364

Editor's note: A copy of *Report 7 of the Council on Medical Service (A-14), Coverage of and Payment for Telemedicine*, adopted by reference in 12 AAC 40.943, may be obtained from the American Medical Association, AMA Plaza, 330 N. Wabash Ave. Suite 39300, Chicago, IL 60611-5885, or on the association's Internet website at https://www.ama-assn.org/about-us/council-medical-service-reports. A copy of the *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, adopted by reference in 12 AAC 40.943, may be obtained from the Federation of State Medical Boards, 400 Fuller Wiser Road, Euless, TX 76039, or on the Federation's Internet website at https://www.fsmb.org/policy/advocacy-policy/policy-documents.

12 AAC 40.945. PERFORMANCE OF INDEPENDENT MEDICAL EVALUATIONS. Except as provided in AS 08.64.370, a physician who comes to this state for the purpose of performing an independent medical evaluation that involves a face-to-face physical examination, regardless of the purpose of the evaluation, is practicing medicine and is required to be licensed in this state.

Authority: AS 08.64.100 AS 08.64.170 AS 08.64.370

12 AAC 40.946. APPLICATION MADE UNDER OATH OR AFFIRMATION; DISCIPLINARY SANCTIONS. The applicant must sign the application and swear to or affirm the truth of its contents. False or misleading statements or information on the application, whether or not made knowingly, are grounds for denial of approval to take an examination under AS 08.64 or for disciplinary sanctions under AS 08.64.331.

Authority: AS 08.64.100 AS 08.64.190 AS 08.64.326
AS 08.64.107

12 AAC 40.950. CONTRACT FOR IMPAIRED PROFESSIONALS PROGRAM. The contract to establish an impaired medical professionals program under AS 08.64.101(6) must address the following areas:

(1) qualifications of the contracting agency or agent;

(2) record keeping;

(3) responsibility to report to the board;

(4) confidentiality;

(5) chemical and behavioral monitoring components; and

(6) costs.

Authority: AS 08.64.100 AS 08.64.101

12 AAC 40.955. ETHICAL STANDARDS. (a) The 2016 edition of the *Code of Medical Ethics,* of the American Medical Association are adopted by reference as the ethical standards for physicians and applies to all physicians subject to this chapter.

(b) The 2016 edition of the *Code of Ethics of the American Osteopathic Association* is adopted by reference as the ethical standards for osteopaths and applies to all osteopaths subject to this chapter.

(c) The 2017 edition of the *Code of Ethics of the American Podiatric Medical Association* is adopted by reference as the ethical standards for podiatrists and applies to all podiatrists subject to this chapter.

(d) The 2013 edition of the Guidelines for Ethical Conduct for *the Physician Assistant Profession of the American Academy of Physician Assistants* is adopted by reference as the ethical standards for physician assistants and applies to all physician assistants subject to this chapter

(e) Repealed 5/5/2023.

Authority: AS 08.01.070 AS 08.64.107 AS 08.64.326
AS 08.64.100

Editor's note: Copies of the *Code of Medical Ethics of the American Medical Association, Code of Ethics of the American Osteopathic Association, American Podiatric Medical Association Code of Ethics, and Guidelines for Ethical Conduct for the Physician Assistant Profession of the American Academy of Physician Assistants* described in 12 AAC 40.955, are available for inspection at and may be obtained at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806.

12 AAC 40.960. CURRENT ADDRESS. A licensee shall maintain a current, valid mailing address on file with the division at all times. The latest mailing address on file for an active, inactive or lapsed license is the address of the licensee for official communications, notifications and service of legal process.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.963. APPLICATION FORM AND VERIFICATIONS FOR LICENSURE. (a) If, upon receipt by the division of the last document required to complete an application file, the file contains an application form or verification that has a postmark date that is more than 12 months old, the document will be considered to be stale and the applicant must resubmit the document or cause the document to be resubmitted as appropriate before the application will be considered by the board or the board's designee.

(b) Verifications from medical schools and postgraduate training programs will not be considered stale under (a) of this section.

(c) An applicant whose license application has been approved pending receipt of the license fee must submit the license fee to the department within six months after being notified that the license application was approved. An applicant who does not submit the license fee to the department within six months after being notified that the license application was approved must reapply for licensure.

(d) In this section, "application form or verification" means

(1) an application for a license or permit;

(2) a verification of licensure from an appropriate licensing authority in a state, territory, province, or other country;

(3) a clearance report from the Federation of State Medical Board's Board Action Data Bank;

(4) a clearance from the federal Drug Enforcement Administration (DEA).

Authority: AS 08.64.100

12 AAC 40.965. REINSTATEMENT OF A SURRENDERED LICENSE. (a) A license issued under this chapter that was voluntarily surrendered under AS 08.64.334 will be reinstated, if

(1) the board determines that

(A) the requirements of AS 08.64.334 have been met;

(B) the applicant continues to qualify under AS 08.64 and this chapter for the license requested to be reinstated;

(C) the applicant has committed no grounds for imposition of disciplinary sanction under AS 08.64.326 or this chapter; and

(D) the applicant has satisfied any conditions imposed by the board to accept the surrendered license; and

(2) the applicant submits

(A) a new and complete application as required by 12 AAC 40.010, documenting compliance with

(i) AS 08.64.200 and AS 08.64.250, if a physician applicant;

(ii) AS 08.64.209 and AS 08.64.250, if a podiatrist applicant;

(iii) AS 08.64.205, if an osteopath applicant; or

(iv) AS 08.64.107, if a physician assistant;

(B) evidence of at least 50 hours of continuing medical education credits earned within the two years immediately before the date of application for reinstatement of the surrendered license for a physician, a podiatrist, or an osteopath;

(C) evidence of at least 120 hours of continuing medical education credits earned within the two years immediately before the date of application for reinstatement of the surrendered license for a physician assistant;

(D) for a physician assistant, evidence of current certification issued by the National Commission on Certification of Physician Assistants; and

(E) at the request of the board,

(i) a report of medical or psychiatric examination from a physician or another practitioner of the healing arts appointed by the board indicating that, at the time of the examination, the applicant is mentally and physically capable to resume practice under this chapter; and

(ii) any other report that the board determines is necessary to evaluate whether the applicant is competent to resume practice under this chapter.

(b) If the board determines that a limitation or condition on an applicant's license is necessary for the applicant to be competent to resume practice, the board will require that the applicant for reinstatement under this section enter into an agreement with the board to limit or condition the applicant's license.

(c) If the board determines that probation is necessary to evaluate or monitor the practice for competency under this chapter of an applicant whose license is reinstated under this section, the board will impose a period of probation and notify the applicant of the terms to be met to successfully complete the probation.

Authority: AS 08.01.075 AS 08.01.100 AS 08.64.100 AS 08.64.107 AS 08.64.331 AS 08.64.334

12 AAC 40.967. UNPROFESSIONAL CONDUCT. For purposes of AS 08.64.240(b) and AS 08.64.326, "unprofessional conduct" means an act or omission by an applicant or licensee that does not conform to the generally accepted standards of practice for the profession for which the applicant seeks licensure or a permit under AS 08.64 or which the licensee is authorized to practice under AS 08.64. "Unprofessional conduct" includes the following:

(1) submitting or causing the submission of testimony, a statement, or a document for consideration by the board knowing it contained false, misleading, or omitted material information or was fraudulently obtained; for purposes of this paragraph, "document" includes an affidavit, certificate, transcript, diploma, board certification information, reference letters, or translation of a foreign language document;

(2) misrepresenting, concealing, or failing to disclose material information to

(A) obtain a license or permit under AS 08.64; or

(B) renew a license under AS 08.64;

(3) purchase, sale, barter, or alteration of a license or permit issued under AS 08.64;

(4) the use of a license or permit obtained as described in (3) of this section;

(5) committing, or attempting to commit, fraud or deception, or attempting to subvert the process relating to an examination required under AS 08.64;

(6) practicing a profession licensed under AS 08.64 without a required license or permit or with a lapsed, expired, retired, or inactive license or permit;

(7) permitting or employing an unlicensed person to practice a profession licensed under AS 08.64

(A) without the required license or permit under AS 08.64; or

(B) while the person's license or permit was revoked, suspended, surrendered, or canceled in this state;

(8) delegating professional practice responsibilities that require a license or permit under AS 08.64 to a person who does not possess the appropriate education, training, or licensure to perform the responsibilities;

(9) failing to prepare and maintain accurate, complete, and legible records in accordance with generally accepted standards of practice for each patient and to make those records available to the board and the board's representatives for inspection for investigation purposes;

(10) falsifying, intentionally making an incorrect entry, destroying or failing to maintain patient or facility medical records for at least seven years from the date of the last entry;

(11) failing to provide copies of complete patient records in the licensee's custody and control within 30 days after receipt of a written request from the patient or the patient's guardian;

(12) intentionally or negligently releasing or disclosing confidential patient information; this paragraph does not apply to disclosures required under state or federal law or when disclosure is necessary to prevent an imminent risk of harm to the patient or others;

(13) offering, giving, soliciting, or receiving fees or other benefits, in whole or in part, to a person for bringing in or referring a patient;

(14) harassing, disruptive, or abusive behavior by a licensee directed at staff or a patient, a patient's relative, or a patient's guardian;

(15) disruptive behavior by a licensee at the workplace that interferes with the provision of patient care;

(16) discriminating on the basis of the patient's race, religion, color, national origin, ancestry, or sex in the provision of professional services;

(17) conviction of a felony or a crime involving moral turpitude; under this paragraph, a "crime involving moral turpitude" includes the following:

(A) homicide;

(B) manslaughter;

(C) assault;

(D) stalking;

(E) kidnapping;

(F) sexual assault;

(G) sexual abuse of a minor;

(H) unlawful exploitation of a minor, including possession or distribution of child pornography;

(I) indecent exposure;

(J) unlawful distribution or possession for distribution of a controlled substance; for purposes of this subparagraph, "controlled substance" has the meaning given in AS 11.71.900;

(18) using alcohol or other drugs

(A) to the extent that the use interferes with professional practice functions of the licensee or endangers the safety of patients; or

(B) that is illegal under state or federal law;

(19) failing

(A) to comply with AS 08.64.336; or

(B) to report to the board or the board's representatives facts known to the licensee regarding incompetent or repeated negligent conduct, gross negligence, unprofessional conduct, sexual misconduct, or other illegal conduct by another licensee under AS 08.64.326;

(20) failing to report to the board or the board's representatives that the licensee's hospital privileges have been denied, revoked, suspended, or limited by a hospital or other health care facility for disciplinary reasons by the physician in charge; this paragraph does not apply to a temporary suspension pending completion of medical records by the governing body of the hospital or other health care facility;

(21) facilitating the practice of a profession licensed under AS 08.64 by a person who is not licensed, incompetent, or mentally, emotionally, or physically unable to practice safely;

(22) failing to fulfill the responsibility and duties of a collaborating physician in any collaborative relationship entered into under AS 08.64 with a physician assistant;

(23) violating provisions of any disciplinary sanction issued under AS 08.64;

(24) failing to cooperate with an official investigation by the board or the board's representatives, including failing to timely provide requested information;

(25) failing to allow the board or the board's representative, upon written request, to examine and have access to records maintained by the licensee that relate to the licensee's practice under AS 08.64;

(26) failing to report to the board, no later than 30 days after

(A) the effective date of the action, any criminal charges by a law enforcement agency, or any disciplinary action against the licensee taken by another licensing jurisdiction, health care entity, or regulatory agency;

(B) the date of conviction, any conviction of a crime referred to in AS 08.64.326(a)(4);

(27) providing treatment, rendering a diagnosis, or prescribing medications based solely on a patient-supplied history that a physician licensed in this state received by telephone, facsimile, or electronic format;

(28) after performing surgery, failing to continue care of a surgical patient of the licensee through a post-surgical recovery and healing period, either by providing the care directly, delegating the care to one or more individuals who have the appropriate education, training, and licensure or certification to provide definitive care, or coordinating with another qualified physician or other medical professional who agrees to assume responsibility for managing the patient's post-surgical care;

(29) for a physician or physician assistant, prescribing, dispensing, or furnishing a prescription medication without first conducting a physical examination of the person, unless the licensee has a patient-physician or patient-physician assistant relationship with the person; this paragraph does not apply to prescriptions written or medications issued

(A) for use in emergency treatment;

(B) for expedited partner therapy for sexually transmitted diseases;

(C) in response to an infectious disease investigation, public health emergency, infectious disease outbreak, or act of bioterrorism; or

(D) by a physician or physician assistant practicing telemedicine under AS 08.64.364;

(30) failing to notify the board of the location of patient records within 30 days after a licensee has retired or closed a practice;

(31) knowingly delegating a function, task, or responsibility to another person if the delegation would be reasonably likely to pose a substantial risk of harm to a patient;

(32) 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;

(33) failure of a licensee who has a federal Drug Enforcement Administration (DEA) registration number to register with the controlled substance prescription database under AS 17.30.200;

(34) failure of a licensee or licensee's designee to review the controlled substance prescription database under AS 17.30.200, when prescribing, dispensing, or administering a controlled substance designated schedule II or III under federal law to a patient;

(35) any conduct described in (1) – (34) of this section that occurred in another licensing jurisdiction and is related to the applicant's or licensee's qualifications to practice.

Authority: AS 08.01.070 AS 08.64.326 AS 08.64.380
AS 08.64.100 AS 08.64.364 AS 17.30.200
AS 08.64.101

12 AAC 40.970. PROFESSIONAL INCOMPETENCE. As used in AS 08.64 and these regulations, "professional incompetence" means lacking sufficient knowledge, skills, or professional judgement in that field of practice in which the physician or physician assistant concerned engages, to a degree likely to endanger the health of his or her patients.

Authority: AS 08.64.100 AS 08.64.326

12 AAC 40.975. PRESCRIBING CONTROLLED SUBSTANCES. When prescribing a drug that is a controlled substance, an individual licensed under this chapter shall

(1) create and maintain a complete, clear, and legible written record of care that includes

(A) a patient history and evaluation sufficient to support a diagnosis;

(B) a diagnosis and treatment plan for the diagnosis;

(C) a plan for monitoring the patient for the primary condition that necessitates the drug, side effects of the drug, and results of the drug, as appropriate;

(D) a record of each drug prescribed, administered, or dispensed, including the type of drug, dose, and any authorized refills;

(2) review the information from the controlled substance prescription database under AS 17.30.200 before initially dispensing, prescribing, or administering a controlled substance designated schedule II or III under federal law to the patient, and at least once every 30 days for up to 90 days, and at least once every three months if a course of treatment continues for more than 90 days; the requirement under this paragraph will not apply if the licensee is not required under AS 17.30.200 to review the information in the controlled substance prescription database before dispensing, prescribing, or administering the controlled substance to the patient;

(3) comply with the maximum dosage for opioid prescriptions under AS 08.64.363; the maximum daily dosage for an initial opioid prescription issued under AS 08.64.363(a) may not exceed 50 morphine milligram equivalents;

(4) practice pain management

(A) with sufficient knowledge, skills, and training, and in accordance with specialty board practice standards;

(B) in accordance with the Federation of State Medical Boards (FSMB) Guidelines for the Chronic Use of Opioid Analgesics, dated April 2017, and the Centers for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain, dated March 2016, which are adopted by reference as the standards of practice for prescribing controlled substances for pain management;

(C) or refer a patient to a pain management physician.

Authority: AS 08.64.100 AS 08.64.326 AS 08.64.380
AS 08.64.107 AS 08.64.363 AS 17.30.200

Editor's note: A copy of the *Guidelines for the Chronic Use of Opioid Analgesics* adopted as policy by the Federation of State Medical Boards (FSMB), dated April 2017, adopted by reference in 12 AAC 40.975, may be obtained from the Federation of State Medical Boards, 400 Fuller Wiser Road, Euless, TX 76039, or website at https://www.fsmb.org/policy/advocacy-policy/policy-documents. A copy of the *CDC Guidelines for Prescribing Opioids for Chronic Pain*, dated March 2016, adopted by reference in 12 AAC 40.975, may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30329, or website at https://www.cdc.gov/drugoverdose/prescribing/guideline.html.

12 AAC 40.976. REGISTRATION AND REPORTING WITH THE PRESCRIPTION DRUG MONITORING PROGRAM CONTROLLED SUBSTANCE PRESCRIPTION DATABASE. A physician or physician assistant licensed under this chapter who holds a federal Drug Enforcement Administration (DEA) registration number must

(1) register and comply with the prescription drug monitoring program (PDMP) controlled substance prescription database not later than 30 days after initial licensure or registration with the DEA, whichever is later; and

(2) comply with the requirements of AS 17.30.200 and 12 AAC 52.865.

Authority: AS 08.64.100 AS 08.64.326 AS 08.64.380
AS 08.64.107 AS 08.64.363 AS 17.30.200

12 AAC 40.980. COLLABORATING PHYSICIAN. Repealed 9/1/2007.

12 AAC 40.981. FEDERAL LICENSURE EXEMPTIONS FOR PERSONS WHO PRACTICE IN AN ALASKA TRIBAL HEALTH PROGRAM. (a) A person who practices medicine, podiatry, or osteopathy, or who practices as a physician assistant in a tribal health program in this state must be licensed by the board unless they notify the board that they are practicing under another license in accordance with 25 U.S.C. 1621t (sec. 221, Indian Health Care Improvement Act). Notice required under this section must be received not later than 14 days after employment at a tribal health program in this state, and must include

(1) proof of a current active license in another state;

(2) proof of employment by a tribal health program that is operating under an agreement with the federal Indian Health Service under 25 U.S.C. 450 – 458ddd-2 (Indian Self-Determination and Education Assistance Act).

(b) A person practicing under the exemption may not practice beyond the scope of the other state license.

Authority: AS 08.64.107 AS 08.64.170 AS 08.64.313

12 AAC 40.983. COOPERATIVE PRACTICE AGREEMENTS WITH PHARMACISTS. (a) A physician may enter into a cooperative practice agreement with a pharmacist licensed under AS 08.80 as provided in this section. The initial agreement may not exceed two years and is subject to renewal under (j) of this section.

(b) A physician planning to enter into a cooperative practice agreement with a pharmacist must submit to the board a written proposed agreement that meets the requirements of this section. The proposed agreement must be approved by the board before cooperative practice under the agreement, if approved, begins. A proposed modification to an agreement must be submitted to the board for approval, before the modification, if approved, is implemented. The board will approve a proposed agreement or modification if it is medically appropriate and provides for the safety of the patient. If the board disapproves a proposed agreement or modification, the board shall state the reasons for its action.

(c) A cooperative practice agreement between a physician and a pharmacist must include

(1) the physician's authorization to a pharmacist or group of pharmacists to manage a patient's medication therapy;

(2) the full name, medical license number, date of issuance of license, and specialty, if any, of each physician who is a party to the agreement;

(3) the full name, place of employment, mailing address, pharmacist license number, and date of issuance of license, of each pharmacist who is a party to the agreement;

(4) a statement of the duration of the agreement, which may not exceed two years;

(5) the types of cooperative practice decisions that the physician is authorizing the pharmacist to make under the agreement, including

(A) types of diseases, medications, or medication categories involved and the type of cooperative authority to be exercised in each case; and

(B) procedures, decision criteria, or plans the pharmacist must follow when making therapeutic decisions, particularly when initiating or modifying medication;

(6) requirements that a pharmacist must follow when exercising cooperative authority, including documentation of decisions made, and a plan for communication and feedback to the physician concerning specific decisions made;

(7) a plan for the physician to review the decisions made by the pharmacist at least once every three months;

(8) a plan for providing to the physician patient records created under the agreement;

(9) a provision that allows the physician to override the agreement if the physician considers it medically necessary or appropriate;

(10) an acknowledgement that the physician will not receive any compensation from a pharmacist or pharmacy as a result of the care or treatment of any patient under the agreement;

(11) a prohibition on the administration or dispensing of any schedule I, II, III, or IV controlled substances.

(d) The physician, or a physician assistant under the supervision of the physician, must physically examine and evaluate a patient before that patient may be included under a cooperative practice agreement to which that physician is a party. The physician must issue a prescription or medication order for each patient valid for up to one year. The physician, or a physician assistant under the supervision of the physician, must conduct a physical examination of a patient at least once a year while that patient is included under a cooperative practice agreement to which that physician is a party. The requirements of this subsection do not apply to a cooperative practice agreement allowing the administration of emergency contraception, immunizations of persons 18 years of age or older, and those immunizations recommended to be given on a yearly basis by the United States Department of Health and Human Services Centers for Disease Control and Prevention.

(e) Only a physician in active practice in this state may enter into a cooperative practice agreement under this section. An authority authorized by a physician must be within the physician's current scope of practice.

(f) A physician who enters into a cooperative practice agreement shall keep a copy of the written agreement and the records of all patients treated under it during the period of the agreement. The physician shall retain the agreement and records required by this subsection for at least seven years after the termination of the agreement.

(g) A cooperative practice agreement is terminated upon written notice by either the physician or the pharmacist. The physician shall notify the board in writing within 30 days after an agreement is terminated.

(h) The board may periodically review cooperative practice agreements approved under this section.

(i) The requirements of this section do not apply to cooperative practice agreements adopted by the physicians on medical staff of a hospital or nursing facility licensed under AS 47.32 for treatment of patients of that facility.

(j) The physician may seek renewal of a cooperative practice agreement for additional two-year periods.

(k) Notwithstanding the requirements of (b) of this section, a physician who, before June 1, 2006, has entered into a collaborative practice agreement with a pharmacist that has been approved under 12 AAC 52.240 and is still current, must obtain the board's approval of that agreement under this section not later than December 1, 2006. After that time, a physician may not participate in a cooperative practice agreement with a pharmacist except as allowed under this section.

(*l*) In this section, "cooperative practice agreement" means an agreement between a physician and a pharmacist by which a physician authorizes the pharmacist to manage a patient's medication therapy as specified in the agreement.

Authority: AS 08.64.100 AS 08.64.326

12 AAC 40.985. GENERAL ANESTHETIC. A commercially prepared mixture of 50 percent oxygen and 50 percent nitrous oxide, when self-administered by a patient as a part of the outpatient care provided by a licensed podiatrist, is an analgesic and not a general anesthetic referred to in AS 08.64.380(9)(B).

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.380(9)

12 AAC 40.986. WITHDRAWAL OF APPLICATION. (a) An application for a permit or license may be withdrawn from consideration by the board at the applicant's request. To withdraw an application, the applicant must submit a request for withdrawal in writing signed by the applicant. The request for withdrawal must be received by the division no later than five business days before the board's meeting where the application is to be initially considered.

(b) The board will not approve a request for the withdrawal of an application under this section for an application that has been reviewed and considered by the board, or considered abandoned under 12 AAC 02.910.

(c) An application approved for withdrawal under this section will be reported to the Federation of State Medical Boards's Board Action Data Bank.

(d) An application that is approved for withdrawal under this section will be retained on file in the department for at least 10 years after the date of withdrawal and will be returned to the board if the applicant reapplies for a permit or license.

Authority: AS 08.64.100

12 AAC 40.987. RETENTION OF ABANDONED APPLICATIONS. (a) An application that is abandoned under 12 AAC 02.910 will be retained on file in the department for at least 10 years after the date of abandonment. If an applicant with an abandoned application reapplies for a permit or license, that abandoned application will be returned to the board for review and consideration.

(b) The application of an applicant who has been issued a temporary permit before abandoning the application under 12 AAC 02.910 will be reported to the Federation of State Medical Boards as denied without prejudice.

Authority: AS 08.01.050 AS 08.64.100

12 AAC 40.990. DEFINITIONS. (a) In this chapter

(1) "acceptable moral character" means having not been convicted of a felony or any morally reprehensible crime during the five years immediately preceding application;

(2) "board" means State Medical Board;

(3) "certified true copy" means a copy of a document that includes a statement of certification, signed under penalty of unsworn falsification before a notary public, that the document is a true copy of the original document;

(4) "collaborating physician" means a person who is actively licensed in the state as a physician or osteopath, who enters into a consultative relationship with a nonphysician health care provider who undertakes the practice of medicine, medical diagnosis and treatment;

(5) "collaborative relationship" means a consultative relationship between a physician and nonphysician health care provider which uses their respective areas of expertise to meet the common goal of providing comprehensive care for the patient;

(6) "department" means the Department of Commerce, Community, and Economic Development;

(7) "flex examination" means the written examination prepared by the Federation of State Medical Boards of the United States, Inc.;

(8) repealed 5/5/2023;

(9) repealed 5/5/2023;

(10) "NBME examination" means the written examination prepared by the National Board of Medical Examiners;

(11) "pharmacological agents" means saline, glucose, prostglandins and pitocin;

(12) "physician" means a person licensed under AS 08.64 to practice medicine or surgery;

(13) "physician assistant" means a person specially trained to perform many of the functions and duties of the physician, including examination, diagnosis, and treatment, and who is licensed under this chapter to do so;

(14) repealed 5/5/2023;

(15) repealed 5/5/2023;

(16) repealed 3/12/89;

(17) repealed 3/12/89;

(18) repealed 3/12/89;

(19) repealed 3/12/89;

(20) "USMLE" means the United States medical licensing examination sponsored jointly by the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners;

(21) "controlled substance" has the meaning given controlled substance in AS 11.71.900;

(22) "division" means the division assigned occupational licensing functions in the department;

(23) "COMLEX examination" means the Comprehensive Osteopathic Medical Licensing Examination administered by the National Board of Osteopathic Medical Examiners;

(24) "post-graduate training" for physicians includes internship, residency, and advanced forms of residency including fellowships;

(25) "health care professional" includes chiropractors, mental health counselors, social workers, dental hygienists, dentists, health aides, nurses, nurse practitioners, certified nurse aides, occupational therapists, occupational therapy assistants, optometrists, osteopaths, naturopaths, physical therapists, physical therapy assistants, physicians, physician assistants, psychiatrists, psychologists, psychological associates, audiologists licensed under AS 08.11, hearing aid dealers licensed under AS 08.55, marital and family therapists licensed under AS 08.63, religious health practitioners, acupuncturists, and surgeons;

(26) "business day" means a day other than Saturday, Sunday, or a state holiday;

(27) "DEA" means the federal Drug Enforcement Administration;

(28) "FCVS" means the Federal Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc.

(b) In AS 08.64.326(a)(9),

(1) "attempted sexual contact" means engaging in conduct that constitutes a substantial step towards sexual contact;

(2) "sexual contact"

(A) means touching, directly or through clothing, a patient's genitals, anus, or female breast, or causing the patient to touch, directly or through clothing, the licensee's or patient's genitals, anus, or female breast;

(B) includes sexual penetration;

(C) does not include acts

(i) that may reasonably be construed to be normal caretaker responsibilities for a child, interactions with a child, or affection for a child; or

(ii) performed for the purpose of administering a recognized and lawful form of examination or treatment that is reasonably adapted to promoting the physical or mental health of the person being treated; in this paragraph, "sexual penetration" means genital intercourse, cunnilingus, fellatio, anal intercourse, or an intrusion, however slight, of an object or any part of a person's body into the genitals or anus of another person's body; each party to any of the acts defined as "sexual penetration" is considered to be engaged in sexual penetration; "sexual penetration" does not include acts performed for the purpose of administering a recognized and lawful form of examination or treatment that is reasonably adapted to promoting the physical health of the person being treated;

(3) "sexual impropriety" means behavior, a gesture, or an expression that is seductive, sexually suggestive, or sexually demeaning to a patient; "sexual impropriety" includes

(A) encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present;

(B) offering to provide controlled substances or other drugs in exchange for sexual contact;

(C) disrobing or draping practice that is seductive, sexually suggestive, or sexually demeaning to a patient, such as deliberately watching a patient dress or undress or failing to provide privacy for disrobing;

(D) making a comment about or to the patient that is seductive, sexually suggestive, or sexually demeaning to a patient, including

(i) sexual comment about a patient's body or underclothing;

(ii) sexualized or sexually-demeaning comment to a patient;

(iii) demeaning or degrading comments to the patient about the patient's sexual orientation, regardless of whether the patient is homosexual, heterosexual, or bisexual;

(iv) comments about potential sexual performance of the patient during an examination or consultation, except when the examination or consultation is pertinent to the issue of sexual function or dysfunction;

(v) requesting details of sexual history or sexual likes or dislikes of the patient if the details are not clinically indicated for the type of examination or consultation;

(E) performing an internal pelvic examination or rectal examination of the patient without the use of gloves;

(F) initiation by the licensee of conversation with a patient regarding the sexual problems, preferences, or fantasies of the licensee;

(G) using the medical or professional relationship with the patient to solicit sexual contact or a romantic relationship with the patient or another;

(H) kissing a patient in a romantic or sexual manner;

(4) "sexual misconduct" includes sexual impropriety;

(5) "in connection with the delivery of professional services to patients" includes sexual misconduct directed at patients or key third parties; in this paragraph, "key third parties" means individuals who have influence over the patient, including the patient's spouse, children, parents, legal guardian, or surrogate.

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.326

APPENDIX A

CHAPTER 30.
CONTROLLED SUBSTANCES

Sec. 17.30.200. Controlled substance prescription database. (a) The controlled substance prescription database is established in the Board of Pharmacy. The purpose of the database is to contain data as described in this section regarding every prescription for a schedule II, III, or IV controlled substance under federal law dispensed in the state to a person other than under the circumstances described in (t) of this section.

(b) The pharmacist-in-charge of each licensed or registered pharmacy, regarding each schedule II, III, or IV controlled substance under federal law dispensed by a pharmacist under the supervision of the pharmacist-in-charge, and each practitioner who directly dispenses a schedule II, III, or IV controlled substance under federal law other than those dispensed or administered under the circumstances described in (t) of this section, shall submit to the board, by a procedure and in a format established by the board, the following information for inclusion in the database on at least a daily basis:

(1) the name of the prescribing practitioner and the practitioner's federal Drug Enforcement Administration registration number or other appropriate identifier;

(2) the date of the prescription;

(3) the date the prescription was filled and the method of payment; this paragraph does not authorize the board to include individual credit card or other account numbers in the database;

(4) the name, address, and date of birth of the person for whom the prescription was written;

(5) the name and national drug code of the controlled substance;

(6) the quantity and strength of the controlled substance dispensed;

(7) the name of the drug outlet dispensing the controlled substance; and

(8) the name of the pharmacist or practitioner dispensing the controlled substance and other appropriate identifying information.

(c) The board shall maintain the database in an electronic file or by other means established by the board to facilitate use of the database for identification of

(1) prescribing practices and patterns of prescribing and dispensing controlled substances;

(2) practitioners who prescribe controlled substances in an unprofessional or unlawful manner;

(3) individuals who receive prescriptions for controlled substances from licensed practitioners and who subsequently obtain dispensed controlled substances from a drug outlet in quantities or with a frequency inconsistent with generally recognized standards of dosage for that controlled substance; and

(4) individuals who present forged or otherwise false or altered prescriptions for controlled substances to a pharmacy.

(d) The database and the information contained within the database are confidential, are not public records, are not subject to public disclosure, and may not be shared with the federal government. The board shall undertake to ensure the security and confidentiality of the database and the information contained within the database. The board may allow access to the database only to the following persons, and in accordance with the limitations provided and regulations of the board:

(1) personnel of the board regarding inquiries concerning licensees or registrants of the board or personnel of another board or agency concerning a practitioner under a search warrant, subpoena, or order issued by an administrative law judge or a court;

(2) authorized board personnel or contractors as required for operational and review purposes;

(3) a licensed practitioner having authority to prescribe controlled substances or an agent or employee of the practitioner whom the practitioner has authorized to access the database on the practitioner's behalf, to the extent the information relates specifically to a current patient of the practitioner to whom the practitioner is prescribing or considering prescribing a controlled substance; the agent or employee must be licensed or registered under AS 08;

(4) a licensed or registered pharmacist having authority to dispense controlled substances or an agent or employee of the pharmacist whom the pharmacist has authorized to access the database on the pharmacist's behalf, to the extent the information relates specifically to a current patient to whom the pharmacist is dispensing or considering dispensing a controlled substance; the agent or employee must be licensed or registered under AS 08;

(5) federal, state, and local law enforcement authorities may receive printouts of information contained in the database under a search warrant or order issued by a court establishing probable cause for the access and use of the information;

(6) an individual who is the recipient of a controlled substance prescription entered into the database may receive information contained in the database concerning the individual on providing evidence satisfactory to the board that the individual requesting the information is in fact the person about whom the data entry was made and on payment of a fee set by the board under AS 37.10.050 that does not exceed $10;

(7) a licensed pharmacist employed by the Department of Health who is responsible for administering prescription drug coverage for the medical assistance program under AS 47.07, to the extent that the information relates specifically to prescription drug coverage under the program;

(8) a licensed pharmacist, licensed practitioner, or authorized employee of the Department of Health responsible for utilization review of prescription drugs for the medical assistance program under AS 47.07, to the

extent that the information relates specifically to utilization review of prescription drugs provided to recipients of medical assistance;

(9) the state medical examiner, to the extent that the information relates specifically to investigating the cause and manner of a person's death;

(10) an authorized employee of the Department of Health may receive information from the database that does not disclose the identity of a patient, prescriber, dispenser, or dispenser location, for the purpose of identifying and monitoring public health issues in the state; however, the information provided under this paragraph may include the region of the state in which a patient, prescriber, and dispenser are located and the specialty of the prescriber; and

(11) a practitioner, pharmacist, or clinical staff employed by an Alaska tribal health organization, including commissioned corps officers of the United States Public Health Service employed under a memorandum of agreement; in this paragraph, "Alaska tribal health organization" has the meaning given to "tribal health program" in 25 U.S.C. 1603.

(e) The failure of a pharmacist-in-charge or a pharmacist to register or submit information to the database as required under this section is grounds for the board to take disciplinary action against the license or registration of the pharmacy or pharmacist. The failure of a practitioner to register or review the database as required under this section is grounds for the practitioner's licensing board to take disciplinary action against the practitioner.

(f) The board may enter into agreements with (1) dispensers in this state that are not regulated by the state to submit information to and access information in the database, and (2) practitioners in this state to access information in the database, subject to this section and the regulations of the board. The board shall prohibit a dispenser that is not regulated by the state from accessing the database if the dispenser has accessed information in the database contrary to the limitations of this section, discloses information in the database contrary to the limitations of this section, or allows unauthorized persons access to the database.

(g) The board shall promptly notify the president of the senate and the speaker of the house of representatives if, at any time after September 7, 2008, the federal government fails to pay all or part of the costs of the controlled substance prescription database.

(h) An individual who has submitted information to the database in accordance with this section may not be held civilly liable for having submitted the information. Dispensers or practitioners may not be held civilly liable for damages for accessing or failing to access the information in the database.

(i) A person who has reason to believe that prescription information from the database has been illegally or improperly accessed shall notify an appropriate law enforcement agency.

(j) The board shall notify any person whose prescription information from the database is illegally or improperly accessed.

(k) In the regulations adopted under this section, the board shall provide

(1) that prescription information in the database be purged from the database after two years have elapsed from the date the prescription was dispensed;

(2) a method for an individual to challenge information in the database about the individual that the person believes is incorrect or was incorrectly entered by a dispenser;

(3) a procedure and time frame for registration with the database;

(4) that a practitioner review the information in the database to check a patient's prescription records before dispensing, prescribing, or administering a schedule II or III controlled substance under federal law to the patient; the regulations must provide that a practitioner is not required to review the information in the database before dispensing, prescribing, or administering

(A) a controlled substance to a person who is receiving treatment

(i) in an inpatient setting;

(ii) at the scene of an emergency or in an ambulance; in this sub-subparagraph, "ambulance" has the meaning given in AS 18.08.200;

(iii) in an emergency room;

(iv) immediately before, during, or within the first 48 hours after surgery or a medical procedure;

(v) in a hospice or nursing home that has an in-house pharmacy; or

(B) a nonrefillable prescription of a controlled substance in a quantity intended to last for not more than three days.

(*l*) A person

(1) with authority to access the database under (d) of this section who knowingly

(A) accesses information in the database beyond the scope of the person's authority commits a class A misdemeanor;

(B) accesses information in the database and recklessly discloses that information to a person not entitled to access or to receive the information commits a class C felony;

(C) allows another person who is not authorized to access the database to access the database commits a class C felony;

(2) without authority to access the database under (d) of this section who knowingly accesses the database or knowingly receives information that the person is not authorized to receive under (d) of this section from another person commits a class C felony.

(m) To assist in fulfilling the program responsibilities, performance measures shall be reported to the legislature annually. Performance measures

(1) may include outcomes detailed in the federal prescription drug monitoring program grant regarding efforts to

(A) reduce the rate of inappropriate use of prescription drugs by reporting education efforts conducted by the Board of Pharmacy;

(B) reduce the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit;

(C) increase coordination among prescription drug monitoring program partners;

(D) involve stakeholders in the planning process;

(2) shall include information related to the

(A) security of the database; and

(B) reductions, if any, in the inappropriate use or prescription of controlled substances resulting from the use of the database.

(n) A pharmacist who dispenses or a practitioner who prescribes, administers, or directly dispenses a schedule II, III, or IV controlled substance under federal law shall register with the database by a procedure and in a format established by the board.

(o) The board shall promptly notify the State Medical Board, the Board of Nursing, the Board of Dental Examiners, and the Board of Examiners in Optometry, when a practitioner registers with the database under (n) of this section.

(p) The board is authorized to provide unsolicited notification to a pharmacist, practitioner's licensing board, or practitioner if a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of safe practice. An unsolicited notification to a practitioner's licensing board under this section

(1) must be provided to the practitioner;

(2) is confidential;

(3) may not disclose information that is confidential under this section;

(4) may be in a summary form sufficient to provide notice of the basis for the unsolicited notification.

(q) The board shall update the database on at least a daily basis with the information submitted to the board under (b) of this section.

(r) The Department of Commerce, Community, and Economic Development shall

(1) assist the board and provide necessary staff and equipment to implement this section; and

(2) establish fees for registration with the database by a pharmacist or practitioner required to register under (n) of this section so that the total amount of fees collected by the department equals the total operational costs of the database minus all federal funds acquired for the operational costs of the database; in setting the fee levels, the department shall

(A) set the fees for registration with the database so that the fees are the same for all practitioners and pharmacists required to register; and

(B) consult with the board to establish the fees under this paragraph.

(s) Notwithstanding (p) of this section, the board may issue to a practitioner periodic unsolicited reports that detail and compare the practitioner's opioid prescribing practice with other practitioners of the same occupation and similar specialty. A report issued under this subsection is confidential and the board shall issue the report only to a practitioner. The board may adopt regulations to implement this subsection. The regulations may address the types of controlled substances to be included in an unsolicited report, the quantities dispensed, the medication strength, and other factors determined by the board.

(t) A practitioner or a pharmacist is not required to comply with the requirements of (a) and (b) of this section if a controlled substance is

(1) administered to a patient at

(A) a health care facility; or

(B) a correctional facility;

(2) dispensed to a patient for an outpatient supply of 24 hours or less at a hospital

(A) inpatient pharmacy; or

(B) emergency department.

(u) This section does not apply to a schedule II, III, or IV controlled substance prescribed or dispensed by a veterinarian licensed under AS 08.98 to treat an animal.

(v) In this section,

(1) "board" means the Board of Pharmacy;

(2) "database" means the controlled substance prescription database established in this section;

(3) "knowingly" has the meaning given in AS 11.81.900;

(4) "opioid" includes the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140 and 11.71.160;

(5) "pharmacist-in-charge" has the meaning given in AS 08.80.480.

APPENDIX B

HEALTH AND SAFETY

CHAPTER 16.
REGULATION OF ABORTIONS

Sec. 18.16.010. Abortions. (a) An abortion may not be performed in this state unless
(1) the abortion is performed by a physician licensed by the State Medical Board under AS 08.64.200;

CHAPTER 23.
HEALTH CARE SERVICES INFORMATION AND REVIEW ORGANIZATIONS

Sec. 18.23.030. Confidentiality of records of review organization. (a) Except as provided in (b) of this section, all data and information acquired by a review organization in the exercise of its duties and functions shall be held in confidence and may not be disclosed to anyone except to the extent necessary to carry out the purposes of the review organization and is not subject to subpoena or discovery. Except as provided in (b) of this section, a person described in AS 18.23.020 may not disclose what transpired at a meeting of a review organization except to the extent necessary to carry out the purposes of a review organization, and the proceedings and records of a review organization are not subject to discovery or introduction into evidence in a civil action against a health care provider arising out of the matter that is the subject of consideration by the review organization. Information, documents, or records otherwise available from original sources are not immune from discovery or use in a civil action merely because they were presented during proceedings of a review organization, nor may a person who testified before a review organization or who is a member of it be prevented from testifying as to matters within the person's knowledge, but a witness may not be asked about the witness's testimony before a review organization or opinions formed by the witness as a result of its hearings, except as provided in (b) of this section.

(b) Testimony, documents, proceedings, records, and other evidence adduced before a review organization that are otherwise inaccessible under this section may be obtained by a health care provider who claims that denial is unreasonable or may be obtained under subpoena or discovery proceedings brought by a plaintiff who claims that information provided to a review organization was false and claims that the person providing the information knew or had reason to know the information was false.

(c) Nothing in AS 18.23.005 - 18.23.070 prevents a person whose conduct or competence has been reviewed under AS 18.23.005 - 18.23.070 from obtaining, for the purpose of appellate review of the action of the review organization, any testimony, documents, proceedings, records, and other evidence adduced before the review organization.

(d) Notwithstanding the provisions of (b) and (c) of this section, information contained in a report submitted to the State Medical Board, and information gathered by the board during an investigation, under AS 08.64.336 is not subject to subpoena or discovery unless and until the board takes action to suspend, revoke, limit, or condition a license of the person who is the subject of the report or investigation.

APPENDIX C

ALASKA RULES OF THE COURT
RULES OF EVIDENCE
ARTICLE V. PRIVILEGES

Rule 504. Physician and Psychotherapist-Patient Privilege.

(a) **Definitions.** As used in this rule:

(1) A patient is a person who consults or is examined or interviewed by a physician or psychotherapist.

(2) A physician is a person authorized to practice medicine in any state or nation, or reasonably believed by the patient so to be.

(3) A psychotherapist is (A) a person authorized to practice medicine in any state or nation, or reasonably believed by the patient so to be, while engaged in the diagnosis or treatment of a mental or emotional condition, including alcohol or drug addiction, or (B) a person licensed or certified as a psychologist or psychological examiner under the laws of any state or nation or reasonably believed by the patient so to be, while similarly engaged.

(4) A communication is confidential if not intended to be disclosed to third persons other than those present to further the interest of the patient in the consultation, examination, or interview, or persons reasonably necessary for the transmission of the communication, or persons who are participating in the diagnosis and treatment under the direction of the physician or psychotherapist, including members of the patient's family.

(b) **General Rule of Privilege.** A patient has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made for the purpose of diagnosis or treatment of his physical, mental or emotional conditions, including alcohol or drug addiction, among himself, his physician or psychotherapist, or persons who are participating in the diagnosis or treatment under the direction of the physician or psychotherapist, including members of the patient's family.

(c) **Who May Claim the Privilege.** The privilege may be claimed by the patient, by his guardian, guardian ad litem or conservator, or by the personal representative of a deceased patient. The person who was the physician or psychotherapist at the time of the communication is presumed to have authority to claim the privilege but only on behalf of the patient.

(d) **Exceptions.** There is no privilege under this rule:

(1) *Condition and Element of Claim or Defense.* As to communications relevant to the physical, mental or emotional condition of the patient in any proceeding in which the condition of the patient is an element of the claim or defense of the patient, of any party claiming through or under the patient, of any person raising the patient's condition as an element of his own case, or of any person claiming as a beneficiary of the patient through a contract to which the patient is or was a party; or after the patient's death, in any proceeding in which any party puts the condition in issue.

(2) *Crime or Fraud.* If the services of the physician or psychotherapist were sought, obtained or used to enable or aid anyone to commit or plan a crime or fraud or to escape detection or apprehension after the commission of a crime or a fraud.

(3) *Breach of Duty Arising Out of Physician-Patient Relationship.* As to a communication relevant to an issue of breach, by the physician, or by the psychotherapist, or by the patient, of a duty arising out of the physician-patient or psychotherapist-patient relationship.

(4) *Proceedings for Hospitalization.* For communications relevant to an issue in proceedings to hospitalize the patient for physical, mental or emotional illness, if the physician or psychotherapist, in the course of diagnosis or treatment, has determined that the patient is in need of hospitalization.

(5) *Required Report.* As to information that the physician or psychotherapist or the patient is required to report to a public employee, or as to information required to be recorded in a public office, if such report or record is open to public inspection, or as to information or matters contained in or reasonably raised by a report submitted under AS 08.64.336, other than information that would establish the identity of a patient, unless the court finds that it is necessary to admit the identifying information in order to serve the interests of justice.

(6) *Examination by Order of Judge.* As to communications made in the course of an examination ordered by the court of the physical, mental or emotional condition of the patient, with respect to the particular purpose for which the examination is ordered unless the judge orders otherwise. This exception does not apply where the examination is by order of the court upon request of the lawyer for the defendant in a criminal proceeding in order to provide the lawyer with information needed so that he may advise the defendant whether to enter a plea based on insanity or to present a defense based on his mental or emotional condition.

(7) *Criminal Proceeding. For physician-patient communications in a criminal proceeding.* This exception does not apply to the psychotherapist-patient privilege. (Added by Supreme Court Order 364 effective August 1, 1979; amended by Supreme Court Order 850 effective January 15, 1988)

October 1, 2025

Alaska State Medical Board
Department of Commerce, Community, and Economic Development – CBPL
P.O. Box 110806
Juneau, AK 99811-0806

Re: Urgent Request to Modernize Pharmacist Collaborative Practice Agreement Regulations – Compliance with Administrative Order 360

Dear Members of the Alaska State Medical Board,

On behalf of the Alaska Pharmacy Association (AKPhA), we are writing to urge you to remove antiquated regulatory restrictions that are limiting Alaskans' access to timely and affordable care. The Alaska Pharmacy Association represents pharmacists, pharmacy technicians, student pharmacists, and pharmacies statewide who, like you, serve on the front lines of patient care - often as the most accessible healthcare providers in rural and underserved areas.

Over the past three years, we have repeatedly appeared before the Board requesting regulatory reforms that would modernize collaborative practice agreements (CPAs) and allow pharmacists to practice at the top of their education and training. Now, with new evidence in hand and clear direction from the Governor's office, we believe it is both an opportune and critical moment for the Board to act.

Alaska's Low National Ranking in Pharmacist Authority & Workforce Challenges

The Cicero Institute's 2025 report, "Policy Strategies for Full Practice Authority," ranked Alaska near the bottom nationally for pharmacist scope of practice. Alaska earned just 3 points out of 10 - a near-failing letter grade - placing us among the lowest-scoring states. Nearly half of states scored higher, and five states (Idaho, Indiana, Iowa, Montana, and Colorado) earned perfect 10/10 scores. The current restrictions in place are no longer consistent with best practices and place Alaska behind the curve nationally, constraining pharmacists' ability to manage chronic disease, provide preventative care, and respond to public health needs like the opioid epidemic.

Furthermore, the recruitment and retention of pharmacists in Alaska continues to be a significant challenge, in part due to the state's restrictive collaborative practice regulations. These limitations hinder pharmacists from practicing at the top of their training, reducing professional autonomy and diminishing opportunities for clinical service delivery. As a result, many pharmacists are deterred from relocating to or remaining in Alaska, opting instead for states with more progressive practice frameworks that support expanded roles in patient care and provider collaboration.

Financial Implications: RHTP Funding Is Tied to Scope of Practice

Importantly, Alaska's low scope-of-practice score has direct financial consequences. Under the newly authorized Rural Healthcare Transformation Project (RHTP) — funded through the "One Big Beautiful Bill" - state technical scores directly determine the share of $25 billion in workload funding Alaska can receive each budget period. Scope of practice is a weighted technical score factor in this calculation.

If Alaska fails to modernize its pharmacist practice laws, we risk leaving federal dollars on the table that could otherwise strengthen rural health infrastructure, expand access, and improve care delivery statewide. Conversely, removing these regulatory barriers could boost Alaska's score, bringing more federal funding to Alaska's rural and frontier communities.

Alignment with Executive and Federal Priorities

Governor Dunleavy's Administrative Order No. 360 directs state boards to eliminate unnecessary regulatory barriers to practice. The order's stated purpose and goals are clear, including:

- Improve the quality, transparency, and efficiency of the State's regulatory environment.
- 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.

Current Board of Medicine rules around pharmacist collaborative practice create challenges that run counter to these priorities. The requirements for Board approval of each CPA, annual in-person physician exams, and restrictions on controlled substance prescribing place additional strain on limited Board and provider resources without clear evidence of added benefit.

By contrast, many states and countries have demonstrated that streamlining these processes and allowing pharmacists in all settings to practice at the top of their education and training can ease administrative workload, expand access to care, and improve efficiency. These proven models show that it is possible to ensure safety and oversight while reducing unnecessary regulatory burdens.

These reforms also align with the Trump Administration's report, "Reforming America's Healthcare System Through Choice and Competition," which called for state-level scope-of-practice modernization to increase provider supply, expand choice, and drive down healthcare costs. Modernizing Alaska's CPA regulations now would demonstrate leadership in implementing both state and federal priorities, advancing health access and fiscal responsibility at the same time.

Specific Regulatory Changes Requested

We respectfully request the Alaska State Medical Board take action to:

- **Eliminate Board pre-approval of CPAs** and instead allow agreements to be kept on file at the practice site, as is common practice in other states.
- **Remove the physician examination requirement**, allowing pharmacists to continue managing patients under CPA as clinically appropriate.
- **Lift the prohibition on pharmacist prescribing of controlled substances** under CPA, enabling pharmacists to participate in Medication-Assisted Treatment (MAT) for opioid use disorder and manage other clinically appropriate therapies.

Call to Action

We urge the Board to seize this timely opportunity to modernize Alaska's pharmacist collaborative practice regulations. These changes will:

- Improve access to care for patients in every region of Alaska.
- Strengthen our rural healthcare delivery system.
- Potentially increase Alaska's share of federal RHTP funding.
- Reduce administrative burdens on physicians and the Board itself.
- Align Alaska with proven models in other states that have safely expanded pharmacist authority to practice at the top of their education and training.

The Alaska Pharmacy Association stands ready to assist in this work by providing model language, best practice examples, and stakeholder support. We respectfully request that the Board prioritize these regulatory updates at its next meeting and work in collaboration with the Board of Pharmacy and Department of Health to implement them without delay.

Thank you for your attention to this urgent matter. Together, we can ensure that Alaska's healthcare system is ready to meet the needs of our communities now and in the future.

Sincerely,

Brandy Seignemartin, PharmD
Executive Director, Alaska Pharmacy Association

CC: The Honorable Mike Dunleavy, Governor of Alaska; *Heidi Hedberg, Commissioner, Alaska Department of Health*; *Sylvan Robb, Division Director, Corporations, Business and Professional Licensing*; *Michael Bowles, Executive Administrator, Alaska Board of Pharmacy*

From: Dave Wilson
To: Norberg, Natalie M (CED)
Subject: Proposal for Board consideration
Date: Tuesday, September 30, 2025 8:11:03 AM
Attachments: Alaska RTS position paper 2025.docx

Hello Natalie,

I would like to introduce for board consideration a proposal for legislative legislative action intended to protect Alaska youth who have suffered traumatic brain injuries.

The author of the proposal has been working with kids with traumatic brain injuries in Alaska native communities in western rural Alaska (Yukon, Kuskokwim delta area) for a number of years now and sees how these at-risk residents would benefit from the protections in this proposed legislation.

I believe this effort is worthy of the board's consideration and support.

Warm regards,

Dave

2026 Alaska Student Post-Concussion Return to School Accommodation Act

"Protect Alaska students' futures by ensuring every public school supports recovery after brain injury — with proven tools already available statewide."

Problem:

Students recovering from concussions or other brain injuries risk falling behind academically and struggling socially and emotionally.[1] Without proper support, a temporary injury can cause lasting damage to grades, relationships, and overall future success. This challenge is especially urgent in Alaska, where brain injury rates are higher — and access to support services is lower than most other states.[2]

Risk:

When schools fail to provide targeted accommodations, a short-term brain injury can have lifelong consequences — limiting academic achievement, reducing opportunities in athletics, and elevating rates of mental health conditions, substance abuse, incarceration, and unemployment.[3]

Solution:

Protect the future potential of Alaska's students by requiring public schools to provide mandatory academic, social, and behavioral accommodations for students returning to school after a concussion or brain injury — and offer schools the tools to do so effectively through Alaska's Youth Brain Injury Program, administered by SERRC. *https://serrc.org/youth-brain-injury/* This program is modeled after evidence-based approaches in other states and is already available to support students, families, and educators statewide.

---

[1] Vanderlind, W. M., Demers, L. A., Engelson, G., Fowler, R. C., & McCart, M. (2022). Back to School: Academic Functioning and Educational Needs among Youth with Acquired Brain Injury. *Children*, *9*(9), 1321. https://doi.org/10.3390/children9091321

[2] Alaska Section of Epidemiology. (2023, May 9). *Traumatic Brain Injury in Alaska* (Epi Bulletin Vol. 23, No. 2). Alaska Department of Health, Division of Public Health. Retrieved from https://epi.alaska.gov/bulletins/docs/rr2023_02.pdf

[3] National Collaborative on Children's Brain Injury (NCCBI). (2020). *Policy recommendations for school systems serving students with brain injury*. Retrieved from https://www.nasdse.org/docs/NCCBI-2021_Recommendations-SchoolsforStudentswBrainInjury_final_1_1.pdf

Analysis:

Nationally, there is a growing understanding that students recovering from concussions, and other brain injuries, need academic, social, and behavioral accommodation upon their return to school.[4] In Alaska, this understanding has resulted in many high-level discussions among service and policy experts, all of whom agree that the time is now for Alaska to codify these accommodations in statute.

Model legislation is available in the form of Oregon's HB 3007 (2025) which is considered exemplary nationally. This model legislation was developed through an eighteen-month task force comprised of experts from the Oregon Department of Education, the Oregon Health Authority, medical doctors, school administrators, athletic trainers, brain injury policy experts, and others. The bill received rigorous examination during the House and Senate hearings and ultimately passed unanimously out of the Oregon House and Senate prior to receiving the Governor's signature earlier this year. The Oregon Department of Education is drafting rules for the law's implementation, and those rules will be available as guidance within the next few weeks.

The law mandates the development of an **Immediate Temporary Accommodation Plan, or ITAP.** The ITAP acknowledges the immediate need for accommodation for students with concussions returning to school and describes those accommodations in terms of three categories: Academic, Social, and Behavioral.

Conclusion:

Legislation mandating a student's ITAP is a necessary step toward protecting the academic, emotional, and athletic potential of Alaska's students. Without an ITAP, a short-term brain injury can have long-term, permanent consequences. Alaska's law, if modeled on Oregon HB 3007 (2025), will take the necessary next step in codifying and mandating student post- concussion accommodations.

The already available SERRC Youth Brain Injury Program offers the necessary system of support to implement this legislation and meet the needs of Alaska students with brain injury. This includes creating tools, educational materials, and training sessions for educators, students, and community stakeholders. The program also facilitates brain injury screening through the Division of Juvenile Justice, assists school-based teams in implementing evidence-based return-to-school processes, and provides educational consulting for youth needing extra support after a brain injury.

[4] *Anderson, D., Gau, J. M., Beck, L., Unruh, D., Gioia, G.,* ***McCart, M.****, Davies, S. C., Slocumb, J., Gomez, D., & Glang, A. E (2021). Management of return to school following brain injury: An evaluation model. International Journal of Educational Research.* https://doi.org/10.1016/j.ijer.2021.101773

Proposed Alaska draft legislation using Oregon HB 3007 (2025) as a model:

(1) As used in this section:

(a) 'Health care professional' means a person who is licensed or registered under the laws of this state as a physician, a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a physician associate or a nurse practitioner.

(b) 'Public education provider' means a school district, a public charter school or an education service district.

(2)(a) The Department of Education shall establish a procedure for public education providers to use to develop and implement an immediate and temporary accommodations plan for a student who has been diagnosed with a concussion or other brain injury by a health care professional to ensure the safety and recovery of the student and to reduce the risk of reinjury or additional injury to the student.

(b) The department shall prepare a sample form, and include written instructions for the sample form, to assist public education providers in following the procedure to develop and implement an immediate and temporary accommodations plan.

(3) Upon receiving notification from a parent or guardian that a student has been diagnosed with a concussion or other brain injury by a health care professional, a public education provider shall initiate the procedure to develop and implement an immediate and temporary accommodations plan.

(4) The procedure to develop and implement an immediate and temporary accommodations plan shall be used by a public education provider to:

(a) Determine if immediate physical activity limitations are necessary to ensure the safety and recovery of the student and to minimize the risk of reinjury or additional injury to the student, including activities such as physical education, recess, unstructured play and similar activities provided by or sponsored through the public education provider that involve running, jumping, climbing, throwing, catching or other movements that pose a risk of falls, collisions or physical injury. The public education provider shall implement any immediate physical activity limitations determined to be necessary.

(b) Describe present challenges and symptoms associated with the student's concussion or other brain injury.

(c) Identify and implement immediate and temporary academic, social-emotional, behavioral or other necessary accommodations determined to be appropriate for the student to support meaningful participation in educational activities at a level that is appropriate for the student's recovery.

(d) Communicate accommodations identified under paragraph (c) of this subsection with:

(A) All teachers who provide instruction to the student; and

(B) Other employees of the public education provider who have regular responsibilities for the student's supervision or health, including school nurses, counselors, physical education teachers, coaches, athletic trainers and staff supervising recess or other physical activities.

(e) Ensure that the accommodations identified under paragraph (c) of this subsection are:

(A) In effect no later than 10 school days after written notification has been received by the public education provider regarding the concussion or other brain injury; and

(B) Reviewed as needed, but no later than every two months, based on the student's recovery.

(5) The department shall make available to all public education providers the procedure and sample form developed under this section.

From: Sean Dunleavy DPM <SDunleavy@OPAAK.com>
Sent: Monday, October 13, 2025 2:03 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Consideration for Regulated Venomous Ownership Proposal.

Hello,

Please find the requested draft letter attached for the Alaska State Medical Board to review.

We would be requesting a formal letter/statement from the Medical board to forward to the Alaska Department of Fish and Game stating - "there is no public health issue in regards to regulated venomous ownership".

I am open to any further questions or concerns regarding the subject matter in person, via zoom, or telephone call.

Thank you for your time,
Sean Edward Dunleavy D.P.M.
Podiatric Surgeon
Diplomate American Board of Podiatric Medicine
Orthopedic Physicians of Alaska
Wasilla, AK
484-903-1187
SDunleavy@OPAAK.com
s.dunleavydpm@gmail.com

Sean Dunleavy
2521 E Mtn Village Dr. Ste B
PMB 781
Wasilla, AK. 99654-7332
s.dunleavydpm@gmail.com
484-903-1187

Date: October 13, 2025

To:
Alaska State Medical Board
Alaska Department of Commerce, Community, and Economic Development
P.O. Box 110806
Juneau, AK 99811

Alaska Board of Game
Alaska Department of Fish and Game
P.O. Box 115526
Juneau, AK 99811

Subject: Consideration for Regulated Ownership of Venomous Reptiles in Alaska

Dear Members of the Alaska Medical Board and the Alaska Board of Game,

I am writing to respectfully propose a reconsideration of regulations regarding the private ownership of venomous reptiles within the state of Alaska. I fully recognize the importance of ensuring public health and ecological safety in any policy discussion of this nature as I am both a medical professional and reptile enthusiast myself. However, I would like to present some key points for your consideration that may demonstrate how such ownership, if properly regulated, would not pose a significant public health or environmental concern in our unique state.

1. Environmental Constraints Prevent Establishment of Invasive Populations
Unlike other states where escaped or released exotic reptiles can pose ecological risks, Alaska's extremely cold climate, especially the prolonged and harsh winter months, provides a natural safeguard. The conditions are simply inhospitable to ectothermic (cold-blooded) species, making it virtually impossible for venomous snakes to establish invasive populations in the wild. This exact reason is why nonvenomous snakes are currently on the Game Commission "clean list" permitting ownership by Alaskans. Any escaped reptile would not survive the climate long enough to pose a broader ecological threat.

2. Limited Interest and Community Size
The reptile-keeping community in Alaska is very small, and within that community, interest in venomous species is even more limited. This inherently restricts the scale and potential risks of venomous reptile ownership in the state. For those few individuals who do have an interest, keeping venomous reptiles is not a casual endeavor but a deeply committed and well-informed pursuit.

****Much like firearm ownership, liability lies with the owner/keeper. The state should not imply any responsibility toward this either from a public safety standpoint or any other regulatory burden. Should the board feel there is a compelling public safety issue that must be regulated, then the following 2 points would be pertinent****

3. Framework for Responsible Ownership
Should regulation allow for venomous reptile ownership, I propose a permitting system that includes mandatory mentorship with experienced, out-of-state keepers where appropriate, or with approved mentors within Alaska as the community grows. I would welcome the opportunity to be the initial state certified mentor starting the program as I have over 25 years experience keeping venomous reptiles while living in Pennsylvania, as well as multiple professional contacts in the venomous community I have made throughout the years within the lower 48. This would ensure that only individuals with adequate training, secure enclosures, and a thorough understanding of species-specific husbandry and safety protocols are permitted to keep venomous reptiles.

4. Medical Preparedness and Public Health
Concerns around potential envenomation incidents are understandable, but manageable. In conjunction with a permitting system, we can proactively coordinate with local hospitals and emergency responders to ensure they are prepared. This can include:

- Identification of antivenin suppliers along with mandating keepers to procure their own antivenin supply ahead of time, and working with them to accomplish such
- Education sessions or materials provided to ER physicians and toxicologists
- Development of species-specific emergency response plans for approved keepers AKA "Bite Protocols"

These steps can mitigate any potential medical risks, making this a model for safe and informed ownership rather than a public health issue.

In closing, I respectfully request the Board to consider that venomous reptile ownership in Alaska can be approached responsibly, without posing a meaningful risk to public safety or the environment. I would be happy to work with state agencies or advisory panels to help shape a safe and enforceable framework for ownership, including proposed guidelines, mentorship programs, and emergency protocols, should the board feel there is a compelling public safety issue that must be regulated.

Thank you for your time and consideration of this matter.

Sincerely,

Sean Edward Dunleavy D.P.M.
Podiatric Surgeon
Diplomate American Board of Podiatric Medicine
Orthopedic Physicians of Alaska
Wasilla, AK
484-903-1187
s.dunleavydpm@gmail.com
SDunleavy@OPAAK.com