

ALASKA STATE MEDICAL BOARD MONTHLY MEETING

THURSDAY, APRIL 16, 2026

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/join/W3Kz3ZuGSZ2_y1pTmsKV2g

Agenda

- 4:00 p.m. 1. Call to Order/Roll Call
- 4:02 p.m. 2. Review/Approval of Agenda
- 4:03 p.m. 3. Ethics Disclosure
- 4:05 p.m. 4. New Business
 - a. Guest: Jonathan Gates, Physical Therapy Scope Modernization Work Group
Discussion regarding Alaska Physical Therapy & Occupational Therapy's proposal to change statute to allow inclusion of PT as "primary care"
 - b. Discussion regarding streamlining workload for board members
- 4:20 p.m.
- 4:45 p.m. 5. Investigations
 - Case # 2021-000817 W.W.
- 4:55 p.m. 6. Full Board Review
Dennis Simpson, PA
- 5:00 p.m. 7. Wrap up / Adjourn

Board Members:

Brent Taylor, MD
(Chair)

David Barnes, DO

Michael McNamara,
MD

David Paulson, MD

Norman "Lee" Walker,
PA

David Wilson
Public Member
(Secretary)

Upcoming Meetings:

May 15, 8:30 a.m.
June 18, 4:00 p.m.
July 16, 4:00 p.m.

CHAPTER 84.
PHYSICAL THERAPISTS AND OCCUPATIONAL THERAPISTS

Article

1. State Physical Therapy and Occupational Therapy Board (§§ 08.84.010, 08.84.020)
2. Licensing (§§ 08.84.030 – 08.84.120)
3. Unlawful Acts (§§ 08.84.130 – 08.84.180)

ARTICLE 1.
STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY BOARD

Section

01. Legislative Intent

10. Creation and membership of board
20. Applicability of Administrative Procedure Act

Sec. 08.84.001. Legislative Intent

This act is enacted for the purpose of protecting the public health, safety, and welfare, and provides for jurisdiction administrative control, supervision, licensure, and regulation of the practice of physical therapy and occupational therapy. It is the legislature’s intent that only individuals who meet and maintain prescribed standards of competence and conduct may engage in the practice of physical therapy and occupational therapy as authorized by this act. This act shall be liberally construed to promote the public interest and to accomplish the purpose stated herein.

Sec. 08.84.120. Refusal, revocation, and suspension of license; discipline. (a) The board may refuse to license an applicant, may refuse to renew the license of a person, may discipline a person, and may suspend or revoke the license of a person who

- (1) has obtained or attempted to obtain a license by fraud or material misrepresentation;
- (2) uses drugs or alcohol in any manner that affects the person’s ability to practice physical therapy or occupational therapy competently and safely;
- (3) has been convicted of a state or federal felony or other crime that effects the person’s ability to practice competently and safely;
- (4) is guilty, in the judgement of the board, of gross negligence or malpractice or has engaged in conduct contrary to the recognized standards of ethics of the physical therapy profession or the occupational therapy profession;

- (5) has continued to practice physical therapy or occupational therapy after becoming unfit because of physical or mental disability;
- (6) has failed to refer a patient to another qualified professional when the patient's condition is beyond the training or ability of the person;
- (7) as a physical therapist assistant, has attempted to practice physical therapy that has not been initiated, supervised, and terminated by a licensed physical therapist;
- (8) as an occupational therapy assistant, has attempted to practice occupational therapy that has not been supervised by a licensed occupational therapist; or
- (9) has failed to comply with this chapter, a regulation adopted under this chapter, or an order of the board.


(10) Practicing or offering to practice beyond the scope of the practice of physical therapy.

(11) Acting in a manner inconsistent with generally accepted standards of physical therapy practice, regardless of whether actual injury to the patient is established.

- (b) The refusal or suspension of a license may be modified or rescinded if the person has been rehabilitated to the satisfaction of the board.
- (c) The board may not impose disciplinary sanctions on a licensee for the evaluation, diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the person if the licensee
 - (1) or another licensed health care provider is available to provide follow-up care;
 - (2) requests that the person consent to sending a copy of all records of the encounter to a primary care provider if the licensee is not the person's primary care provider and, if the person consents, the licensee sends the records to the person's primary care provider; and
 - (3) meets the requirements established by the board in regulation.
- (d) The board shall adopt regulations restricting the evaluation, diagnosis, supervision, and treatment of a person as authorized under (c) of this section by establishing standards of care, including standards for training, confidentiality, supervision, practice, and related issues.

AS 08.84.130 False claim of license prohibited. (a) A person not licensed as a physical therapist, or whose license is suspended or revoked, or has lapsed, who uses in connection with the person's name the words or letters ~~“P.T.”~~ **“D.P.T.”**, **“Doctor of Physical Therapy”**, “P.T.,” “Physical Therapist,” “L.P.T.” “Licensed Physical Therapist,” **“Physiotherapist,”** or other letters, words, or insignia indicating or implying that the

person is a licensed physical therapist, or who, in any way, orally or in writing, directly or by implication, holds out as a licensed physical therapist, is guilty of a class B misdemeanor.

 **Nothing in this section shall be construed to prohibit a person licensed under AS 08.20 from practicing within the scope of practice authorized by that chapter, including the use of physiological therapeutics as an ancillary methodology, provided the person does not use the titles or insignia specified in subsection (a) of this section indicating or implying licensure as a physical therapist.**

ARTICLE 5. GENERAL PROVISIONS

Section

190. Definitions

200. Short title

Sec. 08.84.190. Definitions. In this chapter, unless the context otherwise requires,

- (1) "board" means the State Physical Therapy and Occupational Therapy Board;
- (2) "occupational therapist" means a person who practices occupational therapy;

(3) "occupational therapy" means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; "occupational therapy" includes


- (A) developing daily living, play, leisure, social, and developmental skills;
- (B) facilitating perceptual-motor and sensory integrative functioning;
- (C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;
- (D) design, fabrication, and application of splints or selective adaptive equipment;
- (E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and
- (F) adapting environments for the disabled;

- (4) "occupational therapy assistant" means a person who assists in the practice of occupational therapy under the supervision of an occupational therapist;
- (5) "physical therapist" means a person who practices physical therapy;


~~(6) “physical therapist assistant” means a person who assists in the practice of physical therapy or an aspect of physical therapy as initiated, supervised, and terminated by a licensed physical therapist; the responsibilities of a physical therapist assistant do not include evaluation;~~

~~(7) “physical therapy” means the examination, treatment and instruction of human beings to detect, assess, prevent, correct, alleviate and limit physical disability, bodily malfunction, pain from injury, disease and other bodily or mental conditions and includes the administration, interpretation and evaluation of tests and measurements of bodily functions and structures; the planning, administration, evaluation and modification of treatment and instruction including the use of physical measures, activities and devices for preventive and therapeutic purposes; the provision of consultative, educational and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction and pain; “physical therapy” does not include the use of roentgen rays and radioactive materials for diagnosis and therapeutic purposes, the use of electricity for surgical purposes, and the diagnosis of disease.~~


(2) “Competence” is the application of knowledge, skills, and behaviors required to function effectively, safely, ethically and legally within the context of the patient/client’s role and environment.

(3) nsultation” means a physical therapist seeking assistance from, or rendering professional or expert opinion or advice to, another physical therapist or professional healthcare provider via electronic communications, telehealth, or in-person.) “Consultation” means a therapist seeking assistance from, or rendering professional or expert opinion or advice to, another professional healthcare provider or individual involved in the plan of care via electronic communications, telehealth, or in-person.

(4) “Continuing competence” is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

(5) ectronic Communications” means the science and technology of communication (the process of exchanging information) over any distance by electronic transmission of impulses including activities that involve using electronic communications to store, organize, send, retrieve, and/or convey information.

(6) “Nexus to practice” means the criminal act of the applicant or licensee posing a risk to the public’s welfare and safety relative to the practice of physical therapy.

(7) atient/client” means any individual receiving physical therapy from a licensee, permit, or compact privilege holder under this Act.

(8) Physical therapist assistant means a person who assists in the practice of physical therapy or an aspect of physical therapy as initiated, supervised, and terminated by a licensed physical therapist; the responsibilities of a physical therapist assistant do not include evaluation.

(9) Physical therapist means a person who is a licensed healthcare practitioner pursuant to this act to practice physical therapy. ~~The terms “physical therapist” or “physio” shall be synonymous with “physical therapist” pursuant to this act.~~ A Physical Therapist may evaluate, initiate and provide physical therapy treatment for a client as the first point of contact without a referral from other health service providers.

(10) Physical therapy means the care and services provided in-person or via telehealth by or under the direction and supervision of a physical therapist who is licensed pursuant to this act. ~~The term “physiotherapy” shall be synonymous with “physical therapy” pursuant to this act.~~


(11) Practice of physical therapy means:

a. Examining, evaluating, and testing patients/clients with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.

b. Alleviating impairments, pain, functional limitations and disabilities; promoting health; and preventing disease by designing, implementing and modifying treatment interventions that may include, but not limited to: therapeutic exercise; needle insertion; patient-related instruction; therapeutic massage; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; manual therapy including soft tissue and joint mobilization/manipulation; functional training related to movement and mobility in self-care and in home, community or work integration or reintegration; as well as prescription application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment.

c. Reducing the risk of injury, impairment, functional limitation, and disability, including performance of participation-focused physical examinations and the promotion and maintenance of fitness, health, and wellness in populations of all ages.

~~d. Serving as primary providers for patients and clients experiencing physical therapy healthcare concerns. Serving as primary care physical therapy providers.~~

 Referring a patient/client to healthcare providers and facilities for services and testing to inform the physical therapist plan of care.

f. Engaging in administration, consultation, education, and research.

(12) “Telehealth” is the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of healthcare and health promotion activities, including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

(13) “Testing” means standard methods and techniques used to gather data about the patient/client, including but not limited to imaging, electrodiagnostic and electrophysiologic tests and measures.

(Will need to incorporate new occupational therapy definitions in alphabetical order under AS 08.84.190)

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Work Group Recommendations for associated Regulations Project:

***Telehealth:**

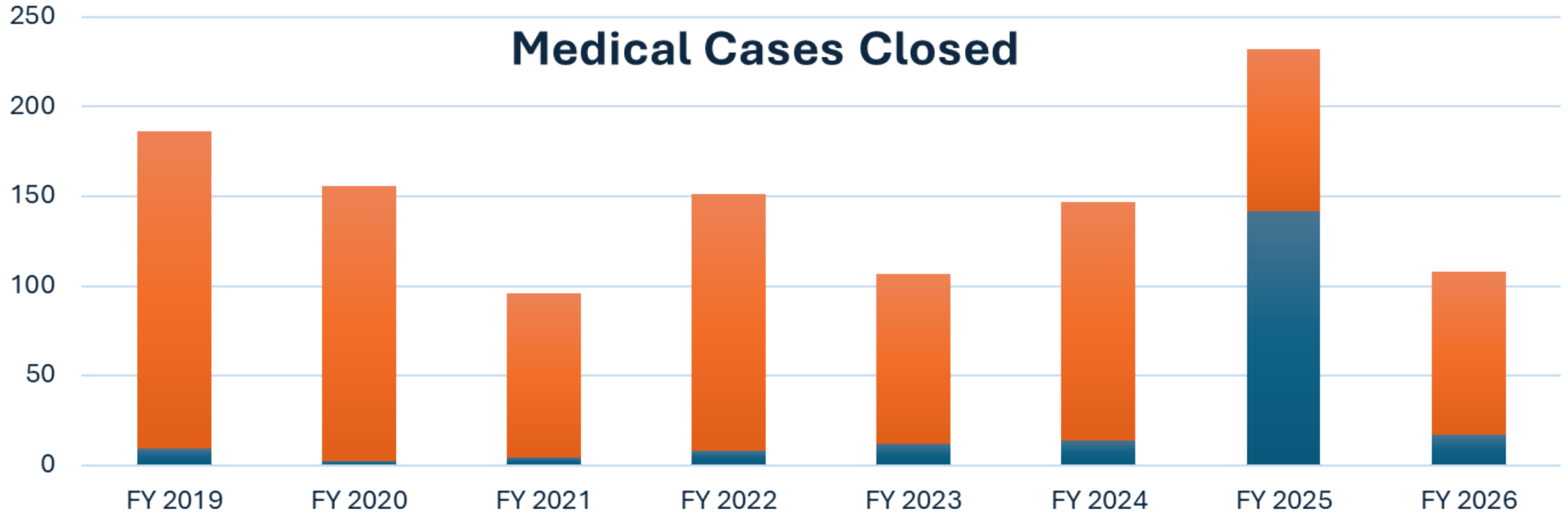
Omit phrase from 12 AAC 54.530(a).

Change Telerehabilitation to Telehealth - 12 AAC 54.530. (regulation project) and omit wording limiting to “geographic constraints or health and safety constraints.” See Centralized Statute 08.02.130

(a) The purpose of this section is to establish standards for the practice of ~~telerehabilitation~~ **telehealth** by means of [an interactive telecommunication system] by a physical therapist licensed under AS 08.84 and this chapter in order to provide physical therapy to patients who are located in this state. ~~and do not have access to a physical therapist in person due to geographic constraints or health and safety constraints.~~

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Medical Cases Closed



■ PDMP ■ MED

Medical Investigative Team

- 1 F/T, 1 75% Investigator, Senior, new staff onboarding
- 40+ cases, policy states 30-40
- 8.5-10.5 cases per month to RBM (Oct- March)
- 3 cases to Natalie per month (Oct-March)
- Review Memos
- Standard of care policy change
- Litigation cases, costs

Proposed Changes

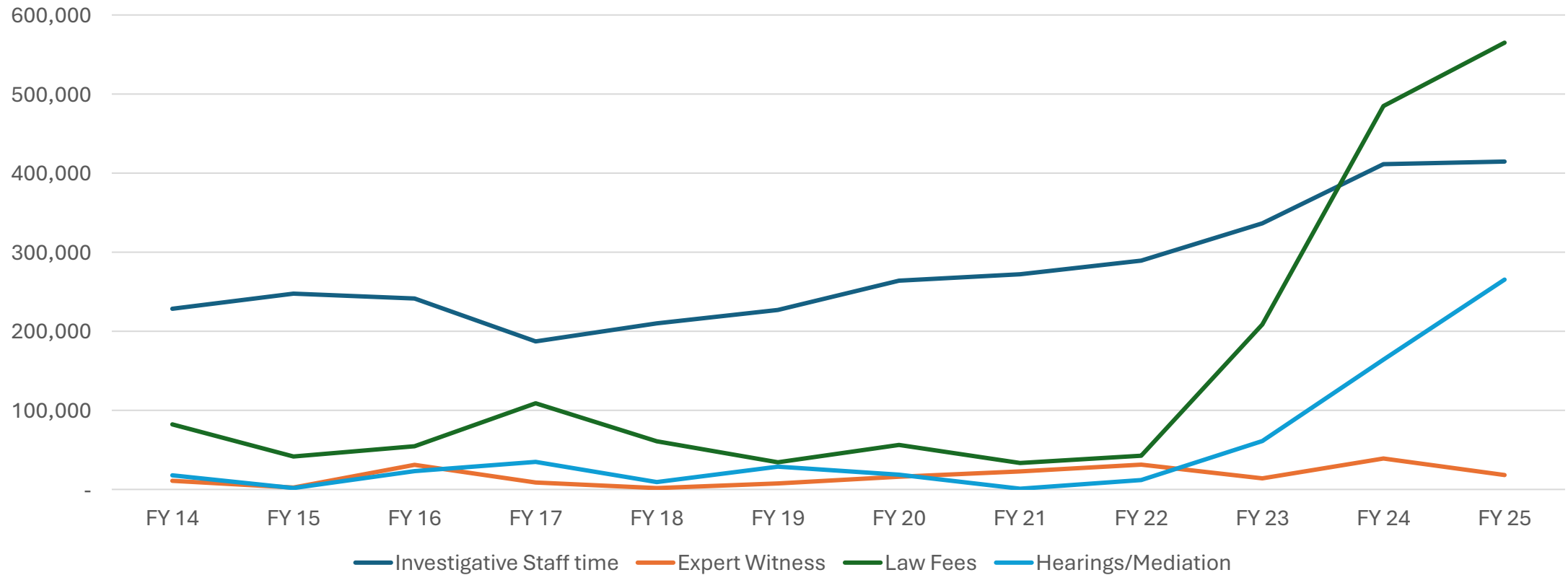
- Executive Summary from EA
- Hiring an additional Member
- 2 RBMs since November 2025
- 1 RBM has not reviewed cases in nearly 2 years
- Public Member reviews
 - *After investigators have gathered all pertinent information or evidence which may prove (or disprove) an alleged violation, the matter is reviewed by a licensed member of the Board or Commission. Boards and Commissions may complete reviews with one Board Member, a professional expert, a panel of two members, or a delegate authorized to conduct case reviews on behalf of the Board, based upon their size, composition and budget. Cases must be reviewed by a licensed member of the concerned Board or Commission. (SOP #1)*
- Additional cases to EA
 - CME, unlicensed practice

Delegation of Medical Board Duties

- Regulations contemplate delegation of the board's administrative functions to a single board member or staff of the Division (12 AAC 40.910)
 - This does not permit delegation to private individuals or companies
- The board cannot delegate its core regulatory functions, most importantly its decisions on disciplinary matters
- The board's authority over disciplinary matters is exclusive – meaning that it can't be delegated
- The board is not statutorily required to perform RBM duties. But the division hiring experts to serve this function will require increased costs to be passed down to licensees.

Investigative Expenditures

Service Costs by Fiscal Year



Medical Board	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25
Revenue												
Revenue from License Fees	\$ 278,849	\$ 1,433,640	\$ 320,690	\$ 1,510,164	\$ 347,304	\$ 2,380,618	\$ 578,308	\$ 2,597,830	\$ 945,106	\$ 2,876,309	\$ 852,030	\$ 2,690,026
General Fund Received								\$ -	\$ 272,744	\$ 173,090	\$ 40,368	\$ -
Allowable Third Party Reimbursements	-	1,071	1,346	3,997	3,517	184	\$ -	\$ -	\$ -	\$ -	\$ 1,071	\$ -
TOTAL REVENUE	\$ 278,849	\$ 1,434,711	\$ 322,036	\$ 1,514,161	\$ 350,821	\$ 2,380,802	\$ 578,308	\$ 2,597,830	\$ 1,217,850	\$ 3,049,399	\$ 893,469	\$ 2,690,026
Expenditures												
Non Investigation Expenditures												
1000 - Personal Services	358,705	438,842	444,345	423,214	488,823	473,122	420,810	521,976	446,216	454,584	507,288	660,375
2000 - Travel	37,760	30,373	26,482	13,248	17,577	15,801	13,357	-	8,875	1,471	3,442	886
3000 - Services	17,057	128,850	43,854	135,688	44,741	31,730	23,009	46,044	69,997	97,210	93,406	32,007
4000 - Commodities	3,921	4,567	2,988	2,130	2,016	1,525	1,252	1,290	3,278	3,045	2,972	3,268
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	417,443	602,632	517,669	574,280	553,157	522,178	458,428	569,310	528,366	556,310	607,108	696,536
Investigation Expenditures												
	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25
Investigative Staff time	228,466	247,587	241,441	187,193	210,010	226,965	264,001	272,106	289,348	336,511	411,332	414,623
Investigative Travel						2,104	2,032	-	2,655	-	-	-
Expert Witness	10,900	2,400	31,075	8,763	1,700	7,577	16,050	22,775	31,350	14,000	39,107	18,209
Legal cost paid to department of LAW	82,256	41,646	54,612	108,943	60,885	34,329	56,267	33,435	42,629	208,613	484,830	564,968
Hearing/Mediation	17,835	1,749	23,144	34,834	9,299	28,803	18,640	911	11,870	61,195	164,138	265,356
Expert Witness, Postage, etc.						3,348	1,919	625	1,257	2,126	1,112	1,319
Total Investigation Expenditures	339,457	293,382	350,272	339,733	281,894	303,126	358,909	329,852	379,109	622,445	1,100,645	1,264,475
Total Direct Expenditures	756,900	896,014	867,941	914,013	835,051	825,304	817,337	899,162	907,475	1,178,755	1,707,753	1,961,011
Indirect Expenditures												
Internal Administrative Costs	140,447	139,916	175,658	218,202	225,669	263,046	285,614	316,771	250,301	286,502	250,148	321,608
Departmental Costs	87,366	129,871	118,080	148,526	150,736	168,176	123,361	143,500	122,427	120,114	143,482	178,470
Statewide Costs	64,315	87,627	48,601	68,533	78,101	72,595	90,219	108,989	92,456	86,033	88,909	91,726
Total Indirect Expenditures	292,128	357,414	342,339	435,261	454,506	503,817	499,194	569,260	465,184	492,649	482,539	591,804
TOTAL EXPENDITURES	1049028	1253428	1210280	1349274	1289557	1329121	1316531	1468422	1372659	1671403.5	2190292	2552815.4
Cumulative Surplus (Deficit)												
Beginning Cumulative Surplus (Deficit)	1449518	679339	860622	-27622	137265	-801471	250210	-488013	641395	486586	1864582	567759
Annual Increase/(Decrease)	-770179	181283	-888244	164887	-938736	1051681	-738223	1129408	-154809	1377996	-1296823	137210
Ending Cumulative Surplus (Deficit)	679339	860622	-27622	137265	-801471	250210	-488013	641395	486586	1864582	567759	704969
Statistical Information												
Number of Licenses for Indirect calculation	5116	5553	5511	7850	7138	8421	9801	12808	8259	9221	7676	10199

Proposed Fee Increases

Purpose	Current Fees	Proposed increase to offset investigative expenditures	Proposed increase to offset paid expert reviewer (\$100,000 per yr = ½ time position)
MD, DO, DPM Initial Application Fee	\$400	\$700	\$700
MD, DO, DPM Biennial Initial License and Renewal Fee	\$350	\$500	\$525
Total physician fees	\$750	\$1200	\$1225
PA Application Fee	\$200	\$350	No change
PA Biennial Initial License and Renewal Fee	\$150	\$350	No change
Total physician assistant fees	\$350	\$700	No change

Fee increase process

The Division is responsible for increasing and (decreasing) license fees based on overall program costs

Requires regulation change