

1 State of Alaska
2 Department of Commerce, Community and Economic Development
3 Division of Corporations, Business and Professional Licensing
4

5 BOARD OF MASSAGE THERAPISTS
6

7 MINUTES OF THE MEETING

8 April 20, 2020
9

10 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a
11 scheduled meeting of the Board of Massage Therapists was held by teleconference on
12 April 20, 2020.
13

14 Agenda Item 1 Call to Order/Roll Call:
15

16 *On the record at 9:05 a.m.*
17

18 Board Members present, constituting a quorum:
19

20 David Edwards-Smith- Board Chair, Licensed Massage Therapist
21 Traci Gilmour- Vice Chair, Licensed Massage Therapist
22 Jill Motz, Licensed Massage Therapist
23 Kristin Tri, Licensed Massage Therapist
24 Julie Endle, Public Member
25

26 Division Staff present:
27

28 Dawn Dulebohn, Occupational Licensing Examiner
29

30 Joining Telephonically:
31

32 Sara Chambers, Director of Corporations, Business, and Professional Licensing
33

34 Agenda Item 2 Ethics Reporting
35

36 The Board Chair opened the floor to any board member that may have an ethics violation or
37 inquiry. None were presented.
38

39 Agenda Item 3 Review/Approve Agenda
40

41 Chair Edwards-Smith directed the board to review the agenda. The Chair would like to amend the
42 agenda to move the draft FAQ for Mandate 15 supplied by Director Chambers from Agenda Item 4
43 to after the Agenda Item 5.
44

45 **In a motion made by Jill Motz, seconded by Julie Endle, and passed unanimously with a roll**
46 **call vote, it was RESOLVED to APPROVE the agenda as amended.**
47

48 **Agenda Item 4** **Mandate 15 Overview**

49

50 Chair Edwards-Smith lead the board through an overview of the Governor’s Mandate 15 which is a
51 mandate allowing all health care professions, as defined in statute, listed in Section I the ability to
52 return to work. The Chair continued that the ability to return to work is dependent on the service
53 being low risk and the facilitator complying with set standards to maintain the health and safety of
54 the public. On Friday, April 17, 2020, the Chair of the Board of Massage Therapists issued the
55 following statement for distribution to the public:

56

57 “The Chairman of the Board of Massage Therapists advises massage therapist licensees
58 not to return to work prior to receiving clarifying guidance from the board. The board will
59 be meeting on Monday, April 20, and will issue guidance on work and safety requirements
60 on the COVID-19 licensing web site by Friday, April 24. Due to the volume of feedback
61 and time available, the board is unable to take public comment. You are welcome to submit
62 written concerns and questions to boardofmassagetherapists@alaska.gov.”

63

Chair David Edwards-Smith

64

Alaska Board of Massage Therapists

65

66 Chair Edwards-Smith stated that the board’s priority is public protection and his statement was an
67 advisement. The Chair continued that any massage therapist that has the means to abide with
68 Mandate 15’s requirements are able to go back to work starting April 20, 2020. The Chair continued
69 that the board has no interest in imposing anything punitive to any massage therapist that is able to
70 fully comply with the requirements of Mandate 15 and chooses to return to work. The Chair
71 continued that Mandate 15 gives businesses and services listed in Section 1 the ability to resume, as
72 long as they comply with the stipulations listed. The Chair continued that it is the individual’s
73 choice to determine whether they believe they can provide a safe and sanitary environment based on
74 “their comfort level, their concerns for personal safety, their knowledge base, and available
75 resources.” The Chair continued that Mandate 15 requires that providers have and utilize proper
76 Personal Protective Equipment (PPE), screening procedures, and personal and environmental
77 mitigation procedures such as cleaning. The Chair stated that some facilities and providers may have
78 issues complying with Mandate 15’s stipulations and they can choose not to work.

79

80 The Chair summed up this section by stating that the purpose of this meeting is to determine,
81 formulate, and provide guidance that would aid massage therapists, should they choose to return to
82 work, in the uncertain times that are prolific during the age of COVID-19.

83

84 The Chair clarified with OLE Dulebohn that the version of Mandate 15 for the board’s review is the
85 version issued on April 15, 2020 and that the board should not formulate their guidance on the
86 draft, updated version of Mandate 15, as it has not been released to the public at the time of the
87 meeting. OLE Dulebohn clarified that there is a place holder for an updated version of Mandate 15
88 on the agenda, but since it was not published by the time of this meeting, it is not included in the
89 board packet and in its place, is a draft Mandate 15 FAQ provided to the board by Director Sara
90 Chambers. The Chair asked the board if there were any comments concerning the overview of
91 Mandate 15 and heard none.

92

93 Board Member Jill Motz pointed out that there are two different return to work dates on the
94 mandate, but no clear direction as to which one should apply to massage therapists. Ms. Motz also
95 disclosed the American Massage Therapist Association (AMTA) legal team has posted their
96 interpretation of Mandate 15 on their website and it states that they interpret the return to work date
97 for massage therapists to be May 4, 2020. Ms. Motz agreed with the AMTA assessment and believes
98 that massage therapists belong in the May 4th category.
99

100 Chair Edwards-Smith shared that in his meeting with Health and Social Services Commissioner
101 Adam Crum on April 17, 2020, Commissioner Crum relayed that as massage therapists are included
102 in the list of professions, they can work as early as the April 20, 2020 date if they can comply with
103 the mandates stipulations for safety and sanitation. Ms. Motz stated that Commissioner Crum also
104 stated that it was within the board's purview to decide if the stipulations to comply with Mandate 15
105 were attainable for massage therapists. Vice Chair Traci Gilmour stated that she believes it would
106 not be possible for massage therapists to return to work today, unless they already have a supply of
107 the required PPE in stock. Ms. Gilmour believes clarification is needed on the term "surgical mask"
108 and if that means N95 mask. Ms. Gilmour continued that N95 masks are intended for high risk
109 personnel such as first responders and certain medical professionals. Ms. Gilmour stated that cloth
110 face coverings would not be appropriate for massage therapists in the service of their clients. Chair
111 Edwards-Smith reiterated for the record that Mandate 15 is an option to return to work and not a
112 mandate that you have to return to work. Ms. Gilmour stated that the results of Chair Edwards-
113 Smith's meeting with Health and Social Services should be shared on the record:
114

- 115 • Health and Social Services clarified that Mandate 15 is an allowance to go back to work if all
116 of the health and sanitary standards stipulated can be met. No one has to return to work if
117 they think it is unsafe. Unemployment will not be impacted by this mandate.
- 118 • It is the provider's responsibility to provide all PPE (including surgical masks) for employees
119 that have patient contact.
- 120 • If you do not have the PPE to allow you to work safely, then you may not return to work.
- 121 • Mandate 15 does not supersede board guidance and standards of practice if it conflicts with
122 statutes and regulations.
- 123 • Health and Social Services will 100% support board guidance.
124

125 Chair Edwards-Smith relayed that he was informed that unemployment will not be affected for
126 those who choose not to return to work at this time due to safety and sanitation concerns. The
127 Chair is very disturbed by the correspondence sent to the board regarding massage therapists that
128 have been threatened or terminated from their employment over their concern for the health and
129 safety of themselves, their family, and their clients and their decision to not return to work on April
130 20 and wait for further board guidance.
131

132 Director Sara Chambers interjected to remind the approximately 100 observers of the board meeting
133 to not share documents during this meeting and to be sure to mute their audio if they are not a
134 member of the board.
135

136 Ms. Motz asked a question about Section II of Mandate 15: "Health care facilities and providers
137 defined in statute and listed in Section I, will be able to resume services that require minimal
138 protective equipment and follow the guidance below... shall deploy universal masking procedures in

139 coordination with the facility infection control program.” Ms. Motz asked if this stipulation
140 regarding masking procedures will be the board’s first priority for the guidance they will issue and
141 will it include an infection protection program? The Chair replied that it is on the agenda to provide
142 an infection control plan as part of the board guidance. Ms. Motz continued by referencing Section
143 II, vi “It is the duty of the provider to ensure the health considerations of staff and patients...” and
144 asked if the board guidance will make it clear that a surgical mask is protection for the patient and is
145 not protection for the therapist, as it protects from aerosolized vapor from entering into a sterile
146 field and would keep a therapist’s germs away from the patient. Ms. Motz continued that facilities
147 must take into consideration the health of the therapist. Ms. Motz referenced the CDC guidelines
148 that state that anyone spending 15-20 minutes with a patient would be considered as a “medium to
149 high” risk. Ms. Gilmour stated that as part of her infection control plan, her clients will be required
150 to wear a cloth mask to help protect the therapist and the staff.

151
152 Ms. Motz referenced Section IV-a, “Health care services that cannot be delayed beyond eight weeks
153 without posing a significant risk to quality of life may resume **Monday May 4, 2020** if the following
154 conditions are met...” and that, in a recent Zoom meeting, Alaska Chief Medical Officer Dr. Anne
155 Zink asked that massage therapy services be delayed for at least 8 weeks. Ms. Motz would like the
156 board to receive Dr. Zink’s opinion on their recommended guidance. Public Board Member Julie
157 Endle asked Chair Edwards-Smith to clear up any confusion between Mandate 9 referring to
158 massage therapists as “personal care services” and Mandate 15 identifying massage therapists as
159 health care providers. Chair Edwards-Smith replied that it is unfortunate that the Governor’s office
160 does not consult boards prior to the release of mandates, but believed that should an updated
161 version of Mandate 15 be released, it would clarify that the May 4th date refers to surgical
162 procedures.

163 164 **Agenda Item 5** **Chiropractor and Physical Therapist Consult**

165
166 Chair Edwards-Smith invited the Chair of the Board of Chiropractic Examiners, Dr. Brian Larson,
167 and the Chair of the Board Physical Therapy & Occupational Therapy, Jennifer Carlson, to consult
168 with the Board as employers of massage therapists in Alaska.

169
170 *Dr. Brian Larson joined the meeting at 9:30 a.m.*

171
172 Chair Edwards-Smith started this dialogue with the hopes that the Board of Chiropractic Examiners
173 and the Board of Massage Therapists could align their expectations for massage therapists to return
174 to work and their plans for delivery of routine health care services including PPE, entry screening
175 for patients, and cleaning and sanitation standards. Dr. Larson stated he interprets Mandate 15 as
176 being for facilities that will see patients who are not required to wait an additional amount of time,
177 such as surgical practices. Dr. Larson has advised his licensees to review and uphold the guidance
178 issued by the Alaska Chiropractic Society regarding Mandate 15.

179
180 Director Chambers stated that she is happy to see the collaboration between the boards to achieve
181 the same goal of public safety. Ms. Chambers stated that it was important to reiterate that boards
182 have the authority to interpret the Governor’s mandates and information was distributed to all
183 board chairs by the Division. Ms. Chambers went on to state that there was a “dynamic” happening
184 between the massage therapists and chiropractors and she would like to make it clear that the Board
185 of Massage Therapists has the authority to interpret Mandate 15 for their therapists and the Board

186 of Chiropractic Examiners (not the Alaska Chiropractic Society) has the authority to interpret the
187 mandate for chiropractors, but not for massage therapists. Director Chambers stated that if there is
188 dissidence between what chiropractors and massage therapists want, it will come down to the
189 guidance issued by the licensee's board. Ms. Chambers stated that just because a chiropractor or
190 physical therapist or physician employs a massage therapist, it does not give the employer the right
191 to interpret the mandate for the massage therapist, as that authority rests with the Board of Massage
192 Therapists and Commissioner Crum. Director Chambers stated that the board's goal is to craft
193 guidance regarding Mandate 15 today and anyone employing a massage therapist needs to respect
194 that guidance. Director Chambers stated that many complaints/concerns have been received
195 concerning chiropractors interpreting Mandate 15, as it relates to massage therapists and it is not the
196 employer's role to make those determinations. Dr. Larson stated that Director Chamber was correct
197 in her assessment.

198
199 Dr. Larson stated that massage therapists are a critical part of a chiropractor's health care team and
200 as an employer of a massage therapist, it is the responsibility of the chiropractor to provide the
201 required PPE. Dr. Larson stated that the Alaska Chiropractic Society has stated that offices will
202 abide by all PPE requirements in Mandate 15 which includes gloves, surgical masks, and eye
203 protection. Chair Edwards-Smith asked Dr. Larson to give an outline as to what guidance,
204 protocols, or best practices will be given to chiropractors to comply with Mandate 15; such as the
205 entry screening, cleaning, and sanitation standards for the COVID-19 environment. Dr. Larson
206 replied that chiropractors will be required to follow the Governor's mandates and board statutes and
207 regulations "to the letter" and should anyone be aware that a chiropractor or his office is not
208 following the mandates, they should be reported to investigations@alaska.gov. Dr. Larson stated
209 that as part of entry screening, every person who has a scheduled appointment in any health care
210 facility in Alaska is required to answer the questions: Have you traveled out of state in the last 14
211 days? Do you have a fever? Do you have a cough? Are you having any trouble breathing? Dr.
212 Larson went on to state that between clients every room is required to be cleaned, which includes
213 changing linens, disinfecting hard surfaces and the therapist must wash their hands up to their
214 elbows. Chair Edwards-Smith asked Dr. Larson if he thinks it is reasonable to require clients to
215 wash their hands upon entry? Dr. Larson replied that the request to have clients wash their hands
216 upon entry is reasonable and he will relay that to his licensees. Dr. Larson reiterated that his
217 interpretation for chiropractors of Mandate 15 is that whoever is providing patient care wear gloves,
218 surgical mask, and protective eyewear. The Chair asked if Dr. Larson's interpretation of Mandate 15
219 would include the requirement for massage therapists to change their surgical mask after every client
220 since they are exposed to patients over an hour or more long session? Dr. Larson replied that CDC
221 guidelines state that masks should be changed if they are "moist or soiled" and it is reasonable to
222 stipulate that, given the nature and duration of most massages; massage therapists should be
223 changing masks between clients and will not be able to reuse them. Chair Edwards-Smith asked Dr.
224 Larson if it is reasonable to state that massage therapists should be disinfecting or replacing eye
225 protection between each client? Dr. Larson stated that disinfecting or replacing eye protection
226 between clients would be appropriate. Chair Edwards-Smith asked if Dr. Larson believed it to be
227 reasonable to add compliance with Mandate 11 (social distancing) and Mandate 12 (interstate travel)
228 to the entry screening questions? Dr. Larson stated that his personal opinion is that there would be
229 nothing wrong with asking those questions as part of the entry screening process.

230
231 Chair Edwards-Smith thanked Dr. Larson for his time in attending and for the valuable information
232 he provided during this meeting. Dr. Larson responded that he believes that both boards are on the

233 same page and that most of the confusion has come from lack of communication. Dr. Larson
234 reiterated that if a massage therapist was forced or threatened by a chiropractor to work after
235 Mandate 7 or Mandate 9 went into effect, those need to be reported to investigations@alaska.gov.
236

237 **Agenda Item 4** **Mandate 15 Overview (continued)**
238

239 Chair Edwards-Smith directed the board to review the draft Mandate 15 FAQ that was provided by
240 Director Chambers in conjunction with Department of Health and Social Services.
241

242 *Julie Endle left the meeting at 9:57 a.m.*

243 *Back at 10:05 a.m.*
244

245 **Universal Masking Procedures**
246

247 The Chair reiterated that Mandate 15 stipulates that staff that do not have direct contact with
248 patients can use cloth face coverings, but those involved with direct patient care must use surgical
249 masks. Ms. Motz restated that a surgical mask only prevents the wearers droplets from getting out
250 and does not protect the wearer from infection from the client if they are not masked, so she
251 believes that during massage, clients should be wearing surgical masks as well. Ms. Gilmour stated
252 that the board should be very clear that surgical masks are not N95 masks and that distinction
253 should be made clear. Director Chambers stated that mask definitions were already included in
254 Health Alert 10 issued April 3, 2020. The Chair read that the Department of Health and Social
255 Services (DHSS) COVID website has information regarding how to use, create, and clean cloth
256 masks for personal or non-patient-contact employees, has created a draft PPE flowchart to help
257 offices determine the appropriate level of PPE and has resources for anyone needing help in
258 acquiring masks for patient contact personnel.

- 259 • Health Alert 10- <https://covid19.alaska.gov/health-alerts/>
- 260 • Cloth Face Masks- [http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-](http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/coveryourface.aspx)
261 [19/coveryourface.aspx](http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/coveryourface.aspx)
- 262 • Draft PPE Flowchart- [http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/COVID-](http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/COVID-19/healthcare/PPE%20Flowchart.pdf)
263 [19/healthcare/PPE%20Flowchart.pdf](http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/COVID-19/healthcare/PPE%20Flowchart.pdf)
- 264 • 213 Resource Request Form (213RR)- *If your facility is unable to procure PPE*
265 *independently-* [https://www.ashnha.com/wp-content/uploads/2020/04/ICS_213_RR_](https://www.ashnha.com/wp-content/uploads/2020/04/ICS_213_RR_-_pdf_fillable_form-2.pdf)
266 [_pdf fillable form-2.pdf](https://www.ashnha.com/wp-content/uploads/2020/04/ICS_213_RR_-_pdf_fillable_form-2.pdf) to be submitted to: 2020_COVID-19@ak-prepared.com
267

268 **Testing**
269

270 Chair Edwards-Smith stated from the FAQ that “all health care facility **must** screen all patients
271 scheduling routine/non-invasive services for recent illness, travel, fever, or recent exposure to
272 COVID-19 **to the extent that is possible.**” Ms. Endle asked for clarification on whether the
273 provider is required to be screened for COVID-19, to which the Chair replied that there is no
274 stipulation in Mandate 15 that the health care provider be screened prior to practice.
275
276
277

278 Specific Practice Area

279

280 Chair Edwards-Smith stated from the FAQ that “Mandate 15 does not require any provider or
281 facility to reopen or resume services.” “Licensing boards can determine if individual health care
282 provider types can safely perform services for service types given health care constraints, including
283 PPE or testing availability, or the nature of services including length of time of exposure, personal
284 contact, and ability to provide environmental mitigation strategies.”

285

286 Unemployment

287

288 Chair Edwards-Smith stated from the FAQ that individuals are “strongly encouraged to contact an
289 Unemployment Insurance technician to discuss your individual circumstances. If your employer
290 requests that you return to work but you do not believe it is a safe environment, you should provide
291 detailed information to the UI technician to determine if you fall under an existing eligibility
292 category under Pandemic Unemployment Assistance or if your circumstances justify a “just cause”
293 to continue your unemployment benefits.” Director Chambers stated that unemployment questions
294 should be directed to the Department of Labor, who is working with DHSS on clarification and
295 resources for unemployment questions and it is not the board’s responsibility to know the answers
296 to a question that is out of their authority.

297

298 Return to Work Date

299

300 Chair Edwards-Smith stated from the FAQ that April 20 is the return to work date for routine, non-
301 invasive-type services that require minimal PPE and can follow all protocols in Section II of
302 Mandate 15 and May 4 is the return to work date for procedures including surgeries and intensive
303 procedures. Vice Chair Traci Gilmour reminded everyone that the April 20th date is an **allowance**
304 to return to work **if** you have the proper PPE in stock, the ability and will to use the PPE, will
305 follow entry screening guidelines, and implement cleaning and sanitation standards. Ms. Motz
306 referenced Mandate 15, Section II-a-ii “All health care, delivered both in and out of health care
307 facilities, (this includes hospitals, surgical centers, long-term care facilities, clinic and office care, as
308 well as home care) shall deploy universal masking procedures in coordination with the facility
309 infection control program” and asked if the board would be addressing the requirement of “facility
310 infection control program” to be written and implemented as part of compliance with board
311 guidance? The Chair expressed hope that the guidance that the board will adopt today can be used
312 as a template for all therapists to use in the development of their “facility infection control
313 program.” Ms. Gilmour stated that she had included these templates with the document she
314 submitted for the board meeting, to which the Chair replied that the board will be considering the
315 supplied templates when they are crafting their guidance document later in the meeting. Ms. Motz
316 commented that if the board is going to provide sample forms to the public that they should be
317 reviewed by the entire board and then sent to the Department of Law for review and approval.

318

319 *Chair Edwards-Smith called for a short break.*

320 *Off the record at 10:21 a.m.*

321 *Back on the record at 10:32 a.m.*

322 *All board members were present*

323

324

325 Agenda Item 6 Correspondence Regarding Mandate 15

326

327 No verbal public comment was heard during the teleconference.

328

329 In lieu of verbal public comment, the public was informed that they should submit any comments
330 and/or feedback on Mandate 15 in writing by Sunday, April 19, 2020 at 6:00 p.m. The following
331 individuals submitted correspondence on this topic and their comments were reviewed and
332 considered by the board: Tammy Roberts, Nikky Lindsley, Mara Saenz, Angelique Conrad, Mary
333 Charles, Edward Toal, Tammy Gifford, Lacie Wortham, Heidi, Kristen Schupp, Karenina Brooks,
334 Sarah Hess, Wendy Hooker, Teresa Arnold, April Karper, Sandy Sandvik, Mary George, Flor Banks,
335 Shaina Thomas, Tiffany Sylvester, Ann Dougherty, Rebecca Albert, Laurie Walton, Ashley Hood,
336 Shelly Kocan, Sherri Gust, Regan Rodig, Amy Angaiak, Luke Whaley, Lorna Ratterman, Stephanie
337 Phillips, Khrista Fortune, Debra Dailey, Kimberly Verreydt, Ashlie Lopez, Laura Humphreys,
338 Stephanie Hamilton, Joshua Hawley, Rachel Summerlin, Michael Hanifen, Melissa Mitchell, Alma
339 John, Chad Hedges, Brenda Beck, Stefanie Gambino, Leo Pettit, Hannah Katzenberger, Mary
340 Andrews, Angelica Herren, Casey Sturgill, Brenda Bolanos, Renae Nelson, Mindy Rowser, Melissa
341 Golden, Jedediah Danielson, Cheree Burgan, Gabriel Antuna-Rivera, Nichol Robbins, Kelly
342 Andersen-Riggs, Saramai Nyugen, Sherie Crosby, Patricia Collins, Sonya Smith, Cynthia McMullen,
343 Leilani Keller, Mel Lancey, Erin Smith-Cohen, Sophia Young, Lori Paajanen, and Bruce Nelson.

344

345 Chair Edwards-Smith provided a summation of the content and/or topics from the correspondence
346 received.

347

- 348 • Precautionary measures for therapists returning to work
- 349 • Social distancing/contact with patients
- 350 • What is the resource to determine CDC guidelines according to the Board's Standards of
351 Practice?
- 352 • Chiropractor termination of massage therapists
- 353 • Personal protective equipment acquisition and shortages
- 354 • Unemployment eligibility for those not returning to work
- 355 • Wearing gloves is difficult or impossible as a massage therapist
- 356 • Can massage therapists perform telehealth?
- 357 • Can I work at a salon if the salon is closed?
- 358 • How will Mandate 15 affect students working to complete their education?
- 359 • What should be done concerning liability insurance?
- 360 • Billing practices

361

362 Social Distancing/ Contact with Patients

363

364 Ms. Motz brought up that the Centers for Disease Control (CDC) has a set of guidelines for
365 healthcare providers and wants it to be clarified, should the board choose a different path, that they
366 are disregarding the CDC recommendation as specified in Standards of Practice #3 and deciding
367 what is "healthy and safe for therapists and clients will work with PPE to mitigate that risk." Ms.
368 Gilmour stated that if the PPE required by Mandate 15 is not sufficient to mitigate the risk caused
369 by COVID-19, she does not see a way for massage therapists to return to work. Ms. Gilmour stated

370 that, after research into Mandate 15 and CDC guidelines, massage therapists do not fall in to the
371 “high risk” category. Ms. Gilmour stated that she believes that PPE, screening procedures, and
372 environmental cleaning can protect massage therapists and clients, but that there is no guarantee.
373 Ms. Motz stated that the CDC is also recommending practitioners wear gowns as PPE to reduce the
374 risk of transmission and that is not included in Mandate 15. Chair Edwards-Smith stated that the
375 current climate is a unique situation that the board is trying to navigate and Mandate 15 doesn’t
376 mention gowns for providers or patients. The Chair reminded everyone that therapists have a
377 choice to return to work or not. The Chair continued that board members are not infectious disease
378 specialists and they are taking guidance from the Governor’s office by way of Mandate 15. The
379 Chair stated that if therapists are not comfortable returning to work because they don’t feel safe,
380 don’t have the knowledge base, or required equipment, then they should not practice.

381
382 What Is the Resource To Determine CDC Guidelines According to the Board’s Standards of
383 Practice?

384
385 Director Chambers stated that the board’s regulation require adherence to the Standards of Practice
386 (SOP) 12 AAC 79.900 and that compliance is not optional and has the force of law. Director
387 Chambers continued that the SOP includes guidance on safety and sanitation and includes guidelines
388 set by the CDC, National Institute of Health (NIH), and Occupational Safety and Health
389 Administration (OSHA). Director Chambers stated that this means that the board already has a
390 regulation that is in effect that states that massage therapists must “provide a setting that is safe and
391 meets all applicable legal requirements for health, safety, sanitation, hygiene, universal and standard
392 precautions...including guidelines set by the CDC.” Ms. Chambers stated that if massage therapy is
393 not specifically named, but there is guidance that pertains to the profession; by law massage
394 therapists have to follow those guidelines. Ms. Chambers urged the board to not rely on the
395 Governor’s office and DHSS to have clarification for every health care profession named in
396 Mandate 15. Ms. Chambers stated that it is the board’s responsibility to determine how the
397 mandate impacts their profession in accordance with established statutes and regulations. Ms.
398 Gilmour stated that she went to the NIH website and it referred her to the CDC website, which
399 would indicate that CDC guidelines supersede NIH guidance. Ms. Motz stated that the CDC
400 guidelines for determining risk are for people involved in more clinical settings such as primary care
401 providers, dentists, and surgeons and to extrapolate that to massage therapy is difficult. Ms. Motz
402 continued that with limited knowledge surrounding COVID-19 and “facts” such as COVID-19 just
403 being a respiratory virus being proven untrue, as there are long term effects on the circulatory and
404 respiratory systems. Ms. Motz stated that she does not believe that massage therapists should be
405 working when Dr. Zink was quoted as saying 70% of COVID-19 patients are asymptomatic. Ms.
406 Motz stated that resuming patient care when massage therapists do not have all the information on
407 COVID-19 is dangerous for the public and dangerous for therapists. Ms. Motz stated that if the
408 board determines that PPE must be worn in order for therapists to return to work, the CDC
409 guidance states that gowns are included in required PPE. Ms. Motz stated that it is a fact that
410 COVID-19 can live on multiple services including clothing. Ms. Gilmour stated that massage
411 therapists are trained in safety and sanitation and believes that with the proper precautions, massage
412 therapists can return to work.

413
414
415
416

417 Chiropractor Termination of Massage Therapists

418

419 Chair Edwards-Smith referenced the early conversation with Dr. Brian Larson, Chairman of the
420 Board of Chiropractic Examiners, in which Dr. Larson stated that if you have been terminated from
421 your employment with a chiropractor due to different interpretations of Mandate 15, you should
422 report your employer to investigations@alaska.gov. The Chair continued that if you can comply
423 with the mandate, you have the ability to return to work; but if you cannot comply or don't feel that
424 it is safe, there should be no punitive action. Ms. Endle stated that the information regarding
425 termination over COVID-19 mandates should be posted on the board's website and in the
426 communication it's preparing to distribute to the public on Friday, April 24, 2020.

427

428 Personal Protective Equipment Acquisition and Shortages

429

430 Chair Edwards-Smith referred massage therapists to the discussion that occurred previously in the
431 meeting on Draft FAQ for Mandate 15 which stated that the provider is responsible for sourcing
432 adequate amounts of PPE; but should they have problems, they can refer to the 213 Resource
433 Request Form (213RR).

434

435 Unemployment Eligibility for Those Not Returning to Work

436

437 Chair Edwards-Smith referred massage therapists to the discussion that occurred previously in the
438 meeting on Draft FAQ for Mandate 15 where it was stated that individuals are "strongly encouraged
439 to contact an Unemployment Insurance technician to discuss your individual circumstances. If your
440 employer requests that you return to work, but you do not believe it is a safe environment, you
441 should provide detailed information to the UI technician to determine if you fall under an existing
442 eligibility category under Pandemic Unemployment Assistance or if your circumstances justify a
443 "just cause" to continue your unemployment benefits."

444

445 Wearing Gloves is Difficult or Impossible as a Massage Therapist

446

447 Chair Edwards-Smith stated that the board will go more in depth on this issue when they are
448 formulating guidelines. Ms. Motz volunteered her experience wearing gloves to perform massage.
449 Ms. Motz stated that she did not try latex gloves, but the nitrile ones she tried did not perform well
450 with the oil needed to perform massage. Ms. Motz continued that she saw the best results with ones
451 that fit snugly and didn't have powder in them, but even those broke or came close to breaking
452 during their use. Additionally, therapists would have to limit their work to hands only unless they
453 could find a glove that covers their forearms and elbow and she could find none for the feet for
454 therapists who perform ashitsu. Ms. Motz suggested that if the public have any glove brand
455 recommendations, they should send them to boardofmassagetherapists@alaska.gov

456

457 Can Massage Therapists Perform Telehealth?

458

459 Chair Edwards-Smith stated that telehealth is not within the Alaska's massage therapists' scope of
460 practice. Director Chambers quoted AS 08.61.100 definition of massage therapy and its reference to
461 massage being a manual application.

462

463

464 Can I Work at a Salon if the Salon is Closed?

465

466 Chair Edwards-Smith stated that working at a salon that is currently closed would be an agreement
467 the massage therapist would have to discuss with the salon owner. The Chair continued that
468 Mandate 15 gives massage therapists the right to work; the location could be used only for massage
469 if all the stipulations of the mandate and board guidance are followed.

470

471 How Will Mandate 15 Affect Students Working to Complete Their Education?

472

473 Ms. Motz answered this question by stating that in her extensive research, many states have granted
474 schools the ability to complete their theoretical education remotely using platforms such as Zoom or
475 Skype, so that social distancing could be maintained. Ms. Motz stated that in all of her research,
476 there were no states allowing for distance education to complete hands-on portions of education.

477

478 What Should Be Done Concerning Liability Insurance?

479

480 Ms. Gilmour stated that it is an individual's choice to obtain liability insurance. While the board
481 strongly encourages licensees to obtain liability insurance, as it is not a requirement for licensure by
482 law, the board has no purview over claims and licensees should contact their insurance provider.

483

484 Billing Practices

485

486 Ms. Motz stated that the board has authority over licensing, statutes and regulations, and public
487 safety; the board has no purview or expert knowledge on billing codes and policies. Ms. Motz
488 reminded licensees that for billing questions, licensees should contact/ consult other resources such
489 as other licensees or the billing department for the insurance company.

490

491 Agenda Item 7 Mandate 15- Board Guidance Statement Formulation

492

493 Chair Edwards-Smith directed the board to the formulation of the Board's Mandate 15 guidance
494 statement. Ms. Motz stated that the board is given no advanced notice of mandates and find out of
495 their publication at the same time the public is notified. Ms. Motz continued that Mandate 15 was
496 published on the evening of April 15th and the board Chair took less than 48 hours to analyze, meet
497 with Division, meet with Health and Social Services, and decide to notice the emergency meeting
498 currently taking place. Chair Edwards-Smith appointed Jill Motz to be the secretary for the board
499 guidance document and asks the entire board to reference the board guidance draft he created and
500 the guidance and criteria document Vice Chair Traci Gilmour created that was e-mailed to them
501 prior to the meeting opening.

502

503 *Chair Edwards-Smith called for a short break.*

504 *Off the record at 11:16 a.m.*

505 *Back on the record at 11:22 a.m.*

506 *All board members were present*

507

508 Chair Edwards-Smith summarized the requirements of Mandate 15 into 4 categories:

509 1. Pre-visit telephonic screening and questionnaire

510 2. Entry screening

- 511 3. Lobbies and waiting rooms with social distancing markers and limited occupancy
512 4. Environmental mitigation efforts (e.g. gloves, hand hygiene, environmental cleaning,
513 sanitation)
514

515 During the board’s discussion on PPE, Director Chambers informed the board that the draft
516 Mandate 15 FAQ clarifies that Mandate 15, Section IV pertains to a “procedure” and not a “routine
517 service” so the interpretation the board has made that protective eyewear is necessary for a massage
518 therapist providing routine services under Mandate 15, Section II is not necessary. Chair Edwards-
519 Smith confirmed that Mandate 15, Section II only requires the deployment of universal masking
520 procedures. Director Chambers confirmed that Section II does not require the use of gloves and
521 protective eyewear be part of PPE for routine services. Director Chambers stated that as the board
522 has not identified with Section IV; Section II states that health care facilities and providers listed in
523 Section I will be able to resume services that require minimal protective equipment and if the board
524 is identifying massage therapists as “low risk,” then they should discuss the possibility of not
525 returning to work at this time. Chair Edwards-Smith referenced the April 17 meeting with DHSS
526 where Commissioner Crum noted that the three items of PPE that would be required for healthcare
527 professional to return to work were surgical masks, gloves, and protective eyewear. The Chair asked
528 that DHSS clarify the point of PPE before the board’s guidance is finalized and distributed to the
529 public.
530

531 **In a motion made by Traci Gilmour, seconded by Kristin Tri, and passed with a roll call**
532 **vote that did not include Jill Motz, it was RESOLVED to INCLUDE in board guidance that**
533 **surgical masks are required while gloves and protective eyewear are strongly recommended.**
534

535 *Chair Edwards-Smith called for a short break.*

536 *Off the record at 12:31 p.m.*

537 *Back on the record at 12:41 p.m.*

538 *All board members were present*
539

540 After a lengthy discussion and much deliberation, the Board of Massage Therapist formulated the
541 best practices guideline as follows:
542

543 **DRAFT Recommended Protocols for Compliance with Mandate 15**

544
545 **All advised actions need to be in alignment with the Massage Therapy Code of Ethics and Standards**
546 **of Practice.**

547 **A massage therapist must be prepared to contact all clients that they have been in contact with,**
548 **within two weeks of a client testing positive for COVID-19**

549 **Client Prescreen – Telephonic or Online Booking System**

550 A process of risk assessment to determine low and high-risk clients of exposure to COVID-19. The
551 screening process enables an LMT to make informed decisions in accepting and conducting a
552 massage session with a client.

553 **1 COVID-19 Testing (Online or Phone Interview)**

- 554 a. Neither the client or a client's household members have tested positive for COVID-
555 19. If yes, do not schedule until cleared by a medical doctor.
556 b. Client has not been within 6 feet of someone who has a laboratory confirmed
557 COVID-19 test in the previous 14 days. If yes, do not scheduled until cleared by
558 medical doctor.

559 2. Travel

- 560 a. Neither the client or the client's household members have travelled outside the
561 State of Alaska or Country in the last 14 days. If travel has occurred, do not schedule
562 for 14 days after return to state.
563 b. Neither the client or the client's household members have travelled outside of my
564 community or have limited travel in accordance with Mandate 012 - Intrastate
565 Travel. If travel has occurred, schedule only if mandate requirements have been
566 followed.

567 3. Social Distancing

- 568 a. The client or the client's household members have maintained social distancing in
569 accordance with Health Mandate 011 – Social Distancing. If client has not been
570 following Social Distancing, recommend they begin to do so and reschedule 14 days
571 after Social Distancing begins.

572 4. Symptoms/ At Risk Populations

- 573 a. Neither the client or the client's household members have the following symptoms:
574 Cough, Fever (greater than 100 degrees), Shortness of Breath
575 b. Immunocompromised, 60+, diabetes, asthma, respiratory conditions, kidney
576 disease, liver disease, chronic lung disease, heart conditions and BMI index of over
577 40%

578 5. Entry Screening

- 579 a. Limit non-patient visitors. (only patients, staff and clinicians are to be present in the
580 facility)
581 b. Social Distance parameters in waiting rooms should include marked, defined spaces.
582 c. Clients wash hands upon entry into the establishment and are encouraged not to
583 touch their face.
584 d. Upon arrival to appointment the client will call for entry into the massage
585 establishment. This allows for cleaning of the space before the next appointment
586 arrival.
587 e. Client has adequate PPE (minimum cloth facemask required, surgical mask is
588 suggested)
589 f. Temperature taken at entry screening.
590 g. Disinfected pens will be made available for documents such as intake forms.
591 h. All questions of the pre-screen are reaffirmed prior to massage therapy sessions.

592 **Personal Protective Equipment**

- 593 1. **Surgical masks are required for massage therapist** and wearing protective eye wear
594 and gloves during delivery of massage services is **strongly** recommended.
595 2. Surgical masks and gloves must be properly removed, disposed, and replaced with each
596 client encounter in accordance with CDC recommendations.

- 597 3. If eye protection is used, it must be properly disinfected or replaced with each client
598 encounter
599 4. Employers will provide all PPE and be responsible for the delegation of all cleaning and
600 sanitation tasks.
601 5. If self-employed, the PPE and cleaning requirements fall to the owner.

602 **Personal and Environmental Mitigation**

- 603 1. Extensive washing of hands, arms, and elbows after each client encounter.
604 2. Scheduling to allow a minimum of 30 minutes for environmental cleaning.
605 3. Adequate ventilation or air filters utilized for increased air flow and circulation.
606 4. All surfaces that have been in contact with a client must be disinfected according to CDC
607 guidelines. CDC recommends a solution of 1/3 cup of liquid bleach per gallon of water or a
608 75% alcohol based wipes.
609 5. Sanitize any area exposed to patient bodily fluids.
610 6. A receptacle for patients to place their personal belongings in that can be sanitized between
611 clients.
612 7. Linens must be safely disposed of and handled with gloves as they are placed in a separate
613 bin.
614 8. Linens are to be washed at the warmest appropriate water setting.
615 9. Linen bins must be disinfected.

616 **Additional Resources**

- 617 1. CDC- Coronavirus- COVID-19
618 <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
619 2. CDC- Disinfection of Healthcare Equipment
620 <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/healthcare-equipment.html>
621 3. CDC- Guidance for Healthcare Personnel
622 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

623 **In a motion made by Traci Gilmour, seconded by Kristin Tri, and passed with a roll call**
624 **vote that did not include Jill Motz, it was RESOLVED to ADOPT the draft “Recommended**
625 **Protocols for Compliance with Mandate 15” with a CDC guidelines link as written. Drafted**
626 **document will be sent to Director Chambers, Health and Social Services, and the**
627 **Department of Law for review and feedback prior to distribution to the public on April 24,**
628 **2020.**

629
630 The board reviewed a decision tree created by Director Chambers to aid health care professionals in
631 their choice to return to work as allowed by Mandate 15.
632

633 **In a motion made by Traci Gilmour, seconded by Kristin Tri, and passed unanimously with**
634 **a roll call vote, it was RESOLVED to ADOPT and distribute the Mandate 15 decision tree**
635 **as amended to remove references to telehealth.**
636

637 Director Chambers stated that adding a reference to compliance with the board’s “Recommended
638 Protocols for Compliance with Mandate 15” is accomplished through the “online” reference already

639 included in the decision tree. Decision tree will be distributed with the board guidance on April 24,
640 2020.

641
642 **Agenda Item 8** **Adjourn**

643
644 At this time, the board concluded all scheduled board business.

645
646 **In a motion made by Julie Endle, seconded by Kristin Tri, and passed unanimously, it was**
647 **RESOLVED to ADJOURN.**

648
649 Hearing nothing further, Chair David Edwards-Smith adjourned the meeting and the record ended
650 at 2:08 p.m.

651 **Respectfully Submitted,**

652
653
654 
655 _____
656 **Dawn Dulebohn, Licensing Examiner**

653
654 6/19/20
655 _____
656 **Date**

657
658 
659 _____
660 **David Edwards-Smith, Board Chair**

658
659 6/19/20
660 _____
661 **Date**

662