

1 STATE OF ALASKA
2 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
3 DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
4

5 STATE MEDICAL BOARD
6

7 MINUTES OF MEETING
8 Thursday June 3, 2021
9

12 By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a scheduled meeting
13 of the Alaska State Medical Board was held on Thursday, June 3, 2021
14

15
16 **Thursday, June 3**
17

18 **1. Call to Order/ Roll Call**

19 The meeting was called to order by Chair Wein at 3:07 p.m.
20

21 **Roll Call**

22 Board members present:

23 Sarah Bigelow Hood, PA-C
24 David Boswell, Public Member (Secretary)
25 Maria Freeman, MD
26 Lydia Mielke
27 Steve Parker, MD
28 Richard Wein, MD (Chair)
29

30 Board Members absent:

31 Larry Daugherty, MD
32

33 Board and Division staff present: Sara Chambers, Director, Natalie Norberg, Executive Administrator, Jun
34 Maiquis, Regulation Specialist
35

36 **2. Review Agenda**

37 The board reviewed the meeting agenda.
38

39 **On a Motion duly made by Dr. Wein, seconded by Mr. Boswell and approved by**
40 **affirmation, the Board approved the agenda.**
41

42 **3. Consideration of Emergency Regulations on Buprenorphine via Telemedicine**

43 Chair Wein invited Division staff, Jun Maiquis, Regulation Specialist, and Sara Chambers, Director, to
44 introduce and explain the statutory and regulatory framework and amendments needed to address the
45 allowance of the use of telemedicine for medication assisted treatment for opioid use disorder. To
46 address this, the board must first acknowledge the existence of an emergency situation for which

1 emergency regulations are needed. Secondly, the regulations that govern the way in which a public
2 health emergency may be declared must be amended to allow providers to have more long-term
3 flexibility in the ability to administer medication assisted treatment for opioid use disorder. Under this
4 proposed amendment, should a provider choose to prescribe buprenorphine via telemedicine while the
5 state is not under a governor or DHSS declared public health emergency, it will be incumbent on
6 providers to justify why they determined an emergency exists. During discussion, members of the board
7 confirmed that they believe the use of opioids continues to be a public health emergency and that
8 buprenorphine is a safe and effective treatment for opioid addictions.
9

10 **On a motion duly made by Mr. Boswell, seconded by Dr. Parker and approved by roll call vote,**
11 **the State Medical Board affirmed that an emergency exists under AS 44.62.250 and an**
12 **emergency regulation change is necessary to 12 AAC 40.943, dealing with standards of**
13 **practice for telemedicine, for the immediate preservation of the public peace, health, safety,**
14 **or general welfare. The facts constituting the emergency include the following:**

15 **The amendment is necessary to continue to allow the use of telemedicine to provide**
16 **medication assisted treatment for opioid use disorders and avoid a negative health**
17 **impact on the public by decreasing access to treatment during the public health**
18 **emergency caused by the COVID-19 pandemic.**

19 Roll Call: Yeas, Ms. Bigelow-Hood, Mr. Boswell, Dr. Freeman, Ms. Mielke, Dr. Parker, Chair Wein
20 Absent for Vote: Dr. Daugherty
21

22 **On a motion duly made by Mr. Boswell, seconded by Dr. Freeman and approved by roll call**
23 **vote, the board agreed to adopt as emergency regulations with the intent to make permanent**
24 **the proposed amendments to 12 AAC 40.943 regarding the declaration of an emergency,**
25 **continuation of OUD treatment, documentation, and the definition of *emergency* as**
26 **presented in the board meeting materials. (See Attachment I)**

27 Roll Call: Yeas, Ms. Bigelow-Hood, Mr. Boswell, Dr. Freeman, Ms. Mielke, Dr. Parker, Chair Wein
28 Absent for Vote: Dr. Daugherty
29

30 **4. Division Report**

31 Director Chambers provided an overview of the legislation (SB 12 and SB 21) passed during the 2021
32 regular session that will impact the Medical Board. SB 12, related to *Military Spouse Courtesy License*,
33 will require the division to produce a report regarding the number of military spouses and active duty
34 personnel who have applied for and obtained licensure for any of the division' licensure programs.
35

36 SB 21, related to *Licensed Mobile Care Paramedics*, will allow for the transfer of the MICP program to tto
37 DHSS in January 2022 for licensing and oversight. Board members raised concerns about the possibility
38 of MICP's being allowed to perform an unregulated expanded scope of services once they transfer from
39 the jurisdiction of the Medical Board. Dr. Parker reiterated that all MICP's will still be under the
40 supervision of a physician, and physicians are subject to the oversight by the Medical Board.
41

42 Also included in SB 21, is language that compels all boards under the Division of Corporations, Business
43 and Profession Licensing to create a streamlined licensing process with "substantial equivalency" for
44 military spouses and active duty military with a current license in another state to be allowed expedited

1 consideration for licensure in Alaska. Once this bill is signed by the governor, Director Chambers will
2 provide more information to the boards regarding this issue.

3
4 Director Chambers provided a budget overview, highlighting revenues generated from the recently
5 concluded license renewal process and general spending trends. The Medical Board is on track in terms
6 of its expenditures and no concerns were identified.

7
8 **5. Executive Administrator Update**

9 *Review of Board Goals and Annual Report Discussion*

10 The board reviewed and discussed this year's accomplishments, progress towards last year's identified
11 goals, and potential new goals. Highlights include the board's quick response to addressing necessary
12 industry and practice changes due to the pandemic through emergency regulations. Areas identified as
13 challenges and/or future goal areas included the need for expanded and safe telemedicine practices in
14 the state and the development of a telemedicine license; the need to review the board's application
15 processes to identify ways to streamline and simplify the process without compromising quality; and a
16 systematic review of all statutes and regulations pertaining to the board. Strategies for developing a
17 stronger relationship with the legislature were also discussed.

18
19 *Confirmation of next quarterly meeting date*

20 The board decided to meet for one, full day on August 20, 2021.


21
22 **6. Disciplinary Matrix Review – Failure by facilities to report actions taken against physicians**

23 Chair Wein introduced this topic as an area of concern which he has observed throughout his career and
24 is also a growing concern on a national scale per the FSMB. In essence, health care facilities (e.g.
25 hospitals) circumvent having to report "bad actor" physicians and any potential subsequent negative
26 publicity regarding the facility or the physician - by avoiding taking formal actions against the physician
27 and quietly encouraging the physician to leave the facility. According to the board's current disciplinary
28 matrix, the fine for failure to report the loss of privileges or negative actions against a physician licensed
29 in Alaska is \$1000 to \$5000. Dr. Wein recommended raising the fine to \$50,000 but was advised state
30 law prohibits civil fines for greater than \$25,000. The board engaged in a robust discussion on the topic
31 but declined to take action related to amending the disciplinary matrix at this time.

32
33 **7. Adjournment**

34 The meeting was adjourned at 5:10 p.m.

35
36
37 Respectfully submitted:

38
39 /s/ 

40 Natalie Norberg, Executive Administrator
41 Alaska State Medical Board

42
43 August 20, 2021

44 Date

Approved:

/s/ 

Richard Wein, MD, President
Alaska State Medical Board

August 20, 2021

Date

Chapter 40. State Medical Board.

12 AAC 40.943(b) is amended to read:

(b) During a public health emergency [DISASTER] declared by the governor **or commissioner of health and social services, or an emergency as defined in (c) of this section,**

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), [AND] 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.

12 AAC 40.943 is amended by adding a new subsection to read:

(c) In this section, "emergency" means a health crisis ~~involving opioid use disorders~~ affecting all or part of the state when circumstances prohibit another licensed health care provider's presence with the patient. (Eff. 10/8/2017, Register 224; am 5/5/2020, Register 234; am 9/20/2020, Register 235, am_____/_____/_____, Register_____)

Authority: AS 08.64.100 AS 08.64.101 AS 08.64.364