

ALASKA STATE MEDICAL BOARD
QUARTERLY MEETING

FRIDAY, MAY 3, 2024

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.

Physical Location: Room 1550, Atwood Building, Anchorage

Register to participate by Zoom:

https://us02web.zoom.us/meeting/register/tZIqd-6tqT8vHNXsJ5B_BZD7jLHjIpcHbTCL

Agenda

9:00 a.m. 1. Call to Order / Roll Call

9:02 a.m. 2. Review / Approval of Agenda

9:05 a.m. 3. Review / Approval of Minutes

- February 16, 2024
- April 11, 2024

9:10 a.m. 4. Ethics Disclosure

9:15 a.m. 5. Physician Health Committee Update – Dr. Foland

9:30 a.m. 6. Old Business:

- Regulation Project Update: MD Licensing Streamline

9:45 a.m. 7. New Business

- Board Priorities / Annual Report

10:00 a.m. 8. Investigations (Executive Session)

10:50 a.m. 9. Break

11:00 a.m. 10. Residency Exemption Request

- Kleber Fertrin, MD

12:00 p.m. 11. Lunch Break

1:00 p.m. 12. Public Comments

1:15 p.m. 13. Board Interviews
Ashley Gibbs, MD 1:15 p.m.

Board Members:

Eric Nimmo, MD
(Chair)

Sarah Bigelow-Hood,
PA-C
(Vice-Chair)

Lydia Mielke
Public Member
(Secretary)

David Barnes, DO

Matt Heilala, DPM

David Paulson, MD

David Wilson
Public Member

Staff:

Natalie Norberg,
Executive
Administrator

Jason Kaeser,
Licensing Supervisor

Jacob Olsen,
Licensing Examiner

Alicia Perkins,
Licensing Examiner

Upcoming Meetings:

August 9, 2024
(Tentative)

November 8, 2024
(Tentative)

Adam Kishman, PA – 1:35 p.m.
Benjamin Huneycutt, MD – 1:55 p.m.
Taichi Imamura, MD – 2:15 p.m.
Eric Wright, MD 2:35 p.m.

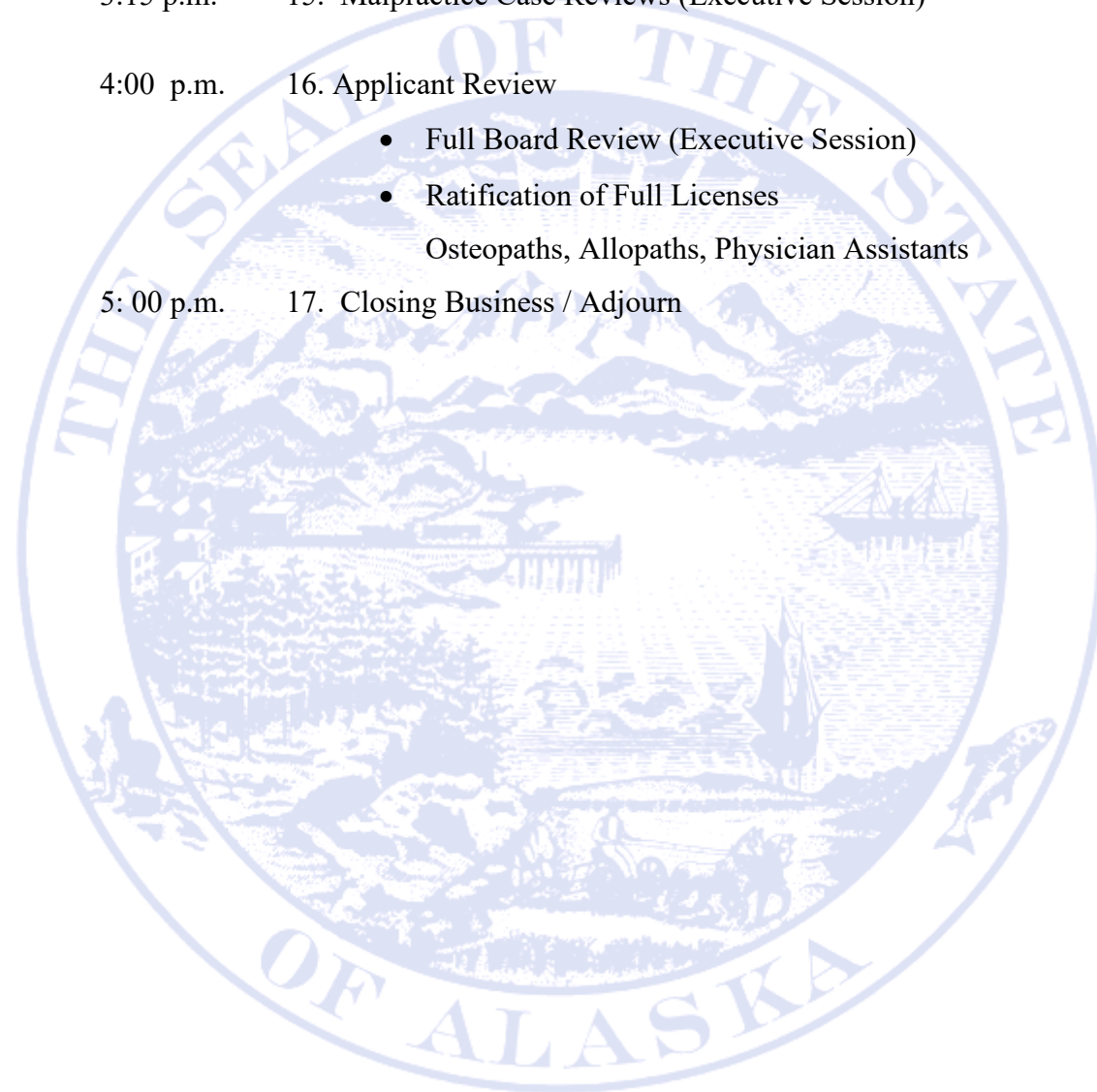
3:00 p.m. 14. Break

3:15 p.m. 15. Malpractice Case Reviews (Executive Session)

4:00 p.m. 16. Applicant Review

- Full Board Review (Executive Session)
- Ratification of Full Licenses
Osteopaths, Allopaths, Physician Assistants

5:00 p.m. 17. Closing Business / Adjourn



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 MINUTES OF MEETING
7 Friday, February 16, 2024
8

9 *These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional*
10 *Licensing. They have not been reviewed or approved by the Board.*
11

12 By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a quarterly meeting
13 of the Alaska State Medical Board was held Friday, February 16, 2024.
14

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

16 The meeting was called to order by Chair Wein at 8:32 a.m.
17

18 **Roll Call**

19 Board members present:

20 David Barnes, DO
21 Sarah Bigelow Hood, PA-C
22 Maria Freeman, MD
23 Matthew Heilala, DPM
24 Lydia Mielke, Public Member (Secretary)
25 David Paulson, MD
26 Richard Wein, MD (Chair)
27 David Wilson, Public Member
28

29 Board staff present: Natalie Norberg, Executive Administrator; Jason Kaeser, Licensing Supervisor; Jacob
30 Olsen, Licensing Examiner; Alisa Perkins, Licensing Examiner; Sonia Lipker, Investigative Supervisor; Billy
31 Homestead, Investigative Supervisor
32

33 **2. Review / Approval of Agenda**

34 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll**
35 **call vote, the Alaska State Medical Board accepted the draft agenda as presented.**
36

37 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
38 Dr. Wein, and Mr. Wilson.
39

40 **3. Review/Approval of Minutes**

41 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll**
42 **call vote, the Alaska State Medical Board accepted the minutes for the November 17, 2023,**
43 **board meeting with a correction identified to the roll call, Dr. Freeman was present (the draft**
44 **minutes erroneously omitted her presence).**
45

46 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
47 Dr. Wein, and Mr. Wilson.

1
2 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll**
3 **call vote, the Alaska State Medical Board accepted the minutes for November 22, 2023, board**
4 **meeting as presented.**

5
6 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
7 Dr. Wein, and Mr. Wilson.

8
9 **4. Ethics Disclosures**

10 Ethics reporting by board members is done on a quarterly basis and is a standing item on the quarterly
11 meeting agenda. The Chair requested Ms. Norberg query each board member.

12
13 There were no ethical disclosures made by board members.

14
15 **5. Old Business:**

16 **A. Regulation Projects**

17 • **Physician Assistant Work Group Update**

18 There are two issues for the board's consideration regarding this matter. Chair Wein invited Ms.
19 Norberg to introduce the issues:

- 20 1) At the last quarterly board meeting, the board voted to form a new work group comprised of
21 medical board members, members from the board of directors from the Alaska Association of
22 Physician Assistants, and members of the public. The board solicited statements of interest from
23 individuals to participate in the work group. After considering all of the statements received, the
24 Board approved nine members to join the workgroup through an online voting process, including: 2
25 individuals from the medical board, 2 individuals from the PA association, 1 individual from the
26 medical association, 2 individuals from tribal/rural health, and 2 physician assistants from the
27 general public. After the selected individuals were notified, a request was received for the board to
28 reconsider the composition and include two additional group members from the general public who
29 are not physician assistants.

30
31 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and decided by a roll**
32 **call vote, the Alaska State Medical Board declined to revise the composition of the Physician**
33 **Assistant Work Group to include up to two additional "public members" who are not**
34 **physician assistants.**

35
36 Roll Call: Nays, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
37 Dr. Wein, and Mr. Wilson.

- 38
39 2) Senate Bill 115, titled, *Physician Assistant Scope of Practice* has received three hearings in the
40 legislative session currently underway and appears to have support from lawmakers. If this bill
41 passes, it would eliminate some sections and require extensive re-writing of the existing regulations
42 related to physician assistants. It may be prudent for the board to delay convening the work group
43 until the outcome of SB 115 is determined.

44
45 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll**
46 **call vote, the Alaska State Medical Board decided to delay the initiation of the work group**
47 **until after the destiny of SB 115 is determined in the 2024 legislative session.**
48

1 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
2 Dr. Wein, and Mr. Wilson.
3

4 • **Physician Licensing: 12 AAC 40.010 through 12 AAC 40. 050 (Project# 20589253)**
5

6 Chair Wein reminded the board that during the last quarterly meeting, the board approved a regulation
7 project that would eliminate certain requirements for physicians from the application for licensure
8 including the AMA profile, verification of hospital privileges and DEA clearance so long as separate
9 attestations were added for applicants to report any derogatory issues with respect to hospital
10 affiliations or the DEA. Following the November 17, 2023, board meeting, the Board voted electronically
11 to approve draft changes to be forwarded to the Department of Law. The Department of Law recently
12 completed a review of the changes and produced a draft for the board's consideration containing minor
13 edits. This draft is presented to the board for a final review and approval to be submitted for public
14 comment. Instead of approving the draft, the board voted to further edit the draft.

15 **On a motion duly made by Dr. Wein, seconded by Ms. Bigelow Hood, and approved by roll call**
16 **vote, the Alaska State Medical Board approved to edit the draft regulation changes to make it**
17 **clear that applicants must disclose ALL disciplinary actions from hospitals or health care**
18 **facilities where they have been employed, not just those actions which occurred within the**
19 **last five years.**

20 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
21 Dr. Wein, and Mr. Wilson.
22

23 **B. Role of the Reviewing Board Member (RBM)**
24

25 Chair Wein reminded the Board that during the last board meeting, a motion to allow Reviewing Board
26 Members (RBM's) to participate in deliberative sessions, at their discretion, was tabled. Chair Wein
27 urged the board to make a decision regarding this matter with the options being 1) to keep the status
28 quo; 2) don't allow RBM's to participate; or 3) allow the RBM the discretion to participate on a case-by-
29 case basis. Chair Wein stated he favors the RBM having discretion and opened the floor for board
30 member discussion. Dr. Freeman cited the previous guidance from Dept. of Law, cautioning against the
31 RBM participating in deliberative sessions and stated she personally would prefer for the RBM to
32 participate but is concerned about going against legal advice. Dr. Barnes inquired about whether any
33 further opinions were obtained from the Dept. Law with respect to whether RBMs and the Board could
34 be defended by the Dept. of Law, during an appeal of a decision where a RBM remained in the session.
35 Dr. Barnes recalled being advised that the Dept. of Law would personally go after individual members if
36 they allowed RBMS to deliberate. Dr. Heilala stated he would like more guidance from Legal regarding
37 when it would be appropriate to ask more questions of the RBM, and also questioned whether it would
38 be possible to have more access to Legal during deliberative sessions for real-time guidance. Chair Wein
39 recognized Ms. Chambers, Special Assistant to Commissioner, to address the Board to answer
40 questions/concerns raised by board members. Ms. Chambers clarified that the Dept. of Law would not
41 be unwilling to represent the Board, but if the Board chooses to go against legal advice while making a
42 decision against a respondent, and that respondent chooses to appeal the decision, then Law's ability to
43 defend the board is more difficult and expensive. Ms. Chambers also clarified that it is within the realm
44 of possibility, with pre-planning, to ensure that an attorney that is familiar with the case be available for

board support during the meeting. Mr. Wilson asserted that he previously requested details regarding case law and data with respect to the prevalence of appeals and cases being overturned due to the RBM being present during a deliberative session; and this information has yet to be provided to the Board. Ms. Norberg apologized and explained that this request has not been ignored. The division planned to have this information presented during an investigative/legal training but that training for the Board has had to be postponed twice, due to other time-sensitive agenda items requiring the Board's attention. After querying board members, Chair Wein announced that it appeared to be the will of the Board to again table a vote on this matter until the board has received more information.

6. Deliberative Session

Administrative Law Judge Cheryl Mandala addressed the Board to clarify that the purpose of this session is to examine a proposed decision which does not involve examining any of the merits of the underlying investigation or matters dealt with by the Reviewing Board Member. Therefore, in this session, it is appropriate for the RBM to participate in the session.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll vote, the Alaska State Medical Board entered into a deliberative session under AS 44.62.310(d) solely to make a decision concerning the proposed decision, in Board Case Number 2023-000453 and Office of Administrative Hearings Case Number 23-0557-MED.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, and Mr. Wilson.

Administrative Law Judge Cheryl Mandala remained with the Board during the deliberative session, all others were excluded, including board and investigative staff.

The Board went off the record at 9:34 a.m. The Board returned on the record at 10:29 a.m.

It was noted by Ms. Mielke that the Board only discussed the merits of the OAH decision with respect to OAH Case Number 23-0557-MED, and did not discuss the merits of the investigation concerning Board Case Number 2023-000453.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll vote, the Alaska State Medical Board accepted the proposed decision to affirm the denial to reinstate and the continued suspension of license in Board Case Number 2023-000453 and Office of Administrative Hearings Case Number 23-0557-MED.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, and Mr. Wilson.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll vote, the Alaska State Medical Board directed Investigations to provide the Board with a status update of the investigation in Board Case Number 2023-000453, including a potential completion date for the investigation. The status update is requested within 30 days.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, and Mr. Wilson.

1 **7. Break** – The Board went off the record at 10:33 a.m. and returned on the record at 10:42 a.m.

2
3 **8. Investigation Unit Update**

4
5 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll**
6 **vote, the Alaska State Medical Board entered into executive session in accordance with AS**
7 **44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions, for the purpose of**
8 **discussing Case #2021-000336, with Board and Investigative staff remaining during the**
9 **session.**

10
11 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
12 Dr. Wein, and Mr. Wilson.

13
14 The Board went off the record at 10:47 a.m. The Board returned on the record at 10:50 a.m.

15
16 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll**
17 **vote, the Alaska State Medical Board accepted the Voluntary Surrender of license for Dr. Buck**
18 **Bania in Case No. 2021-000336.**

19
20 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
21 Dr. Wein, and Mr. Wilson.

22
23 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll**
24 **vote, the Alaska State Medical Board entered into executive session in accordance with AS**
25 **44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions, for the purpose of**
26 **discussing Case #2022-000374 with Board and Investigative staff remaining during the session.**

27
28 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
29 Dr. Wein, and Mr. Wilson.

30
31 The Board went off the record at 10:53 a.m. The Board returned on the record at 10:58 a.m.

32
33 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll**
34 **vote, the Alaska State Medical Board accepted the Consent Agreement for Farhaad Riyaz in**
35 **Case No. #2022-000374.**

36
37 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
38 Dr. Wein, and Mr. Wilson.

39
40 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll**
41 **vote, the Alaska State Medical Board entered into executive session in accordance with AS**
42 **44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions, for the purpose of**
43 **discussing Case #2022-000023 with Board and Investigative staff remaining during the session.**

44
45 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
46 Dr. Wein, and Mr. Wilson.

1 The Board went off the record at 11:02 a.m. The Board returned on the record at 11:12 a.m.

2
3 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll**
4 **vote, the Alaska State Medical Board accepted the Consent Agreement for Kevin Hall in Case**
5 **No. #2022-000023.**

6
7 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
8 Dr. Wein, and Mr. Wilson.

9
10 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll**
11 **vote, the Alaska State Medical Board entered into executive session in accordance with AS**
12 **44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions, for the purpose of**
13 **discussing Case #2023-000022 with Board and Investigative staff remaining during the session.**

14
15 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
16 Dr. Wein, and Mr. Wilson.

17
18 The Board went off the record at 11:16 a.m. The Board returned on the record at 11:30 a.m.

19
20 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and decided by a roll**
21 **call vote, the Alaska State Medical Board declined to accept the Consent Agreement for Barry**
22 **Grey in Case #2023-000022.**

23
24 Roll Call: Nays, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Ms. Mielke, Dr. Paulson, Dr. Wein,
25 and Mr. Wilson.

26 Abstained: Dr. Heilala

27
28 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by a roll**
29 **call vote, the Alaska State Medical Board decided to return case #2023-000022 to**
30 **Investigations to pursue a license revocation for Dr. Barry Grey.**

31
32 Roll Call: Nays, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Ms. Mielke, Dr. Paulson, Dr. Wein,
33 and Mr. Wilson.

34 Abstained: Dr. Heilala

35 36 **9. Board of Pharmacy Update – Dr. Ashly Schaber, Board Chair**

37 Chair Wein invited Dr. Schaber, Chair, Board of Pharmacy to address the Board. Dr. Schaber provided an
38 overview of recent board activities, including regulatory change projects, advocacy around statutory
39 change, change to board composition, and other initiatives. Dr. Schaber also highlighted ways the
40 Medical Board can collaborate with the Board of Pharmacy including regulation changes to support
41 pharmacists to practice at the top of their clinical ability and supporting SB 121/HB 226 to increase
42 access to Alaska pharmacies.

43 44 **10. Pharmacy Association Presentation – Dr. Brandy Seignemartin, Executive Director, Alaska** 45 **Pharmacy Association**

46 Chair Wein invited Dr. Seignemartin and other members from the pharmacy association to address the
47 Board. Threats to patient access to medications and a request to support SB 121/HB 226 to increase
48 access to Alaska pharmacies were highlighted. Additional highlights included national trends to expand

1 the application of Cooperative Practice Agreements (CPA's) in order to increase patient access to the
2 treatment of opioid use disorder and public health services, and a request for the Medical Board to
3 update its regulations related to CPAs in order to maximize CPAs as a tool to address these issues in
4 Alaska. Recent rule changes to promote "standards of care" language within the practice of pharmacy
5 were also explained and highlighted.

7 **11. Lunch Break**

8 The Board went off the record at 12:16 p.m. The Board returned on the record at 1:00 p.m.

10 **12. Public Comments / Board Correspondence**

11 Chair Wein recognized Pam Ventgen to address the Board. Ms. Ventgen introduced herself as Executive
12 Director of the Alaska State Medical Association (ASMA). Ms. Ventgen shared that ASMA opposes SB
13 115 and supports working collaboratively with Medical Board on regulation changes to address the
14 needs of physician assistants (PAs) and concerns from physicians who oppose independent practice for
15 physician assistants. Ms. Ventgen stated that ASMA has heard from many physician assistants that SB
16 115 was spearheaded by a small but vocal group of physician assistants and the legislation is not broadly
17 supported by individual PAs. ASMA remains committed to working with the PA community on making
18 regulatory change recommendations that would bridge the gap between overly restrictive regulations
19 and independent practice. Ms. Ventgen advised that ASMA's concerns regarding the composition of the
20 Physician Assistant Work Group are twofold: 1) there were no community-based physicians
21 represented, only tribal based physicians; 2) traditionally "public members" of a board or commission
22 have no financial or other interest in the industry affiliated with the working group they are appointed.
23 Yet, the medical board approved two physician assistants to serve in the capacity as the "public
24 members" which seems contrary to the intent of the board. Finally, Ms. Ventgen urged the medical
25 board to take a formal position on SB 115, and to share its thoughts on the matter of independent
26 practice for physician assistants.

28 Chair Wein provided a summary of written public comments received by the Board during the last
29 quarter.

31 **13. Board Interviews**

32 **Christopher Davis, MD**

33 Dr. Davis requested to be interviewed in executive session.

35 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll**
36 **call vote, the Alaska State Medical Board entered into executive session in accordance with AS**
37 **44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions, for the purpose of**
38 **discussing Dr. Christopher Davis' application for licensure, with Board staff remaining during**
39 **the session.**

41 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr.
42 Paulson, Dr. Wein, and Mr. Wilson.

44 The Board entered executive session at 1:17 p.m. The Board returned on the record at 1:30 p.m.

46 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by**
47 **roll call vote, the Alaska State Medical Board approved Christopher Davis, a full license.**

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, and Mr. Wilson.

Daniel Goldberg, PA

Mr. Goldberg requested to be interviewed in executive session.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll call vote, the Alaska State Medical Board entered into 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. Goldberg's application for licensure, with Board staff remaining during the session.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, and Mr. Wilson.

The Board entered executive session at 1:34 p.m. The Board returned on the record at 1:45 p.m.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll call vote, the Alaska State Medical Board approved Mr. Goldberg, PA, a full license.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, and Mr. Wilson.

Adam Kishman, PA, did not appear for his scheduled interview.

Andrew Paleno, PA

Mr. Paleno requested to be interviewed in executive session.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll call vote, the Alaska State Medical Board entered into 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. Paleno's application for licensure, with Board staff remaining during the session.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, and Mr. Wilson.

The Board entered executive session at 2:04 p.m. The Board returned on the record at 2:10 p.m.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll call vote, the Alaska State Medical Board approved Mr. Paleno, PA, a full license.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, and Mr. Wilson.

1 **14. New Business / Chair Updates**

- 2
- 3 • **Resolution in Support of SB 121 & HB 226**
- 4

5 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll**
6 **call vote, the Alaska State Medical Board approved the resolution as presented in support of**
7 **SB 121 & HB 226 related to Protecting Patient Freedom of Pharmacy Choice and Access to**
8 **Medications.**

9

10 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Barnes, Dr. Paulson,
11 Dr. Wein, and Mr. Wilson.

12

- 13 • **Dept. of Health Request for Support for Regulation Change – Provider Orders for Life**
14 **Sustaining Treatment (POLST) Program**
- 15

16 Chair Wein invited Ms. Norberg to provide the background on this request. [HB 392](#) was signed into law
17 on August 10, 2022. This legislation expanded the authority of APRN's and Physician Assistants to issue
18 or revoke DNR orders, sign death certificates, and/or issue life-sustaining procedures in accordance with
19 the existing authority of physicians. The Department of Health (DOH) drafted changes to the regulations
20 that govern the POLST program to conform with this new legislation. According to AS 13.52.065, any
21 regulations related to DNR protocols must be approved by the State Medical Board. The DOH requested
22 the Medical Board to approve the regulation changes related to POLST as drafted and presented to the
23 board, to be compliant with state law.

24 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll**
25 **call vote, the Alaska State Medical Board approved the Department of Health's draft**
26 **regulation changes to 7 AAC 16.010 related to Do-Not-Resuscitate Protocol and Identification**
27 **as publicly noticed on November 7, 2023.**

28 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Barnes, Dr. Paulson,
29 Dr. Wein, and Mr. Wilson.

30

- 31 • **Support for HB 314/SB 225**
- 32

33 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll**
34 **call vote, the Alaska State Medical Board agreed to support House Bill 314 and Senate Bill 225**
35 **related to Occupational Licensing Fees, and to direct the Executive Administrator to work with**
36 **the Chair to draft and submit letters of support to the bills' respective committees of referral.**

37 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Barnes, Dr. Paulson,
38 Dr. Wein, and Mr. Wilson.

39

40 **15. Break** – the board went off the record for a break at 2:20 pm and returned on the record at 2:29
41 p.m.

42

43 **16. Malpractice Case Reviews**

44 The Chair recommended that the Board enter executive session.

45 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll**

1 call vote, the Alaska State Medical Board entered into executive session in accordance with AS
2 44.62.310 (c)(3), and Alaska Constitutional Right to Privacy Provisions, with board staff
3 remaining in the session, for the purpose of discussing malpractice cases involving the
4 following practitioners:

- 5
- 6 1. Byron Spencer, MD
- 7 2. Corinna Muller, DO
- 8 3. Edward Perry Jr, MD
- 9 4. Justin Pham, MD
- 10 5. Kimberly Schumacher, DO
- 11 6. Madu Prasad, MD
- 12

13 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Barnes, Dr. Paulson,
14 Dr. Wein, and Mr. Wilson.

15
16 The Board went off the record and entered executive session at 2:32 p.m. The Board returned on the
17 record at 3:16 p.m.

18
19 **On a motion duly made by Ms. Mielke, seconded by Sarah Bigelow Hood, and approved by roll**
20 **call vote, the Alaska State Medical Board decided to take no further action with respect to**
21 **malpractice cases involving the following physicians:**

- 22 1. Corrinna Muller, DO
- 23 2. Edward Perry Jr., MD
- 24

25 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Barnes, Dr. Paulson,
26 Dr. Wein, and Mr. Wilson.

27
28 **On a motion duly made by Ms. Mielke, seconded by Sarah Bigelow Hood, and approved by roll**
29 **call vote, the Alaska State Medical Board decided to request the Executive Administrator draft**
30 **a non-disciplinary advisory letter for the following physicians pertaining to their involvement**
31 **in the reviewed malpractice cases:**

- 32
- 33 1. Byron Spencer, MD
- 34 2. Kimberly Schumacher, DO
- 35 3. Justin Pham, MD
- 36

37 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Barnes, Dr. Paulson,
38 Dr. Wein, and Mr. Wilson.

39
40 **On a motion duly made by Ms. Mielke, seconded by Sarah Bigelow Hood, and approved by roll**
41 **call vote, the Alaska State Medical Board decided to refer the malpractice case involving Dr.**
42 **Madu Prasad to the Investigations Unit for the purpose of gathering additional information.**

43
44 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Barnes, Dr. Paulson,
45 Dr. Wein, and Mr. Wilson.

1 **17. Applicant Review / License Approvals**

2 **Full Board Review**

3 Chair Wein recommended that the board enter into executive session.

4
5 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll**
6 **call vote, the Alaska State Medical Board entered into executive session in accordance with AS**
7 **44.62.310(c)(2), and the Alaska Constitutional Right to Privacy Provisions, for the purpose of**
8 **discussing licensing applications, with Board staff remaining during the session.**
9

10 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr.
11 Paulson, Dr. Wein, and Mr. Wilson.

12
13 The Board entered executive session at 3:22 p.m. The Board returned on the record at 3:55 p.m.

14
15 Chair Wein stated that the disposition for the applications reviewed during the executive session
16 will be addressed in the forthcoming motions.

17
18 Ms. Bigelow Hood confirmed no concerns regard the list of physician assistant applicants she
19 reviewed.

20
21 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll**
22 **call vote, the Alaska State Medical Board approved the following list of physician assistants for**
23 **full licensure.**
24

25 Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson,
26 Dr. Wein, and Mr. Wilson.
27

	Lic Type	First Name	Last Name
1.	PA	Katherine	Alexander
2.	PA	Andrew	Ashford
3.	PA	Andrew	Ashton
4.	PA	David	Auer
5.	PA	Douglas	Bartel
6.	PA	Lauren	Bentley
7.	PA	Alice	Berg
8.	PA	Pooja	Bhattacharyya
9.	PA	Anton	Clark
10.	PA	David	Durkee
11.	PA	Erin	Eisses
12.	PA	Sadyk	Fayzulayev
13.	PA	Gibson	Gamel
14.	PA	Margaret	Glissmeyer
15.	PA	Katarina	Godin
16.	PA	Laila	Habib
17.	PA	Floresita	Hernandez

	Lic Type	First Name	Last Name
31.	PA	Julian	Saavedra
32.	PA	James	Schmid
33.	PA	Alla	Shabtai
34.	PA	Narda	Sherman
35.	PA	Elizabeth	Snedeker
36.	PA	Mark	Steinhauser
37.	PA	Erin	Storck
38.	PA	Tevin	Trinh
39.	PA	Eva	Vaaia
40.	PA	Caitlin	Ward
41.	PA	London	Wodfolk
42.	PA	Lauren	Younger
43.	PA	Bradley	Youngers
44.	PA	Grace	Zimmerman

18.	PA	Casey	Hill				
19.	PA	Stefana	Iacob-Townsend				
20.	PA	Daniel	Knudsen				
21.	PA	Jessica	Lachowicz				
22.	PA	Stephen	Meyer				
23.	PA	Keith	McCormick				
24.	PA	Brigid	Morgan				
25.	PA	Brianne	Newman				
26.	PA	Adetunji	Oshun				
27.	PA	Michael	Parente				
28.	PA	Adam	Richins				
29.	PA	William	Roberts				
30.	PA	Douglas	Russell				

Dr. Barnes confirmed no concerns regarding the list of osteopathic physician applications he reviewed.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll call vote, the Alaska State Medical Board approved the following list of osteopathic physicians for full licensure.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, and Mr. Wilson.

	Lic Type	First Name	Last Name
1.	DO	Jarrett	Burns
2.	DO	Chelsea	Eisenberg
3.	DO	Genevieve	Jacobs
4.	DO	Richard	Kim
5.	DO	Alicia	King
6.	DO	Douglas	Lucas
7.	DO	Olga	Mejia
8.	DO	Phillip	Mele
9.	DO	Hailey	Sibbett
10.	DO	Kevin	Sigley
11.	DO	Ted	Spiewak
12.	DO	James	Teet
13.	DO	Michael	Vrablik

When queried about the applications for allopathic physicians they reviewed, Dr. Barnes, Dr. Paulson, and Dr. Wein cited no concerns. Dr. Freeman requested to postpone the decision for licensure for Dr. Ashley Gibbs and Dr. Taichi Imamura until the next board meeting.

On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow Hood, and approved by roll call vote, the Alaska State Medical Board approved the following list of allopathic physicians for full licensure.

Roll Call: Yeas, Dr. Barnes, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein, and Mr. Wilson.

	Lic Type	First Name	Last Name
1.	MD	August	Adams
2.	MD	Justin	Allen
3.	MD	Anubhav	Amin
4.	MD	Rida	Ashraf
5.	MD	Kate	Backstrum
6.	MD	Bruce	Barton
7.	MD	Chetan	Bharel
8.	MD	Jonathan	Breslau
9.	MD	Josiah	Brown
10.	MD	Charles	Buess
11.	MD	Yamil	Cardel
12.	MD	Michael	Chang
13.	MD	Tara	Chang
14.	MD	Louisa	Chatroux
15.	MD	Nak	Chhiv
16.	MD	Kyle	Chong
17.	MD	Michael	Clarke
18.	MD	Lee	Cranmer
19.	MD	Brad	Dolinsky
20.	MD	Francis	Downey
21.	MD	Ajeet	Dube
22.	MD	Cindy	Duke
23.	MD	Kyler	Dykes
24.	MD	David	Eilender
25.	MD	Christopher	Gammarano
26.	MD	Manisha	Ghimire
27.	MD	Reza	Ghomi
28.			
29.	MD	Thomas	Gill
30.	MD	Lauren	Gunderman
31.	MD	Feras	Hamdan
32.	MD	John	Hawrot
33.	MD	David	Helton
34.	MD	Alisa	Hideg
35.	MD	Amber	Hill
71.	MD	Melven	Omodon

	Lic Type	First Name	Last Name
36.	MD	Andrew	Hoene
37.	MD	Mary	Horner
38.	MD	Melissa	Hummelke
39.	MD	Aizaz	Hundal
40.	MD	Benjamin	Huntley
41.	MD	Jazmine	Irish
42.			
43.	MD	Luke	Johnson
44.	MD	Vasanth	Kainkaryam
45.	MD	Suman	Kaza
46.	MD	Mohammad	Khaledy
47.	MD	Nicholaos	Kehagias
48.	MD	Teri	Kim
49.	MD	Taras	Kindrat
50.	MD	Predrag	Latkovich
51.	MD	Daniel	Lazar
52.	MD	Gigi	Lefebvre
53.	MD	Sharon	Lee
54.	MD	Max	Levitt
55.	MD	Susan	Little-Jones
56.	MD	Iris	Liou
57.	MD	Laily	Mahoozi
58.	MD	Katsiaryna	Malykhina
59.	MD	Mark	Mauriello
60.	MD	Harveshp	Mogal
61.	MD	Jeffrey	Mudrick
62.	MD	Stephen	Meyers
63.	MD	Leah	Morelli
64.	MD	Imaad	Nasir
65.	MD	Hridayesh	Nat
66.	MD	Mohammad	Nawabi
67.	MD	Audrey	Newell
68.	MD	Chinedu	Ngwudike
69.	MD	David	Nordin
70.	MD	Augustine	O'Malley
110.	MD	Richard	Veyna

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

The next quarterly meeting date is scheduled for May 3, 2024, in Anchorage.

The meeting was adjourned by unanimous consent at 4:13 p.m.

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 MINUTES OF MEETING
7 Thursday April 11, 2024
8

9 *These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional*
10 *Licensing. They have not been reviewed or approved by the Board.*
11

12 By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a special meeting of
13 the Alaska State Medical Board was held Thursday, April 11, 2024
14

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

16 The meeting was called to order by Ms. Mielke at 5:12 p.m.
17

18 **Roll Call**

19 Board members present:

20 David Barnes, DO
21 Sarah Bigelow Hood, PA-C
22 Matt Heilala, DPM
23 Lydia Mielke, Public Member (Secretary)
24 Eric Nimmo, MD
25 David Paulson, MD
26 David Wilson, Public Member
27

28 Staff present: Jason Kaeser, Licensing Supervisor; Sonia Lipker, Investigator; Natalie Norberg, Executive
29 Administrator; Kendra Wardlaw, Investigator
30

31 **2. Review / Approval of Agenda**
32

33 **On a motion duly made by Ms. Mielke and seconded by Ms. Bigelow-Hood, the Board**
34 **approved by roll call vote the agenda as presented.**
35

36 Roll Call: Yeas, Dr. David Barnes, Ms. Bigelow Hood, Dr. Matt Heilala, Ms. Mielke, Dr. Nimmo,
37 Dr. Paulson, and Mr. Wilson.
38

39 Dr. Nimmo was welcomed as a new board member and invited to introduce himself. Dr. Nimmo shared
40 that he moved to Alaska in 1996 and practiced family medicine both with a small group and in private
41 practice. After closing his practice, he worked for the Department of Corrections for seven years and has
42 been retired for two years. He is looking forward to serving Alaskans on the board.
43

44 **3. Election of Board Chair**

45 Ms. Mielke invited nominations for board chair.
46

47 **Dr. Nimmo was nominated by Mr. Wilson, seconded by Dr. Barnes to serve as the Board Chair.**
48 **Dr. Heilala was nominated by Ms. Mielke, seconded by Dr. Nimmo to serve as Board Chair.**

49 Polling was conducted by roll call vote:

1
2 Results for Dr. Nimmo

3 Yeas: Dr. Barnes, Dr. Paulson, Mr. Wilson

4 Nays: Ms. Bigelow Hood, Ms. Mielke, Dr. Nimmo

5 Abstained: Dr. Heilala

6
7 Results for Dr. Heilala

8 Yeas: Ms. Bigelow Hood, Ms. Mielke, Dr. Nimmo

9 Nays: Dr. Barnes, Dr. Paulson, Mr. Wilson

10 Abstained: Dr. Heilala

11
12 With neither nominee receiving a majority vote, board members considered additional options.

13
14 **Dr. Paulson nominated Ms. Bigelow Hood for Vice-Chair and Dr. Nimmo for Chair, seconded**
15 **by Dr. Barnes.**

16
17 Polling for the nomination of Ms. Bigelow Hood for Vice-Chair was conducted by roll call vote.

18 Yeas: Dr. Barnes, Dr. Heilala, Ms. Mielke, Dr. Nimmo, Dr. Paulson and Mr. Wilson

19 Abstained: Ms. Bigelow Hood

20
21 Polling for the nomination of Dr. Nimmo for Chair was conducted by roll call vote.

22 Yeas: Dr. Barnes, Ms. Bigelow-Hood, Dr. Heilala, Ms. Mielke, Dr. Paulson and Mr. Wilson

23 Abstained: Dr. Nimmo

24
25 **4. Executive Session**

26 **On a motion duly made by Ms. Mielke and seconded by Ms. Bigelow-Hood, the Alaska State**
27 **Medical Board entered executive session for the purpose of discussing matters under AS**
28 **44.62.310(c) involving Case: 2023-000398**

29
30 Roll Call: Yeas, Dr. David Barnes, Ms. Bigelow Hood, Dr. Matt Heilala, Ms. Mielke, Dr. Nimmo,
31 Dr. Paulson, and Mr. Wilson.

32
33 Investigative and board staff remained in the session and all others were excluded.

34
35 The board entered executive session at 6:00 p.m. The board exited executive session at 6:10 p.m.

36
37 **On a motion duly made by Ms. Mielke, seconded by Ms. Bigelow-Hood, and approved by roll**
38 **call vote, the Alaska State Medical Board accepted the consent agreement as proposed for Dr.**
39 **Trung Nam Nguyen in Case: 2023-000398**

40
41 Roll Call: Yeas, Dr. David Barnes, Ms. Bigelow Hood, Dr. Matt Heilala, Ms. Mielke, Dr. Nimmo,
42 Dr. Paulson, and Mr. Wilson.

43
44 **6. Wrap up /Adjourn**

45
46 The Meeting was adjourned by unanimous consent at 6:18 p.m.

Chapter 40. State Medical Board.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 40.010(b) is amended to read:

(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) [REPEALED 4/2/2004;

(D)] a **true and correct attestation** [STATEMENT] 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) [(E)] all [REQUIRED] application and licensing fees **required under**

12 AAC 02.250;

(E) [(F) REPEALED 7/7/2022;

(G) IF APPLICABLE,] verification of the applicant's post-graduate training that meets the requirements of (h) of this section, **if applicable;**

(F) an [(H)] attestation **that** [OF] the **applicant has completed** [APPLICANT'S COMPLETION OF] education in pain management and opioid use and addiction; **if the applicant** [. FOR AN APPLICANT WHO] 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** [REQUESTED BY THE APPLICANT FROM APPROPRIATE AGENCIES AND SENT] directly to the division office **upon the applicant's request;**

(A) evidence [SATISFACTORY TO THE BOARD] that the applicant has passed an appropriate examination **that meets the requirements set out under** [AS DESCRIBED IN] (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) [ORIGINAL LETTERS OF VERIFICATION OF HOSPITAL PRIVILEGES FROM EACH OF THE HOSPITALS LISTED BY THE APPLICANT AS REQUIRED IN (1)(D) OF THIS SUBSECTION; THE LETTERS OF VERIFICATION MUST INCLUDE

(i) CONFIRMATION OF THE DATE OF PRIVILEGES HELD

BY THE APPLICANT;

(ii) INFORMATION ON ANY DISCIPLINARY ACTION
TAKEN AGAINST THE APPLICANT;

(iii) ANY DEROGATORY INFORMATION ON RECORD
ABOUT THE APPLICANT; AND

(iv) ANY REASON FOR WHICH THE APPLICANT WOULD
NOT BE READMITTED TO PRIVILEGES IN THAT FACILITY];

(D) CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT
ADMINISTRATION (DEA);

(E)] clearance from the Federation of State Medical Boards or the
Federation of Podiatric State Medical Boards;

[(F) A PHYSICIAN PROFILE FROM THE AMERICAN MEDICAL
ASSOCIATION (AMA) OR AMERICAN OSTEOPATHIC ASSOCIATION (AOA), IF
APPLICABLE;]

(D) [(G)] verification from the applicant's medical school that the
applicant completed medical school and received a medical school diploma;

(E) [(H) IF APPLICABLE,] verification of the applicant's completion of
post-graduate training that meets the requirements of (h) of this section, **if applicable**;

(F) [(I)] 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).

12 AAC 40.010(h) is amended to read:

(h) An applicant for licensure under this section who graduated from a medical school described in **AS 08.64.200(a)** [AS 08.64.200(a)(1)] or a school of osteopathy described in **AS 08.64.205** [AS 08.64.205(1),] must submit **direct source verification of** [A CERTIFIED TRUE COPY OF A CERTIFICATE DOCUMENTING] successful completion of the post-graduate training required under **AS 08.64.200(a)** [AS 08.64.200(a)(2)] or **08.64.205** [AS 08.64.205(2)]. Any other applicant must submit **direct source verification of** [A CERTIFIED TRUE COPY OF A CERTIFICATE DOCUMENTING] successful completion of the post-graduate training required under **AS 08.64.225(a)** [AS 08.64.225(a)(2)(A)], if applicable. Training periods of less than 12 months will not be accepted. [AN ORIGINAL LETTER WITH AN ORIGINAL SIGNATURE SUBMITTED ON PROGRAM LETTERHEAD WILL BE ACCEPTED IN LIEU OF A CERTIFIED TRUE COPY OF A CERTIFICATE IF THE LETTER IS SUBMITTED DIRECTLY TO THE BOARD BY THE RECOGNIZED HOSPITAL OR FACILITY.]

(Eff. 12/30/70, Register 36; am 5/18/85, Register 94; am 8/2/86, Register 99; am 4/10/88, Register 106; am 5/1/94, Register 130; am 6/28/97, Register 142; am 8/17/97, Register 143; am 11/7/98, Register 148; am 8/9/2000, Register 155; am 6/15/2001, Register 158; am 4/2/2004, Register 169; am 10/14/2006, Register 180; am 3/4/2007, Register 181; am 12/21/2007, Register 184; am 5/8/2013, Register 206; am 8/17/2018, Register 227; am 3/25/2020, Register 233; em am 4/21/2020 - 8/18/2020, Register 234; am 11/16/2020, Register 236; am 10/28/2022, Register 243; am ____ / ____ / _____, Register _____)

Authority:	AS 08.64.100	AS 08.64.210	AS 08.64.250
	AS 08.64.200	AS 08.64.225	AS 08.64.255
	AS 08.64.205	AS 08.64.240	

12 AAC 40.015(b) is amended to read:

(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) [REPEALED 4/2/2004;

(D)] a **true and correct attestation** [STATEMENT] 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 [REQUIRED] application and licensing fees **required under 12 AAC 02.250;**

(E) an attestation that that the applicant has completed [(F) A CERTIFIED TRUE COPY OF THE APPLICANT'S MEDICAL, OSTEOPATHY, OR PODIATRY SCHOOL DIPLOMA OR CERTIFICATE;

(G) IF APPLICABLE, A CERTIFIED TRUE COPY OF EACH OF THE

APPLICANT'S POST-GRADUATE TRAINING PROGRAM CERTIFICATES;

(H) VERIFICATION OF APPLICANT'S COMPLETION OF 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, OR EARNED IN A CATEGORY I OR II CONTINUING MEDICAL EDUCATION PROGRAM ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION, OR EARNED IN A CONTINUING MEDICAL EDUCATION PROGRAM FROM A PROVIDER THAT IS APPROVED BY THE COUNCIL ON PODIATRIC MEDICAL EDUCATION]; **if the applicant** [. FOR AN APPLICANT WHO] 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) [(H)] verification **that** [OF] the **applicant has completed** [APPLICANT'S COMPLETION OF] 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, [OR EARNED IN] a Category I or II continuing medical education program accredited by the American Osteopathic Association, or [EARNED IN] a continuing medical education program from a provider that is approved by the Council on Podiatric Medical Education; **if the applicant** [. FOR AN APPLICANT WHO] 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** [REQUESTED BY THE APPLICANT FROM APPROPRIATE AGENCIES AND SENT] directly to the division office **upon the applicant's request**:

(A) [ORIGINAL LETTERS OF VERIFICATION OF HOSPITAL PRIVILEGES FROM EACH OF THE HOSPITALS LISTED BY THE APPLICANT IN (1)(D) OF THIS SUBSECTION; THE LETTERS OF VERIFICATION MUST INCLUDE

(i) CONFIRMATION OF THE DATE OF PRIVILEGES HELD BY THE APPLICANT;

(ii) INFORMATION ON ANY DISCIPLINARY ACTION TAKEN AGAINST THE APPLICANT;

(iii) ANY DEROGATORY INFORMATION ON RECORD ABOUT THE APPLICANT; AND

(iv) ANY REASON FOR WHICH THE APPLICANT WOULD NOT BE READMITTED TO PRIVILEGES IN THAT FACILITY;

(B) CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION (DEA);

(C)] clearance from the Federation of State Medical Boards or the Federation of Podiatric State Medical Boards;

(B) [(D) A PHYSICIAN PROFILE FROM THE AMERICAN MEDICAL ASSOCIATION (AMA) OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA), IF APPLICABLE;

(E) REPEALED 3/25/2020;

(F)] verification from the applicant's medical school that the applicant completed medical school and received a medical school diploma;

(C) [(G) IF APPLICABLE,] 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) [(H) 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).

(Eff. 7/29/83, Register 87; am 3/30/84, Register 89; am 4/10/88, Register 106; am 6/28/97, Register 142; am 8/17/97, Register 143; am 6/15/2001, Register 158; am 4/2/2004, Register 169; am 3/4/2007, Register 181; am 12/21/2007, Register 184; am 8/17/2018, Register 227; am 3/25/2020, Register 233; em am 4/21/2020 - 8/18/2020, Register 234; am 11/16/2020, Register 236; am ____/____/_____, Register _____)

Authority:	AS 08.64.100	AS 08.64.205	AS 08.64.225
	AS 08.64.180	AS 08.64.209	AS 08.64.240
	AS 08.64.190	AS 08.64.210	AS 08.64.255

12 AAC 40.025(b) is amended to read:

(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)** [(a)(2), (3), AND (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 [RECEIVES CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION (DEA) AND DOCUMENTATION OF THE CLEARANCE IS SENT DIRECTLY TO THE DIVISION BY THE DEA];

(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** [OTHER THAN ALASKA] 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 [ARRANGES FOR A VERIFICATION OF HOSPITAL PRIVILEGES TO BE SENT DIRECTLY TO THE DIVISION, FROM EACH HOSPITAL WHERE THE APPLICANT HAS HELD PRIVILEGES WITHIN THE FIVE YEARS IMMEDIATELY BEFORE THE DATE THAT THE APPLICANT SIGNS THE APPLICATION FORM].

(Eff. 8/20/87, Register 103; am 5/16/98, Register 146; am 6/15/2001, Register 158; am 7/25/2008, Register 187; am ____/____/_____, Register _____)

Authority: AS 08.01.100 AS 08.64.100 AS 08.64.240

12 AAC 40.033(d)(7) is amended to read:

(7) **provide a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [RECEIVE CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION (DEA) AND ARRANGE FOR DOCUMENTATION OF THE CLEARANCE TO BE SENT DIRECTLY TO THE DIVISION BY THE DEA].

(Eff. 9/30/2001, Register 159; am 12/7/2006, Register 180; am ____/____/_____, Register ____)

Authority: AS 08.64.100 AS 08.64.240 AS 08.64.313

12 AAC 40.036(b) is amended to read:

(b) A complete application must include **the following:**

(1) **direct source verification of successful completion of medical school** [A CERTIFIED COPY OF A MEDICAL SCHOOL DIPLOMA];

(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 [REQUIRED] 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.

(Eff. 5/18/85, Register 94; am 4/10/88, Register 106; am 8/17/97, Register 143; am 8/9/2000, Register 155; am 6/15/2001, Register 158; am 9/9/2010, Register 195; am 10/8/2017, Register 224; am 12/25/2019, Register 232; am ____/____/_____, Register _____)

Authority: AS 08.64.100 AS 08.64.180 AS 08.64.279
AS 08.64.101 AS 08.64.275

12 AAC 40.045(d) is amended to read:

(d) The board, a member of the board, [OR] 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** [ESTABLISHED IN]

12 AAC 02.250;

(3) submits verification [, TO THE BOARD'S SATISFACTION,] 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 CURRICULUM VITAE;

(5) **submits a description of** [DESCRIBES, TO THE BOARD'S SATISFACTION,] 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 [(6) DESCRIBES] 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 [, TO THE BOARD’S SATISFACTION,] that the scope of medical practice is for a limited purpose set out in (b) of this section;

(6) [(7)] submits a signed [, NOTARIZED] authorization for the release of records;

(7) [(8)] submits a certified true copy of an accredited medical school diploma **or direct source verification of successful completion of medical school:**

(8) [(9)] submits **direct source verification of the applicant's completion of post-graduate training** [A CERTIFIED TRUE COPY OF ALL ACCREDITED POSTGRADUATE TRAINING CERTIFICATES];

(9) [(10)] SUBMITS A CERTIFIED TRUE COPY OF AN AMERICAN BOARD OF MEDICAL SPECIALTIES MEMBER BOARD CERTIFICATE; THIS REQUIREMENT MAY BE WAIVED BY THE BOARD IF THE COURTESY LICENSE IS INTENDED TO BE USED FOR A FELLOWSHIP; AND

[(11)] submits a Federation of State Medical **Boards'** [BOARDS’S] Board Action Data Bank clearance report; **and**

(10) receives clearance from the National Practitioner Data Bank.

12 AAC 40.045(j)(2) is amended to read:

(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

(iv) **a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION];

(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

(iv) **a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION];

(C) repealed 5/5/2023.

(Eff. 5/1/94, Register 130; am 8/9/95, Register 135; am 12/18/2001, Register 160; am 10/8/2017, Register 224; am 12/25/2019, Register 232; em am 4/21/2020 - 8/18/2020, Register 234; am 11/16/2020, Register 236; am 5/5/2023, Register 246; am ____/____/____, Register ____)

Authority: AS 08.01.062 AS 08.64.100 AS 08.64.240

12 AAC 40.046(b)(5)(D) is amended to read:

(D) **a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION];

12 AAC 40.046(b)(6)(D) is amended to read:

(D) **a true and correct attestation whether the applicant has been the subject of a revoked or restricted DEA registration** [CLEARANCE FROM THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION].

(Eff. 9/25/2022, Register 243; am ____/____/____, Register ____)

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 is repealed:

12 AAC 40.050. Biographical data. Repealed [AN APPLICATION FOR LICENSURE BY CREDENTIALS OR EXAMINATION WILL NOT BE CONSIDERED COMPLETE UNTIL THE APPLICANT HAS REQUESTED THE FOLLOWING DOCUMENTS AND THEY ARE ON FILE IN THE DIVISION OFFICE:

(1) A PHYSICIAN PROFILE FROM THE AMERICAN MEDICAL ASSOCIATION OR AMERICAN OSTEOPATHIC ASSOCIATION;

(2) CLEARANCE FROM THE UNITED STATES DEPARTMENT OF JUSTICE, DRUG ENFORCEMENT ADMINISTRATION;

(3) CLEARANCE FROM THE FEDERATION OF STATE MEDICAL BOARDS REGARDING PREVIOUS OR PENDING DISCIPLINARY ACTIONS AGAINST THE APPLICANT BY ANOTHER JURISDICTION]. (Eff. 8/29/73, Register 47; am 3/30/84, Register 89; am 5/18/85, Register 94; am 8/2/86, Register 99; am 5/1/94, Register 130; repealed ____/____/____, Register ____)

Department of Commerce, Community
and Economic Development

Division of Corporations, Business
and Professional Licensing

Enter program name.

Annual Report
Fiscal Year 2024



Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

P.O. Box 110806
Juneau, Alaska 99811-0806
Email: License@Alaska.Gov

This report is required under Alaska Statute 08.01.070(10).

Program Name.
FY 2024 Annual Report

Table of Contents

Accomplishments

Page x

Activities

Page x

Needs

Page x

Program Name.
FY 2024 Annual Report

Accomplishments

Click or tap here to enter text.

(Include statistics such as apps received vs. licenses issued, total number of active licensees overall, disciplinary matrices created, investigations conducted, accomplishments by staff, etc.)

Program Name.
FY 2024 Annual Report

Accomplishments (continued)

Click or tap here to enter text.

(Include statistics such as apps received vs. licenses issued, total number of active licensees overall, disciplinary matrices created, investigations conducted, accomplishments by staff, etc.)

Program Name.
FY 2024 Annual Report

Activities

Click or tap here to enter text.

Program Name.
FY 2024 Annual Report

Needs

Click or tap here to enter text.

Alaska State Medical Board Goals FY 2024

Guiding Principles	Goals	Strategies	*Notes/Examples of need
Public Safety	<ol style="list-style-type: none"> 1) Ensure appropriate regulations are in place and enforced. 2) Ensure practitioners receive the health services they need to maintain safe practice. 	<ol style="list-style-type: none"> 1.1 Continue to examine existing regulations related to the safe practice of medicine and revise regulations as needed. 1.2 Prioritize timely investigative reviews/explore additional resources for expert consultation. 2.1 Continue to partner with the Physician Health Committee to support rehabilitative services for licensees 	<p>The Physician Assistant regulations must be revised.</p> <p>No definition of “physician-patient relationship” exists in regulation under the medical board.</p> <p>“Medical Spas” are emerging as a popular business model, concerns about public safety have been raised; these business and their services are unregulated in Alaska. The division is exploring the need for regulations/the board will be asked to assist/endorse</p>
Customer Service	<ol style="list-style-type: none"> 3) Ensure the licensing process is timely, efficient and equitable. 	<ol style="list-style-type: none"> 3.1 Continue to work with stakeholders to explore and address strategies to make the licensure process efficient. This will include continued work on regulation changes, and revisions to license applications. 3.2 Implement more processes for more frequent approvals for full licensure 	<p>Consider adopting new processes for how full licenses are approved.</p> <p>Consider adopting changes to how malpractice cases are reviewed</p> <p>Consider adopting a consistent approach to reviewing professional fitness questions.</p>
Communication/Public Engagement	<ol style="list-style-type: none"> 4) Engage in effective communication to promote transparency. 5) Engage with other Boards/entities to leverage advocacy on priority issues. 	<ol style="list-style-type: none"> 4.1 Maintain accuracy of website 4.2 Promote and Utilize List Service 	<p>The Med Board has been asked to work with the Board of Pharmacy to address opioid shortages</p>
Others?			

From: [Norberg, Natalie M \(CED\)](#)
To: [Linda A Smith](#); [McVeigh, Ursula](#)
Cc: [Ashley Schaber](#); [Wolf, Patty J \(CED\)](#); [Bowles, Michael P \(CED\)](#)
Subject: RE: Concerns about opioid prescribing in AK
Date: Tuesday, February 27, 2024 8:31:09 AM

Hello,

Nice to “meet” you, Dr. Smith and Dr. McVeigh. On behalf of the State Medical Board, I look forward to learning more about and collaborating on addressing this issue with you and the Board of Pharmacy in the future.

Best,

Natalie Norberg, LMSW

Executive Administrator, Alaska State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Desk: 907-465-6243
natalie.norberg@alaska.gov

From: Bowles, Michael P (CED) <michael.bowles@alaska.gov>
Sent: Friday, February 23, 2024 12:31 PM
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>; Wolf, Patty J (CED) <patty.wolf@alaska.gov>
Cc: Linda A Smith <linda.smith@akwcc.com>; McVeigh, Ursula <Ursula.Mcveigh@providence.org>; Ashley Schaber <arschaber@anthc.org>
Subject: FW: Concerns about opioid prescribing in AK

Natalie/Patty,

I want to introduce you to Dr. Linda Smith and Dr. Ursula McVeigh with Providence Alaska Medical Group. At last week’s Board of Pharmacy meeting the below letter was discussed concerning opioid shortages across the state which is having a detrimental effect on endpoint patient care. During the meeting it was identified that this is a bigger issue that should involve both the medical board and board of nursing to align efforts to address these shortages from the supply chain point down to the administering and dispensing point.

In the coming weeks I or Dr. Schaber, likely both, will be pursuing a joint meeting on this issue as well as reach out to the DEA to address rules in place which are creating logistical issues across the state as far as getting pain medications to patients that need them.

Michael Bowles

Executive Administrator
Alaska Board of Pharmacy
Office: (907) 465-1073
Fax: (907) 465-2974

[Board of Pharmacy Homepage](#)

From: Linda A Smith <linda.smith@akwcc.com>

Sent: Thursday, November 30, 2023 5:30 PM

To: Board of Pharmacy (CED sponsored) <boardofpharmacy@alaska.gov>

Subject: Re: Concerns about opioid prescribing in AK

You don't often get email from linda.smith@akwcc.com. [Learn why this is important](#)

To: Alaska State Pharmaceutical Board

From: Palliative and Hospice Care Providers, Anchorage, Alaska

Re: pharmaceutical services State of Alaska

Date 7/12/23

Dear Dr. Schaber

This letter is sent on behalf of Hospice and Palliative care providers working in Anchorage, Alaska. Specifically, it addresses the concerns of Dr. Ursula McVeigh, the Medical Director of Providence Alaska Medical Group Palliative Care Department, Dr. Candice Schlafmann, the Medical Director of Providence Alaska Medical Center Hospice Care Program, and me, Dr. Linda Smith of Alaska Women's Cancer Care (Private Oncology Practice). The purpose of this letter is to bring to your attention current prescribing issues that we are facing in and around the Anchorage and Matanuska Susitna area.

Over the past year, and particularly over the past 6 months, we have noted the following difficulties when working with a wide variety of pharmacies and pharmacists:

1. The lack of availability for opioid medications
 - a. Partial fills/short fills
 - b. Low/limited inventory
2. Lack of direction for patients to appropriate pharmacies where the prescriptions can be fully filled.
3. Lack of notification by pharmacies to practices when prescriptions cannot be filled or are only partially filled.
4. The perception of patients and providers that cancer and hospice patients are included in the CDC opioid Prescribing Guidelines by pharmacy/pharmacists, when in fact these populations are specifically excluded from these guidelines.
5. Early refill issues (specifically opioids, Gabapentin, Lyrica – which may require rapid titration)
6. Liability issues cited by pharmacists as a reason to deny filling opioid and controlled substance prescriptions for patients with cancer or who are facing end of life care.

For the past year of practice, one or all of us has experienced a crisis in filling opioid/controlled substance prescriptions. Pharmacies are often out of stock by the middle of each month, and in some cases (Matanuska Susitna Valley, in particular) commonly prescribed opioids and CIPN (Chemotherapy Induced Peripheral Neuropathy) medications are out of stock by the end of the first week of each month.

This has resulted in frustrated patients and family members calling the office during and after-hours requesting prescriptions be sent to different pharmacies to obtain a needed prescription refill at a location other than their usual pharmacy. This is inappropriate use of staff resources to try to resend prescriptions (or balances of prescriptions) to various pharmacies to allow timely refill and prevent patients from experiencing withdrawal symptoms.

Often after mid-month, our patients can obtain only a partial fill of their prescriptions. This information about “short fills” may or may not be relayed to our offices by call or fax. Often the patient is advised by the pharmacy to call our office to report the problem. This then requires a call to the pharmacy where staff is put on hold waiting to speak to a technician to verify the problem and determine how to get them their full month’s supply or, if we are not notified then it appears as though the patient is requesting an early refill when the partial refill runs out. Partial refills are not a safe practice and best practice would be to have pharmacies prescribe the full amount of the medication as prescribed.

These are issues unique to our Palliative and Hospice care patient populations. The adjusted manpower hours and communication required to manage pharmacy issues is staggering and, in our opinions, needs to be addressed at a State level. We have been told repeatedly that pharmacies cannot obtain the necessary amounts of controlled substance medications required to keep our patients comfortable during cancer-directed treatment and in hospice/ and at end of life.

I have been confronted repeatedly by pharmacists reluctant to escalate opioid use as prescribed citing concerns about liability issues with early refills, methadone use, and rotation of opioid medications. Again, these disruptions delay patient care. They often require a direct contact call with the pharmacist which distracts us from providing direct patient care. This is an unnecessary use of provider time.

This demonstrates state-wide mis-application of chronic pain opioids guidelines to patients for whom the guidelines do not apply. The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain reiterates the statement “The new Guideline does not apply to patient with pain from sickle cell disease, cancer, or those receiving palliative care and end-of-life care (Dowell D et al, The New CDC Clinical Practice Guideline, NEJM 2022).

While we work together as healthcare providers in the State of Alaska to develop systems to ensure safe opioid prescribing, we must also work together to assure that barriers placed on opioid prescribing do not disproportionately impact those most medically vulnerable when opioids are medically appropriate. Just as the medical providers must be competent in assessing and managing pain for patients with cancer and at end of life, pharmacies must be competent in knowing what supply of medication is needed for the populations they serve, and they must be able to fill the required prescriptions in a timely and efficient manner.

As providers, we recognize the invaluable service that pharmacy provides for our patients. We sincerely appreciate the attention to safety and prescribing habits. Working together, we hope to achieve optimum medication prescribing and safety for our patients.

We formally request that the State Board of Pharmacy investigate these practices and work with us to find solutions to ease the burden on our staff and on our patients in patient cases where access to opioids and other controlled substances are best practice and medically necessary.

With Respect,

Linda Smith, MD
Dr. Candice Schlafmann

Hospice and Palliative Care Specialist
Medical Director

Alaska Women's Cancer Care
Providence Alaska Medical Center Hospice Care

Ursula McVeigh, MD

Medical Director

Providence Alaska Medical Group

From: [Battaglia](#)
To: [Norberg, Natalie M \(CED\)](#)
Cc: [Nimfa Quinol](#)
Subject: RE: Battaglia - Alaska License Status Update # 219295 - 3rd update
Date: Tuesday, March 26, 2024 1:05:24 PM

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Natalie

I am still interested. The Alaska requirements are ludicrous. I am board certified and CAQ in Orthopedic Sport Medicine. I have never been sued or had any blemishes on my record. It should be easy to just search the national physician data base. I am already licensed in multiple states thru Compact. I did most of my training in the military and the hospital where I did my internship is closed (Oakland Naval Hospital). My clinic manager is undergoing treatment for cancer so we are clearly behind the curve.

Still working on it

THanks

Michael J Battaglia MD
Shoulder Stability Orthopedics PC
1201 Monster Rd Suite 250
Renton, WA 98057
Cell 206-718-9039
Office 425-429-7573
ABOS certified Orthopedic Surgery and Orthopedic Sports Medicine exp January 2031

From: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>
Sent: Tuesday, March 26, 2024 1:59 PM
To: Battaglia <ttags@bbjp.net>
Subject: Battaglia - Alaska License Status Update # 219295 - 3rd update

Hello, Dr. Battaglia,

There has been no new activity related to your license application (no documents received) for licensure over the last month. Are you still interested in being licensed?

Thank you,

Natalie Norberg, LMSW

Executive Administrator, Alaska State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development

From: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Sent: Wednesday, February 28, 2024 11:10 AM
To: ttags@bbjp.net
Subject: Battaglia - Alaska License Status Update # 219295 - 2nd update

Dear Dr. Battaglia,

We recently reviewed the status of your application file. No new documents have been received since our last update. The following items are still needed:

- **Verification of Education and Post Graduate Training**
- **Authorization for Release of Records**
- **Notary Signature Page**
- **National Exam Scores**
- **Verification of license from these states: WA, CO, NY, CA, UT, ID, AZ HI**
- **DEA Clearance**
- **AMA profile**
- **Verification of Hospital Privileges**

Please use the attached forms as needed to request the required documents. All documents should be sent directly to medicalboard@alaska.gov

Please let us know if you have any questions.

Best regards,

Natalie Norberg, LMSW

Executive Administrator, Alaska State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development

This message is confidential, intended only for the named recipient(s) and may contain information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this information is strictly prohibited. If you received this message in error please notify the sender and then delete this message.

HIPAA UNSECURE EMAIL DISCLAIMER: If you are a patient of OIMA, please note that we are required by federal statutes to warn you that communicating with our office via regular email is unsecure and unencrypted. Although the statutes do not prohibit communicating in this manner, we must provide this warning to you. Alternatively, OIMA does have a secure (encrypted) messaging portal that we prefer for all of our patients to use to communicate with us. Please call our office to inquire about registering for a portal account.

From: [Shelley Ellis](#)
To: [Shelley Ellis](#)
Subject: National Health Worker Wellbeing Day 3/18 Announcement
Date: Wednesday, February 28, 2024 12:46:16 PM

You don't often get email from shelley@drbreenheroes.org. [Learn why this is important](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon:

We are excited to share the introduction of the Senate resolution earlier today by US Senators Kaine and Marshall formalizing the creation of ***National Health Worker Wellbeing Day on March 18th***. As you know, the date for this national day is symbolic in that it was the day the President signed the [Dr. Lorna Breen Health Care Provider Protection Act](#) into law.

Please share this [press release](#) with your state's healthcare workforce, and we encourage you to begin planning for ways to honor this day in your organization to make this March 18th a time of celebration and recognition for health workers.

Thank you.

All the best,
Shelley

Shelley Ellis (she/her)
Program Manager
Dr. Lorna Breen Heroes' Foundation
757.660.1272

#StandWithLorna



Our Latest News Coverage



PRESS RELEASE

KAINE & MARSHALL INTRODUCE BIPARTISAN RESOLUTION RECOGNIZING MARCH 18 AS HEALTH WORKFORCE WELL-BEING DAY OF AWARENESS

CHARLOTTESVILLE, Va. (February 28, 2024) – Today, U.S. Senators Tim Kaine (D-VA) and Roger Marshall (R-KS), members of the Senate Health, Education, Labor and Pensions (HELP) Committee, introduced a bipartisan resolution designating March 18, 2024 as Health Workforce Well-Being Day of Awareness. The date was selected to coincide with the day that the senator's bipartisan *Dr. Lorna Breen Health Care Provider Act* was signed into law by President Biden in 2022.

"Our health care providers protect our health and well-being every day, often at the expense of their own. My *Dr. Lorna Breen Health Care Provider Protection Act* is making strides to reduce and prevent suicide, burnout, and mental and behavioral health conditions among health care professionals. I was proud to introduce a bill to reauthorize the law—but there's more we can do to raise awareness," **said Senator Kaine**. "Designating March 18 as Health Workforce Well-Being Day of Awareness would help reduce stigma, advance research, and ensure providers can get the care they need."

"As a physician myself for over 25 years, I know how dedicated our health care workers are to serving their patients around the clock," **Senator Marshall said**. "This job is not easy and requires strenuous hours and hard

work, with immense stress and pressure; today, I'm proud to introduce our bipartisan resolution that designates March 18th as the *Health Workforce Well-Being Day of Awareness*. Honoring, supporting and taking time to recognize the challenges our health care professionals face is critical in providing every patient with excellent care."

Kaine has long led efforts to protect the mental health and well-being of the health care workforce. Earlier this month, Kaine introduced **bipartisan legislation** to reauthorize the *Dr. Lorna Breen Health Care Provider Protection Act*, which has already provided **\$100 million in funding for mental health care for providers across the country**, including **\$5.6 million in federal funding for Virginia providers** at UVA Health, Virginia Commonwealth University, and George Mason University, for five years. Named in honor of Dr. Lorna Breen, a physician from Charlottesville, Virginia who was working on the front lines of the pandemic in New York and died by suicide in the Spring of 2020, the law is helping to address mental health concerns facing our health care providers.

The resolution was cosponsored by Senators Jack Reed (D-RI), Shelley Moore Capito (R-WV), Debbie Stabenow (D-MI), Susan Collins (R-ME), Amy Klobuchar (D-MN), Tina Smith (D-MN), Angus King (I-ME), Mark Warner (D-VA), Krysten Sinema (I-AZ), and Mark Kelly (D-AZ).

"We are deeply thankful to Senators Kaine and Marshall and all supporting organizations for establishing Health Workforce Well-Being Day, coinciding with the anniversary of the Dr. Lorna Breen Health Care Provider Protection Act's enactment," **said Corey Feist, JD, MBA, co-founder and CEO of the Dr. Lorna Breen Heroes' Foundation**. "Acknowledging the pressures health workers face and making their well-being a priority is essential – and our solutions must move far beyond individual resilience. It is vital that we drive evidence-informed, systems level solutions to reduce and prevent burnout, sustain well-being and build a system where health workers can thrive. This not only benefits the healthcare workforce but also improves patient care and contributes to the overall health of our communities."

"The Medical Society of Virginia and its program, SafeHaven, stands in support of this resolution. This is important work in destigmatizing mental health and well-being in the healthcare profession. As we are seeing increased provider burnout and many choosing to leave the profession, now is the time to come together and support these professionals who care for us every day. This is another step in the right direction to changing the landscape of healthcare worker mental health," **said Medical Society of Virginia CEO and Executive Vice President, Melina Davis.**

"Formal federal acknowledgment of the importance of wellness and well-being among America's health care professionals has immense value," **said Virginia Hospital & Healthcare Association (VHHA) President and CEO Sean T. Connaughton.** "Many health care providers experienced burnout associated with the emotional strain and the physical toll of caring for patients amid the intensity of the COVID-19 pandemic, which also coincided with workforce challenges across the sector. Policies such as the reauthorization of the *Dr. Lorna Breen Health Care Provider Protection Act* to provide support and dedicated resources for health care professionals, and an official resolution designating March 18 as *Health Workforce Well-Being Day of Awareness*, speak volumes about the commitment of elected officials to care for the clinicians who offer comfort and medical treatment to countless Americans. We commend Senator Kaine and his colleagues in Congress who have championed these efforts."

"Senator Kaine's resolution to designate March 18 as Health Workforce Well-Being Day of Awareness is an important step in bringing attention to issues of health workforce burn out and mental health. The George Mason University College of Public Health and the Center for Health Workforce look forward to working with Senator Kaine and the legislature to address health worker well-being and the critical shortage of health workers in the state," **said Dr. Melissa J. Perry, Dean of George Mason's College of Public Health.**

"The wellbeing of our nation's health care providers is essential, and I'm proud to support the Health Workforce Well-Being Day of Awareness on March 18," **said Nancy Howell Agee, CEO of Carilion Clinic and past chair of**

the American Hospital Association. “Thank you to Senators Kaine, Marshall, Reed, Capito, Stabenow, Collins, Klobuchar, Smith, and King for continuing to shine a light on the needs of those who dedicate their lives to caring for their neighbors.”

“As healthcare providers, we’re in the business of taking care of people and that starts with our team members,” **said Marlon Levy, M.D., MBA, interim senior vice president, VCU Health Sciences and interim chief executive officer, VCU Health System.** “VCU Health is proud to support Senator Kaine’s and Senator Marshall’s resolution designating March 18 as Health Workforce Well-Being Day of Awareness. Having a healthy, engaged and caring workforce is essential to taking care of our communities.”

“We are grateful to Sen. Kaine for his support for the well-being of healthcare workers through his resolution to create a ‘Health Workforce Well-Being Day of Awareness.’ Promoting wellbeing helps our team members provide high-quality care to patients while working in an often demanding and stressful profession,” **said K. Craig Kent, MD, University of Virginia Health CEO.**

“It’s impossible to hear stories day in and day out of physical challenge and hardship and emotional trauma without absorbing some of our patients’ pain. Medicine done well involves sympathizing but more importantly empathizing with our patients. Over time, this burden of human suffering can build up. Recognizing the importance of an emotionally healthy workforce helps acknowledge it’s importance. That can then guide the dedication of appropriate time and resources directed toward that goal. We wholeheartedly support the Health Workforce Well-Being Day of Awareness,” **said Dr. David Roberts, Chief Medical Officer, Community Health Center of the New River Valley.**

A full list of supporting organizations and quotes is available [here](#).

Full text of the resolution is available [here](#).

HELP CARE FOR THE MENTAL HEALTH OF THOSE WHO CARE FOR US.

[DONATE NOW](#)



It is our mission to reduce
burnout of health care
professionals and safeguard
their well-being and job
satisfaction.

[WHO WE ARE](#)

[LEARN MORE](#)

[TAKE ACTION](#)

[THE LATEST](#)

[DONATE](#)

[SPEAKERS](#)

[SUBSCRIBE TO OUR NEWSLETTER](#)

Email Us: shelley@drbreenheroes.org



The Dr. Lorna Breen Heroes' Foundation is a 501(c)(3) organization, EIN: 85-1509081.

Our work is licensed under a [Creative Commons Attribution-NoDerivatives 4.0 International License](#).



From: [April Evans](#) on behalf of [Humayun Chaudhry](#)
Subject: John Oliver Segment on State Medical Boards
Date: Tuesday, March 26, 2024 5:36:46 AM

You don't often get email from hchaudhry@fsmb.org. [Learn why this is important](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Executive Directors,

I wanted to reach out to you about [an episode](#) of “Last Week Tonight with John Oliver (MAX)” that aired earlier this month and focused on state medical boards and physician discipline. “Last Week Tonight” is a late-night political satire show hosted by British-American writer and comedian, John Oliver. In the segment, Mr. Oliver presented a critical view of state medical boards, criticizing the slow adjudication of cases and a lack of public member representation on boards. While Mr. Oliver did acknowledge that boards are underfunded and understaffed, he did not take the opportunity to highlight the many, many efforts boards take to protect patients despite limited resources.

It is unfortunate that “Last Week Tonight” did not reach out to FSMB for comment before airing, nor did it fact-check any of the statements made in the piece. Had they done so, we would have pointed out that patients do have access to a free, national database of physician licensure and discipline information through [DocInfo.org](https://www.docinfo.org). We would have also explained how all state medical boards share disciplinary information with one another through the Physician Data Center (PDC) to prevent physicians with serious discipline from relocating and practicing undetected.

The FSMB will not be formally responding to the segment (Mr. Oliver is principally an entertainer, not a journalist) but we will double our efforts to explore ways to better promote the positive outcomes realized by the work of state medical boards.

Sincerely,
Hank

Humayun “Hank” Chaudhry, DO, MACP, FRCP
President and Chief Executive Officer

Federation of State Medical Boards
1775 Eye Street NW | Suite 410 | Washington, DC 20006
817-868-4044 direct | 817-259-2856 fax
hchaudhry@fsmb.org | www.fsmb.org



FEDERATION OF STATE MEDICAL BOARDS

Board of Directors Meeting February 21-23, 2024

HIGHLIGHTS

The FSMB Board of Directors met in Frisco, Texas on February 21-23, 2024. The following is a summary of that meeting.

Reports to the 2024 House of Delegates

The Board of Directors discussed and took action on reports and resolutions that will be going to the 2024 House of Delegates for approval, including: 1) *Strategies for Prescribing Opioids for the Management of Pain; and, Position Statement on Access to Evidence-Based Treatment for Opioid Use Disorder*, 2) *Regulation of Physicians in Training*, 3) *Guidelines for the Structure and Function of a State Medical and Osteopathic Board*; 3) *Guidelines and Recommendations to Aid State Medical Boards and Physicians in Navigating the Responsible and Ethical Incorporation of AI into Clinical Practice* (recently renamed *Navigating the Responsible and Ethical Incorporation of Artificial Intelligence into Clinical Practice*), 4) Resolution 24-1: *Post-Licensure Medical Assessment of Physician Assistants* (introduced by the Wyoming Board of Medicine), 5) Resolution 24-2: *Pathways to Licensure for International Medical Graduates* (introduced by the Oregon Medical Board), and 6) Resolution 24-3: *Medical Directors of Health Insurers Making Medical Necessity Determinations* (introduced by the Oregon Medical Board).

The reports and resolutions being considered by this year's House of Delegates (and Reference Committees), as well as all agenda materials for the business meeting of the House of Delegates, are now available on the FSMB Annual Meeting website: (see [2024 House of Delegates Book](#)) Background information on the candidates for elected offices can also be found on the website (see [Candidates](#)).

Reference Committees will meet on Friday, April 19 at the FSMB Annual Meeting to consider the reports and resolutions going to the House of Delegates. Those wishing to provide testimony to the Committees may do so in person or submit written testimony prior to the meeting. **The deadline for submitting written testimony is Friday, April 12.** The testimony should be in the form of a letter addressed to: Christine M. Khandelwal, DO, Chair, Reference Committee A or Danny M. Takanishi, Jr., MD, Chair, Reference Committee B. You may send the letters to: pmccarty@fsmb.org.

FSMB Awards

The Board of Directors approved the recipients of the FSMB's annual awards that recognize outstanding service to the FSMB and the field of medical regulation. The recipients will be recognized during the upcoming 2024 Annual Meeting. Recipients of the Award of Merit are Shami Goyal, MD, MMM (IL); Shelly Wang Bandago (NY PMC); and George Zachos, JD (MA). The recipients of the Leadership Award are Alexander Gross, MD (GA); Ahlani Quiogue; (HI) and Dennis Smith, JD (formerly ME-M). A Lifetime Achievement Award will be presented to Arthur Hengerer, MD (formerly NY-PMC and Past FSMB Chair).

Staff Fellow Appointed to the Board of Directors

The Board of Directors selected Kenneth Cleveland, MD to serve a full two-year term as a Staff Fellow on the Board beginning April 21, 2024. Dr. Cleveland is the Executive Director of the Mississippi State Board of Medical Licensure.

Financial Report

The Board of Directors approved presenting to the 2024 House of Delegates a proposed FY 2025 Operating Budget for approval. The Board also approved a Capital Budget request in the amount of \$2,212,075, which will be used for six (6) development projects relating to: 1) a new FCVS and UA combined application product, 2) artificial intelligence technology, 3) data quality and delivery processes, 4) an update to the FSMB website's navigation, appearance, and ADA compliance, 5) an Episerver (Content Management Software) upgrade for the website, and 6) utilization of Zendesk, a customer support solution that will improve response times to Member Medical Board and physician inquiries.

USMLE-Intealth Agreement

The Board of Directors approved a revised agreement between the USMLE and Intealth, regarding use of USMLE for purposes of ECFMG Certification.

Physician Workforce Matters

The Board of Directors approved support of the FSMB partnering with the ACGME, Intealth and other relevant organizations to study alternate licensing models that are being contemplated or legislated, in order to offer recommendations to address access to care issues in a way that is thoughtful and assures patient safety and protection as paramount.

Informational Reports

Informational reports were received on the activities/work of the FSMB Chair, President and Chief Executive Officer, Chief Advocacy Officer, Chief Assessment Officer, Chief Legal Officer, Chief Operating Officer, and the FSMB's Physician Data Center and Credentials Verification Service. Additionally, updated reports were presented on a USMLE security breach, FSMB's engagement and member services, federal and legislative activities, the FSMB's Employee Survey results, the sale of

the FSMB's property in Washington, D.C., and pilot projects utilizing artificial intelligence to improve licensure and disciplinary processes. Informational reports were provided on the work of the Journal Oversight Committee, the Board's Planning Committee and on the National Academy of Medicine's (NAM's) Action Collaboratives on Clinician Well-being and Resilience and on Countering the U.S. Opioid Epidemic (recently renamed the Collaborative on Combatting Substance Use and Opioid Crises). Reports were also received from the FSMB representatives to the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Graduate Medical Education (ACGME), and the National Commission on Certification of Physician Assistants (NCCPA).

From: [Board, Medical \(CED sponsored\)](#)
To: Cox.Lillie@dorsey.com
Subject: Definition of "term of physician-patient relationship" as it relates to sexual misconduct
Date: Thursday, March 28, 2024 2:22:42 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Good afternoon,

Thank you for your inquiry. The Alaska State Medical Board has not defined the term "physician-patient relationship" in regulation nor issued any specific guidance on this matter.

Best regards,



Natalie Norberg, LMSW
Executive Administrator, State Medical Board
Corporations, Business & Professional Licensing
natalie.norberg@alaska.gov
Office: 907-465-6243
www.commerce.alaska.gov



From: Cox.Lillie@dorsey.com <Cox.Lillie@dorsey.com>
Sent: Wednesday, March 27, 2024 2:07 PM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Definition of "term of physician-patient relationship" as it relates to sexual misconduct

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

I am looking for guidance on how the "term of the physician-patient relationship" is defined by the Medical Board. I see that the board has put out this [guidance](#) on patient abandonment, but I have not found anything directly defining the term of the physician-patient relationship. I also see that the board has adopted AMA's Medical Code of Ethics, however that also does not clearly define the term of the physician-patient relationship.

I am advising a client on reporting obligations and am interested in this definition as it relates to Alaska Statutes Section 08.64.326(a)(9) (sexual misconduct).

Thank you.

Lillie C. Cox

Associate



DORSEY & WHITNEY LLP

Suite 1500, 50 South Sixth Street | Minneapolis, MN 55402-1498

P: 612.492.5042

C: 715.894.7158

CONFIDENTIAL COMMUNICATION

E-mails from this firm normally contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not read this e-mail or any attached items. Please delete the e-mail and all attachments, including any copies thereof, and inform the sender that you have deleted the e-mail, all attachments and any copies thereof. Thank you.

From: [Bowles, Michael P \(CED\)](#)
To: [Bannarbie, Shane R \(CED\)](#); [Billiet, Rachel K \(CED\)](#); [Bowman, Reid T \(CED\)](#); [Bowman, Tami J \(CED\)](#); [Carabajal, Ashley L \(CED\)](#); [Kaeser, Jason R \(CED\)](#); [Maroney, Lisa K \(CED\)](#); [Norberg, Natalie M \(CED\)](#); [Pace, Jeanne M \(CED\)](#); [Saviers, Glenn A \(CED\)](#); [Sherrell, Lisa D \(CED\)](#); [Wilson, La Creatia I \(CED\)](#); [Wolf, Patty J \(CED\)](#); [Larson, Charley V \(CED\)](#); [Young, Stephen M \(CED\)](#); [Glenn, Amy M \(CED\)](#); [Harp, Beth L \(CED\)](#); [Jones, Sarah A \(CED\)](#); [Perez, Brigham M \(CED\)](#)
Cc: [Robb, Sylvan S \(CED\)](#); [Saviers, Glenn A \(CED\)](#); [Chambers, Sara C \(CED\)](#)
Subject: Board of Pharmacy Regulations Changes
Date: Friday, April 19, 2024 12:24:14 PM
Attachments: [2023200594 Regulations Changes to Publish.pdf](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

Good afternoon,

The attached board of pharmacy regulations change project is now complete and will go into effect May 19, 2024.



Michael Bowles
Executive Administrator, Board of Pharmacy
Corporations, Business and Professional Licensing

michael.bowles@alaska.gov
Office: 907-465-1073
www.commerce.alaska.gov



FOR DELEGATION OF THE LIEUTENANT GOVERNOR'S AUTHORITY

I, NANCY DAHLSTROM, LIEUTENANT GOVERNOR OF THE STATE OF ALASKA, designate the following state employees to perform the Administrative Procedures Act filing functions of the Office of the Lieutenant Governor:

April Simpson, Regulations and Initiatives Specialist

IN TESTIMONY WHEREOF, I have signed and affixed the Seal of the State of Alaska, in Juneau, on May 15th, 2023.



A handwritten signature in blue ink, reading "Nancy Dahlstrom", is written over a horizontal dotted line.

**NANCY DAHLSTROM
LIEUTENANT GOVERNOR**

Register 250, July 2024 PROFESSIONAL REGULATIONS

12 AAC 52.050(a)(2) is amended to read:

(2) arrange for [THE TRANSFER OF PRESCRIPTION DRUG ORDERS OR COMPUTER PRESCRIPTION RECORDS TO ANOTHER PHARMACY TO FACILITATE] continuous patient care, including the transfer of prescription drug orders or computer prescription records to another pharmacy; and

12 AAC 52.060(d) is amended to read:

(d) In this section, “other disaster” includes a [ANY] disaster situation that causes a pharmacy to [THE] need to move to a temporary location, temporarily close, or results in damage to the pharmacy’s drug or device inventory.

(Eff. 1/16/98, Register 145; am 4/3/2020, Register 234; am 8/30/2020, Register 235; am 12/28/2022, Register 244; am 5 / 19 / 2024, Register 250)

Authority: AS 08.80.005 AS 08.80.157 AS 08.80.330
AS 08.80.030

The introductory language of 12 AAC 52.070(b) is amended to read:

(b) An applicant for licensure under this section shall [MUST] submit to the department

...

12 AAC 52.070(b)(5) is amended to read:

(5) verification that the applicant has passed the examination required under 12 AAC 52.090, sent directly to the department by the National Association of Boards of Pharmacy [, THAT THE APPLICANT HAS PASSED THE EXAMINATIONS REQUIRED IN 12 AAC 52.090];

Register 250, July 2024 PROFESSIONAL REGULATIONS

(Eff. 1/16/98, Register 145; am 2/15/2006, Register 177; am 7/1/2007, Register 182; am 10/31/2019, Register 232; am 12/28/2022, Register 244; am 1/19/2024, Register 249; am 5 / 19 / 2024, Register 250)

Authority: AS 08.80.005 AS 08.80.110 AS 08.80.270
AS 08.80.030 AS 08.80.116

12 AAC 52.090 is amended to read:

12 AAC 52.090. Examination requirements and registration. (a) An [IN ADDITION TO THE REQUIREMENTS IN AS 08.80.110, AN] applicant for a pharmacist license shall pass the

[(1)] North American Pharmacy licensing examination (NAPLEX), administered by the National Association of Boards of Pharmacy, with a NAPLEX scaled score of 75 or higher [ABOVE; AND

(2) ALASKA PHARMACY JURISPRUDENCE EXAMINATION WITH A SCALED SCORE OF 75 OR ABOVE].

(b) Repealed 5 / 19 / 2024 [AN APPLICANT FOR A TEMPORARY PHARMACIST LICENSE SHALL PASS THE ALASKA PHARMACY JURISPRUDENCE EXAMINATION WITH A SCALED SCORE OF 75 OR ABOVE].

(c) An applicant for a pharmacist license who [THAT] has passed the NAPLEX examination in another licensing jurisdiction shall make arrangements for the National Association of Boards of Pharmacy to send verification of the applicant's examination score [SCORES] directly to the department.

(d) An applicant for licensure by examination shall [MUST] submit an application under 12 AAC 52.070 and be determined to be eligible [APPROVED] under 12 AAC 52.092 before

the applicant may sit [SITTING] for examination under this section.

(e) Repealed 5 / 19 / 2024 [AN APPLICANT WHO HAS FAILED THE ALASKA PHARMACY JURISPRUDENCE EXAMINATION SPECIFIED IN (f) OF THIS SECTION MAY NOT RETAKE THE EXAMINATION FOR AT LEAST 30 DAYS].

(f) Repealed 5 / 19 / 2024 [THE MULTISTATE PHARMACY JURISPRUDENCE EXAMINATION ADMINISTERED BY THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY (NABP) IS THE EXAMINATION ADOPTED BY THE BOARD AS THE ALASKA PHARMACY JURISPRUDENCE EXAMINATION. AN APPLICANT SHALL SATISFY ALL OTHER LICENSE REQUIREMENTS WITHIN ONE YEAR AFTER PASSING THE ALASKA PHARMACY JURISPRUDENCE EXAMINATION OR RETAKE THE EXAMINATION].

(g) An applicant applying for a **pharmacist** [PHARMACY] license by examination shall **submit an** [MAKE] application within one year of successfully passing the NAPLEX. **If it has been** [AN APPLICANT APPLYING] more than one year **since the applicant passed** [AFTER PASSING] the NAPLEX, **the applicant** shall

(1) retake the NAPLEX **in accordance with this section;** or

(2) apply for a **pharmacist** [PHARMACY] license under AS 08.80.145. (Eff. 1/16/98, Register 145; am 2/26/2000, Register 153; am 5/5/2000, Register 154; am 8/21/2002, Register 163; am 5/15/2004, Register 170; am 7/1/2007, Register 182; am 8/12/2007, Register 183; am 5 / 19 / 2024, Register 250)

Authority:	AS 08.01.065	AS 08.80.110	AS 08.80.150
	AS 08.80.005	AS 08.80.120	AS 08.80.160
	AS 08.80.030		

Register 250, July 2024 PROFESSIONAL REGULATIONS

12 AAC 52.092 is amended to read:

12 AAC 52.092. Eligibility to sit for examination. An applicant for licensure by examination who has submitted documents that meet the requirements set out **under** [IN] 12 AAC 52.070 will be referred **by the board** to the National Association of Boards of Pharmacy [BY THE BOARD] to determine eligibility to sit for the North American Pharmacy Licensing Examination (NAPLEX) [AND THE MULTISTATE PHARMACY JURISPRUDENCE EXAMINATION (MPJE)] required under

12 AAC 52.090. (Eff. 7/1/2007, Register 182; am 12/28/2022, Register 244; am

5 / 19 / 2024, Register 250)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.110

12 AAC 52.095(b) is amended to read:

(b) An applicant for licensure under this section who has not taken the **Alaska pharmacy jurisprudence examination set out under 12 AAC 52.098 will receive the examination from the department once** [MULTISTATE PHARMACY JURISPRUDENCE EXAMINATION (MPJE) REQUIRED UNDER 12 AAC 52.090 IS APPROVED TO SIT FOR THAT EXAMINATION IF] the applicant has submitted the documents required under (a)(1) – (4) of this section. **The applicant is required to pass the examination to be eligible for licensure by reciprocity under this section.**

(Eff. 7/1/2007, Register 182; am 10/31/2019, Register 232; am 12/28/2022, Register 244; am

1/19/2024, Register 249; am 5 / 19 / 2024, Register 250)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.145

12 AAC 52 is amended by adding a new section to read:

12 AAC 52.098. Alaska pharmacy jurisprudence examination. The department will submit the Alaska pharmacy jurisprudence examination to an applicant for licensure by reciprocity who has submitted documents that meet the requirements set out under 12 AAC 52.095. The Alaska pharmacy jurisprudence examination is prepared by the board and covers the provisions of AS 08.80, AS 17.30.200, and 12 AAC 52, relating to the practice of pharmacy.

(Eff. 5 / 19 / 2024, Register 250)

Authority: AS 08.80.005 AS 08.80.110 AS 08.80.145
AS 08.80.030 AS 08.80.120

12 AAC 52.150 is repealed:

12 AAC 52.150. Proof of licensure for individual pharmacists working for tribal health programs. Repealed 5 / 19 / 2024 [(a) A PHARMACIST WHO ENGAGES IN THE PRACTICE OF PHARMACY IN A TRIBAL HEALTH PROGRAM IN THIS STATE AND WHO IS NOT LICENSED BY THE BOARD MUST PROVIDE THE BOARD NOTICE 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 NO LATER THAN 30 DAYS AFTER AN INDIVIDUAL BEGINS WORKING AT A TRIBAL HEALTH PROGRAM IN THIS STATE, AND MUST INCLUDE

(1) A COMPLETED ALASKA STATE PHARMACIST LICENSE
EXEMPTION FORM PROVIDED BY THE DEPARTMENT;

(2) A CERTIFIED TRUE COPY OF A CURRENT, VALID PHARMACIST
LICENSE IN GOOD STANDING FROM ANOTHER JURISDICTION; AND

(A) PROOF OF EMPLOYMENT BY A TRIBAL HEALTH PROGRAM

Register 250, JULY 2024 PROFESSIONAL REGULATIONS

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); OR

(B) PROOF OF STATUS AS AN INDEPENDENT CONTRACTOR, INCLUDING A COPY OF THE CONTRACT, IF THE OUT-OF-STATE PHARMACIST IS WORKING FOR THE TRIBAL HEALTH PROGRAM AS AN INDEPENDENT CONTRACTOR.

(b) A PHARMACIST PRACTICING UNDER THE EXEMPTION MAY NOT PRACTICE BEYOND THE SCOPE OF THE OTHER STATE LICENSE.

(c) THE LICENSING EXEMPTION DOES NOT EXTEND TO SERVICES PROVIDED TO NON-TRIBAL HEALTH PROGRAMS. IN ADDITION, AN OUT-OF-STATE LICENSED PHARMACIST WORKING OUTSIDE THE SCOPE OF THE INDIVIDUAL'S CONTRACTED EMPLOYMENT WITH A TRIBAL HEALTH PROGRAM MUST APPLY FOR LICENSURE AS A PHARMACIST IN ACCORDANCE WITH AS 08.80]. (Eff. 10/31/2019, Register 232; repealed 5 / 19 / 2024, Register 250)

12 AAC 52.310(c)(5) is amended to read:

(5) qualifies by

(A) retaking and passing the examination [EXAMINATIONS] required under 12 AAC 52.090(a); or

(B) providing verification that the applicant has continually practiced pharmacy in another state under a license issued by the authority of that state for the period that the license has been lapsed [, AND BY MEETING THE REQUIREMENTS OF 12 AAC 52.090(a)(2)]; for purposes of AS 08.80.147 and this subparagraph, an

Register 250, July 2024 PROFESSIONAL REGULATIONS

applicant has continually practiced pharmacy if the pharmacist has actively practiced pharmacy in the other state for at least six months during each year that the license in the [THIS] state was lapsed; and

(Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 8/21/2002, Register 163; am 2/11/2004, Register 169; am 5/26/2006, Register 178; am 9/17/2011, Register 199; am 8/1/2014, Register 211; am 1/19/2024, Register 249; am 5 / 19 / 2024, Register 250)

Authority: AS 08.01.100 AS 08.80.030 AS 08.80.165
AS 08.80.005 AS 08.80.147

12 AAC 52.985(f)(2) is repealed:

(2) repealed 5 / 19 / 2024 [THE NOTICE REQUIRED UNDER 12 AAC 52.150(a) NEED NOT BE PROVIDED UNTIL 30 DAYS AFTER THE DATE THAT THE DISASTER EMERGENCY ENDS];

(Eff. 10/31/2019, Register 232; am 4/3/2020, Register 234; am 8/30/2020, Register 235; am 5 / 19 / 2024, Register 250)

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.995(a) is amended by adding a new paragraph to read:

(42) "NAPLEX" means the North American Pharmacy Licensing Examination, administered by the National Association of Boards of Pharmacy.

(Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 11/10/2001, Register 160; am 8/21/2002, Register 163; am 2/15/2006, Register 177; am 8/12/2007, Register 183; am 9/11/2010, Register 195; am 12/29/2011, Register 200; am 8/1/2014, Register 211; am 6/7/2018, Register 226; am 10/31/2019, Register 232; am 4/3/2020, Register 234; am 8/30/2020, Register

Register 250, July 2024 PROFESSIONAL REGULATIONS

235; am 7/15/2023, Register 247; am 5 / 19 / 2024, Register 250)

Authority: AS 08.80.005 AS 08.80.159 AS 17.30.200

AS 08.80.030 AS 11.71.900 AS 17.30.900

AS 08.80.157

((Publisher: please replace the period that follows 12 AAC 52.995(a)(41) with a semicolon.)))

From: [Bowles, Michael P \(CED\)](#)
To: [Bannarbie, Shane R \(CED\)](#); [Billiet, Rachel K \(CED\)](#); [Bowman, Reid T \(CED\)](#); [Bowman, Tami J \(CED\)](#); [Carabajal, Ashley L \(CED\)](#); [Kaeser, Jason R \(CED\)](#); [Maroney, Lisa K \(CED\)](#); [Norberg, Natalie M \(CED\)](#); [Pace, Jeanne M \(CED\)](#); [Sherrell, Lisa D \(CED\)](#); [Wilson, La Creatia I \(CED\)](#); [Wolf, Patty J \(CED\)](#)
Cc: [Robb, Sylvan S \(CED\)](#); [Saviers, Glenn A \(CED\)](#); [Chambers, Sara C \(CED\)](#)
Subject: FW: "Electronic Mailbag" – Thursday, March 14, 2024
Date: Thursday, March 14, 2024 1:11:53 PM
Attachments: [MEMO - EO - DEA HHS Joint Letter.pdf](#)
[HHS-SAMHSA-DEA joint letter on MOUD.msg](#)

Good afternoon,

I thought this may be of interest to other healthcare boards.

Michael Bowles

Executive Administrator
Alaska Board of Pharmacy
Office: (907) 465-1073
Fax: (907) 465-2974

[Board of Pharmacy Homepage](#)

From: Ruhl, Jessica <jruhl@nabp.pharmacy>
Sent: Thursday, March 14, 2024 12:36 PM
Subject: "Electronic Mailbag" – Thursday, March 14, 2024

Some people who received this message don't often get email from jruhl@nabp.pharmacy. [Learn why this is important](#)

CAUTION: This email originated from outside the State of Alaska mail system.
Do not click links or open attachments unless you recognize the sender and know the content is safe.



TO: NABP Executive Committee
FROM: Lemrey "Al" Carter, Executive Director/Secretary
RE: "Electronic Mailbag" – Thursday, March 14, 2024

1. MEMO – EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY
RE: DEA/HHS Joint Letter on MOUD
Attachment

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY
FROM: Lemrey “Al” Carter, Executive Director/Secretary
DATE: March 14, 2024
RE: DEA/HHS Joint Letter on MOUD

Representatives of the Drug Enforcement Administration (DEA) and the Department of Health and Human Services (HHS) have jointly signed a letter supporting the expansion of medications for opioid use disorder (MOUD), especially in rural or underserved areas.

See the attached announcement for more details.

cc: NABP Executive Committee

Dear DEA Registrant,

In 2022, 6.1 million people in the United States had an opioid use disorder (OUD). Among them, only 18.3% received medication-assisted treatment. The removal of the Drug Addiction Treatment Act of 2000 “x-waiver” in December 2022 eliminated a significant barrier to treatment for OUD, dramatically increasing the number of medical professionals who can prescribe buprenorphine from the previously eligible 130,000 prescribers.

The Drug Enforcement Administration (DEA) and the Department of Health and Human Services (HHS) are committed to ensuring safe and ready access to medications for opioid use disorder (MOUD), especially in rural or underserved areas where treatment options have been limited. With the passage of the Consolidated Appropriations Act, 2023,¹ there was an immediate and significant increase in the number of practitioners who can prescribe schedule III MOUD products (e.g., buprenorphine combination products containing buprenorphine and naloxone) for patients with OUD.

As access to treatment increases, it is understood that the use of MOUD products will likely increase at the same time. DEA recognizes that there have been recent increases in demand for certain schedule III MOUD controlled substances as compared to years prior to the Opioid Public Health Emergency, and that there may be a corresponding increase in prescriptions for these medications from medical providers. DEA supports collaboration amongst all DEA registrants to ensure there is an adequate and uninterrupted supply of MOUD products when these products are appropriately prescribed. Distributors should carefully examine quantitative thresholds they have established to ensure that individuals with OUD who need buprenorphine are able to access it without undue delay. DEA has posted a guidance document on its portal related to this issue:

[https://www.dea diversion.usdoj.gov/GDP/\(DEA-DC-065\)\(EO-DEA258\)_O_A_SOR_and_Thresholds_\(Final\).pdf](https://www.dea diversion.usdoj.gov/GDP/(DEA-DC-065)(EO-DEA258)_O_A_SOR_and_Thresholds_(Final).pdf).

For more information, please visit www.samhsa.gov and/or www.DEAdiversion.usdoj.gov. It is our sincere hope that the remarkable increase in the number of medical professionals who can prescribe this life-saving medication will not only change the lives of individuals with OUD, but will also stem the escalating rate of opioid-related deaths at a population level.

Please join us in this fight to save lives.

Sincerely,



Anne M. Milgram
Administrator,
Drug Enforcement Administration
Department of Justice



Rachel L. Levine, M.D.
ADM, USPHS
Assistant Secretary for Health
Department of Health and Human



Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental
Health and Substance Use
Department of Health and Human
Services

¹ Pub. L. No. 117-328, 136 Stat. 4459 (2022).

From: [Board, Medical \(CED sponsored\)](#)
To: [Norberg, Natalie M \(CED\)](#)
Subject: FW: Chronic Pain Patients facing Barbaric Abuse
Date: Thursday, April 25, 2024 1:49:51 PM

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

From: Jackie Robertson <irondogger01@yahoo.com>
Sent: Thursday, April 25, 2024 11:23 AM
To: Board, Medical (CED sponsored) <medicalboard@alaska.gov>
Subject: Chronic Pain Patients facing Barbaric Abuse

[You don't often get email from irondogger01@yahoo.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To those of the Alaska Medical Board,

I would like to make a plea for those whom make decisions and set policies, to take a moment for the chronic pain patients, and their doctors whom have been devastated, stigmatized, marginalized, and discriminated upon in this war on opioids.

The CDC has issued new guidelines for chronic pain patients and yet, somehow it is being ignored completely. Doctors still fear losing their licenses and face possible jail time, just trying to maintain the oath they took as doctors, to help relieve suffering in the most humane manner possible.

The fallout from this clearly avoidable disaster has caused an unnecessary amount of trauma to the already damaged and devastated chronic pain patients, like myself. Suicide is a serious issue for those dealing with intense pain that have lost the lives they loved living, and are suffering trying to maintain any semblance of life. Quality of life takes precedence over quantity of life for true chronic pain patients.

Sadly, there has been those who abuse the system, yet every system, including the DMV faces abuse, but do they punish ALL drivers for the sake of those few?

The drug seeking behavior is far different than what chronic pain patients display and easily identifiable and mostly rooted out of the system by now. Those still stuck in this broken system are forced to bear the brunt of the stigma associated with it and what is taking place in the streets all across our country. This is unjustified and is causing even more stress upon the already heavily impacted chronic pain patients and is now becoming abusive at this point.

The cartels pouring drugs into our country is NOT caused by the chronic pain patients but sadly, many are being forced to the streets in order to have some kind of relief, they are unable to get otherwise from their doctors. The street drug crisis was not and is not fueled by patients going to their doctors and filling their prescriptions at the pharmacy. Obviously, since the street drug crisis has only worsened!

Rinsing and repeating catastrophic failures while expecting different results is the very definition of insanity.

This disturbing abuse of discrimination against chronic pain patients and their doctors is forcing me into creating a coalition in order to protect the rights of those being directly impacted by this ignorance loophole taking place, when one more should not be needed. Those in positions of power and authority should do the right thing, instead of depending upon an uprising from discriminated upon victims.

Preventative measures and disaster recovery was one of my specialties in the Information Technology Industry

before my life was uprooted and destroyed, overnight, but I absolutely refuse to give up, that's the Iron Dogger in me. What about those who don't have that grit within? Who is speaking for them and doing right by them? I shouldn't have to but I will if necessary.

I am pleading with you as human to human, they don't allow horses to suffer like this, so why are we allowing those who've helped build this country we claim is the best in the world suffer unnecessarily?

That is the brutal truth of this plea, many suffering are from the silent and boomer generations, which truly built this country into what it is today, especially Alaskans, so why should they be forced to suffer when they should be able to find relief? The next and far harder upon their backs, is my generation, Gen X, so an entire coalition of those combined generations will be a force to be reckoned with, yet unnecessary and avoidable if those in positions of power and influence did the right thing.

Allow the doctors with chronic pain patients the opportunity to provide reliable medical care instead of the fear driven stigmatization. Provide humane treatment for chronic pain patients, instead of these barbaric torture methods, which have only truly proven to cause suicide and mental health issues. The street drug crisis has certainly not gone away or gotten better, so it is CLEARLY not the doctors and patients causing it. End the ignorance loophole this entire situation is trapped within.

As an AML/CMML patient I have to fly between Alaska and Oregon for my blood cancer treatment and checkups and have to get my blood checked to ensure my Leukemia is not relapsing. There is no cure for Leukemia. I also have Chronic Idiopathic Pancreatitis, which I maintained a career and did the Iron Dog. I became part of the First Women's Pro-Class team to complete the Iron Dog in 2001. My lower lumbar is powdered into oblivion. An overflowing salad bowl of fragments were taken from my spinal column and there are still more in there, unable to be retrieved. I have spinal cord fluid leaking, caused by a careless Doctor who assumed he knew what he was doing and went against my DIRECTION AND CLEAR orders; instead, pulled on scar tissue causing my dura to tear open and leak spinal fluid, forcing into emergency surgery and an 11 day stay in the hospital and then disturbingly discharged so he didn't face medical board repercussions, yet Dr. Brian Miller is still allowed to permanently maim his patients? This and oh so many more mistakes have been made in my medical history which are directly related to my bedridden status.

Doctors who deserve to be routinely investigated go unchecked and unchallenged, yet those trying to provide relief and quality of life are discriminated upon? As if THEY are the problem? When the street drug issue has obviously nothing to do with one another? This is insanity.

My pain management doctor, Doctor Johnson, who made it possible for me to have some semblance of a life again, is now retired and the doctor whom took over has cut my medication in half without a step down, causing severe withdrawals and health issues after having been on that dosage for close to a decade, and plans to cut even further, out of complete fear of losing their license or having to face the medical board. He said he was already having to testify in front of the board this week about my previous doctor, whom he worked for. He wants my Leukemia oncologist to write a letter stating I require a higher dosage of pain meds, yet she is not my pain management doctor. He wants to have someone else to take the brunt of the audit, yet as a pain management doctor, it's his job! This discrimination, ignorance and outright fear begun by the CDC has destroyed the medical profession along with the chronic pain sufferers lives.

I have also contacted the CDC with my concerns and complaints. They assured me they have changed guidelines for chronic pain patients and their doctors. Yet clearly, the message hasn't been well received.

I would love the opportunity to address the issues with whomever is available that makes decisions and sets policies.

Regards,
Jackie Robertson
(907) 748-2386

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304
asmadocs.org

May 1, 2024

Alaska State Medical Board
P O Box 110806
Juneau, AK 99811

Dear Members of the Board,

I am writing to ask that the State Medical Board take a position opposing Senate Bill 115 which would grant physician assistants the authority to practice without a collaborative physician.

The Alaska State Medical Association values and appreciates the work and commitment that PAs bring to patient care, they are an important part of the health care team.

The Alaska State Medical Association opposes SB 115 as written. ASMA opposes independent practice for PAs. ASMA also agrees that there are many ways that the concerns of the physician assistants can and should be addressed to reduce the administrative burden that currently hinders PA practice. The current PA regulations clearly need updating. ASMA has made a good faith commitment to working with the PAs and the medical board to address these issues.

Since the State Medical Board is responsible for licensing and regulating physician assistant practice, it is imperative that the board make its position known to legislators.

Sincerely,

Pam Ventgen

Pam Ventgen
Executive Director

17. Applicant Review / License Approvals – Doctors of Allopathic Medicine

	Lic Type	First Name	Last Name
1.	MD	Bilawal	Ahmed
2.	MD	Jahangir	Ahmed
3.	MD	Rajaa	Almestady
4.	MD	Anna	Anderson
5.	MD	Betty	Anderson
6.	MD	Naomi	Arenson
7.	MD	Timothy	Ballard
8.	MD	Mitali	Bapna
9.	MD	Saurabh	Basundhra
10.	MD	Stephen	Bayles
11.	MD	Scott	Beach
12.	MD	Joshua	Beck
13.	MD	Nikole	Benders-Hadi
14.	MD	Brandon	Berger
15.	MD	Erik	Berger
16.	MD	Sameer	Berry
17.	MD	Erika	Bisgaard
18.	MD	Jonathan	Bloch
19.	MD	Robert	Bowen
20.	MD	Daniel	Borbon
21.	MD	Valerie	Brooke
22.	MD	Eileen	Bulger
23.	MD	Elizabeth	Burgess
24.	MD	Daniel	Burritt
25.	MD	Rachael	Carricaburu
26.	MD	Sarah	Carlson
27.	MD	Jacob	Carlile
28.	MD	Elizabeth	Carpenter
29.	MD	Rebecca	Cisneros
30.	MD	Chi	Chan
31.	MD	Michel	Choueiri
32.	MD	Adam	Corman
33.	MD	Tait	Dalton
34.	MD	Peter	Davis-Allen
35.	MD	Khaled	Deeb

	Lic Type	First Name	Last Name
36.	MD	Jason	Degani
37.	MD	Ayanna	Diarra
38.	MD	Barbara	Distad
39.	MD	Thomas	Doohan
40.	MD	Andrew	Dorizas
41.	MD	Christopher	Drummond
42.	MD	Sutapa	Dube
43.	MD	Sean	Dugan
44.	MD	Sean	Dwijendra
45.	MD	Bishoy	ElBebawy
46.	MD	Samuel	Emerson
47.	MD	Ramez	Ethnasios
48.	MD	Michael	Farber
49.	MD	Megan	Farnsworth
50.	MD	Sarah	Fatool
51.	MD	Andrew	Ferguson
52.	MD	Steven	Fitts
53.	MD	Zachary	Forcade
54.	MD	Karenne	Fru
55.	MD	Daniel	Funsch
56.	MD	Malini	Ganesh
57.	MD	Robert	Geise
58.	MD	Anita Rae	Glasson
59.	MD	Zoe	Glick
60.	MD	Monica	Gomberg
61.	MD	Heather	Gridley
62.	MD	Andrea	Greenfeld
63.	MD	Joseph	Guarisco
64.	MD	Tyler	Haas
65.	MD	Donald	Haering
66.	MD	Gregory	Harders
67.	MD	Ryan	Hargraves
68.	MD	Arash	Hassantoufighi
69.	MD	Christopher	Hebert
70.	MD	Michael	Heinrich

Alaska State Medical Board Meeting, February 16, 2024

71.	MD	Nancy	Heisel
72.	MD	Julian	Horwitz
73.	MD	Natalie	Howshaw
74.	MD	Jennifer	Huckabee
75.	MD	Yumi	Ishihara
76.	MD	Michael	Jaffe
77.	MD	William	Janss
78.	MD	Jiyeon	Jeon
79.	MD	Nicholas	Johnson
80.	MD	Nathan	Jones
81.	MD	Kimia	Kani
82.	MD	Shannon	Keil
83.	MD	Stephen	Keiser
84.	MD	Meenal	Kheterpal
85.	MD	Imad	Khan
86.	MD	Louis	Kim
87.	MD	Meghana	Kinariwala
88.	MD	Robert	Klemisch
89.	MD	Diana	Kumar
90.	MD	Garson	Lee
91.	MD	Sujin	Lee
92.	MD	Gus	Leotta
93.	MD	Barbara	Levy
94.	MD	Kimberly	Liekweg
95.	MD	Fredrica	Lofquist
96.	MD	Elizabeth	Loggers
97.	MD	Quinton	Lucas
98.	MD	Elizabeth	Madva
99.	MD	Vicky	Mathwig
100.	MD	Christian	McCartney
101.	MD	Gregory	McCormick
102.	MD	Ruth	McGovern
103.	MD	Charles	Minn
104.	MD	Ambreen	Mohamed
105.	MD	Jason	Mounts
106.	MD	Patrick	Mullet
107.	MD	Wayne	Murphy
108.	MD	Julia	Nelson
109.	MD	Amy	Newhouse

110.	MD	Stephanie	Osiecki
111.	MD	Tyler	Ovella
112.	MD	Hetal	Patel
113.	MD	Jayendra	Patel
114.	MD	Brian	Park
115.	MD	Melissa	Park
116.	MD	Kathryn	Pennington
117.	MD	Mara	Phillips
118.	MD	Donald	Pierce
119.	MD	Pollyanna	Pitt
120.	MD	Naomi	Pomerantz
121.	MD	Carmen	Purl
122.	MD	Meera	Ravindranathan
123.	MD	Mark	Reimer
124.	MD	Jonathan	Richina
125.	MD	Rifat	Rifat
126.	MD	Liza	Rodriguez
127.	MD	Enrique	Rodriguez-Paz
128.	MD	Mariajose	Rojas-DeLeon
129.	MD	Joshua	Roland
130.	MD	Daniel	Roubik
131.	MD	Cynthia	Sacco
132.	MD	Gregory	Sacher
133.	MD	Jane	Sailer
134.	MD	Scott	Sanderson
135.	MD	John	Schwab
136.	MD	Garret	Schuchart
137.	MD	Jonathan	Scott
138.	MD	Jeffrey	Sellman
139.	MD	Jeremy	Semeiks
140.	MD	Joseph	Shivdler
141.	MD	Preetika	Sidhu
142.	MD	Skyler	Simpson
143.	MD	Krishni	Somaratzne
144.	MD	Richard	St Cyr
145.	MD	Matthew	Stampfl
146.	MD	James	Stensby
147.	MD	Barclay	Stewart
148.	MD	Carrie	Sun

Alaska State Medical Board Meeting, February 16, 2024

149.	MD	Katharine	Tansavatdi
150.	MD	Sarena	Teng
151.	MD	Genevieve	Viamonte
152.	MD	Kerri	Voigts
153.	MD	Tina	Walker
154.	MD	Teresa	Walsh
155.	MD	Cornell	Wells
156.	MD	Wells	Weymouth
157.	MD	Joanne	Wu

17. Applicant Review / License Approvals – Physician Assistants

	Lic Type	First Name	Last Name
1.	PA	Marcus	Bruno
2.	PA	Marissa	Caldarella
3.	PA	Thomas	Clopton
4.	PA	Karsen	Cullen
5.	PA	Jenna	Gilbert
6.	PA	Preston	Gorman
7.	PA	Henry	Hathaway
8.	PA	Hillary	Herr
9.	PA	Alicia	Karagianes
10.	PA	Kelsey	Kramer
11.	PA	Sonja	Kuhta
12.	PA	Matteson	McCarty
13.	PA	Michael	Molnar
14.	PA	Joseph	Montgomery
15.	PA	Heidi	Schulz
16.	PA	Todd	Plocher
17.	PA	Kurt	Pulver
18.	PA	Grant	Robbins
19.	PA	Richard	Siersma
20.	PA	Kelsey	Thompson
21.	PA	Peter	Voss
22.	PA	Michael	Wechter
23.	PA		
24.	PA		
25.	PA		
26.	PA		
27.	PA		
28.	PA		
29.	PA		
30.	PA		

17. Applicant Review / License Approvals – Doctors of Osteopathic Medicine

	Lic Type	First Name	Last Name
1.	DO	Shawn	Achtman
2.	DO	Katelyn	Bailey
3.	DO	Minden	Collamore
4.	DO	Kimberly	Dimanna
5.	DO	Angelique	Ferayorni
6.	DO	Christopher	Galbick
7.	DO	Susan	Garand
8.	DO	Ryan	Gorman
9.	DO	Kyle	Hirschman
10.	DO	Alex	Jabourian
11.	DO	Paul	Kaplan
12.	DO	Alicia	Kiger
13.	DO	Nicole	Kunar
14.	DO	Steven	Leong
15.	DO	Lindsey	Migliore
16.	DO	Benjamin	Nance
17.	DO	Daniel	Nargizian
18.	DO	Jayesh	Patel
19.	DO	Dane	Pernot
20.	DO	Adam	Raymond
21.	DO	Richard	Smith
22.	DO	Terrance	Stone
23.	DO	Sarah	Tinsler
24.	DO	Bradley	Werrell
25.	DO	Casey	Willman
26.	DO	Lynda	Williamson
27.	DO		
28.	DO		
29.	DO		
30.	DO		