

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

5 STATE MEDICAL BOARD
6

7 MINUTES OF MEETING
8 Thursday, March 26, 2020
9

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11
12
13 By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a special COVID-19
14 videoconference meeting of the Alaska State Medical Board was held on Thursday, March 26, 2020.
15

16 Thursday, March 26, 2020

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

18 The meeting was called to order by Chair Wein at 4:03 p.m.
19

20 **Roll Call**

21 Board members present, constituting a quorum:

22 Sarah Bigelow Hood, PA
23 David Boswell, Public Member
24 Larry Daugherty, MD
25 Christopher Gay, MD
26 Lydia Mielke, Public Member
27 Steve Parker, MD
28 Richard Wein, MD (Chair)
29

30 Board staff present:

31 Alysia Jones, Executive Administrator
32 Steven Alvarado, Licensing Examiner
33 Jason Kaeser, Licensing Examiner
34 Olena Ziuba, Licensing Examiner
35

36 The following visitors attended the meeting:

37 Rachel Bergartt, Chair, Board of Veterinary Examiners
38 Julie Smith
39 Marianne Murray, Executive Administrator for the Board of Nursing
40 Gina Ritacco, Director of Boards and Commissions
41 Sara Chambers, Director, Corporations, Business & Professional Licensing
42 Ilsa Lund, Licensing Examiner, Board of Veterinary Examiners
43

44 **2. Review Agenda**

45 The Board reviewed the agenda. The Chair requested the agenda be amended to include an opportunity
46 for persons to be heard towards the beginning of the meeting.
47

1 **On a Motion duly made by Dr. Daugherty, seconded by Mr. Boswell and approved**
2 **unanimously, the Board approved the agenda as amended.**

3 **3. Persons to be Heard**

4 The Chair invited Rachel Bergartt to speak. Ms. Bergartt introduced herself as the Chair of the Board
5 of Veterinary (BOV) Examiners and explained the purpose of her attendance was to listen in and gain
6 awareness of issues facing the Medical Board in relation to COVID-19 and determine how the BOV may
7 be able to assist. Chair Bergartt indicated that she hopes it will be a collaborative effort and planned to
8 attend similar meetings of other health care related boards to see how veterinarians may assist during
9 this health emergency.

10
11 The Chair thanked Chair Bergartt for attending and asked if there were any others who wished to speak
12 to the board.

13
14 **4. Update on SB 241/ HB 311**

15 This legislation extends the COVID-19 public health disaster emergency, declared by Governor Dunleavy
16 on March 11, 2020, to November 15, 2020. For the Alaska State Medical Board, it would allow the Board
17 to quickly grant a license to an individual who holds an unencumbered license in another jurisdiction,
18 temporarily waive continuing education requirements, determine scope of practice for the emergency
19 license, as well as flexibility in oversight of providers.

20
21 The Chair directed the board to sections 6 and 7 of the bills which relate to professional licensing and
22 telemedicine respectively. Passage of the bill may require emergency regulations to be put in place. The
23 Division is awaiting clarification from the Department of Law regarding when emergency regulations will
24 be required.

25
26 Board member Dr. Christopher Gay joined the meeting.

27
28 The following individuals also joined the meeting:

29 Marianne Murray, Executive Administrator for the Board of Nursing
30 Gina Ritacco, Director of Boards and Commissions
31 Ilsa Lund, Licensing Examiner, Board of Veterinary Examiners
32 Olena Ziuba, Licensing Examiner, Alaska State Medical Board

33
34 Dr. Daugherty asked if there were any provisions and/or discussions of reducing or waiving licensing fees
35 as part of the recovery package. Following a discussion of the board's authority to make a
36 recommendation to amend the bill, Dr. Daugherty made a motion to put forth a formal
37 recommendation to waive relicensing fees for 2020.

38
39 Ms. Mielke reported that the bill was on the House Floor and amendments were no longer allowed.
40 The board agreed to consider the motion and clarified that it would apply to all professions regulated by
41 the board.

42
43 Dr. Parker requested clarification if the fee waiver was specifically for licensees serving COVID-19
44 emergency or all licensees, and requested the board consider the repercussions. It was noted that the
45 Medical Board recently increased fees to meet its budgetary needs. Licensing fees are receipt funded,
46 meaning the fees are established to cover the expenditures of the program and account for variations
47 between renewal and non-renewal years.

1 Sara Chambers, Director of Corporations, Business, and Professional Licensing joined the meeting.
2 Director Chambers provided a brief explanation of how programs are funded and the board’s authority
3 and role in fee setting.
4

5 Dr. Gay asked if there would be any additional clarification on Health Mandate 005: Elective Procedures
6 issued on March 19, 2020 stating:

7 *All patients, providers, hospitals and surgical centers are required to postpone or cancel all non-*
8 *urgent or elective procedures for three months to decrease the overall impact on the Alaska*
9 *health care structure and preserve personal protective equipment. This would include*
10 *prescheduled surgeries deemed non-essential. This mandate does not apply to surgical cases*
11 *coming through the emergency room or for an existing hospitalized patient...*
12

13 Director Chambers explained that the guidance provided to boards stipulated emergent and urgent
14 treatments, procedures, and health care services should continue. In following with the mandate,
15 several health care related boards are working with the Division to provide additional guidance and/or
16 clarification as needed, particularly examples of “non-urgent or elective” procedures. Resource
17 materials from national professional organizations are also being added to the Division’s COVID-19
18 webpage upon review and approval from Health and Social Services Commissioner Crum.
19

20 The board determined that guidance and clarification were more immediate concerns and decided to
21 address the possibility of waiving renewal fees once the board had a better understanding of the fee
22 structure and potential effects.
23

24 **On a motion duly made by Dr. Gay, seconded by Dr. Parker, and approved**
25 **unanimously the Board postponed the fee discussion until the Board’s regularly scheduled**
26 **May meeting.**
27
28

29 **5. Update from BON-BOP-MED Weekly Touch Base Meeting**

30 **5.A. Joint Statement** - The respective chairs of the Board of Nursing (BON), Board of Pharmacy (BOP)
31 and Medical Board (MED) established a recurring weekly meeting to foster collaboration among the
32 three boards and cooperatively address questions and concerns related to COVID-19.
33

34 The Chair reported that Richard Holt, Chair of the Board of Pharmacy is drafting a joint statement
35 regarding safeguarding availability of drugs to prevent/treat COVID-19 and related medicines for the
36 Board of Nursing and Medical Board to consider. The draft is anticipated to be ready for the board to
37 review at their next COVID-19 meeting.
38

39 **5.B. Telehealth & Telemedicine Guidelines** – Following the initial meeting of the chairs, the Division
40 released *Telehealth & Licensing During COVID-19* to provide guidance regarding the conditions under
41 which telemedicine can be utilized and what licensing documents are required to practice telehealth or
42 telemedicine in Alaska.

43 Dr. Parker asked is any of the current board members are participating in telemedicine. Dr. Gay and Dr.
44 Daugherty both responded affirmatively, providing feedback and noting challenges of delivering services
45 virtually. Ms. Bigelow-Hood expressed her concerns with some practices excluding physician assistants
46 from using this option noting that it is detrimental to patients and eliminates options to access care.
47

1 **6. Consideration of questions for health care boards**

2 **6.A. Where can providers “level up” in their scope of practice to meet their training, and be helpful in**
3 **the primary care/emergency setting**

4
5 The board was asked to consider assets amongst the professions regulated by the board and determine
6 the best ways to utilize those expertise and/or “level up” in their scope of practice, while maintain
7 standard of care.

8
9 Director Chambers provided some examples from discussions with other boards, including paramedics
10 being able to run ventilators, chiropractors assisting with x-rays, triage away from the hospital, etc.

11
12 The Chair agreed the importance of knowing what assets are available, but encouraged the board to be
13 thoughtful in considering this request, noting potential complexities. Several members agreed. Dr. Gay
14 expressed his appreciation for everyone’s willingness to help, but cautioned the board putting people at
15 risk for convenience.

16
17 The Chair asked what information regarding capabilities was available. Director Chambers indicated that
18 all health care related boards are currently looking at scope of practice, training, and assembling an
19 inventory of resources and ideas for utilization. The Division plans to compile the information and work
20 collaboratively with the boards on this request.

21
22 Dr. Parker recommended considering reallocation of resources and asking for volunteers to fill those
23 identified areas of expertise and/or needs. Dr. Gay

24
25 It was noted that the Division is updating the COVID-19 page daily as new guidance or clarification from
26 the boards, partner organizations, and Division in the form of position statements, FAQs, guidelines, etc.

27
28 Dr. Daugherty asked about the availability of training on how to use telehealth/ telemedicine to ensure
29 HIPPA requirements are maintained. The board discussed the specialized systems that are used in
30 telehealth and telemedicine to ensure compliance. Dr. Parker asked if there was a way to check how
31 many are using HIPPA compliant equipment.

32
33 The current standard adopted by the board:

34 **12 AAC 40.943. STANDARDS OF PRACTICE FOR TELEMEDICINE.** The guiding principles for telemedicine
35 practice in the American Medical Association (AMA), *Report 7 of the Council on Medical Service (A-14),*
36 *Coverage of and Payment for Telemedicine,* dated 2014, and the Federation of State Medical Boards
37 (FSMB), *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine,*
38 dated April 2014, are adopted by reference as the standards of practice when providing treatment,
39 rendering a diagnosis, prescribing, dispensing, or administering a prescription or controlled substance
40 without first conducting an in-person physical examination under AS 08.64.364.

41
42 The Director encouraged the board to review the standards and consider posting it on the website if
43 determined appropriate. The Chair asked the board to review the standards and make
44 recommendations if any changes are necessary.

45
46 **6.B. What emergency regulations should be adopted to accomplish those goals**

47 The board reviewed the courtesy license regulations and decided to move forward on the agenda,
48 noting that passage of SB 241 would affect next steps.

1 The board reviewed a sample COVID-19 emergency license application from Illinois. Potential minimum
2 requirements for the license would include:

- 3 • Application
- 4 • Verification of license in good standing
- 5 • Reports to verify no disciplinary action
 - 6 ○ Report from the Federation of State Medical Boards
 - 7 ○ Report from National Practitioner Database

8
9 A couple members posed questions regarding the potential demand for emergency licensure.
10 as to how to encourage in-state providers before needing out of state assistance. It was noted other
11 potential groups may include recent retirees as well as exempted licenses, which includes those working
12 for a federal agency or in tribal setting.

13
14 Dr. Parker commented that certain specialties are going to be taxed and recommended the board
15 advocate for those specific specialties. There was a recommendation to redirect more experienced
16 hospitalists to the ICU rather than the medical ward.

17
18 **6.B.i. 12 AAC 40.410 Collaborative Relationship and Plan and 12 AAC 40.415 Remote Practice Location**

19 Ms. Bigelow Hood requested that the board consider lifting the collaborative agreement requirement to
20 allow PAs to step out of their current collaborative plan and serve in areas of need that they are trained
21 in.

22
23 The board discussed scenarios and potential relaxation of the rules during the public health emergency.
24 was noted that it can take up to two weeks to have a collaborative plan processed. Ms. Bigelow Hood
25 reiterated that the request was to remove the burden given the two-week processing time. The Chair
26 clarified that the request was to not lift the requirement, but waive the two-week “limbo”. Ms. Bigelow
27 Hood responded affirmatively. Dr. Daugherty expressed his support of making the process more
28 seamless given the current situation and recommended mobilizing qualified, licensed PAs so as not to
29 put impediments on them while mobilizing other groups of professionals including out of state and
30 retirees.

31
32 Ms. Jones provided a summary of the Division’s efforts to reallocate resources to assist health care
33 related boards and reduce standard processing times to meet the needs of this emergency situation.

34
35 Dr. Gay recommended the board look at ways professionals can be pre-emptive and fill out the
36 appropriate forms sooner rather than later.

37
38 **6.B.ii. Continuing Medical Education Requirements**

39 The board discussed relaxing the requirements for the current biennial and potential ramifications of
40 adjusting the renewal cycle. Ms. Jones provided some less drastic options for the boards consideration
41 including an option to request a waiver on the renewal form and lengthening the timeframe for
42 obtaining CMEs. The board discussed variations in requirements for each profession regulated by the
43 board.

44
45 **On a motion duly made by Dr. Parker, seconded by Dr. Daugherty the board will reduce**
46 **continuing medical education requirements to 25.**

47
48 The motion was amended to incorporate all professions regulated by the board.

1 **On a motion duly made by Dr. Daugherty, seconded by Dr. Parker, and approved**
2 **unanimously, the board will reduce continuing medical education requirements for all**
3 **licensees regulated by the board by fifty percent, unless otherwise mandated by a national**
4 **governing body.**

5
6 **The board confirmed the above motion is in reference to the current licensing period, which**
7 **ends on 12/31/2020.**

8
9 **6.C. What guidance can the board offer providers to treat people safely and minimize PPE**

10 Dr. Gay advised everyone stay home. The Chair provided an example of numbering and rotating masks
11 throughout the week.

12
13 **7. Adjournment**

14 There being no further business, the meeting was adjourned at 5:53 p.m.

15
16
17
18
19 Respectfully submitted:

20
21 /s/ _____
22 Alysia D. Jones, Executive Administrator
23 Alaska State Medical Board

24 April 23, 2020
25 _____
26 Date

Approved:

20
21 /s/ *Richard Wein MD*
22 Richard Wein, MD, Chair
23 Alaska State Medical Board

24 April 21, 2020
25 _____
26 Date