



1 **3. Review/Approve Meeting Minutes**

2 The board reviewed the meeting minutes from the April 23, 2020 meeting.

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4 **On a Motion duly made by Dr. Parker, seconded by Mr. Boswell, and approved**  
5 **unanimously, the Board approved the minutes of the April 23<sup>rd</sup> meeting as presented.**

6  
7 **2. Review Agenda**

8 The Chair apologized and requested the board circle back to agenda item #2. The board reviewed the  
9 agenda.

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11 **On a Motion duly made by Ms. Sarah Bigelow Hood, seconded by Dr. Parker and**  
12 **approved unanimously, the Board approved the agenda as presented.**

13  
14 The Chair asked the board to skip ahead to agenda item #5. The board agreed.

15  
16 **5. Public Comment**

17 The Chair invited Dr. Janice Sheufelt to speak. Dr. Sheufelt stated that she is a family physician in Juneau  
18 since 1997. Dr. Sheufelt explained she does outpatient family medicine, inpatient O.B. and inpatient  
19 pediatrics. She voiced her encouragement for the ability to initiate medication assisted treatment (MAT)  
20 with buprenorphine via telemedicine. Dr. Sheufelt said she works at Southeast Alaska Regional Health  
21 Consortium (SEARHC) for twenty years and has been prescribing buprenorphine for patients with opioid  
22 use disorders for the past three years. Dr. Sheufelt noted that she also works for Boulder Care, a  
23 telemedicine / digital medicine for opioid use disorder in Oregon, Washington and Alaska.

24  
25 Dr. Sheufelt explained that she sees patients recently released from incarceration or people who ended  
26 up in hospital due to an overdose, and that treatment for opioid use disorder needs to happen as soon  
27 as possible. Dr. Sheufelt stated that buprenorphine is by far the most effective treatment and that being  
28 able to offer that with the least amount of barrier, but still in a safe way would be extremely helpful. Dr.  
29 Sheufelt said she believed this could occur via telemedicine without an in-person visit.

30  
31 The Chair clarified that the proposed changes were for the duration of the COVID-19 pandemic. Dr.  
32 Sheufelt responded confirming her understanding of the timeframe. Dr. Sheufelt stated that on a  
33 personal note, she believed it would be fine on-going but that her intent was to share her  
34 encouragement during the current circumstances.

35  
36 Dr. Gay thanked Dr. Sheufelt for her comments and asked if she foresaw any drawbacks or risks on  
37 patient relations by not having a physical exam. Dr. Sheufelt indicated her preference to have an in-  
38 person visit and conduct a physical exam, but acknowledged OUD is a chronic condition and patients  
39 with OUD are seen on a frequent basis.

40  
41 Mr. Boswell asked Dr. Sheufelt what a reasonable timeframe would be following things opening up, to  
42 expect an in-patient visit with the patient. Dr. Sheufelt responded that 30 days is fairly typical, with  
43 more stable patients being seen closer to 90 days.

44  
45 The Chair thanked Dr. Sheufelt for her commentary and invited Ms. Nelson to speak.

46  
47 Kara Nelson introduced herself as a person in long term recovery, a lifelong Alaskan, and someone who  
48 works with people on a daily basis who are seeking treatment as well as the full spectrum of continued

1 care. Ms. Nelson stated that she is also leading a group of peer coaches located throughout Alaska  
2 (Anchorage, Wasilla, Mat-Su, Juneau and Fairbanks). Ms. Nelson stated that she also has insight  
3 providing telemedicine in Washington and Oregon. Ms. Nelson said she is testifying in support of lifting  
4 requirements in order to provide Alaskans with the most access to MAT as possible. Ms. Nelson  
5 described her experience and issues with trying assist people who are ready to initiate treatment and  
6 the struggles with locating a primary care physician to set up that initial in-person visit that is required  
7 by current state law. Ms. Nelson reiterated her support of the change, especially for the current  
8 emergency, but noted she was also in support of a more long-term change.

9  
10 The Chair thanked Ms. Nelson for her testimony.

11  
12 Dr. Parker requested clarification regarding initiating the treatment versus long term telemedicine. Ms.  
13 Nelson responded that she works for a company that does telemedicine that includes peer support,  
14 clinicians, care advocates, but that there are people available to meet in person if necessary.  
15 visits if needed.

16  
17 Dr. Sheufelt explained there are different modules for MAT. In a primary care setting, initiating with  
18 telemedicine and then transition to in-person visits. Dr. Sheufelt noted that she also works for a  
19 telemedicine company that solely does telemedicine but that they always try to get patients connected  
20 with a primary care provider in their community as the rest of their care is very important.

21  
22 The Chair asked the board to move on to agenda item #6.

## 23 24 **6. Correspondence Received**

25 The board reviewed three pieces of correspondence including:

- 26 • A letter of support for the practice of prescribing buprenorphine to new patients without an  
27 initial in-person visit from Dr. Don Teater.
- 28 • An email from the Alaska Rheumatology Alliance concern issues to access hydroxychloroquine  
29 and chloroquine for patients with rheumatologic disease.
- 30 • An email from Noreen Shaaban requesting Alaska to issue licenses to qualified physicians who  
31 have not yet secured a residency position

32  
33 There were no comments from the board.

## 34 35 **7. PDMP Grant Letter of Support**

36 The Board of Pharmacy (BOP) plans to submit a federal grant application for funding through the Bureau  
37 of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754) for the prescription drug  
38 monitoring program (PDMP). It was noted that the board previously reviewed the template letter of  
39 support at their April 23<sup>rd</sup> meeting. In response to the board's request for additional detail, staff  
40 provided a copy of the grant application, which included a narrative component, budget information  
41 and project timeline for the board's review.

42  
43 BOP Executive Administrator Laura Carrillo joined the meeting.

44 Dr. Parker asked for clarification on reporting and expressed his concern that medications that pose the  
45 greatest risks are potentially "lost in a forest" and asked if there was a way to narrow the focus on those  
46 medications. Dr. Gay reiterated Dr. Parker's concerns and suggested looking at possible changes to  
47 delegation of authority to allow for a medical assistant to print out a report. The Chair thanked the

1 board for their comments and recommended discussing the PDMP and ways to make it a more viable  
2 and successful tool management tool at a future meeting.

3  
4 The Chair returned to the request of the letter of support. Mr. Boswell asked why the matter had not  
5 been presented in OnBoard for a vote as discussed at the April 23<sup>rd</sup> meeting. Ms. Jones confirmed that it  
6 was a time sensitive request, but that she had discussed it with Ms. Carrillo who was amenable to an  
7 extension for the board to review the grant application and responses to questions compiled earlier in  
8 the week.

9  
10 Ms. Carrillo confirmed the deadline for the letter of support and provided an overview of the grant. If  
11 awarded, the funding will be used over a three-year period to advance existing efforts and provide  
12 resources to:

- 13 • Leverage support from the statewide health information exchange organization to
  - 14 ○ expand the network of clinic integrations throughout Alaska, providing
  - 15 comprehensive data to high-risk and rural communities with vulnerable populations
  - 16 within its existing Gateway solution
  - 17 ○ improve database access efficiency for providers within their clinical workflow
- 18 • Provide adequate resources to assist state and federal agencies with investigations and
- 19 enhance the method of receiving discovery data to enhance public safety and allow
- 20 community wellbeing to thrive
- 21 • Enhance the PDMP by integrating an advanced analytics feature and provider outlier
- 22 module, which will strengthen the State's ability to identify problematic prescribing and
- 23 dispensing behaviors while supporting judicious treatment practices
- 24 • Continue funding for the cost of RxCheck, which is currently configured in Alaska.
- 25 • Assist with the development of provider training materials to increase utilization of the
- 26 PDMP

27  
28 The Chair reiterated the concerns regarding the number of medications requiring review and asked if  
29 the Board could offer recommendations on the use of the PDMP. Ms. Carrillo acknowledged the board's  
30 concerns and suggested the board consider whether legislative changes were necessary. Ms. Carrillo  
31 also explained current state statutes do not allow delegation of authority to medical assistants.

32  
33 Dr. Zink joined the meeting.

34  
35 Dr. Parker asked for clarification of real-time and poor prescribing behaviors. Ms. Carrillo responded that  
36 the data in the PDMP is only as good as what is reported to it and the grant would allow integration  
37 within statewide systems for real-time reporting vs. daily. Ms. Carrillo indicated that boards would be  
38 involved in establishing thresholds and criteria for determining what constituted poor prescribing  
39 behavior.

40  
41 The Chair welcomed Dr. Zink to the meeting and asked the board to pause the discussion on agenda  
42 item 7, to consider agenda item 4.

#### 43 44 **4. Telehealth for Opioid Use Disorder Medication**

45  
46 Dr. Zink expressed her appreciation to the board for their time and effort. Dr. Zink explained that  
47 everyone is looking at how best to provide care in the setting of COVID-19. Dr. Zink noted that the first  
48 step in medicine assisted treatment (MAT) is an in-person visit. Dr. Zink explained that everyone is trying

1 to find ways to care for people in a safe and compassionate way, and considering what requires an in-  
2 person visit and what may be safely provided via telehealth. Dr. Zink stated that she has been discussing  
3 this issue as it relates to MAT with behavioral health and opioid teams, providers, and Medicaid and  
4 explained that it is being brought forward for the board’s consideration.  
5

6 Ms. Jones noted two revisions to the draft emergency regulations:

- 7 1) The word “physician” was inadvertently left out of the latter part of 12 AAC 40.943 (b) .... If the  
8 *physician or* physician-assistant is prescribing, dispensing, or administering buprenorphine to  
9 initiate treatment.
- 10 2) 12 AAC 40.943(b)(3) was corrected to read “urine toxicology screening”.

11  
12 For reference, the corrected draft emergency regulation is provided here:

13  
14 (b) During a public health emergency disaster declared by the governor of this state under AS  
15 26.23.020, an appropriate licensed health care provider need not be present with the patient to  
16 assist a physician or physician assistant with examination, diagnosis, and treatment if the  
17 physician or physician-assistant is prescribing, dispensing, or administering buprenorphine to  
18 initiate treatment for opioid use disorder and the physician or physician assistant  
19 (1) is a Drug Addiction Treatment Act (DATA) waived practitioner;  
20 (2) documents all attempts to conduct a physical examination under AS 08.64.364(b)  
21 and the reason why the examination cannot be performed; and  
22 (3) requires urine toxicology screening as part of the patient’s medication  
23 adherence plan.  
24

25 Ms. Weigand thanked Heather Carpenter, Katie Chapman, and Tessa Walker Linderman for preparing  
26 the white paper on this topic and explained how it was instrumental in drafting the proposed changes  
27 for the board’s consideration. Ms. Weigand noted that three qualifiers laid out in 12 AAC 40.943(b)(1-3)  
28 were pulled from the white paper and allowed the board to maintain the close monitoring of opioid  
29 prescriptions, while offering some flexibility in care.  
30

31 Ms. Weigand noted that the Board of Nursing is also considering a similar allowance and thanked BON  
32 Executive Administer Marianne Murray for pointing out the correct terminology (urine toxicology  
33 screening).  
34

35 Mr. Boswell noted the absence of any language regarding follow up after the emergency and what was  
36 required. Ms. Weigand responded, recalling Dr. Sheufelt’s mention of 30 days and 90 days follow ups  
37 and indicated the board could consider adding language to the draft. Ms. Weigand directed the board to  
38 the proposed language that specifies it is only allowed during the Governor’s declaration of the public  
39 health emergency disaster and explained emergency regulations would only remain in effect for 120  
40 days.  
41

42 Mr. Boswell requested clarification on the requirement for an in-person visit for someone who began  
43 treatment under the proposed regulations that waive the initial visit. Ms. Weigand confirmed that it  
44 would not be required because a relationship is developed and current laws would allow treatment to  
45 continue via telehealth.  
46

47 Dr. Zink stated that the Medicaid Clinical Review Committee has been working on a series of criteria to  
48 ensure patients are connected to and receiving coordinated care involving mental health care,

1 counseling, and primary care. Dr. Zink noted the in-person visit is not as much of a concern as the  
2 patient being connected to a broader range of care. The Committee is also working on a series of  
3 attestations that a provider would submit to make sure whole person care is being given. Dr. Zink  
4 reminded the board that the regulations were only to address the current emergency.

5  
6 The board discussed whether an in-person follow up added value. Dr. Parker and Dr. Zink noted the  
7 difference between initiating treatment vs. follow up care for a patient that is stabilized. Dr. Zink  
8 explained there is some evidence that certain components of mental health are successful via  
9 telehealth, including patient level of comfort in sharing and accessibility of care.

10  
11 The board reviewed the proposed language. Dr. Parker made a motion to accept the document  
12 (draft emergency regulations to 12 AAC 40.943) as presented. Ms. Bigelow-Hood seconded.

13  
14 Mr. Boswell reiterated his concern of the lack of in-person follow up and the potential for inappropriate  
15 use. At the board's request Ms. Weigand provided additional draft language stipulating a requirement  
16 for an in-person follow up within a specified timeframe following the end of the emergency.

17  
18 Mr. Boswell made a motion to amend the language to add:

19 (4) conducts an in-person physical examination under AS 08.64.364 within 30 days of the date  
20 the public health emergency is declared to no longer exist.

21  
22 The Chair seconded the motion.

23  
24 Dr. Zink and Ms. Weigand requested clarification on what type of provider the board intended the  
25 patient to follow up with. Dr. Zink noted potential issues with follow up due to the requirement of a  
26 DATA waiver. The group discussed how buprenorphine works and other entities that may be able to  
27 address the board's desire for confirmation of standard of care.

28  
29 Mr. Boswell removed his motion to amend.

30  
31 **On a motion duly made by Dr. Parker, seconded by Ms. Bigelow Hood and approved**  
32 **unanimously, the board accepted the document (draft emergency regulations to 12 AAC 40.943) as**  
33 **presented.**

34  
35 Dr. Zink thanked the board for the discussion on this topic and their time.

36  
37 Mr. Boswell asked Dr. Zink how the Board could assist her in the work that she is doing. Dr. Zink  
38 responded affirmatively and invited the board to assist with providing structure and guidance as  
39 mandates are lifted. The Chair thanked Dr. Zink for attending the meeting.

40  
41 Dr. Zink, Heather Carpenter and Tessa Walker Linderman left the meeting.

42  
43 The Chair asked the board to return to agenda item #7.

44  
45 Dr. Gay explained his understanding of the PDMP was as a tool to help patients and expressed his desire  
46 to see more of the time devoted to helping providers treat patients rather than policing providers. The  
47 Chair acknowledged Dr. Gay's concerns and explained the boards potential role in providing oversight

1 while also working towards developing a more user-friendly tool. Dr. Parker encouraged streamlining  
2 the process and integrating with e-scripts.

3  
4 The group discussed current laws, the process for pursuing legislative changes, if determined necessary,  
5 and the board's ability to effectuate changes.

6  
7 The Chair asked the board to consider the request for a letter of support. Ms. Bigelow Hood and Mr.  
8 Boswell noted their support and indicated the importance of the board's involvement in helping shape  
9 the PDMP in the future.

10  
11 To address the board's concerns about enforcement, Ms. Carrillo explained this grant application is, in  
12 part, intended to support investigations. Last year, they received a CDC grant that includes funding for  
13 provider education and staff are working on developing resources and will be launching enhancements  
14 in the near future to make the system more user friendly.

15  
16 The board discussed the template and indicated their preference for wording related to educating  
17 providers on how the importance and use of the PDMP. Dr. Parker also recommended adding language  
18 to streamlining which medications are problematic and which ones should be focused on. Dr. Gay  
19 recommended expressing support of physicians using the PDMP.

20  
21 The Chair offered to work with Ms. Jones on drafting a letter of support that the board could then vote  
22 on in OnBoard.

23  
24 Dr. Parker and Dr. Gay were tasked with drafting a letter to the Board of Pharmacy outlining the board's  
25 concerns and recommendations for improving the PDMP. Ms. Mielke asked if the boards letter of  
26 concerns will change the grant and frequency of grants. Ms. Carrillo explained that one of the goals is to  
27 enhance policies and noted plans to establish a work group. Generally, funding for opioid initiatives  
28 becomes available every 3 to 4 years.

29  
30 **On a motion duly made by Ms. Bigelow Hood, seconded by Mr. Boswell, and approved**  
31 **by a majority, the board agreed to support the PDMP grant application.**

32  
33 **Mr. Boswell, Ms. Mielke, and Dr. Wein voted in favor. Dr. Parker voted against. Dr. Gay**  
34 **abstained. Dr. Daugherty and Ms. Bigelow Hood were not present for the vote.**

35  
36 *ADDENDUM: Ms. Jones incorrectly stated that a majority was not reached, meaning the motion failed.*  
37 *However, following the meeting, it was determined that a quorum was present and that a majority (3*  
38 *out of 5) had approved the motion to support the PDMP grant application. Chair Wein and Ms. Jones*  
39 *provided a draft for the board to review and vote on in OnBoard.*

40  
41 *The letter, signed by the Chair stated:*

42  
43 Dear Commissioner Anderson:

44  
45 This correspondence represents the Alaska State Medical Board's support of the Alaska Board of  
46 Pharmacy's grant application for funding through the Bureau of Justice Assistance  
47 Administration (CFDA #16.754 – BJA-2020-17754), to continue and enhance our Prescription  
48 Drug Monitoring Program (PDMP).

1  
2 The Alaska State Medical Board as well as all prescribers of scheduled medications in Alaska  
3 understand the importance and demonstrable role that the PDMP plays in monitoring and  
4 reducing opioid use.

5  
6 The funding provided by a successful grant application will allow us to improve and enhance a  
7 multi-agency effort to combat all aspects of opioid abuse, an effort that will benefit all Alaskans.

8  
9 We as a Board are committed to making this work.

10  
11 **The letter was approved via electronic mail ballot on May 4<sup>th</sup>, 2020. Ms. Bigelow Hood, Mr.**  
12 **Boswell, Ms. Mielke, and Dr. Wein voted in favor. Dr. Parker voted against. Dr. Daugherty**  
13 **abstained, and Dr. Gay was not available to vote.**

14  
15 **8. Health Mandate #16**

16 The board reviewed the mandate. The Chair reminded the board of Dr. Zink's request for assistance with  
17 structure and guidance.

18  
19 **9. FSMB Discussion**

20 The Chair will be attending the Federation of State Medical Board's House of Delegates meeting on  
21 Saturday, May 2<sup>nd</sup> as the board's delegate. Mr. Boswell would be attending as the alternate and Ms.  
22 Jones planned to attend as an observer. The Chair explained he would be voting on resolutions and  
23 participating in election of officers.

24  
25 The Chair requested the topic of interstate medical licensure compacts, which was included in the House  
26 of Delegates meeting materials, be discussed by the board at a future meeting.

27  
28 **10. Follow up on Previously Asked Questions**

29 Ms. Jones reported on questions asked at the previous board meeting:

- 30  
31
- 32 • **Request for staff needs from hospitals** - On 4/24, ASHNHA said they made the decision to not  
33 turn on the data collection component related to staffing, due the additional burden it would  
34 have on facilities that are already feeling stretched. ASHNHA did indicate they maintain the  
35 ability to turn on this feature in the future if needed.
  - 36 • **Clarification regarding Telemedicine Business Registry** - Businesses offering telemedicine or  
37 telehealth must hold a valid Alaska Business License and comply with other Alaska laws  
38 pertaining to business practices. Additionally, any business offering telemedicine or telehealth  
39 must be listed on the Telemedicine Business Registry.
- 40

41 Ms. Jones also provided an updated on the emergency courtesy license application forms. Staff  
42 anticipate finalizing the forms and having them available by the end of next week.

43  
44 Prior to adjourning, it was noted that the finding of emergency and certification order still needed to be  
45 considered by the board. The board reviewed the finding of emergency and certification order related to  
46 the proposed emergency regulation changes to 12 AAC 40.943, previously discussed during the meeting.

47 **On a motion duly made by Dr. Parker, seconded by Ms. Mielke, and approved**  
48 **unanimously, the Board approved the finding of emergency.**

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The Chair read the following statement into the record:

The restrictive nature of these regulations could negatively impact the health of the public by impeding access to care during this public health emergency caused by the COVID-19 pandemic.

There being no further business, the meeting was adjourned at 6:23 p.m.

Respectfully submitted:

Approved:

/s/ \_\_\_\_\_

/s/ *Richard J. Wein, M.D.*

Alysia D. Jones, Executive Administrator  
Alaska State Medical Board

Richard Wein, MD, President  
Alaska State Medical Board

6/14/2020

6/14/20

Date

Date