

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, May 21 - Friday, May 22, 2020
9

10 By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a regularly scheduled
11 meeting of the Alaska State Medical Board was held on Thursday, May 21 - Friday, May 22, 2020.
12

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

14 The meeting was called to order by Chair Wein at 9:01 a.m. The Chair welcomed all the board members
15 to their first quarterly meeting of the Alaska State Medical Board.
16

17 **Roll Call**

18 Board members present, constituting a quorum:

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

27 Board staff:

28 Alysia Jones, Executive Administrator
29 Steven Alvarado, Licensing Examiner
30 Jason Kaeser, Licensing Examiner
31 Olena Ziuba, Licensing Examiner
32

33 Visitors present for portions of the meeting:

34 Sara Chambers, Corporations, Business, and Professional Licensing Division Director
35 Sonia Lipker, Senior Investigator
36 Michele Wall-Rood, Investigator
37 Billy Homestead, Probation Officer
38 Chris Kennedy, Administrative Law Judge
39 Cheryl Mandala, Administrative Law Judge
40 Cynthia Smith, PA
41 Dr. Mary Ann Foland, Physician Health Committee
42

43 **2. Review Agenda**

44 The board reviewed the meeting agenda.
45

46 **On a Motion duly made by Mr. Boswell, seconded by Dr. Gay and approved**
47 **unanimously, the Board approved the agenda as presented.**

1 **3. Review/Approve February 6-7, 2020 Meeting Minutes**

2 The board reviewed the meeting minutes from the February 6-7, 2020 meeting

3
4 **On a Motion duly made by Dr. Daugherty, seconded by Ms. Bigelow Hood and**
5 **approved unanimously, the Board approved the minutes of the February 6-7, 2020 meeting as**
6 **presented.**

7
8 **It was noted that none of the current members of the board were present at the February 6-7,**
9 **2020 meeting.**

10
11 The Chair briefly explained the purpose of executive session and reasons why the board may decide to
12 enter executive session during the meeting. The board and Ms. Jones discussed procedures for entering
13 and exiting executive session and attendance.

14
15 **4. Ethics Reporting**

16 Ethics reporting is done on a quarterly basis and as such a standing item on the quarterly meeting
17 agenda. Ms. Jones directed the members to the CBPL Boards and Commissions Guide to Excellence in
18 Regulation for Professional Licensing and disclosure forms.

19
20 The Chair requested Ms. Jones query each board member.

21
22 Sarah Bigelow Hood reported that she is on the House of Delegates for the American Academy of
23 Physician Assistants (AAPA), but that the meeting was cancelled this year due to COVID.

24
25 There were no other ethics disclosures reported.

26
27 **5. Division Update**

28 As the Board was ahead of schedule, Ms. Jones offered to present *5.C. Licensing Examiner's Report*.

29
30 **5.C. Licensing Examiner's Report** – Ms. Jones presented information on licenses issued for the past four
31 quarters. Ms. Jones indicated that the report is a work in progress and welcomed the board's input on
32 what other types of data they would like to see. Ms. Jones suggested status of renewals and CME audits,
33 as applicable. Dr. Parker suggested including processing times to show how efficiently the board/
34 program is operating. Several members agreed.

35
36 Dr. Parker asked for clarification on why there were temporary and permanent licenses. Ms. Jones
37 stated that it was her understanding the temporary permit was a mechanism to help expedite licensing
38 as executive administrator, a member of the board, or other board designee may approved a temporary
39 permit, but that the full board must approve a permanent license.

40
41 Mr. Boswell asked about the data presented and how many applications the board would be reviewing
42 at this meeting. There are 132 applications assigned for board review. Ms. Jones explained that locum
43 tenens, residents and reinstatement applications may be approved by the executive administrator, a
44 member of the board, or other board designee. It was noted that with the recent implementation of
45 OnBoard and transition to electronic files, there is an opportunity to evaluate the current processes and
46 consider alternatives.

1 Dr. Daugherty asked if there had been any instances where the board objected to staff's approval of a
2 temporary permit. Ms. Jones responded that in her experience, there have been requests from the
3 board to interview an applicant prior to granting a permanent license. Ms. Jones added that any
4 application with a "Yes" response is forwarded to a member of the board for review and determination.

5
6 The Chair encouraged the board to consider ways to streamline the process and allow for more real-
7 time review and approval rather than holding for a quarterly meeting.

8
9 Dr. Daugherty asked about the possibility of developing criteria for what applications should be flagged
10 for board review and the possibility of allowing "clean" applications to be approved by staff. In
11 reviewing applications, the Chair noted that he would like to see some additional questions added to the
12 application to assist the staff and board on which applications require board review.

13
14 Ms. Jones recommended the board review the current application review policies in the *Alaska State*
15 *Medical Board's Policies and Procedures* document as a starting point.

16
17 Melissa Dumas, Administrative Officer for the Division of Corporations, Business and Professional
18 Licensing joined the meeting.

19
20 **5. A. Quarterly Report** - Ms. Dumas walked through the FY 2020 3rd Quarter Report and explained the
21 breakout of direct and indirect expenditures.

22
23 **5. B. Fee Analysis** – In general, a fee analysis is conducted biennially, prior to the program's renewal
24 period to determine whether a fee adjustment is necessary. The board may propose adjustments to the
25 fees and submits recommendations to the Division for consideration. The board's renewal cycle ends on
26 12/31 of even-numbered years. However, the Governor mandated no fee increases at this time. Ms.
27 Dumas plans to analyze the fees after the first quarter of FY2021 (September 2020) and re-review the
28 information with the board at that time, with the intent to implement any fee changes after the renewal
29 period.

30
31 Ms. Dumas walked through the spreadsheet with the board and explained how to manipulate the fees
32 to adjust the ending cumulative surplus or deficit. She encouraged the board members to experiment
33 with the spreadsheet.

34
35 The Chair asked about excess funds. Ms. Dumas responded that excess funds do carry over year to year,
36 and that the statutory requirement is for expenditures and revenue to be equal, however as the
37 program operates on a biennium there is a high year (surplus) and a low year (deficit), so the Division's
38 goal is for all programs to maintain a one-year surplus to cover expenditures for the non-renewal year.

39
40 Senior Investigator Sonia Lipker joined the meeting. Ms. Dumas left the meeting. The Board moved to
41 agenda 7.

42 43 **7. Overview of Investigations**

44 Ms. Lipker provided an overview of the investigative process, the types of complaints that fall under the
45 jurisdiction of the State Medical Board by statute, and the Board's role in the process. Ms. Lipker briefly
46 explained due process and the need to give individuals the opportunity to have a fair and impartial
47 investigation.

1 Director Sara Chambers joined the meeting.

2

3 **6. Board Member Orientation**

4 Director Chambers provided a high-level overview of the Division of Corporations, Business and
5 Professional Licensing and provided context for where the State Medical Board fits within the larger
6 picture. The presentation included discussion of infrastructure, licensing process, investigations, case
7 precedence, recent technological changes and online advancements, organizational management and
8 boundaries.

9

10 Director Chambers also introduced the concept of right-touch regulation, which is intended to provide a
11 framework to ensure regulations are proportionate, consistent, targeted, transparent, accountable, and
12 agile. Due to time constraints, the board agreed to revisit the discussion at a future meeting.

13

14 Ms. Lipker and Ms. Wall-Rood rejoined the meeting.

15

16 Administrative Law Judge Cheryl Mandala also joined the meeting.

17

18 **7. Overview of Investigations continued.**

19 Ms. Lipker picked up her presentation on the investigative process, which included the following topics:

20

- Three stages of an investigation: intake, complaint, and investigation
- Investigation case types include application matters, consumer complaints, and inspections
- Disciplinary Action vs. Non-Disciplinary Action
- Importance of Confidentiality
- Notice of complaint to licensee

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**On a motion duly made by Mr. Boswell, seconded by Ms. Mielke, and approved
unanimously, the Board entered into executive session in accordance with AS 44.62.060(c)(4)
matters involving consideration of government records that by law are not subject to public
disclosure with investigators Sonia Lipker and Michelle Wall-Rood and the board executive
Alysia Jones remaining.**

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The Board entered executive session at 11:48 a.m. The Board went back on the record at 12:22 p.m. No
action was taken.

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8. Investigative Unit Reports

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The investigative and probation reports were included in the meeting materials for the board to review.
Ms. Lipker encouraged the board to follow up with Ms. Wall-Rood after the meeting with any questions.

The Board recessed for lunch at 12:23 p.m. The Board went back on the record at 1:15 p.m.

Administrative Law Judge Carmen Clark joined the meeting.

9. Office of Administrative Hearings Presentation

Administrative Law Judge Chris Kennedy and Cheryl Mandala joined the meeting.

1 The Chair welcomed Administrative Law Judge Chris Kennedy and Cheryl Mandala. Judge Kennedy
2 provided a general overview the Office of Administrative Hearings and how OAH interacts with the
3 board.

4
5 Judge Kennedy and Judge Carmen left the meeting.

6
7 **10. Executive Session**

8
9 **On a motion duly made by Mr. Boswell seconded by Ms. Bigelow Hood, and approved**
10 **unanimously, the Board entered into executive session in accordance with AS 44.62.060(d)**
11 **solely to make a decision in the following adjudicatory proceeding:**

12
13 *In the Matter of John Pappenheim*

14 **Board Case Numbers: 2017-000838, 2019-000532, 2019-000585**

15 **Office of Administrative Hearings Case Number: 19-1016-MED.**

16
17 **The parties, their attorneys, and all members of the public will be excluded from the**
18 **deliberative session.**

19
20 **The administrative law judge will be invited to remain with the Board during the deliberative**
21 **session and the Board's executive administrator, who has not been involved in this matter,**
22 **will remain in the room to provide technical support.**

23
24 The Board entered executive session at 1:36 p.m. The Board went back on the record at 2:34 p.m.

25
26 **Pursuant to AS 44.64.060(e)(1), on a motion duly made by Dr. Daugherty, seconded by**
27 **Mr. Boswell, and approved unanimously, the Board adopted the proposed decision as written.**

28
29 Several members of the board expressed their opinion that the suspension was not far reaching enough
30 and encouraged the Division to consider permanent revocation.

31
32 The adoption order was signed by the Chair.

33
34 **11. Application Review**

35 The board reviewed 131 applications for permanent licensure, including 84 physicians, 8 osteopathic
36 physicians, 17 physician assistants, and 22 paramedics. Information about the license application review
37 process, application files, and assignments were provided to the board members prior to the meeting.

38
39 **On a motion duly made by Mr. Boswell, seconded by Ms. Bigelow Hood, and approved**
40 **unanimously, the Board entered into executive session in accordance with AS 44.62.060(c)(2)**
41 **subjects that tend to prejudice the reputation and character of any person, provided the**
42 **person may request a public discussion to discuss applications.**

43
44 The Board entered executive session at 3:14 p.m. The Board went back on the record at 3:33 p.m.

1 **12. Board Interviews**
2 **A. C. Smith PA** – Due to technical difficulties, Ms. Smith’s interview was rescheduled for Friday, May 22nd
3 following Agenda Item 18. Public Comment.
4

5 **13. Physician Health Committee Presentation**
6 Dr. Mary Ann Foland of Physician Health Committee (PHC) joined the meeting to meet the new board
7 members and provide an overview of the committee.
8

9 The PHC has a memorandum with the Alaska State Medical Board and provides services to allopathic
10 physicians, osteopathic physicians, and physician assistants with possible chemical dependency,
11 behavioral and/or mental health issues. The committee works with volunteer clients as well as those
12 mandated by the Division.
13

14 **14. Recess for the Day**
15 The board recessed for the day at 4:16 p.m.
16

17 **15. Call to Order/ Roll Call**
18 The meeting was called to order by Chair Wein at 9:00 a.m.
19

20 **Roll Call**
21 Board members present, constituting a quorum:
22 Sarah Bigelow Hood, PA
23 David Boswell, Public Member (Secretary)
24 Larry Daugherty, MD
25 Christopher Gay, MD
26 Lydia Mielke, Public Member
27 Richard Wein, MD (Chair)
28

29 Dr. Parker joined the meeting at 9:05 a.m.
30

31 Board staff:
32 Alysia Jones, Executive Administrator
33

34 Visitors present for portions of the meeting:
35 Dr. Humayun J. Chaudhry, President and CEO of the Federation of State Medical Boards (FSMB)
36 Dr. Jone Geimer-Flanders, FSMB Board of Directors, Alaska Board Liaison
37 Lisa Robin, Chief Advocacy Officer, FSMB
38 Daniel Nelson
39 Lisa Lindquist
40 Tonya Caylor
41 Jodie Totten
42 David Newman, State ADA Coordinator
43 Rob Roys, Department of Commerce, Community and Economic Development ADA Coordinator
44

45 **16. FSMB Presentation**
46 The Chair welcomed Dr. Chaudhry, Dr. Geimer-Flanders, and Lisa Robin to the meeting.
47

1 Dr. Parker joined the meeting.

2

3 Dr. Chaudhry provided an overview of FSMB, which is comprised of 71 state medical and osteopathic
4 regulatory boards within the United States, territories, and District of Columbia. The mission of the
5 FSMB is to support supporting them through education, assessment, data, research and advocacy while
6 providing services and initiatives that promote patient safety, quality health care, and regulatory best
7 practices. Dr. Chaudhry noted that FSMB established a task force for pandemic preparedness in
8 February 25, 2020 to begin to look at the issues involved. Following the declaration of the pandemic, the
9 task force has evolved into a work group dedicated to looking at emergency preparedness and response.
10 It was noted that nearly all state/ territory boards did institute changes to their statutes to enable
11 practice of medicine across state lines. Other topics covered in the presentation included the Medical
12 Interstate Compact Licensure and changes to examinations due to COVID-19.

13

14 Ms. Robin provided an overview of the advocacy office, which handles both federal and state legislative
15 advocacy functions, public relations, tracking of legislation, and oversees educational courses.
16 scheduling meetings with congressional offices. The presentation also included a high-level review of
17 current key topics.

18

19 Dr. Geimer-Flanders welcomed the boards to FSMB and discussed opportunities for member board
20 members to get involved with FSMB leadership and upcoming educational opportunities.

21

22 **17. Correspondence**

23 **A. Sent** – A. Jones reported a draft letter to the Board of Pharmacy regarding the prescription drug
24 monitoring program was in progress, and would be submitted to the board for final review and approval
25 before sending.

26

27 **B. Received** – The board reviewed the following correspondence received:

28 **B.1. AAMA Letter RE: Eligibility Pilot Program** – Notification regarding CMA (AAMA) Certification Exam.

29

30 **B.2. NREMT Provisional License** – Letter asking if the board would issue MICP licenses with the NREMT
31 provisional license, which is being issued as the NREMT has suspended formal psychomotor testing.

32

33 The board discussed potential directions on how to address this request. Being a former paramedic, Dr.
34 Daugherty provided some insight into the NREMT exam levels. Several members suggested gathering
35 additional information on the NREMT provisional license and the weight of the psychomotor testing
36 component as a requirement for NREMT licensure.

37

38 **18. Public Comment**

39 Daniel Nelson introduced himself as a pharmacist at Chief Andrew Isaac Health Center in Fairbanks. Dr.
40 Nelson thanked the board for the opportunity to provide public comment during these extremely
41 stressful and trying times for all of us in the healthcare field. Thanked the board members for their role
42 in implementing the public health measures to ensure our patients and society are as safe as possible.
43 Dr. Nelson expressed his concern with a recent case regarding a physician prescribing controlled
44 substances without seeing the patients. Dr. Nelson indicated that he believed the matter could have
45 been handled differently. Dr. Nelson also expressed his concerns regarding a matter of what he believes
46 to improper prescribing and inappropriate monitoring of patients. Dr. Nelson asked that the board not
47 forget about the ongoing epidemic that is continuing to impact Alaska and Alaskans. He further urged
48 the board to look at the prescribing practices of these physicians, which he feels is unsafe and not within

1 the standards of care. Dr. Nelson reminded the board it is their responsibility to oversee the safe
2 medical practices of our physician community and stated that he feels definitive action is long overdue
3 in these situations. Dr. Nelson thanked the board again for the opportunity to provide public comment
4 and hoped everyone remains safe and healthy during these stressful times.

5
6 The Chair thanked Dr. Nelson for his comments and indicated that the board would consider the matter.

7
8 Lisa Lindquist introduced herself as a psychiatrist practicing Anchorage. She thanked the board for the
9 opportunity to speak today, specifically on the professional fitness questions on licensure applications.
10 Dr. Lindquist stated that this is an area that she is particularly interested in both professionally and
11 personally having both treated physicians with depression and mental illness [audio cut-out
12 momentarily]. The majority of the questions represent violations of Title 2 of the Americans with
13 Disabilities Act which in and of itself is deeply concerning. What is more unsettling is that time and time
14 again the evidence demonstrates that not only are these questions entirely ineffective in identifying
15 impaired physicians they discourage medical students and physicians from seeking appropriate medical
16 and psychiatric care. Stigma against mental illness is rampant in our country and the very people and
17 professional bodies, and physicians that sit on medical boards who should be advocates for the
18 treatment of those things like depression and anxiety, in fact perpetuate stigma which can and does
19 encourage self-neglect and has fatal implications. Nearly four hundred medical students and physicians
20 die annually due by suicide which is equivalent to two large medical school classes lost every year due to
21 suicide. In turn tens of thousands of patients lose their physicians. These are lives that could have been
22 saved if it weren't for fear of seeking treatment, specifically the fear of loss of licensure and the loss of
23 one's career. What we do know is that nearly sixty percent of medical students experience moderate to
24 severe anxiety and more than a quarter experience depression. These rates are much greater than the
25 general population and yet medical students are much less likely to seek treatment despite having
26 better access to care. Less than twenty five percent of medical students experiencing depression utilize
27 mental health services. Studies demonstrate that the failure to seek treatment stems mostly from
28 concerns about the professional implications such as the failure to obtain a residency position and loss
29 or failure to obtain licensure. Those who do seek treatment commonly pay in cash, use an alias, or travel
30 to outside communities to avoid being discovered. These seeds unfortunately bear fruit resulting in
31 depression, anxiety, and burnout amongst practicing physicians who similarly avoid treatment to avoid
32 professional stigma or fear of retribution. Suicide rates in medicine are twice what they are in the
33 general population. Medical licensure applications represent the single most pervasive stigma faced by
34 physicians. One study of the United States Medical Board Applications describes the application for
35 licensure in Alaska as "the most invasive mental health questions found in any application". In 2016,
36 the American Medical Association unanimously approved a resolution asking medical boards such as this
37 not to ask questions about history of mental illness. The American Psychiatric Association and the
38 Federation of State Medical Boards both passed similar formal guidelines. Nearly twenty states now
39 either only ask about current impairments or ask no questions related to mental health at all. In these
40 states there has been no increase in complaints or disciplinary actions related to unprofessionalism,
41 professional fitness, or incapacity resulting from a physician with mental illness or substance use
42 disorder. As a resident, I myself sought psychotherapy, the treatment records for which I had to disclose
43 to this body upon application for licensure. My physician had to write a letter on my behalf declaring her
44 belief that was fit to practice, and these now have the potential to become public record. The fears I had
45 as a resident and prior to seeking care became a reality when I had to apply for licensure. What I didn't
46 report to the board at that time is that I sought therapy because I was a physician who briefly provided
47 care for another physician who died by suicide as a result of untreated depression for which he was too
48 scared to seek on-going treatment because he feared it would cost him his career. Certainly, this body

1 has the responsibility to protect the public from impaired physicians. It also has the duty to prevent
2 discrimination against physicians with mental illness, the vast majority of whom are not and will never
3 become professionally impaired, particularly if they receive appropriate treatment. These are
4 competent physicians who also live with psychiatric illness and illness does not mean professional
5 impairment. Any actions, either directly or indirectly on the part of this body that discourages physicians
6 to from seeking psychiatric treatment in turn increases the risk to patients and fails to uphold the duties
7 of this body. So, I encourage the Alaska State Medical Board to follow in the footsteps of a growing
8 number of other state medical boards and the guidance of the Federation of State Medical Boards to
9 omit inquiries related to mental illness from medical licensure applications and replace them only with a
10 question related to current impairments. I appreciate your time and consideration. Thank you.

11
12 The Chair thanked Dr. Lindquist for her timely testimony and indicated that the board would be
13 discussing professional fitness questions later in the agenda.

14
15 Tonya Caylor introduced herself as a family physician in Anchorage, Alaska testifying on her on behalf. I
16 want to thank the board members for serving our state by serving on the State Medical Board. I know
17 this is interesting times and you always deal with a lot of interesting topics and I appreciate your efforts
18 and times. I also wished to speak about the professional fitness questions for physician licensure. From a
19 professional standpoint, what I've seen personally since I've been a physician here for thirteen years.
20 One of the largest populations that has gotten my concerned because I had worked at the residency
21 program here, was seeing a number of residents who we would make the recommendation that they go
22 seek care. We do not diagnose or own residents, they are employees. Many did not want to go because
23 of fear of what would happen if they even went to see if they qualified for a diagnosis of depression,
24 anxiety or would have medication or therapy recommended caused such a great fallout. Everybody
25 knows Alaska state licensure requires these additional questions that will be on their public record and
26 they have to disclose very personal information. Many stated that they had this overwhelming fear of
27 seeking care when they should have. Personally, I have taken care of physicians who had come to me for
28 anxiety and/or depression who admitted how difficult it was to come and how they almost did not come
29 because of the fear of having to put this on their medical licensure report and disclose very personal
30 information. Everything from a divorced physician going through an adjustment reaction to many other
31 issues. So professionally I've treated physicians who said they almost did not seek care and then another
32 thing that came up because this has been weighing on me, watching people not seeking care that I know
33 personally, I filed a complaint with our local American Disabilities Act Office and when I did that I had a
34 physician come to me, who admitted to me, they are not my patient, that they had severe postpartum
35 depression and they did not seek care because of the fallout. They were not practicing medicine, they
36 were on maternity leave so they felt it was okay not to seek care. This is a very dangerous thing. Suicide
37 is the number one killer of male residents in the whole country and it is the number two killer of all
38 female residents. So, I'd like you to take these things seriously and I know you have to weigh the good
39 and the bad and find the balance of public health, but also remember part of the public health that you
40 serve are the physicians. Thank you for your time.

41
42 The Chair thanked Dr. Caylor for her timely comments and reiterated that the board would be taking
43 this issue up for evaluation later today.

44
45 Jodie Totten requested an opportunity to address the board. The Chair invited her to provide testimony.
46 Dr. Totten thanked the board for the opportunity to speak and stated that she heard about Dr.
47 Lindquist's intent to speak today late last night and I signed on to say that I support these ideas. I think it
48 is really important that we not have questions concerning people's physical or psychiatric disabilities

1 that may not be currently be impacting their practice at all on licensure applications. So, I am calling in in
2 support of those ideas and wanted to make sure that those comments are heard. Personally, I have seen
3 also multiple physicians that are avoiding seeking care for fear of how this might affect their ability to
4 practice in the future and I agree that that's terribly detrimental to providing really good patient care for
5 patients in our state as well as taking care of our physicians. That's all I had. Thank you very much.

6
7 The Chair thanked Dr. Totten for speaking.

8
9 As there were no additional persons to be heard, the Chair asked the board to return to the previous
10 discussion related to provisional certification for mobile intensive care paramedics.

11
12 The board reiterated their recommendation to obtain additional information. The Chair requested the
13 board send specific questions to Ms. Jones to use in drafting a response. Ms. Jones was also tasked with
14 gathering additional information regarding the NREMT provisional license and the significance of the
15 psychomotor testing component.

16 17 **12. Board Interviews**

18 Due to technical issues, the board interview scheduled for Thursday, May 21 was rescheduled for May
19 22nd following the public comment period.

20
21 **On a motion duly made by Dr. Parker, seconded by Dr. Gay, and approved**
22 **unanimously, the Board entered into executive session in accordance with AS 44.62.310(c)(2)**
23 **subjects that tend to prejudice the reputation and character of any person, provided the**
24 **person may request a public discussion to discuss applications, with Ms. Cynthia (C.J.) Smith**
25 **and the Executive Administrator remaining during the session.**

26
27 The Board entered executive session at 10:36 a.m., and went back on the record at 11:09 a.m.

28
29 **On a motion duly made by Mr. Boswell, seconded by Dr. Gay, and approved**
30 **unanimously, the Board seeks additional information regarding C.J. Smith's application.**

31
32 Ms. Smith requested permission to speak.

33
34 **On a motion duly made by Mr. Boswell, seconded by Dr. Gay, and approved**
35 **unanimously, the Board agreed to suspend the rules and allow Ms. Smith to address the**
36 **board.**

37
38 Ms. Smith addressed the board, noting her honesty with her currently employer, medical director, and
39 this board through the application process. Ms. Smith offered to answer any further questions the board
40 may have. The Chair thanked Ms. Smith and explained the board is just being prudent.

41
42 Ms. Smith left the meeting.

43 44 **20. PDMP Report**

45 Laura Carrillo, Executive Administrator for the Board of Pharmacy and PDMP Coordinator Lisa Sherrell
46 joined the meeting.

1 Ms. Sherrell reported that there have been two recent enhancements, including clinical alerts in mid-
2 April and license integration that will be occurring in late May, which will assist with registering and
3 renewing.
4

5 Ms. Sherrell presented the Prescription Drug Monitoring Program (PDMP) report. The report contains
6 summary data from the PDMP and is prepared for the State Medical Board. Data is provided as a
7 courtesy for the board and is intended to be used for informational purposes only. The physician user
8 role makes up 37% of all registered users, and physician assistants make up 8%.
9

10 Recommendations for the board’s consideration:

- 11 • Additional guidance related to prescribing of dangerous combinations and MME thresholds
12 would be useful to licensees;
- 13 • Low rate of registration compliance for physicians should be addressed.
14

15 It was noted that IHS, military, and VA prescribers may affect the registration compliance numbers.
16

17 Ms. Carrillo discussed PDMP interface with electronic medical record systems (EMR). To interface, a
18 memorandum of understanding is required.
19

20 The board requested additional information regarding what the database flags as dangerous
21 combinations. Ms. Sherrell agreed to follow up with the board.
22

23 The board also discussed improving licensee understanding of the PDMP and report cards.
24

25 Director Sara Chambers joined the meeting.
26

27 **21. Sunset Audit – Discussion/Direction**

28 Director Sara Chambers provided an overview of the Division of Legislative Audit and sunset review
29 process. The “Sunset Law” requires DLA to conduct performance audits of boards, commissions, and
30 agency programs subject to termination under AS 44.66.
31

32 The Board and Director Chambers reviewed the State Medical Board’s recent sunset review and
33 discussed the status of addressing the audit recommendations.
34

35 The sunset date for the State Medical Board was extended to June 20, 2023, with an audit compliance
36 report to be submitted prior to April 21, 2020.
37

38 Dr. Daugherty left the meeting at 12:00 p.m.
39

40 The board recessed for lunch at 12:40 p.m. The board was back on the record at 1:30 p.m. All board
41 members were present.
42

43 **22. Regulatory Review**

44 Ms. Jones provided an overview of the regulation process.
45

46 **A. PDMP Regulations** – The board reviewed examples of PDMP registration and reporting regulations
47 from other programs within the Division that interact with the PDMP and discussed compliance issues.
48

1 The board agreed to review the initial legislation related to the PDMP. The Chair of the Board of
2 Pharmacy is in the process of establishing a work group comprised of representatives from all boards
3 that interact with the PDMP to facilitate collaboration.

4
5 David Newman, State ADA Coordinator and Rob Roys, Department of Commerce, Community and
6 Economic Development ADA Coordinator joined the meeting.

7
8 **23. Review of Professional Fitness Questions**

9 The board reviewed the previous board’s proposed changes from the February 6-7, 2020 meeting and
10 subsequent comments provided by Assistant Attorney General Megyn Weigand. The board requested
11 the following additional information be provided:

- 12
13 • Clarification on HIPAA law as it relates to the Alaska Public Records Act, to allow that section of
14 the application remain confidential.
15 • Copy of current professional fitness questions
16 • “Clean” version of proposed changes, incorporating comments from the Ms. Weigand
17 • Examples from other states and/or FSMB

18
19 **ADDENDUM:** During the board’s June 25, 2020 meeting, the board re-reviewed Ms. Weigand’s
20 recommendations. Ms. Weigand also clarified the public records act and confirmed that a statutory
21 amendment would be required to give the board the authority to create an exception to the Alaska
22 Public Records Act. The Chair and Dr. Gay were tasked with reviewing examples from other states and
23 preparing a draft of updated questions for the full board to consider.

24
25 At the board’s July 9, 2020 meeting, the Chair and Dr. Gay provided an updated on the professional
26 fitness question revisions. Dr. Gay recommended pages (12-14) of the FSMB *Policy on Wellness and*
27 *Burnout* be shared with the full board when reviewing the questions and encouraged the board to utilize
28 “proxy” questions. The Chair suggested the board walk through the questions at the August quarterly
29 meeting.

30
31 **18. Malpractice Reports**

32 The board circled back to Agenda Item 18. Ms. Jones explained the policies and procedures for
33 reviewing the malpractice reports. The board reviewed the four malpractice reports received between
34 January 16 and April 30, 2020.

35
36 **On a motion duly made by Dr. Daugherty, seconded by Ms. Bigelow Hood, and**
37 **approved unanimously, the Board accepted the malpractice reports based upon the**
38 **information provided, with no further action required.**

39
40 The Chair asked for confirmation that the malpractice reports would be reported to the appropriate
41 national organizations. Ms. Jones responded affirmatively.

42
43 The board returned to Agenda Item 22. Regulatory Review.

44
45 **22. B. Federal Licensure Exemption (12 AAC 40.981)** – The Chair asked if those who fall under the
46 exemption must apply for the PDMP. The Chair expressed his concern for the possibility of two levels of

1 care. The Chair suggested updates to the regulations to address shortcomings in the information
2 provided by these providers to the board, and improve notification processes.

3
4 Ms. Jones noted that there is a specific user role within PDMP for IHS providers and confirmed PDMP
5 registration is required. The Chair asked about the accuracy of the number of IHS providers in the state.
6 Ms. Jones offered to contact Ms. Carrillo and Ms. Sherrell to obtain that data relate to PDMP
7 registrations for this user role. The board had several questions related to jurisdiction. It was noted that
8 additional information and further understanding was needed.

9
10 **24. New Business**

11 **A. Board Goals** - The board reviewed proposed goals to determine direction.

12 **1. Audit** – The board agreed to address the audit findings to ensure compliance.

13
14 **2. Emergency Regulations** - The Board discussed ways to better utilize local resources (furloughed
15 providers, etc.) that are already licensed in the state, and determine ways to gather this data.

16
17 **3. FSMB Commitment** – The board discussed the importance of collaboration and understanding issues
18 at the national level and acknowledged FSMB as a resource.

19
20 **4. Interstate Medical Licensure Compact** -The board agreed to review the criteria and gather additional
21 information on the topic to see if it would be in the best interest of the public for Alaska to join the
22 compact.

23
24 **5. PA Collaborative Plans Long Term** – The board determined a more in-depth discussion of
25 collaborative relationships was warranted. Dr. Parker and Ms. Bigelow Hood were tasked with
26 establishing a work group and/or submitting recommendations to the full board for consideration.

27
28 **6. PDMP** – The board expressed their commitment to collaborating with other boards/ programs to
29 make the PDMP physician-friendly and increase understanding of PDMP to licensees so it can be an
30 effective tool in protecting the public.

31
32 **B. Annual Report** – Ms. Jones explained the board prepared an annual report at the end of each fiscal
33 year (July 1 – June 30) and walked through the FY 2019 report as an example. Following this meeting,
34 Ms. Jones planned to prepare a draft for the board’s consideration.

35
36 **ADDENDUM:** The FY 2020 Annual Report was approved by a majority vote via OnBoard on August 11,
37 2020 with Ms. Bigelow Hood, Mr. Boswell, Dr. Freeman, Dr. Gay, Ms. Mielke, Dr. Parker and Dr. Wein
38 voting “yes”, Dr. Daugherty did not place a vote.

39
40 Dr. Daugherty indicated that he had additional discussion related to application review.

41
42 **On a motion duly made by Mr. Boswell, seconded by Ms. Mielke, and approved**
43 **unanimously, the Board entered into executive session in accordance with AS 44.62.060(c)(2)**
44 **subjects that tend to prejudice the reputation and character of any person, provided the**
45 **person may request a public discussion to discuss applications.**

46
47 The Board entered executive session at 3:42p.m. The Board went back on the record at 3:56 p.m.

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25. Read Applications into the Record

On a motion duly made by Mr. Boswell, seconded by Dr. Parker, and approved unanimously, the Board approved the following physicians for licensure in Alaska, pending completion of their application files:

MEGHAN	ELIZABETH	BEDDOW	155959	Approved
ANDREW	GARY	FEINBERG	158641	Approved
ROBERT	AARON	FRIEDMAN	148824	Approved
HELEN	NHAN	GRAY	149935	Approved
ALONDRA	GUADALUPE	GUTIERREZ	158382	Approved
SEAN	THOMAS	HIGGINS	153421	Approved
WALTER	RUSSELL	HOLMSTEN	144132	Approved
JOHN	DAVID	HOUGHTON	155819	Approved
JASON	TYLER	HUNT	154426	Approved
WAHEED		JALALZAI	154482	Approved
DAVID	BLACKWELL	JESSUP	154742	Approved
CAROLYN	MARGARET	JOHNSON	157918	Approved
DENISE	FROHLICH	JONES	156316	Approved
ELAINE	CELESTE	JONES	158136	Approved
AHMAD		KAAGO	155196	Approved
BRYAN	LEE	KAUFMAN	155078	Approved
RYAN	JOONMYONG	KIM	155029	Approved
CARLA	MAGNOLIA	LAOS	156219	Approved
CHRISTY	PHUC	LE	155708	Approved
MIRANDA	MICHELLE	LEWIS	157298	Approved
GRACE		LIN	156028	Approved
HELEN	HWEI LING	LIN	153141	Approved
JULIE		MACNEIL	153469	Approved
JORDAN		MACNEIL	153471	Approved
SVETOMIR	NENAD	MARKOVIC	156516	Approved
MATTHEW	BRIAN	MCAULIFFE	156808	Approved
ANDREW	DUNCAN	MCINNES	155216	Approved
JEREMY	SCOTT	MILLER	121730	Approved
KRISTEN	ANGELA	MIRANDA	152520	Approved
CHARLES	HAVILAND	MIZE	157403	Approved
DANIEL	MARK	MOSELEY	135278	Approved
TIMOTHY	ROBERT	MURRAY	155800	Approved
VENKATESH		NARA	157056	Approved
	LOUISE			
ELIZABETH	CONWAY	OHLSSEN	160099	Approved
AMY	HENRY	OLSEN	155701	Approved

BETTINA		PAEK	151433	Approved
WILLIAM	PATTON	PERRY	154711	Approved
BRANDON	ROBERT	PETERSON	156076	Approved
CHRISTOPHER	EDWARD	PIERPONT	148828	Approved
RIAZ		RAHMAN	160055	Approved
MUHAMMAD	ADNAN	RAUFI	152133	Approved
RUDY	RAFAEL	RODRIGUEZ	154428	Approved
JESSICA		ROGERS	195534	Approved
THOMAS		ROISUM	154111	Approved
BRANDON	LEE	ROLLER	155335	Approved
OSWALD		RONDON	155582	Approved
PRISILIANO		SALAS JR.	157207	Approved
LAURA	ANN	SALYERS	151480	Approved
ERIC	BRADLEY	SCHMELL	148837	Approved
JONATHAN	NORMAN	SCHUMAKER	143479	Approved
GILBERT	MANUEL	SIMAS	139724	Approved
SARAH	VANARSDALE	SIMMONS	155735	Approved
CHRISTOPHER	MICHAEL	STADLER	144927	Approved
JAIME		STEVENS	153809	Approved
ETHAN	DAMON	STOLZENBERG	155686	Approved
CAROLYN	LARKIN	TAYLOR	150623	Approved
SETH	MARK	THALER	155802	Approved
HUNG	NAM	VO	158705	Approved
ELIZABETH	TERESE	WALZ	154933	Approved
JONATHAN	CLAY	WEEKS	157470	Approved
HERBERT	JOSEPH	WISER	154907	Approved
SHAHID	ZAIDI	ZAIDI	157842	Approved

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Upon a motion duly made by Chair Wein, seconded by Mr. Boswell and approved unanimously, the Board approved the following osteopathic physicians for licensure in Alaska, pending completion of their application files:

MEGAN		GATLIN	155957	Approved
RAVI	JAIMINI	PATEL	158120	Approved
GABRIEL		PIVAWER	148832	Approved
PAUL	JOSEPH	SHOGAN	148839	Approved
MATTHEW	PAUL	STROHMEYER	154373	Approved
SETH		SWANK	159801	Approved

1 **On a motion duly made by Ms. Bigelow Hood, seconded by Dr. Parker, and**
 2 **approved unanimously, the Board approved the following physician assistants for**
 3 **licensure in Alaska, pending completion of their application files.**
 4

BETHANY	ALLEN	DAVIES	157777	Approved
CYNTHIA		DUNLEAVY	157767	Approved
STEPHEN	ALLEN	EPPINGER	156163	Approved
GABRIEL	RUSSEL	HOLLAND	157053	Approved
KEVIN	MICHAEL	ISKRA	155721	Approved
JESSICA	RAYE	JENSEN	155221	Approved
ERIN	HEATHER	JOHNSON	155111	Approved
JAMIE	LEIANN	LYTTON	158560	Approved
		NAVARRE		
AMY	ELLEN	CANTRELL	155732	Approved
HATSHEPSUT		OSHUN	152550	Approved
FRANCINE		OSIKOWICZ	158053	Approved
MOLLY		REQUE	157014	Approved
SAMANTHA	PAIGE	SMITH	155981	Approved
Adam		Smith	160228	Approved
Sara	Joann	Steffens	157079	Approved
LISA	JANINE	VARNES-EPSTEIN	158041	Approved
HALEY	ANN	WAGONER	155997	Approved

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 6
 7 **On a motion duly made by Ms. Mielke, seconded by Mr. Boswell, and approved**
 8 **unanimously, the Board approved the following mobile intensive care paramedics for**
 9 **licensure in Alaska, pending completion of their application files.**
 10

MASOUD		ABDI	160086	Approved
JOSHUA		BACON	157912	Approved
LOGAN	MICHAEL	BALSTAD	159813	Approved
TYLER	REID	BELK	156107	Approved
ADAM	LEE	BIERNAT	156925	Approved
ERICK	WILLIAM	BUVENS	160254	Approved
ANDREW	BRICKELL	CUTHBERTSON	156621	Approved
IAN	PATRICK	DAVIS	157407	Approved
MOLLY		ETTERS	156192	Approved
TIMOTHY	ALLEN	HOLM	157066	Approved
LILLIAN		HOTTMANN	158427	Approved
NICHOLE	LYNN	LANCASTER	152697	Approved
RAY	ALLEN	LANE	157390	Approved
KYLE	ELLIS	ORTON	153060	Approved
MADDISON	RAE	OWEN	155322	Approved

DANIEL		PEMPEL	157579	Approved
NICHOLAS		PIERSON	156196	Approved
REECE	JOSEPH	ROBERTS	150372	Approved
SCOTT		SUMMERS	157613	Approved
CHRISTOPHER	DANIEL	THOMPSON	154249	Approved
KEAGAN	GWEN	WHITCOMB	153846	Approved
LYNN	CHRISTINE	WHITCOMB	156917	Approved

1
2 The board discussed the meeting schedule and decided to hold interviews during their Thursday
3 meetings in June to help expedite the licensure process.
4

5 Ms. Jones noted an error had been made in filtering the list read into the record and that there were
6 additional physicians and osteopathic physicians whose names had not been read into the record.
7

8 **On a motion duly made by Dr. Wein, seconded by Mr. Boswell and approved**
9 **unanimously, the Board approved the following physicians for licensure in Alaska,**
10 **pending completion of their application files:**
11

SYED	WAJAHAT	ABBAS	155299	Approved
TANVI		ADUSUMILLI	159438	Approved
AMANDEEP	S.	BAINS	143481	Approved
MELYNDA	OUSSAYEF	BARNES	143246	Approved
NATHANIEL	MORRIS	BARUSCH	154970	Approved
ALISON	LEA	BATIG	156637	Approved
TYLER	JORDAN	BERLINER	154785	Approved
CRYSTAL		BROUSSARD	150717	Approved
JOHOL	CHOHONG	CHAN	156846	Approved
JUSTIN		CHANG	151482	Approved
JOON	KYU	CHANG	155394	Approved
JOSEPH	BRIAN	COHEN	151677	Approved
KEVIN	ALDRIDGE	CRAWFORD	156465	Approved
JAMES	BRADFORD	DIESTELHORST	157597	Approved
DONNA	ROBERSON	DILLARD	158102	Approved

12
13
14 **Upon a motion duly made by Mr. Boswell, seconded by Chair Wein and approved**
15 **unanimously, the Board approved the following osteopathic physicians for licensure in**
16 **Alaska, pending completion of their application files:**
17

JESSIE		ALLEN	155151	Approved
DANIEL		DAVIGNON	154617	Approved

18
19
20 Ms. Jones thanked the board and apologized for the oversight.
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26. Adjournment

The Chair thanked the members of the board. There being no further business, the meeting adjourned at 4:21 p.m.

The next scheduled meeting of the State Medical Board is June 4, 2020.

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

September 11, 2020

September 7, 2020

Date

Date