

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, July 9, 2020
9

10 By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a video-conference
11 meeting of the Alaska State Medical Board was held on Thursday, July 9, 2020.
12

13 Thursday, July 9, 2020
14

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

16 The Chair called the meeting to order at 4:04 p.m.
17

18 **Roll Call**

19 Board members present, constituting a quorum:

20 David Boswell, Public Member
21 Maria Freeman, MD
22 Christopher Gay, MD
23 Lydia Mielke, Public Member
24 Steve Parker, MD
25 Richard Wein, MD (Chair)
26

27 Ms. Bigelow Hood and Dr. Larry Daugherty were not in attendance.
28

29 Board staff:

30 Alysia Jones, Executive Administrator
31

32 **2. Review Agenda**

33 The board reviewed the agenda.
34

35 **On a Motion duly made by Dr. Gay, seconded by Mr. Boswell, and approved**
36 **unanimously by acclimation, the Board approved the agenda as presented.**
37

38 The Chair welcomed Dr. Freeman to the Alaska State Medical Board. The board members introduced
39 themselves to one another.
40

41 Mr. Boswell left the meeting.
42

43 **3. Review/Approve the June 25, 2020 Meeting Minutes**

44 The board reviewed the meeting minutes from the June 25, 2020 meeting.
45

46 **On a Motion duly made by Dr. Parker, seconded by Dr. Gay, and approved**
47 **unanimously, the Board accepted the minutes of the June 25th meeting as presented.**
48

1 **4. Comment Review – Proposed Changes to 12 AAC 40.943 Standards of Practice for Telemedicine**

2 The board public noticed the emergency regulations pertaining to 12 AAC 40.943 that allowed for
3 initiation of medicine assisted treatment without an in-person visit. The comment period closed on June
4 16th and the purpose of this agenda item was to review and consider the comments received.

5
6 The Chair asked the board for comments as to what direction they wanted to go today as well as their
7 thoughts of a future, more in depth discussion.

8
9 Dr. Gay recommended reserving the discussion for a future meeting when all members could be
10 present. Dr. Parker asked if anyone could provide pros and cons. Dr. Freeman explained the use of
11 telehealth to reach villages and communities that do not have MAT resources in those areas. It was
12 noted that much of the comments asked if the ability to initiate MAT via telemedicine could be
13 extended beyond the emergency. Dr. Freeman agreed that the discussion deserved additional
14 consideration.

15
16 Ms. Jones clarified that the decision before the board was to consider whether or not to adopt the
17 emergency regulations which specifically relate to “during a public health emergency....”. Ms. Jones
18 explained that while many of the comments suggested the Board consider extending beyond an
19 emergency situation, that is outside the scope of the proposed regulations and would be a separate
20 discussion. Ms. Jones explained the emergency regulations that allow initiation of MAT via telemedicine
21 would expire on September 1st if the board decided not to adopt the regulations. It was noted that the
22 declaration of emergency has been extended beyond September 1st.

23
24 The Chair noted that the public comments raised several points and needs the board’s attention at a
25 future meeting to consider what it would look like when there is not an emergency.

26
27 Dr. Parker asked about risks of losing local providers with this kind of care. The Chair agreed that is was
28 an important point to consider.

29
30 The Board decided to schedule a more in-depth discussion for a future meeting.

31
32 **5. Correspondence**

33 The Board reviewed a notice from the Board of Pharmacy (BOP) regarding the prescription drug
34 monitoring program (PDMP). Ms. Jones explained the notification is intended to be a friendly reminder
35 of PDMP registration, reviewing, and reporting requirements. The notification is scheduled to go out by
36 the end of this week to all licensees that may use the PDMP. The Board is encouraged to consider
37 additional follow up communication and outreach efforts to educate their respective licensees.

38
39 The Chair reminded the Board that the BOP Chair is working on establishing a work group comprised of
40 representatives from the six programs that interact with the PDMP.

41
42 Members of the Board suggested a note regarding discipline would not be retroactive. Dr. Parker asked
43 about the following point in the letter:

- 44 • *All prescribing practitioners and pharmacies **must report** dispensations of federally scheduled*
45 *II – IV controlled substances to the PDMP daily as required by AS 17.30.200(b) and 12 AAC*
46 *52.865 unless excused by AS 17.30.200(u). There may also be exemptions to this requirement*
47 *articulated in your board’s regulations.*

1 Ms. Jones offered to get clarification.

2

3 **6. Public Comment**

4 There were no persons to be heard.

5

6

7 **7. Status Updates**

8 **A. Professional Fitness Questions** - Dr. Gay indicated the information received from the Federation of
9 State Medical Boards accurately summarized the direction the Board should strive for in determining
10 which questions are necessary to answer whether there is a current impairment, there is going to be an
11 impact to patient care, and utilizing “proxy” questions to get at the same information. The Chair agreed
12 with Dr. Gay’s comments and noted that mental health questions should be on the form.

13

14 The Chair provided suggestions on how to move forward with updating the questions and
15 recommended the board walk through the questions at a future meeting. Dr. Gay recommended having
16 page 12-14 of the FSMB document included in the materials for that discussion

17

18 **B. CME Guidance** – Ms. Jones reported that staff are receiving a lot of inquiries related to continuing
19 medical education requirements, particularly from paramedics. Ms. Jones shared the current paramedic
20 CME guidelines last updated in 2018 and requested the Board consider updating the guidance to reflect
21 the board’s reduction of total CMEs. Dr. Parker suggested allowing all CMEs to be distant learning.
22 Several members agreed. Ms. Mielke asked for clarification on whether the questions were coming from
23 just paramedics or all licensees. Ms. Jones responded that most of questions have been from
24 paramedics, however physicians have been asking general questions of what needs to be completed and
25 whether two hours of education in pain management and opioid use and addiction is required for those
26 who hold a valid DEA registration.

27

28 The Board tasked Ms. Jones with drafting guidelines to address licensee questions based upon the
29 boards discussion.

30

31 **8. Health Mandate 15**

32 The Chair stated that there may be a shift away from mandates to guidance. The Chair shared his
33 comments as a conversation started and encouraged board members to provide comments. The
34 Division is in the process of establishing work groups of related professions and has asked for a
35 minimum of two representatives from each board participate.

36

37 Dr. Parker asked about establishing a reasonable timeframe for the guidance and include justification for
38 the guidance.

39

40 **9. Follow Up: Previously Asked Questions**

41 Ms. Jones provided an update on the following topics:

42

43 **Emergency Courtesy License (ECL) Applications:** To date the ASMB has issued **45** emergency courtesy
44 licenses including: 4 osteopathic physicians, 33 physicians and 8 physician assistants.

45

46 To address misuse of the emergency courtesy license, the ASMB home page and Applications & Forms
47 page have been updated with the following notice:

1 Due to the COVID-19 emergency and in line with SB 241, the State Medical Board has developed
2 a process for Emergency Courtesy Licenses. This process is NOT intended to be a method to
3 expedite the initial licensure process. To expedite review of an initial application, please
4 complete the [Request for Expedited Review](#) form.
5

6 Additionally, the following statement has been added to the Board Guidelines and Policies page to
7 clarify requirements for emergency courtesy physician assistant licenses:

8 *Physician Assistances licensed under 12 AAC 40.045 Courtesy License are not required to*
9 *have a collaborative plan.*

10
11 **Annual Report** – A draft of the Annual Report was submitted to the Division’s publication team for
12 reformatting on 7/1. Ms. Jones encouraged the Board to send any additional comments by next week
13 before the draft is finalized.

14
15 **PDMP Regulation Project** – The Chair and Ms. Jones completed a DRAFT of the Regulation FAQ
16 Worksheet, included in the following pages. Board members are asked to review and provide comments
17 by Thursday, July 16th. A copy will also be emailed to all board members.
18

19 **10. FY 2021 Board Meeting Schedule**

20 The Board discussed the meeting schedule and decided to shift to monthly meetings, and look at
21 reducing the overall time of quarterly meetings. Ms. Mielke encouraged the Board to consider reducing
22 the in-person meetings from two per year to one to cut costs, provide greater flexibility, and limit travel
23 time. Ms. Jones clarified that two in-person meetings are a place holder and the Board is not required to
24 have a certain number of in person meetings per year and may decide to meet via videoconference
25 instead.
26

27 The next scheduled meeting will be August 6th.
28
29

30 **11. Adjourn**

31 There being no further business, the meeting was adjourned at **5:41 p.m.**
32
33

34 Respectfully submitted:

35
36
37 /s/ _____
38 Alysia D. Jones, Executive Administrator
39 Alaska State Medical Board

40 7/28/2020
41 _____
42 Date

Approved:

37 /s/  _____
38 Richard Wein, MD, President
39 Alaska State Medical Board

40 July 28, 2020
41 _____
42 Date