

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 3, 2022
9

10 By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a special meeting of
11 the Alaska State Medical Board was held Thursday, March 3, 2022.
12

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

14 The meeting was called to order by Chair Wein at 5:03 p.m.
15

16 **Roll Call**

17 Board members present:

18 Sarah Bigelow Hood, PA-C
19 Maria Freeman, MD
20 Matthew Heilala, DPM
21 Lydia Mielke, Public Member (Secretary)
22 Steve Parker, MD
23 Richard Wein, MD (Chair)
24 David Wilson, Public Member
25

26 Board staff present: Natalie Norberg, Executive Administrator
27

28 **2. Introduction to Special Issue: Telehealth Bills under consideration in Alaska’s Legislature, HB 269
29 and its counterpart, SB 175.**

30 Chair Wein provided an overview of the status of the bills and introduced and welcomed Ms. Genevieve
31 Mena, Special Assistant to Rep. Spohnholz, original sponsor of HB 269. Dr. Wein reiterated and
32 confirmed the basic premise that the Board supports telemedicine and wants to participate in
33 telemedicine. It was noted that behavioral health services in telemedicine are especially successful.

34 Chair Wein noted a key concern with respect to current language in the bills is related to the lack of
35 licensure for a certain category of practitioners treating Alaskans, and thus an inability to track who is
36 practicing medicine in the state and how to adjudicate complaints related to these practitioners.

37 Chair Wein read the proposed telehealth statement. (See Attachment I.) Board members were invited
38 to discuss the proposed statement.

39 Dr. Heilala questioned why there is a reluctance for practitioners to get licensed in Alaska, as many
40 itinerant doctors already get licensed. Dr. Wein explained that some practitioners may only wish to
41 treat one Alaskan patient and do not wish to go through the long and detailed process of obtaining an
42 Alaska license. This is why an abbreviated Alaska license type is being proposed for the “Category 2”
43 scenarios described in the proposed telehealth statement.

1 Dr. Parker raised the possibility of identifying the common states from which practitioners frequently
2 treat Alaskans and develop a system of reciprocity with those states. Dr. Wein pointed out this concept
3 is similar to a “license compact” which the legislature has rejected. If the Board adopts the proposed
4 statement, and if the legislature will recognize the three distinct categories of telehealth providers and
5 allow for differentiated regulatory oversight by the Board – this will create flexibility and transparency.

6 Dr. Freeman and Ms. Bigelow Hood both indicated their support for the statement, favoring a three-
7 tiered approach to regulating/licensing telehealth physicians and physician assistant for Alaska.

8 Mr. Wilson expressed his concerns regarding the logistical challenges for people who live in villages to
9 have access to health care services. He supports taking action to make services as seamless as possible
10 for all Alaskans but favors language in the Bill that would allow the Board to take action against “bad
11 actors.”

12 Chair Wein expressed concern regarding the bills’ opening up of prescriptive authority through
13 telehealth and advocated for stronger definitions to be included in the bills.

14 Dr. Heilala also expressed concerns regarding the bills’ loosening of telehealth prescriptive authority,
15 citing the opioid crisis as a reason for lawmakers and regulators to continue to closely monitor the
16 prescribing practices of controlled substances. If out of state practitioners are not required to be
17 licensed in Alaska, they would not be compelled to participate in the Alaska PDMP.

18 Ms. Mielke shared concerns regarding how the proposed legislation would allow certain clinicians to
19 treat Alaskan patients without licensure; that registry in the telemedicine business registry (as proposed
20 in the legislation) would be inadequate to track these clinicians; and there is no sunset provision for how
21 long the clinicians could continue treating a patient.

22 Dr. Parker reminded the Board that there were some individuals who got through the Emergency
23 Courtesy License process that were not legitimate. Dr. Wein reiterated that lessons learned during
24 experience will be applied to any new license type created for “Category 2.”

25 Chair Wein invited Ms. Mena to provide an overview of the issues in HB 269 that pertain to the Medical
26 Board. Ms. Mena also highlighted some of the proposed edits to the legislation that will address the
27 concerns raised by the Board, especially related to lack of licensure/enforcement. Ms. Mena reiterated
28 that the bill sponsors are interested in creating a telehealth framework which allows the regulatory
29 boards the flexibility to provide appropriate oversight.

30 Chair Wein invited Ms. Norberg to introduce some proposed amendments to HB 269. Ms. Norberg
31 provided an overview and rationale for three bill amendments for the purpose of the Board’s
32 consideration for approval and submission to the bill sponsors. (See Attachment II.)

33 **On a motion duly made by Ms. Mielke and seconded by Mr. Wilson, the Board approved by**
34 **roll call vote to accept the draft position statement as presented.**

35 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Parker, Dr. Wein and Mr.
36 Wilson.
37

1 **On a motion duly made by Ms. Mielke and seconded Ms. Bigelow Hood, the Board approved**
2 **by roll call vote to forward the proposed amendments and suggestions for HB 269/HB SB 175**
3 **to the legislature.**

4 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Parker, Dr. Wein and Mr.
5 Wilson.

6
7 It was noted that the Board's preference would be for the proposed telehealth legislation to include
8 licensure for all practitioners. The proposed amendments are intended for consideration if the current
9 version of the bill(s) move forward with a carve out for certain practitioners to treat Alaskan patients
10 without licensure.

11 **5. Wrap up/Adjourn**

12 The Meeting was adjourned by unanimous consent at 6:35 p.m.
13
14

15 Respectfully submitted:

16 *Natalie Norberg*
17 /s/ Natalie Norberg
18 Natalie Norberg, Executive Administrator
19 Alaska State Medical Board

20 05/20/2022
21 Date
22
23

Approved:

Richard Wein
/s/ Richard Wein
Richard Wein, MD, President
Alaska State Medical Board

5/20/22
Date



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

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STATE MEDICAL BOARD

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STATEMENT REGARDING TELEHEALTH LEGISLATION

March 3, 2022

The Alaska State Medical Board held a special meeting on March 3, 2022 and adopted the following statement:

The Alaska State Medical Board is a regulatory and adjudicatory Board for many medical practitioners in our Great State. We support any legislation that promotes safe and expanded access to healthcare. The Board has also recognized in the past as it does now the importance of Telemedical practice in all of its forms. Geography frequently determines policy. In a state such as Alaska this is the rule not the exception.

We at the Alaska State Medical Board have recognized the need for a separate and distinct licensure type for Telemedicine. This need arises out of the complex and rapidly expanding field of Telemedical practice.

However, a “one-size fits all” approach to Telemedicine licensure for Alaska does not meet our regulatory needs or provide the protections our patients deserve. Observation has led us to the conclusion that there are three types of Telemedical practice, each of which requires their own consideration:

Category 1: Practitioners who reside and practice in-State.

Category 2: Practitioners who reside out of State but have a history of in-person contact with the patient. In this category, a patient was likely referred to an out-of-state provider for specialty treatment and follow-up care is needed with the treating out-of-state specialist. Another form of out-of-state care via telemedicine is a high-level consultation that is requested without the necessity of in-person examination. And of note, there are many Alaskans who self-refer to care outside of Alaska that involves in-person examination and treatment and may require follow-up when they return to the State via telemedicine.

Category 3: Practitioners who reside out-of-state, who will have no history of in-person contact. Care in this category is provided solely through the internet or other communication devices where there is no history of in-person contact nor will there ever be any in-person contact.

The best path forward would be for the legislature to assist us with developing an integrated Telemedicine licensure/regulation project.

Any legislation that affects patient care has to be grounded in not just access and convenience, but most importantly in safety. The basic question that is asked when reading a legislative bill is how will it affect patient care, and how will this effect enhance or diminish the Alaska State Medical Board's ability to act as a regulatory and an adjudicative body to protect patients and assist our constituent practitioners in delivering quality care. Therefore, any new legislation that regulates Telemedicine needs to be flexible and allow the Board the ability to develop licensure regulations in a robust and uninhibited fashion.

Legislative bills that concern Telemedicine must have basic defined standards that allow the Board to function. All practitioners who treat Alaskan patients must be able to be identified through established criteria. There cannot be any practitioner exemptions. Telemedical prescriptive privilege whether prescribed in-state or out-of-state regardless of the medication type needs to be clearly defined. The Board needs to unambiguously have the ability to pursue quality issues for those who reside out-of-state. Definitions of medical activity need to be clear and consistent with the changed reality that Telemedicine brings. The activities and role of medical surrogates need to be clearly elucidated when they function as the intermediary during Telemedical examinations. Any new legislation cannot encumber the Board's ability to create new regulation in the future by creating piecemeal structures for political convenience.

Therefore, the Board supports the expansion of Telemedical practice in all of its forms. However, we need the tools to be able to adequately protect the patients of this Great State. This can be done simply by recognizing the ways Telemedicine is evolving.