

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING

STATE MEDICAL BOARD

MINUTES OF MEETING
June 23, 2022

By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a special meeting of the Alaska State Medical Board was held on Thursday, June 23, 2022.

1. Call to Order/ Roll Call

The meeting was called to order by Chair Wein at 4:05 p.m.

Roll Call

Board members present:

Sarah Bigelow Hood, PA-C
Matt Heilala, DPM
Lydia Mielke, Public Member (Secretary)
Steve Parker, MD
David Paulson, MD
Richard Wein, MD (Chair)

Absent: Maria Freeman, MD and David Wilson, Public Member

Board staff present: Natalie Norberg, Executive Administrator and Jason Kaeser, Occupational Licensing Examiner

New Board member, David Paulson introduced himself as a neurosurgeon who has practiced in Anchorage for five years.

2. Review / Approval of Agenda

On a motion duly made by Lydia Mielke and seconded by Ms. Bigelow-Hood, the Board approved by roll call vote to accept the draft agenda as presented.

Roll Call: Yeas, Ms. Bigelow Hood, Dr. Heilala, M. Mielke, Dr. Parker, David Paulson, Dr. Wein
Absent for Vote: Dr. Freeman and Mr. Wilson

3. Emergency Regulations - Expedited Licensing

Chair Wein provided a brief overview of Governor Dunleavy's Administrative Order No 335 5-20-2022, highlighting that as a result of a high demand and reduced staff capacity there is a need for staff to focus all resources on licensing while refraining from any non-essential tasks. Additionally, the Order calls for the Division of Corporations, Business and Professional Licensing and Boards to identify potential inefficiencies in regulations and processes and to take immediate action to address such barriers in

order to enhance expedited licensure. During the May 20, 2022 Board meeting , regulations were approved to streamline the Expedited Temporary and Full licensure processes. This urgent call for action is an impetus to convert those regulation changes into emergency regulations in order to allow for immediate implementation.

On a motion duly made by Lydia Mielke and seconded by Sarah Bigelow Hood the Alaska State Medical Board found by a roll call vote that an emergency exists under AS 44.62.250 requiring an immediate change to the physician licensure process for licensure by credential and temporary permit requirements, and that an emergency regulation change is necessary for the immediate preservation of the public peace, health, safety, or general welfare. The facts constituting the emergency include the following:

As a consequence of the COVID-19 pandemic, the State Medical Board is experiencing both a significantly reduced staff and sustained high volume of applicants, resulting in extensive and untenable delays in physician and physician assistant licensure. Staff are working overtime in the evenings and through the weekends, however, licensing at best is taking eight weeks, but more often several months. This is causing hospitals and other healthcare facilities to be short staffed and in dire need of physicians who are ready to work, but not able to because their applications for licensure have not been processed and approved. The resulting physician shortage threatens the public health, safety, and general welfare. The proposed regulation changes will allow a significant number of physicians to receive an expedited temporary license upon initial review of their application and a six-month window to continue working with the State Medical Board to submit remaining documentation for permanent licensure.

Roll Call: Yeas, Ms. Bigelow Hood, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Parker, and Dr. Wein
Absent for Vote: Dr. Freeman and David Wilson

On a motion duly made by Lydia Mielke and seconded by Sarah Bigelow Hood, the Board approved by roll call vote the changes as presented and adopted to 12 AAC 40.035 and 12 AAC 40.010 during the May 20, 2022 Alaska State Medical Board to be adopted as emergency regulations and that the board approve these changes for public notice as part of a permanent regulations process.

Roll Call: Yeas, Ms. Bigelow Hood, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Parker, and Dr. Wein
Absent for Vote: Dr. Freeman and David Wilson

4. Physician Assistant Licensure and Practice Modernization Project

Chair Wein reminded the Board that the legislature granted the Medical Board authority under AS 08.64.107, to regulate the licensure, scope of practice, and responsibilities of supervising physicians for physician assistants. Chair Wein invited Board members to share their general thoughts on this matter. Ms. Bigelow Hood stated she supports most of the requested changes, however, is having some reservations regarding the request to move the Collaborative Plan to the practice level and would like to have more input from a wider cross-section of stakeholders. Sarah does not understand the assertion that having a broadly worded Collaborative Plan filed at the state level limits practice while allowing them to be filed at the practice level will allow for more flexibility. Ms. Bigelow Hood suggested having more information from the academy would be helpful. Sarah supports full prescriptive authority for

physician assistants and agrees that revising the assessment process is very much overdue. She is also strongly in favor of recognizing video and electronic means of supervision with collaborating physicians rather requiring in-person meetings.

Dr. Heilala voiced his overall support for modernization while maintaining patient safety. Dr. Parker stated that as a businessman, he believes the regulations are overly cumbersome and complicated to such a degree that he would be afraid to hire a PA. He supports the regulations being simplified and being on par with the Nurse Practitioners'. Ms. Mielke voiced a mix response. She believes many of the requested changes are warranted but needs more information for some of the requests. Ms. Mielke also acknowledged that this conversation has been a long time in the making, it is a worthwhile conversation to be had, and it is time for the Board to make some decisions. Dr. Paulson acknowledged that he is new and needs more education on the nuances of this issue, but in general he favors streamlining and deregulating as much as possible while maintaining patient safety.

Chair Wein observed that in their totality, the requested changes in regulation reflect a statement of independence, in essence the Alaska Physician Assistant Association (AKPAA) appears to be seeking practice independence for physician assistants. This raises a foundational question as to whether physician assistants should be made independent practitioners, or do they require oversight? And, if they require oversight, how does that manifest itself? The summary of the key issues with their associated questions as outlined in the matrix provided to the Board is meant to serve as a tool to help the Board explore, discuss and make decisions about these questions of oversight.

A. Should Collaborative Plans be filed and maintained at the practice level rather than on file with the Division?

It was noted by Chair Wein that the Board received public comments in favor of moving the Collaborative Plan to the practice level from the CEO of a large well-established tribal health provider. Entities that fall under the category of corporatized medicine will have Human Resource Department with policies and job descriptions that match much of the basic language outlined in a Collaborative Plan. This is not the case for many smaller medical offices. Dr. Wein voiced his support of a practice-based Plan, so long as a de minimus notice is provided to the Board regarding the existence of the Plan and so long as it is understood the Board may audit a practitioner for their Collaborative Plan at any time.

Ms. Bigelow-Hood stated she would like more detail provided from the AKPAA with respect to what it envisions the Collaborative Plan to entail. Dr. Wein suggested that the Board may need to provide a basic outline for what is included in the Collaborative Plan.

On a motion duly made by Dr. Wein and seconded by Dr. Parker, the Board approved by roll call vote to agree for the Collaborative Plan between to exist at the practice level so long as a de minimis notice is provided to the Board to ensure a Collaborative Plan exists between a physician assistant and the collaborating physician.

Roll Call: Yeas, Ms. Bigelow Hood, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Parker, and Dr. Wein
Absent for Vote: Dr. Freeman and David Wilson

B. Should the requirement for an alternative physician be eliminated from the Collaborative Plan?

Dr. Parker suggested that more experienced physician assistants, such as those with 5 or more years of practice may not need to be required to list an alternate physician. Jason Kaeser reported that the absence of a listed alternate physician is a very common reason for long delays in getting collaborative plans approved and PA's authorized to practice. Ms. Bigelow Hood voiced concern about eliminating the requirement for an alternate physician due to the physician assistant's lack of ability to provide continuity of care in a remote care setting and patient safety - should the primary physician be suddenly unable to practice. Chair Wein asserted that allowing PA's to practice for any length of time without a collaborator is in essence "independent practice." Dr. Parker reiterated that more experienced PA's tend to consult very little with their collaborator; are more likely to seek consultation directly with specialists on behalf of their patients, and potentially could practice independently during a grace period or be advised of their option to practice independently. Dr. Parker noted that Nurse Practitioner appear to have less rigorous training than PAs yet are able to practice independently. Chair Wein stated that since the legislature gave the responsibility of regulating PA's to the Medical Board, the Board would need to seek a legal opinion as to whether the Board has the ability to allow PA's the ability to practice independently. Board members appeared to favor maintaining the requirement for an alternate physician to be named on Collaborative Plan with an exception for PA's with 5 or more years of experience. PA's with 5 or more years of experience might be granted a grace period to practice without a collaborator. More work is needed to flesh out this concept in writing before the Board decides on this matter.

C. Should PA's be able to have prescriptive authority separate from their collaborating physician?

Ms. Bigelow Hood and Dr. Paulson voiced support for PA's having their own prescriptive authority, separate from their collaborating physician and that they be responsible for their own prescriptions. Chair Wein added that if PA's have a full unrestricted DEA registration, they should be able to prescribe under their own authority. Chair Wein raised a question for which a legal opinion is needed – that is, "Can Physician Assistants be held individually responsible/liable for their prescriptive practices when those prescriptive practices fall outside of the scope of their collaborating physician?" It was agreed to put this general issue on hold until more information is gathered from the Department of Law and the AKPAA regarding how other states handle this matter.

D. Should the prescribed schedule of direct person contacts between the PA-Physicians be eliminated in lieu of a variety of other proposed methods of assessment?

Chair Wein acknowledged that there are multiple methods to assess performance, both in-person and through electronic means. Chair Wein agrees that the section of regulation related to assessment methods is too rigid and in need of revision. Ms. Bigelow Hood also spoke in favor of eliminating the Board's strict oversight of assessment and that this matter should be developed at the practice level.

On a motion duly made by Chair Wein and seconded by Ms. Bigelow Hood, the Board approved by roll vote the following position statement:

Review of performance of PA's is an important part of a Collaborative Plan. As part of the de minimis request from the Board is that a regular review of performance of the physician assistant be taken.

Roll Call: Yeas, Ms. Bigelow Hood, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Parker, and Dr. Wein

Absent for Vote: Dr. Freeman and David Wilson

E. Should specific requirements for remote practice be eliminated to allow oversight at the discretion of the Collaborative Plan participants?

Chair Wein stressed his position is that that PA's with less than two years of experience need additional oversight. Ms. Bigelow Hood agrees that PAs new to practice need additional oversight in remote settings. Ms. Bigelow Hood offered to gather input from other in-state entities regarding their policies and preferences regarding minimum levels of experience expected of PAs to work in remote areas. A potential question to ask employers is: "If you had the ability, would your organization send out a newly graduated PA to a remote site as their first assignment?"

Dr. Paulson identified that lack of oversight of new PA's in remote areas is potentially a matter of patient safety and puts PA's in a vulnerable situation to have a bad patient outcome. It was suggested the Board redefine "remote practice" which is currently defined in regulations as being 30 miles or more by road from the primary collaborating physician's office.

5. Wrap up/Adjourn

Next steps will involve: 1) Gathering more information from stakeholders; for which Ms. Bigelow Hood offered to take a lead; 2) A rewrite of the regulations, taking in consideration all of the feedback and direction by the Board from this meeting; 3) More meetings of the Board to continue to discuss these issues and identify solutions.

Chair Wein notified Board members of his recent seven-hour deposition for the Planned Parenthood lawsuit.

The Meeting was adjourned by unanimous consent at 6:08 p.m.

Submitted by:



Natalie Norberg, Executive Administrator

Date: August 19, 2022

Approved by:



Richard Wein, M.D., Chair

Date: August 19, 2022