

Alaska State Medical Board – 2021 Time Limited Physician Assistant Work Group

Per a recommendation endorsed by the Medical Board during the August 2021 Board Meeting, an open work group was formed comprised of Board members and members of the public for the purpose of reviewing and making recommended revisions to the existing regulations that govern the Physician Assistant Licensing process. A series of working meetings were held during which group members discussed various edits and conceptual changes to modernize Article 5 of 12 AAC 40.40. Minutes for these meetings were not generated due to the frequency of the meetings, workload and staff shortage issues. Instead, the working document with the edits made during the meeting is provided. A recording of the meeting is available upon request to: Medicalboard@alaska.gov

Physician Assistants

12 AAC 40.400. Physician assistant license. (a) An individual who desires to undertake medical diagnosis and treatment or the practice of medicine under [AS 08.64.380\(6\)](#) or [AS 08.64.380\(7\)](#) as a physician assistant (1) shall apply for a permanent renewable license on a form provided by the department; (2) shall pay the appropriate fees established in [12 AAC 02.250](#); and (3) must be approved by the board. (b) The application must contain documented evidence of (1) graduation from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs; (2) a passing score on the certifying examination administered by the National Commission on Certification of Physician Assistants; (3) verification of current certification issued by the National Commission on Certification of Physician Assistants (NCCPA); (4) compliance with continuing medical education standards established by the National Commission on Certification of Physician Assistants; (5) verification of registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant or any other health care professional; (6) verification of successful completion of a physician assistant program that meets the requirements of (1) of this subsection; that verification must be sent directly from the program to the board; (7) verification of the applicant's completion of at least two hours of education in pain management and opioid use and addiction earned in a continuing medical education program approved by the National Commission on Certification of Physician Assistants (NCCPA), a Category I continuing medical education program accredited by the American Medical Association, or a Category I or II continuing medical education program accredited by the American Osteopathic Association, for an applicant who does not currently hold a valid federal Drug Enforcement Administration registration number, the verification will be waived until the applicant applies for a valid registration number; (8) clearance from the Board Action Data Bank maintained by the Federation of State Medical Boards; and (9) clearance from the federal Drug Enforcement Administration (DEA). (c) Repealed 9/1/2007. (d) Notwithstanding (b) of this section, an applicant for a physician assistant license may submit the credentials verification documents through the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

Commented [NNM(1)]: This is duplicative.

12 AAC 40.405. Temporary license. (a) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits, may approve a temporary physician assistant license of an applicant who meets the requirements of [12 AAC 40.400](#) or [12 AAC 40.445](#) and pays the fee set out in [12 AAC 02.250](#). (b) A temporary license is valid for six months or until the board meets and considers the application for a permanent renewable license, whichever occurs first. (c) The board may renew a temporary license once only, based on good cause. (d) Repealed 7/25/2008. (e) An applicant who meets the requirements on the checklist established in this section has demonstrated the necessary qualifications for the temporary permit applied for and will be approved by the board, the executive secretary, or the board's designee for issuance of that permit. An applicant who does not meet the requirements on the checklist established in this section for that permit will not be issued a temporary permit unless the board further reviews the application and determines that the applicant meets the qualifications in [AS 08.64](#) and this chapter for that permit. The form titled Alaska State Medical Board - Checklist, Temporary Permit for Physician Assistant, dated February 2018, is adopted by reference. This form is established by the board for the use by the executive secretary or another employee of the division in completing the application processing for a temporary permit under this section.

12 AAC 40.406. Locum tenens authorization to practice. Repealed.

12 AAC 40.408. Authorization to practice as a physician assistant. Repealed.

12 AAC 40.410. Collaborative relationship and plan. (a) A licensed physician assistant may not practice without at least one collaborative relationship established under this chapter. The collaborative relationship must be documented by a collaborative plan on a form provided by the board and must include (1) the name, license number, and specialty, if any, for the primary supervising physician ~~and at least one alternate collaborating physician~~; (2) the name, place of employment, and both residence and mailing addresses of the physician assistant with whom the physician intends to establish a collaborative relationship; (3) the beginning date of employment under the collaborative plan and the physical location of practice; (4) compliance with [12 AAC 40.415](#) if the practice location is a remote practice location; and (5) prescriptive authority being granted to the physician assistant by the collaborating physician under the collaborative plan. ~~(b) The collaborative plan must be filed with the division within 14 days after the effective date of the collaborative plan or within 14 days after the effective date of any change to that plan. (c) Receipt by the board of the collaborative plan will be considered documented evidence of an established collaborative plan. (d) Any physician assistant subject to a board order must have their collaborative plan approved by the board or its designee in advance of the effective date of the plan to insure that the collaborative plan conforms to the terms of the order. (e) A copy of the current plan must be retained at the place of employment specified in the plan and must be available for inspection by the public. (f) A change in a collaborative plan automatically suspends a licensed physician assistant's authority to practice under that collaborative plan unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician and at least one alternate collaborating physician remains in place. Any change to collaborating physicians must be reported to the board in accordance with (b) of this section. (g) Nothing in this section prohibits periodic board review and assessment of the collaborating physician and the collaborative plan. (h) A physician who wishes to establish a collaborative relationship with a physician assistant must hold a current, active, and unrestricted license to practice medicine in this state and be in active practice of medicine. (i) The primary collaborating physician shall maintain in the physician's records a copy of each DEA Form 222 official order form submitted by each physician assistant with whom the physician has a collaborative relationship. The primary collaborating physician is responsible for ensuring that the physician assistant complies with state and federal inventory and record keeping requirements. (j) In this section, "active practice" means at least 200 hours each year of practicing medicine with direct patient contact. (k) PAs shall collaborate with, consult with and/or refer to the appropriate member(s) of the healthcare team as indicated by the patient's condition, the education, experience and competencies of the PA and the standard of care. The degree of collaboration should be determined by the supervising physician. PAs are responsible for the care they provide. (l) A physician assistant must practice within the context of a collaborative agreement within a hospital or integrated clinical setting where physician assistants and physicians work together to provide patient care. For purposes of this paragraph, a collaborative agreement is a mutually agreed upon plan for the overall working relationship and collaborative arrangement between a physician assistant, and one or more physicians licensed under chapter 08.64, that designates the scope of services that can be provided to manage the care of patients. The physician assistant and one of the collaborative physicians must have experience in providing care to patients with the same or similar medical conditions. The collaborating physician is not required to be physically present 1) so long as the collaborating physician and physician assistant are or can be~~

Commented [NNM(2)]: Either needs word smything or remain. Backup is important.

Commented [NNM(3)]: Rationale - Desire is to keep the collaborative plan at the practice level. The plan would not be submitted to the state.

Commented [NNM(4)]: Changes to CPs that have to be reviewed at the state level has caused delays in practice. Keeping it at the practice level is more timely.

Commented [NNM(5)]: This appears to be duplicative. May need to consult with the DEA. PAs already have to display this per the DEA.

12 AAC 04.415. Remote practice location ~~(a) To qualify to practice in a remote practice location, a physician assistant with less than two years of full-time clinical experience must work 160 hours in direct patient care under the direct and immediate supervision of the collaborating physician or alternate collaborating physician. The first 40 hours must be completed before the physician assistant begins practice in the remote practice location, and the remaining 120 hours must be completed within 90 days after the date the physician assistant starts practice in the remote practice location. (b) A physician assistant with less than two years of full-time clinical experience who practices in a remote practice location and who has a change of collaborating physician must work 40 hours under the direct and immediate supervision of the new collaborating physician within 60 days after the effective date of the new collaborative plan unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician. (c) A physician assistant with two or more years of full-time clinical experience who applies for authorization to practice in a remote practice location shall submit with the collaborative plan (1) a detailed curriculum vitae documenting that the physician assistant's previous experience as a physician assistant is sufficient to meet the requirements of the location assignment; and (2) a written recommendation and approval from the collaborating physician. (d) In this section, "remote practice location" means a location in which a physician assistant practices that is 30 or more miles by road from the collaborating physician's primary office.~~

Commented [NNM(6)]: Telemedicine considerations will need to be made.

12 AAC 40.415. Remote practice location (a) To qualify to practice in a remote practice location, a physician assistant with less than two years of full-time clinical experience must work 160 hours in direct patient care under the direct and immediate supervision of the collaborating physician or alternate collaborating physician. The first 40 hours must be completed before the physician assistant begins practice in the remote practice location, and the remaining 120 hours must be completed within 90 days after the date the physician assistant starts practice in the remote practice location. (b) A physician assistant with less than two years of full-time clinical experience who practices in a remote practice location and who has a change of collaborating physician must work 40 hours under the direct and immediate supervision of the new collaborating physician within 60 days after the effective date of the new collaborative plan unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician. (c) A physician assistant with two or more years of full-time clinical experience who applies for authorization to practice in a remote practice location shall submit with the collaborative plan (1) a detailed curriculum vitae documenting that the physician assistant's previous experience as a physician assistant is sufficient to meet the requirements of the location assignment; and (2) a written recommendation and approval from the collaborating physician. (d) In this section, "remote practice location" means a location in which a physician assistant practices that is 30 or more miles by road from the collaborating physician's primary office.

Commented [NNM(7)]: This section is potentially confusing. May no longer be relevant if the other changes are adopted.

12 AAC 40.420. Currently practicing physician assistant Repealed.

12 AAC 40.430. Performance and assessment of practice (a) A person may perform medical diagnosis and treatment as a physician assistant only if licensed by the board. Performance and assessments are the responsibility of the physician and physician assistant collaboration, and only within the scope of practice of the collaborating physician. (b) A periodic method of assessment of the quality of practice must be established by the collaborating physician. In this subsection, "periodic method of assessment" means evaluation of medical care and clinic management. (c) Repealed 3/27/2003. (d) Repealed 3/27/2003. (e) Assessments must include annual direct personal contact between the physician assistant and the primary or alternate collaborating physician, at either the physician or physician assistant's work site. The collaborating physician shall document the evaluation on a form provided by the department. (f) Except as provided in (h) of this section, collaborative plans in effect for less than two years must include at least one direct personal contact visit with the primary or alternate collaborating physician per calendar quarter for at least four hours duration. (g) Except as provided in (h) of this section, collaborative plans in effect for two years or more must include at least two direct personal contact visits with the primary or alternate collaborating physician per year. Each visit must be of at least four hours duration and must be at least four months apart. (h) Physician assistants who practice under a collaborative plan for a continuous period of less than three months of each year must have at least one direct personal contact visit with the primary or alternate collaborating physician annually. (i) Collaborative plans, regardless of duration, must include at least monthly telephone, radio, electronic, or direct personal contact between the physician assistant and the primary or alternate collaborating physician. Monthly contact must be documented. (j) Contacts, whether direct personal contact or contact by telephone, radio, or other electronic means, must include reviews of patient care and review of health care records. (k) The primary collaborating physician shall maintain records of performance assessments. The board may audit those records. (l) The primary collaborating physician shall maintain on file the completed records of assessment form for at least seven years after the date of the evaluation. (m) If an alternate collaborating physician performs the evaluation, copies of the record of assessment must be provided to the primary collaborating physician for retention in the primary collaborating physician's records. (n) The board's executive secretary may initiate audits of performance assessment records. In any one calendar year, the performance assessment records of not more than 10 percent of the actively licensed physician assistants, selected randomly by computer, will be audited. For each audit, (1) the collaborating physician shall produce records of assessment for the past two calendar years immediately preceding the year of audit; and (2) if the collaborative plan has been in effect for at least one year, but less than two years, only one year of records will be audited; collaborative plans of less than one year's duration will not be audited. (o) Repealed 5/8/2013. (p) Repealed 5/8/2013. (q) Repealed 5/8/2013. (r) During an urgent situation as determined by the board, direct personal contact as required under this section may be met by audio and video means; "urgent situation" has the meaning given in 12 AAC 40.045.

Commented [NNM(8)]: This potentially redundant - many practices have separate assessment processes. Plus this process is considered onerous and confusing.

12 AAC 40.440. Student physician assistant permit Repealed.

12 AAC 40.445. Graduate physician assistant license (a) An applicant for a license to practice as a graduate physician assistant (1) shall apply on a form provided by the department; (2) shall pay the fees established in 12 AAC 02.250; and (3) must be approved by the board. (b) The application must include (1) evidence of having graduated from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs; and (2) evidence of having been accepted to take the next entry level examination of the National Commission on Certification of Physician Assistants, Inc. (NCCPA) for initial certification. (c) A graduate physician assistant license is automatically suspended on the date the board receives notice that the applicant failed to pass the NCCPA certifying examination required under (b)(2) of this section. (d) Upon request, the board will reissue a graduate physician assistant license only if the licensee was prevented from taking a scheduled examination. (e) A licensed graduate physician assistant must be under the continuous on-site supervision of a physician assistant licensed in this state or a physician licensed in this state. (f) When licensed, the licensee shall display a nameplate designating that person as a "graduate physician assistant." (g) Notwithstanding (b) of this section, an applicant for a graduate physician assistant license may submit the credentials verification documents through the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

12 AAC 40.447. Authorization to practice as a graduate physician assistant Repealed.

12 AAC 40.450. Authority to prescribe, order, administer, and dispense medications (a) A physician assistant who prescribes, orders, administers, or dispenses controlled substances must (1) have a current Drug Enforcement Administration (DEA) registration number, valid for that handling of that controlled substance on file with the department; and (2) comply with 12 AAC 40.976. (b) Repealed 9/1/2007. (c) A

physician assistant with a valid DEA registration number may order, administer, dispense, and write a prescription for a schedule II, III, IV, or V controlled substance ~~only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current collaborative plan on file with the division.~~ (d) ~~The physician assistant's authority to prescribe may not exceed that of the primary collaborating physician as documented in the collaborative plan on file with the division.~~ (e) A physician assistant with a valid DEA registration number may request, receive, order, or procure schedule II, III, IV, or V controlled substance supplies from a pharmaceutical distributor, warehouse, or other entity ~~only with the authorization of the physician assistant's primary collaborating physician. If granted this authority,~~ the physician assistant is responsible for complying with all state and federal inventory and record keeping requirements. The authorization must be documented in the physician assistant's current collaborative plan on file with the division. ~~Within 10 days after the date of issue on the form, the physician assistant shall provide to the primary collaborating physician a copy of each DEA Form 222 official order form used to obtain controlled substances.~~ (f) A physician assistant may prescribe, order, administer, or dispense a medication that is not a controlled substance ~~only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current collaborative plan on file with the division.~~ (g) A graduate physician assistant licensed under this chapter may not prescribe, order, administer, or dispense a controlled substance. (h) ~~Termination of a collaborative plan terminates a physician assistant's authority to prescribe, order, administer, and dispense medication under that plan.~~ (i) A prescription written under this section by a physician assistant must include the ~~(1) primary collaborating physician's name; (2) primary collaborating physician's DEA registration number; (3) physician assistant's name; and (4) physician assistant's DEA registration number.~~ (j) In this section, unless the context requires otherwise, (1) "order" means writing instructions on an order sheet to dispense a medication to a patient from an on-site pharmacy or drug storage area; for purposes of this paragraph, "on-site pharmacy" means a secured area that provides for the storage and dispensing of controlled substances and other drugs and is located in the facility where the physician assistant is practicing; (2) "prescription" means a written document regarding a medication prepared for transmittal to a licensed pharmacy for the dispensing of the medication; (3) "schedule," used in conjunction with a controlled substance, means the relevant schedule of controlled substances under 21 U.S.C. 812 (Sec. 202, Federal Controlled Substances Act).

12 AAC 40.460. Identification A licensed physician assistant authorized to practice shall conspicuously display on the licensee's clothing a nameplate identifying the physician assistant as a "Physician Assistant-Certified (PA-C)" and shall display at the licensee's customary place of employment (1) a current state license; and (2) a sign at least five by eight inches ~~informing the public that documents showing the licensed physician assistant's education and a copy of the current collaborative plan on file with the division are available for inspection.~~

12 AAC 40.470. Renewal of a physician assistant license (a) A physician assistant license must be renewed biennially on the date set by the department. (b) An application for renewal must be made on the form provided by the department and must include (1) payment of the renewal fee established in 12 AAC 02.250; ~~(2) documented evidence that the applicant has met the continuing medical education and recertification requirements of the NCCPA, including the NCCPA recertification examination, and is currently certified by NCCPA;~~ (3) verification on a form provided by the department of each authorization to practice issued before September 1, 2007 under which the physician assistant is practicing.

12 AAC 40.473. Inactive physician assistant license (a) A physician assistant who is not practicing in the state may hold an inactive license that may be renewed. (b) A physician assistant may apply for an inactive license at the time of license renewal by (1) indicating on the form for license renewal that the physician assistant is requesting an inactive license; and (2) paying the inactive biennial license fee established in 12 AAC 02.250. (c) A physician assistant licensed as inactive may not practice as a physician assistant in the state. (d) A physician assistant licensed as inactive who wishes to resume active practice as a physician assistant in the state must (1) submit a completed renewal application form indicating request for reactivation; (2) pay the physician assistant biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period; (3) submit a copy of a current certificate issued by the National Commission of Certification of Physician Assistants; and (4) request a clearance report from the Federation of State Medical Boards's Board Action Data Bank be sent directly to the board. (e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician assistant authorization for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

12 AAC 40.475. Lapsed physician assistant license (a) A physician assistant license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits (1) a complete renewal application form; (2) documentation that the continuing medical education requirements of 12 AAC 40.470(b)(2) have been met; and (3) the renewal fees required by 12 AAC 02.250. (b) A physician assistant license that has been lapsed for at least one year but less than five years will be reinstated if the applicant submits (1) a complete renewal application on a form provided by the department; (2) documentation that the continuing medical education requirements of 12 AAC 40.470(b)(2) have been met for the entire period that the authorization has been lapsed; (3) verification of licensure from the appropriate licensing authority in each state, territory, or province where the applicant holds or has ever held a license as a physician assistant or other health care professional; (4) clearance from the Federation of State Medical Boards sent directly to the division; (5) clearance from the federal Drug Enforcement Administration (DEA); and (6) the applicable fees required in 12 AAC 02.250. (c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician assistant license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

12 AAC 40.480. Exemptions (a) Nothing in this chapter prevents or regulates the use of a community health aide in the usual and customary manner in the rural areas of the State of Alaska. (b) Nothing in this chapter regulates, restricts, or alters the functions of a person traditionally employed in an office, by a physician, performing duties not regulated by the State Medical Board under AS 08.64.

12 AAC 40.490. Grounds for suspension, revocation, or denial of license The board, after compliance with the Administrative Procedure Act (AS 44.62), will, in its discretion, suspend, revoke, or deny the license of a physician assistant who (1) fails to pay the fees established in 12 AAC 02.250; (2) has obtained, or attempted to obtain, a license or authorization to practice as a physician assistant by fraud, deceit, material misrepresentation, or false statement; (3) habitually abuses alcoholic beverages, or illegally uses depressants, hallucinogenic or stimulant drugs as defined by AS 17.12.150(3), or uses narcotic drugs as defined by AS 17.10.730(13); (4) consistently fails to comply with 12 AAC 40.460; ~~(5) practices without the required collaborative plan as required by 12 AAC 40.410;~~ (6) represents or uses any signs, figures, or letters to represent himself or herself as a physician, surgeon, doctor, or doctor of medicine; (7) violates any section of this chapter; (8) is found to have demonstrated professional incompetence as defined in 12 AAC 40.970; (9) in a clinical setting, (A) fails to

clearly identify oneself as a physician assistant to a patient; ~~(B) uses or permits to be used on the physician assistant's behalf the term "doctor," "Dr.," or "doc";~~ or (C) holds oneself out in any way to be a physician or surgeon; ~~(10) practices without maintaining certification by the National Commission on Certification of Physician Assistants (NCCPA);~~

12 AAC 02.250, State Medical Board

[...]

- (b) The following fees are established for physician assistants:
 - (1) nonrefundable application fee for
 - (A) initial license, \$200;
 - (B) emergency courtesy license, \$50;
 - (2) temporary license fee, \$75;
 - (3) repealed 8/30/2018;
 - (4) repealed 8/30/2018;
 - ~~(5) fee for establishing or changing a collaborative relationship, \$125;~~
 - ~~(6) license fee for all or part of the initial biennial license period, \$250; [...]~~