

Telehealth & Licensing During COVID-19

Guidance Regarding Alaska Telehealth Practice— Issued 3/18/20; Updated 6/3/21

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I. Is an Alaska license required to practice telehealth during the COVID-19 pandemic?

The practice of telehealth/telemedicine on a patient located in Alaska requires an Alaska license. This requirement was waived by SB 241 beginning April 10, 2020, and was continued until February 14, 2021, through the governor’s disaster declaration and resulting health orders. The disaster declaration was lifted February 14, which meant that telemedicine could no longer continue by providers not licensed in Alaska.

Many of the state’s licensing boards offer emergency courtesy licenses for urgent situations. Details and applications are available on each program’s [web page](#). Providers are encouraged to seek this type of license (or full licensure) if they want to continue seeing Alaska patients via telehealth.

II. What licensing documents do I need to file to practice telemedicine or telehealth in Alaska?

- **Businesses offering telemedicine or telehealth** must hold a valid [Alaska business license](#) and comply with other Alaska laws pertaining to business practices.
- **Any business offering telemedicine or telehealth** must be listed on the [Telemedicine Business Registry](#). This simple form can be downloaded [here](#). Licenses and telemedicine registrations can be verified [here](#).
- **Courtesy licenses for emergency or temporary situations are offered by many boards; please visit the [web page](#) of each licensing program for details.** Special note: Emergency courtesy licenses may be issued only for a limited scope in response to an urgent situation and are not a substitution for full licensure. Applications and requirements can be found [online](#).
- **Full licensure is available for all health care professions.** Please visit professionallicense.alaska.gov to find yours. **Please allow enough time to process your permanent license application before expiry of a courtesy license or waiver.** Note that some processes may be delayed or unavailable due to the demand on staff resources. Every effort is being made to offer online services and/or reassign staff to meet the licensing needs of primary care professions.
- **Check regulations, web page, and application for complete details on qualifications, scope of practice, applicable laws, and application requirements.** Qualifications generally include current, unencumbered license in another jurisdiction. May vary by license type and will require a complete application and payment of fees. Visit professionallicense.alaska.gov and click on your licensing program to access additional information, including contacts for your licensing program.
- **Practice under any professional license is subject to the laws of the State of Alaska.** Be sure you are informed prior to working.

III. **What are the state licensing laws and regulations regarding prescribing via telecommunication?**

ALL PRESCRIBERS:

- **Electronic Prescribing**

Electronic prescribing is not mandatory in Alaska; however, the Board of Pharmacy explicitly allows the use of electronic prescribing technology for the purpose communicating therapeutic substitutions of equivalent drug products or interchangeable biological products. There is no requirement to prescribe controlled substances or non-controlled substances electronically; providers may do so in order to provide necessary treatment.

- **Prescription Drug Monitoring Program (PDMP)**

- **Registrations** -- All pharmacists dispensing controlled substances in Alaska and all practitioners with the authority to prescribe controlled substances must register promptly with the PDMP as required under [AS 17.30.200](#).
- **Reviewing** – Practitioners must review a patient’s prescription history in the PDMP prior to prescribing, administering, or directly dispensing a federally-scheduled II or III controlled substance beyond a 3-day supply, unless the prescription is given in an inpatient setting, at the scene of an emergency or in an ambulance, emergency room, immediately before, during, or within the first 48 hours after surgery or a medical procedure, or in a hospice or nursing home as exempted by AS 17.30.200(k). Pharmacists are not required to review patient prescription information prior to dispensing but can do so in the course of exercising professional judgment.
- **Reporting** – A pharmacist-in-charge of each pharmacy dispensing federally scheduled II – IV controlled substances in the state must report to the PDMP daily as required by AS 17.30.200(b). If a pharmacist-in-charge is not available, any pharmacist may report on the pharmacy’s behalf. Practitioners who directly dispense are also required to report federally scheduled II – IV controlled substances daily, unless the prescription is administered at a healthcare facility, correctional facility, in-patient pharmacy, or emergency department, or if the prescription is written for an outpatient supply intended to last no more than two (2) days under AS 17.30.200(u). Exempt facilities include facilities defined in AS 18.07.111 and AS 18.20.499.

MEDICAL BOARD: Physicians and Physician Assistants

GUIDING PRINCIPLES: The American Medical Association (AMA), *Report 7 of the Council on Medical Service (A-14), Coverage of and Payment for Telemedicine*, dated 2014, and the Federation of State Medical Boards (FSMB), *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, dated April 2014, are adopted by reference as the standards of practice when providing treatment, rendering a diagnosis, prescribing, dispensing, or administering a prescription or controlled substance without first conducting an in-person physical examination under [AS 08.64.364](#).

TELEMEDICINE PRESCRIBING STANDARDS, generally:

- A physician may not prescribe, dispense, or administer an abortion-inducing drug via telemedicine unless the physician complies with AS 18.16.010.

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- A physician or physician assistant may not prescribe, dispense, or administer a prescription drug in response to an Internet questionnaire or electronic mail message to a person with whom the physician or physician assistant does not have a prior physician-patient relationship.
- The board may not impose disciplinary sanctions on a physician or physician assistant for rendering a diagnosis, providing treatment, or prescribing, dispensing, or administering a prescription drug that is not a controlled substance to a person without conducting a physical examination if
 - the physician, physician assistant, or another licensed health care provider in the medical practice is available to provide follow-up care; and
 - the physician or physician assistant requests that the person consent to sending a copy of all records of the encounter to the person's primary care provider if the prescribing physician or physician assistant is not the person's primary care provider and, if the person consents, the physician or physician assistant sends the records to the person's primary care provider.

TELEMEDICINE PRESCRIBING STANDARDS, controlled substance or botulinum toxin:

- The board may not impose disciplinary sanctions on a physician or physician assistant for prescribing, dispensing, or administering a prescription drug that is a controlled substance or botulinum toxin if:
 - the physician, physician assistant, or another licensed health care provider in the medical practice is available to provide follow-up care;
 - the physician or physician assistant requests that the person consent to sending a copy of all records of the encounter to the person's primary care provider if the prescribing physician or physician assistant is not the person's primary care provider and, if the person consents, the physician or physician assistant sends the records to the person's primary care provider;
 - the physician or physician assistant meets the opioid dosage requirements of [AS 08.64.363](#); and
 - the physician or physician assistant prescribes, dispenses, or administers the controlled substance or botulinum toxin when an appropriate licensed health care provider is *present with the patient* to assist the physician or physician assistant with examination, diagnosis, and treatment.

TELEMEDICINE PRESCRIBING STANDARDS, controlled substance, exception:

- Under the circumstances listed below, an appropriate licensed health care provider need not be present with the patient to assist a physician or physician assistant with examination, diagnosis, and treatment if the physician or physician assistant is prescribing, dispensing, or administering buprenorphine to initiate or continue treatment for opioid use disorder and the physician or physician assistant
 - is a waived practitioner under 21 U.S.C. 823(g)(2) (Drug Addiction Treatment Act (DATA));
 - documents all attempts to conduct a physical examination under [AS 08.64.364\(b\)](#), the reason why the examination cannot be performed, and the reason why another health care provider cannot be present with the patient; and
 - requires urine or oral toxicology screening as part of the patient's medication adherence plan.
- This exception is permitted under the following circumstances:
 - during a public health emergency declared by the governor,
 - during a public health emergency declared by the commissioner of health and social services, or
 - during an emergency affecting all or part of the state when circumstances prohibit another licensed health care provider's presence with the patient.

Definitions:

- "controlled substance" has the meaning given in AS 11.71.900;
- "prescription drug" has the meaning given in AS 08.80.480;
- "primary care provider" has the meaning given in AS 21.07.250.

References:

[AS 08.64.364](#). Prescription of drugs without physical examination.

[12 AAC 40.943](#). STANDARDS OF PRACTICE FOR TELEMEDICINE.

BOARD OF NURSING: Advanced Practice Registered Nurses

GUIDING PRINCIPLES: The guiding principles for telehealth practice in the American Telemedicine Association (ATA), Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interaction, dated May 2014, and the American Psychiatric Association (APS) and the American Telemedicine Association (ATA), Best Practices in Videoconferencing-Based Telemental Health, dated April 2018, are adopted by reference as the standards of practice when providing treatment, rendering a diagnosis, prescribing, dispensing, or administering a prescription or controlled substance without first conducting an in-person physical examination under this section.

TELEHEALTH PRESCRIBING STANDARDS, generally:

- An advanced practice registered nurse (APRN) may practice telehealth, including prescribing, dispensing, or administering a prescription drug that *is not a controlled substance* if
 - the APRN is licensed by the board;
 - the APRN, or another licensed health care provider in the group practice is available to provide follow-up care; and
 - the APRN requests that the person consent to sending a copy of all records of the encounter to the person's primary care provider if the prescribing APRN is not the person's primary care provider and, if the person consents, the APRN sends the records to the person's primary care provider.
- APRN may not prescribe, dispense, or administer a prescription drug in response to an Internet questionnaire or electronic mail message to a person with whom the APRN does not have a prior APRN-patient relationship.
- For all telehealth encounters, an APRN must complete and document:
 - the patient's informed consent to use telehealth technologies;
 - a clinical history and review of systems establishing diagnoses and identifying conditions and contraindications to recommended treatment; and
 - a treatment plan that lists all recommendations and prescriptions issued via electronic means. The treatment plan must meet the same standards as in-person settings.
- An APRN practicing telehealth must ensure compliance with HIPAA and medical record retention rules, and transmissions, including patient e-mail, prescriptions, and laboratory results must be secure within existing technology to include password-protected, encrypted electronic prescriptions, or other reliable authentication techniques.
- **TELEHEALTH PRESCRIBING STANDARDS, controlled substance:** An APRN may prescribe, dispense, or administer a prescription drug that *is a controlled substance* if:
 - the APRN is licensed by the board;
 - the APRN, or another licensed health care provider in the group practice is available to provide follow-up care; and
 - the APRN requests that the person consent to sending a copy of all records of the encounter to the person's primary care provider if the prescribing APRN is not the person's primary care

- provider and, if the person consents, the APRN sends the records to the person's primary care provider;
 - the APRN meets the opioid dosage requirements of [AS 08.68.705](#); and
 - the APRN prescribes, dispenses, or administers the controlled substance when an appropriate health care provider is *present with the patient* to assist the APRN with examination, diagnosis, and treatment.
- **TELEHEALTH PRESCRIBING STANDARDS, controlled substance, exception:** During a public health disaster emergency declared by the governor of this state under AS 26.23.020, or when the board has determined an urgent situation exists:
 - An appropriate health care provider need not be present with the patient to assist an APRN with examination, diagnosis, and treatment if the APRN is prescribing, dispensing, or administering buprenorphine to initiate treatment for opioid use disorder.
 - The APRN must:
 - be a Drug Addiction Treatment Act (DATA) waived practitioner;
 - document all attempts to conduct a physical examination under this section, the reason why the examination cannot be performed; and the reason why another health care provider cannot be present with the patient; and
 - require urine or oral toxicology screenings as part of the patient's medication adherence plan.

Definitions:

- an "APRN-patient relationship" is established when there is an in-person health examination or examination by telehealth technology of the patient by the APRN or another APRN, physician, or physician assistant in the same group practice and the patient record is available to the treating APRN;
- "controlled substance" has the meaning given in [AS 11.71.900](#);
- "health care provider" has the meaning given in [AS 18.15.395](#);
- "prescription drug" has the meaning given in [AS 08.80.480](#);
- "primary care provider" has the meaning given in [AS 21.07.250](#);
- "urgent situation" means a health care crisis affecting all or part of the state when circumstances prohibit another licensed health care provider's presence with the patient.

Reference: [12 AAC 44.925](#). STANDARDS OF PRACTICE FOR TELEHEALTH.

IV. **Contacts and additional information**

The division and our partner licensing boards are working to identify opportunities to ensure access to health care for those who are sick and to address economic hardships to licensees. **For fastest response, send a message directly to the program's email address.** You may email our general delivery box at license@alaska.gov, or contact our front office at (907)269-8160 or (907) 465-2550. Please note that volume is currently high, and you may experience a delay if contacting us by phone.

COVID-19 information is available on the division's [web site](#).

*If there is a discrepancy between this document and the state statutes or regulations, the latter prevails. *

For additional information, visit your licensing program at professionallicense.alaska.gov.