

Chapter 40. State Medical Board.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted.)

12 AAC 40.430(i) is amended to read:

12 AAC 40.430. Performance and assessment of practice.

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(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 **during the period in which the physician assistant is actively practicing under the collaborative plan. Dates of active practice under the collaborative plan and monthly** [MONTHLY] contact must be documented.

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(Eff. 1/13/80, Register 73; am 7/11/81, Register 79; am 7/4/84, Register 90; am 3/12/89, Register 109; am 6/28/97, Register 142; am 3/27/2003, Register 165; am 9/1/2007, Register 183; am 5/8/2013, Register 206; am 12/8/2020, Register 237; am 3/26/2021, Register 237; am _____/_____/_____, Register _____)

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.983(k) is amended to read:

12 AAC 40.983. Cooperative practice agreements with pharmacists.

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(k) Notwithstanding the requirements of (b) of this section, a physician who, before the

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effective date of this section, has entered into a collaborative practice agreement with a pharmacist that has been approved [BY THE BOARD OF PHARMACY] under 12 AAC 52.240 and is still current, must obtain the board's approval of that agreement under this section within six months after this section takes effect. After that time, a physician may not participate in a cooperative practice agreement with a pharmacist except as allowed under this section.

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(Eff. 6/1/2006, Register 178; am ____/____/_____, Register _____)

Authority: AS 08.64.100 AS 08.64.326