

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 MINUTES OF MEETING  
7 Thursday, February 2, 2023  
8

9 *These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional*  
10 *Licensing. They have not been reviewed or approved by the Board.*  
11

12 By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a special meeting of  
13 the Alaska State Medical Board was held Thursday, February 2, 2023  
14

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

16 The meeting was called to order by Chair Wein at 4:01 p.m.  
17

18 **Roll Call**

19 Board members present:

20 Sarah Bigelow Hood, PA-C  
21 Maria Freeman, MD  
22 Matthew Heilala, DPM  
23 Lydia Mielke, Public Member (Secretary)  
24 David Paulson, MD  
25 Richard Wein, MD (Chair)  
26 David Wilson, Public Member  
27

28 Board Members not present:

29 Steve Parker, MD  
30

31 Board staff present: Natalie Norberg, Executive Administrator and Jason Kaeser, Licensing Examiner  
32

33 **2. Review / Approval of Agenda**

34 **On a motion duly made by Ms. Mielke and seconded by Mr. Wilson, the Board approved by**  
35 **roll call vote to accept the draft agenda as amended.**  
36

37 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein  
38 and Mr. Wilson.

39 Absent for Vote: Dr. Parker  
40

41 **3. Special Topic: Physician Assistant Regulation Modernization Project**

42 Chair Wein initiated a detailed review of the proposed edits to 12 AAC 40. Article 5, pertaining to  
43 physician assistants (See Attachment I). The following sections were discussed and/or edited during the  
44 meeting:  
45

46 **12 AAC 40.410. Collaborative relationship and Practice Agreement.**

47 The board decided by affirmation to revise Section 40.410 (A)(1) by deleting “and any” and  
48 inserting “or the” with respect to alternate collaborating physicians:

1 40.410 (A)(1) the name, license number, and practice scope or specialty, ~~if any,~~ for the  
2 primary collaborating ~~supervising~~ physician and ~~any~~ or the alternate collaborating  
3 physicians.

4 The board decided by affirmation to revise Section 40.410 (A)(7) by deleting “and specified  
5 procedures” and changing the first sentence to read, “a description of area of practice.”

6 40.410 (A)(7) a description of ~~areas or of~~ practice ~~and specified procedures~~. The  
7 practice agreement may only include acts, tasks, or functions...

8  
9 The board decided by affirmation to revise Section 40.410 (C) by changing “72 hours” to “3  
10 business days”:

11  
12 40.410 (A)(7) Written notice must be provided to the division with the name of the  
13 primary collaborating physician and the effective date of the collaborative plan within  
14 ~~72 hours 14 days~~ 3 business days after the effective date of the collaborative plan  
15 or within ~~72 hours 14 days~~ 3 business days after the effective date of any change to  
16 that plan.

17  
18 Ms. Bigelow-Hood questioned the proposed change in the definition of “active practice” from  
19 “200 hours” to “three months;” suggesting a period of three months is a less precise  
20 measurement of time than 200 hours. The board decided by affirmation to eliminate redundant  
21 language in section 40.410 (J):

22 **(J)** In this section, "active practice" means at least ~~200 hours~~ three months of  
23 documented direct patient contact each year of practicing medicine with direct  
24 patient contact.

25 **12 AAC 40.415. Remote Practice Location.**

26 Two “options” were presented for consideration with respect to the qualifications needed for a  
27 physician assistant to practice in a remote setting. The first option would require a physician  
28 assistant to have a minimum of two years of general medical practice experience prior to taking  
29 a remote practice position. The second option would create a work-around to allow physician  
30 assistants with less than two years of experience the opportunity to work a defined set of hours  
31 under direct supervision of a collaborating physician in order to qualify for remote practice. Ms.  
32 Bigelow-Hood expressed concerns about Option #1, which may result in rural patients having  
33 limited access to care.

34 **On a motion duly made by Ms. Mielke and seconded by Dr. Freeman, the Board approved by**  
35 **roll call vote to accept “Option #1” for remote practice (see Attachment I).**

36  
37 Roll Call: Yeas, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein and Mr. Wilson.  
38 Nay, Ms. Bigelow Hood,  
39 Absent for Vote: Dr. Parker  
40  
41  
42  
43  
44

1           **12 AAC 40.430. Performance and assessment of practice**

2           Ms. Bigelow-Hood noted that that the revisions made in section 40.430 (b) (1) were initially  
3 introduced by the Alaska Physician Assistant Association. The association recommended that two of the  
4 four methods of assessment be included in collaborative plan.

5           The board decided by affirmation to revise section 40.430 (h) by adding “unless both are physically  
6 located in the state, then telemedicine can be used.”

7  
8           **(h) Physician assistants who practice under a collaborative plan for a continuous period of less  
9 than three months of each year must have at least one direct personal contact visit with the  
10 primary or alternate collaborating physician annually, unless both the physician assistant  
11 and collaborating physician are in the state, then telemedicine can be used.**

12  
13           **12 AAC 40.450. Authority to prescribe, order, administer, and dispense medications.**

14  
15           Ms. Bigelow-Hood requested to change the language in section 40.450 (c) from “within the  
16 collaborating physician’s scope” to “within the collaborative agreement scope of practice.” It was  
17 suggested that a physician assistant’s prescribing authority should not have to mirror the collaborating  
18 physician’s scope of practice as long as the prescribing authority is outlined in the collaborative  
19 agreement. Dr. Wein, Dr. Paulson and Mr. Wilson voiced opposition to this request.

20           Dr. Wein invited Ms. Norberg to provide an overview of the regulation change process. The  
21 board was advised that a vote to approve the proposed regulation changes reviewed during this  
22 meeting does not reflect a final version of the regulations, in essence it initiates the process.

23           **On a motion duly made by Lydia Mielke, seconded by Sara Bigelow-Hood and  
24 approved by a roll call vote, the board approved the changes to 12 AAC 40. Article 5 as presented and  
25 with the additional proposed edits as discussed in order to initiate a regulation project.**

26  
27           Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein  
28 and Mr. Wilson.

29           Absent for Vote: Dr. Parker

30  
31           **4. Board Interviews**

32  
33           **Joseph Meyer, MD**

34           Dr. Meyer was offered the option to either go into executive session or stay in the public domain. Dr.  
35 Meyer elected to go into executive session.

36  
37           **In a motion duly made by Lydia Mielke, seconded by Sarah Bigelow-Hood, and approved by a  
38 roll call vote, the board entered into executive session in accordance with AS 44.62.310(b),  
39 and Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing Dr. Joseph  
40 Meyer’s application for licensure with Board staff, Natalie Norberg to remain in session.**

41  
42           Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein  
43 and Mr. Wilson.

44           Absent for Vote: Dr. Parker

1 The Board went off the record at 5:49 p.m., and back on the record at 6:11 p.m.

2  
3 **On a motion duly made by Lydia Mielke, seconded by Sarah Bigelow-Hood and approved by**  
4 **roll call vote, the Alaska State Medical Board approved a full license for Joseph Meyer.**

5  
6 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein  
7 and Mr. Wilson.

8 Absent for Vote: Dr. Parker  
9

10 **Megan Aspelund, DO**

11 Dr. Aspelund was offered the option to either go into executive session or stay in the public domain.  
12 Aspelund elected to go into executive session.

13  
14 **On a motion duly made by Lydia Mielke, seconded by Sarah Bigelow-Hood and approved by a**  
15 **roll call vote, the board entered into executive session in accordance with AS 44.62.310(b),**  
16 **and Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing Megan**  
17 **Aspelund’s application for licensure with board staff, Natalie Norberg, to remain in session.**

18  
19 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein  
20 and Mr. Wilson.

21 Absent: Dr. Parker  
22

23 The Board went off the record at 6:15 p.m., and back on the record at 6:57 p.m.

24  
25 **On a motion duly made Ms. Mielke seconded by Sarah Bigelow-Hood, and approved by roll**  
26 **call vote, the board decided to postpone a decision to grant Dr. Aspelund’s full license to**  
27 **practice in Alaska and refer the matter to the Investigations Unit for the purpose of gathering**  
28 **additional information.**

29  
30 Roll Call: Yeas, Ms. Bigelow Hood, Dr. Freeman, Dr. Heilala, Ms. Mielke, Dr. Paulson, Dr. Wein  
31 and Mr. Wilson.

32 Absent: Dr. Parker  
33

34 **5. Closing Business/Adjourn**

35  
36 The Meeting was adjourned by unanimous consent at 7:02 p.m.

37  
38  
39 Respectfully submitted:

Approved:

40  
41  
42 /s/ \_\_\_\_\_  
43 Natalie Norberg, Executive Administrator  
44 Alaska State Medical Board

45  
46 /s/ \_\_\_\_\_  
47 Richard Wein, MD, President  
48 Alaska State Medical Board

49  
50 \_\_\_\_\_  
Date

\_\_\_\_\_

Alaska PA Regulation Changes proposed for 11-4-22 ASMB Meeting, 2-2-23 ASMB Meeting  
Includes edits from 2-2-23 Meeting.

## **Article 5. Physician Assistants**

### **12 Alaska Admin. Code § 40.400**

Section 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;

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**(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~~ **confirmation** of the applicant's completion of at least two hours of education in pain management and opioid use and addiction 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 accredited by the American Osteopathic Association, 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 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 Alaska Admin. Code § 40.405**

### Section 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.

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(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.~~

(f) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits, may expedite the issuance of a temporary physician assistant permit to an applicant who has on file with the division

- (1) a completed application on a form provided by the department;
- (2) current practice address
- (3) a completed authorization for release of records on a form provided by the department and signed by the applicant;
- (4) payment of all required application and licensing fees;
- (5) 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;
- (6) verification of current certification issued by the National Commission on Certification of Physician Assistants (NCCPA);
- (7) clearance from the Board Action Data Bank maintained by the Federation of State Medical Boards; and
- (8) has no adverse or derogatory history including
  - (A) grounds for which the board may imposed disciplinary sanctions under AS 08.64.326
  - (B) malpractice settlements or payment in excess of \$50,000;
  - (C) any criminal charge or conviction, including conviction based on guilty plea or plea of nolo contendere;

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(D) any complaint, investigation, or action regarding the practice of medicine, in another state or territory of the United States, a province of Canada, a federal agency, the armed forces of the United States, or international jurisdiction;

(E) any adverse action taken by a hospital, health care facility, or health care employer.

## 12 Alaska Admin. Code § 40.406

Section 12 AAC 40.406 - Locum tenens authorization to practice (Repealed)

## 12 Alaska Admin. Code § 40.408

Section 12 AAC 40.408 - Authorization to practice as a physician assistant (Repealed)

## 12 Alaska Admin. Code § 40.410

Section 12 AAC 40.410 - Collaborative relationship and Practice agreement ~~and plan~~

(A) A licensed physician assistant may not practice without at least one collaborative relationship and a fully executed practice agreement that mirrors the practice scope of the collaborating physician established under this chapter. The collaborative relationship practice agreement must be documented by a collaborative plan on a form provided by the board and must include

(1) the name, license number, and practice scope or specialty, if any, for the primary collaborating supervising physician and any or the alternate collaborating physicians.

a. a protocol for designating an alternative physician for consultation if there is no alternative collaborating physician and the primary collaborating physician is temporarily not available;



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- (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;
- (5) prescriptive authority being granted to the physician assistant by the collaborating physician under the collaborative plan **in compliance with 12 AAC.40.50.**
- (6) the signature of the physician assistant and the primary collaborating physician. A practice agreement may be signed electronically;
- (7) a description of ~~areas or of practice and specified procedures~~. The practice agreement may only include acts, tasks, or functions that the physician assistant and collaborating physician(s) are qualified to perform by education, training, or experience and that are within the scope of expertise and clinical practice of both the physician assistant and the collaborating physician(s);
- (8) a description of how practice and performance is assessed in compliance with 12 AAC 40.430.

(B) An alternate collaborating physician must be named within three months of the completion of the primary collaborative agreement. A physician assistant's license status will be changed to "not authorized to practice" until a primary collaborating physician or an alternative is available.

~~(C) The collaborative plan must be filed with the division~~ **Written notice must be provided to the division with the name of the primary collaborating physician and the effective date of the collaborative plan within ~~72 hours 14 days~~ **3 business days** after the effective date of the collaborative plan or within ~~72 hours 14 days~~ **3 business days** after the effective date of any change to that plan.**

~~(e) 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 agreement approved by the board or its designee in advance of the effective date of the plan to ensure that the collaborative plan conforms to the terms of the order.**

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**(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~~ substantive change to the practice agreement including a change to the primary collaborating physician must be reported to the board in accordance with ~~(b)~~ (C) of this section. A physician assistant's license status will be changed to "not authorized to practice" if there is not primary collaborating physician or an alternative is available.

**(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 **Allopathic, Osteopathic or Podiatric Medicine. (MD, DO, DPM).**

**(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~~ assistant 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~~ **three months of documented direct patient contact** each year of practicing medicine ~~with direct patient contact.~~

## 12 Alaska Admin. Code § 40.415

Section 12 AAC 40.415 - Remote practice location

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**Option #1** - This option approved during 2/2/23 meeting

**(a)** To qualify to practice in a remote practice location:

- 1) a physician assistant must have documented in the practice agreement, a process between the physician assistant and collaborating physician and alternate physician for communication availability, and decision making when providing medical treatment to a patient in an acute health care crisis. Communications may occur by videoconference, telephone, electronically or by an alternate method; and
- 2) have least two years of general medical practice experience just prior to taking a remote practice opportunity.

**Option #2**

**(a)** To qualify to practice in a remote practice location, a physician assistant

- 1) 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.
- 2) must have documented in the practice agreement, a process between the physician assistant and collaborating physician and alternate physician for communication availability, and decision making when providing medical treatment to a patient in an acute health care crisis. Communications may occur by videoconference, telephone, electronically or by an alternate method.
- 3) have as an addendum to the practice agreement, a written recommendation and approval from the collaborating physician.

~~**(b)** A physician assistant with less than two years of full-time clinical experience who is practicing 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~~

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~~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.~~

~~(e) 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.~~

~~(b) In this section, "remote practice location" means a location that is 30 or more miles by road from the nearest tertiary care facility and in which a physician assistant practices as the highest-level practitioner. that is 30 or more miles by road from the collaborating physician's primary office.~~

## 12 Alaska Admin. Code § 40.420

Section 12 AAC 40.420 - Currently practicing physician assistant (Repealed)

## 12 Alaska Admin. Code § 40.430

Section 12 AAC 40.430 - [Effective 11/18/2021] Performance and assessment of practice

~~(a) A person may perform medical diagnosis and treatment as a physician assistant only if licensed by the board and only within the scope of practice defined in the practice agreement of the collaborating physician and within the scope 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. The method and frequency of~~

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the assessment of practice is the responsibility of the physician assistant and collaborating physician and must be described in the practice agreement.

1. The method of assessment must minimally include:

- a. Co-management of patients
- b. Direct observation
- c. Chart review
- d. Feedback from other health care providers and/or patients

(2) The frequency of assessment must minimally include twice annual direct contact between the physician assistant and primary or alternate collaborating physician either in person or by videoconference.

- a. Physician Assistants with less than two years of active practice experience must meet quarterly with the primary or alternate collaborating physician either in person or by videoconference.

~~(c) Repealed 3/27/2003.~~

~~(d) Repealed 3/27/2003.~~

~~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, unless both the physician assistant and collaborating physician are in the state, then telemedicine can be use.**

## Attachment I

Alaska PA Regulation Changes proposed for 11-4-22 ASMB Meeting, 2-2-23 ASMB Meeting  
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~~(f) 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 contact must be documented.~~

~~(g) 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 **and physician assistant** shall maintain records of the **practice agreement** performance assessments. The board may audit those records.

**(l)** The primary collaborating physician **and physician assistant** 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 **and the physician assistant** 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~~ **at least** 10 percent of the actively licensed physician assistants, selected randomly by computer, will be audited. For each audit,

**(1)** the collaborating physician ~~shall~~ **may be required to** produce records of assessment for the past two calendar years immediately preceding the year of audit **and a copy of the practice agreement**; and

**(2)** if the ~~collaborative plan~~ **practice agreement** 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.

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Includes edits from 2-2-23 Meeting.

## 12 Alaska Admin. Code § 40.440

Section 12 AAC 40.440 - Student physician assistant permit (Repealed)

## 12 Alaska Admin. Code § 40.445

Section 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 **and in good standing with the medical board.**

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**(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 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 Alaska Admin. Code § 40.447

Section 12 AAC 40.447 - Authorization to practice as a graduate physician assistant  
(Repealed)

## 12 Alaska Admin. Code § 40.450

Section 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 as outlined in DEA registration license and in accordance with state and federal prescriptive guidelines and statutes and within the collaborating physician's scope of practice.



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**(1) Comply with registration and reporting with the Prescription Drug Monitoring Drug Monitoring Program requirements of 12 AAC 40.976.**

~~(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 **practice agreement** ~~current collaborative plan on file with the division~~. Within 10 days after **activation** date of issue on the **practice agreement** 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 practice agreement**. ~~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 **practice agreement** ~~collaborative plan~~ terminates a physician assistant's authority to prescribe, order, administer, and dispense medication under that ~~agreement 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,

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- (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 Alaska Admin. Code § 40.460

### Section 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 current education **are available on request.** ~~and a copy of the current collaborative plan on file with the division are available for inspection.~~

## 12 Alaska Admin. Code § 40.470

### Section 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

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- (1) payment of the renewal fee established in 12 AAC 02.250;
- (2) ~~documented evidence~~ **affirmation** 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.~~ **affirmation that the physician assistant has an active collaborative practice agreement with current practice address;**
- (4) **affirmation of the applicant's completion of at least two hours of education in pain management and opioid use and addiction 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 accredited by the American Osteopathic Association, 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.**

## 12 Alaska Admin. Code § 40.473

Section 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;

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- (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 Board'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 Alaska Admin. Code § 40.475

Section 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 **affirmation that the applicant is currently certified by NCCPA;**
- (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;~~ **affirmation that the applicant is currently certified by NCCPA;**
- (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.

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(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 Alaska Admin. Code § 40.480

Section 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 Alaska Admin. Code § 40.490

Section 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 17.10.230(13);
- (4) consistently fails to comply with 12 AAC 40.460;
- (5) practices without the required collaborative plan **practice agreement** as required by 12 AAC 40.410;
- (6) **in a clinical setting**, 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;

## Attachment I

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- (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; [...]