ALASKA STATE MEDICAL BOARD
Contact Information

E-mail Medical Board: medicalboard@alaska.gov
To file a complaint or to contact our investigations unit: investigations@alaska.gov
Website: http://www.commerce.state.ak.us/occ/pmed.htm

Juneau Office:
Department of Commerce Community and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806
Fax: (907) 465-2974

Holly Kuhn, Licensing Examiner (A – K)
(907) 465-2756  holly.kuhn@alaska.gov
Dawn Hannasch, Licensing Examiner (L – Z)
(907) 465-2541  dawn.hannasch@alaska.gov

Anchorage Office:
Department of Commerce Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, AK 99501
Phone: (907) 269-8163
Fax: (907) 269-8196  medicalboard@alaska.gov

Debora Stovern, Executive Administrator
Miriam Patredis, Office Assistant

Investigative Unit:
Phone: (907) 269-8437
Fax: (907) 269-8195  investigations@alaska.gov

Susan Winton, Senior Investigator  (907) 269-8189
Gary Keiser, Investigator  (907) 269-0168

All Board business is conducted through the Board office. It is not appropriate to contact
Board members directly. Communications for Board attention may be
directed to: State Medical Board Executive Administrator,
550 West 7th Ave. Suite 1500, Anchorage, AK 99501

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ALASKA STATE MEDICAL BOARD

Board Information

About the Board

The State Medical Board is staffed by the Division of Corporations, Business and Professional Licensing. The board consists of five physicians, one physician assistant, and two public members. Board members are appointed by the governor and confirmed by the Legislature.

The Board is responsible for protecting the public through the licensing, regulation, and discipline of allopathic and osteopathic physicians, podiatrists, physician assistants, and mobile intensive care paramedics.

The Board establishes and evaluates minimum education and competency standards for applicants who wish to practice medicine in Alaska. The board also ensures the continuing competency of practitioners by establishing and evaluating professional standards and specific requirements for biennial license renewal. Such standards provide reasonable assurance to the public that licensees are qualified to practice medicine.

The board adopts regulations to carry out the laws governing the practice of medicine in Alaska. It makes final licensing decisions and takes disciplinary action against people who violate the licensing laws. The board meets four times a year and offers a public comment period at each meeting. Meeting agendas and minutes are published on the Board website.

Statutes and Regulations

Alaska Statutes are passed by the Legislature. Regulations (also called the Alaska Administrative Code) are rules adopted by the board to implement, interpret, and make specific the statutes. Both statutes and regulations have the force of law.

AS 08.64 and regulations 12 AAC 40 specifically govern the practice of medicine. AS 08.01 - 08.03 and regulations 12 AAC 02 apply to all professions regulated by the division.

Proposed regulations are advertised in Alaska newspapers and we invite public comment on them. If you would like to receive notice of proposed regulations, you may write to the regulations specialist and request that your name be added to the Medical interested parties list.

The statutes and regulations are published on the Board website.

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Current Board roster

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
<th>Date Reappointed</th>
<th>Date Expires</th>
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<tr>
<td>David A. Miller, MD, President</td>
<td>03/01/2009</td>
<td>03/01/2012</td>
<td>03/01/2016</td>
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<td>William W. Resinger, MD, Secretary</td>
<td>09/21/2007</td>
<td>03/01/2010</td>
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<td>Camille O. Carlson, Public Member</td>
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<td>Elizabeth A. Kohnen, MD</td>
<td>03/01/2012</td>
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<td>Kevin Luppen, PA-C</td>
<td>03/01/2013</td>
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<tr>
<td>Kathleen (Casey) Millar, Public Member</td>
<td>03/01/2009</td>
<td>03/01/2013</td>
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<td>David J. Powers, MD</td>
<td>12/02/2008</td>
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<td>Grant T. Roderer, MD</td>
<td>03/22/2013</td>
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All Board business is conducted through the Board office. It is not appropriate to contact Board members directly. Communications for Board attention may be directed to: State Medical Board Executive Administrator, 550 West 7th Ave. Suite 1500, Anchorage, AK 99501

Board staff

The board employs an executive administrator, two investigators, two licensing examiners, and an office assistant. Staff members are employees of the Division of Corporations, Business, and Professional Licensing, within the Department of Commerce, Community, and Economic Development. As employees of the state, staff report directly to the Division.

Juneau Office:
Department of Commerce Community and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806
Fax: (907) 465-2974

Holly Kuhn, Licensing Examiner (A – K) 907/465-2756
Dawn Hannasch, Licensing Examiner (L – Z) 907/465-2541

Licensing examiners work with applicants in gathering, reviewing, and evaluating the documents required for complete applications for licenses. They are responsible for verifying information in the basic application including medical education, training, and examinations to insure all applicants meet Alaska’s minimum standard qualifications for licensure. They work with the applicants to collect missing documents and insure that applications are completed in a timely manner. The licensing examiners also maintain all licensing records for the professions licensed by the board in the Juneau office and respond to the many requests for copies of those files.
Anchorage Office:
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Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, AK 99501
Phone: (907) 269-8163
Fax: (907) 269-8196

Debora Stovern, Executive Administrator
Miriam Patredis, Office Assistant

The executive administrator represents the board to the public, the media, and the legislature and provides administrative management support to the board. The executive administrator is responsible for the overall direction of the board’s activities through the planning, administration, direction, coordination, and evaluation of internal and external operations of the Alaska State Medical Board.

The office assistant answers the board’s main telephone and responds to routine inquiries for information and forms. She assists licensees and applicants in obtaining and submitting required documents and directs them to the appropriate staff. She also handles routine license verification calls and requests for board documents. She responds to routine application questions and assists the public in their queries to the board.

Investigative Unit:
Department of Commerce Community and Economic Development
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The Investigators receive complaints, conduct investigations, negotiate voluntary settlements, prepare cases for review by experts and board members, assist attorneys and testify in hearings, and serve as probation monitors for licensees under probation.

Sunset Information

All boards go through a sunset review conducted by the Division of Legislative Audit. The auditors will review the statutes and regulations to ensure that the board is conducting their business in accordance with the law and will make a recommendation to the Legislature regarding continuation of the board. The Board underwent such an audit during 2012 and was extended by the Legislature through June 30, 2020.
Annual Report

The board must submit before the end of the fiscal year (June 30) an annual performance report to the Division stating the board’s accomplishments, activities and needs. The executive administrator assists the board in completing the report.

The Board’s annual reports are published on the Board website.

Investigations

The Board takes its public protection responsibilities very seriously and has well-established policies and procedures to investigate complaints and malpractice settlements, and take disciplinary action as appropriate. The Board has worked with its investigative staff to develop specific disciplinary guidelines in order to mete out consistent and effective sanctions when violations occur.

Complaints are handled by the Investigative Unit in the Anchorage office. When a complaint is received, the investigator may close the complaint (due to lack of jurisdiction, frivolous case, etc.) or open a case. The investigation may involve discussion with a specified board member (referred to as the “reviewing board member” or “panel review”) for review, opinion and guidance. All investigations are considered confidential and may not be discussed among board members, unless the investigator presents the case to the board for action. Those discussions normally take place in executive session.

The investigator will gather information, conduct interviews, and review board precedent in order to make a determination about the appropriate course of action for each individual case. If it is determined that licensing action is required, an attempt is made to enter into a Consent Agreement with the respondent. If an agreement cannot be reached, an Accusation will be filed, usually resulting in a hearing. In some cases, the respondent chooses to sign a Voluntary Surrender. All Agreements, Surrenders, and proposed decisions by a Hearing Officer must be reviewed and adopted by the board.

Ex Parte Communications

It is sometimes tempting for an applicant, licensee, or attorney to attempt to circumvent the usual application decision-making procedures, to seek information on a pending application, to discuss a disciplinary action, or to seek to influence an individual’s decision by directly contacting one of the board members. Such communications are called “ex parte” communications.

The foundation of due process is that each side in a dispute has the opportunity to be heard. If one side has the opportunity to make an argument, the other side must have the opportunity to respond.

Regulatory licensing boards such as the Alaska State Medical board are composed of individuals who, when acting as individuals, have no authority. Collectively, the board may act on applications, make decisions, receive information, or direct staff to take action. Further, the board’s authority and

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power to act exists only during lawfully convened board meetings and while performing adjudicatory functions in contested cases.

The risk to the applicant or licensee who attempts such communication is that a board member who might have been favorably disposed to their case will not be able to participate in the decision or vote.

That is why all Board business is conducted through the Board office.

**Board website**

http://www.commerce.state.ak.us/occ/pmed.htm

The Board website contains a wealth of information, including

- staff contact information
- applications and forms
- a link to the Division license search page
- information about formal license verifications and VeriDoc
- information about licensing examinations
- links to national organizations
- FAQ
- information about Board business, including
  - a roster of current Board members
  - meeting schedules, agendas, and minutes
  - annual reports
  - news bullets
- practice information, including
  - Board guidelines and policies
  - reporting requirements
  - a summary of Board actions
- Statutes and Regulations
ALASKA STATE MEDICAL BOARD
Licensing and Practice Information

Application info
The application and instructions for licensure in Alaska is published on the Board website.

For additional information, including education and examination requirements, you may wish to review the statutes and regulations, which are also published on the Board website.

Temporary permits and courtesy licenses
There is no provision for practicing in the State of Alaska without a license issued by the Alaska State Medical Board.

However, we do offer a temporary permit as approved by the Board’s executive administrator for complete applications with no derogatory information.

In addition, we offer a courtesy license to physicians licensed in good standing in another state, for a specific limited purpose, such as sports team physicians who are accompanying their teams to this state for competition.

Out-of-state practice or telemedicine
In order to provide care for a patient in the State of Alaska (including reading and interpreting films, samples, or images, or otherwise diagnosing, treating or rendering an opinion), an out-of-state physician must be licensed by the Alaska State Medical Board. This requirement also applies to second opinions if the physician is charging a fee for providing the opinion. The only exception is for a “curbside” opinion given as a courtesy to a colleague (a licensed physician) for which there is no charge.

Please also note that the following practices are considered unprofessional conduct under state law:

- providing treatment, rendering a diagnosis, or prescribing medications based solely on a patient-supplied history that a physician licensed in this state received by telephone, facsimile, or electronic format
- prescribing, dispensing, or furnishing a prescription medication to a person without first conducting a physical examination of that person

In addition, in order to do a telephone or internet consultation with the patient and then diagnose/treat/prescribe, the physician must hold a current active Alaska license and must either have an established physician-patient relationship or must have an appropriate (licensed) health care provider on the other side of the transaction (with the patient) to assist the physician with their examination and diagnosis processes. Without that element, the physician is relying only on patient-supplied information, which is considered unprofessional conduct (as noted above).

Exception for proctoring
Facilities may submit to the executive administrator a proposal to have specific limited privileges granted for a visiting out-of-state physician who is acting as proctor and surgeon assist, working with

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the physician in the operating room and assisting in surgery, or performing specialized procedures and/or demonstrating this technique.

The proposal should include a description of the proposed activities, information regarding the visiting physician indicating that they are an expert in that field, licensed in good standing by the home state Medical Board, and will be coming to Alaska to assist with the treatment of your patients.

While the Medical Board cannot grant privileges to an unlicensed physician, there is a provision that may apply to such activities. The executive administrator will provide a letter confirming that your use of the consulting physician falls under the exception to licensure statute, as long as the Alaska-licensed physician remains the primary treating physician with ultimate responsibility for the patients.

**Exceptions for military and tribal health programs**

Officers in the regular medical service of the armed services of the U.S. or the U.S. Public Health Service are under federal jurisdiction while in the discharge of their official duties. They are not required to obtain a license from the Alaska State Medical Board, unless they are “moonlighting” in the community.

The Patient Protection and Affordable Care Act of 2010 provides for a licensing exemption for persons who practice in an Alaska tribal heath program, as long as they hold a current active license in another state, practice within the scope of that state license, and are employed by a tribal health program operating under an Indian Self-Determination and Education Assistance Act agreement with the federal Indian Health Service. The Alaska State Medical Board has the responsibility for recognizing such exemptions in order for an individual to practice, and is working to establish the process for recognizing such exemptions.

**Board interview**

A full Board interview is required when there is information in an application that needs to be further discussed and/or explained. This is an in-person interview; there is not an opportunity to fulfill this requirement by telephone or video conference. A required interview is not a negative statement regarding anything in an application. In years past, ALL applicants were required to interview with the Board before licensure. This information is included in the application instructions, as it is not our intent to take applicants by surprise.

**Medical assistants**

Medical Assistants (MAs) are unlicensed assistive personnel that perform office and clinical functions, but the Board does not currently license them. A physician who supervises MAs is the primary treating physician with ultimate responsibility for the patient and is responsible for the activities of the MA, including direct supervision when delegating routine duties. However, there is no provision for a physician supervisor to delegate clinical duties that are under their own scope of practice. The scope of practice for physicians in Alaska is defined in statute; those physicians who employ MAs are advised to be familiar with the requirements and comply with them.

Additional information, including standards for delegating, please review the Board-issued guidelines published on our website.
Estheticians
A physician may delegate the performance of some treatments to non-physician health practitioners (such as registered nurses, cosmetologists, estheticians, etc) provided the treatments are performed under direct supervision by the physician. The physician must perform the initial consultation personally. And he must assure that these practitioners are appropriately trained and licensed, are provided with written protocols, and are practicing within the scope of their own license.

For additional information, including standards for delegating, please review the Board-issued guidelines published on our website.

MICPs in hospitals
The scope of practice of MICPs in the State of Alaska is specified in statute and regulation. Authorized activities are listed under 12 AAC 40.370(a). Please note that 12 AAC 40.370(d) specifically prohibits nonemergency care or primary patient care. In general, an MICP is employed for emergency situations for the purpose of providing emergency care and transporting a patient to the emergency room; it is also appropriate if an MICP continues to follow an emergency patient in the emergency room. However, they may not be employed to perform routine emergency room duties or any non-emergency care.

It may be possible for facilities to temporarily use MICPs in specific situations, as long as you are very careful that they adhere strictly to their scope of practice, under the supervision of their sponsoring physician, and do not perform activities under the scope of practice for physicians, physician assistants, or any nursing staff.

The scope of practice for MICPs is specified under statutes and regulations; relevant sections include Alaska Statute 08.64.170(a)(2), 08.64.380(4), and Professional Regulations 12 AAC 40.360, 12 AAC 40.370, and 12 AAC 40.380. The statutes and regulations are published on our website.

PA Student rotations
The Alaska State Medical Board only issues a license to graduates of medical or physician assistant (PA) programs; there are no provisions regarding PA students during their clinical rotations. The PA may perform observational or shadowing rotations. They may also function as unlicensed assistive personnel and be delegated routine duties by their supervising physician. A student PA may not function as the initial patient contact. For all such rotations, the supervising physician remains the primary treating physician with ultimate responsibility for the patient and is responsible for the supervision and activities of the student.

For additional information, including standards for delegating, please review the Board-issued guidelines published on our website.

Physician dispensing
The scope of practice for a physician does include prescribing or administering of pharmaceuticals, including controlled substances (subject to DEA requirements). However, they may not represent themselves as a pharmacist or as having a pharmacy on site, and must comply with applicable professional and ethical standards, as well as prescription counseling.

For additional information, you may wish to review the statutes and regulations, which are published on our website.
Expedited partner therapy (EPT)
The Medical Board has discussed practical options for treating partners of patients diagnosed with sexually transmitted diseases, including

- whether to prescribe, dispense, or furnish a prescription to each partner
- whether to prescribe, dispense, or furnish a prescription to the patient with enough refills for partner use, or
- whether to just refer to public health for treatment.

They determined that the appropriate option is at the discretion of the treating physician.

Under normal circumstances, this type of practice would be considered unprofessional conduct. However, the Board has created an exemption for expedited partner therapy, under Professional Regulation 12 AAC 40.967(29)(B).

The State Epidemiology section has published a bulletin with expedited partner therapy recommendations for Alaska providers:
http://www.epi.hss.state.ak.us/bulletins/docs/b2011_01.pdf

For additional information, you may wish to review the statutes and regulations for the State Medical Board, which are published on our website.

Billing issue
The Alaska State Medical Board does not handle billing issues. You may wish to contact the following agencies for assistance:

- Alaska Department of Law, Consumer Protection Unit
  http://www.law.state.ak.us/department/civil/consumer/cpindex.html

- Alaska Division of Insurance
  http://www.commerce.state.ak.us/insurance/

Facilities
The Alaska State Medical Board does not license or regulate health care facilities. For information about that program and requirements, please contact the Alaska Department of Health and Social Services, Division of Health Care Services:
  Jeanne Anglin, 907-334-2483, Email: Jeanne.Anglin@alaska.gov
  Website: http://www.hss.state.ak.us/dhcs/hflc/

A health care facility may not practice medicine or delegate practice to unlicensed personnel – that would be in the scope of practice of health care professionals practicing under their Alaska license.

Foreign Medical Graduates
In order to qualify for licensure, an applicant must meet all of the requirements of Alaska Statutes (AS) 08.64 and Professional Regulations 12 AAC 40.

As one of its criteria for licensure for international medical school graduates, the Alaska State Medical Board adopted the Medical Board of California’s List of Approved Medical Schools. In
order to qualify for licensure in Alaska, an applicant’s medical school must be included on that list. You may view the entire list on the Internet at the MBC’s website: http://www.medbd.ca.gov/applicant/schools_recognized.html

You may wish to access the application and instructions for licensure in Alaska through our website. For additional information, including education and examination requirements, you may wish to review the statutes and regulations, which are also published on our website.

CME
The Alaska State Medical Board does not review continuing medical education (CME) programs for approval. All programs must meet statutory and regulatory requirements.

Physicians must complete an average of 25 hours of CME per year of licensure. Licenses are renewed biennially, so physicians must have earned 50 credit hours during the concluding licensing period in order to qualify for renewal. Courses must be Category 1 of AMA-approved education, or Category 1 or 2 of AOA-approved education. The continuing education requirements for physicians in Alaska may be found in Professional Regulations 12 AAC 40.200 through 12 AAC 40.240. The statutes and regulations are published on our website.

Physician Assistants must comply with the CME requirements of the NCCPA certification, which is required in order to practice in Alaska

Paramedics must complete at least 60 hours of approved CME per year of licensure. Licenses are renewed biennially, so they must have earned 120 credit hours during the concluding licensing period in order to qualify for renewal. Education must be directly related to the specific duties of paramedics (defined in Professional Regulation 12 AAC 40.370) and must include at least 6 hours specific to pediatrics emergency education and include ACLS and BLS training. Specific CME information and approved programs is included in the Board-issued guideline published on our website.

License verification
You may verify license information for physicians, physician assistants, or mobile intensive care paramedics who are licensed by the Alaska State Medical Board by doing a license search on the Division web site: http://www.commerce.state.ak.us/occ/search3a.htm

Mailing list
You may download licensee data from the Division database for use in your mailings by following the directions on the Division website: http://www.commerce.state.ak.us/occ/apps/ODStart.cfm

Public Records
Please note that complaints are considered confidential. However, board actions are public information and are available under public records requirements. The summary of actions taken by the Alaska State Medical Board is published on our website: http://www.commerce.state.ak.us/occ/pmed.htm

Code of Ethics
The Alaska State Medical Board has adopted regulations specific to unprofessional conduct,
professional incompetence, and negligent conduct, as well as grounds for imposition of disciplinary sanctions.

In addition, the board has adopted the AMA Code of Medical Ethics for physicians in the State of Alaska. Under state law it is considered unprofessional conduct to violate any code of ethics adopted by the board.

For further information, you may wish to review the statutes and regulations, which are published on our website.

**Specialty practice**

In the State of Alaska, a physician may practice any specialty without being certified by a specialty board. However, the Alaska State Medical Board expects that physicians meet the “standard of care” in any field they choose to practice. This means that the care rendered must be that which is reasonably expected of an appropriately trained physician in the setting involved.

Under Alaska law, the board may impose disciplinary sanctions for “professional incompetence,” which mean slacking sufficient knowledge, skills, or professional judgment in that field of practice in which the physician or physician assistant concerned engages, to a degree likely to endanger the health of his or her patients.

For further information, you may wish to review the statutes and regulations, which are published on our website.

**Scope of Practice for Physician Assistants**

Certified physician assistants may do any task for which they are appropriately educated, trained, and skilled to do as long as they are authorized by their collaborating physician to perform that task. It is the burden of the collaborating physician to insure that the physician assistant with whom they collaborate is properly educated, trained, and skilled for the requirements of the practice.

As with physicians, some physician assistants are trained in certain specialties of medicine. For example, there are those who are trained to work only orthopedics. In Alaska, most physician assistants work in family practice environments.

Additional information regarding collaborating with a physician assistant is included in the Board-issued guidelines, which are published on our website.

**Reporting Requirements**

- **Reporting malpractice settlements:** A report of a malpractice settlement is required by law to be submitted within 30 days of the date of settlement; the report must be submitted by the physician or physician assistant. The required form for malpractice reporting is available on the Board website. **Failure to comply with reporting requirements may result in disciplinary sanctions.**

- **Reporting impaired professionals:** A physician who professionally treats another physician for alcoholism or drug addiction, or for mental, emotional, or personality disorders, must report it to the Board if there is probable cause that the person may constitute a danger to the health and welfare of that person’s patients or the public if that person continues in practice. The report must state the name and address of the person and the condition found.
• **Reporting of hospital privileges actions:** A hospital that revokes, suspends, conditions, restricts, or refuses to grant hospital privileges to, or imposes a consultation requirement on, a physician must report it to the Board within seven working days after the action is taken. A hospital must also report to the Board if a physician resigns hospital staff privileges while under investigation by the hospital or a committee of the hospital and the investigation could result in the revocation, suspension, conditioning, or restricting of, or the refusal to grant, hospital privileges, or in the imposition of a consultation requirement. A report is required regardless of whether the person voluntarily agrees to the action taken by the hospital. A report is not required if the sole reason for the action is the person’s failure to complete hospital records in a timely manner or to attend staff or committee meetings.

• **Reporting of Abuse and Neglect:** Health care professional in Alaska are required by law to formally report confirmed and suspected child abuse and neglect, abuse of vulnerable adults, domestic violence or sexual assault. Alaska laws that mandate reporting:

• **Reporting of infectious diseases:** As a health care professional in Alaska, you are required by law to report suspicion or diagnosis of infectious diseases.