

# Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

---

February 27, 2018

The Honorable Cathy Giessel  
State Senate  
State Capitol, Room 427  
Juneau, Alaska 99801

**Re: Senate Bill 108 – Medical Licensing and Certified Medical Assistant**

Dear Senator Giessel:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA has followed with great interest the discussion and debate on SB 108. We believe SB 108 addresses three important issues: (1) streamlining physician licensing, (2) addresses a statutory deficiency to allow physicians to delegate routine duties to unlicensed assistive personnel, and (3) creates a new licensing/registration program for medical assistants to allow access to the Prescription Drug Database.

**1) Streamlining Physician Licensing:**

ASMA supports the provisions of the bill streamlining physician licensing. We believe the proposed temporary permits will maintain public protections while improving the efficiency of the licensing process. This will enable physicians to accept work and practice in Alaska serving patients in a more expedient manner.

**2) Fix a Statutory Deficiency to Allow Physicians to Delegate Routine Duties to Unlicensed Assistive Personnel**

Recently it was discovered that current statutes do not provide authority for a physician to delegate routine duties to unlicensed assistive personnel. Without a statutory amendment to address this issue current practice procedures throughout Alaska will have to undergo significant changes that will disrupt current practice and likely add significant costs to healthcare. A similar authority exists in AS 08.68.805 allowing the Nursing Board to address delegation of duties to unlicensed personnel and has worked well. ASMA supports adding this authority.

**3) Create a New Licensing/Registration Program for Medical Assistants to Allow Access to Prescription Drug Database**

This issue arises from current law restricting access to the Prescription Drug Data Base (PDMP) to agents or employees licensed or registered under AS 08. SB 108 solves this by

creating a licensure for Medical Assistants. While ASMA has been and remains a strong supporter of the PDMP, using physician time to look up patient information is costly and utilizes time that could be better spent directly with patients. ASMA strongly supports allowing physicians to delegate authority to Medical Assistants to look up information on the PDMP. While we do not oppose establishing a licensing requirement for Medical Assistants we are concerned that licensing will add cost to a healthcare system that seems to be under continuous criticism for high costs. These costs are not only State costs, but we would expect to pay licensed medical assistants more than those who are unlicensed and likely cover costs associated with licensure.

ASMA is also concerned that such licensure could lead to requirements that all Medical Assistants be licensed. This could have a significant impact in smaller markets that may not have access to a large licensed population. We are comforted by the State Medical Board's letter of February 9, 2018 that recognizes the need to allow delegation for reviewing the PDMP.

While we won't oppose licensure, we believe a more straightforward solution may be to amend Section 3 to statutorily authorize the Board to adopt regulations authorizing access to the PDMP. This could look like:

\* **Sec. 3.** AS 08.64 is amended by adding a new section to read:

**Sec. 08.64.106. Delegation of routine medical duties.** The board shall adopt regulations authorizing a physician, podiatrist, osteopath, or physician assistant licensed under this chapter to delegate routine medical duties, including access to the prescription drug database under AS 17.30.200(D), to an agent of the physician, podiatrist, osteopath, or physician assistant. The regulations must

- (1) require that an agent who is not licensed under this chapter may perform duties delegated under this section only if the agent meets applicable standards established by the board;
- (2) require that a physician, podiatrist, osteopath, or physician assistant may not delegate duties related to pain management and opioid use and addiction;
- (3) establish a registry and require the agent to register with the Board for purposes of accessing the prescription drug database; and
- (4) define the phrase "routine medical duties."

This simple provision could allow the Board to establish standards specific to delegating access to the PDMP without creating a new licensing program.

That said, ASMA believes that overall Senate Bill 108 solves several problems facing physicians and supports its passage as written or as amended above.

Sincerely,



Peter Lawrason MD, President  
Alaska State Medical Association

cc: Senate Finance members



FOUNDATION

# HEALTH PARTNERS

(907) 458-5300 Phone  
(907) 458-5324 Fax  
www.foundationhealth.org  
1650 Cowles Street  
Fairbanks, AK 99701

February 7, 2018

The Honorable Cathy Giessel  
State Senate  
State Capital Building  
Juneau, Alaska 99801-1182

Subject: Support for SB108, Physician Licensure

Dear Senator Giessel:

Thank you for introducing SB 108 in recognition of improving the current physician licensure timelines.

I am writing in support of SB 108. Medical licensure is currently cumbersome and unwieldy. Time delays for clean applications (a good candidate with no issues) can be 4-6 months. In Fairbanks, we have lost several physician candidates due to this delay. Most recently, we had a cardiologist actively considering one of our two open positions. He wanted to come to Fairbanks but had another offer in a different state. Due to the delay of his licensure in Alaska, he took the other job and we still have an open position. Including the funds spent on recruiting this candidate as well as the increased costs of hiring temporary physicians (Locums Tenens) to fill this position, we have been out several hundred thousand dollars over the past two years this position has been open.

We have lost at least two other physician candidates for other positions over the past three years due to this issue. These physicians are often looking for a place to work, considering multiple offers, and cannot afford to wait an undue time to start working somewhere. Delays in licensure in the State of Alaska should not be the reason we lose physician candidates.

Recruiting physicians to Fairbanks and Alaska is difficult enough without being made even more difficult due to delays in licensure. We support any effort to make this procedure more streamlined for a candidate with an unblemished record. We certainly agree that the integrity and rigor of the licensing process must be maintained. Candidates with issues should certainly receive closer scrutiny. In this vein, we support giving the Executive Director authority to approve candidates with clean files and no red flags (as clearly defined in this legislation) rather than waiting for a quarterly Board meeting.

Sincerely,

Danny Robinette, MD. FACS  
Chief Medical Officer, Foundation Health Partners  
Fairbanks, Alaska  
907-458-3550  
danny.robinettefoundationhealth.org

Cc: Interior Delegation



THE STATE  
*of* **ALASKA**  
GOVERNOR BILL WALKER

**Department of Commerce, Community,  
and Economic Development**

**STATE MEDICAL BOARD**

550 West Seventh Avenue, Suite 1500  
Anchorage, AK 99501-3567  
Main: 907.269.8163  
Fax: 907.269.8196

February 9, 2018

The Honorable Cathy Giessel  
State Senate  
Alaska State Capitol  
Juneau, Alaska 99801

Senator Giessel:

The Alaska State Medical Board has reviewed Senate Bill (SB) 108, which proposes to streamline the medical application process, established a licensing program for certified medical assistants, and authorize the Board to set standards for delegation of routine duties to unlicensed assistive personnel.

The Board supports the proposal to streamline the licensing process, which will improve licensure processing times, while ensuring public safety, by allowing the board to grant additional authority to their executive staff for the issuance of medical licenses and temporary permits.

As you know, the Board has for some time supported a statute change to allow them to set standards for delegation of routine duties to unlicensed assistive personnel. They are pleased that you are interested in introducing such legislation.

Although the Board has previously opposed a new licensing/registration program for medical assistants, they understand and appreciate your intent to establish jurisdiction for those that have earned a national certification and may be appropriately delegated specific, supervised duties, including acting as delegates for reviewing the Prescription Drug Monitoring Program (PDMP.)

Although the Board did express concern that the cost and resources needed for such a program be carefully considered in moving forward with the legislation, including the need for additional staff to administer the new licensing program and approval authority, they believe that the additional licensing fees should offset those additional costs to the Board.

The Board supports this proposed legislation. The Board also expressed their thanks for your attention to these legislative issues related to their licensing programs.

Sincerely,

Craig Humphreys, MD, President  
Alaska State Medical Board

E-mail: [medicalboard@alaska.gov](mailto:medicalboard@alaska.gov)

Website: <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>





THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

**Department of Commerce, Community,  
and Economic Development**

OFFICE OF THE COMMISSIONER

P.O. Box 110800  
Juneau, AK 99811-0800  
Main: 907.465.2500  
Fax: 907.465.5442

February 2, 2018

The Honorable Mia Costello  
Chair, Senate Labor and Commerce  
State Capitol, Room 504  
Juneau, AK 99801

Dear Senator Costello,

Thank you for hearing SB 108 – Medical Care/Licensing/Medical Board sponsored by Senator Giessel.

The Department of Commerce, Community, and Economic Development (DCCED) began undertaking a strategic planning and streamlining process several years ago. A central goal of this work was streamlining processes for medical licensure. DCCED began by overhauling the professional licensing program to allow for increased automation. The Alaska Medical Board has been and continues to implement regulatory revisions to remove unnecessary or unduly burdensome licensing requirements.

This legislation will enable the staff of the Division of Corporations, Business, and Professional Licensing to act more nimbly, process medical applications efficiently, and allow the Executive Administrator and Medical Board to focus their attention and time on more complex applications that require their expertise. It does this without diminishing the power or authority of the board, and in a way that maintains public safety and protections.

Alaska is in need of high quality medical providers. Thank you for your prompt and favorable action on this legislation that allows for expedited licensure of these providers and makes Alaska an easier state to do business.

Best regards,

A handwritten signature in blue ink that reads "Mike Navarre".

Mike Navarre  
Commissioner

cc: Darwin Peterson, Director, Legislative Office, Office of Governor Bill Walker

**From:** Tonya Caylor  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Tuesday, April 10, 2018 12:56:55 PM

---

I am writing you as a family physician in the area to please consider passing SB 108 as is.

Medical Assistants work only under our direction only. Requiring a licensing/certification only serves to complicate their lives and add expense without adding any tangible benefit to the community.

Thank you

Tonya L Caylor, MD

**From:** William Martin  
**To:** [Rep. Sam Kito](#); [Rep. Adam Wool](#); [Rep. Andy Josephson](#); [Rep. Louise Stutes](#); [Rep. Chris Birch](#); [Rep. Gary Knopp](#); [Rep. Colleen Sullivan-Leonard](#)  
**Subject:** SB 108  
**Date:** Tuesday, April 10, 2018 12:28:33 PM

---

Dear Chair and Members of the House Labor and Commerce Committee,

Please support passing SB 108--as written. It is important to understand that medical assistants play an integral part of our team of caring for patients. However, they work directly under our (physician/surgeon) supervision and direction AND with no independent judgment. I have grave concerns that the proposed changes for licensure of medical assistants will lead to higher costs and less efficiency for my medical practice and for the practices of my colleagues throughout the State.

Thank you for your consideration and attention to this matter.

Sincerely,

Bill

William Robert Martin, III, MD  
Email: [juneaufxmd@gmail.com](mailto:juneaufxmd@gmail.com)



April 6, 2018

Via email to: [Representative.Sam.Kito@akleg.gov](mailto:Representative.Sam.Kito@akleg.gov)

The Honorable Sam Kito, Chairman  
Labor and Commerce Committee  
State House of Representatives  
State Capitol, Room 427  
Juneau, Alaska 99801

Re: Comments on Senate Bill 108, Medical Care/Licensing/Medical Board

Dear Representative Kito,

On behalf of the 65,000 Alaska Native and American Indian people we serve, Southcentral Foundation provides these comments regarding Senate Bill 108, a bill regarding medical care, licensing, and the State Medical Board.

Southcentral Foundation is the Alaska Native tribal health organization designated by Cook Inlet Region, Inc. and eleven Federally-Recognized Tribes – the Aleut Community of St. Paul Island, Igiugig, Iliamna, Kokhanok, McGrath, Newhalen, Nikolai, Nondalton, Pedro Bay, Telida, and Takotna – to provide healthcare services to beneficiaries of the Indian Health Service pursuant to a Compact with United States government under the authority of P.L. 93-638, as amended, the Indian Self Determination and Education Assistance Act.

Southcentral Foundation provides services to more than 65,000 Alaska Native and American Indian people living in the Municipality of Anchorage, the Matanuska-Susitna Borough and 55 rural Alaskan villages. Services provided by SCF include outpatient medical care, home health care, dentistry, optometry, psychiatry, mental health counseling, substance abuse treatment, residential treatment facilities for adolescents and for women, suicide prevention and domestic violence prevention. We employ more than 2,300 staff, all of whom work in relationship with our customer-owners to provide the best access to quality care.

We support the provisions of the bill that establish a streamlined approval process for licensure of applicants without any indicators that would necessitate a full Board review. This has the potential to speed up the licensure process and positively impact the availability of medical professionals within Alaska and the ability of non-tribal entities to recruit medical professionals to the State.

SB 108 would allow physicians to delegate routine duties to unlicensed assistive personnel. We



support this change as it would align state statutes with current practices around the state and is similar to the authority in AS 08.68.805 which allows the Nursing Board to address delegation of duties to unlicensed personnel. We support expanding the ability of staff to see and use information to help with clinical practice – such as delegating Prescription Drug Monitoring Program (PDMP) review to Certified Medical Assistants (CMAs).

We have grave concerns about the provisions of the bill that expand the licensure, certification, oversight, and regulatory control of CMAs. CMAs already have educational requirements, are certified by national organizations, and work under the direct supervision – and medical licenses – of physicians. There are other states, in particular California, where the regulatory oversight – and severe limiting of CMAs – makes the effective team practice of clinical care in office practices nearly impossible. Their every move is either allowed or disallowed and the limitations that have been placed so severely limit what CMAs can do that it does not allow for improvements of practice by creating the opportunity for the roles of CMAs to change and evolve as team-based practice continues to evolve and improve. California practices do, in fact, envy the flexibility we currently have in Alaska.

By maintaining this current practice we retain responsibility and clinical quality, while not giving yet another regulatory oversight entity the ability to micro-manage, limit, and negatively impact our ability to evolve and grow and improve and thoroughly develop high quality and safe team based care. We, therefore, oppose the creation of any further oversight, licensing, certification, and regulatory control over CMAs in Alaska.

We support the approach suggested by the Alaska State Medical Association (ASMA) in their February 27, 2018 letter regarding this bill for a more straightforward solution to allowing CMAs to access the PDMP. ASMA proposed the following change instead of the provisions in SB 108 that would add state licensure for CMAs, and we think this is a good solution:

**\*Sec. 3.** AS 08.64 is amended by adding a new section to read:

**Sec. 08.64.106. Delegation of routine medical duties.** The board shall adopt regulations authorizing a physician, podiatrist, osteopath, or physician assistant licensed under this chapter to delegate routine medical duties, including access to the prescription drug database under AS 17.30.200(D), to an agent of the physician, podiatrist, osteopath, or physician assistant. The regulations must

(1) require that an agent who is not licensed under this chapter may perform duties delegated under this section only if the agent meets applicable standards established by the board;

(2) require that a physician, podiatrist, osteopath, or physician assistant may not delegate duties related to pain management and opioid use and addiction;

(3) establish a registry and require the agent to register with the board for purposes of accessing the prescription drug database; and

April 6, 2018

Page 3 of 3

(4) define the phrase "routine medical duties."

Southcentral Foundation appreciates the opportunity to comment on SB 108. Thank you for your consideration of our comments and recommendations.

Sincerely,

SOUTHCENTRAL FOUNDATION

A handwritten signature in blue ink, appearing to be 'Lee Olson', with a long horizontal stroke extending to the right.

Lee Olson  
Vice President Finance

**From:** alex malter  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB108  
**Date:** Tuesday, April 10, 2018 2:18:20 PM

---

Dear Representative Kito,

I understand that the House Labor and Commerce Committee is considering SB108 this week, a bill dealing with the delegation of responsibility to medical assistants, as well as the certification of medical assistants so as to allow them to review selected patient prescription history on the PDMP as physician agents. Thank you for your attention to this issue

As a physician who has practiced in Alaska for more than 20 years and serves as managing partner of a six-provider primary care practice, I support passage of SB108 as written. Amending the Bill to mandate licensure of MAs wouldn't be beneficial.

While a goal of requiring full licensure of MA's may seem laudable, I believe the heightened requirements for these individuals will be burdensome and not further protect patients. MAs currently work under the auspices of providers, who are fully responsible for their work as employees. I'm not aware of any instances during which poor MA quality put patients at risk, nor do I believe that requiring licensure for these individuals (who've typically already completed courses of up to 18 months) will actually improve care delivered.

While it might seem reasonable to think of MAs and CNAs similarly, the work of these two types of assistants differs substantially, which is why certification and licensure isn't the same. CNA's are licensed in part because they're often the primary caretakers of patients for hours at a time, when they often are autonomously caring for disabled individuals who can't protect themselves at all; conversely, MA's are working very briefly with patients within an office setting, in which more responsible providers are immediately present, and also interacting with a patient. Society understandably has an interest in wanting a CNA working alone with, for example, a completely dependent disabled person hours at a time to be somewhat accountable through a license; conversely, none of my clinic patients have ever expressed any concerns about the certification of the MA's who work with us, since my patients fully understand that I'm responsible for an MA's work. MA's simply don't have the same type of autonomy that CNA's do when they work alone with patients (usually disabled) for ours at a time.

Please feel free to call if you have questions (789-2950), and thanks again for your legislative efforts.

Alex Malter, MD, Family Practice Physicians, Juneau Alaska

**From:** anya maier  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Tuesday, April 10, 2018 1:55:24 PM

---

Dear Representative Kito,

I am a family physician in a large, busy group practice in Juneau. In our office, medical assistants perform simple, valuable service such as rooming patients, and taking vitals. They work under the direction of other licenced medical personnel. Although some of them have a wealth of medical knowledge, their positions require no independent medical judgment and should not need to be licenced. Requiring licensure of MAs would add unnecessarily to the cost of medical care, and the difficulty of keeping medical offices adequately staffed.

Please support passing SB 108 as written.

Respectfully,

Anya Maier, MD  
Valley Medical Care  
1801 Salmon Creek Ln  
Juneau, AK 99801



**From:** Rebecca Bingham  
**To:** [Rep. Sam Kito](#); [Rep. Adam Wool](#); [Rep. Andy Josephson](#); [Rep. Louise Stutes](#); [Rep. Chris Birch](#); [Rep. Gary Knopp](#); [Rep. Colleen Sullivan-Leonard](#)  
**Subject:** SB 108  
**Date:** Tuesday, April 10, 2018 8:41:33 PM

---

As a physician, I want to urge you to pass HB 108 as written, without suggested amendments that would increase costs and unnecessary hurdles, without protecting patients. It would most likely made it harder for patients to be seen in a timely manner, and add yet more cost to providing care in Alaska.

Thank you

Rebecca J. Bingham, MD  
Anchorage