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Gunther
5/15/25

CS FOR SENATE BILL NO. 89(L&C)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY THE SENATE LABOR AND COMMERCE COMMITTEE

Offered:
Referred:

Sponsor(s): SENATORS TOBIN, Gray-Jackson, Giessel, Hughes

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to physician assistants; relating to collaborative agreements between
2 physicians and physician assistants; relating to the practice of medicine; relating to
3 health care providers; and relating to provisions regarding physician assistants in
4 contracts between certain health care providers and health care insurers."

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 * **Section 1.** AS 08.64.010 is amended to read:

7 **Sec. 08.64.010. Creation and membership of State Medical Board.** The
8 governor shall appoint a board of medical examiners, to be known as the State
9 Medical Board, consisting of five physicians licensed in the state and residing in as
10 many separate geographical areas of the state as possible, one physician assistant
11 licensed in the state [UNDER AS 08.64.107], and two persons with no direct
12 financial interest in the health care industry.

13 * **Sec. 2.** AS 08.64.107 is repealed and reenacted to read:

14 **Sec. 08.64.107. Scope of practice of physician assistants; collaborative**

1 **agreements.** (a) The board shall adopt regulations establishing

2 (1) acts within the practice of medicine, osteopathy, and podiatry that
3 physician assistants may perform; the regulations must, at a minimum, allow physician
4 assistants to perform acts that physician assistants are generally educated and trained
5 to perform by accredited physician assistant programs described in AS 08.64.206(1);
6 the regulations may not allow a physician assistant to perform surgery or operate on a
7 human, except as an assistant to a physician, osteopath, or podiatrist;

8 (2) requirements for a physician assistant to practice a new specialty
9 that are based on the risk and complexity of the specialty;

10 (3) methods of periodic assessment that a collaborating physician may
11 use to evaluate a physician assistant;

12 (4) methods for resolving inconsistencies between hours attested to
13 under (e)(1) and (2) of this section; and

14 (5) a chart review rubric for reviewing a physician assistant's clinical
15 records under (e)(3) of this section; the chart review rubric must provide a means to
16 assess the physician assistant's competence in documenting the history of the patient,
17 physical exams, medical decision-making, medical test ordering, consultations sought,
18 and procedures used.

19 (b) A physician assistant shall maintain a collaborative agreement while
20 practicing under this section until the board authorizes the physician assistant to
21 practice without a collaborative agreement. The board may authorize a physician
22 assistant to practice in a specialty without a collaborative agreement if

23 (1) the physician assistant has obtained

24 (A) 6,000 hours of postgraduate clinical experience;

25 (B) the hours of postgraduate clinical experience in the
26 specialty required by the board under (d) of this section; and

27 (C) any additional hours of postgraduate clinical experience in
28 the specialty required by the board under (g) of this section;

29 (2) the board determines that the physician assistant is competent to
30 practice in the specialty without a collaborative agreement under (g) of this section.

31 (c) A physician assistant shall provide a copy of a collaborative agreement

required under (b) of this section to the board. The collaborative agreement must

(1) be in writing;

(2) be maintained with the employer of the physician assistant;

(3) describe each specialty in which the physician assistant is obtaining clinical experience under the collaborative agreement;

(4) require a collaborating physician who specializes in the same specialties described under (3) of this subsection to oversee the performance, practice, and activities of the physician assistant; if a physician assistant is practicing in a remote area, the collaborating physician may oversee the physician assistant by providing the physician assistant with direct telephonic, electronic, or video access to the collaborating physician or another senior health care provider; and

(5) describe the methods of periodic assessment the collaborating physician will use to evaluate the physician assistant's competency, knowledge, and skills.

(d) The board shall require a physician assistant who seeks authorization to practice in a specialty without a collaborative agreement to obtain at least 5,000 hours of postgraduate clinical experience in each specialty under a collaborative agreement. The physician assistant may obtain the hours of postgraduate clinical experience required under this subsection concurrently with the hours required under (b)(1)(A) of this section. A physician assistant shall notify the board if the physician assistant intends to begin practicing in a new specialty.

(e) Upon obtaining the hours of postgraduate clinical experience required under (b)(1)(A), (d), and (g) of this section,

(1) the physician assistant shall attest to the board, on a form provided by the board, the number of hours of postgraduate clinical experience obtained by the physician assistant;

(2) the collaborating physician shall attest to the board, on a form provided by the board, the number of hours of postgraduate clinical experience obtained by the physician assistant that the collaborating physician oversaw; and

(3) the physician assistant shall pay for two independent physicians to complete and provide to the board a review of at least 20 clinical records using a chart

review rubric established by the board that assesses the physician assistant's competency to practice in the specialty in which the physician assistant seeks authorization to practice without a collaborative agreement.

(f) The physician assistant and collaborating physician may not retaliate against each other because of an attestation or review under (e) of this section.

(g) The board shall determine whether a physician assistant is competent to practice in a specialty without a collaborative agreement using the information provided to the board under (e) of this section. The board may consider additional information at the request of the physician assistant. If the board determines that the physician assistant is not competent to practice in a specialty without a collaborative agreement, the board shall require the physician assistant to obtain additional hours of postgraduate clinical experience in the specialty under a collaborative agreement before the board again reviews the physician assistant's competence to practice in the specialty without a collaborative agreement.

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

Sec. 08.64.206. Qualifications for physician assistant applicants. Each physician assistant applicant shall meet the qualifications prescribed in AS 08.64.200(a)(3) - (5) and shall submit

(1) a certificate of graduation obtained from a physician assistant program accredited, at the time of graduation, by

(A) the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs if the applicant graduated before January 1, 2001; or

(B) the Accreditation Review Commission on Education for the Physician Assistant if the applicant graduated on or after January 1, 2001;

(2) proof of current certification issued by the National Commission on Certification of Physician Assistants;

(3) proof of receiving a passing score on the physician assistant national certifying examination offered by the National Commission on Certification of Physician Assistants;

(4) proof of any hours of postgraduate clinical experience obtained by the applicant, including the specialties in which those hours were obtained.

* **Sec. 4.** AS 08.64.230 is amended by adding a new subsection to read:

(d) If a physician assistant applicant passes the examination and meets the requirements of AS 08.64.206 and 08.64.255, the board or its executive secretary shall grant a license to the applicant to practice the acts within the practice of medicine, osteopathy, and podiatry, as determined by the board under AS 08.64.107(a).

* **Sec. 5.** AS 08.64.250(a) is amended to read:

(a) The board may waive the examination requirement and license by credentials if the physician, osteopath, physician assistant, or podiatry applicant meets the requirements of AS 08.64.200, 08.64.205, 08.64.206, or 08.64.209, submits proof of continued competence as required by regulation, pays the required fee, and has

(1) an active license from a board of medical examiners established under the laws of a state or territory of the United States or a province or territory of Canada issued after thorough examination; or

(2) passed an examination as specified by the board in regulations.

* **Sec. 6.** AS 08.64.270(a) is amended to read:

(a) The board, a member of the board, the executive secretary, or a person designated by the board to issue temporary permits may issue a temporary permit to an [A PHYSICIAN APPLICANT, OSTEOPATH APPLICANT, OR PODIATRY] applicant who meets the requirements of AS 08.64.200, 08.64.205, 08.64.206, 08.64.209, or 08.64.225 and pays the required fee.

* **Sec. 7.** AS 08.64.275(a) is amended to read:

(a) A member of the board, its executive secretary, or a person designated by the board to issue temporary permits may grant a temporary permit to a physician, [OR] osteopath, or physician assistant for the purpose of

(1) substituting for another physician, [OR] osteopath, or physician assistant licensed in this state;

(2) being temporarily employed by a physician, [OR] osteopath, or physician assistant licensed in this state while that physician, [OR] osteopath, or

1 **physician assistant** evaluates the permittee for permanent employment; or

2 (3) being temporarily employed by a hospital or community mental
3 health center while the facility attempts to fill a vacant permanent physician, [OR]
4 osteopath, **or physician assistant** staff position with a physician, [OR] osteopath, **or**
5 **physician assistant** licensed in this state.

6 * **Sec. 8.** AS 08.64.275 is amended by adding a new subsection to read:

7 (g) A physician assistant applying under (a) of this section shall pay the
8 required fee and shall meet the requirements of AS 08.64.206 and 08.64.279. In
9 addition, the physician assistant shall submit evidence of holding a license to practice
10 in a state or territory of the United States or in a province or territory of Canada.

11 * **Sec. 9.** AS 08.64.312(c) is amended to read:

12 (c) The board or its designee may exempt a physician, osteopath, [OR]
13 podiatrist, **or physician assistant** from the requirements of (b) of this section upon an
14 application by the physician, osteopath, [OR] podiatrist, **or physician assistant** giving
15 evidence satisfactory to the board or its designee that the physician, osteopath, [OR]
16 podiatrist, **or physician assistant** is unable to comply with the requirements because
17 of extenuating circumstances. However, a person may not be exempted from more
18 than 15 hours of continuing education in a five-year period; a person may not be
19 exempted from the requirement to receive at least two hours of education in pain
20 management and opioid use and addiction unless the person has demonstrated to the
21 satisfaction of the board that the person does not currently hold a valid federal Drug
22 Enforcement Administration registration number.

23 * **Sec. 10.** AS 08.64.326(a) is amended to read:

24 (a) The board may impose a sanction if the board finds after a hearing that a
25 licensee

26 (1) secured a license through deceit, fraud, or intentional
27 misrepresentation;

28 (2) engaged in deceit, fraud, or intentional misrepresentation while
29 providing professional services or engaging in professional activities;

30 (3) advertised professional services in a false or misleading manner;

31 (4) has been convicted, including conviction based on a guilty plea or

plea of nolo contendere, of

(A) a class A or unclassified felony or a crime in another jurisdiction with elements similar to a class A or unclassified felony in this jurisdiction;

(B) a class B or class C felony or a crime in another jurisdiction with elements similar to a class B or class C felony in this jurisdiction if the felony or other crime is substantially related to the qualifications, functions, or duties of the licensee; or

(C) a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs;

(5) has procured, sold, prescribed, or dispensed drugs in violation of a law regardless of whether there has been a criminal action or harm to the patient;

(6) intentionally or negligently permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards even if the patient was not injured;

(7) failed to comply with this chapter, a regulation adopted under this chapter, or an order of the board;

(8) has demonstrated

(A) professional incompetence, gross negligence, or repeated negligent conduct; the board may not base a finding of professional incompetence solely on the basis that a licensee's practice is unconventional or experimental in the absence of demonstrable physical harm to a patient;

(B) addiction to, severe dependency on, or habitual overuse of alcohol or other drugs that impairs the licensee's ability to practice safely;

(C) unfitness because of physical or mental disability;

(9) engaged in unprofessional conduct, in sexual misconduct, or in lewd or immoral conduct in connection with the delivery of professional services to patients; in this paragraph, "sexual misconduct" includes sexual contact, as defined by the board in regulations adopted under this chapter, or attempted sexual contact with a patient outside the scope of generally accepted methods of examination or treatment of the patient, regardless of the patient's consent or lack of consent, during the term of the

physician-patient relationship, as defined by the board in regulations adopted under this chapter, unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating, courtship, or engagement relationship with the licensee;

(10) has violated AS 18.16.010;

(11) has violated any code of ethics adopted by regulation by the board;

(12) has denied care or treatment to a patient or person seeking assistance from the licensee [PHYSICIAN] if the only reason for the denial is the failure or refusal of the patient to agree to arbitrate as provided in AS 09.55.535(a);

(13) has had a license or certificate to practice medicine in another state or territory of the United States, or a province or territory of Canada, denied, suspended, revoked, surrendered while under investigation for an alleged violation, restricted, limited, conditioned, or placed on probation unless the denial, suspension, revocation, or other action was caused by the failure of the licensee to pay fees to that state, territory, or province; or

(14) prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.64.363.

* **Sec. 11.** AS 08.64.334 is amended to read:

Sec. 08.64.334. Voluntary surrender. The board, at its discretion, may accept the voluntary surrender of a license. A license may not be returned unless the board determines, under regulations adopted by it, that the licensee is competent to resume practice. However, a license may not be returned to the licensee if the voluntary surrender resulted in the dropping or suspension of civil or criminal charges against the physician or physician assistant.

* **Sec. 12.** AS 08.64.336(a) is amended to read:

(a) A physician or physician assistant who professionally treats a person licensed to practice medicine or osteopathy in this state for alcoholism or drug addiction, or for mental, emotional, or personality disorders, shall 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.

* **Sec. 13.** AS 08.64.336(e) is amended to read:

(e) A physician, physician assistant, hospital, hospital committee, or private professional organization contracted with under AS 08.64.101(a)(5) to identify, confront, evaluate, and treat individuals licensed under this chapter who abuse addictive substances that in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil liability for the submission or participation.

* **Sec. 14.** AS 08.64.336(f) is amended to read:

(f) A physician, physician assistant, or hospital may not refuse to submit a report under this section or withhold from the board or its investigators evidence related to an investigation under this section on the grounds that the report or evidence

(1) concerns a matter that was disclosed in the course of a confidential physician-patient or psychotherapist-patient relationship or during a meeting of a hospital medical staff, governing body, or committee that was exempt from the public meeting requirements of AS 44.62.310; or

(2) is required to be kept confidential under AS 18.23.030.

* **Sec. 15.** AS 08.64.360 is amended to read:

Sec. 08.64.360. Penalty for practicing without a license or in violation of law. Except for [A PHYSICIAN ASSISTANT OR] a person licensed or authorized under another law of the state who engages in practices for which that person is licensed or authorized under that law, a person practicing medicine or osteopathy in the state without a valid license or permit is guilty of a class A misdemeanor. Each day of illegal practice is a separate offense.

* **Sec. 16.** AS 08.64.370 is amended to read:

Sec. 08.64.370. Exceptions to application of chapter. This chapter does not apply to

(1) officers in the regular medical service of the armed services of the United States or the United States Public Health Service while in the discharge of their official duties;

(2) a physician, [OR] osteopath, or physician assistant licensed in

another state who is asked by a physician, [OR] osteopath, or physician assistant licensed in this state to help in the diagnosis or treatment of a case, unless the physician, osteopath, or physician assistant is practicing under AS 08.02.130(b);

(3) the practice of the religious tenets of a church;

(4) a physician or physician assistant in the regular medical service of the United States Public Health Service or the armed services of the United States volunteering services without pay or other remuneration to a hospital, clinic, medical office, or other medical facility in the state;

(5) a person who is certified as a direct-entry midwife by the department under AS 08.65 while engaged in the practice of midwifery whether or not the person accepts compensation for those services;

(6) a physician or physician assistant licensed in another state who, under a written agreement with an athletic team located in the state in which the physician or physician assistant is licensed, provides medical services to members of the athletic team while the athletic team is traveling to or from or participating in a sporting event in this state.

* Sec. 17. AS 08.64.380(6) is amended to read:

(6) "practice of medicine" or "practice of osteopathy" means [:]

(A) for a fee, donation, or other consideration, to diagnose, treat, operate on, prescribe for, or administer to [,] any human ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition; or to attempt to perform or represent that a person is authorized to perform any of the acts set out in this subparagraph;

(B) to use or publicly display a title in connection with a person's name in such a manner as to show that the person is willing or qualified to diagnose or treat the sick or injured, including "doctor of medicine," "physician," "M.D.," [OR] "doctor of osteopathic medicine," [OR] "D.O.," "physician assistant," or "P.A." or a specialist designation, including "surgeon," "dermatologist," or a similar title, except that "practice of medicine" or "practice of osteopathy" does not include the use of the title "doctor" by a person holding a doctorate degree who is not a

1 physician or osteopath and who clearly communicates that the person is
2 not a physician or osteopath [IN SUCH A MANNER AS TO SHOW THAT
3 THE PERSON IS WILLING OR QUALIFIED TO DIAGNOSE OR TREAT
4 THE SICK OR INJURED];

5 * **Sec. 18.** AS 08.64.380(7) is amended to read:

6 (7) "practice of podiatry" means the medical, mechanical, and surgical
7 treatment of ailments of the foot, the muscles and tendons of the leg governing the
8 functions of the foot, and superficial lesions of the hand other than those associated
9 with trauma; the use of preparations, medicines, and drugs as are necessary for the
10 treatment of these ailments; the treatment of the local manifestations of systemic
11 diseases as they appear in the hand and foot, except that

12 (A) a patient shall be concurrently referred to a physician, [OR]
13 osteopath, or physician assistant for the treatment of the systemic disease
14 itself;

15 (B) general anaesthetics may be used only in colleges of
16 podiatry approved by the board and in hospitals approved by the joint
17 commission on the accreditation of hospitals, or the American Osteopathic
18 Association; and

19 (C) the use of X-ray or radium for therapeutic purposes is not
20 permitted.

21 * **Sec. 19.** AS 11.71.900(20) is amended to read:

22 (20) "practitioner" means

23 (A) a physician, physician assistant, dentist, advanced practice
24 registered nurse, optometrist, veterinarian, scientific investigator, or other
25 person licensed, registered, or otherwise permitted to distribute, dispense,
26 conduct research with respect to, or to administer or use in teaching or
27 chemical analysis a controlled substance in the course of professional practice
28 or research in the state;

29 (B) a pharmacy, hospital, or other institution licensed,
30 registered, or otherwise permitted to distribute, dispense, conduct research with
31 respect to, or to administer a controlled substance in the course of professional

practice or research in the state;

* **Sec. 20.** AS 13.52.390(31) is amended to read:

(31) "physician assistant" means an individual licensed as a physician assistant under AS 08.64 [AS 08.64.107].

* **Sec. 21.** AS 18.08.089(a) is amended to read:

(a) A mobile intensive care paramedic licensed under this chapter, a physician assistant registered or licensed under AS 08.64 [AS 08.64.107], or an emergency medical technician certified under this chapter may make a determination and pronouncement of death of a person under the following circumstances:

(1) the mobile intensive care paramedic or emergency medical technician is an active member of an emergency medical service certified under this chapter;

(2) neither a physician licensed under AS 08.64 nor a physician exempt from licensure under AS 08.64 is immediately available for consultation by radio or telephone communications;

(3) the mobile intensive care paramedic, physician assistant, or emergency medical technician has determined, based on acceptable medical standards, that the person has sustained irreversible cessation of circulatory and respiratory functions.

* **Sec. 22.** AS 21.07.010(b) is amended to read:

(b) A contract between a participating health care provider and a health care insurer that offers a health care insurance policy may not contain a provision that

(1) has as its predominant purpose the creation of direct financial incentives to the health care provider for withholding covered medical care services that are medically necessary; nothing in this paragraph shall be construed to prohibit a contract between a participating health care provider and a health care insurer from containing incentives for efficient management of the utilization and cost of covered medical care services;

(2) requires the provider to contract for all products that are currently offered or that may be offered in the future by the health care insurer; [OR]

(3) requires the health care provider to be compensated for medical

care services performed at the same rate as the health care provider has contracted with another health care insurer; or

(4) imposes a practice, education, or collaboration requirement on physician assistants that is inconsistent with or more restrictive than the requirements imposed under AS 08.64 or a regulation adopted by the State Medical Board.

* **Sec. 23.** AS 23.30.395(3) is amended to read:

(3) "attending physician" means one of the following designated by the employee under AS 23.30.095(a) or (b):

(A) a licensed medical doctor;

(B) a licensed doctor of osteopathy;

(C) a licensed dentist or dental surgeon;

(D) a licensed physician assistant [ACTING UNDER SUPERVISION OF A LICENSED MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY];

(E) a licensed advanced practice registered nurse; or

(F) a licensed chiropractor;

* **Sec. 24.** AS 33.30.901(10) is amended to read:

(10) "health care provider" means

(A) a physician assistant licensed to practice in the state [AND WORKING UNDER THE DIRECT SUPERVISION OF A LICENSED PHYSICIAN OR PSYCHIATRIST];

(B) a mental health professional as defined in AS 47.30.915; or

(C) an advanced practice registered nurse as defined in AS 08.68.850;

* **Sec. 25.** AS 08.64.170(a)(1) is repealed.