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# COMMITTEE REPORT

## HOUSE

LABOR & COMMERCE

((7))

FURTHER:

2/28/83

Date: \_\_\_\_\_

Mr. Speaker:

HEALTH, EDUCATION AND  
SOCIAL SERVICES

The Committee on \_\_\_\_\_ has had HB 230

An Act relating to licensing and regulation of the practice of  
medicine.

under consideration and reports it back as follows:

- [ ] do pass [ ] do not pass  
[ ] do pass with attached amendments(s)  
[  ] replace with CS for HB 230 [ ] same title  
[  ] new title  
and recommends \_\_\_\_\_  
[ ] AND attaches a "Letter of Intent" [  ] New Fiscal Note  
[ ] reports it back without recommendation [ ] Zero Fiscal Note Attached  
[ ] referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MILON + RITZ  
CHAIRMAN

STAFF REPORT

HB 230 LICENSING AND PRACTICE OF MEDICINE

MARCH 18, 1983

Dave Palmer, HHES

15B 164

08.64.010 Sec. 1. Changes area of residency of the board of medical examiners from separate judicial districts to different geographical areas.

08.64.020 Sec. 2. Provides that member's terms are staggered. Restrains reappointment after 2 successive terms.

08.64.040 Sec. 3. Allows board to adopt rules to remove members who do not attend meetings.

08.64.085 Sec. 4. No change...specifies meeting times and duties.

08.64.170. Sec. 5. License to practice medicine or osteopathy is required.

08.64.240 Sec. 6. Reworded version of existing section. Allows board to refuse license for same reasons as it may impose disciplinary sanctions.

08.64.250 Sec. 7. Changes licensure by "endorsement" to "credentials", following nationally recognized language. Adds podiatry, which is a practice already covered by statute, but was omitted from certain sections like this one.

08.64.270 Sec. 8. Adds reference to AS 08.64.209 (podiatrists).

08.64.311 Sec. 9. Fees are changed from biennial to four years after date of issue.

08.64.315 Sec. 10. New fees are established. These are consistent with other licensing fees within the division of occupational licensing.

08.64.325 Sec. 11. Grounds for imposition of disciplinary sanctions. Criteria for sanctions are defined. Proposed bill is more specific than current law. Reference to the Administrative Procedure Act (AS 44.62) is deleted.

08.64.330 Sec. 12. Disciplinary sanctions. Sanctions are specified, expanded, and defined in much greater detail than in current law.

Staff report, HB 230  
HHES palmer

08.64.360 Penalty for practicing without a license or in violation of the chapter. Specifies class B misdemeanor for persons practicing without a license.

08.64.380 (2) Sec. 14. practice of medicine is redefined.

Section 15. Statutes are repealed regarding substitution for members on the board (030), payment of per diem (110), annual report to the governor (200[1]), moral character (200[1]), and abortions (380[3]).

Amendments to the bill have been proposed that will add a chief investigator assigned to the Board and an executive director for the board. Investigators currently work under the auspices of the Division of Occupational Licensing, and investigate all issues within the division' jurisdiction. One investigative position, although authorized, has been cut due to the 5% reduction in the governor's budget.

*OK on the investigator  
not on the Exec Dir.*

*L. H. & Commerce*

HOUSE BILL NO.  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
THIRTEENTH LEGISLATURE - FIRST SESSION

For an Act entitled: "An Act relating to the regulation of the practice of medicine."

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

\* Section 1. AS 08.01.050 is amended by adding a new subsection to read:

(c) The department shall employ an individual who is not a member of the board to be assigned, as a primary duty, to be the investigator for the board. The State Medical Board (AS 08.64.010) shall approve the employment of the investigator. The investigator shall

(1) conduct investigations into alleged violations of AS 08.64, and into alleged violations of regulations and orders of the State Medical Board;

(2) at the request of the State Medical Board, conduct investigations based on complaints filed with the department or with the board; and

(3) be directly responsible and accountable to the State Medical Board, except that only the department has authority to terminate his employment.

\* Sec. 5. AS 08.64 is amended by adding new sections to read:

Sec. 08.64.075. EXECUTIVE DIRECTOR OF THE BOARD.

With approval of the board, the department shall employ an individual who is not a member of the board to serve as the executive officer of the board. The executive director is in the partially exempt service under AS 39.25.120. The executive director shall

- (1) perform the administrative duties required by the department, by the board, and by this chapter;
- (2) carry out regulations and policies of the board; and
- (3) assist the board in conducting continuing education programs and examinations of applicants for licenses.

Introduced: 2/28/83  
Referred: Health, Education &  
Social Services and Labor &  
Commerce

Sec 1 is Sec 5  
8222

BY THE RULES COMMITTEE BY  
REQUEST OF THE GOVERNOR

1 IN THE HOUSE

2 HOUSE BILL NO. 230

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to licensing and regulation of the  
7 practice of medicine."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 \* Section 1. AS 08.64.010 is amended to read:

10 Sec. 08.64.010. CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD.  
11 The governor shall appoint a board of medical examiners, to be known  
12 as the State Medical Board, consisting of five [LICENSED] physicians  
13 licensed in the state [, RESIDING IN AS MANY SEPARATE ALASKA JUDICIAL  
14 DISTRICTS AS POSSIBLE,] and two persons with no direct financial  
15 interest in the health care industry. To the extent possible each  
16 physician member must reside in a geographical area of the state that  
17 is different from that of every other physician member.

18 \* Sec. 2. AS 08.64.020 is amended to read:

19 Sec. 08.64.020. [STATE MEDICAL BOARD] TERM OF OFFICE. Members  
20 shall be appointed for staggered terms [A TERM] of four years, subject  
21 to confirmation by a majority of the members of the legislature in  
22 joint session, and shall hold office until their successors are ap-  
23 pointed and qualified. A person who has served two successive com-  
24 plete terms may not be reappointed until four years after the ex-  
25 piration of the second term [THE TERMS OF THE PUBLIC MEMBERS OF THE  
26 BOARD SHALL BE STAGGERED SO THAT THEY DO NOT EXPIRE AT THE SAME TIME].

27 \* Sec. 3. AS 08.64.040 is amended to read:

28 Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a  
29 member of the board for cause. The board may by regulation provide

1 that unexcused absences from meetings are cause for removal.

2 \* Sec. 4. AS 08.64 is amended by adding new sections to read:

3 Sec. 08.64.085. MEETINGS OF THE BOARD. The board shall meet at  
4 least four times a year.

5 Sec. 08.64.101. DUTIES. The board shall

6 (1) examine and issue licenses to applicants;

7 (2) submit an annual report of its proceedings to the  
8 governor, including a statement of money received and disbursed;

9 (3) after a hearing, impose disciplinary sanctions on  
10 persons who violate this chapter, or the regulations or orders of the  
11 board;

12 (4) adopt regulations insuring that renewal of licenses is  
13 contingent upon proof of continued competency on the part of the  
14 licensee.

15 \* Sec. 5. AS 08.64.170 is amended to read:

16 Sec. 08.64.170. LICENSE TO PRACTICE MEDICINE OR OSTEOPATHY. (a)

17 A person may not practice medicine, podiatry, osteopathy or acupunc-  
18 ture in the state unless the person is licensed under this chapter,  
19 except that

20 (1) a physician assistant may examine, diagnose or treat  
21 persons under the supervision, control, and responsibility of either a  
22 physician licensed under this chapter or a physician <sup>(dent)</sup> exempted from  
23 licensing [LICENSURE] under AS 08.64.370; ~

24 (2) a physician trained mobile intensive care paramedic may  
25 render emergency lifesaving service; [AND]

26 (3) a person licensed under AS 08.36 <sup>Dentistry</sup> may perform acupunc-  
27 ture in the regular practice of dentistry, subject to the regulations  
28 of the Board of Dental Examiners; and

29 ? (4) a person who is licensed or authorized under another

1 chapter of this title may engage in a practice which is authorized  
2 under that chapter.

3 \* Sec. 6. AS 08.64.240 is repealed and reenacted to read:

4 Sec. 08.64.240. LICENSE REFUSED. (a) The board shall refuse to  
5 grant a license if

- 6 (1) the applicant fails or cheats during the examination;  
7 (2) the board determines that the applicant is profession-  
8 ally unfit to practice medicine or osteopathy in the state; or  
9 (3) the applicant fails to comply with a requirement of  
10 this chapter.

11 (b) The board may refuse to grant a license to any applicant for  
12 the same reasons that it may impose disciplinary sanctions under  
13 AS 08.64.325.

14 \* Sec. 7. AS 08.64.250 is amended to read:

15 Sec. 08.64.250. LICENSURE BY CREDENTIALS [ENDORSEMENT]. The  
16 board may waive the examination requirement and license by credentials  
17 [ENDORSEMENT] if the physician or <sup>OSTEOPATHY, ACUPUNCTURE?</sup> podiatry applicant meets the re-  
18 quirements of AS 08.64.200 or 08.64.209, <sup>OSTEOPATHS</sup> submits proof of continued  
19 competence as required by regulation, pays the required fee and has

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

23 (2) passed an examination given by the National Board of  
24 Medical Examiners or the Federation of State Medical Boards of the  
25 United States if the applicant is a physician, or has passed an ex-  
26 amination given by the National Board of Podiatry Examiners if the  
27 applicant is a podiatrist.

28 \* Sec. 8. AS 08.64.270(a) is amended to read:

(a) The board may issue a temporary permit to an applicant who

*Does it  
likely  
show a  
Physician  
could pass  
the test*

*Qualify for physicians*

*Qualify for osteopaths*

*Podiatrist*

1 meets the requirements of AS 08.64.200, [OR] 08.64.205, or 08.64.209  
2 and pays the required fee.

3 \* Sec. 9. AS 08.64.311 is amended to read:

4 Sec. 08.64.311. [BIENNIAL] LICENSE RENEWAL. Licenses shall be  
5 renewed four years after the date of issue [BIENNIALY].

6 \* Sec. 10. AS 08.64.315 is amended to read:

7 Sec. 08.64.315. FEES. The following fees are imposed under this  
8 chapter:

- 9 (1) application . . . . . \$ 50 [\$ 25]
- 10 (2) license by examination . . . . . 200 [125]
- 11 (3) license by credentials [ENDORSEMENT] or
- 12 waiver of examination . . . . . 200 [100]
- 13 (4) temporary permit . . . . . 50 [ 25]
- 14 (5) locum tenens permit . . . . . 50 [ 25]
- 15 (6) license renewal [, BIENNIAL],
- 16 active . . . . . 600 [100] ✓
- 17 (7) license renewal [, BIENNIAL],
- 18 inactive . . . . . 200 [ 25]
- 19 (8) license by reexamination . . . . . 150 [ 75]

20 \* Sec. 11. AS 08.64.325 is repealed and reenacted to read:

21 *COPY* Sec. 08.64.325. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANC-  
22 TIONS. (a) The board may impose a sanction if the board finds after  
23 a hearing that a licensee

24 (1) secured a license through deceit, fraud, or intentional  
25 misrepresentation;

26 (2) engaged in deceit, fraud, or intentional misrepresenta-  
27 tion while providing professional services or engaging in professional  
28 activities;

29 (3) advertised professional services in a false or

WHAT FELONY NOT  
INCLUDED?

1 misleading manner;

2 (4) has been convicted, including conviction based on a  
3 guilty plea or plea of nolo contendere, of (A) a felony or other crime  
4 if the felony or other crime is substantially related to the quali-  
5 fications, functions, or duties of the licensee; or (B) a crime in-  
6 volving the unlawful procurement, sale, prescription or dispensing of  
7 drugs;

8 (5) has procured, sold, prescribed or dispensed drugs in  
9 violation of any law, regardless of whether there has been a criminal  
10 action;

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

15 (7) failed to comply with this chapter, a regulation adopt-  
16 ed under this chapter, or with an order of the board;

17 (8) has demonstrated

18 (A) professional incompetence, gross negligence, or  
19 repeated negligent conduct;

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

23 (C) unfitness because of physical or mental disabil-  
24 ity;

25 (9) engaged in unprofessional conduct or in lewd or immoral  
26 conduct in connection with the delivery of professional services to  
27 patients;

28 (10) has violated AS 18.16.010;

29 (11) has violated any code of ethics adopted by regulation

How is  
this determined?

- ABORTION

1 by the board;

2 (12) has denied care or treatment to a patient or person  
3 seeking assistance from the physician if the only reason for the  
4 denial is the failure or refusal of the patient to agree to arbitrate  
5 as provided in AS 09.55.535(a); *ARBITRATION dispute.*

*if one holds this  
in another  
state can  
he pay fees  
here + practice*

6 (13) has had a license or certificate to practice medicine  
7 in another state, a territory of the United States, or a province of  
8 Canada suspended or revoked unless the suspension or revocation was  
9 caused by the failure of the licensee to pay fees to that state,  
10 territory, or province.

11 (b) In any case involving (a)(13) of this section, the final  
12 findings of fact, conclusions of law, and order of the authority which  
13 suspended or revoked a license or certificate constitute a prima facie  
14 case (1) that the license or certificate was suspended or revoked and  
15 (2) of the grounds under which the suspension or revocation was  
16 granted.

*COPY* 17 \* Sec. 12. AS 08.64.330 is repealed and reenacted to read:

18 Sec. 08.64.330. DISCIPLINARY SANCTIONS. (a) If the board finds  
19 that a licensee has committed an act set out in AS 08.64.325(a), the  
20 board may

*COPY*

- 21 (1) permanently revoke a license to practice;
- 22 (2) suspend a license for a determinate period of time;
- 23 (3) censure a licensee;
- 24 (4) issue a letter of reprimand;
- 25 (5) place a licensee on probationary status and require the  
26 licensee to

27 (A) report regularly to the board on matters involving  
28 the basis of probation;

29 (B) limit practice to those areas prescribed;

1 (C) continue professional education until a satisfac-  
2 tory degree of skill has been attained in those areas determined  
3 by the board to need improvement;

4 (6) impose limitations or conditions on the practice of a  
5 licensee; or

6 (7) impose one or more of the sanctions set out in (1) --  
7 (6) of this subsection.

8 (b) The board may end the probation of a licensee if it finds  
9 that the deficiencies which required this sanction have been remedied.

10 (c) The board may summarily suspend a license before final  
11 hearing or during the appeal process if the board finds that the  
12 licensee poses a clear and immediate danger to the public health and  
13 safety if he or she continues to practice. A person whose license is  
14 suspended under this section is entitled to a hearing by the board no  
15 later than seven days after the effective date of the order. After a  
16 hearing, the person may appeal the suspension to a court of competent  
17 jurisdiction.

18 (d) The board may reinstate a license which has been suspended  
19 or revoked if the board finds after a hearing that the applicant is  
20 able to practice with reasonable skill and safety.

*How is this  
determined -  
what criterion*

21 (e) A license may be suspended upon receipt of a certified copy  
22 of evidence that the licensee's license to practice medicine in another  
23 state or a territory of the United States or a province of Canada  
24 has been suspended or revoked. The suspension remains in effect until  
25 a hearing can be held by the board.

26 (f) The board shall be consistent in the application of disci-  
27 plinary sanctions. A significant departure from earlier decisions of  
28 the board involving similar situations must be explained in findings  
29 of fact or orders made by the board.

1 \* Sec. 13. AS 08.64.360 is amended to read:

2 Sec. 08.64.360. PENALTY FOR PRACTICING WITHOUT A LICENSE OR IN  
3 VIOLATION OF CHAPTER. Except for a physician assistant, [AND] a  
4 physician-trained mobile intensive care paramedic under AS 08.64.170,  
5 and a person licensed or authorized under another chapter of this  
6 title who engages in practices for which that person is licensed or  
7 authorized under that chapter, a person practicing medicine or osteo-  
8 pathy in the state without a valid [OBTAINING AND FILING AN APPROPRI-  
9 ATE] license or permit is guilty of a class B misdemeanor [AND UPON  
10 CONVICTION IS PUNISHABLE BY A FINE OF NOT LESS THAN \$50 NOR MORE THAN  
11 \$100, OR BY IMPRISONMENT FOR NOT LESS THAN 10 DAYS NOR MORE THAN 90  
12 DAYS, OR BY BOTH]. Evidence that the defendant has failed to file a  
13 license with the clerk of the court is prima facie evidence that the  
14 defendant is not licensed. Each day of illegal practice is a separate  
15 offense.

*This is not  
a very heavy  
penalty when  
you think of  
- players  
with someone  
else's health.*

16 Sec. 14. AS 08.64.380(2) is repealed and reenacted to read:

17 (2) "practice of medicine" or "practice of osteopathy"  
18 means:

19 (A) for a fee, donation, or other consideration, to  
20 diagnose, treat, operate on, prescribe for, or administer to any  
21 human ailment, blemish, deformity, disease, disfigurement, disor-  
22 der, injury, or other mental or physical condition; or to attempt  
23 to perform or represent that a person is authorized to perform  
24 any of the acts set out in this subparagraph;

25 (B) to use or publicly display a title in connection  
26 with a person's name including <sup>physician</sup> "doctor of medicine," "M.D.,"  
27 "doctor of osteopathic medicine," "D.O.," or a specialist desig-  
28 nation including "surgeon," "dermatologist," or any title which  
29 tends to show that the person is willing or qualified to diagnose

1 or treat the sick or injured;  
2 \* Sec. 15. AS 08.64.030, 08.64.110, 08.64.140, 03.64.200(1), and 08.-  
3 64.380(3) are repealed.

*unprofessional conduct  
violation to 18.16.010  
ABORTIONS*

*Parliament*

*ANNUAL REPORT TO GOV.*

*GOOD MORAL CHARACTER*

STAFF REPORT

HB 230, LICENSING AND PRACTICE OF MEDICINE

MARCH 18, 1983

Dave Palmer, HHESS

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HHESS palmer

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*Leg. & Comm.*

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FISCAL IMPACT (Medical Practices Act)

100 PERSONAL SERVICES - FY '82 salary schedule

1 Executive Officer, Range 18, Gen. Govt., 12 mos. \$43,471.00

200 TRAVEL

Executive Officer  
4 Board meetings (3 days @ \$80 per/per diem \$ 960.00  
1 Out-of-State meeting (per diem) 240.00  
4 Board meetings - transportation 1,300.00  
Out-of-State 800.00  
\$ 3,300.00

300 CONTRACTUAL

Postage, telephone, printing, publication and  
operating cost \$ 3,000.00  
Computer terminal use, prorated share  
@ \$100.00 per month 4,200.00

400 COMMODITIES

-0-

500 EQUIPMENT (One time cost FY '84 only)

1 desk, double pedestal, 60 x 30 (\$426.92 ea.) \$ 426.92  
1 chair, exec. swivel with arms (\$202.43 ea.) 202.43  
1 typewriter, IBM Selectric II (\$1,129.08) 1,129.08  
1 typewriter table (\$94.12) 94.12  
1 chair, side, without arms (\$104.19 ea.) 104.19  
1 desk calculator (\$331.51 ea.) 331.51  
1 recorder, Lanier (\$705.34 ea) 705.34  
1 book case (\$137.71 ea) 137.71  
1 file cabinet, 4 drawer, legal w/lock (\$305.65 ea.) 305.65  
POSITION TOTAL \$ 3,436.95

600 LAND & STRUCTURES

1 positions = 150 sq. ft. x \$1.50 x 12 x 1 = \$ 1,350.00

One POSITION TOTAL \$58,757.95

A PERFORMANCE REVIEW OF THE  
ALASKA STATE MEDICAL BOARD

July 30, 1982

Audit Control Number  
08-112-0082-R

Commissioner, Department  
of Commerce and Economic  
Development

Charles R. Webber

Deputy Commissioner,  
Department of Commerce and  
Economic Development

Edward Eboch

Members of the  
Alaska State Medical Board

Chairman  
Secretary  
Member  
Member  
Member  
Member  
Member

Jeffrey A. Partnow, M.D.  
Donald R. Rooney, M.D.  
Hugh Gellert  
George R. Brenneman, M.D.  
Thomas Kinsella  
George E. Rhyneer, M.D.  
T.L. Conley, M.D.

# STATE OF ALASKA

AUDIT DIVISION  
POUCH W  
JUNEAU, ALASKA 99811

THE LEGISLATURE  
BUDGET AND AUDIT COMMITTEE

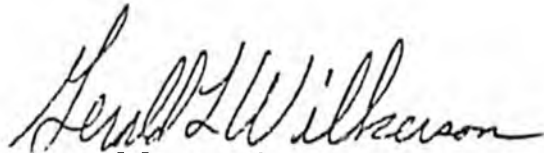
August 18, 1982

Members of the  
Legislative Budget and Audit Committee:

In accordance with the provisions of Titles 24 and 44 of the  
Alaska Statutes, the attached report is submitted for your  
review.

A PERFORMANCE REVIEW OF THE  
ALASKA STATE MEDICAL BOARD

July 30, 1982



Gerald L. Wilkerson, CPA  
Legislative Auditor  
Division of Legislative Audit

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## PURPOSE AND SCOPE OF THE REVIEW

### Purpose

In accordance with the intent of AS 24.20.271(1) and AS 44.66.050 (sunset legislation), a review of the Alaska State Medical Board was conducted to review Board activities and accomplishments to determine if the Board has been operating in an effective, efficient, and economical manner.

As required by legislative intent, this report shall be considered during the legislative oversight function in determining whether the Alaska State Medical Board should be reestablished. The law currently specifies that this Board will terminate on June 30, 1983, but will continue until June 30, 1984, for the purpose of concluding its affairs.

### Scope

The major areas reviewed were the Board's operations and its licensing, examination, administration, complaint, and affirmative action functions. Our review consisted of analyzing and evaluating the following:

1. Applicable statutes and Board regulations;
2. tests of records and documents of the Board and the Division of Occupational Licensing (OL), Department of Commerce and Economic Development;
3. interviews with OL employees;
4. complaints filed with OL, the Ombudsman's Office, and the Equal Employment Opportunity Office; and,
5. interviews with Board members.

## ORGANIZATION AND FUNCTION

The State Medical Board is a regulatory board with 7 members: 5 licensed physicians, and 2 public members with no direct financial interest in the health care industry. It is preferable that the licensed physicians reside in as many separate Alaska judicial districts as possible.

The function of the Board is to determine the minimum quality of medical care by:

1. Examining and issuing licenses to qualified applicants.
2. Establishing or amending rules and regulations necessary and desirable to enforce the statutes of the State.
3. Holding hearings in order to revoke, annul, or suspend the license of a person violating the medical statutes and regulations.

The Board regulates the following groups engaged in medical practice in Alaska: physicians, osteopaths, physician assistants (PA's), podiatrists, and acupuncturists. Most licensing requirements are established by statute. However, statutes have granted power to waive some requirements in favor of conditions concerning special licenses--those by endorsement, those for temporary licensure up to 8 months or until the Board meets to consider the application, whichever occurs first, and a temporary locum tenens permit which is valid for 120 consecutive days.

An applicant for registration as a medical practitioner must have passed an examination given by the National Board of Medical Examiners or the Federation of State Medical Boards of the United States. An oral interview is also administered by a member of the Board. Foreign medical graduates who are graduated from medical colleges not recognized by the American Medical Association or one of its agencies must be certified by the Educational Council of Foreign Medical Graduates or be licensed by examination in another state or territory of the United States or a province in Canada.

Licensure by a temporary permit allows a practitioner the opportunity to practice medicine when all other requirements are met. It is renewable only once.

## REPORT CONCLUSIONS

In our opinion, the State Medical Board should be reestablished. The practices of medicine, osteopathy, and acupuncture by physicians, osteopaths, physician assistants, paramedics, and podiatrists is regulated by the Alaska State Medical Board. Because these occupations affect the public's health, safety, and welfare, in our opinion they should be subject to regulations and controls.

Establishing minimum educational and experience requirements provided reasonable assurance to the public that licensees are qualified. In addition, active investigation of complaints from the public and other practitioners ensures that licensees continue to practice in a competent manner.

In our opinion, these functions are needed for the protection of the public. Although we believe the Medical Board has effectively accomplished these functions, we are making a recommendation which we believe is needed in order for the State Medical Board to more effectively serve the Alaska public.

We recommend legislative consideration be given to statutory change which would (1) define unprofessional conduct or practices, (2) require hospitals to notify the Medical Board when a practitioner is deemed a potential danger to the public, and (3) change the composition of the Board to represent all persons regulated (see Recommendation No. 1).

## FINDINGS AND RECOMMENDATIONS

### Recommendation No. 1

Legislative consideration should be given to regulatory changes concerning the disciplinary process and the composition of the Board.

The 1978 audit recommended the establishment of regulations to ensure consumer complaints receive an impartial examination on the basis of merit. CSSB 237 delineated the grounds for imposition of disciplinary sanctions and disciplinary actions to be imposed. These grounds included unprofessional business practices as well as malpractice. This bill did not pass, and we recommend that it be reintroduced to the Legislature.

In addition, we believe statutory changes in the following areas would benefit the public:

- A. Hospitals should be required to notify the State Medical Board when a practitioner's hospital privileges are refused or restricted because that person is a real or potential danger to the public. If hospitals were to report such actions, the Medical Board could initiate an investigation to determine if a questionable practitioner should retain his or her license.
- B. The Board should adequately represent those persons it regulates. The Board regulates 689 physicians, 73 physician assistants, 53 paramedics, and 10 podiatrists. The Board is currently composed of 5 physicians and 2 public members. Allowing participation of all occupations regulated by the Board would ensure that one occupational group does not promote its interests over the interests of an unrepresented occupational group.

AUDITOR'S COMMENTS

The illness of one of the Division's three full-time investigators resulted in minimal investigative effort for the State Medical Board during the last year as the Division could not replace him until his resignation of June 2, 1982. The Division hired an investigator to fill this position as of June 28, 1982.

As a result of this situation, investigative effort was not sufficient to provide adequate public protection.

Once the unit is fully operational, we believe a management analysis would be in order to determine if additional resources are needed to help reduce the backlog of 44 cases, 17 of which are priority I (life threatening).

## ANALYSIS OF PUBLIC NEED

### Limited Analysis

The following analyses indicate both positive and negative attainments as Board activities relate to the public need factors defined in the "Sunset" law. These analyses are not intended to be comprehensive in nature, but address those areas we were able to cover within the scope of our review.

- I. The extent to which the board, commission or program has operated in the public interest.
  - A. The following demonstrate the Board's performance in the public's best interest:
    1. The board has held an average of 4 meetings a year in various locations in Alaska.
    2. The Board provided an examination twice a year for candidates.
    3. Since 1978, the Board has established regulations for continuing Medical Education, Physician Assistants, and Paramedics.
  - B. The following conditions and activities existed which could not be demonstrated to be in the public's best interest:
    1. There has been no examination of complaints by consumers because AS 08.64.380 does not specify unethical economic or business practices as unprofessional conduct (see Recommendation No. 1).
- II. The extent to which the operation of the board, commission, or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource and personnel matters.
  - A. The following enhanced the performance of the Medical Board.
    1. The Board received funding and support from OL in the amount of \$108,704 (see Appendix A).
    2. The Board received assistance in drafting legislation and regulatory changes from OL.

3. The Board receives legal assistance from the Attorney General's Office.
  4. The Board receives cooperation from the Department of Health and Social Services in licensing paramedics as a result of a Memorandum of Agreement between the two agencies.
- B. The following practices have impeded the Board's performance:
1. The Division of Occupational Licensing (OL) has not been able to provide the necessary investigative effort required by AS 08.01.050(19); and the Board has not been able to provide regulations covering unethical or improper actions on the part of licensees (see Auditor's Comments).
- III. The extent to which the board, commission or agency has recommended statutory changes which are generally of benefit to the public interest.
- A. The following statutory changes were recommended by the Board:
1. The Board has recommended and strongly supported passage of CSSB 237 delineating grounds for imposition of disciplinary sanctions and sanctions to be imposed among other changes to the Medical Practices Act.
- IV. The extent to which the board, commission or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.
- A. Encouragement of persons to report to the Board is demonstrated by the following:
1. The placement of advertisements requesting input on proposed regulation changes.
- V. The extent to which the board, commission or agency has encouraged public participation in the making of its regulations and decisions.
- A. The Board's meetings and examinations are advertised in newspapers by OL to encourage public

participation. In one case, OL had not placed an advertisement for an examination.

VI. The efficiency with which public inquiries or complaints regarding the activities of the board, commission or agency filed with it, with the department to which a board or commission is administratively assigned, or with the office of the ombudsman have been processed and resolved.

- A. The Office of the Ombudsman and the Attorney General's Office has no consumer complaints regarding the Alaska State Medical Board.
- B. There is no provision for consumer complaints in AS 08.64 (see Recommendation No. 1).

VII. The extent to which a board or commission which regulated entry into an occupation or profession has presented qualified applicants to serve the public.

- A. The following demonstrate the Board's performance in presenting qualified applicants, and ensuring their continued competence:
  - 1. The Board has issued 349 licenses, temporary permits, locum tenens permits, physician assistant authorizations, and paramedic authorizations since July 1981.
  - 2. The Board has demonstrated a liberal policy of licensing by endorsing physicians from other states.
  - 3. The Board requires foreign Medical Graduates to have qualifications equivalent to other applicants. This is evidenced by the requirement of the FLEX exam and of completed internship or residency. Note that the requirement of an internship or residency makes it impossible for any medical school graduate to come directly to Alaska upon graduation, since there are no internship or residency programs in Alaska.

VIII. The extent to which state personnel practices, including affirmative action requirements, have been complied with by the board, commission or agency to its own activities and the area of activity or interest.

- A. According to the State Equal Employment Opportunity Office, applications require

unnecessary information such as an applicant's date and place of birth, weight, height, social security number, and sex. However, the Board believes this information is needed to facilitate its background investigations for licensure.

IX. The extent to which statutory, regulatory, budgeting or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

A. The Division of Legislative Audit has recommended a review of the following statutes for possible revision:

1. A statutory change for AS 08.64.010 should be considered to allow all occupations regulated by the Board to be represented on the Board (see Recommendation No. 1).
2. A statutory change for AS 08.64.336 should be considered to require hospitals to report to the Medical Board when a practitioner's hospital privileges are refused or restricted because that person poses a danger to the public (see Recommendation No. 1).

B. The Division of Legislative Audit has recommended that the Medical Board consider regulations to protect the public in the following areas:

1. Regulations are needed to make actions on the part of licensed persons, which are unethical, improper, and not in the best interest of the welfare of the public violations of the licensing act (see Recommendation No. 1).

APPENDIXES

APPENDIX A

ALASKA STATE MEDICAL BOARD  
REVENUES COMPARED WITH EXPENDITURES  
 For the Fiscal Year Ended June 30, 1981  
 (UNAUDITED)

Average Revenue (Schedule 1 and Note 1)		\$ 49,502
Expenditures (Note 2)		
Direct Expenditures	\$14,050	
Indirect Expenditures	<u>94,654</u>	
Total Expenditures		<u>108,704</u>
<u>Excess of Revenues Over Expenditures</u>		<u>\$(59,202)</u>

Schedule 1  
Types of Revenues

<u>Revenues</u>	<u>Amount</u>	<u>Collection Time</u>
Application Fee	\$ 25	With Application
Examination Fee	125	With Application
Endorsement Fee	100	With Application
Temporary Permits	25	With Application
Locum Tenens Permits	25	With Application
Renewal, Active	100	Biennially
Renewal, Inactive	25	Biennially
Reexamination Fee:		
Part I	\$15	With Application
Part II	20	With Reapplication
Part III	<u>40</u>	75 With Reapplication
Parts I and II by Individual Subject	10	With Reapplication
Physician Assistant:		
Authorization Fee	25	With Application
Renewal Fee	25	Biennially
Paramedic:		
Authorization Fee	50	With Application
Renewal Fee	50	Biennially

Note 1

Most of the medical revenues are composed of renewal registration fees. These fees are collected once every two years and cause revenues in one year to be much greater than the revenues collected in the next year. Therefore, we calculated and reported an average of the revenues collected in fiscal years 1980 and 1981 in order to obtain an accurate representation of collected revenues.

Note 2

Direct expenditures include Board travel and those expenditures shown for the Board in the Division's accounts. Indirect expenditures are an allocated percentage of the administrative expenses of OL and an allocated percentage of the investigative expenses of OL. They do not include expenditures for efforts of other departments, such as the Department of Law, that may be assisting the Board and OL.

FAIRBANKS INTERNAL MEDICINE

and

DIAGNOSTIC CENTER, INC.

1919 LATHROP STREET  
FAIRBANKS, ALASKA 99701

(907) 452-4769

INTERNAL MEDICINE

WILLIAM H. DOOLITTLE, M.D. F.A.C.P.  
JEFFREY A. PARTNOW, M.D.

INTERNAL MEDICINE, HEMATOLOGY & ONCOLOGY

J. MICHAEL CARROLL, M.D.

INTERNAL MEDICINE & AVIATION MEDICINE

DAVID S. GRAUMAN, M.D.

September 29, 1982

RECEIVED

OCT 04 1982

LEGISLATIVE  
AUDIT

Gerald Wilkerson, CPA  
Legislative Auditor  
Division of Legislative Audit  
Pouch W  
Juneau, AK 99811

RE: Performance Review of  
the Alaska State Medical  
Board, July 31, 1982

Dear Mr. Wilkerson:

Thank you for your recent letter, as well as the copy of the "Preliminary Audit Report". In accordance with a telephone report from Patricia Harms of your Division, I have had copies made and forwarded them to the other Board members as well as to the Division of Occupational Licensure. I have informed those who will be receiving copies that the report is confidential and not for public release.

My comments are as follows (please refer to the cited page of the audit):

Page 2: The Board also regulates mobile intensive care paramedics in addition to those professions listed. This omission is obviously an oversight since the audit recognizes (page 7, pgh 4) the Memorandum of Agreement between the Board and Department of Health and Social Services dealing with this group.

Page 4: Recommendation #1 - I agree wholeheartedly with the recommendation as stated. As I have previously indicated to the Auditors, I have some reservations relating to adequate representation of those persons it regulates. In order to obtain proportional representation, the size of the Board would have to be large, clearly resulting in "large group inefficiencies". I would be absolutely opposed to any legislation depriving us of our public members or any dilution of the medical expertise which the Board needs in dealing with disciplinary and licensing matters. In principle, I would like to see "non-M.D. professional representation" on the Board provided that the Board does not become large and unwieldy, and I would suggest that the best way to accomplish this would be a statutory change adding one additional position to the Board to be chosen from amongst the other regulated groups in whatever manner the governor deems appropriate. I do not feel that the Board has short-shrifted any of the non-physician groups which it currently regulates, however, and such a change may be simply solving a problem which does not exist. Currently, the Board makes use of the Alaskan Academy of Physician Assistants, as well as representatives of the Paramedics and Podiatrists in dealing with licensure and regulation of these groups.

RE: Performance Review of  
the Alaska State Medical  
Board, July 31, 1982

continuation Page 4 -

I am personally unaware of any changes in regulations or licensing which the Board has made over the past four years, in the absence of consultation and advice of the affected group.

As regarding the remainder of the recommendation, I enthusiastically applaud the Auditor's endorsement of CSSB 237. The Board has requested that this be reintroduced into the next legislative session (Board resolution September 10, 1982 at a meeting in Nome), and this has been done. In addition to the features of the Bill which are mentioned, the Bill also creates a position of Executive Officer for the Board (certainly not a precedent - the Board of Nursing, Real Estate Examiners, etc. already have Executive Officers). The Board feels this will "keep the ball rolling" between meetings, improve the efficiency of staff support, and allow for better tracking of our various legislative concerns. Further, by establishing the position of an investigator responsible primarily to the Board, we feel that the investigative deficiencies to which the Audit refers (page 5) can be abolished.

Finally, the Board members feel that statutory change to require hospitals to notify the Board in case of serious credentialing action which would help the Board become aware of potential problems before they become actual problems.

Page 7, pgh B. The Board has not been able to provide regulations covering unethical or improper actions on the part of licensees, feeling that this is essentially an impossible task. A number of national professional groups have attempted to formulate a formal code of ethics in the past, most notably the American Medical Association, but these have been almost universally abandoned. Although the Legislature has apparently granted to the Board the power to adopt in regulation a code of ethics, AS08.64.380.G, I suspect that it would prove difficult if not impossible to formulate a comprehensive ethical code.

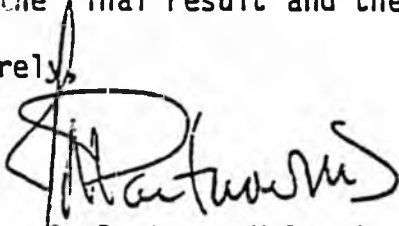
In summary, I feel that the "Preliminary Audit Report" is fair and accurate. With the reservations expressed above, I agree with the recommendation enclosed in the report. I feel that the report accurately reflects the public spirited efforts of the Board and its various members, and I feel that Ms. Harms and Mr. Busch have done a commendable job in identifying the problems against which the Board has to struggle in order to accomplish its goals and objectives.

As only one of two "leftovers" from the first audit of the Board several years ago, I am personally appreciative of the time and consideration which the auditors spent in order to provide a fair and accurate assessment of the Board's status.

RE: Performance Review of  
the Alaska State Medical  
Board, July 31, 1982

As Chairman, I feel that I speak for the Board in saying that I appreciate both the final result and the effort which went into the report.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeffrey A. Partnow". The signature is written in a cursive style with a large, prominent initial "J".

Jeffrey A. Partnow, M.D., Chairman  
Alaska State Medical Board

JAP/co

# STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

OFFICE OF THE COMMISSIONER

POUCH D

JUNEAU, ALASKA 99811

Phone: 465-2500

October 13, 1982

RECEIVED

OCT 14 1982

LEGISLATIVE  
AUDIT

Mr. Gerald L. Wilkerson, CPA  
Legislative Auditor  
Division of Legislative Audit  
Pouch W  
Juneau, Alaska 99811

Dear Mr. Wilkerson:

Thank you for the opportunity to comment on your preliminary Performance Review of the Alaska State Medical Board. The Department of Commerce and Economic Development agrees with your finding that the Medical Board has been operating in the public interest and should be continued.

The department concurs with your recommendations that an equivalent to the former CSSB 237 be introduced in the 1983 legislative session and that hospitals be required to notify the Medical Board when a practitioner's hospital privileges have been refused or restricted due to the practitioner's actual or potential danger to the public.

The department does not feel that the composition of the board should be changed at this time. Liability for the authorization of physician assistants and paramedics to practice lies solely with their collaborating physicians. There are only ten podiatrists licensed by the board, of which only four presently reside in Alaska. A member from this profession on the board does not appear to be necessary.

Lastly, we are in basic agreement with the auditor's comments on page 5 of the report. The investigative unit is presently fully staffed, and complaints are being handled in an expeditious manner. As of June 30, 1982, 21 cases were reported as pending. During a recent board meeting (September 9-10, 1982) 15 were closed. There are presently six active cases, none are priority one. In this regard, we would like to comment on the choice of the word "backlog" to describe those cases which are presently under investigation. We believe that the term "backlog" may be misleading to the extent that it implies that no investigative action has been taken on a case. All complaints presently filed with the Division of Occupational Licensing are being actively investigated and their status is more correctly described as "active." A single case may remain open for an extended period of time and receive substantial attention because of its complexity and would be considered an "active" case rather than a "backlog" case in our terminology.

Mr. Gerald L. Wilkerson, CPA

-2-

October 13, 1982

The above comments notwithstanding, the department concurs with the basic recommendation that closer management analysis is appropriate here to determine whether additional investigative support is necessary.

Thank you again for the opportunity to comment on your findings.

Sincerely,

A handwritten signature in cursive script, appearing to read "Charles R. Webber", with a long horizontal line extending to the right.

Charles R. Webber  
Commissioner

CRW/mc1/8

(13) failing, barring unforeseen conditions, to properly prepare, according to generally accepted procedures, all antlers, horns, hides and capes to be delivered to the taxidermist or to the client at the conclusion of a hunt in a satisfactory and unspoiled condition;

(14) failing to endeavor to salvage all meats of trophies taken by his client, in accordance with existing state law;

(15) promoting hunting or the taking of trophies by means other than fair chase: specifically, the pursuit of a trophy in an illegal or unsportsmanlike manner, by herding, driving or chasing of animals with the use of any mechanically powered equipment;

(16) failing to practice sound wildlife conservation or failing to create an awareness of conservation needs and practices during his associations with the public. (Eff. 6/28/74, Reg. 50)

Authority: AS 08.54.040(6)  
AS 08.54.050

12 AAC 38.190. DEFINITIONS. Unless otherwise indicated, in this chapter

(1) "competence" means a professional standard of conduct which satisfactorily implements, under field conditions, the knowledge and qualifications of a guide;

(2) transport means shipping, carrying, importing, exporting, or receiving or delivering for shipment, carriage or export;

(3) "board" means the Alaska Guide Licensing and Control Board. (Eff. 6/28/74, Reg. 50)

Authority: AS 08.54.050

## CHAPTER 40. STATE MEDICAL BOARD

### Article

1. Licensing  
(12 AAC 40.010-12 AAC 40.050)
2. Abortions  
(12 AAC 40.060-12 AAC 40.140)
3. Continuing Medical Education  
(12 AAC 40.200-12 AAC 40.220)
4. Mobile Intensive Care Paramedics  
(12 AAC 40.300-12 AAC 40.390)
5. Physician Assistants  
(12 AAC 40.400-12 AAC 40.490)
6. General Provisions  
(12 AAC 40.970-12 AAC 40.990)

### ARTICLE 1. LICENSING

#### Section

10. License by endorsement
20. License by examination
30. Re-examination fees
40. Recognized hospital
50. Biographical data required

12 AAC 40.010. LICENSE BY ENDORSEMENT. An applicant for license by endorsement shall submit evidence satisfactory to the board that he has passed an examination in the medical and basic science subjects. (Eff. 12/20/70, Reg. 36)

Authority: AS 08.64.250

12 AAC 40.020. LICENSE BY EXAMINATION. (a) The written examination will be the FLEX examination administered in Alaska.

(b) The oral examination required under AS 08.64.220 will be given in conjunction with the written examination.

(c) An applicant for license by examination must attain a FLEX weighted average of not less than 75 percent on his examination. (Eff. 12/20/70, Reg. 36; am 8/29/73, Reg. 47)

Authority: AS 08.64.100  
AS 08.64.220

12 AAC 40.030. RE-EXAMINATION FEES. The following fees will be charged for re-examination where applicable:

- (1) Part I .....\$15
- (2) Part II ..... 20
- (3) Part III ..... 40
- (4) Part I and II by individual subject ..... 10

be requested by the pregnant woman, unless she has been adjudged mentally incompetent or is unmarried and under 18 years of age, in which case the request must be made by her parent or guardian. (Eff. 12/20/70, Reg. 36; am 8/29/73, Reg. 47)

(Eff. 12/20/70, Reg. 36)

Authority: AS 08.64.260

Authority: AS 11.15.060(a)(3)  
AS 08.64.105

**12 AAC 40.040. RECOGNIZED HOSPITAL.** For the purpose of AS 08.64.200(3) a recognized hospital is one which has been approved for internship or residency training by the Council on Medical Education of the American Medical Association or the Canadian Medical Association. (Eff. 12/20/70, Reg. 36)

Authority: AS 08.64.100  
AS 08.64.200

**12 AAC 40.070. INFORMED CONSENT.** Unless otherwise provided in 12 AAC 40.060, a written informed consent shall be obtained from the patient or from any other person whose consent is required before termination of a pregnancy. Such written informed consent shall be on the patient's chart. The patient and other persons whose consent is required shall be advised of the medical implications and the possible emotional and physical sequelae of the procedure. (Eff. 12/20/70, Reg. 36; am 8/29/73, Reg. 47)

Authority: AS 08.64.105

**12 AAC 40.050. BIOGRAPHICAL DATA REQUIRED.** (a) The department will request biographical data from the American Medical Association on each applicant for licensure by examination or endorsement, and no application will be considered complete until the form entitled "Biographical Data on Physicians" is on file.

(b) The department will request data from the United States Department of Justice, Bureau of Narcotics and Dangerous Drugs, on each applicant for licensure by examination or endorsement, and no application will be considered complete until the report is on file. (Eff. 8/29/73, Reg. 47)

Authority: AS 08.64.190

**12 AAC 40.080. MEDICAL PROCEDURES.** The patient shall be examined by a physician licensed in Alaska, and a written record of the patient's physical and emotional health shall be prepared before performing an abortion procedure as set out in 12 AAC 40.110. (Eff. 12/20/70, Reg. 36; am 8/29/73, Reg. 47)

Authority: AS 08.64.105

**12 AAC 40.090. EVALUATION.** The attending physician shall make an evaluation of the patient and an estimation of the duration of gestation based upon the patient's history, examination and test results. This information shall be recorded on the patient's chart. (Eff. 12/20/70, Reg. 36)

Authority: AS 08.64.105

**ARTICLE 2.  
ABORTIONS.**

**Section**

- 60. Termination of pregnancy
- 70. Informed consent
- 80. Medical procedures
- 90. Evaluation
- 100. Consultation requirements
- 110. Abortion procedures
- 120. Standards for hospitals and facilities
- 130. Records
- 140. Limitation

**12 AAC 40.100. CONSULTATION REQUIREMENTS.** Abortions interrupting a pregnancy up to and including the twelfth week of gestation may be performed without consultation. Abortions performed after the twelfth week of gestation shall be preceded by consultation with another physician. The consultation shall include an opinion as to the preferred method of termination of pregnancy. (Eff. 12/20/70, Reg. 36; am 8/29/73, Reg. 47)

Authority: AS 08.64.105

**12 AAC 40.060. TERMINATION OF PREGNANCY.** Termination of pregnancy must

**12 AAC 40.110. ABORTION PROCEDURES.** During the second or third trimester of a

pregnancy, acceptable procedures include dilatation and curettage, suction aspiration of the uterus, injection of pharmacological agents, hysterectomy and hysterotomy. The exact procedure to be used will depend upon the patient's total health, age, associated disease and pathology, and anomalies such as skeletal defects and other medical indications. (Eff. 12/20/70, Reg. 36; am 8/29/73, Reg. 47)

Authority: AS 08.64.105

**12 AAC 40.120. STANDARDS FOR HOSPITALS AND FACILITIES.** (a) During the second or third trimester of a pregnancy, abortions shall be performed under sterile conditions. A bed and a registered nurse shall be available for a minimum recovery period of one-half hour. A registered nurse shall be present during the procedure.

(b) During the second or third trimester of a pregnancy, blood, blood derivatives, blood substitutes or plasma expanders shall be immediately available when an abortion is performed, and an operating room appropriately staffed and equipped for major surgery in accordance with regulations adopted under AS 18.20.060 shall be immediately available. (Eff. 12/20/70, Reg. 36; am 8/29/73, Reg. 47)

Authority: AS 08.64.105

**12 AAC 40.130. RECORDS.** During the second or third trimester of a pregnancy, the attending physician shall record a medical history, findings of the physical examination, operative report of the abortion procedure and pathology report as part of the clinical record to be maintained by the hospital or facility. The physician and hospital or facility shall treat the patient's identity and medical record as confidential information. (Eff. 12/20/70, Reg. 36; am 8/29/73, Reg. 47)

Authority: AS 08.64.105

**12 AAC 40.140. LIMITATION.** A fetus which has not developed beyond 150 days after the first day of the last menstrual period may be considered non-viable for purposes of AS 11.15.060(a). In the performance of an abortion after that date, the physician shall be guided by a reasonable judgment as to whether the fetus is viable in fact. (Eff. 12/20/70, Reg. 36; am 8/29/73, Reg. 47)

Authority: AS 11.15.060(a)  
AS 08.64.105

### ARTICLE 3. CONTINUING MEDICAL EDUCATION

#### Section

- 200. General requirements
- 210. Credit hours
- 220. Certification of compliance

Editor's Note: For new location of the substance of former 12 AAC 40.160, see 12 AAC 40.990.

**12 AAC 40.200. GENERAL REQUIREMENTS.** (a) A physician seeking renewal of a license on or after January 1, 1986 shall obtain an average of 17 credit hours of continuing medical education during each year of the previous license period.

(b) If a licensee fails to meet continuing medical education requirements due to illness or other extenuating circumstances, the board will, in its discretion, grant an extension of time in compliance with AS 08.64.312(c). The board will consider each case on an individual basis. (Eff. 10/8/81, Reg. 80)

Authority: AS 08.64.100  
AS 08.64.312(b)

**12 AAC 40.210. CREDIT HOURS.** (a) Except as provided in (b) of this section, a licensee may meet the continuing medical education requirements set out in 12 AAC 40.200(a) only by obtaining credit hours in a Category I continuing medical education program accredited by the American Medical Association.

(b) The board will accept the following as the equivalent of the credit hours required under 12 AAC 40 200(a):

(1) a current physician's recognition award from the American Medical Association, American Podiatry Association, American Osteopathy Association, or a recognized subspecialty board;  
or

(2) a current recertification by a specialty board recognized by the American Medical Association. (Eff. 10/8/81, Reg. 80)

Authority: AS 08.64.100  
AS 08.64.312(b)

**12 AAC 40.220. CERTIFICATION OF COMPLIANCE.** (a) A licensee shall submit, upon a form supplied by the board, a sworn affidavit of compliance with the continuing medical education requirement at the time the licensee applies for license renewal.

(b) The board will, in its discretion, require a licensee to submit additional evidence of compliance with the continuing medical education requirement. The licensee shall maintain evidence of compliance. (Eff. 10/8/81, Reg. 80)

Authority: AS 08.64.100  
AS 08.64.312(b)

#### ARTICLE 4. MOBILE INTENSIVE CARE PARAMEDICS

##### Section

- 300. Application for license
- 310. Qualification for license
- 320. Approved curriculum
- 330. Persons currently practicing as mobile intensive care paramedics
- 340. License issuance and expiration
- 350. Renewal of license
- 360. Grounds for suspension, revocation or refusal to issue a license
- 370. Scope of authorized activities
- 380. Prohibited acts
- 390. Identification

**12 AAC 40.300. APPLICATION FOR LICENSE.** (a) An applicant for a license as a mobile intensive care paramedic shall apply in writing to the board.

(b) The application will be provided by the board and must contain the name, age, mailing and geographical address (if different), the time spent in study, the place, year and school from which the degrees or certificates were granted, evidence that the applicant meets the requirements of 12 AAC 40.310, and any other information the board considers necessary.

(c) The application must be made under oath before a person empowered by AS 09.65.010 to administer oaths and must be signed by the

sponsor physician. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100

AS 08.64.107

**12 AAC 40.310. QUALIFICATION FOR LICENSE.** An applicant for license as a mobile intensive care paramedic must

- (1) be 19 years of age or older;
- (2) be a high school graduate;
- (3) be of acceptable moral character;
- (4) be currently certified as an emergency medical technician by the National Registry of Emergency Medical Technicians or the Alaska Department of Public Safety or the Alaska Department of Health and Social Services;
- (5) be under the supervision of a sponsor physician approved by the board;
- (6) have successfully completed an approved curriculum under 12 AAC 40.320;
- (7) have satisfactorily completed a six-month internship as a mobile intensive care paramedic;
- (8) pass the written and practical examination for emergency medical technician-paramedic administered by the National Registry of Emergency Medical Technicians, or an examination approved by the board;
- (9) submit a nonrefundable license application fee in the amount of \$50. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100

AS 08.64.107

**12 AAC 40.320. APPROVED CURRICULUM.** (a) The approved curriculum for license as a mobile intensive care paramedic is the U.S. Department of Transportation National Training Course: Emergency Medical Technician Paramedic, 1977, or an equivalent program approved by the board.

(b) The curriculum must prepare the mobile intensive care paramedic to demonstrate the skills established by the National Academy of Sciences/National Research Council Task Force on Emergency Medical Technicians, Standards

for Emergency Medical Technician-Paramedic Performance, 1977.

(c) The training program must be under the direction of a physician licensed in the state where the training takes place. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100  
AS 08.64.107

**12 AAC 40.330. PERSONS CURRENTLY PRACTICING AS MOBILE INTENSIVE CARE PARAMEDICS.** A mobile intensive care paramedic practicing in this state under the supervision of a board-approved sponsor physician upon January 13, 1980, will be issued a license without examination if application is made within 180 days after January 13, 1980. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100  
AS 08.64.107

**12 AAC 40.340. LICENSE ISSUANCE AND EXPIRATION.** Upon documentation of successful completion of the requirements of this chapter, a license will be issued by the department to an applicant to practice as a mobile intensive care paramedic. A license expires biennially on a date set by the department. A license must be renewed under 12 AAC 40.350. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100  
AS 08.64.107

**12 AAC 40.350. RENEWAL OF LICENSE.**  
(a) Upon receipt of written application by a licensee, the board will renew the license for two years if

(1) the licensee submits satisfactory evidence of completion of continuing medical education consisting of not less than 30 classroom hours and 30 clinical hours for each year he has practiced as a licensed mobile intensive care paramedic;

(2) the licensee submits to the board a written recommendation as to his fitness to practice as a mobile intensive care paramedic made by the applicant's sponsor physician; and

(3) payment of a nonrefundable license renewal fee of \$50 is received.

(b) When a license cannot be renewed under (a) of this section, the licensee must resubmit an initial application under 12 AAC 40.300 - 12 AAC 40.310.

(c) The board will, in its discretion, exempt a mobile intensive care paramedic from the requirements of (a)(1) of this section upon application giving evidence satisfactory to the board that he or she has been unable to comply with the requirements because of extenuating circumstances. No person will be exempted from more than 60 hours of continuing education in a four-year period. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100  
AS 08.64.107

**12 AAC 40.360. GROUNDS FOR SUSPENSION, REVOCATION OR REFUSAL TO ISSUE A LICENSE.** The board, after compliance with the Administrative Procedure Act (AS 44.62), will, in its discretion, revoke, suspend, or refuse to issue a license for

(1) fraud or deceit in obtaining a license required by this chapter;

(2) habitual abuse of alcoholic beverages or depressants, or illegal use of hallucinogenic or stimulant drugs as defined by AS 17.12.150(3) or the use of narcotic drugs as defined by AS 17.10.230(13);

(3) violation of the Controlled Substances Act (PL 91-513; 84 Stat. 1242) or any other federal law pertaining to medical practice and drugs;

(4) gross misconduct by a licensee in the performance of his or her duties as a mobile intensive care paramedic which tends to endanger life or limb;

(5) practice beyond the scope authorized by the sponsor physician. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100  
AS 08.64.107

**12 AAC 40.370. SCOPE OF AUTHORIZED ACTIVITIES.** (a) A licensed mobile intensive care paramedic, when under the supervision of a sponsor physician, may perform the activities listed in this subsection. The direct supervision of these activities may be delegated when caring

for a patient in a hospital under the direct supervision of a physician, or at the scene of a medical emergency when voice contact is monitored by a physician and direct communication is maintained, on the order of the physician, or when under the specific standing order of a physician. The activities are

(1) performing cardiopulmonary resuscitation and defibrillation;

(2) initiating and maintaining intravenous routes using approved intravenous techniques and solutions;

(3) performing pulmonary ventilation by approved methods;

(4) performing gastric suction by intubation;

(5) obtaining blood for laboratory analysis;

(6) applying rotating tourniquets;

(7) administering parenterally, orally, or topically any approved agents or solutions;

(8) performing other emergency procedures authorized by a supervising physician.

(b) A person enrolled in a mobile intensive care paramedic training program may perform the activities set out in (a) of this section insofar as:

(1) the activities are required as part of the training program;

(2) the activities which take place in a hospital are supervised by a physician; and

(3) the activities which take place outside a hospital are supervised by a licensed mobile intensive care paramedic.

(c) A person who is completing the internship required by 12 AAC 40.310(7) may perform the activities in (a) of this section for no more than six months. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100  
AS 08.64.107

**12 AAC 40.380. PROHIBITED ACTS.** No person may represent himself or herself as

a paramedic, mobile intensive care paramedic, or emergency medical technician-paramedic unless he or she is licensed as a mobile intensive care paramedic under this chapter. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100  
AS 08.64.107

12 AAC 40.390. IDENTIFICATION. While performing the duties of a mobile intensive care paramedic, the licensee shall display over the right breast pocket of the uniform the identifying insignia prescribed by the department. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100  
AS 08.64.107

ARTICLE 5.  
PHYSICIAN ASSISTANTS

Section

- 400. Authorization to practice as a physician assistant
- 405. Temporary permits
- 410. Collaborative relationship
- 420. Currently practicing physician assistant
- 430. Performance and assessment of medical services
- 440. Student and graduate physician assistant authorization
- 450. Prescriptive authority
- 460. Identification
- 470. Renewal of authorization
- 480. Exemptions
- 490. Grounds for suspension, revocation or denial of authorization

12 AAC 40.400. AUTHORIZATION TO PRACTICE AS A PHYSICIAN ASSISTANT.

(a) A person desiring authorization to undertake medical diagnosis and treatment or the practice of medicine in AS 08.64.380(2)(A), (C), (D) and (E) as a physician assistant shall apply to the board upon a form prescribed by the board.

(b) The application must contain documented evidence of:

(1) graduation from a physician assistant program accredited by the American Medical Association Committee on Allied Health Education;

(2) a passing score on the National Board of Medical Examiner's Certifying Examination for Primary Care Physician Assistants;

(3) compliance with continuing medical education standards established by the National Commission on Certification of Physician Assistants; and

(4) an established collaborative relationship with a physician actively licensed in the State of Alaska whose usual scope of practice includes that practice area of the applicant and which includes availability of direct communication, consultation, referral, and a method of periodic assessment of medical services rendered.

(c) The application for authorization must be accompanied by a non-refundable application fee of \$25. (Eff. 1/13/80, Reg. 73)

Authority: AS 08.64.100  
AS 08.64.107

12 AAC 40.405. TEMPORARY PERMITS.

(a) A member of the board may issue a temporary physician assistant permit to an applicant who:

(1) meets the requirements of 12 AAC 40.400(b)(1), (2), (3) and (c);

(2) submits a proposed collaborative relationship with a physician actively licensed in the State of Alaska whose usual scope of practice includes the practice area of the applicant and which includes availability of direct communication, consultation, referral, and a method of periodic assessment of medical services rendered.

(b) A temporary permit is valid for eight months or until the board meets and considers the application, whichever comes first.

(c) The board will, in its discretion, renew a temporary permit for good cause and one time only.

(d) An applicant who has been denied authorization to practice by the board is not entitled to a temporary permit or to renewal of a temporary permit. (Eff. 9/19/80, Reg. 76)

Authority: AS 08.64.100  
AS 08.64.107

12 AAC 40.410. COLLABORATIVE RELATIONSHIP. (a) Documented evidence of an established collaborative relationship consists of

3/3

REC F.W.

Dept Commerce  
Katy Wallin 2504 FISCAL NOTE

HARRY TREAGER Divs Occup. Licensing X2534

2pm 3/8 MEET

10AM 3/17

4944 - SUSANNE @ work - advise of leaving

3/29

TREAGER

DRAFT CS

Introduced: 2/28/83  
Referred: Health, Education &  
Social Services and Labor &  
Commerce

Sec 1 & Sec 5  
b l r c

BY THE RULES COMMITTEE BY  
REQUEST OF THE GOVERNOR

1 IN THE HOUSE

2 HOUSE BILL NO. 230

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to licensing and regulation of the  
7 practice of medicine."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 \* Section 1. AS 08.64.010 is amended to read:

10 Sec. 08.64.010. CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD.  
11 The governor shall appoint a board of medical examiners, to be known  
12 as the State Medical Board, consisting of five [LICENSED] physicians  
13 licensed in the state [, RESIDING IN AS MANY SEPARATE ALASKA JUDICIAL  
14 DISTRICTS AS POSSIBLE,] and two persons with no direct financial  
15 interest in the health care industry. To the extent possible each  
16 physician member must reside in a geographical area of the state that  
17 is different from that of every other physician member.

18 \* Sec. 2. AS 08.64.020 is amended to read:

19 Sec. 08.64.020. [STATE MEDICAL BOARD] TERM OF OFFICE. Members  
20 shall be appointed for staggered terms [A TERM] of four years, subject  
21 to confirmation by a majority of the members of the legislature in  
22 joint session, and shall hold office until their successors are ap-  
23 pointed and qualified. A person who has served two successive com-  
24 plete terms may not be reappointed until four years after the ex-  
25 piration of the second term [THE TERMS OF THE PUBLIC MEMBERS OF THE  
26 BOARD SHALL BE STAGGERED SO THAT THEY DO NOT EXPIRE AT THE SAME TIME].

27 \* Sec. 3. AS 08.64.040 is amended to read:

28 Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a  
29 member of the board for cause. The board may by regulation provide

1 that unexcused absences from meetings are cause for removal.

2 \* Sec. 4. AS 08.64 is amended by adding new sections to read:

3 Sec. 08.64.085. MEETINGS OF THE BOARD. The board shall meet at  
4 least four times a year.

5 Sec. 08.64.101. DUTIES. The board shall

6 (1) examine and issue licenses to applicants;

7 (2) submit an annual report of its proceedings to the  
8 governor, including a statement of money received and disbursed;

9 (3) after a hearing, impose disciplinary sanctions on  
10 persons who violate this chapter, or the regulations or orders of the  
11 board;

12 (4) adopt regulations insuring that renewal of licenses is  
13 contingent upon proof of continued competency on the part of the  
14 licensee.

15 \* Sec. 5. AS 08.64.170 is amended to read:

16 Sec. 08.64.170. LICENSE TO PRACTICE MEDICINE OR OSTEOPATHY. (a)  
17 A person may not practice medicine, podiatry, osteopathy or acupunc-  
18 ture in the state unless the person is licensed under this chapter,  
19 except that

20 (1) a physician assistant may examine, diagnose or treat  
21 persons under the supervision, control, and responsibility of either a  
22 physician licensed under this chapter or a physician exempted from  
23 licensing [LICENSURE] under AS 08.64.370; ~

24 (2) a physician-trained mobile intensive care paramedic may  
25 render emergency lifesaving service; [AND]

26 (3) a person licensed under AS 08.36 may perform acupunc-  
27 ture in the regular practice of dentistry, subject to the regulations  
28 of the Board of Dental Examiners; and

29 (4) a person who is licensed or authorized under another

1 chapter of this title may engage in a practice which is authorized  
2 under that chapter.

3 \* Sec. 6. AS 08.64.240 is repealed and reenacted to read:

4 Sec. 08.64.240. LICENSE REFUSED. (a) The board shall refuse to  
5 grant a license if

6 (1) the applicant fails or cheats during the examination;

7 (2) the board determines that the applicant is profession-  
8 ally unfit to practice medicine or osteopathy in the state; or

9 (3) the applicant fails to comply with a requirement of  
10 this chapter.

11 (b) The board may refuse to grant a license to any applicant for  
12 the same reasons that it may impose disciplinary sanctions under  
13 AS 08.64.325.

14 \* Sec. 7. AS 08.64.250 is amended to read:

15 Sec. 08.64.250. LICENSURE BY CREDENTIALS [ENDORSEMENT]. The  
16 board may waive the examination requirement and license by credentials  
17 [ENDORSEMENT] if the physician <sup>OSTEOPATHY, ACUPUNCTURE?</sup> or podiatry applicant meets the re-  
18 quirements of AS 08.64.200 <sup>OSTEOPATHS</sup> or 08.64.209, submits proof of continued  
19 competence as required by regulation, pays the required fee and has

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

23 (2) passed an examination given by the National Board of  
24 Medical Examiners or the Federation of State Medical Boards of the  
25 United States if the applicant is a physician, or has passed an ex-  
26 amination given by the National Board of Podiatry Examiners if the  
27 applicant is a podiatrist.

28 \* Sec. 8. AS 08.64.270(a) is amended to read:

29 (a) The board may issue a temporary permit to an applicant who

*Qualify for physicians*

*Qualify for osteopaths*

*Podiatrist*

1 meets the requirements of AS 08.64.200, [OR] 08.64.205, or 08.64.209  
2 and pays the required fee.

3 \* Sec. 9. AS 08.64.311 is amended to read:

4 Sec. 08.64.311. [BIENNIAL] LICENSE RENEWAL. Licenses shall be  
5 renewed four years after the date of issue [BIENNIALY].

6 \* Sec. 10. AS 08.64.315 is amended to read:

7 Sec. 08.64.315. FEES. The following fees are imposed under this  
8 chapter:

- 9 (1) application . . . . . \$ 50 [\$ 25]
- 10 (2) license by examination . . . . . 200 [125]
- 11 (3) license by credentials [ENDORSEMENT] or
- 12 waiver of examination . . . . . 200 [100]
- 13 (4) temporary permit . . . . . 50 [ 25]
- 14 (5) locum tenens permit . . . . . 50 [ 25]
- 15 (6) license renewal [, BIENNIAL],
- 16 active . . . . . 600 [100]
- 17 (7) license renewal [, BIENNIAL],
- 18 inactive . . . . . 200 [ 25]
- 19 (8) license by reexamination . . . . . 150 [ 75]

20 \* Sec. 11. AS 08.64.325 is repealed and reenacted to read:

21 *COPY* Sec. 08.64.325. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANC-  
22 TIONS. (a) The board may impose a sanction if the board finds after  
23 a hearing that a licensee

24 (1) secured a license through deceit, fraud, or intentional  
25 misrepresentation;

26 (2) engaged in deceit, fraud, or intentional misrepresenta-  
27 tion while providing professional services or engaging in professional  
28 activities;

29 (3) advertised professional services in a false or

WHAT FELONY NOT  
included?

- 1 misleading manner;
- 2 (4) has been convicted, including conviction based on a
- 3 guilty plea or plea of nolo contendere, of (A) a felony or other crime
- 4 if the felony or other crime is substantially related to the quali-
- 5 fications, functions, or duties of the licensee; or (B) a crime in-
- 6 volving the unlawful procurement, sale, prescription or dispensing of
- 7 drugs;
- 8 (5) has procured, sold, prescribed or dispensed drugs in
- 9 violation of any law, regardless of whether there has been a criminal
- 10 action;
- 11 (6) intentionally or negligently permitted the performance
- 12 of patient care by persons under the licensee's supervision which does
- 13 not conform to minimum professional standards even if the patient was
- 14 not injured;
- 15 (7) failed to comply with this chapter, a regulation adopt-
- 16 ed under this chapter, or with an order of the board;
- 17 (8) has demonstrated
- 18 (A) professional incompetence, gross negligence, or
- 19 repeated negligent conduct;
- 20 (B) addiction to, severe dependency on, or habitual
- 21 overuse of alcohol or other drugs which impairs the licensee's
- 22 ability to practice safely;
- 23 (C) unfitness because of physical or mental disabil-
- 24 ity;
- 25 (9) engaged in unprofessional conduct or in lewd or immoral
- 26 conduct in connection with the delivery of professional services to
- 27 patients;
- 28 (10) has violated AS 18.16.010;
- 29 (11) has violated any code of ethics adopted by regulation

- ABORTION

1 by the board;

2 (12) has denied care or treatment to a patient or person  
3 seeking assistance from the physician if the only reason for the  
4 denial is the failure or refusal of the patient to agree to arbitrate  
5 as provided in AS 09.55.535(a); *ARBITRATION of dispute.*

6 (13) has had a license or certificate to practice medicine  
7 in another state, a territory of the United States, or a province of  
8 Canada suspended or revoked unless the suspension or revocation was  
9 caused by the failure of the licensee to pay fees to that state,  
10 territory, or province.

11 (b) In any case involving (a)(13) of this section, the final  
12 findings of fact, conclusions of law, and order of the authority which  
13 suspended or revoked a license or certificate constitute a prima facie  
14 case (1) that the license or certificate was suspended or revoked and  
15 (2) of the grounds under which the suspension or revocation was  
16 granted.

*COPY* 17 \* Sec. 12. AS 08.64.330 is repealed and reenacted to read:

18 Sec. 08.64.330. DISCIPLINARY SANCTIONS. (a) If the board finds  
19 that a licensee has committed an act set out in AS 08.64.325(a), *COPY* the  
20 board may

- 21 (1) permanently revoke a license to practice;  
22 (2) suspend a license for a determinate period of time;  
23 (3) censure a licensee;  
24 (4) issue a letter of reprimand;  
25 (5) place a licensee on probationary status and require the

26 licensee to

27 (A) report regularly to the board on matters involving  
28 the basis of probation;

29 (B) limit practice to those areas prescribed;

1 (C) continue professional education until a satisfac-  
2 tory degree of skill has been attained in those areas determined  
3 by the board to need improvement;

4 (6) impose limitations or conditions on the practice of a  
5 licensee; or

6 (7) impose one or more of the sanctions set out in (1) --  
7 (6) of this subsection.

8 (b) The board may end the probation of a licensee if it finds  
9 that the deficiencies which required this sanction have been remedied.

10 (c) The board may summarily suspend a license before final  
11 hearing or during the appeal process if the board finds that the  
12 licensee poses a clear and immediate danger to the public health and  
13 safety if he or she continues to practice. A person whose license is  
14 suspended under this section is entitled to a hearing by the board no  
15 later than seven days after the effective date of the order. After a  
16 hearing, the person may appeal the suspension to a court of competent  
17 jurisdiction.

18 (d) The board may reinstate a license which has been suspended  
19 or revoked if the board finds after a hearing that the applicant is  
20 able to practice with reasonable skill and safety.

21 (e) A license may be suspended upon receipt of a certified copy  
22 of evidence that the licensee's license to practice medicine in another  
23 state or a territory of the United States or a province of Canada  
24 has been suspended or revoked. The suspension remains in effect until  
25 a hearing can be held by the board.

26 (f) The board shall be consistent in the application of disci-  
27 plinary sanctions. A significant departure from earlier decisions of  
28 the board involving similar situations must be explained in findings  
29 of fact or orders made by the board.

1 \* Sec. 13. AS 08.64.360 is amended to read:

2 Sec. 08.64.360. PENALTY FOR PRACTICING WITHOUT A LICENSE OR IN  
3 VIOLATION OF CHAPTER. Except for a physician assistant, [AND] a  
4 physician-trained mobile intensive care paramedic under AS 08.64.170,  
5 and a person licensed or authorized under another chapter of this  
6 title who engages in practices for which that person is licensed or  
7 authorized under that chapter, a person practicing medicine or osteo-  
8 pathy in the state without a valid [OBTAINING AND FILING AN APPROPRI-  
9 ATE] license or permit is guilty of a class B misdemeanor [AND UPON  
10 CONVICTION IS PUNISHABLE BY A FINE OF NOT LESS THAN \$50 NOR MORE THAN  
11 \$100, OR BY IMPRISONMENT FOR NOT LESS THAN 10 DAYS NOR MORE THAN 90  
12 DAYS, OR BY BOTH]. Evidence that the defendant has failed to file a  
13 license with the clerk of the court is prima facie evidence that the  
14 defendant is not licensed. Each day of illegal practice is a separate  
15 offense.

16 \* Sec. 14. AS 08.64.380(2) is repealed and reenacted to read:

17 (2) "practice of medicine" or "practice of osteopathy"  
18 means:

19 (A) for a fee, donation, or other consideration, to  
20 diagnose, treat, operate on, prescribe for, or administer to any  
21 human ailment, blemish, deformity, disease, disfigurement, disor-  
22 der, injury, or other mental or physical condition; or to attempt  
23 to perform or represent that a person is authorized to perform  
24 any of the acts set out in this subparagraph;

25 (B) to use or publicly display a title in connection  
26 with a person's name including <sup>"physician"</sup> "doctor of medicine," "M.D.,"  
27 "doctor of osteopathic medicine," "D.O.," or a specialist desig-  
28 nation including "surgeon," "dermatologist," or any title which  
29 tends to show that the person is willing or qualified to diagnose

1 or treat the sick or injured;  
2 \* Sec. 15. AS 08.64.030, 08.64.110, 08.64.140, 08.64.200(1), and 08.-  
3 64.380(3) are repealed.

*unprofessional conduct  
violation to (f. 16.010  
ABORTIONS*

*Bedian*

*ANNUAL REPORT TO GOV.*

*GOOD MORAL CHARACTER*

9. OPTOMETRISTS -  
REGISTER w/ DEA

(=) NATUROPATHS How many in STATE  
Pettyjohn

08.64.258

"CREDENTIALS" ENDORSEMENTS  
↳ NATIONAL RECOGNIZED term

64.315 FEES CONSISTENT w/ OTHERS  
from biennial to 4 yr fees

(1) CHIEF INVESTIGATOR

(3) INVESTIGATOR

(2) pharmacy bcd investigators

SB 190 CONT. SUBSTANCE last yr

EX OFFICER RANGE 18 \$58,000 TOTAL

Benefits 35.38%  
Notification of Bd by Hospitals

AS 4462

# STAFF REPORT

## HB 230

### Licensing & Practice of Medicine

- 08.64.010 Sec. 1 changes AREA of RESIDENCY of board of medical examiners from separate Judicial Districts to separate different geographical AREAS.
- 020 Sec 2 Provides that members terms are STAGGERED. Restrains reappointment after 2 <sup>SUCCESSIVE</sup> ~~consecutive~~ TERMS
- 040 Sec. 3. Allows board to adopt rules to remove members who do NOT attend meetings
- 085 Section 4. no change - specifies meeting times and duties
- 170 Sec. 5. (4) ?
- 240 Sec 6 Reworded version of existing section. Allows board to refuse license for same reasons as it may impose disciplinary sanctions.
- 08.64.250 Sec 7. changes Licensure by "ENDORSEMENT" to by "CREDENTIALS". ADDS podiatry as a practice licensed by the board. Specifies examinations

08.64.270 Sec. 8 Adds reference to AS 08.64.209  
(PODIATRISTS)

08.64.311 Sec. 9 FEES are change from Biennial to  
four years after date of issue.

08.64.315 Sec. 10 New fees are established

08.64.325 Sec 11  <sup>GROUNDS FOR IMPOSITION OF</sup> Disciplinary Sanctions - CRITERIA for  
SANCTIONS are defined. Proposed bill is  
MORE SPECIFIC than current law. Reference  
to the Administrative Procedure Act (AS 44.62  
is deleted.

08.64.330 Sec 12. Disciplinary Sanctions. SANCTIONS are  
specified. Authority and SANCTIONS are  
expanded and defined in much greater  
detail than in current law

08.64.360 Penalty for practicing without a license or  
in violation of chapter. Specifies class  
B misdemeanor for persons practicing  
without a license.

08.64.380(2) Sec 14 practice of medicine is redefined

~~08.64.380~~ Sec 15 STATUTES ARE REPEALED regarding  
substitution of members on the board (030)  
payment of per diem (110) ANNUAL REPORT TO THE  
GOVERNOR (200[1]) MORAL CHARACTER (200[1]) ABORTIONS  
(380[3]).

Amendments are proposed to add  
AN EXECUTIVE DIRECTOR to the Board and AN  
INVESTIGATOR ASSIGNED to the Board.

STATE OF ALASKA  
PRELIMINARY STATEMENT OF FISCAL IMPACT

Bill No: CSHB 230 Date on Bill: \_\_\_\_\_  
 Title: An Act relating to licensing and regulation of the practice of medicine.  
 Sponsor: Rules by request of the Governor  
 Requestor: \_\_\_\_\_

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

			FY 83	FY 84	FY 85	FY 86	
Capital							
Operating							
Total			72.8	64.2	68.8		

b. Revenues: 459.0 each four years

Revenue							
---------	--	--	--	--	--	--	--

2. Source of funds to offset fiscal impact of bill:

not identified

3. Assumptions:

Personal services	48.8	
Travel	7.2	
Commodities & Equipment	3.8	
Contractual	13.0	Auto and computer terminal (one time cost)
	72.8	

4. Disclaimer:

This statement has not been reviewed by the OMB in the Office of the Governor. It does not represent the policy of the Sheffield Administration or the final estimate of fiscal impact.

Prepared By: DAVE PALMER Phone: 465-3777  
 Division: H. HESS Date: 4/8/83

Approved by Commissioner: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department: \_\_\_\_\_

5. Distribution:
- Original to Legislative Finance
  - Copy to OMB
  - Copy to Sponsor
  - Copy to Requestor

Dave

re: AB 230

MSG 83-00012604 PRTY 1 03/03/83 12:40:38 ORIG: LA01  
FROM: SHIRLEE ANC LIO TO: POMS, JUNEAU INFO  
TARGET: LJHL SUBJ: POM

9

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3/3/83, SHIRLEE ANC LIO, 12604

TO: REPRESENTATIVES FRITZ, ~~TEISCHER~~, M.W. MILLER, CATO,  
GOLL, KOPONEN AND DAVIS

FROM: HUGH GELLERT, CHAIRMAN OF THE STATE MEDICAL BOARD  
406 G STREET, ANCHORAGE 99501  
(H) 345-1290 (W) 277-2663

WE URGE PASSAGE OF HB 230, THE MEDICAL PRACTICE ACT, BUT  
WITH THE ADDITION OF AN EXECUTIVE OFFICER AND INVESTIGATOR AS  
IN THE BILL BEING DRAFTED IN SENATE L&C COMMITTEE. HOUSE BILL  
230 IS NEEDED FOR MODERNIZATION OF LICENSING AND ENFORCEMENT  
STANDARDS. THE EXECUTIVE OFFICER AND INVESTIGATOR ARE VITAL  
FOR EFFECTIVE ENFORCEMENT AS WITH THE REAL ESTATE COMMISSION.  
PLEASE LET ME KNOW DIRECTLY OR THROUGH THE DIVISION OF OCCUPATIONAL  
LICENSING STAFF IF THERE IS ANY ASSISTANCE I CAN GIVE.

\*\*\*\*\*

READ INTO RECORD

# *Ketchikan Medical Clinic, Inc.*

MAR 11 1983

3612 TONGASS  
KETCHIKAN, ALASKA 99901

*H.J. Henrickson, M.D.*

*D.E. Johnson, M.D.*

*T.L. Conley, M.D.*

Phone 225-5144

Phone 225-5145

March 7, 1983

Ms. Mae Fisher  
Member of HESS Committee  
Alaska State House of Representatives  
Pouch V  
Juneau, AK 99811

Dear Ms. Fisher:

I am in receipt of a copy of House Bill Number 230, entitled "An Act Relating to the Licensing and Regulation of the Practice of Medicine." With your indulgence, as a member of the present Alaska State Medical Board, I would like to comment on the act as it is presently envisioned.

In general, as far as it goes, the proposed act should help the Board to function more effectively. Particularly important is the provision under Section 08.64.330 that gives the Board discretion to summarily suspend certain licenses pending very rapid hearing. This would permit us to fulfill our obligation to protect the public health when egregious acts of poor practice come to our attention. At the present time, we feel quite frustrated in dealing with such situations, and have, on occasion, had to watch while these things drag through the courts over a very prolonged period of time. I am sure that the provision will be used very sparingly, but it is good to know that it is there in case of acute need. There are also a number of house cleaning provisions in the proposed bill which should make the job of the Board easier and more efficient. It also strikes me that raising the fees is certainly in order, as a licensing function such as the Board of Medicine should surely pay for itself.

I have only two minor problems with the bill as it is presently written. One concerns Section 08.64.010. Therein is contained the statement that "...to the extent possible each physician member must reside in a geographical area the state that is different from that of every other physician member..." It should be pointed out that the Medical Board functions, more or less continuously, and the individual members are responsible for issuing temporary and locum tenens permits on an almost weekly basis. There are several natural ports of entry into Alaska. These include Ketchikan, Juneau and, to the greatest extent, Anchorage. It is also noted that the vast majority of the state's physicians do indeed practice in the Anchorage area. It, therefore, does not seem at all unreasonable if more than one physician member of the board resides in the Anchorage area. This simply takes account of the reality of the situation as it is now and is likely to remain for the foreseeable future. It is further understood that the language, specifically the phrase "...to the extent possible...", is permissive, but I would hate to think that we were evading the intent of the law by having two physician members and one public member from the Anchorage area as is the case presently. Being from a "bush" area,

Ms. Mae Fisher

March 7, 1983

Page 2

I understand certain objections to Anchorage getting all the goodies, but in this particular situation, the practicalities dictate that a preponderant representation of Anchorage on the Board is not at all unreasonable.

Another minor problem that I have with the law that is presently written concerns Section AS08.64.380, in regard to the requirement that licenses are not valid until such time as they are recorded with the Clerk of Court. It is understood that the Clerk of Court in this case is the Clerk of the Superior Court in the judicial district in which the individual is practicing. As far as I can understand, this requirement dates back to Section 35-3-93 of ACLA, dated 1949. In other words, this is a remnant territorial statute. I would reason that this came about in territorial days when the far flung nature of the state and lack of communication made it imperative that the judicial system act as a repository of vital statistics.

I think, at the present, the State Licensing Board can adequately carry out this function. It may seem a minor point, but the realization that this statute was on the books only came to the Medical Board's attention about a year ago, and we basically found that essentially everyone was in violation of it, including all the members of the Board. With the most recent license reapplications, we sent out notice that everyone should quickly hustle down to their local Clerk of Court and get their license registered. When we did this in Ketchikan, we discovered that the Clerk of Court did not have the slightest idea of what we were talking about. I suppose what I am saying is that this is one of those situations that should fall under sunset review and be eliminated as essentially no longer necessary in the state. It would seem to eliminate a needless nuisance.

My biggest problem with the legislation as introduced concerns what it fails to contain. Appended to this letter is a copy of proposed legislation in draft form, relating to the creation of an executive director for the Board of Medicine, and a position for an investigator within the Board of Medicine. I realize that these positions will doubtlessly cost the state some money at a time when budgets are being cut. Nonetheless, it has been the experience of the Board that the number of applications is rising, the number of unqualified individuals applying for licenses in the state is rising rapidly, and there are situations arising within the state that very definitely require investigation, and we simply do not have the manpower to look into them in an efficient and timely manner.

The Board is charged with making sure that the practice of medicine within the State is competent, and we lack the tools to carry out the job. Because the members of the Board are required to sit more or less in judgment on these matters, it is not appropriate for the Board to do investigations on its own. As such this would be in contravention of the philosophy of law adopted in this country. Therefore, we need an investigator.

*What are  
alternatives*

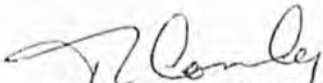
Ms. Mae Fisher  
March 7, 1983  
Page 3

Even more than this, with the business of the Board becoming more complex and increasing rapidly in the number of cases that we need to consider, an executive director for the Board seems to be a paramount necessity. It would be my opinion that the extra salaries would more than be repaid by identifying and dealing with problems before they develop. It is quite apparent that it is much easier and more cost effective to deny questionable licenses before they are issued, than try to revoke them after they are already in effect. This is because of legal considerations of fiduciary interest that apply to operative licenses. It is therefore a much easier thing to issue a statement of issues in denying a license than it is to go through an enormously complicated and extremely expensive hearing process to revoke a license.

If we had an investigator and executive director on staff, we would be able to catch these things before they develop. It is very clear to the Board that we are seeing an enormous increase in questionable applications from people who either have no qualifications or who have been denied licenses in other jurisdictions. Our estimates vary from a fourfold to a tenfold increase over the last two years. The cost of even one or two revocation procedures could easily pay for the two salaries involved. One procedure that is now going on has consumed over two years and has gone through a formal hearing, Superior Court process, and it is presently before the Supreme Court. As anyone who is familiar with legal proceedings knows, these sorts of procedures are enormously expensive. I would, therefore, urge you to give very, very serious consideration to including provisions for an executive director and investigator in the body of the amendments to the bill that you are now considering.

I would like to commend you on the work that you have done so far and urge you on the final step in making the Board an effective tool of state government.

Sincerely,



Thomas L. Conley, M.D.  
Member of the State Board of Medicine

TLC:dg

cc: Representative Jack McBride  
Representative Ronald Wendte  
Senator Robert Ziegler  
Mr. Harry Treager

Enclosure

HOUSE BILL NO.  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
THIRTEENTH LEGISLATURE - FIRST SESSION

For an Act entitled: "An Act relating to the regulation of the practice of medicine."

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

\* Section 1. AS 08.01.050 is amended by adding a new subsection to read:

(c) After consulting with the State Medical Board (AS 08.64.010), the department shall employ an individual who is not a member of the board to be assigned as the investigator for the board. The investigator shall

(1) conduct investigations into alleged violations of AS 08.64, and into alleged violations of regulations and orders of the State Medical Board;

(2) at the request of the State Medical Board, conduct investigations based on complaints filed with the department or with the board; and

(3) be directly responsible and accountable to the State Medical Board, except that only the department has authority to terminate his employment.

\* Sec. 2. AS 08.64.010 is amended to read:

Sec. 08.64.010. CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD.

The governor shall appoint a board of medical examiners, to be known as the State Medical Board, consisting of five [LICENSED] physicians licensed in the state and [,] residing in as many separate geographical areas of the state [ALASKA JUDICIAL DISTRICTS] as possible, and two persons with no direct financial interest in the health care industry.

\* Sec. 3. AS 08.64.020 is amended to read:

Sec. 08.64.020. [STATE MEDICAL BOARD] TERM OF OFFICE.

Members shall be appointed for staggered terms [A TERM] of four years, subject to confirmation by a majority of the members of the legislature in joint session, and shall hold the office until their successors are appointed and qualified. A person who has served two successive complete terms may not be reappointed until four years after the expiration of the second term [THE TERMS OF THE PUBLIC MEMBERS OF THE BOARD SHALL BE STAGGERED SO THAT THEY DO NOT EXPIRE AT THE SAME TIME].

\* Sec. 4. AS 08.64.040 is amended to read:

Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a member of the board for cause. The board may by regulation provide that unexcused absences from meetings is cause for removal.

\* Sec. 5. AS 08.64 is amended by adding new sections to read:

Sec. 08.64.075. EXECUTIVE OFFICER OF THE BOARD.

After consulting with the board, the department shall employ an individual who is not a member of the board to serve as the executive officer of the board. The executive officer shall

- (1) perform the administrative duties required by the department, by the board, and by this chapter;
- (2) carry out regulations and policies of the board; and
- (3) assist the board in conducting continuing education programs and examinations of applicants for licenses.

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

(a) The board may issue a temporary permit to an applicant who meets the requirements of AS 08.64.200, [OR] 08.64.205, or

*permits temporary licensure of applicants*

\* Sec. 7. AS 08.64.315 is amended to read:

Sec. 08.64.315. FEES.

The following fees are imposed under this chapter:

- (1) application . . . . . \$ 50 [25]
- (2) license by examination . . . . . 200 [125]
- (3) license by credentials ENDORSEMENT or  
waiver of examination . . . . . 200 [100]
- (4) temporary permit . . . . . 50 [25]
- (5) locum tenens permit . . . . . 50 [25]
- (6) license renewal , BIENNIAL, active . . . 600 [100]
- (7) license renewal , BIENNIAL, inactive . . 200 [25]
- (8) license by reexamination . . . . . 150 [75]

STATE OF ALASKA

WALT FURNACE, CHAIRMAN  
RICK UEHLING, VICE CHAIRMAN  
JOHN COWDERY  
NIILO E. KOPONEN  
HUGH MALONE  
JOHN RINGSTAD  
RON WENDTE



POUCH V  
JUNEAU, ALASKA 99811  
(907) 465-3892

HOUSE LABOR AND COMMERCE COMMITTEE

March 4, 1983

Representative Joe Hayes, Speaker of House  
Alaska House of Representatives  
Pouch V,  
Juneau, Alaska 99811

Re: Alaska State Medical Board

Dear Mr. Speaker:

Pursuant to AS 44.66.050(a) the House Labor and Commerce Committee has held hearings regarding the above referred Board. Under AS 44.66.050(e) the Committee recommends adoption of the attached Committee Bill continuing the Board. The Legislative Budget & Audit Committee report outlined some concerns that have been reviewed by the Alaska State Medical Board. The Labor & Commerce Committee is satisfied that those concerns are being addressed in an expeditious manner.

The Committee believes the Alaska State Medical Board should be reestablished. The Alaska State Medical Board regulates the practices of medicine, osteopathy, and acupuncture by physicians, osteopaths, physician assistants, paramedics, and podiatrists. By establishing minimum educational and experience requirements and actively investigating complaints from the public and other practitioners, the Alaska State Medical Board provides a

needed public service. Specifically, the findings of the Committee of the public need for the Board as required under AS 44.66.050(c) are as follows:

AS 44.66.050(c) " A determination as to whether a board or commission or agency program has demonstrated a public need for its continued existence shall take into consideration the following factors:"

(1) the extent to which the board, commission or program has operated in the public interest;

The Alaska State Medical Board provides for examinations twice a year and has held an average of 4 meetings a year in various locations throughout the State.

2) the extent to which the operation of the board, commission, or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters;

The Alaska State Medical Board has been impeded in its operation by the lack of statutory authority to address licensing and business practice(s) violations. Also, the Division of Occupational Licensing has been unable to provide support necessary to the Board and the Courts are not placing emphasis on the findings of the Board developed through the hearing process.

(3) the extent to which the board, commission or agency has recommended statutory changes which are generally of benefit to the public interest;

The Alaska State Medical Board has recommended and strongly supported legislation to correct these problem areas.

(4) the extent to which the board, commission or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided;

The Alaska State Medical Board has encouraged interested persons to report by advertising and requesting public input on proposed regulation changes.

(5) the extent to which the board, commission or agency has encouraged public participation in the making of its regulations and decisions;

The Division of Occupational Licensing places advertisements of the Alaska State Medical Board's meetings and examinations.

(6) the efficiency with which public inquiries or complaints regarding the activities of the board, commission or agency filed with it, with the department to which a board or commission is administratively assigned, or with the office of the ombudsman have been processed and resolved;

While there have been no consumer complaints filed with the Ombudsman or the Attorney General's Office regarding the Alaska State Medical Board, there is no provision for consumer complaints in AS 08.64.

(7) the extent to which a board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public;

The Alaska State Medical Board has issued 349 licenses, temporary permits, locum tenens permits, physician assistant authorizations, and paramedic authorizations since July 1981. The Board has a liberal policy of licensing by endorsing physicians from other states. The Alaska State Medical Board requires the FLEX exam and of completed internship or residency which serves to protect the public.

(8) the extent to which state personnel practices, including affirmative action requirements, have been complied with by the board, commission or agency to its own activities and the area of activity or interest; and

The Committee believes the Alaska State Medical Board to be in compliance with applicable law and regulation.

(9) the extent to which statutory, regulatory, budgeting or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

The Committee believes adoption of the proposed legislation would better serve to protect the interests of the public.

Pursuant to AS 44.66.050(d) the Committee recommends the following:

(d) As to each board, commission, or agency program assigned to it for purposes of review, the committee of reference shall, not later than the 60th day of the legislative session, submit a report to the presiding

officer of the house. The report shall contain a summary of the findings of the committee as to the compliance of the board, commission or program with the factors enumerated in (c) of this section, together with a summary or recommendations of the committee as to each of the following:

(1) an identification of the problems or the needs that the programs and activities of the board, commission or agency are intended to address;

The Alaska State Medical Board regulates the medical practice of physicians, osteopaths, physician assistants, podiatrists, and acupuncturists.

(2) a statement, to the extent practicable, of the objectives of the program of the board, commission, or agency program, and its anticipated accomplishments;

The objective of the Alaska State Medical Board is to ensure that the public is provided safe and effective medical care by qualified health care professionals.

(3) an identification of any other programs having similar, conflicting or duplicate objectives;

The Committee found no other program having similar, conflicting or duplicate objectives.

(4) an assessment of alternative methods of achieving the purposes of the program;

The Committee could find no viable alternative method of achieving the purposes of the Alaska State Medical Board.

(5) an assessment of the consequences of eliminating the board, commission or program and consolidating its activities with another program, or of funding it at a lower level;

The Committee believes the consequence of eliminating the Alaska State Medical Board or funding its activities at a lower level would be an unnecessary exposure to potential improper medical care.

(6) a justification for the recommended continuation or extension of the board, commission or program, and an explanation of the manner in which it avoids duplication of or conflict with other efforts; and

The critical necessity for proper medical treatment is the primary justification for the continuation of the Alaska State Medical Board.

(7) any other information which, in the opinion of the committee, would improve the performance of the board, commission or agency with respect to its representation of and responsiveness to the public interest.

The Alaska State Medical Board should be given legislative support in addressing the concerns outlined by the Legislative Budget and Audit report.

Respectfully submitted:

---

Representative Walt Furnace, Chairman

276,000 x \$1.257

RICK URION  
SB164

EXTEND SUNSET TO JUNE 30, 1987

TITLE: ADD EXTENDING . . .

P. 8 li: 26 Add "physician"

INVESTIGATOR

---

HARRY TREAGER

- 1) COST BREAKDOWN INVESTIGATOR
- 2) USE of SURPLUS EQUIPMENT

---

DR ROONEY

CHAPTER = 08.64  
SECTION = 08.64.330  
TITLE = 08

HEADINGS TITLE 8.  
BUSINESS AND PROFESSIONS.  
CHAPTER 64.  
MEDICINE.  
ARTICLE 2.  
LICENSING.

CITATION SEC. 08.64.330.  
CATCH LINE

          GROUNDS FOR REVOCATION OF LICENSE.

TEXT          (A) A LICENSE MAY BE REVOKED FOR FAILURE TO PAY THE LICENSE  
RENEWAL FEE PRESCRIBED IN AS 08.64.315. IF THE FEE IS NOT PAID  
WITHIN THE TIME PROVIDED, THE DEPARTMENT SHALL GIVE WRITTEN  
NOTICE TO THE LICENSEE THAT THE LICENSEE IS IN DEFAULT. NOTICE  
MAY BE SERVED ON THE LICENSEE PERSONALLY OR BY REGISTERED MAIL  
ADDRESSED TO THE LICENSEE'S LAST KNOWN RESIDENCE. IF THE  
LICENSEE FAILS TO PAY THE FEE WITHIN THREE MONTHS AFTER NOTICE OF  
DEFAULT, THE SECRETARY SHALL REVOKE THE LICENSEE'S LICENSE ON  
BEHALF OF THE BOARD AND NOTIFY THE LICENSEE OF THE REVOCATION BY  
MAIL OR BY PERSONAL SERVICE OF THE REVOCATION.

          (B) AFTER A HEARING, A LICENSE MAY BE SUSPENDED, LIMITED,  
REVOKED OR ANNULLED, OR THE LICENSEE MAY BE REPRIMANDED, CENSURED  
OR DISCIPLINED BY THE BOARD FOR (1) UNPROFESSIONAL OR  
DISHONORABLE CONDUCT AS DEFINED IN AS 08.64.380(3), (2)  
PROFESSIONAL INCOMPETENCE, OR (3) A VIOLATION OF THIS CHAPTER OR  
A REGULATION ADOPTED UNDER IT.

HISTORY      (SEC. 35-3-89 ACLA 1949; AM SEC. 22 CH 77 SLA 1969; AM SEC. 9 CH  
101 SLA 1974)

AS08.64.325 DOCUMENT= 1 OF 1

CHAPTER = 08.64  
SECTION = 08.64.325  
TITLE = 08

HEADINGS TITLE 8.  
BUSINESS AND PROFESSIONS.  
CHAPTER 64.  
MEDICINE.  
ARTICLE 2.  
LICENSING.

CITATION SEC. 08.64.325.

CATCH LINE

LIMITS OR CONDITIONS ON LICENSE; DISCIPLINE.

TEXT

(A) IN ADDITION TO ACTION UNDER AS 08.64.330, UPON A FINDING THAT BY REASON OF DEMONSTRATED PROBLEMS OF COMPETENCE, EXPERIENCE, EDUCATION, OR HEALTH THE AUTHORITY TO PRACTICE UNDER THIS CHAPTER SHOULD BE LIMITED OR CONDITIONED OR THE PRACTITIONER DISCIPLINED, THE BOARD MAY REPRIMAND, CENSURE, PLACE ON PROBATION, RESTRICT PRACTICE BY SPECIALITY, PROCEDURE OR FACILITY, REQUIRE ADDITIONAL EDUCATION OR TRAINING, OR REVOKE OR SUSPEND A LICENSE.

(B) THE ADMINISTRATIVE PROCEDURE ACT (AS 44.62) APPLIES TO ANY ACTION TAKEN BY THE BOARD UNDER THIS SECTION.

HISTORY

(SEC. 14 CH 102 SLA 1976)

R0601 \* END OF DOCUMENTS IN LIST - ENTER RETURN OR ANOTHER COMMAND.

CHAPTER = 18.16  
SECTION = 18.16.010  
TITLE = 18

HEADINGS TITLE 18.  
HEALTH AND SAFETY.  
CHAPTER 16.  
REGULATION OF ABORTIONS.

CITATION SEC. 18.16.010.

CATCH LINE  
ABORTIONS.

TEXT (A) NO ABORTION MAY BE PERFORMED IN THIS STATE UNLESS (1) THE ABOPTION IS PERFORMED BY A PHYSICIAN OR SURGEON LICENSED BY THE STATE MEDICAL BOARD UNDER AS 08.64.200; (2) THE ABORTION IS PERFORMED IN A HOSPITAL OR OTHER FACILITY APPROVED FOR THE PURPOSE BY THE DEPARTMENT OF HEALTH AND WELFARE OR A HOSPITAL OPERATED BY THE FEDERAL GOVERNMENT OR AN AGENCY OF THE FEDERAL GOVERNMENT; (3) CONSENT HAS BEEN RECEIVED FROM THE PARENT OR GUARDIAN OF AN UNMARRIED WOMAN LESS THAN 18 YEARS OF AGE; AND (4) THE WOMAN IS DOMICILED OR PHYSICALLY PRESENT IN THE STATE FOR 30 DAYS BEFORE THE ABORTION. "ABORTION" IN THIS SECTION MEANS AN OPERATION OR PROCEDURE TO TERMINATE THE PREGNANCY OF A NONVIABLE FETUS. NOTHING IN THIS SECTION REQUIRES A HOSPITAL OR PERSON TO PARTICIPATE IN AN ABORTION, NOR IS A HOSPITAL OR PERSON LIABLE FOR REFUSING TO PARTICIPATE IN AN ABORTION UNDER THIS SECTION.

(B) A PERSON WHO KNOWINGLY VIOLATES A PROVISION OF (A) OF THIS SECTION, UPON CONVICTION, IS PUNISHABLE BY A FINE OF NOT MORE THAN \$1,000, OR BY IMPRISONMENT FOR NOT MORE THAN FIVE YEARS, OR BY BOTH.

HISTORY (SEC. 65-4-6 ACLA 1949; AM SEC. 1 CH 103 SLA 1970; AM SEC. 22 CH 166 SLA 1978)

R0601 \* END OF DOCUMENTS IN LIST - ENTER RETURN OR ANOTHER COMMAND.

CONCLUSIONS:

CONTINUE Medical Board

RECOMMEND:

- 1) Define unprofessional conduct
- 2) REQUIRE hospitals to notify M.B. when PRIVILEGES are refused or restricted.
- 3) Change MAKEUP of board - add PHYSICIANS ASSISTANTS and PARAMEDICS & PODIATRISTS

CGSB237

CALL TREASURER - get position of ER

TERMS OF IMPRISONMENT

OCTOBER 1, 1982

FIRST FELONY CONVICTION      SECOND FELONY CONVICTION      THIRD FELONY CONVICTION

MURDER I

MURDER II & KIDNAP. & M. I. C. S. I

SEXUAL ASSAULT 1ST \*\*

SEXUAL ASSAULT 1ST

A FELONY \*\*

A FELONY

B FELONY

C FELONY

20 -- 99	20 -- 99	20 -- 99
5 -- 99	5 -- 99	5 -- 99
5 -- (10) -- 30	7 1/2 -- (15) -- 30	12 1/2 -- (25) -- 30
4 -- (8) -- 30	7 1/2 -- (15) -- 30	12 1/2 -- (25) -- 30
3 1/2 -- (7) -- 20	5 -- (10) -- 20	7 1/2 -- (15) -- 20
2 1/2 -- (5) -- 20	5 -- (10) -- 20	7 1/2 -- (15) -- 20
0 -- 10	0 -- (4) -- 10	3 -- (6) -- 10
0 -- 5	0 -- (2) -- 5	0 -- (3) -- 5

\*\* APPLIES WHEN A DEFENDANT POSSESSED A FIREARM, USED A DANGEROUS WEAPON OR CAUSED SERIOUS PHYSICAL INJURY, EXCEPT FOR MANSLAUGHTER. NUMBERS IN (BRACKETS ARE) PRESUMPTIVE SENTENCES. NUMBERS ENCLOSED BY BOXES ARE MANDATORY MINIMUM SENTENCES. NUMBERS TO LEFT OF BRACKETS ARE LOWEST MITIGATED SENTENCES. NUMBERS TO RIGHT ARE HIGHEST AGGRAVATED SENTS.

STATE OF ALASKA  
FINAL STATEMENT OF FISCAL IMPACT

Bill No: \_\_\_\_\_ Date on Bill: \_\_\_\_\_  
 Title: "An Act relating to licensing and regulation of the practice of  
 Sponsor: Rules by request of the Governor medicine"  
 Requestor: \_\_\_\_\_

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

			FY 83	FY 84	FY 85	FY 86
Capital						
Operating						
Total						

0                      0                      0                      0

b. Revenues:

Revenue						
---------	--	--	--	--	--	--

2. Source of funds to offset fiscal impact of bill:

3. Assumptions:

4. This statement has been reviewed by the OMB in the Office of the Governor. It may be considered to represent the policy of the Sheffield Administration and the final estimate of fiscal impact.

Prepared By: Darrell Miller *DM* Phone: 465-2534  
 Division: Occupational Licensing *R* Date: \_\_\_\_\_  
 Approved by Commissioner: Richard A. Lyon *R* Date: 2/25/83  
 Department: Commerce and Economic Development  
 Reviewed by OMB: Ging Bell *G* Date: 2/25/83  
 Phone: 465-3568

5. Distribution:  
 Original to Legislative Finance  
 Copy to Department  
 Copy to Sponsor  
 Copy to Requestor