

SB

108

<TARGET><BILL>SB 108</BILL><SUBJECT>SB
108</SUBJECT><COMM>HHSS30</COMM></TARGET>

ALASKA STATE LEGISLATURE

1500 W Benson Boulevard
Anchorage AK 99503
907-269-0181



State Capitol
Juneau AK 99801-1182
907-465-4843
800-892-4843

North to the Future

Senator Cathy Giessel
Senate District N

CS for Sponsor Substitute for Senate Bill 108(FIN)

Medical Licensing and Certified Medical Assistant Sectional Analysis vsn I

Section 1. AS 08.64.101 outlines the licensing duties of the board and allows delegating powers through regulations

Section 2. AS 08.64.101 is a new subsection that gives the board power to adopt regulations authorizing the delegation of authority to the Executive Secretary to grant licenses, and to grant certification to Medical Assistants

Section 3. AS 08.64 adds a new section that authorizes the board to adopt regulations allowing physicians to delegate duties to unlicensed assistants. It prohibits delegation of duties relating to opioid use and directs board to define "routine medical duties"

Section 4. AS 08.64 adds a new section that allows the board to adopt regulations to certify qualifying medical assistants, establish qualifications and education requirements, review violations, invoke disciplinary action and set fees. Adds reporting immunity for certified medical assistants, mirroring other medical professionals

Section 5. AS 08.64 adds a new section that clarifies that a person may not represent themselves as certified unless they have met the qualifications of this chapter

Section 6. AS 08.64.170(a) allows an unlicensed person to perform delegated "routine medical duties" as defined by the board

Section 7. AS 08.64.190 updates/cleans up statute with a deletion, added by Legislative Legal to this bill

Section 8. AS 08.64.23(a) allows the board's executive secretary the power to issue a license to practice medicine to a qualified applicant, under delegated authority from the board

Section 9. AS 08.64.230(b) allows the board's executive secretary the power to issue a license to practice osteopathy to a qualified applicant, under delegated authority from the board

Section 10. AS 08.64.270(a) allows a designated board member, its executive secretary or board designee to issue a temporary permit to an applicant who meets the qualification requirements set out in 08.64.200 (physicians), 08.64.205 (osteopaths), 08.64.209 (podiatrists) and 08.64.225 (foreign medical graduates)

Section 11. AS 08.64.275(a) adds that a board's designee may also issue a temporary permit

Section 12. AS 08.64.360 adds a licensed physician's assistant, a medical assistant and a registered paramedic to the list of those authorized to practice medicine in this state. Leg. Legal updated this section with the above underlined terms.

Section 13 AS 08.84.380 adds a new paragraph (7) clarifying that a medical assistant awarded certification in this state would be therefore "licensed"

Section 14. AS 12.55.135(k)(3) is amended to add medical assistant to the definition of "medical professional"

Section 15. adds new section of transitional language that allows DCCED and the state Medical Board to adopt regulations to implement SB 108

Section 16. says that Section 15 is effective immediately (regulation rule making)

Section 17. says that the bill will go into effect on Jan. 1, 2019

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version:	CSSSSB 108(FIN)
Fiscal Note Number:	2
(S) Publish Date:	3/14/2018

Identifier: SB108SS-DCCED-CBPL-02-25-2018
Title: MEDICAL CARE/LICENSING/MEDICAL BOARD
Sponsor: GIESSEL
Requester: (S) Labor & Commerce

Department: Department of Commerce, Community and Economic Development
Appropriation: Corporations, Business and Professional Licensing
Allocation: Corporations, Business and Professional Licensing
OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2019	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2019 Request	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
OPERATING EXPENDITURES	FY 2019	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Personal Services	177.8		177.8	177.8	177.8	177.8	177.8
Travel	1.5		1.5	1.5	1.5	1.5	1.5
Services	49.5		45.0	45.0	45.0	45.0	45.0
Commodities	23.5		1.0	1.0	1.0	1.0	1.0
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	252.3	0.0	225.3	225.3	225.3	225.3	225.3

Fund Source (Operating Only)

1156 Rcpt Svcs (DGF)	252.3		225.3	225.3	225.3	225.3	225.3
Total	252.3	0.0	225.3	225.3	225.3	225.3	225.3

Positions

Full-time	2.0		2.0	2.0	2.0	2.0	2.0
Part-time							
Temporary							

Change in Revenues

1156 Rcpt Svcs (DGF)	252.3		225.3	225.3	225.3	225.3	225.3
Total	252.3	0.0	225.3	225.3	225.3	225.3	225.3

Estimated SUPPLEMENTAL (FY2018) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/19

Why this fiscal note differs from previous version/comments:

Updated to reflect new positions on page one.

Prepared By: Janey McCullough, Director Phone: (907)465-2538
Division: Corporations, Business and Professional Licensing Date: 02/25/2018
Approved By: Catherine Reardon, Director Date: 02/25/18
Agency: Division of Administrative Services, DCCED

REPORTED OUT OF
SFC 03/13/2018

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

Analysis

SB 108 establishes a licensing program for certified medical assistants, which would allow them to practice as medical assistive personnel. The legislation allows certified medical assistants to act as delegates to access the Prescription Drug Monitoring Program on behalf of prescribing physicians. The bill also authorizes the board to set standards for delegation of routine duties to unlicensed assistive personal.

This bill would streamline the medical application process and improve licensure processing times, while ensuring public safety, by allowing the board to grant additional authority for the issuance of medical licenses and temporary permits. It also removes the requirement that applicants provide their duration of residence on their applications.

According to Department of Labor statistics, there are approximately 1,600 certified medical assistants currently working in Alaska with approximately 475 new positions projected annually. One full-time licensing examiner (located in Juneau) is needed to process those applications.

One full-time Records and Licensing Supervisor is needed to implement this program. Currently, one existing Records and Licensing Supervisor is spread among numerous programs; only part of that position's time is dedicated to medical programs. As a result of the addition of the certified medical assistant license type, the workload related to medical programs supports a dedicated Records and Licensing Supervisor.

If the bill passes the following expenses will be incurred:

Personal Services: \$177.8 (2 full-time positions)

Travel: \$1.5 (1 training session per year)

Services: \$10.0 (annual legal review)

\$5.0 (annual investigations)

\$4.5 (regulations project in the first year)

\$30.0 (annual core services & allocated costs)

Supplies: \$20.0 (set up for new employees in the first year)

\$2.5 (postage in the first year)

\$1.0 (office supplies)

Professional licensing programs within the Division of Corporations, Business and Professional Licensing are funded by Receipt Supported Services, fund source 1156 Rcpt Svcs (DGF). Licensing fees for each occupation are set per AS 08.01.065 so the total amount of revenue collected approximately equals the occupation's actual regulatory costs.

BACKLOG – MEDICAL LICENSING

We have issued 330 new applications since the beginning of the fiscal year. We would normally receive that many in an entire year.

When an application is complete, we were able to issue that license in two months. The longest amount of time was six months when they were not submitted complete.

Only about 5% of applications that are submitted are considered complete.

There are currently 290 applications in process.

Some of the small changes that we were able to make like accepting verifications electronically, has improved processing times.

In 2015 it was taking six months to process complete applications.

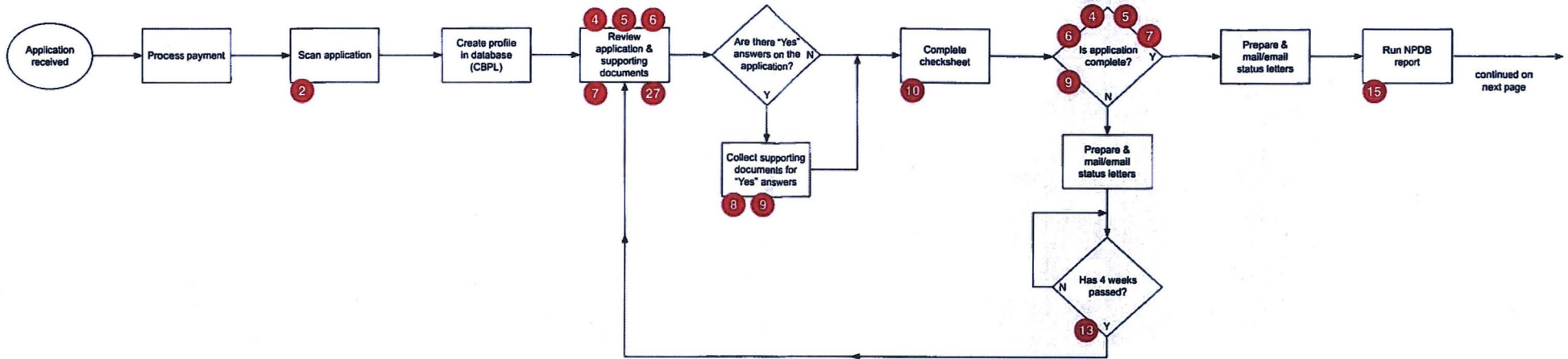
Telemedicine is the most significant cause of the increase in applications.

Medical Licensure Process

1 3 11 12 14 16 21 24 26

Process Advantage® 3

Current Process



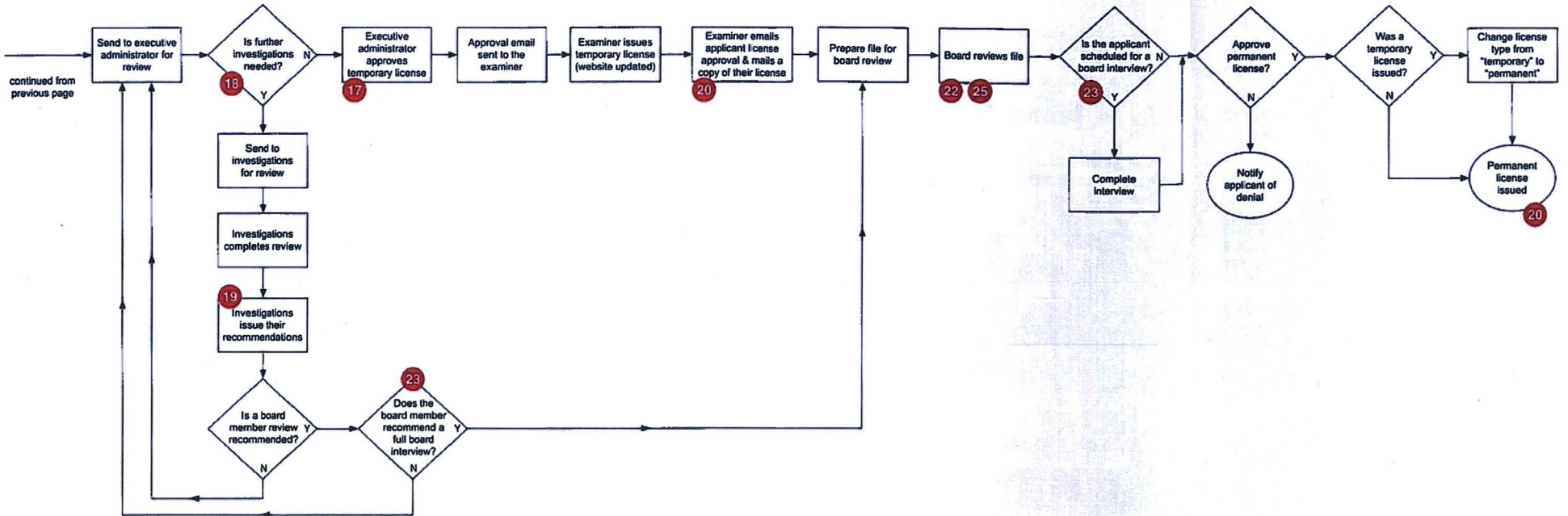
Rubs

- 2 - Inconsistent scanning & stamping of documents. We need office assistants to be credible in scanning, especially on stamping important docs (i.e. notarized pages) & processing documents with fee's.
- 4 - Divisions policy of processing new applications within 10 business days. sometimes the timeline is not manageable because of other factors such as renewals, sending status updates, & the high volumes of phone calls & emails.
- 5 - Photo is added & required. The notary page with the picture on it is mostly submitted incorrectly, & we need to request a new one to be mailed again - which takes more wait time.
- 6 - The "duration at address" on page 1 of application is not even required, in reg's but is often missed & overlooked, it needs to be corrected.
- 7 - We require that the applicants send certified true copies of their diploma & certificates but a lot of applicants do not follow. Do we need certified true copies, when we already require verifications?
- 8 - Misinformation of marking "yes" or "no" on applications. They don't fully read or understand the questions.
- 9 - Not providing enough documentations to support discrepancies which adds to more wait time.
- 10 - Outdated check sheets.
- 13 - 99% of the applications processed are incomplete, & with the amount of new applications we receive, we can only give them an update once a month. If we have more staff, we can provide status updates more often.
- 15 - The OA is only allowed to run the NPDB once a week. But with the volume of applications needed to be reviewed, we need to run NPBD reports at least twice a week.
- 17 - Every single application needs to be approved by the EA, & considering the amount of apps we forward, waiting for approval can be time consuming.
- 18 - Applications sent to the investigations are not reported consistently to the examiner.
- 19 - Not enough communication between investigator & applicants. Examiners get a lot of inquiries, but do not have enough information to provide.
- 20 - Incorrect addresses - applicants complain that they did not receive a copy of their license because they do not update their address with the examiners.
- 22 - The board needs to review every single file even those who do not have discrepancies. It's time consuming & expensive.
- 23 - Requiring full board interviews constitutes a delay, with no obvious benefits. Those applications that go to interviews get approved anyways.
- 25 - Staff is not allowed to goto board meetings, & no board meetings are held in Juneau, when majority of the staff are in Juneau.
- 27 - Waiting on other states, agencies, facilities, institutions, to send in the needed verification via US Mail.

Medical Licensure Continued

Process Advantage® 4

1 3 11 12 14 16 21 24 26



Global Rubs

- 1 - We cannot receive electronic documents; for every type of document, for every application
- 3 - Applicants do not follow instructions & do not fill out applications properly. Not all documents are received. Examiners need to ask for more docs.
- 11 - Lack of training for staff; not enough knowledge on statuses & regulations, incorrectly processing, filling out check sheets. Lack of time to train due to volume. One RLS for just Med Staff like nursing?
- 12 - Having to send initial status updates via mail, when we could correspond via email all throughout the application process.
- 14 - Understaffed! With the amount of workload & application we receive, we need to have more man power to be able to maximize our processing. SB74 comes into effect.

- 16 - Staff are not all in the same office - it will be beneficial if all staff members are together, including the EA, to be more consistent & better at communicating with each other & for training on the future.
- 21 - No electronic means for the board to review applications. We print out all files that need to be reviewed & FedEx boxes, which is more time consuming & expensive.
- 24 - Statute & regulations changes needed.
- 26 - High volume of phone calls, emails, walk-ins.

Current Process Performance

Processing Time:

1. From time of application to issuance of permit
 - 2 - 4 months
2. Time of application to status letter/email
 - Within 10 business days
3. Time from status letter to completion of application
 - 2 - 4 months
4. Time of completion of application to issuance of permit
 - 15 - 20 days



SB 108

State Medical Board

By request from the State Medical Board

Senator Cathy Giessel

Purpose

- 1. Streamline Physician Licensing**
- 2. Need for office assistants**

Streamline MD licensing

Section 1, 2, 8, 9, 10

State Medical Board to write regulations to delegate to EXECUTIVE ADMINISTRATOR:

1. review applications and grant license if requirements are met
2. review applications and issue temporary license if requirements are met
3. grant certification if requirements are met
4. spells out prohibitions to this delegated authority

Streamline MD licensing

Section 10, 11

1. Allows another person, designated by the board, to help the Executive Administrator to issue temporary license.
2. Outlines when this could happen

Unlicensed Assistive Personnel

Unlicensed personnel
trained in “routine medical tasks”

Section 3 Regulations will

- authorize delegation to unlicensed person
- prohibit delegation of pain management or opioid related activities
- define “routine medical tasks”

Unlicensed Personnel

“medical assistants”

Section 6

adds person, performing **delegated “routine medical duties”** to exception under “License to practice medicine, podiatry, or osteopathy”

Section 12

Adds **“medical assistant”** to list to practice medicine

Section 14

adds **“medical assistants”** to definition of **“medical professional”** under Title 12 Criminal Procedure

Medical assistants - license/certification

Why?

Prescription Drug Monitoring Program (PDMP)

- ~prohibits access by any unlicensed person
- ~envisioned clinician delegates “look up” before prescribing

Problem

- ~No licensed people in MD clinic, other than the MD
- ~Frequent need to check PDMP (AS 17.30.200 requires license).

Medical assistants - license/certification

Solution - recognize training and certification

Training programs accredited by

- Commission on Accreditation of allied Health Education Programs (CAAHEP)
- Accrediting Bureau of Health Education Schools (ABHES)

National exams for Certification

Alaska's community colleges training programs

Recognized in many other states/territories.

WA, CA, TX, FL, PA, OH, IL, MT, MS, ND, SD, WY

Medical assistant with certification

Process defined

Section 4

Certifying process defined in regulation by Board

Section 5

Limits use of term “certified”

Section 13

Certification is equivalent to a license

Urgent need for SB 108

Efficient, expeditious and effective licensing of MDs

Legal clarity for delegation of “routine medical duties” to unlicensed personnel (medical assistants)

More legally stringent delegated activities to licensed entity, a medical assistant who has achieved certification

Urgent need for SB 108

These changes needed this session

SUPPORT:

State Medical Board (requested)
Dept of Commerce
Alaska State Hospital and Nursing Home
Association
Alaska State Medical Association
Foundation Health Partners (Fairbanks)

No opposition

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Senator Cathy Giessel

Senate District N

Explanation of Changes CS for SS for Senate Bill 108 (FIN)

**“Medical Care/Licensing/Medical”
Changes from version “U” to version: 30-LS0740\I**

Page 3, lines 26-27: added the ability for the department to recognize a national certification to satisfy “some or all of the qualifications for state certification.”

Page 4, lines 13-15: reworded Section 5, which provides a penalty for practicing without a license, to remove the title “Certified Medical Assistant” and “C.M.A.” to avoid possible trademark infringement.

Page 6, lines 11-14: inserted a new Section 13 clarifying that “certification” of the listed professions is considered “licensure,” ensuring that these individuals have access to the Prescription Drug Monitoring Program (PDMP).

Technical and conforming changes found on:

Page 4, lines 1-2; and on Page 4, line 10;

Page 6, line 5: reworded to remove the phrase “certified medical assistant”

Page 6, subsequent sections renumbered to account for addition of Section 13

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Juneau AK 99801-1182
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North to the Future

Senator Cathy Giessel

Senate District N

CS for Sponsor Substitute Senate Bill 108(FIN) Medical Care/Licensing/Medical Board

Sponsor Statement (vsn I)

Senate Bill 108 is a streamlining bill which will improve the process for physicians applying for licensure in Alaska. Outdated and overly cumbersome statutes and regulations are interfering with the ability of our medical community to meet the needs of Alaskans because of delays of licensure that negatively impact both doctors and patients. A fully qualified doctor in good standing should not be required to wait months to obtain a license to serve our state residents.

The Alaska State Medical Board has requested this legislation so they may expeditiously and responsibly issue licenses to physician applicants.

SB 108 gives the executive secretary of the State Medical Board expanded authority to review and issue licenses to applicants with uncomplicated applications. With a better system in place, DCCED and the State Medical Board will be able to respond more efficiently at a time when healthcare access is of great concern in our state.

SB 108 will authorize the board's executive secretary to grant licenses to qualified applicants for a permanent medical license, a temporary permit, or a locum tenens permit. It will also authorize the board to designate a board member to grant temporary permits to qualified applicants. The bill outlines exceptions to that authority such as a suspended or revoked license or other special circumstances that would necessitate a full board review.

The bill creates a process for certification of medical assistants, enabling them to perform additional duties in medical settings. The Board will set criteria for educational requirements, certification, renewal and revocations for these medical assistants who apply for certification.

The bill provides for physician delegation of specific, routine activities to unlicensed personnel working in physician offices.

Please join me in support of Senate Bill 108.

Chair Senate Resources Committee
Senator.Cathy.Giessel@akleg.gov



FOUNDATION

HEALTH PARTNERS

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1650 Cowles Street
Fairbanks, AK 99701

February 7, 2018

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

Subject: Support for SB108, Physician Licensure

Dear Senator Giessel:

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

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

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

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

Sincerely,

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

Cc: Interior Delegation

Alaska State Medical Association

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

February 27, 2018

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

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

Dear Senator Giessel:

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

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

1) Streamlining Physician Licensing:

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,



Peter Lawrason MD, President
Alaska State Medical Association

cc: Senate Finance members



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

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

STATE MEDICAL BOARD

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

February 9, 2018

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

Senator Giessel:

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

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

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

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

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

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

Sincerely,

Craig Humphreys, MD, President
Alaska State Medical Board

E-mail: medicalboard@alaska.gov

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



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

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

OFFICE OF THE COMMISSIONER

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February 2, 2018

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

Dear Senator Costello,

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

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

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

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

Best regards,

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

Mike Navarre
Commissioner

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



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

STATE MEDICAL BOARD

550 West Seventh Avenue, Suite 1500
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January 24, 2018

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

Senator Giessel:

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

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

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

Although the Board has previously opposed a new licensing/registration program for medical assistants, they understand and appreciate your intent to establish jurisdiction for those that have earned a national certification and may be appropriately delegated specific, supervised duties, including acting as delegates for reviewing the Prescription Drug Monitoring Program (PDMP.) Although the Board did express concern that the cost and resources needed for such a program be carefully considered in moving forward with the legislation, they support your introduction of such legislation.

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

Sincerely,

Craig Humphreys, MD, President
Alaska State Medical Board

E-mail: medicalboard@alaska.gov

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