

**SB**

**108**

<TARGET><BILL>SB 108</BILL><SUBJECT>SB  
108</SUBJECT><COMM>HL&C30</COMM></TARGET>

# ALASKA STATE LEGISLATURE

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




State Capitol  
Juneau AK 99801-1182  
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North to the Future

**Senator Cathy Giessel**  
Senate District N

## MEMORANDUM

**DATE:** March 28, 2018  
**TO:** Representative Kito, Chair, House Labor & Commerce Committee  
**FROM:** Senator Cathy Giessel   
**RE:** Request for Hearing, **CS for Sponsor Substitute for Senate Bill 108**  
"Medical Care/Licensing/Medical"

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I respectfully request that the **CS for Sponsor Substitute for Senate Bill 108** "Medical Care/Licensing/Medical" be scheduled for the House Labor & Commerce Committee at your earliest convenience.

CSSSSB 108 streamlines the outdated and cumbersome licensing process for physicians in Alaska to allow the Alaska State Medical Board to more expeditiously issue licenses at a time when access to health care in Alaska is a high priority. The bill also creates a new category of medical assistants who are certified, enabling them to perform additional duties in a medical setting.

Attached you will find:

1. CSSSSB 108 vsn I(FIN) and original U
2. Explanation of Changes
3. CSSSSB 108 Sponsor Statement
4. CSSSSB 108 Sectional Analysis
5. CSSSSB 108 Supporting Documents
6. CSSSSB 108 Letters of Support
7. CSSSSB 108 Fiscal Note DCCED 3-14-18

Please contact Jane Conway, 465-4843, in my office if you need any further information.

Chair Senate Resources Committee  
[Senator.Cathy.Giessel@akleg.gov](mailto:Senator.Cathy.Giessel@akleg.gov)



# 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

# Medical Assistants - Unlicensed Assistive Personnel

Medical Assistants  
trained in “routine medical tasks”

## Section 3

- ~ authorizes delegation to unlicensed person
- ~ prohibits delegation of pain management or opioid related activities

# Medical Assistants - Unlicensed Assistive Personnel

## Section 6

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

## Section 13

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

# Certified Medical Assistants - NEW entity

## Why?

### Prescription Drug Monitoring Program (PDMP)

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

## Problem

- ~No licensed people in MD clinic, other than the MD
- ~Frequent need to check on PDMP

## Solution

- ~Alaska’s Community Colleges training programs for CMA
- ~National exams for Certification

Done in most other states. Washington State is one example

# CMA (Certified Medical Assistant) Process defined

## Section 4

**Certification** - process will be defined in regulation

## Section 5

**Title** “CMA” and limits its use

## Section 12

**Penalty** for practicing without license as CMA

## Urgent need for SB 108

Efficient, expeditious and effective licensing of MDs

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

More legally stringent delegated activities to licensed entity, Certified Medical Assistant

# Urgent need for SB 108

These changes needed this session

SUPPORT:

State Medical Board (requested)  
Dept of Commerce

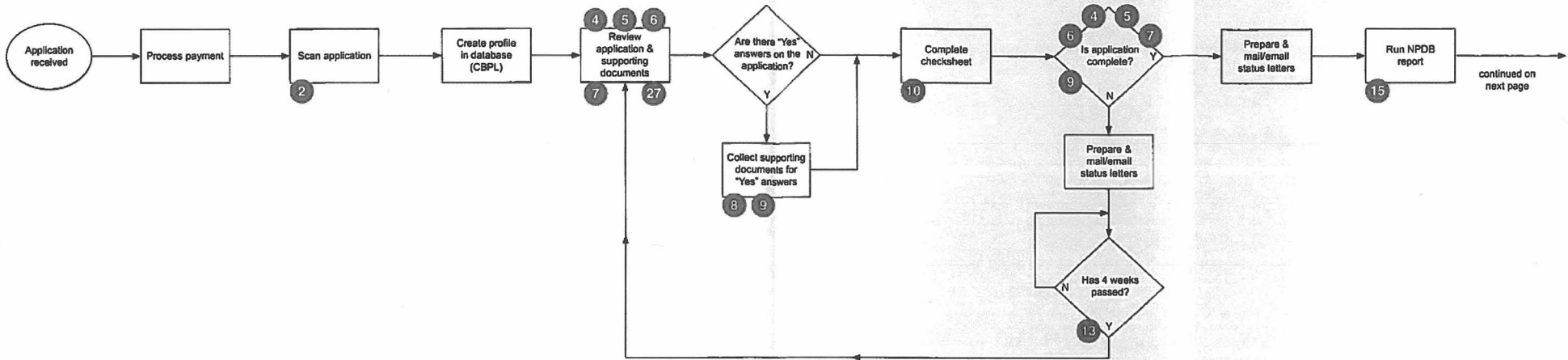
No opposition

## Medical Licensure Process

1 3 11 12 14 16 21 24 26

Process Advantage® 3

### Current Process



### Rubs

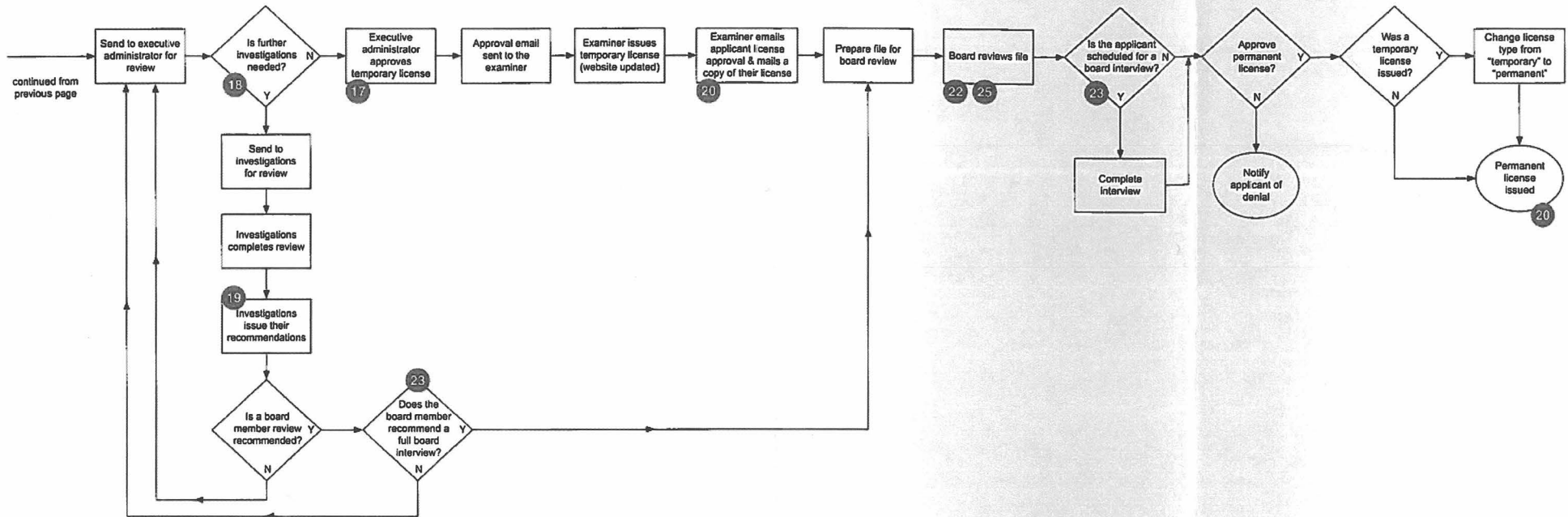
- 2 - Inconsistent scanning & stamping of documents. We need office assistants to be credible in scanning, especially on stamping important docs (i.e. notarized pages) & processing documents with fee's.
- 4 - Divisions policy of processing new applications within 10 business days. sometimes the timeline 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 NPDB 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

1 3 11 12 14 16 21 24 26

Process Advantage® 4



### 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

## **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.**

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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

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

**Fund Source (Operating Only)**

1156 Rcpt Svcs (DGF)	252.3		225.3	225.3	225.3	225.3	225.3	225.3
<b>Total</b>	<b>252.3</b>	<b>0.0</b>	<b>225.3</b>	<b>225.3</b>	<b>225.3</b>	<b>225.3</b>	<b>225.3</b>	<b>225.3</b>

**Positions**

Full-time	2.0		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	225.3
<b>Total</b>	<b>252.3</b>	<b>0.0</b>	<b>225.3</b>	<b>225.3</b>	<b>225.3</b>	<b>225.3</b>	<b>225.3</b>	<b>225.3</b>

**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.

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**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

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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](mailto:Senator.Cathy.Giessel@akleg.gov)



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February 7, 2018

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

Subject: Support for SB108, Physician Licensure

Dear Senator Giessel:

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

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

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

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

Sincerely,

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

Cc: Interior Delegation



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

Department of Commerce, Community,  
and Economic Development

STATE MEDICAL BOARD

550 West Seventh Avenue, Suite 1500  
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Fax: 907.269.8196

February 9, 2018

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

Senator Giessel:

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

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

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

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

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

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

Sincerely,

Craig Humphreys, MD, President  
Alaska State Medical Board

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

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



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

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

OFFICE OF THE COMMISSIONER

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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 cursive script that reads "Mike Navarre".

Mike Navarre  
Commissioner

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

# Alaska State Medical Association

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

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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

**From:** Barb Doty  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Tuesday, April 10, 2018 1:53:49 PM

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Rep. Kito:

I oppose the removal of sections 3 and 4 of this bill as the required licensing of medical assistants which are entry level and do not have prescribing or independent medical care privileges would be costly, unnecessary, and add to the already onerous administrative burden of medical practice that is driving the cost of Alaska's health care through the roof without significant improvement in health outcomes. Your recommendation is ill advised.

Barbara J Doty M.D.

Alaskan family Physician for 35 years

Former member, American Academy of Family Physicians Board of Directors

**From:** Bj Aldrich  
**To:** [Rep. Sam Kito](#); [Rep. Adam Wool](#); [Rep. Andy Josephson](#); [Rep. Louise Stutes](#); [Rep. Chris Birch](#); [Rep. Gary Knopp](#); [Rep. Colleen Sullivan-Leonard](#)  
**Subject:** SB 108  
**Date:** Tuesday, April 10, 2018 3:36:32 PM

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Dear State Representative,

My name is B.J. Aldrich and I am a Family Practice physician. I am the director of the Student Health and Counseling Center at the University of Alaska Fairbanks.

I am writing to you about SB 108 which was introduced by Sen. Cathy Giessel. I support this bill overall, particularly Section 3 relating to the delegation of routine medical procedures to medical assistants. Regarding Section 4, while I don't believe state certification is necessary for medical assistants, I am not against it.

I have heard that Rep. Kito is considering removing sections 3 and 4 and requiring **all** medical assistants to be licensed. I oppose this move as I believe it is unnecessary and will add costs and overhead burden to the hiring of medical assistants. At our clinic here, we utilize medical assistants to perform routine tasks directly under the supervision of licensed medical providers. Due to this supervision necessity along with the option of certification, I believe requiring medical assistants to be licensed is unwarranted.

I ask that you please support passing SB 108 as written.

Respectfully,

Betty J. (B.J.) Aldrich MD  
Director  
Student Health and Counseling Center  
University of Alaska Fairbanks  
907-474-7043, fax 907-474-5777

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**From:** Harbir Makin  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Tuesday, April 10, 2018 3:27:39 PM

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Dear Representative Kito:

This bill just does not make sense ! All the medical assistants do in an office is check in and check out patients, and at the most check blood pressure etc. They do not make any treatment decisions like an RN, a NP or a PA might.

This is another layer of bureaucracy that makes hiring more difficult and expensive. These workers really pose no threat to the patients, and unlike nurses, nurse practitioners or physician assistants, the MA's do not make any treatment decisions.

I hope you will reconsider the consequences of this bill. We are already struggling with high costs in running primary care offices.

Best,

Harbir Makin, MD

**From:** robtory haight  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Tuesday, April 10, 2018 6:17:51 PM

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Dear Rep. Kito, I am against requiring all MA's in Alaska to be certified/licensed. I have been practicing medicine in Alaska for 20 years. In that time, I have relied heavily on unlicensed MA's to perform routine functions in the care of my patients. In the past 18 years in Juneau, I have worked almost exclusively with unlicensed MA's. These workers work under close supervision of licensed medical providers and are trained well in outpatient medical procedures such as drawing blood, performing x-rays, giving vaccinations, and taking medical histories from patients. Many primary care clinics would not be able to afford licensed LPNs or RNs and requiring current working unlicensed MA's to stop working in order to obtain the required certification would cause a serious disruption in patient care.

Thank you for your time.

Robert W. Haight MD/Family and Urgent Care Medicine/Juneau, AK

**From:** Crisandra McCarthy  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Tuesday, April 10, 2018 4:06:08 PM

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Please keep SB 108 as written and do not amend it. If your guidelines for amending it is using that of the Nurse Aide statutory provisions, please be informed that as medical assistants, we receive different training compare to what they get. As the saying goes, "DO NOT FIX WHAT IS NOT BROKEN". As a Medical Assistant, we work side by side as a team with our doctors/providers when providing patient care. Never in my entire Medical Assisting Career have I had to use my independent judgement when giving patient care. Not only were Nationally recognize as Certified Medical Assistants, we are also Internationally recognize. This is a waste of the state money whose already broke & man power.

**Crisandra McCarthy,CMA(AAMA)**  
Student Health & Counseling Center  
1788 Yukon Drive, PO Box 755580  
Fairbanks, AK 99775  
P:(907)474-7043  
F:(907)474-5777

**From:** Margaret E Kellogg  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Wednesday, April 11, 2018 9:46:14 AM

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Making MA's be licensed in the state of Alaska is a bad idea. Certified yes. Most MA's don't do anything that should require a license. They take vitals room patience and assist patients administratively. They do not prescribe meds or anything that should require them to be licensseed.

--

**Margaret E. Kellogg Office Manager/Insurance Coordinator**  
Student Health & Counseling Center  
1788 Yukon Drive, PO Box 755580 Fairbanks, AK 99775

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**From:** Robin Wahto  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108 - MEDICAL CARE/LICENSING/MEDICAL BOARD  
**Date:** Wednesday, April 11, 2018 9:29:19 AM

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Representative Kito,

I am opposed to the proposed changes to SB 108 that would remove Section 3 and 4. Requiring all medical assistants to be certified/licensed with the state will create unnecessary costs, and cause barriers to the hiring of medical office personnel. This will negatively impact patient care.

I do not believe there is legitimate public health and safety concerns to warrant the licensing of all medical assistants. Medical assistants have been employed by physicians in Alaska since the 1960's; I personally have been a member of the Alaska Medical Assistant Society (established in 1968) since 1981 and am not aware of any reported problems or actual events related to patient safety involving medical assistants during the past 35 years.

Medical assistants work under supervision of the physicians that employ them. SB 108 as passed by the Senate would establish authority for the Alaska Medical Board to set regulations regarding the delegation of duties to medical assistants. It is my feeling that the current version of SB 108 appropriately allows certification/licensing of medical assistants to be directed by the Alaska Medical Board.

There are currently only two other states in the US, South Dakota and Washington, that require full licensing of medical assistants. There are several other states that require limited licensing. In these states, it is my understanding that the licensed medical assistants are allowed to perform more advanced procedures; whereas medical assistants who are not licensed are allowed to perform routine duties. I believe this type of limited licensing would be most beneficial for the state of Alaska. This can be accomplished with the current version of SB108.

I support SB108 as passed by the Senate.

Robin Wahto  
Director of UAA Medical Assisting Program 1990 - 2017

**From:** Dwight Ellerbe  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Wednesday, April 11, 2018 9:51:31 AM

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I am not in favor of the amendment to require licensing of Medical Assistants. This would incur huge and unnecessary administrative costs and hassles for both the MA workforce and the physicians that hire them. Please eliminate this amendment.

Dwight M Ellerbe MD  
Alaska Center for Ear Nose and Throat

**From:** George Rhyneer  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Wednesday, April 11, 2018 11:04:06 AM

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Dear Representative Kito: Please don't amend SB 108 to require medical assistants to have a license. It's a heavy and not needed requirement that is a significant burden and without a major necessity. Medical assistants work in and under the license and supervision of their doctor who is by tradition and law responsible for their actions. Also medical assistants have an extremely varied job which is very different from one office to another, making some sort of license difficult to design or administer to cover all of their myriad duties. It would cost something to design, administer and follow by the division of licensing and have little or no effect on the quality of services now provided. George S. Rhyneer, MD, cardiologist in Anchorage (former member of Medical licensing board)



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# Alaska State Medical Association

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April 11, 2018

Honorable Representative Sam Kito  
Alaska State House  
State Capitol, Room 124  
Juneau, AK 99801

RE: House CS for SS for Senate Bill 108

Dear Chairman Kito:

On behalf of the Alaska State Medical Association representing over 500 Alaska based physicians, I am submitting this letter in strong opposition to House CS for SS for Senate Bill 108. ASMA supported the Senate version of SB 108 as transmitted to the House. The three goals of the Senate version were to:

1. Allow the Executive Director of the Medical Board to issue temporary licenses to clean applications as opposed to waiting for the Board to meet and issue the licenses. ASMA supports this provision. (Section 1&2)
2. Allow the Board to adopt regulations providing for delegation of routine medical procedures to unlicensed personnel. ASMA supports this provision. (Section 3) and,
3. Allow the Board to adopt requirements for certification of medical assistants. This provision was for the sole purpose of allowing a physician to delegate looking up information on the prescription drug database (PDMP). Current law requires persons using the PDMP to be licensed or registered under title 08 of Alaska statutes. (Section 4) ASMA believes full certification is overkill for the sole purpose of using the PDMP and will add costs but has noted it is workable and supports passage.

House CS for SS for Senate Bill 108 removes sections (3) and (4) and would require **all** medical assistants to be licensed. ASMA believes this will create unnecessary costs and burden hiring employees, affecting hundreds of medical offices, rural health clinics, hospitals, and nursing homes across the state. If passed overall healthcare costs will go up not down.

The state's Nursing Board currently authorizes APRN's to delegate routine medical procedures like injections to medical assistances under their supervision. (AS 08.69.805) It was recently discovered that Medical doctors lack the same authority under State Statues. This discovery has disrupted current practice norms that have existed for decades and needs to be fixed. This strange state of affairs is the primary but not only reason ASMA supports passage of the original Senate version of SB 108.

Sincerely,

Mike Haugen  
Executive Director  
Alaska State Medical Association

CC: Senator Kathy Giessel, Crystal Koeneman



## Hillside Family Medicine, LLC

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John Nolte, M.D. • Miriam Nolte, M.D. • Scott DeBerard, D.O. • Rachel Coleman, PA-C  
Julie Wilson, M.D. • Jennifer Davis, PA-C • Helene Eliassen, M.D. • Tonya Caylor,  
M.D.

To: Honored Representatives

From: John Nolte, MD

Re: SB 108

Dear Representatives,

The local chapter of the AAFP has informed us of the pending bill which the local American Association of Family Physicians and the Alaska State Medical Association endorse. We are also aware of intent by Rep Kito to modify the bill to require licensure of medical assistants which the above organizations and Hillside Family Practice opposes.

My wife and I operate a busy family practice clinic in south anchorage since 1998. We have hired numerous medical assistants over the years – many certified MA's and many uncertified. While Rep Kito's intent to protect the public from MA's that have been fired is laudable, frankly it has not been a problem so long as a clinic follows good employment practices. We have found checking references, the state criminal database and the Medical Group Management Association has caught the few bad players. Creating another level of bureaucracy increases cost, delays employment and outweighs any potential good. Are we going to not hire a person because they have been fired?

Many of our assistants have no medical training. They are looking for experience to help guide their search for a well matched occupation. In fact, our untrained assistants include 4 current physicians, 5 PA's, 2 RNs. Young people use this opportunity as a stepping stone for advancement in the medical field. How are you going to license someone like that? Many start as a receptionist, then desire to help with medical care and are taught skills as they go. When do they become medical assistants and not receptionists? All of our providers are actively involved in teaching from career academy, medical students, residents, PA's and NP's – we love helping young people develop and grow.

I encourage you to not make entering the medical profession more burdensome than it already is.

Respectfully – John Nolte, MD

John Nolte, M.D. • Miriam Nolte, M.D. • Scott DeBerard, D.O. • Rachel Coleman, PA-C  
Julie Wilson, M.D. • Jennifer Davis, PA-C • Helene Eliassen, M.D. • Tonya Caylor,  
M.D.

April 11, 2018

RE: Valdez Medical Clinic MA's

To Whom It May Concern;

This letter is to address the issue of certified medical assistants versus medical assistants trained on the job.

Our Family Practice clinic in Valdez, Alaska employees six MA' and would like to employ more. These MA's are vital to our practice. Currently of our six MA's, only one is certified. Our remote location limits qualified applicants, let alone certified applicants, so we hire employees that have an interest in patient care and train them to the MA position. RN's are similarly unavailable. Earlier this year we went with no RN and only 3 ½ MA's. Even during this slow season tasks went undone, patient care suffered and everyone burned out.

Should it come to pass that all medical assistants must be certified it would make it impossible for us to maintain the staff that we need to take care of our patients. We know of no evidence that our home trained MA's have not performed admirably. Since they practice under our licenses and we are the ones who would be morally and legally liable if they did something wrong, we are careful to train and use them only for routine tasks, only under supervision, and only to the extent of their capabilities.

Incidentally, although the ASMA has said that Section 3 is acceptable, there are ramifications that have not been thought through carefully to not letting doctors delegate duties related to opioid use and addiction. Safe prescribing of opioids (including Suboxone) requires pill counts and urine drug screens. MA's routinely do this work, partially to best use the doctor's time and partially for accurate results (urines need to be processed quickly to confirm that the temperature is consistent with a fresh specimen, not one brought in). Front desk personnel may help call patients in for random checks; do you really mean to require that I do these phone calls myself? Please delete this requirement entirely.

It would be very useful to let MA's query the AKPDMP site. I am willing to risk my license should my designated MA misuse this privilege. Otherwise, change is not needed in what duties doctors can delegate to MA's or in how they are trained to assist us. This new regulation of MA's will be costly and will detract from patient care in rural areas like ours in which trained assistants are non-existent.

Please take into consideration this letter as we know this is a problem for all rural areas in Alaska.

Sincerely,

Dr.'s of Valdez Medical Clinic, LLC

Kathleen G. Todd, M.D.

John S. Cullen, M.D.

Samuel Shirk, M.D.

Megan Rayman, M.D.

  
**AWC**  
*Anchorage Women's Clinic*  
ANCHORAGE AND EAGLE RIVER

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April 11, 2018

The Honorable Sam Kito  
House of Representatives  
Alaska State Capitol  
Juneau, AK 99801-1182

Dear Representative Kito:

I have become aware that SB108, a bill addressing several aspects of the work of medical assistants, has been assigned to the House Labor and Commerce Committee, and you have proposed requiring full licensure of medical assistants. May I be frank? THIS IS CRAZY! It will increase costs, and be an unnecessary burden and an obstacle for those considering an entry level job in the medical field.

We have 13 medical assistants currently working at Anchorage Women's Clinic. Unlike some medical offices, we require that they be *Certified* Medical Assistants, but their tasks within the office are highly routinized and supervised. Our medical assistants room patients, take vital signs, perform phlebotomy, scribe for practitioners, input orders or referrals that practitioners review before signing, and update medical charts with new information (such as entering labs and pap results into a database). They are trained, as all of our employees are, in the requirements of HIPAA. Their scope of practice does not allow them to advise or treat patients, to render opinions on results, nor would we ever seek this.

Those who seek employment as medical assistants are seeking stable paying jobs at a reasonable entry level (not requiring an advanced degree), and burdening them with the financial and paperwork requirements of licensure would not only create an obstacle to them entering the field of medicine, but unnecessarily create further backlogs at the state level. We (owners, practitioners, and employees) do not need more regulations of this kind in medicine.

Please oppose this provision, even as the state seeks new and novel sources of income.

Thank you,



Tina Tomsen, MD

Anchorage Women's Clinic

Karen McCreary MD • Tina Tomsen, MD • Allison Gibbs, MD • Dana Espindola, MD

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[www.anchoragewomensclinic.com](http://www.anchoragewomensclinic.com)

**From:** Ty Bell  
**To:** [Rep. Sam Kito](#); [Rep. Adam Wool](#); [Rep. Andy Josephson](#); [Rep. Louise Stutes](#); [Rep. Chris Birch](#); [Rep. Gary Knopp](#); [Rep. Colleen Sullivan-Leonard](#)  
**Subject:** Medical Assistant licensing  
**Date:** Friday, April 13, 2018 8:53:06 PM

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Dear Madams and Sirs,

It has come to my attention that your committee is entertaining the idea of further burdening medical practices with more cumbersome and unnecessary regulation regarding ancillary medical staff as it pertains to my medical practice and my Alaska colleagues' medical practices. If I understand correctly, an amendment is being considered to require licensing of all Medical Assistants (MA) who work in the state of Alaska. In my practice, I utilize Medical Assistants to perform many medical office functions, but please keep in mind several key points:

- The Alaska State Medical Board (ASMB) oversees the ethical conduct of all physicians licensed in the state. The ASMB already has guidelines in place regarding proper functioning of MAs.
- As a licensed physician in the state of Alaska, I already adhere to those medical board guidelines for the function of any MA I bring aboard. With significant consequences for not doing so, I suspect my fellow Alaska physicians also do so.
- Further, an MA working in a medical office is under the DIRECT supervision and works within an accepted scope determined by the medical provider. This scope can vary somewhat depending on the provider, but never compromises insuring the hired MA is properly trained to perform requested duties, and is working within the guidelines outlined by the ASMB.
- As part of my Hippocratic Oath, I never hire a MA without properly vetting them, plus most importantly, training them to my satisfaction, then ongoing supervising them, to insure that they render an extension of medical care I expect for any/all patients in my practice.
- I am completely unaware of any material serious compromises in Alaska patient care due to an egregious error by a MA in this state, per the current guidelines in place. If I am uninformed, I welcome enlightenment of serious patient compromise by an Alaska MA.

In closing, I refer to the old adage "If it ain't broke, don't fix it." In my 30 years in medicine, I have seen the increasing encroachment/intrusion in to medical practices by the non-medical "experts" that has successfully eroded the quality of care and led to more and more medical provider dissatisfaction. Please do not add another layer of bureaucratic unnecessary crap to our daily lives that will do nothing positive to improve the provider-patient encounter, and may well further erode it.

Respectfully submitted,

***Joseph Ty Bell, M.D.***

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**From:** Megan Rayman  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Wednesday, April 11, 2018 1:51:11 PM

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Dear Senator Kito,

I am a physician in Valdez, Alaska. As you know, Valdez is a small town and we only have a small population base to chose from when hiring Medical Assistants. Medical Assistants are integral to us being able to provide outpatient services to the community of Valdez and beyond. Currently there are only three licensed Medical Assistants in Valdez. We employ 8 persons who fill the role of Medical Assistant but only one of these employees is a certified Medical Assistant. There is no way for our employees to become certified without moving away from Valdez for at least 9 months. If you require Medical Assistants to be licensed to work in the state of Alaska you will greatly reduce the ability of the physicians in Valdez (and I suspect other rural Alaskan communities) to provided needed healthcare. Please reconsider your stance.

Sincerely,

Megan Rayman, MD

**From:** nperez@juneauurgentcare.com  
**To:** [Rep. Sam Kito](#)  
**Subject:** SB 108  
**Date:** Friday, April 13, 2018 1:52:00 PM

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Dear Rep. Kito,

I am against SB 108. There are no sufficient certified/licensed MAs in Alaska to fulfill all the available positions. Between 25-50% of MAs have to be imported from the lower 48 at an additional expense and additional pay offer (25-35% above the lower 48 hourly rate). Also if they do not stay the medical practice has to pay their travel back per Dept. of Labor Regulations. The end result of your bill will be to drive up health care cost and to decrease access to our population.

Please do not do this disservice to our beloved State residents and visitors,  
Sincerely,  
N Perez