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A PERFORMANCE REVIEW
OF THE
ALASKA STATE MEDICAL BOARD

October 30, 1978

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OF THE
ALASKA STATE MEDICAL BOARD

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Development

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Alaska State Medical Board

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STATE OF ALASKA

THE LEGISLATURE

BUDGET AND AUDIT COMMITTEE

AUDIT DIVISION
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FINANCE DIVISION
POUCH WF—STATE CAPITOL

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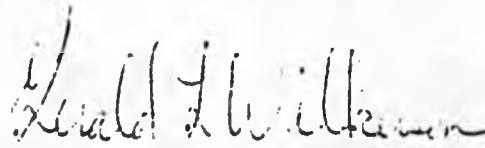
October 30, 1978

Members of the
Legislative Budget and Audit Committee:

In accordance with the intent 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

October 30, 1978



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 Alaska Statutes 24.20.271(1) and 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, 1979, but will continue until June 30, 1980 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) Interviews with Board members and questionnaires sent to the Board;
- (3) Interviews with health agencies and professional association;
- (4) Tests of records and documents of the Board and the Division of Occupational Licensing (OL), Department of Commerce and Economic Development;
- (5) Interviews with OL employees;
- (6) Complaints filed with OL, the Ombudsman's Office, Consumer Affairs Agency, and the Equal Employment Opportunity Office;
- (7) Other states' statutes and regulations; and
- (8) Questionnaires sent to persons regulated by the Medical Board.

Scope Constraints

This review was hampered by the following constraints:

- (1) The Board has not established and reported financial and program plans as required by AS 37.07.050 nor has it developed and reported performance information regarding its effectiveness and accomplishments as required by AS 37.07.090.
- (2) The Division of Occupational Licensing has not adequately collected, recorded and maintained pertinent files and statistics relating to the Board to effectively and efficiently carry out its administrative responsibilities.

ORGANIZATION AND FUNCTION

The State Medical Board is a regulatory board with seven members - five licensed physicians, and two 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 in the State 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. Hold 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, chiropractors, advanced nurse practitioners (ANP's), 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 eight 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.

Applicants 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, thereafter re-application must be made.

REPORT CONCLUSION

Policy Issues

This review contains policy issues raised as a result of our evaluation of various Board practices. The final policy decisions affecting these practices are not within the scope of this review but require legislative consideration. In debating these decisions, the legislative oversight committees should take into consideration the findings and alternatives presented in this report, so that the potential impact of policy changes can be evaluated.

Report Conclusion

In our opinion, the State Medical Board should be reestablished with consideration given to our recommendations that the Board be reorganized to provide a greater public awareness on the Board.

The practices of medicine, osteopathy, and acupuncture by physicians, osteopaths, paramedics, podiatrists, chiropractors, and physician assistants is regulated by the Alaska State Medical Board. In addition, the Medical Board jointly regulates the practice of medicine by advanced nurse practitioners with the Board of Nursing. Because these occupations affect the public health, safety and welfare, in our opinion they should be subject to regulations and controls. Establishing minimum educational experience requirements provides the public reasonable assurance that persons licensed are qualified. In addition, an active investigation of complaints from the public and other practitioners assures the public that those licensed continue to practice in a competent manner.

In our opinion, these functions are needed for the protection of the public. However, we do not believe the Medical Board has effectively accomplished these functions. We are making recommendations which should be implemented in order for the State Medical Board to effectively serve the Alaska public.

We recommend a reorganization to prevent one occupational group from acting to the detriment of another and to provide a greater assurance that the public's interest is considered (see Recommendation No. 7).

We have recommended that the Board act in a timely manner to pass regulations needed to protect the public. The emergence of the mid-range medical profession has not been effectively handled. After four years, the Board has not passed regulations establishing the qualifications and scope of practice of the mid-range health care practitioner (see Recommendation No. 1).

We have recommended that consumer complaints be examined on the basis of merit. Regulations are needed to define improper business practices engaged in while practicing medicine as a violation of the licensing law. Presently, consumer complaints are either not examined or referred to the Alaska State Medical Association's grievance committees (see Recommendation No. 2).

The Board has not effectively policed the profession. This is primarily due to the fact that the Division of Occupational Licensing (OL) has not provided the required investigations for the Board. However, the Board has powers defined under the Administrative Procedures Act, which could be used to investigate instances involving the threat of life or severe public harm (see Recommendation No. 3).

We have also recommended possible statutory amendments in areas where such changes increase the effectiveness of the Board (see Recommendations No's. 4 and 8).

FINDINGS AND RECOMMENDATIONS

Findings and Recommendations No. 1 through No. 8 are addressed to the State Medical Board. Findings and Recommendations No. 9 and 10 are addressed to the Division of Occupational Licensing (OL) and should be read in conjunction with "A Performance Review of the Division of Occupational Licensing, Department of Commerce and Economic Development, October 30, 1978", issued under a separate cover.

Recommendation No. 1

The Alaska State Medical Board should adopt necessary regulations to protect the public in a more timely manner.

In 1974 AS 08.64.107 was passed which required the Board to adopt regulations for physicians' assistants (PA's), establishing their qualifications and scope of activities. In 1973 AS 08.68.410(5) was passed which required the State Medical Board to jointly pass regulations with the State Board of Nursing for advanced nurse practitioners (ANP's). The emergence of these new mid-range practitioners caused confusion in the medical community regarding their role in providing health services. In addition, the Board did not recognize the trained physician's assistant as a health care professional. Some physicians were concerned that the emergence of physicians' assistants as professionals would threaten the existence of the traditional physician-helper or health aide. Defining the role of the physician's assistant and the type of relationship that should exist between him/her and the supervising physician appears to be the primary difficulty of the State Medical Board in passing regulations controlling the minimum qualifications of the physician assistant.

In our opinion, the Board should have passed regulations defining the minimum qualifications of mid-range health practitioners working independently or in an extended relationship from the supervising physicians. Because the Board took over four years to pass these regulations, there are presently persons providing health services who have questionable qualifications to do so. In questionnaires returned by the medical profession, we found: 75% believed PA's are needed, 76% believed ANP's are needed, 89% believed regulations should be established to assure that both PA's and ANP's have obtained technical competency, and 31% were aware of PA's or ANP's that may have not achieved such technical competency (see Appendix E).

The Board on September 22, 1978 proposed regulations which should provide the framework for the mid-range medical professions. This occurred after a Letter of Intent for SB 556 from the Alaska Legislature strongly urged the Board to pass regulations for physicians' assistants (see Appendix B), and after considerable lobbying on the part of both the

profession and concerned members of public and private groups.

The proposed regulations passed for ANP's and PA's have some potential problems:

- A) There are inequities in the legal treatment of PA's and ANP's which could place an economic hardship on the physician's assistant. For example, the PA must work under a more restrictive supervision arrangement than the ANP.
- B) The Board requires supervising physicians to visit rural clinics every two weeks unless a waiver is granted. If waivers are not freely granted many rural clinics will not be economically feasible, reducing the health care available in rural Alaska.
- C) The regulations do not address the prescribing authority for physician's assistants, and the prescribing authority regulations for advanced nurse practitioners are vague. Regulations should specify whether mid-range practitioners are licensed to prescribe drugs and define any limitations on their prescribing authority.
- D) The regulations do not address malpractice insurance. The regulations should require physicians' assistants and advanced nurse practitioners to demonstrate, before licensure, that they are covered by the supervising physician insurance policy or that they have obtained malpractice insurance on their own.
- E) There is no requirement that the physician assistant identify himself or herself as a physician's assistant rather than as a medical doctor. The Pharmacy Board has noted that this is already a problem because the public at times is unaware that they have seen a physician's assistant rather than a medical doctor.
- F) Proposed regulations for physician's assistants attempt to establish a license fee schedule in conflict with AS 08.64.315 in which license fees to be changed are set.
- G) Since rural health clinic services are mandatory under Title XIX of the Medicaid regulations and since these clinics are to use the services of PA's and ANP's, if regulations for the qualifications of the PA's and ANP's are not promulgated by the Board, the U. S. Department of Health, Education and Welfare could withhold all or part

of Alaska's Medicaid funding. In FY'79 the Medicaid appropriation is \$38,000,000 (see Appendix C).

Legislation may be needed to assure public access to qualified health care practitioners if the problems discussed above are not addressed by the State Medical Board in a timely manner.

Recommendation No. 2

Regulations are needed to ensure that consumer complaints receive an impartial examination on the basis of merit.

Presently only complaints filed by physicians are investigated. Consumer complaints have not been properly examined for merit. The State Medical Board has resolved that all consumer complaints are to be sent to the Alaska State Medical Association's local grievance committees. These committees, composed of local physicians, are informal and have no regulatory powers. Therefore, to assure an impartial review, consumer complaints should not be sent to the Alaska State Medical Association, and the State Medical Board should rescind this resolution.

We recommend the Board establish regulations defining economic actions to be considered improper and not in the best interest of the public. Presently consumer complaints are not examined because they address economic issues. Economic improprieties by licensed persons should be considered unprofessional conduct subject to licensure revocation or disciplinary action by the Board. The licensed person has a greater responsibility for self-restraint because the consumer does not always have the technical knowledge or the ability to make a choice of providers.

Regulations should be established to ensure that improper acts and practices by the profession are considered licensing violations. They should include, but not be limited to:

- A. Entering into fee sharing agreements or kick-back arrangements.
- B. Refusing to provide services to any group of people or organization based on race, religion, creed or ethnic background.
- C. Engaging in false or misleading advertising. The present statute AS 08.64.380 (D) prohibiting advertising is unconstitutional based on an Attorney General's opinion and a U.S. Supreme Court decision.
- D. Engaging in unfair business practices which are deceptive, fraudulent or not in the best interests of the public's economic welfare.

The auditors were informed that the Board's past action on consumer complaints resulted from the Board's inability to have extremely serious problems investigated by the Division of Occupational Licensing. We agree that the Division has not provided the necessary support, and we also agree that it is better to have the Alaska State Medical Association examine consumer complaints than to have no action taken at all.

A preferred method would be to have an impartial review of complaints made on the basis of merit, regardless of who files the complaint. In a performance review of the Division of Occupational Licensing we have made recommendations which, if implemented, should provide the investigative and clerical support needed to review consumer complaints.

Recommendation No. 3

The State Medical Board needs to more effectively police those persons regulated by the Board.

The Board has not been able to effectively police persons regulated by the Board because they have not received the required investigative support prescribed by AS 08.01.050(19). In a performance review of the Division of Occupational Licensing (OL) we make recommendations which if implemented should provide this support.

During the last 4 years the Board has demanded prompt action on the part of the investigative staff, but they were informed there was insufficient manpower or that the investigators were busy on other cases. The performance review of the Division noted 24 cases classified as life threatening or which pose a severe threat to the public; 14 of these cases had received no investigative action by the Division.

However, the Board is granted substantial authority to investigate and enforce statutes and regulations effecting the Board by the Administrative Procedures Act. If proper investigative assistance is not provided, then the Board, in serious cases, should exercise the powers granted to it.

In addition, investigations are hindered by the lack of regulations promulgated by the Board for the enforcement of Medical Board Statutes. The Board should identify violations and penalties for business and professional actions of persons licensed by the Board which are not in the best interest of the Alaska public, as discussed in Recommendation No. 2.

Recommendation No. 4

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. This may require a statutory change.

Under AS 08.64.336 physicians are required to report to the Medical Board any patient who practices medicine and who represents a real or potential danger to the public.

However, there is no requirement for a hospital to report a practitioner who is a possible danger to the public. Because a hospital normally refuses or restricts a practitioner's hospital privileges when a practitioner is a possible danger to the hospital's patients, such restrictions should be reported to the Board for investigation. In some cases, the investigative unit of the Division of Occupational Licensing has not been able to provide a timely investigative effort because they were unaware of existing problems.

If hospitals were to report such actions, the Medical Board could initiate an investigation to determine if a questionable practitioner should retain his license.

Recommendation No. 5

The State Medical Board should establish formal goals, objectives and quantifiable measures which should be included in the OL's budget document.

Objectives describe what an agency or Board is seeking to accomplish during a specific year. Well formulated objectives are capable of measurement and should include numerical targets so that actual accomplishments can be compared with stated targets. Without goals and objectives, the Board's performance cannot be adequately evaluated and analyzed.

OL establishes its own budget goals and objectives. The budget documents do not include any goals or measures for individual boards. Without the Board's goals and measures being identified or measured, neither the Governor's Office nor the Legislature can evaluate the Board's performance.

In addition, AS 08.64.140 requires that the Board furnish an annual report on the Board's activities for the preceding year. This has not been done.

Recommendation No. 6

Regulations are needed to enact the continuing education requirements established by statute.

In 1976, the Legislature required the Board to promote a high degree of competency in the practice of medicine by requiring every licensed physician to fulfill continuing education requirements to be established by the board. This is a commendable objective and should be required of all persons who are regulated by the Board.

The Board approved, on September 22, 1978, continuing education requirements. These regulations will not be finalized until they have been reviewed by the Attorney General and have gone to public hearings. We encourage the Board to enact the regulations proposed to promote continued competency.

In questionnaires returned by the profession, a substantial majority believed continuing education for all occupations should be established. The delay in establishing these regulations does not appear to have had an adverse effect on the qualifications of the profession. Ninety-eight percent (98%) of the practitioners stated they had attended continuing education classes or seminars within the last two years. The average classroom hours attended was 87 (see Appendix E).

Recommendation No. 7

The Board should record oral interviews with applicants seeking licensure.

The Board presently does not record oral interviews with applicants. AS 08.64.255 requires each applicant for a license by endorsement to have an interview in person with at least one Board member. The interview is required to be recorded, and the record preserved. If an applicant is denied licensure on the basis of the interview, he must be so informed in writing.

To protect the rights of the applicant and to assure that possible allegations of improper questions, grading or favoritism can be refuted by the Board, a record of the interview should be made. This record should then be placed into the custody of OL to be preserved.

Recommendation No. 8

A statutory change should be considered which will allow all persons regulated by the Board and the public to be adequately represented on the State Medical Board.

The Board regulates physicians, osteopaths, physician assistants, paramedics, podiatrists, and advanced nurse practitioners. The Board is currently composed of five physicians and two 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 a non-represented occupational group. In questionnaires returned by the medical profession, 8% believed the Medical Board discriminated in licensing or investigative actions and 6% believed the Board discriminated in licensing minority groups. Some respondents commented that the Board had discriminated in licensing PA's and ANP's or in licensure of non-United States physicians.

Because the regulations and policies of the State Medical Board have a substantial impact on the health, welfare and ultimately the medical costs paid by the public, the use of additional public members is desirable. Knowledgeable active public members provide a valuable point of view otherwise absent on a board on which a substantial majority of the members are license holders. Public members represent the consumer's view, and are therefore more likely to be concerned with consumer complaints.

To assure uniformity in the practice of medicine in Alaska, it would be desirable to have as a member an advanced nurse practitioner. This person could work as a liaison between the Board of Nursing and the Medical Board. In our examination of the Board's performance, we noted that a formal means of communication between the two Boards will be necessary if there are to be meaningful regulations and continuity in the practice of medicine in Alaska.

In questionnaires returned by the profession 56% believed persons regulated by the Board should be represented, 33% did not, and 11% had no opinion. We asked if the Board had operated in the public's best interest; only 48% said yes, 20% said no, and 32% had no opinion. We asked how the membership of the Board should be structured; 61% wanted a majority of physicians, 31% wanted an equal number of public members and only 6% wanted a majority of public members on the Board.

Recommendation No. 9

The Division of Occupational Licensing should issue licenses only after Alaska State Medical Board approval as required by AS 08.64.130.

Our review of licenses issued between 1975 and 1978 found the Division issued licenses without evidence of Board approval documented in the minutes, or in the licensees' files

as required by statute. Some files were reviewed by two Board members but there is no evidence of Board approval.

The lack of documented Board approval for licensees may raise questions as to the legality of licenses issued. To assure that those persons in possession of non-approved licenses are qualified, we recommend the Board review those licenses and verify their validity.

The Board is required by AS 08.64.130 to preserve a record of all applicants. This function is a Division responsibility which has not been performed. OL should establish procedures to assure that only licensees approved by the Board receive licenses.

Recommendation No. 10

The Division of Occupational Licensing should collect, record and maintain for five year periods files and statistics of license and testing applicants and related workload of the licensing examiner.

The Division needs relevant facts and statistics for evaluating the performance of its personnel and Board activity. Many past records have not been collected and maintained, such as:

1. Number of persons licensed by the Board in past years;
2. Records of those applicants failing the examination;
3. Numbers of applicants denied the chance to take the examination due to lack of qualification;
4. Number of complaints and criticisms about the performance of the Board and its staff;
5. Correspondence workload of license examiners; and
6. Number of persons requesting applications.

It is to the advantage of the Division to keep these records in order to support its budget request, evaluate its personnel and keep the Board informed as to its progress. Also, feedback from the Board and the public should be encouraged to determine whether staff performance is adequate (see the OL Performance Audit Report).

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. In 1974, the Board held public hearings on proposed regulations for physicians' assistants.
3. The Board provides an examination twice a year for candidates.
4. On November 8, 1975, the Board established regulations for midwives.

B. The following conditions and activities existed which could not be demonstrated to be in the public's best interest:

1. Although the Board held hearings in 1974 on physicians' assistants, no regulations were promulgated. This has raised accusations the Board is functioning in a restrictive manner. In addition, because these regulations were not passed persons with questionable qualifications are practicing medicine (see Recommendation No. 1).
2. In questionnaires returned by the profession, 20% believed the Board has not acted in the public's best interest, although 72% believed the Board was necessary (see Appendix E).
3. 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. 2 and the OL Performance Audit Report).

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 \$43,300 (see Appendix A).
- 2) The Board believes that they usually receive competent support from the clerical staff of OL (see Appendix D).

B. The following practices have impeded the Board's performance:

- 1) The Division of Occupational Licensing (OL) has not maintained updated records, files, and statistics for Board use (see Recommendation No. 10 and the OL Performance Audit Report).
- 2) The Division has not provided necessary investigation required by AS 08.01.025(19); and the Board has not provided regulations covering unethical or improper actions on the part of licensees (see Recommendation No. 3 and the OL Performance Audit Report).
- 3) One Board member believes the Board needed telephone credit cards to allow members to do Board business without excessive personal cost (see Appendix D).
- 4) Two Board members believe that having a full-time clerical support position would enhance the Board's performance and that high turnover in the clerical support position has hindered the Board's performance.

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) Resolved that AS 08.64.311 be changed to allow relicensure every three years.
- 2) Resolved that a proposed statute change which would have allowed optometrists to prescribe drugs not be passed.

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. In 1974, public hearings were held on the use of PA's in Alaska.
2. Since 1974, extensive testimony and numerous statements have been presented to the Board concerning licensure and regulations for PA's. These include regulations drafted by the Physician's Assistant Academy, regulations drafted by the State Board of Pharmacy, letters from public and private groups and a letter of intent from the Legislature (see Appendix B).
3. In July 1978, the State Board of Nursing presented regulations and testimony to the Medical Board on the need to regulate advanced nurse practitioners.
4. In July 1978, proposed regulations for paramedics were presented with testimony on the need to regulate paramedics. These regulations were approved for public hearings.

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, examinations and public hearings are advertised in newspapers by OL to encourage public participation. In some cases, OL has placed the advertisements for examinations after the deadline to submit an application (see the OL Performance Audit Report).

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. One complaint has been filed with the Ombudsman's office concerning the length of time the Board has taken to present regulations for PA's. The complaint was found justified. The Board has approved for public hearings regulations for PA's (see Recommendation No. 1).

- B. Public complaints have not been efficiently handled (see Recommendation No. 2 and 3 and the OL Performance Audit Report).

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

- A. The following demonstrate the Board's performance in the past 4 years in presenting qualified applicants, and assuring their continued competence:
 - 1. The Board has issued 220 licenses and 217 temporary licenses since June of 1976.
 - 2. The Board has requested several investigations based on complaints from physicians. In addition, the Board has taken action by way of resolution and discussions with OL's personnel in attempts to have investigations pursued (see Recommendation No. 3 and the OL Performance Audit Report).
 - 3. The Board has requested the submission of one licensee's license, and has revoked one temporary license.
 - 4. The Board has demonstrated a liberal policy of licensing by endorsing physicians from other states.
- B. The following conditions and activities existed which could not be demonstrated as presenting qualified applicants, and assuring their continued competence.
 - 1. During 1978, there were 14 investigative open files, which should be classified as life threatening or posing a severe threat to the public, that were not investigated by OL (see the OL Performance Audit Report).
 - 2. The Board has resolved to turn over consumer complaints to the Alaska State Medical Association's grievance committees for review. We recommend procedures be established to ensure impartial review of all complaints (see Recommendation No. 2 and the OL Performance Audit Report).
 - 3. The Medical Board was unable to examine a complaint against a PA because the Board had not established standards for PA's performance. The complaint was referred to the Academy of Physician Assistants.

4. The Medical Board did not establish continuing education requirements as required by statute. These regulations have been approved for public hearings.

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. Applications require unnecessary information such as an applicant's picture, race, and sex. This is a violation of Equal Employment Opportunity requirements (see the OL Performance Audit Report).
- B. In questionnaires returned by the profession, there were statements the Board had discriminated in actions with the non-physician occupations regulated, and had discriminated in the licensure of graduates of foreign medical schools (see Appendix E).

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. 8).
 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. 4).
- B. The Division of Legislative Audit recommended the Medical Board consider regulations to protect the public in the following areas:
 1. Regulations are needed to assure that mid-range medical persons working in an extended medical role are qualified to do so (see Recommendation No. 1).

2. 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. 2).

APPENDIXES

APPENDIX A

STATE MEDICAL BOARD
REVENUES COMPARED WITH EXPENDITURES
 FISCAL YEAR 1978
 (UNAUDITED)

Average Revenue (see Schedule 1 and Note 1)	\$39,800
Expenditures (see Note 2)	<u>43,300</u>
Excess of Expenditures over Revenues	<u>(\$3,500)</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 issuance of permit
Locum tenens Permits	25	With issuance of permit
Renewal, Active	100	Biennially
Renewal, Inactive	25	Biennially
Reexamination fee:		
(1) Part I	\$15	With application
(2) Part II	20	With reapplication
(3) Part III	<u>40</u>	75
(4) Part I & II by individ- ual subject	10	With reapplication

<u>Revenues</u>	<u>Amount</u>	<u>Collection Time</u>
Physician's Assistant (see Note 3)		
Application Fee	\$50	With application
Renewal Fee, Active	50	Biennially
Renewal Fee, Inactive	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 1977 and 1978 in order to obtain an accurate representation of collected revenues.

Note 2

Expenditures included those made by Board members, such as travel and per diem and an allocated percentage (estimated) of total administrative 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.

Note 3

This data is not presently effective. It is a segment of proposed regulations with regards to Physicians' Assistants adopted by the Alaska State Medical Board, and is in conflict with the licensing fees established by statutes (see Recommendation No. 1).

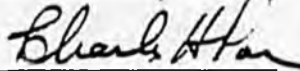
APPENDIX B

LETTER OF INTENT FOR SENATE BILL 556

House of Representatives
Committee on
Health, Education & Social Services

"LETTER OF INTENT FOR SENATE BILL 556

Upon review of Senate Bill 556, the House Health, Education & Social Services Committee has been informed that regulations regarding physician assistants have not been promulgated. Although AS 08.64.107 was passed in 1974 requiring the State Medical Board to adopt regulations, and there has been ample time to promulgate them, no regulations have appeared. This Committee strongly urges the State Medical Board, in conjunction with the Division of Occupational Licensing, to adopt regulations regarding the registration of physician assistants in Alaska. Copies of this letter shall be sent to the State Medical Board and the Division of Occupational Licensing.


Charles H. Farr, Chairman
May 1978"

The Finance Committee's letter of intent on SB 556 am appears as follows:

HOUSE FINANCE COMMITTEE
LETTER OF INTENT
FOR
SB 556 am

The House Finance Committee concurs in the Letter of Intent for SB 556 am adopted by the House Health Education and Social Services Committee.


Steve Cowper, Chairman
House Finance Committee

APPENDIX C

LETTER FROM THE DEPARTMENT OF HEALTH,
EDUCATION, AND WELFARE; MEDICAID



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION X
ARCADE PLAZA BUILDING
1321 SECOND AVENUE
SEATTLE, WASHINGTON 98101

HEALTH CARE
FINANCING ADMINISTRATION
Medicaid

Keith Busch, CPA
Auditor
Division of Legislative Audit
Pouch W
Juneau, Alaska 99811

OCT 6 1978

Dear Mr. Busch:

This is in response to your letter of September 5, 1978. In it you requested an analysis of Alaska's need for regulations regarding qualifications of nurse practitioners and physician assistants under Medicaid. You also asked if there is a possible fiscal impact on Medicaid funds if regulations are not promulgated concerning the practice of these mid-range professionals.

Public Law 95-210 amended Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act to provide payment for rural health clinic services staffed by mid-level professionals, i.e. nurse practitioners and physician assistants. The definitions of nurse practitioners and physician assistants are found in Section 1861 (aa)(3) of the Social Security Act which states "The term 'physician assistant' and the term 'nurse practitioner' mean a physician assistant or nurse practitioner who performs such services as such individual is legally authorized to perform (in the State in which the individual performs such services) in accordance with State law (or the State regulatory mechanism provided by State law), and who meets such training, education, and experience requirements (or any combination thereof) as the Secretary may prescribe in regulations."

The minimum qualifications as prescribed by the Secretary are found in 42 CFR 481.2(b) for Nurse Practitioner and 42 CFR 481.2(d) for Physician Assistant and read as follows:

(b) "Nurse practitioner" means a registered professional nurse who is currently licensed to practice in the State, who meets the State's requirements governing the qualifications of nurse practitioners, and who meets one of the following conditions:

(1) Is currently certified as a primary care nurse practitioner by the American Nurses' Association or by the National Board of Pediatric Nurse Practitioners and Associates; or

(2) Has satisfactorily completed a formal one academic year educational program that:

(i) Prepares registered nurses to perform an expanded role in the delivery of primary care;

(ii) Includes at least four months (in the aggregate) of classroom instruction and a component of supervised clinical practice; and

(iii) Awards a degree, diploma, or certificate to persons who successfully complete the program; or

(3) Has successfully completed a formal educational program (for preparing registered nurses to perform an expanded role in the delivery of primary care) that does not meet the requirements of paragraph (b)(2) of this section, and has been performing an expanded role in the delivery of primary care for a total of 12 months during the 18 month period immediately preceding the effective date of this subpart.

(d) "Physician assistant" means a person who meets the applicable State requirements governing the qualifications for assistants to primary care physicians, and who meets at least one of the following conditions:

(1) Is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians; or

(2) Has satisfactorily completed a program for preparing physician assistants that:

(i) Was at least one academic year in length;

(ii) Consisted of supervised clinical practice and at least four months (in the aggregate) of classroom instruction directed toward preparing students to deliver health care; and

(iii) Was accredited by the American Medical Association's Committee on Allied Health Education and Accreditation; or

(3) Has satisfactorily completed a formal educational program (for preparing physician assistants) that does not meet the requirements of paragraph (d)(2) of this section and has been assisting primary care physicians for a total of 12 months during the 18 month period immediately preceding the effective date of this subpart.

Both the Federal law and regulations make reference to State laws or regulations governing the qualifications of the practitioners as a requirement for certification of Rural Health Clinics.

Since Rural Health Clinic services are mandatory under Title XIX, a question of compliance could be raised if regulations governing the qualifications of the practitioners are not promulgated by the State.

In such a situation the HCFA Administrator pursuant to 45 CFR 201.6(a) could withhold, in whole, or in part, Federal payment made for Title XIX expenditures until the compliance question is resolved.

I understand that the Medical Board and Board of Nursing approved practitioner regulations at their September meeting and that these regulations are currently being processed through the State's hearing and adoption process. In view of this action, we believe the entire issue will be resolved shortly.

If you have any further questions please contact us.

Sincerely,

for *Carl R. Coggins*
Albert J. Benz
Regional Medicaid Director

APPENDIX D

QUESTIONNAIRE SENT TO BOARD MEMBERS
(see Note 1)

Please answer the following questions as completely as possible. The answers will help us to evaluate the Board's activities.

1. What do you believe to be the goals and objectives of the Medical Board?
 - A. To serve the public interest by assuring qualified persons are licensed.
 - B. To protect the public through regulating the medical profession.
 - C. To stimulate the expansion of medical care in areas of need.
 - D. To perform the duties imposed on the Board through legislation.

2. How does the Board measure its progress in meeting its goals and objectives?
 - A. There were no known formal methods for measuring the Board's progress or the quality of health care in Alaska.

The Board members suggested the following measurements:
 - B. Measurements of the Board performance be made by observing the quality of the occupation in the State.
 - C. The Board's performance could be measured by determining whether regulations that extend medical care are passed.
 - D. The Board's performance could be measured by the extent to which it polices the the profession and acts on enforcement cases.

3. Is the staff from the Department of Commerce and/or other departments adequate to perform and enforce all laws and regulations relating to the Medical Board Examiners? What staff support services are provided adequately/inadequately? Are investigations performed adequately/inadequately?

- A. Clerical and secretarial support of the Division is commendable.
 - B. The Board has not received needed investigative support requested.
 - C. The investigative staff needs to be increased so the Board may take action against serious cases.
4. What evidence exists demonstrating that the absence of medical regulations and/or the Board would be detrimental to the public's best interest?
- A. It is the personal conviction of the responding Board members that there is a need to regulate the medical profession.
 - B. That the public wants the medical profession regulated to provide adequate public protection.
 - C. The function could be performed by the Division of Occupational Licensing.
 - D. The fact that the majority of the Board members are physicians raises some question on the impartiality of the Board.
5. Are there any statutes or regulations that you believe to be obsolete, vague, unduly restrictive and/or inadequate to provide the Board with the responsibility and power to properly govern the purpose and activities of the Board? Please list and explain.
- A. Two Board members were unaware of any such statutes.
 - B. One member believed that temporary licensure as it is presently administered does not provide the Board sufficient time for a background check.
 - C. One member believed that a licensee should be required to demonstrate he/she has a sufficient grasp of the English language to be able to effectively communicate in the medical community.
6. What changes could be made to the Board which would improve its service to the medical profession and/or the public?
- A. Having a majority of the Board members be public members would be beneficial to the public.

- B. Establish Board responsibility to the consumer of the medical profession.
 - C. Board members should have a telephone credit card to offset the personal expense of doing Board business long distance.
7. In your opinion is/are the licensing of the following professionals in the Alaska medical community beneficial to the Alaskan public:

	<u>Number no's</u>	<u>Number Yes's</u>	<u>Number of no response</u>
A. Physicians' Assistants?	-0-	3	4
B. Emergency Care Paramedics?	-0-	3	4
C. Advanced Nurse Practitioners?	-0-	3	4

8. If in your opinion one or more of the above professionals is/are needed:

A. What degree of physician supervision is needed in each case?

1. Physician's Assistant (PA's):

a. A PA should work closely with the supervising physician, with at least bi-weekly on-site supervision.

2. Emergency Care Paramedic:

a. The paramedic should work with the supervising physician or should be in radio contact with him.

3. Advanced Nurse Practitioner (ANP's):

a. ANP's should work closely with the supervising physician, with at least bi-weekly on-site supervision.

b. In one member's opinion, because the ANP had more classroom training, they should be allowed more independence than the PA.

B. What degree of medical responsibility should be assigned to each:

1. Physician's Assistant?

a. Should perform those duties assigned by the supervising physician, within the

scope of practice of the supervising physician.

- b. Actions on the part of the PA not in the best interests of the public should be the responsibility of the PA.

2. Emergency Care Paramedic?

- a. Should perform life-sustaining measures only under the supervision of a physician. The physician should therefore be considered the responsible party.

3. Advanced Nurse Practitioner?

- a. Should perform those duties assigned by supervising physician within the scope of practice of the supervising physician.
- b. The ANP is by statute legally responsible for his or her acts.

9. Do you believe there is a conflict of duties or function between the Medical Board and the State-Wide Health Coordinating Council, and/or the Advisory Council on Emergency Medical Services, and/or any other State Board or Council?

- A. The members stated that they were unaware of any conflicts of duties or functions.

Note 1

A digest of the Board members comments was prepared by the Auditors. Three of the 7 Board members assisted us by answering our questions, and by supplying us with supplemental information. One Board member believed our questionnaire was subjective and information provided would serve to confuse rather than enlighten. We received no response from three of the members.

APPENDIX E

QUESTIONNAIRE SENT TO REGULATED PERSONS
(see Auditors Notes 1 & 2)

		(See Notes 1 & 2)		
		<u>As a % of Responses</u>		
		<u>Yes</u>	<u>No</u>	<u>Response</u>
1.	Have you been able to attend any continuing education seminars or classes within the last <u>two</u> years?	98%	1%	1%
2.	If so, how many hours of classes have you had? Average	<u>87</u>		
3.	Do you believe that State laws should require continuing education before the following licenses are renewed:			
	A. Physician Medical?	78%	21%	1%
	B. Physician Assistant?	81%	18%	1%
	C. Osteopathic Physician?	78%	21%	1%
	D. Intensive Care Paramedics?	81%	18%	1%
	E. Practitioners of Podiatry?	72%	21%	1%
4.	Have you ever had any contact with the State Medical Board?	55%	44%	1%
5.	If so, was it concerning:			
	A. applicant interview?	42%	57%	1%
	B. new regulations?	17%	82%	1%
	C. Board policy?	12%	87%	1%
	D. new legislation?	18%	81%	1%
	E. investigations?	6%	93%	1%
	F. other (please specify)?	7%	92%	1%

(See Notes 1 & 2)
 As a % of Responses

	Yes	No	No Response
--	-----	----	-------------

6.	Do you believe the State Medical Board has operated in the public's best interest?	48%	20%	32%
7.	Would the absence of the Board be detrimental to the public's best interest?	72%	11%	17%
8.	Do you believe the Board should be made up of:			
	A. a majority of physicians?	61%	19%	20%
	B. an equal number of physicians and public members?	31%	27%	42%
	C. a majority of public members?	6%	42%	52%
9.	Do you believe the osteopathic physicians, practitioners of podiatry, physicians assistants and paramedics should be allowed to serve on the Board?	56%	33%	11%
10.	Are there any statutes or regulations that are obsolete, vague, unduly restrictive?	24%	13%	63%
	Please specify: A) Regulations are needed for PA's, and podiatrists.			
	B) Statutes are needed for the improper practice of medicine. C) One should not be required by law to join the State Medical Association to be a member of the AMA.			
11.	Do you have any complaints concerning the service provided by the staff support of the Division of Occupational Licensing, Department of Commerce?	22%	48%	30%
	Please specify: A) A number of persons believed that OL was too slow in issuing licenses. B) Meetings are not timely announced by OL.			

(See Notes 1 & 2)
As a % of Responses
Yes No No
Response

12. Do you believe that all geographic areas within the State have adequate access to health care? 20% 57% 23%
- If no, note areas you believe need more care:
- A) Remote or bush areas need additional care.
 - B) PA's and ANP's should be used in rural areas.
 - C) All of Alaska has specific specialist shortages.
13. The Alaska Legislature has provided for the use of physician assistants, advanced nurse practitioners, and required the State Medical Board to adopt regulations regarding the registration and services which could be performed. To this issue, would you please answer the following?
- A. In your opinion, is the use of physician assistants to provide mid-range medical services in the best interest of the Alaska public? 75% 17% 8%
 - B. In your opinion, is the use of advanced nurse practitioners to provide mid-range medical services in the best interest of the Alaska public? 76% 12% 12%
 - C. In your opinion, is it necessary to establish regulations to assure that physician assistants and advanced nurse practitioners have obtained technical competency? 89% 3% 8%
 - D. Are you aware of physician assistants or advanced nurse practitioners practicing who may not have technical competency? 31% 52% 17%

(See Notes 1 & 2).
As a % of Responses
Yes No Response

Additional Comments: There was general consensus that PA's and ANP's are needed, but that standards were needed for training and scope of practice. It was also noted that some doctors also lack technical competence but that there are PA's and ANP's who lack technical competence.

14.	Are you aware of any discriminatory practices involving licensing or investigations of the Board?	8%	81%	11%
15.	In your opinion, is the requirement that an applicant receive not less than a weighted average 75% on the Flex examination too restrictive?	9%	55%	36%

Additional Comments Provided by Respondants:

A) Some Board members lack objectivity, and have a personal conflict of interest in Board dealings with PA's. B) The Board has discriminated in licensing of PA's and ANP's allowing unqualified persons to practice. C) The Board has not pursued actions against Doctors who have been brought before the Board for practicing bad medicine.

Note 1

A digest of comments, provided by the profession, was made by the Auditors. Also, members of the profession supplied us with additional information to be considered in this review.

Note 2

Number of questionnaires sent	<u>192</u>
Number of questionnaires returned	<u>136</u>
Response rate	<u>71%</u>

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

RECEIVED

JAN 11 AM.

LEGISLATIVE
AUDIT

January 9, 1979

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

Dear Mr. Wilkerson:

We have reviewed your preliminary reports as shown below:

1. Board of Examiners in Optometry
2. Board of Dispensing Opticians
3. Board of Psychologist and Psychological Associate Examiners
4. Board of Chiropractic Examiners
5. Alaska State Medical Board
6. Board of Veterinary Examiners
7. State Physical Therapy Board
8. Board of Pharmacy
9. Board of Nursing
10. Board of Nursing Home Administrators
11. Board of Dental Examiners
12. Alaska Transportation Commission

We view these reviews of agency programs and activities which are specifically subject to termination in a manner different from those made of State departments or agencies. Usually we in the Executive Branch endeavor to respond directly to each finding and recommendation. However, in regard to the Boards and Commissions, the Executive Branch agency during a public hearing shall demonstrate a public need for its continued existence or the discontinuation of the program, and the extent to which any change in the manner of exercise of its functions or activities may increase efficiency of administration or operation consistent with the public interest.

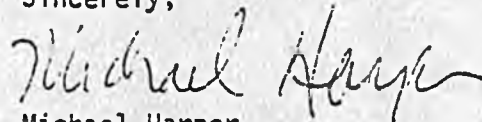
The Executive Branch of Alaska Government has made an extensive study of the above Boards and the Alaska Transportation Commission. We are continuing to study those entities, their origin, their present and future potential, and other related subjects in conjunction with Alaska statutes 24 and 44 (Sunset Legislation). As prescribed in AS 44.66.050 one or more legislative hearings are to be held to receive testimony from the public, the Commissioner of the department having administrative responsibility for each, and the members of the Boards or Commission involved. During those hearings we will present our findings and recommendations affecting each of the foregoing Boards and the Alaska Transportation Commission.

Mr. Gerald Wilkerson
Page 2

January 9, 1979

Accordingly, we are presenting this in addition to the responses from the Department of Commerce, Department of Law, and the individual Board or Commission members and others on an interim basis.

Sincerely,

A handwritten signature in cursive script that reads "Michael Harper". The signature is written in dark ink and is positioned above the typed name.

Michael Harper
Administrative Assistant
to the Governor

STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

JAY S. HAMMOND, Governor

POUCH D
JUNEAU, ALASKA 99811

December 15, 1978

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

Dear Mr. Wilkerson:

The following comments are in response to the Performance Review of the Alaska State Medical Board, as submitted by the Division of Legislative Audit.

Recommendation No. 1. Agreed. The division recommends regulations be adopted to protect the public from incompetent practitioners, and practices. A cautious approach should be taken whenever regulations of such great importance to the public and the profession are to be promulgated. We agree there are many potential problems within the proposed regulations. The public hearings brought forth many of these same comments. The Medical Board and the Board of Nursing will consider all public testimony prior to finalizing these regulations. The division will assist the boards in every possible way in order to solve this problem.

Recommendation No. 2. Complaints are not sent to the board until fully investigated and all due process requirements are fulfilled; unless, investigation reveals it is not within the division's jurisdiction but could be possibly handled by the board or a peer review committee. In any case, complaints should always be referred to or filed with the division, not the board. There have been some instances whereby complaints have reached the board prematurely, although in error. Every precaution is being taken to eliminate this in the future. The promulgating of regulations would be one method of handling these problems.

Recommendation No. 3. We agree with the general recommendation. You refer to the review of the division where you make recommendations which if implemented should provide investigative support. Managerial controls and clerical support are valid recommendations and will contribute to this goal.

December 15, 1978

Recommendation No. 4. Hospitals should be required to report the loss of hospital privileges to the division for investigation. Upon full investigation, if needed, the matter would be presented to the board.

Recommendation No. 5. Agreed. All boards will be contacted in March or April, 1979 for input into the division's budget for FY 1981. This input will address the board's goals, objectives and financial needs.

Recommendation No. 6. Agreed. The Medical Board agrees with this recommendation and has taken the steps necessary leading to formal adoption of these regulations.

Recommendation No. 7. Agreed. The division will recommend to the board that all statutory requirements will be complied with as a safeguard to the applicant and the board member.

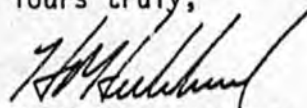
Recommendation No. 8. The present board consists of two public members and five members from the medical profession. Of these five, two are engaged in the practice of internal medicine, and one each in the practice of general practice, ophthalmology, and otolaryngology. We believe the present membership adequately represents the medical profession.

Recommendation No. 9. Agreed. Corrective action was taken at the last meeting of the board to include licensee names in the board minutes. Further issuance of licenses will conform to this recommendation.

Recommendation No. 10. Agreed. Complete reorganization of files and procedures within the agency are expected to be accomplished by the end of calendar year 1979. Some changes have recently been initiated by the agency.

I appreciate the time and efforts expended by your staff.

Yours truly,



H. Phillip Hubbard
Commissioner

Handwritten initials/signature

December 20, 1978

Byron Perkins
Licensing Examiner
Division of Occupational Licensing
Pouch D
Juneau, Alaska 99811



Dear Mr. Perkins:

The Legislative Audit (preliminary report) directed to the Board of Medical Examiners has errors which may (should) prove embarrassing to the Division of Legislative Audit if not corrected.

I personally approve of the report and believe it reflects many of my own frustrations developed over four years of Board membership. I am anxious that the report be corrected to aid its final credibility and effectiveness.

Note: Some errors are repeated throughout the report. For brevity they will be mentioned at their most significant place.

Error #1: [Page 5, Third paragraph, lines number 3 and 4.]

The State Medical Board does not regulate Advanced Nurse Practitioners. This is done by the Board of Nursing. The Medical Board, as per Statute 08.68.410 #5 (page 11), shall jointly promulgate regulation only as they pertain to "acts of medical diagnosis, or the prescription of medical therapeutic or corrective measures." Once these regulations are promulgated

Page 2

the State Medical Board has no more statutory authority.

This precept less incorrectly stated on page 6, third paragraph, beginning line 4, but continues to make the error that the Medical Board has continuing statutory authority to regulate Advanced Nurse Practitioners.

Error #2: [Page 8, Under Recommendation #1, Paragraph #2, beginning line #4.]

"Because the Board took over four years to pass these regulations, there are presently persons providing health services who have questionable qualifications to do so."

The present statutes place physician assistants under the direct supervision of a physician AS 08.64.170 (a) (1) "A physician assistant may examine, diagnose or treat persons under the supervision, control and responsibility of either a physician licensed under this chapter or a physician exempted from licensure."

The new regulations will merely regulate practitioners who wish to attain a level of proficiency known as a Physician Assistant. Their job description and proper names are now established giving them job protection. There will remain many people who assist physicians in levels other than the PA. They will remain under AS 08.64.170. If the PA regulations become comprehensive there will be some 300 Native Health Aides

Page 3

in violation of the law! The Attorney General's office is now considering this point.

Error #3:

The opinion poll (see Appendix E) described in the report is vague, nonspecific and without description as to sample technique, population selection, statistical methods, etc.

Error #4: Page 9, #B.

The two week visit by a physician to a rural clinic is a Federal Regulation, 1. (See Appendix A).

Rural Health Clinics: Conditions for Certification
Action Transmitted / HCFA-AT-14 (MMB;MAB) February 8, 1978
Page #2, Second column, line #16.

As the report pointed out (page 9, #G) the State can loose \$38,000,000 if the two week criteria is not met.

In addition, this specific criteria was insisted on by the lay members of the Board (see minutes of 1978 Juneau meeting).

#B coupled with #G indicates a failure to comprehensively read the Federal Regulations.

Error #5: [Page 9, #C.]

The Pharmacy Board has developed comprehensive prescribing regulations which not only will cover PA's and NP's but the inevitable emergence of future midlevel health practitioners.

[Please refer to David Creekman, Regulation writer, for a copy of these Pharmacy Board regulations.]

Page 4

Error #6: [Page 9, #D.]

The new malpractice laws have made this item obsolete.

Error #7: [Page 9, #G. Please see Error #4 above.]

Error #8: [Page 10, Recommendation #2.]

"Presently only complaints filed by physicians are investigated." THIS IS SIMPLY NOT TRUE. A call to the Anchorage Division of Occupational Licensing (12/18/78) revealed that many consumer complaints are being investigated. I personally know of one from a lawyer and another from a hospital.

This impression comes from an incomplete review of the Board minutes. On January 14, 1977, as a response to inadequate investigative activities from the Department of Occupational Licensure, the Board suggested using the local grievance committees to investigate consumer grievances by:

"RESOLVED that all consumer grievances relevant to medical care should be first taken to a specific local medical society grievance committee or the nearest available, for resolution. If the local grievance committee cannot satisfy the problem the consumer should then take it to the State Medical Society Grievance Committee. If no resolution can be found, it should then be presented to the State Medical Board."

However after discussion with Sharon Andrew, Director, the resolution was modified to read (minutes of April 22, 1977):

"RESOLVED that all complaints go through the Department of

Page 5

Commerce and Economic Development and all complaints which do not appear to be a licensing violation will be referred to the local grievance committee of the State Medical Association. All actions taken by the department will be reviewed by the Board at the following board meeting."

Error #9: [Page 10, last two paragraphs.]
[Page 11, last paragraph.]

What statutory authority does the Board have to develop economic regulations for medical care, with the exception of fee splitting?

Error #10: [Page 12, Recommendation N4, paragraph one, 2nd line.]

Is the word "patient" correct here?

Error #11: [Page 15, top two lines.]

By Department of Occupational Licensure direction it was resolved April 7, 1978, "that two members of the Board are sufficient for approving a candidate for licensure." Again an incomplete review of the Board's minutes.

Error #12: [Page 20, VIII, A.]

To protect the public from fake credentials the most important factor is to connect the person with the credentials. A notarized photo is the best way to do this. Of added interest is that in order to assure minority quotas for Federal assistance Race and Sex are now being included on application forms.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH CARE FINANCING ADMINISTRATION
WASHINGTON, D.C. 20201

REGULATION

ACTION TRANSMITTAL
HCFA-AT-78-14 (HEB:MAB)
February 8, 1978

TO : STATE ADMINISTRATORS AND OTHER INTERESTED
AGENCIES AND ORGANIZATIONS

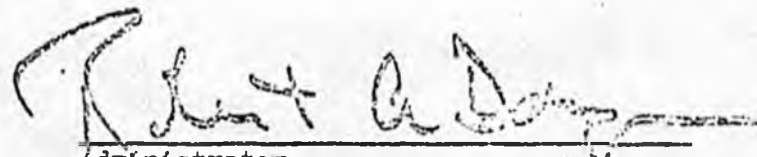
SUBJECT : Rural Health Clinics: Conditions for Certification

REGULATION
REFERENCE : 42 CFR Part 481

ATTACHMENT : Regulations establishing the conditions that
rural health clinics must meet in order to be
certified as suppliers of services under
Medicare and Medicaid.

EFFECTIVE : February 8, 1978. However, comments received
by March 27, 1978, will be considered with a
view of revising regulations. Send comments
to Administrator, Health Care Financing
Administration, Department of Health, Education,
and Welfare, P. O. Box 2382, Washington,
D.C. 20013.

INQUIRIES TO: Acting Regional Medicaid Directors
Acting Regional Medicare Directors



Administrator
Health Care Financing Administration



RULES AND REGULATIONS

[4110-35]

Title 42—Public Health

CHAPTER IV—HEALTH CARE FINANCING ADMINISTRATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PART 491—CERTIFICATION OF CERTAIN HEALTH FACILITIES

Rural Health Clinics: Conditions for Certification

AGENCY: Health Care Financing Administration (HCFA), HEW

ACTION: Final rule.

SUMMARY: These regulations establish the conditions that rural health clinics must meet in order to be certified as suppliers of services under Medicare and Medicaid. They implement some of the provisions of the Rural Health Clinic Services Act of 1977 (Pub. L. 95-210) which is effective on March 1, 1978, for Medicare, and on July 1, 1978, for Medicaid. The intent is to increase the availability of medical care and services to residents of rural areas that have a shortage of health manpower.

EFFECTIVE DATE: February 8, 1978. Although notice of proposed rulemaking has been waived, we will welcome written comments, suggestions, or objections received by (45 days) with a view to revising these regulations. Please refer to HSO-47-RC. Agencies and organizations are requested to submit comments in duplicate.

ADDRESSES: Address comments to: Administrator, Health Care Financing Administration, P.O. Box 2332, Washington, D.C. 20013. Comments will be available for public inspection, beginning approximately 2 weeks after publication, in room 5225 of the Department's offices at 330 C Street SW., Washington, D.C., on Monday through Friday of each week from 8:30 a.m. to 5 p.m. 202-245-0950.

FOR FURTHER INFORMATION CONTACT:

Lorraine Kytte, Health Standards and Quality Bureau, HCFA, Rm. 349, 6401 Security Boulevard, Baltimore, Md. 21235, 301-594-9748.

SUPPLEMENTARY INFORMATION: Many isolated rural communities have not been able to attract or retain physicians and residents of these areas needing medical care must rely on clinics that cannot follow the traditional model of physician delivery of medical services. These clinics are, in many instances, staffed by nurse practitioners and physician assistants who are specially trained to provide medical care traditionally furnished by physicians. Although there is physician supervision, it is often indirect rather than "over-the-shoulder."

The Rural Health Clinic Services Act of 1977 (Pub. L. 95-210, December 19, 1977) extends Medicare and Medicaid coverage for medical services, furnished by a rural health clinic that meets the terms and conditions of the Act, which would otherwise be covered if furnished by a physician or incident to a physician's services.

The regulation sets forth the requirements which a clinic must meet in order to be certified for participation in Medicare or Medicaid. The Department will soon be issuing two more regulations to implement Pub. L. 95-210. One will govern coverage and reimbursement under Medicare, and will become effective for services furnished by a certified rural health clinic beginning March 1, 1978. The other will govern coverage and reimbursement under Medicaid, for which certified rural health clinics become eligible beginning July 1, 1978.

A rural health clinic interested in becoming certified under this regulation can obtain further information and application forms from the State agency responsible generally for certifying providers and suppliers of medical services for participation in Medicare and Medicaid. Typically, this is the State Health Department.

In drafting these regulations, the Department has tried to heed the clear legislative intent that the requirements for these clinics take into account their unique circumstances and be more flexible and less complex than requirements applicable to hospitals and other large health areas. (See House Report 95-548, Part II, p. 10.) The Department intends to implement these regulations in the same spirit.

MAJOR PROVISIONS

1. Location of the clinic. In order to be certified, a clinic must be located in

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an area that has been designated by the U.S. Bureau of the Census as rural and has been designated by the Secretary of HHS as having a shortage of personal health services or primary medical care manpower. For convenience, the criteria for such designations are summarized in section 481.5 of the regulation, but the governing requirements are not reproduced in their entirety. A rural area is any area not designated as an urbanized area. Anyone who wishes to determine whether an area in question falls within the Bureau of Census criteria could locate at the nearest public library.

Determinations of shortage areas are made by the Secretary under two alternative provisions. One is section 1302(f) of the Public Health Services Act, for which the responsibility within HHS has been given to the Bureau of Community Health Services, Health Services Administration. The most recent listing of shortage areas under this section was published on October 15, 1976 in volume 41 of the FEDERAL REGISTER, page 45716.

The other provision for designating shortage areas is section 332(a)(1)(A) of the Public Health Services Act, for which responsibility lies with the Bureau of Health Manpower, Health Resources Administration. Designations under this section are set forth in volume 42, page 1563 of the FEDERAL REGISTER (January 10, 1973).

The statute sets forth two "grandfather" provisions, under which a clinic may obtain or retain certification, even if the conditions for being in a rural shortage area are not met. First, if a facility qualifies as a rural health clinic but the area in which it is located subsequently loses its designation as rural or as a shortage area, the clinic will remain qualified. Second, a private, nonprofit clinic that was operating on July 1, 1977 in a rural area which is not designated as a shortage area, but which the Secretary determines to have an insufficient supply of physicians, can qualify for certification. These two provisions are spelled out in section 481.5 of the regulation.

2. Staffing requirements. The major innovation accomplished by P.L. 95-210 is to provide Medicare and Medicaid coverage for medical services furnished by a qualified physician assistant or nurse practitioner. Although a clinic must still have one or more physicians available to provide medical di-

rection and carry out other specified responsibilities, the clinic's services may be furnished by a nurse practitioner or physician assistant. These terms are defined in the regulation. Moreover, every clinic must have at least one rural practitioner or physician assistant on the staff, irrespective of how many hours a physician, in fact, is present at the clinic. This is a statutory requirement and is not that rural health clinics can be certified only if the State permits—that does not explicitly prohibit the delivery of primary health care by a nurse practitioner or a physician assistant. The clinic staff may also include other health professionals, such as midwives and other nurse practitioners who specialize in a particular type of services.

The respective responsibilities of physicians and the physician assistants or nurse practitioners are specified in section 481.8. In brief, a physician must provide medical supervision and guidance for the physician assistant and the practitioner, prepare medical orders, and review periodically the services furnished by the clinic. A physician must be present at the clinic for sufficient periods of time to fulfill these responsibilities and must be available at all other times by direct means of communication, for advice and assistance on patient referrals and medical emergencies. In order to assure the presence of a physician on a regular, but only minimally necessary basis, the regulation requires that a physician be present at the clinic at least once in every two week period, subject to extraordinary circumstances. A clinic operated by a nurse practitioner or physician assistant may satisfy these requirements through agreements with one or more physicians.

In addition to furnishing clinic services, the nurse practitioners and physician assistants participate in developing and administering the clinic's patient care policies, assure proper maintenance of patient records, and arrange for patients to receive necessary services not furnished by the clinic.

In accordance with the statute's authorization to establish training, education and experience requirements for nurse practitioners and physician assistants, this regulation sets an alternative, minimum credentialing definition of those terms. It is aware that there are graduate and spe-

Box 386E, SRA
Anchorage, AK 99507

Jan. 4, 1979

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OCCUPATIONAL
LICENSING



Mr. Byron Perkins, Licensing Examiner
Division of Occupational Licensing
Pouch D
Juneau, AK 99811

Dear Byron:

Despite our recent discussion, I felt that the press of time forces me to pass my comments regarding the Legislative Audit report through you so that they may go simulataneously to Dr. Hendrickson and the Division of Legislative Audit. I would add to Dr. Harrison's Dec. 20th letter, with which I basically concur, the following comments.

1) Page 9, Par. E. I believe the draft regulations for Physicians Assistants do set up penalties for for Physicians' Assistants falsely identifying themselves, and I think a PA posing as a doctor would come under the provision of AS 08.64.360 governing practicing medicine without an appropriate license.

2) It would be helpful to expand on the comment in the second to last paragraph on Page 11 regarding the Board's exercising its powers to investigate.

3) A similar comment would apply to Recommendation No. 7 on Board members' recording interviews.

4) I continue to be strongly opposed to putting representatives of every segment of the medical professions on the Board (Page 14). Such persons, I believe, would tend to view themselves as having been put on the Board mainly to protect the interests of their constituencies. The representation of the public interest would suffer badly from such a move.

5) The analysis of the professional respondents (Last paragraph, Recommendation 8, Page 14) is extremely naive.

6) Page 18, No. V. I think advertising of Board meetings requires considerable improvement. Meetings in Anchorage have been publicized in papers other than in Anchorage and left out of local ones. Often ads are put in the legal notices instead of more noticed places where other state board meetings are advertised.

7) Recommendation No. 2, Page 10. This should be put on our agenda for the next meeting to see whether the Board wants to pass regulations, recommend any necessary statute changes, etc.

I hope I'm not putting too much of a burden on you to distribute this. Thanks for your help.

Regards,

Hubert J. Gellert, Member
State Medical Board

STATE OF ALASKA

THE LEGISLATURE

BUDGET AND AUDIT COMMITTEE

AUDIT DIVISION
POUCH W—ALASKA OFFICE BUILDING

FINANCE DIVISION
POUCH WF—STATE CAPITOL

JUNEAU, ALASKA 99811

January 12, 1979

Members of the
Legislative Budget and Audit Committee:

We have reviewed the Medical Board's responses to the Performance Review of the Alaska State Medical Board dated October 30, 1978. We believe the following clarification of the Board's responses as they relate to our report is needed.

Response Error #1

We do not believe we have made an error. The Board states:

"The State Medical Board does not regulate Advanced Nurse Practitioners. This is done by the Board of Nursing. The Medical Board, as per Statute 08.68.410(5) and (9), shall jointly promulgate regulation only as they pertain to "acts of medical diagnosis, or the prescription of medical therapeutic or corrective measures.""

The act of promulgating regulations for Advanced Nurse Practitioners (ANP's) and the Medical Board's sole responsibility for promulgating regulations defining the types of relationships physicians may enter into with ANP's, in our opinion, constitutes authority to regulate ANP's.

Response Error #2

We do not believe we have made an error. The Board states:

"The present statutes place physician assistants under the direct supervision of a physician AS 08.64.170 (a) (1) "A physician assistant may examine, diagnose or treat persons under the supervision, control and responsibility of either a physician licensed under this chapter or a physician exempted from licensure.""

However, in addition to this statute AS 08.64.107 provides:

"The Board shall adopt regulations regarding the registration of physician assistants and physician-trained mobile intensive care paramedics and the medical service

that each may perform, including but not limited to (1) the educational and other qualifications (2) the application and registration procedures (3) the scope of activities authorized and (4) the responsibilities of the supervising or training physician."

In our opinion the Medical Board is responsible for providing reasonable assurances that physician assistants are qualified to practice medicine.

We can find no basis for the Board's statement that:

"If the physician assistant regulations become comprehensive there will be some 300 Native Health Aids in violation of the law!"

The term physician assistant is defined under public law 95-210 and Federal Register VOOL 43, No 27 § 481.2(d) as the following:

"Physician assistant" means a person who meets the applicable State requirements governing the qualifications for assistants to primary care physicians, and who meets at least one of the following conditions:

(1) Is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians; or

(2) Has satisfactorily completed a program for preparing physician's assistants that:

(i) Was at least 1 academic year in length;

(ii) Consisted of supervised clinical practice and at least 4 months (in the aggregate) of classroom instruction directed toward preparing students to deliver health care; and

(iii) Was accredited by the American Medical Association's Committee on Allied Health Education and Accreditation; or

(3) Has satisfactorily completed a formal educational program that does not meet the requirements of paragraph (d)(2) of this section and has been assisting primary care physicians for a total of 12 months during the 18-month period immediately preceding the effective date of this subpart."

It is our opinion the term physician assistant used in AS 08.64.107 referred to the above defined profession, and that regulations establishing qualifications for the physician assistant would have no effect upon the use of health aids or other "physician-helpers".

Response Error #3

Our questionnaire was sent to approximately 33% of the persons holding active licenses. The sample was drawn by selecting every third item on an alphabetical list provided by Occupational Licensing. In addition, we selected a sample of non-urban physicians, and a sample of physician assistants. Our sample size was 192; 136 were returned giving us a response rate of 71%. We would like to note had we used a statistical sampling with a 90% confidence level and a precision of $\pm 4\%$ we would only have had to question 70 license holders.

Response Error #4 and Error #7

As noted by the response the physician visit every two weeks to a rural clinic is a Federal requirement for certification. However, the Federal regulation also make provision for less frequent visits in extraordinary circumstances. In discussions with the U. S. Department of Health, Education and Welfare, Region X, personnel we were informed that the economic and physical difficulties of visiting every two weeks to many rural Alaska areas could be considered extraordinary circumstances.

Response Error #5

We concur that the Pharmacy Board acted in a commendable manner in developing comprehensive prescribing regulations in a timely manner. However, there is a legal question whether the Pharmacy Board has legal authority for physicians, physician assistants, and advanced nurse practitioners as regulation of these professions is the responsibility of the Medical Board, and in the case of the ANP's the joint responsibility of the Medical Board and Nursing Board.

Response Error #6

We concur SLA 1978 Chapter 177 removed requirements that health care professionals have malpractice insurance.

Response Error #8

We concur it is the present policy of the Division of Occupational Licensing (OL) to review consumer complaints on the basis of merit. However, during the period under review consumer complaints were not properly examined (see the OL Performance Audit Report).

We reaffirm our recommendation the State Medical Board rescind their resolution to send confidential complaints received from the public to the Alaska State Medical Association, a private organization.

Response Error #9

We were informed by legal council from Legislative Affairs and the Attorney General's Office that the Board has the authority to develop regulations concerning unethical acts, including business practices engaged in in a professional capacity which are deceptive, fraudulent and not in the best interests of the public's economic welfare.

Response Error #10

We believe the word patient is correct. AS 08.64.336 states:

"A physician who professionally treats a person licensed to practice medicine and surgery or osteopathy in this state for alcoholism or drug addiction, or for mental, emotional or personality disorders, shall report it to the board if he feels that the person may constitute a danger to the health and welfare of his patients or the public if he continues in practice. The report shall state the name and address of the person and the condition found."

Response Error #11

The Board states that they resolved April 7, 1978, "that two members of the Board are sufficient for approving a candidate for licensure."

In our review of the Board's minutes we found they had resolved "that the Division of Occupational Licensing would ascertain that two members of the Board are sufficient for approving a candidate for licensure."

To our knowledge OL did not seek legal advice regarding this resolution. However, our primary concern is that licenses should not be issued by OL without Board approval.


Response Error #12

The Board states:

"To protect the public from fake credentials the most important factor is to connect the person with the credentials. A notarized photo is the best way to do this."

The Equal Employment Opportunity standards allow the use of a photo, questions on race, sex and ethnic background if it can be demonstrated such information is necessary and not used for discriminatory purposes. We recommend the Board

discuss its identification needs with the Division of Occupational Licensing. In the performance review of OL we have recommended it review all licensing applications to assure that they comply with Equal Employment Opportunity guidelines.


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

STATE OF ALASKA



STATE MEDICAL BOARD

CENTRALIZED LICENSING STATUTE, AS 08.01.

MEDICINE, AS 08.64

REGULATIONS, 12 AAC 40

Department of Commerce & Economic Development

Division of Occupational Licensing

Pouch D

Juneau, Alaska 99811

Printed - January, 1979

CHAPTER 64. MEDICINE

Article

1. State Medical Board (secs 08.64.010-08.64.160)
2. Licensing (secs 08.64.170-08.64.350)
3. Unlawful Acts (sec 08.64.360)
4. Miscellaneous Provisions (secs 08.64.365-08.64.368)
5. General Provisions (secs 08.64.370-08.64.380)

Article 1. State Medical Board.

Section	Section
10. Creation and membership of State Medical Board	105. Regulation of abortion procedures
20. State Medical Board term of office	107. Regulation of physician assistants and intensive care paramedics
30. Substitution of members	110. Per diem and expenses
40. Removal of members	120. (Repealed)
50. Oath of office	130. Board records
60. Seal	140. Annual report to governor
70. Officers	150. (Repealed)
80. (Repealed)	160. Applicability of Administrative Procedure Act
90. Quorum	
100. Power of board to adopt regulations	

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, residing in as many separate Alaska judicial districts as possible, and two persons with no direct financial interest in the health care industry. (sec 35-3-82 ACLA 1949; am sec 1 ch 148 SLA 1970; am sec 11 ch 102 SLA 1976)

Sec. 08.64.020. STATE MEDICAL BOARD TERM OF OFFICE. Members shall be appointed for a term of four years, subject to confirmation by a majority of the members of the legislature in joint session, and shall hold office until their successors are appointed and qualified. The terms of the public members of the board shall be staggered so that they do not expire at the same time. (sec 35-3-82 ACLA 1949; am sec 1 ch 148 SLA 1970; am sec 12 ch 102 SLA 1976)

Sec. 08.64.030. SUBSTITUTION OF MEMBERS. (a) If impracticable, a member of the board residing in another judicial district is not obligated to attend meetings of the board.

(b) If a member is unavoidably prevented from attending a meeting of the board, the governor may appoint a substitute examiner to serve pro tem with the same duties and responsibilities as a regular member. (secs 35-3-82, 35-3-84 ACLA 1949; am sec 2 ch 148 SLA 1970)

Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a member of the board for cause. (sec 35-3-84 ACLA 1949)

- (7) arrange space for holding examinations;
- (8) notify applicants of results of examinations;
- (9) issue licenses and certificates or temporary licenses or certificates as authorized by the board;
- (10) issue duplicate licenses or certificates upon proof of loss of the original and payment of a fee of \$2;
- (11) notify licensees of renewal dates at least 30 days before the expiration date of their licenses;
- (12) compile and maintain current a register of licenses;
- (13) answer routine inquiries;
- (14) maintain files relating to individual licensees;
- (15) arrange for printing and advertising;
- (16) purchase supplies;
- (17) employ secretarial help when needed;
- (18) perform other services which may be requested by the board;
- (19) provide investigative services to the boards established under chs. 20, 32, 36, 64, 68, 71, 72, 80, 84, and 86 of this title, for the purpose of assisting those boards in matters of professional discipline.

(b) The form and content of a license, authorized by a board listed in sec. 10 of this chapter, including any document evidencing renewal of a license, shall be determined by the department after consultation with and consideration of the views of the board concerned.

Sec. 08.01.060. APPLICATION FOR LICENSE. All applications for examination or licensing to engage in the business or profession covered by this chapter shall be made in writing to the department.

Sec. 08.01.070. ADMINISTRATIVE DUTIES OF BOARDS. Each board shall perform the following duties in addition to those provided in its respective law:

- (1) keep minutes and records of all proceedings;
- (2) hold a minimum of one meeting each year;
- (3) hold at least one examination each year;
- (4) request, through the department, investigation of violations of its laws and regulations;
- (5) prepare and grade examinations;
- (6) pass on qualifications of applicants for examination and license;
- (7) forward minutes of meetings to the department within 20 days;
- (8) forward results of examinations to the department;
- (9) notify the department of meeting dates at least 15 days before meeting.

Sec. 08.01.080. DEPARTMENT REGULATIONS. The department shall adopt regulations to carry out the purposes of this chapter including but not limited to describing

- (1) how an examination is to be conducted;
- (2) what is contained in application forms;
- (3) how a person applies for an examination or license.

Sec. 08.01.087. POWERS AND DUTIES OF DEPARTMENT. (a) The department may, upon its own motion, conduct investigations to determine whether any person has violated a provision of this chapter or a regulation adopted under it or a provision of a chapter in this title dealing with one of the boards listed in sec. 10 of this chapter or a regulation adopted by one of those boards, or to secure information useful in the administration of this chapter.

(b) If it appears to the commissioner that a person has engaged in or is about to engage in an act or practice in violation of a provision of this chapter or a regulation adopted under it, or any of the laws pertaining to or regulations adopted by the boards listed in sec. 10 of this chapter, he may, if he considers it in the public interest, and after notification to all board members by telephone or telegraph of a proposed order or action unless a majority of the members of the board object within 10 days,

- (1) issue an order directing the person to stop the act or practice; however, reasonable notice of and an opportunity for a hearing must first be given to the person, except that the commissioner may issue a temporary order before a hearing is held; a temporary order remains in effect until a final order affirming, modifying, or

reversing the temporary order is issued or until 15 days after the person receives that notice and has not requested a hearing by that time; a temporary order becomes final if the person to whom the notice is addressed does not request a hearing within 15 days after receiving the notice; the commissioner or his designee shall be the hearing officer at the hearing and shall issue a final order within 10 days after the hearing.

(2) bring an action in the superior court to enjoin the acts or practices and to enforce compliance with this chapter, a regulation adopted under it, or an order issued under it, or any of the laws pertaining to or regulations adopted by the boards listed in sec. 10 of this chapter;

(3) examine or have examined the books and records of any person whose business activities require license by a board listed in sec. 10 of this chapter and he may require that person to pay the reasonable costs of the examination; and

(4) issue subpoenas for the attendance of witnesses, and the production of books, records and other documents.

Sec. 08.01.090. APPLICABILITY OF THE ADMINISTRATIVE PROCEDURE ACT. The Administrative Procedure Act (AS 44.62) applies to regulations and proceedings held under this chapter, except those under AS 08.01.087(b).

Sec. 08.01.100. LICENSE RENEWAL, LAPSE AND REINSTATEMENT. (a) All licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

(b) A registration, license, permit or certificates requiring renewal to continue effective must be renewed on or before the date set by the department or it will lapse. A penalty of \$10 shall be charged in addition to all delinquent renewal fees for reinstatement of a registration, license, permit or certificate which remains lapsed for more than 60 days.

Sec. 08.01.105. PENALTY FOR IMPROPER PAYMENT. An applicant shall pay a penalty of \$10 each time a negotiable instrument is presented to the department in payment of an amount due and payment is subsequently refused by the named payor.

Sec. 08.01.110. DEFINITIONS. In this chapter

(1) "board" includes the boards and commissions listed in sec. 10 of this chapter;

(2) "department" means the Department of Commerce and Economic Development;

(3) "commissioner" means the commissioner of commerce and economic development;

(4) "license" means any license, certificate, permit, or registration or similar evidence of authority issued by one of the boards listed in sec. 10 of this chapter;

(5) "licensee" means any person who holds a license;

(6) "occupation" means any of the trades or professions for which licensure is required by one of the boards listed in sec. 10 of this chapter.

CHAPTER 01. CENTRALIZED LICENSING

Section	Section
10. Applicability of chapter	80. Department regulations
20. Board organization	87. Powers and duties of department
25. Public members	90. Applicability of the Administrative Procedure Act
30. Quorum	100. License renewal, lapse and reinstatement
40. Transportation and per diem	105. Penalty for improper payment
50. Administrative duties of department	110. Definitions
60. Application for license	
70. Administrative duties of boards	

Sec. 08.01.010. APPLICABILITY OF CHAPTER. This chapter applies to the

- (1) Board of Public Accountancy;
- (2) Board of Barber Examiners;
- (3) Repealed by sec. 6 ch 32 SLA 1971.
- (4) Board of Chiropractic Examiners;
- (5) Board of Hairdressing and Beauty Culture Examiners;
- (6) Board of Dental Examiners;
- (7) Board of Electrical Examiners;
- (8) State Board of Registration for Architects, Engineers and Land Surveyors;
- (9) State Medical Board;
- (10) Board of Nursing;
- (11) Board of Examiners in Optometry;
- (12) Board of Pharmacy;
- (13) Real Estate Commission;
- (14) Board of Veterinary Examiners;
- (15) Board of Psychologist and Psychological Associate Examiners;
- (16) Collection Agency Board;
- (17) Board of Welding Examiners;
- (18) Board of Marine Pilots;
- (19) Board of Dispensing Opticians;
- (20) Guide Licensing and Control Board.

Sec. 08.01.020. BOARD ORGANIZATION. Unless otherwise provided, all board members are appointed by the governor and serve at his pleasure. Unless otherwise provided, the governor shall designate the chairman of the board, and all other officers shall be elected by the board members.

Sec. 08.01.025. PUBLIC MEMBERS. No public members of a board may:

- (1) be engaged in the occupation which the board regulates;
- (2) be associated by legal contract with a members of the occupation which the board regulates except as a consumer of the services provided by a practitioner of the occupation; or
- (3) have a direct financial interest in the occupation which the board regulates.

Sec. 08.01.030. QUORUM. A majority of the membership of a board constitutes a quorum unless otherwise provided.

Sec. 08.01.040. TRANSPORTATION AND PER DIEM. A board member is entitled to transportation expenses and per diem as set out in AS 39.20.180.

Sec. 08.01.050. ADMINISTRATIVE DUTIES OF THE DEPARTMENT. (a) The department shall provide the following administrative and budgetary services when appropriate:

- (1) collect fees and issue receipts;
- (2) maintain records and files;
- (3) issue and receive application forms;
- (4) notify applicants of acceptance or rejection of applicants as determined by the board;
- (5) designate dates examinations are to be held and notify applicants;
- (6) publish notice of examination;

Sec. 08.64.050. OATH OF OFFICE. Each member shall take an oath of office. The oath shall be filed and preserved in the division of occupational licensing of the department. (sec 35-3-83 ACLA 1949; am sec 1 ch 77 SLA 1969; am sec 1 ch 101 SLA 1974)

Sec. 08.64.060. SEAL. The board shall adopt a seal. (sec 35-3-83 ACLA 1949)

Sec. 08.64.070. OFFICERS. The board shall elect a president and secretary from among its members. The president and secretary may administer oaths. (sec 35-3-83 ACLA 1949; am sec 2 ch 77 SLA 1969)

Sec. 08.64.080. MEETINGS OF THE BOARD.
Repealed by sec 3 ch 59 SLA 1966.

Sec. 08.64.090. QUORUM. Four members of the board constitute a quorum for the transaction of all business properly before the board. (sec 35-3-83 ACLA 1949; am sec 3 ch 148 SLA 1970; am sec 13 ch 102 SLA 1976)

Sec. 08.64.100. POWER OF BOARD TO ADOPT REGULATIONS. The board may prescribe and establish rules and regulations necessary to carry into effect the provisions of this chapter. (sec 35-3-95 ACLA 1949)

Sec. 08.64.105. REGULATION OF ABORTION PROCEDURES. The State Medical Board shall adopt regulations necessary to carry into effect the provisions of AS 11.15.060 and shall define ethical, unprofessional or dishonorable conduct as related to abortions, set standards of professional competency in the performance of abortions and establish procedures and set standards for facilities, equipment and care of patients in the performance of an abortion. (sec 2 ch 103 SLA 1970)

Sec. 08.64.107. REGULATION OF PHYSICIAN ASSISTANTS AND INTENSIVE CARE PARAMEDICS. The board shall adopt regulations regarding the registration of physician assistants and physician-trained mobile intensive care paramedics, and the medical services that each may perform, including but not limited to (1) the educational and other qualifications, (2) the application and registration procedures, (3) the scope of activities authorized, and (4) the responsibilities of the supervising or training physician. (sec 2 ch 101 SLA 1974)

Sec. 08.64.110. PER DIEM AND EXPENSES. The members of the board are entitled to per diem and expenses authorized by law. (sec 35-3-95 ACLA 1949)

Sec. 08.64.120. COVERAGE OF FUNDS AND WARRANTS FOR EXPENSES.
Repealed by sec 3 ch 59 SLA 1966.

Sec. 08.64.130. BOARD RECORDS. The board shall preserve a record of its proceedings, which shall contain the name, age, residence and duration of residence of each applicant for a license, the time spent by him in medical study, the place of medical study, and the year and school from which degrees were granted. The record shall also show whether the applicant was granted a license or rejected. (sec 35-3-84 ACLA 1949)

Sec. 08.64.140. ANNUAL REPORT TO GOVERNOR. The board shall report annually to the governor, furnishing an itemized account of all money received and disbursed, with a complete record of the proceedings of the board for the preceding year. (sec 35-3-84 ACLA 1949)

Sec. 08.64.150. BOND OF SECRETARY-TREASURER.
Repealed by sec 28 ch 77 SLA 1969.

Sec. 08.64.160. APPLICABILITY OF ADMINISTRATIVE PROCEDURE ACT. The board shall comply with the Administrative Procedure Act (AS 44.62)

Article 2. Licensing

Section	Section
170. License to practice medicine or osteopathy	272. Residency and internship
180. Application for license	275. Temporary permit for locum tenens practice
190. Contents of application	280. Record of license
200. Qualifications of physician applicants	290. Examination fee
205. Qualifications for osteopath applicants	300. (Repealed)
207. Qualifications for acupuncture applicants	310. (Repealed)
209. Qualifications for podiatry applicants	311. Biennial license renewal
210. Examination required	312. Continuing Education Requirements
215. Insurance required	313. Inactive license
220. Contents of examination and grading	315. Fees
225. Foreign medical graduates	320. Disposition of fees
230. License granted	325. Limit or conditions on license; discipline
240. License refused	330. Grounds for revocation of license
250. License by endorsement	332. Automatic suspension for mental incompetency surrender
255. Interview required	334. Voluntary surrender
260. Re-examination	336. Duty of physicians to report
270. Temporary permits	340. Statement of grounds of refusal or revocation of license
	350. Certification of revocation

Sec. 08.64.170. LICENSE TO PRACTICE MEDICINE OR OSTEOPATHY.
(a) No person may practice medicine, podiatry, osteopathy or acupuncture in the state unless he is licensed under this chapter, except that

(1) a physician assistant may examine, diagnose or treat persons under the supervision, control, and responsibility of either a physician licensed under this chapter or a physician exempted from licensure under sec. 370 of this chapter;

(2) a physician-trained mobile intensive care paramedic may render emergency lifesaving service;

(3) a person licensed under ch. 36 of this title may perform acupuncture in the regular practice of dentistry, subject to the regulations of the Board of Dental Examiners.

(b) Repealed by sec 4 ch 101 SLA 1974.

(c) A chiropodist practicing in the state on May 16, 1972 is exempt from this section.

(d) A podiatrist practicing in the state on March 26, 1976 is exempt from this section, and shall be issued a license without examination if application is made within one year of March 26, 1976. (sec 35-3-81 ACLA 1949; am sec 4 ch 148 SLA 1970; am sec 1 ch 5 SLA 1972; am sec 1 ch 21 SLA 1974; am secs 3, 4 ch 101 SLA 1974; am sec 2 ch 24 SLA 1976)

Sec. 08.64.180. APPLICATION FOR LICENSE. A person who desires to practice medicine, osteopathy or acupuncture in the state shall apply in writing to the department for a license. (sec 35-3-85 ACLA 1949; am sec 1 ch 22 SLA 1960; am sec 4 ch 143 SLA 1968; am sec 3 ch 77 SLA 1969; am sec 2 ch 21 SLA 1974)

Sec. 08.64.190. CONTENTS OF APPLICATION. The application shall state the name, age, residence, the duration of residence, the time spent in medical or osteopathy study, the place, year and school in which degrees were granted, and other information the board considers necessary. The application shall be made under oath. (sec 35-3-85 ACLA 1949; am sec 1 ch 22 SLA 1960; am sec 4 ch 77 SLA 1969)

Sec. 08.64.200. QUALIFICATIONS OF PHYSICIAN APPLICANTS. Except for foreign medical graduates as specified in sec. 225 of this chapter, each physician applicant shall

- (1) be of good moral character;
- (2) submit a certificate of graduation from a legally chartered medical school accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association;
- (3) submit a certificate from a recognized hospital certifying that the applicant has satisfactorily performed the duties of resident physician or intern for a period of one year;
- (4) not have a license to practice medicine in another state, province, or territory which is currently suspended or revoked for disciplinary reasons; and
- (5) be a citizen of the United States or be lawfully admitted for permanent residence. (sec 35-3-85 ACLA 1949; am sec 1 ch 22 SLA 1960; am sec 1 ch 18 SLA 1963; am sec 5 ch 77 SLA 1969; am secs 5, 6 ch 148 SLA 1970; am sec 1 ch 85 SLA 1972; am sec 5 ch 101 SLA 1974)

Sec 08.64.205. QUALIFICATIONS FOR OSTEOPATH APPLICANTS. Each osteopath applicant shall meet the qualifications prescribed in sec. 200(1), (4) and (5) of this chapter and shall

- (1) submit a certificate of graduation from a legally chartered school of osteopathy approved by the board;
- (2) submit a certificate from a hospital approved by the American Medical Association or the American Osteopathic Association

which certifies that he has satisfactorily completed and performed the duties of intern or resident physician for one year;

(3) take the examination required by sec. 210 of this chapter or be certified to practice by the National Board of Examiners for Osteopathic Physicians and Surgeons. (sec 1 ch 56 SLA 1966; am sec 6 ch 77 SLA 1969; am sec 7 ch 148 SLA 1970; am sec 6 ch 101 SLA 1974)

Sec. 08.64.207. QUALIFICATIONS FOR ACUPUNCTURE APPLICANTS. Each acupuncture applicant shall meet all of the qualifications prescribed in sec. 200 of this chapter and shall meet those requirements of experience or education in the practice of acupuncture as may be required by the board. (sec 3 ch 21 SLA 1974)

Sec. 08.64.209. QUALIFICATIONS FOR PODIATRY APPLICANTS. (a) Each applicant who desires to practice podiatry shall meet the qualifications prescribed in sec. 200(1) and (4) of this chapter and shall

(1) submit a certificate of graduation from a legally chartered school of podiatry approved by the board;

(2) take the examination required by sec. 210 of this chapter; the State Medical Board shall call to its aid a podiatrist of known ability who is licensed to practice podiatry to assist in the examination and licensure of applicants for a license to practice podiatry;

(3) meet other qualifications of experience or education which the board may require.

(b) The provisions of secs. 180-190, 220, and 230-380 of this chapter relating to the practice of medicine or osteopathy apply to the application procedure, testing, and practice of podiatry, as appropriate. (sec 3 ch 24 SLA 1976)

Sec 08.64.210. EXAMINATION REQUIRED. (a) The applicant shall take examinations in subjects the board considers necessary, unless excused under provisions of sec. 250 of this chapter.

(b) The application for examination shall be submitted to the board at least 40 days before the examination date. (sec 35-3-85 ACLA 1949; am sec 1 ch 22 SLA 1960; am sec 7 ch 77 SLA 1969; am sec 8 ch 148 SLA 1970)

Sec. 08.64.215. INSURANCE REQUIRED. (a) To be eligible for an active license under this chapter, a person shall maintain insurance issued by the Medical Indemnity Corporation of Alaska against liability to patients for medical malpractice in limits of not less than \$200,000 per occurrence and \$600,000 aggregate liability per year. This requirement is satisfied if a person's employer maintains insurance for him from the Medical Indemnity Corporation of Alaska in the required amounts.

(b) The director of insurance or his designee shall waive the requirement in (a) of this section for a person if that person furnishes satisfactory evidence of his having other insurance providing coverage in amounts not less than those

specified in (a) of this section. No waiver granted under this subsection may extend beyond the normal expiration date of the person's insurance policy or January 1, 1977, whichever occurs first. (sec 14 ch 102 SLA 1976)

Sec. 08.64.220. CONTENTS OF EXAMINATION AND GRADING. (a) The board shall make the examination written and oral and sufficient to test the applicant's fitness to practice medicine or osteopathy.

(b) Repealed by sec 27 ch 148 SLA 1970.

(c) The examinations, answers and scores shall be preserved and filed. (sec 35-3-85 ACLA 1949; am sec 1 ch 22 SLA 1960; am secs 8, 9 ch 77 SLA 1969; am secs 9, 27 ch 148 SLA 1970)

Sec. 08.64.225. FOREIGN MEDICAL GRADUATES. Applicants who are graduates of medical colleges not accredited by the American Medical Association or one of its agencies shall meet the requirements of sec. 200(1), (3), (4) and (5) of this chapter and must have passed an examination and be certified by the Educational Council on Foreign Medical Graduates, or be licensed by examination in another state or territory of the United States or province of Canada. (sec 10 ch 77 SLA 1969; am sec 10 ch 148 SLA 1970; am sec 7 ch 101 SLA 1974)

Sec. 08.64.230. LICENSE GRANTED. (a) If the physician applicant passes the examination and meets the requirements of sec. 200 of this chapter, the board shall grant a license to him to practice medicine in the state.

(b) If the osteopath applicant passes the examination and meets the requirements of sec. 205 of this chapter, the board shall grant a license to him to practice osteopathy in the state.

(c) Each license shall be signed by the secretary and president of the board, and have the seal of the board affixed to it. (sec 35-3-85 ACLA 1949; am sec 1 ch 22 SLA 1960; am sec 11 ch 77 SLA 1969)

Sec. 08.64.240. LICENSE REFUSED. If the applicant fails the examination, or is determined by the board to be morally or professionally unfit to practice medicine or osteopathy in this state, or fails to comply with any of the other requirements of this chapter, the board shall refuse to grant the license. (sec 35-3-85 ACLA 1949; am sec 1 ch 22 SLA 1960; am sec 12 ch 77 SLA 1969; am sec 11 ch 148 SLA 1970)

Sec. 08.64.250. LICENSURE BY ENDORSEMENT. The board may waive the examination requirement and license by endorsement if the physician applicant meets the requirements of sec. 200 of this chapter, pays the required fee and has

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

(2) passed an examination given by the National Board of Medical Examiners or the Federation of State Medical Boards of the United States. (sec 35-3-85 ACLA 1949; am sec 1 ch 22 SLA 1960; am sec 13 Ch 77 SLA 1969; am sec 8 ch 69 SLA 1970; am sec 12 ch 148 SLA 1970)

Sec. 08.64.255. INTERVIEW REQUIRED. All applicants for a license under sec. 250 of this chapter shall be interviewed in person by at least one member of the board before a license will be issued. The interview shall be recorded, and, if the application is denied on the basis of the interview, the denial shall be stated in writing with the reasons for it, and the record shall be preserved. (sec 14 ch 77 SLA 1969; am sec 13 ch 148 SLA 1970)

Sec. 08.64.260. RE-EXAMINATION. (a) If the applicant fails the examination, he may, on the same application and payment of a re-examination fee, take another examination not less than six months nor more than two years after the date of the first examination. If the applicant fails a second examination, he may, after a year or more of further study or training approved by the board, make a new application for licensure.

(b) Applicants failing every portion of the examination shall retake the entire examination and pay the full examination fee.

(c) Applicants failing portions of part I or part II of the examination may retake the portions failed at a prorated fee prescribed in the regulations by the board.

(d) Applicants failing part III of the examination shall retake the entire part at a prorated fee prescribed in the regulations by the board. (sec 35-3-92 ACLA 1949; am sec 15 ch 77 SLA 1969; am sec 14 ch 148 SLA 1970)

Sec. 08.64.270. TEMPORARY PERMITS. (a) The board may issue a temporary permit to an applicant who meets the requirements of sec. 200 or 205 of this chapter and pays the required fee.

(b) A temporary permit is valid for eight months or until the board meets to consider the application, whichever occurs first.

(c) A temporary permit may be renewed at the board's discretion one time only. (sec 35-3-96 ACLA 1949; am sec 16 ch 77 SLA 1969; am sec 15 ch 148 SLA 1970; am secs 2, 3 ch 85 SLA 1972; am sec 8 ch 101 SLA 1974)

Sec. 08.64.272. RESIDENCY AND INTERNSHIP. For the limited purpose of doing residency or internship work, the board may issue a temporary permit to an applicant without examination if the applicant meets the requirements of sec. 200(1) and (2) of this chapter, pays the required fee, and has been accepted by an eligible institution in the state for the purpose of doing residency or internship work. (sec 16 ch 148 SLA 1970)

Sec. 08.64.275. TEMPORARY PERMIT FOR LOCUM TENENS PRACTICE. (a) A member of the board may grant a temporary permit to a physician or osteopath for the purpose of substituting for another physician or osteopath licensed in this state. The permit is valid for 120 consecutive days. If circumstances warrant, an extension of the permit may be granted by the board.

(b) A physician applying under (a) of this section shall pay the required fee and shall meet the requirements of sec. 200 of this chapter. In addition, he shall submit evidence of holding a license to practice medicine in a state or territory of the United States or in a province of Canada.

(c) An osteopath applying under (a) of this section shall pay the required fee and shall meet the requirements of sec. 205 of this chapter. In addition, he shall submit evidence of holding a license to practice in a state or territory of the United States or in a province of Canada.

(d) Within 10 days from the granting of the permit, the board member shall forward the fee to the department with a report of the issuance of the permit. (sec 17 ch 77 SLA 1969; am secs 17-19 ch 148 SLA 1970)

Sec.08.64.280. RECORD OF LICENSE. (a) Before engaging in the practice of medicine or osteopathy, the licensee shall file the license or a certified copy of it with the clerk of the superior court in the judicial district in which he intends to practice medicine. The clerk shall file the certificate in his office and enter a memorandum of it in a book provided for that purpose containing the date of the license, the ground upon which it is issued, and the name and address of the licensee. The certificate and memorandum are open to public inspection.

(b) The clerk shall give the secretary of the board notice of all licenses recorded.

(c) If a licensee moves to another judicial district he shall file his license as provided in (a) of this section.

(d) Proof of failure to file the license is prima facie evidence of a violation of this chapter. (sec 35-3-91 ALCA 1949; am sec 20 ch 148 SLA 1970)

Sec. 08.64.290. EXAMINATION FEE. The examination fee shall be paid at the time of applying for examination. The board may refund the examination fee only if the applicant is unavoidably prevented from making the examination. (sec 35-3-86 ACLA 1949; am sec 18 ch 77 SLA 1969)

Sec. 08.64.300. FEE FOR LICENSE BY RECIPROCITY.
Rep aled by sec 19 ch 77 SLA 1969.

Sec. 08.64.310. ANNUAL LICENSE FEE.
Repealed by sec 20 ch 77 SLA 1969.

Sec. 08.64.311. BIENNIAL LICENSE RENEWAL. Licenses shall be renewed biennially. (sec 20 ch 77 SLA 1969; am sec 21 ch 148 SLA 1970)

Sec. 08.64.312. CONTINUING EDUCATION REQUIREMENTS.
(a) The board shall promote a high degree of competence in the practice of medicine by requiring every physician licensed in the state to fulfill continuing education requirements.

(b) Before a license may be renewed the licensee shall submit evidence to the board that continuing education requirements prescribed by regulations adopted by the board have been met.

(c) The board may exempt a physician from the requirements of (b) of this section upon an application by him giving evidence satisfactory to the board that he is unable to comply with the requirements because of extenuating circumstances. However, no person may be exempted from more than 15 hours of continuing education in a five-year period. (sec 14 ch 102 SLA 1976)

Sec. 08.64.313. INACTIVE LICENSE. A licensee residing outside Alaska may renew his license as inactive. If he practices intermittently in Alaska, he may not hold an inactive license. (sec 21 ch 148 SLA 1970)

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

- (1) application \$25
 - (2) license by examination. 125
 - (3) license by endorsement or waiver of examination 100
 - (4) temporary permit. 25
 - (5) locum tenens permit 25
 - (6) license renewal, biennial, active 100
 - (7) license renewal, biennial, inactive 25
 - (8) license by re-examination 75
- (sec 21 ch 77 SLA 1969; am sec 22 ch 148 SLA 1970)

Sec. 08.64.320. DISPOSITION OF FEES. Fees collected by the board shall be deposited in the general fund. (sec 35-3-86 ACLA 1949)

Sec. 08.64.325. LIMITS OR CONDITIONS ON LICENSE: DISCIPLINE. (a) In addition to action under sec 330 of this chapter, upon a finding 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 specialty, 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. (sec 14 ch 102 SLA 1976)

Sec. 08.64.330. GROUND FOR REVOCATION OF LICENSE. (a) A license may be revoked for failure to pay the license renewal fee prescribed in sec. 315 of this chapter. If the fee is not paid within the time provided, the department shall give written notice to the licensee that he is in default. Notice may be served on him personally or by registered mail addressed to his last known residence. If he fails to pay the fee within three months after notice of default, the secretary shall revoke his 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 sec. 380(3) of this chapter,

(2) professional incompetence, or

(3) a violation of this chapter or a regulation adopted under it. (sec 35-3-89 ACLA 1949; am sec 22 ch 77 SLA 1969; am sec 9 ch 101 SLA 1974)

Sec. 08.64.332. AUTOMATIC SUSPENSION FOR MENTAL INCOMPETENCY OR INSANITY. Notwithstanding AS 44.62.330-44.62.640, if a person holding a license to practice medicine and surgery or osteopathy under this chapter is adjudged mentally incompetent or insane by any final order or adjudication by a court of competent jurisdiction or by voluntary commitment to an institution for the treatment of mental illness, his license shall be automatically suspended by the board. The suspension shall continue in effect until the licensee is found or adjudged by the court to be restored to reason or until he is determined to be restored to reason by a licensed psychiatrist approved by the board. (sec 10 ch 101 SLA 1974)

Sec. 08.64.334. VOLUNTARY SURRENDER. The board, at its discretion, may accept the voluntary surrender of a license. No license may be returned unless the board determines, under regulations established by it, that the licensee is competent to resume his practice. However, no license may be returned to the licensee if the voluntary surrender resulted in the dropping or suspension of civil or criminal charges against the physician. (sec 10 ch 101 SLA 1974)

Sec. 08.64.335. DUTY OF PHYSICIANS TO REPORT. (a) A physician who professionally treats a person licensed to practice medicine and surgery or osteopathy in this state for alcoholism or drug addiction, or for mental, emotional or personality disorders, shall report it to the board if he feels that the person may constitute a danger to the health and welfare of his patients or the public if he continues in practice. The report shall state the name and address of the person and the condition found.

(b) Upon receipt of a report under (a) of this section, the board shall investigate the matter and, upon a finding of reasonable cause, may appoint a committee of three qualified physicians to examine the licensee and report their findings to the board.

(c) If the board finds that the licensee is unable to continue to practice medicine and surgery or osteopathy with reasonable safety to his patients or the public, it shall initiate action to suspend, revoke, limit or condition his license to the extent determined necessary for the protection of the public. (sec 10 ch 101 SLA 1974)

Sec. 08.64.340. STATEMENT OF GROUNDS OF REFUSAL OR REVOCATION OF LICENSE. If the board refuses to issue a license or revokes a license, it shall file a brief and concise statement of the grounds and reasons for the action in the office of the secretary of the board and in the department. The statement, together with the written decision of the board, shall remain of record in the department. (sec 35-3-89 ACLA 1949; am sec 23 ch 77 SLA 1969)

Sec. 08.64.350. CERTIFICATION OF REVOCATION. When a license is revoked, the fact of revocation shall be certified by the secretary of the board to the clerk of the superior court in the judicial district where the license is on file. The clerk shall endorse the fact of revocation and the date of revocation on the face of the license or a certified copy of it which is on file. The same information shall be noted in the registry book provided for in sec. 280 of this chapter. (sec 35-3-94 ACLA 1949; am sec 24 ch 77 SLA 1969)

Article 3. Unlawful Acts.

Section

360. Penalty for practicing without a license or in violation of chapter

Sec. 08.64.360. PENALTY FOR PRACTICING WITHOUT A LICENSE OR IN VIOLATION OF CHAPTER. Except for a physician assistant and a physician-trained mobile intensive care paramedic under sec. 170 of this chapter, a person practicing medicine or osteopathy in the state without obtaining and filing an appropriate license is guilty of a misdemeanor and upon conviction is punishable by a fine of not less than \$50 nor more than \$100, or by imprisonment for not less than 10 days nor more than 90 days, or by both. Evidence that the defendant has failed to file a license with the clerk of the court is prima facie evidence that the defendant is not licensed. Each day of illegal practice is a separate offense. (sec 35-3-93 ACLA 1949; am sec 25 ch 77 SLA 1969; am sec 2 ch 5 SLA 1972; am sec 11 ch 101 SLA 1974)

Article 4. Miscellaneous Provisions.

Section

365. (Repealed)

366. Liability for services rendered by a physician-

Section

trained mobile intensive care paramedic

368. (Repealed)

Sec. 08.64.365. PHYSICIANS ACTING UNDER EMERGENCY CIRCUMSTANCES. Repealed by sec 46 ch 102 SLA 1976.

Sec. 08.64.366. LIABILITY FOR SERVICES RENDERED BY A PHYSICIAN-TRAINED MOBILE INTENSIVE CARE PARAMEDIC. No act or omission of a physician-trained mobile intensive care paramedic done or omitted in good faith while rendering emergency lifesaving service to a person who is in immediate danger of loss of life shall impose any liability upon the physician-trained mobile intensive care paramedic, the supervising physician, a hospital, the officers, members of the staff, nurses, or other employees of a hospital or upon a federal, state, borough, city or other local governmental unit or upon other employees of a governmental unit; however, this section does not relieve a physician or a hospital of a duty otherwise imposed by law upon the physician or hospital for the designation or training of a physician-trained mobile intensive care paramedic or for the provision or maintenance of equipment to be used by the physician-trained mobile intensive care paramedic. (sec 14 ch 101 SLA 1974)

Sec. 08.64.368. PERMITS FOR ISOLATED AREAS.
Repealed by sec 27 ch 148 SLA 1970.

Article 5. General Provisions.

Section	Section
370. Persons not affected	380. Definitions

Sec. 08.64.370. PERSONS NOT AFFECTED. This chapter does not apply to

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

(2) a physician or osteopath, who is not a resident of this state, who is asked by a physician or osteopath licensed in this state to help in the diagnosis or treatment of a case;

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

(4) Repealed by sec 13 ch 127 SIA 1974.

(5) a person while serving as a student, intern, resident physician, or fellow at a hospital, clinic, or medical facility in the state;

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

medical facility in the state. (sec 35-3-97 ACLA 1949; am sec 4 ch 93 SLA 1965; am sec 26 ch 77 SLA 1969; am secs 23, 24 ch 148 SLA 1970; am secs 1,2 ch 88 SLA 1972; am sec 13 ch 127 SLA 1974)

Sec. 08.64.380. DEFINITIONS. As used in this chapter

- (1) "board" means the State Medical Board;
- (2) "practice of medicine" or "practice of osteopathy"

means

(A) maintaining an office or place of business for the purpose of treating the sick or injured for pay; or

(B) the public display of one's name and the letters "M.D.", "M.B." or "D.O." or the words "physician" or "osteopath" or "osteopathic physician", or "osteopathic surgeon", or "osteopathic physician and surgeon", or a specialist designation such as "surgeon" or "dermatologist", "psychiatrist", or the like; or

(C) the assumption or promulgation of a title which tends to show that the person is willing or qualified to diagnose or treat the sick or injured; or

(D) for a fee prescribing, directing or recommending for the use of a person, a drug or medicine for the treatment, cure or relief of a disease, infirmity, bodily injury or defect; or

(E) for a fee performing a surgical operation for the cure, relief or reduction of disease, bodily injury, deformity, or defect; or

(F) Repealed by sec 1 ch 117 SLA 1971.

- (3) "unprofessional or dishonorable conduct" means

(A) a violation of the provisions of AS 11.15.060 or regulations lawfully adopted by the State Medical Board concerning abortion procedures and practice;

(B) habitual overuse of alcoholic beverages or depressant, hallucinogenic or stimulant drugs, as defined in AS 17.12.150(3), or addiction to the use of drugs as defined under AS 17.10.230(13);

(C) conviction of an offense involving moral turpitude;

(D) advertising professional services to the public except for notice of opening, closing, or removing practice, and except for directories listing physicians in a community on a uniform and nondiscriminatory basis, containing only factual, truthful descriptions of physicians and their services;

(E) making untruthful or fraudulent statements in the application for examination, or deceiving or cheating during the examination for license, or procuring a license by deceit or fraud;

(F) violating the Controlled Substances Act, (P.L. 91-513; 84 Stat. 1242) or any other federal law pertaining to medical practice and drugs;

(G) violating the principles of medical ethics of the American Medical Association and of the Alaska State Medical Association;

(4) Repealed by sec 27 ch 148 SLA 1970.

(5) "department" means Department of Commerce;

(6) "acupuncture" means a medical practice to cure disease or relieve pain, alter function or induce anesthesia by piercing portions of the body with needles;

(7) "physician-trained mobile intensive care paramedic" means a person who

(A) has successfully completed the advanced first aid course prescribed by the board;

(B) is trained by a licensed physician

(i) to carry out all phases of cardiopulmonary resuscitation,

(ii) to administer drugs under written or oral authorization of a licensed physician; and

(C) has been examined and certified as a physician-trained mobile intensive care paramedic by the board or by the board's designated representatives;

(8) "emergency lifesaving service" means medical assistance given to a person whose physical condition, in the opinion of a reasonably prudent person, is such that his life is endangered.

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

(A) a patient shall be concurrently referred to a physician or osteopath for the treatment of the systemic disease itself;

(B) general anaesthetics may be used only in colleges of podiatry approved by the State Medical Board and in

hospitals approved by the joint commission on the accreditation of hospitals, or the American Osteopathic Association, and

(C) the use of X ray or radium for therapeutic purposes is not permitted. (secs 35-3-94, 25-3-38 ACLA 1949; am sec 27 ch 77 SLA 1969; am sec 3 ch 103 SLA 1970; am secs 25-27 ch 148 SLA 1970; am sec 9 ch 32 SLA 1971; am sec 1 ch 117 SLA 1971; am sec 4 ch 85 SLA 1972; am sec 4 ch 21 SLA 1974; am secs 12, 13 ch 101 SLA 1974; am sec 1 ch 127 SLA 1975; am sec 4 ch 24 SLA 1976)

TITLE 12. PROFESSIONAL AND VOCATIONAL REGULATIONS

CHAPTER 40. STATE MEDICAL BOARD

Article

- 1. Licensing (12 AAC 40.101 - 12 AAC 40.050)
- 2. Abortions (12 AAC 40.060 - 12 AAC 40.140)
- 3. General Provisions (12 AAC 40.150 - 12 AAC 40.160)

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, Register 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% on his examination. (Eff. 12/20/70, Register 36; am 8/29/73, Register 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
- (Eff. 12/20/70, Register 36)

Authority: AS 08.64.260

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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, Register 36)

Authority: AS 08.64.100
AS 08.64.200

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, Register 47)

Authority: AS 08.64.190

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

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

12 AAC 40.070. INFORMED CONSENT. Unless otherwise provided in section 60, 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

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sequelae of the procedure. (Eff. 12/20/70, Register 36; am 8/29/73, Register 47)

Authority: AS 08.64.105

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 section 110 of this chapter. (Eff. 12/20/70, Register 36; am 8/29/73, Register 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, Register 36)

Authority: AS 08.64.105

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, Register 36; am 8/29/73, Register 47)

Authority: AS 08.64.105

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, Register 36; am 8/29/73, Register 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,

PROFESSIONAL AND VOCATIONAL REGULATIONS

Register 36; am 8/29/73, Register 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, Register 36; am 8/29/73, Register 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, Register 36; am 8/29/73, Register 47)

Authority: AS 11.15.060(a)
AS 08.64.105

ARTICLE 3. GENERAL PROVISIONS

Section

- 150. Professional incompetence
- 160. Definitions

12 AAC 40.150. PROFESSIONAL INCOMPETENCE. As used in AS 08.64.330(b), "professional incompetence" means lacking in sufficient knowledge or skills or both, in that field of practice in which the physician concerned engages, to a degree likely to endanger the health of his patients. (Eff. 8/29/73, Register 47)

Authority: AS 08.64.330(b)

12 AAC 40.160. DEFINITIONS. In this chapter:

- (1) "department" means Department of Commerce;
- (2) "pharmacological agents" means saline, glucose, prostaglandins and pitocin;
- (3) "board" means State Medical Board;
- (4) "FLEX examinations" means the written examinations prepared by the Federation of State Medical Boards of the United States. (Eff. 8/29/73, Register 47)

Authority: AS 08.64.100

(Standard application)

STATE OF ALASKA
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
STATE MEDICAL BOARD
POUCH D
JUNEAU, ALASKA 99811

PROCEDURE FOR OBTAINING A LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF ALASKA

GENERAL INSTRUCTIONS: All copies of documents must be certified by a Notary Public to be true copies of the original documents. Copies no larger than 8 1/2" by 11" are preferred. Your application and supporting credentials will be returned if they are not complete and in proper form. Non-citizens must have permanent resident status in the United States. All applicants for licensure must be interviewed by a member of the Medical Board prior to licensure. (List of Board members is enclosed.) If you have previously received a temporary permit, your interview for the permit may serve as your interview for permanent licensure. If you have previously received a locum tenens permit and decide to apply for permanent licensure, your interview for the permit may serve as your interview for permanent licensure at the discretion of the Board member who issued your permit.

FOREIGN MEDICAL GRADUATES: You must either (1) be certified by the Educational Commission for Foreign Medical Graduates (ECFMG) or (2) be licensed by examination in a state or territory of the United States or a province of Canada. In addition, you must have completed a full year in an internship or residency program approved by the American Medical Association or the Canadian Medical Association. If you meet the foregoing requirements you may be licensed on substantially the same basis as graduates of U. S. and Canadian medical schools. Please follow the applicable licensing procedure below. Note that all copies of foreign-language credentials must be certified by a Notary Public and must be accompanied by certified translations by a recognized translator. If you hold the ECFMG certificate, you must submit a certified copy for permanent filing. Once your application is complete it will be reviewed by the Medical Board.

LICENSURE BY EXAMINATION: The State Medical Board offers the Federation Licensing Examination (FLEX) twice yearly in June and December on dates established by the Federation of State Medical Boards. You must take the examination in Alaska; you cannot be proctored by another state. FLEX is a three day examination and consists of the following: Part I - Anatomy, Physiology, Biochemistry, Microbiology, Pharmacology and Pathology; Part II - Medicine, OB-Gyn, Pediatrics, Preventive Medicine and Public Health, Psychiatry and Surgery; Part III - Clinical Competence. A booklet describing the examination is available upon request. Applications for examination must be complete and on file 40 days in advance of the examination date. The following items must be on file:

1. Completed application - including items 1 through 33
2. Certified copy of your medical school diploma.
3. Certified copy of your certificate Internship or residency.
4. Verification of the status of your license in all states, territories or provinces in which you hold or have held licenses. Three forms are enclosed. A sheet listing the addresses of all state boards of medical examiners is also enclosed for your use.
5. Fee: \$150 - includes a nonrefundable \$25 application fee and \$125 examination fee.

ASA Biographical Data and Narcotics clearance - Upon receipt of your application this office will request a review of your credentials through the AMA and clearance from the Drug Enforcement Administration. This review takes approximately a month.

DO NOT SUBMIT YOUR APPLICATION UNTIL IT IS COMPLETE. Once your application has been approved you will receive an admittance card which lists the date, time and location of the examination and your State Identification Number. This card must be surrendered to the monitor at the time of your examination. A FLEX weighted average of 75% is required to pass the exam. Upon successful completion of the exam and oral interview, your permanent certificate will be awarded.

LICENSURE BY ENDORSEMENT: The State Medical Board may waive their written examination and license you by endorsement if you either (1) hold an active license issued after examination in a state or territory of the United States or a province of Canada or (2) are a Diplomat of the National Board of Medical Examiners or have passed the Federation Licensing Examination with a FLEX weighted average of 75%. The following items must be on file:

1. Completed application - including items 1 through 34. NOTE: #34 must be completed. In order for you to be eligible for waiver of our examination, we must have evidence that you were examined in the clinical and basic sciences. The verification of licensure form is not acceptable in lieu of #34.
2. Certified copy of your medical school diploma.
3. Certified copy of your certificate of internship or residency.
4. Verification of the status of your license in all states, territories or provinces in which you hold or have held licenses. Three forms are enclosed. A sheet listing the addresses of all state boards of medical examiners is also enclosed for your use.
5. Fee: \$125 - includes a nonrefundable \$25 application fee and \$100 endorsement fee.

AMA Biographical Data and Narcotics clearance - Upon receipt of your application this office will request a review of your credentials through the AMA and clearance from the Drug Enforcement Administration. This review takes approximately a month, and as a result it will be to your advantage to submit your application well in advance of the date you intend to start practicing to ensure that this office has adequate time to request the review. If any part of your application is incomplete at the time you intend to start practicing, it will be necessary for you to apply for a temporary permit. The Board will not review your application until all necessary information has been received.

DO NOT SUBMIT YOUR APPLICATION UNTIL IT IS COMPLETE. Once it has been approved and you have been interviewed and recommended for licensure by a member of the Board, your permanent certificate will be awarded.

TEMPORARY PERMIT: Any member of the Medical Board may issue you a temporary permit providing you intend to apply for permanent licensure by examination or endorsement. Temporary permits are issued as a courtesy to allow you to practice while you are completing your application for permanent licensure. Board members interview all candidates for temporary licensure and require that the following be submitted:

1. Certified copy of your medical school diploma.
2. Certified copy of your certificate of internship or residency.
3. Fee: \$25 - cannot be credited toward fees for permanent licensure.

PLEASE NOTE: (1) If you are applying for examination your permit will remain valid until the results of the first examination for which you are scheduled are available. If you fail to take the first examination for which you are scheduled, your permit will automatically be revoked on the day of the examination. (2) If you are applying for endorsement your permit will remain valid for eight months or until the Board meets to consider your application, whichever occurs first.

LOCUM TENENS PERMIT: Any member of the Medical Board may issue you a locum tenens permit which will allow you to provide temporary coverage for a physician licensed in Alaska. Board members interview all candidates for such permits and require that the following be submitted:

1. Certified copy of your medical school diploma.
2. Certified copy of your certificate of internship or residency.
3. Certified evidence of current licensure in a state or territory of the U. S. or a province of Canada. Evidence of current licensure must be in the form of a renewal certificate or the like unless your original certificate has just been issued and you have not been required to renew it.
Fee: \$25.

PLEASE NOTE: Your locum tenens permit will remain valid for 120 consecutive days. If circumstances warrant the Board may grant an extension. Obtaining a locum tenens permit does not obligate you to apply for permanent licensure.

GENERAL INFORMATION: Once your license has been issued it must be filed with the Clerk of the Superior Court in the judicial district in which you intend to practice. Should you move to another district it must again be filed as above.

All permanent licenses must be renewed by December 31 of even-numbered years. Initial licensing fees are not related to renewal fees, and your license will remain valid only until the renewal following issuance. Notification of the necessity to renew will be mailed to each licensee approximately 30 days before the renewal date. Failure to receive a renewal notice is not considered an excuse for nonrenewal. A license which is not renewed by the due date lapses. In order to reinstate a license which remains lapsed for more than 60 days, a \$10 penalty fee must be submitted along with the renewal fee. Fees are as follows: \$100 - active renewal; \$25 - inactive, out of state renewal. You must reside and practice outside Alaska to be eligible for inactive renewal. If you practice in state intermittently you must renew on an active basis. Should you renew on an inactive basis and subsequently come to Alaska to practice, you must activate your license by payment of a \$75 fee.

NOTE: It is illegal to practice on a lapsed license. It is your responsibility to keep this office advised of your current address at all times to enable us to send renewal notices to you.

FOR INFORMATION ON PRACTICE OPPORTUNITIES PLEASE CONTACT: Alaska State Medical Association, 1135 West 8th Avenue, Anchorage, Alaska 99501.

STATE OF ALASKA
 DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
 DIVISION OF OCCUPATIONAL LICENSING
 Pouch "D"
 Juneau, Alaska 99811

STATE MEDICAL BOARD

I HEREBY APPLY for a license to practice medicine and surgery in the State of Alaska by EXAMINATION (), by ENDORSEMENT ().

THIS APPLICATION MUST BE COMPLETED IN FULL. If any section does not apply, please write N/A in the space provided. TYPE OR PRINT ALL INFORMATION.

IF APPLYING FOR LICENSURE BY ENDORSEMENT, upon what State or Provincial License or Certificate do you base this application? _____
 Certificate No. _____ issued effective _____

1. Name in full _____ S.S. No. _____
2. Mailing address _____ Zip Code _____
3. Residence address _____ Zip Code _____
4. Place of birth _____ Date of birth _____ Age _____
 Are you a citizen of the U. S.? Yes (), No (). If yes, by birth _____, by naturalization _____. If no, what is your status? _____

5. PREMEDICAL EDUCATION

Name of School	Location	Month	Year	Month	Year
_____	_____	From _____	_____	to _____	_____
_____	_____	From _____	_____	to _____	_____
_____	_____	From _____	_____	to _____	_____

Did you receive a degree from any of the above mentioned colleges or universities? Yes (), No (). If so, give name of institution _____, title of degree _____ date of degree _____

6. MEDICAL EDUCATION

Name of School	Location	Month	Year	Month	Year
_____	_____	From _____	_____	to _____	_____
_____	_____	From _____	_____	to _____	_____
_____	_____	From _____	_____	to _____	_____

Graduated from _____ Exact date on diploma _____

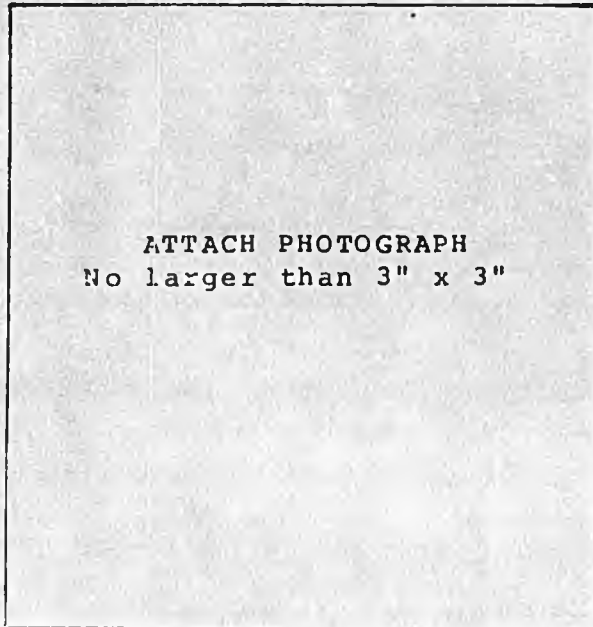
7. List all states, territories and foreign countries in which you hold or have held licenses _____
8. Are you currently applying for a license to practice medicine and surgery in any other state? Yes (), No (). If so, give details _____
9. What is your specialty? _____ Board eligible _____
 Board certified _____

10. Where did you complete your internship? (Give name and address of hospital and period of service _____)
11. Where did you complete your residency? (Give name and address of hospital and period of service _____)
12. Have you ever served as a staff member in any hospital? Yes (), No (). If so, give name and address of hospital and period of service _____
13. To what county, district or state medical societies have you belonged? (If you have never been a member of a society, indicate reasons below. If you are or have been a member of a society, #33 must be completed.)
 Name _____ Address _____
 Name _____ Address _____
 Name _____ Address _____
14. Do you hold a license in any of the other healing arts? Yes (), No ().
15. Have you ever taken the Alaska Medical Board Examination? Yes (), No (). If so, give details _____
16. Have you ever served in the Armed Forces? Yes (), No (). If so, Date of commission _____ Date of discharge _____
17. Are you suffering from any ailment communicable to others? Yes (), No ().
- If any of the following answers are yes, explain fully in a signed affidavit.

- | | YES | NO |
|--|-----|-----|
| 18. Have you ever been called before any state board for interrogation concerning any violation of the Medical Practice Act or unethical conduct?..... | () | () |
| 19. Have you ever been denied a certificate by, or the privilege of taking an examination before any State Medical Board?..... | () | () |
| 20. Have you ever had a license to practice medicine revoked or suspended?..... | () | () |
| 21. Have you ever been charged or convicted of a violation of a U.S. or State Statute, excluding minor traffic violations?..... | () | () |
| 22. Have you ever been addicted to or excessively used alcohol, narcotics, barbiturates or habit-forming drugs?..... | () | () |
| 23. Are you now or have you ever been emotionally or mentally ill?.... | () | () |
| 24. Have you ever been treated for mental or emotional illness, drug addiction or inebriety?..... | () | () |
| 25. Have you ever applied for and been denied a Narcotic Tax Stamp?... | () | () |
| 26. Have you ever surrendered your Narcotic Tax Stamp?..... | () | () |
| 27. Have you ever been charged with or convicted of a violation of any Federal or State Narcotic laws?..... | () | () |
| 28. Have you ever made an offer to compromise in connection with the Harrison Narcotic Law or any Narcotic Law?..... | () | () |

29. If you are currently residing outside Alaska, when do you anticipate establishing your practice in the State? _____
30. Have you decided upon a location for your practice? Yes (), No (). If so, where? _____

I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct and that the photograph which appears below is a true likeness of myself taken within the past sixty days. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice medicine and surgery in the State of Alaska.



Signature of applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____
_____ this _____ day of _____, 19_____.

Notary Public

My Commission expires

NOTARY SEAL

31. CERTIFICATE OF MORAL CHARACTER

THIS CERTIFIES that I have been personally acquainted with _____
_____ for _____ years and that I know him
to be of good moral character, not addicted to the use of habit-forming drugs or intemperance, and I recommend him to the Board of Medical Examiners, State of Alaska, as being entirely worthy to be licensed to practice medicine in Alaska pursuant to law.

Name _____

Address _____

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____, this _____ day of _____, 19_____.

Notary Public

NOTARY SEAL

My Commission expires

32. CERTIFICATE OF DEAN OF MEDICAL SCHOOL - I HEREBY CERTIFY that the degree, Doctor of Medicine, was conferred upon _____, dated _____ by _____ School of Medicine.

Signature of Dean

SCHOOL SEAL

Date _____

33. CERTIFICATE OF ETHICAL AND MORAL CHARACTER FROM PRESIDENT OR SECRETARY OF COUNTY, DISTRICT OR STATE MEDICAL SOCIETY.

I HEREBY CERTIFY that Dr. _____ of _____ is or has been a member in good standing of the _____ medical society and that he is an ethical practitioner and of good moral character.

SOCIETY SEAL
(If society has no seal, notarization must be completed.)

President or Secretary
Address _____

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____, this _____ day of _____, 19____.

NOTARY SEAL

Notary Public
My Commission expires _____

34. ENDORSEMENT CERTIFICATION: If completed by the National Board of Medical Examiners or the Federation of State Medical Boards - delete those portions which you are unable to certify.

I, _____ Secretary of _____ certify that _____ was granted License or Certificate No. _____ effective _____. I further certify that _____ after written examination before this Board obtained a general average of _____ percent, (Passing grade _____) in the following subjects: (Subjects and grades must be stated in full.)

I further certify that the applicant's License or Certificate is current and that there are not now nor have there ever been charges or complaints filed against the holder of said License or Certificate, and that so far as the records in this office show, he is of good moral character and worthy of professional recognition and licensure by endorsement to practice medicine and surgery in the State of Alaska.

BOARD SEAL

Signature of Secretary
Date _____

34. CERTIFICATE OF DEAN OF MEDICAL SCHOOL - I HEREBY CERTIFY that the
degree Doctor of Medicine, was conferred upon _____
dated _____ by _____ School of Medicine.

SCHOOL SEAL

Signature of Dean

Date