

ALASKA LEGISLATURE COMMITTEE FILES 1983-1984 86/2

2248 HHESS HB 230 - HB 243

338

Leg. & Comm.

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

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

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

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

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

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

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

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

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

Sec. 08.64.075. EXECUTIVE DIRECTOR OF THE BOARD.

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

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

FISCAL IMPACT (Medical Practices Act)

100 PERSONAL SERVICES - FY '82 salary schedule

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

200 TRAVEL

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

300 CONTRACTUAL

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

400 COMMODITIES

-0-

500 EQUIPMENT (One time cost FY '84 only)

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

600 LAND & STRUCTURES

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

One POSITION TOTAL \$58,757.95

A PERFORMANCE REVIEW OF THE
ALASKA STATE MEDICAL BOARD

July 30, 1982

Audit Control Number
08-112-0082-R

Commissioner, Department
of Commerce and Economic
Development

Charles R. Webber

Deputy Commissioner,
Department of Commerce and
Economic Development

Edward Eboch

Members of the
Alaska State Medical Board

Chairman
Secretary
Member
Member
Member
Member
Member

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

STATE OF ALASKA

AUDIT DIVISION
POUCH W
JUNEAU, ALASKA 99811

THE LEGISLATURE
BUDGET AND AUDIT COMMITTEE

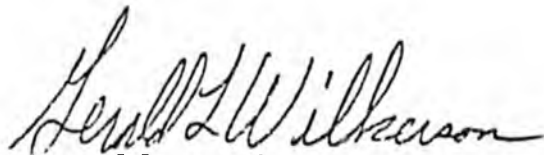
August 18, 1982

Members of the
Legislative Budget and Audit Committee:

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

A PERFORMANCE REVIEW OF THE
ALASKA STATE MEDICAL BOARD

July 30, 1982



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

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PURPOSE AND SCOPE OF THE REVIEW

Purpose

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

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

Scope

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

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

ORGANIZATION AND FUNCTION

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

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

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

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

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

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

REPORT CONCLUSIONS

In our opinion, the State Medical Board should be reestablished. The practices of medicine, osteopathy, and acupuncture by physicians, osteopaths, physician assistants, paramedics, and podiatrists is regulated by the Alaska State Medical Board. Because these occupations affect the public's health, safety, and welfare, in our opinion they should be subject to regulations and controls. Establishing minimum educational and experience requirements provided reasonable assurance to the public that licensees are qualified. In addition, active investigation of complaints from the public and other practitioners ensures that licensees continue to practice in a competent manner.

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

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

FINDINGS AND RECOMMENDATIONS

Recommendation No. 1

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

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

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

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

AUDITOR'S COMMENTS

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

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

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

ANALYSIS OF PUBLIC NEED

Limited Analysis

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIXES

APPENDIX A

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

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

Schedule 1
Types of Revenues

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

Note 1

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

Note 2

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

FAIRBANKS INTERNAL MEDICINE

and

DIAGNOSTIC CENTER, INC.

1919 LATHROP STREET
FAIRBANKS, ALASKA 99701

(907) 452-4769

INTERNAL MEDICINE

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

INTERNAL MEDICINE, HEMATOLOGY & ONCOLOGY

J. MICHAEL CARROLL, M.D.

INTERNAL MEDICINE & AVIATION MEDICINE

DAVID S. GRAUMAN, M.D.

September 29, 1982

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OCT 04 1982

LEGISLATIVE
AUDIT

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

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

Dear Mr. Wilkerson:

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

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

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

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

Page 2

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

continuation Page 4 -

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

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

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

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

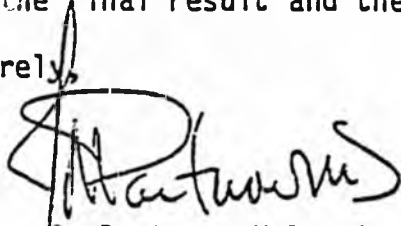
In summary, I feel that the "Preliminary Audit Report" is fair and accurate. With the reservations expressed above, I agree with the recommendation enclosed in the report. I feel that the report accurately reflects the public spirited efforts of the Board and its various members, and I feel that Ms.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

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

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

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

Sincerely,

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

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

JAP/co

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

OFFICE OF THE COMMISSIONER

POUCH D

JUNEAU, ALASKA 99811

Phone: 465-2500

October 13, 1982

RECEIVED

OCT 14 1982

LEGISLATIVE
AUDIT

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

Dear Mr. Wilkerson:

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

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

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

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

Mr. Gerald L. Wilkerson, CPA

-2-

October 13, 1982

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

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

Sincerely,

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

Charles R. Webber
Commissioner

CRW/mc1/8

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

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

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

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

Authority: AS 08.54.040(6)
AS 08.54.050

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

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

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

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

Authority: AS 08.54.050

CHAPTER 40. STATE MEDICAL BOARD

Article

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

ARTICLE 1. LICENSING

Section

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

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

Authority: AS 08.64.250

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

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

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

Authority: AS 08.64.100
AS 08.64.220

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

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

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

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

Authority: AS 08.64.260

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

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

Authority: AS 08.64.100
AS 08.64.200

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

Authority: AS 08.64.105

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

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

Authority: AS 08.64.190

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

Authority: AS 08.64.105

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

Authority: AS 08.64.105

**ARTICLE 2.
ABORTIONS.**

Section

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

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

Authority: AS 08.64.105

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

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

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

Authority: AS 08.64.105

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

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

Authority: AS 08.64.105

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

Authority: AS 08.64.105

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

Authority: AS 11.15.060(a)
AS 08.64.105

ARTICLE 3. CONTINUING MEDICAL EDUCATION

Section

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

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

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

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

Authority: AS 08.64.100
AS 08.64.312(b)

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

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

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

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

Authority: AS 08.64.100
AS 08.64.312(b)

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

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

Authority: AS 08.64.100
AS 08.64.312(b)

ARTICLE 4. MOBILE INTENSIVE CARE PARAMEDICS

Section

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

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

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

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

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

Authority: AS 08.64.100

AS 08.64.107

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

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

Authority: AS 08.64.100

AS 08.64.107

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

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

for Emergency Medical Technician-Paramedic Performance, 1977.

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

Authority: AS 08.64.100
AS 08.64.107

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

Authority: AS 08.64.100
AS 08.64.107

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

Authority: AS 08.64.100
AS 08.64.107

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

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

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

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

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

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

Authority: AS 08.64.100
AS 08.64.107

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

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

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

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

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

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

Authority: AS 08.64.100
AS 08.64.107

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

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

(1) performing cardiopulmonary resuscitation and defibrillation;

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

(3) performing pulmonary ventilation by approved methods;

(4) performing gastric suction by intubation;

(5) obtaining blood for laboratory analysis;

(6) applying rotating tourniquets;

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

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

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

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

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

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

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

Authority: AS 08.64.100
AS 08.64.107

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

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

Authority: AS 08.64.100
AS 08.64.107

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

Authority: AS 08.64.100
AS 08.64.107

ARTICLE 5.
PHYSICIAN ASSISTANTS

Section

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

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

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

(b) The application must contain documented evidence of:

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

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

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

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

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

Authority: AS 08.64.100
AS 08.64.107

12 AAC 40.405. TEMPORARY PERMITS.

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

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

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

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

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

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

Authority: AS 08.64.100
AS 08.64.107

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

3/3

REC F.W.

Dept Commerce
Katy Wallin 2504 FISCAL NOTE

HARRY TREAGER Divs Occup. Licensing X2534

2pm 3/8 MEET

10AM 3/17

4944 - SUSANNE @ work - advise of leaving

3/29

TREAGER

DRAFT CS

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

Sec 1 & Sec 5
b l r c

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

1 IN THE HOUSE

2 HOUSE BILL NO. 230

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

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

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

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

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

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

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

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

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

1 that unexcused absences from meetings are cause for removal.

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

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

5 Sec. 08.64.101. DUTIES. The board shall

6 (1) examine and issue licenses to applicants;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Qualify for physicians

Qualify for osteopaths

Podiatrist

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

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

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

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

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

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

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

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

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

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

29 (3) advertised professional services in a false or

WHAT FELONY NOT
included?

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

- ABORTION

1 by the board;

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

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

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

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

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

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

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

29 (B) limit practice to those areas prescribed;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*unprofessional conduct
violation to (f. 16.010
ABORTIONS*

Bedian

ANNUAL REPORT TO GOV.

GOOD MORAL CHARACTER

9. OPTOMETRISTS -

Register w/ DEA

(=) Naturopaths How many in STATE
Pettyjohn

08.64.258

"CREDENTIALS" ENDORSEMENTS

↳ NATIONAL RECOGNIZED term

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

(1) CHIEF INVESTIGATOR

(3) INVESTIGATOR

(2) pharmacy bcd investigators

SB 190 CONT. SUBSTANCE last yr

EX OFFICER RANGE 18 \$58,000 TOTAL

Benefits 35.38%
Notification of Bd by Hospitals

AS 4462

STAFF REPORT

HB 230

Licensing & Practice of Medicine

08.64.010

Sec. 1 changes AREA of RESIDENCY of board of medical examiners from separate Judicial Districts to separate different geographical AREAS.

020

Sec 2 Provides that members terms are STAGGERED. Restrains reappointment after 2 ^{SUCCESSIVE} consecutive TERMS

040

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

085

Section 4. no change - specifies meeting times and duties

170

Sec. 5. (4) ?

240

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

08.64.250

Sec 7. changes Licensure by "ENDORSEMENT" to by "CREDENTIALS". ADDS podiatry as a practice licensed by the board. Specifies examinations

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

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

08.64.315 Sec. 10 New fees are established

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

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

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

08.64.380(2) Sec 14 practice of medicine is redefined

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

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

STATE OF ALASKA
PRELIMINARY STATEMENT OF FISCAL IMPACT

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

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

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

b. Revenues: 459.0 each four years

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

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

not identified

3. Assumptions:

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

4. Disclaimer:

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

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

Approved by Commissioner: _____ Date: _____
 Department: _____

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

Dave

re: AB 230

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

9

3/3/83, SHIRLEE ANC LIO, 12604

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

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

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

READ INTO RECORD

Ketchikan Medical Clinic, Inc.

MAR 11 1983

3612 TONGASS
KETCHIKAN, ALASKA 99901

H.J. Henrickson, M.D.

D.E. Johnson, M.D.

T.L. Conley, M.D.

Phone 225-5144

Phone 225-5145

March 7, 1983

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

Dear Ms. Fisher:

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

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

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

Ms. Mae Fisher
March 7, 1983
Page 2

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

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

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

What are alternatives

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

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

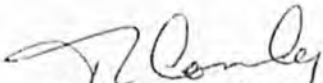
Ms. Mae Fisher
March 7, 1983
Page 3

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

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

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

Sincerely,



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

TLC:dg

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

Enclosure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 08.64.075. EXECUTIVE OFFICER OF THE BOARD.

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

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

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

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

permits temporary licensure of applicants

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

Sec. 08.64.315. FEES.

The following fees are imposed under this chapter:

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

STATE OF ALASKA

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



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

HOUSE LABOR AND COMMERCE COMMITTEE

March 4, 1983

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

Re: Alaska State Medical Board

Dear Mr. Speaker:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Respectfully submitted:

Representative Walt Furnace, Chairman

276,000 x \$1.257

RICK URION
SB164

EXTEND SUNSET TO JUNE 30, 1987

TITLE: ADD EXTENDING . . .

P. 8 li: 26 Add "physician"

INVESTIGATOR

HARRY TREAGER

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

DR ROONEY

CHAPTER = 08.64
SECTION = 08.64.330
TITLE = 08

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

CITATION SEC. 08.64.330.

CATCH LINE

 GROUNDS FOR REVOCATION OF LICENSE.

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

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

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

AS08.64.325 DOCUMENT= 1 OF 1

CHAPTER = 08.64
SECTION = 08.64.325
TITLE = 08

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

CITATION SEC. 08.64.325.

CATCH LINE

LIMITS OR CONDITIONS ON LICENSE; DISCIPLINE.

TEXT

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

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

HISTORY

(SEC. 14 CH 102 SLA 1976)

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

CHAPTER = 18.16
SECTION = 18.16.010
TITLE = 18

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

CITATION SEC. 18.16.010.

CATCH LINE
ABORTIONS.

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

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

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

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

CONCLUSIONS:

CONTINUE Medical Board

RECOMMEND:

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

CGSB237

CALL TREASURER - get position of ER

TERMS OF IMPRISONMENT

OCTOBER 1, 1982

FIRST FELONY CONVICTION SECOND FELONY CONVICTION THIRD FELONY CONVICTION

MURDER I

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

SEXUAL ASSAULT 1ST **

SEXUAL ASSAULT 1ST

A FELONY **

A FELONY

B FELONY

C FELONY

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

** APPLIES WHEN A DEFENDANT POSSESSED A FIREARM, USED A DANGEROUS WEAPON OR CAUSED SERIOUS PHYSICAL INJURY, EXCEPT FOR MANSLAUGHTER.

NUMBERS IN (BRACKETS ARE) PRESUMPTIVE SENTENCES. NUMBERS ENCLOSED BY BOXES ARE MANDATORY MINIMUM SENTENCES. NUMBERS TO LEFT OF BRACKETS ARE LOWEST MITIGATED SENTENCES. NUMBERS TO RIGHT ARE HIGHEST AGGRAVATED SENTS.

STATE OF ALASKA
FINAL STATEMENT OF FISCAL IMPACT

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

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

			FY 83	FY 84	FY 85	FY 86
Capital						
Operating						
Total						

0 0 0 0

b. Revenues:

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

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

3. Assumptions:

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

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

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

H B

2 4 3

COMMITTEE REPORT

HOUSE

FINANCE

(7)

FURTHER:

3/8/83

Date: 4/15/83

Mr. Speaker:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had HB 243

An Act relating to day care assistance for parents of developmentally disabled children.

under consideration and reports it back as follows:

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

**MEMBERS SIGNING
DO PASS**

M. W. Miller Do Pass

W. L. Koppelman Do Pass

Mike Davis Do Pass

Frank Lester

**MEMBERS HAVING
OTHER RECOMMENDATIONS:**

Frank Lester

CHAIRMAN

STAFF REPORT

HB 243, child care, developmentally disabled

March 21, 1983

HOUSE HESS COMMITTEE

Day care assistance is provided for the care of children of a low or moderate income family if a parent or guardian is freed to work or seek work or to attend school. Eligibility for children expires on their 11th birthday. HB 243 extends eligibility for children who have developmental disabilities without regard to the child's age.

The argument in support of HB 243 is that a child with a developmental disability still requires parental attention after the 11th birthday. The inclusion of children with developmental disabilities should be beneficial to the "normalization" of the child's environment. Regulations should be adopted to assure that children of large age differences are carefully supervised. One possibility is to have separate classes of day care programs. One for children under 11 years of age, one for the others. It has also been suggested that an incentive be added to encourage day care centers to accept the developmentally disabled. This could be in the form of training for staff, perhaps.

STATE OF ALASKA

Bill Sheffield, Governor

DEPT. OF COMMUNITY & REGIONAL AFFAIRS

OFFICE OF THE COMMISS'ONER

POUCH B
JUNEAU, ALASKA 99811
PHONE: (907) 465-4700

March 23, 1983

POSITION PAPER

RE: HB 243
SPONSOR: Representative Phillips

Program Effects:

The bill would provide day care assistance to an estimated 25-45 developmentally disabled children above 11 years of age, whose parents are in working or training. The Department currently provides for the placement of some handicapped children under 11, usually on a case basis. In those special cases, the Department authorizes up to double the average monthly subsidy for the care of these children. The Department would see this bill as expanding that policy to developmentally disabled children who are minors.

Comments:

The Department supports raising the age limit above 11 years of age for minor children who have a developmental disability, with two major caveats.

- 1) The Department can support the bill only if there is a rewrite of the licensing codes which protects, through regulation, age specific normalized environments of all children. The mixing of older developmentally disabled children with much younger children could, if not regulated, be potentially damaging to both groups.
- 2) Specialized training must be available to day care providers who accept these children to help them adequately deal with their needs.

A survey conducted in the fall of 1982 in Fairbanks concluded that licensed child care centers were willing to take handicapped children if specialized assistance training were available. The Department has had no training dollars to allow this to occur. The Department would require funds to hire a half-time specialist to work with providers to assure that the provider meets the intent of the legislation, the regulations and most importantly, the needs of the child.

It is estimated there are between 25-45 children, whose parents are working or training, that might be eligible for this program if the age limit were raised. However, because parents of many developmentally disabled children may not have had the option of being in the job or training market, the Department cannot know what the real population is. The number of families served under this program could very well be much higher. This year, the Department has been contacted by parents of handicapped children in both Kenai and Fairbanks requesting assistance. Last year before funds were available to Catholic Social Services, we also had requests from parents in the Anchorage area.

Finally, while the Department recognizes the need exists it is important to note that the Division does not have expertise in the complex problems of developmentally disabled children. Studies indicate that handicapped students benefit from special pre-school programs, no matter how severe their disability. The Day Care Assistance program was not designed to accomodate these special needs. It is our concern that the real needs of developmentally disabled children not be addressed solely through this program.

A handwritten signature in cursive script, appearing to read "M. H. Hens", is located at the bottom center of the page.

STATE OF ALASKA
FISCAL NOTE

Revision Date _____, 1983

I. REQUEST

Bill/Resolution No.: H.B. 243
 Title: Day Care Assistance/Dev. Disabled
 Sponsor: Phillips
 Requestor: House HESS Committee

II. FISCAL DETAIL

Agency Affected: C & RA
 Program Category Affected: Social & Econ Ass
 BRU, Program of Subprogram(s) Affected: Child Care Assistance-Child Care

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
OPERATING						
100 PERSONAL SERVICES	0	21.5	22.7	24.0	25.4	26.9
200 TRAVEL	0	5.0	5.3	5.6	5.9	6.2
300 CONTRACTUAL	0	0				
400 COMMODITIES	0	0				
500 EQUIPMENT	0	0				
600 LAND & STRUCTURES	0	0				
700 GRANTS, CLAIMS, ETC	0	194.4	206.0	218.3	231.3	245.1
TOTAL OPERATING	0	220.9	234.0	247.9	262.6	278.2
CAPITAL	0	0				
REVENUE	0	0				

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	220.9	234.0	247.9	262.6	278.2
FEDERAL FUNDS	0	0				
OTHER (Specify Source)	0	0				

POSITIONS:

FULL-TIME	0	0				
PART-TIME	0	1	1	1	1	1
TEMPORARY	0	0				

III. SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

Not identified by Sponsor/Committee

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: Karen Perdue
 Division: Employment Opportunity Division
 Approved by Commissioner: [Signature]
 Department: _____

Phone: 465-4890
 Date: 3/23/83
 Date: 2/23/87

Distribution:

Original to Legislative Finance
 Copy to Office of Management and Budget (for Legislature introduced bills)
 Copy to Department (for Governor introduced bills)
 Copy to Sponsor
 Copy to Requestor (if different from Sponsor)

3/8/83

DEPT. OF COMMUNITY & REGIONAL AFFAIRS

OFFICE OF THE COMMISSIONER

POUCH B
JUNEAU, ALASKA 99811
PHONE: (907) 465-4700

Bill Analysis-Fiscal Note

H.B. 243

The Department currently provides funds through the Day Care Assistance Program for children of low income families at an average rate of \$180 per child per month. Policy Memorandum #3 allows for increased subsidy rates of up to double the cost of care for handicapped children with written documentation by a physician, thus an average monthly rate for handicapped children is \$360.

The Division of Mental Health estimates 45 eligible children who would be affected by this bill. The Department suspects there are likely to be more needs for this service than currently can be quantified. Thus the note is based on 45 children of \$360 average monthly costs for twelve months.

The Department currently provides training and technical assistance to child care center and home staff with three full-time professionals. This bill would necessitate an additional half-time professional of range 17 in the classified service. That cost for FY 84 would be \$21.5 thousand. An additional \$5 thousand would be necessary for travel to provide this training.

POSITION PAPER

HOUSE BILL NO. 243

"An Act relating to day care assistance for parents of developmentally disabled children."

The existing statutes (A.S. 44.47) specifies that eligible low income parents of children under 11 years of age may receive assistance in payment of costs of day care from licensed day care providers. HB 243 amends this specification by adding developmentally disabled minors (i.e., developmentally disabled persons under 18 years of age.)

Analysis:

Regular day care assistance is intended to provide low income parents with an incentive to pursue careers and income producing jobs that would otherwise be unavailable because of the care and attention parents must give to their children. The assistance, in the form of payments for day care, applies in cases wherein children are under 11 years of age.

This age limit specification assumes that, having reached 11 years of age, a child will have developed enough to be able to take care of himself for brief periods of time without direct care or supervision.

However, in circumstances wherein a child's mental or physical development is impaired to the degree that the child, even though over 11 years of age, is not able to thrive or care for themselves for a brief period of time, the intent of the law is not met.

HB 243 intends to obviate this circumstance by allowing day care assistance to be provided to otherwise eligible families who have developmentally disabled children over the regular age limit of 11 years.

One liability of the Bill is that it may allow the possible situation in which children of very different ages and sexes are cared for in close proximity. In an extreme case one can envision, say, a 17 year old being cared for with four small children of the opposite sex. Non-normal situations such as these would be taken care of by means of changes in licensing regulations to ensure an age-specific normalized environment for both the developmentally disabled child and the non-disabled child.

Population and estimated overall cost:

It is difficult to estimate the number of parents that would be eligible much less those who would partake of the assistance even though eligible. However, some gross estimates can be made. Based on information communicated by a special pilot program for day care for developmentally disabled people in the Anchorage area, it is estimated that 25 families in Alaska would be added to the existing number of eligible families if HB-243 were to become law. If instead of basing our judgments on this "guesstimate" we were to extrapolate from statistics supplied by the Department of Labor, it is estimated that there are about 90 developmentally persons who are 10 to 18 years of age whose parents would be eligible for substantial day care assistance. If about half of these families chose to enroll their children in day care centers or homes that, in turn, would be willing to take the older children, the result is that about 45 new children would be enrolled

as a result of HB-243. (It should be noted that these estimates do not include low income parents who have developmentally disabled children under 11 years of age. These parents are already eligible for day care assistance under the present statute.)

Even though there is a good deal of disparity between the two estimates, the estimate does indicate, at least, that we do not have hundreds of parents being unserved. The figure is likely to be less than 50 parents who would be enrolled as a result of HB-243.

Presently, a customary cost to the State for day care assistance is approximately \$400 per month for a severely developmentally disabled child of an eligible family. If 25 to 45 children would be added as a result of HB-243, then \$120,000 to \$216,000 would be required to provide assistance to the additional families enrolled.

In addition to these expenditures administered by the Department of Community and Regional Affairs, the Department of Health and Social Service would require a temporary six month position to write and promulgate new and amended licensing regulation to ensure age specific normalized environments. The cost for this is estimated at \$26,061 and is explained in the attached fiscal note. It is also anticipated that, as a result of changes in licensing regulations, training existing day care providers will be necessary. It is anticipated that the nature and cost of this training will be included in the position paper being submitted by the Department of Community and Regional Affairs with whom we have coordinated regarding this Bill.

Summary:

HB-243 does not, by itself, mandate adequate day care for developmentally children over 11 years of age. It will, however, (1) provide for a monetary incentive for day care centers and homes to provide such care and (2) provide for an incentive for low income parents who have developmentally disabled children who are over 11 and who cannot be left alone to engage in remunerative work while maintaining the child in the natural home environment.

Department Position:

The Department of Health and Social Services supports HB-243 in concept, but implementation would require substantial increase to the Governor's Budget and such a change has not been approved by the Governor's Office.

Recommended by: Philip R. Shapiro
Philip Shapiro, M.D.
Director, Division of
Mental Health and
Developmental Disabilities

Date: 3-22-83

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services

Date: 3/22/83

HOUSE BILL NO. 243

"An Act relating to day care assistance for parents of developmentally disabled children."

Fiscal Note, page 2

IV. ANALYSIS:

A. Assumptions:

Enactment of this bill would result in the need to license new homes for the care of developmentally disabled children. Homes or centers currently licensed for day care would have to be reassessed to meet new licensing criteria.

B. Program Summary:

1. Promulgating new and amended licensing regulations would require establishment of a Community Care Licensing Specialist II position for 6 months, after which it would phase out. Existing staff in other areas would absorb the additional workload in FY 84.
2. Travel is included to conduct public hearings on regulations, and for travel to and from homes and centers being licensed.
3. No revenues will be received.

C. Computations: No additional expenditures are anticipated for FY FY 85-88. Division will absorb changes due to licensing regulation changes.

D. Economic Impact: Licensure will provide a safe environment for care.

E. Impact on Local Governments: There will be no fiscal impact on local governments.

1.	POSITION TITLE Community Care Licensing Specialist II				RANGE/STEP 18A	BARG. UNIT GGU	FORM 12 PAGE/LINE	COV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS 6	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION Juneau	ELECTION DISTRICT 4	LEG.		
3.	CONTINUATION LEVEL		ADDITION		JUSTIFICATION					
4.	TYPE OF EXPENDITURE			AMOUNT	<p>This position will be required one time for six months to prepare licensing regulations and implementation materials. Day care licensing regulations have not been changed in six years. A number of needed changes, including safeguarding provisions for the handicapped, have been identified, but changes are indefinitely delayed due to limited staff time and other pressing priorities. If the Bill is passed licensing regulation changes will be immediately necessary to protect young children from the danger of normal activity of pre-teens and teens, to ensure adequate programming for the handicapped, and to develop family day care regulations for specializing in care for the handicapped. Following is the work plan for this position: 1) Develop revised regulations for day care facilities/conduct hearings. 2) Develop a guidebook and sample forms and policy material to implement the regulations. 3) Prepare implementation plan which would include a orientation of licensing staff, Day Care Assistance local agents, and licensees. 4) Draft, in coordination with the Department of Education, a document entitled "How to Start a day care center, family day care home, or pre-school in Alaska." 5) Revise the 1976 publication entitled "How to Choose Day Care for your Child."</p>					
	1		2	3						
	PERSONAL SERVICES									
5.	Salary		17,790							
6.	Benefits		1,091							
7.	Supplemental Benefits		3,040							
8.	Fixed Benefits		1,440							
9.	TOTAL PERSONAL SERVICES		01	23,361						
10.	Travel		02	1,500						
11.	Contractual		03	1,000						
12.	Commodities		04	200						
13.	Equipment		05							
14.	Other									
15.	TOTAL COST			26,061						
	RECEIPT CODE	FUNDING SOURCE								
16.		Federal Receipts 1002								
17.		G.F. Match 1003								
18.	100	General Funds 1004		26,061						
19.		I-A Receipts 1005								
20.		Program Receipts 1026								
21.		Other								
FOR D&M USE ONLY										
4A KEY NUMBER										

REQUEST FOR
13 NEW POSITION

AGENCY Health and Social Services
Social and Economic Assitiation
PROGRAM for the General Population

FY 84

BRU Family Services Administration of
Revised Date
COMPONENT Central Office

2	2
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ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

Pouch Y, State Capitol
Juneau, Alaska 99811
(907) 467-3991

March 5, 1982

MEMORANDUM

TO: Representative Phillips

FROM: Felicity Watt, Research Staff *FW*

RE: Assistance for Parents of the Developmentally Disabled
Research Request 82-57

You have asked that we look into supplemental funding for day care to be provided to the parent of a 10 year old developmentally disabled child. We have identified an advocacy group and a school that are available to respond to your constituent's request for information.

The daytime school program at Catholic Social Services for the developmentally disabled is managed by Judy Ebbert. Ms. Ebbert said that the school is for children from the ages of six weeks to sixteen years. Though the school charges a monthly rate of \$400, that cost will be modified on a case-by-case basis in accordance with the parent's need. According to Dr. Gregovich, Program Administrator for the developmental disabilities program in the Department of Health and Social Services, \$625,000 in grant money for handicapped day care and respite care was awarded by the department to Municipality of Anchorage this year. These funds were then subcontracted to Catholic Social Services to assist them in serving developmentally disabled children.

The school is located at 811 West Sixth Avenue and Ms. Ebbert asked that your constituent contact her to discuss the cost adjustment which could be made for her and transportation arrangements that may be made to accommodate her Eagle River location. Judy Ebbert's telephone number is 274-1546.

Representative Phillips

March 5, 1982

Page 2

In the course of our research, we also learned of an organization called Protection Advocacy for the Developmentally Disabled, Inc. (P.A.D.D) which is available to assist your constituent in locating possible programs and sources of funding. P.A.D.D. will pursue federal funding avenues and conduct research on behalf of the parent of a developmentally disabled child. We spoke with case workers for P.A.D.D. in both Juneau and Anchorage who indicated they would be happy to research the case and investigate possible solutions at both the State and national level. Annelly Girard of Anchorage expressed great enthusiasm about acting as an advocate on your constituent's behalf.

Ms. Girard can be contacted at 274-3650. P.A.D.D's Anchorage office opens Friday (March 5) at which time the telephone is expected to be connected. If there is no answer at the above number, Ms. Girard asks that the parent contact her at her home telephone which is : 278-3966.

There seem to be no funds available to replace the Alaska Department of Community and Regional Affairs' day care assistance Program (DCAP) once a child surpasses the eligible age for that program. We talked at length with Ms. Lare, the director of DCAP and discussed the possibility of reinterpreting the ceiling age for eligibility for DCAP on the basis of mental rather than chronological years in the particular cases of developmentally disabled children. As the cut off age is prescribed by statute [AS 44.47.310(3)] which defines child as "any person below eleven years of age," Ms. Lare does not believe she has the authority to change that requirement.

Ms. Lare had contacted members of the Governor's Council on the Handicapped and Gifted in Fairbanks and relayed to us their interest in the situation; however, they have no access to funds which would ameliorate the current dilemma.

We also talked to the Whaley school and the Anchorage Community Mental Health Center who were unable to offer other alternatives for your constituent to pursue.

FW/bf

Encls.

SPONSOR: H Hess
SUBJECT: leg non-leg (pub hear) work sess inv hear
HB 243

DATE TAKEN/BY _____
T/C DATE/DAY 3/23/83
TIME: 1:00-2:00 ^{PM} PACIFIC
12-1 ^{PM} YUKON
11-12 ALASKA
10-11 BERING

MAILING ADDRESS: Developmental
Disabilities

PHONE 3777 CONTACT Dave Palmer
Rock Star

SITES PARTICIPATING:

- | | | | | |
|--|---|---|---|--|
| <u>North Slope</u>
Anaktuvuk Pass
* Barrow
Kaktovik
Point Hope
Wainwright | <u>NANA</u>
Ambler
* Kotzebue
Noorvik
Selawik | <u>Bristol Bay Aleutians</u>
* Bethel
* Dillingham
St. Paul
Sand Point
** Unalaska | <u>South Central</u>
* Anchorage
Homer
* Kenai (Sol)
* Kodiak
* Mat-Su
Seward
* Valdez | <u>Southeast</u>
Cordova
Haines
Hoonah
* Juneau
* Ketchikan
* Petersburg
* Sitka
Wrangell
Yakutat |
| ALL ALASKA
ALL LIO's
WASH., D.C. | <u>Norton Sound</u>
Gambell
Hooper Bay
* Nome
Savoonga
Shishmaref
** Unalakleet | <u>Interior</u>
* Delta Junction
* Fairbanks
** Fort Yukon
Galena | | |

Merry Abada
694-9750

Chairing Site/Person Jnu - Tischler Special Offnet
Location/Phone# _____
Signature of Sponsor/Contact Person _____ Date _____

-----TELECONFERENCE OFFICE USE ONLY-----

Contact in Rep Phillips
office - Janet 4931
(Conference call)

2-Wire 4-Wire _____
Bridges: #1 (206)447-0620
#2 (206)447-1554
#3 (206)447-5627
#4 (206)447-9479
Bridge operator (800)426-3232
JNU trouble #'s 586-1062
465-3936

Publicity:
Local calls/list attached
Media/P.S.A. attached
Can expect:
Lengthy back-up
Bill summary
Participants list

POST TELECONFERENCE NOTES

Site/Date: _____
Local Moderator _____
T/C Started: _____ T/C Ended _____
T/C Recorded: _____
Testified/Participated: _____
Unable to Testify: _____
Observers: _____
Total Number: _____

~~465~~ ~~2180~~ HB 257 Risk Management

HB 243
Robt GREGOVICH - MENTAL HEALTH
PAT MONROE

DEPT: OK bill concept
OMB MUST REVIEW
\$150,000
45 families

OPTION
Gov's council gifted i/handicapped
→ DOROTHY TRUIN
talked w Randy Phillips

Gov Comm Gifted i/handicapped
365T

- FAIRBANKS - 479-6507
D Mental Health - 479-6940

PAT MONROE^A 3206

