ALASKA LEGISLATURE COMMITTEE FILES 1987-1988 8672

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Rep. Koponen

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

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February 18, 1987

To: Members of House Labor & Commerce & House Judiciary

From: T.L. Conley, Chairperson
Alaska State Medical Board

Representative Niilo Koponen of House Labor & Commerce requested a copy of the enclosed "Guide to the Essentials of a Modern Medical Practice Act" by the Federation of State Medical Boards as he considered HB 70 introduced by Representative John Sund. We felt the overview it provides would be helpful to the other legislators as they consider the legislation.

cc Kathy Marshall

08-HBLH

SEC. 323. EFFECTIVE DATE.

(a) GENERAL RULE.—Subtitle 1 of title XXI of the Public Health Service Act shall take effect on the date of the enactment of this Act and Subtitle 2 of such title and this title shall take effect on the effective date of a tax enacted after the date of the enactment of this Act to provide funds for compensation paid under such subtitle 2.

(b) INSUFFICIENCY OF FUNDS.—If at any time there are insufficient funds to pay all of the claims payable under subtitle 2 of title XXI of the Public Health Service Act for 180 days, such subtitle shall cease to be in effect until sufficient funds to pay all of the claims under such subtitle become available.

TITLE IV—ENCOURAGING GOOD FAITH PROFESSIONAL REVIEW ACTIVITIES

SEC. 401. SHORT TITLE.

This title may be cited as the "Health Care Quality Improvement Act of 1986".

SEC. 402. FINDINGS.

The Congress finds the following:

(1) The increasing occurrence of medical malpractice and the need to improve the quality of medical care have become nationwide problems that warrant greater efforts than those that can be undertaken by any individual State.

(2) There is a national need to restrict the ability of incompetent physicians to move from State to State without disclosure or discovery of the physician's previous damaging or incompetent performance.

(3) This nationwide problem can be remedied through effective professional peer review.

(4) The threat of private money damage liability under Federal laws, including treble damage liability under Federal antitrust law, unreasonably discourages physicians from participating in effective professional peer review.

(5) There is an overriding national need to provide incentive and protection for physicians engaging in effective professional peer review.

PART A—PROMOTION OF PROFESSIONAL REVIEW ACTIVITIES

SEC. 411. PROFESSIONAL REVIEW.

(a) IN GENERAL.—

(1) LIMITATION ON DAMAGES FOR PROFESSIONAL REVIEW ACTIONS.—If a professional review action (as defined in section 431(9)) of a professional review body meets all the standards specified in section 412(a), except as provided in subsection (b)—

(A) the professional review body,

(B) any person acting as a member or staff to the body,

(C) any person under a contract or other formal agreement with the body, and

(D) any person who participates with or assists the body with respect to the action,

shall not be liable in damages under any law of the United States or of any State (or political subdivision thereof) with respect to the action. The preceding sentence shall not apply to damages under any law of the United States or any State relating to the civil rights of any person or persons, including the Civil Rights Act of 1964, 42 U.S.C. 2000e, et seq. and the Civil Rights Acts, 42 U.S.C. 1981, et seq. Nothing in this paragraph shall prevent the United States or any Attorney General of a State from bringing an action, including an action under section 4C of the Clayton Act, 15 U.S.C. 15C, where such an action is otherwise authorized.

(2) PROTECTION FOR THOSE PROVIDING INFORMATION TO PROFESSIONAL REVIEW BODIES.—Notwithstanding any other provision of law, no person (whether as a witness or otherwise) providing information to a professional review body regarding the competence or professional conduct of a physician shall be held, by reason of having provided such information, to be liable in damages under any law of the United States or of any State (or political subdivision thereof) unless such information is false and the person providing it knew that such information was false.

(b) EXCEPTION.—If the Secretary has reason to believe that a health care entity has failed to report information in accordance with section 423(a), the Secretary shall conduct an investigation. If, after providing notice of noncompliance, an opportunity to correct the noncompliance, and an opportunity for a hearing, the Secretary determines that a health care entity has failed substantially to report information in accordance with section 423(a), the Secretary shall publish the name of the entity in the Federal Register. The protections of subsection (a)(1) shall not apply to an entity the name of which is published in the Federal Register under the previous sentence with respect to professional review actions of the entity commenced during the 3-year period beginning 30 days after the date of publication of the name.

(c) TREATMENT UNDER STATE LAWS.—

(1) PROFESSIONAL REVIEW ACTIONS TAKEN ON OR AFTER OCTOBER 14, 1989.—Except as provided in paragraph (2), subsection (a) shall apply to State laws in a State only for professional review actions commenced on or after October 14, 1989.

(2) EXCEPTIONS.—

(A) STATE EARLY OPT-IN.—Subsection (a) shall apply to State laws in a State for actions commenced before October 14, 1989, if the State by legislation elects such treatment.

(B) STATE OPT-OUT.—Subsection (a) shall not apply to State laws in a State for actions commenced on or after October 14, 1989, if the State by legislation elects such treatment.

(C) EFFECTIVE DATE OF ELECTION.—An election under State law is not effective, for purposes of subparagraphs (A) and (B), for actions commenced before the effective date of the State law, which may not be earlier than the date of the enactment of that law.

SEC. 412. STANDARDS FOR PROFESSIONAL REVIEW ACTIONS.

(a) IN GENERAL.—For purposes of the protection set forth in section 411(a), a professional review action must be taken—

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(1) in the reasonable belief that the action was in the furtherance of quality health care,

(2) after a reasonable effort to obtain the facts of the matter,

(3) after adequate notice and hearing procedures are afforded to the physician involved or after such other procedures as are fair to the physician under the circumstances, and

(4) in the reasonable belief that the action was warranted by the facts known after such reasonable effort to obtain facts and after meeting the requirement of paragraph (3).

A professional review action shall be presumed to have met the preceding standards necessary for the protection set out in section 411(a) unless the presumption is rebutted by a preponderance of the evidence.

(b) ADEQUATE NOTICE AND HEARING.—A health care entity is deemed to have met the adequate notice and hearing requirement of subsection (a)(3) with respect to a physician if the following conditions are met (or are waived voluntarily by the physician):

(1) NOTICE OF PROPOSED ACTION.—The physician has been given notice stating—

(A)(i) that a professional review action has been proposed to be taken against the physician,

(ii) reasons for the proposed action,

(B)(i) that the physician has the right to request a hearing on the proposed action,

(ii) any time limit (of not less than 30 days) within which to request such a hearing, and

(C) a summary of the rights in the hearing under paragraph (3).

(2) NOTICE OF HEARING.—If a hearing is requested on a timely basis under paragraph (1)(B), the physician involved must be given notice stating—

(A) the place, time, and date, of the hearing, which date shall not be less than 30 days after the date of the notice, and

(B) a list of the witnesses (if any) expected to testify at the hearing on behalf of the professional review body.

(3) CONDUCT OF HEARING AND NOTICE.—If a hearing is requested on a timely basis under paragraph (1)(B)—

(A) subject to subparagraph (B), the hearing shall be held (as determined by the health care entity)—

(i) before an arbitrator mutually acceptable to the physician and the health care entity,

(ii) before a hearing officer who is appointed by the entity and who is not in direct economic competition with the physician involved, or

(iii) before a panel of individuals who are appointed by the entity and are not in direct economic competition with the physician involved;

(B) the right to the hearing may be forfeited if the physician fails, without good cause, to appear;

(C) in the hearing the physician involved has the right—

(i) to representation by an attorney or other person of the physician's choice,

(ii) to have a record made of the proceedings, copies of which may be obtained by the physician upon payment of any reasonable charges associated with the preparation thereof,

(iii) to call, examine, and cross-examine witnesses,

(iv) to present evidence determined to be relevant by the hearing officer, regardless of its admissibility in a court of law, and

(v) to submit a written statement at the close of the hearing; and

(D) upon completion of the hearing, the physician involved has the right—

(i) to receive the written recommendation of the arbitrator, officer, or panel, including a statement of the basis for the recommendations, and

(ii) to receive a written decision of the health care entity, including a statement of the basis for the decision.

A professional review body's failure to meet the conditions described in this subsection shall not, in itself, constitute failure to meet the standards of subsection (a)(3).

(c) ADEQUATE PROCEDURES IN INVESTIGATIONS OR HEALTH EMERGENCIES.—For purposes of section 411(a), nothing in this section shall be construed as—

(1) requiring the procedures referred to in subsection (a)(3)—

(A) where there is no adverse professional review action taken, or

(B) in the case of a suspension or restriction of clinical privileges, for a period of not longer than 14 days, during which an investigation is being conducted to determine the need for a professional review action; or

(2) precluding an immediate suspension or restriction of clinical privileges, subject to subsequent notice and hearing or other adequate procedures, where the failure to take such an action may result in an imminent danger to the health of any individual.

SEC. 413. PAYMENT OF REASONABLE ATTORNEYS' FEES AND COSTS IN DEFENSE OF SUIT.

In any suit brought against a defendant, to the extent that a defendant has met the standards set forth under section 412(a) and the defendant substantially prevails, the court shall, at the conclusion of the action, award to a substantially prevailing party defending against any such claim the cost of the suit attributable to such claim, including a reasonable attorney's fee, if the claim, or the claimant's conduct during the litigation of the claim, was frivolous, unreasonable, without foundation, or in bad faith. For the purposes of this section, a defendant shall not be considered to have substantially prevailed when the plaintiff obtains an award for damages or permanent injunctive or declaratory relief.

SEC. 414. GUIDELINES OF THE SECRETARY.

The Secretary may establish, after notice and opportunity for comment, such voluntary guidelines as may assist the professional review bodies in meeting the standards described in section 412(a).

SEC. 415. CONSTRUCTION.

(a) IN GENERAL.—Except as specifically provided in this part, nothing in this part shall be construed as changing the liabilities or immunities under law.

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(b) SCOPE OF CLINICAL PRIVILEGES.—Nothing in this part shall be construed as requiring health care entities to provide clinical privileges to any or all classes or types of physicians or other licensed health care practitioners.

(c) TREATMENT OF NURSES AND OTHER PRACTITIONERS.—Nothing in this part shall be construed as affecting, or modifying any provision of Federal or State law, with respect to activities of professional review bodies regarding nurses, other licensed health care practitioners, or other health professionals who are not physicians.

(d) TREATMENT OF PATIENT MALPRACTICE CLAIMS.- Nothing in this title shall be construed as affecting in any manner the rights and remedies afforded patients under any provision of Federal or State law to seek redress for any harm or injury suffered as a result of negligent treatment or care by any physician, health care practitioner, or health care entity, or as limiting any defenses or immunities available to any physician, health care practitioner, or health care entity.

SEC. 416. EFFECTIVE DATE.

This part shall apply to professional review actions commenced on or after the date of the enactment of this Act.

PART B—REPORTING OF INFORMATION

SEC. 421. REQUIRING REPORTS ON MEDICAL MALPRACTICE PAYMENTS.

(a) IN GENERAL.—Each entity (including an insurance company) which makes payment under a policy of insurance, self-insurance, or otherwise in settlement (or partial settlement) of, or in satisfaction of a judgment in, a medical malpractice action or claim shall report, in accordance with section 424, information respecting the payment and circumstances thereof.

(b) INFORMATION TO BE REPORTED.—The information to be reported under subsection (a) includes—

(1) the name of any physician or licensed health care practitioner for whose benefit the payment is made,

(2) the amount of the payment,

(3) the name (if known) of any hospital with which the physician or practitioner is affiliated or associated,

(4) a description of the acts or omissions and injuries or illnesses upon which the action or claim was based, and

(5) such other information as the Secretary determines is required for appropriate interpretation of information reported under this section.

(c) SANCTIONS FOR FAILURE TO REPORT.—Any entity that fails to report information on a payment required to be reported under this section shall be subject to a civil money penalty of not more than $10,000 for each such payment involved. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1128A of the Social Security Act are imposed and collected under that section.

(d) REPORT ON TREATMENT OF SMALL PAYMENTS.—The Secretary shall study and report to Congress, not later than two years after the date of the enactment of this Act, on whether information respecting small payments should continue to be required to be reported under subsection (a) and whether information respecting all claims made concerning a medical malpractice action should be required to be reported under such subsection.

SEC. 422. REPORTING OF SANCTIONS TAKEN BY BOARDS OF MEDICAL EXAMINERS.

(a) IN GENERAL.—

(1) ACTIONS SUBJECT TO REPORTING.—Each Board of Medical Examiners—

(A) which revokes or suspends (or otherwise restricts) a physician's license or censures, reprimands, or places on probation a physician, for reasons relating to the physician's professional competence or professional conduct, or

(B) to which a physician's license is surrendered,

shall report, in accordance with section 424, the information described in paragraph (2).

(2) INFORMATION TO BE REPORTED.—The information to be reported under paragraph (1) is—

(A) the name of the physician involved,

(B) a description of the acts or omissions or other reasons (if known) for the revocation, suspension, or surrender of license, and

(C) such other information respecting the circumstances of the action or surrender as the Secretary deems appropriate.

(b) FAILURE TO REPORT.—If, after notice of noncompliance and providing opportunity to correct noncompliance, the Secretary determines that a Board of Medical Examiners has failed to report information in accordance with subsection (a), the Secretary shall designate another qualified entity for the reporting of information under section 423.

SEC. 423. REPORTING OF CERTAIN PROFESSIONAL REVIEW ACTIONS TAKEN BY HEALTH CARE ENTITIES.

(a) REPORTING BY HEALTH CARE ENTITIES.—

(1) ON PHYSICIANS.—Each health care entity which—

(A) takes a professional review action that adversely affects the clinical privileges of a physician for a period longer than 30 days;

(B) accepts the surrender of clinical privileges of a physician—

(i) while the physician is under an investigation by the entity relating to possible incompetence or improper professional conduct, or

(ii) in return for not conducting such an investigation or proceeding; or

(C) in the case of such an entity which is a professional society, takes a professional review action which adversely affects the membership of a physician in the society,

shall report to the Board of Medical Examiners, in accordance with section 424(a), the information described in paragraph (3).

(2) PERMISSIVE REPORTING ON OTHER LICENSED HEALTH CARE PRACTITIONERS.—A health care entity may report to the Board of Medical Examiners, in accordance with section 424(a), the information described in paragraph (3) in the case of a licensed health care practitioner who is not a physician, if the entity would be required to report such information under paragraph (1) with respect to the practitioner if the practitioner were a physician.

(3) INFORMATION TO BE REPORTED.—The information to be reported under this subsection is—

(A) the name of the physician or practitioner involved,

(B) a description of the acts or omissions or other reasons for the action or, if known, for the surrender, and

(C) such other information respecting the circumstances of the action or surrender as the Secretary deems appropriate.

(b) REPORTING BY BOARD OF MEDICAL EXAMINERS.—Each Board of Medical Examiners shall report, in accordance with section 424, the information reported to it under subsection (a) and known instances of a health care entity's failure to report information under subsection (a)(1).

(c) SANCTIONS.—

(1) HEALTH CARE ENTITIES.—A health care entity that fails substantially to meet the requirement of subsection (a)(1) shall lose the protections of section 411(a)(1) if the Secretary publishes the name of the entity under section 411(b).

(2) BOARD OF MEDICAL EXAMINERS.—If, after notice of noncompliance and providing an opportunity to correct noncompliance, the Secretary determines that a Board of Medical Examiners has failed to report information in accordance with subsection (b), the Secretary shall designate another qualified entity for the reporting of information under subsection (b).

(d) REFERENCES TO BOARD OF MEDICAL EXAMINERS.—Any reference in this part to a Board of Medical Examiners includes, in the case of a Board in a State that fails to meet the reporting requirements of section 422(a) or subsection (b), a reference to such other qualified entity as the Secretary designates.

SEC. 424. FORM OF REPORTING.

(a) TIMING AND FORM.—The information required to be reported under sections 421, 422(a), and 423 shall be reported regularly (but not less often than monthly) and in such form and manner as the Secretary prescribes. Such information shall first be required to be reported on a date (not later than one year after the date of the enactment of this Act) specified by the Secretary.

(b) TO WHOM REPORTED.—The information required to be reported under sections 421, 422(a), and 423(b) shall be reported to the Secretary, or, in the Secretary's discretion, to an appropriate private or public agency which has made suitable arrangements with the Secretary with respect to receipt, storage, protection of confidentiality, and dissemination of the information under this part.

(c) REPORTING TO STATE LICENSING BOARDS.—

(1) MALPRACTICE PAYMENTS.—Information required to be reported under section 421 shall also be reported to the appropriate State licensing board (or boards) in the State in which the medical malpractice claim arose.

(2) REPORTING TO OTHER LICENSING BOARDS.—Information required to be reported under section 423(b) shall also be reported to the appropriate State licensing board in the State in which the health care entity is located if it is not otherwise reported to such board under subsection (b).

SEC. 425. DUTY OF HOSPITALS TO OBTAIN INFORMATION.

(a) IN GENERAL.—It is the duty of each hospital to request from the Secretary (or the agency designated under section 424(b)), on and after the date information is first required to be reported under section 424(a))—

(1) at the time a physician or licensed health care practitioner applies to be on the medical staff (courtesy or otherwise) of, or for clinical privileges at, the hospital, information reported under this part concerning the physician or practitioner, and

(2) once every 2 years information reported under this part concerning any physician or such practitioner who is on the medical staff (courtesy or otherwise) of, or has been granted clinical privileges at, the hospital.

A hospital may request such information at other times.

(b) FAILURE TO OBTAIN INFORMATION.—With respect to a medical malpractice action, a hospital which does not request information respecting a physician or practitioner as required under subsection (a) is presumed to have knowledge of any information reported under this part to the Secretary with respect to the physician or practitioner.

(c) RELIANCE ON INFORMATION PROVIDED.—Each hospital may rely upon information provided to the hospital under this title and shall not be held liable for such reliance in the absence of the hospital's knowledge that the information provided was false.

SEC. 426. DISCLOSURE AND CORRECTION OF INFORMATION.

With respect to the information reported to the Secretary (or the agency designated under section 424(b)) under this part respecting a physician or other licensed health care practitioner, the Secretary shall, by regulation, provide for—

(1) disclosure of the information, upon request, to the physician or practitioner, and

(2) procedures in the case of disputed accuracy of the information.

SEC. 427. MISCELLANEOUS PROVISIONS.

(a) PROVIDING LICENSING BOARDS AND OTHER HEALTH CARE ENTITIES WITH ACCESS TO INFORMATION.—The Secretary (or the agency designated under section 424(b)) shall, upon request, provide information reported under this part with respect to a physician or other licensed health care practitioner to State licensing boards, to hospitals, and to other health care entities (including health maintenance organizations) that have entered (or may be entering) into an employment or affiliation relationship with the physician or practitioner or to which the physician or practitioner has applied for clinical privileges or appointment to the medical staff.

(b) CONFIDENTIALITY OF INFORMATION.—

(1) IN GENERAL.—Information reported under this part is considered confidential and shall not be disclosed (other than to the physician or practitioner involved) except with respect to professional review activity, with respect to medical malpractice actions, or in accordance with regulations of the Secretary promulgated pursuant to subsection (a). Nothing in this subsection shall prevent the disclosure of such information by a party which is otherwise authorized, under applicable State law, to make such disclosure.

(2) PENALTY FOR VIOLATIONS.—Any person who violates paragraph (1) shall be subject to a civil money penalty of not more than $10,000 for each such violation involved. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1128A of the

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(3) USE OF INFORMATION.—Subject to paragraph (1), information provided under section 425 and subsection (a) is intended to be used solely with respect to activities in the furtherance of the quality of health care.

(c) RELIEF FROM LIABILITY FOR REPORTING.—No person or entity shall be held liable in any civil action with respect to any report made under this part without knowledge of the falsity of the information contained in the report.

(d) INTERPRETATION OF INFORMATION.—In interpreting information reported under this part, a payment in settlement of a medical malpractice action or claim shall not be construed as creating a presumption that medical malpractice has occurred.

PART C—DEFINITIONS AND REPORTS

SEC. 431. DEFINITIONS.

In this title:

(1) The term "adversely affecting" includes reducing, restricting, suspending, revoking, denying, or failing to renew clinical privileges or membership in a health care entity.

(2) The term "Board of Medical Examiners" includes a body comparable to such a Board (as determined by the State) with responsibility for the licensing of physicians and also includes a subdivision of such a Board or body.

(3) The term "clinical privileges" includes privileges, membership on the medical staff, and the other circumstances pertaining to the furnishing of medical care under which a physician or other licensed health care practitioner is permitted to furnish such care by a health care entity.

(4)(A) The term "health care entity" means—

(i) a hospital that is licensed to provide health care services by the State in which it is located,

(ii) an entity (including a health maintenance organization or group medical practice) that provides health care services and that follows a formal peer review process for the purpose of furthering quality health care (as determined under regulations of the Secretary), and

(iii) subject to subparagraph (B), a professional society (or committee thereof) of physicians or other licensed health care practitioners that follows a formal peer review process for the purpose of furthering quality health care (as determined under regulations of the Secretary).

(B) The term "health care entity" does not include a professional society (or committee thereof) if, within the previous 5 years, the society has been found by the Federal Trade Commission or any court to have engaged in any anti-competitive practice which had the effect of restricting the practice of licensed health care practitioners.

(5) The term "hospital" means an entity described in paragraphs (1) and (7) of section 1861(e) of the Social Security Act.

(6) The terms "licensed health care practitioner" and "practitioner" mean, with respect to a State, an individual (other than a physician) who is licensed or otherwise authorized by the State to provide health care services.

(7) The term "medical malpractice action or claim" means a written claim or demand for payment based on a health care provider's furnishing (or failure to furnish) health care services, and includes the filing of a cause of action, based on the law of tort, brought in any court of any State or the United States seeking monetary damages.

(8) The term "physician" means a doctor of medicine or osteopathy or a doctor of dental surgery or medical dentistry legally authorized to practice medicine and surgery or dentistry by a State (or any individual who, without authority holds himself or herself out to be so authorized).

(9) The term "professional review action" means an action or recommendation of a professional review body which is taken or made in the conduct of professional review activity, which is based on the competence or professional conduct of an individual physician (which conduct affects or could affect adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely the clinical privileges, or membership in a professional society, of the physician. Such term includes a formal decision of a professional review body not to take an action or make a recommendation described in the previous sentence and also includes professional review activities relating to a professional review action. In this title, an action is not considered to be based on the competence or professional conduct of a physician if the action is primarily based on—

(A) the physician's association, or lack of association, with a professional society or association,

(B) the physician's fees or the physician's advertising or engaging in other competitive acts intended to solicit or retain business,

(C) the physician's participation in prepaid group health plans, salaried employment, or any other manner of delivering health services whether on a fee-for-service or other basis,

(D) a physician's association with, supervision of, delegation of authority to, support for, training of, or participation in a private group practice with, a member or members of a particular class of health care practitioner or professional, or

(E) any other matter that does not relate to the competence or professional conduct of a physician.

(10) The term "professional review activity" means an activity of a health care entity with respect to an individual physician—

(A) to determine whether the physician may have clinical privileges with respect to, or membership in, the entity,

(B) to determine the scope or conditions of such privileges or membership, or

(C) to change or modify such privileges or membership.

(11) The term "professional review body" means a health care entity and the governing body or any committee of a health care entity which conducts professional review activity, and includes any committee of the medical staff of such an entity when assisting the governing body in a professional review activity.

(12) The term "Secretary" means the Secretary of Health and Human Services.

(13) The term "State" means the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

(14) The term "State licensing board" means, with respect to a physician or health care provider in a State, the agency of the State which is primarily responsible for the licensing of the physician or provider to furnish health care services.

SEC. 432. REPORTS AND MEMORANDA OF UNDERSTANDING.

(a) ANNUAL REPORTS TO CONGRESS.—The Secretary shall report to Congress, annually during the three years after the date of the enactment of this Act, on the implementation of this title.

(b) MEMORANDA OF UNDERSTANDING.—The Secretary of Health and Human Services shall seek to enter into memoranda of understanding with the Secretary of Defense and the Administrator of Veterans' Affairs to apply the provisions of part B of this title to hospitals and other facilities and health care providers under the jurisdiction of the Secretary or Administrator, respectively. The Secretary shall report to Congress, not later than two years after the date of the enactment of this Act, on any such memoranda and on the cooperation among such officials in establishing such memoranda.

(c) MEMORANDUM OF UNDERSTANDING WITH DRUG ENFORCEMENT ADMINISTRATION.—The Secretary of Health and Human Services shall seek to enter into a memorandum of understanding with the Administrator of Drug Enforcement relating to providing for the reporting by the Administrator to the Secretary of information respecting physicians and other practitioners whose registration to dispense controlled substances has been suspended or revoked under section 304 of the Controlled Substances Act. The Secretary shall report to Congress, not later than two years after the date of the enactment of this Act, on any such memorandum and on the cooperation between the Secretary and the Administrator in establishing such a memorandum.

TITLE V—STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLANS

SEC. 501. SHORT TITLE.

This title may be cited as the "State Comprehensive Mental Health Services Plan Act of 1986".

SEC. 502. STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN.

Part B of title XIX of the Public Health Service Act is amended—

(1) by inserting before the heading for section 1911 the following:

"SUBPART 1—BLOCK GRANT"; and

(2) by adding at the end thereof the following:

CSHB 70 (L&C): "An Act relating to the State Medical Board; and amending Rule 504(d) of the Alaska Rules of Evidence."

The department supports CSHB 70 with the exception of Sections 1 and 4.

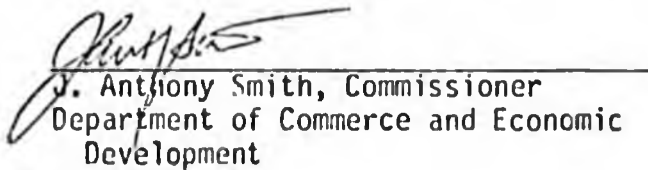
Section 1: proposes amending AS 08.01.065 by requiring the department to allocate an amount equal to the fees collected during the previous year to be used on behalf of the State Medical Board by the Division of Occupational Licensing.

The way the proposed legislation is currently worded the State Medical Board would renew their licenses every two years and the division would allocate funding to the board based on the amount of revenue collected from fees for the previous year. The problem is that insufficient revenue is generated in the nonrenewal year to adequately fund the operations of the board. The department would, therefore, recommend revising Section 1 to read:

> (e) The Division of Occupational Licensing shall allocate funding for the State Medical Board based, to the extent possible, on the average amount of fees collected for applications, licenses and permits in the previous two fiscal years.

In addition, Section 4: proposes licenses be renewed every two years instead of every four years after the date of issue. Although the department supports the two year requirement, the renewal date should be established by the department as opposed to after the date of issue. If licenses were renewed two years after the date of issue, the department would be conducting a staggered and continuous renewal rather than prorating license renewals to a set date. This would require additional staff resources.

In summary, these two statutory provisions would enable the division to renew medical licenses every two years and establish a budget for the medical board based on the average revenue collected from fees for the previous two years. Fees could be more easily adjusted to ensure the operating costs of the medical board were covered in accordance with AS 08.01.065(c).



J. Anthony Smith, Commissioner
Department of Commerce and Economic Development

Date:________________

3758M

Tanana
Valley
Clinic
Family Medical Care
Since 1959

February 24, 1987

Representative John Sund
Chairman, House Judiciary Committee
Alaska State Legislature
Pouch V
Juneau Alaska 99811

Dear Representative Sund:

I have had the opportunity of reviewing your House Bill 70, and would like to share my thoughts on it with you.

I am very much in favor of working out some arrangement whereby the medical license fees paid by physicians in the State of Alaska be allocated to the account of the State Medical Board. I am aware of some of the difficulties - constitutional and otherwise - involved in this process, and appreciate your efforts toward their resolution. I know of no physician who is against this process, and I strongly feel that a better and more dependably funded State Medical Board will give you, the Legislature, and we, the people, the kind of service we expect from it.

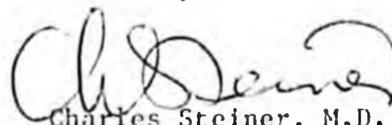
The amendment to Section 8, Part (f), gives me some concern. I am worried that this section breeches the sanctity of the physician-patient relationship, and I question whether that is a good idea. Nothing prevents me, or any other physician, from advising and encouraging a patient to take a matter to appropriate authorities, be it the police, the District Attorney, or the State Medical Board. I could see myself being in the position of having to give a patient a Miranda-type warning, putting them on guard that the matter they were beginning to discuss had been mandated for report, and would become public knowledge. I think that could seriously hamper our further relationship.

I don't see the question of privacy of matters in the State Medical Board addressed in your bill. Has this been addressed previously? Its findings, conclusions and censures should certainly be within the public domain. Do you think it would be worthwhile having some of its debate and some of the fact-finding process shielded? This is obviously a touchy area, both from the public's right to know, and the participant's right to privacy.

1001 Noble Street • Fairbanks, Alaska 99701
(907) 452-1611

I appreciate your attention to this letter and your assistance with House Bill 70. Overall it looks like quite a good bill. I hope you would be willing to make some compromise about Section 8 (f).

Sincerely,



Charles Steiner, M.D.
Family Practice
Tanana Valley Medical-Surgical Group

CS:sr
cc: Ray Schalow, Executive Director
Alaska State Medical Association, Anchorage

cc: Rick Urion

FEDERATION BULLETIN

DECEMBER 1987

RICHARD C. LYONS, M.D.
Longtime Leader in Medical Education and Licensure in Pennsylvania

IN THIS ISSUE

- **1987 Herbert M. Platter Luncheon Address**
- **Medical Licensing in the Land of the Midnight Sun**

1/22

Dear Shari —

Enclosed is the article I spoke of today. Again thanks for all the work. Jenny Strickland is checking on when the temporary position authorization expires. I will be in touch with you.

[illegible]

Improvements in Medical Licensing in Alaska, "The Last Frontier"

THOMAS L. CONLEY, M.D.

Though vast in geographic area Alaska is quite small in population with fewer than 700,000 citizens and as of last count 1,036 licensed physicians. Like many "small" states Alaska has been slow to address the problems of professional licensure, with the state medical board accorded low priority and limited funds.

For a number of years the Alaska State Medical Board had recognized that basic changes in the system were needed. It found that the complexity of the cases it was handling was increasing with the increasing complexity of medicine, and that with a growing number of physicians in the labor pool a growing number of marginal practitioners were seeking to move to the periphery where they perceived regulation was sketchier and where "there are strange things done in the midnight sun/by the men who moil for gold."

In 1983 an effort was mounted to restructure board functioning and in return for doubling of licensing fees the legislature and governor's office agreed to provide an executive secretary and full time investigator. Only the fee increase survived the effort with the two positions falling to line item vetoes at the time the fiscal portions of the bill were considered and signed. Both the board and the state medical association got black eyes on that go-around with practitioners perceiving, correctly, that they had been willing to raise the fees necessary to support adequate functioning and had been left with increased fees and at the same time decreased functioning when the budget for the Division of Occupational Licensing (the parent organization) was slashed. The increased fees disappeared into the general fund as an excise tax.

Going into Fiscal Year 1987 the board was functioning with volunteer members, twenty-five to fifty per cent of the services of a single licensing examiner and about seventy-five per cent of the services of a single investigator whose funds wouldn't let him travel even limited distances to investigate serious complaints. Tongue in cheek, the board wondered in its Fiscal Year annual report whether a request for a grant from WHO or UNICEF might be in order.

At this juncture, the start of

Dr. Conley is chairman of the Alaska State Medical Board.

Fiscal Year 1987 in July 1986, with Division of Occupational Licensing support and some outside funding, the board organized in conjunction with the state medical association and the state's malpractice insurance carrier an impaired physicians seminar. This was put on by the executive director of the Oregon Board of Medical Examiners, John Ulwelling. Part of the discussion growing out of the experience was an increased awareness of the administrative and fiscal changes that would have to be effected to get such a program or any board program moving. The board resolved to give it another try and again approach the legislature for basic changes.

Through the fall of 1986 the board approached the Alaska State Medical Association for help and received a commitment to assist in getting legislation introduced. It also advised the state's physicians of its plans and canvassed them for support and input. At about the same time the Division of Occupational Licensing was fortunate to get a new director, Kathy Marshall, who perceived the appropriateness of the board's goals and was to prove effective in lining up division resources in helping to get legislation introduced, amended to meet various problems, and eventually passed.

Initially, the board's goals were limited and similar to those expressed in the failed 1983 legislation. However, after input from Dr. Bryant Galusha and Mr. Dale Breaden of the Federation of State Medical Boards (FSMB), the board decided to expand its horizons and try for legislation based on *A Guide to the Essentials of a Modern Medical Practice Act* prepared by the FSMB.

After the preliminary organizational effort and a fair amount of time lobbying candidates for the legislature and governor's office running in November 1986, the board was ready with suggested legislation late in December 1986. Representatives of the board and the Alaska State Medical Association met with Representative John Sund of Ketchikan and his staff around Christmas time and worked out a draft of legislation. After scrutiny and reworking by the legislative affairs agency this was pre-filed as HB 70 and was on the calendar at the start of the legislative session in January 1987.

Alaska's constitution, like that of a number of other states, prohibits dedicated funding with all revenues being deposited in the general fund. Short of a constitutional amendment which all involved thought politically impossible there was no way to directly tie board funding to specific fee revenue. Therefore, after much debate and amendment, the bill's language was crafted, to direct the Division of Occupational Licensing to make fees reflect services and services fees for all boards under its jurisdiction and issue licenses biennially rather than

quadriennually as in the past so that fees could be adjusted quickly to reflect expenses. This was felt to achieve the desired effect without offending constitutional prohibitions.

The bill also authorized an executive secretary and full-time investigator for the board, directed the board to implement an impaired physicians program, directed the board to report all disciplinary actions to the FSMB's Disciplinary Data Bank, and directed the division to collect a surcharge on a one time basis on all medical licenses to get the program running in the interim between bill passage and the next license expiration date of December 31, 1988. Other sections of the bill expanded the language on required reporting by hospitals and practitioners while at the same time making good faith reporting immune from civil or criminal penalty. To protect peer review functions of hospitals information reported to the board from these areas was held nondiscoverable and immune from subpoena unless and until a final board action was taken in the individual case. The Division of Health and Social Services was directed to take action against the licenses of hospitals that failed to cooperate in the matter of required reporting to the board (it was generally felt that hospitals wished to report but feared civil suit so that granting immunity and imposing sanctions for failure to report would put them in a protected position).

The bill took care of some housekeeping chores, corrected various conflicts between statute and regulations that had crept in over the years especially in regard to FLEX exams, and extended the life of the board under sunset provisions until 1991.

Though time consuming in terms of lobbying and provision of testimony, the bill proceeded through the House of Representatives quite smoothly under Representative Sund's supervision with most of the bugs worked out in the first two committees of reference. The board, the state medical association and the Division of Occupational Licensing all stayed on task wonderfully and maintained excellent communications in the process.

After unanimous passage by the House by mid-session there was some delay in the Senate when the bill was held up as a bargaining chip. The board was amazed — we had never been that important before. Finally on the penultimate day of the session the bill was moved out of the final committee of reference on the Senate side, moved to the floor and passed unanimously late in the evening. It had to travel briefly back to the House due to some minor board supported changes on the Senate floor and received unanimous House concurrence with about six hours to spare before adjournment. In

mid-June 1987 the governor signed the measure.

Using input from member boards around the country the board and division have since written a job description for the executive secretary's position and hope to have the job filled by October 1, 1987. It is anticipated that one of the major responsibilities of the new executive secretary will be implementation of an impaired physician's program.

It was an arduous but most rewarding effort and the board finds itself in a vastly different and improved position as it starts Fiscal Year 1988. Clearly none of it would have been possible without the efforts of the state medical association, concerned legislators, the Division of Occupational Licensing, The Federation of State Medical Boards and Alaska's physicians. The board feels they should all be proud of the outcome.

Alaska State Medical Board
Pouch D
Juneau, Alaska 99811
Dr. Conley
3612 Tongass Avenue
Ketchikan, Alaska 99901

Mail this form and your check or money order to:

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
STATE MEDICAL BOARD
POUCH D-LIC, JUNEAU, ALASKA 99811-0800

APPLICATION FOR RENEWAL OF MEDICAL LICENSE
(Renewal period covered: January 1, 1985-December 31, 1988

[Department use only]
Date: ______________
Receipt: ______________
Amount: ______________
Initial: ______________

Your license to practice medicine in the State of Alaska expires on December 31, 1984.

By law, it is illegal for you to practice or offer to practice medicine if your license has expired.

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

License Number: ☐☐ ☐☐☐☐

Social Security Number: ☐☐☐ ☐☐ ☐☐☐☐

Telephone Number: ☐☐☐ ☐☐☐ ☐☐☐☐

Address: (Please make corrections if necessary)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State: ☐☐

Zip Code: ☐☐☐☐☐

Date of Birth: ☐☐ month ☐☐ day ☐☐ year

Height: ☐☐ inches

Weight: ☐☐☐

Sex: ☐

Hair: ☐☐

Eyes: ☐☐

General Information:

Specialty: ______________________________

Other states and/or Canadian provinces which you are licensed: ______________

Professional Problems:

During the last registration period, have you

	Yes	No
1. Had any mental illness?	☐	☐
2. Had any felony convictions?	☐	☐
3. Had any hospital restrictions?	☐	☐
4. Had any professional society revocations?	☐	☐
5. Had any final unfavorable liability judgments?	☐	☐
6. Have you had any license actions in another state or Canadian province?	☐	☐

If the answer is yes to any of the above, file a written explanation with your renewal application.

I certify under penalty of perjury that the above information furnished is true and correct.

Warning: Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than $5,000, or both.

____
Signature

Date: ______________

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
P.O. BOX D
JUNEAU, ALASKA 99811-0800
PHONE: (907) 465-2541

PROCEDURE FOR OBTAINING A LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF ALASKA. SEE ALSO ALASKA STATUTES, AS 08.01—03; AS 08.64; REGULATIONS, 12 AAC 40.

GENERAL INSTRUCTIONS:

A. DOCUMENTS: all copies of documents must be certified by a Notary Public to be true **copies of the orginial documents.** Copies no larger than 8½" by 11" are preferred. Your application, supporting credentials and documents will be returned if they are not complete and in proper form. The Medical Board will not review any file for licensure until all documents are on file in this division.

B. CITIZENSHIP: You must be a citizen of the United States or if a noncitizen, you must have **permanent resident status** in the United States. Proof of resident status in the form of an I-151 Immigration card must be shown at the time of your personal interview, if applicable.

C. FOREIGN MEDICAL GRADUATES: Refer to AS 08.64.225, .250, .210 and .200. You must (1) be certified by the Educational Commission for Foreign Medical Graduates (ECFMG) or (2) be licensed by **written examination**: (a) FLEX; (b) National Board; or (c) State Board in a state or territory of the United States or a Province of Canada. [Clarification: Foreign medical graduates not licensed in another jurisdiction must document ECFMG certification and pass the FLEX.] In addition, you must have completed a full year in an internship or residency program approved by the Council on Medical Education of the American Medical Association. Residency or internship must be served after graduation from medical school. Please follow the applicable licensing procedure below. Note that all copies of foreign language credentials must be certified by a Notary Public and must be accompanied by certified translations by a recognized translator. A certified true copy of your ECFMG Certificate must be submitted for permanent filing. Once your application is complete it will be reviewed by the Medical Board.

D. INTERVIEW: All applicants must be personally interviewed by at least one member of the Medical Board. A current list of board members is included. Interviews can be arranged by calling during normal working hours for appointments. If applicable, your Immigration I-151 card must be presented at this time. It is wise to arrange appointments well in advance to avoid conflicting schedules between yourself and the board member. If you have previously received a temporary permit or locum tenens permit, your interview for the permit may serve as your interview for permanent licensure at the discretion of the board member and if the interview has occurred within the last year.

E. LICENSURE BY EXAMINATION: The State Medical Board offers the Federation Licensing Examination (FLEX) twice yearly in June and December on dates established by the Federation of State Medical Boards. FLEX is a three-day, two-part examination. A booklet describing the examination is available upon request. **Applications for examination must be complete and on file 120 days in advance of the examination date and must include the following items:**

1. Completed application — including items 1 through 30.
2. Certified true* copy of your medical school diploma.
3. Certified true* copy of your certificate of internship or residency.
4. Verification of the status of your license in all states, territories or provinces in which you hold or have held licenses.

CORRECTION

THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY

02-576(2/77)

Mail this form and your check or money order to:

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
STATE MEDICAL BOARD
POUCH D-LIC, JUNEAU, ALASKA 99811-0800

APPLICATION FOR RENEWAL OF MEDICAL LICENSE
(Renewal period covered: January 1, 1985-December 31, 1988

[Department use only]
Date: ____________
Receipt: ____________
Amount: ____________
Initial: ____________

Your license to practice medicine in the State of Alaska expires on December 31, 1984.

By law, it is illegal for you to practice or offer to practice medicine if your license has expired.

Name: License Number:

Social Security Number: Telephone Number:

Address: (Please make corrections if necessary)

City: State: Zip Code:

Date of Birth: (month / day / year)   Height: (inches)   Weight: Sex: Hair: Eyes:

General Information:

Specialty: ____________

Other states and/or Canadian provinces which you are licensed: ____________

Professional Problems:

During the last registration period, have you

	Yes	No
1. Had any mental illness?	☐	☐
2. Had any felony convictions?	☐	☐
3. Had any hospital restrictions?	☐	☐
4. Had any professional society revocations?	☐	☐
5. Had any final unfavorable liability judgments?	☐	☐
6. Have you had any license actions in another state or Canadian province?	☐	☐

If the answer is yes to any of the above, file a written explanation with your renewal application.

I certify under penalty of perjury that the above information furnished is true and correct.

Warning: Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than $5,000, or both.

____
Signature

Date: ____________

Required Fees

In accordance with AS 08.64.315 the renewal fees are as follows:

Active Renewal (four-year period)..$600.00
Inactive Renewal (four-year period)..$200.00

In accordance with AS 08.01.100, a penalty fee shall be charged if a license remains lapsed more than 60 days. [Penalty Fee $10.00]

Note: If you reside outside Alaska but practice intermittently in the State, you must hold an active Alaska license.

REMINDER - CONTINUING EDUCATION

In accordance with 12 AAC 40.200, proof of continuing education will be required at the next renewal.

If you are not familiar with the State Medical Board continuing education requirements, please request a copy of the regulations by writing to the address below.

Department of Commerce and Economic Development
State Medical Board
Pouch D
Juneau, Alaska 99811

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Address: (Please make corrections if necessary)

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City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State: ☐☐

Zip Code: ☐☐☐☐☐

Date of Birth: ☐☐ month ☐☐ day ☐☐ year

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Juneau, Alaska 99811

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DIVISION OF OCCUPATIONAL LICENSING
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3. Certified true* copy of your certificate of internship or residency.
4. Verification of the status of your license in all states, territories or provinces in which you hold or have held licenses.

(Rev. 11/86)

5. Fee: $250.00 — includes a nonrefundable $50.00 application fee and $200.00 examination fee.

6. ECFMG Certificate if applicable.

Once your application has been approved you will receive an admittance card which lists the date, time and location of the examination and your State Identification Number. This card must be surrendered to the monitor at the time of your examination. **The minimum passing grade for each part of the FLEX is a scale score of 75.** Upon successful completion of the exam and oral interview, and review of your application by the board, your permanent certificate will be awarded.

F. LICENSURE BY CREDENTIALS: The State Medical Board may waive their written examination and license you by endorsement if you either (1) hold an **active** license issued **after written examination** in a state or territory of the United States or a Province of Canada, which is equivalent to the FLEX exam, or (2) are a Diplomate of the National Board of Medical Examiners, or the National Board of Examiners for Osteopathic Physicians and Surgeons, or have passed the Federation Licensing Examination with a score of 75 in each component. The following items must be on file:

1. Completed application — including items 1 through 30.

   NOTE: Number 28 **must** be completed. In order for you to be eligible for waiver of our examination we must have evidence that you were examined in clinical and basic sciences. The verification of licensure form is not acceptable in lieu of Number 28. Actual grade report in each category examined must be submitted.

2. Certified true* copy of your medical school diploma.

3. Certified true* copy of your certificate of internship or residency.

4. Verification of the status of your license in all states, territories or provinces in which you hold or have held licenses.

5. A sworn statement listing all hospitals at which you have had privileges in the last five years and original letters, requested by you, but sent directly to the division from all hospitals where you have held privileges in the last five years.

6. Fee: $250.00 — includes a nonrefundable application fee and $200.00 credential fee.

7. Clearances from the Drug Enforcement Administration, the Federation of State Medical Boards and the AMA Physician Profile. These clearances and the AMA Physician Profile are requested by you and then forwarded directly to the division. They can take up to two months to process and as a result it will be to your advantage to request this information well in advance of the date you intend to start practicing. (NOTE: You are required to request the AMA Physician Profile even if you are not a member of the AMA.)

   The board will not review your application until all necessary information has been received, and your license will not be issued until the completed application has been considered at a meeting of the medical board.

   Once your application has been approved and you have been interviewed and recommended for licensure by a member of the board, your license certificate will be awarded.

* To obtain certified true copy, you must take the original documents and the photocopies to a notary public so he/she may compare the original to the photocopies. The notary must state that the photocopies are true and exact copies of the original document and attest to the fact by a written statement, signature and notary seal.

If you are unable to obtain certified true copies, you must submit transcripts from your medical school and a letter from the director verifying your residency or internship.

G. TEMPORARY PERMIT: Any member of the State Medical Board may issue a temporary permit. Temporary permits are issued as a courtesy to allow you to practice medicine pending a full board decision on your application. Board members interview all candidates for temporary licensure and require that a **complete notarized application** be on file with the following supporting documents before a temporary permit may be issued:

1. A certified true copy of your medical school diploma.
2. A certified true copy of your internship or residency certificate.
3. Verification of licensure, requested by you, but sent directly to the division office, from all the states where you hold or have held licenses.
4. A sworn statement listing all hospitals where you have had privileges in the last five years and original letters, requested by you, but sent directly to the division, from the last two hospitals where you have had privileges
5. Evidence of a successful completion of the FLEX examination, National Board, or a written exam leading to licensure in a state or territory of the United States of Province of Canada.
6. All application fees for permanent and temporary licensure.
7. I-151 cards if applicable; ECFMG certificate if applicable.
8. Clearance from the Federation of State Medical Boards. This clearance is requested by you and then forwarded directly to the division.

A member of the board will not grant a temporary permit until all the above documentation is on file with the division.

Your temporary permit is valid for eight months or until the board meets to consider your application for permanent licensure, whichever comes first.

H. LICENSE RENEWAL: Notification for license renewal is mailed out approximately 30 days before the license expira[illegible] date.

Failure t[illegible] renewal notice is not considered an excuse for nonrenewal. A license which is not renew[illegible] by the due date lapses. In order to reinstate a license which remains lapsed for more than 60 days, a $20.00 penalty fee must be submitted along with the renewal fee. Fees are as follows: $600.00 - active renewal, $200.00 - inactive, out-of-state renewal. **You must reside and practice outside Alaska to be eligible for inactive renewal.** If you practice in-state intermittently you must renew on an active basis. Should you renew on an inactive basis and subsequently come to Alaska to practice, you must activate your license by payment of a $400.00 fee.

I. CONTINUING MEDICAL EDUCATION: Evidence of continuing medical education shall be required as applicable to current state requirements.

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

FOR INFORMATION ON PRACTICE OPPORTUNITIES, PLEASE CONTACT:

Alaska State Medical Association
4107 Laurel Street No. 1
Anchorage, Alaska 99504

Rev. 11/86

STATE OF ALASKA
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
P.O. BOX D-LIC
JUNEAU, ALASKA 99811-0800

STATE MEDICAL BOARD

I hereby apply for a license to practice as a ☐ Medical Doctor (M.D.) / ☐ Osteopath (D.O.) in the State of Alaska by: ☐ Examination ☐ Credentials

If applying by credentials, upon what state or provincial license or certificate do you base this application?

____

Certificate No. ______________________________ Issue Date ______________

Have you previously held a license, temporary permit or locum tenens permit in the State of Alaska?
☐ Yes ☐ No

This application must be completed in full. If any section does not apply, please write N/A in the space provided. Type or print information.

1. Name in Full ______________________ Social Security No. ______________
2. Other names used, including maiden name ______________________
____
3. Legal Name Changes ______________________________
4. Mailing Address ______________________ Zip Code __________
5. Residence Address ______________________ Zip Code __________
6. Place of Birth ______________________ Date of Birth ______________
7. Are you a U.S. Citizen? Yes ☐ No ☐
If yes, by birth ☐ /by naturalization ☐
If no, what is your status? ______________________
8. MEDICAL EDUCATION

Name of School	Location	Month/Year	
____________	____________	From ______	To ______
____________	____________	From ______	To ______
____________	____________	From ______	To ______
____________	____________	From ______	To ______
____________	____________	From ______	to ______

Graduate from ______________________________
Exact date on diploma ______________________________

9. List all states, territories, and foreign countries in which you hold or have held medical licenses. Include current status of the license. ______________________
____

FOR OFFICE USE ONLY	
Date:	________
Receipt No.:	________
Amount:	________
Initial:	________

Revised 11/86

10. What is your specialty? ______________________
Board Certified? ☐ Yes ☐ No
Date of Certification ______________________

11. Where did you complete your internship? (Hospital name, location and period of service) ______________________

____

12. Where did you complete your residency? (Hospital name, location and period of service) ______________________

____

13. Have you ever served as a staff member in any hospital? ☐ Yes ☐ No
If so, give name and address of hospital and period of service. ______________________

____

14. To what country, district or state medical societies have you belonged?

Name ______________________ Address ______________________
Name ______________________ Address ______________________
Name ______________________ Address ______________________

15. Have you ever taken the FLEX Examination? ☐ Yes ☐ No Date: ______________

16. Have you ever served in the Armed Forces? ☐ Yes ☐ No
If so, date of commission ______________ and date of discharge ______________

If any of the following answers are yes, explain fully in a signed affidavit.

		YES	NO
17.	Have you ever been disciplined by any state board for any violation of the Medical Practice Act or unethical conduct?	☐	☐
18.	Have you ever been denied a certificate by, or the privilege of taking an examination before any state medical board?	☐	☐
19.	Have you ever had a license to practice medicine revoked, suspended, restricted or limited?	☐	☐
20.	Have you ever been convicted of a violation of a U.S. or state statute or Canadian law, excluding minor traffic violations?	☐	☐
21.	Are you now or have you ever been treated for emotional or mental illness, drug addiction or alcoholism?	☐	☐
22.	Have you ever applied for and been denied a Narcotic Tax Stamp?	☐	☐
23.	Have you ever surrendered your Narcotic Tax Stamp?	☐	☐
24.	Have you ever been convicted of a violation of any federal or state narcotic laws?	☐	☐
25.	Have you ever been disciplined by a hospital staff?	☐	☐
26.	Are you currently, or have you ever been under investigation by any state board or agency for alleged misconduct?	☐	☐
27.	Have you ever had hospital privileges revoked, conditioned, restricted, or had any disciplinary action regarding your privileges?	☐	☐

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

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

______________________ ______________________ ______________________
______________________ ______________________ ______________________
______________________ ______________________ ______________________
______________________ ______________________ ______________________

I further certify that the applicant's License or Certificate is current and that there are not now nor have there ever been charges or complaints filed against the holder of said License or Certificate.

BOARD SEAL

____
Signature

____
Title

____
Date

Return completed document to:

Department of Commerce and Economic Development
State Medical Board
P.O. Box D-LIC
Juneau, Alaska 99811-0800

29. Alaska Statute (AS 44.62.310) gives applicants the right to have their applications reviewed in private executive session or in public session.

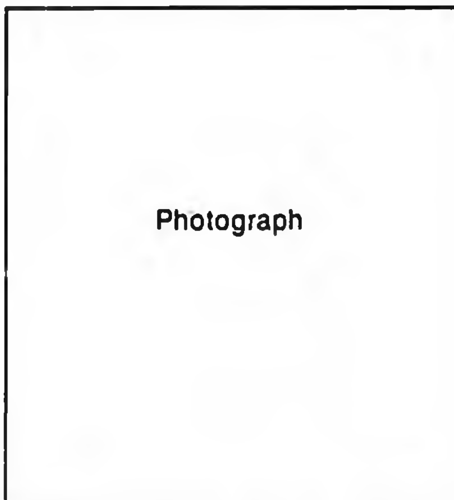
Please check desired action:

☐ I want my application to be reviewed in closed executive session off the record.

☐ I want my application to be reviewed in open session on the record.

NOTE: If you have no preference or do not check either box, your application will be reviewed in executive session.

30. I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct and that the photograph which appears below is a true likeness of myself taken within the past 60 days. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice medicine and surgery in the State of Alaska.



____
Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the state of ______________
this ________ day of ____________, 19______.

____
Notary Public

My Commission Expires: ______________________

NOTARY SEAL

NOTE: NOTARY PUBLIC SEAL MUST OVERLIE A PORTION OF THE PHOTOGRAPH.

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NOTICE

The Alaska State Medical Board requires letters of standing from all hospitals where you hold or have held privileges in the past five years.

1. You must request each hospital to submit a letter regarding the status of your privileges to the addess below:

   Department of Commerce and Economic Development
   Division of Occupational Licensing
   State Medical Board
   P.O. Box D-Lic
   Juneau, Alaska 99811-0800

2. You must complete the bottom portion of this form and return with your initial application.

HOSPITAL **COMPLETE MAILING ADDRESS**

____

____

____

____

____

____

____

____

I certify that listed above are all hospitals where I hold or have held privileges in the past five years. I understand it is my responsibility to request these hospitals to submit a letter to the Alaska State Medical Board to complete my application for licensure.

I certify under penalty of perjury that the above information furnished is true and correct.

Warning: Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application has committed a Class A misdemeanor.

____
Signature

Date: ________________________

Department of Commerce and Economic Development
State Medical Board
P.O. Box D
Juneau, Alaska 99811

HOSPITAL PRIVILEGES INFORMATION

Mr./Ms.:

I am applying for a license to practice medicine and surgery in the State of Alaska. The State Medical Board requires that this form be completed by each hospital where I have held privileges the last five years. Please complete this form and return it directly to the State Medical Board at the above address.

Name ______________________ Date of Birth ______________

Address ____________________ SSN# __________________

____

____

____

(Below to be completed by hospital staff only)

1. Dates of Hospital Privileges: ________________ to ________
2. Has there ever been any disciplinary action against this physician?
   Yes ______ No ______
3. Is there any derogatory information on file?
   Yes ______ No ______

If the answer to any one of these questions is yes, please attach explanation.

Hospital Name and Address:

____

____

____

____

____
Signature

______________________ Date ______________
Title

(Rev. 11/86)

State of Alaska
Department of Commerce and Economic Development
Division of Occupational Licensing
P.O. Box D-Lic
Juneau, Alaska 99811-0800

VERIFICATION OF LICENSURE

Sir:

I am applying for a certificate to practice medicine and surgery in the State of Alaska. The State Medical Board requires that this form be completed by each jurisdiction in which I hold or have held licenses. Please complete the form and return it directly to the Alaska State Medical Board at the above address.

Name ____________________

Address ____________________

____

PLEASE DO NOT DETACH.

The information below must be completed by the state licensing board, not to be completed by the applicant.

State of ____________________

Name of Licensee ____________________

Graduate of ____________________

License No. ____________ issued effective ____________

By reciprocity/endorsement ____________ by examination ____________

License is current ________ lapsed ________ expiration date ________

Has the applicant's license ever been suspended or revoked? ____________

If so, for what reason? ____________________

____

Derogatory information, if any ____________________

Comments, if any ____________________

____

(BOARD SEAL)
(All verifications must have board seal.)

Signed ____________________

Title ____________________

State Board ____________________

Date ____________________

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TO THE APPLICANT

Complete the identifying information below and submit to:

Federation of State Medical Boards
2630 West Freeway, Suite 138
Ft. Worth, Texas 76102

Attention: Sherri Watkins
Asst. Quality Assurance Coordinator

Department of Commerce and Economic Development
Division of Occupational Licensing
State Medical Board
P.O. Box D-Lic
Juneau, Alaska 99811-0800

Date: ______________ ___

Dear Ms. Watkins:

I am applying for licensure to practice medicine in the State of Alaska. Please indicate on the lower portion of this letter if there is any previous or pending disciplinary action against my license(s) in any state(s) and send this information directly to the Alaska State Medical Board. Thank you for your assistance.

NAME: ____

ADDRESS ____

SSN #: ____________________

MEDICAL SCHOOL OF GRADUATION: ____________________

YEAR OF GRADUATION: __________

BIRTHDATE: ________________

RESPONSE:

Rev. 11/86

CORRECTION

THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY

02-576(2/77)

TO THE APPLICANT

Complete the identifying information below and submit to:

Federation of State Medical Boards
2630 West Freeway, Suite 138
Ft. Worth, Texas 76102

Attention: Sherri Watkins
Asst. Quality Assurance Coordinator

- -

Department of Commerce and Economic Development
Division of Occupational Licensing
State Medical Board
P.O. Box D-Lic
Juneau, Alaska 99811-0800

Date: ____________________

Dear Ms. Watkins:

I am applying for licensure to practice medicine in the State of Alaska. Please indicate on the lower portion of this letter if there is any previous or pending disciplinary action against my license(s) in any state(s) and send this information directly to the Alaska State Medical Board. Thank you for your assistance.

NAME: ____

ADDRESS ____

SSN #: ______________________________

MEDICAL SCHOOL OF GRADUATION: ______________________________

YEAR OF GRADUATION: ______________

BIRTHDATE: __________________________

- -

RESPONSE:

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TO THE APPLICANT

Complete the identifying information and submit to:

Drug Enforcement Administration
220 West Mercer
Seattle, WA 98119

Attention: Phyllis Sherman, Diversion Unit

Department of Commerce and Economic Development
Division of Occupational Licensing
State Medical Board
P.O. Box D-Lic
Juneau, Alaska 99811-0800

Date: ____________________

Dear Ms. Sherman:

I am applying for licensure to practice medicine in the State of Alaska. Please indicate on the lower portion of this letter if there is any derogatory information on file against me and send this information directly to the Alaska State Medical Board. Thank you for your assistance.

NAME: ______________________________

DATE OF BIRTH: ______________________________

DEA REGISTRATION NUMBER: ____________

ADDRESS WHERE DEA NUMBER IS
REGISTERED: ______________________________

____
Signature of Applicant

RESPONSE:

Rev. 11/86

TO THE APPLICANT:

Complete the following information and submit to:

Data Release Services
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

- - - - - - - - - - - - - - - -

DATE ______________________________

To Whom it May Concern:

I am applying for licensure to practice medicine in the State of Alaska and am required to request an **AMA Physician Profile** for inclusion in my application file. I have completed all the identifying data below. Please send the **Physician Profile** to the address listed at the bottom of the page. Thank you for your assistance.

PLEASE TYPE OR PRINT

Name: ______________________________

SSN# ______________________________

Medical School of Graduation: ______________________________

Birthdate: ______________________________

- - - - - - - - - - - - - - - -

Department of Commerce and Economic Development
Division of Occupational Licensing
State Medical Board
P.O. Box D-Lic
Juneau, Alaska 99811-0800

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MEDICAL BOARD CONTACTS

Alabama State Board of Medical Examiners
P.O. Box 946
Montgomery, AL 36102-0946
(205) 261-4116

Alaska Board of Medical Examiners
Division of Occupational Licensing
P.O. Box D
Juneau, AK 99811
(907) 465-2541

Arizona State Board of Medical Examiners
1990 W. Camelback Rd., #401
Phoenix, AZ 85015
(602) 255-3751

Arizona Board of Osteopathic Examiners
in Medicine and Surgery
5060 N. 19th Ave., Suite 408
Phoenix, AZ 85015
(602) 255-1747

Arkansas State Medical Board
P.O. Box 102
Harrisburg, AR 72432-0102
(501) 578-2448

California Board of Medical Quality Assurance
1430 Howe Avenue
Sacramento, CA 95825
(916) 920-6393

California Board of Osteopathic Examiners
921 11th Street, #1201
Sacramento, CA 95814
(916) 322-4306

Colorado Board of Medical Examiners
132 State Services Building
1525 Sherman Street
Denver, CO 80203
(303) 866-3988

Connecticut Medical Examining Board
Division of Medical Quality Assurance
150 Washington Street
Hartford, CT 06106
(203) 566-1482

Delaware Board of Medical Practice
O'Neill Building, Third Floor
P.O. Box 1401
Dover, DE 19901
(302) 736-4753

District of Columbia Commission on Licensing
to Practice the Healing Art
Room 202, Lower Level
605 G Street, N.W.
Washington, DC 20001
(202) 727-9794

Florida Board of Medical Examiners
130 N. Monroe Street
Tallahassee, FL 32301
(904) 488-0595

Florida Board of Osteopathic Medical
Examiners
130 N. Monroe Street
Tallahassee, FL 32301
(904) 488-7546

Georgia Composite Board of Medical
Examiners
166 Pryor Street, S.W.
Atlanta, GA 30303
(404) 656-3913

Hawaii Board of Medical Examiners
Department of Commerce & Consumer Affairs
P.O. Box 541
Honolulu, HI 96809
(808) 548-4392

Idaho State Board of Medicine
Room 102-A
650 West State
Boise, ID 83702

Illinois Department of Registration
and Education
320 W. Washington Street
Springfield, IL 62786
(217) 785-0820

Illinois Department of Registration
and Education
100 W. Randolph St., #9-300
Chicago, IL 60601
(312) 917-4500

Indiana Health Professions Service Bureau
964 N. Pennsylvania
Indianapolis, IN 46204
(317) 232-2960

Iowa State Board of Medical Examiners
State Capitol Complex, Executive Hills W.
1209 E. Court Avenue
Des Monies, IA 50319
(515) 281-6493

Kansas State Board of Healing Arts
503 Kansas Avenue, #500
Topeka, KS 66603-3449
(913) 296-7413

Kentucky State Board of Medical Licensing
Mall Office Center
400 Sherburn Lane, #222
Louisville, KY 40207
(502) 896-1516

Louisiana State Board of Medical Examiners
830 Union Street, #100
New Orleans, LA 70112
(504) 524-6763

Maine Board of Registration in Medicine
Eastside Professional Building
RFD #3, Box 461
Waterville, ME 04901
(207) 873-2184

Maryland Board of Medical Examiners
201 W. Preston Street
Baltimore, MD 21201
(301) 225-5900

Massachusetts Board of Registration in Medicine
100 Cambridge, Room 1507
Boston, MA 02202
(617) 727-3086

Michigan Board of Medicine
611 W. Ottawa Street
P.O. Box 30018
Lansing, MI 48909
(517) 373-1655

Michigan Board of Osteopathic Medicine and Surgery
611 W. Ottawa Street
P.O. Box 30018
Lansing, MI 48909
(517) 373-0680

Minnesota Board of Medical Examiners
2700 University Ave., W., #106
St. Paul, MN 55114-1080
(612) 642-0538

Mississippi State Board of Medical Licensure
2688-D Insurance Center Drive
Jackson, MS 39216
(601) 354-6645

Missouri State Board of Registration for the Healing Arts
P.O. Box 4
Jefferson City, MO 65102
(314) 751-2334

Montana Board of Medical Examiners
1424 9th Avenue
Helena, MT 59620-0407
(406) 444-4284

Nebraska State Board of Examiners in Medicine and Surgery
P.O. Box 95007
Lincoln, NE 68509
(402) 471-2115

Nevada State Board of Medical Examiners
1281 Terminal Way, Suite 211
P.O. Box 7238
Reno, NV 89510

New Hampshire Board of Registration in Medicine
Health & Welfare Building
Hazen Drive
Concord, NH 03301
(603) 271-4501

New Jersey State Board of Medical Examiners
28 W. State Street, Room 914
Trenton, NJ 08608
(609) 292-4843

New Mexico State Board of Medical Examiners
Bataan Memorial Building, Third Floor
P.O. Box 1388
Santa Fe, NM 87504-1388
(505) 827-9933

New Mexico Board of Osteopathic Medical Examiners
P.O. Drawer 1388
Santa Fe, NM 87504-1388
(505) 827-7351

New York State Board for Medicine
Cultural Education Center, Room 3029
Empire State Plaza
Albany, NY 12230
(518) 474-3841

North Carolina Board of Medical Examiners
222 N. Person Street, #214
Raleigh, NC 27601
(919) 833-5321

North Dakota State Board of Medical Examiners
City Center Plaza
418 E. Broadway, #C-10
Bismarck, ND 58501
(701) 223-9485

Ohio State Medical Board
65 S. Front Street, #510
Columbus, OH 43266-0315
(614) 466-3938

Oklahoma Board of Medical Examiners
P.O. Box 18256
Oklahoma City, OK 73154
(405) 848-6841

Oklahoma Board of Osteopathic Examiners
4848 N. Lincoln Boulevard
Oklahoma City, OK 73105-3321
(405) 528-8625

Oregon Board of Medical Examiners
1002 Loyalty Building
317 S.W. Alder Street
Portland, OR 97204
(503) 229-5770

Pennsylvania State Board of Medical Education and Licensure
P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 787-2381

Pennsylvania State Board of Osteopathic Medical Examiners
P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 783-1389

Puerto Rico Board of Medical Examiners
Program of Quality Control of Health Services
Box 9342
Santurce, PR 00908
(809) 722-2028

Rhode Island Department of Health
104 Cannon Building
75 Davis Street
Providence, RI 02908
(401) 277-2827

Rhode Island Board of Medical Review
100 India Street
Providence, RI 02903
(401) 277-3855/56/2507

South Carolina State Board of Medical Examiners
1315 Blanding Street
Columbia, SC 29201
(803) 758-3361

South Dakota State Board of Medical and Osteopathic Examiners
608 West Avenue N.
Sioux Falls, SD 57104
(605) 336-1965

Tennessee State Board of Medical Examiners
283 Plus Park Boulevard
Nashville, TN 37219-5407
(615) 367-6200

Tennessee State Board of Osteopathic Examiners
283 Plus Park Boulevard
Nashville, TN 37219-5407
(615) 367-6200

Texas State Board of Medical Examiners
P.O. Box 13562
Capitol Station
Austin, TX 78711
(512) 452-1078

Utah Physicians Licensing Board
Division of Occupational and Professional Licensing
160 East 300 South
P.O. Box 45802
Salt Lake City, UT 84145
(801) 530-6628

Vermont Board of Medical Practice
Licensing and Registration
Redstone Building
26 Terrace Street
Montpelier, VT 05602
(802) 828-2363

Virginia State Board of Medicine
517 West Grace Street
P.O. Box 27708
Richmond, VA 23261
(804) 786-0575

Washington Department of Licensing
Medical Board
P.O. Box 9649
Olympia, WA 98504
(206) 753-3779

STATE MEDICAL BOARD

AS 08.64 — seven (7) members; four year term, serves until new member is appointed and qualified.

George R. Brenneman, M.D. AIL - CDC 225 Eagle Street Anchorage, Alaska 99501 (work) 271-4011 (home) 272-5384	July 8, 1988
Bonnie Coghlan (Public Member) 741 Eighth Avenue Fairbanks, Alaska 99701 (work) 452-1165 (home) 456-1609	August 13, 1988
T. L. Conley, M.D., (Chairperson) Ketchikan Medical Clinic, Inc. 3612 Tongass Ketchikan, Alaska 99901 (work) 225-5146 (home) 225-4483	April 21, 1990
Abigale Ryan Hensley (Public Member) P.O. Box 710 Kotzebue, Alaska 99752 (work & home) 442-3669	January 9, 1989
Jeffrey A. Partnow, M.D. 1919 Lathrop, Drawer 2 Fairbanks, Alaska 99701 (work) 452-4769 (home) 457-4724	November 6, 1988
George S. Rhyneer, M.D. Suite 552 3340 Providence Drive Anchorage, Alaska 99508 (work) 561-3211 (home) 694-9600	April 21, 1988

State Medical Board
Status of Investigative Cases
FY83-FY87
(February 10, 1987)

	FY83	FY84	FY85	FY86	FY87	Total
INVESTIGATIONS: Total # of cases	37	40	47	56	26	206
					/	
no violation	25	26	38	38	5	132
declined by AG	2			4	2	8
to litigation	4	6	4	10	8	32
cease and desist issued	2	5	2			9
warning letter sent	1	3	3	2		9
Voluntary compliance	2			2		4
appealed	1					1
Total Closed	37	40	47	56	15	195
Current Open Cases					11	11
Totals	37	40	47	56	26	206
LITIGATIONS OPENED:	4	6	4	10	8	32
C & D issued		1	3	1	2	7
cease and desist appealed		1				1
license restricted		1		1		2
license denied	3	2	1		1	7
license suspended					1	1
license revoked		1				1
dismissed - no action	1					1
Cases pending completion of hearing				8	4	12

C1

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF COMMERCE &
ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

P. O. BOX D
JUNEAU, ALASKA 99811-0800
PHONE: (907) 465-2534

July 31, 1986

Ms. Kathy Marshall
Division of Occupational
Licensing
Department of Commerce and
Economic Development
P.O. Box D
Juneau, AK 99811

Dear Ms. Marshall:

Enclosed is the Annual Report of the State Medical Board for Fiscal Year 1986. The board has continued to address licensing, regulatory and investigatory problems as they have arisen. It has also, in the last year, embarked on an ambitious program to address the problem of impaired practitioners.

In the last fiscal year, the board issued a slightly increased number of physician licenses and approximately the same number of PA and paramedic licenses as in FY 85. This decline in the rate of expansion (FY 83/FY 84 showed exuberant increases) probably reflects a general downturn in the economy; a decline from 268 to 151 in the numbers of temporary and locum tenens licenses probably reflects the downturn even more convincingly given an understanding of medical economics in times of retrenchment.

The number of medically related investigations opened in FY 86 is about equivalent to FY 85. Statistics in this regard should be final by late July. The seriousness of these cases remains, in general, significant and reflects general trends seen nationwide as an excessive number of physicians glut the market and questionable practitioners move toward the periphery. Fortunately, through employment of national data banks and careful screening of applications, it would appear that most of these cases are being picked up prior to permanent licensure.

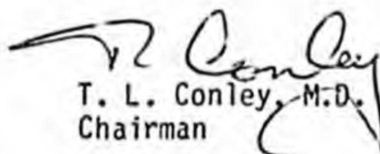
Various regulatory projects have been undertaken to further tighten licensure with some improvements. The board has, as planned, completed regulations governing paramedic internships and feels it is gaining

rational control over this confusing area. Regulations covering physician assistants have been completely reworked assuring clearer standards, greater compliance, and increased efficiency in dealing with applications.

The board has spent considerable time considering the problem of the impaired physician in FY 86 and is moving ahead in conjunction with the Alaska State Medical Society to set up a program that will permit a more effective means of dealing with cases in this area. An initial meeting to outline plans is scheduled in conjunction with the board's July 1986 meeting. This is being funded by ASMA and the Medical Indemnity Insurance Company of Alaska. State input will involve a number of regulatory and statutory changes to be outlined later.

Again, as in FY 85, the board was unable to meet its statutory obligations to meet quarterly when funding for a fourth meeting proved unavailable. The board declined to participate in the sham of conducting one of its meetings by teleconference and is on record as declining to do so in the future. As in the past, the board's functions continue to be acutely hampered by the lack of a full-time administrator to conduct board business between meetings, lack of adequate investigatory staff, lack of funding to send a member to the annual meeting of the Federation of State Medical Boards, etc. Perhaps in FY 87, a request for a grant from the United Nations' UNICEF organization for deserving Third World Health Organizations would be in order.

Sincerely,



T. L. Conley, M.D.
Chairman

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ALASKA STATE MEDICAL BOARD

ANNUAL REPORT

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STATE MEDICAL BOARD MEMBERS

George R. Brenneman, M.D. AIL-CDC 225 Eagle Street Anchorage, Alaska 99501 272-5384 (home) 271-4011 (work)	July 8, 1988
Bonnie Coghlan (Public Member) 741 8th Avenue Fairbanks, Alaska 99701-4401 456-1609 (home) 452-1165 (work)	August 13, 1988
Thomas L. Conley, M.D. (Chairman) 3612 Tongass Avenue Ketchikan, Alaska 99901 225-4483 (home) 225-5146 (work)	April 21, 1990
Abigale Hensley (Public Member) P.O. Box 710 Kotzebue, Alaska 99752 442-3669 (home)	January 9, 1989
Jeffrey A. Partnow, M.D. SR 3, Box 31473 Fairbanks, Alaska 99701 456-4724 (home) 452-4769 (work)	November 6, 1988
George S. Rhyneer, M.D. 3340 Providence Drive, Suite 552 Anchorage, Alaska 99508 561-3211 (work)	April 21, 1988
Dolores B. White, M.D. (Secretary) 3250 Hospital Drive Juneau, Alaska 99801 780-4893 (home) 586-9508 (work)	January 12, 1988

NARRATIVE SUMMARY

The functions of the State Board might be viewed as falling into three broad areas:

1. The issuance after scrutinizing qualifications of licenses to physicians, osteopaths and podiatrists and permits to paramedics and physician assistants.

2. The investigation of infractions of rules and statutes, particularly as they relate to malpractice by any members, new applicants or those already licensed or permitted of the regulated groups. On findings of deficiencies, the board is enjoined and empowered to take corrective action up to and including revocations of licenses and permits.

3. The review of existing regulations and the proposal and adoption of new regulations designed to ensure that quality medical care be readily and efficiently available to the population. The board is also expected to advise the Legislature on necessary changes in statutes to ensure the same end.

All three functions are designed to preserve and protect the public health.

In general, the third responsibility is being met effectively with the board within the last year addressing paramedic internships, physician assistant regulations, putting into place various safeguards in the license process, etc.

In process also is the drafting of a housekeeping bill to correct various inconsistencies in statute that leave the state in a difficult position, vis-a-vis, enforcement and litigation. It would appear that the board can achieve success in these areas because they involve only the board's effort, not financial expenditure.

In the first two areas, the board finds itself rapidly losing ground, basically, due to lack of funding. Prospects are that things are likely to get worse in the next fiscal year. As outlined in previous reports, the board fears that it will be unable to meet with sufficient frequency to discharge the function of reviewing applications and dealing with investigatory matters, which the board views as its two pivotal functions. Lack of funding for the four statutorily required meetings for the last two fiscal years and prospects that this will continue to be the case make the board very uneasy.

Last year, we felt there had been some progress in the area of investigations with the provision of increased investigative staff. This progress has now been vitiated by lack of adequate funding to pursue the investigatory matters brought to the board's and division's attention. The division has been attentive to the board's concerns about priorities in assigning its limited funds to the most alarming cases which pose the greatest proximate danger to the public's safety. However, the efforts fall far short of what is minimally acceptable and the number of cases, not investigated or once investigated, not brought to litigation due to lack of funds is appalling. In addition to being inimical to the public health, the situation increases the tort exposure of the state substantially.

Again, as in years past, the board has had to forego representation at the meetings of the Federation of State Medical Boards. Utilization of the federation's facilities, in terms of standardized national testing, access to their centralized computer banks on investigative and licensure matters, utilization of their information on foreign medical schools and foreign training fraud schemes, has been one of the crucial factors, both locally and nationally, in making licensure more secure. Failure to participate in the activities of that organization, thus, continues to be scandalous.

The board is, at present, embarking on an ambitious program to address the problem of impaired physicians. This problem accounts for the bulk of licensure difficulties and poor medical practice, both in Alaska and nationwide. To its credit, the division has seen the wisdom of the board's desire to divert many of these cases from the usual channels.

At present, the board, when presented with a case of deficient practice based on practitioner impairment, must limit, suspend, or revoke the practitioner's license and usually must embark on prolonged and expensive court battles to accomplish this.

The proposed impaired physician program would short circuit the process by permitting the board to enter into voluntary agreement with the practitioner to place the licensee in a supervised status while the individual undergoes treatment (with the cost of treatment, supervision and random testing borne by the licensee). The savings in terms of litigation expenses alone will justify the program; the savings in terms of careers salvaged through voluntary treatment rather than licensure action is incalculable. Treatment should not be the responsibility of the state, but rather the board would hope to enter into agreements with the Alaska State Medical Association to have that organization arrange treatment. Assurance of compliance would, of course, ultimately remain with the board.

A seminar to get both the board and the State Medical Society up to speed in the area is scheduled to coincide with the board's July 1986 meeting (announcement and schedule attached). The division is providing per diem for board members and investigative staff to attend. The seminar itself is at no cost to the state with ASMA and the Medical Indemnity Corporation of Alaska picking up the tab.

As the program is developed, there will be some implementation expenses involved, in terms of travel to Juneau to educate the Legislature and get its concurrence in terms of necessary enabling legislation. Beyond that, the board should be able to handle the program as a routine function at hopefully little expense (and, as noted, substantial savings in terms of litigation avoided).

In regard to legislation, the board ruefully concludes its activities caused more trouble than solved problems this year. Pursuit of a cease and desist order in the case of an individual practicing medicine without a license -- a seemingly trivial case -- was pivotal in sparking the introduction of lay-midwifery and naturopathy licensure bills that eventually won legislative approval.

The state was sustained in the case in question when the individual involved (a naturopath) brought action in Superior Court, but the question was rendered moot by legislative action. The board can only conclude in retrospect that it should have let sleeping dogs lie. After expenditure of significant monies via the Attorney General's office, the end result seems to have been a pyrrhic judicial victory and licensure of two groups whose activities many thinking people view with considerable apprehension. On the other hand, it may prove the system works if people got what they wanted in terms of licensure -- an imponderable since it is unclear if the push for licensure in these areas constituted a ground swell or the voice of a vocal minority.

On a more optimistic note, the board supported successful legislative action to cancel registration of physicians by the Board of Pharmacy in the prescription of controlled substances and continuation of the Marijuana Therapeutic Research Commission. Both were duplicative, costly, and unnecessary schemes.

Finally, board opinion of the fee project of the Division of Occupational Licensing is quite mixed. One faction on the board espouses the position, outlined in last year's report, that licensing fees should commensurate with board funding and that, if inadequate funding for the board is elected (one should say continued), it should be reflected in decreased licensing fees. Another faction on the board argues against decreasing fees as it seems to put a board imprimatur on the Legislature's and Governor's program to inadequately fund the activity.

It is clear that, should the funds generated by licensure to be available to the board, a creditable program would be easy of achievement. It appears that physicians around the state are, in general, not adverse to the higher fees, provided the monies generated are used to regulate medicine.

They are opposed to the fees if they constitute an excise tax and disappear into the general fund, not to be seen again. It does seem odd that both the Executive and Legislature are willing to settle for an inadequate program when those licensed are willing to pay for an adequate one.

The board wishes to commend the ingenuity and resourcefulness of the division, particularly, that of its retiring director, Nancy Dunn, in succoring the board during hard times. Unfortunately, ingenuity has obvious limits when the core problem is lack of adequate funding and the lack of commitment to the protection of the public that this implies.

Historically, the solution was provided at the time of passage of the 1983 Medical Practice Bill when the board entered into a gentleman's agreement with the Legislature and Executive to raise physician fees to $600 quadrennially with the understanding that the increase in revenue would be used by the state to hire a full-time investigator, an executive director for the board, increase investigative and administrative support, permit the board to participate in the national organization, etc. This, of course, has not occurred due to various appropriation's shortfalls and line item vetoes since then, but more significantly, due to the fact that the board lacks a designated budget because of the administrative structure of the Division of Occupational Licensing.

We have finally come to the conclusion that, given present structure and funding, the State Medical Board is not now and will never be in a position to carry out its statutory function and that, by 1990, medical licensure in the state will become a virtual sham. This is all occurring at a time when the public outcry for vigorous enforcement of licensure statutes and assurance of practitioner competency is reaching a crescendo.

Physicians in this state are willing to pay whatever it costs to assure an adequate program and shift no part of the cost to the consumer.

Therefore, a rational course of action is obviously available to the state -- make the State Medical Board a separate entity financially answerable to the executive and Legislature directly, and mandate zero-based budgeting. We can then set fees at whatever level is necessary to hire adequate staff, pursue investigations vigorously and assure the populace that licensure does constitute, to the extent possible in human affairs, a true guarantee that licensees are indeed being properly supervised.

STATE MEDICAL BOARD
STATISTICAL REPORT FY 86

METHOD: LICENSURE BY CREDENTIALS — AS 08.64.250

NEW LICENSES

CATEGORY		NUMBER OF LICENSES
M.D./D.O./Podiatrists		106
Physician Assistants		21
Paramedics		10

TEMPORARY PERMITS ISSUED IN FY 86
M.D.'s and D.O.'s

Locum Tenens		95
Temporary		42
Residency		12
	TOTAL	151
Physician Assistants		60
Paramedics		1

NUMBER OF ACTIVE LICENSES

M.D.'s	890
D.O.'s	44
Podiatrists	11
Physician Assistant	111
Paramedic	85
	1141

NUMBER OF INACTIVE LICENSES

M.D.'s	302
D.O.'s	3
Podiatrists	5
Physician Assistant	N/A
Paramedic	N/A

LAPSED LICENSES

M.D., D.O., D.P.M.'s	1,019
Physician Assistants	41
Paramedics	18

METHOD: LICENSURE BY EXAMINATION — AS 08.64.210

Applicants for examination:	0
Applicants licensed by FLEX examination	1

4200W8486d

MEETINGS

Date and Location

July 11-12, 1986	Homer, Alaska
November 21-22, 1986	Anchorage, Alaska
March 6-7, 1986	Anchorage, Alaska

Work Sheet # 4
Case Summary Per Board

7/1/85 to 6/30/86

FY: 86

DIVISION OF OCCUPATIONAL LICENSING
INVESTIGATIONS SECTION
SUMMARY

	INVESTIGATIONS				LITIGATION			
	Pending-start July 1,1985	Opened	Closed	Pending-end June 30,1986	Pending-start July 1,1985	Opened	Closed	Pending-end June 30,1986
Public Accountancy	4	8	8	4	2	5	4	3
Barbers & HD	12	13	17	8	0	8	8	0
Chiropractors	3	7	6	4	0	1	1	0
Dental	14	15	15	14	0	3	1	2
Electrical	3	6	7	2	1	3	2	2
AELS	44	88	107	25	0	1	1	0
Medical	21	58	38	41	2	10	3	9
Nursing	26	12	33	5	6	2	1	7
Optometry	2	2	3	1	–	–	–	–
Pharmacy	3	7	5	5	0	2	1	1
Veterinary	2	2	1	3	3	0	2	1
Psychology	6	6	4	8	0	1	1	0
Marine Pilots	6	9	8	7	2	0	2	0
Disp. Opt.	1	0	1	0	–	–	–	–
Physical Therapy	1	1	0	1	–	3	3	–
Nursing Home Adm.	–	–	–	–	–	–	–	–
Morticians	0	3	0	3	–	–	–	–
Construction	2	34	32	4	–	1	1	0
Concert Promoters	1	1	1	1	–	1	0	1
Geologist	–	–	–	–	–	–	–	–
Guides	16	41	10	47	6	35	14	27
Collection Agency	5	28	28	5	0	2	1	1
S.T.	172	341	324	189	22	78	46	54
TOTALS	172	341	324	189	22	78	46	54

Enforcement

SUNSET AUDIT RECOMMENDATION

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

   A. The grounds for imposition of disciplinary sanctions were amended by SLA 83 and are outlined in AS 08.64.326.

   B. In accordance with AS 08.64.336(b), hospitals are now required to report to the Medical Board when hospital privileges are restricted or refused.

   C. The composition of the board remains with five medical doctors and two public members (four male, three female).

REVIEW OF OBJECTIVES - FISCAL YEAR 1986

Our objectives for the last fiscal year and the status of these efforts are as follows:

1. Secure an investigator skilled in investigating medical cases.

   This is unaccomplished with the board continuing to make, do with a 3/4 FTE investigator -- indeed, we have gone backwards in the last twelve months, as funding for investigations has declined and serious allegations brought to the board go uninvestigated, and/or, once investigated, do not go on to litigation due to lack of funds. The state's potential liability for civil suit in this area has reached frightening proportions. The board finds itself in the quite amazing position of having proof of incompetency in a number of cases and being unable to do anything to correct the problem.

2. Place emphasis on vigorous enforcement of medical statutes and regulations, especially in areas where the board is hearing of problems and work with the Attorney General's office to accelerate enforcement time.

   With the decline in funding for investigations, enforcement has concomitantly declined. Efforts directed at diverting some of the impairment cases into channels other than litigation may partially relieve the problem over the next several years, but it is expected that protection of the public will continue to decline for the foreseeable future.

   Cooperation with the Attorney General's office has been more effective and visible in the last twelve months.

3. Continue to review applications of physicians and midlevel providers.

   This we continue to do, but, at a decelerating pace given, lack of funding in the area of investigations and lack of funding for quarterly meetings.

4. Hold four well advertised meetings per year; these shall be face-to-face meetings. Broaden coverage of the Medical Board activities in existing newsletters and circulate to the media. Use public radio and television to advertise meetings at no cost.

Due to lack of funds, only three meetings, face-to-face, were held in FY 86. Given funding cuts, it has been decided to hold all future meetings in Anchorage rather than various locations around the state. This limits public access to the board and is in conflict with the state policy directives, but does save considerably on travel funds. Success in advertising meetings has been limited. We find we have more success with this outside Anchorage and Juneau, but no longer meet elsewhere.

5. Send one member of the board to Federation meetings each year with emphasis on new trends in statutes, regulations and enforcement.

   Again, the board failed to accomplish this when funds proved unavailable.

6. Hold two examinations per year, in June and in December.

   These were offered, but there were no applicants. Considering there are never more than a few applicants and that the exam is available nationally, the state might consider the savings possible in not offering the FLEX exam in-state.

7. The board will continue to review its actions to ensure that no discriminatory decisions are made, including ensuring there will be no restriction of licensure on a numerical basis (i.e., restriction in restraint of trade).

   We are doing this and have received no complaints in this regard. Considering this is a goal that is never really "completed," it will be carried over to FY 87.

8. Cooperate with the Boards of Nursing and Pharmacy on solving mutual problems.

   We continue to do this informally, but lack of funding has militated against formal efforts in this area during the last fiscal year.

9. Review, in general, regulations and statutes relating to medicine and ancillary service and rectify inconsistencies and conflicts.

   The board prepared a bill to accomplish this for introduction during the legislative session after being informed by the division that this was the proper course of action. The bill

was not introduced due to the shortness of the session and the board has subsequently learned that prefiling the bill with the Governor's office is the proper procedure. This will be done in the fall of 1986 after revision of the present list to cover some recently appreciated problems in the area of lapsed licenses. This will be addressed with help from the Attorney General's office. The previous list called for repeal of AS 08.64.280; this has been accomplished in other legislation.

10. The board will investigate ways to become involved in offering help to impaired physicians and other licensees and permittees.

    This is discussed in the narrative summary and is a project now being started after much preliminary investigation by the board in FY 86.

11. The board will review physician assistant regulations this fiscal year and achieve definition of what constitutes an acceptable paramedic internship.

    This has been accomplished in FY 86 and is considered a completed goal.

12. The board will, if adequate funding for its activities proves unavoidable, review its functions with a view to eliminating those activities of lower priority. It will give priority to meeting face-to-face four times yearly to review applications and consider the investigative report and the status of prosecutions/litigations.

    It has been discovered that it is precisely those functions that require funding, investigations, quarterly meetings, attendance at annual meetings, adequate administrative support, etc., which are the priority items. Items of lower priority in the areas of regulatory revision, responses to other agencies, etc., generally tend to be low ticket items. Thus, lack of funding militates against accomplishing this goal and indeed precludes the board from carrying out its statutory obligations.

GOALS AND OBJECTIVES - FISCAL YEAR 1987

Goal I - Meet the requirements of the Alaska Medical Statutes, AS 08.64.

A. To enforce statutes and regulations in issues of discipline and quality assurance.

1. To secure the services of a full-time medical investigator in FY 87.

2. To investigate and take action on complaints within three months of the complaint.

3. To work cooperatively with the Attorney General's office in the timely enforcement of disciplinary actions.

B. To review applications of medical practitioners on a timely and impartial basis.

1. To review within three months all completed applications for licensure in the State of Alaska of:

Medical Doctors
Osteopathic Doctors
Podiatrists
Physician Assistants
Paramedics

2. To evaluate, on an ongoing basis, ways to improve the application and licensing process.

C. To have four (4) face-to-face meetings every year.

1. To advertise board meetings well in advance and widely in various media.

4. To inform the public of board activities through a periodic newsletter.

D. To provide FLEX examinations.

1. To hold two FLEX examinations yearly (June and December).

Goal II - Improve the performance of the board and ensure that existing statutes and regulations are relevant.

A. To evaluate the relevance of existing medical practice statutes and regulations.

1. To examine, rewrite, and put into effect policies and regulations that will rectify inconsistencies and conflicts in present regulations and policies.

2. To recommend, when appropriate, statutory changes to the present Alaska Medical Statutes, AS 08.64.

B. To improve the board's knowledge and action in ensuring safe health care for the citizens of the State of Alaska.

1. To send one board member to the annual meeting of the Federation of State Medical Boards.

2. To cooperate with Nursing and Pharmacy Boards to ensure coordinated regulations relating to health care.

3. To develop procedures to identify and rehabilitate impaired practitioners.

4. To prioritize the board's activities and seek adequate funding to meet its statutory responsibilities.

BUDGET RECOMMENDATIONS

	Item	Amount
1.	Four two-day meetings per year, travel and per diem for board members; each meeting at approximately $5,000 (this is based on Anchorage rates and does not include possible increases of air fares)	$ 20,000
2.	Licensing examiner travel and per diem to attend four two-day meetings approximately	$ 2,000
3.	Air fare and per diem to send one board member to national meeting of Federation of State Medical Boards	$ 2,400
4.	Full-time investigator - salary/support/ travel	$150,000
5.	Attorney (estimate)	$ 75,000
6.	Funds for start-up costs of impaired physician program ("Lobbying" trip to Juneau to explain program to Legislature, etc.)	$ 4,000
7.	Executive Director - salary/support/travel....	$100,000

LEGISLATIVE RECOMMENDATIONS

1. Repeal AS 08.64.370(5) as this is covered under AS 08.64.270 and .272. The two statutes are in conflict.

2. Delete the following in AS 08.02.010(a) ". . . appropriate specialist designation (if any, such as "dermatologist," "radiologist," "audiologist," "naturopath," or the like). The language is unnecessary and has caused trouble in litigation.

3. AS 08.64.313 should be reworded so a physician residing in Alaska could hold an inactive license, however, clarify that he/she could not practice with an inactive license.

4. Delete AS 08.64.210(b) as 40 days is insufficient lead time for ordering exams. Currently, an application deadline of 120 days prior to exam is set by regulation (12 AAC 40 015(b)), so, at present, statute and regulation are in conflict.

5. Delete requirement of oral exam as stated in AS 08.64.220. We do not as a rule require this at present, and it could easily be considered arbitrary and capricious given precedents in case law.

6. Revise AS 08.64.255 to read ". . . all applicants for licensure (under AS 08.64.250) . . . ," grammatical concision.

7. Delete reexamination authority AS 08.64.260(b)(c)(d). AS 08.64.250(a) should remain as is. This matter is covered in various regulatory changes.

8. Revise AS 08.64.311 to read ". . . licenses shall be renewed every four years after the date of (issue) first renewal." Delete word "issue." At first issue, the license granted is valid until the next quadrennial, statewide renewal date.

9. Revise 08.64.336(b) to read ". . . a hospital that places a consultation requirement upon, revokes, suspends, restricts, conditions, or refuses to grant hospital privileges to a person licensed to practice medicine or surgery or osteopathy in this state (because that person poses danger to the public) shall report to the board the name and address of the person and the reasons for restricting, revoking, suspending, conditioning or refusing to grant hospital privileges or for placing upon the practitioner a consultation requirement. This shall occur in all cases whether the action taken was agreed to voluntarily by the practitioner or not.

10. Revise 08.64.336(c) to read "Upon receipt of a report under (a) or (b) of this section, the board shall investigate the matter and upon (a finding of reasonable cause) a finding that reasonable cause exists to believe the practitioner may constitute a danger to the health and welfare of his/her own patients or the public, may appoint a committee of three qualified physicians to examine the licensee and report their findings to the board."

Add 08.64.336(e) to read "Nothing in this section shall preclude the board from invoking the provisions of 08.64.331(c) if deemed necessary."

Justification: We are finding that hospital administrators and hospital staffs and committees, fearful that the reported physician will initiate civil suit, have tended to adopt a very narrow interpretation of what they are required to report. They argue that either the action taken isn't restriction or a refusal to grant privileges (but rather a conditioning, consultation requirement, suspension or revocation) or that the practitioner involved could be said (usually by liberal interpretation) not to be endangering his/her patients or the public.

To obviate the problem, we propose requiring all actions be reported -- some, such as brief suspension for delinquent medical records, failure to attend staff or committee meetings, etc., we can quickly dismiss. It is more work, but, at least, we can be sure we aren't missing things. The change will remove discretion from the hospital staff, and, thus, insulate them from torts.

Given sovereign immunity (which should clearly apply in this situation), the state does not take on the liability shed by the hospital staff. AS 08.64.336(e) in added to block a potential loophole -- if egregious misconduct is involved, we don't wish to be stopped by a requirement to filter the matter through an appointed committee, etc., with resultant delays if the matter may result in serious harm or death.

11. Add new section 08.64.337. POWER OF BOARD TO COMMAND APPEARANCE. The board shall have the authority to require a licensee or permittee under its jurisdiction to appear before the board to answer questions about his/her licensure status, prohibitive acts, allegations or impairment or incompetence or other matters at the board's discretion. The requirement to appear shall be in writing with assured service. The reason for the appearance shall be stated in writing and shall be a part of the permanent record. Where possible, the decision to require appearance will be voted on by the whole board; between board

meetings, it shall be the responsibility of the chairperson, in consultation with the Assistant Attorney General assigned to this function and with the concurrence in writing of two other board members, to determine that sufficient cause exists to command appearance of a licensee or permittee. Rights to representation by counsel and full resource to judicial remedies is assured.

Failure of a licensee or permittee to appear before the board when commanded to do so shall constitute grounds to impose disciplinary sanctions under 08.64.326(a)(7) and 08.64.331.

Justification: We may use this once in five to ten years, but it should obviously be available if someone decides to thumb his or her nose to the board. Curiously, we have no authority to require anyone to appear at present or so the Attorney General's office informs the board. Obviously, we aren't barbarians and we will, of course, ask first, then try to persuade and only as a final recourse command.

12. Revise 08.64.331(a) -- delete present (7) and replace with new (7), to wit:

AS 08.64.331(a)(7) "impose a fine not to exceed $10,000; or (new 08.64.331(a)(8)) impose one or more of the sanctions set out in (1)-(7) of this subsection."

Justification: The price of oil is down to $10/barrel. This authority could prove very useful in dealing with physicians who use midlevel practitioners in inappropriate ways, etc. There are, of course, perfectly competent but sociopathic physicians just like there are competent but sociopathic gas station attendants and corporate executives -- frequently, the only way to deal with these people is a financial "2 x 4" applied to the head. Anything we generate this way will be applied to "good work."

Impaired Physicians Program

The Impaired Medical Professional: A Program For Alaska?

Saturday, July 19, 1986
9:00 a.m. - 3:00 p.m.

Hotel Captain Cook - Mid Deck

Luncheon

Featured Speaker:
John Ulwelling

Impaired Medical Professional Seminar

Sponsored by:

Medical Indemnity Corporation of Alaska
Alaska State Medical Association
ASMA Impaired Physicians Committee

JUL 28 1986

Impaired Medical

Professional Seminar

Guest Speaker:
John Ulwelling

Executive Secretary
Oregon State
Board of Medical
Examiners

Former lobbyist

Oregon State
Medical Association

STATE OF ...
DEPARTMENT OF ...
& ECONOMIC DEVELOPMENT
JUL 28 1986
DIVISION OF
OCCUPATIONAL LICENSING

The Impaired Medical Professional:

Program for Alaska?

9:00 a.m.

Introduction.
Jan Kastella, M.D.
Chairman, ASMA
Impaired Physician:
Committee

9:15 a.m.

The History of Impaired
Physician Programs

The Oregon
State Program

John Ulwelling
Guest Speaker

10:15 a.m.

Coffee

10:30 a.m.

Needs of Malpractice
Insurers

Fred Hood, M.D.
Chairman. Risk
Management
Committee
MICA

10:45 a.m.

Oregon Medical
Association
Monitored Treatment
Program

John Ulwelling

12:15 p.m.

Lunch

1:30 p.m.

Dealing with the
Impaired M.D.

Delores White, M.D.

Alaska Medical Board

1:45 p.m.

Tailoring a Program
for the Needs of
Alaska:

Implementation'
Legislation
Remuneration

John Ulwelling

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

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PHONE: (907) 465-2534

August 22, 1985

Mr. Harry D. Treager, Director
Division of Occupational Licensing
Department of Commerce and Economic
Development
Pouch D
Juneau, Alaska 99811

Dear Mr. Treager:

Enclosed is the annual report of the State Medical Board for Fiscal Year 1985. I will pass briefly over the achievements of the board, which are significant, in order to focus attention on the board's needs in order to keep up with its job which is the main message of the annual report.

The board issued a slightly smaller number of permanent licenses in all categories for FY'85 than in FY'84, but this is felt to be a small glitch in the curve occassioned by some regulatory changes put into effect late in FY'85 that briefly delayed permanent licenses in some cases. Considering the marked increase in temporary licenses and number of applications "in the hopper" as FY'86 commmences, the steady increase seen in prior years should continue. The number of M.D., D.O. and physician assistant temporary permits and locum tenens permits issued this fiscal year is 268, an increase from Fiscal Year 1984. As this increase settles itself out over the next six months in the form of permanent licenses it will more than offset the decline of 19 permanent licenses from 150 to 131 seen in FY'85.

A total of 51 medically related investigations were opened this fiscal year compared to 43 in FY'84. The seriousness of these cases also continues to escalate with a significant number of them involving alleged felonious conduct. The board has continued to review regulations for physician assistants and paramedics especially with a view to providing paramedic internships in Alaska with significant progress made which we hope to consolidate in FY'86.

The annual report points out the problems of more license applicants and more unqualified practitioners. Board members are being swamped by applicants for temporary licenses which are granted by individual board members. Through regulatory changes the mechanism for

revised 6/86

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investigating applicants for temporary licenses has improved considerably in this fiscal year with, we feel, a concomitant increase in safety for the public. The price for this, however, has been quite high in terms of markedly increased board and support staff time. The system, especially at the staff level, is near the breaking point.

In last year's annual report, the stress was on the desperate need for a medical investigator. This problem has been partially relieved by the provision of a part-time (approximately 3/4 FTE) position. The board still feels a full-time investigator dedicated exclusively to medical matters would be desirable.

Obversely, a matter on which last year we felt we were doing well, namely meeting regularly to consider licensing, regulations and investigative matters, was this year threatened when inadequate funds were available for our fourth statutorily required meeting of the fiscal year. We did meet briefly by teleconference which proved inadequate and we think potentially dangerous. It is our understanding that the budget for FY '86 may not provide adequate funding for four meetings which will quite seriously hamper our work should it come to pass. Ways to meet this problem are discussed in the report.

In general, the State Medical Board has been asked to, and has been trying to, do more and more work with less and less money. The situation is likely to become critical within the next fiscal year, and the board has been pondering the ageless question of whether it would be better to concentrate on doing a limited number of things well or a large number of things poorly. This, too, will be discussed in the report. One thing we do feel strongly should be done is to send a representative to the annual meeting of the Federation of State Medical Boards, and funding for this will be requested in this report and by separate cover.

With best personal regards,

T.L. Conley
Chairman
State Medical Board

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ALASKA STATE MEDICAL BOARD
ANNUAL REPORT FY '85

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274-1867 (work)

Narrative Summary

The functions of the State Medical Board might be viewed as falling into three broad areas:

1. The issuance, after scrutiny of qualifications, of licenses to physicians, osteopaths and podiatrists, permits to paramedics and physician assistants.

2. The investigation of infraction of rules and statutes, particularly as they relate to malpractice, by any member -- new applicants or those already licensed or permitted -- of the regulated groups. On findings of deficiencies, the board is enjoined and empowered to take corrective action up to and including cancellation of licenses and permits.

3. The review of existing regulations and the proposal and adoption of new regulations designed to ensure that quality medical care be readily and efficiently available to the population. All three functions are designed to preserve and protect the public health.

In general, the third responsibility is being met effectively. As of last year, we also felt the first responsibility was being met effectively and in many senses such remains the case even with some improvements in that we are now requiring a computer check on all applicants through a nationwide computer net operated by the Federation of State Medical Boards before issuance of licenses be they permanent or temporary. We are also requiring that all documents and fees be on file in Juneau before granting an interview by an individual board member and issuing a license. Unfortunately, this has quite markedly slowed the process and has given rise to numerous complaints by practitioners. This will abate with time. What will not abate is the marked increase in the board and particularly staff time required to process applications under the new system. Both board and staff are finding that the change is occasioning many more long distance phone calls and letters from applicants trying, generally unsuccessfully, to rush the system. The system is defensible in that it protects public safety and gives us much greater assurance that we will intercept those applicants who have records of license violations in other jurisdictions, but the increased cost to the State, mostly in phone bills and wear, particularly on staff is substantial. It is expected that at some point, probably in this fiscal year, the burden on staff will require staff expansion particularly as applications continue to increase in number (temporary and locum tenens licenses, for instance, increased 63% in the last fiscal year and processing time expenditure per application has doubled since the new regulations were promulgated in May 1985).

Of much more concern than the increased staff and board burden is the fear that we will be unable to meet with sufficient frequency to discharge the function of reviewing applications and dealing with investigatory matters, which we view as our two pivotal functions.

In FY '85, we were forced to forego our fourth statutorily required meeting and instead hold the meeting as a teleconference, with two members in Juneau reviewing applications. This proved highly unsatisfactory and we feel dangerous. The two members reviewing applications soon became numbed by the process and could easily have overlooked problems. They acutely felt the lack of expertise emanating from other board members when questions arose and in a number of cases simply tabled certain applications until the full board could meet. Additionally, after reviewing applications a teleconference was held to try to act on routine matters. This proved a travesty when, as seems usual, the communications system broke down.

In any case, it is the sense of the board that, in the future, we will not substitute teleconferences for regularly scheduled meetings, but use them only to address specific matters. We realize this is in conflict with budgetary directives to hold one meeting a year in this manner. We have yet to decide whether we will simply forego a spring meeting figuring it is better to take no official actions rather than to risk making poor decisions or whether there might be adequate funds to hold three one-day sessions and one two-day session during the year in lieu of four two-day sessions. At the one-day sessions we could only consider licenses and investigatory matters due to time limitations and would have to forego other pending matters, answers to other State agencies, regulatory changes, etc. However, thereby we would be discharging our two primary functions well rather than discharging all our responsibilities poorly.

As to the second responsibility, namely investigation of infractions, there has been improvement since the assignment in the fall of 1984 of a part-time investigator for medical matters. Working out of Anchorage, with help from the Juneau office on Southeast and statewide investigations, the "new" investigator is providing the board with about 3/4 FTE's in investigative work. This is still less than adequate by national standards, which would demand 1 to 1 1/2 FTE's, for a State this size, but it is definitely an improvement. It is also clear that a full-time investigator dedicated only to board matters is considerably more than 25% more effective than a 3/4 FTE investigator for obvious reasons. There has been no abatement, but, rather as expected, an increase in investigatory matters and the seriousness of the cases, many of them involving allegations of felonious conduct, has increased apace. It seems the more we look the more we uncover. For anyone following national medical trends this is not surprising. With more and more physicians being graduated out of proportion to the population growth, they are quickly becoming somewhat of a glut on the market and, thus, income drops. As night follows day the result is migration of physicians to more remote areas, excessive and questionable practice, temptation into fraudulent practices, etc. Alaska, like the rest of the nation, is starting to reap this harvest which is likely to grow more abundant over the coming years. Additionally, Alaska suffers by having a reputation of being wide open and rather lawless. Whether deserved or not, this reputation tends to attract physicians who have failed or gotten into trouble in other jurisdictions.

Aware of the problem we are striving to check it with more success than in the past. We still have much work to do and will in the future need more investigative and legal support in this effort.

The relationship of the Medical Board and the Nursing Board in regard to advanced nurse practitioners has, as predicted in last year's annual report, terminated with the Nursing Board assuming full responsibility for their regulation. Two projects with the Pharmacy Board -- registration of physicians for the prescription and dispensing of controlled substances and the creation of a Marijuana Therapeutic Research Commission -- have gotten off to very shaky starts within the last year. It is the understanding of all concerned that the Legislature will be asked to cancel the latter project in the next session, probably by the Pharmacy Board.

In regard to legislation, several bills seemed important to the Medical Board. We supported and welcomed the passage of CSHB 78 which vested authority for determining fee structures within the Division of Occupational Licensing. It is the sense of the board, as adopted by resolution in our July 1985 meeting, that licensing fees should be commensurate with board funding and that, if inadequate funding for the board is elected, it should be reflected in decreased licensing fees (see attached letter to Charles Steiner, M.D., of April 4, 1985). The board also became involved with the various House and Senate Bills regarding lay-midwifery and participated in the eventual compromise measure. We also continue to work with the Optometry Board on proposed legislation affecting the use of drugs by optometrists and expect to see compromise legislation introduced in the next session permitting the use of diagnostic but not therapeutic medication that will, hopefully, resolve this conflict.

To do the job necessary, the board needs more staff and more funds dedicated to this function. It is noted that revenues presently being generated by licensing fees from those under board authority are adequate to the task but are not being appropriated (see attached letter to Charles Steiner, M.D., April 4, 1985). It is also clear that greater efforts are needed in coordinating local actions with nationwide trends through the Federation of State Medical Boards. Again, in FY '85, we did not have funds to send a member to the Federation's annual meeting, something we regard as critical. We will again request these funds for FY '86.

Finally, we are becoming more involved in dealing with practitioners impaired by substance abuse and hope to flesh out approaches to this problem in the next fiscal year. In this regard, we will need funding for board training, a very complex area, during the coming year.

Sunset Audit Recommendation

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

   A. The grounds for imposition of disciplinary sanctions were amended by SLA 83 and are outlined in AS 08.64.326.

   B. In accordance with AS 08.64.336(b), hospitals are now required to report to the Medical Board when hospital privileges are restricted or refused.

   C. The composition of the board remains with five medical doctors and two public members (five male, two female).

Thomas L. Conley M.D., F.A.A.P.

Specializing in the care of children and young adults

3612 Tongass Avenue
Ketchikan, Alaska 99901
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STATE OF ALASKA
DEPARTMENT OF COMMERCE
& ECONOMIC DEVELOPMENT

AUG 20 1985

DIVISION OF
OCCUPATIONAL LICENSING

April 04, 1985

Charles Steiner, M.D.
Secretary Treasurer
Fairbanks Medical Association
1001 Noble Street
Fairbanks, Alaska 99901

Dear Dr. Steiner:

Your letter of February 25, 1985 requesting an explanation of increased medical licensing fees was forwarded to me for answer. Enclosed please find a copy of the annual report of the Alaska State Medical Board for fiscal year 1984, which will help to give answer to your inquiry by giving an overview and fiscal reports.

Basically, at the time of passage of the new Medical Practice Act in 1983, the board and other interested parties lobbied for, and felt they had a gentleman's agreement to implement a quid pro quo with the legislature and the executive whereby in return for increased fees the board would be given the tools in the form of increased investigative staff and an executive director to carry out its assigned function in an effective way. It was argued that the board should pay its own freight in this regard and the increased fees were designed to insure zero-based budgeting in effect.

Since all funds collected by the state go into the general fund by statute there was no way to ensure by statute that the increased fees would indeed go to provision of adequate support for the regulating agency.

Unfortunately the gentleman's agreement has been partially abrogated by the legislature and to an even greater extent by the executive. The legislature did authorize an investigator in the first year after the new practice act but not an executive director - the governor's office vetoed funding for the investigator. In the second year after the act we were provided with a part-time (about 3/4 FTE) investigator. Thus the reasonable attempt to use licensing fees to insure the adequate "policing" of medical practice has been thwarted and the extra funds generated are going to other governmental functions via the general fund.

There is of course no question that this is legal - it is - but the fairness of the policy depends on whether or not you accept the proposition that licensing fees are an excise tax. If they are then it is all reasonable; if not and you believe as does the board that a regulated profession should pay sufficient tax to provide for its own regulation in a directed manner, then of course it is not. Perhaps there is some hope for changing this in the form of CHSB78 now pending which would permit the Department to regulate its own fees. Theoretically, the department would then set fees commensurate with needed expenditures on a pro rata basis. The funds would still go to the general fund however and there is no guarantee that if the department required X dollars and generated the same amount by fees that the legislature and executive would budget the same amount to the department. If all worked according to the envisioned scenario and there were no increases in regulatory expenses then theoretically medical licensing fees should fall while those for physicians assistants and paramedics would probably go up.

Extrapolating from present fiscal notes the income from licensing would be estimated as:

1400 Active Licenses at $600/4 ($150/year)	$210,000
400 Inactive Licenses at $200/4 ($50/year)	20,000
200 New Licenses at $200	40,000
Est. Income-Podiatrist, Physicians Assistants & Paramedics	1,000
250 Locum Tenens & Temporary Licenses ($50)	12,500
	$283,500
	Estimated Income for FY 85

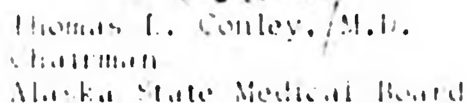
Expenditures by the board for FY 84 were $20,293.09 and allowing for a 15% increase occassioned by increased investigation, more expensive travel, etc. expenditures for FY 85 might come to $23,337. This does not include the board's share of administrative expenses for support within occupational licensing which by generous estimate would be 3 FTE's at $40,000 per position or $120,000. This would total to $143,337 or an excess of $140,163 of income over expenses. This also does not take into account

Charles Steiner, M.D.
Secretary Treasurer
Fairbanks Medical Association
April 04, 1985
Page Three

the many hours of unreimbursed time the board members contribute (they are of course - as is proper - unpaid). The physician members estimate the time contributed results in $15,000 - $20,000 of lost practice per year each, the public members contribution is probably lower but considerable, this is in effect a contribution to the state treasury.

Hopefully this is helpful to you and you will share it with you collegues. Obviously the above indicates that some changes are needed in the way we operate fiscally and any influence you can bring to bear to help effect change would be welcome.

Sincerely,



Thomas L. Conley, M.D.
Chairman
Alaska State Medical Board

TLC:ts

Enclosures

Review Objectives - Fiscal Year 1985

Our objectives for the last fiscal year and the status of these efforts are as follows:

1. Secure an investigator skilled in investigating medical cases.

   This has been partially accomplished with the provision of approximately a 3/4 FTE position. The board still feels a full-time investigator dedicated exclusively to board matters would yield considerably greater service more than offsetting the relatively minimal increase in funding required.

2. Place emphasis on vigorous enforcement of medical statutes and regulations, especially in areas where the board is hearing of problems.

   Consonant with improvements in #1 above this has improved. It would improve further with a full-time position. More aggressive support from the Attorney General's Office also is in need in this area as reflected by the fact that we have not had contact or advice from that department since February 1985.

3. Continue to review applications of physicians and midlevel providers.

   This we continue to do. It is noted that as of February 1985, subsequent to Nursing Board regulatory changes, we no longer review advance nurse practitioner applications. At present, we are in the process of increasing the efficiency and reducing the confusion of reviewing physician assistant applications and plan to review the whole regulatory scheme in this area in FY '86.

4. Hold four meetings per year, well-advertised and spread around the State. Broaden coverage of Medical Board activities in existing newsletter and circulate to media. Use public radio and television to advertise meetings at no cost.

   In FY '85, meetings were held September 13-14, 1984 in Fairbanks, December 6-7, 1984 in Anchorage, and February 21-22, 1985 in Juneau. A meeting was scheduled for late April 1985 in Anchorage, but it had to be cancelled due to inadequate funding. Two members (T. L. Conley and D. B. White) did meet in Juneau on May 2, 1985 to review applications and then met by teleconference with the rest of the board who gathered in Anchorage at their own expense to pass on the reviewed applications, approve minutes, and hear a brief distillation of that part of the

investigative report that permitted closure of two cases. The teleconference, as seems the norm for at least half the teleconferences the board has held in the last few years, proved a live-born abortion that quickly expired when the telecommunications system broke down. We are still not sure how legal actions taken at this meeting may have been as we were seldom able to hear each other.

As one consequence of the aborted meeting, we were unable to consider the annual report until mid-July and thus were unable to meet the August 1 deadline for its completion.

We have been moderately successful in terms of advertising the meetings. We will strive to continue meeting face-to-face four times a year if funding permits. We will probably elect to forego meeting in geographically different areas to save funds despite directives from the State Ombudsman and meet exclusively in Anchorage as it is cheaper from the standpoint of travel to congregate there.

It is as yet unclear how we will handle matters if funding for the year's fourth meeting again proves unavailable as discussed in the narrative summary.

5. Send two members of the board to the federation meetings each year with emphasis on new trends in statutes, regulations and enforcement.

   Again, we failed in this important goal in FY '85 when funds were unavailable to send even one member to the meeting despite his willingness to pay all but transportation and registration out-of-pocket. The chairman is beginning to become embarrassed to talk to the National Federation of State Medical Boards. He feels like the representative of a banana republic.

   To its credit, the division tried diligently to facilitate this goal but legislative funding failed.

6. Hold two examinations per year, in June and December.

   We continue to do this and held an exam in Anchorage in June 1984 and offered one in Juneau for December 1984 for which no candidates applied.

7. Participate in computer system for the Division of Occupational Licensing.

   We are doing this and consider it a completed goal which will be carried on administratively.

8. Continue working with the division on emergency medical training (Division of Emergency Medical Services/Department of Health and Social Services).

   We are doing this and consider it a completed goal which will be carried on administratively.

9. The board will continue to review its actions to insure that no discriminatory decisions are made including insuring there will be no restriction of licensure on a numerical bas.s (i.e., restriction in restraint of trade).

   We are doing this and have received no complaints in this regard. Considering this is a goal that is never really "completed" it will be carried over to FY '86.

10. Continue to hold joint board meetings with the Board of Nursing and Board of Pharmacy.

    In FY '85 we were scheduled initially to hold a joint meeting in Juneau in February but had to cancel it when the Board of Pharmacy had last minute scheduling problems. We did meet informally with the Board of Nursing which was in Juneau simultaneously.

    In the future, we will endeavor to maintain ties to both boards for consideration of problems of mutual concern but contraction of funding probably militates against conjoint meetings.

11. Adopt the new FLEX exam (Federation of State Medical Boards Licensing Exam) as one of two pathways to licensure (the other being the National Board of Medical Examiner's test). Additionally, adopt the necessary regulations and request alterations in statutes to facilitate this.

    This has been accomplished and is considered a completed goal (12 AAC 40.010, 12 AAC 40.015 and 12 AAC 04.020)

12. Review, in general, regulations and statutes relating to medicine and ancillary services and rectify inconsistencies and conflicts.

    This is an ongoing goal. Please see "Legislative Recommendations" for actions recommended in this area.

13. Review regulations relating to temporary permits and tighten up control in this area, both as it applied to locum tenens permits and permits for physicians working for short periods of time in emergency rooms, temporary industrial encampments, and other temporary need situations.

This is mostly accomplished in regulations adopted within the last fiscal year (12 AAC 40.035 and 12 AAC 40.036). Some technical problems have cropped up with 12 AAC 40.035 and it is in the process of being fine tuned.

The changes have resulted in a substantial increase in the staff's workload as discussed in the Narrative Summary.

14. The board will work with the Attorney General's Office to accelerate enforcement time.

    This goal seems to be accomplished in fits and spurts and is, of course, partly dependent on the court's over which we have no control. We have been discouraged by the fact that Attorney General's Office representation has been lacking at our May and July meetings (the former probably understandable as it was essentially a nonmeeting). Hopefully, meeting in Anchorage will facilitate matters.

15. The board will investigate ways to become involved in offering help to impaired physicians and other licensees and permittees.

    This goal is in process under the direction of Board Member Dolores White, M.D. who is investigating various programs around the country. It is hoped that the board will be able to cooperate in this endeavor with the Friends of Medicine Committee of the Alaska State Medical Association.

    The subject is complex and delicate and is an area in which the board requires special training to be effective. It is hoped funding will be available to send a board member to national meetings on the subject with the view to having the member trained in the area instruct the other board members.

    Hopefully, we shall have more to say about the goal at the time of the FY '86 annual report.

FISCAL YEAR 1986 GOALS AND OBJECTIVES

1. Secure an investigator skilled in investigating medical cases.

2. Place emphasis on vigorous enforcement of medical statutes and regulations, especially in areas where the board is hearing of problems, and work with the Attorney General's Office to accelerate enforcement time.

3. Continue to review applications of physicians and midlevel providers.

4. Hold four well-advertised meetings per year; these shall be face-to-face meetings. Broaden coverage of the Medical Board activities, in existing newsletter and circulate to media. Use public radio and television to advertise meetings at no cost.

5. Send one member of the board to the Federation meetings each year with emphasis on new trends in statutes, regulations, and enforcement.

6. Hold two examinations per year, in June and December.

7. The board will continue to review its actions to insure that no discriminatory decisions are made, including insuring there will be no restriction of licensure on a numerical basis (i.e., restriction in restraint of trade).

8. Cooperate with the Boards of Nursing and Pharmacy on solving mutual problems.

9. Review in general regulations and statutes relating to medicine and ancillary services and rectify inconsistencies and conflicts.

10. The board will investigate ways to become involved in offering help to impaired physicians and other licensees and permittees.

11. The board will review physician assistant regulations this fiscal year and achieve definition of what constitutes an acceptable paramedic internship.

12. The board will, if adequate funding for its activities proves unavailable, review its functions with a view to eliminating those activities of lowest priority. It will give primacy of place to meeting face-to-face four times yearly to review applications and consider the investigative report and the status of prosecutions/litigations.

Budget Recommendations

1. Four two-day meetings per year, travel and per diem for board members; each meeting at approximately $4,000 (this is based on Anchorage rates and does not include possible increase of air fares)..........................$16,000

2. Licensing examiner travel and per diem for attending four two-day meetings, approximately.. 1,600

3. Air fare and per diem to send one board member to national meeting of Federation of State Medical Boards.................................. 1,800

4. Full-time investigator................................... 75,000

5. Attorney (estimate)....................................... 75,000

7. Air fare, per diem, and registration to send one board member to a national meeting on dealing with impaired physicians.. 1,800

Legislative Recommendations

1. Repeal AS 08.64.370(5) as this is covered under AS 08.64.270 and .272. The two statutes are in conflict.

2. Delete the following in AS 08.02.010(a) ". . . appropriate specialist designation, [if any, such as "dermatologist", "radiologist", "audiologist", "naturopath", or the like]." The language is unnecessary and has caused trouble in litigation.

3. AS 08.64.313 should be reworded so a physician residing in Alaska could hold an inactive license, however, clarify that they could not practice with an inactive license.

4. Delete AS 08.64.210(b) as 40 days is insufficient lead time for ordering exams. Currently, application deadline of 120 days prior to exam is set by regulation (12 AAC 40.015(b)) so at present statute and regulation are in conflict.

5. Delete requirement of <u>oral</u> exam as stated in AS 08.64.220. We do not as a rule require this at present, and it could easily be considered arbitrary and capricious.

6. Revise AS 08.64.255 to read ". . . all applicants for <u>licensure</u> under AS 08.64.250[] . . . ," grammatical concision.

7. Delete reexamination authority AS 08.64.260(b)(c)(d). AS 08.64.260(a) should remain as is. This matter is covered in various regulatory changes.

8. Revise AS 08.64.311 to read ". . . licenses shall be renewed <u>every</u> four years after the date of [issue] first renewal." Delete word "issue." At first issue, the license granted is valid until the next quadrennial, statewide renewal date.

9. Repeal AS 08.64.280 in entirety. This is a statute requiring registration of licenses with local court districts and appears to be a holdover from territorial days when statewide communications were poorer. It serves no discernible purpose given centralized licensing, and informal checking indicates essentially no physicians are aware of or in conformity with the statute. Basically, it's a dead letter and is best removed from the books.

STATISTICAL INFORMATION

Date Completed: July 1, 1985

LICENSE DATA

Method: Check the appropriate method in which licenses are issued (not including examination), and provide specific statutory authority.

Credentials	X	AS 08.64.250
Reciprocity		AS 08.
Comity		AS 08.
Endorsement		AS 08.

Be specific in identifying each category of licensure:

Category:	New Licenses Issued:
1) M.D., D.O., Podiatrist	98
2) Physician Assistants	21
3) Paramedics	12
4) Temporary Licenses	268
5)	
6)	
TOTAL LICENSEES FROM ABOVE:	399

Method: EXAMINATION Statute authority: 08.64.210

Date & Place: December 1984/Juneau - No one applied

Type of Exam:	# PASSED	# FAILED
FLEX		

Date & Place: June 1985/Juneau

Type of Exam:	# PASSED	# FAILED
FLEX	2	0

Date & Place:

Type of Exam:	# PASSED	# FAILED

Date & Place:

Type of Exam:	# PASSED	# FAILED

TOTAL LICENSED BY EXAM: 0

ALASKA LEGISLATURE COMMITTEE FILES 1987-1988 8672
4659.2 HJUD HB 70