

ALASKA LEGISLATURE COMMITTEE FILES 1987-1988 8672
4659.3 HJUD HB 70

2312

EXPIRATION DATE OF LICENSES: (See below)

If expiration date is different for the various categories, indicate category and date(s) here:

M.D., D.O., Podiatrist - December 31, 1988

Paramedics - June 30, 1985 (in renewal, licenses will expire 6/30/87)

Physician Assistants - June 30, 1985 (in renewal, licenses will expire 6/30/87)

(Total - meaning since issuance of the first license)

	<u>M.D., D.O., Podiatrist</u>	<u>P.A.'s</u>	<u>Paramedics</u>
Total Number of CURRENT licensees:	815	111	78
Total Number of LAPSED licensees:	1,037	20	15
Total Number of INACTIVE licensees:	317	N/A	N/A

Renewal Period: If presently in a renewal period, complete the above and check here. [X]

	<u>P.A.'s</u>	<u>Paramedics</u>
Total of current licensees 'prior' to renewal.	111	78

EXPENDITURES

Board Authorization for FY '85: _____

Based on the Monthly Expenditure Journal dated the month of 6/30/85.

Board Travel/Per Diem (In-State): \$ 9,397

Board Travel (Out-of-State): \$.00

Board Per Diem (Out-of-State): \$.00

Licensing Examiner Travel: \$ 11,911

Licensing Examiner Per Diem: \$.00

Contractual Services: \$ 10,370 (identifiable estimate as of 6/30/85)

Revenues: \$516,020 (per 5/31/85 printout)

MEETINGS: Date(s) and Location(s):

September 13 & 14, 1984	Fairbanks
December 6 & 7, 1984	Anchorage
February 21 & 22, 1985	Juneau

TELECONFERENCES: Date(s) and Location(s):

May 2, 1985 Juneau and Anchorage

HEARINGS: Date(s) and Location(s):

Other:

STATE MEDICAL BOARD

Annual Statistics-Investigations

FY 1985

Cases:

Begin: 15
Opened: 51
Closed: 51
15 pending

Closures analysis:

Closed, AG declined to prosecute.....1
Closed, cease and desist issued.....4
Closed, warning letter sent.....2
Closed by voluntary compliance.....1
Closed, appealed to Superior Court.....1
Closed, to litigation.....5
Closed, no violation.....37
51

Litigation analysis:

Cease and Desist Order appealed to
Superior Court, not completed, carried
into FY '86.....1
Litigation process carried into
FY '86.....1
Hearing completed, license
restricted.....1
Hearing completed, license
denied.....1
Hearing completed, license
revoked.....1
5

Actions based on use or abuse of drugs:

1 license denied (personal illegal use)
1 license revoked (illegal distribution)

Actions based on incompetence:

1 license restricted

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

POUCH D
JUNEAU, ALASKA 99811
PHONE: (907) 465-2534

DIVISION OF OCCUPATIONAL LICENSING

August 17, 1984

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

Dear Mr. Treager:

Enclosed is the annual report of the State Medical Board for Fiscal Year 1984. 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 increased the number of licenses it issued by approximately 23% over the previous fiscal year to 150 new licenses in all categories. The number of MD and DO temporary permits and locum tenens permits issued this fiscal year is 226; a 4% increase from Fiscal Year 1983.

The total of 43 medical related investigations were opened this fiscal year compared to 30 in Fiscal Year 1983. The seriousness of the cases referred for investigation have also increased. The board has continued to review regulations for Physicians Assistants and Paramedics to provide the possibility of paramedic internships in Alaska and make the licensing of these mid-level practitioners more responsive to the public needs.

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. The mechanism for investigating applicants for temporary licenses is completely inadequate. Increased staff support is needed to aid in this phase of licensing.

Mr. Harry D. Treager

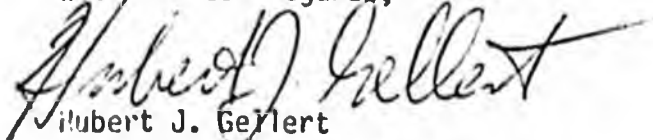
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August 17, 1984

The annual report repeats the Board's continual plea for a medical investigator. Although the investigative process has improved in the past year, the present personnel is swamped and there is a need for more legal help in addition to the investigator. Unfortunately, the Governor again vetoed funds for the investigator, but the problem of increased numbers of bad practitioners will not go away through that easy remedy.

In fact, the State Medical Board has been trying to do more and more work with less and less money. In this fiscal year, funds were cut to send a representative to the annual meeting of the Federation of State Licensing Boards where important matters, such as setting up an interstate system to catch license offenders are discussed. We are asking that, in this fiscal year, Alaska once again participate.

With kindest regards,



Hubert J. Geylert
Chairman
State Medical Board

HJG/sa0074s
81784e

Enclosures

IDENTIFICATION OF BOARD MEMBERS

Jeffrey A. Patnow, M.D.
SR 3, Box 31473
Fairbanks, Alaska 99701
456-4724 (home)
452-4769 (work)

Hubert J. Gellert (chairman, public member)
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Anchorage, Alaska 99502
345-1290 (home)
277-2663 (work)

George R. Brenneman, M.D.
Alaska Native Medical Center
P.O. Box 7-741
Anchorage, Alaska 99510
272-5384 (home)
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Thomas Kinsella (public member)
P.O. Box 2581
Fairbanks, Alaska 99701
456-8483 (home)
452-1155 ext. 220 (work)

T. L. Conley, M.D. (secretary)
Ketchikan Medical Clinic, Inc.
3612 Tongass
Ketchikan, Alaska 99901
225-5133 (work)
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George S. Rhyneer, M.D.
Suite 314
3300 Providence Drive
Anchorage, Alaska 99504
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Dolores B. Hughes, M.D.
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Juneau, Alaska 99801
789-4762 (home)
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ALASKA STATE MEDICAL BOARD
ANNUAL REPORT

INDEX

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Narrative Summary

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

- 1) The issuance, after scrutiny of qualifications, of licenses to physicians, osteopaths and podiatrists, permits to paramedics and physician assistants, and approval of collaborative relationships between physicians and advanced nurse practitioners (licensing, per se, for nurses being the function of the Nursing Board).
- 2) The investigation of the 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 first and third responsibilities are being met effectively. Unfortunately, while there have been improvements in the areas of investigation into infractions and enforcement of rules and statutes in the last fiscal year, we are far from feeling comfortable with the effort and find it to be several decades behind efforts in other states. Unfortunately, this comes at a time when the problem is increasing exponentially.

The board has continued, as in years past, to review new applications for licenses and permits, make alterations and emendations to existing ones, especially where collaborative relationships exist, and put in place new tools for judging competence. We will soon be issuing licenses on a four-year cycle, requiring certification of continuing medical education and putting in place regulations covering a new national licensing exam for physicians. We have spent time in this fiscal year preparing for these developments. We have also spent time getting data on regulated individuals entered into the state's computer banks for rapid recall.

Over the last fiscal year, the board has, after extensive hearings, promulgated new regulations in regard to physician assistants serving in areas of temporary, often seasonal, need (resource extraction camps such as oil fields, timber operations, fishing camps, etc.) to make access to medical care more efficient. The board is also in the process of defining what constitutes adequate training, especially internship, for paramedics -- a group that should see considerable growth in Alaska over the next several years. We have also done

preliminary work on the growing need to regulate temporary physicians who are not functioning to replace local physicians but are working for short periods in expanding emergency rooms, temporary resource extraction camps, etc. It is an area of growing concern, for, while the numbers are increasing, the quality in some cases may be declining -- i.e., we are concerned that we may be attracting "medical gypsies."

The relationship between the Medical Board and the Nursing Board may be in the process of change in regard to advanced nurse practitioners. Heretofore, a collaborative relationship between a specific nurse practitioner and a specific physician was required. The Nursing Board has adopted regulations -- not yet promulgated -- that will eliminate the relationship in a formal sense and license advanced nurse practitioners independently, albeit with a requirement for a plan of consultation on file. The Medical Board has also been assisting the Pharmacy Board in planning enforcement of regulations covering State registration for the dispensing of controlled substances (with modifications the Medical Board concurs) and the creation of a Marijuana Therapeutic Research Commission (the Medical Board found this irrelevant and a waste of State funds).

In regard to legislation, three bills seemed important to the Medical Board: One, HB 347, sought to create a Board of Naturopathy, an idea the Medical Board found ludicrous. Various bills and modifications of bills were introduced to permit use of drugs by optometrists. We worked hard and long with the optometry professional groups and representatives of the Board of Optometry on these proposals and came out in favor of permitting diagnostic but not therapeutic use of medications. We also tried, hopefully, with some success to act as mediators and facilitators in this area between medical practitioners and optometrists. (We feel, as always, that our role is to serve the public good, not to act as spokespersons for organized medicine).

In all this, we feel we have been mostly successful or at least have improved things. However, as noted above, in the area of investigations, we feel things are rapidly getting out of hand.

In the past, several years, the Medical Board has come of age and shed its naivete in regard to malpractice. Part of the romance of the frontier was the idea that you could look an applicant for licensure in the eye, shake his hand, and be sure that if he measured up by that standard, he was a "good guy." If it was ever so, it is no longer.

Just as "the end of the road" syndrome is bringing mass murderers to Manley Hot Springs, so it is bringing charlatans and quacks to Alaska in increasing numbers. There seems to be an idea that if you can't make it elsewhere, you can come to Alaska, where things are still "primitive" and get a license. Sadly, that assessment is true. If we don't take the steps necessary to tighten things up, the next physician you see in an emergency situation may be one of these.

Over the last year, the number and quality of investigations initiated in our Anchorage and Juneau offices have improved markedly. As they have improved, we have sadly had to conclude that we are just scratching the surface. This year, funds for an investigator dedicated to Medical Board cases was approved by the Legislature. However, the money to hire the medical investigator was vetoed by the Governor for the second successive year. To judge by what other states are doing, and uncovering in the process, we probably need two investigators to serve the board, plus extra help from the Attorney General's office to pursue prosecutions.

To do the job necessary, the board needs more staff and more funds dedicated to this function. It will also need to coordinate its efforts with similar nationwide efforts carried on by the Federation of State Medical Boards. In the immediately preceding fiscal year, we had funds to send a member to the federation's annual meeting. Such funding was not available this fiscal year. It needs to be reinstated. A great deal of our effort in the coming year will be dedicated to fulfilling the goal of better 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 (six male, one female).

Review Objectives - Fiscal Year 1984

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.

The Legislature this year provided funds for an investigator dedicated, to the greatest extent, to the needs of the board (he or she will also serve some functions for other health related boards). Despite extensive lobbying by the Board,

the money for this position was vetoed. However, the hiring of an investigator specializing in Pharmacy Board matters should, over time, help the investigators working on medical matters. The board would like input into the hiring of an investigator which seems reasonable in that it has, of all bodies, the most at stake and the greatest knowledge of what skills are required.

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

We are happy to report that investigations initiated in the Anchorage and Juneau offices this year are more vigorous and effective than was heretofore the case. We would like to warmly praise all involved in this. Continuation and expansion of this effort will depend on implementation of goal #1 and the hiring of an appropriate investigator.

3. Continue to review applications of physicians and mid-level providers and attempt to make the process more efficient by providing more information in Anchorage where many applicants come.

This is being done.

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.

We have managed, barely, to meet our statutory obligation of meeting four times yearly. Inevitably, every year, we have to go as mendicants to the Division of Occupational Licensing to get funding for the fourth meeting. The division, to its credit, has always found the money some place. Apparently, the division has funds for four meetings this year.

As we are strapped for funds, we have foregone the request of the State's ombudsman that we meet in geographically scattered sites. We meet in Juneau in February. All other meetings in the last two years have been in Anchorage though we will meet in Fairbanks in September 1984 because of specific hearing requirements. Our attempts to get coverage of meetings have been somewhat successful.

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

It is vital that the state Medical Board send representatives to participate in the Federation's creation of a system for tracking practitioners who have had licensing problems.

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

We are doing this.

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

We are doing this.

8. Continue working with the division on emergency medical training (Division of Emergency Medical Services/Department of Health and Social Services). We continue to do this and are presently working with the Department of Health & Social Services on adoption of regulations covering paramedics.

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 basis (i.e., restriction in restraint of trade).

This is being done.

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

We continue to do this yearly in February in Juneau.

FISCAL YEAR GOALS & OBJECTIVES

Interim _____

Fiscal Year 1985

Final _____

Date _____

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.
3. Continue to review applications of physicians and mid-level providers.
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.
5. Send two members 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. Participate in computer system for the Division of Occupational Licensing.
8. Continue working with the division on emergency medical training. (Division of Emergency Medical Services/Dept. Health and Social Services).
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 basis (i.e., restriction in restraint of trade).
10. Continue to hold joint board meetings with the Board of Nursing and Board of Pharmacy.
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.

As we come of age as a board, we need a full-time medical administrator to ensure that the board continues to function between quarterly meetings. This is a full-time job and requires a full-time dedicated administrator to see that the work gets done.

An administrator would serve numerous functions in ensuring continuity of investigations, continuity in the area of establishing appropriate regulatory surveillance, etc. The board members serve to set up policy and bring to bear medical expertise. They are unpaid and simply don't have the time to see to the nuts and bolts of ensuring compliance. If this function is to be effective at a State level, we need someone monitoring it fulltime. It seems somehow silly to have to argue for something that makes simple common sense especially when one considers that other state boards and commissions, whose impact on the common welfare is considerably less significant, have had executive directors for years.

Also, the unpaid load on board members of issuing temporary permits is growing severe at the number of applicants increases. An Executive Director could help in this area.

15. As a corollary to #14. An expanded budget is a necessity.

As things now stand, we can barely meet statutory obligations concerning holding quarterly meetings. In addition to securing funds to ensure this will occur without fail, we need funding for an investigator, funding for an executive director, funds for the travel of two board members to national meetings of the federation of state Medical Boards, etc. We anticipate that as investigations develop, there will be increased need for funds to pursue these.

16. The board will work with the Attorney General's office to accelerate enforcement time.

At present, there are frequent, long delays between opening of investigations and eventual resolution. This often permits questionable practice to continue long after a problem is identified. The services of an executive director would be very helpful in this area, and there appears to be a need for more attorney time.

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

As things now stand, our relationship to impaired physicians tends to be an adversary one with the impaired individual viewing the board as a threat to financial security through license

actions. The Board, of course, needs to be retained with the power to suspend and revoke when the public is in danger. However, we need to consider ways of entering into voluntary agreements to achieve correction of problems (alcohol and drug abuse, psychiatric problems, etc.) in a more amicable way. It is to be remembered the goal of the board is to protect the public, not to punish offenders.

Budget Recommendations

1. 4 two-day meetings per year, travel & per diem for board members; each meeting at approximately \$3,000 (this is based on Anchorage/Juneau rates and does not include possible increase of air fares).....\$12,000
2. Licensing examiner travel and per diem for attending 4 two-day meetings, approximately 1,200
3. Air fare and per diem to send two board members to national meeting 2,500
4. Investigator 75,000
5. Executive Director (estimate) 75,000
6. Attorney (estimate) 50,000

Legislative Recommendations

1. Repeal AS 08.64.370(a)(5) as this is covered under AS 08.64.270 and .272.
2. Provide for condition of renewal or reapplication for licenses which remain lapsed for a long period of time. Example: a license which has; remained lapsed for over three years is no longer eligible for renewal. New application must be submitted for consideration.
3. Revise fee structure of AS 08.64.313 to require \$50 application fee and \$50 biennial renewal fee for both paramedics and physician assistants.
4. Delete the following in AS 08.02.010(a)..appropriate designation [if any such as, dermatologist, radiologist, audiologist, naturopath or the like].
5. AS 08.64.313, reword so a physician residing in Alaska could hold an inactive license, however, clarify that they could not practice with an inactive license.
6. Revise the examination fee to \$ 240.00 to cover increase in charges by the federation. Reexamination fee \$240.00.
7. 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.
8. Delete requirement of oral exam as stated in AS 08.64.220.
9. Revise AS 08.64.255 to read ...all applicants for licensure [a license under AS 08.64.250]...
10. Delete reexamination authority AS 08.64.260(b)(c)(d). AS 08.64.260(a) should remain as is.
11. Review AS 08.64.311 to read...licenses shall be renewed every four years after the date of [issue] first renewal.
12. Changes to be submitted regarding temporary licenses and permits.

STATISTICAL INFORMATION

Date Completed: June 30, 1984

GENERAL INFORMATION

Board members are from the following locations (cities); and approximate airfare to ANCHORAGE:

City:	Fare	City	Fare
1) <u>Fairbanks</u>	<u>\$ 212</u>	5) <u>Anchorage</u>	<u>\$ 0</u>
2) <u>Fairbanks</u>	<u>\$ 212</u>	6) <u>Anchorage</u>	<u>\$ 0</u>
3) <u>Ketchikan</u>	<u>\$ 452</u>	7) <u>Anchorage</u>	<u>\$ 0</u>
4) <u>Juneau</u>	<u>\$ 352</u>	8) <u>Lic. Ex./Juneau</u>	<u>\$ 352</u>

EXPIRATION DATE OF LICENSES: 12/31/84 (Doctors) 6/30/85 (Parmed. & PA)

LICENSE DATA

Method: (credentials; reciprocity; comity; endorsement) <u>Credentials</u>	
Type(s):	New Licenses Issued:
1) <u>Physician, Surgeon</u>	<u>117</u>
2) <u>Osteopath</u>	<u>2</u>
3) <u>Podiatrist</u>	<u>17</u>
4) <u>Physician Assistant</u>	<u>14</u>
5) <u>Paramedic</u>	<u> </u>
6) <u> </u>	<u> </u>

Method: EXAMINATION Number of licensees by Exam:

Date & Place: December 1983 Juneau Alaska
 Type of Exam: FLEX # PASSED 1 # FAILED 3

Date & Place: June 1984 Anchorage Alaska
 Type of Exam: FLEX # PASSED # FAILED
 (1 applicant for Alaska, 1 applicant proctored for Louisiana--results have not been received)

Date & Place:
 Type of Exam: # PASSED # FAILED

(Total - meaning since the issuance of the first license)

Total Number of CURRENT licensees: 1,393
Total Number of LAPSED licensees: 858
Total Number of INACTIVE licensees: 366

If presently in a renewal period, complete the above and check here [].

Total of current licensees 'prior' to renewal: N/A

EXPENDITURES

Board Authorization for FY 84: 11,100

Board Travel (In-State): \$ 4,912.50

Board Per Diem (In-State): 6,221.36

Board Travel (Out-of-State): n/a

Board Per Diem (Out-of-State): n/a

Licensing Examiner Travel: 1,106.00

Licensing Examiner Per Diem: 1,056.35

CONTRACTUAL SERVICES: 7,096.88

REVENUES: 50,159.50

MEETINGS: Date(s) and Location(s):

October 7 & *, 1983 Anchorage February 23 & 24, 1984 Juneau
December 8 & 9, 1983 Anchorage June 27 & 28, 1984 Anchorage

TELECONFERENCES: Date(s) and Location(s):

August 15, 1983

June 20, 1984

HEARINGS: Date(s) and Location(s):

Other: INVESTIGATIONS

Opened: 36

Closed: 27

Litigation Opened : 7
(includes Cease & Desist Orders)

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

POUCH D
JUNEAU, ALASKA 99811
PHONE: (907) 465-2534

DIVISION OF OCCUPATIONAL LICENSING

August 12, 1983

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

Dear Mr. Treager:

Enclosed herein is the Annual Report of the State Medical Board for FY '83. Among the highlights of our activities for the past fiscal year are the passage of the new Medical Practice Act, the continued development of regulations for physician assistants, and the handling of an increased number of unqualified applicants. The new Medical Practice Act redefines the practice of medicine and incompetence, vital enforcement tools, along with providing an investigator assigned to the Medical Board. These key provisions will help the Medical Board keep up with the rapid increase of medical practitioners at all levels that Alaska is experiencing, with the accompanying increase in complaints about medical competence.

Over the last few years, Alaska has seen a tremendous increase in the use of physician assistants, mid-level practitioners working with doctors in the cities and in remote locations. Many PAs are providing medical care at installations in the North Slope oilfields as well as at other remote sites. A considerable amount of the Medical Board's time has been spent revising the regulations for physician assistants with increased experience. The board also has exercised its new responsibilities in the licensing of Advanced Nurse Practitioners and Emergency Medical Technicians.

Probably, as a result of Alaska's increased attractiveness relative to the Lower 48, the Medical Board has had to deal with an increased number of unqualified applicants for medical licenses. Some of these cases have involved investigative time to uncover undisclosed license actions or convictions in other states. Others have required board hearings and consultant advice.

Mr. Harry D. Treager

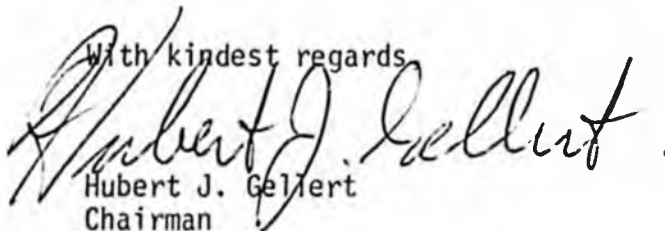
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August 12, 1983

The foregoing are some of the highlights of the State Medical Board's activities for the prior year. Much of the Board's time is spent in licensing applicants for the various types of licenses, ~~both in meetings~~ and in overseeing investigative efforts. One of our primary goals for this year is to improve the latter function.

We look forward to the continued support of the Executive Branch and the Legislature.

With kindest regards

A handwritten signature in cursive script, reading "Hubert J. Gellert".

Hubert J. Gellert
Chairman

HJG/sal/21
818a

Enclosure

STATE MEDICAL BOARD

Annual Report

As in years past, the goal of the State Medical Board continues to be the insurance of excellence in the provision of medical services for all Alaskans. The board attempts to fulfill this goal in three major ways:

1. Prompt and nonrestrictive licensing and authorization of physicians, osteopathic physicians, physician assistants, advanced nurse practitioners and paramedics who meet the standards set out in statute and regulation. Thanks to excellent cooperation between the Division of Occupational Licensing and the board, expeditious handling of many licenses, authorizations, temporary permits, and locum tenens permits was achieved and resulted in the placement of additional practitioners in all areas of the State.
2. Ongoing enforcement of statute and regulation in dealing with practitioners who are already licensed or authorized. The board has noted a considerable increase in the number of applicants who, upon investigation, prove to have convictions or questionable backgrounds in practice in other states. Through experience, the board has become more adept at ferreting out these problems in assessing applications. Pivotal to doing an even better job in the future will be provision of adequate investigatory staff. Fortunately, the Medical Practice Act, which passed the Legislature this session (at this writing still unsigned by the Governor, so is still somewhat uncertain), provides the board with a dedicated investigator. The board is optimistic that such support will make its actions in this area more certain and efficient. Just as important will be the effect such investigatory support is expected to have on inquiring into cases of questionable practice by already licensed or authorized health care providers. For the past two years, with some laudable exceptions, this effort has languished for lack of support on the investigatory level. The board expects this aspect of its function to improve markedly with the provision of adequate investigatory staff and the present fears of serious harm to the health of the community at the hands of poor practitioners to be significantly allayed.
3. Improvement in statute and regulation. The board has spent considerable time and effort working for the passage of a Medical Practice Act over the last several years. With this session of the Legislature, such was provided. Though less than the board would have liked, the Act goes a long way toward solving ambiguities in the statutory definitions of what constitutes medical practice and how it should be intelligently regulated. The board pushed strongly for an executive secretary position to help the board streamline its functions and bring them into compliance with recognized national standards. Such was not to

be; still, the board was gratified that its other major request of the Legislature, provision of medical investigatory staff, has met with approval. The board will be back in the future requesting approval of an executive secretary position to help provide the excellence of service it feels serves the public interest.

In addition to statutory concerns, the board has been working to provide qualified medical personnel to the far-flung bush population and natural resource extraction sites. We expect that continuing revision of these newer parts of medical practice will be needed. The board has spent a great deal of time reviewing and revising regulations, especially in those areas regarding physician assistants. The board has also continued to work closely with the Division of Emergency Medical Services and has renewed the Memorandum of Agreement between the two agencies for the purpose of better evaluation of paramedic applicants.

Relieving that we face many issues in common, the State Medical Board has continued to work closely with the Board of Nursing and the State Pharmacy Board, and this year held a second (hopefully, annual) joint Medical-Nursing-Pharmacy Board meeting in Juneau during the legislative session. The cross-fertilization these meetings offer to all of us has been impressive, and we hope to continue the practice in the future.

Again this year, the board sent one member to the national meeting of the Federation of State Medical Boards, the only Outside travel for board members. The liaison with other State boards of medical licensure has proved most helpful in dealing with common problems such as evaluation of foreign medical schools and technicalities of examination administration.

STATISTICAL OVERVIEW

1. Expenditures

Travel and Per Diem.....\$ 14,735.24
Contractual..... 5,423.07

2. Receipts

Licensing fees receipted..... 103,584.00
Amount allotted for Travel & Per Diem..... 17,000.00

3. Licenses Issued

Physician initial license..... 91.00
Physician Assistants initial license..... 17.00
Paramedic initial license..... 13.00

Licenses Renewed - all categories.....1,139.00

Physician's temporary permits..... 87.00
Locum Tenens, Physician..... 130.00
Physician Assistant Locum Tenens & Temporary..... 18.00

4. Examinations

FLEX Examination, December 1982
4 Candidates - Pass: 2 Fail: 2

FLEX Examination, June 1983
1 Candidate - (results not received at this time)

5. Board Meetings & Locations

- a. September 9 & 10, 1982, Nome, Alaska
- b. November 18 & 19, 1982, Anchorage, Alaska
- c. February 25 & 26, 1983, Juneau, Alaska
- d. June 3 & 4, 1983, Anchorage, Alaska

6. Investigations

Anchorage Office Figures: 19 Pending End of FY '82
17 Opened FY '83
26 Closed FY '83
10 Currently Open (End FY '82)

Juneau Office Figures: 13 Opened
12 Closed
7 Pending

REVIEW OF FISCAL YEAR GOALS AND OBJECTIVES

Interim _____
Final X

Fiscal Year 1983
Date 6/83

1. Secure passage of a new Medical Practice Act redefining the practice of medicine and generally updating the present outmoded statute.

Board has continued frequent contact with the Legislature testifying on various bills regarding continuance of the State Medical Board.

2. Secure an additional investigator and executive secretary skilled in investigating medical cases.

See above.

3. Through staff, investigate the possibility of obtaining lower-level investigative help from the legal program of the University of Alaska.

Dropped as a goal upon advisement of the department.

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

This goal is linked with the need for the investigative position. Current investigations are unsatisfactory-- this will continue to be a goal of utmost importance.

5. Continue to review applications of physicians and mid-level providers and attempt to make the process more efficient by providing more information in Anchorage where many applicants come.

Have maintained current statutes and application packets in the Anchorage Field Office. Review of applications is ongoing at each meeting. Temporary permits and locum tenens are issued as needed after personal interview by an individual board member.

6. 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.

Continue as a goal: four meetings were held in FY '83. All public notices are now 2"x3" with a black border. The board has written a press release after each meeting, however, the department has not taken steps for the release to be published. Will continue to strive for media coverage.

7. Clarify regulations for physicians' assistants. Obtain input from other states.

Drafts in process, board has continued work in this area.

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

Secretary of the board attended the April 1983 Federation meeting. Continues to be a valuable resource in relationship to other state boards' activity and problem areas; as well as National Examinations and Medical School standards.

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

Ongoing; two examinations were held in FY '83.

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

Would like to see the division enter names of licensees who have had licenses revoked or disciplinary action taken in another state; this would be a valuable tool when considering an applicant for a temporary permit or locum tenens.

11. Continue working with the division on emergency medical training.

Draft proposals have been reviewed and discussed during the past fiscal year--board will continue to work with the Department of Health & Social Services on training requirements.

12. 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).

Ongoing goal.

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

Accomplished in February of 1983--will strive to continue this goal each year.

FISCAL YEAR GOALS & OBJECTIVES

Interim _____

Fiscal Year 1984

FINAL _____

Date _____

1. Secure an additional investigator and executive secretary 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.

3. Continue to review applications of physicians and mid-level providers and attempt to make the process more efficient by providing more information in Anchorage where many applicants come.

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.

5. Clarify regulations for physicians' assistants. Obtain input from other states.

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

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

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

9. Continue working with the Division of Occupational Licensing.

10. 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).

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

FISCAL YEAR 1985 BUDGET REQUEST

****BOARD TRAVEL AND PER DIEM REQUEST****

Budget for four Board meetings, travel and per diem, in the following locations:

Kodiak.....	\$5,318.00
Anchorage.....	3,272.00
Juneau.....	3,584.00
Fairbanks.....	4,280.00
	<u>\$16,454.00</u>

Air fare and per diem for two members to attend out-of-state convention: (location unknown)

Air Fare.....	\$1,500.00
Per Diem (4 days).....	640.00
	<u>\$2,140.00</u>

Air fare and per diem for two members to attend legislative hearings in Juneau (if required).

Air Fare - Fairbanks/Juneau.....	\$402.00
Anchorage/Juneau.....	336.00
Per Diem (4 days).....	640.00
	<u>\$1,378.00</u>

Travel and Per Diem for Investigative Position (travel for investigations and four Board meetings--taken from Fiscal Note)

Travel & Per Diem.....	<u>\$7,240</u>
------------------------	----------------

TOTAL REQUESTED: \$27,212.00

*Based on air fares as of 7/83.

LEGISLATIVE RECOMMENDATIONS

Board discussed the possibility of changing the statute with regards to FLEX re-examination (requiring passage at one sitting versus retaking portions) as well as possible changes to the statute dealing with laetrile. These changes will be reviewed and discussed for future changes.

STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

JAY S. HAMMOND, GOVERNOR

POUCH D
JUNEAU, ALASKA 99811
PHONE: (907) 465-2534

September 6, 1982

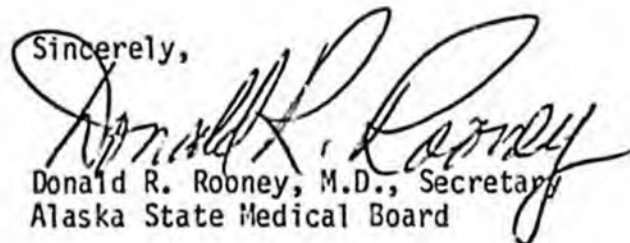
Mr. Harry D. Treager, Director
Division of Occupational Licensing
Department of Commerce and
Economic Development
Pouch D
Juneau, Alaska 99811

Dear Mr. Treager:

In compliance with AS 37 and AS 08 and on behalf of the State Medical Board, I am submitting the enclosed Annual Report concerning the board's activities and accomplishments for Fiscal Year 1982.

Should there be any questions concerning this report, please feel free to contact me. Thank you.

Sincerely,



Donald R. Rooney, M.D., Secretary
Alaska State Medical Board

DRR/wfs 5/9

Enclosure

FY '83 Goals and Objectives

GOAL

The goal of the Medical Board's efforts remains as providing the best medical services for all Alaskans.

OBJECTIVES

1. Secure passage of a new Medical Practice Act redefining the practice of medicine and generally updating the present outmoded statute.
2. Secure an additional investigator and executive secretary skilled in investigating medical cases.
3. Through staff, investigate the possibility of obtaining lower-level investigative help from the legal program of the University of Alaska.
4. Place emphasis on vigorous enforcement of medical statutes and regulations, especially in areas where the board is hearing of problems.
5. Continue to review applications of physician and mid-level providers and attempt to make the process more efficient by providing more information in Anchorage where many applicants come.
6. 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.
7. Clarify regulations for physician assistants. Obtain input from other states.
8. Send two members of staff to the federation meetings per year with emphasis on new trends in statutes, regulations, and enforcement.
9. Hold two examinations per year, in June and December.
10. Participate in the computer system for the Division of Occupational Licensing.
11. Continue working with the division on emergency medical training.
12. 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).
13. Continue to hold joint board meetings with the Board of Pharmacy and Board of Nursing.

REVIEW OF PRIOR YEAR OBJECTIVES

1- Pursue proposed statute amendments

The board members actively worked to support the new Medical Practice Act (SB 237) which would have redefined the practice of medicine, a major need for better enforcement. Also, in the proposed bill as originally drafted was a provision for an executive officer and investigator.

The Medical Board has consistently supported medical back-up for lay midwives and so testified in hearings on proposed legislation in the past session.

2- Become more actively involved in the investigative process

Members of the board have become involved in investigating alleged infractions of statutes and regulations at the earliest time. The following is actions taken by the board during the year.

- a. Started the year with 38 complaint matters pending, all categories, 7/1/81
- b. Opened 24 new complaint matters, all categories
- c. Closed 41 as no violation or jurisdiction
- d. 21 remained pending investigation as of 6/30/82

One new litigation filed, applicant denied license. Hearing not completed this year, continued to later date. (Ongley)

One hearing scheduled this year, accusation against M.D., unable to complete, continued to later date. (Brown)

Appeal filed by Dr. Peter Rosi protesting the board action against him handled this year, final disposition by court still pending 6/30/82.

Appeal filed by Dr. Henry Storrs protesting revocation order by the board handled this year. In the Superior Court the board order was upheld. A decision is still pending from the Supreme Court.

3- Register all Physician Assistants and EMT's currently practicing in the State

This has been done, as well as reviewing all Advanced Nurse Practitioners' collaborative relationships with physicians.

4- Close out all investigative cases now pending

The number of pending cases has been reduced probably because of lack of investigators in the field and pruning old cases. However, serious cases remain and the board has been informed about the need to strengthen enforcement of the regulations governing mid-level practitioners.

5- Hold four meetings in Kodiak, Fairbanks, Anchorage, and Juneau

The board was able to accomplish this objective this year. The board has repeatedly expressed its dissatisfaction to the staff over the poor advertising of its meetings compared to other boards and has been given the puzzling argument that it would cost too much to run similar ads. Public participation at meetings has been poor.

6- Send one member to the Federation of State Medical Boards' meeting

Dr. Donald Rooney, Secretary of the Board, attended the meeting and has given a full report to the board and staff regarding such matters as licensing Foreign Medical Graduates, some of which will be incorporated in suggested statute and regulation changes.

7- Hold two examinations

Both of the exams cancelled due to no applicants.

8- Initiate a joint meeting with representatives from other health care boards to discuss matters of mutual interest and concern.

Two such meetings were held, first the chairpersons of all the licensing boards met in Anchorage on December 11-12, 1981, followed by a joint membership meeting of the Board of Pharmacy and Board of Nursing held in Juneau on February 25, 1982. Follow-up on issues of mutual concern will be done in the next fiscal year.

STATISTICAL OVERVIEW

<u>Licenses Issued</u>	<u>FY '80</u>	<u>FY '81</u>	<u>FY '82</u>
Osteopath	1	0	4
Physicians	81	74	103
Podiatrists	5	4	2
Physician Assistants	33	31	22
Paramedics	-	47	7
<u>Permits Issued</u>			
Locum tenens	39	71	78
Physician Assistants	-	15	18
Temporary	66	61	76
<u>Licenses Renewed</u>			
Medical	-	862	45
Physician Assistants	-	42	13
Paramedic	-	5	28

Two FLEX examinations were scheduled for FY '82 and were cancelled due to no applicants.

TRAVEL

<u>Expenditures</u>	<u>FY '80</u>	<u>FY '81</u>	<u>FY '82</u>
Outside Transportation (Investigation) \$	-	\$ 484.47	\$
In-State transportation (Examiner)	1,516.57	697.71	860.00
In-State per diem (Examiner)	1,073.30	553.75	665.80
In-State transportation (Board)	3,330.65	2,479.36	6,478.33
In-State per diem (Board)	2,914.00	1,599.00	4,953.27
Out-of-State travel	-	-	12,266.88
Subtotal - Travel	<u>8,834.52</u>	<u>5,814.29</u>	<u>14,223.68</u>
Postage & Mailing		26.88	Ø
Long Distance telephone	2,133.28	3,342.48	817.75
Messenger Service	92.00	37.00	Ø
Photo Processing	643.25	917.75	Ø
Printing & Binding	115.00	298.00	615.62
Advertising	474.73	882.03	694.51
Professional Services	247.50	255.00	38.30
Membership Dues/Fees	500.00	500.00	770.00
Subtotal	<u>4,205.76</u>	<u>6,259.14</u>	<u>2,936.18</u>
TOTAL EXPENDITURES	\$13,404.28	\$12,073.43	\$17,039.86

INCOME

License & Permit fees	\$ 9,070.00	\$33,325.00	\$28,619.00
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FY '83 Budget Recommendations

In addition to the previous budget submitted, the following additional funds were requested:

Executive Secretary	\$ 60,000.00
Investigator	45,000.00
Extra publicity coverage	3,000.00
Travel for second person to National	<u>2,000.00</u>
TOTAL	<u>\$110,000.00</u>

NARRATIVE STATEMENT

The goal of the State Medical Board has been, and will continue to be, the provision of the best medical services for all Alaskans. We attempt to fulfill this goal in three major activities:

1. Prompt and nonrestrictive licensing and authorization of physicians, physicians assistants, advanced nurse practitioners, and paramedics who meet the standards set out in statute and regulation. With excellent teamwork and cooperation between the Division of Occupational Licensing and the board, expeditious handling of many licenses, authorizations, temporary permits, and locum tenens permits was achieved and resulted in the placement of additional practitioners in all areas of the State.
2. Ongoing enforcement of statute and regulation in dealing with practitioners who are already licensed or authorized. Despite rather serious limitations and investigative resources (see below), the board has maintained ongoing investigations and held several hearings. One physician's license to practice has been revoked, and that revocation has been upheld in Superior Court, though appeal to Supreme Court is currently pending. This is believed to be the first such action ever taken in the State of Alaska. The ongoing investigative and case development efforts of the board have been frustrated by the illness and ultimate retirement of the key investigator who worked with the board. The board feels that important cases have languished and that the failure to have investigators in the field has significantly lessened input to the board concerning poor medical practice. The board feels medical investigations require a certain medical expertise and a definite amount of training and tact. Accordingly, the board has sponsored (unsuccessful) legislation designed to obtain an investigator within the division who would be primarily charged with Medical Board matters. We feel that the State of Alaska has devoted insufficient resources to this area when compared with other states, and we feel the potentially serious harm which can be brought by poor practitioners demands that this area receive a higher priority than it has thus far.
3. Improvement in statute and regulation. The board has spent a great deal of time and energy in formulating revisions of the Alaska Medical Practice Act. The goal of these revisions relates to redefining the practice of medicine and eliminating or clarifying ambiguous sections of the current statute. Additionally, the proposed statute (SB 237) would strengthen the board's investigative staff as above, and add an executive director to provide continuity between board meetings, insure that delegated tasks are performed, and serve as a central repository for medical licensing information. Additionally, the initial version of the bill promoted legislation dealing

with the delivering of babies by individuals without formal medical training (lay midwifery). The board feels that this is an important area of the public interest, and we have yet to see the Legislature or any other agency come to grips with it.

The large body of regulations dealing with physicians assistants has been formalized and provisions have been adopted for the purpose of allowing temporary and locum tenens status for qualified physician assistants. Additionally, the board has worked closely with the Division of Emergency Medical Services and has established a Memorandum of Agreement between the two agencies for the purpose of better evaluation of paramedic applicants.

Believing that we have many issues in common, the State Medical Board has worked quite closely with the Board of Nursing. Further, we suggested and accomplished a joint meeting between the Pharmacy Board, Board of Nursing, and State Medical Board in February 1982 in Juneau. With the passage of new drug legislation, it is anticipated that the areas of cooperation and understanding which have been established between the three boards will be especially important in the future.

Finally, the board has been successful in obtaining funds for a board member to attend a national meeting of the National Federation of Medical Examiners. We were pleased to discover that our efforts in Alaska correspond rather well with efforts in the Lower 48, and that we are dealing with many of the same problems.

Efforts in the upcoming fiscal year will include continuation of the activities noted above, especially in the legislative arena. It is our hope to obtain the investigative staff necessary to expand board surveillance into the area of mid-level providers (advance nurse practitioners, physician assistants). We also hope to adopt a strategy which will lead to increased public participation and input into board matters.

The Licensing Examiner I for the State Medical Board during this period was Mrs. Evelyn Boone.

The Licensing Examiner II (Supervisor) for the Division of Occupational Licensing from July 1, 1981 through June 30, 1982 was Mrs. Jane English.

The Director for the Division of Occupational Licensing during this period was Mr. Harry Treager.

FROM
JUNE 27, 5
RETURN

The goal of the State Medical Board has been and will continue to be the provision of the best medical services for all Alaskans. The main activity of the Board during Fiscal Year 1981-82 in pursuit of this goal has been the licensing of physicians, Physician Assistants, Advanced Nurse Practitioners, and ~~Paramedics~~ ^{Pharmacists} who meet standards set out in statutes and regulations. With excellent teamwork between staff and Board, expeditious handling of many licenses, authorizations, temporary licenses and locum tenens permits was achieved to place additional practitioners in all areas of the State.

Another principal activity has been insuring that standards in the statute and regulations governing medical practice have been followed. Although the backlog of cases has not increased this fiscal year, the investigative effort has been in severe difficulty. The puny effort by the State Government has been further hampered by the illness and retirement of the Medical Board's key investigator and the failure of the government to provide a replacement. Important cases have languished. And it is the belief of the Board and the staff that the failure to have investigators in the field has significantly lessened input about bad practice. The Board has emphasized the poor enforcement effort put on by the State of Alaska in the medical field compared to other states and will continue to do so.

The State Medical Board put major effort into ~~revising~~ improving statutes and regulations. Much time was spent contacting legislators to support SB237, the Medical Practice Act and in redrafting sections of the bill. This bill would do much to further enforcement by redefining the practice of medicine, as well as eliminating other unclear sections of the existing antiquated statute. The proposed statute also would strengthen the Board's investigative staff and add an Executive Director as other boards have done. The bill did not pass, but the Board considers it of such vital importance that it plans to spend more time this year in securing its passage.

~~The~~ Revising the new regulations for Physicians Assistants occupied considerable Board effort. The initial stage of "working in" the regulations is now complete, and the Board expects only changes for general clarification in the new year.

position report

1-Pursue proposed statute amendments

The Board was not successful in having passed the new Medical Practice Act (SB237) which would have redefined the practice of medicine, a major need for better enforcement. Also in the proposed bill as originally drafted was provision for and executive officer and investigator.

A system for reviewing EMT's in conjunction with the Department of Health and Social Services was developed and is in action.

The Medical Board has consistently supported medical back-up for lay midwives and so testified in hearings on proposed legislation in the past session.

2-Become more actively involved in the investigative process

#5 Members of the Board have become involved in investigating alleged infractions of statutes and regulations at the earliest time.

3-Register all Physicians Assistants and EMT's currently practicing in the state.

This, has been done, as well as ~~registering~~ reviewing all Advanced Nurse Practitioners' collaborative relationships with physicians.

4-Close out all investigative cases now pending

The number of pending cases has been reduced probably because of lack of investigators in the field and pruning old cases. However, serious cases remain and the Board has been informed about the need to strengthen enforcement of the regulations governing mid-level practitioners.

5-Hold four meetings in Bethel (1), Anchorage (1), Juneau (1), ~~FAU~~ (1)

The Board was able to hold ~~only three~~⁴ meetings this year because of lack of funds. The Board has repeatedly expressed its dissatisfaction to the staff over the poor advertising of its meetings compared to other boards and has been given the puzzling argument that it would cost too much to run similar ads. Public participation at meetings has been poor.

6-Send one member to the Federation of State Medical Boards' meeting

Dr. Donald Rooney, Secretary of the Board, attended the meeting and has given a full report to the Board and staff regarding such matters as licensing Foreign Medical Graduates some of which will be incorporated in suggested statute and regulation changes.

DRAFT REVIEW(2)

7-Hold two examinations

Done

8-Initiate a joint meeting with representatives from other health care boards to discuss matters of mutual interest and concern.

Two such meetings were held. First, the Chairmen of the Boards met in Anchorage, followed by a joint membership meeting in Juneau in February. Follow up on issues of mutual concern will be done.

DRAFT-NEW GOALS AND OBJECTIVES

GOAL

The goal of the Medical Board's efforts remains as providing the best medical services for all Alaskans.

OBJECTIVES

1-Secure passage of a new Medical Practice Act redefining the practice of medicine and generally up-dating the present outmoded statute.

2-Secure an additional investigator skilled in investigating medical cases.

3-Through staff, investigate the possibility of ~~arranging~~ obtaining lower-level investigative help ~~through~~ from the legal program of the University of Alaska.

4-Place emphasis on vigorous enforcementⁱⁿ of medical statutes and regulations, especially ⁱⁿ areas where the Board is hearing of problems.

DRAFT-NEW OBJECTIVES(2)

5-Continue to review applications of physicians and mid-level providers and attempt to make the process more efficient by providing more information in Anchorage where many applicants come.

*Field Office does not have supplies.
Franklin

6-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.

7-Clarify regulations for Physicians Assistants. Obtain input from other states.

8-Send one member to meeting ^{per year}, with emphasis on new trends in statutes, regulations, and ~~investigation~~ enforcement.

DRAFT-NEW OBJECTIVES(3)

(9-Hold two examinations per year, in June and December.

10- Participants in Design of Computer Sys.

11- ERIS alliance

(12. Avoid any activities NOT UNFINALLY
limiting entry into the profession

13. Jo.

DRAFT-NEW GOALS AND OBJECTIVES

GOAL

The goal of the Medical Board's efforts remains as providing the best medical services for all Alaskans.

OBJECTIVES

1-Secure passage of a new Medical Practice Act redefining the practice of medicine and generally up-dating the present outmoded statute.

2-Secure an additional investigator skilled in investigating medical cases.

3-Through staff, investigate the possibility of ~~screening~~ obtaining lower-level investigative help ~~through~~ from the legal program of the University of Alaska.

4-Place emphasis on vigorous enforcement⁽ⁱⁿ⁾ of medical statutes and regulations, especially ⁱⁿ areas where the Board is hearing of problems.

HOUSE COMMITTEE REPORT

(7)

Date referred: 1/23/87

FURTHER REFERRALS: Judiciary
Finance

DATE: 2/17/87

The Labor and Commerce Committee has considered HB 70

"An Act relating to the State Medical Board; and amending Rule 504(d) of the Alaska Rules of Evidence."

RECOMMENDS:

- 70
- [] replace with CSHB ~~708~~ (L+C) [] the same title
- [] attached amendment(s) [] a new title
- [] do pass
- [] do not pass
- [] no recommendation
- [] individual recommendations
- [] additional referral to the _____ Committee

ADOPTS: [] _____ letter of intent

ATTACHES NEW FISCAL NOTE(S):

- [] fiscal impact [] same as previous fiscal note published _____
- [] zero fiscal note [] same as previous zero fiscal note published _____
- [] zero with analysis

SIGNING DO PASS:

SIGNING OTHER RECOMMENDATIONS:

Alvin Kopman

[Signature]

Dave Donley

Clyde Damiano

Conrad Mendenhall

R. B. Baucus

W. Furness ck constitutionality

K.K. CONSTITUTIONAL
 AS 08.01.065
 (E) NEEDS CONSTITUTIONAL
 CLARIFICATION (DEPARTMENT FUNDS)

Dave Donley

 Chairman's signature

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

REQUEST: _____

Bill Version: HB 70
Publish Date: 1/23/87

Revision Date: _____
Title: An Act relating to the State

Agency Affected: _____
BRU: Occupational Licensin
of Evidence.

Medical Board and amending Rule 504(d) of the AK Rules

Sponsor: Representative Sund
Requestor: _____

Components: Administration

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	0.0	1.4	1.4	1.4	1.4	1.4
SUPPLIES	0.0	0.0	0.0	0.0	0.0	0.0
EQUIPMENT	0.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	1.4	1.4	1.4	1.4	1.4

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0.0	1.4	0.0	0.0	0.0	0.0
FEDERAL FUNDS	0.0	0.0	0.0	0.0	0.0	0.0
OTHER	0.0	0.0	1.4	1.4	1.4	1.4
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

(See Attached)

Prepared by: Jennifer Strickler, Management Analyst
Division: Occupational Licensin

Phone: 465-2144
Date: 2/12/87

Approved by Commissioner: J. Anthony Smith
Agency: Commerce & Economic Development

Date: 2/13/87

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)
- Senate Secretary

Funding for the State Medical Board is currently budgeted in the department's operating budget and, therefore, new funds are not required for the remainder of FY 87.

Section 9 of the bill grants the board authority to order a licensee to submit to a medical or psychiatric examination by an appointee of the board. The bill also states that the examination shall be made at the board's expense. Information obtained by a representative of the board has indicated that the board anticipates the need for two to four examinations per year. At approximately \$350.00 for two medical exams (\$175.00 each) and \$1,000.00 for two psychiatric exams (an average of \$500.00 per exam), it is estimated that the board will be responsible for \$1,400.00 in examination costs. Since the department has the authority to establish fees to cover the costs of the function with concurrence of the respective board, general funds will be needed in FY 88 while allowing the department the opportunity to adjust licensing fees to cover the costs by program receipts beginning in FY 89.

ALASKA LEGISLATURE COMMITTEE FILES 1987-1988 8672
4659.3 HJUD HB 70

2312