Statutes and Regulations

Medical

January 2017

(Centralized Statutes and Regulations not included)

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

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TABLE OF CONTENTS

Page

Section

1. Medicine
(AS 08.64).....1

2. State Medical Board Regulations
(12 AAC 40) 12

3. Health and Safety Statutes
(AS 18.16.010 and AS 18.23.030)
Appendix A.....42

4. Rules of the Court
(Rule 504, Physician-Patient Privilege)
Appendix B 43

CHAPTER 64.
MEDICINE.

Article

1. **State Medical Board (§§ 08.64.010—08.64.160)**
2. **Licensing (§§ 08.64.170—08.64.362)**
3. **Miscellaneous Provisions (§§ 08.64.364—08.64.369)**
4. **General Provisions (§§ 08.64.370—08.64.380)**

ARTICLE 1.
STATE MEDICAL BOARD.

Section

10. **Creation and membership of State Medical Board**
50. **Oath of office**
60. **Seal**
70. **Officers**
75. **Designee**
85. **Meetings of the board**
90. **Quorum**
100. **Power of board to adopt regulations**
101. **Duties**
103. **Investigator; executive secretary**
105. **Regulation of abortion procedures**
107. **Regulation of physician assistants and intensive care paramedics**
110. **Per diem and expenses**
130. **Board records**
160. **Applicability of Administrative Procedure Act**

Sec. 08.64.010. Creation and membership of State Medical Board. The governor shall appoint a board of medical examiners, to be known as the State Medical Board, consisting of five physicians licensed in the state and residing in as many separate geographical areas of the state as possible, one physician assistant licensed under AS 08.64.107, and two persons with no direct financial interest in the health care industry.

Sec. 08.64.050. Oath of office. Each member shall take an oath of office. The oath shall be filed and preserved in the department.

Sec. 08.64.060. Seal. The board shall adopt a seal.

Sec. 08.64.070. Officers. The board shall elect a president and secretary from among its members. The president and secretary may administer oaths.

Sec. 08.64.075. Designee. If this chapter authorizes a designee to perform a duty, the board may designate a single board member, the executive secretary, or another employee of the department.

Sec. 08.64.085. Meetings of the board. The board shall meet at least four times a year.

Sec. 08.64.090. Quorum. Five members of the board constitute a quorum for the transaction of all business properly before the board.

Sec. 08.64.100. Power of board to adopt regulations. The board may adopt regulations necessary to carry into effect the provisions of this chapter.

Sec. 08.64.101. Duties. The board shall

(1) examine and issue licenses to applicants;

(2) develop written guidelines to ensure that licensing requirements are not unreasonably burdensome and the issuance of licenses is not unreasonably withheld or delayed;

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

(4) adopt regulations ensuring that renewal of licenses is contingent upon proof of continued competency on the part of the licensee; and

(5) under regulations adopted by the board, contract with private professional organizations to establish an impaired medical professionals program to identify, confront, evaluate, and treat persons licensed under this chapter who abuse alcohol, other drugs, or other substances or are mentally ill or cognitively impaired.

Sec. 08.64.103. Investigator; executive secretary. (a) After consulting with the board, the department shall employ two persons who are not members of the board; one shall be assigned as the investigator for the board; the other shall be assigned as the executive secretary for the board. The investigator shall

(1) conduct investigations into alleged violations of this chapter and into alleged violations of regulations and orders of the board;

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

(3) be directly responsible and accountable to the board, except that only the department has authority to terminate the investigator's employment and the department shall provide day to day and administrative supervision of the investigator.

(b) The executive secretary is the principal executive officer of the board and shall perform duties as prescribed by the board. The executive secretary is in the partially exempt service under AS 39.25.120 and is entitled to receive a monthly salary equal to a step in Range 23 on the salary schedule set out in AS 39.27.011(a).

Sec. 08.64.105. Regulation of abortion procedures. The board shall adopt regulations necessary to carry into effect the provisions of AS 18.16.010 and shall define ethical, unprofessional, or dishonorable conduct as related to abortions, set standards of professional competency in the performance of abortions, and establish procedures and set standards for facilities, equipment, and care of patients in the performance of an abortion.

Sec. 08.64.107. Regulation of physician assistants and intensive care paramedics. The board shall adopt regulations regarding the licensure of physician assistants and registration of mobile intensive care paramedics, and the medical services that they may perform, including the

(1) educational and other qualifications;

(2) application and registration procedures;

(3) scope of activities authorized; and

(4) responsibilities of the supervising or training physician.

Sec. 08.64.110. Per diem and expenses. The members of the board are entitled to per diem and expenses authorized by law.

Sec. 08.64.130. Board records. (a) The board shall preserve a record of its proceedings, which must contain the name, age, residence and duration of residence of each applicant for a license, the time spent by the applicant in medical study, the place of medical study, and the year and school from which degrees were granted. The record must also show whether the applicant was granted a license or rejected.

(b) The board shall maintain records for each person licensed under this chapter concerning the outcome of malpractice actions and claims as reported under AS 08.64.200(a) and 08.64.345. The board must periodically review these records to determine if the licensee should be found to be professionally incompetent under AS 08.64.326(a)(8)(A).

(c) The board shall make available to the public the information maintained under (a) and (b) of this section for each person licensed under this chapter.

Sec. 08.64.160. Applicability of Administrative Procedure Act. The board shall comply with AS 44.62 (Administrative Procedure Act).

ARTICLE 2.
LICENSING.

Section

170. License to practice medicine, podiatry, or osteopathy
180. Application for license
190. Contents of application
200. Qualifications of physician applicants
205. Qualifications for osteopath applicants
209. Qualifications for podiatry applicants
210. Examination required
220. Contents of examination and grading
225. Foreign medical graduates
230. License granted
240. License refused

250. License by credentials
255. Interviews
260. Re-examination
270. Temporary permits
272. Residency and internship permits
275. Temporary permit for locum tenens practice
276. Retired status license
279. Interview required for permits
312. Continuing education requirements
313. Inactive license
315. Fees
326. Grounds for imposition of disciplinary sanctions
331. Disciplinary sanctions
332. Automatic suspension for mental incompetency or insanity
334. Voluntary surrender
335. Reports of disciplinary action or license suspension or surrender
336. Duty of physicians and hospitals to report
338. Medical and psychiatric exams
340. Statement of grounds of refusal or revocation of license
345. Reports relating to malpractice actions and claims
360. Penalty for practicing without a license or in violation of chapter
362. Limitation of liability

Sec. 08.64.170. License to practice medicine, podiatry, or osteopathy. (a) A person may not practice medicine, podiatry, or osteopathy, in the state unless the person is licensed under this chapter, except that

(1) a physician assistant may examine, diagnose or treat persons under the supervision, control, and responsibility of either a physician licensed under this chapter or a physician exempted from licensing under AS 08.64.370;

(2) a mobile intensive care paramedic may render emergency lifesaving service; and

(3) a person who is licensed or authorized under another chapter of this title may engage in a practice that is authorized under that chapter.

(b) *[Repealed, § 4 ch 101 SLA 1974.]*

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

(d) A podiatrist practicing in the state on March 26, 1976 is exempt from this section, and shall be issued a license without examination if application is made within one year of March 26, 1976.

Sec. 08.64.180. Application for license. A person who desires to practice medicine, or osteopathy in the state shall apply in writing to the department for a license.

Sec. 08.64.190. Contents of application. The application must state the name, age, residence, the duration of residence, the time spent in medical or osteopathy study, the place, year, and school in which degrees were granted, the applicant's medical work history, and other information the board considers necessary. The application shall be made under oath. The board may verify information in the application through direct contact with the appropriate schools, medical boards, or other agencies that can substantiate the information.

Sec. 08.64.200. Qualifications of physician applicants. (a) Except for foreign medical graduates as specified in AS 08.64.225, each physician applicant shall

(1) submit a certificate of graduation from a legally chartered medical school accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association;

(2) submit a certificate from a recognized hospital or hospitals certifying that the applicant has satisfactorily performed the duties of resident physician or intern for a period of

(A) one year if the applicant graduated from medical school before January 1, 1995, as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency; and

(B) two years if the applicant graduated from medical school on or after January 1, 1995, as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency and a certificate of successful completion of one additional year of postgraduate training at a recognized hospital;

(3) submit a list of negotiated settlements or judgements in claims or civil actions alleging medical malpractice against the applicant, including an explanation of the basis for each claim or action; and

(4) not have a license to practice medicine in another state, country, province, or territory that is currently suspended or revoked for disciplinary reasons.

(b) The board shall determine whether each physician applicant has any disciplinary or other actions recorded in the nationwide disciplinary data bank of the Federation of State Medical Boards. If the physician applicant was

licensed or practiced in a jurisdiction that does not record information with the data bank of the Federation of State Medical Boards, the board shall contact the medical regulatory body of that jurisdiction to obtain comparable information about the applicant.

Sec. 08.64.205. Qualifications for osteopath applicants. Each osteopath applicant shall meet the qualifications prescribed in AS 08.64.200(a)(3) and (4) and shall

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

(2) submit a certificate from a hospital approved by the American Medical Association or the American Osteopathic Association that certifies that the osteopath has satisfactorily completed and performed the duties of intern or resident physician for

(A) one year if the applicant graduated from a school of osteopathy before January 1, 1995, as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency; or

(B) two years if the applicant graduated from a school of osteopathy on or after January 1, 1995, as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency and a certificate of successful completion of one additional year of postgraduate training at a recognized hospital;

(3) take the examination required by AS 08.64.210 or be certified to practice by the National Board of Examiners for Osteopathic Physicians and Surgeons.

Sec. 08.64.209. Qualifications for podiatry applicants. (a) Each applicant who desires to practice podiatry shall meet the qualifications prescribed in AS 08.64.200(a)(3) and (4) and shall

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

(2) take the examination required by AS 08.64.210; the State Medical Board shall call to its aid a podiatrist of known ability who is licensed to practice podiatry to assist in the examination and licensure of applicants for a license to practice podiatry;

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

(b) The provisions of AS 08.64.180—08.64.190, 08.64.220, and 08.64.230—08.64.380 relating to the practice of medicine or osteopathy apply to the application procedure, testing, and practice of podiatry, as appropriate.

Sec. 08.64.210. Examination required. (a) The applicant shall take examinations in subjects the board considers necessary, unless excused under provisions of AS 08.64.250.

(b) The deadline for submitting an exam application to the board shall be established by regulation.

Sec. 08.64.220. Contents of examination and grading. (a) The board shall offer a written examination sufficient to test the applicant's fitness to practice medicine or osteopathy.

(b) *[Repealed, § 27 ch 148 SLA 1970.]*

(c) The examinations, answers, and scores shall be preserved and filed.

Sec. 08.64.225. Foreign medical graduates. (a) Applicants who are graduates of medical colleges not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association shall

(1) meet the requirements of AS 08.64.200(a)(3) and (4) and 08.64.255;

(2) have successfully completed

(A) three years of postgraduate training as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency and a certificate of successful completion of two additional years of postgraduate training at a recognized hospital; or

(B) other requirements establishing proof of competency and professional qualifications as the board considers necessary to ensure the continued protection of the public adopted at the discretion of the board by regulation; and

(3) have passed examinations as specified by the board in regulations.

(b) Requirements establishing proof of competency under (a)(2)(B) of this section may include

(1) current licensure in another state and an active medical practice in that state for at least three years; or

(2) current board certification in a practice specialty by the American Board of Medical Specialties.

(c) In this section, "recognized hospital" means a hospital that has been approved for internship or residency training by the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada.

Sec. 08.64.230. License granted. (a) If the physician applicant passes the examination and meets the requirements of AS 08.64.200 and 08.64.255, the board shall grant a license to the applicant to practice medicine in the state.

(b) If an osteopath applicant passes the examination and meets the requirements of AS 08.64.205 and 08.64.255, the board shall grant a license to the applicant to practice osteopathy in the state.

(c) Each license shall be signed by the secretary and president of the board, and have the seal of the board affixed to it.

Sec. 08.64.240. License refused. (a) The board may not grant a license if

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

(2) the applicant has surrendered a license in another jurisdiction while under investigation and the license has not been reinstated in that jurisdiction;

(3) the board determines that the applicant is professionally unfit to practice medicine or osteopathy in the state; or

(4) the applicant fails to comply with a requirement of this chapter.

(b) The board may refuse to grant a license to any applicant for the same reasons that it may impose disciplinary sanctions under AS 08.64.326.

Sec. 08.64.250. License by credentials. The board may waive the examination requirement and license by credentials if the physician or podiatry applicant meets the requirements of AS 08.64.200 or 08.64.209, submits proof of continued competence as required by regulation, pays the required fee and has

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

(2) passed an examination as specified by the board in regulations.

Sec. 08.64.255. Interviews. An applicant for licensure may be interviewed in person by the board or by a member of the board before a license is issued. The interview must be recorded. If the application is denied on the basis of the interview, the denial shall be stated in writing, with the reasons for it, and the record shall be preserved.

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

(b) *[Repealed, Sec. 21 ch 87 SLA 1987]*.

(c) *[Repealed, Sec. 21 ch 87 SLA 1987]*.

(d) *[Repealed, Sec. 21 ch 87 SLA 1987]*.

Sec. 08.64.270. Temporary permits. (a) The board may issue a temporary permit to a physician applicant, osteopath applicant, or podiatry applicant who meets the requirements of AS 08.64.200, 08.64.205, 08.64.209 or 08.64.225 and pays the required fee.

(b) A temporary permit issued under this section is valid for six months and shall be reviewed by the board at the next regularly scheduled board meeting that occurs after its issuance.

(c) A temporary permit issued under this section may not be renewed,

(d) The fee for a permit issued under this section is one-fourth of the fee for a biennial license, plus the appropriate application fee.

(e) Upon application by the permittee and approval of the board, a permit issued under this section may be converted to a biennial license upon payment of the biennial fee minus the six-month permit fee paid under (d) of this section, plus the appropriate application fee.

Sec. 08.64.272. Residency and internship permits. (a) A person may not serve as a resident or intern without a permit issued under this section.

(b) For the limited purpose of residency or internship, the board may issue a permit to an applicant without examination if the applicant meets the requirements of AS 08.64.200(a)(1) and applicable regulations of the board, meets the requirements of AS 08.64.279, pays the required fee, and has been accepted by an eligible institution in the state for the purpose of residency or internship.

(c) A permit issued under this section is valid for the period specified by the board, but not to exceed 36 months after the date of issue. Upon application by a person who pays the required fee and has been accepted by an eligible institution in the state for the purpose of residency or internship, the board may renew a permit issued under this section for a period specified by the board, but not to exceed 36 months after the date of renewal.

Sec. 08.64.275. Temporary permit for locum tenens practice. (a) A member of the board or its executive secretary may grant a temporary permit to a physician or osteopath for the purpose of

(1) substituting for another physician or osteopath licensed in this state;

(2) being temporarily employed by a physician or osteopath licensed in this state while that physician or osteopath evaluates the permittee for permanent employment; or

(3) being temporarily employed by a hospital or community mental health center while the facility attempts to fill a vacant permanent physician or osteopath staff position with a physician or osteopath licensed in this state.

(b) A physician applying under (a) of this section shall pay the required fee and shall meet the requirements of AS 08.64.279 and the requirements of either AS 08.64.200 or 08.64.225. In addition, the physician shall submit

evidence of holding a license to practice medicine in a state or territory of the United States or in a province or territory of Canada.

(c) An osteopath applying under (a) of this section shall pay the required fee and shall meet the requirements of AS 08.64.205 and 08.64.279. In addition, the osteopath shall submit evidence of holding a license to practice in a state or territory of the United States or in a province or territory of Canada.

(d) Within 10 days after the permit has been granted, the board member shall forward to the department a report of the issuance of the permit.

(e) A permit issued under this section is initially valid for 90 consecutive calendar days. Upon request by a permittee, a permit issued under this section shall be extended for 60 calendar days by the board or its designee if, before the expiration of the initial 90-day permit, the permittee submits to the department a completed application form and the fee required for licensure under this chapter, except that the board may refuse to grant a request for an extension for the same reasons the board may refuse to grant a license under AS 08.64.240. Permits and extensions of permits issued to an individual under this section are not valid for more than 240 calendar days during any consecutive 24 months.

(f) Notwithstanding (e) of this section, a permit issued under this section may be extended by the board or its designee for a time period that exceeds the limit established in (e) of this section if the board or its designee determines that the extension is necessary in order to provide essential medical services for the protection of public health and safety and the board has received a

(1) clearance report from the National Practitioner Data Bank;
(2) physician profile from the American Medical Association or the American Osteopathic Association;
(3) clearance report from the United States Drug Enforcement Administration; and
(4) completed application form and the fee required for licensure under this chapter.

Sec. 08.64.276. Retired status license. (a) On retiring from practice and payment of an appropriate one-time fee, a licensee in good standing with the board may apply for the conversion of an active or inactive license to a retired status license. A person holding a retired status license may not practice medicine, osteopathy, or podiatry in the state. A retired status license is valid for the life of the license holder and does not require renewal. A person holding a retired status license is exempt from AS 08.64.312.

(b) A person with a retired status license may apply for active licensure. Before issuing an active license under this subsection, the board may require the applicant to meet reasonable criteria as determined under regulations of the board, that may include submission of continuing medical education credits, reexamination requirements, physical and psychiatric examination requirements, an interview with the entire board, and review of information in the national data bank of the National Federation of State Medical Boards.

Sec. 08.64.279. Interview for permits. An applicant for an intern permit, a resident permit, or a temporary permit for locum tenens practice may be interviewed in person by the board, a member of the board, the executive secretary of the board, or a person designated for that purpose by the board.

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

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

(c) The board or its designee may exempt a physician from the requirements of (b) of this section upon an application by the physician giving evidence satisfactory to the board or its designee that the physician is unable to comply with the requirements because of extenuating circumstances. However, a person may not be exempted from more than 15 hours of continuing education in a five-year period.

Sec. 08.64.313. Inactive license. A licensee who does not practice in the state may hold an inactive license. A person, who practices in the state, however infrequently, shall hold an active license.

Sec. 08.64.315. Fees. The department shall set fees under AS 08.01.065 for each of the following:

(1) application;
(2) license by examination;
(3) license by endorsement or waiver of examination;
(4) temporary permit;
(5) locum tenens permit;
(6) license renewal, active;
(7) license renewal, inactive;
(8) license by reexamination.

Sec. 08.64.326. Grounds for imposition of disciplinary sanctions. (a) The board may impose a sanction if the board finds after a hearing that a licensee

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

(2) engaged in deceit, fraud, or intentional misrepresentation while providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted, including conviction based on a guilty plea or plea of nolo contendere, of

(A) a class A or unclassified felony or a crime in another jurisdiction with elements similar to a class A or unclassified felony in this jurisdiction;

(B) a class B or class C felony or a crime in another jurisdiction with elements similar to a class B or class C felony in this jurisdiction if the felony or other crime is substantially related to the qualifications, functions, or duties of the licensee; or

(C) a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs;

(5) has procured, sold, prescribed, or dispensed drugs in violation of a law regardless of whether there has been a criminal action;

(6) intentionally or negligently permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards even if the patient was not injured;

(7) failed to comply with this chapter, a regulation adopted under this chapter, or an order of the board;

(8) has demonstrated

(A) professional incompetence, gross negligence or repeated negligent conduct; the board may not base a finding of professional incompetence solely on the basis that a licensee's practice is unconventional or experimental in the absence of demonstrable physical harm to a patient;

(B) addiction to, severe dependency on, or habitual overuse of alcohol or other drugs that impairs the licensee's ability to practice safely;

(C) unfitness because of physical or mental disability;

(9) engaged in unprofessional conduct, in sexual misconduct, or in lewd or immoral conduct in connection with the delivery of professional services to patients; in this paragraph, "sexual misconduct" includes sexual contact, as defined by the board in regulations adopted under this chapter, or attempted sexual contact with a patient outside the scope of generally accepted methods of examination or treatment of the patient, regardless of the patient's consent or lack of consent, during the term of the physician-patient relationship, as defined by the board in regulations adopted under this chapter, unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating, courtship, or engagement relationship with the licensee;

(10) has violated AS 18.16.010;

(11) has violated any code of ethics adopted by regulation by the board;

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

(13) has had a license or certificate to practice medicine in another state or territory of the United States, or a province or territory of Canada, denied, suspended, revoked, surrendered while under investigation for an alleged violation, restricted, limited, conditioned, or placed on probation unless the denial, suspension, revocation, or other action was caused by the failure of the licensee to pay fees to that state, territory, or province.

(b) In a case involving (a)(13) of this section, the final findings of fact, conclusions of law and order of the authority that suspended or revoked a license or certificate constitutes a prima facie case that the license or certificate was suspended or revoked and the grounds under which the suspension or revocation was granted.

Sec. 08.64.331. Disciplinary sanctions. (a) If the board finds that a licensee has committed an act set out in AS 08.64.326(a), the board may

(1) permanently revoke a license to practice;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require the licensee to

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

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

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

(7) impose a civil fine of not more than $25,000; or

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

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

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

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

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

(f) The board shall be consistent in the application of disciplinary sanctions. A significant departure from earlier decisions of the board involving similar situations must be explained in findings of fact or orders made by the board.

Sec. 08.64.332. Automatic suspension for mental incompetency or insanity. Notwithstanding AS 44.62, if a person holding a license to practice medicine or osteopathy under this chapter is adjudged mentally incompetent or insane by a final order or adjudication by a court of competent jurisdiction or by voluntary commitment to an institution for the treatment of mental illness, the person's license shall be suspended by the board. The suspension shall continue in effect until the court finds or adjudges that the person has been restored to reason or until a licensed psychiatrist approved by the board determines that the person has been restored to reason.

Sec. 08.64.334. Voluntary surrender. The board, at its discretion, may accept the voluntary surrender of a license. A license may not be returned unless the board determines, under regulations adopted by it, that the licensee is competent to resume practice. However, a license may not be returned to the licensee if the voluntary surrender resulted in the dropping or suspension of civil or criminal charges against the physician.

Sec. 08.64.335. Reports of disciplinary action or license suspension or surrender. The board shall promptly report to the Federation of State Medical Boards for inclusion in the nationwide disciplinary data bank license and permit refusals under AS 08.64.240, actions taken by the board under AS 08.64.331, and license and permit suspensions or surrenders under AS 08.64.332 or 08.64.334.

Sec. 08.64.336. Duty of physicians and hospitals to report. (a) A physician who professionally treats a person licensed to practice medicine or osteopathy in this state for alcoholism or drug addiction, or for mental, emotional, or personality disorders, shall report it to the board if there is probable cause that the person may constitute a danger to the health and welfare of that person's patients or the public if that person continues in practice. The report must state the name and address of the person and the condition found.

(b) A hospital that revokes, suspends, conditions, restricts, or refuses to grant hospital privileges to, or imposes a consultation requirement on, a person licensed to practice medicine or osteopathy in the state shall report to the board the name and address of the person and the reasons for the action within seven working days after the action is taken. A hospital shall also report to the board the name and address of a person licensed to practice medicine or osteopathy in the state if the person resigns hospital staff privileges while under investigation by the hospital or a committee of the hospital and the investigation could result in the revocation, suspension, conditioning, or restricting of, or the refusal to grant, hospital privileges, or in the imposition of a consultation requirement. A report is required under this subsection regardless of whether the person voluntarily agrees to the action taken by the hospital. A report is not required if the sole reason for the action is the person's failure to complete hospital records in a timely manner or to attend staff or committee meetings. In this subsection "consultation requirement" means a restriction placed on a person's existing hospital privileges requiring consultation with a designated physician or group of physicians in order to continue to exercise the hospital privileges.

(c) Upon receipt of a report under (a) or (b) of this section, the board shall investigate the matter and, upon finding that there is reasonable cause to believe that the person who is the subject of the report is a danger to the health or welfare of the public or to the person's patients, the board may appoint a committee of three qualified physicians to examine the person and report its findings to the board. Notwithstanding the provisions of this subsection, the board may summarily suspend a license under AS 08.64.331(c) before appointing an examining committee or before the committee makes or reports its findings.

(d) If the board finds that a person licensed to practice medicine or osteopathy is unable to continue in practice with reasonable safety to the person's patients or to the public, the board shall initiate action to suspend, revoke, limit, or condition the person's license to the extent necessary for the protection of the person's patients and the public.

(e) A physician, hospital, hospital committee, or private professional organization contracted with under AS 08.64.101(6) to identify, confront, evaluate, and treat individuals licensed under this chapter who abuse addictive substances that in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil liability for the submission or participation.

(f) A physician or hospital may not refuse to submit a report under this section or withhold from the board or its investigators evidence related to an investigation under this section on the grounds that the report or evidence

(1) concerns a matter that was disclosed in the course of a confidential physician-patient or psychotherapist-patient relationship or during a meeting of a hospital medical staff, governing body, or committee that was exempt from the public meeting requirements of AS 44.62.310; or

(2) is required to be kept confidential under AS 18.23.030.

Sec. 08.64.338. Medical and psychiatric exams. For the purposes of an investigation under this chapter, the board may order a person to whom it has issued a license or permit to submit to a medical or psychiatric examination by a physician or other practitioner of the healing arts appointed by the board. An examination shall be at the board's expense. An examination may include the required submission of biological specimens requested by the examining physician or practitioner.

Sec. 08.64.340. Statement of grounds of refusal or revocation of license. If the board refuses to issue a license or revokes a license, it shall file a brief and concise statement of the grounds and reasons for the action in the office of the secretary of the board and in the department. The statement, together with the written decision of the board, shall remain of record in the department.

Sec. 08.64.345. Reports relating to malpractice actions and claims. A person licensed under this chapter shall report in writing to the board concerning the outcome of each medical malpractice claim or civil action in which damages have been or are to be paid by or on behalf of the licensee to the claimant or plaintiff, whether by judgment or under a settlement. This report shall be made within 30 days after resolution of the claim or termination of the civil action.

Sec. 08.64.360. Penalty for practicing without a license or in violation of chapter. Except for a physician assistant, a mobile intensive care paramedic, or a person licensed or authorized under another chapter of this title who engages in practices for which that person is licensed or authorized under that chapter, a person practicing medicine or osteopathy in the state without a valid license or permit is guilty of a class A misdemeanor. Each day of illegal practice is a separate offense.

Sec. 08.64.362. Limitation of liability. An action may not be brought against a person for damages resulting from a report made in good faith to a public agency by the person or participation by the person in an investigation by a public agency or an administrative or judicial proceeding relating to the report if the report relates to a person licensed under this chapter.

ARTICLE 3.
MISCELLANEOUS PROVISIONS.

Section

364. Prescription of drugs without physical examination
366. Liability for services rendered by a mobile intensive care paramedic
367. Use of amygdalin (laetrile)
369. Health care professionals to report certain injuries

Sec. 08.64.364. Prescription of drugs without physical examination. (a) The board may not impose disciplinary sanctions on a physician for rendering a diagnosis, providing treatment, or prescribing, dispensing, or administering a prescription drug that is not a controlled substance to a person without conducting a physical examination if

(1) the physician or another licensed health care provider or physician in the physician's group practice is available to provide follow-up care; and

(2) the physician requests that the person consent to sending a copy of all records of the encounter to the person's primary care provider if the prescribing physician is not the person's primary care provider, and, if the patient consents, the physician sends the records to the person's primary care provider.

(b) In this section,

(1) "controlled substance" has the meaning given in AS 11.71.900;

(2) "prescription drug" has the meaning given in AS 08.80.480;

(3) "primary care provider" has the meaning given in AS 21.07.250.

(c) The board may not impose disciplinary sanctions on a physician for prescribing, dispensing, or administering a prescription drug that is a controlled substance or botulinum toxin if the requirements under (a) of this section are met and the physician prescribes, dispenses, or administers the controlled substance or botulinum toxin when an appropriate licensed health care provider is present with the patient to assist the physician with examination, diagnosis, and treatment.

(d) Notwithstanding (a) and (c) of this section, a physician may not

(1) prescribe, dispense, or administer an abortion-inducing drug under (a) of this section unless the physician complies with AS 18.16.010; or

(2) prescribe, dispense, or administer a prescription drug in response to an Internet questionnaire or electronic mail message to a person with whom the physician does not have a prior physician-patient relationship.

Sec. 08.64.366. Liability for services rendered by a mobile intensive care paramedic. An act or omission of a mobile intensive care paramedic done or omitted in good faith while rendering emergency service to a person who is

in need of immediate aid in order to avoid serious harm or loss of life does not impose any liability upon the physician-trained mobile intensive care paramedic, the supervising physician, a hospital, the officers, members of the staff, nurses, or other employees of a hospital or upon a federal, state, borough, city or other local governmental unit or upon other employees of a governmental unit; however, this section does not relieve a physician or a hospital of a duty otherwise imposed by law upon the physician or hospital for the designation or training of a mobile intensive care paramedic or for the provision or maintenance of equipment to be used by the mobile intensive care paramedic.

Sec. 08.64.367. Use of amygdalin (laetrile). (a) A physician may not be subject to disciplinary action by the State Medical Board for prescribing or administering amygdalin (laetrile) to a patient under the physician's care who has requested the substance unless the State Medical Board in a hearing conducted under AS 44.62 (Administrative Procedure Act) has made a formal finding that the substance is harmful.

(b) A hospital or health facility may not interfere with the physician-patient relationship by restricting or forbidding the use of amygdalin (laetrile) when prescribed or administered by a physician and requested by a patient unless the substance as prescribed or administered by the physician is found to be harmful by the State Medical Board in a hearing conducted under the provisions of AS 44.62 (Administrative Procedure Act).

Sec. 08.64.369. Health care professional to report certain injuries. (a) A health care professional who initially treats or attends to a person with an injury described in (b) of this section shall make certain that an oral report of the injury is made promptly to the Department of Public Safety, a local law enforcement agency, or a village public safety officer. The health care professional shall make certain that a written report of an injury described in (b)(1) or (2) of this section is submitted to the Department of Public Safety within three working days after the person is treated. The report shall be a form provided by the Department of Public Safety.

(b) The following injuries shall be reported under (a) of this section:

(1) second or third degree burns to five percent or more of a patient's body;

(2) a burn to a patient's upper respiratory tract or laryngeal edema due to the inhalation of super-heated air;

(3) a bullet wound, powder burn, or other injury apparently caused by the discharge of a firearm;

(4) an injury apparently caused by a knife, axe, or other sharp or pointed instrument, unless the injury was clearly accidental; and

(5) an injury that is likely to cause the death of the patient, unless the injury was clearly accidental.

(c) person who, in good faith, makes a report under this section, or who participates in judicial proceedings related to a report under this section, is immune from any civil or criminal liability that might otherwise be incurred as a result of making such a report or participating in the judicial proceedings.

(d) In this section, "health care professional" includes an emergency medical technician certified under AS 18.08, health aide, physician, nurse, mobile intensive care paramedic, and physician's assistant, but does not include a practitioner of religious healing.

ARTICLE 4.
GENERAL PROVISIONS.

Section

370. Exceptions to application of chapter
380. Definitions

Sec. 08.64.370. Exceptions to application of chapter. This chapter does not apply to

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

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

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

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

(5) a person who is certified as a direct-entry midwife by the department under AS 08.65 while engaged in the practice of midwifery whether or not the person accepts compensation for those services.

Sec. 08.64.380. Definitions. In this chapter,

(1) "board" means the State Medical Board;

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

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

(4) “mobile intensive care paramedic” means an individual licensed by the board who has successfully completed a paramedic training program certified under AS 18.08 and is authorized by law to provide advanced life support under the direct or indirect supervision of a physician;

(5) “practice of medicine” or “practice of osteopathy” means:

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

(B) to use or publicly display a title in connection with a person’s name including “doctor of medicine,” “physician,” “M.D.,” or “doctor of osteopathic medicine” or “D.O.” or a specialist designation including “surgeon,” “dermatologist,” or a similar title in such a manner as to show that the person is willing or qualified to diagnose or treat the sick or injured;

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

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

(B) general anesthetics may be used only in colleges of podiatry approved by the State Medical Board and in hospitals approved by the joint commission on the accreditation of hospitals, or the American Osteopathic Association; and

(C) the use of X-ray or radium for therapeutic purposes is not permitted.

CHAPTER 40.
STATE MEDICAL BOARD.

Articles

1. **Licensing**
   (12 AAC 40.010 – 12 AAC 40.058)
2. **Abortions**
   (12 AAC 40.060 – 12 AAC 40.140)
3. **Continuing Medical Education**
   (12 AAC 40.200 – 12 AAC 40.240)
4. **Mobile Intensive Care Paramedics**
   (12 AAC 40.300 – 12 AAC 40.390)
5. **Physician Assistants**
   (12 AAC 40.400 – 12 AAC 40.490)
6. **General Provisions**
   (12 AAC 40.910 – 12 AAC 40.990)

ARTICLE 1.
LICENSING.

Section

10. Application for license by credentials
15. Application for license by examination
16. Application for license by foreign medical graduates
17. Denial of application
20. License by examination
21. Acceptable examination combinations
22. Postgraduate training and active duty military service
23. Residency training requirements for podiatry applicant
24. Licensing requirements for applicants from fifth pathway programs
25. Lapsed physician licenses
30. (Repealed)
31. Activating a retired status license
33. Inactive physician license
35. Temporary permit application requirements
36. Locum tenens permit application requirements
38. Residency permit
40. Recognized hospital
45. Courtesy license
50. Biographical data
55. Interview
58. Review of applications

12 AAC 40.010. APPLICATION FOR LICENSE BY CREDENTIALS. (a) Before the board will consider issuance of a license, an applicant for licensure by credentials shall

(1) file a complete application; and

(2) if required under 12 AAC 40.055, be interviewed in accordance with AS 08.64.255.

(b) A complete application must include the following items

(1) submitted by the applicant:

(A) a completed application on a form provided by the department, including a photograph of the applicant and the applicant's notarized signature;

(B) a completed authorization for release of records on a form provided by the department and signed by the applicant;

(C) *repealed 4/2/2004;*

(D) a statement listing each hospital at which the applicant has held privileges within the five years immediately before the date that the applicant signs the application form;

(E) all required application and licensing fees;

(F) a certified true copy of the applicant's medical, osteopathy, or podiatry school diploma or certificate;

(G) if applicable, verification of the applicant's post-graduate training that meets the requirements of (h) of this section;

(2) requested by the applicant from appropriate agencies and sent directly to the division office:

(A) evidence satisfactory to the board that the applicant has passed an appropriate examination as described in (c) of this section;

(B) verification of licensure from the appropriate licensing authority in each state, territory, province, or other country where the applicant holds or has ever held a license to practice medicine;

(C) original letters of verification of hospital privileges from each of the hospitals listed by the applicant as required in (1)(D) of this subsection; the letters of verification must include

(i) confirmation of the date of privileges held by the applicant;

(ii) information on any disciplinary action taken against the applicant;

(iii) any derogatory information on record about the applicant; and

(iv) any reason for which the applicant would not be readmitted to privileges in that facility;

(D) clearance from the federal Drug Enforcement Administration (DEA);

(E) clearance from the Federation of State Medical Boards or the Federation of Podiatric State Medical Boards;

(F) a Physician Profile from the American Medical Association (AMA) or American Osteopathic Association (AOA), if applicable;

(G) verification from the applicant's medical school that the applicant completed medical school and received a medical school diploma;

(H) if applicable, verification of the applicant's completion of post-graduate training that meets the requirements of (h) of this section;

(I) for foreign medical graduates, a certified true copy of the applicant's certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

(c) The evidence that an applicant has passed an appropriate examination as required by (b)(2)(A) of this section must be either

(1) verification of an examination in the medical and basic science subjects as a prerequisite to licensure in a state or territory of the United States, District of Columbia, Puerto Rico, or a province or territory of Canada; or

(2) an official transcript from

(A) the Federation of State Medical Boards documenting successful passage of the FLEX exam;

(B) the National Board of Medical Examiners documenting successful passage of the NBME exam;

(C) the National Board of Osteopathic Medical Examiners documenting successful passage of the NBOME or COMLEX examination;

(D) the National Board of Medical Examiners or the Federation of State Medical Boards documenting successful passage of the United States Medical Licensing Examination (USMLE); or

(E) the National Board of Podiatric Examiners (NBPME) documenting successful passage of the NBPME Podiatric Medical Licensing Examination for States (PMLexis); or

(3) official transcripts from the appropriate administering federations or boards documenting successful passage of all segments of an acceptable examination combination in 12 AAC 40.021.

(d) Applicants are responsible for requesting transcripts and paying any fees associated with having transcripts sent directly to the board.

(e) Before the board will consider issuance of a license, an applicant must receive clearance from the National Practitioner Data Bank.

(f) If necessary, the board will require an applicant to provide additional information to verify that the applicant meets the licensing requirements in AS 08.64.250 and this chapter.

(g) The board will waive the verification requirements set out in (b)(2)(B) of this section for an applicant who is unable to obtain verification of licensure from another country that does not have diplomatic relations with the United States, and the board will waive the verification requirements set out in (b)(2)(G) and (H) of this section for an applicant who is unable to obtain those verifications due to circumstances beyond the applicant's control as determined by the board, if the board is able to satisfactorily substantiate through other means that the applicant has met those licensure, education, and training requirements. The applicant must submit to the board a written request for a waiver that

(1) explains the reason for the applicant being unable to obtain those verifications; and

(2) documents that licensure, education, and training requirements have been met.

(h) An applicant for licensure under this section who graduated from a medical school described in AS 08.64.200(a)(1) or a school of osteopathy described in AS 08.64.205(1), must submit a certified true copy of a certificate documenting successful completion of the post-graduate training required under AS 08.64.200(a)(2) or AS 08.64.205(2). Any other applicant must submit a certified true copy of a certificate documenting successful completion of the post-graduate training required under AS 08.64.225(a)(2)(A), if applicable. Training periods of less than 12 months will not be accepted. An original letter with an original signature submitted on program letterhead will be accepted in lieu of a certified true copy of a certificate if the letter is submitted directly to the board by the recognized hospital or facility.

(i) Except for a diploma written in Latin, a document submitted under this section must be either written in English or accompanied by a certified English translation of that document.

(j) If a foreign medical graduate applicant for licensure in this state took the FLEX examination series before the implementation of the USMLE examination series, but did not achieve a minimum standard score of 75 for each component of the examination series, and has not otherwise provided evidence satisfactory to the board that the applicant has passed an appropriate examination as described in (c) of this section, the applicant may submit an

official transcript from the Federation of State Medical Boards documenting that the applicant achieved a weighted average score of 75 or higher. The board will not accept a weighted average score if the applicant

(1) is not currently licensed in at least one other state;

(2) has been the subject of disciplinary action for a violation substantially similar to one listed in AS 08.64.326 in any state or other jurisdiction within the five years immediately preceding application for a license in this state; or

(3) is not currently board-certified by a member board of the American Board of Medical Specialties or the American Osteopathic Association.

(k) Notwithstanding (b)(2) of this section, an applicant for licensure by credentials may submit the credentials verification documents through the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

Authority:	AS 08.64.100	AS 08.64.210	AS 08.64.250
	AS 08.64.200	AS 08.64.225	AS 08.64.255
	AS 08.64.205	AS 08.64.240	

Editor's note: *Information on the verification process described in 12 AAC 40.010(*k*) may be obtained from the Federation of State Medical Boards of the United States, Inc., P.O. Box 619850, Dallas, TX 75261-9850; telephone: (817)868-4000; website at www.fsmb.org.*

12 AAC 40.015. APPLICATION FOR LICENSE BY EXAMINATION. (a) *Repealed 6/97.*

(b) A complete application for a license by examination must meet the requirements of AS 08.64.200, 08.64.205, 08.64.209, or 08.64.225 and include the following documents

(1) submitted by the applicant:

(A) a completed application on a form provided by the department, including a photograph of the applicant and the applicant's notarized signature;

(B) a completed authorization for release of records on a form provided by the department and signed by the applicant;

(C) *repealed 4/2/2004;*

(D) a statement listing each hospital at which the applicant has held privileges within the five years immediately before the date the applicant signs the application form;

(E) all required application and licensing fees;

(F) a certified true copy of the applicant's medical, osteopathy, or podiatry school diploma or certificate;

(G) if applicable, a certified true copy of each of the applicant's post-graduate training program certificates;

(2) requested by the applicant from appropriate agencies and sent directly to the division office:

(A) original letters of verification of hospital privileges from each of the hospitals listed by the applicant in (1)(D) of this subsection; the letters of verification must include

(i) confirmation of the date of privileges held by the applicant;

(ii) information on any disciplinary action taken against the applicant;

(iii) any derogatory information on record about the applicant; and

(iv) any reason for which the applicant would not be readmitted to privileges in that facility;

(B) clearance from the federal Drug Enforcement Administration (DEA);

(C) clearance from the Federation of State Medical Boards or the Federation of Podiatric State Medical Boards;

(D) a Physician Profile from the American Medical Association (AMA) or the American Osteopathic Association (AOA), if applicable;

(E) for foreign medical graduates, a certified true copy of the applicant's certificate from the Educational Commission for Foreign Medical Graduates (ECFMG);

(F) verification from the applicant's medical school that the applicant completed medical school and received a medical school diploma;

(G) if applicable, verification of completion of the first year of post-graduate training from the facility where the applicant completed the first year of internship or residency program.

(c) After passing the written examination an applicant must be interviewed in accordance with AS 08.64.255 if the board determines that, under 12 AAC 40.055, an interview is required before the board will consider issuance of a license.

(d) Before the board will consider issuance of a license, an applicant

(1) shall provide for official examination results to be sent to the department directly from the examination agency; and

(2) must receive clearance from the National Practitioner Data Bank.

(e) If necessary, the board will require an applicant to provide additional information to verify that the applicant meets the licensing requirements in

(1) AS 08.64.200, 08.64.205, 08.64.209, or 08.64.225; and

(2) this chapter.

(f) Except for a diploma written in Latin, a document submitted under this section must be either written in English or accompanied by a certified English translation of that document.

(g) Notwithstanding (b)(2) of this section, an applicant for licensure by examination may submit the credentials verification documents through the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

Authority:	AS 08.64.100	AS 08.64.205	AS 08.64.225
	AS 08.64.180	AS 08.64.209	AS 08.64.240
	AS 08.64.190	AS 08.64.210	AS 08.64.255

Editor's note: *Information on the verification process described in 12 AAC 40.015(*g*) may be obtained from the Federation of State Medical Boards of the United States, Inc., P.O. Box 619850, Dallas, TX 75261-9850; telephone: (817)868-4000; website at www.fsmb.org.*

12 AAC 40.016. APPLICATION FOR LICENSE BY FOREIGN MEDICAL GRADUATES. (a) An applicant for licensure by examination who is a graduate of a medical college not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association must

(1) have graduated from a school on the list titled *Medical Schools Recognized by the Medical Board of California*, effective on October 11, 2006, adopted by reference; and

(2) meet the requirements of AS 08.64.225, 12 AAC 40.015, 12 AAC 40.020, and this section.

(b) An applicant for licensure by credentials who is a graduate of a medical college not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association must

(1) have graduated from a school on the list titled *Medical Schools Recognized by the Medical Board of California*, effective on October 11, 2006, adopted by reference; and

(2) meet the requirements of AS 08.64.225, AS 08.64.250, 12 AAC 40.010, and this section.

(c) In addition to meeting the requirements of either (a) or (b) of this section, an applicant for licensure who is a graduate of a medical college not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association shall establish proof of competency and professional qualifications by meeting one of the following requirements:

(1) successful completion of three years of postgraduate training that meets the requirements of AS 08.64.225(a)(2)(A); a year of full-time employment as a faculty member at a medical college accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association may be substituted for a year of required postgraduate training, up to the maximum required;

(2) hold a current, active, unrestricted license to practice medicine in another state and have engaged in the active practice of medicine in that state for at least three years before the date of application for licensure in this state;

(3) hold a current certification in a practice specialty issued by the American Board of Medical Specialties.

(d) If necessary to determine whether an applicant for licensure who is a graduate of a medical college not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association is competent and able to safely practice medicine in this state, the board may require the applicant to pass the Special Purpose Examination (SPEX) administered by the Federation of State Medical Boards or to undergo a formal assessment of professional competency by a program approved by the board for that purpose.

Authority:	AS 08.64.100	AS 08.64.205	AS 08.64.225
	AS 08.64.180	AS 08.64.209	AS 08.64.250
	AS 08.64.200	AS 08.64.210	AS 08.64.255

Editor's note: *Copies of Medical Schools Recognized by the Medical Board of California, adopted by reference in 12 AAC 40.016, may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, State Medical Board, 550 W. 7th Avenue, Suite 1500, Anchorage, Alaska 99501-3567; telephone: (907) 269-8163.*

12 AAC 40.017. DENIAL OF APPLICATION. The board may deny an application for licensure if the applicant is the subject of an unresolved investigation, complaint review procedure, or other disciplinary proceeding undertaken by a certifying or licensing agency of another state, territory of the United States, or other country.

Authority: AS 08.64.100 AS 08.64.240

12 AAC 40.020. LICENSE BY EXAMINATION. (a) The physician qualification examination required for licensure in this state is the most current version of the United States Medical Licensing Examination (USMLE).

(b) The minimum passing score for

(1) step 1 of the USMLE is 176 in the three-digit scoring system and 75 in the two-digit scoring system;

(2) step 2 of the USMLE is 167 in the three-digit scoring system and 75 in the two-digit scoring system; and

(3) step 3 of the USMLE is 177 in the three-digit scoring system and 75 in the two-digit scoring system.

(c) *Repealed 4/27/97.*

(d) *Repealed 4/27/97.*

(e) *Repealed 4/27/97.*

(f) *Repealed 4/27/97.*

(g) *Repealed 9/1/2007.*

(h) *Repealed 9/1/2007.*

(i) Except as provided in (m) of this section, if an applicant does not pass all steps of the USMLE within the seven years after the date the applicant first passes step one or step two, whichever is earlier, the applicant must retake and pass all steps including steps previously passed.

(j) Except as provided in (m) of this section, if an applicant has passed any step of the USMLE in another state during the five years before application in this state, the applicant need only take the steps not passed as long as all steps are passed within seven years.

(k) An applicant for licensure under this section may make two attempts to pass each step or step component of the USMLE. An applicant who fails any step or step component of the USMLE on the second attempt must complete a supervised course of study approved by the board before permission to retake the step or step component will be given.

(*l*) An osteopathic applicant for licensure by examination may substitute the applicant's successful passing of all three levels of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) administered by the National Board of Osteopathic Medical Examiners for the applicant's successfully passing of all three steps of the USMLE examination. The osteopathic applicant may only use the substitution if the applicant successfully passed all three levels of the COMLEX examination in sequential order within seven years of the applicant's successfully passing level one of the COMLEX examination. An osteopathic applicant for licensure under this subsection may make two attempts to pass each level of the COMLEX examination. If the applicant takes any level of the COMLEX examination and fails the second attempt, the applicant must complete a supervised course of study approved by the board, before permission to retake the level of the COMLEX examination will be given. The minimum passing score for all levels of the COMLEX examination is 75.

(m) An applicant that is enrolled in a dual degree medical program for M.D. and Ph.D. degrees must complete all three steps of the USMLE within 10 years from the date that the applicant passed the first step of the USMLE.

Authority: AS 08.64.100 AS 08.64.210 AS 08.64.220

12 AAC 40.021. ACCEPTABLE EXAMINATION COMBINATIONS. The board will accept the following combinations of examinations described in 12 AAC 40.020 if successfully completed before January 1, 2000:

(1) (NBME part one or USMLE step one) plus (NBME part two or USMLE step two) plus (NBME part three or USMLE step three);

(2) (FLEX component one) plus (USMLE step three); or

(3) (NBME part one or USMLE step one) plus (NBME part two or USMLE step two) plus (FLEX component two).

Authority: AS 08.64.100 AS 08.64.210 AS 08.64.220

12 AAC 40.022. POSTGRADUATE TRAINING AND ACTIVE DUTY MILITARY SERVICE. The board may accept one year of active duty military service as described in AS 08.01.064(a)(2) as a general medical officer or flight surgeon, verified by the unit hospital commander or senior medical officer, as meeting the second year of postgraduate training required under AS 08.64.200(a)(2)(B) or 08.64.205(2)(B).

Authority: AS 08.01.064 AS 08.64.200 AS 08.64.205
AS 08.64.100

12 AAC 40.023. RESIDENCY TRAINING REQUIREMENT FOR PODIATRY APPLICANT. In addition to meeting the application requirements in AS 08.64.209, an applicant for a license to practice podiatry shall submit to the board a certified true copy of a certificate verifying the applicant's successful completion of at least one year of surgical residency training in a hospital accredited by the American Podiatric Medical Association Council on Podiatric Medical Education or the American Board of Podiatric Surgery.

Authority: AS 08.64.100 AS 08.64.190 AS 08.64.209

Editor's note: *Information on accredited hospitals described in 12 AAC 40.023 may be obtained by contacting the American Podiatric Medical Association Council on Podiatric Medical Education, 9312 Old Georgetown Road, Bethesda, Maryland 20814-1621 or the American Board of Podiatric Surgery, 1601 Dolores Street, San Francisco, California 94110-4906.*

12 AAC 40.024. LICENSING REQUIREMENTS FOR APPLICANTS FROM FIFTH PATHWAY PROGRAMS. (a) A physician applicant who earned a certificate of completion from a fifth pathway program supported by the American Medical Association may apply for and receive licensure by examination in this state, if otherwise eligible for licensure.

(b) If otherwise eligible for licensure, and in order to be licensed in this state, a physician applicant for licensure by credentials who earned a certificate of completion from a fifth pathway program not supported by the American Medical Association must provide verification of full and unrestricted licensure in at least one licensing jurisdiction in the United States, with evidence of successful completion of post graduate training recognized by the American Board of Medical Specialties and evidence of board certification by a board under the American Board of Medical Specialties.

(c) In this section, "fifth pathway program" means a program by which students who have attended four years at a foreign medical school that requires one year of social service before awarding the degree may complete their supervised clinical work at a United States medical school, become eligible for entry to residency training in the United States, and ultimately obtain a license to practice in the United States.

Authority: AS 08.64.100 AS 08.64.200 AS 08.64.225

12 AAC 40.025. LAPSED PHYSICIAN LICENSES. (a) A physician license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant

(1) submits a completed renewal application on a form provided by the department;

(2) pays the applicable biennial license renewal fee established in 12 AAC 02.250(a);

(3) submits proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220; and

(4) receives clearance from the Federation of State Medical Boards and documentation of the clearance is sent directly to the division by that federation.

(b) A physician license that has been lapsed for at least one year but less than five years will be reinstated if the applicant meets the requirements in (a)(2), (3), and (4) of this section and

(1) submits a completed reinstatement application on a form provided by the department;

(2) receives clearance from the federal Drug Enforcement Administration (DEA) and documentation of the clearance is sent directly to the division by the DEA;

(3) arranges for verification of licensure to be sent directly to the division from each state other than Alaska where the applicant is or has been licensed as a physician;

(4) is qualified for a license under AS 08.64.230 and is not disqualified by AS 08.64.240; and

(5) arranges for a verification of hospital privileges to be sent directly to the division, from each hospital where the applicant has held privileges within the five years immediately before the date that the applicant signs the application form.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

Authority: AS 08.01.100 AS 08.64.100 AS 08.64.240

12 AAC 40.030. RE-EXAMINATION FEES. *Repealed 5/18/85.*

12 AAC 40.031. ACTIVATING A RETIRED STATUS LICENSE. (a) An applicant holding a retired status license under AS 08.64.276 will, in the board's discretion, be issued an active license to practice medicine, podiatry, or osteopathy in this state, as appropriate, if the applicant

(1) submits a new and complete application as required by 12 AAC 40.010, documenting compliance with

(A) AS 08.64.200 and 08.64.250, if a physician applicant;

(B) AS 08.64.209 and 08.64.250, if a podiatry applicant; or

(C) AS 08.64.205, if an osteopath applicant;

(2) submits evidence of at least 50 hours of continuing medical education credits earned within the two years immediately before the date of application;

(3) submits evidence of successful completion of the Special Purpose Examination (SPEX) prepared by the Federation of State Medical Boards;

(4) submits, at the request of the board, physical and mental examination reports from practitioners approved by the board indicating that, at the time of the examination, the applicant is mentally and physically capable of practicing medicine, podiatry, or osteopathy safely;

(5) submits information from the disciplinary data bank of the Federation of State Medical Boards;

(6) is interviewed by a member of the board; and

(7) pays the fees established in 12 AAC 02.250.

(b) If the report required in (a)(5) of this section shows evidence of disciplinary action in this state or another licensing jurisdiction within the five years immediately before the date of application under (a)(1) of this section, the board will, in its discretion, deny an application for reactivation, if the evidence demonstrates that the applicant is not capable of practicing medicine, podiatry, or osteopathy safely or lawfully.

Authority: AS 08.64.100 AS 08.64.180 AS 08.64.276

12 AAC 40.033. INACTIVE PHYSICIAN LICENSE. (a) A physician who is not practicing in the state may hold an inactive license that may be renewed.

(b) A physician may apply for an inactive license at the time of license renewal by

(1) indicating on the form for license renewal that the physician is requesting an inactive license;

(2) paying the inactive biennial license fee established in 12 AAC 02.250; and

(3) submitting proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220.

(c) A physician licensed as inactive may not practice as a physician in the state.

(d) A physician licensed as inactive who wishes to resume active practice as a physician in the state must

(1) *repealed 12/7/2006;*

(2) submit a written request for reactivation;

(3) request a clearance report from the Federation of State Medical Boards's Board Action Data Bank be sent directly to the board;

(4) pay the physician biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period;

(5) submit proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220;

(6) arrange for verification of licensure to be sent directly to the division from each state other than this state where the applicant is or has been licensed as a physician; and

(7) receive clearance from the federal Drug Enforcement Administration (DEA) and arrange for documentation of the clearance to be sent directly to the division by the DEA.

(e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

Authority: AS 08.64.100 AS 08.64.240 AS 08.64.313

12 AAC 40.035. TEMPORARY PERMIT APPLICATION REQUIREMENTS. (a) A member of the board, will, in the member's discretion, issue a temporary physician permit to an applicant who

(1) meets the requirements of AS 08.64.270; and

(2) has a complete application under 12 AAC 40.010 or 12 AAC 40.015 on file with the division; and

(3) if an interview is required under 12 AAC 40.055, is interviewed in accordance with AS 08.64.279.

(b) *Repealed 8/9/00.*

(c) *Repealed 8/9/00.*

Authority: AS 08.64.100 AS 08.64.270 AS 08.64.279
AS 08.64.180

12 AAC 40.036. LOCUM TENENS PERMIT APPLICATION REQUIREMENTS. (a) A member of the board, will, in the member's discretion, issue a locum tenens permit to an applicant who

(1) meets the requirements of AS 08.64.275;

(2) has a complete application on file with the division;

(3) if an interview is required under 12 AAC 40.055, is interviewed in accordance with AS 08.64.279; and

(4) if the applicant is a foreign medical graduate, meets the requirements of 12 AAC 40.016.

(b) A complete application must include

(1) a certified true copy of a medical school diploma;

(2) verification of the applicant's completion of post-graduate training that meets the requirements of 12 AAC 40.010(h);

(3) verification of licensure from the appropriate licensing authority in each state, territory, or province where the applicant holds or has ever held a license, requested by the applicant and sent directly to the division from the licensing jurisdiction;

(4) all required application fees for a locum tenens permit;

(5) clearance from the Federation of State Medical Boards sent directly to the division.

(c) *Repealed 6/15/2001.*

(d) A physician who is not currently licensed in this state may apply for a locum tenens permit for the purpose of substituting for a physician licensed in this state who is

(1) temporarily absent from the practice location at which the applicant will practice; or

(2) not expected to return to the practice location, if issuance of a locum tenens permit is necessary to temporarily provide essential medical services to the public or to protect the public health and safety.

(e) Notwithstanding (a) of this section, the board's designee, as identified under 12 AAC 40.910, will perform the duties described in this section, as delegated by the board.

Authority: AS 08.64.100 AS 08.64.275 AS 08.64.279

AS 08.64.180

12 AAC 40.038. RESIDENCY PERMIT. (a) A member of the board will, in the member's discretion, issue a residency permit to an applicant who

(1) meets the requirements of AS 08.64.272;

(2) if an interview is required under 12 AAC 40.055, is interviewed in accordance with AS 08.64.279;

(3) provides a complete application;

(4) if the applicant is a foreign medical graduate, meets the requirements of 12 AAC 40.016(a)(1).

(b) A complete application must include the following:

(1) a complete notarized application form with a photograph and signed by the applicant;

(2) a certified true copy of a medical school diploma as required under AS 08.64.200, AS 08.64.205, or AS 08.64.225, or an official transcript sent directly from the medical school from which the applicant graduated to the board;

(3) verification of successful completion of medical school education sent directly by the medical school from which the applicant graduated to the board;

(4) a statement signed by the physician program director, from a residency training program approved by the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, the American Medical Association, or the American Osteopathic Association stating that the applicant is a resident in good standing in the program and that the rotation in this state is an approved part of the post-graduate training program;

(5) a statement from the institution in this state accepting the resident applicant as a resident in training and accepting responsibility for the applicant's training while at that institution, signed by the program director, clinical director, or other physician responsible for the training of the applicant;

(6) verification of licensure from all states or licensing jurisdictions where the applicant holds or has ever held a license to practice medicine as a physician;

(7) verification of licensure from all states or licensing jurisdictions where the applicant holds or has ever held a license as a health care professional;

(8) clearance from the Federation of State Medical Boards sent directly to the board; and

(9) the application fee and the residency permit fee established in 12 AAC 02.250.

(c) A residency permit is valid only for the duration of the residency at the institution in this state, not to exceed 36 months. The permit may be renewed for an additional 36 months upon board approval of a new application by the resident.

Authority: AS 08.64.100 AS 08.64.272 AS 08.64.279

12 AAC 40.040. RECOGNIZED HOSPITAL. For the purpose of AS 08.64.200(a)(2) a recognized hospital is one which has been approved for internship or residency training by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada.

Authority: AS 08.64.100 AS 08.64.200

12 AAC 40.045. COURTESY LICENSE. (a) A courtesy license authorizes the holder to practice medicine, osteopathy, or podiatry for limited purposes recognized by the board in (b) of this section. A courtesy license does not authorize the holder to perform medical services outside the scope of the courtesy license issued under this section.

(b) For purposes of (a) of this section, the board will consider the following physicians to practice for limited purposes that qualify for the issuance of a courtesy license:

(1) physicians who come to the state for the purpose of conducting a specialty clinic, if the patients do not pay or give a fee or other remuneration for the services provided;

(2) out-of-state sports team physicians who accompany their team to the state for the duration of the team's presence in the state for the sporting activity and whose practice while in the state is limited to care of the applicant's team and visiting support staff personnel associated with the event;

(3) physicians who are formally contracted by state agencies to conduct specialty clinics;

(4) physicians who come to the state to provide emergency medical care or emergency mental health care if

(A) the patients do not pay or give a fee or other remuneration; and

(B) the services are provided as part of an organized response to a disaster emergency

(i) that the governor has declared under AS 26.23.020; and

(ii) in which extensive injuries or deaths have occurred;

(5) physicians who will be working in a supervised hospital fellowship; and

(6) physicians who are coming into the state accompanying an employer-patient for the duration of the employer-patient's visit to the state and whose practice while in the state is limited to care of the employer-patient and accompanying family and staff.

(c) If a courtesy license is issued under (b)(5) of this section, the supervising physician shall notify the board in writing of any termination of or change to the supervisory relationship with the courtesy license holder. The supervising physician's responsibility continues until the board receives the written notice of termination or change.

(d) The board will issue a courtesy license to an applicant who

(1) submits a complete application on a form provided by the department;

(2) pays the application and licensing fees established in 12 AAC 02.250;

(3) submits verification, to the board's satisfaction, of a current license to practice medicine in good standing and not under investigation in the state or territory, or a province of Canada in which the applicant resides;

(4) submits curriculum vitae;

(5) describes, to the board's satisfaction, the circumstances under which the applicant will be practicing, including the name and license number of the supervising physician if the applicant is working in a supervised hospital fellowship;

(6) describes the scope of medical practice required to perform the duties for which the courtesy license is issued; the description must include the practice location, duration of practice, and patient population to be seen; the applicant must demonstrate, to the board's satisfaction, that the scope of medical practice is for a limited purpose set out in (b) of this section;

(7) submits a signed, notarized authorization for the release of records;

(8) submits a certified true copy of an accredited medical school diploma;

(9) submits a certified true copy of all accredited postgraduate training certificates;

(10) submits a certified true copy of an American Board of Medical Specialties member board certificate; this requirement may be waived by the board if the courtesy license is intended to be used for a fellowship; and

(11) submits a Federation of State Medical Board's Board Action Data Bank clearance report.

(e) A courtesy license is valid only for the shorter of the following periods:

(1) the duration of the activity as listed in (b) of this section;

(2) a period not to exceed

(A) one year after the date the courtesy license is issued under (b)(1)-(b)(3) or (b)(5)-(b)(6) of this section; or

(B) 90 days after the date the courtesy license is issued under (b)(4) of this section.

(f) A courtesy license holder is subject to all relevant provisions of AS 08.64, this chapter, and any other statutes or regulations governing the practice of medicine and the prescription of drugs in this state.

(g) A courtesy license holder may not use a courtesy license

(1) for purposes of locum tenens coverage;

(2) to serve in place of a temporary license; or

(3) for purposes of employment consideration.

(h) Notwithstanding (a), (b), or (d) of this section, the board may refuse to issue a courtesy license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326.

Authority: AS 08.01.062 AS 08.64.100 AS 08.64.240

12 AAC 40.050. BIOGRAPHICAL DATA. An application for licensure by credentials or examination will not be considered complete until the applicant has requested the following documents and they are on file in the division office:

(1) a physician profile from the American Medical Association or American Osteopathic Association;

(2) clearance from the United States Department of Justice, Drug Enforcement Administration;

(3) clearance from the Federation of State Medical Boards regarding previous or pending disciplinary actions against the applicant by another jurisdiction.

Authority: AS 08.64.100 AS 08.64.190 AS 08.64.200

12 AAC 40.055. INTERVIEW. (a) An applicant for a license or permit regulated by the board shall be interviewed in accordance with AS 08.64.255 or AS 08.64.279 if additional information from the applicant is necessary for the board to determine whether the applicant meets the qualifications in AS 08.64 and this chapter for the license or permit the applicant seeks.

(b) In determining whether an interview is required, the board or a member of the board will consider the information provided by the applicant on the completed application form and

(1) the applicant's disciplinary history with any medical board, licensing agency, credentialing authority, medical or professional school, internship program, residency program, or military authority;

(2) the applicant's charges or convictions of a felony, misdemeanor, or violation of a law, statute, or regulations of this or another jurisdiction, including the United States or another country, that relate to the grounds for the applicable license or permit denial or imposition of disciplinary sanctions under AS 08.64 or this chapter; the applicant's charges or convictions

(A) include those crimes involving alcohol or narcotics or other controlled substances; but

(B) exclude minor traffic violations;

(3) the applicant's mental, emotional, and physical fitness to practice in a profession regulated by the board under the standards established for the applicable license or permit denial or imposition of disciplinary sanctions under AS 08.64 or this chapter; the board will limit inquiry of the applicant's personal history under this paragraph to information concerning the five years immediately before the date of application;

(4) the applicant's history of negotiated settlements, judgments, or awards in claims or civil actions alleging medical or professional malpractice against the applicant;

(5) the information obtained from a disciplinary data bank regarding the applicant;

(6) the information supplied by the applicant's medical or professional school;

(7) the information received from the program in which the applicant completed post graduate training; and

(8) the information received from other licensing jurisdictions regarding the applicant's professional license status and history.

Authority: AS 08.64.100 AS 08.64.255 AS 08.64.279
AS 08.64.240

12 AAC 40.058 REVIEW OF APPLICATIONS. (a) An applicant who meets the requirements on the appropriate checklist established in this section has demonstrated the necessary qualifications for the temporary permit, residency permit, or courtesy license applied for and will be approved by the board or the board's designee for issuance of that license or permit. An applicant who does not meet the requirements on the appropriate checklist in this section for that permit or courtesy license will not be issued a permit or courtesy license unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.64 and this chapter for the permit or courtesy license applied for.

(b) The form titled *Alaska State Medical Board Checklist ─ Temporary Permit*, dated July 2012, is adopted by reference. This form is established by the board for the use by the executive secretary or another employee of the division in completing the application processing for a temporary permit under AS 08.64.270.

(c) The form titled *Alaska State Medical Board Checklist ─ Resident Permit,* dated July 2012, is adopted by reference. This form is established by the board for the use by the executive secretary or another employee of the division in completing the application processing for a residency permit under AS 08.64.272.

(d) The form titled *Alaska State Medical Board Courtesy License Checklist*, dated July 2012, is adopted by reference. This form is established by the board for the use by the executive secretary or another employee of the division in completing the application processing for a courtesy license under AS 08.01.062 and 12 AAC 40.045.

Authority: AS 08.01.062 AS 08.64.205 AS 08.64.270
AS 08.64.075 AS 08.64.209 AS 08.64.272
AS 08.64.100 AS 08.64.255 AS 08.64.279
AS 08.64.200

Editor's note: *The application checklist forms listed in 12 AAC 40.058 are available at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing offices in Anchorage and Juneau.*

ARTICLE 2.
ABORTIONS.

Section

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

12 AAC 40.060. TERMINATION OF PREGNANCY. Termination of pregnancy must be requested by the pregnant woman, unless she has been adjudged mentally incompetent or is unmarried and under 18 years of age, in which case the request must be made by her parent or guardian.

Authority: AS 11.15.060(a) AS 08.64.105

12 AAC 40.070. INFORMED CONSENT. Unless otherwise provided in 12 AAC 40.060, a written informed consent shall be obtained from the patient or from any other person whose consent is required before termination of

a pregnancy. Such written informed consent shall be on the patient's chart. The patient and other persons whose consent is required shall be advised of the medical implications and the possible emotional and physical sequelae of the procedure.

Authority: AS 08.64.105

12 AAC 40.080. MEDICAL PROCEDURES. The patient shall be examined by a physician licensed in Alaska, and a written record of the patient's physical and emotional health shall be prepared before performing an abortion procedure as set out in 12 AAC 40.110.

Authority: AS 08.64.105

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

Authority: AS 08.64.105

12 AAC 40.100. CONSULTATION REQUIREMENTS. Abortions interrupting a pregnancy up to and including the twelfth week of gestation may be performed without consultation. Abortions performed after the twelfth week of gestation shall be preceded by consultation with another physician. The consultation shall include an opinion as to the preferred method of termination of pregnancy.

Authority: AS 08.64.105

12 AAC 40.110. ABORTION PROCEDURES. During the second or third trimester of a pregnancy, acceptable procedures include dilation and curettage, suction aspiration of the uterus, injection of pharmacological agents, hysterectomy and hysterotomy. The exact procedure to be used will depend upon the patient's total health, age, associated disease and pathology, and anomalies such as skeletal defects and other medical indications.

Authority: AS 08.64.105

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

(b) During the second or third trimester of a pregnancy, blood, blood derivatives, blood substitutes or plasma expanders shall be immediately available when an abortion is performed, and an operating room appropriately staffed and equipped for major surgery in accordance with regulations adopted under AS 18.20.060 shall be immediately available.

Authority: AS 08.64.105

12 AAC 40.130. RECORDS. During the second or third trimester of a pregnancy, the attending physician shall record a medical history, findings of the physical examination, operative report of the abortion procedure and pathology report as part of the clinical record to be maintained by the hospital or facility. The physician and hospital or facility shall treat the patient's identity and medical record as confidential information.

Authority: AS 08.64.105

12 AAC 40.140. LIMITATION. A fetus which has not developed beyond 150 days after the first day of the last menstrual period may be considered nonviable for purposes of AS 11.15.060(a). In the performance of an abortion after that date, the physician shall be guided by a reasonable judgment as to whether the fetus is viable in fact.

Authority: AS 08.64.105 AS 11.15.060(a)

ARTICLE 3.
CONTINUING MEDICAL EDUCATION.

Section

200. General requirements
210. Credit hours
220. Certification of compliance
240. Exemption from continuing medical education requirements

12 AAC 40.200. GENERAL REQUIREMENTS. (a) A physician seeking renewal of a license shall obtain an average of 25 credit hours of continuing medical education during each year of the previous license period.

(b) If a licensee fails to meet continuing medical education requirements due to illness or other extenuating circumstances, the licensee may request an extension of time in order to comply with those requirements. The request for an extension must be made on the licensee's application for license renewal. The board, or its designee, will only consider a request for extension if the licensee also agrees to enter into a memorandum of agreement with the board that specifies the date within the licensing period by which the licensee will meet the continuing education requirements and the licensee's agreement to voluntarily surrender the license to the board if the licensee fails to comply with the memorandum of agreement. The board, or its designee, will evaluate the request and proposed memorandum of agreement on an individual basis. If approved, the board, or its designee, will grant the extension of time and issue the renewed license for the next licensing period, effective from the date of the approval of the agreement.

Authority: AS 08.01.100 AS 08.64.100 AS 08.64.312
AS 08.64.075

12 AAC 40.210. CREDIT HOURS. (a) Except as provided in (b) of this section, a licensee may meet the continuing medical education requirements set out in 12 AAC 40.200(a) only by obtaining

(1) credit hours in a Category I continuing medical education program accredited by the American Medical Association; or

(2) Category I or II continuing medical education hours accredited by the American Osteopathic Association.

(b) The board will accept the following as the equivalent of the credit hours required under 12 AAC 40.200(a):

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

(2) initial certification or recertification during the concluding licensing period by a specialty board recognized by the American Medical Association or the American Osteopathic Association; or

(3) participation in a residency program during the concluding licensing period.

Authority: AS 08.64.100 AS 08.64.312

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

(b) The board, or its designee, will, in the board's or the board designee's discretion, require a licensee to submit additional evidence of compliance with the continuing medical education requirement. The licensee shall maintain evidence of compliance.

(c) The board, or its designee, will, in the board's or the board designee's discretion, audit the statements of compliance and additional evidence submitted under (a) and (b) of this section. If upon audit, the board or its designee determines that the statement of compliance contained misstatements and that the licensee had not met continuing medical education requirements set out in 12 AAC 40.200 and 12 AAC 40.210 by the time that the statement of compliance was signed, the board or its designee will consider the licensee as securing a license through intentional misrepresentation under AS 08.64.326(a)(1). Nothing in this subsection precludes the board from finding other grounds for imposition of disciplinary sanctions under AS 08.64.326 based on the conduct described in this subsection.

Authority: AS 08.64.075 AS 08.64.312 AS 08.64.326
AS 08.64.100

12 AAC 40.240. EXEMPTION FROM CONTINUING MEDICAL EDUCATION REQUIREMENTS. For the purposes of exempting a licensee from meeting the continuing medical education requirements in a licensing period, extenuating circumstances are those circumstances, beyond the licensee's control, that prevent the licensee from meeting the continuing medical education requirements. Extenuating circumstances include the licensee's debilitating or long-term personal illness or injury and the debilitating or long-term illness or injury of a member of the licensee's immediate family.

Authority: AS 08.64.100 AS 08.64.101 AS 08.64.312

ARTICLE 4.
MOBILE INTENSIVE CARE PARAMEDICS.

Section

300. Application for license
310. Qualifications for initial license
315. Sponsorship
320. Approved curriculum
325. Internship requirements
330. (Repealed)
340. License issuance and expiration
350. Renewal of license
352. Lapsed mobile intensive paramedic licenses
355. Temporary permits
356. Provisional license
360. Grounds for suspension, revocation or refusal to issue a license
370. Scope of authorized activities
380. Prohibited acts
390. Identification

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

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

(c) *Repealed 6/15/2001.*

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.310. QUALIFICATIONS FOR INITIAL LICENSE. (a) An applicant for a mobile intensive care paramedic license must

(1) be 19 years of age or older;

(2) be a high school graduate;

(3) provide a letter from the applicant's physician sponsor verifying that the applicant will, at all times, be under the supervision of a physician sponsor approved by the board, as required by 12 AAC 40.315;

(4) submit a certified copy of the applicant's paramedic education program certificate or an original letter, signed by the education program director and sent directly to the division from the program director, verifying completion of a training program that meets the requirements of 12 AAC 40.320;

(5) following the successful completion of the classroom and clinical portions of the board approved curriculum, have satisfactorily completed a 480-hour internship that meets the requirements of 12 AAC 40.325;

(6) pass the written and practical examination for emergency medical technician-paramedic administered by the National Registry of Emergency Medical Technicians; and

(7) submit verification of licensure from the appropriate licensing authority in each state, territory, or province where the applicant holds or has ever held a license as a paramedic or other health care professional; and

(8) submit the applicable fees established in 12 AAC 02.250.

(b) An applicant for licensure as a mobile intensive care paramedic who is currently licensed in another state must fulfill the requirements of (a)(1) – (4) and (6) – (8) of this section and

(1) may not be currently under suspension or revocation as a mobile intensive care paramedic, or emergency medical technician- paramedic, or the equivalent, and may not be the subject of an unresolved investigation, complaint review procedure, or disciplinary proceeding undertaken by a certifying or licensing agency in another state; and

(2) must submit written verification from the applicant's previous physician sponsor, on a form approved by the department, attesting that the applicant is capable of performing the activities listed in 12 AAC 40.370(a) plus any other specific emergency procedures authorized by the physician sponsor.

(c) The board will, in its discretion, require an applicant to provide additional documentation necessary to verify the applicant's education or experience.

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.240

12 AAC 40.315. SPONSORSHIP. (a) A person licensed as a mobile intensive care paramedic shall immediately report to the board, in writing, any change of sponsorship.

(b) When a sponsor withdraws sponsorship of a mobile intensive care paramedic, the paramedic is not authorized to practice until a new physician sponsor is approved by the board.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.320. APPROVED CURRICULUM. (a) The approved curriculum for license as a mobile intensive care paramedic is the U.S. Department of Transportation National Training Course Emergency Medical Technician Paramedic, in effect at the time of training.

(b) The training program must be under the direction of a physician licensed in the state where the training takes place.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.325. INTERNSHIP REQUIREMENTS. An internship for a mobile intensive care paramedic must meet the following requirements:

(1) all procedures performed by an intern must be under the direct supervision of a physician sponsor or another physician, physician assistant, registered nurse, or mobile intensive care paramedic, licensed or certified in the state where the internship takes place, who has been designated the responsibility of supervision by the physician sponsor;

(2) the successful completion of the internship must be verified, on a form approved by the board, by the physician sponsor, attesting that the mobile intensive care paramedic intern is capable of performing the activities listed in 12 AAC 40.370(a) including any other specific emergency procedures authorized by the physician sponsor under 12 AAC 40.370(a)(8); and

(3) verification from the supervising physician of the successful completion of 20 twenty-four hour shifts, or the equivalent number of hours, completed at a location approved in advance by the board.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.330. PERSONS CURRENTLY PRACTICING AS MOBILE INTENSIVE CARE PARAMEDICS. *Repealed 8/25/90.*

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

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.350. RENEWAL OF LICENSE. (a) An applicant for renewal of a mobile intensive care paramedic license shall submit

(1) a completed license renewal application form provided by the department;

(2) satisfactory evidence of completion of continuing medical education consisting of not less than 60 classroom or clinical hours, or combination of classroom and clinical hours, for each complete 12-month period the applicant has held a mobile intensive care paramedic license during the concluding license period; not more than one-quarter of the total hours of continuing medical education required under this paragraph may be awarded for completion of a formal correspondence or other individual study program; at least six hours of the total hours of continuing medical education required under this paragraph must be specific to pediatrics emergency education;

(3) evidence of current successful completion of a course as either a provider or instructor in advanced cardiac life support from the American Heart Association or the American Safety and Health Institute; the board will accept the hours satisfied under this paragraph as a portion of the hours required in (2) of this subsection;

(4) evidence of current successful completion of a course in basic life support, including adult, child, and infant CPR and airway obstruction maneuvers from a program approved by the board; the board will accept the hours satisfied under this paragraph as a portion of the hours required in (a)(2) of this section; programs approved by the board include the following:

(A) Basic Life Support for Healthcare Providers – American Heart Association;
(B) CPR for the Professional Rescuer – American Red Cross;
(C) CPR component of Medic First Aid, Advanced – Medic First Aid International, Inc.;
(D) Basic Life Support for Professionals – EMP America;
(E) CPR for the Professional Rescuer – American Safety and Health Institute;
(F) Respond Systems AED/CPR;
(G) Emergency Care and Safety Institute's Professional Rescuer CPR;

(5) a written recommendation as to the applicant's fitness to practice as a mobile intensive care paramedic, made by the applicant's sponsor physician; the recommendation must include verification of skills performance in those authorized activities set out in 12 AAC 40.370(a); and

(6) the license renewal fee established by 12 AAC 02.250.

(b) If an applicant for renewal cannot meet the requirements for renewal under (a) of this section, the applicant must apply and meet the requirements for initial licensure under 12 AAC 40.300 — 12 AAC 40.310.

(c) The board will, in its discretion, exempt a mobile intensive care paramedic from the requirements of (a)(2) of this section upon application giving evidence satisfactory to the board that the applicant is unable to comply with the requirements because of extenuating circumstances. The board will not exempt a person from more than 60 hours of continuing medical education in a four-year period.

Authority: AS 08.01.100 AS 08.64.100 AS 08.64.107

12 AAC 40.352. LAPSED MOBILE INTENSIVE PARAMEDIC LICENSES. (a) A mobile intensive care paramedic license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits

(1) documentation that the continuing medical education requirements of 12 AAC 40.350 have been met; and

(2) the renewal fees required by 12 AAC 02.250.

(b) A mobile intensive care paramedic license that has been lapsed for at least one year but less than five years will be reinstated if the applicant submits

(1) a complete renewal application on a form provided by the department;

(2) documentation that the continuing medical education requirements of 12 AAC 40.350(a)(2) have been met for the entire period during which the license has been lapsed;

(3) verification of licensure from each state, territory, or province where the applicant holds or has ever held a mobile intensive paramedic license or other health care professional license;

(4) the applicable fees required by 12 AAC 02.250.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a mobile intensive paramedic license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

Authority: AS 08.01.100 AS 08.64.107 AS 08.64.380
AS 08.64.100 AS 08.64.240

12 AAC 40.355. TEMPORARY PERMITS. (a) A member or designee, of the board may issue a temporary mobile intensive care paramedic permit to an applicant who meets the requirements of 12 AAC 40.310.

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

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

(d) A temporary permit will be withdrawn by the board if the physician sponsorship is withdrawn.

(e) In this section, "temporary permit" means a permit issued by a member or designee, of the board to an individual who has applied for licensure, has fulfilled the requirements set out in 12 AAC 40.310 and is awaiting the next meeting of the board for consideration of the application.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.356. PROVISIONAL LICENSE. (a) The board will, in its discretion, issue a provisional license to an applicant for initial licensure who has met all requirements of 12 AAC 40.310 except for passing the examination required in 12 AAC 40.310(6). The applicant shall submit written verification from the National Registry of Emergency Medical Technicians that he or she is awaiting examination results or is scheduled to take the next examination.

(b) A provisional license is valid until the first meeting of the board after the results of the examination for licensure have been issued, or until the physician sponsor withdraws sponsorship, or until the board is notified that the provisional licensee has failed the examination for licensure, whichever occurs first.

(c) A provisional license is not renewable.

Authority: AS 08.64.100 AS 08.64.107

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

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

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

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

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

(5) practice beyond the scope authorized by the sponsor physician;

(6) practice without physician sponsorship.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.370. SCOPE OF AUTHORIZED ACTIVITIES. (a) A licensed mobile intensive care paramedic, when under the supervision of a sponsor physician, may perform the activities listed in this subsection. The direct supervision of an activity may be delegated to another physician when the mobile intensive care paramedic is caring for a patient in a hospital, at the scene of a medical emergency when voice contact is monitored by a physician and direct communication is maintained, or when under the specific written standing order of a physician. The activities are

(1) electrocardiographic monitoring and defibrillation;
(2) initiating and maintaining intravenous routes using approved intravenous techniques and solutions;
(3) performing endotracheal intubation and pulmonary ventilation by approved methods;
(4) performing gastric suction by intubation;
(5) obtaining blood for laboratory analysis;
(6) administering parenterally, orally, or topically any approved agents or solutions;
(7) use of pneumatic antishock devices; and
(8) performing other emergency procedures authorized by a sponsoring physician.

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

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

(2) the activities that take place in a hospital are supervised by a physician, physician assistant, mobile intensive care paramedic, or nurse; and

(3) the activities that take place outside a hospital are supervised by a licensed mobile intensive care paramedic, or a physician sponsor, or the physician sponsor's designee.

(c) While functioning as an intern in Alaska, a person may not perform the activities listed in (a) of this section for more than 480 hours, or for more than six calendar months, without becoming licensed as a mobile intensive care paramedic by the board.

(d) The scope of authorized activities for a mobile intensive care paramedic does not include primary patient care, such as dispensing nonemergency medications, performing physical examinations for nonemergency purposes, and treatment of nonemergency medical conditions included in the scope of practice for a physician, physician assistant, or nurse, unless specifically authorized by the board.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.380. PROHIBITED ACTS. No person may represent himself or herself as a paramedic, mobile intensive care paramedic, or emergency medical technician-paramedic unless he or she is licensed as a mobile intensive care paramedic under this chapter.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.390. IDENTIFICATION. While performing the duties of a mobile intensive care paramedic, the licensee shall be clearly identified by nameplate, uniform, or other apparent means to distinguish him or her from other health care professionals, workers, and students.

Authority: AS 08.64.100 AS 08.64.107

ARTICLE 5.
PHYSICIAN ASSISTANTS.

Section

400. Physician assistant license
405. Temporary license
406. (Repealed)
408. (Repealed)
410. Collaborative relationship and plan
415. Remote practice location
420. (Repealed)
430. Performance and assessment of practice
440. (Repealed)
445. Graduate physician assistant license
447. (Repealed)
450. Authority to prescribe, order, administer, and dispense medications
460. Identification
470. Renewal of a physician assistant license

473. Inactive physician assistant license
475. Lapsed physician assistant license
480. Exemptions
490. Grounds for suspension, revocation, or denial of license

12 AAC 40.400. PHYSICIAN ASSISTANT LICENSE. (a) An individual who desires to undertake medical diagnosis and treatment or the practice of medicine in AS 08.64.380(6) or AS 08.64.380(7) as a physician assistant

(1) shall apply for a permanent renewable license on a form provided by the department;

(2) shall pay the appropriate fees established in 12 AAC 02.250; and

(3) must be approved by the board.

(b) The application must contain documented evidence of

(1) graduation from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs;

(2) a passing score on the certifying examination administered by the National Commission on Certification of Physician Assistants;

(3) verification of current certification issued by the National Commission on Certification of Physician Assistants (NCCPA);

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

(5) verification of registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant or any other health care professional;

(6) verification of successful completion of a physician assistant program that meets the requirements of (1) of this subsection; that verification must be sent directly from the program to the board;

(7) clearance from the Board Action Data Bank maintained by the Federation of State Medical Boards; and

(8) clearance from the federal Drug Enforcement Administration (DEA).

(c) *Repealed 9/1/2007.*

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.405. TEMPORARY LICENSE. (a) A member or designee of the board may approve a temporary physician assistant license of an applicant who meets the requirements of 12 AAC 40.400 or 12 AAC 40.445 and pays the fee set out in 12 AAC 02.250.

(b) A temporary license is valid for six months or until the board meets and considers the application for a permanent renewable license, whichever occurs first.

(c) The board may renew a temporary license once only, based on good cause.

(d) *Repealed 07/25/2008.*

(e) An applicant who meets the requirements on the checklist established in this section has demonstrated the necessary qualifications for the temporary permit applied for and will be approved by the board or the board's designee for issuance of that permit. An applicant who does not meet the requirements on the checklist established in this section for that permit will not be issued a temporary permit unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.64 and this chapter for that permit. The form titled *Alaska State Medical Board – Checklist, Temporary Permit for Physician Assistant*, dated July 2012, is adopted by reference. This form is established by the board for the use by the executive secretary or another employee of the division in completing the application processing for a temporary permit under this section.

Authority: AS 08.64.100 AS 08.64.107

Editor's note: *The application checklist form listed in 12 AAC 40.405 is available at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing offices in Anchorage and Juneau.*

12 AAC 40.406. LOCUM TENENS AUTHORIZATION TO PRACTICE. *Repealed 9/1/2007.*

12 AAC 40.408. AUTHORIZATION TO PRACTICE AS A PHYSICIAN ASSISTANT. *Repealed 9/1/2007.*

12 AAC 40.410. COLLABORATIVE RELATIONSHIP AND PLAN. (a) A licensed physician assistant may not practice without at least one collaborative relationship established under this chapter. The collaborative relationship must be documented by a collaborative plan on a form provided by the board and must include

(1) the name, license number, and specialty, if any, for the primary supervising physician and at least one alternate collaborating physician;

(2) the name, place of employment, and both residence and mailing addresses of the physician assistant with whom the physician intends to establish a collaborative relationship;

(3) the beginning date of employment under the collaborative plan and the physical location of practice;

(4) compliance with 12 AAC 40.415 if the practice location is a remote practice location; and

(5) prescriptive authority being granted to the physician assistant by the collaborating physician under the collaborative plan.

(b) The collaborative plan must be filed with the division within 14 days after the effective date of the collaborative plan or within 14 days after the effective date of any change to that plan.

(c) Receipt by the board of the collaborative plan will be considered documented evidence of an established collaborative plan.

(d) Any physician assistant subject to a board order must have their collaborative plan approved by the board or its designee in advance of the effective date of the plan to insure that the collaborative plan conforms to the terms of the order.

(e) A copy of the current plan must be retained at the place of employment specified in the plan and must be available for inspection by the public.

(f) A change in a collaborative plan automatically suspends a licensed physician assistant's authority to practice under that collaborative plan unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician and at least one alternate collaborating physician remains in place. Any change to collaborating physicians must be reported to the board in accordance with (b) of this section.

(g) Nothing in this section prohibits periodic board review and assessment of the collaborating physician and the collaborative plan.

(h) A physician who wishes to establish a collaborative relationship with a physician assistant must hold a current, active, and unrestricted license to practice medicine in this state and be in active practice of medicine.

(i) The primary collaborating physician shall maintain in the physician's records a copy of each DEA Form 222 official order form submitted by each physician assistant with whom the physician has a collaborative relationship. The primary collaborating physician is responsible for ensuring that the physician assistant complies with state and federal inventory and record keeping requirements.

(j) In this section, "active practice" means at least 200 hours each year of practicing medicine with direct patient contact.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.415. REMOTE PRACTICE LOCATION. (a) To qualify to practice in a remote practice location, a physician assistant with less than two years of full-time clinical experience must work 160 hours in direct patient care under the direct and immediate supervision of the collaborating physician or alternate collaborating physician. The first 40 hours must be completed before the physician assistant begins practice in the remote practice location, and the remaining 120 hours must be completed within 90 days after the date the physician assistant starts practice in the remote practice location.

(b) A physician assistant with less than two years of full-time clinical experience who practices in a remote practice location and who has a change of collaborating physician must work 40 hours under the direct and immediate supervision of the new collaborating physician within 60 days after the effective date of the new collaborative plan unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician.

(c) A physician assistant with two or more years of full-time clinical experience who applies for authorization to practice in a remote practice location shall submit with the collaborative plan

(1) a detailed curriculum vitae documenting that the physician assistant's previous experience as a physician assistant is sufficient to meet the requirements of the location assignment; and

(2) a written recommendation and approval from the collaborating physician.

(d) In this section, "remote practice location" means a location in which a physician assistant practices that is 30 or more miles by road from the collaborating physician's primary office.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.420. CURRENTLY PRACTICING PHYSICIAN ASSISTANT. *Repealed 6/28/97.*

12 AAC 40.430. PERFORMANCE AND ASSESSMENT OF PRACTICE. (a) A person may perform medical diagnosis and treatment as a physician assistant only if licensed by the board and only within the scope of practice of the collaborating physician.

(b) A periodic method of assessment of the quality of practice must be established by the collaborating physician. In this subsection, "periodic method of assessment" means evaluation of medical care and clinic management.

(c) *Repealed 3/27/03.*

(d) *Repealed 3/27/03.*

(e) Assessments must include annual direct personal contact between the physician assistant and the primary or alternate collaborating physician, at either the physician or physician assistant's work site. The collaborating physician shall document the evaluation on a form provided by the department.

(f) Except as provided in (h) of this section, collaborative plans in effect for less than two years must include at least one direct personal contact visit with the primary or alternate collaborating physician per calendar quarter for at least four hours duration.

(g) Except as provided in (h) of this section, collaborative plans in effect for two years or more must include at least two direct personal contact visits with the primary or alternate collaborating physician per year. Each visit must be of at least four hours duration and must be at least four months apart.

(h) Physician assistants who practice under a collaborative plan for a continuous period of less than three months of each year must have at least one direct personal contact visit with the primary or alternate collaborating physician annually.

(i) Collaborative plans, regardless of duration, must include at least monthly telephone, radio, electronic, or direct personal contact between the physician assistant and the primary or alternate collaborating physician. Monthly contact must be documented.

(j) Contacts, whether direct personal contact or contact by telephone, radio, or other electronic means, must include reviews of patient care and review of health care records.

(k) The primary collaborating physician shall maintain records of performance assessments. The board may audit those records.

(*l*) The primary collaborating physician shall maintain on file the completed records of assessment form for at least seven years after the date of the evaluation.

(m) If an alternate collaborating physician performs the evaluation, copies of the record of assessment must be provided to the primary collaborating physician for retention in the primary collaborating physician's records.

(n) The board's executive secretary may initiate audits of performance assessment records. In any one calendar year, the performance assessment records of not more than 10 percent of the actively licensed physician assistants, selected randomly by computer, will be audited. For each audit,

(1) the collaborating physician shall produce records of assessment for the past two calendar years immediately preceding the year of audit; and

(2) if the collaborative plan has been in effect for at least one year, but less than two years, only one year of records will be audited; collaborative plans of less than one year's duration will not be audited.

(o) *Repealed 5/8/2013*.

(p) *Repealed 5/8/2013*.

(q) *Repealed 5/8/2013*.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.440. STUDENT PHYSICIAN ASSISTANT PERMIT. *Repealed 8/17/97.*

12 AAC 40.445. GRADUATE PHYSICIAN ASSISTANT LICENSE. (a) An applicant for a license to practice as a graduate physician assistant

(1) shall apply on a form provided by the department;

(2) shall pay the fees established in 12 AAC 02.250; and

(3) must be approved by the board.

(b) The application must include

(1) evidence of having graduated from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs; and

(2) evidence of having been accepted to take the next entry level examination of the National Commission on Certification of Physician Assistants, Inc. (NCCPA) for initial certification.

(c) A graduate physician assistant license is automatically suspended on the date the board receives notice that the applicant failed to take or failed to pass the NCCPA certifying examination required under (b)(2) of this section.

(d) Upon request, the board will reissue a graduate physician assistant license only if the licensee was prevented from taking a scheduled examination.

(e) A licensed graduate physician assistant must be under the continuous on-site supervision of a physician assistant licensed in this state or a physician licensed in this state.

(f) When licensed, the licensee shall display a nameplate designating that person as a "graduate physician assistant."

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.447. AUTHORIZATION TO PRACTICE AS A GRADUATE PHYSICIAN ASSISTANT. *Repealed 9/1/2007.*

12 AAC 40.450. AUTHORITY TO PRESCRIBE, ORDER, ADMINISTER, AND DISPENSE MEDICATIONS. (a) A physician assistant who prescribes, orders, administers, or dispenses controlled substances must have a current Drug Enforcement Administration (DEA) registration number, valid for that handling of that controlled substance on file with the department.

(b) *Repealed 9/1/2007.*

(c) A physician assistant with a valid DEA registration number may order, administer, dispense, and write a prescription for a schedule II, III, IV, or V controlled substance only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current collaborative plan on file with the division.

(d) The physician assistant's authority to prescribe may not exceed that of the primary collaborating physician as documented in the collaborative plan on file with the division.

(e) A physician assistant with a valid DEA registration number may request, receive, order, or procure schedule II, III, IV, or V controlled substance supplies from a pharmaceutical distributor, warehouse, or other entity only with the authorization of the physician assistant's primary collaborating physician. If granted this authority, the physician assistant is responsible for complying with all state and federal inventory and record keeping requirements. The authorization must be documented in the physician assistant's current collaborative plan on file with the division. Within 10 days after the date of issue on the form, the physician assistant shall provide to the primary collaborating physician a copy of each DEA Form 222 official order form used to obtain controlled substances.

(f) A physician assistant may prescribe, order, administer, or dispense a medication that is not a controlled substance only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current collaborative plan on file with the division.

(g) A graduate physician assistant licensed under this chapter may not prescribe, order, administer, or dispense a controlled substance.

(h) Termination of a collaborative plan terminates a physician assistant's authority to prescribe, order, administer, and dispense medication under that plan.

(i) A prescription written under this section by a physician assistant must include the

(1) primary collaborating physician's name;

(2) primary collaborating physician's DEA registration number;

(3) physician assistant's name; and

(4) physician assistant's DEA registration number.

(j) In this section, unless the context requires otherwise,

(1) "order" means writing instructions on an order sheet to dispense a medication to a patient from an on-site pharmacy or drug storage area; for purposes of this paragraph, "on-site pharmacy" means a secured area that provides for the storage and dispensing of controlled substances and other drugs and is located in the facility where the physician assistant is practicing;

(2) "prescription" means a written document regarding a medication, prepared for transmittal to a licensed pharmacy for the dispensing of the medication;

(3) "schedule" used in conjunction with a controlled substance, means the relevant schedule of controlled substances under 21 U.S.C. 812 (Sec. 202, Federal Controlled Substances Act).

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.460. IDENTIFICATION. A licensed physician assistant authorized to practice shall conspicuously display on the licensee's clothing a nameplate identifying the physician assistant as a "Physician Assistant-Certified (PA-C)" and shall display at the licensee's customary place of employment

(1) a current state license; and

(2) a sign at least five by eight inches informing the public that documents showing the licensed physician assistant's education and a copy of the current collaborative plan on file with the division are available for inspection.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.470. RENEWAL OF A PHYSICIAN ASSISTANT LICENSE. (a) A physician assistant license must be renewed biennially on the date set by the department.

(b) An application for renewal must be made on the form provided by the department and must include

(1) payment of the renewal fee established in 12 AAC 02.250;

(2) documented evidence that the applicant has met the continuing medical education and recertification requirements of the NCCPA, including the NCCPA recertification examination, and is currently certified by NCCPA;

(3) verification on a form provided by the department of each authorization to practice issued before September 1, 2007 under which the physician assistant is practicing.

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.315

12 AAC 40.473. INACTIVE PHYSICIAN ASSISTANT LICENSE. (a) A physician assistant who is not practicing in the state may hold an inactive license that may be renewed.

(b) A physician assistant may apply for an inactive license at the time of license renewal by

(1) indicating on the form for license renewal that the physician assistant is requesting an inactive license; and

(2) paying the inactive biennial license fee established in 12 AAC 02.250.

(c) A physician assistant licensed as inactive may not practice as a physician assistant in the state.

(d) A physician assistant licensed as inactive who wishes to resume active practice as a physician assistant in the state must

(1) submit a completed renewal application form indicating request for reactivation;

(2) pay the physician assistant biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period;

(3) submit a copy of a current certificate issued by the National Commission on Certification of Physician Assistants; and

(4) request a clearance report from the Federation of State Medical Boards's Board Action Data Bank be sent directly to the board.

(e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician assistant authorization for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

Authority: AS 08.64.100 AS 08.64.240 AS 08.64.313
AS 08.64.107

12 AAC 40.475. LAPSED PHYSICIAN ASSISTANT LICENSE. (a) A physician assistant license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits

(1) a complete renewal application form;

(2) documentation that the continuing medical education requirements of 12 AAC 40.470(b)(2) have been met; and

(3) the renewal fees required by 12 AAC 02.250.

(b) A physician assistant license that has been lapsed for at least one year but less than five years will be reinstated if the applicant submits

(1) a complete renewal application on a form provided by the department;

(2) documentation that the continuing medical education requirements of 12 AAC 40.470(b)(2) have been met for the entire period that the authorization has been lapsed;

(3) verification of licensure from the appropriate licensing authority in each state, territory, or province where the applicant holds or has ever held a license as a physician assistant or other health care professional;

(4) clearance from the Federation of State Medical Boards sent directly to the division;

(5) clearance from the federal Drug Enforcement Administration (DEA); and

(6) the applicable fees required in 12 AAC 02.250.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician assistant license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

Authority: AS 08.01.100 AS 08.64.100 AS 08.64.107

12 AAC 40.480. EXEMPTIONS. (a) Nothing in this chapter prevents or regulates the use of a community health aid in the usual and customary manner in the rural areas of the State of Alaska.

(b) Nothing in this chapter regulates, restricts, or alters the functions of a person traditionally employed in an office, by a physician, in a position not regulated by the State Medical Board under AS 08.64.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.490. GROUNDS FOR SUSPENSION, REVOCATION, OR DENIAL OF LICENSE. The board, after compliance with the Administrative Procedure Act (AS 44.62), will, in its discretion, suspend, revoke or deny the license of a physician assistant who

(1) fails to pay the fees established in 12 AAC 02.250;

(2) has obtained, or attempted to obtain, a license or authorization to practice as a physician assistant by fraud, deceit, material misrepresentation, or false statement;

(3) habitually abuses alcoholic beverages, or illegally uses depressants, hallucinogenic or stimulant drugs as defined by AS 17.12.150(3) or uses narcotic drugs as defined by AS 17.10.230(13);

(4) consistently fails to comply with 12 AAC 40.460;

(5) practices without the required collaborative plan as required by 12 AAC 40.410;

(6) represents or uses any signs, figures, or letters to represent himself or herself as a physician, surgeon, doctor, or doctor of medicine;

(7) violates any section of this chapter;

(8) is found to have demonstrated professional incompetence as defined in 12 AAC 40.970;

(9) in a clinical setting,
(A) fails to clearly identify oneself as a physician assistant to a patient;
(B) uses or permits to be used on the physician assistant's behalf the term "doctor," "Dr.," or "doc"; or
(C) holds oneself out in any way to be a physician or surgeon;
(10) practices without maintaining certification by the National Commission on Certification of Physician Assistants (NCCPA).

Authority: AS 08.64.100 AS 08.64.107

ARTICLE 6.
GENERAL PROVISIONS.

Section

910. Delegation of authority to the board's designee
930. Requirements for reporting the outcome of malpractice claims or actions
940. Standards of practice for record keeping
945. Performance of independent medical evaluations
946. Application made under oath or affirmation; disciplinary sanctions
950. Contract for impaired professionals program
955. Ethical standards
960. Current address
963. Application form and verifications for licensure
965. Reinstatement of a surrendered license
967. Unprofessional conduct
970. Professional incompetence
975. Prescribing controlled substances
980. (Repealed)
981. Federal licensure exemptions for persons who practice in an Alaska tribal health program
983. Cooperative practice agreements with pharmacists
985. General anesthetic
986. Withdrawal of application
987. Retention of abandoned applications
990. Definitions

12 AAC 40.910. DELEGATION OF AUTHORITY TO THE BOARD'S DESIGNEE. At least once each year, at a scheduled meeting of the board, the board will take formal action to identify the board's primary designee to perform duties that may be delegated to that designee under AS 08.64. The board will identify an alternative designee, either a single board member, the executive secretary, or another employee of the department who may act as the board's designee in the absence of the primary designee.

Authority: AS 08.64.075 AS 08.64.100 AS 08.64.101

12 AAC 40.930. REQUIREMENTS FOR REPORTING THE OUTCOME OF MALPRACTICE CLAIMS OR ACTIONS. (a) A person licensed under this chapter shall submit to the board a signed, notarized report on a form provided by the department, explaining the outcome of each malpractice claim or action against the licensee in which damages have been or are to be paid, whether by judgement or settlement. Reports shall be submitted to the board within 30 days of the date of the resolution of the claim or action.

(b) Malpractice reports shall include the
(1) name and address of the licensee;
(2) telephone number of the licensee;
(3) date of the occurrence;
(4) summary of the alleged malpractice;
(5) summary of the licensee's response to the allegations;
(6) case, claim, or court number of the malpractice claim or action; if a court action was not filed, the medical record or chart number, and the location of the records relating to the alleged malpractice;
(7) amount of the award or settlement paid or to be paid by or on behalf of the licensee;
(8) date of award or settlement;
(9) following type of resolution of the claim or action:
(A) court or jury award;
(B) settlement following initiation of civil court action;
(C) settlement before the initiation of civil court action;
(D) other private compromise.

(c) Failure to submit a malpractice report required by this section constitutes unprofessional conduct under 12 AAC 40.967 and is subject to disciplinary action by the board.

Authority: AS 08.64.100 AS 08.64.200 AS 08.64.345
AS 08.64.130 AS 08.64.209

12 AAC 40.940. STANDARDS OF PRACTICE FOR RECORD KEEPING. (a) A physician or physician assistant licensed by the board shall maintain adequate records for each patient for whom the licensee performs a professional service.

(b) Each patient record shall meet the following minimum requirements:

(1) be legible;

(2) contain only those terms and abbreviations that are or should be comprehensible to similar licensees;

(3) contain adequate identification of the patient;

(4) indicate the dates that professional services were provided to the patient;

(5) reflect what examinations, vital signs, and tests were obtained, performed, or ordered concerning the patient and the findings and results of each;

(6) indicate the chief complaint of the patient;

(7) indicate the licensee's diagnostic impressions of the patient;

(8) indicate the medications prescribed for, dispensed to, or administered to the patient and the quantity and strength of each medication;

(9) reflect the treatment provided to or recommended for the patient;

(10) document the patient's progress during the course of treatment provided by the licensee.

(c) Each entry in the patient record shall reflect the identity of the individual making the entry.

(d) Each patient record shall include any writing intended to be a final record. This subsection does not require the maintenance of preliminary drafts, notes, other writings, or recordings once this information is converted to final form and placed in the patient record.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.945. PERFORMANCE OF INDEPENDENT MEDICAL EVALUATIONS. Except as provided in AS 08.64.370, a physician who comes to this state for the purpose of performing an independent medical evaluation that involves a face-to-face physical examination, regardless of the purpose of the evaluation, is practicing medicine and is required to be licensed in this state.

Authority: AS 08.64.100 AS 08.64.170 AS 08.64.370

12 AAC 40.946. APPLICATION MADE UNDER OATH OR AFFIRMATION; DISCIPLINARY SANCTIONS. The applicant must sign the application and swear to or affirm the truth of its contents. False or misleading statements or information on the application, whether or not made knowingly, are grounds for denial of approval to take an examination under AS 08.64 or for disciplinary sanctions under AS 08.64.331.

Authority: AS 08.64.100 AS 08.64.190 AS 08.64.326
AS 08.64.107

12 AAC 40.950. CONTRACT FOR IMPAIRED PROFESSIONALS PROGRAM. The contract to establish an impaired medical professionals program under AS 08.64.101(6) must address the following areas:

(1) qualifications of the contracting agency or agent;

(2) record keeping;

(3) responsibility to report to the board;

(4) confidentiality;

(5) chemical and behavioral monitoring components; and

(6) costs.

Authority: AS 08.64.100 AS 08.64.101

12 AAC 40.955. ETHICAL STANDARDS. (a) The Principles of Medical Ethics of the American Medical Association on page xiv of the 2002 – 2003 Edition of the Council on Ethical and Judicial Affairs, *Code of Medical Ethics*, published by the American Medical Association are adopted by reference as the ethical standards for physicians and applies to all physicians subject to this chapter.

(b) The 1996 edition of the *Code of Ethics* of the American Osteopathic Association is adopted by reference as the ethical standards for osteopaths and applies to all osteopaths subject to this chapter.

(c) The 1998 edition of the *Code of Ethics* of the American Podiatric Medical Association is adopted by reference as the ethical standards for podiatrists and applies to all podiatrists subject to this chapter.

(d) The June 2006 edition of the *Code of Ethics of the Physician Assistant Profession of the American Academy of Physician Assistants* is adopted by reference as the ethical standards for physician assistants and applies to all physician assistants subject to this chapter.

(e) The third edition of the *EMT Code of Ethics* of the National Association of EMT's is adopted by reference as the ethical standards for mobile intensive care paramedics and applies to all mobile intensive care paramedics subject to this chapter.

Authority: AS 08.01.070 AS 08.64.107 AS 08.64.326
AS 08.64.100

Editor's note: *Copies of the Principles of Medical Ethics, Code of Ethics of the American Osteopathic Association, American Podiatric Medical Association Code of Ethics, Code of Ethics of the Physician Assistant Profession, and the EMT Code of Ethics described in 12 AAC 40.955, are available for inspection at and may be obtained at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, Alaska, 99811-0806.*

12 AAC 40.960. CURRENT ADDRESS. A licensee shall maintain a current, valid mailing address on file with the division at all times. The latest mailing address on file for an active, inactive or lapsed license is the address of the licensee for official communications, notifications and service of legal process.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.963. APPLICATION FORM AND VERIFICATIONS FOR LICENSURE. (a) If, upon receipt by the division of the last document required to complete an application file, the file contains an application form or verification that has a postmark date that is more than six months old, the document will be considered to be stale and the applicant must resubmit the document or cause the document to be resubmitted as appropriate before the application will be considered by the board or the board's designee.

(b) Verifications from medical schools and postgraduate training programs will not be considered stale under (a) of this section.

(c) An applicant whose license application has been approved pending receipt of the license fee must submit the license fee to the department within six months after being notified that the license application was approved. An applicant who does not submit the license fee to the department within six months after being notified that the license application was approved must reapply for licensure.

(d) In this section, "application form or verification" means

(1) an application for a license or permit;

(2) a verification of licensure from an appropriate licensing authority in a state, territory, province, or other country;

(3) a clearance report from the Federation of State Medical Boards Board Action Data Bank;

(4) a clearance from the federal Drug Enforcement Administration (DEA).

Authority: AS 08.64.100

12 AAC 40.965. REINSTATEMENT OF A SURRENDERED LICENSE. (a) A license issued under this chapter that was voluntarily surrendered under AS 08.64.334 will be reinstated, if

(1) the board determines that

(A) the requirements of AS 08.64.334 have been met;

(B) the applicant continues to qualify under AS 08.64 and this chapter for the license requested to be reinstated;

(C) the applicant has committed no grounds for imposition of disciplinary sanction under AS 08.64.326 or this chapter; and

(D) the applicant has satisfied any conditions imposed by the board to accept the surrendered license.

(2) the applicant submits

(A) a new and complete application as required by 12 AAC 40.010, documenting compliance with

(i) AS 08.64.200 and AS 08.64.250, if a physician applicant;

(ii) AS 08.64.209 and AS 08.64.250, if a podiatrist applicant;

(iii) AS 08.64.205, if an osteopath applicant; or

(iv) AS 08.64.107, if a physician assistant or mobile intensive care paramedic;

(B) evidence of at least 50 hours of continuing medical education credits earned within the two years immediately before the date of application for reinstatement of the surrendered license for a physician, a podiatrist, or an osteopath;

(C) evidence of at least 120 hours of continuing medical education credits earned within the two years immediately before the date of application for reinstatement of the surrendered license for a physician assistant or a mobile intensive care paramedic;

(D) for a physician assistant, evidence of current certification issued by the National Commission on Certification of Physician Assistants; and

(E) at the request of the board,

(i) a report of medical or psychiatric examination from a physician or another practitioner of the healing arts appointed by the board indicating that, at the time of the examination, the applicant is mentally and physically capable to resume practice under this chapter; and

(ii) any other report that the board determines is necessary to evaluate whether the applicant is competent to resume practice under this chapter.

(b) If the board determines that a limitation or condition on an applicant's license is necessary for the applicant to be competent to resume practice, the board will require that the applicant for reinstatement under this section enter into an agreement with the board to limit or condition the applicant's license.

(c) If the board determines that probation is necessary to evaluate or monitor the practice for competency under this chapter of an applicant whose license is reinstated under this section, the board will impose a period of probation and notify the applicant of the terms to be met to successfully complete the probation.

Authority: AS 08.01.075 AS 08.64.100 AS 08.64.331
AS 08.01.100 AS 08.64.107 AS 08.64.334

12 AAC 40.967. UNPROFESSIONAL CONDUCT. For purposes of AS 08.64.240(b) and AS 08.64.326, "unprofessional conduct" means an act or omission by an applicant or licensee that does not conform to the generally accepted standards of practice for the profession for which the applicant seeks licensure or a permit under AS 08.64 or which the licensee is authorized to practice under AS 08.64. "Unprofessional conduct" includes the following:

(1) submitting or causing the submission of testimony, a statement, or a document for consideration by the board knowing it contained false, misleading, or omitted material information or was fraudulently obtained; for purposes of this paragraph, "document" includes an affidavit, certificate, transcript, diploma, board certification information, reference letters, or translation of a foreign language document;

(2) misrepresenting, concealing, or failing to disclose material information to

(A) obtain a license or permit under AS 08.64; or

(B) renew a license under AS 08.64;

(3) purchase, sale, barter, or alteration of a license or permit issued under AS 08.64;

(4) the use of a license or permit obtained as described in (3) of this section;

(5) committing, or attempting to commit, fraud or deception, or attempting to subvert the process relating to an examination required under AS 08.64;

(6) practicing a profession licensed under AS 08.64 without a required license or permit or with a lapsed, expired, retired, or inactive license or permit;

(7) permitting or employing an unlicensed person to practice a profession licensed under AS 08.64

(A) without the required license or permit under AS 08.64; or

(B) while the person's license or permit was revoked, suspended, surrendered, or canceled in this state;

(8) delegating professional practice responsibilities that require a license or permit under AS 08.64 to a person who does not possess the appropriate education, training, or licensure to perform the responsibilities;

(9) failing to prepare and maintain accurate, complete, and legible records in accordance with generally accepted standards of practice for each patient and to make those records available to the board and the board's representatives for inspection for investigation purposes;

(10) falsifying, intentionally making an incorrect entry, destroying or failing to maintain patient or facility medical records for at least seven years from the date of the last entry;

(11) failing to provide copies of complete patient records in the licensee's custody and control within 30 days after receipt of a written request from the patient or the patient's guardian;

(12) intentionally or negligently releasing or disclosing confidential patient information; this paragraph does not apply to disclosures required under state or federal law or when disclosure is necessary to prevent an imminent risk of harm to the patient or others;

(13) offering, giving, soliciting, or receiving fees or other benefits, in whole or in part, to a person for bringing in or referring a patient;

(14) harassing, disruptive, or abusive behavior by a licensee directed at staff or a patient, a patient's relative, or a patient's guardian;

(15) disruptive behavior by a licensee at the workplace that interferes with the provision of patient care;

(16) discriminating on the basis of the patient's race, religion, color, national origin, ancestry, or sex in the provision of professional services;

(17) conviction of a felony or a crime involving moral turpitude; under this paragraph, a "crime involving moral turpitude" includes the following:

(A) homicide;

(B) manslaughter;

(C) assault;

(D) stalking;

(E) kidnapping;

(F) sexual assault;

(G) sexual abuse of a minor;

(H) unlawful exploitation of a minor, including possession or distribution of child pornography;

(I) indecent exposure;

(J) unlawful distribution or possession for distribution of a controlled substance; for purposes of this subparagraph, "controlled substance" has the meaning given in AS 11.71.900;

(18) using alcohol or other drugs

(A) to the extent that the use interferes with professional practice functions of the licensee or endangers the safety of patients; or

(B) that is illegal under state or federal law;

(19) failing

(A) to comply with AS 08.64.336; or

(B) to report to the board or the board's representatives facts known to the licensee regarding incompetent or repeated negligent conduct, gross negligence, unprofessional conduct, sexual misconduct, or other illegal conduct by another licensee under AS 08.64.326;

(20) failing to report to the board or the board's representatives that the licensee's hospital privileges have been denied, revoked, suspended, or limited by a hospital or other health care facility for disciplinary reasons by the physician in charge; this paragraph does not apply to a temporary suspension pending completion of medical records by the governing body of the hospital or other health care facility;

(21) facilitating the practice of a profession licensed under AS 08.64 by a person who is not licensed, incompetent, or mentally, emotionally, or physically unable to practice safely;

(22) failing to fulfill the responsibility and duties of a collaborating physician in any collaborative relationship entered into under AS 08.64 with a physician assistant;

(23) violating provisions of any disciplinary sanction issued under AS 08.64;

(24) failing to cooperate with an official investigation by the board or the board's representatives, including failing to timely provide requested information;

(25) failing to allow the board or the board's representative, upon written request, to examine and have access to records maintained by the licensee that relate to the licensee's practice under AS 08.64;

(26) failing to report to the board, no later than 30 days after

(A) the effective date of the action, any criminal charges by a law enforcement agency, or any disciplinary action against the licensee taken by another licensing jurisdiction, health care entity, or regulatory agency;

(B) the date of conviction, any conviction of a crime referred to in AS 08.64.326(a)(4);

(27) providing treatment, rendering a diagnosis, or prescribing medications based solely on a patient-supplied history that a physician licensed in this state received by telephone, facsimile, or electronic format;

(28) after performing surgery, failing to continue care of a surgical patient of the licensee through a post-surgical recovery and healing period, either by providing the care directly, delegating the care to one or more individuals who have the appropriate education, training, and licensure or certification to provide definitive care, or coordinating with another qualified physician or other medical professional who agrees to assume responsibility for managing the patient's post-surgical care;

(29) prescribing, dispensing, or furnishing a prescription medication to a person without first conducting a physical examination of that person, unless the licensee has a patient-physician or patient-physician assistant relationship with the person; this paragraph does not apply to prescriptions written or medications issued

(A) for use in emergency treatment;

(B) for expedited partner therapy for sexually transmitted diseases; or

(C) in response to an infectious disease investigation, public health emergency, infectious disease outbreak, or act of bioterrorism;

(30) failing to notify the board of the location of patient records within 30 days after a licensee has retired or closed a practice;

(31) knowingly delegating a function, task, or responsibility to another person if the delegation would be reasonably likely to pose a substantial risk of harm to a patient;

(32) any conduct described in (1) – (31) of this section that occurred in another licensing jurisdiction and is related to the applicant's or licensee's qualifications to practice.

Authority: AS 08.01.070 AS 08.64.100 AS 08.64.326

12 AAC 40.970. PROFESSIONAL INCOMPETENCE. As used in AS 08.64 and these regulations, "professional incompetence" means lacking sufficient knowledge, skills, or professional judgement in that field of practice in which the physician or physician assistant concerned engages, to a degree likely to endanger the health of his or her patients.

Authority: AS 08.64.100 AS 08.64.326

12 AAC 40.975. PRESCRIBING CONTROLLED SUBSTANCES. When prescribing a drug that is a controlled substance, as defined in AS 11.71.900, an individual licensed under this chapter shall create and maintain a complete, clear, and legible written record of care that includes, at a minimum,

(1) a patient history and evaluation sufficient to support a diagnosis;

(2) a diagnosis and treatment plan for the diagnosis;

(3) monitoring the patient for the primary condition that necessitates the drug, side effects of the drug, and results of the drug, as appropriate;

(4) a record of drugs prescribed, administered, or dispensed, including the type of drug, dose, and any authorized refills.

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.380

12 AAC 40.980. COLLABORATING PHYSICIAN. *Repealed 9/1/2007.*

12 AAC 40.981. FEDERAL LICENSURE EXEMPTIONS FOR PERSONS WHO PRACTICE IN AN ALASKA TRIBAL HEALTH PROGRAM. (a) A person who practices medicine, podiatry, or osteopathy, or who practices as a physician assistant or mobile intensive care paramedic, in a tribal health program in this state must be licensed by the board unless they notify the board that they are practicing under another license in accordance with 25 U.S.C. 1621t (sec. 221, Indian Health Care Improvement Act). Notice required under this section must be received no later than 14 days after employment at a tribal health program in this state, and must include

(1) proof of a current active license in another state;

(2) proof of employment by a tribal health program that is operating under an agreement with the federal Indian Health Service under 25 U.S.C. 450 – 458ddd-2 (Indian Self-Determination and Education Assistance Act).

(b) A person practicing under the exemption may not practice beyond the scope of the other state license.

Authority: AS 08.64.107 AS 08.64.170 AS 08.64.313

12 AAC 40.983. COOPERATIVE PRACTICE AGREEMENTS WITH PHARMACISTS. (a) A physician may enter into a cooperative practice agreement with a pharmacist licensed under AS 08.80 as provided in this section. The initial agreement may not exceed two years and is subject to renewal under (j) of this section.

(b) A physician planning to enter into a cooperative practice agreement with a pharmacist must submit to the board a written proposed agreement that meets the requirements of this section. The proposed agreement must be approved by the board before cooperative practice under the agreement, if approved, begins. A proposed modification to an agreement must be submitted to the board for approval, before the modification, if approved, is implemented. The board will approve a proposed agreement or modification if it is medically appropriate and provides for the safety of the patient. If the board disapproves a proposed agreement or modification, the board shall state the reasons for its action.

(c) A cooperative practice agreement between a physician and a pharmacist must include

(1) the physician's authorization to a pharmacist or group of pharmacists to manage a patient's medication therapy;

(2) the full name, medical license number, date of issuance of license, and specialty, if any, of each physician who is a party to the agreement;

(3) the full name, place of employment, mailing address, pharmacist license number, and date of issuance of license, of each pharmacist who is a party to the agreement;

(4) a statement of the duration of the agreement, which may not exceed two years;

(5) the types of cooperative practice decisions that the physician is authorizing the pharmacist to make under the agreement, including

(A) types of diseases, medications, or medication categories involved and the type of cooperative authority to be exercised in each case; and

(B) procedures, decision criteria, or plans the pharmacist must follow when making therapeutic decisions, particularly when initiating or modifying medication;

(6) requirements that a pharmacist must follow when exercising cooperative authority, including documentation of decisions made, and a plan for communication and feedback to the physician concerning specific decisions made;

(7) a plan for the physician to review the decisions made by the pharmacist at least once every three months;

(8) a plan for providing to the physician patient records created under the agreement;

(9) a provision that allows the physician to override the agreement if the physician considers it medically necessary or appropriate;

(10) an acknowledgement that the physician will not receive any compensation from a pharmacist or pharmacy as a result of the care or treatment of any patient under the agreement;

(11) a prohibition on the administration or dispensing of any schedule I, II, III, or IV controlled substances.

(d) The physician, or a physician assistant under the supervision of the physician, must physically examine and evaluate a patient before that patient may be included under a cooperative practice agreement to which that

physician is a party. The physician must issue a prescription or medication order for each patient valid for up to one year. The physician, or a physician assistant under the supervision of the physician, must conduct a physical examination of a patient at least once a year while that patient is included under a cooperative practice agreement to which that physician is a party. The requirements of this subsection do not apply to a cooperative practice agreement allowing the administration of emergency contraception, immunizations of persons 18 years of age or older, and those immunizations recommended to be given on a yearly basis by the United States Department of Health and Human Services Centers for Disease Control and Prevention.

(e) Only a physician in active practice in this state may enter into a cooperative practice agreement under this section. An authority authorized by a physician must be within the physician's current scope of practice.

(f) A physician who enters into a cooperative practice agreement shall keep a copy of the written agreement and the records of all patients treated under it during the period of the agreement. The physician shall retain the agreement and records required by this subsection for at least seven years after the termination of the agreement.

(g) A cooperative practice agreement is terminated upon written notice by either the physician or the pharmacist. The physician shall notify the board in writing within 30 days after an agreement is terminated.

(h) The board may periodically review cooperative practice agreements approved under this section.

(i) The requirements of this section do not apply to cooperative practice agreements adopted by the physicians on medical staff of a hospital or nursing facility licensed under AS 47.32 for treatment of patients of that facility.

(j) The physician may seek renewal of a cooperative practice agreement for additional two-year periods.

(k) Notwithstanding the requirements of (b) of this section, a physician who, before the effective date of this section, has entered into a collaborative practice agreement with a pharmacist that has been approved by the Board of Pharmacy under 12 AAC 52.240 and is still current, must obtain the board's approval of that agreement under this section within six months after this section takes effect. After that time, a physician may not participate in a cooperative practice agreement with a pharmacist except as allowed under this section.

(*l*) In this section, "cooperative practice agreement" means an agreement between a physician and a pharmacist by which a physician authorizes the pharmacist to manage a patient's medication therapy as specified in the agreement.

Authority: AS 08.64.100 AS 08.64.326

12 AAC 40.985. GENERAL ANESTHETIC. A commercially prepared mixture of 50 percent oxygen and 50 percent nitrous oxide, when self-administered by a patient as a part of the outpatient care provided by a licensed podiatrist, is an analgesic and not a general anesthetic referred to in AS 08.64.380(9)(B).

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.380(9)

12 AAC 40.986. WITHDRAWAL OF APPLICATION. (a) An application for a permit or license may be withdrawn from consideration by the board at the applicant's request. To withdraw an application, the applicant must submit a request for withdrawal in writing signed by the applicant. The request for withdrawal must be received by the division no later than five business days before the board's meeting where the application is to be initially considered.

(b) The board will not approve a request for the withdrawal of an application under this section for an application that has been reviewed and considered by the board, or considered abandoned under 12 AAC 02.910.

(c) An application approved for withdrawal under this section will be reported to the Federation of State Medical Boards's Board Action Data Bank.

(d) An application that is approved for withdrawal under this section will be retained on file in the department for at least 10 years after the date of withdrawal and will be returned to the board if the applicant reapplies for a permit or license.

Authority: AS 08.64.100

12 AAC 40.987. RETENTION OF ABANDONED APPLICATIONS. (a) An application that is abandoned under 12 AAC 02.910 will be retained on file in the department for at least 10 years after the date of abandonment. If an applicant with an abandoned application reapplies for a permit or license, that abandoned application will be returned to the board for review and consideration.

(b) The application of an applicant who has been issued a temporary permit before abandoning the application under 12 AAC 02.910 will be reported to the Federation of State Medical Boards as denied without prejudice.

Authority: AS 08.01.050 AS 08.64.100

12 AAC 40.990. DEFINITIONS. (a) In this chapter

(1) "acceptable moral character" means having not been convicted of a felony or any morally reprehensible crime during the five years immediately preceding application;

(2) "board" means State Medical Board;

(3) “certified true copy” means a copy of a document that includes a statement of certification, signed under penalty of unsworn falsification before a notary public, that the document is a true copy of the original document;

(4) “collaborating physician” means a person who is actively licensed in the state as a physician or osteopath, who enters into a consultative relationship with a nonphysician health care provider who undertakes the practice of medicine, medical diagnosis and treatment;

(5) “collaborative relationship” means a consultative relationship between a physician and nonphysician health care provider which uses their respective areas of expertise to meet the common goal of providing comprehensive care for the patient;

(6) “department” means the Department of Commerce, Community, and Economic Development;

(7) “flex examination” means the written examination prepared by the Federation of State Medical Boards of the United States;

(8) “internship” means 480 hours of full-time supervised field training as a mobile intensive care paramedic;

(9) “mobile intensive care paramedic” means a physician- trained mobile intensive care paramedic as defined in AS 08.64.380(7);

(10) "NBME examination" means the written examination prepared by the National Board of Medical Examiners;

(11) “pharmacological agents” means saline, glucose, prostglandins and pitocin;

(12) “physician” means a person licensed under AS 08.64 to practice medicine or surgery;

(13) “physician assistant” means a person specially trained to perform many of the functions and duties of the physician, including examination, diagnosis and treatment, and who is licensed under this chapter to do so;

(14) “sponsor physician” means

(A) a physician licensed to practice medicine in the State of Alaska who is approved by the board to be responsible for the activities of a mobile intensive care paramedic;

(B) the chairperson of a local medical advisory board which takes responsibility for the supervision of mobile intensive care paramedics as defined in (A) of this paragraph, and whose membership consists of a majority of physicians; the chairperson must be a physician licensed to practice in the State of Alaska; or

(C) a physician working in the regular medical service of the United States armed services or the United States Public Health Service.

(15) “sponsor physician supervision” means responsibility for the medical care provided by the mobile intensive care paramedics, including but not limited to

(A) establishment and periodic review of treatment protocols;

(B) approval of medical standing orders which delineate those advanced life-support techniques which may be carried out by the mobile intensive care paramedic and under what circumstances;

(C) assuring that the mobile intensive care paramedics have 24-hour access to voice contact with a physician;

(D) responsibility for provisions for periodic physician critiques of patient care provided by the mobile intensive care paramedic for selected cases;

(E) approval of a program of continuing medical education for each mobile intensive care paramedic under his supervision; the program must meet the requirements of 12 AAC 40.350(a)(1);

(16) *repealed 3/12/89;*

(17) *repealed 3/12/89;*

(18) *repealed 3/12/89;*

(19) *repealed 3/12/89;*

(20) “USMLE” means the United States medical licensing examination sponsored jointly by the Federation of State Medical Boards of the United States, Inc. and the National Board of Medical Examiners;

(21) “controlled substance” has the meaning given controlled substance in AS 11.71.900;

(22) “division” means the division assigned occupational licensing functions in the department;

(23) “COMLEX examination” means the Comprehensive Osteopathic Medical Licensing Examination administered by the National Board of Osteopathic Medical Examiners;

(24) “post-graduate training” for physicians includes internship, residency, and advanced forms of residency including fellowships;

(25) “health care professional” includes chiropractors, mental health counselors, social workers, dental hygienists, dentists, health aides, nurses, nurse practitioners, certified nurse aides, occupational therapists, occupational therapy assistants, optometrists, osteopaths, naturopaths, physical therapists, physical therapy assistants, physicians, physician assistants, psychiatrists, psychologists, psychological associates, audiologists licensed under AS 08.11, hearing aid dealers licensed under AS 08.55, marital and family therapists licensed under AS 08.63, religious health practitioners, acupuncturists, and surgeons;

(26) “business day” means a day other than Saturday, Sunday, or a state holiday;

(27) “DEA” means the federal Drug Enforcement Administration;

(28) “FCVS” means the Federal Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc.

(b) In AS 08.64.326(a)(9),

(1) “attempted sexual contact” means engaging in conduct that constitutes a substantial step towards sexual contact;

(2) “sexual contact”

(A) means touching, directly or through clothing, a patient's genitals, anus, or female breast, or causing the patient to touch, directly or through clothing, the licensee's or patient's genitals, anus, or female breast;

(B) includes sexual penetration;

(C) does not include acts

(i) that may reasonably be construed to be normal caretaker responsibilities for a child, interactions with a child, or affection for a child; or

(ii) performed for the purpose of administering a recognized and lawful form of examination or treatment that is reasonably adapted to promoting the physical or mental health of the person being treated; in this paragraph, "sexual penetration" means genital intercourse, cunnilingus, fellatio, anal intercourse, or an intrusion, however slight, of an object or any part of a person's body into the genitals or anus of another person's body; each party to any of the acts defined as "sexual penetration" is considered to be engaged in sexual penetration; "sexual penetration" does not include acts performed for the purpose of administering a recognized and lawful form of examination or treatment that is reasonably adapted to promoting the physical health of the person being treated;

(3) “sexual impropriety” means behavior, a gesture, or an expression that is seductive, sexually suggestive, or sexually demeaning to a patient; “sexual impropriety” includes

(A) encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present;

(B) offering to provide controlled substances or other drugs in exchange for sexual contact;

(C) disrobing or draping practice that is seductive, sexually suggestive, or sexually demeaning to a patient, such as deliberately watching a patient dress or undress or failing to provide privacy for disrobing;

(D) making a comment about or to the patient that is seductive, sexually suggestive, or sexually demeaning to a patient, including

(i) sexual comment about a patient’s body or underclothing;

(ii) sexualized or sexually-demeaning comment to a patient;

(iii) demeaning or degrading comments to the patient about the patient’s sexual orientation, regardless of whether the patient is homosexual, heterosexual, or bisexual;

(iv) comments about potential sexual performance of the patient during an examination or consultation, except when the examination or consultation is pertinent to the issue of sexual function or dysfunction;

(v) requesting details of sexual history or sexual likes or dislikes of the patient if the details are not clinically indicated for the type of examination or consultation;

(E) performing an internal pelvic examination or rectal examination of the patient without the use of gloves;

(F) initiation by the licensee of conversation with a patient regarding the sexual problems, preferences, or fantasies of the licensee;

(G) using the medical or professional relationship with the patient to solicit sexual contact or a romantic relationship with the patient or another;

(H) kissing a patient in a romantic or sexual manner;

(4) “sexual misconduct” includes sexual impropriety;

(5) “in connection with the delivery of professional services to patients” includes sexual misconduct directed at patients or key third parties; in this paragraph, “key third parties” means individuals who have influence over the patient, including the patient’s spouse, children, parents, legal guardian, or surrogate.

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.326

APPENDIX A

HEALTH AND SAFETY

CHAPTER 16.
REGULATION OF ABORTIONS.

Sec. 18.16.010. Abortions. (a) An abortion may not be performed in this state unless
(1) the abortion is performed by a physician licensed by the State Medical Board under AS 08.64.200;

CHAPTER 23.
HEALTH CARE SERVICES INFORMATION AND REVIEW ORGANIZATIONS.

Sec. 18.23.030. Confidentiality of records of review organization. (a) Except as provided in (b) of this section, all data and information acquired by a review organization in the exercise of its duties and functions shall be held in confidence and may not be disclosed to anyone except to the extent necessary to carry out the purposes of the review organization and is not subject to subpoena or discovery. Except as provided in (b) of this section, a person described in AS 18.23.020 may not disclose what transpired at a meeting of a review organization except to the extent necessary to carry out the purposes of a review organization, and the proceedings and records of a review organization are not subject to discovery or introduction into evidence in a civil action against a health care provider arising out of the matter that is the subject of consideration by the review organization. Information, documents, or records otherwise available from original sources are not immune from discovery or use in a civil action merely because they were presented during proceedings of a review organization, nor may a person who testified before a review organization or who is a member of it be prevented from testifying as to matters within the person's knowledge, but a witness may not be asked about the witness's testimony before a review organization or opinions formed by the witness as a result of its hearings, except as provided in (b) of this section.

(b) Testimony, documents, proceedings, records, and other evidence adduced before a review organization that are otherwise inaccessible under this section may be obtained by a health care provider who claims that denial is unreasonable or may be obtained under subpoena or discovery proceedings brought by a plaintiff who claims that information provided to a review organization was false and claims that the person providing the information knew or had reason to know the information was false.

(c) Nothing in AS 18.23.005 - 18.23.070 prevents a person whose conduct or competence has been reviewed under AS 18.23.005 - 18.23.070 from obtaining, for the purpose of appellate review of the action of the review organization, any testimony, documents, proceedings, records, and other evidence adduced before the review organization.

(d) Notwithstanding the provisions of (b) and (c) of this section, information contained in a report submitted to the State Medical Board, and information gathered by the board during an investigation, under AS 08.64.336 is not subject to subpoena or discovery unless and until the board takes action to suspend, revoke, limit, or condition a license of the person who is the subject of the report or investigation.

APPENDIX B

ALASKA RULES OF THE COURT
RULES OF EVIDENCE
ARTICLE V. PRIVILEGES

Rule 504. Physician and Psychotherapist-Patient Privilege.

(a) **Definitions.** As used in this rule:

(1) A patient is a person who consults or is examined or interviewed by a physician or psychotherapist.

(2) A physician is a person authorized to practice medicine in any state or nation, or reasonably believed by the patient so to be.

(3) A psychotherapist is (A) a person authorized to practice medicine in any state or nation, or reasonably believed by the patient so to be, while engaged in the diagnosis or treatment of a mental or emotional condition, including alcohol or drug addiction, or (B) a person licensed or certified as a psychologist or psychological examiner under the laws of any state or nation or reasonably believed by the patient so to be, while similarly engaged.

(4) A communication is confidential if not intended to be disclosed to third persons other than those present to further the interest of the patient in the consultation, examination, or interview, or persons reasonably necessary for the transmission of the communication, or persons who are participating in the diagnosis and treatment under the direction of the physician or psychotherapist, including members of the patient's family.

(b) **General Rule of Privilege.** A patient has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made for the purpose of diagnosis or treatment of his physical, mental or emotional conditions, including alcohol or drug addiction, among himself, his physician or psychotherapist, or persons who are participating in the diagnosis or treatment under the direction of the physician or psychotherapist, including members of the patient's family.

(c) **Who May Claim the Privilege.** The privilege may be claimed by the patient, by his guardian, guardian ad litem or conservator, or by the personal representative of a deceased patient. The person who was the physician or psychotherapist at the time of the communication is presumed to have authority to claim the privilege but only on behalf of the patient.

(d) **Exceptions.** There is no privilege under this rule:

(1) *Condition and Element of Claim or Defense.* As to communications relevant to the physical, mental or emotional condition of the patient in any proceeding in which the condition of the patient is an element of the claim or defense of the patient, of any party claiming through or under the patient, of any person raising the patient's condition as an element of his own case, or of any person claiming as a beneficiary of the patient through a contract to which the patient is or was a party; or after the patient's death, in any proceeding in which any party puts the condition in issue.

(2) *Crime or Fraud.* If the services of the physician or psychotherapist were sought, obtained or used to enable or aid anyone to commit or plan a crime or fraud or to escape detection or apprehension after the commission of a crime or a fraud.

(3) *Breach of Duty Arising Out of Physician-Patient Relationship.* As to a communication relevant to an issue of breach, by the physician, or by the psychotherapist, or by the patient, of a duty arising out of the physician-patient or psychotherapist-patient relationship.

(4) *Proceedings for Hospitalization.* For communications relevant to an issue in proceedings to hospitalize the patient for physical, mental or emotional illness, if the physician or psychotherapist, in the course of diagnosis or treatment, has determined that the patient is in need of hospitalization.

(5) *Required Report.* As to information that the physician or psychotherapist or the patient is required to report to a public employee, or as to information required to be recorded in a public office, if such report or record is open to public inspection, or as to information or matters contained in or reasonably raised by a report submitted under AS 08.64.336, other than information that would establish the identity of a patient, unless the court finds that it is necessary to admit the identifying information in order to serve the interests of justice.

(6) *Examination by Order of Judge.* As to communications made in the course of an examination ordered by the court of the physical, mental or emotional condition of the patient, with respect to the particular purpose for which the examination is ordered unless the judge orders otherwise. This exception does not apply where the examination is by order of the court upon request of the lawyer for the defendant in a criminal proceeding in order to provide the lawyer with information needed so that he may advise the defendant whether to enter a plea based on insanity or to present a defense based on his mental or emotional condition.

(7) *Criminal Proceeding. For physician-patient communications in a criminal proceeding.* This exception does not apply to the psychotherapist-patient privilege. (Added by Supreme Court Order 364 effective August 1, 1979; amended by Supreme Court Order 850 effective January 15, 1988)