

**Chapter 40. State Medical Board.**

12 AAC 40.400(b)(4) is repealed:

(4) repealed \_\_\_/\_\_\_/\_\_\_\_\_;

12 AAC 40.400(b)(7) is amended to read:

(7) **attestation** [VERIFICATION] of the applicant's completion of at least two hours of education in pain management and opioid use and addiction earned in a continuing medical education program approved by the National Commission on Certification of Physician assistants [(NCCPA)], a Category I continuing medical education program accredited by the American Medical Association, or a Category I or II continuing medical education program accredited by the American Osteopathic Association, for an applicant who does not currently hold a valid federal Drug Enforcement Administration registration number, the verification will be waived until the applicant applies for a valid registration number;

(Eff. 1/13/80, Register 73; am 7/4/84, Register 90; am 5/18/85, Register 94; am 8/20/87, Register 103; am 3/12/89, Register 109; am 5/1/94, Register 130; am 6/28/97, Register 142; am 8/9/2000, Register 155; am 6/15/2001, Register 158; am 9/1/2007, Register 183; am 5/8/2013, Register 206; am 10/8/2017, Register 224; am 8/17/2018, Register 227; am \_\_\_/\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.64.100 AS 08.64.107

The section heading of 12 AAC 40.405 is changed to read:

**12 AAC 40.405. Temporary permit [LICENSE].**

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12 AAC 40.405(a) is amended to read:

(a) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits [,] may approve **the issuance of** a temporary physician assistant [LICENSE] **permit to** [OF] an applicant who meets the requirements **set out under** [OF] 12 AAC 40.400 or **under (f) of this section** [12 AAC 40.445] and pays the fee set out **under** [IN] 12 AAC 02.250.

12 AAC 40.405(b) is amended to read:

(b) A temporary **physician assistant permit** [LICENSE] is valid for six months or until the board meets and considers the completed application for a permanent renewable license, whichever occurs first.

12 AAC 40.405(c) is amended to read:

(c) The board may renew a temporary **physician assistant permit** [LICENSE] once only, based on good cause.

12 AAC 40.405(e) is repealed:

(e) Repealed \_\_\_ / \_\_\_ / \_\_\_\_.

12 AAC 40.405 is amended by adding a new subsection to read:

(f) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits may approve the issuance of a temporary physician assistant permit to an applicant who has on file with the division

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

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

(3) payment of all required application and licensing fees;

(4) verification of graduation from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant 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;

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

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

(7) an attestation that the applicant has no adverse or derogatory history, including

(A) grounds for which the board may impose disciplinary sanctions under AS 08.64.326;

(B) a malpractice settlement or payment;

(C) a criminal charge or conviction, including a conviction based on a guilty plea or a plea of nolo contendere;

(D) a complaint, investigation, or action regarding the practice of

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medicine in another state or territory of the United States, Canada, a federal agency, the uniformed services of the United States, or an international jurisdiction; or

(E) an adverse action taken by a hospital, health care facility, or

health care employer. (Eff. 9/19/80, Register 76; am 7/4/84, Register 90; am 3/12/89, Register 109; am 6/28/97, Register 142; am 7/25/2008, Register 187; am 5/8/2013, Register 206; am 8/17/2018, Register 227; am 12/25/2019, Register 232; am \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.64.100 AS 08.64.101 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 40.410 is repealed and readopted to read:

**12 AAC 40.410. Collaborative relationship and practice agreement.** (a) A licensed physician assistant may not practice without entering into a practice agreement with at least one collaborating physician that reflects the scope of practice of the collaborating physician established under this chapter. The practice agreement must be documented on a form provided by the board and must include

(1) the name, license number, and scope of practice or specialty for the primary collaborating physician and, if available, an alternate collaborating physician;

(2) a contact protocol and contact information for a physician who may be consulted if there is no alternate collaborating physician and the primary collaborating physician is not available;

(3) the name, place of employment, and both the residence address and the mailing address of the physician assistant;

(4) the beginning date of employment under the practice agreement and the address of the practice;

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

(6) prescriptive authority granted to the physician assistant by the primary collaborating physician under the practice agreement in compliance with 12 AAC 40.450;

(7) the signature of the physician assistant and the primary collaborating physician; a practice agreement may be signed electronically;

(8) a description of practice; the practice agreement may only include acts, tasks, or functions that the physician assistant and the collaborating physician are qualified to perform by education, training, or experience and that are within the scope of expertise and clinical practice of both the physician assistant and the collaborating physician;

(9) a description of how the collaborating physician will assess the practice performance of the physician assistant in compliance with 12 AAC 40.430; and

(10) an effective date.

(b) An alternate collaborating physician must be named and documented in the practice agreement not later than three months after the effective date of the practice agreement.

(c) Written notice must be provided to the division with the name of the primary collaborative physician and the effective date of the practice agreement not later than three business days after the effective date of the practice agreement, or not later than three business days after the effective date of a change made to the practice agreement.

(d) A physician assistant subject to a board order must have their practice agreement approved by the board or the board's designee in advance of the effective date of the practice agreement.

(e) A copy of the current practice agreement must be retained at the place of employment specified in the practice agreement.

(f) A substantive change to the practice agreement, including a change to the primary collaborating physician, must be reported to the division in accordance with (c) of this section. If there is not a primary collaborating physician and an alternate collaborating physician is not available, the division will change the physician assistant's license status to "not authorized to practice".

(g) Nothing in this section prohibits the board from conducting periodic review and assessment of a collaborating physician or a practice agreement.

(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 the state and be in active practice of allopathic, osteopathic, or podiatric 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.

(j) A physician assistant subject to this section is responsible for compliance with all state and federal inventory and record keeping requirements.

(k) In this section, “active practice” means not less than 480 hours of documented, direct patient contact for each year of practicing medicine. (Eff. 1/13/80, Register 73; am 3/12/89, Register 109; am 6/28/97, Register 142; am 9/1/2007, Register 183; am 9/27/2008, Register 187; am \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.64.100 AS 08.64.101 AS 08.64.107

12 AAC 40.415 is repealed and readopted to read:

**12 AAC 40.415. Remote practice location.** (a) To qualify to practice in a remote practice location, a physician assistant who meets the requirements of 12 AAC 40.410 must have

(1) documented in the practice agreement a process between the physician assistant, the primary collaborating physician, and, if available, an alternate collaborating physician for communication availability and decision-making responsibility when providing medical treatment to a patient in an acute health care crisis; communication may occur by videoconference, telephone, electronically, or by an alternate method; and

(2) not less than 2400 hours of general medical practice experience obtained within the two years prior to the beginning date of employment at the remote practice location.

(b) In this section, “remote practice location” means a location that is more than 30 miles by road from the nearest tertiary care facility or from the primary collaborating physician’s primary office. (Eff. 9/1/2007, Register 183; am \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.64.100 AS 08.64.107

12 AAC 40.430 is repealed and readopted to read:

**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

(1) within the scope of practice identified in the practice agreement required under 12 AAC 40.410; and

(2) if the medical diagnosis and treatment is within the scope of practice of the primary collaborating physician.

(b) It is the responsibility of the physician assistant and the primary collaborating physician to establish a method and frequency for the assessment of practice of the physician assistant. The practice agreement must describe

(1) the method of assessment, which must include

(A) direct observation;

(B) chart review;

(C) feedback from other health care providers or patients;

(2) the frequency of assessment, which must include not less than two annual direct contacts between the physician assistant and the primary or alternate collaborating physician, either in person or by videoconference; a physician assistant with less than two years of active practice experience must meet quarterly with the primary or alternate collaborating physician either in person or by videoconference.

(c) A physician assistant who practices under a practice agreement for a continuous period of less than three months of each year must have at least one direct personal contact visit with the primary collaborating physician or the alternate collaborating physician annually; if both



the physician assistant and the primary collaborating physician or the alternate collaborating physician are in the state, videoconference can be used.

(d) The primary collaborating physician and the physician assistant shall maintain records of assessments of practice. The board may audit assessment of practice records.

(e) The primary collaborating physician and the physician assistant shall maintain on file completed assessment of practice records for not less than seven years after the date of an assessment of practice.

(f) If an alternate collaborating physician performs an assessment of practice, copies of the assessment of practice records of must be provided to the primary collaborating physician and to the physician assistant for retention in the primary collaborating physician's and the physician assistant's records.

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

(1) the primary collaborating physician may be required to produce

(A) assessment of practice records for the two calendar years immediately preceding the year of the audit; and

(B) a copy of the practice agreement;

(2) if the practice agreement has been in effect for at least one year, but less than two years, only one year of assessment of practice records will be audited.

(h) During an urgent situation, as determined by the board, direct personal contact required under this section may be met by audio and video means; in this section, "urgent situation" has the meaning given in 12 AAC 40.045. (Eff. 1/13/80, Register 73; am 7/11/81,

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Register 79; am 7/4/84, Register 90; am 3/12/89, Register 109; am 6/28/97, Register 142; am 3/27/2003, Register 165; am 9/1/2007, Register 183; am 5/8/2013, Register 206; am 12/8/2020, Register 237; am 3/26/2021, Register 237; am 11/18/2021, Register 240; am \_\_\_\_/\_\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.64.100 AS 08.64.107

12 AAC 40.445(e) is amended to read:

(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 **and in good standing** in **the** [THIS] state.

(Eff. 3/12/89, Register 109; am 6/28/97, Register 142; am 9/1/2007, Register 183; am 10/8/2017, Register 224; am \_\_\_\_/\_\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.64.100 AS 08.64.107

12 AAC 40.450(c) is amended to read:

(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 **as outlined in the DEA registration license and in accordance with state and federal prescriptive guidelines and statutes and within the collaborating physician's scope of practice.**

**Compliance with this section requires meeting the registration and reporting requirements set out under 12 AAC 40.976** [ONLY WITH THE AUTHORIZATION OF THE PHYSICIAN ASSISTANT'S PRIMARY COLLABORATING PHYSICIAN. THE AUTHORIZATION

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MUST BE DOCUMENTED IN THE PHYSICIAN ASSISTANT'S CURRENT COLLABORATIVE PLAN ON FILE WITH THE DIVISION].

12 AAC 40.450(d) is repealed:

(d) Repealed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

12 AAC 40.450(e) is amended to read:

(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 **practice agreement** [CURRENT COLLABORATIVE PLAN ON FILE WITH THE DIVISION]. **Not later than** [WITHIN] 10 days after the **effective** date of [ISSUE ON] the **practice agreement** [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.

12 AAC 40.450(f) is amended to read:

(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 **practice agreement** [COLLABORATIVE PLAN ON FILE WITH THE DIVISION].

12 AAC 40.450(h) is amended to read:

(h) Termination of a **practice agreement** [COLLABORATIVE PLAN] terminates a physician assistant’s authority to prescribe, order, administer, and dispense medication under that **practice agreement** [PLAN].

12 AAC 40.450(i) is repealed:

(i) Repealed \_\_\_\_/\_\_\_\_/\_\_\_\_.

(Eff. 1/13/80, Register 73; am 3/12/89, Register 109; am 4/27/97, Register 142; am 6/28/97, Register 142; am 3/16/98, Register 146; am 12/16/99, Register 152; am 10/14/2006, Register 180; am 9/1/2007, Register 183; am 3/7/2021, Register 237; am \_\_\_\_/\_\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 08.64.100 AS 08.64.107 AS 17.30.200

12 AAC 40.460 is amended to read:

**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 **current** education [AND A COPY OF THE CURRENT COLLABORATIVE PLAN ON FILE WITH THE DIVISION] are available

**on request** [FOR INSPECTION]. (Eff. 1/13/80, Register 73; am 3/12/89, Register 109; am 6/28/97, Register 142; am 9/1/2007, Register 183; am \_\_\_\_/\_\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.64.100 AS 08.64.107

12 AAC 40.470(b) is amended to read:

(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) **an attestation** [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 **the National Commission on Certification of Physician Assistants** [NCCPA];

(3) **an attestation that the physician assistant has an active collaborative practice agreement with a current practice address** [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];

(4) **an attestation that the applicant has completed at least two hours of education in pain management and opioid use and addiction in a continuing medical education program approved by the National Commission on Certification of Physician Assistants, a Category I continuing medical education program accredited by the American Medical Association, or a Category I or II continuing medical education accredited by the**

**American Osteopathic Association; verification of this requirement for an applicant who does not currently hold a valid federal Drug Enforcement Administration registration**

**number will be waived until the applicant applies for a valid registration number.** (Eff.

1/13/80, Register 73; am 5/18/85, Register 94; am 3/12/89, Register 109; am 6/28/97, Register

142; am 9/1/2007, Register 183; am \_\_\_/\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.64.100 AS 08.64.107 AS 08.64.315

12 AAC 40.475(a)(2) is amended to read:

(2) **attestation that the applicant is currently certified by the National**

**Commission on Certification of Physician Assistants** [DOCUMENTATION THAT THE CONTINUING MEDICAL EDUCATION REQUIREMENTS OF 12 AAC 40.470(B)(2) HAVE BEEN MET]; and

12 AAC 40.475(b)(2) is amended to read:

(2) **attestation that the applicant is currently certified by the National**

**Commission on Certification of Physician Assistants** [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];

(Eff. 8/20/87, Register 103; am 6/15/2001, Register 158; am 9/1/2007, Register 183; am

\_\_\_/\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.01.100 AS 08.64.100 AS 08.64.107

12 AAC 40.490 is amended to read:

**12 AAC 40.490. Grounds for suspension, revocation, or denial of license.** The board, after compliance with the Administrative Procedure Act (AS 44.62), **may** [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 practice agreement** [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;

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

**(8)** [(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;

(9) [(10)] practices without maintaining certification by the National Commission on Certification of Physician Assistants [(NCCPA)]. (Eff. 1/13/80, Register 73; am 9/30/81, Register 79; am 8/20/87, Register 103; am 3/12/89, Register 109; am 6/28/97, Register 142; am 9/1/2007, Register 183; am 9/9/2010, Register 195; am 5/8/2013, Register 206; am \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.64.100 AS 08.64.107