



Notice of Proposed Changes in The Regulations of the State Medical Board

Proposed Regulations - FAQ

August 2023

1. What is the purpose of the proposed regulations? What will this regulation do?

12 AAC 40.400. Physician assistant license

- The proposed changes to this section will eliminate the requirement for applicants for a physician assistant license to provide evidence of compliance with continuing education standards established by the National Commission on Certification of Physician Assistants (NCCPA). This requirement is considered redundant and unnecessary since applicants must provide separate proof of current certification through the NCCPA. The certification process through the NCCPA includes continuing education requirements.
- Allow applicants to attest that they have completed the statutory requirement of two hours of opioid education rather than provide proof of the training certificate.
- These changes will eliminate redundancy and help with streamlining and expediting the licensing process for physician assistants.

12 AAC 40.405. Temporary permit

- The proposed edit to this section renames the section from "Temporary license" to "Temporary permit", eliminates subsection (e) and adds a new subsection (f). The new subsection (f) outlines a list of essential requirements needed for a temporary permit to be issued to a physician assistant. These requirements mirror the minimum requirements needed for a physician temporary permit under AS 08.64.270 and 12 AAC 40.035.
- These changes will eliminate redundancy and help with streamlining and expediting the licensing process for physician assistants.

12 AAC 40.410. Collaborative relationship and practice agreement

- The proposed edit to this section changes the name of the formal written agreement between collaborating physicians and physician assistants from "Collaborative Practice Plans" to "Collaborative Practice Agreement".
- Adds language that explicitly limits physician assistants to practice within the scope of their collaborating physicians.
- Adds a provision for a written protocol for the designation of an alternative collaborating physician for consultation if no permanent alternative collaborating physician is able to be

identified on the practice agreement and the primary collaborating physician is temporarily unavailable.

- Allows for practice agreements to be signed electronically.
- Requires the practice agreement to include a description of the practice that will be performed by the PA and the requirement that PA's may only perform acts, tasks, and functions that they and their collaborating physicians are qualified by education, training, and experience to perform.
- Grants physician assistants a three-month grace period to identify an alternate collaborating physician.
- Eliminate the requirement for the practice agreement to be filed with the division.
- Require written notice to be provided to the division within three business days after the effective date of the practice agreement.
- Eliminates language requiring a copy of the practice agreement to be available of inspection by the public.
- Eliminates language that suspends the PA's ability to practice when substantive changes are made to the practice agreement and adds language to ensure the division is noticed of changes.
- Allow for Podiatrists to enter into collaborative practice agreements with physician assistants.
- Places the responsibility to comply with state and federal inventory and record keeping requirements related to the DEA on the physician assistant.
- Update the definition of "active practice."

12 AAC 40.415. Remote practice location

- The purpose of this change is to acknowledge that practice in remote setting in Alaska presents unique challenges unlike anywhere else in the United States. The proposed changes are to protect the public and the practitioner by preventing an inexperienced mid-level practitioner's to be put in a situation where they are required to provide complex, acute health care services, above their skill level, while functioning as the highest-level practitioner, with no access to physical assistance from other skilled or advanced practitioners.
- The proposed edit to this section adds new criteria to qualify to practice in a remote setting.
- The change eliminates the ability for physician assistants with less than two years of general medical practice experience to practice in a remote practice setting.
- Provides a new definition for "remote practice location."

12 AAC 40.430. Performance and assessment of practice

- Proposed changes to this section were made to simplify and streamline the frequency and duration of direct contacts and to support autonomy at the practice level for the assessment of practice between physician assistants and their collaborating physicians. Minimal methods of assessment were added; clarification on the use of videoconferencing for assessment purposes was also added.
- Changes to this section were made as a result of industry advocates who requested this section be modernized for increased clarity, compliance, and accountability purposes.

12 AAC 40.445. Graduate physician assistant license

- The proposed change would add a requirement for physician's supervising a graduate physician assistant, to be both licensed in Alaska and in good standing with the board. The change would mean that a supervising physician may not be under investigation or have a conditional or probationary license while supervising the graduate physician assistant.
- To ensure that physicians who are in a supervisory/mentor role for new physician assistants are competent and are not the subject of a disciplinary action.

12 AAC 40.450. Authority to prescribe, order, administer, and dispense medications

- The primary proposed change to this section aims to modernize language by accurately attributing a physician assistant's "authority" to prescribe from the DEA - not from their collaborating physician.
- Adds the requirement that physician assistants comply with registering and reporting requirements for the Prescription Drug Monitoring Program.
- To conform the language in this section to previously introduced edits such as: substituting all references "collaborative plans" with "collaborative practice agreements"; aligning the prescriptive practice of the physician assistant to the collaborating physician's scope of practice; and eliminating references to the practice agreement being on file with the division.

12 AAC 40.460. Identification

- The proposed changes to this section eliminate outdated and overly prescriptive requirements with respect to how physician assistants display their name and credentials on their clothing and at their placement of employment.

12 AAC 40.470. Renewal of a physician assistant license

- The proposed changes will streamline and expedite the license renewal process for physician assistants by eliminating the requirement for licensees to submit actual copies of key documents such as verification of their NCCPA certification, verification of collaborative plan and verification of completion of opioid education. Instead, licensees may affirm through an attestation that these requirements have been met.
- To streamline and expedite the license renewal process, making the process less time consuming and efficient for licensees and agency staff to complete/process.

12 AAC 40.475. Lapsed physician assistant license

- The proposed change will eliminate a redundancy and help streamline the license reinstatement process for individuals with a lapsed license. The requirement to produce documentation of continuing education credits is eliminated. Instead, licensees may affirm through an attestation that these requirements have been met.
- To streamline and expedite the license renewal process, making the process less time consuming and efficient for licensees and agency staff to complete/process.

12 AAC 40.490. Grounds for suspension, revocation, or denial of license

- Proposed changes to this section update the term collaborative plan to practice agreement, to conform with the changes throughout the proposed regulations.
- Provide clarification that physician assistants may not represent themselves as a physician, or doctor in a "clinical setting."

2. What are the costs to comply with the proposed regulations?

There are no known costs to implement these changes.

3. When will the regulations be effective?

After the public comment deadline, comments received are compiled and given to the Board for consideration. The Board may adopt the regulation as written/publicly noticed, may amend and adopt them, choose to take no action, or may withdraw the proposed regulations in part or in its whole. After Board action, the adopted regulations goes to Department of Law (DOL) for final review/approval. DOL either approves or disapproves regulations. Once approved by DOL, it goes to the Lt. Governor for filing. Regulation takes effect on the 30th day after they have been filed by the Lt. Governor.

Do you have a question that is not answered here? Please email RegulationsAndPublicComment@alaska.gov so it can be added.