

DEPARTMENT OF HEALTH AND SOCIAL SERVICES



CHANGES TO REGULATIONS

7 AAC 10 – Licensing, Certification, and Approvals

7 AAC 12 – Facilities and Local Units

**Including the Addition of Requirements for
Frontier Extended Stay Clinics**



FILED REGULATIONS

Effective: December 3, 2006

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Title 7. Health and Social Services.

Part 1. Administration.

Chapter 10. Licensing, Certification, and Approvals.

Article 1. Purpose, Applicability, and Administrative Provisions.

7 AAC 10.010 is amended to read:

7 AAC 10.010. Purpose of chapter. The purpose of this chapter is to establish certain licensing and other requirements for entities **referred to** [LISTED] in 7 AAC 10.015, and to establish standards for the protection of public health, safety, and welfare. (Eff. 6/23/2006, Register 178; am 12/3/2006, Register 180)

Authority:	AS 18.05.010	AS 47.14.120	AS 47.32.030
	AS 18.05.040	AS 47.32.010	AS 47.33.005
	AS 44.29.020	AS 47.32.020	AS 47.33.010

7 AAC 10.015 is repealed and readopted to read:

7 AAC 10.015. Applicability of chapter. The provisions of

(1) 7 AAC 10.1000 – 7 AAC 10.1095 (Environmental Health and Safety) apply to an entity listed in 7 AAC 10.1000(b); and

(2) 7 AAC 10.9500 – 7 AAC 10.9535 (General Variance Procedures) and 7 AAC 10.9600 – 7 AAC 10.9620 (Inspections and Investigations) apply to an entity subject to AS 47.32 and

(A) this chapter; or

(B) 7 AAC 12. (Eff. 6/23/2006, Register 178; am 12/3/2006,

Register 180)

Authority:	AS 18.05.010	AS 47.14.120	AS 47.32.030
	AS 18.05.040	AS 47.32.010	AS 47.33.005
	AS 44.29.020	AS 47.32.020	AS 47.33.010

7 AAC 10.9500(a)(3) is amended to read:

(3) another regulation applicable to an entity **referred to** [LISTED] in 7 AAC 10.015.

7 AAC 10.9500(b)(1) is amended to read:

(1) apply to the entities **referred to** [LISTED] in 7 AAC 10.015;

(Eff. 6/23/2006, Register 178; am 12/3/2006, Register 180)

Authority:	AS 18.05.010	AS 47.14.120	AS 47.32.030
	AS 18.05.040	AS 47.32.010	AS 47.32.130
	AS 44.29.020	AS 47.32.020	AS 47.32.140

Chapter 12. Facilities and Local Units.

Article 3. General Acute Care, Rural Primary Care, Long-term Acute Care, and Critical Access Hospitals.

7 AAC 12.110(c)(4) is amended to read:

(4) require that an order of a [PHYSICIAN OR A MID-LEVEL] practitioner, including a telephonic or other oral order, be reduced to writing and initialed or signed by **that** [THE ATTENDING PHYSICIAN OR MID-LEVEL] practitioner within **three days** [72 HOURS] after the order;

(Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 12/3/2006, Register 180)

Authority:	[AS 18.20.010]	<u>AS 47.32.010</u>	<u>AS 47.32.030</u>
	[AS 18.20.060]	<u>AS 47.32.020</u>	

Article 4. Specialized Hospitals.

7 AAC 12.210(c)(4) is amended to read:

(4) require that an order of a **practitioner** [PHYSICIAN], including a telephonic or other oral order, be reduced to writing and initialed or signed by **that practitioner** [THE ATTENDING PHYSICIAN] within **three days** [24 HOURS] after the order;

(Eff. 11/19/83, Register 88; am 12/3/2006, Register 180)

Authority: [AS 18.20.010] **AS 47.32.010** **AS 47.32.030**
 [AS 18.20.060] **AS 47.32.020**

The heading for Article 9 of 7 AAC 12 is changed to read:

Article 9. Frontier Extended Stay Clinics [MENTAL HEALTH CENTERS].

7 AAC 12 is amended by adding new sections to read:

Section

- 450. Determination of a frontier extended stay clinic
- 453. Scope of services
- 457. Additional licensure requirements for frontier extended stay clinics
- 460. Periodic program evaluation and quality assurance
- 465. Medical staff
- 470. Personnel and staffing
- 473. Ancillary services
- 475. Drugs, chemicals, and biologicals
- 477. Radiological service
- 480. Laboratory service
- 483. Medical records
- 485. Emergency services
- 487. Physical plant
- 490. Definitions

7 AAC 12.450. Determination of a frontier extended stay clinic. (a) The department will consider a rural health clinic, including a community health center and a federally qualified health center, to be a frontier extended stay clinic subject to the applicable requirements of this chapter if the department finds that the clinic is a permanent entity that is

(1) located

(A) at least 75 miles by public highway from the nearest hospital; or

(B) in an area where the nearest hospital is inaccessible by public highway; and

(2) capable of providing care and extended stay services for individuals who

(A) are seriously ill, critically ill, or seriously injured and who cannot be transferred to a general acute care hospital, rural primary care hospital, or critical access hospital because of adverse weather conditions, unavailability of a transport vehicle, or another similar unavoidable circumstance;

(B) are seriously ill, critically ill, or seriously injured and require transfer to a general acute care hospital, rural primary care hospital, or critical access hospital but exercise the right, against the medical advice of the attending practitioner, not to be transferred, and elect to receive extended stay services appropriate to manage the individual's illness or injuries to the extent possible within the clinic's capability; or

(C) are not in obvious need of medical transport, but require an extended stay for monitoring and observation.

(b) For purposes of this section, the annual average length of stay for individuals requiring extended stay may not exceed 48 hours. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.453. Scope of service. (a) In addition to complying with the requirements of 7 AAC 12.600(a) and (h), a frontier extended stay clinic must comply with 7 AAC 12.450 – 7 AAC 12.490.

(b) A frontier extended stay clinic must provide medical, radiological, laboratory, extended stay, and emergency services. The clinic must have the staff and resources necessary to provide the care and services offered.

(c) The clinic may provide care and services for

(1) an extended stay described in 7 AAC 12.450(a)(2)(A) for a patient awaiting requested medical transport to a general acute care hospital, rural primary care hospital, or critical access hospital; or

(2) a patient who elects to receive extended stay services as described in 7 AAC 12.450(a)(2)(B).

(d) The clinic may provide care and services for an extended stay for monitoring and observation described in 7 AAC 12.450(a)(2)(C) if

(1) there is a reasonable expectation that the patient will show significant improvement within 24 hours and that care will be completed within 48 hours;

(2) the clinic can manage common complications associated with the patient's medical condition and presenting problems;

(3) appropriate medical consultation is available to the clinic on site or by telephone; and

(4) a contingency plan is in place for appropriate medical transport to a general acute care hospital, rural primary care hospital, or critical access hospital if necessary.

(e) The clinic must have an agreement with a general acute care hospital, a rural primary care hospital, or a critical access hospital for transfer of patients described in 7 AAC 12.450(a)(2)(A) and (d) of this section who require medical or emergency care beyond the scope of the clinic's ability or license. If the agreement is not in writing, the clinic must provide evidence satisfactory to the department that patients referred by the clinic are being accepted and treated by the hospital. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.457. Additional licensure requirements for frontier extended stay clinics.

(a) In addition to complying with the requirements of 7 AAC 12.610, an individual seeking to operate a frontier extended stay clinic must provide, as part of the application for a license,

- (1) the name of each individual with ownership or control of the clinic;
- (2) a description of the geographic service area to be served;
- (3) the applicant's plan for the delivery of health services within the service area;
- (4) the applicant's plan for staffing when a patient is admitted for care or services;
- (5) an emergency services plan that coordinates the provision of emergency medical services in the service area;
- (6) a plan that demonstrates how each physician's responsibilities will be accomplished, including record reviews, policy reviews, review of services provided, supervision, and medical direction;
- (7) a description of the applicant's volume capacity;
- (8) a description of the volume capacity of other related health care resources within the service area; and
- (9) the distance and travel time to the nearest hospital and other health care resources within the service area.

(b) A licensee must provide, as part of an application for license renewal,

- (1) the number of patients admitted during the previous 12 months for extended stay, including
 - (A) the number of patients admitted for an extended stay described in 7 AAC 12.450(a)(2)(A);
 - (B) the number of patients admitted for an extended stay described in 7 AAC 12.450(a)(2)(B);

(C) the number of patients admitted for monitoring and observation described in 7 AAC 12.450(a)(2)(C); and

(D) the average length of stay for each category set out in (A) – (C) of this paragraph; and

(2) the plan required under (a)(6) of this section, updated to reflect any changes since the initial plan was submitted. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030 AS 47.32.050
AS 47.32.020 AS 47.32.040

7 AAC 12.460. Periodic program evaluation and quality assurance. (a) At least once each year, a frontier extended stay clinic must evaluate, or arrange for evaluation of, its total program to determine whether

- (1) the utilization of services was appropriate;
- (2) established policies were followed; and
- (3) any changes are needed.

(b) The evaluation required under (a) of this section must include review of

(1) the utilization of clinic services, including, at a minimum, the number of patients served, the services provided, and the number of patients who received each service;

(2) all patient care services and other services affecting patient health and safety; and

(3) the clinic's health care policies.

(c) The clinic must have an effective quality assurance program to evaluate the quality and appropriateness of diagnoses and treatment provided at the clinic and of treatment outcomes. The quality assurance program must require that

(1) at regular intervals, no less than once each year, a physician and a mid-level practitioner, either separately or together, review the records for all patients admitted for an extended stay during the review period, and the records selected under (2) of this subsection; the review under this paragraph must include an evaluation of the appropriateness of the diagnoses

and treatment provided, treatment outcomes, and the accuracy of the records; the physician shall document the review and any recommendations; the clinic must provide documentation of the review to the department upon request;

(2) for the review described in (1) of this subsection, the clinic develop policies and procedures for the random sampling of medical records for each type of service provided during the review period in addition to extended stay services; this sampling must include

(A) at least 25 of every 1,000 encounters if the number of records for extended stay patients is less than 2.5 percent of the total encounters during the review period; or

(B) at least 10 of every 1,000 encounters if the number of records for extended stay patients is 2.5 percent or more of the total encounters during the review period;

(3) the physician and the mid-level practitioner conducting a review under this subsection be on the clinic's staff or under contract with the clinic; and

(4) the clinic staff, after each evaluation

(A) consider the findings and any recommendations of the medical staff and take corrective action if necessary; and

(B) document the outcome of any corrective action. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.465. Medical staff. (a) A frontier extended stay clinic must have the medical staff necessary to provide the care and services required in 7 AAC 12.453.

(b) The medical staff shall develop, for approval by the governing body of the clinic, bylaws and rules that provide for

(1) eligibility for medical staff membership;

(2) the biennial recommendation by the medical staff regarding the credentialing and privileges of each member of the medical staff, including establishing standards for

(A) assessing the training, experience, and competence of medical staff;

(B) a formal process that includes

(i) querying the National Practitioner Data Bank; and

(ii) verifying that medical staff meet professional licensing requirements;

(C) a delineation of privileges as authorized by the governing body, including verification of education and training related to the privileges requested and to the level of care that will be provided;

(D) the inclusion of quality assurance findings in ongoing credentialing of medical staff; and

(E) the assurance of participation in continuing professional education;

(3) quality assurance under 7 AAC 12.460;

(4) medical records retention and protection under 7 AAC 12.483;

(5) infection control;

(6) pharmacy and therapeutics, including

(A) development and maintenance of a formulary of drugs; and

(B) development and implementation of procedures for the safe and effective control, storage, dispensing, and administration of prescribed drugs, chemicals, and biologicals; and

(7) utilization review.

(c) The medical staff shall

(1) ensure that a physician or a mid-level practitioner with training or experience in emergency care is, on a 24-hour-per-day basis,

(A) on call;

(B) immediately available by telephone or radio contact; and

(C) able to be on site at the frontier extended stay clinic within 30 minutes after an emergency contact;

(2) ensure that a mid-level practitioner is available on site to provide patient care services at least 60 percent of the time during the clinic's normal hours of operation, or a minimum of 32 hours a week, whichever is less;

(3) require that an order by a practitioner, including a telephonic or other verbal order, be reduced to writing and authenticated within three days after the order was given; the authentication must be signed and dated by the practitioner who gave the verbal order;

(4) require that a physician approve each standing order;

(5) establish procedures for circumstances in which consultation, referral, or transfer is required;

(6) ensure that the review required under 7 AAC 12.460(c)(1) is conducted at regular intervals, at least annually, and that the clinic maintains accurate medical records;

(7) establish procedures for selection and supervision of mid-level practitioners; and

(8) establish procedures for the annual review of policies and procedures, including clinical, administrative, and fiscal policies and procedures, by a group consisting, at a minimum, of a physician, a mid-level practitioner, and one person who is not an employee of the clinic.

(d) A physician shall be on site for sufficient periods of time, at least once in every three-month period, except in extraordinary circumstances, to provide the medical direction, medical care services, consultation, and supervision described in this section. Any extraordinary circumstance must be documented in the clinic's records. A site visit by a physician is not required if no patients have been treated since the last time a physician made a site visit. The clinic must

(1) ensure that, in addition to the site visits required by this subsection, a physician will be

(A) available 24 hours a day through direct radio or telephone communication for consultation, assistance with medical emergencies, or patient referral; and

(B) in contact with the clinic telephonically or through telemedicine at least once in every two-week period;

(2) demonstrate sufficient staffing during periods the physician is not onsite; and

(3) ensure that the physician adheres to the plan submitted under 7 AAC 12.457(a)(6).

(e) A physician shall

(1) provide medical direction, consultation, and medical supervision regarding the clinic's health care activities;

(2) at regular intervals, no less than once each year, participate with a mid-level practitioner member of the clinic staff, either separately or together, in

(A) developing, executing, and reviewing the clinic's written policies; and

(B) the review of services provided to patients through the periodic program evaluation under 7 AAC 12.460(c), unless that review is conducted under contract;

(3) review at least quarterly the clinic's patient records;

(4) provide medical orders and medical care services to the clinic's patients; and

(5) at least quarterly, sign the records of patients cared for by a mid-level practitioner.

(f) The onsite medical staff of a frontier extended stay clinic may consist exclusively of one or more mid-level practitioners if

(1) the mid-level practitioners are subject to the oversight of a physician who is also a member of the clinic's medical staff, even though the physician might not be on site, if

(A) that physician is

(i) notified by a mid-level practitioner when a patient is admitted for extended stay; and

(ii) available 24 hours per day through direct radio or telephone communication for consultation, assistance with medical emergencies, or patient referral; and

(B) each contact with the physician is documented;

(2) each mid-level practitioner participates

(A) in the development, execution, and periodic review of the written policies governing the services provided by the clinic; and

(B) in the periodic review of the medical records of patients with a physician as described in 7 AAC 12.460(c)(1), unless that review is conducted under contract; and

(3) each mid-level practitioner performs the following functions when the functions are not performed by a physician:

(A) provide services in accordance with the clinic's policies;

(B) arrange for, or refer patients to, needed services that cannot be furnished at the clinic;

(C) assure that adequate patient health records are maintained and transferred as required if patients are referred or services are arranged under (B) of this paragraph.

(g) A physician or a mid-level practitioner member of the staff may be an owner or employee of the clinic, or may be under contract or agreement with the clinic to carry out the responsibilities described in this section and in 7 AAC 12.470. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

Editor's note: Information about the National Practitioner Data Bank referred to in 7 AAC 12.465 may be obtained from National Practitioner Data Bank, P.O. Box 10832, Chantilly, VA 20153-0832; telephone: 1-800-767-6732; or at the following website: www.npdb-hipdb.hrsa.gov.

7 AAC 12.470. Personnel and staffing. (a) In addition to complying with the requirements of 7 AAC 12.660(c), a frontier extended stay clinic must ensure that mid-level practitioners are involved in the orientation and in-service education program for patient care personnel. The in-service education program must be designed to support the services provided by the clinic and the various levels of staffing required at the clinic.

(b) The clinic must consider the clinic staff availability when determining a patient's eligibility for admission for extended stay. A physician, a physician assistant, an advanced nurse practitioner, a registered nurse, a licensed practical nurse, a primary community health aide, or an emergency medical technician must be on duty whenever the clinic has one or more extended stay patients. The number of clinic staff and the level of training required to provide treatment to an extended stay patient is at the discretion of the clinic and the practitioner involved in the patient's care, after determining what is required to meet the patient's needs.

(c) The clinic must ensure that when a patient is admitted to the clinic for extended stay services by a mid-level practitioner, a physician on the clinic's staff is notified of the admission.

(d) The clinic must have the staff necessary to provide the care and services required in 7 AAC 12.453.

(e) The clinic staff may also include personnel who provide support services, including bookkeeping, clerical, laundry, and housekeeping services. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.473. Ancillary services. (a) A frontier extended stay clinic must have ancillary services that include food, laundry, and housekeeping services in accordance with this section.

(b) The clinic must maintain lavatories for handwashing, with hot and cold running water, soap, and disposable towels, conveniently located in the food preparation area.

(c) A clinic for which a food service permit is required by the Department of Environmental Conservation must meet the applicable requirements of 18 AAC 31. A clinic that is exempt from the requirements of 18 AAC 31 must maintain sanitary facilities as applicable for the proper care, storage, refrigeration, and preparation of food. The clinic must ensure that

(1) for purposes of AS 17.20.020, any food served to extended stay patients is not adulterated; and

(2) fruits and vegetables are thoroughly washed with potable water before use.

(d) If food is provided by an outside food establishment, the clinic shall ensure that the requirements of (c)(1) of this section are met.

(e) If prepackaged food is used, preparation must be as directed by the manufacturer.

(f) The clinic must develop and implement written procedures for the handling, processing, storage, and transportation of linens in a manner that will prevent the spread of infection and assure the maintenance of clean linens.

(g) The clinic shall ensure that laundry equipment is maintained in a sanitary manner and in good repair.

(h) In this section,

(1) "food establishment" has the meaning given in 18 AAC 31.990; the definition of "food establishment" in 18 AAC 31.990, as revised as of March 1, 2006, and as amended from time to time, is adopted by reference;

(2) "prepackaged" has the meaning given in 18 AAC 31.990; the definition of "prepackaged" in 18 AAC 31.990, as revised as of March 1, 2006, and as amended from time to time, is adopted by reference. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.475. Drugs, chemicals, and biologicals. (a) A frontier extended stay clinic that dispenses drugs, chemicals, and biologicals must

- (1) employ a pharmacist on a regular or consultant basis;
 - (2) procure and maintain a sufficient quantity of drugs, chemicals, and biologicals, consistent with the formulary developed and approved under 7 AAC 12.465(b)(6), to meet patient needs, including those drugs, chemicals, and biologicals listed in 7 AAC 12.485(c)(1);
 - (3) inventory emergency drugs, chemicals, and biologicals at least every 30 days and restock, as necessary;
 - (4) dispose of drugs, chemicals, and biologicals that have been discontinued or have expired;
 - (5) ensure that only authorized staff have access to the clinic's stock of drugs, chemicals, and biologicals;
 - (6) ensure that drugs, chemicals, and biologicals are properly labeled regarding their content and strength;
 - (7) ensure that drugs, chemicals, and biologicals requiring refrigeration are stored separate from food; and
 - (8) document and evaluate prescribed drug distribution errors to
 - (A) prevent reoccurrence; and
 - (B) ensure the accuracy and adequacy of the clinic's prescribed drug distribution system.
- (b) A standing order for a prescribed drug must specify the circumstances for administration, dosage, route, duration, and frequency of administration. The order must be reviewed annually and, if necessary, renewed. When a standing order is implemented for a specific patient, the person who prescribed the order must date and sign the order, and enter it into the patient's record within three days.

(c) A verbal order for a prescribed drug may be given only to an individual who is authorized by the clinic's medical staff to receive orders given by a person legally authorized to prescribe drugs. An individual who receives a verbal order must promptly record the order in the patient's medical record, identify the name of the person who prescribed the order, and sign the record.

(d) Before allowing a patient to leave or be transferred out of the clinic, the clinic must ensure that each prescribed drug supplied by the clinic is properly labeled and prepared in accordance with state and federal law for use outside of the clinic. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.477. Radiological service. (a) Radiology services furnished at a frontier extended stay clinic must be provided as direct services by clinic staff who have been trained, and are competent, in the proper and safe use of radiological equipment.

(b) Radiological services may be performed only upon the order of the attending physician or practitioner.

(c) If an x-ray examination is to be provided to a patient, a request by the attending physician or practitioner for the examination must contain a diagnosis or a tentative diagnosis, or a concise statement of the reasons for the x-ray examination.

(d) A report of a radiological examination must be filed in the patient's medical record and maintained in the radiology unit.

(e) The clinic must maintain patient x-rays for at least five years.

(f) The clinic must ensure that individuals who are employed or involved in providing radiological services or who may be exposed to radiation wear devices that monitor radiation exposure.

(g) The clinic must keep records identifying employees who have been exposed to radiation and the amount of exposure for each employee.

(h) A clinic that uses x-ray equipment must ensure that the equipment is calibrated, used, and maintained in accordance with the manufacturer's instructions. The clinic must document calibration and maintenance. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.480. Laboratory service. A frontier extended stay clinic must have an approved laboratory and provide laboratory services essential to the immediate diagnosis and treatment of patients. The clinic must comply with the applicable requirements of 7 AAC 12.790 – 7 AAC 12.850. The services provided must at a minimum include

(1) chemical examination of urine by stick or tablet method or both, including urine ketones;

(2) hemoglobin or hematocrit;

(3) blood glucose;

(4) electrolytes;

(5) white blood count with differential;

(6) cardiac enzymes;

(7) liver function;

(8) kidney function;

(9) examination of stool specimens for occult blood;

(10) pregnancy tests; and

(11) primary culturing for transmittal to an approved laboratory; the clinic must collect the culture in the proper container for shipping to the approved laboratory for processing. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.483. Medical records. (a) In addition to the applicable requirements of 7 AAC 12.770 (Medical Record Service), a frontier extended stay clinic must meet the requirements of this section.

(b) The clinic must maintain its clinical record system in accordance with written policies and procedures, including policies and procedures governing the use and removal of records from the clinic and the conditions for release of information.

(c) A designated member of the clinic staff shall maintain the records and ensure that they are completely and accurately documented, readily accessible, and systematically organized.

(d) For each patient receiving health care services, the clinic shall maintain a record that includes, as applicable,

- (1) identification, including the patient's name, age, sex, and address;
- (2) evidence of informed consent, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode and the initial disposition;
- (3) pertinent history of the patient's current condition;
- (4) the time and means by which the patient arrived, including by whom transported;
- (5) the diagnosis and treatment given;
- (6) reports of physical examinations, diagnostic and laboratory test results, and consultative findings;
- (7) the patient's condition on discharge or transfer;
- (8) physician's orders, reports of treatment and medication, and other pertinent information necessary to monitor the patient's progress;
- (9) final disposition, including instructions given to the patient or the patient's family regarding necessary follow-up care; and

(10) the signature of each physician or other health care professional involved; for purposes of this paragraph, "health care professional" includes a physician or other practitioner, an emergency medical technician, a social worker, or a primary community health aide. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.485. Emergency services. (a) A frontier extended stay clinic must provide emergency services necessary to meet the needs of its extended stay patients and outpatients.

(b) Emergency services must be available 24 hours a day.

(c) Equipment, supplies, drugs, chemicals, and biologicals used in treating emergency cases must be kept at the clinic and must be readily available. The items available must include, at a minimum,

(1) drugs, chemicals, and biologicals commonly used in life-saving procedures, including analgesics, local anesthetics, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, antiarrhythmics, cardiac glycosides, antihypertensives, diuretics, and electrolytes and replacement solutions; and

(2) equipment and supplies commonly used in life-saving procedures, including

- (A) airways;
- (B) endotracheal tubes;
- (C) bag valve mask (BVM) resuscitators;
- (D) oxygen;
- (E) tourniquets;
- (F) immobilization devices;
- (G) nasogastric tubes;
- (H) splints;

(I) intravenous (IV) therapy supplies, including D5 normal, D5 quarter normal, and normal saline solutions or lactated ringers solutions;

(J) central line venous access kits or their equivalent;

(K) a suction machine;

(L) a defibrillator;

(M) a cardiac monitor;

(N) chest tubes for pediatrics and adults;

(O) assorted over the needle catheters; and

(P) indwelling urinary catheters.

(d) The clinic may not provide, directly or otherwise, services for the procurement, storage, or transfusion of blood.

(e) In addition to complying with the requirements of 7 AAC 12.465(c), the clinic must ensure that, if not already on site, a registered nurse, a licensed practical nurse, a primary community health aide, or an emergency medical technician is, on a 24-hour-a-day basis,

(1) on call;

(2) immediately available by telephone or radio contact; and

(3) available to be on site within 30 minutes after an emergency contact.

(f) The clinic must establish procedures, in coordination with emergency response systems in the area, under which a physician is immediately available by telephone or radio contact on a 24-hour-a-day basis to

(1) receive emergency calls;

(2) provide information on treatment of emergency patients; and

(3) refer patients to appropriate locations for treatment. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.487. Physical plant. (a) Any renovation, expansion, or new construction of a frontier extended stay clinic must comply with

(1) AS 18.60.580 - 18.60.660;

(2) AS 18.60.705 - 18.60.740;

(3) the *International Building Code*, as adopted by reference in, and revised under, 13 AAC 50.020; and

(4) the *International Mechanical Code*, as adopted by reference in, and revised under, 13 AAC 50.023.

(b) A clinic must comply with

(1) municipal fire safety regulations;

(2) 13 AAC 50 – 13 AAC 55; and

(3) applicable National Fire Protection Association (NFPA) standards, as follows, which are adopted by reference:

(A) *NFPA 13: Standard for the Installation of Sprinkler Systems*, 2002 edition;

(B) *NFPA 25: Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems*, 2002 edition;

(C) *NFPA 10: Standard for Portable Fire Extinguishers*, 2002 edition;

(D) *NFPA 99: Standard for Health Care Facilities*, 2005 edition;

(E) *NFPA 101: Life Safety Code*, 2000 edition; if a waiver is issued by the Centers for Medicare and Medicaid Services for a requirement of NFPA 101, the waiver will be considered a waiver of that requirement for purposes of this paragraph.

(c) The department may waive compliance with a requirement of this section if the commissioner determines that an equivalent alternative is provided and the safety and well-being of patients is assured. To obtain a waiver from the department, the owner or governing body of a clinic must apply in writing to the commissioner and must include in the application

- (1) justification for the waiver;
- (2) an explanation of why the particular requirement cannot be satisfied;
- (3) a description of the equivalent alternative proposed; and
- (4) if the application for waiver involves fire safety or other municipal or state requirements, evidence that it has been reviewed by each appropriate municipal or state authority. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

Editor's note: The *International Building Code* and the *International Mechanical Code* referred to in 7 AAC 12.487 may be obtained from the International Conference of Building Officials, 5360 Workman Mill Rd., Whittier, California 90601-2298; telephone: (800) 284-4406; (562) 699-0541.

The National Fire Protection Association standards adopted by reference in 7 AAC 12.487 may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169-7471; telephone: (800) 344-3555.

7 AAC 12.490. Definitions. In 7 AAC 12.450 – 7 AAC 12.490, unless the context indicates otherwise,

- (1) "emergency medical technician" has the meaning given in AS 18.08.200;
- (2) "extended stay" means a stay of four hours or longer described in 7 AAC 12.450(a)(2);
- (3) "food" means a raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use or sale, in whole or in part, for human consumption;
- (4) "frontier extended stay clinic" has the meaning given in AS 47.32.900;
- (5) "primary community health aide" has the meaning given in AS 18.28.100;

(6) "public highway" means a paved highway that is maintained year-round and open to the public for vehicular travel;

(7) "service area" means the geographical area in which a frontier extended stay clinic regularly provides services to individuals;

(8) "telemedicine" means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of medical data through audio, visual, or data communications that are engaged in over two or more locations between providers who are physically separated from the patient or from each other. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

Article 11. General Provisions.

7 AAC 12.600(a) is amended to read:

7 AAC 12.600. Scope. (a) Unless indicated otherwise in this chapter, a facility required to be [ALL FACILITIES] licensed under AS 47.32 and this chapter must comply with 7 AAC 10.9500 – 7 AAC 10.9535 (General Variance Procedures), 7 AAC 10.9600 – 7 AAC 10.9620 (Inspections and Investigations), 7 AAC 12.600, 7 AAC 12.610, 7 AAC 12.620, and 7 AAC 12.920, and with the applicable provisions of this section for each type of facility. A critical access hospital must also comply with 7 AAC 12.612.

7 AAC 12.600(g) is amended to read:

(g) A facility licensed under this chapter, with the exception of a home health agency, that provides a service described in 7 AAC 12.670 - 7 AAC 12.720, 7 AAC 12.780, 7 AAC 12.790 – 7 AAC 12.850 [7 AAC 12.790], 7 AAC 12.870, or 7 AAC 12.880 must comply with the section of this chapter governing the provision of that service, unless otherwise indicated.

7 AAC 12.600 is amended by adding a new subsection to read:

(h) A frontier extended stay clinic must comply with 7 AAC 12.450 – 7 AAC 12.490, and the applicable provisions of 7 AAC 12.630 – 7 AAC 12.660, 7 AAC 12.730, 7 AAC 12.750, 7 AAC 12.760, 7 AAC 12.770, 7 AAC 12.860, 7 AAC 12.890, and 7 AAC 12.910. (Eff. 11/19/83, Register 88; am 9/6/96, Register 139; am 9/1/2000, Register 155; am 6/23/2006, Register 178; am 12/3/2006, Register 180)

Authority:	AS 18.20.075	AS 47.32.010	<u>AS 47.32.040</u>
	AS 18.20.080	AS 47.32.020	<u>AS 47.32.050</u>
	AS 18.20.085	AS 47.32.030	<u>AS 47.32.060</u>

7 AAC 12.610 is repealed and readopted to read:

7 AAC 12.610. Licensure. (a) Unless exempt under 7 AAC 12.611, before an individual or entity may operate a facility subject to AS 47.32 and this chapter, the individual or entity must obtain a license from the department under AS 47.32 and this section. The department may bring an action to enjoin the operation of a facility that has failed to obtain a license as required under AS 47.32 and this chapter.

(b) An application for an initial license must be submitted on a form supplied by the department. Within 30 days after receipt of an application, the department will review the application for completeness. If the application is incomplete, the department will return it to the applicant for additional information. If the application is complete, the department will conduct an onsite review and inspection of the facility. If, after the onsite review and inspection, and review of the application, the department determines that the applicant meets the applicable requirements of AS 47.32 and this chapter, the department will issue a provisional license in accordance with AS 47.32.050(a). If the department determines that the applicant does not meet the applicable requirements of AS 47.32 and this chapter, the department will deny the application and issue the notice as required under AS 47.32.070.

(c) If the department determines that the applicant is temporarily unable to comply with one or more applicable requirements and is taking appropriate steps to achieve compliance, the department will extend the application review period under (b) of this section for an additional 90 days.

(d) An application for renewal of a biennial license must be submitted, and will be reviewed, in accordance with AS 47.32.060. In addition to any noncompliance with the applicable provisions of AS 47.32 and this chapter, grounds for nonrenewal include

- (1) submission of false or fraudulent information to the department;
- (2) failure or refusal to provide required information to the department;
- (3) noncompliance that threatens the health, welfare, or safety of patients;
- (4) the facility or individual, or an employee of the facility or individual,

(A) permitting, aiding, or abetting the commission of a criminal act under AS 11, AS 21, AS 28, or AS 47 related to facility operations covered by the license;

(B) engaging in conduct or practices detrimental to the health, welfare, or safety of patients, clients, or employees; or

(C) participating in, offering to participate, or implying an offer to participate in rebate, kickback, or fee-splitting arrangements or substantially similar arrangements; and

(5) an insufficient number of staff at the facility with the training, experience, or judgment to provide adequate care. (Eff. 11/19/83, Register 88; am 6/28/84, Register 90; am 9/1/2000, Register 155; am 12/3/2006, Register 180)

Authority:	AS 18.05.040	[AS 18.20.060]	<u>AS 47.32.030</u>
	[AS 18.20.010]	[AS 18.20.070]	<u>AS 47.32.040</u>
	[AS 18.20.020]	AS 18.20.080	<u>AS 47.32.050</u>
	[AS 18.20.030]	[AS 18.20.120]	<u>AS 47.32.060</u>
	[AS 18.20.040]	<u>AS 47.32.010</u>	<u>AS 47.32.130</u>
	[AS 18.20.050]	<u>AS 47.32.020</u>	<u>AS 47.32.140</u>

7 AAC 12 is amended by adding a new section to read:

7 AAC 12.611. Exemptions from licensure. (a) Unless operating as a frontier extended stay clinic under 7 AAC 12.450 – 7 AAC 12.490, a rural health clinic, including a community health center and a federally qualified health center, is exempt from the licensure requirements of AS 47.32 and this chapter.

(b) A facility owned and operated by the United States Indian Health Service, or a facility owned and operated by a tribal organization, as defined in 25 U.S.C. 450b(l), under a funding agreement under 25 U.S.C. 458aaa-4 (Indian Self-Determination and Education Assistance Act and Tribal Self-Governance Amendments of 2000) is exempt from the requirement to obtain a license under AS 47.32 and this chapter. However, a facility described in this subsection must meet the applicable licensure requirements set out in AS 47.32 and this chapter. (Eff. 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.020 AS 47.32.030

7 AAC 12.620 is repealed and readopted to read:

7 AAC 12.620. Enforcement actions; informal reconsideration of findings. (a) The department will inspect each facility and conduct investigations as provided in AS 47.32, 7 AAC 10.9600 – 7 AAC 10.9620, and this chapter.

(b) Except for enforcement actions under AS 47.32.130, the department will, before delivering a report under AS 47.32.120 and if requested by the facility, meet informally with representatives of the facility to discuss the department’s findings and any proposed enforcement action. An informal meeting under this subsection does not affect any rights under AS 47.32. (Eff. 11/19/83, Register 88; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.080] **AS 47.32.110**
 [AS 18.20.010] [AS 18.20.120] **AS 47.32.120**
 [AS 18.20.020] **AS 47.32.010** **AS 47.32.130**
 [AS 18.20.040] **AS 47.32.030** **AS 47.32.140**
 [AS 18.20.050] **AS 47.32.090**

7 AAC 12.630(a) is amended to read:

7 AAC 12.630. Governing body. (a) Each facility, with the exception of birth centers and intermediate care facilities for the mentally retarded, must have a governing body **that assumes responsibility for implementing and monitoring policies that govern the facility's [WHICH IS RESPONSIBLE FOR THE] operation and for ensuring that those policies are administered in a manner that provides quality health care in a safe environment. The [OF THE] facility must provide to the department the name, title, and mailing address for**

(1) each owner of the facility;

(2) each person who is principally responsible for directing facility operations; and

(3) the person responsible for medical direction.

(Eff. 11/19/83, Register 88; am 9/1/2000, Register 155; am 12/3/2006, Register 180)

Authority:	AS 18.05.040	<u>AS 47.05.300</u>	<u>AS 47.32.010</u>
	[AS 18.20.010]	<u>AS 47.05.310</u>	<u>AS 47.32.030</u>
	[AS 18.20.060]		

7 AAC 12.660(a) is amended to read:

7 AAC 12.660. Personnel. (a) A facility must plan and retain records of employee orientation, in-service training programs, and employee supervision. **In addition, the facility must maintain for each employee a file that includes**

(1) a current job description;

(2) a copy of the employee's current license or certification, if a license or certification is required by statute for the employee's profession;

(3) a summary of the employee's education, training, and experience; and

(4) evidence of the employee’s compliance with the employee health requirements of 7 AAC 12.650.

(Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.060] **AS 47.32.030**
[AS 18.20.010] **AS 47.32.010**

7 AAC 12.670 is amended by adding a new subsection to read:

(j) A frontier extended stay clinic is exempt from the requirements of this section. (Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.060] **AS 47.32.030**
[AS 18.20.010] **AS 47.32.010**

7 AAC 12.680 is amended by adding a new subsection to read:

(i) A frontier extended stay clinic is exempt from the requirements of this section. (Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.060] **AS 47.32.030**
[AS 18.20.010] **AS 47.32.010**

7 AAC 12.720(a) is amended to read:

(a) A facility that provides dietetic services, **with the exception of frontier extended stay clinics,** must comply with the provisions of this section.

(Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 12/17/2005, Register 176; am 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12.730(d) is amended to read:

(d) Traffic in an [THE] area designated for processing, decontamination, and storage of supplies must be restricted to properly attired authorized personnel. Birth centers, **frontier extended stay clinics**, and nursing homes are not required to comply with this subsection. (Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.060] **AS 47.32.030**
[AS 18.20.010] **AS 47.32.010**

7 AAC 12.740(a) is amended to read:

(a) Each facility, with the exception of home health agencies, **frontier extended stay clinics**, and intermediate care facilities for the mentally retarded, must provide a laundry service. (Eff. 11/19/83, Register 88; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.060] **AS 47.32.030**
[AS 18.20.010] **AS 47.32.010**

7 AAC 12.740 is amended by adding a new subsection to read:

(g) If laundry service is provided by an outside laundry service establishment, the facility must choose an establishment that meets the requirements of this section. (Eff. 11/19/83, Register 88; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.060] **AS 47.32.030**
[AS 18.20.010] **AS 47.32.010**

7 AAC 12.750(e) is amended to read:

(e) A facility must maintain sufficient housekeeping cleaning supplies and equipment. Separate equipment must be provided, **as applicable**, for operating rooms, delivery rooms, the nursery, and **the** dietary area. Housekeeping equipment and cleaning supplies, other than those in bulk, must be stored in designated housekeeping supply rooms. A detergent germicide must be used for all cleaning and dusting purposes. Mop heads must be removable and must be changed at least daily.

(Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.060] AS 47.32.030
[AS 18.20.010] AS 47.32.010

7 AAC 12.770(a) is amended to read:

7 AAC 12.770. Medical record service. (a) Each facility, with the exception of home health agencies, intermediate care facilities for the mentally retarded, and birth centers, must have a medical record service **that** [WHICH] complies with the **applicable** provisions of this section. **A frontier extended stay clinic must comply with (b), (d), (g), and (i) – (k) of this section in addition to the requirements of 7 AAC 12.483.**

7 AAC 12.770(b) is amended to read:

(b) A facility must keep records on all patients admitted or accepted for treatment. **The medical records, including x-ray films, are the property of the facility and are maintained for the benefit of the patients, the medical staff, and the facility. Medical records are subject to the requirements of AS 18.05.042, 7 AAC 43.030, and 7 AAC 43.032. This section does not affect other statutory or regulatory requirements regarding access to, use of, disclosure of, confidentiality of, or retention of record contents, or regarding maintenance of health information in patients' records by health care providers. A facility must maintain originals** [ORIGINALS] or accurate reproductions of the contents of the originals of all records, including x-rays, **consultation reports, and laboratory reports,** [MUST BE MAINTAINED] in a form **that** [WHICH] is legible and readily available

(1) upon [THE] request, to [OF] the attending physician [,] or other practitioner responsible for treatment, a member of the facility's medical staff, or a representative of the department; and

(2) [, OR] upon the patient's written request, to **another practitioner** [OTHER PRACTITIONERS].

7 AAC 12.770(d) is amended to read:

(d) A facility must maintain procedures to protect the information in medical records from loss, defacement, tampering, or access by unauthorized persons. **A patient's written consent is required for release of information that is not authorized to be released without consent. A facility may not use or disclose protected health information except as required or permitted by 45 C.F.R. Part 160, subpart C, and 45 C.F.R. Part 164, subpart E, revised as of October 1, 2005, and adopted by reference.**

The lead-in language of 7 AAC 12.770(e) is amended to read:

(e) A record must be completed within **30** [15] days of discharge and authenticated or signed by the attending physician, [OR] dentist, **or other practitioner responsible for treatment. The facility must establish policies and procedures to ensure timely completion of medical records.** A record may be authenticated by a signature stamp or computer key instead of **the treating practitioner's** [A PHYSICIAN'S] signature **if** [WHEN] the **practitioner** [PHYSICIAN] has given a signed statement to the hospital administration that **the practitioner** [HE OR SHE] is the only person who

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7 AAC 12.770(f) is amended to read:

(f) **Medical records** [RECORDS] must be **filed** [INDEXED] in accordance with a standard **health information archival system to ensure the prompt location of a patient's medical record** [MEDICAL RECORD NOMENCLATURE].

7 AAC 12.770(g) is amended to read:

(g) **The facility must ensure that a** [A] transfer summary, signed by the physician **or other practitioner responsible for treatment, accompanies** [, MUST ACCOMPANY] the patient, **or is sent by electronic mail or facsimile transmission to the receiving facility or unit,** if the patient is transferred to another facility or **is** [IF] transferred to a nursing or intermediate care service unit within the same facility. The transfer summary must include essential information relative to the patient's diagnosis, condition, medications, treatments, dietary requirement, known allergies, and treatment plan.

7 AAC 12.770(h) is amended to read:

(h) Each facility subject to the provisions of this section, with the exception of **an** ambulatory surgical **facility and a frontier extended stay clinic** [FACILITIES], must employ the services of a **health information** [RECORDS] administrator who is registered by the American Health Information Management Association or a **records** [RECORD] technician who is accredited by the American Health Information Management Association to supervise the medical record service. **If** [AND, IF] the administrator or technician is a consultant only, **the administrator or technician must visit** [TO MAKE VISITS TO] the facility not less than biannually to organize and evaluate the operation of the service and to provide written reports to the medical record service and the administration of the facility.

7 AAC 12.770 is amended by adding new subsections to read:

(i) The facility must safely preserve patient records for at least seven years after discharge of the patient, except that

(1) x-ray films or reproductions of films must be kept for at least five years after discharge of the patient; and

(2) the records of minors must be kept until the minor has reached the age of 21 years, or seven years after discharge, whichever is longer.

(j) If a facility ceases operation, the facility must inform the department within 48 hours before ceasing operations of the arrangements made for safe preservation of patient records as required in this section. The facility must have a policy for the preservation of patients' medical records in the event of the closure of the facility.

(k) If ownership of the facility changes, the previous licensee and the new licensee shall, before the change of ownership, provide the department with written documentation that

(1) the new licensee will have custody of the patient’s records upon transfer of ownership, and that the records are available to both the new and former licensee and other authorized persons; or

(2) arrangements have been made for the safe preservation of patients’ records, as required in this section, and the records are available to the new and former licensees and other authorized persons. (Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am 12/3/2006, Register 180)

Authority: AS 18.05.040 AS 18.20.085 AS 47.32.030
[AS 18.20.010] AS 47.32.010
[AS 18.20.060]

Editor's note: Verification of [REGISTRATION] status as a registered health information [RECORDS] administrator or as an accredited records [RECORD] technician may be obtained from the American Health Information Management Association at 233 N. Michigan Avenue, Suite 2150 [919 NORTH MICHIGAN AVE., SUITE 1400], Chicago, IL, 60601-5800 [60611-1683].

7 AAC 12.780(a) is amended to read:

(a) A facility that [WHICH] provides radiological services, with the exception of frontier extended stay clinics, must comply with the requirements of this section.

Authority: AS 18.05.040 [AS 18.20.060] AS 47.32.030
[AS 18.20.010] AS 47.32.010

The lead-in language of 7 AAC 12.860 is amended to read:

7 AAC 12.860. Risk management. A facility, with the exception of home health agencies and birth centers, must have a risk management program that has [INCLUDES]

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7 AAC 12.860(5) is amended to read:

(5) provision of 24-hour emergency service by a physician, on site or on call, including posting the on-call physician's name and phone number at each nursing station; **a frontier extended stay clinic is exempt from the requirements of this paragraph;**

7 AAC 12.860 is amended by adding a new paragraph to read:

(10) a disaster plan developed in coordination with the local community to address the facility's response in case of a disaster; the plan must include community and state resources for staffing and supplies, and prioritized options to account for staffing shortages, disruptions in the supply line, community allocation of staff resources, telephone triage, and plans for establishing and maintaining communication with local, state, and federal emergency response agencies; the disaster plan must be in place on or before January 1, 2007, and must address response to

(A) an earthquake, flood, major fire, tsunami, or other potential disaster relative to the area; and

(B) a pandemic influenza outbreak; the plan must include plans for

(i) separate entrances to buildings, and segregated seating, for patients with influenza-like illness; and

(ii) other measures to contain or prevent transmission of the illness. (Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.060] **AS 47.32.010**
[AS 18.20.010] AS 18.20.075 **AS 47.32.030**

7 AAC 12.870 is amended by adding a new subsection to read:

(j) A frontier extended stay clinic is exempt from the requirements of this section. (Eff. 11/19/83, Register 88; am 9/1/2000, Register 155; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.060] **AS 47.32.030**
[AS 18.20.010] **AS 47.32.010**

7 AAC 12.900(a) is amended to read:

(a) Each facility, with the exception of home health agencies, **frontier extended stay clinics**, and birth centers, must comply with the provisions of this section.

(Eff. 11/19/83, Register 88; am 12/31/94, Register 132; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 12/17/2005, Register 176; am 6/23/2006, Register 178; am 12/3/2006, Register 180)

Authority: AS 47.32.010 AS 47.32.030

7 AAC 12 is amended by adding a new section to read:

7 AAC 12.925. Accredited entities. (a) An entity licensed under this chapter with a current accreditation from a nationally recognized organization with standards the department determines meet the intent of AS 47.32 and this chapter may submit a written request to the department for a waiver of a biennial inspection by the department under AS 47.32.060. The entity must submit a separate request for each licensing period during which the accrediting organization inspected the entity. The entity must include with the request a copy of the accrediting organization's most recent report of inspection, and a plan of correction and proof of corrective action if applicable.

(b) The department will waive its biennial inspection under AS 47.32.060 during the licensing period in which the accrediting organization conducted an inspection if the entity passed that inspection or has corrected any deficiencies noted by the accrediting organization. The inspection waiver will be in effect for the remainder of that licensing period unless revoked under (c) of this section.

(c) Nothing in this section precludes the department from responding to a complaint received under AS 47.32.090, and from taking any necessary action under AS 47.32.130 or 47.32.140. If the entity fails to fulfill any plan of correction developed under AS 47.32.130 or 47.32.140, the waiver from inspection will be revoked. (Eff. 12/3/2006, Register 180)

Authority: AS 18.05.010 AS 47.32.060 AS 47.32.120
AS 18.05.040 AS 47.32.090 AS 47.32.130
AS 47.32.010 AS 47.32.100 AS 47.32.140
AS 47.32.030 AS 47.32.110 AS 47.32.150
AS 47.32.050

The lead-in language of 7 AAC 12.990 is amended to read:

7 AAC 12.990. Definitions. In this chapter, unless the context requires otherwise,

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7 AAC 12.990(9) is amended to read:

(9) "bureau of vital statistics" means the bureau of vital statistics within the department [, DIVISION OF ADMINISTRATIVE SERVICES, DEPARTMENT OF HEALTH AND SOCIAL SERVICES];

7 AAC 12.990(25) is amended to read:

(25) "emergency service" means a medical service provided in response to the perceived individual needs of a patient for immediate [WHICH PROVIDES EMERGENCY] medical care to prevent the loss of life or the aggravation of a physical or psychological illness or injury;

7 AAC 12.990(26) is amended by adding new subparagraphs to read:

- (K) long-term acute care hospital; and
- (L) frontier extended stay clinic;

7 AAC 12.990(33) is amended to read:

(33) "licensee" means the owner [GOVERNING BODY] of a licensed facility;

7 AAC 12.990(39) is amended to read:

(39) "medical staff" means physicians and other medical practitioners appointed by the governing body to practice within medical staff bylaws adopted under 7 AAC 12.110(b), [AND] 7 AAC 12.210(b), and 7 AAC 12.465(b);

7 AAC 12.990(88) is amended to read:

(88) "critical access hospital" means a facility that has been determined by the department to meet the requirements of 7 AAC 12.104 **or that has been certified as a critical access hospital under 42 C.F.R. 485.601 – 42 C.F.R. 485.645;**

7 AAC 12.990 is amended by adding new paragraphs to read:

(92) "community health center" means a facility or clinic providing outpatient services

(A) for the prevention or diagnosis of illness, or the care and treatment of emergency illnesses or injured patients; and

(B) that are provided principally for persons residing in an area of the state in or near which the facility or clinic is situated;

(93) "credentialing" means the formal process, conducted by the medical staff of an entity, to delineate the privileges of, and evaluate the professional and technical competence of, an individual practitioner to provide specified levels of patient care, for the purpose of determining, based on criteria established by law and by the entity's bylaws, whether the individual is qualified for initial appointment to, or for continuing membership with, the entity's medical staff;

(94) "federally qualified health center" means a facility that has been determined by the department to meet the requirements of 7 AAC 43.870;

(95) "frontier extended stay clinic" has the meaning given in AS 47.32.900;

(96) "governing body" means the entity that establishes policy and is legally responsible for the overall operation of a facility;

(97) "hospital" has the meaning given in AS 47.32.900;

(98) "laboratory" means a facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings; in this paragraph, "examination" includes procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body; "laboratory" does not include a facility that only

(A) collects or prepares specimens without examination; or

(B) serves as a mailing service and does not perform examinations;

(99) "licensed practical nurse" means a person who is licensed under AS 08 for the practice of practical nursing within the meaning given in AS 08.68.410;

(100) "practitioner" means a health care provider licensed under AS 08 who provides, prescribes, and oversees the health care services and medical services provided to patients in a health facility licensed under AS 47.32 and this chapter within the authorization, course, and scope of that provider's license, practice, and privileges;

(101) "rural health clinic" has the meaning given in AS 47.32.900; "rural health clinic" includes a community health center and a federally qualified health center under 7 AAC 43.870;

(102) "standing order" means a written order stipulating a specific treatment approach for patients who meet certain criteria or have a specific medical condition, thus eliminating the need for individual physician's orders for those patients, unless otherwise indicated. (Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 6/23/2006, Register 179; am 12/3/2006, Register 180)

Authority: AS 18.05.040 [AS 18.20.060] AS 47.32.030
[AS 18.20.010] AS 47.32.010