

1 State of Alaska
2 Department of Commerce, Community and Economic Development
3 Division of Corporations, Business and Professional Licensing
4

5 Alaska Board of Pharmacy
6

7 FINAL MINUTES OF THE EMERGENCY MEETING
8

9 December 3 - 4, 2020 Videoconference
10

11 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
12 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on
13 December 3 - 4, 2020. Due to the COVID-19 pandemic, in-person attendance was
14 not available.

15
16 Agenda Item 1 Call to Order/Roll Call Time: 9:06 a.m.
17

18 The day 1, **December 3, 2020** videoconference was called to order by Chair, Rich Holt at 9:06
19 a.m. The board welcomed new occupational licensing examiner, Bethany Carlile. Ms. Carlile will
20 be primarily assigned to processing pharmacist, pharmacy technician, and pharmacist intern
21 applications.
22

23 Board members present, constituting a quorum:
24

25 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
26 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
27 James Henderson, RPh #PHAP1683
28 Lana Bell, RPh #PHAP893
29 Tammy Lindemuth, Public Member
30 Sharon Long, Public Member
31 Justin Ruffridge, #PHAP1787
32

33 Division staff present:
34

35 Laura Carrillo, Executive Administrator
36 Lisa Sherrell, PDMP Manager
37 Heather Noe, Occupational Licensing Examiner
38 Bethany Carlile, Occupational Licensing Examiner
39
40

41 Members from the public present/registered:
42

43 Donna Northcote , Genoa Healthcare Juneau
 44 Dan Nelson , TCC
 45 Lauren Paul , Geneva Woods/CVS Health
 46 Rob Geddes , Albertsons Companies
 47 Michelle Hoyt , N/A
 48 Jessica Adams , TelePharm a Cardinal Health Company
 49 Molly Gray , Alaska Pharmacists Association
 50 Ashley Schaber , Alaska Pharmacists Association/Alaska Native Medical Center
 51 Lorri Walmsley , Walgreens
 52 Tom Wadsworth , UAA/ISU Doctor of Pharmacy Program
 53 Emily Haugh , Pillpack
 54 Rob Geddes, Albertsons

55
 56 **Agenda Item 2 Review/Approve Agenda** **Time: 9:07 a.m.**

57
 58 The board reviewed the agenda for day 1.

59
 60 **On a motion duly made by Tammy Lindemuth to approve the meeting agenda, seconded**
 61 **by Lana Bell, and approved unanimously, it was:**

62
 63 **RESOLVED to accept the December 3, 2020 meeting agenda as written.**

	APPROVE	DENY	ABSTAIN	ABSENT
66 Leif Holm	x			
67 Richard Holt	x			
68 Justin Ruffridge	x			
69 Lana Bell	x			
70 Tammy Lindemuth	x			
71 James Henderson	x			
72 Sharon Long	x			

73
 74 The motion passed with no further discussion.

75
 76 **Agenda Item 3 Ethics** **Time: 9:09 a.m.**

77
 78 For transparency, Chair Holt reminded the board and the public that he currently participates in
 79 the biweekly COVID-19 board chairs meeting as well as the biweekly PDMP board chairs
 80 meeting.

81
 82 Dr. Ruffridge indicated he has participated periodically with AKPhA legislative effort discussions,
 83 most recently with the PDMP bill a few years ago.

84

85 **Agenda Item 4 Public Comment 1**

Time: 9:11 a.m.

86
87 Chair Holt reminded the public that this public comment period was not for the emergency
88 regulations, which must be submitted in writing to the division via the regulation specialist by 4:30
89 p.m. on December 29th.

90
91 *Lauren Paul (Geneva Woods/ CVS Health)*

92 Requested the board amend 12 AAC 52.230, return or exchange of drugs, which would allow
93 repackaging of drugs (compliance packaging) for long-term care. In an email submitted to Ms.
94 Carrillo, the suggested amendment is as follows:

95
96 12 AAC 52.530. RETURN OR EXCHANGE OF DRUGS. (a) A pharmacy or pharmacist may
97 accept a drug
98 for return or exchange after the drug has been taken from the premises where the drug was sold,
99 distributed, or dispensed if

100 (1) the prescription was dispensed in a manner inconsistent with the original prescription
101 drug order; or the medication was recalled by the manufacturer or the United States Food and
102 Drug Administration; and

103 (2) the drug is segregated from the normal pharmacy inventory and may not be dispensed.

104 (b) A pharmacy serving an institutional facility may accept for return or reuse unit dose packages
105 or full or partial

106 multiple dose medication cards if

107 (1) the pharmacist can readily determine that there has been no entry or attempt at entry to
108 the unit dose package
109 or blister card;

110 (2) in the pharmacist's professional judgment, the unit dose package or multiple dose
111 medication card meets the standards of the United States Pharmacopoeia (1995 revision) for
112 storage conditions, including temperature, light
113 sensitivity, and chemical and physical stability;

114 ~~(3) the drug has not come into the physical possession of the person for whom it was~~
115 ~~prescribed, and control of~~

116 ~~the drug is known to the pharmacist to have been the responsibility of a person or persons~~
117 ~~licensed to prescribe,~~
118 ~~dispense, or administer drugs; and~~

119 (4) the drug labeling or packaging has not been altered or defaced, and the identity of the
120 drug, its strength, ~~lot number~~, and expiration date are retrievable.

121
122 Authority: AS 08.80.005 AS 08.80.030

123
124
125
126 *Dan Nelson (TCC)*

127 Dr. Nelson wished to bring to the board’s attention his concerns with out-of-state mail order
128 pharmacies, acknowledging that during the COVID-19 pandemic, shopping online is becoming
129 more common. Dr. Nelson noted Amazon is now moving into the pharmacy world, and is
130 specifically concerned about how compliance with the patient counseling requirement is met. Dr.
131 Nelson acknowledged patient counseling could be done via distance means, but still expressed
132 concerns about his confidence in the competency of non-resident, mail order Internet pharmacies
133 which may not fully understand challenges of weather conditions and issues with supply
134 distribution/accessibility to remote Alaskan communities. Dr. Nelson continued to express that
135 out-of-state pharmacies seem to be reaping the benefits financially, but then the smaller, local
136 pharmacies are relied upon to service patients when there are delays or other fall outs.

137
138 Chair Holt appreciated Dr. Nelson’s concerns and commented that out-of-state pharmacies are
139 not licensed; they are registered per AS 08.80.158, so essentially are only required to register with
140 Alaska if they are shipping prescriptions. Chair Holt added that the intent of the legislature is that
141 the pharmacies operate within the jurisdiction in which they are licensed, which limits the board’s
142 regulatory authority over them. Ms. Carrillo commented that if Amazon is using a 3PL license,
143 that could provide a level of oversight since it does require a license. Chair Holt referenced the
144 statute of 3PLs, which indicates 3PLs do not own the product, so it is possible Amazon could be
145 excluded from 3PL licensure if they are providing logistics services themselves.

146
147 Emily Haugh, who is a registered pharmacist and works for Amazon pharmacy as on the line. Ms.
148 Haugh clarified for the record that Amazon does own and dispense the product like a traditional
149 pharmacy.

150
151 **Agenda Item 5 Regulations Time: 9:31 a.m.**

152
153 The board first addressed 12 AAC 52.020, pharmacy [facility] license. Chair Holt indicated the
154 board looked at this a few times to accommodate different facility types, with a need to align
155 language with actual-used terms. One of the recommended amendments is to change the self-
156 inspection report to an attestation. Chair Holt commented the board has never used the self-
157 inspection report as a tool or mechanism for approving or denying a license, and was not aware of
158 any license that has been denied because of the results of the self-inspection report. For in-state
159 pharmacies, the self-inspection report isn’t required to be submitted within 14 days post-licensure,
160 so the board never sees them.

161
162 Chair Holt also commented there are essentially zero requirements to get a pharmacy license in the
163 state, but the board is heavy on licensing regulations for other license types, like wholesale drug
164 distributors, outsourcing facilities, and 3PLs; they have to submit resumes, fingerprints, and
165 reports. Dr. Ruffridge stated he’s only found the inspection reports to be helpful only to ensure
166 you are able to check items off a list when you’re opening up a new pharmacy, but stated he is sure
167 there could be a different way to demonstrate competency in other ways that could serve the same
168 purpose. Chair Holt inquired whether any boards were opposed to making the report an
169 attestation.

170 Dr. Holm inquired as to whether it would fall to the pharmacy to ensure they have a copy of the
171 attestation instead of the board keeping track. Dr. Holm recalled that his recollection was it was
172 still necessary to complete the inspection report so that the board had a record of a pharmacy
173 completing an inspection report. Ms. Bell commented there is no record of retention, but
174 completes this at the time of renewal. Chair Holt commented that in the license renewal; doesn't
175 indicate inspections must be submitted. Ms. Bell suggested that the self-inspection be retained and
176 available for inspection for the duration of the licensing period.

177
178 Chair Holt addressed fingerprinting and inquired as to whether any of the board members had any
179 comments regarding fingerprinting for in-state pharmacy licenses. Ms. Carrillo clarified that the
180 national background check would require a statute change to AS 12.62.400 to have pharmacists
181 added there. Dr. Holm inquired whether other boards of pharmacies fingerprint their in-state
182 licensees, to which Chair Holt stated he was not sure.

183
184 Ms. Carrillo inquired again about inspection reports, commenting her understanding is that
185 inspection reports would only need to be supplied in the event there is some sort of investigation,
186 since the board doesn't conduct regular inspections of pharmacies. Chair Holt stated yes, that
187 would be the case, but suggested a possibility of conducting random audits, but it would fall to the
188 board to then have to define what is an acceptable audit and what isn't. Ms. Lindemuth
189 commented she believes we should have proof that pharmacies are compliant with the laws. Ms.
190 Bell stated the board does have pharmacy standards; we're not proposing to eliminate the
191 requirement of the inspection but just eliminate the staff having to file those and pharmacies
192 submit them. Dr. Ruffridge inquired whether the question was more so centered around the fact
193 that the board doesn't have a follow-up portion to this requirement. Dr. Ruffridge added that
194 other boards of pharmacies show up at pharmacies to ensure these things are happening, asking
195 what the point of the attestation is if there is no cross-check mechanism. Chair Holt commented
196 Ms. Carrillo had brought up how extensive the requirements are for 3PLs, but when you look in-
197 state, it is a stark difference with the requirements; the latter essentially requires an application but
198 no mechanism to validate the qualifications and competencies. Ms. Lindemuth inquired why we
199 require more documents from out of state applicants and licensees, to which Ms. Bell reiterated is
200 because the board doesn't have jurisdiction over them.

201
202 Ms. Carrillo commented that it is interesting "inspector" is defined in regulation as a board
203 member or investigator under 12 AAC 52.995 since there are no regular inspections. Dr. Ruffridge
204 stated he would like to see someone going into the pharmacies, whether it is a board member or
205 investigator, but acknowledged travel barriers. Chair Holt inquired whether there is a mechanism
206 to inspect. Ms. Carrillo commented she believes there is some authority since it is defined in
207 regulation. Ms. Carrillo also commented it may be possible to create a new random audit section,
208 informing the board there is way to generate random audits with the licensing system. Ms.
209 Lindemuth expressed her support, saying it would elevate the pharmacy to know they are
210 following the letter of the law. Ms. Bell stated that the previous investigator was trained on how to
211 inspect pharmacies and that it was interesting to see how that process worked, mentioning there

212 was a checklist involved. Chair Holt inquired where the checklist came from, to which Ms. Bell
213 was unsure.

214
215 **TASK 1**
216 Ms. Carrillo will contact Investigator Jacobs to obtain a copy of the inspection checklist and
217 report, and inquire where the templates came from or what resources were using in drafting them.
218 *(Initiated and completed 12/07/2020; Investigator Jacobs indicated there is a checklist and clarified investigations*
219 *have been both complaint-driven and random. Currently, in-person inspections are suspended due to the COVID-*
220 *19 pandemic. Investigator Jacobs provided a copy via email to Ms. Carrillo of the inspection checklist and report*
221 *template.)*

222
223 Chair Holt reiterated that aside of needing a copy of the inspection and checklist, the board would
224 need to:

- 225
226 1.) Create new section on inspections, outlining what processes are involved
227 2.) Address barriers to travel and assess/determine travel protocols

228 Ms. Carrillo commented that as part of that, the board may need to think about increasing the
229 license fee to support travel costs. Chair Holt recalled there would need to be a fee analysis
230 conducted soon anyway, to which Ms. Carrillo agreed, stating the board may need to revisit
231 fingerprinting fees as well.

232 **TASK 2**
233 Ms. Carrillo will follow up with admin officer, Melissa Dumas, on their next fee analysis and will
234 mention fingerprinting and possible fee increase due to inspections.
235 *(Initiated 12/07/2020; Ms. Dumas indicated the Board of Barbers and Hairdressers and Construction*
236 *Contractors program both conduct inspections through reimbursable services agreements (RSAs) with the*
237 *Department of Environmental Conservation and Department of Labor, respectively. Ms. Carrillo requested a fee*
238 *estimate for the 156 in-state pharmacies and wholesale drug distributors in the state.)*

239
240 Dr. Holm expressed this is an opportunity to correct issues without being disciplined, possibly
241 avoiding jail time. Ms. Bell stated that when she was inspected, it turned into a supportive
242 feedback opportunity that provided encouragement and confidence. Mr. Henderson commented
243 the board would need to establish COVID-19 safety protocols for the inspectors, to which Chair
244 Holt indicated it may be some time before the process is rolled out. Mr. Henderson commented
245 he's sure the inspection report used by Investigator Jacobs is likely similar to what the board has
246 on their website.

247
248 12 AAC 52.030 – Pharmacy license
249 Chair Holt commented on how the board can make the sections on pharmacies more cohesive as
250 they're currently split up into several sections, e.g.: change of location or name is in a separate
251 section than the application requirements section. Chair Holt suggested repealing 12 AAC 52.030
252 and 12 AAC 52.040 and readopt them into 12 AAC 52.020 so they are centralized. Ms. Carrillo

253 commented it would align with how the wholesaled drug distributor, outsourcing facility, and 3PL
254 sections are currently structured.

255

256 12 AAC 52.070 – Application for pharmacist license by examination

257 Chair Holt commented there has been inconsistencies with notary requirements, also asking the
258 board what their thoughts are on the value of a notary. Dr. Ruffridge commented that his
259 understanding of the purpose of the notary is to verify the validity of the individual asking to
260 notarize their documents. Ms. Sherrell commented that she used to be a notary; they were
261 supposed to verify the individual’s identity, but never looked at the document to see if they were
262 accurate or valid. Ms. Lindemuth stated that is a good point, commenting one wouldn’t know if
263 the documents have been forged or not. Dr. Holm stated he sees it as a roadblock serving no
264 valuable purpose. Ms. Noe commented that from her experience, the notary requirement worked
265 well for verification of experience because it does make sure they are for the correct individual.
266 Ms. Carrillo agreed with Ms. Noe, commenting the notary doesn’t verify all the officers or owners,
267 so it doesn’t make sense to have a notary for those facilities or pharmacies if the purpose of the
268 notary is to verify the individual and not the paper documents. Chair Holt believes it doesn’t seem
269 to make sense for individuals, either. Ms. Carrillo asked the board whether it made more sense for
270 technician applications to be notarized, commenting that for pharmacists, they have to go through
271 the verification steps with the NABP, but for technician applications, they just indicate they are 18
272 years old and have their GED or high school diploma.

273

274 Chair Holt called for break at 10:55 a.m.

275

276 *Off record at 10:55 a.m.*

277 *On record at 11:04 a.m.*

278

279 Upon return from break, Ms. Carrillo conducted a roll call. All members were present. Dr.
280 Ruffridge commented his sentiment is that the board needs to have a general follow-up and
281 enforcement mechanism.

282

283 Ms. Carrillo commented that part of the discussion around deregulation or right-touch regulations
284 was looking at what is being done at the workforce level and whether it is necessary to replicate in
285 regulation what is already being done practically. Ms. Carrillo suggested perhaps the board could
286 require pharmacies to conduct background checks prior to hiring, but wasn’t sure whether there
287 would be any conflict with labor laws. Dr. Ruffridge stated we as a board needs to uphold their
288 professionalism and ensure there is some sort of check. Mr. Henderson believes the notary
289 requirement should be kept in because it is our society’s legal way of certifying you are who you
290 are, to which Dr. Ruffridge agreed.

291

292 Chair Holt then pointed to transcripts for the initial application, informing the board that
293 pharmacist applicants must submit their transcripts to the NABP for required exam scheduling
294 anyway. Ms. Carrillo inquired whether any of the board members recalled the requirements for
295 photo identifications as there have been applications in the past which included this. Mr.

296 Henderson supported the idea of identification requirements, similar to an I-9. Dr. Holm
297 commented back to the notary requirement, adding that there has been no public comment
298 opposition to this or otherwise have expressed it is a barrier to licensure. Based on discussion so
299 far, it seemed to be the consensus of the board to leave the notary requirement in.
300

301 Back to discussion on transcripts, Dr. Holm stated he would be in support of removing the
302 transcript requirement because a pharmacy degree doesn't always translate to being a good
303 pharmacist. Mr. Henderson agreed, stating it doesn't matter what grades you received, as long as
304 you graduated. Ms. Lindemuth also agreed, stating it seems redundant if they are already being
305 submitted to the NABP.
306

307 Chair Holt also pointed to the certified true copy language and Ms. Carrillo explained that this
308 typically requires a statement indicating the document is a true copy with a signature and notary
309 provided on the document. The consensus was that another notary was isn't necessary. Dr.
310 Ruffridge inquired what the thought process was for removing the specification as to who can
311 submit the verification of 1,500 hours, referring to the proposed change to remove the
312 specification that the document must be submitted by the verifying agency as opposed to the
313 applicant. Ms. Carrillo stated it gives the applicant control over the completeness of their
314 application so they don't have to wait for their preceptor or other verifying agency to send the
315 document to the board, but commented it could be a question of whether the board is fine
316 trusting the applicant they aren't altering the document in any way. Dr. Ruffridge requested the
317 add a notary to the verification.
318

319 Chair Holt discussed a mismatch between 12 AAC 52.080, 12 AAC 52.070, and 12 AAC 52.095
320 with the affidavit of experience requirement. Ms. Carrillo stated 12 AAC 52.080 has been
321 interpreted as applying to examination applicants, to which Chair Holt disagrees as it is also
322 mentioned in 12 AAC 52.095 for reciprocity applicants under (6)(A).
323

324 **TASK 3**

325 Ms. Carrillo will send a request to the PubTeam to include the affidavit form for reciprocity
326 applicants.

327 *(Initiated 12/08/2020.)*
328

329 **Agenda Item 6 Lunch Time: 12:28 p.m.**

330
331 Chair Holt called for lunch at 12:28 p.m.
332

333 Off record at 12:28 p.m.

334 Back on record at 1:13 p.m.
335

336 **Agenda Item 7 Return to Regulations Time: 1:14 p.m.**

337
338 The board returned to regulation discussions upon return from lunch.

339
340 12 AAC 52.120 – Review of pharmacist intern license application
341 Chair Holt included a change to (b)(2) regarding fees for simplification and not substantive
342 purposes. The jurisprudence exam requirement was still listed in (b)(7), although the board
343 previous removed it. It was proposed to extend the term of the intern license to 5 years instead of
344 2, to which there was no opposition.

345
346 12 AAC 52.130 – Registration of pharmacies located outside of the state
347 Ms. Bell inquired whether the license can be verified within the NABP eProfile. Ms. Carrillo
348 indicated she hadn't used the eProfile for that purpose so was unsure of whether that function was
349 available. Mr. Henderson suggested verifications could be done through the NCPDP but not
350 through the NABP. The board then addressed the certified true copy requirement, sharing similar
351 opposition to why it is not valuable. The board also discussed the affidavit of moral character
352 requirement, which can't be repealed because it is currently in statute.

353
354 *Justin Ruffridge joined the room at 1:53 p.m.*
355

356 The board discussed 12 AAC 52.925, grounds for disciplinary action. Ms. Carrillo indicated the
357 board could amend this section, but that there were certain questions that were recommended to
358 be included from the division's policies and procedures. Ms. Carrillo found that existing questions
359 #1 and #7 come from suggested language in the policies and procedures. The board reviewed
360 each question.

361
362 Question 1 = No opposition to keeping

363 Question 2 = "Have you ever been denied a certificate or the privilege of taking an exam by any
364 state pharmacy board?" Dr. Holm recommended striking. Dr. Ruffridge commented for foreign
365 graduates, it's possible to be denied a certificate.

366 Question 3 = "Have you ever been the subject of an inquiry or under investigation by any state
367 board or other licensing agency concerning a violation or alleged violation of any state regulation,
368 statutes, or law, or any violation or alleged violation of the Pharmacy Practice Act, or
369 unprofessional or unethical conduct?" Dr. Holm commented that this question is speaking to
370 whether someone is under investigation, not if they've been investigated.

371 The board contemplated including those crimes in which the individual is charged but not yet
372 convicted. The board discussed the nuances of guilty until proven innocent and scenarios that
373 might warrant knowing whether someone is currently under investigation, such as a pharmacist
374 who diverted and sold controlled substances.

375 Question 4 = strike

376 Question 5 = strike

377 Question 6 = strike

378 Question 8 = Mr. Henderson said it would reflect due diligence on the board to ask this question,
379 even though it isn't included in grounds for denial. Chair Holt also supported leaving it in.

380

381 The board continued to contemplate appropriateness of questions related to mental and physical
382 health, referencing questions on the physician and APRN license applications.

383
384 **Agenda Item 8 Public Comment 2 Time: 4:15 p.m.**

385
386 There was nobody on the line to provide public comment for round 2.

387
388 **Agenda Item 7 Return to Regulations Time: 4:16 p.m.**

389
390 Regarding the fitness to practice letter requirement, Ms. Lindemuth inquired about how the board
391 would know whether we could trust the provider is providing the letter based on good judgement.
392 Ms. Carrillo stated it would be at that provider's discretion and expertise to evaluate that
393 competency. Ms. Carrillo stated there is no way and no current process to cross check with the
394 practitioner to see if they have a license in good standing.

395
396 **TASK 4**

397 Ms. Carrillo will send the updated ProFit questions to PubTeam.
398 (*Initiated 12/08/2020.*)

399
400 The board recessed until Day 2, December 4th.

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424 State of Alaska
425 Department of Commerce, Community and Economic Development
426 Division of Corporations, Business and Professional Licensing
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428 Alaska Board of Pharmacy
429

430 FINAL MINUTES OF THE EMERGENCY MEETING
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432 December 3 - 4, 2020 Videoconference
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434 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
435 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on
436 December 3 - 4, 2020. Due to the COVID-19 pandemic, in-person attendance was
437 not available.

438
439 Agenda Item 1 Call to Order/Roll Call Time: 9:09 a.m.
440

441 The day 2, **December 4, 2020** videoconference was called to order by Chair, Rich Holt at 9:09
442 a.m.

443
444 Board members present, constituting a quorum:
445

446 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
447 Leif Holm, PharmD #PHAP1606 – *Vice Chair* (Absent)
448 James Henderson, RPh #PHAP1683
449 Lana Bell, RPh #PHAP893
450 Tammy Lindemuth, Public Member
451 Sharon Long, Public Member (Absent)
452 Justin Ruffridge, #PHAP1787
453

454 Division staff present:
455

456 Laura Carrillo, Executive Administrator
457 Lisa Sherrell, PDMP Manager
458 Heather Noe, Occupational Licensing Examiner
459 Bethany Carlile, Occupational Licensing Examiner
460

461 Members from the public present/registered:
462

463 Dan Nelson, TCC
464 Dale Masten, Genoa Healthcare
465 Donna Northcote, GENOA HEALTHCARE #20242

- 466 Rob Geddes, Albertsons Companies
- 467 Jessica Adams, TelePharm a Cardinal Health Company
- 468 Molly Gray, Alaska Pharmacists Association
- 469 Ashley Schaber, Alaska Pharmacists Association/Alaska Native Medical Center
- 470 Lorri Walmsley, Walgreens
- 471 Tom Wadsworth, UAA/ISU Doctor of Pharmacy Program
- 472 Emily Haugh, PillPack
- 473 Karen Robinson, AKPhA

474

475 **Agenda Item 2 Review/Approve Agenda Time: 9:10 a.m.**

476

477 Chair Holt reviewed the agenda items for Day 2 and commented to the board that related to the
 478 regulations discussion, there is a need to review the first position statement included in the packet
 479 related to unlicensed technician duties.

480

481 **On a motion duly made by Justin Ruffridge to approve the meeting agenda, seconded by**
 482 **Lana Bell, and approved unanimously, it was:**

483

484 **RESOLVED to accept the December 4, 2020 meeting agenda as written.**

485

	APPROVE	DENY	ABSTAIN	ABSENT
486 Leif Holm				x
487 Richard Holt	x			
488 Justin Ruffridge	x			
489 Lana Bell	x			
490 Tammy Lindemuth	x			
491 James Henderson	x			
492 Sharon Long				x

494

495 The motion passed with no further discussion

496

497 **Agenda Item 3 Ethics Disclosures Time: 9:12 a.m.**

498

499 Dr. Ruffridge again disclosed his involvement with the AKPhA, including attending legislative
 500 committee meetings from time to time and being a member of the association.

501

502 Chair Holt also disclosed that he is also a member and periodically participates in AKPhA
 503 discussions.

504

505 Ms. Lindemuth disclosed that she is planning to pursue discussions with a physician friend
 506 regarding the professional fitness section and the appropriateness of it.

507

508 **Agenda Item 4** **Public Comment 3** **Time: 9:15 a.m.**

509
510 Chair Holt again reminded the board that emergency regulations comments will be accepted
511 through a separate process through the division, with the deadline being December 29, 2020 at
512 4:30 p.m.

513
514 Ashley Schaber (AKPhA)

515 Ms. Schaber inquired as to whether there is an hour amount on the immunization training
516 requirement for pharmacy technicians or pharmacists. Chair Holt stated that no, 12 AAC
517 52.992(a)(1), only requires it be accredited.

518
519 **Agenda Item 5** **Statutes** **Time: 9:17 a.m.**

520
521 Chair Holt moved to discussing statutory changes that he, Ms. Lindemuth, and Dr. Ruffridge met
522 to discuss as a subcommittee on November 18th. Chair Holt indicated the subcommittee
523 attempted to identify what changes were most urgent and necessary rather than pursuing all statute
524 changes that may not have a greater impact immediately. For reference, all proposed statutory
525 changes begin on page 54 of the board packet.

526
527 AS 08.80.30 – Powers and Duties of the Board

528 Chair Holt stated that one of the most notable changes is to introduce the term “prescribing” as a
529 scope of practice allowable for pharmacists, which is what is occurring in practice already; the
530 sentiment behind introducing a statutory change to the legislature is to call out what it is that
531 pharmacists are doing anyway. The other item was to address independently participating in and
532 monitoring of drug therapy. Chair Holt went on to explain that the board can regulate this, but
533 there is no clear definition of what it is the board is regulating, so there were some questions
534 posed to the Department of Law around this topic, which was assigned to AAG Weigand.

535
536 **TASK 5**

537 Ms. Carrillo will follow-up with the legal opinion around pharmaceutical care and will forward the
538 response to the board.

539 *(Completed 12/08/2020; Ms. Carrillo received the response from AAG Weigand on 12/07/2020 and*
540 *forwarded the board the next day.)*

541
542 AS 08.80.045 – Non-Prescription Drugs (or Devices)

543 *Chair Holt stated that the other recommendation has to do with non-prescription drugs or devices;*
544 *pharmacists are already essentially prescribing an OTC drug product to a patient currently. Chair*
545 *Holt continued that introducing a statutory subsection clarifying a pharmacist may prescribe and*
546 *dispense a non-prescription drug or device would be highly beneficial when you think about all of*
547 *the OTC products that a patient is spending time and money on, and practitioners’ time and*
548 *money on, having to stop and deal with those when there is no need for them to in the first place*
549 *because they’re OTCs.*

550

551 AS 08.80.297 – Prescription Prices and Less Costly Alternatives
552 Chair Holt then moved to discussing prescription drug prices and less costly alternatives, stating
553 pharmacists aren't just discussing prices with patients all day, so there needs to be a simple fix to
554 allow the delegation of that duty.

555
556 AS 08.80.480 – Definitions

557 Changes to this statute include removing, “dosage form” from the definition of “equivalent drug
558 product” in (12). Chair Holt stated it makes sense to eliminate this from statute if looking at the
559 current statute and substitution statute, adding context in an example of if a doctor were to write a
560 prescription for amoxicillin tablets and you don't have them but have capsules, you legally don't
561 have the authority to change that prescription from that dosage form. Similarly, if you have a child
562 patient, you can't change that to a chewable tablet or liquid for, so for this to be changed would be
563 beneficial to the practice of pharmacy. Chair Holt clarified it would not be changing the route of
564 administration, but the dosage form that would be a benefit.

565
566 Chair Holt then pointed to the language relating to prescribing and dispensing to the definition of
567 “practice of pharmacy” in (30). Chair Holt noted the changes would depend on DOL's opinion so
568 the board can better understand what is meant by “pharmaceutical care.” Chair Holt noted the
569 AKPhA's recommendation was to remove the word “pharmaceutical” in front of patient care
570 services and recalled that the subcommittee's discussion was that it was possible the change could
571 be denied because if you remove that term from the phrase, it means essentially that a pharmacist
572 can provide any patient care service to assist in alleviating the patient's symptoms, including
573 services that may fall under other professions like chiropractic and dental practice.

574
575 AS 08.80.155 - Emergency Permit

576 Chair Holt informed the board that we had learned during this pandemic that the board doesn't
577 have the statutory authority to issue emergency permits to facilities to wholesalers, third-party
578 logistics providers, or outsourcing facilities. The proposed change to this statute is to expand the
579 authority of the board to issue emergency permits to all license types.

580
581 AS 08.80.168 – Administration of Vaccines and Related Emergency Medications

582 The board returned to discussing prescribing and dispensing and Chair Holt reiterated the need to
583 spell this out clearly instead of dancing around the language. A new section is proposed allowing a
584 pharmacy technician, under the direction of a pharmacist who has satisfied applicable training, to
585 administer a vaccine or related emergency medication.

586
587 AS 21.36.90 – Unfair Discrimination

588 While this statute doesn't fall under the board of pharmacy, the recommendation is to add
589 pharmacists to the list of providers in this section.

590
591 Dr. Schaber from the AKPhA pointed to not removing the term, “pharmaceutical care”,
592 referencing where it states, “...a pharmacist may independently participate in the monitoring of
593 drug therapy as defined in regulations by the board.” and asked whether the board was thinking

594 that this addition would allow a pharmacist to independently prescribe, for example, a treatment
595 based off a test, e.g.: COVID-19 or strep, or whether the board considers that to be monitoring.
596

597 Chair Holt stated that monitoring of drug therapy is already defined in regulation, but the
598 problem is that the way it is currently worded requires collaborative practice agreements; the
599 board's intent is to allow this to be done independently rather than through an agreement. Dr.
600 Ruffridge added that it was already in the CPA language that pharmacists have the ability to
601 prescribe medications for a diagnosable issue, e.g. strep, flu, CLIA-waived, or COVID-19 tests if
602 there was a CPA. Dr. Ruffridge clarified that what pharmacists can't currently do, or be paid to or
603 reimbursed for, is monitor drug therapy for chronic conditions, such as for insulin treatments, so
604 this change would allow for independent evaluation and monitoring services. Chair Holt reiterated
605 two goals for this change: 1.) independent authority, and 2.) giving the board regulatory authority.
606 Chair Holt added that the question to DOL is whether a modification can only occur within a
607 CPA.
608

609 Molly Gray from the AKpHA inquired on the process going forward with legal opinions and
610 timeframes to get legislative requests through. Chair Holt commented he would go over that
611 process momentarily.
612

613 Chair Holt then reiterated the subcommittee's approach to looking at the proposed changes;
614 viewing the modernization act more so as a mobilization act, including changing the registration
615 category for non-resident pharmacies to a licensure category. Chair Holt inquired to the board
616 whether there were any other thoughts on proposed statute changes not already addressed. Mr.
617 Henderson had no additional thoughts. Ms. Bell commented she didn't have additional thoughts,
618 either, but agreed it is appropriate to take steps with these changes and agreed with using the term
619 "mobilization."
620

621 Legislative support process

622 Chair Holt informed the board that Ms. Carrillo had looked into how to proceed with statute
623 changes going forward, and two responses came back from division management. Dr. Ruffridge
624 recalled the window of opportunity for a Governor's bill was in the summer, and that a sponsor
625 would need to be identified to support those proposed changes. Chair Holt reiterated the guidance
626 that the Governor's bills were due in July, but that the board could work with the AKPhA to
627 identify legislators to help sponsor the bills. Once the bill is introduced, the board could support
628 it, and Director Chambers could seek the administration's support. The guidance from the
629 legislative liaison stated that if the board wanted to pursue changes in the 2022 legislative session,
630 they would need to make a final determination on exactly what they wanted to pursue by summer
631 2021 in order for it to be a finalized proposal. Additionally, if it's legislation the association wants
632 but is not something the board wishes to pursue themselves, the association could meet with the
633 Governor to ask if he'd be willing to consider introducing it, otherwise, they would also need to
634 find a legislative sponsor.
635

636 Chair Holt stated that given the window of opportunity to pursue a Governor's bill is off the
637 table, he asked whether the board wanted to aggressively pursue changes with legislative support
638 now or whether the board wanted to wait until next summer to pursue changes with the
639 Governor's support. Ms. Lindemuth expressed that it would seem to be a good idea to pursue the
640 changes now, and if there are any issues with their efforts, they can be prepared to further pursue
641 the Governor's support in the summer. Dr. Ruffridge agreed, stating that would be his preferred
642 approach as well. Ms. Lindemuth commented that there would be specific legislative committees
643 we would need to target to sponsor the board's bill, to which Dr. Ruffridge also agreed, adding
644 there is also a committee process bills go through before they can be heard on the floor; each
645 committee has a say as to the fate of the bills. Ms. Lindemuth inquired which committee would be
646 most appropriate for the board's efforts. Dr. Ruffridge highlighted timeliness and the need to
647 pursue these changes quickly. The board continued to discuss identifying potential sponsors.
648

649 Chair Holt reminded the board that it would need to be on the record as to which board
650 member(s) would be pursuing the board's legislative efforts. Chair Holt also recalled there being a
651 discussion with Ms. Carrillo about the time limitation with having to register as a lobbyist. Chair
652 Holt asked Ms. Robinson for clarification on lobbying and if she had recommendations on any
653 available legislators.
654

655 Karen Robinson stated there's a lot of unknowns, such as who might be in charge of the senate or
656 the house; we don't know if it's going to be a democratic or republic coalition, but the bill sponsor
657 would need to be a part of the coalition. Ms. Robinson added that when a bill is introduced, it's
658 sent to three committees: the HSS, Labor and Commerce, and Finance. Ms. Robin added that if
659 there's an omnibus bill, like COVID-19, it can be fast-tracked. They may also deny anyone into
660 the legislature except the media or actual members, so most of the contact will be via telephone.
661 Ms. Robinson stated she had made contact with several legislators, suggesting Ivy Spohnholz or
662 Matt Claman.
663

664 Dr. Ruffridge commented that today, if at all possible, it would be helpful to get a consensus from
665 the board as to which members would take on the legislative efforts and what sponsors might be
666 identified. Thinking about the upcoming holidays and having to put something ready for session,
667 Dr. Ruffridge suggested it may be necessary to schedule another meeting before February, to
668 which Ms. Lindemuth agreed. Chair Holt stated that depending on the opinion from DOL, if
669 responses come back that warrant further discussion by the subcommittee, it may be necessary to
670 meet again. Ms. Lindemuth commented on the possibility of the board's changes to be attached to
671 a COVID bill.
672

673 Dr. Schaber commented that she and the AKPhA is in support of the board's efforts and will
674 stand by on the board's determination on how they want to move forward. Ms. Bell and Mr.
675 Henderson expressed their confidence in the subcommittee's proposed changes thus far.
676 **On a motion duly made by Lana Bell to approve the statutory mobilization act as**
677 **presented and discussed by the board, seconded by Tammy Lindemuth, and approved**
678 **unanimously, it was:**

679
680 **RESOLVED** to accept the proposed statutory changes in the Board of Pharmacy
681 **Mobilization Act as written.**
682

	APPROVE	DENY	ABSTAIN	ABSENT
683				
684				x
685	x			
686	x			
687	x			
688	x			
689	x			
690				x

691
692 The motion passed with no further discussion
693

694 **On a motion duly made by Chair Holt to nominate Justin Ruffridge and Tammy**
695 **Lindemuth to pursue legislative sponsorship for the board’s Mobilization Act, seconded**
696 **by James Henderson and approved unanimously, it was:**
697

698 **RESOLVED** to nominate Justin Ruffridge and Tammy Lindemuth as the board’s
699 **representatives in pursuing legislative support for upcoming statutory changes.**
700

	APPROVE	DENY	ABSTAIN	ABSENT
701				
702				x
703	x			
704	x			
705	x			
706	x			
707	x			
708				x

709
710 The motion passed with no further discussion
711

712 Chair Holt called for break at 10:12 a.m.
713

714 *Off record at 10:12 a.m.*
715 *On record at 10:22 a.m.*
716

717 **Agenda Item 7 Return to Statutes and Regulations Time: 9:17 a.m.**
718

719 The board returned to discussing regulations.

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12 AAC 52.230 – Pharmacy Technicians

Chair Holt reminded the board that they had previously discussed the de-regulation of technicians, and at the advice of AAG Dinegar-Milks, there was an opportunity to clean up some of the language around this. One of the recommendations was to eliminate the manipulative, non-discretionary language, such that it just reads, “an individual who assists in performing functions associated with the practice of pharmacy must be licensed as a pharmacy technician.” Ms. Bell commented that the board was clarifying that the only function an unlicensed person could do is take the completed prescription, bag it, and sell it to the customer, which effectively eliminates any other activities from being performed within the pharmacy. Chair Holt stated her understanding was correct, but that they also wanted to say that bookkeepers and employees coming to deliver prescriptions would also not be required to hold a license.

The board discussed whether bagging a prescription is non-discretionary and whether taking care of inventory also constitutes the practice of pharmacy, for which a license would be required. Chair Holt also questioned whether putting something on the shelf constitutes the safe storage of drugs, which is included in the statutory definition of practice of pharmacy. Dr. Ruffridge acknowledge these gray areas, adding that they licensed everyone in the pharmacy because of those gray areas and out of the abundance of caution. The board continued to talk about technician duties and how cashier functions have been evolving over the last several years. Dr. Ruffridge added that the barrier to licensure for technicians is low, so it may seem like a good thing to require a license for cashier or bagging functions. Chair Holt reiterated the board’s consensus that a cashier is defined as an employee who takes a completed and bagged prescription drug order to complete the sale for the patient or patient’s agent.

The board continued to discuss unlicensed duties, cashier functions, dispensing areas, and other functions that may require a technician license.

Position statement: “Unlicensed Duties versus Pharmacy Technician”

The board then discussed the unlicensed technician duties position statement. Chair Holt stated that the purpose of the statement is to clarify whether cashier delivery drivers or bookkeepers are required to obtain a pharmacy technician license, and furthermore that it is the intent of the board to clarify that cashiers, prescription drug delivery drivers, and bookkeepers do not need a technician license as long as their duties are limited to specific roles and responsibilities.

Chair Holt reminded the board and the public that this topic was discussed previously, including at its emergency meeting on March 27th. With the emergency regulations being effective on April 3rd and made permanent on August 30th, there was still some gray areas on the definitions of delivery, dispensing, and the practice of pharmacy as it relates to limitations for acceptable unlicensed duties. Chair Holt added that AAG Dinegar-Milks added some advice based on statutory definitions, and it seemed reasonable to release a position statement on this matter as well as place an exclusion on who does not need a license.

763 Dr. Ruffridge recommended the board find a licensee, not on the board but someone who is
 764 actively engaged in practice, to read through these statements or other board website content to
 765 ensure it is making sense; alluding to the fact that it may make perfect sense to the board as they
 766 are intimately involved in the discussions, but it may be misconstrued or seen out of context by
 767 the public or licensees who aren't involved in or who know the history of the discussions. Chair
 768 Holt agreed with Dr. Ruffridge's sentiments. Dr. Ruffridge stated that Dr. Dan Nelson comes to
 769 mind as someone who may be able to offer valuable perspectives and feedback. Ms. Lindemuth
 770 commented that the history section of the position statements can be helpful. Chair Holt
 771 expressed that he was unsure of the mechanism and appropriateness of delegating reviewing tasks,
 772 but asked Ms. Gray for her perspective. Ms. Gray stated that while she's not a pharmacist, she has
 773 been listening to the board's meetings and understand their intent, and agreed the history section
 774 of the position statement can be helpful. Dr. Schaber agreed, stating the history section helps to
 775 outline what the goals are, making it easier for the licensee or public to understand.

776
 777 Chair Holt added additional language to the draft, "At the board's December 4, 2020 meeting, the
 778 board's overall intent is that a bookkeeper or any person whose only function is to distribute a
 779 completed prescription drug order to a patient or patient's agent does not require a pharmacy
 780 technician license." Chair Holt asked whether after reading the history, this sentence captures what
 781 the board hopes to define? Ms. Gray suggested going further with the layman's terms and replace
 782 "physically give" instead of "distribute." Mr. Henderson suggested placing in parenthesis
 783 "distribute." Dr. Ruffridge commented he didn't like the term "physically give", so it was changed
 784 to "give."

785
 786 **On a motion duly made by Chair Holt to nominate Justin Ruffridge and Tammy**
 787 **Lindemuth to pursue legislative sponsorship for the board's Mobilization Act, seconded**
 788 **by James Henderson and approved unanimously, it was:**

789
 790 **RESOLVED to nominate Justin Ruffridge and Tammy Lindemuth as the board's**
 791 **representatives in pursuing legislative support for upcoming statutory changes.**

	APPROVE	DENY	ABSTAIN	ABSENT
793 Leif Holm				x
794 Richard Holt	x			
795 Justin Ruffridge	x			
796 Lana Bell	x			
797 Tammy Lindemuth	x			
798 James Henderson	x			
799 Sharon Long				x

800
 801
 802 The motion passed with no further discussion

803
 804 **TASK 6**

805 Ms. Noe will post the board’s position statement on unlicensed technician duties to the board’s
806 website and will send it out via the ListServ.

807 *(Completed 12/08/2020. The position statement is located on the board’s new position statement page:*
808 <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofPharmacy/PositionStatements.aspx>)

809
810 12 AAC 52.230 – Pharmacy Technicians

811 The board returned to discussing pharmacy technician. Chair Holt pointed to removing
812 “regularly” in existing subsection (e), since that is not defined. The board then discussed striking
813 the 40 hour requirement in existing section (f), which is proposed to be struck; the PIC is
814 responsible for ensuring training anyway.

815
816 12 AAC 52.095 – Application for Pharmacist License by Reciprocity

817 The board then addressed existing subsection (8) related to the verification of credentials in good
818 standing, which is redundant to subsection (9); the NABP’s intent of the license transfer is to
819 verify the applicant holds a license in another jurisdiction that is in good standing. There was no
820 opposition to striking. Chair Holt recommended adding to existing (9), “The license by which the
821 applicant is seeking reciprocity must be in good standing.” Mr. Henderson agreed and there was
822 no further opposition. The board discussed the purpose of license verifications from all states
823 where an applicant has ever held a license. Chair Holt pulled up the board’s license verification
824 form and Ms. Noe commented that some states don’t fill these out, including California, because
825 some boards of pharmacies expect verifications to be obtained independently online.

826
827 **Agenda Item 6 Lunch Time: 12:05 p.m.**

828
829 Chair Holt called for lunch at 12:05 p.m.

830
831 *Off record for lunch at 12:05 p.m.*

832 *On record from lunch at 1:07 p.m.*

833
834 **Agenda Item 7 Return to Statutes and Regulations Time: 1:07 p.m.**

835
836 Upon return from lunch, the board moved back into discussion regulations.

837
838 12 AAC 52.095 – Application for Pharmacist License by Reciprocity

839 The board returned to discussing the intent of receiving a license verification from every state
840 where an applicant has ever held a license versus only receiving a verification from the state in
841 which they’re reciprocating from. Ms. Gray inquired about pharmacists coming up to Alaska being
842 sponsored by certain organizations, providing the example that there may be a pharmacist who
843 will be flown to Alaska to help vaccinate in long-term care facilities. Chair Holt commented that
844 the emergency regulations related to COVID-19 that were filed covered this.

845 12 AAC 52.300 – License Renewal

846 Chair Holt moved to discussing renewals, commenting that outsourcing facilities, 3PLs, and
847 wholesale drug distributors weren’t included in renewal regulations so need to be added. Chair

848 Holt read through other proposed changes, which are similar to those discussed previously, such
849 as the attestation instead of a completed inspection report. Looking to subsection (c)(3), this is
850 proposed to be struck due to 12 AAC 52.310 and 12 AAC 52.325 already requiring CE criteria.

851
852 Ms. Noe also spoke to proposed changes speaking to the process of requiring new applications as
853 a result of changes, recalling that Ms. Carrillo sought guidance from the Department of Law on
854 the authority for accepting renewal applications and requiring new applications if there is a change
855 of ownership, location, name, etc. Ms. Noe stated that during the renewal, many licensees reported
856 their change on their renewal application instead of submitting a new application. The legal
857 guidance provided that only some changes can be accepted within a certain timeframe, so Ms. Noe
858 clarified that licensees whose changes cannot be accepted are not eligible for renewal; they cannot
859 provide services until their new application is submitted and processed.

860
861 FAQs relating to this discussion is located at the following link:
862 <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofPharmacy/FrequentlyAskedQuestions.aspx>
863

864
865 12 AAC 52.200 – Pharmacist-in-Charge

866 In subsection (a), Chair Holt commented that Ms. Carrillo asked whether this applies to the initial
867 issuance of a license or a renewal, to which Chair Holt stated should be both, since you can't
868 operate a pharmacy without a PIC. In subsection (b), it was proposed to remove, "establish
869 policies and procedures for pharmacy operations." Ms. Bell inquired why that is being struck. Mr.
870 Henderson recommended amending to require the PIC maintains/files the policies and
871 procedures instead of establishing them. Chair Holt inquired to the board whether they create
872 their own policies and procedures, to which Ms. Bell and Dr. Ruffridge affirmed. This subsection
873 was amended to state, "ensuring adequate policies and procedures are in place for pharmacy
874 operations;..." Chair Holt also amended existing subsection (6) to state, "ensuring effective
875 controls against the theft or diversion of prescription drugs; and..."

876
877 Chair Holt then moved to a new subsection (d), referencing Ms. Carrillo's comment as to whether
878 there is an opportunity to add language speaking to the ability of a PIC to be a PIC in multiple
879 locations.

880
881 *Ms. Carrillo joined the meeting at 1:44 p.m.*

882
883 Ms. Lindemuth inquired whether there were any limits as to whether a PIC can be a PIC at
884 multiple pharmacies, to which Chair Holt stated it was up to the pharmacist's discretion as to
885 whether they wanted to be responsible for more than one location. Ms. Noe commented that
886 outsourcing facilities, wholesale drug distributors, and third-party logistics providers often inquire
887 whether similarly, a facility manager can be the manager in multiple locations.

888 12 AAC 52.540 - Notification of Theft or Significant losses

889 Dr. Ruffridge requested clarification on what the proposed language in (a)(1) referring to
890 "unknown controlled substance losses" meant, to which Dr. Holt stated comes from an option on

891 the DEA form 106. Dr. Ruffridge stated it puts the burden on the pharmacist in charge to know
892 the history of losses; if there is a PIC change within a 24-month period, it may be difficult to track
893 whether the pharmacy stands on its number of losses. When submitting the form, there is a field
894 (#9) where the PIC must indicate the number of times of a loss.

895

896 12 AAC 52.610 – Wholesale Drug Distributor License

897 The board returned to discussing notary requirements for wholesale drug distributors. It was
898 determined there would not be a need to require a notary for the wholesale drug distributor type,
899 but may be appropriate for in-state pharmacies under 12 AAC 52.020. The board then reviewed
900 the resume requirement. Ms. Noe stated they are just placed in the file. Dr. Ruffridge and Mr.
901 Henderson agreed resumes aren't valuable to the application. The board reviewed the attestation
902 of a completed report in lieu of submitting a copy. There was no opposition. There was also no
903 opposition to removing the fingerprint requirement from the application as Chair Holt reminded
904 the board it only goes through the Alaska background check since the board doesn't have the
905 statutory authority to conduct national background checks. There is diminished value in requiring
906 background checks for non-resident applicants when the check is for the Alaska only. Dr. Holt
907 commented as to why a background check would be needed for wholesale drug distributors,
908 outsourcing facilities, and third-party logistics providers when it is not needed for the 135 in-state
909 licensees. Ms. Lindemuth agreed the board needed to be consistent with this requirement.

910

911 12 AAC 52.696 - Outsourcing Facilities

912 Chair Holt walked through the proposed changes, which are similar to wholesale drug distributors
913 and third-party logistics providers. Chair Holt walked through 12 AAC 52.697, which again mirror
914 the other facility license types.

915

916 12 AAC 52.720 - Outpatient medications (amended from emergency room outpatient medications)

917 Ms. Bell recalled that when there are small supplies for outpatient care, there would be a need to
918 hold the patient over until they are able to visit their community pharmacy. Chair Holt stated that
919 AAG Megan Weigand indicated that if the board was going to be dispensing from an institutional
920 location, the board would need to either expand regulation or change current regulation, which
921 currently on states the section applies to the emergency room. Ms. Bell's suggestion was to be able
922 to provide up to a 30-day supply of medication. Ms. Bell explained that some outpatient patients,
923 like those who are in treatment or are being discharged from prison, are usually covered under
924 Medicaid, but that the problem is when they are discharged from facility, paperwork for Medicaid
925 isn't yet in order. Ms. Bell added that the goal is to try to keep recidivism low, so encouraged the
926 board to find a way to extend the duration of their supply post-discharge.

927

928 Chair Holt walked through subsection (b). Ms. Bell revisited outpatient transition care, providing
929 further details on an example that if you have someone who is released from prison, they may get
930 stable on methadone within prison, but when they're going to be released but the prison system,
931 the Medicaid paperwork isn't initiated until two months before they are supposed to be released,
932 but it is a 6-month process. In this scenario, the corrections pharmacy would only provide up to a
933 30-day supply (is usually at least 10 days supply, though). Dr. Ruffridge stated he's run into this

934 same situation a few times; for large hospital institutions for example, they have a large pharmacy
935 but also an emergency pharmacy to fall back on to allow the hospital pharmacy to shift the burden
936 of resources to the in-patient pharmacy to have to dispense up to a 30-day supply.
937

938 Dr. Ruffridge stated it would seem to create a loophole where it could promote patients going to
939 ERs to get additional supply. Ms. Bell clarified the scenario she is wanting to cover in regulation
940 isn't related to emergencies, so was unsure whether 12 AAC 52.720 is the most appropriate section
941 to add the language, but expressed her sentiment that she is also advocating for mental health.
942 Chair Holt stated that institutional pharmacies should be able to function like a retail pharmacy for
943 discharge purposes for a 30-day supply until the discharged patient is able to get to their
944 community pharmacy.
945

946 **TASK 7**

947 Chair Holt stated he would re-draft regulations for Institutional facility outpatient medications.
948 *(Pending.)*
949

950 12 AAC 52.585 – Mandatory Patient Counseling

951 Chair Holt walked through the proposed changes, including striking the list of counseling topics
952 that may be included. Dr. Ruffridge expressed that he likes the list in (c) of what can be changed
953 on a federally schedule II prescription and uses it to train new staff as opposed to the DEA list
954 due its ease of finding and reading. Mr. Henderson recommended moving or incorporating the
955 existing (e) somehow into (c).
956

957 Chair Holt walked through the proposed addition of subsection (e), which addresses using the
958 PDMP to determine if a patient had previously been issued an opioid drug. Dr. Ruffridge
959 requested to remove the term “addiction” and replace it with “dependency” because it implies a
960 negative connotation. In subsection (d), Chair Holt asked the board whether a patient could refuse
961 counseling to anyone other than a pharmacist. Dr. Ruffridge commented it doesn't say the
962 counseling must come from just the pharmacist.
963

964 12 AAC 52.415 – Automated Drug Kiosks (new)

965 Chair Holt referenced AAG Weigand's legal opinion, which was included in the board's previous
966 meeting packet. AAG Weigand indicated it is possible to regulate, though the board would need to
967 establish regulations to ensure security of those systems, specifically to deter thefts of the kiosks.
968 Chair Holt recalled they had previously discussed excluding controlled substance prescriptions due
969 to risks of theft and diversion, so included in the language was the require to display a sign
970 indicating the kiosk does not hold controlled substances. The board then discussed security of the
971 kiosk. Ms. Bell stated that the PIC should be responsible for the kiosk just like everything else in
972 the pharmacy and Mr. Henderson asked whether the PIC is responsible for both stocking of the
973 kiosk and ensuring the machine is actually working. Ms. Bell affirmed, adding the PIC is
974 responsible for the repair and maintenance and that there should be a pharmacist available to
975 ensure it is working. Chair Holt added to the language a subsection on duties of the pharmacist on
976 duty. Dr. Ruffridge commented the section should address pharmacies in rural areas.

977 Rob Geddes commented that in the lower 48 they are engaged in exactly what Dr. Ruffridge is
978 outlining; there are multiple kiosks; pickup lockers, there are also dispensing robots that have
979 audio-visual counseling remotely to the individual that are completed by the pharmacy that
980 supports the kiosks. This topic was previously discussed during their November 5 – 6 meeting.
981

982 Dr. Ruffridge inquired whether we are attempting to license kiosks. Chair Holt clarified that yes,
983 the board doesn't currently have the authority to license kiosks, they only have the ability to
984 improve the ease of access for patients through regulations. Dr. Ruffridge stated Alaska is tailor-
985 made for licensing of kiosk machines and encouraged the board to pursue a statute change for
986 this.
987

988 The board also discussed displaying license certificates.
989

990 **TASK 8**

991 Chair Holt will re-draft the regulations as discussed at this meeting to be presented to the board at
992 their next meeting.

993 *(Pending.)*
994

995 **Agenda Item 8 Public Comment 4**

Time: 4:15 p.m.

996
997 *Dan Nelson (TCC)*

998 Dr. Nelson commented on conducting inspections for non-resident pharmacies and expressed his
999 strong opinion for the board to pursue a statutory change to license instead of register them. Dr.
1000 Nelson brought to the board's attention the matter of Amazon Internet pharmacies and how out-
1001 of-state pharmacies operate within the jurisdiction they are currently licensed in. It was added that
1002 the Amazon pharmacy is licensed in New Hampshire, so is following that state's laws; however,
1003 Dr. Nelson expressed his concern with the mandatory patient counseling requirement, going
1004 through scenarios where there may be issues with a medication, e.g.: insulin not being effective,
1005 and not receiving counseling on that, and how the Alaska board could go about addressing those
1006 issues.
1007

1008 *Rob Geddes (Albertsons)*

1009 Rob Geddes, the director of pharmacy legislative and regulatory affairs for Albertsons,
1010 commended the board for their efforts, particularly around the advancements in the scope of
1011 practice for technicians to support pharmacists. Mr. Geddes informed the board he would be
1012 happy to provide comments and support to the board in their continued endeavors.
1013

1014 **Agenda Item 9 Adjourn**

Time: 4:30 p.m.

1015
1016 On a motion duly made by Tammy Lindemuth, seconded by Lana Bell, and approved
1017 unanimously to adjourn the meeting, the meeting was adjourned at 4:30 p.m.
1018
1019

1020
1021 *Laura Carrillo* 02/22/2021
1022 Laura Carrillo, Executive Administrator Date
1023
1024 *Richard Holt*
1025 Richard Holt, Chair
1026 Date