

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 MINUTES OF THE MEETING

8
9 February 18 - 19, 2021 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 February 18 - 19, 2021. Due to the COVID-19 pandemic, in-person attendance was
14 not available.

15
16 Agenda Item 1 Call to Order/Roll Call Time: 9:02 a.m.

17
18 The day 1, February 18, 2021 videoconference was called to order by Chair, Rich Holt at 9:02
19 a.m.

20
21 Board members present, constituting a quorum:

22
23 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
24 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
25 Lana Bell, RPh #PHAP893
26 Tammy Lindemuth, Public Member (joined at 1:05 p.m.)
27 Sharon Long, Public Member
28 Justin Ruffridge, #PHAP1787

29
30 Division staff present:

31
32 Laura Carrillo, Executive Administrator
33 Lisa Sherrell, PDMP Manager
34 Heather Noe, Occupational Licensing Examiner
35 Bethany Carlile, Occupational Licensing Examiner
36 Sonia Lipker, Lead Investigator
37 Michael Bowles, Investigator III
38 Sharon Walsh, Deputy Director
39 Melissa Dumas, Administrative Officer

- 43 Members from the public present/registered:
 44
 45 Pauline Henriques-Perry, Division of Legislative Audit
 46 Sheila Sinclair, Trilogy Medwaste
 47 Lauren Paul, CVS Health
 48 Rob Geddes, Albertsons Companies
 49 Lorri Walmsley, Walgreens
 50 Ashley Schaber, Alaska Pharmacists Association/Alaska Native Tribal Health Consortium
 51 Caren Robinson, AkPHA
 52 Anne Harthman, Broadway Apothecary
 53 Lis Houchen, NACDS
 54 Jennifer Adams, Idaho State University College of Pharmacy
 55 Rich Palombo, Express Scripts/Cigna
 56 Christy Grennon, ABC
 57 Brenda Walker, VA
 58 Jessica Adams, TelePharm
 59 Molly Gray, Alaska Pharmacists Association
 60 James J Henderson, Division of Legislative Audit
 61 Emily Haugh, Amazon Pharmacy
 62 Gretchen Glaspy, Alaska Pharmacy Association/Bartlett Regional Hospital
 63 Erin Narus, SOA
 64

65 **Agenda Item 2 Review/Approve Agenda Time: 9:05 a.m.**

66
 67 Chair Holt went through the agenda for day 1. Ms. Carrillo commented two additional pieces of
 68 correspondence were added to the OnBoard packet and additional legislative documents were
 69 added to the budget report/division update for Agenda Item #13.
 70

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

73
 74 **RESOLVED to accept the February 18, 2021 meeting agenda as written.**
 75

	APPROVE	DENY	ABSTAIN	ABSENT
76 Leif Holm	x			
77 Richard Holt	x			
78 Justin Ruffridge	x			
79 Lana Bell	x			
80 Tammy Lindemuth				x
81 James Henderson				x
82 Sharon Long	x			
83				
84				

127 are in limbo until the contract can be finalized and executed, but that the goal date is April 2021.
128 The PDMP also received the Notice of Award for the Bureau of Justice Assistance (BJA) grant
129 with funding through September 2023. The board also had its Awareness & Feedback
130 Questionnaire from February/March 2020 evaluated. There were 110 pharmacists who
131 participated in the questionnaire. Ms. Sherrell informed the board the 2021 questionnaire would be
132 launched in the spring following the end of program renewals. Ms. Sherrell also presented the data
133 on registration, reviewing, and reporting.

134
135 Ms. Sherrell reviewed licensee compliance data and informed the board a letter was sent to 94
136 pharmacies informing them of missing or delinquent data submissions. Responses have positive
137 and Ms. Sherrell is assisting pharmacies submit or resubmit data. Dr. Holm inquired whether there
138 was a delinquent threshold date that triggered the letter, to which Ms. Sherrell indicated was 1.
139 Ms. Sherrell also indicated some pharmacies weren't actually dispensing or distributing controlled
140 substances and one hadn't switched their software over. Dr. Holm commented he's not able to
141 manually correct delinquent dates, and Ms. Sherrell explained the delinquent date is a historical
142 mark. Several reports have to be pulled to gain a more accurate picture of the delinquency data.
143 Ms. Carrillo explained we could pull a dispensary activity report, which would show data
144 submitted, even if done retroactively.

145
146 Ms. Sherrell reviewed recommendations to prescribing boards and acknowledged a lot of
147 education is needed to explain to providers what it means to dispense and encourage the use of
148 delegates. Prescribing boards have also been asked to come up with plans to address delinquent
149 reporting.

150
151 Ms. Sherrell then reviewed the prescriber report card aggregate data, which describes the # of
152 prescribers prescribing at least once, # who reviewed zero patients, # of providers prescribing
153 over 90MME, and # issuing dangerous combination therapies. Chair Holt inquired what the MED
154 board's dangerous combo of benzos, opioids, and carisoprodol had gone down from 47 to 21.
155 NUR also decreased. Chair Holt explained that the benzo, opioid, and carisoprodol is considered
156 the holy trinity by the DEA, and they are investigated for dispensing this combination;
157 pharmacists are being arrested for dispensing them. Chair Holt presented relevant articles to the
158 PDMP Board Chairs meeting, and Dr. Wein commented he couldn't see any medically justifiable
159 reason for dispensing that combination. Chair Holt recalled an inquiry made to AAG Weigand
160 around establishing regulations for dispensing off-label uses hydroxychloroquine, alluding to the
161 need for drafting regulations. Similarly, an inquiry was made around not dispensing dangerous
162 combinations since pharmacists are getting arrested for dispensing the holy trinity.

163
164 Ms. Sherrell returned to the questionnaire: Over half of pharmacists (55%) reviewed prior to
165 dispensing or at least once a day (29%). The majority of pharmacists (85%) lacked confidence that
166 the prescriber was checking. Ms. Sherrell indicated she was surprised at the high number of
167 pharmacists (79%) who had denied a prescription. Almost half of the pharmacist indicated there
168 was a barrier, but those who said there was cited a lack of time and not due to a lack of education

169 or understanding. This is where use of a delegate can be beneficial to reviewing patients when
170 there is limited time.

171

172 Legislative Report (2020)

173 Ms. Carrillo referred to the board's previously PDMP legislative report, which is typically
174 submitted in February or March. As an overview, Ms. Carrillo explained there are certain metrics
175 that must be included in the report, including how use of the PDMP contributed to the reduction
176 of inappropriate prescriptions being issued. Ms. Carrillo informed the board this year's report will
177 highlight some of the challenges but also the level of outreach provided to assist licensees come
178 into compliance and better understand the program. Chair Holt reiterated the board's education
179 and outreach has gone beyond what may be sufficient and thanked Ms. Sherrell and Ms. Carrillo
180 for their continued work and participation at the other boards' meetings.

181

182 Disciplinary Matrix

183 Ms. Carrillo gave a recap of the board's disciplinary matrix for reporting and the September, 2020
184 letter setting the basis for quarterly compliance reviews beginning January 1, 2021. Ms. Carrillo
185 prompted the board to discuss what continuous delinquency means, is it # of days, # of
186 prescriptions, etc. Ms. Carrillo also added the matrix would establish a guide for staff to know
187 when to refer a matter to the investigative unit.

188

189 Dr. Ruffridge's approach would be to target those pharmacies not reporting at all and not
190 responding to delinquent notices from the Board. He acknowledged there are multiple levels
191 where a report submission could go wrong, but that a meaningful effort to respond to the letter
192 demonstrates a desire to change. Dr. Ruffridge added there's not a way currently to notify the
193 provider when there is a missed reporting day, and Ms. Sherrell indicated Appriss tested this in
194 another state, which resulted in pharmacies receiving false alerts. Staff is working on implementing
195 this in Alaska after lessons learned from other states.

196

197 Sharon Long inquired about what level of delinquency triggers a reprimand that costs \$5,000,
198 emphasizing the need to allow human discretion and the ability for the board to assess on an
199 individual basis. Ms. Bell stated education is needed to get providers to understand, but that it has
200 been 4 years since mandatory use. Chair Holt inquired whether the board wanted to refer licensees
201 who don't notify us when they are not dispensing or distributing. Ms. Carrillo commented it's not
202 currently in regulations, so questioned whether we could refer something to Investigations of the
203 letter doesn't have the force of law. Ms. Bell asked whether pharmacies have the opportunity to
204 report what their dispensing or distributing status, to which Ms. Carrillo confirmed. Dr. Holm
205 acknowledged this is mandatory and expressed support of being more stern.

206

207 Chair Holt posed to the board that when the one reviewing board member looks at these cases
208 after the next scheduled review in April, what is the board member going to go off of to
209 determine what their recommendation is going to be? Dr. Ruffridge stated it would fall under daily
210 reporting reprimand. Dr. Holm reviews these carefully and doesn't take potential non-compliance
211 lightly. Investigator, Michael Bowles, indicated that during the reviewing process, the reviewing

212 board member can recommend suspension. This then comes back to the investigator who creates
213 an accusation, which goes to the AAG, then goes back to the board with the recommended
214 suspension.

215 The board expressed most concern over pharmacies that haven't reported at all versus # of days
216 missing, # of errors, or # of prescriptions. Ms. Bell commented that if pharmacies are receiving
217 the letters but not responding to explain why they're not reporting is a problem and they should
218 be held accountable. Dr. Holm agreed. The board would return to discussing other subsets of
219 delinquent reporters at a later date.

220
221 **On a motion duly made by Justin Ruffridge, seconded by Leif Holm, and approved**
222 **unanimously, that during the April quarterly compliance audit, those entities that are non-**
223 **reporting and have not made a good faith effort to discuss with the PDMP manager their**
224 **issues with reporting, should be referred to investigations. Potential actions will be guided**
225 **by the board's disciplinary matrix, it was:**

226
227 **RESOLVED to accept the procedure for the April 2021 compliance review audit to**
228 **refer pharmacies not reporting and not responding to delinquent notices.**
229

	APPROVE	DENY	ABSTAIN	ABSENT
230 Leif Holm	x			
231 Richard Holt	x			
232 Justin Ruffridge	x			
233 Lana Bell	x			
234 Tammy Lindemuth				x
235 James Henderson				x
236 Sharon Long	x			
237				

238
239 The motion passed with no further discussion.

240
241 **On a motion duly made by Justin Ruffridge to amend the disciplinary matrix to define**
242 **delinquent reporting specific to continued submission delinquencies as receiving no**
243 **reports and no response to the Board of Pharmacy, seconded by Lana Bello, and approved**
244 **unanimously, it was:**

245
246 **RESOLVED to approve the amend PDMP disciplinary matrix to add to the**
247 **proposed sanction the operational definition of continued delinquency as non-**
248 **reporters and non-responders to delinquent notices.**
249

	APPROVE	DENY	ABSTAIN	ABSENT
250 Leif Holm	x			
251 Richard Holt	x			
252				

253	Justin Ruffridge	x	
254	Lana Bell	x	
255	Tammy Lindemuth		x
256	James Henderson		x
257	Sharon Long	x	

258
259 The motion passed with no further discussion.
260

261 Board of Pharmacy - Prescription Drug Monitoring Program	
262 Approved Disciplinary Matrix as of February 18, 2021	
263 Complaint	263 Proposed Sanctions
264 Registration (AS 17.30.200(e)(n), 12 AAC 52.855): <ul style="list-style-type: none"> 265 • No registration 266 • Delayed registration – not registered within 30 days 	(Notice sent on July 7, 2020 via board letter to all pharmacists with Alaska addresses). \$250 civil fine beginning on October 1, 2020 (or after 30 days of initial licensure or after beginning to dispense schedule II, III, or IV federally controlled substances) and an additional \$25 per day until registration is completed.
268 Delinquent Reporting (AS 17.30.200(b)(e), 12 AAC 52.865): <ul style="list-style-type: none"> 269 • Daily reporting (12 AAC 52.865)(b)) 	(Warning issued September 16, 2020 via board letter to all licensees). As of January 1, 2021, quarterly compliance audits will track delinquent submissions of data to the PDMP. <ul style="list-style-type: none"> 270 • First reprimand: \$5,000 civil fine for continued submission delinquencies 271 • Continued submission delinquencies may result in license suspension. A “continued submission delinquency” means a pharmacy that has not reported or responded to notices by the Board.
274 Unauthorized Access (AS 17.30.200(d)(4))	TBD

275
276 **TASK 2**

277 Ms. Carrillo will forward the revised disciplinary matrix to the investigative unit for their records.
278

279 **Agenda Item 7 Board Business**

Time: 11:15 a.m.

280
281 Hearing nothing further on PDMP updates, Chair Holt moved to discussing board business.
282

283 Reports of Theft/Loss

284 The board reviewed reports from Bartlett Regional Hospital and Walgreens.
285

286 Board Website FAQs

287 Ms. Carrillo directed the board to the FAQs page, noting it needed to be revised for accuracy and
288 whether any items have become obsolete. Dr. Ruffridge commented that upon initial review, there
289 were several FAQs that were no longer applicable. Chair Holt commented the board’s position on
290 some of the FAQs may have also changed. Ms. Carrillo reminded the board of their new position
291 statement page and that some FAQs could be turned into position statements. The board
292 discussed delegating a subcommittee to review this page, however, Dr. Ruffridge volunteered.
293

294 **TASK 3**

295 Dr. Ruffridge will review the website FAQs for accuracy and applicability and recommend at the
296 board’s next meeting what FAQs need to be added, updated, removed, or turned into position
297 statements.

298

299 Update on Letter to Board of Nursing

300 Ms. Carrillo pointed to the board’s letter sent to the Board of Nursing regarding 12 AAC
301 44.440(c)(2) requiring certain details be present on the label for it to be dispensed by a pharmacy.
302 Chair Holt inquired that if a prescription is presented to a pharmacy that doesn’t contain the
303 credentials, “APRN” after the signature and doesn’t contain their professional license number, is it
304 considered a valid prescription? Chair Holt also considered whether the responsibility to obtain
305 missing information falls to pharmacists. Ms. Long’s opinion is the board shouldn’t go in the
306 direction of being an enforcer for non-compliance issues with the nurse practitioner, adding they
307 can notify them of the missing information but let them and their boards deal with that infraction.
308 Ms. Long also stated the pharmacist could take the time to file a complaint with the appropriate
309 unit but discouraged policing this matter.

310

311 Ms. Carrillo inquired whether there were repercussions on the pharmacist end if these medications
312 were dispensed. Chair Holt recalled a situation in which a pharmacy was audited and a third-party
313 company found the medications weren’t dispensed according to state law, adding the pharmacy
314 was attempting to recoup the cost back. Ms. Long expressed that may be one example, but we
315 don’t always know the ultimate outcome of the liability.

316

317 Correspondence: Nancy Kavan

318 The board reviewed correspondence from pharmacist, Nancy Kavan. Dr. Kavan inquired about
319 providing input on the jurisprudence test. Upon review, it was unclear whether she was referring
320 to the MPJE or the jurisprudence questionnaire, the latter of which has been removed from
321 renewal applications.

322

323 **TASK 4**

324 Ms. Carrillo will follow up with Nancy Kavan to find out if she was referring to the jurisprudence
325 questionnaire or the MPJE.

326

327 Correspondence: NABP

328 The 117th Annual Meeting will be held virtually on May 13 and 14, 2021. Dr. Ruffridge expressed
329 an interest in attending. Ms. Carrillo also indicated her intent to participate. Ms. Carrillo recalled
330 from participating in 2018 the major topics being nationally certified technicians, which the board
331 has since adopted regulations for, and pharmacist prescriptive authority, which is on the board’s
332 agenda for day 2. Ms. Carrillo then informed the board the most recent version of the pharmacy
333 law is available.

334

335 The NABP also began issuing exam scores for the MPJE and NAPLEX with a pass/fail instead of
336 representing the score with a percentage. Ms. Carrillo stated it doesn’t affect the board’s current
337 pass/fail regulations as the NABP’s pass threshold is at 75%, which aligns with the board’s

338 requirements. The board then reviewed the MPJE item workshop correspondence, which will be
339 held remotely from March 1 – 26. The purpose of the workshop is to write law questions. Chair
340 Holt described the process of participating: the NABP emails the participant a secure file around
341 categories of law, e.g.: hazardous waste, licensing, and professional practice; a list will be provided
342 showing how many questions Alaska has and categories each question into its corresponding
343 category topic; and a list of questions that were previously developed but are still in the testing
344 phase in review by a committee. Chair Holt also clarified that the workshop isn't the time to
345 remove questions, but it's possible to still assess for applicability. All questions go through a
346 statistical model to determine whether they are "good" questions.

347
348 Ms. Carrillo inquired whether the NABP provides participants with the exam pass rate. Chair
349 Holt's recollection from a few years ago was that it was around 80%. Dr. Holm asked how many
350 questions participants are expected to write, to which Chair Holt indicated was about 20-30. Dr.
351 Holm expressed an interest in participating but wanted to know if the writing could be split up
352 between more than one participant. Chair Holt asked Ms. Carrillo to inquiry about how questions
353 could be split between multiple participants, adding he would also be interested in participating.

354
355 **TASK 5**

356 Ms. Carrillo will contact the NABP to register herself and Dr. Ruffridge for the 117th Annual
357 Meeting.

358
359 **TASK 6**

360 Ms. Carrillo will contact the NABP to inquire if exam writing can be split between multiple
361 participants and what that process might entail.

362
363 Ms. Long circled back to the correspondence from an applicant who had submitted a letter to
364 withdraw. Due to this specific matter being discussed in executive session, the board expressed it
365 would be appropriate to again go into executive session, sometime after lunch.

366
367 *Leif Holm left the room at 11:46 a.m.*

368
369 Correspondence: Jessica Adams

370 The board reviewed correspondence from Jessica Adams with TelePharm and Ms. Carrillo noted
371 the board had previously discussed remote pharmacy regulations.

372
373 Strategic Plan

374 Ms. Carrillo pulled up the board's 2020 strategic plan and inquired whether the board had anything
375 to add to it for 2021. Ms. Carrillo stated she would work on the 2021 strategic plan and present it
376 to the board during their May meeting. If approved, Ms. Carrillo will post it to the website.

377
378 **TASK 7**

379 Ms. Carrillo will work on the board's 2021 strategic plan for review and discussion during the May
380 meeting.

381 Chair Holt called for lunch at 11:58 a.m.

382

383 *Off record at 11:58 a.m.*

384 *On record at 1:04 p.m.*

385

386 **Agenda Item 8 Lunch**

Time: 11:58 a.m.

387

388 Upon return from lunch, Ms. Carrillo performed a roll call.

389

390 Board members present, constituting a quorum:

391

392 Richard Holt, PharmD #PHAP2008, MBA – *Chair*

393

393 Leif Holm, PharmD #PHAP1606 – *Vice Chair*

394

394 Lana Bell, RPh #PHAP893

395

395 Tammy Lindemuth, Public Member

396

396 Sharon Long, Public Member

397

397 Justin Ruffridge, #PHAP1787

398

399 The board recalled their intent from before lunch to enter executive session to discuss an
400 applicant matter.

401

402 **On a motion duly made by Richard Holt in accordance with AS 44.62.310(c)(2), the board**
403 **unanimously moved to enter executive session for the purpose of discussing subjects that**
404 **tend to prejudice the reputation and character of any person, provided the person may**
405 **request a public discussion.**

406

407 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**

408

	APPROVE	DENY	ABSTAIN	ABSENT
409 Leif Holm	x			
410 Richard Holt	x			
411 Justin Ruffridge	x			
412 Lana Bell	x			
413 Tammy Lindemuth	x			
414 James Henderson				x
415 Sharon Long	x			

417

418 The motion passed with no further discussion.

419

420 *Off record for executive session at 1:07 p.m.*

421 *On record from executive session at 1:37 p.m.*

422

466 Dr. Narus then reviewed the Medicaid coverage regulations from the Department of Health and
467 Social Services. The regulations include language related to reimbursements and allowing
468 pharmacists to administer vaccines within their scope and without a collaborative practice to be
469 reimbursed. Language was also amended to be able to provide vaccine products in future disaster
470 emergencies so existing efforts aren't limit just to COVID-19 in the event another health
471 emergency emerges. Dr. Narus also discussed the Vaccine for Children Program; pharmacies must
472 be enrolled in the program in order to be reimbursed for providing vaccines given to a child under
473 18 and younger.

474
475 Dr. Narus then turned to regulations that went into effect in on 02/12/2021 related to Medicaid
476 coverage and payment for pharmacy services during a declared emergency. There is also a
477 provision extending the standard 34-day fill to a 68-day fill to result in enhanced dispensing. The
478 board and discussed reimbursement models and state versus federal vaccine allocations. The
479 standard state allocation hinges on a per capita allocation, which involves taking a big bucket of
480 vaccines and distributing it amongst the state. There is also a separate bucket for federal retail
481 partnerships and other allocations for the IHS, DOD, and VA. The long-term care program uses
482 state allocated vaccines.

483
484 Documents Dr. Narus referenced in this update can be found in the public board packet posted to
485 pharmacy.alaska.gov.

486
487 **Agenda Item 11 Public Comment 2 Time: 2:17 p.m.**

488
489 There were no public comments.

490
491 **Agenda Item 9 Work Group/Subcommittee Updates Time: 2:22 p.m.**

492
493 The board returned to subcommittee updates.

494
495 CSAC (continued)

496 Ms. Lindemuth clarified that the recommendation to the Governor would be compounds within
497 kratom, including mitragynine. The next CSAC meeting will be from May 11 from 2:30 p.m. to
498 5:00 p.m. Ms. Carrillo commented that at a recent PDMP Chairs meeting, the possibility of
499 inviting a member from the CSAC to their next meeting on March 2nd. Ms. Lindemuth indicated
500 she would be interested in attending.

501
502 **TASK 8**

503 Ms. Carrillo will reach out to Ms. Lindemuth about joining the PDMP Chairs Meeting.

504
505 Compounding Subcommittee

506 Dr. Holm informed the board there was nothing new to report other than draft regs that were
507 started a few months ago. Dr. Holm and Dr. Ruffridge will continue working on this.

508

509 PDMP Chairs
510 Chair Holt informed the board the meetings continue to be a place to discuss ongoing matters,
511 assisting other professionals, providing details as to what the Board of Pharmacy has done, and
512 demonstrating what has been successful for our program. Chair Holt stated overall it is a good
513 discussion group, and reiterated the invitation for Ms. Lindemuth to attend.

514 AKPhA

515 Dr. Ruffridge indicated he's still assisting with work on the introduction of the mobilization act.
516 The AKPhA is working with Sen. Revak for drafting that has come back from legal and are
517 waiting on a final draft before it's introduced to the floor. Dr. Ruffridge expressed his excitement
518 to see this go forward based on the discussion from the last meeting.

521 **Agenda Item 12 Investigative Report Time: 2:30 p.m.**

522
523 Investigator, Michael Bowles joined the board as their newly assigned investigator. Investigator
524 Lipker stated Investigator Jacobs had left the unit and that Mr. Bowles volunteered to assist the
525 Board of Pharmacy. Mr. Bowles introduced himself to the board, stating his background is in
526 healthcare administration. He was previously in the army and is finishing his master's degree in
527 healthcare administration.

528
529 Mr. Bowles then presented the investigative report, which included activity from October 27
530 through February 5, 2021. There are 48 cases open and 13 PDMP cases have since been closed,
531 with an additional 13 matters also closed. Mr. Bowles explained that once their unit receives a
532 formal complaint packet or they find an issue once reviewing the packet, the matter is elevated to
533 an investigation. The complaint stage can be considered an "inquiry" stage.

534
535 Chair Holt referred to the historical matters from 02/15/2017 and 06/06/2017. Investigator
536 Bowles indicated these have already been presented to the board, but we are waiting for the
537 respondent. Investigator Lipker added they couldn't discuss specifics with each case; but generally,
538 these matters were initially opened in 2017 and since closed, but because applications were
539 received to renew, the matters were re-opened within the same case #. Ms. Lindemuth pointed to
540 a 2018 complaint, to which Mr. Bowles indicated it had since been elevated to an investigation.

541
542 Ms. Lindemuth inquired about the timeframe for closing an investigation. Investigator Bowles
543 indicated the goal is 6 months, adding that if it is a matter arising from an application issue,
544 resolution is typically within that timeframe, but if it's something more complicated, e.g.: from a
545 CMS audit and results come back as there being extreme unprofessional conduct, it can take years.
546 Investigator Lipker stated it can be confusing because "investigation" is actually used sparingly; the
547 unit calls it a complaint for the purpose of communicating that to the licensee, but "investigation"
548 is used towards the end of the matter.

549
550 Ms. Carrillo also pointed to the inspection checklist and example letter, which was a task from the
551 previous meeting. Chair Holt asked that all board members review the checklist to review for

552 relevance and for discussion at the next meeting, similar to the FAQs task, so the board can
553 provide input on what should be inspected during an audit.

554
555 **Task 9**
556 All board members review the checklist and sample letter in preparation for discussion at the next
557 meeting.

558
559 Chair Holt called for break at 2:45 p.m.

560
561 *Off record at 2:45 p.m.*

562 *On record at 2:55 p.m.*

563
564 **Agenda Item 13 Budget Report/Division Update Time: 2:56 p.m.**

565
566 Deputy Director Walsh joined the board to present its FY21 1st quarter report. The board's ending
567 1st quarter revenue is at \$738,420, which is reflected in the influx of revenue due to renewal. Total
568 expenditures is at \$131,957, the bulk of which includes nearly \$54,000 in personal services and
569 about \$14,000 in investigative expenditures for indicator costs. For indirect expenditures, the
570 placeholder is at \$64,000 to internal administrative costs, departmental costs, and statewide costs.
571 The board's cumulative surplus is at \$825,693. Deputy Director Walsh then pointed to the FY21
572 1st and 2nd combined quarter, which reflects a total revenue of \$893,427, total expenditures over
573 \$302,013, and an ending cumulative surplus of \$810,644.

574
575 Ms. Long inquired why the board would operate on a surplus over \$800,000, to which
576 Administrative Officer, Melissa Dumas, indicated the division is required to maintain a neutral
577 fund with surplus and the cost to run the program. A surplus is not obscene; it's more than 1
578 year's worth of expenditures, which is what the department usually strives for to account for
579 variable costs that we can't anticipate.

580
581 Ms. Dumas, went over the board's PDMP report, which reflects nearly \$33,000 in revenue from
582 the user fee. Ms. Dumas indicated there will be adjustments due to incorrect coding, which will
583 result in an increase in revenue once corrected. Expenditures charged to the program include time
584 occupational licensing examiners spend to process registrations. It was also added that two grants
585 were received that will allow the program to charge investigative time.

586
587 Moving to the fee analysis, Ms. Dumas indicated the division hasn't proposed a new fee amount
588 for any license category. Ms. Dumas also clarified that when looking at expenditures from personal
589 services, the board will expect to see that increase slightly due to the new occupational licensing
590 examiner. Ms. Carrillo inquired about the fingerprinting fee and when there would be an
591 opportunity to make changes to the centralized fee regulations. Ms. Dumas indicated she would
592 look into that.

593
594 The board did not propose to adjust the fees.

595 **Task 10**

596 Ms. Carrillo will follow-up with Ms. Dumas on amending centralized regulations to include
597 fingerprint fees for the Board of Pharmacy.

598
599 Deputy Director Walsh then moved to discussing general legislative updates that may affect the
600 division or the board of pharmacy. The board inquired, with regards to the AKPhA
601 modernization bill, what the protocol is for supporting their efforts. Deputy Director Walsh
602 indicated the board should go on the record with what the board supports specifically. If there are
603 any changes, this would be a good opportunity to address that while the members are on record
604 and assembled. Deputy Director Walsh added that the board needs to ensure if they're on record
605 supporting the bill, there shouldn't be any section that, once in a hearing, the board finds they are
606 not in support of.

607
608 Ms. Carrillo then addressed SB70, which is the standing order legislation to remove the sunset date
609 for issuing naloxone. Chair Holt inquired how the standing order is being used currently; whether
610 providers are using their existing scope or if it's private citizens. Ms. Carrillo indicated her
611 understanding that it applies to professionals listed in a specific subsection of the law, which
612 includes pharmacists and other healthcare providers. Ms. Carrillo added the source of naloxone
613 kits may be coming from DHSS' grant-funded Project Hope, to which Dr. Ruffridge confirmed.

614
615 **TASK 11**

616 Ms. Carrillo will reach out to OSMAP for how the standing order is being used and by whom, and
617 where the source of the kits are coming from.

618
619 **Agenda Item 14 Administrative Updates Time: 3:45 p.m.**

620
621 Continuing Education Audit
622 Ms. Carrillo informed the board that 9 licensees initially appeared to not have complied with the
623 continuing education audit. Upon further review, 3 had complied with their audit, but
624 documentation was not immediately visible due to licensees not adding Alaska to their NABP
625 eProfile. Ms. Carrillo indicated there will need to be clear instruction on next year's renewal
626 application to be sure to add Alaska as a state to avoid being flagged as potentially non-compliant.

627
628 Outstanding Information Update
629 Ms. Carrillo stated there initially appeared to be 202 reports missing from 2017 and 70 reports
630 missing from 2019. Further review revealed some pharmacies had submitted these, but were filed
631 under different document categories, e.g.: report, annual information update, and annual report.
632 Ms. Carrillo stated she would be working to improve tracking by coordinating with staff on how
633 to scan and file these documents using one type of filing category. Ms. Noe is receiving responses
634 to the missing reports and filing them accordingly.

635
636
637

638 Task Lists

639 Ms. Carrillo reviewed the task lists from the November and December 2020 meetings. All tasks
640 have been completed, with the two pending regulations tasks set for discussion on day 2.

641
642 Task Lists: Definition of “administer” and Negative-Implication Canon
643 One task included asking DOL to clarify why it is required to state “administer” on the
644 prescription from the *practitioner*, if it is already in the pharmacists’ scope under AS 08.80.480(3) to
645 engage in “drug administration.” As an example, the board asked that if a patient is COVID-19
646 positive, can the pharmacist administer immunoglobulin without an order. DOL via AAG Megyn
647 Weigand responded they cannot without an order from the practitioner. The board also asked
648 what was required to be on the order to give pharmacists explicit instruction to administer, to
649 which AAG Weigand indicated “administer” must be clearly stated; pharmacists cannot assume
650 they can administer, for example, if they receive an order for an injectable drug.

651
652 AAG Weigand went on to describe the Negative-Implication Canon, which is a rule excluding
653 unspecified items when existing language does specify others. The result is the prohibition against
654 engaging in or authorization certain items if they are not clearly listed, but other items are. An
655 example would be if the board’s statutes allowed administering of specific drugs, the drugs not
656 listed would then be prohibited from being administered. The board expressed concern about this
657 rule and requested clarification as to whether there was any leeway, or if defining something truly
658 has an exclusionary effect.

659
660 Dr. Ruffridge highlighted that the board’s COVID emergency response was successful largely
661 because of defining language around vaccines and emergency medications, but questioned whether
662 this has inadvertently pigeon-holed the board, and restricting them from expanding out in the
663 future, to antipsychotic meds, for example. Ms. Long also expressed concern, believing there must
664 be some wiggle language to allow boards to be more flexible instead of having to list everything
665 under the sun to not fall into this negative implication principle. Ms. Long recalled her time
666 working with the legislature when there were challenges prohibiting designer drugs; if a few
667 isotopes were changed, it wouldn’t be prohibited anymore, so it seems there are solutions DOL
668 can help the board with.

669
670 **TASK 12**

671 Ms. Carrillo will follow up with Deputy Director Walsh to request clarification on the Negative
672 Implication Canon.

673
674 Task List: Remote Order Pharmacy Services by Out-of-State Pharmacy

675 The board then moved to the task relating to remote order entry services performed by out-of-
676 state pharmacies. Ms. Carrillo recalled this involved a specific out-of-state pharmacy that was tied
677 to a pharmacist license application. Dr. Ruffridge clarified the matter related to the ability for non-
678 resident pharmacies to perform remote order entries though the regulation limits that to in-state
679 pharmacies only.

680

681 Ms. Carrillo included a response from DOL for which the board asked for clarification around
682 whether an out-of-state pharmacy can provide telepharmacy services without an Alaska
683 pharmacist license. The guidance went on to state there is no prohibition between non-resident
684 pharmacies partnering with in-state pharmacies, but that the central pharmacy and pharmacist
685 employed by the central pharmacy must be Alaska-licensed. Ms. Carrillo interpreted this meaning
686 that out-of-state pharmacies cannot perform remote services since the regulation only applies to
687 central and remote pharmacies in the state, but that the out-of-state pharmacist must be licensed;
688 essentially the pharmacist can be licensed but not perform these duties under the employment of a
689 non-resident pharmacy.

690
691 The board requested additional information as to the circumstances surrounding the pharmacist's
692 application status. Ms. Carrillo stated she would forward relevant documents to the board for
693 discussion on Day 2.

694
695 **TASK 13**

696 Ms. Carrillo will forward to the board additional information surrounding the pharmacist
697 applicant's request.

698
699 **Agenda Item 15 Recess**

Time: 4:29 p.m.

700
701 **Ms. Lindemuth moved to recess the meeting at 4:29 p.m.until February 19, 2021 at 9:00,**
702 **seconded by Ms. Long.**

703
704 *Off record for recess at 4:29 p.m.*

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724 State of Alaska
725 Department of Commerce, Community and Economic Development
726 Division of Corporations, Business and Professional Licensing
727

728 Alaska Board of Pharmacy
729

730 MINUTES OF THE MEETING
731

732 February 18 - 19, 2021 Videoconference
733

734 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
735 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on
736 February 18 - 19, 2021. Due to the COVID-19 pandemic, in-person attendance was
737 not available.

738
739 Agenda Item 1 Call to Order/Roll Call Time: 9:10 a.m.
740

741 The day 2, February 19, 2021 videoconference was called to order by Chair, Rich Holt at 9:10
742 a.m.
743

744 Board members present, constituting a quorum:
745

746 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
747 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
748 Lana Bell, RPh #PHAP893
749 Tammy Lindemuth, Public Member (joined at 1:02 p.m.)
750 Sharon Long, Public Member (joined at 9:20 a.m.)
751 Justin Ruffridge, #PHAP1787
752

753 Division staff present:

754 Laura Carrillo, Executive Administrator
755 Lisa Sherrell, PDMP Manager
756 Bethany Carlile, Occupational Licensing Examiner
757 Melissa Dumas, Administrative Officer
758 Ilsa Lund, Alaska Board of Veterinary Examiners
759

760 Members from the public present/registered:
761

762 Pauline Henriques-Perry, Division of Legislative Audit
763 Brenda Walker, VA
764 Lauren Paul, CVS Health
765 Lisa Sherrell, State of Alaska

766 Jessica Adams, TelePharm
 767 Molly Gray, Alaska Pharmacists Association
 768 Ashley Schaber, Alaska Pharmacists Association/Alaska Native Tribal Health Consortium
 769 James J Henderson (DLA), DLA
 770 Caren Robinson, AkPhA
 771 Lis Houchen, NACDS
 772 Jennifer Adams, Idaho State University College of Pharmacy
 773 Lorri Walmsley, Walgreens

774
 775 **Agenda Item 2 Review/Approve Agenda Time: 9:11 a.m.**

776
 777 Chair Holt reviewed the agenda for day 2. Ms. Carrillo informed the board that the AKPhA’s
 778 modernization bill was uploaded to OnBoard. Chair Holt added that if the board wished to further
 779 discuss the license application withdrawal from the previous day, they could do so under executive
 780 session. Ms. Carrillo commented there is additional information regarding the remote order
 781 processing with PipelineRx. Ms. Carrillo also added she had requested DOL presence to discuss
 782 the Negative-Implication Canon, but that there it is likely an AAG won’t be available due to other
 783 priorities.

784
 785 **On a motion duly made by Justin Ruffridge to approve the meeting agenda as amended**
 786 **by adding DOL discussion regarding PipelineRx, seconded by Lana Bell, and approved**
 787 **unanimously, it was:**

788
 789 **RESOLVED to accept the February 19, 2021 meeting agenda as amended.**

790

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

798
 799
 800 The motion passed with discussion from the board regarding returning to executive discussion for
 801 the purpose of discussing the withdrawal application. Dr. Ruffridge indicated from additional
 802 correspondence received, there is no need to further that discussion.

803
 804 **Agenda Item 3 Ethics disclosures Time: 9:15 a.m.**

805
 806 No ethics to disclose.

808 **Agenda Item 4 Public Comment 3** **Time: 9:17 a.m.**

809
810 Chair Holt clarified for the public that for the board’s regulation discussion, there are two pieces
811 related to regulations that previously closed for public comment; the board will not be able to
812 entertain comments related to those subjects.

813
814 There was nobody on the line to provide public comment.

815
816 **Agenda Item 5 Regulations Overview** **Time: 9:18 a.m.**

817
818 *Sharon Long joined the meeting at 9:20 a.m.*

819
820 Ms. Carrillo provided documents for the board’s reference relating to steps in the regulations
821 process.

822
823 12 AAC 52.060 – 995 – ended 05/15/2020

824 This was included for reference; the board previously reviewed the public comments in May
825 related to emergency regulations.

826
827 12 AAC 52.110 – ended 12/29/2020

828 No comments were received with these regulations relating to the emergency permit language and
829 courtesy license language.

830
831 The Board reviewed the changes made to 12 AAC 52.110 expanding the existing emergency
832 permit for pharmacists to include technicians and interns. A new section was also created for
833 emergency courtesy licenses for pharmacists, technicians, and interns. Ms. Carrillo noted there
834 were no public comments received by the deadline, December 29, 2020. The board’s intent was to
835 make these regulations permanent.

836
837 **On a motion duly made by Justin Ruffridge to adopt the emergency regulations in 12 AAC**
838 **52.110 as permanent, seconded by Sharon Long and approved unanimously, it was:**

839 **RESOLVED to adopt the emergency regulations for 12 AAC 52.110 concerning**
840 **emergency permits and courtesy licenses as permanent.**

841

	APPROVE	DENY	ABSTAIN	ABSENT
842				
843	Leif Holm	x		
844	Richard Holt	x		
845	Justin Ruffridge	x		
846	Lana Bell	x		
847	Tammy Lindemuth			x
848	James Henderson			x
849	Sharon Long	x		

850 The motion passed with no further discussion.

851

852 **TASK 14**

853 Ms. Carrillo will sign the affidavit of board action and certifying changes for the emergency to
854 permanent regulation, 12 AAC 52.110, and will forward the documents to the regulations
855 specialist.

856

857 12 AAC 52.855 – ended 02/11/2021

858 These regulations relate to the timeframe to register with the Prescription Drug Monitoring
859 Program. The Board then reviewed public comments relating to the PDMP registration timeframe
860 of 30 days. Chair Holt read out loud for the record each comment received, noting some
861 comments were related to other PDMP topics and not specifically to the proposal. In considering
862 comment from the Board of Veterinary Examiners, Chair Holt proposed separating the section
863 referencing pharmacists in a new subsection so it was clear the language pertained only to this
864 license group and not to other provider types. Chair Holt requested Regulations Specialist, Jun
865 Maiquis to provide clarification on whether a new subsection could be created.

866

867 Jun Maiquis joined the room at 10:03 a.m. and clarified creating a subsection would not constitute
868 a substantive change. No proposed changes were made to the language.

869

870 **On a motion duly made by Lana Bell to accept 12 AAC 52.855 as amended, seconded by**
871 **Justin Ruffridge and approved unanimously, it was:**

872

873 **RESOLVED to adopt the organizational amendment to the 30-day registration**
874 **timeframe with the Prescription Drug Monitoring Program (PDMP).**

875

	APPROVE	DENY	ABSTAIN	ABSENT
876 Leif Holm	x			
877 Richard Holt	x			
878 Justin Ruffridge	x			
879 Lana Bell	x			
880 Tammy Lindemuth				x
881 James Henderson				x
882 Sharon Long	x			

884

885 The motion passed with no further discussion.

886

887 **TASK 15**

888 Ms. Carrillo will sign the affidavit of board action and certifying changes for the PDMP
889 registration timeframe proposed in 12 AAC 52.855, and will forward the documents to the
890 regulations specialist.

891

892 **Agenda Item 8** **Join Medical Board for PDMP Discussion** **Time: 10:22 a.m.**

893
894 The board joined the State Medical Board to be present for Ms. Sherrell’s PDMP board report and
895 to be available to answer questions, if needed.

897 **Agenda Item 7** **Outstanding Regulation Projects** **Time: 11:06 a.m.**

898
899 Upon return to the record, the board and Ms. Carrillo praised Ms. Sherrell for her excellent update
900 to the State Medical Board. Ms. Carrillo performed a roll call.

901
902 Board members present, constituting a quorum:

- 903
904 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
905 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
906 Tammy Lindemuth, Public Member
907 Sharon Long, Public Member
908 Justin Ruffridge, #PHAP1787
909 Lana Bell, RPh #PHAP893

910
911 The board addressed the outstanding regulation projects.

912
913 PDMP

914 The board reviewed the outstanding regulations language in the document included in the packet.
915 Dr. Ruffridge returned to the discussion on security of email when using the PDMP. Ms. Carrillo
916 recalled previous discussions regarding limitations on requiring an employer-issued email; some
917 licensees may not have a job in place yet or they may change employers. Dr. Ruffridge’s primary
918 concern was around security, expressing it would be helpful to use a two-factor authentication.
919 Ms. Carrillo stated there could be a change to the current 180-day frequency of changing one’s
920 password; another option would be to send periodic reminders not to automatically allow their
921 computer from remember login information. Ms. Sherrell’s preference would be that people use it
922 in the right way, that security shouldn’t be compromised for convenience. Ms. Sherrell added that
923 provider authentication is a method to verify security on the vendor end with Gateway
924 integrations. Ms. Carrillo was unsure of whether two-factor authentication could co-exist with
925 provider authentication.

926
927 **TASK 16**

928 Ms. Sherrell will request clarification from Appriss as to whether two-factor authentication is used
929 successfully in other states.

930
931 Ms. Sherrell added there is a clear issue with not reviewing patient data. Dr. Ruffridge provided
932 some insight that a physician is not going to review a PDMP unless you sit right there and have
933 them do it. Ms. Carrillo also indicated this was a barrier identified at a recent pain closure
934 workshop, highlighting the two schools of thought around why use isn’t happening; whether it is

978 *Off record at 2:24 p.m.*

979 *On record at 2:30 p.m.*

980

981 Upon return from lunch, Ms. Carrillo performed a roll call.

982

983 Board members present, constituting a quorum:

984

985 Richard Holt, PharmD #PHAP2008, MBA – *Chair*

986 Leif Holm, PharmD #PHAP1606 – *Vice Chair*

987 Tammy Lindemuth, Public Member

988 Justin Ruffridge, #PHAP1787

989 Lana Bell, RPh #PHAP893

990 Sharon Long, Public Member

991

992 Medications to EMS

993 Chair Holt addressed medications to Emergency Medical Services (EMS), acknowledging the
994 board doesn't currently have any language addressing this in 12 AAC 52. Ms. Bell provided insight
995 into medication allocations to the local fire department/EMS as there is an existing practice for
996 this that falls under DHSS's Medical Services Division. Ms. Bell clarified it is the state medical
997 director who can issue directives, and those directives can be prescriptions given at the direction
998 of Dr. Michael Levy, Director of EMS. Dr. Ruffridge agrees with Ms. Bell that this falls under
999 DHSS, adding it is under Title 7, Chapter 26, Section 650. Dr. Ruffridge also agrees with Chair
1000 Holt that a simple regulation writing would clear up gray area around what's required.

1001

1002 **TASK 17**

1003 Ms. Carrillo will follow-up with the pharmacist inquiring about medications to fire
1004 departments/EMS and will provide information on where to learn more about DHSS' Medical
1005 Services division.

1006

1007 **Agenda Item 12** Potential Statute Changes

Time: 2:44 p.m.

1008

1009 Dr. Ruffridge went through the AKPhA's modernization bill, which was previously reviewed by
1010 the board during their last meeting. Dr. Ruffridge clarified it has not yet been introduced, but the
1011 intent is to mobilize pharmacists, to promote pharmacist independence, and to adopt language
1012 around prescribing and administering, whether that's vaccines or emergency medications. Dr.
1013 Ruffridge directed the board to potentially the most significant part of the proposal, section 8,
1014 where a pharmacist may be able to provide patient care services. Section 11 is the section around
1015 adding pharmacists to unfair discrimination. Dr. Ruffridge recalled the negative implication canon
1016 and whether the proposed changes to section 4 and 5 adding the ability for pharmacists to
1017 prescribe vaccines and emergency medications would effectively limit pharmacists from
1018 prescribing other drugs.

1019

1020 Ms. Carrillo inquired whether this proposal of section 8 for patient care services can be
1021 incorporated into the board’s existing language for collaborative practice agreements, and to create
1022 a separate section for patient care services, then amending the definition of pharmacist to include
1023 patient care services. Ms. Bell stated that we are now able to perform testing under CLIA, so asked
1024 for clarification as to what the end goal is: Is it to limit us to just providing information by testing,
1025 vaccinating, and ordering, or is our goal to try to expand on our ability to test and treat with the
1026 intent of follow-up with another provider. Dr. Ruffridge stated it’s open-ended; the goal being that
1027 the board of pharmacy should create compensable abilities for pharmacies. In the process of
1028 COVID response, Dr. Ruffridge recalled there were areas where the board was limited; one of
1029 those areas was around testing. Dr. Ruffridge added that if you can statutorily put something in
1030 place where a pharmacist can do x, and that falls under the jurisdiction of the board, the board can
1031 define that further in regulation.

1032
1033 Ms. Long’s interpretation is that the proposed language indicates you can provide care for
1034 anything that doesn’t require a new diagnosis. Chair Holt agreed, stating that if you look through
1035 the lens of the negative implication canon, you wouldn’t be able to treat a condition for a *new*
1036 diagnosis, based on strep test, for example.

1037
1038 Chair Holt added that the current collaborative practice authority allows us to initiate or modify a
1039 drug therapy with a practitioner, whether it is new or existing. Whereas, if the proposed language
1040 says that “...AND for a condition that doesn’t require a new diagnosis...”, this is much more
1041 limiting than what our current laws says. Ms. Gray provided feedback that there’s two ideas: one
1042 can be struck since it’s indicating what is currently the process now. The AKPhA’s intention is to
1043 make sure that the medical board/association was clear in what was trying to be accomplished.
1044 Other school of thought is to strike (a), and just include (b): a pharmacist may independently
1045 provide patient care services as defined by the board of pharmacy.

1046
1047 Chair Holt clarified that a bill generally is to seek from the legislature authority for which you
1048 don’t already have; however, subsection (a) essentially is asking for authority to enter into a
1049 collaborative practice agreements, which is in pharmacists’ existing authority. Chair Holt added
1050 that scope of practice is defined by the legislature, and not by the board, and that it seems the goal
1051 of this part of the bill is to seek authority to provide patient care services. Dr. Ruffridge added that
1052 what we don’t have is a statutory connection is what we can provide under a collaborative practice
1053 agreement *and* compensation. Dr. Schaber also commented to clarify that the intent of the
1054 subsection (a) was not to make it more restrictive, but that the goal is to include “patient care
1055 services” from a reimbursement perspective; to be able to get reimbursed either under a
1056 collaborative practice agreement or independently. Dr. Wadsworth from UAA commented that if
1057 CLIA can be used to guide pharmacists in testing, we don’t want pharmacists to wait for
1058 collaborative practice agreements to be able to provide patient care services for general health and
1059 wellness, disease prevention, and optimization of medication therapy.

1060
1061 Dr. Adams from Idaho University and the UAA pharmacy program, who teaches law, clarified
1062 that in the statute on powers and duties of the board in AS 08.80.030, this could be amended to

1063 include patient care services. Ms. Carrillo suggested adding language to AS 08.80.030 to require the
 1064 board adopt regulations around patient care services Ms. Bell stated she agreed with the feedback
 1065 was not sure if the language was properly worded.

1066
 1067 **On a motion duly made by Richard Holt to support the pharmacy mobilization bill that**
 1068 **the AKPhA has drafted, version 32-LS0468\A, regarding the pharmacy mobilization act**
 1069 **and to support sections 1 through 11 of the bill, seconded by Leif Holm and approved**
 1070 **unanimously, it was:**

1071
 1072 **RESOLVED to support version 32-LS0468\A of the AKPhA’s draft legislation on**
 1073 **pharmacy mobilization.**

	APPROVE	DENY	ABSTAIN	ABSENT
1075				
1076	Leif Holm	x		
1077	Richard Holt	x		
1078	Justin Ruffridge	x		
1079	Lana Bell	x		
1080	Tammy Lindemuth	x		
1081	James Henderson			x
1082	Sharon Long	x		

1083
 1084 The motion passed with no further discussion; however, it was clarified during the motion that
 1085 Dr. Ruffridge was voting as a board member and not as a participant in assisting the AKPhA with
 1086 this draft legislation.

1087
 1088 Ms. Carrillo inquired who would be representing the board in testifying to support this legislation.
 1089 Chair Holt and Dr. Ruffridge volunteered.

1090
 1091 **Agenda Item 13 Public Comment 4 Time: 4:15 p.m.**

1092
 1093 There were no public comments.

1094
 1095 **Agenda Item 11 Return to Regulations Time: 4:17 p.m.**

1096
 1097 The board returned to the discussion around PipelineRx. Ms. Carrillo also informed the board it
 1098 was clarified there would not be an AAG present to discuss the Negative Implication Canon. Dr.
 1099 Holm commented that it seems the non-resident pharmacy is performing remote order entry, so
 1100 essentially is acting and performing like a remote pharmacy.

1101
 1102 The board discussed the legal guidance and ultimately requested Ms. Carrillo follow-up for
 1103 clarification. Dr. Ruffridge assisted with crafting the follow-up question: Can a non-resident
 1104 pharmacy registered in Alaska but located outside of the state provide remote pharmacy services

