

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 DRAFT MINUTES OF THE EMERGENCY MEETING
8

9 November 5 - 6, 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 November 5 - 6, 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, **November 5, 2020** videoconference was called to order by Chair, Rich Holt at 9:06
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 James Henderson, RPh #PHAP1683
26 Lana Bell, RPh #PHAP893
27 Tammy Lindemuth, Public Member
28 Sharon Long, Public Member
29 Justin Ruffridge, #PHAP1787
30

31 Division staff present:
32

33 Laura Carrillo, Executive Administrator
34 Lisa Sherrell, PDMP Manager
35 Heather Noe, Occupational Licensing Examiner (Board of Pharmacy)
36 Ilsa Lund, Occupational Licensing Examiner (Board of Veterinary Examiners)
37 Carl Jacobs, Investigator
38 Harriet Dinegar-Milks (Department of Law)
39
40

41 Members from the public present/registered:
42

- 43 Kara King, ANMC
- 44 Coleman Cutchins, AK HSS
- 45 Erin Selby, NCPA
- 46 Charles Semling, DHSS
- 47 Michelle Hoyt
- 48 Ursula Iha, Bartlett Regional Hospital
- 49 Ashley Schaber, Alaska Pharmacists Association/ Alaska Native Tribal Health Consortium
- 50 Lorri Walmsley, Walgreens
- 51 Janelle Solbos
- 52 Ademola Are, National Community Pharmacist Association
- 53 Josh Fillible, Maniilaq Health Center
- 54 Dale Masten, Genoa Healthcare
- 55 Molly Gray, Alaska Pharmacists Association
- 56 Tom Wadsworth, UAA/ISU Doctor of Pharmacy Program
- 57 Erin Narus, SOA/HCS
- 58 Heather Heidorn, CRNA

60 **Agenda Item 2 Review/Approve Agenda Time: 9:09 a.m.**

61

62 The board reviewed the agenda for day 1. Tammy Lindemuth requested the CSAC update be
 63 moved earlier due to a scheduling conflict. Ms. Carrillo suggested moving it immediately after
 64 Agenda Item #5, the PDMP update, as a new subsection H since it relates to controlled
 65 substances.

66

67 **On a motion duly made by Tammy Lindemuth to approve the meeting agenda, seconded
 68 by Justin Ruffridge, and approved unanimously, it was:**

69

70 **RESOLVED to accept the November 5, 2020 meeting agenda as amended.**

71

	APPROVE	DENY	ABSTAIN	ABSENT
72 Leif Holm	x			
73 Richard Holt	x			
74 Justin Ruffridge	x			
75 Lana Bell	x			
76 Tammy Lindemuth	x			
77 James Henderson	x			
78 Sharon Long	x			

79

80

81 The motion passed with no further discussion.

82

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

84

85 For transparency, Chair Holt reminded the board and the public that he currently participates in
86 the biweekly COVID-19 board chairs meeting as well as the biweekly PDMP board chairs
87 meeting.

88

89 Dr. Ruffridge indicated he would abstain from voting on the collaborative practice agreement
90 (CPA) application for Soldotna Specialty Pharmacy, for which he is the Director of Pharmacy
91 Services.

92

93 **Agenda Item 4 Review/Approve Meeting Minutes Time: 9:13 a.m.**

94

95 The board reviewed the draft minutes from the August 27-28, 2020 meeting that was held via
96 Zoom. Ms. Lindemuth noted that Katholyn Runnels' name was still spelled incorrectly on line
97 470.

98 Sharon Long commented that she was listed as absent early on in the meeting. Ms. Carrillo
99 indicated she would double-check the minutes and make corrections as appropriate.

100

101 **TASK 1**

102 Ms. Carrillo will correct Katholyn Runnels' name in the August 27-28, 2020 meeting minutes.
103 *(Completed 11/07/2020.)*

104

105 **TASK 2**

106 Ms. Carrillo reviewed the meeting minutes and audio recording; Ms. Long is listed as absent
107 during the voting of the August 27, 2020 day 1 agenda, which began at 9:09 a.m. Ms. Long joined
108 the room at 9:12 a.m. so was not present during this time. The minutes do not need to be
109 corrected.

110

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

113

114 **RESOLVED to accept the August 27 – 28, 2020 meeting minutes with the**
115 **correction to Katholyn Runnels' name.**

116

	APPROVE	DENY	ABSTAIN	ABSENT
117 Leif Holm	x			
118 Richard Holt	x			
119 Justin Ruffridge	x			
120 Lana Bell	x			
121 Tammy Lindemuth	x			
122 James Henderson	x			
123 Sharon Long	x			

124 The motion passed with no further discussion.

125

126

128

129 Registration and Use Summary

130 Ms. Sherrell presented the board's [November PDMP report](#), informing them that in the area of
131 registration, the board will get a better sense of what compliance looks like after renewals from
132 updated information from pharmacists on their dispensing status. Ms. Sherrell also informed the
133 board that the license integration project was not successful, though it still is the intent to move
134 forward with that feature. The report also indicates efforts with the PDMP's current vendor to
135 turn on an automatic notification feature when a provider has missed a day of reporting.
136 For the report period, there were more registered pharmacists than are dispensing, representing
137 over a 100% registration compliance rate; however, this data is not to indicate there are no issues
138 with non-compliance among licensees. Inflating compliance is the number of pharmacists who are
139 registered but are not required to, as well as the population of pharmacists with active accounts
140 but lapsed or expired licenses, which the license integration project would have deactivated had it
141 launched successfully. Additionally, there are federal pharmacists who are registered but who are
142 not required to under AS 08. A clearer picture of registration compliance will be provided in
143 subsequent reports after the renewal season.

144

145 As other affected prescribing boards are currently in renewal, prescribers who are dispensing are
146 going through the same process of being tracked for their compliance with reporting. Ms. Sherrell
147 expressed concern over the number of prescribers who have indicated confusion over what it
148 means to directly dispense.

149

150 Ms. Sherrell then pointed to the MME chart, indicated that the last time this chart was presented,
151 there were alarming statistics with dangerous combinations (October through March), but that
152 now from June through October, there have been marked decreases, e.g.: 87% decrease among
153 APRN licensees, for example. Ms. Sherrell then pointed to the alarming number of providers who
154 reviewed zero patients, but noted it had improved since the previous report. In between these two
155 reports, Ms. Sherrell informed the board the PDMP did launch Clinical Alerts, which may have
156 contributed to the decrease. Dangerous concurrent prescribing of opioids and benzodiazepines
157 has also gone down.

158

159 Chair Holt inquired as to whether providers who may be exempt from reviewing, such as
160 emergency physicians, were included in the data of no reporting. Ms. Sherrell stated she filtered
161 out oncology, surgery, and emergency care specialties.

162

163 Chair Holt also commented that while it is important to acknowledge dangerous combinations,
164 which the CDC recommends as dangerous, there is no regulation prohibiting this. In 2016 after
165 SB74 passed, there was a Joint Committee on Prescriptive Guidelines that convened and
166 recommended a 120 MMEs/day limitation, though the legislature did not codify that. Ms. Sherrell
167 clarified they set the MME threshold in Clinical Alerts to 50 MME because that's what the
168 Medical Board has set in regulations. Ms. Sherrell also recognized there could be legitimate clinical

169 reasons as to why a patient may be on dangerous concurrent prescriptions, though the data is to
170 keep providers aware of when these combinations are present to assist in assessing risk.

171
172 Dr. Ruffridge commented on the registration numbers, requesting more clarification on there
173 being 100% compliance when this is rarely the case. Ms. Sherrell acknowledged compliance is
174 rarely at 100% but that on paper, the total numbers of registrations have exceeded the number
175 who are required to register. Chair Holt commented that if the data is cleaned to remove those
176 who aren't required to register, stale accounts, or filtered out by those who didn't register on time,
177 compliance is not at 100%.

178
179 Dr. Holm inquired whether there was a way to filter out those pharmacists who are not in Alaska
180 and therefore are not required to register, also commenting there seems to be a large percentage of
181 pharmacists who are registered but do not dispense. Ms. Carrillo responded there are two ways we
182 are doing this now: filtering out those pharmacists without Alaska addresses and filtering out
183 pharmacists who do not have a dispensing designation tied to their license. Ms. Carrillo added that
184 part of what is contributing to skewed data is that non-dispensing or out-of-state pharmacists are
185 able to register if they want to, and many opted to only because it allowed them to renew their
186 pharmacists license online versus on paper.

187
188 PDMP Recommendations
189 The report continues with a recommendations section, which is similarly provided in other board
190 reports for the prescribing boards and include recommendations to increase use through delegate
191 access and to ensure user roles are accurate as these affect the accuracy of prescriber report cards.

192
193 Grant Updates
194 Ms. Sherrell sharing the news that the division received two grants: one from the Bureau of Justice
195 Assistance (BJA) and another for the Statewide Opioid Response (SOR). The BJA award
196 document has still not been released, so it is unclear which activities the funding will support;
197 however, the BJA grant is for enforcement purposes.

198
199 PDMP MOUs
200 Ms. Carrillo presented the intrastate and interstate datasharing update to the board, noting there
201 were no new intrastate connections since the last report in August. There were new connections
202 via PMP InterConnect "PMPi", which is a datasharing hub between states. Connecticut, Hawaii,
203 and Wyoming have all integrated bidirectionally with the Alaska PDMP via PMPi, and Nebraska is
204 pending with the BJA's/IJIS' datasharing hub, RxCheck. From August – October 2020, there was
205 a 17% increase in the number of patient reviews performed through integrated states compared to
206 the same timeframe in 2019. Ms. Carrillo also informed the board that the Military Health System,
207 which launched their own PDMP in December 2018, has signed their part of the MOU, but is
208 awaiting signatures on DCCED's end with execution expected to occur soon. The Veterans
209 Health Administration (VHA) is also working with PDMP staff to integrate access.

210
211 RFP Update

212 Ms. Sherrell informed the board that the RFP was out and due for responses soon, and that
213 because of this, integration and enhancement projects are being put on hold. We are expected to
214 have a vendor selected by the end of the year.

215

216 Statewide Opioid Action Plan Review Summit 2020

217 Ms. Carrillo attended the 3-day opioid summit to contribute to goals and strategies around the
218 state's opioid response. Ms. Carrillo was assigned to the prescribing practices committee, where
219 they focused on Goal 3, which aims to reduce the risks of substance misuse and addiction in
220 Alaska. The group discussed prescriptive guidelines, which Chair Holt mentioned earlier (Joint
221 Committee on Prescriptive Guidelines), but those efforts weren't codified by the legislature. The
222 group also talked about incorporating different datasets into the PDMP, including overdose and
223 MAT data to improve the clinical decision making of providers when reviewing patient
224 prescription histories. The 2018 – 2022 Statewide Opioid Action Plan can be found here:
225 <http://dhss.alaska.gov/osmap/Documents/Statewide-Opioid-Action-Plan-2018-2022.pdf>

226

227 PDMP Legislative Report

228 Ms. Carrillo reminded the board that the annual PDMP report to the legislature is due in
229 February/March and inquired whether the board had any specific input on what to include this
230 year. Chair Holt recommended including the extent of the Board of Pharmacy's education and
231 outreach efforts as there have been a number of documents and resources put together to assist its
232 licensees and licensees from other affected boards to better understand and comply with PDMP
233 requirements. Chair Holt himself attended other boards' meetings to be a PDMP resource, such as
234 for the Board of Veterinary Examiners, and has drafted a number of templates and guidance
235 documents to assist with compliance.

236

237 Ms. Carrillo commented on the Awareness and Feedback Questionnaire, which Ms. Sherrell
238 launched in February to gauge provider understanding of and challenges to PDMP use.
239 Participants identified education and outreach as the lowest ranked barrier to using the PDMP,
240 which doesn't diminish the need for continued education and outreach, but highlights that
241 providers generally understand how to use the PDMP, but using it may be hindered by other
242 factors, such as time.

243

244 Controlled Substances Advisory Subcommittee

245 Tammy Lindemuth presented her update of the CSAC. Ms. Lindemuth informed the board the
246 CSAC last met on October 20th, where they continued discussing Kratom and moved forward as a
247 board to put forth recommendations to the Governor to schedule mitragynine kratom and 7-
248 hydroxymitragynine as schedule 3A drugs, which the Alaska crime lab has the capabilities to
249 detect.

250

251 Ms. Lindemuth shared the CSAC also discussed spice and looked at Texas' statute that addresses
252 synthetic cannabinoids and how implementation of the laws have been affecting their
253 communities. The group also discussed gabapentin in Western Alaska, where it is highly abused. It

254 was ultimately decided to recommend to the Governor it be scheduled as a 5A drug. The CSAC is
255 also further exploring definitions of marijuana, including CBD oil.

256
257 Chair Holt inquired as to whether the CSAC considered reporting requirements since schedule Vs
258 aren't required to be reviewed in or reported to the PDMP, or what other considerations were
259 made in the recommendations. Ms. Lindemuth indicated that recommending scheduling has more
260 to do with the prosecutorial aspect and the ability to have jurisdiction over gabapentin related
261 crimes. Dr. Holm expressed concern over the prosecutorial approach, commenting the focus
262 should be on identifying the misuse and abuse so it can be curtailed and identifying agents that
263 contributes to illicit use. Dr. Holm referenced Portland, Oregon, which has decriminalizing heroin
264 and cocaine. Ruffridge agreed, indicated that pregabalin, or Lyrica, which is a schedule V, is used
265 in a similar fashion as gabapentin and can be combined with opiates. Dr. Ruffridge commented
266 there needs to be a way to get this data into the PDMP and not be used punitively.

267
268 Ms. Carrillo commented that schedule Vs used to be in the PDMP but was repealed in 2017
269 because of the lower potential for abuse. Ms. Carrillo inquired whether there is a shift in use, in
270 combination with illicit drugs. Ms. Lindemuth indicated it wasn't occurring on a large scale within
271 the state but is more in Western Alaska. It was added that due to the pandemic and limited ability
272 to import illicit substances, the availability of heroin has gone down, so people are able to order
273 gabapentin at a cheap price and have it delivered via the postal service. Dr. Ruffridge's
274 understanding is that the goal of scheduling gabapentin is to curtail it being used as a combo agent
275 to extend or enhance their high when used in combination with opiates and gabapentin, which is
276 contributing to massive increase in overdoses. Dr. Ruffridge indicated the benefit of being in
277 PDMP is it would allow providers to see what is being prescribed and to help reduce diversion
278 and misuse.

279
280 Chair Holt informed the board that in order for gabapentin or Kratom to be reported to the
281 PDMP, it would have to be scheduled federally. Ms. Carrillo commented that while schedule Vs
282 aren't required to be reported, some providers report all prescriptions, including this schedule. It
283 could be recommended that providers review schedule Vs even though it cannot be mandated.

284
285 The board returned to discussing Kratom. Ms. Lindemuth shared that Kratom is a natural
286 substance that mimics opioids as it acts on the opioid receptor. Dr. Holm commented it is being
287 advertised in Fairbanks and can be easily purchased. Mr. Henderson stated that every federally
288 scheduled drug is approved by the FDA, so it would seem to be a moot point to schedule Kratom.

289
290 The board continued to address gabapentin, Kratom, and scheduling.

291
292 Link to CSAC site: <http://www.law.state.ak.us/departments/criminal/csac.html>

293
294
295
296

297 **Agenda Item 6** **Investigative Report**

Time: 10:18 a.m.

298
299 Investigator Jacobs joined the board to present their investigative report, which includes activity
300 from August 18, 2020 and October 27, 2020. There were 43 matters opened and 11 cases closed
301 during this time. There were no new probation matters to report. Investigator Jacobs indicated
302 they've seen an influx in cases due to the board being in renewal. There were also two matters
303 reopened from 2017 related to actions taking by the board during their August meeting related to
304 renewal and reinstatement. There is also an enforcement action to address for case #2019-000720.
305

306 Dr. Ruffridge inquired whether pharmacist applications go against a background check or whether
307 the self-certification on the professional fitness section is adequate. From investigative perspective,
308 Investigator Jacobs indicated they do their due diligence, but noted that with renewals, the referred
309 matters are typically related to license issues as opposed to criminal activity history. Failure to
310 disclose previous actions. To Dr. Ruffridges' concern over cross checking responses to self-
311 certification of no adverse history, Dr. Holt added there isn't a way to validate to make sure that
312 pharmacists was truthful in answering "no" to the professional fitness section.
313

314 Consent Agreements

315 The board acknowledged they had a consent agreement matter, case #2019-000720, to discuss
316 confidentially.
317

318 **On a motion duly made by Lana Bell in accordance with AS 44.62.310(c)(2), and seconded**
319 **by James Henderson, the board unanimously moved to enter executive session for the**
320 **purpose of discussing subjects that tend to prejudice the reputation and character of any**
321 **person, provided the person may request a public discussion.**
322

323 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**
324

	APPROVE	DENY	ABSTAIN	ABSENT
325 Leif Holm	x			
326 Richard Holt	x			
327 Justin Ruffridge	x			
328 Lana Bell	x			
329 Tammy Lindemuth	x			
330 James Henderson	x			
331 Sharon Long	x			

332
333 The motion passed with no further discussion.
334
335

336 Staff members, Laura Carrillo and Carl Jacobs were authorized to remain in the room.
337
338

339 *Off record at 10:37 a.m.*

340 *On record at 10:47 a.m.*

341
342 Upon return to the public meeting, Chair Holt clarified for the record that no motions were made
343 during executive session.

344
345 **On a motion duly made by Lana Bell in accordance with AS 44.62.310(c)(2), and seconded**
346 **by Justin Ruffridge, to accept the consent agreement for case #2019-000720, it was:**

347
348 **RESOLVED to accept the consent agreement in case # 2019-000720.**

	APPROVE	DENY	ABSTAIN	ABSENT
350				
351	Leif Holm	x		
352	Richard Holt	x		
353	Justin Ruffridge	x		
354	Lana Bell	x		
355	Tammy Lindemuth	x		
356	James Henderson	x		
357	Sharon Long	x		

358
359 The motion passed with no further discussion.

360
361 **TASK 3**

362 Ms. Carrillo will obtain the signed consent agreement for case #2019-000720 and forward to
363 Investigator Jacobs along with a copy of the board's motion.
364 *(Completed 11/09/2020.)*

365
366 **Agenda Item 7 Board Business Time: 11:02 a.m.**

367
368 Investigator Jacobs informed the board there were two additional matters to address that were
369 initially opened in 2017, case #s 2017-000092 and 2017-000557. Due to the nature of the matters,
370 Investigator Jacobs recommended discussing these in executive session. Ms. Carrillo informed the
371 board the individual involved in case #2017-000557 was present and had requested a discussion
372 with the board.

373
374 **On a motion duly made by Lana Bell in accordance with AS 44.62.310(c)(2), and seconded**
375 **by Justin Ruffridge, the board unanimously moved to enter executive session for the**
376 **purpose of discussing subjects that tend to prejudice the reputation and character of any**
377 **person, provided the person may request a public discussion.**

378
379 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**

380

	APPROVE	DENY	ABSTAIN	ABSENT
381				
382	Leif Holm	x		
383	Richard Holt	x		
384	Justin Ruffridge	x		
385	Lana Bell	x		
386	Tammy Lindemuth	x		
387	James Henderson	x		
388	Sharon Long	x		

389

390 The motion passed with no further discussion.

391

392 Staff members, Laura Carrillo and Carl Jacobs were authorized to remain in the room.

393

394 *Off record at 11:08 a.m.*

395 *On record at 12:22 p.m.*

396

397 Upon return to the public meeting, Chair Holt clarified for the record that no motions were made
398 during executive session.

399

400 **On a motion duly made by Rich Holt for case #2017-000057, with conditions for licensure**
401 **due to violations to 12 AAC 52.920(a)(4), AS 08.80.261(a2), (a9),a(11), and a(14), it was**
402 **proposed to remove the condition of no access to controlled substances while in the**
403 **workplace, given the applicant has successfully demonstrated professional behavior in his**
404 **current treatment programs with the PA board of pharmacy over the past three years and**
405 **to reduce drug testing and urine analysis to two years. With the condition that if after one**
406 **(1) year, there are no issues related to the testing and analysis, the board will accept the**
407 **license as successful, and seconded by Lana Bell, it was:**

408

409 **RESOLVED to accept the consent agreement in case #2017-000057 as amended to remove**
410 **the condition of no access to controlled substances in the workplace and to reduce drug**
411 **testing and urine analysis to two years.**

412

	APPROVE	DENY	ABSTAIN	ABSENT
413				
414	Leif Holm	x		
415	Richard Holt	x		
416	Justin Ruffridge	x		
417	Lana Bell	x		
418	Tammy Lindemuth	x		
419	James Henderson	x		
420	Sharon Long	x		

421

422 Discussion: Chair Holt commented that the applicant has professionally demonstrated over the
423 past three years that a license is not needed because he is actively practicing under another license.
424 Chair Holt expressed that the applicant's presence and time with the board today demonstrates his
425 professionalism, and in the board's due diligence to protect the public while continuing to be a
426 resource to applicants, he is comfortable with the amended terms of the agreement.

427

428 **TASK 4**

429 Ms. Carrillo will send the board's motion wording for case #2017-00057 to Investigator Jacobs.
430 *(Completed 12/02/2020.)*

431

432 The application for Wedgewood Village Pharmacy, which was on the agenda for review/approval,
433 will be reviewed and voted on via OnBoard.

434

435 **TASK 5**

436 Ms. Noe will upload the Wedgewood Village Pharmacy application for voting in OnBoard
437 *(Completed; quorum established and license issued on 11/09/2020.)*

438

439 **Agenda Item 9 Lunch Time: 12:28 p.m.**

440

441 Upon return to the record for lunch, Chair Holt opened up presentations for association and
442 profession updates.

443

444 **Agenda Item 11 Industry/Profession Updates Time: 1:10 p.m.**

445

446 *Alaska Pharmacists Association*

447 Molly Gray let the board know they are looking forward to receiving award nominations for
448 recognition and that there are open positions for the board of directors, with December 1st being
449 the deadline for each. Ms. The AKPhA will also be launching their immunization certificate
450 program on November 22nd. Ms. Gray stated that both technicians and pharmacists may attend
451 and that it is a fully ACPE- accredited certificate program. Ms. Gray has reached out to PTCB,
452 and while that course isn't specifically accredited to technicians, techs can have up to 5 hours of
453 pharmacy CE now applicable to their certificate via that board. They are looking at a technician-
454 specific program to be available soon through APhA and Idaho State University

455

456 Ms. Gray thanked the board for their prompt response to DHSS' mandate on allowing technicians
457 to provide immunizations, citing that other boards of pharmacies scrambled to get guidance
458 together for their licensees. The board's guidance was sent through its ListServ.

459

460 Dr. Schaber also thanked the board for their responses and guidance through the pandemic before
461 turning to the legislative proposal that was put together by the association's legislative committee,
462 UAA, and Idaho State University. Dr. Schaber requested to the board that they review their
463 practice modernization act proposal, make amendments as appropriate, and introduce this to the
464 legislature. The goal of the proposal is for pharmacists to continue to provide clinical services that

465 they're already providing that are essential to the healthcare system both during the pandemic and
466 beyond. Changes would be to title 21 to include pharmacists in the list of protected providers,
467 update practice of pharmacy but stipulating medical services Alaska pharmacists already provide,
468 and to update the scope of practice of pharmacy technicians to include vaccines. Ms. Schraber
469 continued to explain that the amendments are intended to align contemporary compensation
470 models with the range of patient health care services that Alaska pharmacists already provide.

471
472 Alaska Department of Health and Social Services - Medicaid

473 Dr. Narus informed the board that the enrollment in Medicaid for pharmacy professional groups
474 is very slow and is hoping that through the board or through other means, knowing that COVID
475 is on its way, that there's encouragement for pharmacies and pharmacists to enroll in the Medicaid
476 program, so that DHSS can get them processed through the various checks and make sure they
477 are being reimbursed for their professional services. Dr. Ruffridge inquired how slow it was going,
478 to which Dr. Narus indicated it was only one pharmacy and less than 25 pharmacists as of today,
479 November 5. Dr. Narus indicated that some of the challenges are at the corporate level, but
480 commented that if there was a way to expedite the application by going through the pharmacist-in-
481 charge to get that application in; consult the NPI and licensure databases, it could help recoup
482 administration costs for the vaccine. Chair Holt stated from his personal perspective, he has
483 reached out to his corporation to progress on this, but there are conflicting priorities. Chait Holt
484 indicated he would follow-up. Ms. Gray commented the AKPhA is providing a workshop, which
485 could be a helpful push.

486
487 Ms. Long inquired about the tiered system for COVID-19 vaccines; from the federal level, there
488 are three phases for the vaccine rollout: Phase 1b is CMS-certified longterm; Phase 2 is community
489 role out to high-risk populations/availability at pharmacies; and Phase 3 is for the general
490 population. Smaller pharmacies not serviced in this rollout can receive immunizations through
491 their state immunization program. Dr. Narus added that pharmacists must be enrolled in the
492 Medicaid program in order to order vaccines.

493

494 **Agenda Item 12 Public Comment**

Time: 2:13 p.m.

495
496 Dr. Cutchins encouraged the board to think flexibly in being able to provide services during the
497 pandemic; adding that after speaking with federal leadership, is anticipating we will begin using
498 monoclonal antibodies for treatment of COVID-19 cases in ambulatory care and possibly for
499 post-exposure prophylaxis. Dr. Cutchins stated there will be many challenges, but honed in on IV
500 infusions; they will be a single-stick for immediate use, so don't have to be in sterile setting. Drugs
501 would have to be given within 3 days of a positive test, so time will be of the essence in reducing
502 barriers. Dr. Cutchins encouraged the board to think about collaborative practice agreement
503 changes and prescriptive authority.

504
505 Chair Holt reminded the board about our limitations with allowing a pharmacist to prescribe and
506 the barriers with collaborative practice approvals; a letter was written to the medical board in
507 August of 2019 requesting they repeal the requirement for the agreements to be approved by the

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563 November 5 - 6, 2020. Due to the COVID-19 pandemic, in-person attendance was
564 not available.
565

566 **These are draft minutes and have not yet been approved by the board.**
567

568 **Agenda Item 1 Call to Order/Roll Call Time: 9:07 a.m.**
569

570 The day 2, **November 6, 2020** videoconference was called to order by Chair, Rich Holt at 9:07
571 a.m.
572

573 Board members present, constituting a quorum:
574

575 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
576 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
577 James Henderson, RPh #PHAP1683
578 Lana Bell, RPh #PHAP893
579 Tammy Lindemuth, Public Member
580 Sharon Long, Public Member
581 Justin Ruffridge, #PHAP1787
582

583 Division staff present:
584

585 Laura Carrillo, Executive Administrator
586 Lisa Sherrell, PDMP Manager
587 Heather Noe, Occupational Licensing Examiner (Board of Pharmacy)
588 Jun Maiquis, Regulations Specialist
589 Harriet Dinegar-Milks (Department of Law)
590 Melissa Dumas, Admin Officer
591
592

593 Members from the public present/registered:

- 594
- 595 Angela Wampler, Walgreens
- 596 Dale Masten, Genoa Healthcare
- 597 Lauren Paul, CVS Health
- 598 Michelle Hoyt
- 599 Jessica Adams, TelePharm a Cardinal Health Company
- 600 Molly Gray, Alaska Pharmacists Association
- 601 Ashley Schaber, Alaska Pharmacists Association/Alaska Native Tribal Health Consortium
- 602 Lorri Walmsley, Walgreens
- 603 Adam Chesler, Cardinal Health
- 604 Erin Narus, SOA/HCS
- 605 Heather Heidorn Copper River Native Association Pharmacy
- 606

607 **Agenda Item 2 Review/Approve Agenda Time: 9:08 a.m.**

608
609 The board reviewed the agenda for day 2. Due to the power outage affecting the Juneau area, the
610 meeting abruptly ended shortly before 3:00 p.m. Chair Holt reviewed the agenda items that were
611 not addressed the previous day:

- 612
- 613 • Application review
 - 614 ○ 3 CPAs
- 615 • Review thefts and Loss
- 616 • Positive Statements
- 617 • FAQ review
- 618 • Professional fitness questions
- 619 • Correspondence
- 620 • Work group updates
- 621 • Administrative business
- 622

623 It was proposed to move position statements to the regulations discussion at 9:00 a.m.

624
625 **On a motion duly made by Tammy Lindemuth to approve the meeting agenda as**
626 **amended to include items from Day 1 missed due to the power outage, seconded by Justin**
627 **Ruffridge, and approved unanimously, it was:**

628
629 **RESOLVED to accept the November 6, 2020 meeting agenda as amended.**

	APPROVE	DENY	ABSTAIN	ABSENT
631 Leif Holm				x
632 Richard Holt	x			
633 Justin Ruffridge	x			

678 indicated that is the question; at present if you look at the definition of “delivery” and
679 “dispensing”, does the board consider preparation (grabbing the bag) and delivery (giving
680 prescription to patient) functions requiring a license? Dr. Ruffridge asked, by removing cashier
681 from sentence maybe didn’t do anything if the definition of delivery is to give the product to the
682 individual, so it seems like all an unlicensed cashier can do is ring up the patient, and somebody
683 else who is licensed would have to give that prescription to the patient.
684

685 Dr. Holm stated that his question was not about bookkeeper or cashier, but that a pharmacy
686 wanted to use the store employee, one who was not necessarily employed by the pharmacy, to
687 stock, order, provide supportive assistance but not handle part of the prescription process. Chair
688 Holt stated his recollection was that the board didn’t want to list or limit what is included in
689 “dispensing area.” Dr. Holm agreed they should have stated, “excluded cashier and bookkeeper.”
690 Dr. Ruffridge stated that even if the word “excluded” was used, it wouldn’t change the statutory
691 definition of “deliver”. Chair Holt responded that it would still provide clarity as to what could be
692 done.
693

694 *Harriet Dinegar-Milks joined the room 9:52 a.m.*
695

696 Chair Holt commented to AAG Dinegar-Milks: when we look at statutory definition of
697 “dispensing” under a prescription drug order, it includes preparation and delivery, so in any
698 pharmacy where there is preparation and delivery, which is also defined in statute, by removing
699 and eliminating the cashier and bookkeeper perspective, it is creating gray area as to whether a
700 cashier still falls in the statutory definition because they are looking in the delivery area. AAG
701 Dinegar-Milks stated that any whomever has access to the prescription, that person is acting to
702 deliver the drug under a lawful prescription. Dr. Ruffridge commented that the board should have
703 just removed all of (2), to which AAG Milks agreed; a cashier or bookkeeper is a supportive staff
704 member. Chair Holt stated that (a)(1) and (a)(2) are tied together as an “and”. AAG Dinegar-Milks
705 stated she believes a cashier or bookkeeper would not need a technician license because they are
706 not performing functions associated with a pharmacy.
707

708 Ms. Long expressed concern about the assumption that cashiers are not in the dispensing area of
709 the pharmacist; if they not are supervised by the pharmacist, then who are they supervised by?
710 AAG Dinegar-Milks: if you want to exclude them from having a license, the board could state,
711 “this does not include employees who perform administrative functions, such as a cashier or
712 bookkeeper.” AAG Dinegar-Milks further suggested:
713

714 12 AAC 52.230

715 (a)(1) – written as is

716 (a)(2) but does not include employees performing purely administrative functions, such as
717 bookkeeping and cashier duties.
718

719 From a legal perspective, AAG Dinegar-Milks stated there is no problem excluding delivery
720 drivers. Dr. Ruffridge commented that he doesn’t understand the purpose of line 2 to begin with;

721 if this is already a statutory definition of a pharmacy technician, which is a support staff member
722 working under the supervision of the pharmacist. The problem with the wording is the word
723 “dispensing”. Dr. Ruffridge asked if the board would have zero problem allowing cashiers to work
724 in the pharmacy without a license. AAG Milks also commented she wasn’t sure what
725 “manipulative” function means; it could be taking a bottle and putting it in a bag. Chair Holt
726 stated he couldn’t find a legal interpretation, but was not able to find in his research what this was
727 defined as. The board discussed non-discretionary duties. Dr. Ruffridge stated the key in the
728 sentence is “practice of pharmacy” which is defined in statute, so we’re not so much focused on
729 “non-discretionary”, because it is not defined.

730
731 Chair Holt inquired whether the board could proceed with an official position statement, to which
732 AAG Dinegar-Milks reiterated that a position statement doesn’t have the force of law, and so if
733 the board wanted to clarify this, they should change 12 AAC 52.230, including removing
734 “manipulative” and “nondiscretionary functions” since these are not defined.

735
736 Regulations: Facility Licenses, Change of Name, Emergency permit, Other

737
738 The board then referred to the draft regulations document provided in the packet beginning on
739 page 45, including reviewing each comment provided on the draft:

740 https://www.commerce.alaska.gov/web/Portals/5/pub/PHABoardpkt_2020_11_Day2.pdf

741
742 Referencing the emergency permit regulations, 12 AAC 52.110, Chair Holt informed the board
743 this section can be expanded to interns and technicians. A certified true copy is not valuable to the
744 application assessment and is recommended to be removed, especially during the pandemic when
745 notaries aren’t available. Ms. Carrillo commented that many licensees misunderstand what a
746 certified true copy is, instead submitting a verification of license.

747
748 Chair Holt then addressed the length of time for a permit. AAG Dinegar-Milks stated other
749 boards have taken a hard look at the emergency and how it’s going to come to a close or whether
750 it will become endemic. AAG Dinegar-Milks added it is a good idea to have an end date to the
751 permit so there aren’t licensees taking advantage of this permit long-term, bypassing other
752 requirements, such as examinations. AAG Dinegar-Milks further suggested the board allow the
753 emergency permits be renewed. Chair Holt acknowledged renewing would make sense as it takes a
754 long time to go through the NABP examination process.

755
756 AAG Dinegar-Milks reminded the board that for emergency regulations, the board would need to
757 make a decision within 10 days whether they board will adopt the emergency regulations as
758 permanent. Chair Holt expressed adopting as permanent to which there was no opposition.
759 AAG Dinegar-Milks stated the board would have to articulate a finding of an emergency and how
760 this regulatory response might relate to that emergency. Chair Holt commented that interns and
761 techs immunizing, so the board will need to contemplate how that exposure might affect the
762 licensure fluctuations. Ms. Long stated that because in an emergency right now, it is better to be in
763 front of the power curve than behind it. Dr. Ruffridge agreed. Ms. Long recalled Dr. Narus’

764 discussion on the rollout of vaccines and the anticipation of being in phase 2 by January or
765 February. Chair Holt added that when you think about how DHSS has continuously added to
766 what pharmacists, techs, and interns can do with ordering and administering, and with what Dr.
767 Cutchins said about upcoming therapy, I don't think it is the end of pharmacists being asked to
768 respond to COVID. Dr. Ruffridge expressed support in adopting emergency regulations.

769
770 Ms. Bell inquired whether there was a limit as to how long the board could allow an emergency
771 license. AAG Milks stated one can't have an emergency to extend indefinitely because it becomes
772 a new normal situation; we don't like to see emergency situations used functionally because it
773 skips over the public comment process; we try to use emergency regulations sparingly; as far as the
774 emergency provisions that came out of an emergency declaration made by the governor, that goes
775 away on November 15. Ms. Bell contemplated staff and processing time, recommending validity
776 of permits to be for 180 days, to which AAG Dinegar-Milks indicated was doable.

777
778 AAG Dinegar-Milks suggested the board create a new section called courtesy license: applicants
779 can get a license renewable for 90 days. The reason for the AAG's suggestion is because the
780 existing subsection 12 AAC 52.110, it is unlikely the emergency situation will persist for more than
781 60 days, so the way it is worded makes sense; perhaps what is needed is an emergency courtesy
782 permit. AS 08.01.062 allows any program to issue courtesy licenses to individuals out of state. Ms.
783 Bell agreed on a section just dealing with courtesy licenses per AS 08.01.062, which only applies to
784 non-residents.

785
786 Regulations: Length/validity of controlled substance prescriptions
787 Dr. Ruffridge expressed his opinion that this is a non-issue as pharmacist uses their discretion to
788 determine how long that prescription should be valid for. Chair Holt stated the time limit on
789 schedule II controlled substance in NY used to be 14 days and is 3 days in HI. Mr. Henderson
790 supported a time limit. Dr. Holm stated the federal government has already put a time limit and
791 doesn't believe someone who is abusing is holding on to an old prescription. Dr. Ruffridge stated
792 he doesn't believe there should be a limitation on it and doesn't believe it would be a deterrent.

793
794 The board decided they would not pursue a regulation and would instead defer to federal law.

795
796 Regulations: Age limit for controlled substance prescription pick-up
797 Dr. Holm stated he could see why a regulation would be appropriate because pharmacists are
798 scared to make a discretionary call and get in trouble for it. The board did not decide to pursue
799 limits in regulation.

800

801 **Agenda Item 7 Lunch**

Time: 12:05 p.m.

802

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

804 *Back on record at 1:04 p.m.*

805

806

807 **Agenda Item 8** **Budget Report/Division Update** **Time: 1:06 p.m.**

808
809 Melissa Dumas joined the room to present the board’s FY20 4th quarter report. Ms. Dumas
810 commented that the revenue appears to be down significantly in FY20, but a good chunk was
811 brought in at the end of the fiscal year from June to September due to the delayed renewal. Ms.
812 Dumas assured the board this isn’t something to be concerned about if you’re looking at FY18 to
813 FY19 revenue. Ms. Dumas continued to provide her report, indicating that the total direct
814 expenditures was at \$219,230.

815
816 Moving onto the report for the PDMP, PDMP personal services for was at \$41,343 and the
817 ending cumulative surplus was at \$62,567. Ms. Carrillo inquired whether she knew of projected
818 revenue, to which Ms. Dumas estimated to be at least \$100,000. Chair Holt reviewed the
819 expenditures on fingerprinting, expressing surprise over the financial impact. Ms. Noe informed
820 the board the fingerprinting cost to DPS is \$35 and over 500 applications were processed.

821
822 **Agenda Item 9** **Return to Regulations** **Time: 1:35 p.m.**

823
824 AAG Dinegar-Milks worked with regulations specialist, Jun Maiquis, on drafting language for the
825 emergency permit and courtesy license regulations in 12 AAC 52/110. AAG Dinegar-Milks stated
826 that the first subsection, (a), incorporates the changes the board discussed previously. Subsection
827 (b) is changed from 60 to 90 days, calling it an emergency permit, even though the title is
828 emergency licensure. In a new subsection (c), there is a new circumstance, where in a pandemic
829 situation, the board could issue a courtesy license for pharmacists, interns, or techs to practice and
830 who meets a requirement of the rest of the section. AAG Dinegar-Milks indicated the board may
831 restrict the license to only those services required to respond to the urgent situation. Chair Holt
832 liked this section, commented it makes sense to not require a renew.

833
834 Ms. Carrillo inquired whether we should remove the fee. Dr. Ruffridge inquired as to what the fee
835 is, which Chair Holt indicated is \$90. AAG Dinegar-Milks stated other boards do charge a fee (d);
836 Add back in the fee in 12 AAC 02.310. Ms. Carrillo inquired about subsection (c) and whether it
837 applies to non-residents only, to which AAG Milks indicated it does. In follow-up, Ms. Carrillo
838 commented it could limit in-state techs and interns from applying.

839
840 Chair Holt also inquired as to whether there is a way expand the courtesy permit to resident
841 pharmacists, which AAG Dinegar-Milks indicated is possible. The continued to review the draft of
842 the emergency regulations.

843
844 **Based on the finding that: pharmacists are using emergency permits to assist in the state**
845 **of Alaska COVID-19 emergency response; 2.) there is a complexity of obtaining licensure;**
846 **and 3.) a large-scale vaccination release related to COVID-19 is upcoming, Chair Holt**
847 **motioned to amend 12 AAC 52.110 in order to facilitate licensees being able to further**
848 **assist Alaskans in the ongoing emergency response, seconded by Tammy Lindemuth. It**
849 **was:**

850
851 **RESOLVED** to amend 12 AAC 52.110 to read
852 **12 AAC 52.110. Emergency licensure to practice as a pharmacist, pharmacy intern, or pharmacy**
853 **technician [PHARMACIST PERMIT].** (a) If the board determines that an emergency exists **requiring**
854 **the provision of licensed coverage in a pharmacy** [THE BOARD WILL ISSUE AN EMERGENCY
855 PHARMACIST PERMIT FOR THE PURPOSE OF PROVIDING COVERAGE IN A PHARMACY] that is
856 temporarily without the services of a pharmacist due to death, illness, or other emergency
857 circumstances, **the board may issue an emergency pharmacist, pharmacy intern, or pharmacy**
858 **technician permit** to an applicant who
859 (1) submits a completed application **on a form provided by the department** [FOR A
860 PHARMACIST LICENSE];
861 (2) **pays the emergency permit fee required in 12 AAC 02.310;**
862 (3) submits **verification on a form provided by the department that the applicant is**
863 **currently licensed** [CERTIFIED TRUE COPY OF A CURRENT PHARMACIST LICENSE IN GOOD STANDING]
864 in another **licensing jurisdiction and the applicant's license in the other jurisdiction is not**
865 **suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to**
866 **obtain the required continuing education requirements** [STATE];
867 (4) repealed 10/31/2019; and
868 (5) has not been convicted of a felony or another crime that affects the applicant's
869 ability to practice pharmacy competently and safely.
870 (b) An emergency permit **under (a) of this section is nonrenewable, and** is valid for **90** [60]
871 days or until the emergency circumstances no longer exist, whichever is shorter.

872 (c) In an urgent situation, the board may issue an emergency courtesy license to practice as
873 a pharmacist, pharmacy intern, or pharmacy technician to an applicant who meets the
874 requirements of this section. The board may restrict the license to only those services required to
875 respond to the urgent situation. The licensee may not practice as a pharmacist, pharmacy intern, or
876 pharmacy technician outside the scope of the limited purpose for which the emergency courtesy
877 license is issued.

878 (d) An applicant for an emergency courtesy license under this section must submit to the
879 department a completed application on a form provided by the department. A complete
880 application includes the applicable application and licensing fees established in 12 AAC 02.310.

881 (e) An emergency courtesy license issued under this section is valid for the period specified
882 by the board and may not exceed 120 consecutive days. An emergency courtesy license may be
883 renewed for one additional period specified by the board, not to exceed 120 consecutive days.

884 (f) The board will not issue, and an emergency courtesy license holder may not use, an
885 emergency courtesy license as a substitute for a temporary license or other license required under
886 AS 08.80.

887 (g) While practicing under an emergency courtesy license issued under this section, the
888 holder of the emergency courtesy license must comply with the standards of practice set out in AS
889 08.80 and this chapter.

890 (h) The board may refuse to issue an emergency courtesy license for the same reasons that
891 it may deny, suspend, or revoke a license under AS 08.80.261.

892 (i) In this section, "urgent situation" means a health crisis requiring an increased availability
893 of pharmacists, pharmacy interns, or pharmacy technicians. (Eff. 1/16/98, Register 145; am

894 1/17/2007, Register 181; am 8/12/2007, Register 183; am 10/31/2019, Register 232; am
 895 ____/____/____, Register ____)

896 **Authority:** AS 08.80.005 AS 08.80.030 AS 08.80.155

	APPROVE	DENY	ABSTAIN	ABSENT
897				
898				
899	Leif Holm	x		
900	Richard Holt	x		
901	Justin Ruffridge	x		
902	Lana Bell	x		
903	Tammy Lindemuth	x		
904	James Henderson	x		
905	Sharon Long	x		

906
 907 The motion passed with no further discussion.

908
 909 **TASK 6**

910 Ms. Carrillo will send the draft regulations and motion to Mr. Maiquis along with the emergency
 911 FAQs.
 912 *(Completed on 11/09/2020.)*

913
 914 **Agenda Item 8 (from Day 1) Correspondence Time: 1:35 p.m.**

915
 916 AKPhA

917 Chair Holt read the letter from the AKPhA regarding a change to title 21 to include “pharmacist”
 918 to the list of protected health care providers in the unfair discrimination subsection; Title 8
 919 definitions and article 3 and articles. Chair Holt called for Ashley Schaber or Molly to go through
 920 their Modernization Act: Ms. Gray stated Kara Robinson is also on the line to assist if needed.
 921 The first section, AS 21.36.090, is to add pharmacists to the unfair discrimination act. Chair Holt
 922 provided comments to this draft relating to modernizing other areas, e.g.: prescriptive authority.
 923 Dr. Schaber commented it would make sense to allow independent prescribing as well as dosage
 924 form, which could help decrease ER/doctor visits.

925
 926 Section 2: removing the term “pharmaceutical” Rich indicated you need to also remove “and”;
 927 Dr. Ruffridge inquired whether it is truly a modernization act or whether there are other priorities
 928 included. Dr. Schaber stated it includes changes that absolutely need to be changed. Ms. Gray
 929 added it is a timely change; per the board’s guidance, once the DHSS mandate is lifted, technicians
 930 will not have the authority to administer COVID vaccinations.

931

932 Dr. Ruffridge recommended changing it to “pharmacist mobilization act”; we can work on
933 modernization after we mobilize. Chair Holt inquired as to what the mindset around removing the
934 term “pharmaceutical” was? Dr. Schaber stated it relates back to payors in terms of pharmaceutical
935 versus medical care, that there is some misalignment there.
936

937 Chair Holt asked for clarification on what is being changed; what is changing to AS 08.80.030,
938 powers and duties of the board, that needs to be addressed? The board discussed establishing a
939 subcommittee to discuss statute changes as well as steps to support this legislation, possibly
940 through the Governor’s support.
941

942 **TASK 7**

943 Dr. Holt, Dr. Ruffridge, and Ms. Lindemuth will establish a subcommittee to discuss statute
944 changes.

945 *(Met on 11/18/2020.)*
946

947 The board reviewed the other correspondence included in the board packet.
948

949 **Agenda Item 13 (from Day 1) Administrative Business**

Time: 4:10 p.m.

950

951 Renewal/Audit

952 Ms. Carrillo provided the board with a status update on renewal: 74% of licensees had renewed
953 and that 82 technicians and pharmacists had been randomly selected for an audit of their
954 continuing education activities. Ms. Carrillo shared renewal observations and recommended
955 amendments to reduce barriers to renewal, including removing certain submission requirements,
956 such as certified true copies of licenses and inspection reports.
957

958 Upcoming travel/conferences

959 Upcoming conferences include the AKPhA – Annual Conference from February 12 – 14, 2021
960 and the 3rd Annual Compounding Pharmacy Compliance Conference on November 16 – 19,
961 which Dr. Holt plans to participate in virtually. Dr. Ruffridge plans to attend the AKPhA
962 conference.
963

964 Task List

965 Chair Holt addressed Internet pharmacy licensing and shared that in his research, Florida does
966 require Internet pharmacies to be licensed. Chair Holt asked the board to think about whether this
967 was a statute change they wanted to pursue, but noted that regardless of what type of pharmacy
968 they are, they need to register with the board before shipping to the state.
969

970 PDMP Disciplinary Matrix

971 Ms. Sherrell drafted the disciplinary matrix per the board’s discussion during their previous
972 meeting:
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Board of Pharmacy - Prescription Drug Monitoring Program Proposed Disciplinary Matrix	
Complaint	Proposed Sanctions
Registration (AS 17.30.200(e)(n), 12 AAC 52.855): <ul style="list-style-type: none"> No registration 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.
Delinquent Reporting (AS 17.30.200(b)(e), 12 AAC 52.865): <ul style="list-style-type: none"> 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"> First reprimand: \$5,000 civil fine for continued submission delinquencies Continued submission delinquencies may result in license suspension
Unauthorized Access (AS 17.30.200(d)(4))	

On a motion duly made by Justin Ruffridge to accept the disciplinary matrix as presented, seconded by Tammy Lindemuth, and approved unanimously, it was:

RESOLVED to accept the disciplinary matrix as presented.

	APPROVE	DENY	ABSTAIN	ABSENT
Leif Holm	x			
Richard Holt	x			
Justin Ruffridge	x			
Lana Bell	x			
Tammy Lindemuth	x			
James Henderson	x			
Sharon Long	x			

Discussion: the board will continue to discuss the matrix for unauthorized access at the December meeting

Agenda Item 9 Adjourn Time: 3:08 p.m.

On a motion duly made by Tammy Lindemuth, seconded by Lana Bell, and approved unanimously to adjourn the meeting, the meeting was adjourned at 4:42 p.m.

Laura Carrillo 02-22-2021
 Laura Carrillo, Executive Administrator Date

Richard Holt
 Richard Holt, Chair Date