

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 May 20 - 21, 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 May 20-21, 2021. Due to the COVID-19 pandemic, in-person attendance was not
14 available.

15
16 Agenda Item 1 Call to Order/Roll Call Time: 9:04 a.m.

17
18 The day 1, **May 20, 2021** videoconference was called to order by Chair, Rich Holt at 9:04 a.m.

19
20 Board members present, constituting a quorum:

21
22 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
23 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
24 Lana Bell, RPh #PHAP893
25 Tammy Lindemuth, Public Member (joined at 2:15 p.m.)
26 James Henderson, RPh #PHAP1683 (joined at 9:25 a.m.)
27 Justin Ruffridge, #PHAP1787

28
29 Division staff present:

30
31 Laura Carrillo, Executive Administrator
32 Lisa Sherrell, PDMP Manager
33 Heather Noe, Occupational Licensing Examiner
34 Bethany Carlile, Occupational Licensing Examiner
35 Greg Francois, Chief Investigator
36 Sonia Lipker, Lead Investigator
37 Michael Bowles, Investigator III
38 Sharon Walsh, Deputy Director

39
40
41 Members from the public present/registered:
42

- 43 Jennifer Schneider, State License Servicing
- 44 Sam Curtis, DEA
- 45 Thomas Olsen, DEA
- 46 Dan Nelson
- 47 Lauren Paul, CVS Health
- 48 Charles Semling, DHSS
- 49 Ashley Schaber, Alaska Pharmacists Association/Alaska Native Medical Center
- 50 Lorri Walmsley, Walgreens
- 51 Caren Robinson, AkPhA
- 52 Jennifer Adams, ISU
- 53 Brenda Walker, VA
- 54 Molly Gray, Alaska Pharmacists Association
- 55 Loren Breen, APG
- 56 Cheryl Williams, UBC Pharmacy
- 57 Wilson Echin, SPP
- 58 Gail Elliott, Kaiser Permanente
- 59 Kendra Croker, Cardinal Health

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

62

63 Chair Holt verbally reviewed the agenda for the board and public. Ms. Carrillo clarified that

64 Marilyn Zimmerman, the division’s paralegal, would be presenting a matter to the board

65 during Agenda Item #6 after Investigator Bowles’ update. Agent Olson would also be joining the

66 board for the Drug Enforcement Administration (DEA) update under Agenda Item #7. Ms.

67 Carrillo also added that the official letter from Dr. Schaber on behalf of the AKPhA regarding

68 white bagging had also been received and added to the Onboard packet for Agenda Item #10, but

69 was not reflected in the public version already published. A slide deck from Melissa DeNoon with

70 the South Dakota PDMP was also added to correspondence for discussion around drug takeback

71 programs.

72

73 **On a motion duly made by Lana Bell to approve the meeting agenda, seconded by Justin**

74 **Ruffridge, and approved unanimously, it was:**

75

76 **RESOLVED to accept the May 20, 2021 meeting agenda as written.**

77

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

85 Sharon Long x

86
87 The motion passed with no further discussion.

88
89 **Agenda Item 3 Ethics Time: 9:09 a.m.**

90
91 There were no ethics to report; however, Chair Holt reminded the board and the public that he
92 currently participates in the biweekly healthcare board chairs meeting as well as the biweekly
93 PDMP board chairs meeting.

94
95 **Agenda Item 4 Review/Approve Meeting Minutes Time: 9:10 a.m.**

96
97 The board reviewed the February 18 and 19, 2021 draft meeting minutes.

98
99 *Sonia Lipker joined the room at 9:10 a.m.*

100 *Greg Francois joined the room at 9:11 a.m.*

101
102 **On a motion duly made by Lana Bell to approve the meeting agenda, seconded by Justin,**
103 **and approved unanimously, it was:**

104
105 **RESOLVED to approve the February 18 - 19 meeting minutes as written.**

	APPROVE	DENY	ABSTAIN	ABSENT
108 Leif Holm	x			
109 Richard Holt	x			
110 Justin Ruffridge	x			
111 Lana Bell	x			
112 Tammy Lindemuth				x
113 James Henderson				x
114 Sharon Long				x

115
116 The motion passed with no further discussion.

117
118 **TASK 1**

119 Ms. Carrillo will send the minutes to Chair Holt for signature and request they be published to the
120 board’s meeting page.

121
122 **Agenda Item 6 PDMP Update Time: 9:14 a.m.**

123
124 *James Henderson entered the room at 9:25 a.m.*

125
126 PDMP – Pharmacy Report

127 Ms. Sherrell provided the board's report. Updates included the new contract with Appriss Health
128 starting on April 1st and the re-launch of the license integration project on June 15th. Ms. Sherrell
129 stated updates to the user manual would be posted soon, which will include instructions on new
130 features implemented as a result of the new contract. Ms. Sherrell reminded the board that the
131 license integration project will assess for discrepancies between the licensing system and the
132 PDMP platform, AWA^Rx^E, and will deactivate accounts where there are discrepancies with
133 license #s, license status, and name. New license types had been created during the pandemic, so
134 the file transfer list needs to be updated accordingly. According to the list now, there are about
135 156 pharmacists that would be deactivated.

136
137 As of now, there are 1,082 licensed pharmacist, 736 are registered, and only 716 are directly
138 dispensing. Ms. Sherrell explained the breakdown by role, e.g.: pharmacist, pharmacist-in-charge,
139 IHS dispenser, and VA dispenser. Ms. Sherrell then provided an update on delinquent reporters.
140 The April analysis revealed 17 pharmacies as being delinquent for the first time; letters were sent
141 to all and 10 had returned responses.

142
143 Ms. Sherrell reviewed recommendations to prescribing boards, such as using delegates to
144 maximize PDMP use and providing guidance to licensees on judicious prescribing practices and
145 dangerous combinations. The annual Awareness and Feedback questionnaire will be launched this
146 summer, which will help us understand apprehension of usage and provide insight into topics to
147 include in education and outreach. Ms. Sherrell shared that she participated in training with a
148 dentist who provided valuable feedback on their interactions with the PDMP; this provided an
149 opportunity to educate the provider on how to submit a UCF report and how to submit zero
150 reports. Ms. Sherrell stated that in-person education and outreach will start in Juneau with
151 pharmacies and expand to other providers throughout Alaska. Chair Holt expressed that in-person
152 is preferable and more effective, but that logistically, the state may not approve travel. Ms. Sherrell
153 stated there are rollover funds from the previous year to use for education and outreach travel
154 purposes.

155
156 Forthcoming updates to the system include a delinquent reporting communications module to
157 notify providers when they had missed a reporting day. Dr. Holm asked about the timeline of the
158 launch, expressing it will be helpful in reducing the number of missed days. Ms. Sherrell stated
159 there are some issues with reporting submission settings that may create false alarm flags of
160 delinquency. For example, a pharmacy may be reporting consistently at 10:00 p.m. and have a
161 system update that causes the report to transmit at 10:15 p.m., which would trigger a delinquent
162 notice. This was an issue with another rollout state that has since been corrected with another
163 state, but there was another issue with delivery language in messaging.

164
165 It was also explained that clean-up with prescribing boards also needed to be done because
166 prescribers indicated on their renewals that they were directly dispensing (and therefore required
167 to report), when they weren't actually dispensing. The board of nursing sent a notice to its
168 licensees to clarify dispensing status, and nearly half of them indicated it was an inadvertent

169 mistake. Time is needed to clean up our dispenser/reporter list so those who are not truly
170 dispensing will not receive delinquent notices.

171
172 Ms. Gray expressed the report was informative and suggested similar reports be shared with other
173 boards and associations to facilitate connectedness of information. Ms. Sherrell stated there are
174 similar board reports issued to prescribing boards.

175
176 About the provider outlier module, Chair Holt inquired whether reports are sent to the provider
177 or to the board, to which Ms. Sherrell clarified it is visible administratively for analysis only. The
178 function will also include the ability to see distances traveled for medications, which may indicate
179 doctor shopping.

180
181 Resources

182 Ms. Carrillo provided a refresher of resources found on the state website, pdmp.alaska.gov,
183 including where to access the data dispensing submission form and a zero-reporting video. Ms.
184 Carrillo reminded the board that zero reporting can only be done via ClearingHouse and stated the
185 user manuals would be updated and posted soon to reflect add-ons as a result of the new contract.

186
187 **Agenda Item 6 Investigative Update Time: 9:42 a.m.**

188
189 Investigator Bowles presented the board’s report which included activity from February 5th
190 through May 6th. There are 33 open cases and 4 have closed.

191
192 Investigator Bowles addressed the recusal document sent to board members and stated that in
193 cases where the matter may advance to a hearing, the board needs to make sure there is no
194 possibility of bias or sway by a reviewing board member for a proposed disciplinary action. Dr.
195 Holm inquired whether board members are allowed to be present for discussion, to which
196 Investigator Bowles affirmed. Chair Holt inquired whether it is an absolute requirement that
197 reviewing board members must recuse themselves from voting because the document from
198 Director Chambers states it is still possible to vote. Chair Holt’s understanding is that the
199 reviewing board member can put on record to request to recuse themselves, but that as Chair, he
200 could decline the request. Investigator Bowles highly recommended recusals not be denied. Dr.
201 Ruffridge agreed, stating reviewing board members should be able to vote on a matter if they are
202 already providing a recommendation to the board.

203
204 **On a motion duly made by Lana Bell in accordance with AS 44.62.310(c)(2), seconded by**
205 **James Henderson and with unanimous approval, the board moved to enter executive**
206 **session for the purpose of discussing subjects that tend to prejudice the reputation and**
207 **character of any person, provided the person may request a public discussion.**
208 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**

209
210

	APPROVE	DENY	ABSTAIN	ABSENT
211 Leif Holm	x			

212	Richard Holt	x		
213	Justin Ruffridge	x		
214	Lana Bell	x		
215	Tammy Lindemuth			x
216	James Henderson	x		
217	Sharon Long			x

218
219 The motion passed with no further discussion.

220
221 *Off record for executive session at 9: 57 a.m.*
222 *On record from executive session at 10:32 a.m.*

223
224 Upon return from the executive session, Chair Holt clarified no motions were made under
225 executive session.

226
227 **On a motion duly made by Lana Bell to approve the imposition of civil fine in the amount**
228 **of \$1,000.00 for case #2020-000886, seconded by Justin Ruffridge and approved by the**
229 **board with one recusal, it was:**

230
231 **RESOLVED to approve the imposition of civil fine for case #2020-000886.**

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

241
242 The motion passed with no further discussion.

243
244 **On a motion duly made by Lana Bell to approve the voluntary pharmacy technician**
245 **license surrender for case #2021-000085, seconded by Justin Ruffridge and approved**
246 **unanimously, it was:**

247
248 **RESOLVED to accept the voluntary pharmacy technician license surrender for case**
249 **#2021-000085.**

	APPROVE	DENY	ABSTAIN	ABSENT
251				
252	Leif Holm	x		

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

259
260 The motion passed with no further discussion.

261
262 **On a motion duly made by Lana Bell to approve the imposition of civil fine in the amount**
263 **of \$250.00 for case #2020-000360, seconded by Justin Ruffridge and approved by the board**
264 **with one recusal, it was:**

265
266 **RESOLVED to approve the imposition of civil fine for case #2020-000360.**

	APPROVE	DENY	ABSTAIN	ABSENT
268				
269	Leif Holm	x		
270	Richard Holt		x	
271	Justin Ruffridge	x		
272	Lana Bell	x		
273	Tammy Lindemuth			x
274	James Henderson	x		
275	Sharon Long			x

276
277 The motion passed with no further discussion.

278
279 **On a motion duly made by Lana Bell to approve the imposition of civil fine in the amount**
280 **of \$500.00 for case #2020-001064, seconded by Justin Ruffridge and approved by the board**
281 **with one recusal, it was:**

282
283 **RESOLVED to approve the imposition of civil fine for case #2020-001064.**

	APPROVE	DENY	ABSTAIN	ABSENT
285				
286	Leif Holm		x	
287	Richard Holt	x		
288	Justin Ruffridge	x		
289	Lana Bell	x		
290	Tammy Lindemuth			x
291	James Henderson	x		
292	Sharon Long			x

293 The motion passed with no further discussion.

294
295 **On a motion duly made by Lana Bell to approve the imposition of civil fine in the amount**
296 **of \$250.00 for case #2020-000359, seconded by Justin Ruffridge and approved by the board**
297 **with one recusal, it was:**

298
299 **RESOLVED to approve the imposition of civil fine for case #2020-001064.**

	APPROVE	DENY	ABSTAIN	ABSENT
301 Leif Holm			x	
302 Richard Holt	x			
303 Justin Ruffridge	x			
304 Lana Bell	x			
305 Tammy Lindemuth				x
306 James Henderson	x			
307 Sharon Long				x

308
309
310 The motion passed with no further discussion.

311
312 **On a motion duly made by Rich Holt to approve the imposition of civil fine in the amount**
313 **of \$250.00 for case #2020-000602, seconded by Lana Bell and approved by the board with**
314 **one recusal, it was:**

315
316 **RESOLVED to approve the imposition of civil fine for case #2020-001064.**

	APPROVE	DENY	ABSTAIN	ABSENT
317 Leif Holm	x			
318 Richard Holt	x			
319 Justin Ruffridge			x	
320 Lana Bell	x			
321 Tammy Lindemuth				x
322 James Henderson	x			
323 Sharon Long				x

324
325
326
327 The motion passed with no further discussion.

328
329 **TASK 2**

330 Ms. Carrillo will send the signed imposition of civil fine and voluntary license surrender
331 documents to Chair Holt for his signature then forward the signed documents to Investigator
332 Bowles.

333

335

336 Ms. Carrillo welcomed the DEA officials, Thomas Olsen, tactical diversion group supervisor and
337 Samuel Curtis, Investigative Analyst. Agent Olsen stated agent Pitt was unable to make the
338 meeting.

339

340 Agent Olson shared that the Tactical Diversion Squad, which has been in place since 2016, is
341 identifying problematic prescribing practices in a collaborative effort with the PDMP and division
342 investigators to combat the opioid epidemic. Over the years, the team has identified offenders
343 prescribing high amounts of opioids resulting in adverse outcomes within communities.

344

345 Samuel Curtis highlighted that in analyzing mechanisms by which practitioners write prescriptions,
346 they noticed a trend two years ago where doctors and nurses were writing large amounts of
347 prescriptions for 28 to 30-days at one time, sometimes for a 30 day-supply in 3 separate
348 prescriptions written in 90-day intervals, 4 times per year. More recently; however, Mr. Curtis
349 stated the trend has shifted: prescribers are moving away from high daily limits to smaller
350 prescriptions that pharmacies are comfortable filling. In many cases, practitioners are taking what
351 used to be 30-day prescriptions for oxycodone to now prescribing 40 days-supply within a 7-day
352 period. Now, prescriptions are often being filled 2 days early, for example, 7-day prescriptions are
353 being filled after 5 days.

354

355 Mr. Curtis also shared that in reviewing the patterns from PDMP data, they are seeing
356 prescriptions written for varying quantities of days, e.g.: every 28 days, then 23, then 26, then 29,
357 then 30; quantities are continuously. The DEA notes that looking at the quantity of pills is not as
358 valuable anymore as providers seem to be doing the math on prescription days to add more
359 prescriptions. The DEA is also seeing more variation in personal details given, for example,
360 variations of different names and different zip codes to receive oxycodone and methadone. Mr.
361 Curtis expounded on this, offering the example that a prescriber will write a prescription for
362 methadone to Sam Curtis at Walmart using a street address and then write another prescription
363 for oxycodone for Samuel Curtis using the PO box address, which creates a channel for same-day
364 prescribing and patient pick-up before reporting systems are able to update these transactions for
365 visibility into the PDMP until the following day. These smaller prescriptions are ones that
366 pharmacists are comfortable filling without realizing there are more opioid pills being dispensed
367 over the course of a month.

368

369 Dr. Holm commented he hadn't filled a methadone prescription in a long time and inquired when
370 this co-prescribing trend started. Mr. Curtis stated this has been an existing trend for some time,
371 that it used to be geographically concentrated in one area of Alaska but it is now more spread out.
372 Chair Holt inquired whether the DEA has presented similar updates to the practitioner boards, to
373 which Mr. Curtis stated they have been. Mr. Curtis stated the trend of breaking up prescriptions
374 into smaller day amounts to give patients higher quantities of opioids for a month is a more recent
375 trend seen in the last two months. Agent Olson stated that as they have had success intervening
376 with the most egregious prescribers, other prescribers engaging in problematic behaviors have

377 become more sophisticated; it seems there has been communication between the egregious
378 prescribers with other prescribers on how to continue these practices. Agent Olson stated some
379 prescriptions are being consumed and some are being sold on the street.

380
381 Dr. Ruffridge stated he has observed a more recent trend of the 7-day fill becoming a requirement
382 from insurance payers or they will not pay for a larger quantity without a prior authorization. Dr.
383 Ruffridge is concerned providers are writing 7-day fills to avoid prior authorization. Prior
384 authorization allows for review of medications commonly abused and the 7-day supply may avoid
385 this. From the payer perspective, Dr. Ruffridge stated that while the intent may be to help, payers
386 may not realize the burden being placed on the enforcement end and on the pharmacists
387 attempting to notice whether this is contributing to a concerning trend. Mr. Curtis stated this
388 trend isn't specific to one insurance program; it is seen across private payers, military, veteran, and
389 CMS programs. Regardless of practitioner or payer type, Mr. Curtis stated across programs, the
390 DEA is estimating that 30-day prescriptions every 28 days amounts to 13 months of prescriptions.
391 The DEA further estimates that up to 22-months of supply days are put into the hands of patients
392 each year with 7 days prescriptions being filled every 5 days.

393
394 Chair Holt also suggested to the DEA that they share updates with the AKPhA. Agent Olson
395 shared that they held a program, Practitioner Diversion Awareness Conference (PDAC) to
396 educate pharmacists on DEA trends in the past. The DEA plans to continue to provide this
397 opportunity to providers. Ms. Gray shared that the AKPhA's next annual conference will be held
398 on February 11-13, 2022, which would be a great opportunity to host a PDAC as the association
399 has hosted this program before.

400
401 Ms. Carrillo inquired whether these trends are reflective of what the DEA is seeing nationally or if
402 it is specific to Alaska. Mr. Curtis stated the trends are more specific to Alaska, both the co-
403 prescribing of oxycodone and methadone and the shortening of supply days. Data is showing the
404 DEA that these practices are originating from specific geographic locations and are radiating out
405 from there to other providers. Mr. Curtis added these are providers that have been practicing in
406 the state for 20 or more years, so it is believed these practices are purposeful.

407
408 Ms. Carrillo also inquired whether the practices are intentionally done with a nefarious motive, or
409 if the issue is more on the patient drug seeking end. Agent Olson stated that based on the level of
410 awareness of the opioid epidemic, it is hard to imagine providers altering their prescribing
411 practices, including creating separate profiles, out of ignorance, that it is intentional. Mr. Curtis
412 added that there seems to be conversations between patients and providers leading to mutual
413 decisions to receiving more prescriptions.

414
415 Dr. Holm stated he had to step out at 11:30 a.m.

416
417 **Agenda Item 8 Public Comment #1 Time: 11:15 a.m.**

418
419 There was nobody on the record for public comment.

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Agenda Item 10 Board Business

Time: 11:21 a.m.

With no public comment, the board moved to discussing board business.

Disciplinary matrix

Ms. Carrillo pointed to the disciplinary matrix precedence document put together by the Board of Barbers and Hairdressers as a reference example for the board. Mr. Henderson had requested the board discuss development of a matrix to help guide appropriate decision making for disciplinary actions. As part of this request, Investigator Bowles provided to Ms. Carrillo a copy of more recent disciplinary actions the board has taken. The board reviewed the precedence list.

Chair Holt agreed a disciplinary matrix would be useful, though recommended the board take a little more time to review the decisions that were made. As there were different disciplinary actions taken for the same violations, Chair Holt expressed a need to do a deeper dive into the precedence list to understand the nuances of the cases as there appeared to be varying levels of egregiousness.

Chair Holt recommended that the board members review the precedence list and be prepared to discuss what actions the board may want to add to the disciplinary matrix. Ms. Carrillo stated she would compile a chart and tally the types of actions/reprimands most commonly issued. Chair Hold noted the board had already established a matrix for PDMP-related violations and at some point had established a standard violation for issues related to continuing education. Mr. Henderson recalled this discussion, stating it was a dollar amount per hour of missed continuing education activity.

TASK 3

Ms. Carrillo will create a draft matrix charting the most common types of reprimands on the different types of violations for further discussion at the September meeting.

TASK 4

Ms. Carrillo will look for the decision on fine amounts per hour of missed continuing education and will add it to the September meeting agenda.

Agenda Item 9 Lunch

Time: 11:31 a.m.

Off record for lunch at 11:31 a.m.

On record at 12:19 p.m.

Board members present, constituting a quorum:

- Richard Holt, PharmD #PHAP2008, MBA – *Chair*
- Leif Holm, PharmD #PHAP1606 – *Vice Chair* (joined at 2:07 p.m.)
- Lana Bell, RPh #PHAP893

463 Tammy Lindemuth, Public Member (joined at 2:15 p.m.)
464 James Henderson, RPh #PHAP1683 (joined at 9:25 a.m.)
465 Justin Ruffridge, #PHAP1787
466

467 Upon return from lunch, Chair Holt shared the update that Ms. Noe was able to find the August
468 2017 meeting minutes reflecting the discussion of the fine amounts per missed hour of continuing
469 education.

470
471 **Agenda Item 10 Board Business Time: 12:20 p.m.**
472

473 Disciplinary matrix

474 Upon return from lunch, Chair Holt shared the update that Ms. Noe was able to find the August
475 2017 meeting minutes reflecting the discussion of the fine amounts per missed hour of continuing
476 education. Mr. Henderson inquired about the medical board and nursing board's matrices. Chair
477 Holt stated he was aware the medical board did have a PDMP and general practice matrix.
478

479 **TASK 5**

480 Ms. Carrillo will retrieve a copy of the Medical Board's matrix and will provide it to the board at
481 their next meeting in September.
482

483 Chair Holt shared that the New York licensing boards provide a website for the public to search
484 for disciplinary actions and asked the board if they were aware of any other states that publish
485 these. Ms. Carrillo screen shared how to access the disciplinary actions page, which isn't specific to
486 the Board of Pharmacy but includes any disciplinary actions searchable by quarter. Ms. Carrillo
487 noted the New York search is interactive whereas the CBPL action page is not.
488

489 Inspections

490 Included in the OnBoard packet were items requested from the November, 2020 meeting. Chair
491 Holt recalled for the board that the investigative unit had stated few inspections per year is
492 reasonable cost-wise. The board reviewed the sample letter to pharmacies from the investigative
493 unit notifying them of the status of their inspection. A copy of the inspection template used to
494 assess compliance with established standards and protocols was also included in the packet for
495 review. Chair Holt advised that the board should discuss what aspects the board wants the
496 investigator to focus on.
497

498 Mr. Henderson inquired who the investigator would be assigned to perform inspections. Chair
499 Holt asked for a volunteer from the board to partner with Investigator Bowles to engage in
500 training on inspection needs. Ms. Bell offered to train Mr. Bowles.
501

502 Chair Holt stated he had provided markups on the inspection template.
503

504 **TASK 6**

505 Ms. Bell will touch base with Investigator Bowles to review the inspection process.

506 **TASK 7**

507 Ms. Carrillo will locate the inspection template markups from Chair Holt and will incorporate it
508 into the September meeting materials.

509

510 **TASK 8**

511 All board members will be prepared to provide input on inspection report by the September
512 meeting.

513

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

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

519

	APPROVE	DENY	ABSTAIN	ABSENT
520 Leif Holm	x			
521 Richard Holt	x			
522 Justin Ruffridge	x			
523 Lana Bell	x			
524 Tammy Lindemuth				x
525 James Henderson	x			
526 Sharon Long				x

527

528 The motion passed with no further discussion. Board staff were authorized to remain in the room.

529

530 *Off record for executive session at 12:37 p.m.*

531 *On record from executive session at 1:44 p.m.*

532

533 Upon return to the record, Chair Holt clarified that no motions were made during executive
534 session.

535

536 Application Review

537 Ms. Carrillo noted to the board that an applicant requested discussion of their application in
538 executive session. Dr. Ruffridge stated he would recuse from voting due to the applicant being a
539 current employee.

540

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

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

546

547

	APPROVE	DENY	ABSTAIN	ABSENT
548				
549	Leif Holm	x		
550	Richard Holt	x		
551	Justin Ruffridge	x		
552	Lana Bell	x		
553	Tammy Lindemuth			x
554	James Henderson	x		
555	Sharon Long			x

556
557 The motion passed with no further discussion. Board staff were authorized to remain in the room.
558

559 *Off record for executive session at 1:47 p.m.*
560 *On record from executive session at 2:07 p.m.*

561
562 *Leif Holm joined the board at 2:08 p.m.*

563
564 Upon return to the record, Chair Holt Clarified that no motions were made in executive session.
565 Dr. Holm stated he would recuse due to not having been present for the application review.
566

567 **On a motion duly made by Justin Ruffridge to approve the wholesale drug distributor**
568 **application for Blessings International, #169542, seconded by Lana Bell and approved by**
569 **the board with one recusal, it was:**

570
571 **RESOLVED to approve the license application for Blessings International,**
572 **#169542.**

	APPROVE	DENY	ABSTAIN	ABSENT
574				
575	Leif Holm		x	
576	Richard Holt	x		
577	Justin Ruffridge	x		
578	Lana Bell	x		
579	Tammy Lindemuth			x
580	James Henderson	x		
581	Sharon Long			x

582
583 The motion passed with no further discussion.

584
585 **TASK 9**
586 Ms. Carrillo will provide the motion minutes to Ms. Noe for issuance of the wholesale drug
587 distributor license for Blessings International, in-process #169542.
588

589 For the next application review of pharmacy technician in-process license #164543, Dr. Ruffridge
 590 declared a conflict as the applicant is a current employee. Dr. Holm also requested recusal due to
 591 not being present for application review. Chair Holt approved these recusals.

592
 593 **On a motion duly made by Richard Holt to approve the pharmacy technician license for,**
 594 **#164543, seconded by James Henderson and approved by the board with one recusal, it**
 595 **was:**

596
 597 **RESOLVED to approve the license application for #164543.**

	APPROVE	DENY	ABSTAIN	ABSENT
600 Leif Holm			x	
601 Richard Holt	x			
602 Justin Ruffridge			x	
603 Lana Bell	x			
604 Tammy Lindemuth				x
605 James Henderson	x			
606 Sharon Long				x

607
 608 The motion passed with no further discussion.

609
 610 **TASK 10**

611 Ms. Carrillo will provide the motion minutes to Ms. Carlile for issuance of the pharmacy
 612 technician license for in-process #164543.

613
 614 *Tammy Lindemuth joined the room at 2:15 p.m.*

615
 616 **On a motion duly made by Justin Ruffridge to table the in-process pharmacist application**
 617 **for #147445 pending receipt of a completed application, seconded by Richard Holt and**
 618 **approved unanimously, it was:**

619
 620 **RESOLVED to table the license application for #147445.**

	APPROVE	DENY	ABSTAIN	ABSENT
623 Leif Holm	x			
624 Richard Holt	x			
625 Justin Ruffridge	x			
626 Lana Bell	x			
627 Tammy Lindemuth	x			
628 James Henderson	x			
629 Sharon Long				x

630 The motion passed with no further discussion.

631

632 **TASK 11**

633 Ms. Carrillo will follow-up with the applicant for in-process #147445 requesting documents
634 required to complete the application. The application will be placed on the September agenda.

635

636 **On a motion duly made by Justin Ruffridge to table the reinstatement application for**
637 **pharmacist, #PHAP1602 pending receipt of a completed application, seconded by James**
638 **Henderson and approved unanimously, it was:**

639

640 **RESOLVED to table the pharmacist reinstatement application for #PHAP1602.**

641

	APPROVE	DENY	ABSTAIN	ABSENT
642 Leif Holm	x			
643 Richard Holt	x			
644 Justin Ruffridge	x			
645 Lana Bell	x			
646 Tammy Lindemuth	x			
647 James Henderson	x			
648 Sharon Long				x

649

650 The motion passed with no further discussion.

651

652 **TASK 12**

653 Ms. Carrillo will follow-up with #PHAP1602 to communicate applicable timelines to proceed with
654 the application. The application will be placed on the September agenda.

655

656

657

658 **Agenda Item 12 Industry/Profession Updates Time: 2:24 p.m.**

659

660 AKPhA

661 Dr. Schaber and Ms. Gray, executive director of the AKPhA were present for an update on
662 upcoming events and status of legislation. Lobbyist, Caren Robinson, was also available to provide
663 updates:

664

665 Ms. Gray informed the board there was an inaugural leadership development event scheduled for
666 September 24th at the BP Energy Center and an AKPhA academy of health system pharmacy
667 seminar on September 25th. Ms. Gray added the association is currently accepting proposals for
668 presentations. Ms. Gray then addressed HB 145, which proposed to expand pharmacy practice
669 authority will be rolled over to next session, though it was starting to be looked at as vehicle for
670 other legislation, primarily regarding COVID-19, so was stalled in house rules.

671

672 Ms. Robinson expressed optimism for the expansion bill but reiterated that COVID-19 provisions
673 related to mandatory testing and vaccine passports were discussed and potentially weighed down
674 the bill.

675
676 Dr. Schaber introduced the issue of white bagging, which she indicated was brought to her
677 attention through ANMC as they were receiving requests from insurance companies to use this
678 process to purchase infusion medications. AKPhA has looked into this and realizes it is a more
679 widespread problem. White bagging is a process where an insurance company doesn't pay a
680 provider or insurance provider but uses a specialty pharmacy. Dr. Schaber highlighted the
681 problems this poses, including the inability of the patient's pharmacy to ensure adequate storage
682 and chain of custody to meet the FDA's Drug Supply Chain Security Act (DSCSA) and negative
683 financial impacts to facilities. Another problematic process is with brown bagging where a patient
684 brings the medication to the infusion center for administration. A third issue, clear bagging is
685 when the health system's own specialty pharmacy delivers the medications directly to the clinic.
686 Chair Holt advised the board that if it wishes to seek changes statutorily, the board should be
687 prepared to make the recommendation. Dr. Schaber pointed out there are examples of recent state
688 legislation, which Ms. Carrillo had included in the board's packet.

689
690 DHSS - Medicaid
691 Ms. Carrillo noted to the board that Dr. Erin Narus wasn't able to make the meeting but provided
692 an update by email:

- 693
694 - This upcoming Monday, May 24 at 1pm, the Division of Health Care Services will be
695 hosting a public scoping meeting related to regulations for the Medicaid Pharmacy Services
696 program.
697 - Dr. Charles Semling was also on the line to reiterate the importance of attending this
698 meeting.

699
700 **Agenda Item 13 Budget Report/Division Update Time: 2:34 p.m.**

701
702 *Deputy Director, Sharon Walsh, joined the room at 2:30 p.m.*
703 Deputy Director, Sharon Walsh, joined the board to present their Quarter 3 budget report. As of
704 March 31st, the board's total revenue was at \$996,647; non-investigative expenditures were at
705 \$231,870, investigative expenditures were at \$304,019; indirect expenditures (internal costs,
706 departmental costs, statewide costs such as IT) was \$192,331; with the board's ending surplus of
707 \$719,527. For the PDMP, Deputy Director Walsh shared that there were \$166,915 in non-
708 investigative expenditures with an ending cumulative surplus of \$226,768. Chair Holt thanked
709 Deputy Director Walsh for the update and affirmed to the board they are on track financially.

710
711 Ms. Carrillo reminded the board that the fingerprint fee will be looked at during the board's next
712 fee analysis as this fee wasn't figured into fee changes when the new facility license types were
713 effective in October 2019.

714

715 **TASK 13**

716 Ms. Carrillo will follow-up on the fingerprint fees for wholesale drug distributors, outsourcing
717 facilities, and third-party logistics providers.

718
719 Deputy Director Walsh also provided an update on HB 145 and the PDMP exemption bill, HB91.
720 HB 145 was in the House Rules Committee and HB 91 didn't get referred out of House Labor
721 and Commerce. As session has ended and special session is beginning, it is the expectation these
722 bills will be rolled over into the second session.

723

724 **Agenda Item 10 Board Business**

Time: 2:45 p.m.

725

726 Hearing nothing further on division updates, Chair Holt prompted the board to return to the
727 board business agenda item.

728

729 Review Lost/Stolen Rx

730 The board reviewed the reports from Safeway Pharmacy #18118 and Safeway Pharmacy #1821.

731

732 Strategic Plan

733 Ms. Carrillo informed the board that she had taken Ms. Bell's draft document on guiding
734 principles, goals, and strategies and formatted it into a final version for 2021. Ms. Carrillo asked
735 the board for feedback and suggested edits, for which there were none. Ms. Carrillo stated there
736 would be a new 2022 strategic plan for the board to review at their September meeting.

737

738 **TASK 14**

739 Ms. Carrillo will request a new page for the board's Strategic Plan to be created with the 2021 plan
740 uploaded to it.

741

742 **TASK 15**

743 Ms. Carrillo will work on the draft 2022 plan for review and discussion at the board's September
744 meeting.

745

746 Annual Report

747 Ms. Carrillo provided the board with a draft of its 2021 Annual Report, due June 30th. Ms. Carrillo
748 pointed out new updates to the report, including SWOTs (strengths, opportunities, weaknesses,
749 and threats) created for licensing and PDMP purposes to help illustrate barriers to progress in
750 achieving goals and objectives in these areas.

751

752 Ms. Carrillo stated the report was near done, with only the budgetary recommendations (travel)
753 left. Ms. Carrillo recalled in the 2020 report, travel was included for two board members to attend
754 a compounding conference, so stated she would pencil this into the report. Chair Holt also
755 requested to add budget recommendations for inspections as the board had determined, with
756 guidance from Chief Francois, that 15-20 inspections could be performed every two years. Dr.
757 Ruffridge recommended the NABP Annual Conference in Arizona from May 19 – 22, 2022 be

758 included. Ms. Carrillo also indicated she would pencil in a board member to attend the National
759 Drug Abuse and Heroin Summit “Rx Summit” from April 18 – 21, 2022. Ms. Sherrell also plans
760 to attend this summit with Ms. Carrillo using grant-funds as it is a federally-required deliverable.

761

762 **TASK 16**

763 Ms. Carrillo will add in budgetary recommendations to the 2021 Annual Report for conference
764 travel and training, including the NABP annual report and district meetings, MPJE workshops,
765 compounding conferences, and the Rx Summit.

766

767 **TASK 17**

768 Ms. Carrillo will finalize the 2021 Annual Report and submit it to the board for review and
769 approval.

770

771 Board of Nursing Letter Update

772 Ms. Carrillo informed the board that the Board of Nursing met in the beginning of May but was
773 not able to review the board’s letter addressing 12 AAC 44.440(c)(2). The Board of Nursing plans
774 to review this at their next meeting scheduled for August. Chair Holt commented that if the Board
775 of Nursing wishes to maintain the regulation, that the Board of Pharmacy may want to consider
776 regulation changes to clarify how pharmacists can manage identifier requirements on prescription
777 labels, for example, adding language stating APRN-issued prescriptions are valid as long as the
778 proper credentials are listed.

779

780 **TASK 18**

781 Ms. Carrillo will follow-up with the Board of Nursing on their plan to address the board’s letter at
782 their next meeting in August.

783

784 Correspondence

785 The board reviewed a vaccine safety document from the FDA and correspondence from the
786 NABP on its Model Act, 503B survey, request for information to Vermont. Ms. Carrillo informed
787 the board she provided a response to the Vermont inquiry, sharing the Alaska Board of Pharmacy
788 does not require pharmacy technicians to be registered to work in 503B facilities.

789 Additional correspondence for review included a slide deck from Melissa DeNoon with the South
790 Dakota PDMP. Ms. Carrillo explained she met with Ms. DeNoon and members of DHSS
791 OSMAP to discuss involvement in a comprehensive drug takeback program. Ms. Carrillo shared
792 that the SD PDMP wrote into their BJA grant application funds to cover drug takeback activities.
793 The Alaska PDMP applied for the same grant, but did not request funds specifically to support
794 this activity; however, Ms. Carrillo explained OSMAP has separate funds to assist with this project.
795 Ms. Carrillo’s understanding is the board doesn’t have specific statutory authority to regulate this,
796 but that pharmacies wanting to become designated takeback sites would amend their existing
797 DEA registration to seek “Collector” status and follow the DEA’s regulations and guidelines. Ms.
798 Carrillo asked for interest from the board and whether there were concerns about liability, since
799 the responsibility of these receptacles would fall to the pharmacist-in-charge.

800

801 Ms. Carrillo also noted that in this meeting, it was the request of DHSS to gauge interest from
 802 pharmacies through its ListServ. Chair Holt suggested first getting feedback from the department
 803 of law as to whether the board can establish an approved mechanism for pharmacies to at least
 804 notify the board they are engaging in takeback programs. Chair Holt believes it may be reasonable
 805 that authority exists for the board to create a notification requirement through AS 08.80.030(d).
 806 Dr. Ruffridge commented he has researched this extensively and that because it can be a complex
 807 process, a good approach is to partner with local law enforcement agencies because their rules
 808 aren't the same as pharmacies. Ms. Carrillo added that the law enforcement collaboration was also
 809 suggested by Ms. DeNoon.

810

811 **TASK 19**

812 Ms. Carrillo will request legal guidance on whether the board can require pharmacies to notify
 813 them if they are engaged in drug takeback programs.

814

815 Board nominations

816 Chair Holt then moved to nominations, reminding the board that his last on the board will be on
 817 June 30th. Dr. Holm offered his vote of confidence for Dr. Ruffridge to take on the roll of board
 818 chair.

819

820 **On a motion duly made by Lana Bell to nominate Justin Ruffridge as board chair and**
 821 **approved unanimously, it was:**

822

823 **RESOLVED to nominate Justin Ruffridge as the board chair.**

824

	APPROVE	DENY	ABSTAIN	ABSENT
825 Leif Holm	x			
826 Richard Holt	x			
827 Justin Ruffridge	x			
828 Lana Bell	x			
829 Tammy Lindemuth	x			
830 James Henderson	x			
831 Sharon Long				x

832

833 The motion passed with no further discussion.

834

835 Dr. Holm, Ms. Bell, and Ms. Lindemuth would remain as vice chair, secretary, and chair of the
 836 CSAC, respectively.

837

838 **Agenda Item 11 Work Groups/Subcommittee Updates Time: 3:28 p.m.**

839

840 COVID-19 board chairs

841

842 Chair Holt reminded the board the COVID-19 chairs meeting is continuing to occur biweekly,
843 though it has become more of a general meeting for board chairs during legislative session. Ms.
844 Carrillo provided an update of the most recent board chairs meeting, which included topics
845 around legislative updates, including military and military spouse licensure; the time and effort it
846 takes to be a board member, and professions seeking to expand their practice authority.

847

848 CSAC

849 Ms. Lindemuth stated the CSAC's next meeting will be held in the beginning of June. Ms. Carrillo
850 inquired when a copy of the meeting minutes would be posted as the last published meeting
851 minutes are from 2018. Ms. Lindemuth stated she wrote the minutes and inquired how to post
852 them. Ms. Carrillo recalled that the legislation changing the chair of the CSAC being a Department
853 of Law designee to the Board of Pharmacy's chair or chair's designee was the only change; any
854 administrative duties, including writing meeting minutes, is to be retained within DOL.

855

856 **TASK 20**

857 Ms. Carrillo will follow-up on expectations for CSAC administrative duties.

858

859 Compounding

860 Dr. Holm stated he and Dr. Ruffridge have not been able to meet.

861

862 PDMP board chairs

863 Chairs from the boards with PDMP requirements continue to meet biweekly. During these
864 meetings, board representatives provide updates and solutions are shared on how to educate
865 licensees about the requirements.

866

867 **Agenda Item 14 Administrative Business**

Time: 3:40 p.m.

868

869 License statistics

870 Ms. Carrillo provided the following license statistics as of mid-May:

871

872 Pharmacists = 1,057

873 Interns = 475

874 Techs = 1,257

875 In-state pharmacies = 132

876 Drug rooms = 40

877 Remote pharmacies = 1

878 OOS pharmacies = 641

879 In-state wholesalers = 16

880 OOS wholesalers = 626

881 Outsourcing = 32

882 3PL = 175

883 Courtesy pharmacists = 12

884 Courtesy interns = 0

885 Courtesy techs = 6
 886 Emergency pharmacists = 10
 887 Emergency interns = 0
 888 Emergency techs = 0
 889

890 Ms. Carrillo then displayed the board’s Authorized Emergency Courtesy License Activities
 891 document, inquiring whether the board wished to enter an end date to the authorized reason for
 892 obtaining a courtesy license. At present, the only authorized reason is for the purpose of providing
 893 COVID-19 immunizations, which went into effect on November 6, 2020. Ms. Carrillo clarified
 894 that these aren’t tied to an emergency declaration as it is in the board’s emergency preparedness
 895 regulations. Dr. Ruffridge recommended rounding it out at the end of the fiscal year. Mr.
 896 Henderson inquired how many licenses were used for this purpose, to which Ms. Carrillo stated
 897 there were 12 issued to pharmacists and 6 to technicians, but whether they were actually used is
 898 unknown.
 899

900 **On a motion duly made by Justin Ruffridge to cease courtesy license application**
 901 **approvals related to COVID-19 immunizations beginning June 30, 2021, seconded by**
 902 **Tammy Lindemuth and approved unanimously, it was:**
 903

904 **RESOLVED to end issuance of courtesy licenses for the purpose of providing**
 905 **COVID-19 vaccinations on June 30, 2021.**
 906

	APPROVE	DENY	ABSTAIN	ABSENT
907 Leif Holm	x			
908 Richard Holt	x			
909 Justin Ruffridge	x			
910 Lana Bell	x			
911 Tammy Lindemuth	x			
912 James Henderson	x			
913 Sharon Long				x

914
 915
 916 The motion passed with no further discussion.
 917

918 **TASK 21**

919 Ms. Carrillo will update the board’s Authorized Emergency Courtesy License Activities document
 920 to provide an end date and will request to take down the courtesy license application on June 30.
 921

922 Task list review

923 The board reviewed the task list. Dr. Ruffridge stated he is about a quarter of the way through
 924 looking at the board’s FAQs to determine which need to be removed and which can be made into
 925 position statements.
 926

927 A brief discussion was had between Chair Holt and Dr. Ruffridge on drafting regulation changes.
928 Chair Holt shared it is helpful to draft regulations in a format as close to drafting format as
929 possible. Ms. Carrillo stated it has been past practice to append agreed upon regulatory changes to
930 the minutes. Dr. Ruffridge inquired whether it's possible to append markups to the most current
931 version of the published statutes and regulations booklet.

932
933 **TASK 22**

934 Ms. Carrillo will inquire with the regulations specialist whether it is possible to include most recent
935 regulatory markups in published statutes and regulations.

936
937 Upcoming travel/conference/workshops

938 The following events are upcoming:

939
940 MPJE Review Committee (not state-specific) – June 1 – 11, 2021

941 Program Review and Training (staff only) – June 15, 2021

942

943 **Task 23**

944 Ms. Carrillo will plan to attend the staff NABP training on June 15th.

945

946 **Agenda Item 15 Public Comment #2**

Time: 4:00 p.m.

947

948 Ms. Sherrell inquired about the use of medication disposal bags in the PDMP education and
949 outreach plan, asking for input on whether it would be helpful to send bags to pharmacies for
950 distribution to their patients and if there was a specific brand that was most effective. Chair Holt
951 agreed it would be useful, adding that if there was a bag available for every prescription, he would
952 provide one. Chair Holt suggested either Dettera or DisposeRx. Dr. Ruffridge added that he
953 received a grant for 1,500 Mallinckrodt disposal bags several years ago and it was well received in
954 the community. Pharmacist, Dan Nelson shared that Alaska Native Medical Center (ANMC)
955 previously received a large stock of Deterra disposal bags, which were handed out for some time
956 and especially helpful in rural areas. Dr. Nelson added that when clinics were in need of more,
957 they could reach out to ask.

958 Lorri Walsmley from Walgreens shared an invite to the meeting for districts 6, 7, and 8 from
959 August 29 to 31st in Phoenix. Ms. Walsmley added she could send out the attendance link and
960 agenda.

961

962 Pharmacist, Jordan Hussey inquired about the process for being selected as a board member.
963 Chair Holt described the process of applying, sending resumes, participating in interviews, sending
964 the list to the Governor's Chief of Staff, then going through the legislative confirmation office to
965 confirm.

966

967 **Agenda Item 16 Adjourn**

Time: 4:15 p.m.

968

969 The board recessed at 4:15 p.m.

970 State of Alaska
971 Department of Commerce, Community and Economic Development
972 Division of Corporations, Business and Professional Licensing
973

974 Alaska Board of Pharmacy
975

976 MINUTES OF THE MEETING
977

978 May 20 - 21, 2021 Videoconference
979

980 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
981 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on
982 May 20-21, 2021. Due to the COVID-19 pandemic, in-person attendance was not
983 available.
984

985 Agenda Item 1 Call to Order/Roll Call Time: 9:03 a.m.
986

987 The day 2, **May 21, 2021** videoconference was called to order by Chair, Rich Holt at 9:03 a.m.
988

989 Board members present, constituting a quorum:
990

991 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
992 Lana Bell, RPh #PHAP893
993 Tammy Lindemuth, Public Member
994 James Henderson, RPh #PHAP1683
995 Justin Ruffridge, #PHAP1787
996

997 Division staff present:
998

999 Laura Carrillo, Executive Administrator
1000 Lisa Sherrell, PDMP Manager
1001 Heather Noe, Occupational Licensing Examiner
1002 Bethany Carlile, Occupational Licensing Examiner
1003

1004 Members from the public present/registered:
1005

1006 AAG Megyn Weigand, Department of Law
1007 Ashley Schaber, Alaska Pharmacists Association/Alaska Native Medical Center
1008 Lorri Walmsley, Walgreens
1009 Molly Gray, Alaska Pharmacists Association
1010
1011

1012 **Agenda Item 2 Review/Approve Agenda** **Time: 9:04 a.m.**

1013
 1014 Chair Holt reviewed the agenda. Ms. Carrillo added that AAG Megyn Weigand would be present
 1015 to discuss the negative implication canon at 9:30 a.m. under Agenda Item #5 as a follow-up from
 1016 the board’s February meeting. Ms. Carrillo also recommended to add the discussion of PDMP
 1017 reporting compliance recommendations and the board’s disciplinary matrix under Agenda Item
 1018 #8. Chair Holt clarified the discussion of white bagging would be statute related discussed under
 1019 Agenda Item #9.

1020
 1021 **On a motion duly made by Lana Bell to approve the meeting agenda, seconded by Justin**
 1022 **Ruffridge, and approved unanimously, it was:**

1023
 1024 **RESOLVED to accept the May 21, 2021 meeting agenda as amended.**

	APPROVE	DENY	ABSTAIN	ABSENT
1027 Leif Holm	x			
1028 Richard Holt	x			
1029 Justin Ruffridge	x			
1030 Lana Bell	x			
1031 Tammy Lindemuth	x			
1032 James Henderson	x			
1033 Sharon Long				x

1034
 1035 The motion passed with no further discussion.

1036
 1037 **Agenda Item 3 Ethics** **Time: 9:09 a.m.**

1038
 1039 There were no ethics to report.

1040
 1041 **Agenda Item 4 Public Comment #3** **Time: 9:15 a.m.**

1042
 1043 Ms. Gray inquired whether she should announce there will be a board member position open in
 1044 light of Chair Holt leaving at the end of June. Chair Holt believes it’s appropriate to inform
 1045 AKPhA members a position would be available soon. Dr. Ruffridge stated he submitted his
 1046 application when membership was full but was still able to proceed with the process and
 1047 recommended interested applicants apply now as there will be additional openings in the near
 1048 future.

1049
 1050 Dr. Schaber inquired about automated dispensing kiosks and the required placement of them in
 1051 relation to a pharmacy, citing discussion around the 10 feet rule. Chair Holt clarified that the
 1052 board’s inquiry into whether regulating automated dispensing kiosks was within their authority
 1053 resulted in guidance from the Department of Law to include distance requirements for installing

1054 these. The board has not implemented a 10 feet rule as of yet but automated dispensing kiosks
1055 regulations are in draft form and will be discussed in the future.

1057 **Agenda Item 5 Legal Opinion Updates** **Time: 9:26 a.m.**

1058
1059 *AAG Weigand joined the room at 9:32 a.m.*

1061 Expedited partner therapy

1062 The board reviewed guidance on issuing expedited partner therapy. Ultimately, pharmacists are
1063 still required to obtain the patient’s information prior to dispensing medication, which would
1064 include partners; without this information, the prescription order cannot legally be filled. DOL
1065 suggests the board amend 12 AAC 52.460 to exempt partner information from being obtained for
1066 partner therapies. Dr. Ruffridge expressed concern about patient safety and instead suggested a
1067 new regulation section on partner therapy so the board can address allergies, contraindications,
1068 and other verbiage to address standards for patient safety.

1069
1070 Negative implication canon

1071 This topic is in follow-up to the board’s February meeting. Dr. Ruffridge inquired how applicable
1072 this canon is in all measures of statute and regulation projects because it doesn’t seem most people
1073 are aware of this and that there are significant implications. In testimony for HB 145, for example,
1074 medical providers felt strongly that language was added to ensure limitations were placed on
1075 pharmacist prescribing, though Dr. Ruffridge’s opinion is that it’s not necessary to specify what is
1076 limited. AAG Weigand stated the canon is always applicable; when statements are affirmatively
1077 provided in a list, this means other areas not included in the list are automatically excluded. AAG
1078 Weigand added that one way we can avoid implications of this canon are to make a non-inclusive
1079 list, e.g.: “including”, which already means including but not limited to; they are only providing
1080 examples.

1081
1082 Medication management of out-of-state pharmacies

1083 The board reviewed the guidance from DOL, which provides that out-of-state pharmacies cannot
1084 engage in telepharmacy services because a telepharmacy system can only be used by central and
1085 remote pharmacies under direct supervision of a pharmacist located in Alaska. Chair Holt
1086 recommended that statutory changes be made to regulate telepharmacies, much in the same way
1087 the board would need to seek legislative change to know what Internet pharmacies are providing
1088 services to Alaska. Chair Holt reminded the board that Alaska only registers non-resident
1089 pharmacies, which limits the board’s ability to enforce and discipline. It has been the board’s
1090 interest to seek legislative change to license rather than register these pharmacies.

1091
1092 Chair Holt also recommended clarifying in statute or regulation what activities constitute
1093 telepharmacy services. Mr. Henderson agreed with these changes as it would provide much needed
1094 clarity to the board. Ms. Lindemuth also expressed that legislative change would be ideal; with tele-
1095 services growing, the board should be statutorily prepared to address concerns and avoid any
1096 loopholes that might otherwise be present. Ms. Carrillo suggested these items could possibly be

1097 rolled into HB 145 for second session. Ms. Gray commented there is a telehealth bill, SB78, which
1098 could also include telepharmacy services next session. Ms. Gary also informed the board of
1099 Governor-introduced SB93 and HB13 for a payer healthcare database under the Division of
1100 Insurance, adding these may also be vehicles to introduce telepharmacy legislation.

1101
1102 Chair Holt stated if it is the will of the board to seek changes through a Governor’s bill, language
1103 would need to be prepared by July. Chair Holt added that it would be timely to also update the
1104 definition of “drug” to include compressed gasses and blood banks through legislative change.

1105
1106 Medicolegal investigative access
1107 Ms. Carrillo addressed medical/coroner’s access to PDMP information. Guidance was previously
1108 provided clarifying medicolegal investigators within the M/CO office can also have access to the
1109 data. At present, access is through direct login credentials. The basis of the follow-up on this
1110 guidance is to determine whether a subpoena is required since other investigator, for example,
1111 CBPL and DEA investigators, must submit a subpoena.

1112
1113 Chair Holt called for a brief break.

1114
1115 Off record at 10:55 a.m.
1116 On record at 11:08 a.m.

1117
1118 Upon return from record, it was clarified Ms. Lindemuth would be out for the rest of the meeting.

1119
1120 Collaborative practice agreements
1121 The board reviewed the guidance on approval of collaborative practice agreements through the
1122 board’s executive administrator (EA). As written, 12 AAC 52.240 doesn’t allow the EA to approve
1123 these; however, if this section was amended to create a checklist of required items and if the EA
1124 regulation, 12 AAC 52.993, was amended to add approval of these agreements, the board’s
1125 preference to administratively approve these would be met, rather than requiring full board
1126 approval as per the State Medical Board’s corresponding regulations in 12 AAC 40.983(k). Ms.
1127 Carrillo added that later on in the agenda, there will be further discussion on a proposed
1128 collaborative agreement join approval process with the Medical Board.

1129
1130 **Agenda Item 6 Regulations Update Time: 11:02 a.m.**

- 1131
- 1132 • 12 AAC 52.990 - Display of licenses – The board discussed this and landed on the
1133 following amendment: “A licensee shall retain all licenses, certifications, registrations, or
1134 permits in the practice site. This documentation shall be made available to the board, law
1135 enforcement, or inspector upon request. The division’s licensing website printout
1136 confirming active credentials is acceptable in lieu of a printed document.”
 - 1137 • 12 AAC 52 (new) - Drug and device expiration date on labels - Chair Holt inquired if the
1138 board would be interested in mandating expiration dates are on labels, which Dr. Ruffridge
1139 agreed would be beneficial for patient safety. Mr. Henderson’s thought was that most

1140 pharmacies already indicate the expiration date on their label, to which Chair Holt stated
1141 was standard practice for some pharmacies but not might be for all. Chair Holt confirmed
1142 it is standard in some pharmacies but can't speak to all others. Dr. Ruffridge stated the
1143 FDA's 1979 law sets expiration dates and recommended the board could consider adding a
1144 separate expiration dates for unit dosed medication packs, which should have a much
1145 shorter expiration date than the one year.

1146

1147 **TASK 24**

1148 Chair Holt will put language together addressing expiration dates into 12 AAC 52.480 for the
1149 board's consideration at their next meeting in September.

1150

- 1151 • 12 AAC 52 (New) - Facility standards for equipment and supplies - "all pharmacies have in
1152 their possession the equipment and supplies necessary to engage in the practice of
1153 pharmacy relevant to the pharmacy services offered. The equipment is in good repair and is
1154 available in sufficient quantity to meet the needs of the practice of pharmacy conducted
1155 therein.
- 1156 • 12 AAC 52 (New) – Inspections – the board reviewed Chair Holt's suggested language for
1157 inspections, which included language requiring that for pharmacies in which findings are
1158 discovered during the inspection process, the discrepancies will need to be addressed
1159 within a certain timeframe. Ms. Bell suggested suggesting giving pharmacies and facilities
1160 90 days to correct the issues or submit a corrective action plan. Mr. Henderson inquired
1161 whether this would be enough time and recommended the plan be approved by the board.

1162

1163 To clarify this applies to pharmacies and facilities located in the state and authorized CBPL
1164 investigators to perform inspections, Ms. Carrillo suggested amending this to read, "A
1165 wholesale drug distributor, pharmacy, drug room, or remote pharmacy located in this state
1166 shall permit an authorized investigator assigned to the board, who shows proper
1167 identification, to enter and inspect the facility at reasonable times and in a reasonable
1168 manner, and to inspect the pharmacy or facility's record and written operating procedures.
1169 Ms. Carrillo inquired about the chain of events, for example, whether the inspection report
1170 with findings needs to be reviewed by the board before being notified they must address
1171 the discrepancies or if the pharmacy/facility can simply receive the findings, correct them,
1172 then notify the board or investigator that they have been corrected. Ms. Bell envisioned the
1173 investigator would identify the discrepancies and the pharmacy/facility would submit a
1174 correct action plan. Ms. Bell inquired whether there should be a penalty for discrepancies.

1175

1176 Mr. Henderson also inquired whether the inspector would then need to go out and verify
1177 the pharmacy/facility did in fact correct the discrepancies, suggesting we may need to
1178 institute a fee if the investigator is expected to perform a subsequent review. Dr. Ruffridge
1179 believes 30 days is more appropriate and that the inspector should not go back out a 2nd
1180 time for the pharmacy/facility to prove that corrections were made. Instead, Dr. Ruffridge
1181 states simply acknowledging that corrections is needed would be sufficient, but that if
1182 pharmacies/facilities show up as deficient multiple times, the board could assess a fine.

1183 Chair Holt suggested requiring a notification form so there is a record of acknowledging
1184 the discrepancy.

1185
1186 Dr. Ruffridge believes the board is financially solvent to provide inspection services using
1187 its surplus without implementing a separate inspection fee, but agreed an analysis would be
1188 useful. Chair Holt recalled investigations had indicated 10 – 15 inspections per year was
1189 doable, adding previous investigator, Mr. Howes had been doing these. Ms. Carrillo
1190 inquired whether inspections were done in the Anchorage and surrounding areas or if
1191 travel was involved, which might increase the cost.

1192
1193 **TASK 25**
1194 Ms. Carrillo will create a draft notification form acknowledging discrepancies of an inspection and
1195 will present it to the board at their September meeting.

1196
1197 **TASK 26**
1198 Ms. Carrillo will look into the cost of the inspections if the board were to do 10-15 inspections
1199 and will add this into the board’s annual report.

1200
1201 **Agenda Item 7 Lunch Time: 12:01 p.m.**

1202
1203 Chair Holt called for lunch at 12:01p.m.
1204 Back on record at 1:04 p.m.

1205
1206 Board members present, constituting a quorum:

1207
1208 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
1209 Lana Bell, RPh #PHAP893
1210 James Henderson, RPh #PHAP1683
1211 Justin Ruffridge, #PHAP1787

1212
1213 Division staff present:

1214
1215 Laura Carrillo, Executive Administrator
1216 Lisa Sherrell, PDMP Manager
1217 Heather Noe, Occupational Licensing Examiner
1218 Bethany Carlile, Occupational Licensing Examiner

1219
1220 **Agenda Item 8 PDMP Regulations Time: 1:06 p.m.**

1221
1222 Registration (May 6, 2021)
1223 Ms. Carrillo reviewed the changes to 12 AAC 52.855 regarding registration, which went into effect
1224 on May 6th and now requires providers to register with the PDMP within 30 days of meeting the
1225 mandatory registration requirement. The amendment also includes a requirement for non-

1226 dispensing pharmacists to submit a dispensation exemption form within 30 days of licensure if the
1227 pharmacist does not plan to dispense controlled substances in the state. update to the registration
1228 regulations, which went into effect on May 6th for all licensees required to register with the PDMP.
1229 Add to disciplinary matrix.

1230

1231 Renewal and notifications

1232 The board previously discussed additional changes to PDMP regulations during its February
1233 meeting and had left off on discussing language related to the registration process. The board
1234 discussed use of secure email accounts and ultimately landed on “non-shared email address” to
1235 align with existing the existing end user language agreement (EULA). The board also previously
1236 addressed the need to include language regarding delegates and renewal, as both exist but are not
1237 codified.

1238

1239 Ms. Carrillo provided draft language, including a section on notifying the board within 10 days of a
1240 change in dispensing or distributing status by pharmacies and pharmacists. Chair Holt inquired
1241 whether the intent is to assist in reporting compliance clean-up. Ms. Carrillo recalled that during
1242 the previous meeting, Ms. Bell inquired whether pharmacies can report when they are no longer
1243 dispensing or distributing controlled substances. Presently, the main opportunity is every two years
1244 at renewal, though licensees could notify us in writing at any time. Ms. Carrillo added that when
1245 pharmacy reporting analyses started in January and Ms. Sherrell was following up with pharmacies
1246 receiving a notice of delinquency, several pharmacies had responded they were
1247 dispensing/distributing at the time of their renewal but had since stopped. This notification would
1248 assist in timely and more accurate status capture of dispensing/distributing and avoid sending
1249 notices to licensees where reporting doesn’t apply. Ms. Carrillo added that the 10 days was
1250 suggested because there is also a 10-day PIC change timeframe.

1251

1252 Chair Holt further inquired whether receipt of these notices will prompt removal of the licensee
1253 from the PDMP. Ms. Carrillo stated pharmacists would be removed if they are no longer
1254 dispensing. Ms. Sherrell clarified we would also manually remove pharmacies from Compliance
1255 Reporting in AWA^Rx^E as license integration won’t automatically deactivate these accounts. Ms.
1256 Carrillo commented that if a similar integration project between the compliance function in
1257 AWA^Rx^E and the dispensing/DEA designations in Portal was implemented, it would be helpful
1258 and worth pursuing in the future.

1259

1260 Regarding delegate access, Chair Holt inquired about the process for this and whether a form is
1261 required. Ms. Sherrell clarified that delegates aren’t required to pay or submit a form; as long as the
1262 delegate is regulated under AS 08 and at least one supervising provider has approved their
1263 account, admin will approve the delegate to have access. Mr. Henderson inquired whether the
1264 board wished to clarify the role of delegates among all provider types, including veterinarians,
1265 nurses, doctors, etc. Ms. Carrillo suggested a separate regulations section on delegates might be
1266 appropriate; providers have expressed a desire to appoint a delegate for the purpose of that
1267 delegate reviewing how a provider’s treatment practices aligns with their institutional prescribing
1268 practices; however, quality review isn’t the intent of delegate access. Ms. Carrillo stated the intent

1269 is for delegates to review and report for patients they are involved in a treating relationship with
 1270 under the supervision of their practitioner. Dr. Ruffridge commented a new section may not be
 1271 necessary since delegates are able to have the same abilities as the supervising provider. It was
 1272 ultimately decided not to create a separate section for delegate access at this time.

1273
 1274 *Supply day exemptions to reviewing and reporting*

1275 Ms. Carrillo addressed AS 17.30.200(k)(A), inquiring whether it is the intent for any supply day to
 1276 be exempt from being reviewed in these scenarios as these are not tied specifically to any supply
 1277 day as is (B). Chair Holt stated it would be appropriate to defer to prescribing boards as to what
 1278 supply days don't have to be reviewed. Ms. Sherrell added that we have in the past referred
 1279 licensees to their prescribing boards, but the boards did not know either. Ms. Carrillo added that
 1280 (B) implies any non-refillable prescription intended to last more than 3 days must be reviewed.

1281
 1282 Ms. Carrillo addressed AS 17.30.200(t), also inquiring whether a (1)(A)(B) constitutes exempted
 1283 reporting for any supply day. Ms. Carrillo also asked the board if their understanding of (2)(A)(B)
 1284 means that providers working in inpatient pharmacies or emergency departments must comply
 1285 with the reporting requirement if the outpatient supply is for more than 24 hours. Dr. Ruffridge
 1286 stated there typically aren't instances where inpatient pharmacies dispense more than a 24-hour
 1287 supply because they are prepackaged. The board agreed emergency providers issuing any
 1288 prescription more than a 24-hour supply is to be reported.

1289
 1290 **TASK 27**

1291 Ms. Carrillo will clarify with the prescribing board chairs that AS 17.30.200(t) requires
 1292 prescriptions written for more than a 24-hour supply to be reported.

1293
 1294 **On a motion duly made by Justin Ruffridge to approve the PDMP regulations as**
 1295 **discussed for cursory review by the Department of Law, seconded by Rich Holt, and**
 1296 **approved unanimously, it was:**

1297
 1298 **RESOLVED to accept the proposed PDMP regulation amendments for cursory**
 1299 **review by the Department of Law.**

	APPROVE	DENY	ABSTAIN	ABSENT
1301 Leif Holm	x			
1302 Richard Holt	x			
1303 Justin Ruffridge	x			
1304 Lana Bell	x			
1305 Tammy Lindemuth				x
1306 James Henderson	x			
1307 Sharon Long				x

1308
 1309
 1310 The motion passed with no further discussion.

1311 **12 AAC 52.855. Registration with the prescription drug monitoring program controlled substance**
1312 **prescription database.** (a) A prescriber shall register with the prescription drug monitoring program's
1313 controlled substance prescription database (PDMP) not later than 30 days after the date of initial
1314 licensure or the date of registration with the federal Drug Enforcement Administration (DEA),
1315 whichever is later.

1316 (b) A licensed pharmacist practicing in this state shall register with the PDMP. Registration
1317 must be completed not later than 30 days after initial licensure if the pharmacist's practice is
1318 expected to involve dispensing a schedule II, III, or IV controlled substance under federal law. If not
1319 dispensing in this state, a pharmacist shall submit, not later than 30 days after initial licensure, a
1320 PDMP dispensation exemption form provided by the board. A pharmacist who submitted a
1321 dispensation exemption form shall register with the PDMP before dispensing a schedule II, III, or IV
1322 controlled substance under federal law in this state.

1323 (c) Except as provided in (a) of this section, before dispensing, prescribing, or administering a
1324 schedule II, III, or IV controlled substance under federal law, a pharmacist or practitioner required to
1325 register with the PDMP must

1326 (1) register online on the PDMP [WEBSITE; AND] by **providing**

1327 **A. a non-shared email address;**

1328 **B. password;**

1329 **C. user role;**

1330 **D. healthcare specialty;**

1331 **E. the drug enforcement administration (DEA) number issued to the**

1332 **prescriber, or if a pharmacist, the employer's DEA; and**

1333 (2) pay the fee established in 12 AAC 02.107.

1334 (d) After completing the registration requirements, a pharmacist or practitioner required to
1335 register with the PDMP will be issued a [USER ACCOUNT, LOGIN NAME, AND PASSWORD BY THE
1336 DEPARTMENT] **registration number**.

1337 (e) A pharmacist or practitioner required to register with the PDMP must access information
1338 in the PDMP using the [USER ACCOUNT, LOGIN NAME, AND PASSWORD ISSUED BY THE
1339 DEPARTMENT] **credentials created in (c)(1)(A)(B) of this section**.

1340 (f) A pharmacist or practitioner required to register with the PDMP may access information in
1341 the PDMP using another registrant's credentials only as authorized by a contract executed by the
1342 department for the purposes of AS 47.05.270. (Eff. 12/29/2011, Register 200; am 6/7/2018, Register
1343 226; am ___/___/_____, Register _____)

1344 **Authority:** AS 08.80.005 AS 08.80.030 AS 17.30.200

1345
1346 12 AAC 52.____ PDMP Registration Renewal (NEW) (a) A registration will expire on the same date as
1347 the pharmacist's or practitioner's corresponding professional license.

1348 (b) To renew a registration, a licensee required to register must submit the fee established in 12 AAC
1349 02.107 on or before the expiration date.

1350
1351 12 AAC 52.____ Change in Dispensing or Distributing of Controlled Substances (NEW) (a) a pharmacist
1352 registered with the PDMP under 12 AAC 52.855 must notify the board on a form provided by the
1353 department when the pharmacist no longer dispenses controlled substances in the state within 10
1354 days of the change in dispensing status.

1355 (b) a pharmacist who submitted the dispensation exemption form in 12 AAC 52.855(b) who begins
1356 dispensing controlled substances in the state must notify the board on a form provided by the
1357 department and register with the PDMP within 10 days of the change in dispensing status.

1358 (c) a pharmacy required to report to the PDMP that no longer dispenses or distributes controlled
1359 substances in or to the state must notify the board on a form provided by the department within 10
1360 days of the change in dispensing or distributing status.

1361 (d) a pharmacy that obtains a DEA registration after its license or registration is initially granted by
1362 the board and intends to dispense or distribute controlled substances in the state must notify the
1363 board on a form provided by the department within 10 days of the change in dispensing or
1364 distributing status.

1365
1366 **12 AAC 52.____ PDMP Registration Renewal (NEW) (a) A registration will expire on the same date**
1367 **as the pharmacist's or practitioner's corresponding professional license.**

1368 **(b) To renew a registration, a licensee required to register must submit the fee established in 12**
1369 **AAC 02.107 on or before the expiration date.**

1370
1371 **12 AAC 52.____ Change in Dispensing or Distributing of Controlled Substances (NEW) (a) a**
1372 **pharmacist registered with the PDMP under 12 AAC 52.855 must notify the board on a form**
1373 **provided by the department when the pharmacist no longer dispenses controlled substances in the**
1374 **state within 10 days of the change in dispensing status.**

1375 **(b) a pharmacist who submitted the dispensation exemption form in 12 AAC 52.855(b) who begins**
1376 **dispensing controlled substances in the state must comply with the requirements in 12 AAC**
1377 **52.855(c) within 10 days of the change in dispensing status.**

1378 **(c) a pharmacy required to report to the PDMP that no longer dispenses or distributes controlled**
1379 **substances in or to the state must notify the board on a form provided by the department within**
1380 **10 days of the change in dispensing or distributing status.**

1381 **(d) a pharmacy that obtains a DEA registration after its license or registration is initially granted by**
1382 **the board and intends to dispense or distribute controlled substances in the state must notify the**
1383 **board on a form provided by the department within 10 days of the change in dispensing or**
1384 **distributing status.**

1385 **TASK 28**

1386 Ms. Carrillo will forward the approved PDMP regulation amendments to the regulations specialist
1387 to request cursory review by the Department of Law and will append the changes to the minutes.

1388
1389 Reporting limitations and recommendations

1390 Ms. Carrillo and Ms. Sherrell drafted a process summary of challenges to monitoring PDMP
1391 reporting compliance and recommendations for how to improve this. As a recap, the board
1392 previously defined “continuous delinquency” as pharmacies appearing in subsequent quarterly
1393 delinquent pharmacy analysis lists as well as pharmacies who have been notified of their
1394 delinquencies but have not attempted to respond to the notice or attempted to correct the data.

1395
1396 It was recommended the board revisit their compliance analysis as the primary limitations are that
1397 analytics functions only display a 30-day lookback period and the system doesn’t display when a
1398 pharmacy has since submitted missed data or corrected errored data. Another issue discovered is
1399 that the system only allows admin to enter a static date for running delinquency reports; it was
1400 previously believed that the date entered would display all the pharmacies flagged as delinquent for
1401 every day up until that date; however, the results actually display pharmacies that were delinquent
1402 on a specific date. PDMP staff have asked Appriss to add the ability to enter dynamic timeframes
1403 as opposed to one single date.

1404
1405 Ms. Sherrell stated that in most cases, pharmacies don’t just appear on the list once; pharmacies
1406 typically are delinquent for many days. Ms. Sherrell added that the communications reporting
1407 module will likely resolve delinquencies, to which Dr. Holm agreed.

1408 Ms. Carrillo stated that in light of the new information on limitations with monitoring and not
1409 knowing whether any data has since been corrected, she did not yet forward the 50 or so potential
1410 delinquent pharmacies to the Investigations Unit during the April analysis. The 17 pharmacies
1411 who appeared as delinquent for the first time were notified and Ms. Sherrell has been in follow-up.
1412 Ms. Sherrell reiterated that the problem isn't that we can't forward potential non-compliance
1413 matters to Investigations, it's that PDMP staff wouldn't be able to confirm whether any of the
1414 pharmacies had since corrected the data without allocating a significant amount of datamining
1415 work. Notices that missing data has since been submitted is not a feature of the current system;
1416 there is no automation to inform staff of when the data has been corrected. Chair Holt and Dr.
1417 Ruffridge expressed frustration and disbelief in these limitations. Ms. Carrillo shared Appriss is
1418 aware of the limitations and are finding ways to strategize solutions. Dr. Ruffridge stated there
1419 should be a way for pharmacies to easily login and see a green checkmark when a submission has
1420 been successfully reported.

1421
1422 Ms. Carrillo commented the board may need to amend its disciplinary matrix if it is agreed that
1423 analysis of compliance should change from quarterly to monthly. As included in the
1424 recommendations document, Ms. Carrillo shared that simplifying the non-compliance criteria by
1425 grouping licensees into dichotomous categories (was a report submitted? yes/no) would help align
1426 with system capabilities, though it may be unpopular because this approach doesn't take into
1427 account the egregiousness of the missing data; rather, it categorizes pharmacies into a box of
1428 whether or not they missed one day of reporting, regardless of how many prescriptions were not
1429 reported, what types of drugs were not reported, and what the schedules were.

1430
1431 The board continued to discuss the issues. Ms. Sherrell suggested the reports would need to be
1432 run daily and then on a monthly basis, all the pharmacies who ever appeared as delinquent on at
1433 least one day would be forwarded to the Investigative Unit. Mr. Henderson inquired if it would
1434 matter if the pharmacy fixed the data the next day, to which Ms. Sherrell stated they would still be
1435 non-compliant for missing the reporting day. Dr. Ruffridge added that within the disciplinary
1436 matrix, the part about responding to the notice—whether through contacting the office or
1437 correcting the data—would need to be removed. Chair Holt suggested requesting guidance from
1438 DOL on whether we can require pharmacies to respond to notices of delinquency. Ms. Carrillo
1439 stated a certified mail letter is an official way to provide notice to licensees.

1440
1441 Ms. Bell inquired about what other boards have done to address reporting non-compliance. Ms.
1442 Carrillo explained they are beginning to track licensees required to report but have not yet defined
1443 non-compliance parameters. Ms. Carrillo commented that as the board of pharmacy smooths out
1444 their process, it can be shared with the prescribing boards. Dr. Ruffridge asked if other prescribing
1445 boards have to analyze their data, to which Ms. Sherrell and Ms. Carrillo stated they don't; it is just
1446 them, but that the bulk of the work will be upfront and it should get smoother as more providers
1447 become compliant and boards establish their own processes. The board discussed when to start
1448 the new daily running of reports for monthly referrals. Ms. Carrillo stated that since licensees were
1449 made aware of the board's quarterly analysis plan in September, a similar notice should be sent
1450 informing licensees of the new process. Ms. Sherrell suggested a do-over would be appropriate if

1451 new criteria for delinquency is being established. Chair Holt recommended that for the first
1452 month, licensees are notified they are missing data, and that in subsequent months, licensees will
1453 be referred to the investigative unit. The board discussed that the fine would be imposed only in
1454 subsequent appearances as a delinquent reporter.

1455

1456 **TASK 29**

1457 Ms. Carrillo will update the board's PDMP disciplinary matrix to reflect daily tracking of reporting
1458 compliance for monthly referrals to the Investigative Unit.

1459

1460 **TASK 30**

1461 Laura will draft letter of new plan and will send the notice to the board for review/approval with
1462 the aim to mail it out on June 1st.

1463

1464 **Agenda Item 9 Potential Statute Changes**

Time: 3:30 p.m.

1465

1466 White bagging

1467 The board returned to discussion of white bagging, which was a topic presented by Dr. Schaber
1468 on day 1. Chair Holt clarified it would require a statute change. Ms. Carrillo commented it may be
1469 a legislative change with division of insurance under Title 21. Chair Holt encouraged the board to
1470 think about the different avenues of pursuing this: seeking support in the next 2 months for a
1471 proposal as a Governor's bill; to work with the association to add onto HB145 in the second
1472 session; or to act independently as a board to find its own sponsors. Chair Holt stated that if it is
1473 the will of the board to try to seek the Governor's support, that a meeting within the next 30-45
1474 days would be ideal.

1475

1476 Ms. Carrillo asked for clarification on brown bagging, to which Dr. Schaber stated is when
1477 medication is shipped to the patient, and the patient then goes to the hospital to have prescription
1478 administered there. Dr. Schaber added that this is commonly seen in infusion pharmacies. Mr.
1479 Henderson inquired whether white bagging and brown bagging is the same. Dr. Schaber clarified
1480 that this is when a payer requires the hospital to purchase from a specific specialty pharmacy and
1481 then ships that to the hospital for administration to the patient. White bagging is distinguished
1482 from brown bagging in that only the latter involves direct shipment to the patient.

1483

1484 Chair Holt recommended the board review other state's legislation. Included in the board's packet
1485 were an ASHP slide deck from April 2021 including examples of state legislation. Dr. Schaber
1486 stated Texas and Virginia had passed legislation, so it would be most useful to look at their
1487 language.

1488

1489 Outstanding statute project

1490 Chair Holt reviewed the board's pending legislative changes the board has previously discussed
1491 but as potential amendments but not yet officially approved to move forward. Among these topics
1492 are requirements related to affidavits of moral character, licensing versus registration of out-of-

1493 state pharmacies, prohibiting the use of the term “apothecary” by unlicensed pharmacies, and
1494 automated dispensing machines.

1495
1496 **Agenda Item 6 Regulations Update Time: 3:58 p.m.**

1497
1498 Ms. Carrillo reviewed the cooperative practice improvement plan she developed with Natalie
1499 Norberg, EA for the State Medical Board. The board of pharmacy had developed its own process
1500 for reviewing and approving these applications because the medical board hadn’t been approving
1501 them; however, the Medical Board recently revisited this topic and wishes to become more
1502 involved. The improvement plan outlines how cooperative practice agreements relates to HB 145
1503 and a plan for next administrative steps. As part of next steps, Ms. Carrillo provided a markup of
1504 the board’s collaborative practice regulations in 12 AAC 52.240, which strikes most of the
1505 language because it is not necessary to verbatim have what the Medical Board has in their
1506 cooperative practice agreement regulations in 12 AAC 40.983. Ms. Carrillo also created form
1507 markups to merge the board of pharmacy’s form and the medical board’s form.

1508
1509 Ms. Carrillo explained that the idea is the State Medical Board would have primary approval of the
1510 cooperative practice agreement application, and once approved, it would be forwarded to the
1511 board of pharmacy to be endorsed by the EA. The hope is that this would also be another avenue
1512 to avoid full-board approval as previously described in day 1.

1513
1514 Chair Holt cautioned that the language may only relate to medical board licensees, but that most
1515 of the agreement applications are coming from Board of Nursing licensees. Ms. Carrillo
1516 acknowledged this, stating she recently reignited cooperative/collaborative practice agreements
1517 with the prescribing boards since the language states it involves providers with the authority to
1518 prescribe rather than specifying the type of healthcare provider.

1519
1520 Ms. Bell inquired whether pharmacists from IHS facilities can participate in collaborative
1521 relationships without seeking board approval. Ms. Bell was asked by an IHS-employed pharmacist
1522 about this and didn’t believe approval was required. Chair Holt recalled previous discussions on
1523 what requirements the board could hold licensees to who were employed by the HIS.

1524
1525 **TASK 31**

1526 Ms. Carrillo will follow up with EA Norberg on the Medical Board’s discussion of the joint
1527 cooperative practice agreement plan.

1528
1529 **TASK 32**

1530 Ms. Carrillo will follow-up with the Board of Nursing, Board of Dental Examiners, and Board of
1531 Examiners in Optometry on their intent to pursue similar cooperative practice agreement
1532 regulations. Ms. Carrillo will provide an update at the September meeting.

1533
1534
1535

1536 **TASK 33**

1537 Ms. Bell will provide language to Ms. Carrillo on a potential request to DOL regarding IHS
1538 pharmacists and collaborative practice agreements.

1539
1540 **Agenda Item 13 Public Comment #4 Time: 4:00 p.m.**

1541
1542 Lorri Walmsley inquired on what the board’s legislative priorities are, and if it includes technician
1543 immunizations. Chair Holt stated these were addressed via emergency preparedness regulations.

1544
1545 **Agenda Item 11 Farewell Chair Holt/Upcoming Meetings Time: 4:10 p.m.**

1546
1547 Farewell Dr. Holt

1548 Day 2 of this meeting marks Chair Holt’s last meeting day after several productive years on the
1549 board. Ms. Carrillo thanked Dr. Holt for his commitment to the board and expressed gratitude for
1550 how knowledgeable, accessible, dedicated, and proactive he has been for the board and pharmacy
1551 profession. Ms. Bell, Mr. Henderson, and Dr. Ruffridge expressed their thanks with similar
1552 sentiments that he has been an exceptional chair and will be sorely missed.

1553
1554 Chair Holt expressed his gratitude for the opportunity to serve on the board, adding it has been a
1555 wonderful experience. Chair Holt expressed he would still participate when he can through
1556 providing comment on regulations, maybe eventually returning to Alaska.

1557
1558 Next meeting dates

1559 September 23 – 24th – Anchorage

1560 November 18 – 19th – Anchorage

1561 February 17-18 – Juneau

1562
1563 **TASK 34**

1564 Ms. Carrillo will submit travel requests for the September and November meetings in Anchorage
1565 and February 2022 meeting in Juneau.

1566
1567 **Agenda Item 9 Adjourn Time: 4:28 p.m.**

1568
1569 On a motion duly made by Lana Bell, seconded by James Henderson, and approved unanimously
1570 to adjourn the meeting, the meeting was adjourned at 4:28 p.m.

1571
1572 Laura Carrillo 09/27/2021
1573 Laura Carrillo, Executive Administrator Date

1574
1575
1576 Justin Ruffridge 9/28/2021
1577 Justin Ruffridge, Chair Date
1578