

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 EMERGENCY MEETING

8
9 September 23-24, 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 August 12, 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: 9:30 a.m.

17
18 The day 1, **September 23, 2021** videoconference was called to order by Chair, Dr. Ruffridge at
19 9:30 a.m.

20
21 Board members present, constituting a quorum:

22
23 Justin Ruffridge, PharmD #PHAP1787
24 Ashley Schaber, PharmD, #PHAP1697
25 Lana Bell, RPh #PHAP893
26 James Henderson, RPh #PHAP1683

27
28 Division staff present:

29
30 Laura Carrillo, Executive Administrator
31 Heather Noe, Occupational Licensing Examiner
32 Lisa Sherrell, PDMP Manager
33 Melisa Dumas, Administrative Operations Manager
34 Sonia Lipker, Lead Investigator
35 Michael Bowles, Investigator
36 Brenda Smith, Investigator
37 Marilyn Zimmerman, Paralegal

38
39 Members from the public present/registered:

40
41 Michael Coons, Matsu Chapter AMAC Action
42 Lorri Walmsley, Walgreens

- 43 Caren Robinson, AkPhA
- 44 Samantha Chessie, Animal Policy Group
- 45 Reggie Dilliard, Gladstone Consultants, LLC
- 46 Rep. Ken McCarty, Alaska Legislature
- 47 Gordon DeVries, Concerned Citizen
- 48 Renee Stoll, Pharmacy Partners, L.L.C.
- 49 Olga Brophy, Carrs/Safeway Albertsons Co.
- 50 Molly Gray, Alaska Pharmacists Association
- 51 Jessica Adams, TelePharm/Cardinal Health Company
- 52 Matthew Johnson, State Legislature
- 53 Christopher Kurka, Office of Representative Christopher Kurka
- 54 Kevin McCabe, State House
- 55 Ursula Chizhik, FLAVORx
- 56 Kendra Croker, Cardinal Health

57

58 **Agenda Item 2** **Review/Approve Agenda** **Time: 9:31 a.m.**

59

60 The board reviewed the day 1 meeting agenda. Dr. Ruffridge called for a motion.

61

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

63 **Schaber, and approved unanimously, it was:**

64

65 **RESOLVED to accept the September 23rd meeting agenda as written.**

66

	APPROVE	DENY	ABSTAIN	ABSENT
67 Justin Ruffridge	x			
68 Lana Bell	x			
69 Tammy Lindemuth				x
70 James Henderson	x			
71 Ashley Schaber	x			
72 Leif Holm				x
73 Sharon Long				x

74

75 The motion passed with no further discussion.

76

77 **Agenda Item 3** **Ethics Disclosures** **Time: 9:33 a.m.**

78

79 Dr. Schaber disclosed she is involved with the Alaska Pharmacist Association (AKPhA), currently

80 serving as past-present, including board member. Dr. Schaber is also in the chair roll for the By-

81 Laws & Nominations Committee Chair, which will carry through to 2022. Her seat as co-chair will

82 also roll through February 2022. Additionally, Dr. Schaber is a member of the association's

83 Legislative & Convention Committees.

84

85 **Agenda Item 4** Review/Approve Minutes **Time: 9:34 a.m.**

86
87 The board reviewed the May 20-21st and August 12th meeting minutes. Mr. Henderson pointed
88 out errors in the May minutes showing he was absent during some voting periods.
89

90 **On a motion duly made by Lana Bell to approve the meeting agenda, seconded by James**
91 **Henderson, and approved unanimously, it was:**

92
93 **RESOLVED to accept the May 20-21st meeting minutes as amended and the**
94 **August 12th meeting minutes as written.**
95

	APPROVE	DENY	ABSTAIN	ABSENT
96 Justin Ruffridge	x			
97 Lana Bell	x			
98 Tammy Lindemuth				x
99 James Henderson	x			
100 Ashley Schaber	x			
101 Leif Holm				x
102 Sharon Long				x

103
104 The motion passed with no further discussion.
105

106 **TASK 1**

107 Ms. Carrillo will review the minutes for accuracy of Mr. Henderson’s voting and will forward the
108 corrected minutes to Dr. Ruffridge for signature.
109

110 **Agenda Item 5** PDMP Update **Time: 9:38 a.m.**

111
112 Ms. Sherrell presented the PDMP report, including data on registration and recommendations to
113 prescribing boards. Ms. Sherrell stated that enhancement features are expected to be implemented
114 soon, including more data analytics modules and a provider-to-provider communication channel.
115

116 Ms. Sherrell informed the board that the reporting compliance process is still a manual, tedious,
117 and complex process. Dr. Ruffridge inquired whether the reporting compliance module would
118 make tracking compliance easier, to which Ms. Sherrell stated it may reduce the number of
119 delinquent reports to assess, but for the most part would be a benefit to the provider.
120

121 Dr. Ruffridge inquired about the definition of direct dispenser. Ms. Sherrell clarified direct
122 dispensing applies to prescribers who dispense directly out of their clinic as opposed to picking
123 their prescriptions up at a pharmacy. A pharmacist practicing within a pharmacy would just be
124 considered a dispenser.
125
126

127 **Agenda Item 6** Investigative Update **Time: 9:56 a.m.**

128

129 Case Review Training

130 Investigator Bowles went through the investigative process workflow. Reviews are performed to
131 determine whether there is a potential violation present, not to determine guilt or innocence. Mr.
132 Bowles proceeded to provide training to the board on their role in the review process.

133

134 Investigative Report

135 Investigator Bowles provided the board its report, which included matters from May 7, 2021
136 through September 9, 2021. During this time period, 30 matters closed and 34 remain open.

137

138 Imposition of Civil Fines

139 The board then addressed imposition of civil fines.

140

141 **On a motion duly made by Ashley Schaber in accordance with AS 44.62.310(c)(2), and**
142 **seconded by Lana Bell, the board unanimously moved to enter executive session for the**
143 **purpose of discussing subjects that tend to prejudice the reputation and character of any**
144 **person, provided the person may request a public discussion.**

145

146 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**
147 **Staff, Michael Bowles, Brenda Smith, Sonia Lipker, Marilyn Zimmerman, and Laura**
148 **Carrillo were authorized to remain in the room.**

149

	APPROVE	DENY	ABSTAIN	ABSENT
150 Justin Ruffridge	x			
151 Lana Bell	x			
152 Tammy Lindemuth				x
153 James Henderson	x			
154 Ashley Schaber	x			
155 Leif Holm				x
156 Sharon Long				x

157 The motion passed with no further discussion.

158

159 *Off record at 10:27 a.m.*

160 *On record at 10:53 a.m.*

161

162
163 Upon return from executive session, Chair Ruffridge clarified that no motions were made during
164 executive session. The board first reviewed matters relating to imposition of civil fines. Where
165 applicable, abstention votes indicate the voting board member reviewed the case.

166

167 **On a motion duly made by Justin Ruffridge to accept the imposition of civil fine for case**
168 **#2020-000530 in the amount of \$500.00, and seconded by Lana Bell, it was:**

169 **RESOLVED** to accept the imposition of civil fine for #2020-000530.

170

	APPROVE	DENY	ABSTAIN	ABSENT
171				
172				x
173	x			
174	x			
175	x			
176				x
177			x	
178				x

179 The motion passed with no further discussion.

180

181 **On a motion duly made by Lana Bell to accept the imposition of civil fine for case #2020-**
182 **001084 in the amount of \$500.00, and seconded by Ashley Schaber, it was:**

183

184 **RESOLVED** to accept the imposition of civil fine for #2020-001084.

185

	APPROVE	DENY	ABSTAIN	ABSENT
186				
187				x
188	x			
189			x	
190	x			
191				x
192	x			
193				x

194 The motion passed with no further discussion.

195

196 **On a motion duly made by Lana Bell to accept the imposition of civil fine for case #2021-**
197 **000100 in the amount of \$500.00, and seconded by Ashley Schaber, it was:**

198

199 **RESOLVED** to accept the imposition of civil fine for #2021-000100.

200

	APPROVE	DENY	ABSTAIN	ABSENT
201				
202				x
203	x			
204	x			
205	x			
206				x
207			x	

248	Ashley Schaber	x		
249	Justin Ruffridge	x		
250	Lana Bell	x		
251	Tammy Lindemuth			x
252	James Henderson		x	
253	Sharon Long			x

254 The motion passed with no further discussion.

255
 256 **On a motion duly made by Lana Bell to accept the imposition of civil fine for case #2020-**
 257 **000972 in the amount of \$500.00, and seconded by Ashley Schaber, it was:**

258
 259 **RESOLVED to accept the imposition of civil fine for #2020-000972.**

	APPROVE	DENY	ABSTAIN	ABSENT
261				
262	Leif Holm			x
263	Ashley Schaber	x		
264	Justin Ruffridge	x		
265	Lana Bell	x		
266	Tammy Lindemuth			x
267	James Henderson		x	
268	Sharon Long			x

269 The motion passed with no further discussion.

270
 271 **On a motion duly made by Lana Bell to accept the imposition of civil fine for case #2020-**
 272 **000973 in the amount of \$2,000.00, and seconded by Ashley Schaber, it was:**

273
 274 **RESOLVED to accept the imposition of civil fine for #2020-000973.**

	APPROVE	DENY	ABSTAIN	ABSENT
276				
277	Leif Holm			x
278	Ashley Schaber	x		
279	Justin Ruffridge	x		
280	Lana Bell	x		
281	Tammy Lindemuth			x
282	James Henderson		x	
283	Sharon Long			x

284 The motion passed with no further discussion.

285
 286 **Agenda Item 7 Public Comment #1 Time: 11:16 a.m.**
 287

288 Representative Christopher Kurka:
289 Rep. Kurka stated there are doctors using their clinical judgment to determine ivermectin is useful
290 for case of COVID-19, adding that if patients are interested and willing to experiment with this
291 medication and the doctors prescribe this judgment, it should be filled. Rep. Kurka stated that
292 ivermectin has received a Nobel Prize for treatment in humans, reiterating prescribers should be
293 able to treat their patients with this, but that there are some pharmacies not filling those
294 prescriptions. Dr. Ruffridge thanked Rep. Kurka for his comment and encouraged the public to
295 review their draft Q and A, which will be discussed later in the meeting. Ms. Carrillo provided the
296 page number, 250, located in the public packet.

297
298 Representative Ken McCarty:
299 Rep. McCarty stated he wants to ensure our state has all the medications necessary to combat
300 COVID. As the representative for Eagle River-Chugiak, he has looked at monoclonal antibodies
301 and ways to get this into communities. Rep. McCarty added he is hearing about patients unable to
302 receive monoclonal antibodies around the state and is now hearing ivermectin can't get into the
303 hands of patients. Rep. McCarty is interested in helping with the supply, stating he is a trustee with
304 the Mental Health Trust along with trustee, John Sturgeon, who was instrumental in delivering
305 PPE all over communities in Alaska by plane. McCarty stated it would be ideal for the same to
306 occur with ivermectin and is happy to help with that effort.

307
308 Dr. Ruffridge stated for the public that ivermectin is not a commonly prescribed human drug in
309 the U.S. and that the current supply is well below the current demand. Dr. Ruffridge stated he has
310 dispensed 10 years' worth of this drug in about 10 hours, that it is a difficult drug to stock and any
311 concerns about supply right now is valid. Dr. Ruffridge stated he has not experienced a similar
312 supply issue with monoclonal antibodies, but that as the situation continues to unfold, it may
313 become scarce. Ms. Bell added that the supply is being controlled by the federal government and is
314 based on an allocation. The Alaska Department of Health and Social services is working with the
315 federal government and advocating for supply, though it is ultimately not controlled by the state.

316
317 **TASK 2**

318 Dr. Ruffridge will submit written responses to Representatives Kurka and McCarty's questions
319 following the meeting.

320
321 **Agenda Item #6** Investigative Update 11:32 a.m.

322
323 Imposition of civil fines

324 The board returned to the investigative review of imposition of civil fines.

325
326 **On a motion duly made by Lana Bell to accept the imposition of civil fine for case #2020-**
327 **000163 in the amount of \$250.00, and seconded by Ashley Schaber, it was:**

328
329 **RESOLVED to accept the imposition of civil fine for #2020-000163.**

330

	APPROVE	DENY	ABSTAIN	ABSENT
331				
332	Leif Holm			x
333	Ashley Schaber	x		
334	Justin Ruffridge	x		
335	Lana Bell	x		
336	Tammy Lindemuth			x
337	James Henderson	x		
338	Sharon Long			x

339 The motion passed with no further discussion.

340
 341 **On a motion duly made by Lana Bell to accept the imposition of civil fine for case #2020-**
 342 **000790 in the amount of \$1,000.00 and seconded by Ashley Schaber, it was:**

343
 344 **RESOLVED to accept the imposition of civil fine for #2020-000790.**

	APPROVE	DENY	ABSTAIN	ABSENT
346				
347	Leif Holm			x
348	Ashley Schaber	x		
349	Justin Ruffridge	x		
350	Lana Bell	x		
351	Tammy Lindemuth			x
352	James Henderson		x	
353	Sharon Long			x

354 The motion passed with no further discussion.

355
 356 Voluntary surrender
 357 The board then moved to review matters relating to voluntary surrenders.

358
 359 **On a motion duly made by Justin Ruffridge to accept the voluntary surrender for case**
 360 **#2020-000655, and seconded by James Henderson, it was:**

361
 362 **RESOLVED to accept the voluntary surrender for #2020-000655.**

	APPROVE	DENY	ABSTAIN	ABSENT
364				
365	Leif Holm			x
366	Ashley Schaber	x		
367	Justin Ruffridge	x		
368	Lana Bell		x	
369	Tammy Lindemuth			x

370	James Henderson	x		
371	Sharon Long			x

372 The motion passed with no further discussion.

373
374 Consent agreement

375 The board then reviewed a matter related to a continuing education consent agreement.

376
377 **On a motion duly made by Lana Bell to accept the consent agreement for case #2021-**
378 **000087, and seconded by James Henderson, it was:**

379
380 **RESOLVED to accept the consent agreement for #2021-000087.**

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

390 The motion passed with no further discussion.

391
392 **TASK 3**

393 Ms. Carrillo will send the imposition of civil fines, voluntary surrender, and consent agreement to
394 Dr. Ruffridge for signatures and will forward these to Investigator Bowles.

395
396 James Henderson called for break.

397
398 *Off record at 11:35 a.m.*
399 *On record at 11:41 a.m.*

400
401 **Agenda Item #8** Board Business **11:44 a.m.**

402
403 Application review
404 The board then moved onto board business, beginning with application review.

405
406 **On a motion duly made by Lana Bell in accordance with AS 44.62.310(c)(2), and seconded**
407 **by Ashley Schaber, the board unanimously moved to enter executive session for the**
408 **purpose of discussing subjects that tend to prejudice the reputation and character of any**
409 **person, provided the person may request a public discussion.**

410

411 **RESOLVED** to enter into executive session in accordance with AS 44.62.310(c)(2).
 412 Staff, Michael Bowles and Laura Carrillo were authorized to remain in the room.

413

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

421 The motion passed with no further discussion.

422
 423
 424 *Off record at 11:46 a.m.*
 425 *On record at 12:28 p.m.*

426
 427 Upon return from executive session, Chair Ruffridge clarified that no motions were made during
 428 executive session. Investigator Michael Bowles joined the board in executive session.

429
 430 **On a motion duly made by Lana Bell to table the application for Zachary Brown, in-**
 431 **process 117445, and seconded by Ashley Schaber, it was:**

432
 433 **RESOLVED** to table the application for Zachary Brown until the board's
 434 **November 18-19, 2021 meeting.**

435

	APPROVE	DENY	ABSTAIN	ABSENT
436 Leif Holm				x
437 Ashley Schaber	x			
438 Justin Ruffridge	x			
439 Lana Bell	x			
440 Tammy Lindemuth				x
441 James Henderson	x			
442 Sharon Long				x

443 The motion passed with no further discussion.

444
 445
 446
 447 **TASK 4**

448 Ms. Carrillo will inform Mr. Brown of the board's vote to table the discussion during its
 449 November meeting.

450
 451 *Off record at 11:27 a.m.*

452 *On record at 12:29 p.m.*

453

454 Lost/Stolen Prescriptions

455 The board reviewed lost and stolen prescriptions.

456

457 Review/Approve 2022 Strategic Plan

458 Ms. Carrillo informed the board that a new strategy related to military licensing was added to the
459 regulation and enforcement guiding principles as goal #4, which aims to grow the economy while
460 promoting community health and safety. The new military strategy became #4.5, which bumped
461 the legislation advocacy strategy to #4.6. Dr. Schaber pointed out a typo corrected needing to be
462 made from, “arises” to “arise” in strategy #4.6.

463

464 **On a motion duly made by Lana Bell to approve the board’s 2022 Strategic Plan with the**
465 **revision to strategies #4.5 and #4.6, and seconded by Ashley Schaber, it was:**

466

467 **RESOLVED to approve the 2022 Strategic Plan as amended.**

468

	APPROVE	DENY	ABSTAIN	ABSENT
469 Leif Holm				x
470 Ashley Schaber	x			
471 Justin Ruffridge	x			
472 Lana Bell	x			
473 Tammy Lindemuth				x
474 James Henderson	x			
475 Sharon Long				x

476 The motion passed with no further discussion.

477

478 **TASK 5**

479 Ms. Carrillo will correct the grammar mistake in strategy #4.6 and will submit a request to publish
480 the finalized 2022 Strategic Plan to the board’s webpage.

481

482 Correspondence

483 Chair Ruffridge summarized the pieces of correspondence included in the packet:

484

- 486 - FDA vaccinations not yet available for ages 5-12, diligently working to ensure safety and
487 efficacy of products in children, but until that time, vital parents interacting with children
488 take appropriate safety measures.
- 489 - Declaration to amendment of PREP Act, 9th amendment, providing liability immunity to
490 and expand scope of authority for qualified pharmacy personnel to administer COVID-19
491 therapeutics, including monoclonal antibodies.
- 492 - HHS – expanding shelf life for bamlanivimab for an additional 6 months.

493

494 Review Final Annual Report

495 The board reviewed its final annual report for FY2021, which is published on the Division
496 Reports page.

497

498 Intern Jurisprudence Questionnaire

499 Ms. Carrillo will be working with Ms. Bell on the intern jurisprudence questionnaire to ensure it
500 accurately reflects current statutes and regulations.

501

502 **TASK 6**

503 Ms. Carrillo and Ms. Bell will work on the intern jurisprudence questionnaire by the November
504 18-19, 2021 meeting. If edited before then, Ms. Carrillo will send the questionnaire to the board
505 via OnBoard for voting.

506

507 COVID-19 matters

508 The board first addressed the PREP Act amendment, which is also on the board's agenda for
509 tomorrow's legal opinion review. The board then addressed the topic ivermectin, which is
510 included in the board's draft COVID Q/A presented to the board for their consideration to
511 publish.

512

513 Ms. Bell stated the board needs to remain cognizant of what it publishes and be aware of potential
514 liability issues, particularly when it comes to agents that are not EUA approved. Ms. Bell stated she
515 is unsure if the board should create an opinion but agrees it doesn't help licensees or patients to be
516 silent. Dr. Ruffridge stated it would be wise to address high dosage amounts because it tends to
517 cause the most concern, adding that pharmacists are stuck on a front line making decisions to fill
518 or not to fill, which leads to discussions on what role the pharmacist plays. Dr. Schaber stated the
519 draft does a good job presenting all the facts together and gives good guidance to patients and
520 pharmacists. Dr. Ruffridge commented that if the board were to publish this individually, it may
521 find themselves front, center, and alone in the discussion, so wants to ensure the board thoroughly
522 discusses this.

523

524 Dr. Ruffridge added that ivermectin falls into a gray area; that the reason why there is opposition
525 is because there isn't clear evidence for its use. Dr. Ruffridge believes there should be a
526 mechanism for knowing whether ivermectin has been a benefit or detriment to the patient, not
527 only from the perspective of pharmacists, but in follow-up by the prescriber on how the patient
528 fared with the drug. Dr. Ruffridge added that some ivermectin prescriptions are being issued by
529 non-resident prescribers and wondered how that was being addressed by the medical board,
530 particularly for remote prescribing.

531

532 Dr. Schaber mentioned receiving information from DHSS's section of epidemiology and inquired
533 whether the board should work in tandem with this section to ensure there is consistency in the
534 board's messaging. Dr. Ruffridge agreed it would be ideal to get DHSS' input and again see if
535 prescribing boards would be amenable to collaborating on it.

536

537 On a motion duly made by Lana Bell to create and distribute a fact sheet on the use of
 538 ivermectin for the treatment of COVID-19 with feedback with DHSS' section of
 539 epidemiology, and seconded by James Henderson, it was:

541 **RESOLVED** to proceed with pursuing a fact sheet on therapeutic treatment of
 542 COVID-19, including the use of ivermectin, in collaboration with DHSS' section of
 543 epidemiology.

	APPROVE	DENY	ABSTAIN	ABSENT
546 Leif Holm				x
547 Ashley Schaber	x			
548 Justin Ruffridge	x			
549 Lana Bell	x			
550 Tammy Lindemuth				x
551 James Henderson	x			
552 Sharon Long				x

553 The motion passed with no further discussion.

554
 555 **TASK 7**

556 Laura will reach out to DHSS' section of epidemiology to collaborate with the board on its draft
 557 Q/A addressing therapeutic treatment of COVID-19, including the use of ivermectin.

558
 559 **Agenda Item #9** **Lunch** **1:03 p.m.**

560
 561 Chair Ruffridge called for lunch at 1:03 p.m.

562
 563 *Off record for lunch at 1:03 p.m.*

564 *On record from lunch at 1:40 p.m.*

565
 566 **Agenda Item #8** **Board Business** **1:41 p.m.**

567
 568 The board returned to board business to discuss the PDMP disciplinary matrix. The board
 569 reviewed its last approved matrix from their May 20-21, 2021 meeting, which included a plan for
 570 referring pharmacies to the investigative unit that appeared to not be complaint. Ms. Carrillo
 571 explained that until we understand which providers are dispensing and until reporters can benefit
 572 from a delayed reporting notification module, tracking compliance aggressively may need to be put
 573 on hold. Ms. Carrillo added that there still isn't an easy way to tell whether a delinquent reporter
 574 has since submitted or corrected their data. Ms. Sherrell reiterated the tedious process in
 575 synthesizing the volume of data into one spreadsheet. Dr. Schaber inquired what other boards'
 576 matrices look like, to which Ms. Carrillo stated we generally haven't delved into reporting
 577 compliance tracking because there are many unknowns with regards to who is direct dispensing.

578 The board discussed its reporting disciplinary matrix and agreed there is further discussion needed
579 to implement a compliance tracking plan and matrix.

580
581 **Agenda Item #11** **Budget Report** **2:08 p.m.**

582
583 Melissa Dumas provided the board's budget report. The total expenditures for the 4th quarter is
584 slightly over \$601,000, which was used for the board's fee analysis. Ms. Dumas explained the
585 division's proposed fee adjustments, which includes decreases between 17% and 30%. Ms. Dumas
586 explained that statute (AS 08.01.065) requires the division to annually review fees and determine
587 whether expenditures and revenues are approximately equal. The division strives to maintain
588 approximately one years' worth of revenue in reserves; however, fee setting is ultimately up to the
589 director.

590
591 Ms. Dumas stated the board has an estimated biennium surplus of over \$1 million. Dr. Schaber
592 inquired what happens to the board's budget when there is a surplus and over what period of time.
593 Ms. Dumas stated the division as a whole essentially has one pot of money; when another
594 program is in a deficit, the program is using the surplus of other programs. In reality, the board of
595 pharmacy has its own budget, which currently has an ending cumulative surplus of \$614,000,
596 which is being carried as a surplus every year.

597
598 Dr. Ruffridge inquired whether the initial license fee could be adjusted. Ms. Dumas affirmed and
599 posed options: does the board want current or existing licensees to bear the cost of running the
600 program, or does the board want new and existing licensees to share the cost equally? Dr.
601 Ruffridge stated the costs may hinder new licensees. Ms. Dumas suggested that if the board's goal
602 is to encourage new technician applicants, both the initial and renewal fees could be adjusted. Ms.
603 Dumas added that the fees take into account the number of licensees in that category. Dr. Schaber
604 stated that cost may be a barrier to licensure, specifically for technicians.

605
606 **Agenda Item #11** **Industry/Profession Updates** **2:32 p.m.**

607
608 Molly Gray provided an update on events, including its Alaska Pharmacy Leadership
609 Development program on September 24th, the Academy of Health-System Pharmacy Fall CE
610 Conference on Saturday, September 25, which is being offered for 7.25 credits. The association is
611 also partnering with the University of Alaska/Idaho State University (UAA/ISU) Doctor of
612 Pharmacy Program. This partnership includes a change in the association's Executive Director
613 position for AKPhA, which will now be a shared position with the UAA/ISU Doctor of
614 Pharmacy Program. Ms. Gray also announced that she will be leaving the association with her last
615 day being the 25th.

616
617 Caren Robinson provided a legislative update on telehealth, adding that some influences may
618 weigh down and cloud the initial intent of this bill. Ms. Gray also added that the association will
619 continue to progress efforts on white bagging and expanding pharmacists' authority for the next
620 session.

621
622 **Agenda Item #10** Subcommittee Updates 2:42 p.m.
623
624 PDMP board chairs
625 Chair Ruffridge stated these meetings are continuing to occur twice per month for inter-board
626 communication on issues related to the database and compliance with it. Dr. Ruffridge added
627 there's been discussions on how to identify the "bad actors" through use of a new provider outlier
628 module.
629
630 Healthcare board chairs
631 Dr. Ruffridge stated COVID-19 continues to be the main topic of discussion at this meeting. The
632 overall take-home is to acknowledge the work healthcare workers are doing to respond to the
633 ongoing pandemic, particularly in hospital settings.
634
635 CSAC
636 There was no update.
637
638 Compounding Subcommittee
639 There was no update.
640
641 **Agenda Item #13** Administrative Business 2:46 p.m.
642
643 A bit ahead of schedule, Dr. Ruffridge called for license statistics.
644
645 License statistics
646 Ms. Carrillo stated there are still emergency permit applications coming in for pharmacists, interns,
647 and technicians. At present, there are 23 active pharmacist permits, 5 technician permits, and 1
648 intern. Ms. Carrillo also added that courtesy licenses are no longer being issued because applicants
649 can now apply for a permanent license, given the PREP Act allows these individuals to administer
650 COVID-19 vaccines.
651
652 Form updates – inspection discrepancy
653 The first form update included a draft pharmacy/facility inspection discrepancy form. Ms. Carrillo
654 recalled from the board's May meeting discussions regarding a revised inspection process, which
655 would include the board's assigned investigator. The board previously discussed options on how
656 to handle pharmacy findings and deliberated potential acknowledgment requirements for
657 pharmacies should findings occur.
658
659 One option was to require pharmacies to sign an inspection discrepancy form acknowledging the
660 issues will be corrected and another option was to submit an acknowledgement form including
661 documents demonstrating the issues indeed were corrected. Another option discussed was a
662 combination of both; to submit an acknowledgement form attesting that the issues will be

663 corrected within a certain timeframe, and then a subsequent submission showing proof the
664 corrections were made. The draft included in the packet was the first option.

665
666 Dr. Ruffridge commented that this could be a mechanism to track patterns of inspection issues
667 and to address them accordingly. Ms. Carrillo suggested the board could include in its disciplinary
668 matrix a threshold to address appropriate action, e.g.: x occurrences within y timeframe will be
669 treated with z action. Ms. Carrillo stated the board would need to finalize language to further
670 inform the process and to align the inspection form with.

671
672 Form updates – pharmacist reinstatement
673 Ms. Carrillo shared that this form was updated to reflect the qualifying years for which a
674 pharmacist can apply for reinstatement, which is when a license has lapsed for more than two but
675 less than five years.

676
677 Form updates – PIC/facility manager
678 The incoming and outgoing forms were updated to include pharmacist-in-charge language as the
679 previous version was confusing in its use of language for facility managers only.

680
681 Task list
682 The board reviewed the task list. There were 34 tasks from the May meeting and two carry-over
683 tasks from February. The majority of tasks were complete and remaining tasks will be ongoing.

684
685 Ms. Bell addressed task #6, providing the update that she met with Investigator Bowles twice and
686 on one of those occasions, with the new PDMP investigator, Brenda Smith. Ms. Bell stated she
687 would be updating the inspection checklist. Ms. Bell then provided an update on task #33, stating
688 it was in relation to a pharmacist who wanted to work with AIDS patients with autonomy and that
689 it required a collaborative practice agreement. The board then discussed new tasks.

690
691 **TASK 8**
692 Dr. Schaber and Ms. Carrillo will meet to work on a draft disciplinary matrix in preparation for
693 board discussion during its November 18-19, 2021 meeting.

694
695 **TASK 9**
696 Dr. Ruffridge will take over the expiration date project in 12 AAC 52.480.

697
698 **TASK 10**
699 Ms. Carrillo will send a poll via email to confirm availability for the November 18-19, 2021
700 meeting.

701
702 Travel/conferences/workshops
703 There were no upcoming board member travel requests for out-of-state training or conferences;
704 however, Ms. Carrillo stated there were some PDMP related travel Ms. Sherrell would be
705 participating in, including the NASCSA conference in October.

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Agenda Item #8

Board Business

3:26 p.m.

Ahead of schedule, the board returned to discussion on the PDMP disciplinary matrix. Mr. Henderson inquired how the board would quantify dollar amounts for fines related to a variety of actions the board could choose to take. Dr. Ruffridge suggested there may need to be some prioritizing of what types of licensees and violations to refer.

Dr. Ruffridge and Mr. Henderson discussed limitations with data visibility and lingering frustrations with dialing into certain datapoints that conceptually would seem simple but in reality, is difficult and time-consuming. Dr. Ruffridge emphasized that the difficulty of data mining may hinder the board’s ability to articulate to the legislature the changes that may need to occur to make the system more effective. Dr. Ruffridge acknowledge the database contains an inordinate amount of data that may be directly contributing to analytics delays.

Ms. Sherrell agreed there were some functionalities needing to be assessed but did share there were some improvements underway to make analysis easier. Ms. Sherrell added that as of Tuesday, September 21st, there appeared to be less than 100 delinquent pharmacies. Ms. Carrillo clarified this was out of 800 potential delinquent submitters, with pharmacies constituting a small percentage, but that the total # of delinquent submitters may be skewed by providers who are not required to submit.

Dr. Ruffridge revisited establishing a tiered system where there are levels of action taken and fines imposed commensurate with the severity or frequency of the delinquency, e.g.: \$200 for the first violation and \$500 for the second. Ms. Carrillo commented that compliance monitoring may need to be simplified to assess the presence or absence of a violation rather than assessing based on level of egregiousness. The other consideration was reviewing compliance every day since the system isn’t currently capable of searching within a tailored timeframe.

Dr. Ruffridge entertained random audits of PDMP compliance. Mr. Henderson agreed it would be a way to make the large volume of data more manageable and Dr. Schaber also expressed support for this approach. Ms. Carrillo said it could work in the same way continuing education audits work: 5% of randomly selected licensees would be audited for compliance through reports generated within the licensing system, and if the licensee fails the audit, a consent agreement and fine could be pursued. Mr. Henderson suggested that if a licensee fails an audit, they automatically audited be audited in the next renewal, to which Dr. Ruffridge agreed.

Ms. Carrillo’s initial idea is that licensees appearing on the audit would be searched in the PDMP based on the DEA number, which would generate reports on daily compliance. The system currently allows a three-year lookback period by quarter. Ms. Carrillo estimates that 5% of licensees would be 24 pharmacies, but the board could determine how often to run these audits. Notices to licensees advising them the new process would be taking place was recommended and it was noted the delinquent reporting module would help prime reporters to report daily.

749
750 **Agenda Item #14** **Public Comment #2** **3:45 p.m.**

751
752 There were no public comments.

753
754 **Agenda Item #8** **Board Business** **4:02 p.m.**

755
756 The board returned to discussing the PDMP disciplinary matrix. Ms. Carrillo stated she would
757 need to double check on whether a regulation change in 12 AAC 52 is permitted since the existing
758 CE audit language is in centralized regulations, 12 AAC 02.

759
760 **TASK 11**
761 Ms. Carrillo will inquire with the regulation specialist or Department of Law as to whether the
762 board can adopt PDMP audit regulations under 12 AAC 52 instead of 12 AAC 02.

763
764 **Agenda Item #15** **Recess** **4:06 p.m.**

765
766 Chair Ruffridge recessed the meeting at 4:06 p.m. and will resume the meeting at 9:00 a.m. on
767 Friday, September 24th.

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792 State of Alaska
793 Department of Commerce, Community and Economic Development
794 Division of Corporations, Business and Professional Licensing
795

796 Alaska Board of Pharmacy
797

798 MINUTES OF THE EMERGENCY MEETING
799

800 September 23-24, 2021 Videoconference
801

802 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
803 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on
804 August 12, 2021. Due to the COVID-19 pandemic, in-person attendance was not
805 available.

806
807 **Agenda Item 1** Call to Order/Roll Call **Time: 9:46 a.m.**
808

809 The day 2, **September 24, 2021** videoconference was called to order by Chair, Dr. Ruffridge at
810 9:46 a.m.

811
812 Board members present, constituting a quorum:
813

814 Justin Ruffridge, PharmD #PHAP1787
815 Ashley Schaber, PharmD, #PHAP1697
816 Lana Bell, RPh #PHAP893
817 James Henderson, RPh #PHAP1683
818

819 Division staff present:
820

821 Laura Carrillo, Executive Administrator (joined at 10:40 a.m.)
822 Heather Noe, Occupational Licensing Examiner
823 Lisa Sherrell, PDMP Manager
824 Sara Chambers, CBPL
825

826 Members from the public present/registered:
827

828 Pamela Samash, The people
829 Olga Brophy, Carrs
830 Michael Coons, Matsu Chapter, AMAC Action
831 Jessica Adams, TelePharm a Cardinal Health Company
832 Kendra Croker, Cardinal health
833 Caren Robinson, AkPha

834 Christopher Kurka, Office of Rep. Kurka
 835 Samantha Chessie, Animal Policy Group
 836 Hannah Muasher, University of Arizona College of Pharmacy
 837 Kevin McCabe, Alaska House of Representatives
 838 Reggie Dilliard, Gladstone
 839 Gordon DeVries, Concerned Citizen

840
 841 **Agenda Item 2** **Review/Approve Agenda** **Time: 9:52 a.m.**

842
 843 The board reviewed the day 2 meeting agenda. Dr. Ruffridge called for a motion.

844
 845 **On a motion duly made by Lana Bell to approve the meeting agenda, seconded by Ashley**
 846 **Schaber, and approved unanimously, it was:**

847
 848 **RESOLVED to accept the September 24th meeting agenda as written.**

	APPROVE	DENY	ABSTAIN	ABSENT
850				
851	Justin Ruffridge	x		
852	Lana Bell	x		
853	Tammy Lindemuth			x
854	James Henderson	x		
855	Ashley Schaber	x		
856	Leif Holm			x
857	Sharon Long			x

858 The motion passed with no further discussion.

859
 860 **Agenda Item 3** **Ethics Disclosures** **Time: 9:55 a.m.**

861
 862 As with day 1, Dr. Schaber disclosed that she is a member of AKPhA and the Past-President (incl.
 863 Board Member; By-Laws & Nominations Committee Chair) (through 2/22); Co-treasurer
 864 (through 2/22); and a member of the Legislative & Convention Committees.

865
 866 **Agenda Item 4** **Public Comment #3** **Time: 10:02 a.m.**

867
 868 Representative McCabe:
 869 Several pharmacist claim they are being threatened by this board or possibly by federal agencies
 870 because ivermectin is claimed to be contraindicated for COVID-19, even though the NIH states it
 871 is a better therapeutic option than remdesivir. I think the board of pharmacy can at least get out of
 872 the doctors' way. I did read the board's draft statement, though I would suggest there be a link to
 873 the NIH website. I know pharmacists are last line of defense for mistakes with codeine and heroin
 874 and those sorts of drugs, but since the FDA has approved it for other diseases, pharmacists should

875 be part of the solution by letting prescribers do their jobs. It is effective in India and Scotland, so I
876 would appreciate this to be considered in the board's draft.

877
878 Pamela Samash:
879 I was hoping to hear the conversation regarding your response to Representative McCabe. I want
880 to encourage you to really consider allowing ivermectin and malaria drugs to be available to the
881 public because it would take pressure off of the hospitals. I keep hearing that hospitals are
882 overwhelmed, and how some states are importing foreign healthcare workers. I think we should
883 try instead to keep people as healthy at home as possible. What we are doing at home is putting
884 together a COVID test kit. The kit was suggested by Trump's doctor who is going for a Nobel
885 Prize- he has a list of things that can be taken for preventative measures. The board should
886 consider issuing COVID kits.

887
888 Michael Coons:
889 I am a retired United States Air Force serviceman and was in Honduras where it was a highly
890 malaria-infested country. I ended up taking hydroxychloroquine and took it for the 90-day
891 duration I was there as well as upon my return to the states. I had zero problems with taking this
892 drug off label. There isn't just anecdotal evidence that it works, like with President Trump, that is
893 an actual person who has benefited from this drug. I'm also a commissioner on the commission
894 on aging, so I'm concerned about seniors. I'm also the president of the Matsu chapter of the
895 Association of Mature American Citizens (MAC). As seniors, we need to have the ability to get
896 treatment we need. My doctor has no problem giving my hydroxychloroquine or ivermectin, but
897 Fred Meyer, Carrs, and Walgreens are flat out refusing out of worry their license will be revoked
898 by the CDC. The CDC does not have anything to do with licensure, but the board has everything
899 to do with it. The bottom line is that when a patient and doctor has decided on a treatment, it is
900 the pharmacy's job that the medication won't cause any adverse action or will contact the
901 prescriber if there are concerns. Ultimately the pharmacy must dispense the drug.
902

903 **Agenda Item 5** **Legal Opinion Updates** **Time: 9:50 a.m.**

904
905 The board then moved to reviewing legal opinion updates.
906

907 Drug takeback programs (guidance complete):
908 The guidance provided back on this request on June 3, 2021 is that the board can implement
909 regulations for drug takeback programs and can require that pharmacies notify the board when
910 they have become a receptacle site. Dr. Ruffridge stated the board could continue to look into
911 whether they would like to adopt regulations to implement this.
912

913 **TASK 12**
914 Ms. Carrillo will add drug takeback programs to the board's agenda for November to determine
915 whether the board intends to pursue this in regulation.
916

917 Delegate reporting (guidance pending):

918 The request to DOL for clarification was to understand whether pharmacies and individual
919 prescribers can delegate reporting to third-party fulfillment companies. Ms. Sherrell explained that
920 currently, we verify that the primary contact for the data submitter is the PIC because statute
921 requires that they report on behalf of the pharmacy. In reality, many pharmacies are set up to
922 report automatically for pharmacies and provider clinics/institutions. The ways this typically
923 happens is the pharmacy's corporate IT gives permission to the vendor to take their dispensation
924 data and transmit it to ClearingHouse (the PDMP data reporting repository), so that it can be
925 uploaded as a secure file transfer protocol (STFP) on a daily basis.

926
927 Ms. Sherrell further explained that it doesn't make sense to only accept data submissions when the
928 primary contact is a PIC because if the contact is a regulatory, IT, or third-party individual, which
929 often is the case, denying their data submission based on the wording of the statute would
930 effectively prevent required patient data from being included in the PDMP. Ms. Sherrell stated we
931 are still waiting for a response from DOL.

932
933 **TASK 13**

934 Ms. Carrillo or Lisa Sherrell will follow-up with DOL as to whether third-party vendors can report
935 on behalf of pharmacies and prescribers given delegates must be licensed under AS 08, and third-
936 party vendors are not.

937
938 PDMP reviewing and authorized refills (complete):

939 When looking at reviewing requirements in AS 17.30.200(k)(4)(B), DOL clarified that prescribers
940 are exempt from reviewing controlled substance prescriptions written for 3+ days only if they do
941 not contain any authorized refills.

942
943 DOL also clarified that emergency providers are not blanket exempt from the review requirement,
944 which has been a misunderstanding. If an emergency provider issues a schedule II or III
945 controlled substance, it is not in a scenario included in AS 17.30.200(k)(4)(A) and written for more
946 than a 3-day supply, that provider must review the patient's prescription history.

947
948 The board reviewed DOL's explanation that there is no preemption of federal rule, 75 CFR Sec.
949 1306.22, on the board's ability to refill schedule III controlled substances after more than 6
950 months of the original date of issue that doesn't exceed 5 refills. The response further stated
951 federal law sets the floor but gives states the ability to be more stringent, but that the board had
952 opted to restrict pharmacists and interns from exercising discretion to dispense any quantity of a
953 schedule II-IV controlled substance. Dr. Ruffridge's understanding was there was discretion in
954 regulation, to which Mr. Henderson agreed but noted the response from DOL seems to indicate
955 there is no discretion; prescriptions must be filled in the quantity indicated on the order. Dr.
956 Schaber pointed to 12 AAC 52.465, which does allow the pharmacist to dispense a lesser quantity
957 of a schedule II.

958

959 In further read of regulation 12 AAC 52.470, Dr. Ruffridge noted it states refills can be dispensed
960 in any quantity but only for non-controlled substances. Chair Ruffridge inquired to the board as to
961 whether they wish to pursue potential changes to this section.

962

963 **TASK 14**

964 Ms. Carrillo will add refills of controlled substances to the board's agenda for November to
965 determine whether the board intends to pursue this in regulation.

966

967 Medical examiner + investigator access (complete):

968 Guidance previously provided to the board in 2018 stated that medical examiner delegates could
969 access the database on behalf of the medical examiner/coroner's office. The follow-up question to
970 the initial assessment was whether a subpoena was required either by the ME/C or the delegate,
971 e.g.: medicolegal investigator. Ms. Sherrell stated these staff are not licensed under AS 08 but are
972 state employees. DOL's response was that only the ME/C could access the data to determine
973 cause of death without a subpoena, but that delegates cannot access the data either with a
974 subpoena or without, since their duty is not to determine cause of death, which is the
975 responsibility of the ME/C.

976

977 DOL suggested the board amend their regulations to clarify only medical examiners can have
978 access to the system upon a written request for access.

979

980 **TASK 15**

981 Ms. Carrillo will add ME/C and delegation to unlicensed support staff to the board's agenda for
982 November to determine whether the board intends to pursue this in regulation.

983

984 **Agenda Item 6**

Regulations

Time: 10:24 a.m.

985

986 *Laura Carrillo joined the meeting at 10:45 a.m.*

987

988 The board then moved to discussion regulations, including reviewing public comments.

989

990 Regulations overview

991 The board reviewed the steps in the regulation process, including steps in the regulations process
992 and the effective regulations approach.

993

994 PDMP regulations: 12 AAC 52.855

995 These regulations went into effect on May 6, 2021 and included language pertaining the required
996 timeframe to register with the system and clarified the mechanism for which to be assigned a
997 unique PDMP account. Dr. Ruffridge read each comment, which were included in the board
998 packet, out loud for the record.

999

1000 PDMP regulations: 12 AAC 52.855, 12 AAC 52.856, and 12 AAC 52.857

1001 These regulations went out for public comment through September 16, 2021 and includes
1002 additional changes to registration, creates a section on renewal requirements, and adds language
1003 requiring pharmacies and pharmacists to notify the board when there is a change in dispensing
1004 status. These regulations were ready for adoption.
1005

1006 **TASK 16**

1007 Ms. Carrillo will include the affidavit of board action and certification order for the board to
1008 entertain a motion adopting changes to 12 AAC 52.855, 12 AAC 52.856, and 12 AAC 52.857
1009 during the November 18-19, 2021 meeting.
1010

1011 PDMP regulations: uniform agreement

1012 Dr. Ruffridge informed the board this topic relates to an ongoing discussion with PDMP-affected
1013 boards. Dr. Ruffridge explained that the intent is for the boards to identify and come to a
1014 consensus on specific matters for which to prioritize and pursue investigations on, such as
1015 egregious prescribing/dispensing matters, high MMEs, dangerous combination therapies, over-
1016 prescribing, etc. Dr. Schaber expressed her support, stating that a unified approach with
1017 prescribing boards is a useful and ideal approach both for the public and profession. If regulations
1018 need to be amended to align with the agreement, the board will pursue that.
1019

1020 Dr. Ruffridge commented the Board of Pharmacy doesn't have the ability to enforce or discipline
1021 prescribers, but that because the PDMP is statutorily housed under the board, it is appropriate and
1022 obligated to pursue a uniform agreement with regards to best practices. Dr. Ruffridge asked
1023 whether other members had specific ideas on what else could be included in the agreement. Mr.
1024 Henderson expressed support for the criteria Dr. Ruffridge mentioned, adding that too many
1025 thresholds may complicate standardization.
1026

1027 Ms. Sherrell provided an example of variation amongst boards where standardization would be
1028 useful; the State Medical Board has set a 50 MME limit whereas the Board of Dental Examiners
1029 has set a 60 MME. Ms. Sherrell also discussed the 5-5-3 rule (5 or more prescriptions from 5 or
1030 more prescribers/pharmacies within a 3-month period), and informed the board that when
1031 recently testing the provider outlier module, it was found patients going to 2 or more pharmacies
1032 was where the highest risks was occurring.
1033

1034 Dr. Schaber commented on the uniform agreement and the 5-5-3 rule, which Ms. Sherrell
1035 previously explained has been the board's criteria in the past, but that other states have different
1036 threshold levels. Dr. Schaber stated it may make sense to lower this criteria because of the
1037 geographical distribution of pharmacies across the state. Ms. Carrillo stated the 5-5-3 rule was
1038 voted on during the board of pharmacy during a meeting in 2014 because at the time, that was a
1039 common threshold amongst other states, but suggested since it was voted previously, that a
1040 change to this should be on the record for consistency. Mr. Henderson inquired how many alerts
1041 were triggered for meeting this threshold, to which Ms. Sherrell stated there were 61. Dr.
1042 Ruffridge inquired how this alert is documented, which Ms. Sherrell explained appears in the
1043 patient's record as an alert.

1044 **TASK 17**

1045 Ms. Sherrell will poll other states, specifically those with geographic/accessibility similarities, on
1046 what criteria they use for the doctor shopper alert and provide the board the information by their
1047 November meeting.

1048

1049 National certification notification

1050 Ms. Bell explained that pharmacies, specifically the PIC, should verify that a technician is
1051 nationally certified. Ms. Carrillo recalled the board came to a consensus to repeal and readopt 12
1052 AAC 52.990, which would effectively require licensees to provide copies of any credentials they
1053 hold, including licenses, registrations and certifications. Ms. Bell inquired if the license certificate
1054 indicates

1055

1056 Ms. Bell added she's been discussing with the state that there are two categories of technicians:
1057 those who are nationally certified and those who are not. Dr. Ruffridge stated the board's
1058 regulations covers the responsibility of the PIC to ensure nationally certified techs are delegated
1059 duties only for which they are trained for. Dr. Ruffridge added that one PIC on duty may feel that
1060 pharmacy technician is qualified whereas another PIC on duty may not be comfortable with that
1061 technician performing the same duties.

1062

1063 Ms. Carrillo stated there was guidance provided by LAW that a separate license category for
1064 nationally certified pharmacy technicians requires a statute change. Dr. Schaber supports
1065 designating two separate categories because technicians are leaving their employers due to lower
1066 pay rates. Dr. Schaber provided examples with laboratory technicians and x-ray technicians who
1067 are nationally certified and therefore are entitled to higher pay, adding that creating a separate
1068 category may help with retention. Dr. Ruffridge also supports adding this to their statute project.

1069

1070 Regulations for recommended approval

1071 Dr. Ruffridge went over the recommended approval document located in the packet, which
1072 included a summary of proposed changes the board has previously expressed support on but have
1073 not yet moved forward through the adoption process.

1074

- 1075
- 1076 • 12 AAC 52.020 (facility license) – no other proposed changes
 - 1077 • 12 AAC 52.030 (change of facility location or name) – no other proposed changes
 - 1078 • 12 AAC 52.040 (change of facility ownership) – no other proposed changes
 - 1079 • 12 AAC 52.070 (pharmacist license by exam) – no other proposed changes
 - 1080 • 12 AAC 52.092 (pharmacist approval to sit for exam) – no other proposed changes
 - 1081 • 12 AAC 52.095 (pharmacist license by reciprocity) – Ms. Bell commented there should still
1082 be a verification of the status of all licenses in which the applicant holds or has ever held a
1083 license. Ms. Bell's concern is that the license from which the applicant is seeking reciprocity
1084 from may be in good standing, but that other states in which the applicant holds a license
1085 may not be. Dr. Schaber expressed similar concerns. Dr. Ruffridge referred to AS
08.80.145 which requires the applicant to provide proof the applicant has not been

1086 disciplined. It is not the intent to disqualify an applicant from being licensed if they have
1087 been disciplined, but Ms. Carrillo stated this is covered in question #1 of the professional
1088 fitness section. The board may choose to license with conditions. Ultimately, there were no
1089 other proposed changes.

- 1090 • 12 AAC 52.080 (internship requirements) – no other proposed changes
- 1091 • 12 AAC 52.120 (pharmacist intern license) – no other proposed changes
- 1092 • 12 AAC 52.130 (out-of-state pharmacies) – no other proposed changes
- 1093 • 12 AAC 52.140 (pharmacy technician license) – no other proposed changes
- 1094 • 12 AAC 52.200 (pharmacist-in-charge) – Dr. Ruffridge inquired whether there should be a
1095 limit as to the number of pharmacies a PIC can be in charge of. Mr. Henderson recalled
1096 previous discussions on the hour requirement in which a PIC must be present and Ms.
1097 Carrillo stated this question has come up before as there seemed to be a need to clarify this
1098 in regulation. Dr. Schaber agreed it would be reasonable to set a limit. Ms. Bell suggested
1099 such restrictions should just apply to central and remote pharmacies. Ms. Carrillo also
1100 shared pharmacists have also inquired whether there is a minimum amount of time for how
1101 long they must be physically present at a pharmacy for, to Dr. Ruffridge stated confirmed
1102 there is no requirement in regulation.
- 1103 • 12 AAC 52.230 (pharmacy technician functions) – no other proposed changes
- 1104 • 12 AAC 52.300 (license renewal) – no other proposed changes
- 1105 • 12 AAC 52.585 (mandatory patient counseling) – no other proposed changes
- 1106 • 12 AAC 52.610 (wholesale drug distributor license) – no other proposed changes
- 1107 • 12 AAC 52.696 (outsourcing facility license) – no other proposed changes
- 1108 • 12 AAC 52.697 (third-party logistics provider license) – no other proposed changes
- 1109 • 12 AAC 52.993 (executive administrator) – no other proposed changes

1110

1111 **TASK 18**

1112 Ms. Carrillo will send a copy of the motion and draft wording for the board's large regulation
1113 project for review by Department of Law and for public comment.

1114

1115 Emergency permit – 12 AAC 52.110

1116 Ms. Carrillo addressed the board's emergency permit and courtesy license regulations in 12 AAC
1117 52.110, inquiring whether in (a), a pharmacy can even operate if there is no pharmacist available,
1118 explaining that as written, technicians and interns can only apply for a permit if there is no
1119 pharmacist on staff. Dr. Ruffridge agreed this needed correction, stating it should say that the
1120 absence of pharmacy *personnel* and not a *pharmacist* constitutes a need for a permit. The board
1121 further discussed changes to this section, including repealing (d) relating to courtesy licenses since
1122 adjustments to the emergency permit to quickly staff the pharmacy would make the courtesy
1123 license moot.

1124

1125 The regulation also states a permit can be applied for under other emergency circumstances. Ms.
1126 Carrillo asked the board to clarify what other circumstances constitutes an emergency. Dr.
1127 Ruffridge suggested it may be an emergency declaration, such as our current pandemic, but

1128 recalled the intent of the permit is to quickly staff a pharmacy with personnel e.g.: in the event
 1129 staff must quarantine.

1130
 1131 Ms. Carrillo added that there seems to be an opportunity for applicants to attest to being qualified
 1132 by having an existing license in another state; however, there is no requirement to provide
 1133 documentation. Dr. Ruffridge expressed there should be no self-attestation and instead require
 1134 verification of licensure. The board continued to discuss emergency permit language changes,
 1135 including changing the duration of the language from 90 days to 120 days. Ms. Carrillo stated she
 1136 would draft language during lunch for the board to consider.
 1137

1138 **TASK 19**

1139 Ms. Carrillo will draft language to amend the emergency permit regulation, 12 AAC 52.110 to
 1140 replace “pharmacist” in (a) with “pharmacy personnel”.

1141
 1142 **Agenda Item 7 Lunch Time: 12:31 p.m.**

1143
 1144 Chair Ruffridge called for lunch at 12:31 p.m.
 1145 Off record for lunch at 1:03 p.m.

1146
 1147 **Agenda Item 6 Regulations Time: 1:03 p.m.**

1148
 1149 Prior to lunch, the board concluded review of proposed changes to their large regulations project.
 1150 Upon return from lunch and with no further comments on this project, the board was ready to
 1151 entertain a motion.

1152
 1153 **On a motion duly made by Lana Bell, seconded by Ashley Schaber, and approved**
 1154 **unanimously to accept changes to 12 AAC 52.020, 12 AAC 52.030, 12 AAC 52.040, 12 AAC**
 1155 **52.070, 12 AAC 52.092, 12 AAC 52.095, 12 AAC 52.080, 12 AAC 52.120, 12 AAC 52.130, 12**
 1156 **AAC 52.140, 12 AAC 52.200, 12 AAC 52.230, 12 AAC 52.300, 12 AAC 52.585, 12 AAC 52.610,**
 1157 **12 AAC 52.696, 12 AAC 52.697, 12 AAC 52.993 as discussed on record, and for the**
 1158 **amendments to be forwarded to the Department of Law for cursory review before**
 1159 **releasing changes to the public for written comment for board consideration during its**
 1160 **November 18-19, 2021, it was:**

1161
 1162 **RESOLVED to accept the changes to 12 AAC 52.020, 12 AAC 52.030, 12 AAC 52.040,**
 1163 **12 AAC 52.070, 12 AAC 52.092, 12 AAC 52.095, 12 AAC 52.080, 12 AAC 52.120, 12 AAC**
 1164 **52.130, 12 AAC 52.140, 12 AAC 52.200, 12 AAC 52.230, 12 AAC 52.300, 12 AAC 52.585, 12**
 1165 **AAC 52.610, 12 AAC 52.696, 12 AAC 52.697, 12 AAC 52.993 for review by LAW and to**
 1166 **release amendments for written public comment.**
 1167

1168

	APPROVE	DENY	ABSTAIN	ABSENT
1169 Justin Ruffridge	x			
1170 Lana Bell	x			

1171	Tammy Lindemuth		x
1172	James Henderson	x	
1173	Ashley Schaber	x	
1174	Leif Holm		x
1175	Sharon Long		x

1176
 1177 The motion passed without further discussion; however, it was noted remaining proposed changes
 1178 in the large regulation packet were not ready to move forward. This includes language related to
 1179 veterinary prescriptions, automated kiosks, security, and substitution.

1180
 1181 **TASK 20**

1182 Ms. Carrillo will add prescription drug order information, veterinary prescriptions, automated
 1183 kiosks, security, and substitution to the board’s agenda for regulations discussion at the November
 1184 meeting.

1185
 1186 Collaborative practice agreements

1187 Dr. Ruffridge inquired about an update on proposed changes to collaborative (cooperative)
 1188 practice agreements, which includes the medical board’s proposal to repeal language in their
 1189 regulation, 12 AAC 40.983. Ms. Carrillo stated that as currently written, the regulation requires
 1190 these agreements to be approved by the full Board of Pharmacy as well as the State Medical
 1191 Board; however, the board of pharmacy’s intent has been to administratively approve these. Dr.
 1192 Ruffridge clarified for the board that the proposed changes went out for public comment and
 1193 ended on the end of July 29. Ms. Carrillo stated she would follow-up on the status of this change.

1194
 1195 Ms. Carrillo then addressed proposed corresponding amendments to the board’s regulations, 12
 1196 AAC 52.240, which reflects significant deletions. Ms. Carrillo clarified the language markups are
 1197 duplicative of what currently exists in the medical board’s regulations and would be appropriate
 1198 changes to make should their proposed changes take effect. Dr. Ruffridge inquired whether the
 1199 board could preemptively approve this language, to which Ms. Carrillo stated seems reasonable.

1200
 1201 **TASK 21**

1202 Ms. Carrillo will follow up with the division’s regulation specialist on the status of proposed
 1203 changes to 12 AAC 40.983 dealing with physician-pharmacist practice agreements.

1204
 1205 **TASK 22**

1206 Ms. Carrillo will submit to the regulation specialist the board’s proposed corresponding regulation
 1207 changes for collaborative practice agreements in 12 AAC 52.240 once 12 AAC 40.983 takes effect.

1208
 1209 **On a motion duly made by Lana Bell, seconded by Ashley Schaber, and approved**
 1210 **unanimously to preemptively accept changes to 12 AAC 52.240 dealing with simplifying**
 1211 **collaborative practice authority in anticipation of corresponding changes in the State**
 1212 **Medical Board’s regulations, 12 AAC 40.983.**

1213 **RESOLVED** to accept the changes to 12 AAC 52.240 to be sent to the regulation
 1214 specialist once changes to 12 AAC 40.983 are in effect.

	APPROVE	DENY	ABSTAIN	ABSENT
1216				
1217	Justin Ruffridge	x		
1218	Lana Bell	x		
1219	Tammy Lindemuth			x
1220	James Henderson	x		
1221	Ashley Schaber	x		
1222	Leif Holm			x
1223	Sharon Long			x

1224 The motion passed with a question from Dr. Schaber, who inquired about the differences and
 1225 similarities chart included in the board’s packet. Ms. Carrillo affirmed, stated she created the chart
 1226 to analyze differences and similarities between the medical and pharmacy boards’ language, which
 1227 was used to make proposed deletions to 12 AAC 52.240.

1228
 1229 Board of nursing letter update

1230 The board then moved to discussing the board’s letter to the State Board of Nursing relating to
 1231 prescription order requirements in 12 AAC 44.440(c)(2), which states that a valid prescription
 1232 from an APRN must include their credentials, e.g.: license #. This has raised the question as to
 1233 whether pharmacists can legally dispense prescriptions absent this information. Ms. Carrillo
 1234 provided an excerpt of the Board of Nursing’s discussion from their August 4, 2021 meeting, but
 1235 noted there was not yet proposed language to provide the board with.

1236
 1237 **TASK 23**

1238 Ms. Carrillo will follow-up with the Board of Nursing on the status of addressing 12 AAC
 1239 44.440(c)(2) dealing with required credentials on drug order.

1240
 1241 Military licensing

1242 Included in the board’s packet was draft military language Ms. Carrillo provided for the board’s
 1243 initial deliberation in advance of Director Chambers joining the meeting to discuss the military
 1244 license bill, SB 21. Ms. Carrillo explained the draft regulatory language aligned with bill language to
 1245 identify and accept equivalent military training in lieu of traditional academic/onsite training.

1246
 1247 The draft outlined potential application checklist requirements, military extension criteria, and
 1248 alternatively acceptable education and experience, but also proposed repealing the temporary
 1249 pharmacist license in 12 AAC 52.100. This repeal is suggested because the new military language
 1250 would replace that section. Ms. Carrillo explained that the temporary license is not effective as a
 1251 means to quickly obtain licensure due to the requirement to take and pass the national exams,
 1252 which is also required for permanent licensure. The temporary license is also valid for 90 days,
 1253 whereas the military license bill provides a minimum of 180 days. Ms. Carrillo clarified the draft
 1254 wasn’t necessarily to be approved by the board but rather was to serve as a starting point.

1255 Dr. Ruffridge inquired how the military license is different from the board's existing reciprocity
1256 application. Ms. Carrillo stated the military license is to be issued on an expedited basis, but added
1257 that the division already has a process in place: when applications for expedited military or military
1258 spouse licensure are received, they are scanned into the licensing system as an expedited military
1259 application and are therefore prioritized. Ms. Bell added there has been a push for a few years to
1260 acknowledge Alaska's strong military presence by formalizing the expedited applications under the
1261 statute, AS 08.01.063. Dr. Ruffridge acknowledged this obligation to expand licensure during an
1262 all-time high of expediting applications during the current pandemic, but also recognized and
1263 expressed concern that the division staff was seemingly at an all-time low. Ms. Bell reiterated
1264 boards are being compelled by legislation to participate, that it is not optional. The legislation takes
1265 effect in January 2022.

1266
1267 The board will return to military regulation discussions following Director Chambers'
1268 presentation.

1269
1270 **Agenda Item 8** **Statute Projects** **Time: 1:36 p.m.**

1271
1272 Affidavits of moral character

1273 This requirement is in AS 08.80.110 and AS 08.80.145 for licensure via examination and
1274 reciprocity, respectively. Dr. Ruffridge acknowledge this was a requirement that seems to be
1275 unnecessary as it does little to help boards assess competency. This is an area the board continues
1276 to pursue repealing through legislation.

1277
1278 White bagging

1279 Dr. Schaber provided an overview that this practice involves an insurance payer requiring the
1280 medication to go through the specialty pharmacy or pharmacy of the insurance
1281 S choice hospital instead of the pharmacy, adding it is complicated and time-consuming for staff.
1282 Dr. Schaber stated the biggest issue is that the pharmacy that's preparing the medication and
1283 dispensing it to the patient isn't getting paid for that medication because it's going through the
1284 specialty pharmacy. This results in a financial impact, specifically to infusion pharmacies. Dr.
1285 Schaber added that the AKPhA is working on draft language for a statute change and that the
1286 association acknowledges it will need to go through the Division of Insurance.

1287
1288 Dr. Ruffridge expressed support for limiting or prohibiting this practice, stating it seems to also
1289 fall within the Board of Pharmacy's purview to address with regards to liability and safety. Dr.
1290 Schaber stated there is also brown bagging, which is when medication is shipped to the patient,
1291 and the patient then goes to the hospital or clinic to have administered there. Brown bagging is
1292 different from white bagging in that only the latter involves direct shipment to the patient. Mr.
1293 Henderson stated he does see this occasionally in his practice.

1294
1295 **TASK 24**

1296 Dr. Schaber will provide model language from the AKPhA on the issue of white bagging to share
1297 with the board.

1298 **TASK 25**

1299 The board will continue to address white bagging at its November 18-19, 2021 meeting.

1300

1301 Internet pharmacies

1302 Dr. Ruffridge reviewed materials in the packet related to online pharmacies and the NABP's
1303 research findings showing that 96% of Internet sites were operating in conflict with pharmacy
1304 laws and practice standards. Ms. Carrillo stated this topic was looked at a few years ago but that
1305 there has been recent concern about where patients are receiving their prescriptions from, whether
1306 online from outside of Alaska or through out-of-state pharmacies not registered by the board.

1307

1308 Ms. Carrillo explained that the NABP's .Pharmacy Verified Websites Program is a solution
1309 allowing regulatory bodies to confirm whether an online mail order pharmacy has been vetted by
1310 and verified by the NABP as a safe and alternative source to obtain prescriptions. Dr. Ruffridge
1311 acknowledged there are a huge number of medications being shipped into Alaska from online
1312 sources and that it would helpful to know if there are any states that have had success participating
1313 with the program.

1314

1315 **TASK 26**

1316 Ms. Carrillo will reach out to the NABP for success stories from states that have participated in
1317 the .Pharmacy Verified Websites Program.

1318

1319 Chair Ruffridge called for break.

1320

1321 *Off record at 1:57 p.m.*

1322 *On record at 2:04 p.m.*

1323

1324 **Agenda Item 9**

Military Licensing Statutes

Time: 2:01 p.m.

1325

1326 Military licensing

1327 Director Chambers joined the board to provide an overview of military licensing, which has been
1328 in statute as optional for boards to adopt additional regulations on. Director Chambers informed
1329 the board that after increased encouragement throughout the state, the legislature changed the
1330 wording from being an encouragement to a mandate. Director Chambers stated this change is a
1331 result of continuous feedback that the military is suffering because of a lack of support from
1332 communities in which they're based, that ultimately this legislation aims to help military members
1333 and military spouses to quickly work following relocation.

1334

1335 Director Chambers stated the biggest piece of this legislation and area potentially needing the
1336 most deliberation on is evaluating for substantially equivalent experience. As already written, the
1337 statute will require the applicant to be licensed elsewhere without discipline from a state has
1338 substantially the same licensure requirements as Alaska. Ms. Chambers stated programs are
1339 required to both accept military training and education towards licensure and issue licenses on an
1340 expedited basis per AS 08.01.064.

1341 Dr. Ruffridge stated that clarification is needed on how military language is different from
 1342 emergency licensing language and whether there is an opportunity to amend existing language
 1343 there. Ms. Chambers agreed, stating the Medical Board is also thinking about language they already
 1344 have that can be expanded to incorporate this. For next steps, Director Chambers suggested the
 1345 board could appoint a member to take ownership of the project, stating it would be ideal for the
 1346 board to make an actionable assignment for discussion at its next meeting. The other option is to
 1347 delegate the task to EA, Ms. Carrillo, who can then work with her on fine tuning the language.
 1348

1349 **Agenda Item 6**

Regulations

Time: 2:24 p.m.

1350
 1351 Following the presentation of military licensing with Director Chambers, the board returned to
 1352 discussing amendments to the board’s existing emergency regulation section, 12 AAC 52.110. Dr.
 1353 Ruffridge agreed using the existing tools may be more efficient. As previously discussed, the
 1354 division has existing forms, 08-4850 and 08-4633, to request expedited processing for military
 1355 members and spouse of military members, which currently must be submitted with permanent
 1356 applications. Ms. Bell expressed concerns with duplicating work and creating new requirements
 1357 for a process that already exists. Mr. Henderson also expressed support for using existing forms to
 1358 fast-track these.

1359
 1360 The board continued to discuss changes, including substantially equivalent language and the
 1361 administrative process to ensure military applications can be prioritized. Dr. Schaber also
 1362 expressed support for this direction. Ultimately, the board agreed using the division’s existing
 1363 cover forms for military spouse and active duty military personnel in addition to submitting a
 1364 military courtesy license form was reasonable.
 1365

1366 **On a motion duly made by Ashley Schaber, seconded by Lana Bell, and approved**
 1367 **unanimously to accept the military and emergency permit language amendments to 12**
 1368 **AAC 52.110 as discussed on record to be sent for cursory review by Department of Law,**
 1369 **and for written public comments to be returned for board considered during its November**
 1370 **18-19, 2021 meeting, it was:**

1371
 1372 **RESOLVED to accept the changes to 12 AAC 52.110 for review by LAW and released for**
 1373 **public comment.**

	APPROVE	DENY	ABSTAIN	ABSENT
1375 Leif Holm				x
1376 Ashley Schaber	x			
1377 Justin Ruffridge	x			
1378 Lana Bell	x			
1379 Tammy Lindemuth				x
1380 James Henderson			x	
1381 Sharon Long				x
1382				

1383 The motion passed with no further discussion.

1384

1385 **TASK 27**

1386 Ms. Carrillo will send the draft language and motion excerpt regarding military courtesy and
1387 emergency courtesy changes to 12 AAC 52.110 to the regulation specialist.

1388

1389 (Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND
1390 BRACKETED] indicate language being deleted.)

1391

1392 12 AAC 52.110 is amended to read:

1393 **12 AAC 52.110. Emergency and military courtesy licensure to practice as a pharmacist,**

1394 **pharmacy intern, or pharmacy technician. (a) An emergency courtesy license may be issued to**

1395 **practice as a** [IF THE BOARD DETERMINES THAT AN EMERGENCY EXISTS REQUIRING THE PROVISION

1396 OF LICENSED COVERAGE IN A PHARMACY THAT IS TEMPORARILY WITHOUT THE SERVICES OF A

1397 PHARMACIST DUE TO DEATH, ILLNESS, OR OTHER EMERGENCY CIRCUMSTANCES, THE BOARD MAY

1398 ISSUE AN EMERGENCY] pharmacist, pharmacy intern, or pharmacy technician **in an urgent situation**

1399 **as determined by the board. The board will issue a military courtesy license to an active duty**

1400 **military member or spouse of an active duty military member. An applicant for an emergency**

1401 **courtesy license or military courtesy license must** [PERMIT TO AN APPLICANT WHO]

1402 (1) **submit** [SUBMITS] a completed application on a form provided by the department

1403 **and**

1404 **(A) if applying as a spouse of an active duty military member, the**

1405 **applicant must also submit form 08-4850;**

1406 **(B) if applying as an active duty military member, the applicant must**

1407 **also submit form 08-4633;**

1408 (2) pay [PAYS] the courtesy license [EMERGENCY PERMIT] fee required in 12 AAC
1409 02.310;

1410 (3) submit documentation showing [SUBMITS VERIFICATION ON A FORM PROVIDED
1411 BY THE DEPARTMENT THAT] the applicant is currently licensed in another licensing jurisdiction and
1412 the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted
1413 except for failure to apply for renewal or failure to obtain the required continuing education
1414 requirements;

1415 (4) repealed 10/31/2019; and

1416 (5) must [HAS] not have been convicted of a felony or another crime that affects the
1417 applicant's ability to practice pharmacy competently and safely.

1418 (b) An emergency permit under (a) of this section is nonrenewable, and is valid for 90 days or
1419 until the emergency circumstances no longer exist, whichever is shorter.

1420 (c) Repealed 11/19/2020.

1421 (d) Repealed / / [IN AN URGENT SITUATION, THE BOARD MAY ISSUE AN
1422 EMERGENCY COURTESY LICENSE TO PRACTICE AS A PHARMACIST, PHARMACY INTERN, OR
1423 PHARMACY TECHNICIAN TO AN APPLICANT WHO MEETS THE REQUIREMENTS OF THIS SECTION. THE
1424 BOARD MAY RESTRICT THE LICENSE TO ONLY THOSE SERVICES REQUIRED TO RESPOND TO THE
1425 URGENT SITUATION. THE LICENSEE MAY NOT PRACTICE AS A PHARMACIST, PHARMACY INTERN, OR
1426 PHARMACY TECHNICIAN OUTSIDE THE SCOPE OF THE LIMITED PURPOSE FOR WHICH THE
1427 EMERGENCY COURTESY LICENSE IS ISSUED].

1428 (e) Repealed / / [AN APPLICANT FOR AN EMERGENCY COURTESY LICENSE
1429 UNDER THIS SECTION MUST SUBMIT TO THE DEPARTMENT A COMPLETED APPLICATION ON A FORM

1430 PROVIDED BY THE DEPARTMENT. A COMPLETE APPLICATION INCLUDES THE APPLICABLE
1431 APPLICATION AND LICENSING FEES ESTABLISHED IN 12 AAC 02.105].

1432 (f) An emergency courtesy license issued under this section is valid for the period specified by
1433 the board and may not exceed 120 consecutive days. An emergency courtesy license may be renewed
1434 for one additional period specified by the board, not to exceed 120 consecutive days.

1435 (g) **Repealed** / / [THE BOARD WILL NOT ISSUE, AND AN EMERGENCY
1436 COURTESY LICENSE HOLDER MAY NOT USE, AN EMERGENCY COURTESY LICENSE AS A SUBSTITUTE
1437 FOR A TEMPORARY LICENSE OR OTHER LICENSE REQUIRED UNDER AS 08.80].

1438 (h) While practicing under an emergency courtesy license **or military courtesy license** issued
1439 under this section, the holder of the [EMERGENCY COURTESY] license must comply with the
1440 standards of practice set out in AS 08.80 and this chapter.

1441 (i) The board may refuse to issue an emergency courtesy **or military courtesy** license for the
1442 same reasons that it may deny, suspend, or revoke a license under AS 08.80.261.

1443 (j) **A military courtesy license to active duty military personnel or spouse of military**
1444 **personnel under this section will be issued for a period of 180 days and may be renewed for one**
1445 **additional period specified by the board, not to exceed 180 days.**

1446 **(k) For an applicant applying for licensure under this section as a pharmacy technician, the**
1447 **board will accept as substantially equivalent any training completed while in the United States**
1448 **armed forces to work as a pharmacy technician or any technician license issued by another**
1449 **jurisdiction.**

1450 **(l)** In this section, "urgent situation" means a health crisis requiring an increased availability of
1451 pharmacists, pharmacy interns, [.] or pharmacy technicians. (Eff. 1/16/98, Register 145; am

1452 1/17/2007, Register 181; am 8/12/2007, Register 183; am 10/31/2019, Register 232; am 11/19/2020,
1453 Register 236; am ___/___/_____, Register _____)

1454 **Authority:** AS 08.80.005 **AS 08.01.063** AS 08.80.155 **AS 08.01.062** AS 08.80.030

1455 **Agenda Item 10** **Return to Statutes** **Time: 4:12 p.m.**

1456
1457 White bagging
1458 Dr. Schaber reiterated she would touch base with the AKPhA on potential draft language, but
1459 inquired whether there was an interim action needed to determine whether this topic falls under
1460 the board’s purview to regulate. Ms. Carrillo stated that she believes it falls under title 21 but can
1461 request DOL guidance, to which the board supported.

1462
1463 **TASK 28**

1464 Ms. Carrillo will review AKPhA’s model language on white bagging from Dr. Schaber and will
1465 submit a request for DOL guidance as to whether it falls under title 21 with the Division of
1466 Insurance or if there are any components that fall under AS 08.80.

1467
1468 **Agenda Item 11** **Public Comment #4** **Time: 4:15 p.m.**

1469
1470 Michael Coons:

1471 We Alaska have major problems: a divide that is being caused by politics and people like Dr.
1472 Fauci, the CDC, and the NIH, and mandates from the President and far-left states. The attempts
1473 to deny our civil liberties of our choice is our medical care. The medical community cannot come
1474 together to work with each other. The Hippocratic oath is do no harm, but by not working
1475 together, this is doing harm. Having doctors search for pharmacies that will fill prescriptions
1476 creates and adds frustration. Having pharmacies declining prescriptions also adds to the amount of
1477 time it takes to get medications into the hands of patients to treat COVID-19. Getting pharmacies
1478 to work with doctors will lessen the divide.

1479
1480 Representative Kurka:

1481 There are a large number of pharmacists who are not filling prescriptions of ivermectin for
1482 treatment. Are there pharmacists not doing this? I’m hearing from doctors and the community
1483 that pharmacists are feeling threatened that if they dispense ivermectin, that their licensure is being
1484 threatened. Who is doing the threatening and where is that coming from? Who is liable? Rep.
1485 Kurka also inquired whether amendments to the PREP Act included changes to dispensing
1486 ivermectin and recommended the board provide more links for both sides of the argument. Rep.
1487 Kurka concluded his comment by reiterating that ivermectin is an approved medication and has
1488 won the Nobel Prize.

1489

1490 Dr. Ruffridge stated that both the prescriber and dispenser are equally liable but that a thorough
1491 response will be provided in writing. Dr. Ruffridge added he would look at the PREP Act and
1492 respond accordingly.

1493

1494 Gordon DeVries:

1495 I'm calling as a concerned citizen. I was able to read through some of the slides. I'm concerned
1496 around the policy that if a prescriber issues a prescription for ivermectin, the pharmacist is not
1497 obligated to fill it. By making this policy, it is creating a gap between a patient and their provider.

1498

1499 Dr. Ruffridge stated it is a fact sheet, not a policy, but something the board will continue to
1500 discuss and send to other licensing boards and DHSS for their thoughts on.

1501

1502 **TASK 29**

1503 Dr. Ruffridge will provide written responses to Representative McCarty, Representative Kurka,
1504 and Representative McCabe's comments relating to pharmacist dispensing of ivermectin.

1505

1506 **TASK 30**

1507 Ms. Carrillo will send Dr. Ruffridge's written comments to the representatives to the division's
1508 legislative liaison.

1509

1510 **TASK 31**

1511 Ms. Carrillo will add the board's fee analysis to the November agenda for further discussion.

1512

1513 **Agenda Item 12**

Adjourn

Time: 4:30 p.m.

1514

1515 Dr. Ruffridge thanked the board for their participation and reminded them of the upcoming
1516 quarterly meeting scheduled for November.

1517

1518

1519

1520

1521 _____
Laura Carrillo, Executive Administrator

Date

1522

1523

1524

1525

1526 _____
Justin Ruffridge, Chair

Date