

February 7, 2020 - Alaska Board of Pharmacy Meeting - Day 2

Feb 7, 2020 9:00 AM - Feb 7, 2020 4:30 PM AKST

Table of Contents

1. Agenda Item #1 - 9:00 a.m. Roll Call/Call to Order.....	2
2. Agenda Item #2 - 9:05 a.m. Review/Approve Agenda.....	5
3. Agenda Item #3 - 9:10 a.m. Regulations.....	7
A. Regulation Resources.....	7
i. Steps in the regulation adoption process.....	7
ii. Regulations process - effective regulations.....	14
iii. Regulations project tracker.....	19
iv. Regulations FAQ Worksheet - (required to be filled out at time of drafting).....	20
B. Regulations reviewed by Dept. of Law.....	22
i. Comments from LAW.....	22
ii. Zero reporting.....	30
C. Tabled Regulations.....	32
i. Remote pharmacy - 12 AAC 52.423.....	32
ii. Mileage restriction (DHSS rule/docs from Cardinal Health).....	33
D. New Regulations.....	62
i. Validity/length of Rx.....	62
E. Update Jurisprudence Questionnaire.....	64
i. Intern Questionnaire (rev. 2010).....	64
ii. Pharmacist Questionnaire (rev. 2018).....	71
4. Agenda Item #4 - 1:30 p.m. Budget Report.....	71
A. FY2020 1st quarter.....	71
B. FY2020 2nd quarter.....	73
5. Agenda Item #5 - 1:45 p.m. Return to Regulations.....	74
6. Agenda Item #6 - 4:30 p.m. Adjourn.....	74

STATE OF ALASKA

**Department of Commerce, Community, and Economic Development
Professional Licensing**

ALASKA BOARD OF PHARMACY



February 6-7, 2020

Teleconference/Videoconference

Robert Atwood Building Suite 1560 (Anchorage)
State Office Building, 9th Floor, Conf. Room A (Juneau)

Board Packet

STATE OF ALASKA 2020

State Holidays

Date	Holiday
01/01	New Year's Day
01/20	MLK Jr.'s Birthday
02/17	Presidents' Day
03/30	Seward's Day
05/25	Memorial Day
07/04	Independence Day (observed 7/3)
09/07	Labor Day
10/18	Alaska Day (observed 10/19)
11/11	Veterans' Day
11/26	Thanksgiving Day
12/25	Christmas Day

Biweekly employees please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

 Holiday
 Payday



State calendar maintained by the
Division of Finance,
Department of Administration
<http://doa.alaska.gov/calendars.html>
Revised 10/31/2019

STATE CALENDAR

JANUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

MARCH

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

OCTOBER

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Alaska Board of Pharmacy Roster

Board Member Name	Initial Appointment	Reappointed	Term End
Richard Holt, PharmD, MBA (Chair)	03/01/2016	03/01/2020	03/01/2024
Leif Holm, PharmD	03/01/2015	03/01/2019	03/01/2023
Lana Bell, RPh (Secretary)	05/31/2016	03/01/2018	03/01/2022
Phil Sanders, RPh (Vice Chair)	03/01/2016		03/01/2020
James Henderson, RPh	03/01/2017		03/01/2021
Tammy Lindemuth, Public Member	01/24/2018		03/01/2021
Sharon Long, Public Member	03/01/2018		03/01/2022



ALASKA BOARD OF PHARMACY MEETING

TENTATIVE AGENDA

FEBRUARY 7, 2020 (DAY 2)

Board Members:

Richard Holt,
PharmD, MBA
(Chair)

Leif Holm, *PharmD*

James Henderson,
RPh (Vice Chair)

Lana Bell, *RPh*
(Secretary)

Phil Sanders, *RPh*

Tammy Lindemuth,
Public Member

Sharon Long, *Public*
Member

Upcoming Meetings:

TBD

Teleconference: 1-800-315-6338
Access Code: 52550

Discussion of the following topics may require executive session. The executive session phone number has not been provided for the public.

Meeting Details

Meeting Name: June - Alaska Board of Pharmacy Meeting - Day 2

Meeting Start Time: 9:00 AM Alaskan Daylight Time

Meeting Start Date: 02/07/2020

Meeting End Time: 4:30 PM Alaskan Daylight Time

Meeting End Date: 02/07/2020

Meeting Location: Robert Atwood Bldg, 550 W 7th Ave, Suite 1560 (Anchorage)

Meeting Location: State Office Bldg, 333 Willoughby Ave, 9th Fl., Conf. A (Juneau)

Note: Budget report TBD and depends on staff availability

Agenda

- I. Agenda Item #1 - 9:00 a.m. Roll Call/Call to Order
- II. Agenda Item #2 - 9:05 a.m. Review/Approve Agenda
- III. Agenda Item #3 - 9:10 a.m. Regulations
 - A. Regulation Resources
 1. Steps in the regulation adoption process
 2. Regulations process - effective regulations
 3. Regulations project tracker – (FYI)

Board Members:

Richard Holt,
PharmD, MBA
(Chair)

Leif Holm, *PharmD*

James Henderson,
RPh (Vice Chair)

Lana Bell, *RPh*
(Secretary)

Phil Sanders, *RPh*

Tammy Lindemuth,
Public Member

Sharon Long, *Public*
Member

Upcoming Meetings:

TBD

4. Regulation FAQ worksheet – (required to be filled out at time of drafting)

B. Regulations reviewed by Dept. of Law

C. Tabled Regulations

1. Remote pharmacy – 12 AAC 52.423

2. Mileage restriction

D. New Regulations

E. Update Jurisprudence Questionnaire

1. Intern Questionnaire (rev. 2010)

2. Pharmacist (rev. 2018)

LUNCH – 12:30 p.m. – 1:30 p.m. – (Laura w/ nursing board for PDMP update)

IV. Agenda Item #4 – 1:30 p.m. Budget Report

A. FY2020 1st quarter

B. FY2020 2nd quarter

V. Agenda Item #5 – 1:45 p.m. Return to Regulations

VI. Agenda Item #6 – 4:30 p.m. Adjourn

STATE OF ALASKA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT PROCEDURES		Procedure No. DOL - 19	Page 1 of 2
		Effective Date December 1995	
SUBJECT BOARD/COMMISSION ACTION ON REGULATIONS		Supersedes	Dated
		APPROVED BY	
DIVISION Occupational Licensing	SECTION Licensing		

REQUEST FOR REGULATIONS: Then a board/commission requests a change in its regulations, the board/commission should explain, on the record during a properly noticed public meeting, the reason for the change and give detailed information on the change requested. The staff person responsible for the meeting minutes is also responsible for relaying the board/ commission's request to the regulations specialist through a draft copy of the minutes, plus any other information that explains the board/commission's request.

The regulations specialist will provide a draft copy of the requested changes in the regulations. It may be necessary to consult with the Department of Law on the board/commission's authority to make the changes requested. It may also be necessary for the board/commission to provide additional information in its intent before the regulations changes are drafted.

PUBLIC NOTICE OF REGULATIONS CHANGES: Once a board/commission has reviewed the draft of proposed regulations and agreed on the working of the proposed changes, the board/commission should state on the record whether it intends to hold a public hearing on the regulations. The responsible staff should give a draft copy of the minutes to the regulations specialist and provide the date, location, and time of the public hearing, if applicable.

The regulations specialist will prepare and distribute the public notice, including providing a copy of the notice and regulations to all board/commission members and the affected staff.

PUBLIC COMMENTS ON REGULATIONS: All notices of proposed regulations include an opportunity for the public to give written comments on the regulations and a specific invitation for comments on the cost of the proposed regulatory action. The board/commission is obligated to seriously consider all written comments, and oral comments of a hearing is held, before taking final action on the regulations. To be considered, written or oral comments must be submitted as instructed in the public notice.

The public notice also includes a deadline for submitting written comments. This deadline is strictly enforced, and letters received after the deadline will not be forwarded to a board/commission for its consideration. Written comments must be received at the address given in the public notice by the deadline date; the postmark date is not considered.

Comments received by phone will not be considered as written comments. The division will accept faced comments. Staff should inform anyone submitting oral comments outside of the public hearing that the comments will not become a part of the record of the regulations project.

Comment letters should be addressed to the regulations specialist. **If a staff member other than the regulations specialist receives a letter commenting on proposed regulations, the letter should be given to the regulations specialist immediately.**

At the close of the public comment period, the regulations specialist will compile the written comments and provide them to staff for distribution to board/commission members. The board/commission chair should ensure that all members have carefully considered the public comment letters before the board/commission takes action on the regulations.

REGULATION HEARINGS: If a board/commission chooses to hold a hearing on proposed regulations, the information about the public hearing must be included in the original or a supplemental notice of the proposed regulations. Hearings are usually held in conjunction with a regularly-scheduled meeting of the board/commission, and are always recorded. A board/commission may choose to use teleconferencing sites for the regulations hearing.

If a board/commission has not given notice of public hearing, the board/commission may not accept any oral comments on the regulations. If the board/commission accepts oral comments without having given notice of a public hearing, the board/commission is required to give supplemental notice and hold a hearing at a later date to allow other interested parties to give oral comments.

STATE OF ALASKA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT PROCEDURES		Procedure No. DOL - 19	Page 2 of 2
		Effective Date December 1995	
SUBJECT BOARD/COMMISSION ACTION ON REGULATIONS		Supersedes	Dated
		APPROVED BY	
DIVISION Occupational Licensing	SECTION Licensing		

The board/commission chair often presides over the hearing. The general principle for conducting a regulations hearing is fairness. The board/commission may impose a time limit on commenters, but each commenter must be treated equally.

Staff should provide a sign-in sheet at the beginning of the hearing for those who plan to give oral comments.

FINAL ACTION BY THE BOARD/COMMISSION ON PROPOSED REGULATIONS: After carefully considering the written comments, any oral comments if a hearing was held, and discussing the costs of the proposal, the board/commission may take final action on proposed regulations. The board/commission's final action must be taken during a properly-noticed public meeting.

The board/commission may adopt the regulations as proposed, amend and adopt the regulations, or take no action on the regulations. If the board/commission amends the regulations beyond the summary of proposed changes it has given during the public notice process, the board/commission must give additional notice before adopting the regulations. It is important for the board/commission to explain the reason for its actions on the record. This is not only helpful in the preparation of the final draft of the regulations, but it is also important during the review of the regulations by the Department of Law and in case of a legal challenge to the regulations.

The record of the meeting should include how the board/commission considered the public comment in its deliberations. Also, the board/commission chair or other board/ commission member must make a statement on the record indicating how the board/commission gave special consideration to the cost to private persons. The board/commission must discuss the costs to private persons on the record, even if no comments on costs were submitted or if there are no apparent costs.

The board/commission's final action must be in the form of a motion that is passed.

The staff person responsible for the minutes of the meeting is also responsible for giving a draft copy of the minutes to the regulations specialist as soon as possible after the meeting.

FINAL REVIEW OF ADOPTED REGULATIONS: After a board/commission has adopted regulations, the regulations specialist will prepare the proper paperwork and submit the project to the Department of Law for final review. If approved by the Department of Law, then the project is sent to the Lieutenant Governor's office for filing.

The regulations specialist will notify board/commission members and affected staff of the effective date of approved regulations.

Steps in the Board Regulation Adoption Process

<i>Day 1</i>	<p>1 At an open meeting, the board votes on language to change regulations. This motion is forwarded to the Division Regulations Specialist for drafting.</p>	<i>Day 65</i>	<p>7 Division Regulations Specialist compiles answers to questions and posts FAQ on the program web page.</p>	<p><i>Once Regulations Are Effective</i></p>	
<i>Day 30</i>	<p>2 Once drafting is complete, the board holds another public meeting to edit or approve draft for public notice.</p>	<i>Day 75</i>	<p>8 Regulations Specialist compiles public comments for distribution to board.</p>		<p>14a Agency posts summary on Alaska Online Public Notice System</p>
		<i>Day 90</i>	<p>9 Board holds an open meeting to review public comments, make minor changes, and adopt regulations. Substantive changes may require additional drafting and public notice (Step 2).</p>		<p>14b Regulation published in Alaska Administrative Code</p>
	<p>3 Approved language is reviewed by Division attorney.</p>		<p>10 Division submits final regulation package to Department of Law for review and approval, and to the Governor's office.</p>	<p>14c Forms & FAQ updated on program web page</p>	
	<p>4 Department of Law opens file.</p>				
<i>Day 45</i>	<p>5 Division publishes and distributes public notice, additional regulation notice information, and proposed regulation to all licensees and interested parties. Public notice posted in newspaper and on Alaska Online Public Notice System</p>		<p>11 Agency attorney reviews regulation</p>		
	<p>6 Public comment period and/or hearing (if applicable).</p>	<i>Day 110</i>	<p>12 Regulations attorney reviews and either approves or disapproves regulation</p>		
		<i>Day 150</i>	<p>13 Unless returned by the Governor, Lt. Governor's office files approved regulation; regulations become effective in 30 days</p>		

All timeframes are estimated, dependent upon staff and attorney workflow and board scheduling.

Steps in the Regulation Process for a Board and Commission (board)¹

Beginning the Process

1. At an open meeting, the board initiates and votes on proposed regulation changes.
2. **Reason:** Identify the reason for the proposed action, such as compliance with new or changed state law. If applicable, identify the law, order, decision, or other action of the federal government, or federal or state court, if that is the basis for the proposed action. The description need only be a sentence or two.
3. **Cost information:** In the meeting minutes there must be estimated costs in the aggregate to comply with the proposed action to:
 - A private person
 - Another state agency
 - A municipality

Cost information is described simply as an estimate of annual costs within the board's ability to determine due to its familiarity with the regulated community.

Example: The Board of Chiropractic Examiners is proposing to add three CE credits to their continuing competency requirements for a biennial license renewal. The proposal may cost

- A private person: \$50 per applicant/licensee
 - Another state agency: None known
 - A municipality: None known
4. Within 10 days of the meeting, board staff must transmit board minutes² or an excerpt of the minutes, draft language or proposals, and a completed Regulations FAQ Worksheet for the proposed regulation changes requested by the board to the Regulations Specialist.

What comes next: Regulations Specialist

5. The Regulations Specialist determines if there is authority in statute to adopt the proposed regulation changes.
6. The Regulations Specialist prepares a draft of regulation changes, using the Department of Law's *Drafting Manual for Administrative Regulations* for conformity and style, and works with board staff before submitting the final draft to the board for review/approval. In some instances the draft regulation changes will be reviewed by an AAG before the final draft is submitted to the board for review/approval.
7. Once completed, the draft proposed regulation changes are presented to the board at its next public meeting to review and approve the final draft, amends if needed, and requests that the approved draft be finalized and public noticed.

Public Notice

8. NOTE: The board must **always** provide an opportunity for submission of written comments in the regulation-adoption process. Also, the board should determine if it wants to hold a public hearing on the proposed regulation changes at its next meeting. If it does, the location, date and time of the hearing needs to be included in the public notice. Public hearings are usually held in conjunction with a regularly-scheduled meeting of the board and are always recorded. Oral public hearing is optional; however, answering the following questions will help the board determine if an oral public hearing is needed:
- Are the regulations controversial and is there likely to be substantial public interest in them?
 - Would those most affected by the regulations be better able to participate if an oral hearing were held?
 - Would the board benefit from a face-to-face or teleconferenced opportunity to receive comments on the proposed regulations from interested persons?
9. Regulations Specialist sends notice to Alaska Dispatch News (or other newspapers if warranted) for publication, all interested parties, and licensees, if warranted. The Regulations Specialist posts the notice on the Alaska Online Public Notice System, electronically transmits a copy of the notice and proposed regulation changes to all incumbent legislators and the Legislative Affairs Agency, House & Senate Labor & Commerce Committees, Legislative Council, Lt. Governor, Governor, and Department of Law (Law). It is also emailed to board members and affected staff, including the commissioner's office. Public notice will be posted on the board's webpage.

Comment Period

10. The Regulations Specialist or board staff shall make a good faith effort to answer relevant questions received at least 10 days before the end of the public comment period. Questions must be in writing or asked at the legally noticed public meeting. The Regulations Specialist or board staff shall answer questions in writing and make the questions and answers available on the Alaska Online Public Notice System and the board's webpage. FAQs will be posted on the board's webpage and updated when relevant questions are answered. The Regulations Specialist or board staff may, but are not required to, answer written questions received after the 10-day cutoff date.
11. After the comment deadline (at least 30 days in duration), comments received on proposed regulation changes are compiled and copied by the Regulations Specialist and given to board staff to include in the board packets for the next open board meeting to be considered prior to adopting. Comments received after the deadline should not be forwarded to the board and comments should not be taken at the board meeting from the public prior to adoption unless a hearing was noticed and the comments are heard by the board during the comment period.

Adoption

12. The board's options regarding the proposed regulation changes at its next meeting are:

- a. It can adopt the proposed regulation changes as written/publicly noticed, amend, and adopt them; or
 - b. Choose to take no action on them.
 - c. Substantive changes may require additional drafting and public notice (see Step 7 above).
13. When making a motion to adopt the regulations, the board is required to state on the record that it has reviewed any comments received, and considered the cost to private persons of the regulatory action being taken.
14. When regulation changes are adopted:
 - a. The chair signs the adoption/certification order; and
 - b. The board staff signs an affidavit of board action and/or affidavit of oral hearing (if applicable) and attaches it to the relevant minutes or an excerpt of the minutes and forwards to the Regulations Specialist.

Finalizing the regulation change process

15. Regulations Specialist prepares the final regulation package for transmittal to Department of Law for final review/approval, which includes the adopted regulations, certain affidavits, and other appropriate documents.
16. Assigned agency attorney reviews the regulations.
17. Regulations attorney reviews and either approves or disapproves regulation changes. Law reviews and will occasionally make edits. (On rare occasions, this may require the edited version to be re-adopted by the board at a subsequent meeting.) At the same time, the adopted regulations are submitted to the governor for review. The governor has 30 days to review the regulations under AS 44.62.040(c), and return the regulation for specified reasons.
18. Unless returned by the governor, when the governor and Law's review are complete, the adopted regulations are forwarded to the Lt. Governor for filing. Regulation changes are effective 30 days after filing unless a later effective date is specified in the adoption order.

Once regulations are effective

19. Agency posts summary of approved regulation changes on Alaska Online Public Notice System.
20. Agency updates statutes and regulations board webpage.
21. Regulation published in Alaska Administrative Code.

¹ The process may take six months to a year or longer to complete. It may be expedited if a board meets often or holds a teleconference following the written comment period to adopt the final regulations. Department of Law workload also plays a big part in the timeframe.

² Board minutes reflecting concisely what the project entails plays an important part in getting a project rolling. This is true for the initial stages and the final motion adopting the regulations following the public comment period due to the relevant minutes or an excerpt of the minutes being forwarded to the Department of Law with the final project.

VI. Effective Regulations

This section is intended to provide you with a general overview of the regulations process. It is not legal guidance; the applicable statutes control. Any legal questions should be addressed to the Department of Law.

Regulations must be based on statutory authority. Within the division, regulations typically clarify the requirements of the occupational licensing program as set forth by the Alaska State Legislature in statute. As mentioned in the beginning of this manual, statutes are state laws that authorize and set out the scope of a board or commission's governance authority of a licensing program. Statutes may also authorize and direct the division's management role in all licensing programs overseen by the division. Where statutes assign to a board the responsibility of adopting regulations, that board must follow the process set forth in the Administrative Procedure Act (APA) (AS 44.62.010–44.62.305) unless the legislature has by statute directed a board or commission to follow another process. The APA's requirements are explained in detail in the *Drafting Manual for Administrative Regulations*. The Drafting Manual is at http://law.alaska.gov/doclibrary/drafting_manual.html.

State agencies subject to the APA must follow the statutory procedures in order to adopt, amend, or repeal a regulation. A significant step in the APA requires that the public receive notice of a proposed regulation and an opportunity to comment on a proposed regulatory action. This ensures that the public and interested parties—predominantly licensees and prospective licensees—are aware of the proposed changes affecting their programs and provides adequate opportunity to comment on them. By ensuring public notice and ability to comment, the APA's procedures support the public's vital role in the regulations process.

Overview of the Regulations Process

When a board identifies the need to propose a regulation to implement, interpret or make specific a state statute, the board, it should begin organizing its collective thoughts on the matter, at a publicly noticed meeting. If the subject matter is highly technical or complex, it may be helpful for the board to form a working group from among its members. That group may engage in fact-finding outside of public meetings, for the purpose of sharing its findings with the entire board at an appropriate meeting.

The maker of the motion to propose amendment, adoption, or repeal of regulations should provide the board with a written draft of the proposal. It is the board's responsibility to be certain that the record reflects what the board intended. This means that the board should articulate what it is hoping to accomplish with the project, and it should carefully review written drafts, to ensure that the language conveys what the board intended. It is the board's job to provide at least the initial draft of language for a proposed regulation or amendment to regulation. Some boards find it helpful to request assistance from their staff, executive director, and the department's regulations specialist.

Under the APA, the public must have a minimum of 30 days to comment (either orally or in writing, or both) on proposed regulations. During the comment period, the staff must publish on the website answers to questions from the public on the proposed regulations received in writing unless the questions are received within 10 days before the close of the comment period; in that case the staff may, but is not required to, answer the questions. The board will meet either telephonically or in person after this period closes to review written comments and amend or adopt the proposal. A board may also notice a meeting at which oral testimony may be heard on the proposal.

If the board chooses to substantially amend its proposal, it must go out for another 30-day public comment period. Whether the amendments to the proposed regulations would require a new notice and comment period should be reviewed by the Department of Law. If the changes are minor and do not alter the meaning of the regulations, it may then be forwarded for review by the Department of Law.

The Department of Law will assign an agency attorney who is familiar with licensing issues to review the proposal for content. Once the agency attorney review is complete, either the regulations attorney or the assistant regulations attorney will review for legality, consistency with other provisions of law and conformance to the state's drafting style. If there are questions, the regulations attorneys will contact the agency attorney. Once the regulations have been approved by the regulations attorney in the Department of Law, the regulations are transmitted to the Office of the Lieutenant Governor for filing. Once signed by the Lieutenant Governor or the Lieutenant Governor's designee, his/her designee, the regulation will become effective in 30 days *unless* another effective date is specified in the adoption order or certification of adoption.

A typical board or commission regulations process can take 90-180 days, depending on the workload of the division Regulations Specialist, the complexity of the project, and scheduling a review with the Department of Law.

Due to Alaska's small population, Board members may be easily accessible to their licensees and public stakeholders. Board members must remember that comments on proposed regulations must be received as requested in the notice of proposed regulations. Comments may only be received on proposed regulations by -

Written comments that are received by the division Regulations Specialist during the public comment period as set out in the notice of proposed regulations, oral comments that are received by the board during the public comment period noticed on the state Online Public Notice System

Board members may not receive comments directly via email, text, in the grocery store, at the lodge, in the hair salon, or on the golf course. When well-meaning members of the public offers input, thank them for their interest but remind them that you are only one of several board members and the board can only act as one; therefore, they should submit their comment as directed in the public notice.

The Division Director may also draft and notice regulations through the same process, though there may not be a public meeting to deliberate or adopt final regulations. The same public notice provisions apply, and the Director must consider all written comments received. When setting fees for licensing programs, the Director will seek board input on proposed fees as required in AS 08.01.065. The Director may adopt regulations that pertain to all licensing programs in general (known as Centralized Regulations) and may adopt regulations that direct the licensing programs in AS 08.01 that do not have a governing board or commission.

Where to Seek Help

The division Regulations Specialist II is trained to assist in drafting regulations and moving them through the adoption process. The Division Director, Division Operations Manager, or Executive Administrator should also be able to walk the board through the process of adopting regulations. They may also request attorney advice independently or on behalf of the board. The flow charts that follow should clarify the processes of board and division regulation adoption, though the process is ultimately administered by the Department of Law.

Is It A Regulation Or Policy?

REGULATIONS

- Anything that affects the public or is used by the agency in dealing with the public;
- Have the force and effect of law;
- Licensees must follow them;
- Prospective licensees must comply with them in order to be licensed;
- Can only be created by following the process outlined in the Administrative Procedure Act – AS 44.62;
- This process can be time-consuming, taking months or years. It involves at a minimum:
 - 30-day public notice,
 - Review by Department of Law, and,
 - Can't be changed, except by formal process.

POLICIES, ADVISORIES, AND GUIDELINES

- Anything a regulatory boards says that:
 - Sets out the regulatory board's expectations in general, nonbinding terms,
 - Does not have the force and effect of law.
- Disciplinary Matrix is a *guideline* if it is used as a reference point, along with:

- Careful consideration of facts and circumstances, as well as,
- Underlying goals of the statute and purpose for the discipline.
- Disciplinary Matrix is a *regulation* if it is used:
 - As a formula: “If licensee did X, then disciplinary response = Y.”
 - To achieve or demonstrate consistency by showing how the board will respond in every case where certain facts are present: “All licensees who do X get Y.”

GENERAL PRINCIPLES APPLICABLE TO BOTH REGULATIONS AND POLICIES

- Clarity
 - If it affects licensees or the public, it should be available and understandable. *Ex.:* if the board keeps a list of activities that it will approve as uncompensated professional activities under 12 AAC 44 620((a)(2)(E), the list should be accessible on the board’s website.
- Consistency
 - With other communications about similar facts;
 - With the governing statute’s purpose.
 - Proportionality
 - License denials and disciplinary actions including suspension, revocations, and fines should be consistent with the statute’s goals.

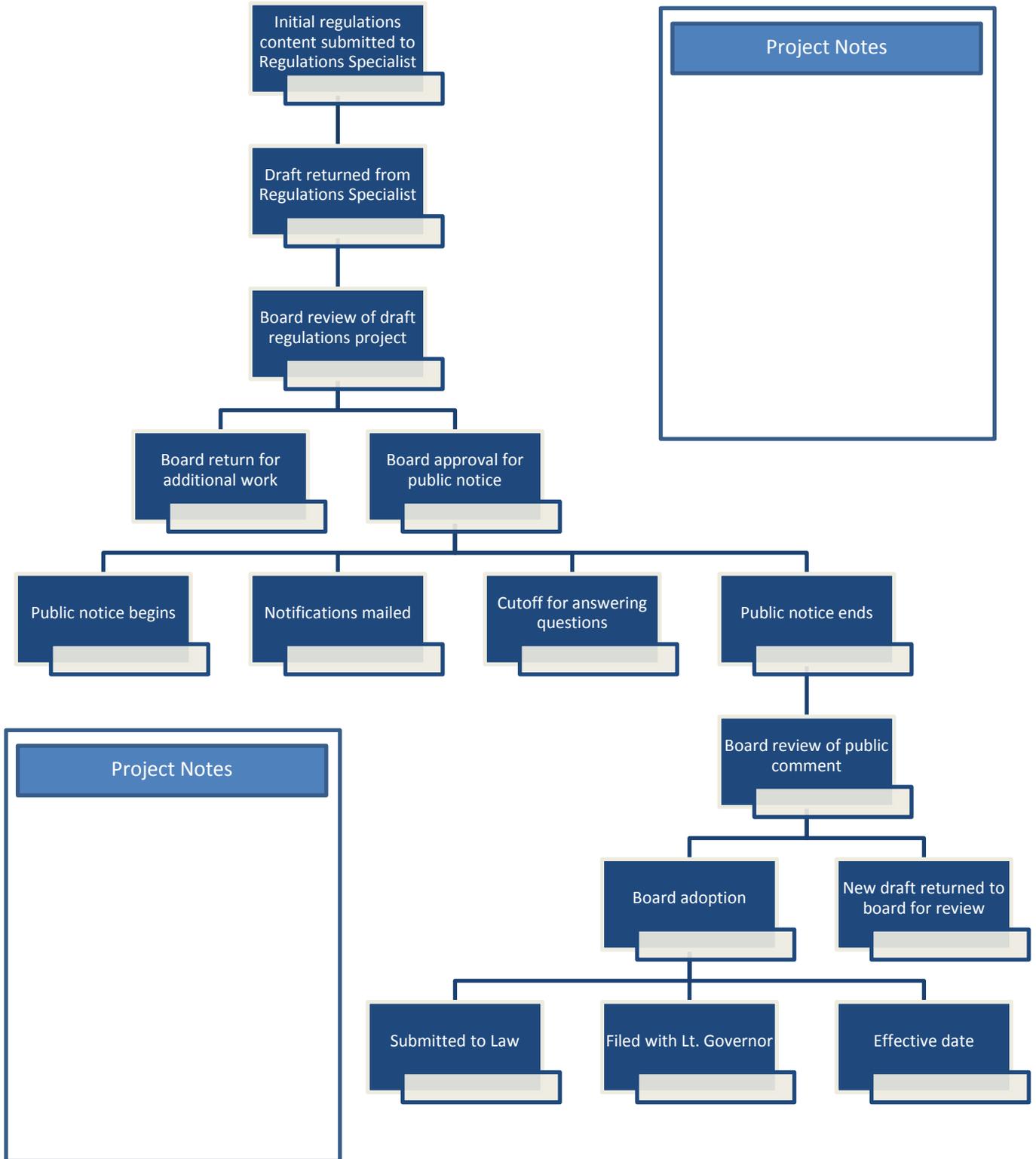
Steps in the Board Regulation Adoption Process

<i>Day 1</i>	<p>1</p> <p>At an open meeting, the board votes on language to change regulations. This motion is forwarded to the Division Regulations Specialist for drafting.</p>	<i>Day 65</i>	<p>7</p> <p>Division Regulations Specialist compiles answers to questions and posts FAQ on the program web page.</p>	<p><i>Once Regulations Are Effective</i></p> <p>14a</p> <p>Agency posts summary on Alaska Online Public Notice System</p> <p>14b</p> <p>Regulation published in Alaska Administrative Code</p> <p>14c</p> <p>Forms & FAQ updated on program web page</p>
<i>Day 30</i>	<p>2</p> <p>Once drafting is complete, the board holds another public meeting to edit or approve draft for public notice.</p>	<i>Day 75</i>	<p>8</p> <p>Regulations Specialist compiles public comments for distribution to board.</p>	
	<p>3</p> <p>Approved language is reviewed by Division attorney.</p>	<i>Day 90</i>	<p>9</p> <p>Board holds an open meeting to review public comments, make minor changes, and adopt regulations. Substantive changes may require additional drafting and public notice (Step 2).</p>	
	<p>4</p> <p>Department of Law opens file.</p>		<p>10</p> <p>Division submits final regulation package to Department of Law for review and approval, and to the Governor's office.</p>	
<i>Day 45</i>	<p>5</p> <p>Division publishes and distributes public notice, additional regulation notice information, and proposed regulation to all licensees and interested parties. Public notice posted in newspaper and on Alaska Online Public Notice System</p>		<p>11</p> <p>Agency attorney reviews regulation</p>	
	<p>6</p> <p>Public comment period and/or hearing (if applicable).</p>	<i>Day 110</i>	<p>12</p> <p>Regulations attorney reviews and either approves or disapproves regulation</p>	
		<i>Day 150</i>	<p>13</p> <p>Unless returned by the Governor, Lt. Governor's office files approved regulation; regulations become effective in 30 days</p>	

All timeframes are estimated, dependent upon staff and attorney workflow and board scheduling.

Regulations Project Tracker

CBPL Board: _____
 General topic of regulations: _____
 Regulations being amended: 12 AAC _____



Regulation Changes Questionnaire

Division/Board: _____ Meeting Date: _____

Regulation change being proposed: 12 AAC _____

General topic of the regulation: _____

This worksheet is designed to help the board think through an anticipated regulations project. Staff will provide this worksheet to the board at the time a regulations project is being approved for public notice. This information will be used to develop a FAQ to be posted on the board's web page to help the public understand the project. Staff will submit the completed worksheet with the draft board minutes to the Regulations Specialist within 10 days of the meeting and provide a copy to the supervisor. Appropriate staff will be assigned to complete this worksheet if a division regulation. **NOTE: Use a separate worksheet for each section being proposed.**

1. Is the new regulation needed to comply with new legislation or federal law? If yes, effective date of new statute/federal law: _____ <i>(If appropriate, ensure the new regulation is in line with federal requirements prior to initiating a regulation project.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does the change add a new license type? If yes: Does it affect current licensees? Do current licensees/non-licensees already perform the service for which the new license type is required? Is there a grace period or date explicitly included in the regulation to allow for a transition period?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does it change the qualifications or requirements of an existing license? If yes, does it affect current licensees?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does it affect continuing education/competency requirements? If yes: Does it add additional requirements or hours? Does it clarify existing regulations? Is there an effective date in the future to give licensees time to comply?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is it a fee change or does it create a new fee? If yes: Does it move fees in the centralized regulations to a new number, therefore affecting other program regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does it make changes to the requirements of licensees? If yes: All licensees Certain licensees (List: _____) Initial licensees	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7. In addition to interested parties, who should receive the public notice? (All licensees or certain license types?)	

8. In addition to the 30-day minimum written notice, does the board request a public hearing? If yes, when and where.
9. What will the regulation do?
10. What is the demonstrated public need or purpose of this regulation?
11. What is the known or estimated cost of the new regulation to a private person, another agency, or a municipality (see Step 3 of the <i>Steps in the Regulation Process...</i>)?
12. What <u>positive</u> consequences may this regulation have on public or private people, businesses, or organizations?
13. What <u>negative</u> consequences may this regulation have on public or private people, business, or organizations?
14. If any <u>negative</u> consequences, please address the reasons why the public need for this change outweighs the negative impact.
15. List any additional questions or comments that may arise from the public during the comment period. Include a response to the questions.
16. What type of notification outlining the changes will be required once the regulation is adopted? Check appropriate boxes. FAQ on website <input type="checkbox"/> Email to licensees <input type="checkbox"/> *Letter to licensees <input type="checkbox"/> <small>* Cost to board for mailing letter</small>

Staff submitting this worksheet: _____ Date submitted to Regulations Specialist: _____

Chapter 52. Board of Pharmacy.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 52.040 is amended to read:

12 AAC 52.040. Change of pharmacy or facility ownership. (a) Repealed 1/17/2007.

(b) A **change in ownership that meets the definition outlined in 12 AAC 52.995** **requires** [NEW OWNER OF A PHARMACY SHALL APPLY FOR] a new and separate **pharmacy or** facility license **or registration** in accordance with 12 AAC 52.020. (Eff. 1/16/98, Register 145; am 2/26/2000, Register 153; am 2/11/2004, Register 169; am 1/17/2007, Register 181; am ___/___/_____, Register _____)

We try not to use passive voice as appears here; rather, we say clearly that a particular person or entity agent is responsible for doing something. So, I would draft it like this:

A new owner of a pharmacy **or facility** shall apply for a new and separate **pharmacy or facility** license **or registration** in accordance with 12 AAC 52.020.

I am not sure that the definition of new owner that the board proposes for .995 works. It actually is vague and ambiguous. Does the board really think it needs to define that term?

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.157

12 AAC 52.095(c)(8) is amended to read:

(8) verification **on a form provided by the department or a primary source** **verification** that the applicant is currently licensed as a pharmacist in another licensing

Commented [HDM1]: What is this? It is not defined, so how does an applicant know it could include online verification and why can't the online verification be on a form provided by the department? Do you really need this? The current (c)(3) just says on a form provided by the department.

Register _____, _____ 2020 **PROFESSIONAL REGULATIONS**

jurisdiction and the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements;

(Eff. 7/1/2007, Register 182; am ___/___/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.145

12 AAC 52.140(b) is amended to read:

(b) The following checklist is established by the board for review of an application for a pharmacy technician license; a pharmacy technician license will be issued to an applicant who

(1) submits a completed, **notarized application on a form provided by the department** [FOR APPLICATION,] including

(A) the applicant's name, mailing address, and telephone number; and

(B) the applicant's date of birth that shows the applicant is at least 18 years old;

(2) certifies that the applicant has not been convicted of a felony or another crime that affects the applicant's ability to perform the duties of a pharmacy technician safely and competently;

(3) certifies that the applicant has earned a high school diploma, **GED**, or its equivalent and provides the name of the issuing institution and the date the diploma, **GED**, or its equivalent **degree** was issued;

(4) certifies that the applicant is fluent in the reading, writing, and speaking of the English language; [AND]

(5) pays the application fee and the pharmacy technician license fee established in 12 AAC 02.310; **and**

Commented [HDM2]: This is OK but Steve will want this spelled out – General Equivalency Diploma (I think that is what it is).

Register _____, _____ 2020 PROFESSIONAL REGULATIONS

(6) submits two affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character.

(Eff. 1/16/98, Register 145; am 2/15/2006, Register 177; am 1/17/2007, Register 181; am ___/___/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.210 is amended to read:

12 AAC 52.210. Pharmacist duties. Except as provided in 12 AAC 52.220 **and 12 AAC 52.235**, the following duties may be performed only by a pharmacist:

- (1) receiving an oral prescription drug order **from a practitioner or authorized agent of a practitioner;**
- (2) consulting with a [PRESCRIBER REGARDING A] patient **in accordance with 12 AAC 52.585** [OR PRESCRIPTION];
- (3) **independent prescribing of** [INTERPRETING] a prescription drug order **for vaccines, related emergency medications, or opioid overdose drugs in accordance with 12 AAC 52.992 and 12 AAC 52.994;**
- (4) determining the product **substitution** required for a prescription **in accordance with 12 AAC 52.510;**
- (5) interpreting **drug regimen review** data in **accordance with 12 AAC 52.570** [A PATIENT MEDICATION RECORD SYSTEM]; **and**
- (6) [MAKING A FINAL CHECK ON ALL ASPECTS OF A COMPLETED PRESCRIPTION AND] assuming the responsibility for a filled prescription [, INCLUDING THE ACCURACY OF THE DRUG PRESCRIBED AND OF THE PRESCRIBED DRUG'S STRENGTH, LABELING, AND PROPER CONTAINER; AND

Commented [HDM3]: Oh, gee, this could leave out a LOT of folks! Hahahahaha! Seriously, this term is too open to interpretation. I think there are a lot of mobsters who like to think of themselves as reputable citizens! Steve and I will delete this. Sorry.

Register _____, _____ 2020 **PROFESSIONAL REGULATIONS**

(7) CONSULTING WITH A PATIENT OR A PATIENT'S AGENT

REGARDING A PRESCRIPTION OR INFORMATION CONTAINED IN THE PATIENT MEDICATION RECORD SYSTEM]. (Eff. 1/16/98, Register 145; am 7/9/2017, Register 223; am ___/___/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.330

12 AAC 52.230(e) is amended to read:

(e) Before an individual may [REGULARLY] perform the tasks of a pharmacy technician, the individual shall complete training required by the pharmacist-in-charge. Duties performed by the pharmacy technician must be consistent with the training the pharmacy technician has received.

12 AAC 52.230(f) is repealed:

(f) Repealed ___/___/_____ [IF A PHARMACY TECHNICIAN WILL ASSIST IN THE PREPARATION OF STERILE PHARMACEUTICALS, INCLUDING PARENTERAL MEDICATIONS, THE PHARMACY TECHNICIAN MUST HAVE COMPLETED A MINIMUM OF 40 HOURS OF ON-THE-JOB TRAINING IN THE PREPARATION, STERILIZATION, ASEPTIC TECHNIQUE, AND ADMIXTURE OF PARENTERAL AND OTHER STERILE PHARMACEUTICALS BEFORE THE PHARMACY TECHNICIAN MAY REGULARLY PERFORM THOSE TASKS]. (Eff. 1/16/98, Register 145; am 4/4/2002, Register 162; am 1/23/2003, Register 165; am ___/___/_____, Register _____)

Authority: AS 08.80.030 AS 08.80.480

12 AAC 52 is amended by adding a new section ~~to Article 2~~ to read:

12 AAC 52.235. Approved functions for pharmacy technicians holding a national certification. (a) A pharmacy technician who holds a national certification, working under the direct supervision of a pharmacist, may perform a final check and dispense a non-controlled substance prescription if

(1) the prescription drug order has previously undergone prospective drug review

Commented [HDM4]: What is this?

by a pharmacist, including determination in substitution;

(2) the pharmacy uses technology assisted filling equipment that confirms the

Commented [HDM5]: Is this something that the regulations talk about? In a very quick review, I didn't see it.

drug stock selected to fill the prescription is the same as indicated on the prescription label;

(3) the pharmacy uses dispensing software that displays the image of the correct

drug being verified ~~and; provided that~~ if there is any deviation from the image and actual

Commented [HDM6]: Does this refer to a graphic depiction of the pill or the liquid or what?

product being dispensed, the nationally certified pharmacy technician ~~or pharmacist intern may~~

Commented [HDM7]: This section is not about interns.

~~not dispense the order and~~ a pharmacist ~~shall-must~~ review and dispense the order; and

(4) each prescription dispensed is electronically verified and documented in the

patient record in accordance with 12 AAC 52.460 and 12 AAC 52.470.

(b) A nationally certified pharmacy technician may clarify the following information on a

Commented [HDM8]: May or must? What is the purpose of this subsection?

non-controlled substance prescription drug order ~~information~~ with the practitioner or the

practitioner's authorized agent

(A) the number of refills;

(B) the quantity of medication;

(C) the date the prescription drug order was written; or

(D) the medically necessary, diagnosis codes, or other similar language for

Commented [HDM9]: Need to find better terms for this. I am not familiar enough with this vocabulary. I will check with the HSS AAGs, or the board may suggest terms of art that would be used here.

insurance purposes.

(c) A nationally certified pharmacy technician may administer an immunization or related emergency medication in accordance with 12 AAC 52.992, under the immediate supervision of a

pharmacist.

(d) A nationally certified pharmacy technician may transfer a non-controlled substance prescription drug order in accordance with 12 AAC 52.500 under the immediate supervisin of a pharmacist.

(e) Prescription drug order information clarification under (b) of this section ~~shall~~ must be documented by writing the following information on the face of the prescription drug order

(1) the result of the clarification;

(2) the nationally certified technician initials;

(3) the name of the prescriber or authorized agent they spoke to; and

(4) the date and time of the call.

(f) A nationally certified pharmacy technician may not sign or initial any document that is required to be signed or initialed by a pharmacist.

(g) A nationally certified pharmacy technician may perform all the duties of a pharmacy technician. A pharmacy technician who does not hold a national certification may not perform the duties set out in this section. (Eff. ____/____/____, Register _____)

Commented [HDM10]: This should be placed as (c) so it flows more smoothly.

Commented [HDM11]: I'm not sure you need this sentence, but it is good background.

Authority: AS 08.80.030 AS 08.80.480

12 AAC 52.423 is amended by adding a new subsection to read:

(d) A central pharmacy using telepharmacy services under 12 AAC 52.425 shall register with the telemedicine business registry in accordance with 12 AAC 02.600. (Eff. 9/17/2011, Register 199; am ____/____/____, Register _____)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.157

12 AAC 52.470(d) is amended to read:

Register _____, _____ 2020 PROFESSIONAL REGULATIONS

(d) If an original prescription drug order is prescribed as a 30-day supply, the pharmacist, **nationally certified pharmacy technician, or pharmacist intern** may dispense **any quantity so long as** [UP TO A 100-DAY SUPPLY ON REFILLS IF THE]

(1) **the** total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription **drug order**, including refills; **and**

(2) **the** drug is not a federal or state scheduled controlled substance [; AND

(3) THE PHARMACIST IS EXERCISING PROFESSIONAL JUDGMENT].

(Eff. 1/16/98, Register 145; am 6/29/2018, Register 226; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.865(b) is amended to read:

(b) Unless excused from reporting under AS 17.30.200(u), a pharmacist or practitioner required to submit information under AS 17.30.200(b) must submit the information, **including zero reporting,** to the PDMP daily on a form provided by the board, **a of the previous submission date.** The information submitted daily must reflect all prescriptions for Schedule II, III, or IV controlled substances under federal law that were dispensed on the previous day; where **no such prescriptions were dispensed on the previous day, the practitioner must so indicate on the form.**

(Eff. 12/29/2011, Register 200; am 6/7/2018, Register 226; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030 AS 17.30.200

12 AAC 52.995(a) is amended by adding new paragraphs to read:

Rev. 1/22/2020 Draft

7

Formatted: Highlight

Commented [HDM12]: This whole clause is going to need Steve's eye. I don't think the statute AS 17.30.200(b) supports recording a zero day. I see why it might be good to know but will need to study this some more. Also, the original sentence has a missing word or something. I will get back to you on this.

Formatted: Highlight

Register _____, _____ 2020 **PROFESSIONAL REGULATIONS**

(37) “pharmacy or facility ownership” means the majority of ownership;

~~(38) “national certification” means a pharmacy technician licensed under AS 08~~

~~who holds a national certification as a pharmacy technician.~~

Commented [HDM13]: This is not necessary to define.

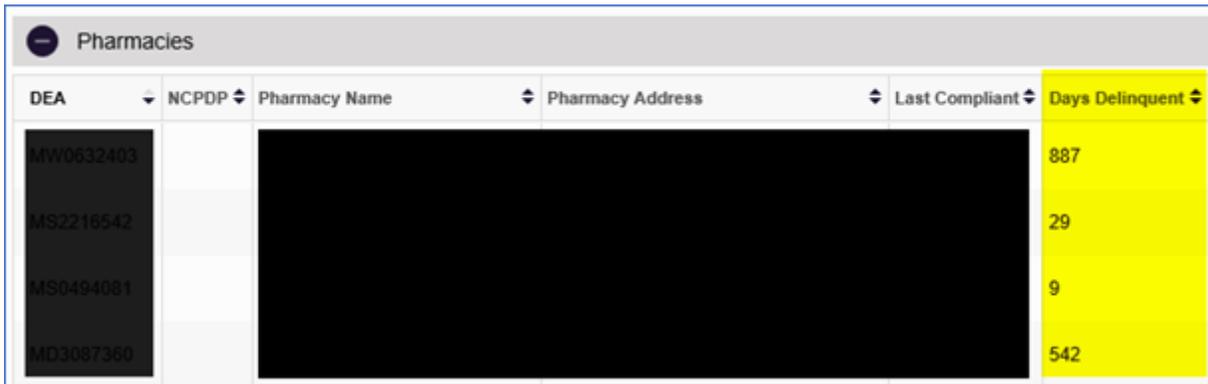
(Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 11/10/2001, Register 160; am 8/21/2002, Register 163; am 2/15/2006, Register 177; am 8/12/2007, Register 183; am 9/11/2010, Register 195; am 12/29/2011, Register 200; am 8/1/2014, Register 211; am 6/7/2018, Register 226; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.157 AS 17.30.200
AS 08.80.030 AS 11.71.900 AS 17.30.900

From: [Carrillo, Laura N \(CED\)](#)
To: [Dinegar, Harriet C \(LAW\)](#); [Maiquis, Jun C \(CED\)](#)
Cc: [Weaver, Steven C \(LAW\)](#); [Sherrell, Lisa D \(CED\)](#)
Subject: RE: PHA-0120 HM edits.2
Date: Friday, January 31, 2020 2:54:00 PM
Attachments: [PHA-0120 HM edits.2.doc](#)
[image001.png](#)

Thank you, Harriet! I'm including our new PDMP manager, Lisa Sherrell, for her knowledge.

Some background on zero reporting: Since the term, "zero reporting" isn't in AS 08 or AS 17.30.200, it leaves the potential for pharmacies to appear non-compliant with the daily reporting requirement in 12 AAC 52.865(b), even if no prescriptions are dispensed for the day but not reported. The PDMP manager has to perform pharmacy analyses to determine whether pharmacies are non-compliant, which involves identifying the number and specific days on which no prescriptions were reported (see image below; we don't know for certain whether these missing days are because no prescriptions were dispensed or if the pharmacy forgot to report).



DEA	NCPDP	Pharmacy Name	Pharmacy Address	Last Compliant	Days Delinquent
MW0632403					887
MS2216542					29
MS0494081					9
MD3087360					542

The previous PDMP administrator used to require a Certification of No Controlled Substances Dispensed form for pharmacies not dispensing. We were told sometime in late 2017/early 2018 by Megyn Greider that the board didn't have the authority to require this form and that it was obsolete now that mandatory reporting was in effect. Further interpretation was that the reporting requirement only applied if pharmacies dispensed/distributed controlled substances at all, even once a year, including zero reports, whereas for pharmacies never dispensing/distributing, the reporting requirement doesn't apply. Is this still an accurate read?

Thank you,

Laura Carrillo, MPH
Executive Administrator
Alaska Board of Pharmacy
Prescription Drug Monitoring Program
State of Alaska – DCCED – CBPL
Direct: 907-465-1073
PDMP: 907-269-8404
PDMP email: akpdmp@alaska.gov
Fax: 907-465-2974

From: Dinegar, Harriet C (LAW)

Sent: Thursday, January 30, 2020 12:44 PM

To: Maiquis, Jun C (CED) <jun.maiquis@alaska.gov>; Carrillo, Laura N (CED) <laura.carrillo@alaska.gov>

Cc: Weaver, Steven C (LAW) <steve.weaver@alaska.gov>

Subject: PHA-0120 HM edits.2

Here is another edit for your consideration. The only edit is on page 7. Steve and Susan think there is sufficient – albeit indirect – statutory authority. It may need further tweeking, but we are getting closer.

TASK 20

Ms. Carrillo will add 12 AAC 52.423 to the agenda for the next meeting.
(*Complete*).

12 AAC 52.423(d) - Remote pharmacy license

The board discussed adding a new subsection (d) addressing the telemedicine business registry. Ms. Carrillo explained that the telemedicine business registry is simply a request for placement to be on the registry. The introduction of this section is a solution to close the loop with the requirements that went into effect following the telemedicine legislation in June 2016. To be placed on the registry, the pharmacy must have a professional license and business license. Ms. Bell inquired whether this helped to assist Mr. Holm in his remote pharmacy. Mr. Holm indicated the regulations took too long to be effective, but the issue was more so related to insurance reimbursements. Mr. Holm also added that patients had very positive experience with accessibility to a remote pharmacy. Ms. Bell then inquired whether it's necessary for a pharmacist to be on site if there's another pharmacy that can be open.

12 AAC 52.423 – Remote pharmacy

Ms. Carrillo reminded the board that the previous section (e) was repealed such that remote pharmacies can be renewed if there is a central pharmacy operating within 10 miles, but that subsection (b)(2) still states a remote pharmacy can't operate if there's an existing pharmacy within 10 miles. Citing the North Carolina Dental Board case, Ms. Carrillo described the board having issued cease and desist letters to teeth whiteners at the mall without due process, who were then held liable for violating anti-trust laws. Ms. Carrillo inquired whether the board might consider how this restriction could affect other businesses. Mr. Holm commented that when the regulations were first put in place, technology was a lot different; the restriction was more so for patient safety, and the technology was to be put in place for areas that truly needed the services. The board ultimately decided to table this for discussion until the next meeting.

From: [Adams, Jessica \(Regulatory Affairs\)](#)
To: [Carrillo, Laura N \(CED\)](#)
Cc: [Chesler, Adam](#)
Subject: Re: AK telepharmacy
Date: Monday, December 23, 2019 7:33:12 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

Laura,

The AK Department of Health and Social Services proposed amendments to a [rule](#) concerning various telemedicine services. The rule discusses locations where the department will pay for services, but it does not base these locations off of a specific mileage from another provider. See the proposed language below:

7 AAC 110.630(f)

"The department will pay for services provided through telemedicine by a provider located in the same community as the patient is located only if the location is a federally designated Health Professional Shortage Area (HPSA)."

7 AAC 110.639

(5) "Health Professional Shortage Area (HPSA)" are designated by the Health Resources and Services Administration as having shortages of primary medical care, dental, or mental health providers and may be

(A) geographic, including a county or service area;

(B) demographic, including a low income population; or

(C) institutional, including a comprehensive health center, federally qualified health center, or other public facility.

Regards,



Jessica Adams, PharmD

Manager, Regulatory Affairs

123 N Linn St, Suite 2F, Iowa City, IA 52245

512.426.6868

From: "Chesler, Adam" <adam.chesler@cardinalhealth.com>

Date: Wednesday, December 18, 2019 at 10:55 AM

To: "Adams, Jessica (Regulatory Affairs)" <jessica.adams01@telepharm.com>, "Carrillo, Laura N (CED)" <laura.carrillo@alaska.gov>

Subject: Re: AK telepharmacy

Laura-

Link to summary of state laws and rules is attached.

Thanks

Adam S. Chesler, PharmD, MBA
Director, Regulatory Affairs



2701 High Point Oaks Dr. Suite 210, Lewisville, TX 75067
+1.512.694.8556 dir | +1.512.694.8556 mobile

From: Adams, Jessica (Regulatory Affairs) <jessica.adams01@telepharm.com>
Sent: Tuesday, December 17, 2019 5:43 PM
To: Carrillo, Laura N (CED) <laura.carrillo@alaska.gov>
Cc: Chesler, Adam <adam.chesler@cardinalhealth.com>
Subject: AK telepharmacy

Good afternoon Laura,

Adam and I compiled a list of materials that support the removal of the mileage restriction regarding remote pharmacies. Please let either of us know if you have questions about any of the attachments.

[HRSA data](#) for Alaska: The Health Resources and Services Administration is an agency of the U.S. Department of Health and Human Services and is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable

- HPSA (Health provider shortage areas): 542
 - Mental health: 269
 - Primary care: 273
- MUA (medically underserved areas): 30

FTC statements:

- Healthcare: <https://www.ftc.gov/tips-advice/competition-guidance/industry-guidance/health-care>
- telehealth: <https://www.ftc.gov/news-events/press-releases/2017/11/ftc-staff-comment-supports-va-telehealth-rule-will-increase>

Statement from Nicki Chopski (ID ED) on mileage: <https://blog.telepharm.com/qa-with-nicki-chopski-executive-director-of-the-idaho-board-of-pharmacy>

Spreadsheet of other states comparing Alaska:

<https://docs.google.com/document/d/1c6DAgChX0DW5MRBNQQratumtMuz0zxGHX1PdbL7GaZQ/edit>

Many of the articles below do not attach a mileage amount to the definition of a pharmacy desert; in fact most just define them as areas that suffer from pharmacy closures, areas with lack of access to pharmacy services, or simply areas without accessible medications. Several articles provide stories from patients who lived within some of the mileage restrictions but still encountered access issues, furthering evidence that areas with pharmacy access issues can not be purely determined by an arbitrary mileage amount.

- [Spatial analysis of pharmacies in NYC and impact of pharmacy accessibility across country on opioid](#)

[epidemic](#)

- [Pharmacy deserts impact on health disparities](#)
- [pharmacy deserts in underserved communities and various solutions](#)
- [research on mapping of pharmacy deserts in Pennsylvania and accessibility to pharmacy services for elderly](#)
- [Growing concern of pharmacy deserts in Chicago \(i.e. difficulty with traveling even within 1 mile\)](#)
- [Pharmacy deserts exists because a variety of factors](#) (not just mileage)
- [Rural pharmacy deserts are emerging across US](#)
- [Rural pharmacies closing, telepharmacy as a solution](#)
- [Pharmacy deserts in Baltimore resulting in gaps in care](#)
- [Article discussing IN's pharmacy desert bill](#)
- News video discussing [pharmacy closures](#) in poor and minority areas and reduced access to medications resulting in patients not taking their medications and worsening outcomes

Happy holidays!



Jessica Adams, PharmD

Manager, Regulatory Affairs

123 N Linn St, Suite 2F, Iowa City, IA 52245

512.426.6868

This message is for the designated recipient only and may contain privileged, proprietary or otherwise private information. If you have received it in error, please notify the sender immediately and delete the original. Any other use of the email by you is prohibited.

Dansk - Deutsch - Espanol - Francais - Italiano - Japanese - Nederlands - Norsk - Portuguese - Chinese
Svenska: <http://www.cardinalhealth.com/en/support/terms-and-conditions-english.html>

2019

Overview of Telepharmacy Regulations



 **TelePharm**
A Cardinal Health company

2019

*Overview of
Telepharmacy Regulations*

Table of Contents

Table of Contents	2
Definition of Telepharmacy	3
By State:	3
By Organization:	5
PIC Responsibilities	7
Controlled Substances	10
Surveillance	12
Compounding	14
Mandatory Counseling	17
Maximum Script Counts	18
Pharmacist On-Site Visits	20
Technician Training	22
Telepharmacy Oversight	23
Mileage Restrictions	24

Definition of Telepharmacy

By State:

State	Definition
AK	telepharmacy system: a system under the direct supervision of a licensed pharmacist that monitors the dispensing and distribution of prescription drugs and provides for related drug use review and patient counseling services through a computer link and a video link with sound
AZ	remote supervision by a rph means a rph directs and controls the actions of pharmacy techs and interns through the use of audio and visual technology
CA	Telepharmacy means a system that is used by a supervising pharmacy for the purpose of monitoring the dispensing of prescription drugs by a remote dispensing site pharmacy and provides for related drug regimen review and patient counseling by an electronic method, including, but not limited to, the use of audio, visual, still image capture, and store and forward technology.
CO	telepharmacy outlet means a remote pharmacy site that: Is registered as an other outlet; at the time of registration, is located more than twenty miles from the nearest prescription drug outlet and from any other telepharmacy outlet; Is connected via computer link, video link, and audio link, or via other functionally equivalent telecommunication equipment, with a central pharmacy and has a pharmacy technician on site who, under the remote supervision of a licensed rph located at the central pharmacy, performs the tasks described in paragraph
IA	Telepharmacy means the practice of pharmacy where pharmaceutical care services are provided using audiovisual technologies linking a telepharmacy site with the managing pharmacy.
ID	not defined, referred to as drug outlets that dispense drugs to patients without an onsite pharmacist or prescriber
IL	"telepharmacy" means the provision of pharmacist care by a rph that is accomplished through the use of telecommunications or other technologies to patients or their agents who are at a distance and are located within the US, and which follows all federal and State laws, rules, and regulations with regard to privacy and security.
IN	telepharmacy means to provide patient care by a pharmacy and rph licensed under IC 25-26 through the use of telecommunications or other technology: to a patient or the patient's representative who is at a distance and located in a state or jurisdiction of the United States; and where the pharmacy and pharmacist is located in Indiana.

LA	Telepharmacy system: a system that monitors the dispensing of prescription drugs and provides for related drug use review and patient counseling services by an electronic method which shall include the use of the following types of technology: audio and video; still image capture; and store and forward
MN	not defined in law or rule (requires variance---guidance doc only)
MT	Practice telepharmacy means to provide pharmaceutical care through the use of information technology to patients at a distance.
ND	Telepharmacy means a central pharmacy with one or more remote sites in which all sites are connected via computer link, videolink, and audiolink.
NE	not defined; discusses remote dispensing which shall occur under remote supervision via a real-time audiovisual communication system by a licensed pharmacist employed by a supervising pharmacy.
NM	“Practice of tele-pharmacy” means the provision of pharmacist care by board licensed pharmacies and board licensed pharmacists through the use of telecommunications or other technologies to patients or their agents at a remote tele-pharmacy site.
NV	Telepharmacy means: a pharmacy; or an office of a dispensing practitioner, that is accessible by a remote site or a satellite consultation site electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.
SD	"Telepharmacy practice," the practice whereby a licensed pharmacist uses telecommunications technology to provide personalized, electronically documented, real-time pharmaceutical care to patients at a remote pharmacy, including prescription dispensing and counseling, and to oversee and supervise remote pharmacy operations
TN	“Telepharmacy” means the method of providing pharmaceutical services through a remote site connection between a central pharmacy and a satellite clinic.
TX	Telepharmacy system--A system that monitors the dispensing of prescription drugs and provides for related drug use review and patient counseling services by an electronic method which shall include the use of the following types of technology: audio and video; still image capture; and store and forward.
UT	"Practice of telepharmacy" means the practice of pharmacy through the use of telecommunications and information technologies.
VT	“Practice of Telepharmacy” means the provision of pharmaceutical care through the use of telecommunications and information technologies to patients at a distance.
WI	not defined in rule or law; discusses remote dispensing site
WY	“Telepharmacy” means a site where prescription drugs are stored and dispensed that is remote from but under the active control and supervision of a parent pharmacy and a licensed pharmacist, and that is subject to the requirements of W.S. §33-24-156.

By Organization:

Org	Definition	Miscellaneous
NABP	<p>“Practice of Telepharmacy” means the Practice of Pharmacy by registered Pharmacies and Pharmacists located within US jurisdictions through the use of Telepharmacy Technologies between a licensee and patients or their agents at distances that are located within US jurisdictions. The Practice of Telepharmacy is deemed to occur within the jurisdiction in which the patient is located and the jurisdiction(s) in which the pharmacist and, if applicable, pharmacy are located; therefore, such practice will be subject to the Pharmacy practice regulations of all jurisdictions’ Boards of Pharmacy</p>	<p>“Telepharmacy Technologies” means secure electronic communications, information exchange, or other methods that meet applicable state and federal requirements.</p>
APHA	<p>discusses NABPs definition: “the provision of pharmacist care by registered pharmacies and pharmacists located within U.S. jurisdictions through the use of telecommunications or other technologies to patients or their agents at distances that are located within U.S. jurisdictions.”</p>	<p>“Pharmacist care” is “the provision by a pharmacist of patient care activities with or without the dispensing of drugs or devices, intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient’s symptoms, or arresting or slowing of a disease process. Types of telepharmacy services: MTM Chronic disease management (CCM), Transitions of care, Pharmacogenomics, Remote dispensing, Ambulatory care</p>
ASHP	<p>telepharmacy is defined as a method used in pharmacy practice in which a pharmacist utilizes telecommunications technology to oversee aspects of pharmacy operations or provide patient-care services.</p>	<p>Telepharmacy operations and services may include, but are not limited to, drug review and monitoring, dispensing, sterile and nonsterile compounding verification, MTM, patient assessment, patient counseling, clinical consultation, outcomes assessment, decision support, & drug info.</p>

[NASPA](#) no definition

PIC Responsibilities

State	PIC responsible of telepharmacy?	Language
AK	--	PIC of a remote pharmacy may supervise 1+ remote pharmacies; an rph must conduct a physical inventory at least annually
AZ	--	an rph licensed and located in this state who is designated as the rph responsible for the oversight of the remote dispensing; elements of a monthly inspection by the rph who is designated as the rph responsible for the remote site including documentation and retention of results of inspection
CA	yes	The designated PIC of the supervising pharmacy shall also serve as the designated PIC at the remote dispensing site pharmacy
CO	--	For the purpose of this section, the consultant rph is the rph responsible for the other outlet registration and the overall operation pertaining to drug receipt and distribution.
IA	yes	The PIC of the managing pharmacy shall be the PIC of the telepharmacy
ID	--	The PIC is responsible for the management of every part of the drug outlet and its regulated operations. The PIC and the drug outlet each have corresponding and individual responsibility for compliance with applicable state and federal law and these rules; may not be PIC for more than 2 locations concurrently
IL	yes but can delegate tasks (monthly inspections)	A remote site is considered to be under the supervision of the PIC of the home pharmacy. A PIC or his or her designated pharmacist must complete monthly inspections of the remote site.
IN	yes	the qualifying rph (rph who will qualify the pharmacy by being responsible to the board for the legal operations of the pharmacy under the permit) and a rph on duty are responsible for ensuring sufficient staffing of both sites, may have this designation for 1 supervising pharmacy and 1 remote site; responsible for inspection, maintenance of records, control substance inventory and CQI program
LA	yes	The PIC of the supervising central pharmacy shall be the PIC of the telepharmacy dispensing site
MN	yes	both sites need to apply for varaince request from rule 6800.2400

		in order to be PIC at 2 places (supervising pharmacy and remote site)
MT	no	The license holder, agent of the parent pharmacy, or the PIC of the parent pharmacy, or the PIC of the remote site, if different from the parent PIC, shall apply for a license for the remote telepharmacy site. the rph at the parent pharmacy shall perform an ongoing analysis of incident reports and outcomes; the rph at the parent pharmacy or that person's designee shall conduct and complete monthly inspections of the remote site
ND	--	A rph must complete monthly inspections of the remote site; every pharmacy must have a rph designated as the PIC who shall be responsible to the board for a pharmacy's compliance with the laws and regulations, both state and federal, pertaining to the practice of pharmacy
NE	yes but can delegate tasks	The remote dispensing pharmacy must have the same PIC as the supervising pharmacy who must ensure that a rph is onsite at the remote dispensing pharmacy at a minimum of once each calendar month. The PIC in the supervising pharmacy may delegate tasks to another rph who is employed by the supervising pharmacy
NM	yes	The PIC is responsible for the development, implementation, maintenance, and review of written policies and procedures for the safe and effective operation of the remote tele-pharmacy and the oversight by the hub pharmacy. The hub rph must conduct rph site visits and complete inspections of the remote tele-pharmacy
NV	--	A rph who is responsible for the operation of a remote site shall maintain record of drugs, system is able to generate labels, establish p&p, ensure tech is competent to work at site (fill controls) etc
SD	--	remote pharmacy considered extension of host but must have its own license, An inspection of the remote pharmacy shall be conducted by a licensed rph at weekly intervals or more if deemed necessary. PIC must adhere to implementation of a CQI plan, verify legitimacy of control rxs (or a designate rph may do so), maintain records of control substance, review log of security system
TN	--	employee of a FQHC participating in this program; supervisory pharmacist who has the authority and responsibility for compliance with laws and rules pertaining to the practice of pharmacy at the practice site of the pharmacist-in-charge

TX	yes	The PIC of the provider pharmacy is responsible for all operations at the remote site including supervision of the telepharmacy system and compliance with this section; an rph employed by provider pharmacy shall make at least monthly on-site visits
UT	yes	the supervising pharmacy's PIC shall serve as RDPIC (remote dispensing PIC), responsible for all remote dispensing pharmacy operations
VT	--	Coordinating Rph manager means a VT licensed rph who has full responsibility for all aspects of one or more remote pharmacies; have a separate def for PIC (rph manager)
WI	yes	Managing rph is a rph designated by the pharmacy owner to have responsibility for and direct control of pharmaceutical operations in a pharmacy; managing rph at the supervising pharmacy is responsible for all remote dispensing sites connected to the supervising pharmacy.
WY	no, depends see lang	unless an alternative PIC from the parent pharmacy is specifically designated in writing, the PIC of the parent pharmacy is the PIC for the telepharmacy. The PIC and pharmacist-on-duty are responsible for ensuring that the parent pharmacy and telepharmacy are staffed in accordance with Board rules.

Controlled Substances

State	Controls	CIII-V	CII	Required Licenses	Notes
AK	no mention	--	--	DEA	
AZ	yes	yes	yes	DEA	
CA	yes	yes	yes	DEA	
CO	no mention	--	--	DEA	
IA	yes	yes	yes	DEA + CSA registration 657-13.16(2)	
ID	yes	yes	yes	DEA only (exemption under 27.01.02.05.07)	
IL	yes	yes	yes	DEA + IDFPR CSR (720 ILCS 570/302)	doesn't specify which classes
IN	yes	yes	yes	DEA + CSR for non-practitioners	doesn't specify which classes
LA	yes	yes	yes	DEA + LA Controlled Dangerous Substance license §2425.A.3	doesn't specify which classes
MN	yes	yes	yes	DEA	
MT	yes	yes	yes	DEA	doesn't specify which classes
ND	yes	yes	yes	DEA	
NE	no mention	--	--	DEA	
NM	yes	yes	yes	DEA + NM CSR (16.19.33.9.A.13.b)	
NV	yes	yes	yes	DEA + CSR	doesn't specific which classes
SD	yes	yes	yes	DEA + SD CSR-maintained by SD DOH (Ch 44:58:02)	doesn't specific which classes
TN	yes*	C5 only	NO	DEA + TN CSR (1140-01-.11)	Ch 1140-13 (pg 2 & 4)

TX	yes	yes	NO	DEA	562.110
UT	yes	yes	yes	DEA + CSR (58-37-6)	
VT	yes	yes	yes	DEA	
WI	yes	yes	yes	DEA	doesn't specify which classes
WY	yes	yes	yes	DEA + CSR (Ch3, section 4)	doesn't specify which classes

Surveillance

State	Continuous Surveillance?	Language
AK	--	no mention
AZ	yes	maintain a continuous system of video surveillance and recording of the pharmacy department for at least 60 days after date of recording; counseling uses audio/video technology that HIPAA
CA	--	retain a recording of facility surveillance, excluding patient communications, for a min of 120 days. audio/video communication system for counseling pts shall be secure/HIPAA compliant (records of action performed maintained at remote site for 3 years)
CO	--	no mention
IA	yes	continuous system of video surveillance and recording of the pharmacy maintenance of recordings for a minimum of 60 days following the date of the recording
ID		outlet must maintain video surveillance with adequate number of views of the full facility, retain a high quality recording for a minimum of 90 days; audio/video comm system used to counsel must be clear, secure, and HIPAA-compliant
IL	--	there shall be a working computer/video/audio link to an rph at a home pharmacy whenever the prescription area is open to the public
IN	yes	continuous video surveillance (constant visual supervision + auditory communication) ; provides an adequate number of views of the entire remote dispensing facility; must retain recording of surveillance (excluding customer communication) for at least 45 days; HIPAA compliant
LA	--	no mention
MN	yes	continual, two-way audio visual link between the central pharmacy and each remote site; camera for verification is of sufficient quality and resolution so that the certifying RPh can visually identify the markings on tablets and capsules; 2nd camera to be used that is trained on the entire dispensing area (unless certifying camera can be used to monitor activities in other parts of the remote site)

MT	--	the computer, video, and audio link must be operational at all times.
ND	--	remote pharmacy shall have access to its main pharmacy and registered pharmacists by computer/video/audio link while open
NE	--	no mention
NM	yes	video equipment must be capable of resolution sufficient to allow for rph identification of medication dosage forms and the reading of bottle labels via video camera; continuous supervision through a constant live video link with not less than four camera views; real time live monitoring and recorded for a minimum of 90 days; HIPAA compliant link
NV	--	no mention
SD	not clear (see requirements)	continuously accessible, 2-way audiovisual link camera for verification is of sufficient quality and resolution so that the certifying RPh can visually identify the markings on tablets and capsules 2nd camera is required for security needs (if certifying camera is not able to monitor other parts of the remote site)
TN	--	no mention
TX	--	under continuous supervision supervise electronically through the use of the technology (audio and video, still image capture & store and forward)
UT	not clear (see requirements)	adequate supervision includes maintaining uninterrupted visual supervision and auditory communication; tp system provides effective video/audio communication with adequate number of views of entire site, retain a recording of surveillance (excluding pt comm) for at least 45 days
VT	not clear (see requirements)	continuously accessible, 2-way audiovisual link verification camera is of sufficient quality/resolution so RPh can visually identify markings on tablets & capsules; link shall be recorded while remote pharmacy is in operation, retained for 30 days rph shall be able to monitor security cameras which shall capture movement within the remote pharmacy at all times
WI	--	no mention
WY	--	a real time data/video/audio link w/the parent pharmacy at all times the telepharmacy is open for business audio/video comm system used to counsel and interact w/pts shall be secure & HIPAA compliant

Compounding

State	Telepharmacy Language	Notes
AK	--	other rules: compounding means the preparation, mixing, assembling, packaging, or labeling of a drug or device
AZ	techs may not perform extemporaneous sterile or nonsterile compounding but may prepare commercially available meds for dispensing, including the reconstitution of oral powder antibiotics.	other lang: compounding means the preparation, mixing, assembling, packaging or labeling of a drug by a rph or an intern or pharmacy tech under the rph's supervision, for the purpose of dispensing to a patient based on a valid rx
CA	a pharmacy technician shall not compound drug preparations.	other rules: compounding means altering dosage, delivery system or strength of a drug; combining active ingredients; preparing a drug preparation from chemicals or bulk drug substances; does not include reconstitution of a drug per mfg label nor the act of tablet splitting, crushing, capsule opening or addition of flavor to enhance taste
CO	--	other rules: preparation, mixing, or assembling, of 1+ active ingredients w/1+ other substances; does not include the preparation of copies of commercially available drug products, or repackaging (transfer of a product from one container/device to another)
IA	compounding is prohibited unless an on-site rph has verified the accuracy and completeness of the product	other rules: compounding means combining, mixing, diluting, pooling, flavoring, or otherwise altering of a drug or bulk drug substance to create a drug; does not include the use of a flavoring agent to flavor a drug or mixing or reconstituting a drug according to the product's mfg label
ID	--	other rules: compounding means a person combines, mixes or alters ingredients of a drug to create a medication tailored to the needs of an individual patient under the supervision of an rph
IL	--	no actual def in rules or law

IN	--	no actual def in rules or law
LA	--	<p>other rules: compounding means the preparation, mixing, assembling, packaging, or labeling of a drug or device; does not include essentially copies of a commercially available product</p> <p>performance of these activities shall be limited to rphs, interns, tech, and tech candidates acting under the supervision of a pharmacist</p>
MN	--	other rules: nonsterile preparation compounding means the preparation, mixing, assembling, altering, packaging, and labeling of a nonsterile drug preparation, according to USP 795
MT	--	other rules: a tech may perform compounding if a mechanism for verification by the supervising pharmacist exists that includes checking of: the original order; additives; dosages; and clarity of IV solution, where appropriate.
ND	--	Other Rules: compounding doesn't include tablet splitting, reconstitution of oral/topical products as intended by the manuf or repackaging of nonsterile dosage forms for redistribution, dispensing, or administration; compounder or compounding personnel is an rph or other licensed or registered HCP responsible for preparing the compounded preparations
NE	--	other rules: compounding means the preparation of components into a drug product
NM	No drug compounding shall occur at any remote tele-pharmacy.	compounding is the preparation, mixing assembling, packaging, or labeling of a drug or device reconstitution of commercial products is not considered compounding for purposes of this article
NV	--	Other rules: compounding is the preparation, mixing or assembling of a drug product of which at least one component is a prescription drug; does not include the mixing or reconstituting of a nonsterile drug product that is performed in accordance with directions and labeling by manuf/approved by FDA
SD	--	Other rules: compounding the taking of two or more measured ingredients, and by simple or complicated means, depending on the nature of the ingredients, fabricating them into a single preparation, usually referred to as a dosage form
TN	--	Other lang: Compounding means the preparation, mixing, assembling, packaging or labeling of a drug or device

TX	pharmacy tech may not perform sterile or nonsterile compounding	pharmacy tech may prepare commercially available meds for dispensing, including reconstitution of oral powder antibiotics drugs which require reconstitution through the addition of a specified amount of water may be dispensed only if a pharmacy tech, pharmacy tech trainee, or licensed HCP reconstitutes the product
UT	a remote dispensing pharmacy may not perform compounding	Other rules: compounding is the preparation, mixing assembling, packaging, or labeling of a limited qty drug, sterile product or device
VT	no compounding may occur at a remote pharmacy unless a pharmacist is physically present	Other rules: compounding means the preparation of any active ingredients or added substances into a drug product; does not include mixing, reconstituting, or other such acts that are performed according to approved labeling provided by the product's manuf
WI	--	Other lang (remote site shall comply with all of Phar 7.01): an agent of the pharmacist may procure, measure or count prefabricated dosage forms if a pharmacist verifies accuracy of the agent's action
WY	--	techs may perform only those functions as allowed in Ch 10 of the boards rules including: compounding compounding is the preparation, mixing, or assembling of a drug or device and packaging & labeling; does not include mixing or reconstituting of non-sterile products when following labeling provided by manuf

Mandatory Counseling

State	Counseling Required?	For New Rxs?		Notes
AK	no mention	--	--	
AZ	no mention	--	--	
CA	yes	yes	ALL rxs	
CO	no mention	--	--	
IA	yes	yes	new + change in rx	
ID	yes	yes	new + tech can offer on ref	
IL	yes	--		doesn't specify, required EACH time an rx is picked up
IN	yes	--		doesn't specify, rxy must mention in application if requesting on refill rxs too
LA	yes	yes	ALL rxs	
MN	yes	--		EACH time an rx is picked up
MT	yes	yes	only new	
ND	yes	yes	ALL rxs	
NE	yes	yes	only new	
NM	yes	yes	new + tech can make offer on ref	
NV	no mention	--	--	
SD	yes	yes	only new	
TN	yes	yes	only new	
TX	yes	yes	new + any rx w/change in last year	
UT	no mention	--	--	
VT	yes	yes	only new	
WI	--	--		doesn't specify but signage must say rph is required to speak w/you EACH time you p/u
WY	yes	yes	only new	

Maximum Script Counts

State	Max Script Count	Notes on Max Count
AK	--	
AZ	--	
CA	225 rx/day/calendar yr	if >225, site may become a full-service pharmacy with an rph onsite if it meets all the requirements for licensure
CO	50,000 units/calendar yr	if > 50,000 units in a calendar yr telepharmacy shall register with the board as a prescription drug outlet
IA	avg 150 rx/day over the previous 90 days	if the average # >150 the site shall provide on-site rph staffing 100 % of the time & within 10 business days, apply for licensure as a general pharmacy.
ID	--	
IL	--	
IN	--	
LA	--	
MN	--	
MT	--	
ND	--	
NE	--	
NM	200 rx/day	change to traditional once filling >200 rx/day
NV	--	
SD	--	
TN	--	
TX	max avg of 125 rx/day/calendar yr	If the average number > 125 rx (as calculated/calendar yr), site shall apply for a Class A pharmacy license

UT --

VT [avg 125remote/day/wk or max
150/day \(remote+central\)](#) --

WI --

WY --

Pharmacist On-Site Visits

State	RPh Visits	Frequency	Notes
AK	yes	annually	doesn't specify which rph; inventory
AZ	yes	monthly	"responsible rph" of remote site; inspection & reconcile perpetual control inv
CA	yes	monthly	doesn't specify which rph; in person inspection and every 3 months reconcile perpetual c2 inv
CO	yes	once per month	consultant rph
IA	yes	16hrs/mo+monthly audit	PIC or delegate rph for inspection; 16hrs is for clinical tasks
ID	yes	monthly	PIC or othe RPh; quarterly audit 3 control meds
IL	yes	monthly	PIC or other RPh
IN	yes	twice monthly	qualifying rph must do 1 inspection; inv all controls, inspect as necessary by board
LA	yes	monthly (q 30 days)	PIC responsible for routine inspections
MN	yes	weekly	PIC; reviews log entries of ppl in rxy, qa of control rxs
MT	yes	monthly	rph of parent rxy or designee
ND	yes	monthly	doesnt specify which RPh
NE	yes	monthly	PIC may delegate to any RPh
NM	yes	monthly	hub rph (not necessarily pic) for inspection; avg # of daily scripts, inventory/reconciliation of all controls
NV	yes	monthly	rph responsible for operation of remote site
SD	yes	weekly	licensed rph; qa control rxs, inventory controls monthly
TN	yes	twice monthly	PIC or designee
TX	yes	monthly	doesn't specify which rph; reconcile perpetual control inv & providing clinical services
UT	yes	monthly	doesn't specify which rph, oversight/documentation kept by RDPIC for 5 years

VT	yes	weekly	coordinating rph (>3yrs experience); monthly inv on controls
WI	yes	monthly	managing rph to conduct control inv; compliance w/laws
WY	yes	monthly	doesn't specify which rph

Technician Training

State	Technician Rules
AK	<i>none specified</i>
AZ	2hr CE + certified + 1000hrs
CA	registered + certified + (associates degree in rxy technology or bachelors degree or board certified training program) + 2000hrs in last 2 years
CO	<i>none specified</i>
IA	certified+registered+2000hrs (1000hrs in IA, 160 in central rxy), 4hrs CE (2 med error/pt safety, 2 law)
ID	certified
IL	registered + certified +1 year
IN	licensed under IC 25-26-19 + certified + 2000hrs
LA	licensed + certified + 2 years
MN	registered + certified + 1yr (2080hrs)
MT	registered+certified+500hrs
ND	registd + certified + 1 year
NE	certified
NM	certified + registered + 2000hrs
NV	registered + 1 year
SD	certified + registered + 2000hrs (intern 500hrs)
TN	<i>none specified</i>
TX	certified + registered + 1 yr (in last 3 yrs) + training
UT	licensed +500hrs
VT	registered+certified+2000hrs
WI	1500hrs (in last 3 yrs)
WY	<i>none specified</i>

Telepharmacy Oversight

State	Telepharmacy # oversight	RPh:Tech Ratio
AK	1+ (1 or more)	--
AZ	2 but can waive more	--
CA	1	1:2 (total for both sites)
CO	1 or more	"1:3" (general rxy practice)
IA	no limit	none
ID	--	--
IL	1+3 (each rph max 3 simultaneously)	--
IN	1+1	1:6
LA	1+2	1:1 (tech included in total ratio)
MN		1:3 or 4 (includes central site)
MT		1:3 (per normal rx law)
ND	1+4 (see comment)	tp excluded
NE	--	"1:3"
NM	4	Determined by PIC
NV	--	1:3
SD	--	1:3 (total for both rxy)
TN	--	--
TX	2	1:3 (tech included in central rxy ct)
UT	rph 2, RDPIC 1 or bop approval	1:2 (at remote)
VT	1+3	sufficient staff for workload
WI	--	--
WY	1+1	--

Mileage Restrictions

State	centrl rxy distance to telerxy	distance to another rxy	rxy status if another rxy opens
AK	--	10 miles	--
AZ	--	0	--
CA	max 150 miles (or board approved)	10 miles unless otherwise approved by board	continue operation
CO	--	20 miles	
IA	200 mile radius	10 miles (0 in hospital/clinics)	continue operation
ID	on-site w/in 12hrs of emergency	0	--
IL	--	0	--
IN	--	10 miles (0 clinic/hospital)	--
LA	--	20 miles	<i>telerxy license not renewed or apply to become its own traditional rxy</i>
MN	--	20 miles	--
MT	--	20 miles	--
ND	--	0 (board approved)	--
NE	--	10 miles	--
NM	--	20 miles	change to traditional once filling >200 rxs/day, no mileage clause
NV	--	50 miles (<2000 population)	--
SD	--	-- (apply to board)	--
TN	--	0 (FQHC only)	--
TX	--	22 miles (10 for clinics, 0 miles for FQHCs)	continue operation
UT	--	area of need (remote rural hospital, county of 4th-6th class, demo of need as approved by bop), hospital, approved	--

by bop/DOPL			
VT	--	10 miles	board will not renew license, apply to become a rxy
WI	--	0 (HCF & clinics)	--
WY	--	10 miles (0 cities pop>50k, hospital/clinic)	board will not renew license (but may continue till end of the current license year), apply to become a rxy

From: [Richard Holt](#)
To: [Carrillo, Laura N \(CED\)](#)
Subject: Control rxs - validity length of time
Date: Monday, April 15, 2019 9:58:09 AM

We should put how long a written control substance Rx is valid for an acute condition to get it filled as a topic of discussion. Many states have laws around how long it's valid and if it's not filled then it voids the Rx.

Example. I just had an Rx from a dentist in December for an opioid that clearly is no longer needed but patient asked for it to be filled.

Sent from my iPhone

Validity of Rx – Length of Time

- **Validity of written controlled substance prescriptions** – discuss how long a prescription for an acute condition is valid for/window in which it can be filled before it is voided, e.g.: patient receives an opioid prescription in December and doesn't ask for it to be filled until April
 - DEA – Section IX-XIV: Currently no federal time limit in which a schedule II must be filled after being signed by practitioner, but DEA says pharmacists must determine that the prescription is still needed (pharmacist's discretion)
 - New York –
 - Schedule II – IV valid for 30 days or must void
 - [10 CRR-NY 80.74](#)
 - Hawaii –
 - Schedule II filled within 7 days or must void
 - http://cca.hawaii.gov/pvl/files/2013/08/HRS_329-DPS.pdf
 - Texas
 - non-controlled substances = valid for one year from date Rx written
 - schedule II substances = valid for 6 months from date written and may be refilled up to 5 times
 - https://s3.amazonaws.com/EliteCME_WebSite_2013/f/pdf/RPTX01TLI15B.pdf
 - California
 - No person shall dispense or refill a controlled substance more than six months after the written date
 - No prescription for a schedule III or IV may be refilled more than five times
 - https://www.pharmacy.ca.gov/publications/faq_askinspector.pdf



Board of Pharmacy

PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: *BoardOfPharmacy@Alaska.Gov*

Website: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

Jurisprudence Questionnaire

Due to the interactive capabilities of this form, it is strongly recommended that applicants complete this PDF questionnaire on a computer because it will allow applicants to:

- Review incorrect answers.
- Self-grade the questionnaire.
- Re-take the questionnaire

As required by 12 AAC 52.120, an applicant for license as a pharmacist intern must complete the practice questionnaire prepared by the board. This questionnaire covers the provisions of AS 08.80, 12 AAC 52, and the Controlled Substances Act (21 U.S.C. 801-847 and AS 17.30).

Applicants are only required to submit a completed questionnaire. Re-taking the questionnaire is optional and there is no official passing score, but this practice exam is set score 75% as passing.

Name: _____

1. In Alaska, a person must have a prescription to purchase needles and/or syringes.

- (a) True
 (b) False

2. A pharmacist intern shall file with the board a report of work experience on a form provided by the department how often?

- (a) Every six years
 (b) Every day worked
 (c) Within 30 days of completion
 (d) Every six months
 (e) Does not need to file a report

3. By Alaska Regulations, how long must a pharmacy retain the record of a prescription that has been filled?

- (a) 2 years
 (b) 3 years
 (c) 4 years
 (d) 5 years

4. In Alaska, a prescription for a non-controlled substance is valid for _____ from the date of issue of the original prescription drug order.

- (a) 6 months
 - (b) 1 year
 - (c) 18 months
 - (d) 2 years
 - (e) Not in statute or regulation
-

5. Which of the following is not required to be on the label of a prescription?

- (a) Identification number of the prescription
 - (b) Date of dispensing
 - (c) Drug expiration date
 - (d) Name and strength of drug dispensed
-

6. Which of the following is not required to be on the label of a prescription?

- (a) Name of prescriber
 - (b) Address of prescriber
 - (c) Name of pharmacy
 - (d) Address of pharmacy
-

7. Which of the following is not considered an original prescription drug order?

- (a) Written prescription drug order
 - (b) Prescription drug order received by facsimile
 - (c) Verbal drug order put into writing manually by pharmacist
 - (d) Verbal prescription drug order put into writing electronically by pharmacist
 - (e) All of the above are considered original prescription drug orders
-

8. The responsibilities of the pharmacist-in-charge includes which of the following:

- (a) Training of all pharmacy personnel
 - (b) Maintaining required records
 - (c) Storage of all materials
 - (d) Establishing policies and procedures for pharmacy operations
 - (e) All of the above
-

9. A pharmacist supervising a pharmacist intern is required to physically review prescription drug orders and the dispensed product before delivery of a product to a patient.

- (a) True
 - (b) False
-

10. A pharmacist intern may sign or initial documents that are required to be signed or initialed by a pharmacist without the supervising pharmacist's supporting signature or initials.

- (a) True
- (b) False

11. The original prescription drug order must include:

- (a) Name of the patient
- (b) Date of issue
- (c) Age of patient
- (d) Refills authorized, if any
- (e) All except C
- (f) All except B

12. An intern practicing in the State of Alaska must obtain a license issued by the Alaska Board of Pharmacy:

- (a) Only if applying for an Alaska pharmacist license
- (b) Only if accepting college credit for the internship experience
- (c) Before beginning an internship, clerkship, or rotation in the state
- (d) Within 10 days of beginning an internship, clerkship, or rotation.

13. Refill information may be recorded electronically.

- (a) True
- (b) False

14. Which of the following is not required on a faxed prescription drug order?

- (a) Name of prescriber
- (b) Address of prescriber
- (c) Signature of prescriber
- (d) Name of pharmacy to receive the fax

15. A prescription transfer may occur between:

- (a) A licensed pharmacist and a licensed technician
- (b) A licensed pharmacist and an intern
- (c) A licensed pharmacist and a licensed pharmacist
- (d) A and B
- (e) All of the above

16. During a prescription transfer, which is not required by the transferring pharmacist?

- (a) Name of the receiving pharmacist
 - (b) Name of the receiving pharmacy
 - (c) Address of the receiving pharmacy
 - (d) Date of the prescription transfer
 - (e) All of the above are required
-

17. During a prescription transfer, which is not required on the transferred prescription drug order?

- (a) The original date of the prescription drug order
 - (b) The original number of refills ordered Incorporation
 - (c) The number of refills remaining on the prescription
 - (d) Date of the last refill
 - (e) All of the above are required on the transferred prescription drug order
-

18. A pharmacist may substitute an equivalent product even if the prescriber writes "Brand medically necessary" on the prescription drug order, if the patient consents.

- (a) True
 - (b) False
-

19. A pharmacy intern may perform any duties of a pharmacist other than extemporaneous compounding.

- (a) True
 - (b) False
-

20. An original prescription drug order must be maintained for.

- (a) 3 years from the original date
 - (b) 5 years from the original date
 - (c) 2 years from the date of filling or last refill dispensed
 - (d) 7 years from the date of filling
-

21. The pharmacist must add the following to the original prescription drug order:

- (a) Identification number
 - (b) Initials or identification code of the dispensing pharmacist
 - (c) Date of dispensing, if different from date of issue
 - (d) All of the above
-

22. Which of the following may not be used to identify the dispensed drug product when substituting for the drug written on the original prescription drug order?

- (a) Name of manufacturer
 - (b) National drug code number
 - (c) Trade name
 - (d) Native health service identification number
-

23. A pharmacist shall verbally provide counseling on all new prescriptions dispensed.

- (a) True
- (b) False

24. A pharmacist may use written information if face-to-face counseling is not possible.

- (a) True
- (b) False

25. If the physician fails to give written or oral specification as to substitution, the prescription may be filled with a therapeutically equivalent drug at the patient's request.

- (a) True
- (b) False

26. An intern license is valid for:

- (a) 3 months
- (b) 6 months
- (c) 1 year
- (d) 2 years

27. Pharmacy Technicians performing manipulative, non-discretionary functions associated with the practice of pharmacy in the dispensing area of a pharmacy shall be licensed as a Pharmacy Technician.

- (a) True
- (b) False

28. A Pharmacist Collaborative Practice Protocol can be in effect for a period not exceeding:

- (a) 1 year
- (b) 5 years
- (c) 2 years
- (d) Never expires, only when one party terminates the protocol
- (e) End of the current licensing period

29. Under the Board of Pharmacy, a Collaborative Practice Protocol between a pharmacist and practitioner must be approved by:

- (a) The Medical Board
- (b) The Pharmacy Board
- (c) Alaska State Medical Association

-
- 30.** The Pharmacist(s) shall notify the Board in writing within _____ days after a Collaborative Practice Protocol is terminated.
- (a) 72 hours
 - (b) 10 days
 - (c) 15 days
 - (d) 30 days
 - (e) 90 days
-

- 31.** For renewal of a Pharmacist License, a pharmacist shall certify completion of _____ contact hours of continuing education during the concluding licensing period.
- (a) 10
 - (b) 15
 - (c) 20
 - (d) 30
 - (e) 60
-

- 32.** For renewal of a Pharmacy Technician License, a technician shall certify completion of _____ contact hours of continuing education during the concluding licensing period.
- (a) 5
 - (b) 10
 - (c) 15
 - (d) 20
 - (e) 30
-

- 33.** Which of the following programs will be accepted by the board as an acceptable form of continuing education for the pharmacist or pharmacy technician:
- (a) A program approved by the American Council on Pharmaceutical Education (ACPE)
 - (b) A program sponsored by the local hospital
 - (c) A program sponsored by a drug manufacturer
 - (d) Reading a drug monograph
 - (e) Reading an article related to pharmacy practice
-

- 34.** Which of the scenarios would be an example of a properly maintained reference library:
- (a) Facts and Comparison, Patient Drug Facts, current copy of the Alaska Pharmacy Statutes and Regulations, and the telephone number of the nearest Poison Control Center
 - (b) Facts and Comparison, Remington's, and PDR
 - (c) Drug Interaction Facts, Patient Drug Facts, and telephone number of the Pharmacy Board
 - (d) Facts and Comparisons, PDR, and current copy of Pharmacist's Letter
 - (e) Current copy of Alaska Pharmacy Statutes and Regulations, Remington's, and Facts and Comparisons
-

35. A pharmacy must have a sink with hot and cold running water within the pharmacy and maintained in a sanitary condition.

(a) True
 (b) False

36. How many times may you refill a prescription for a controlled substance in Schedules III and IV?

(a) 5 times as authorized
 (b) 6 times as authorized
 (c) 5 times in 6 months as authorized
 (d) 6 times in 6 months as authorized

37. Pharmacies are required to keep Schedule II, III, IV, and V controlled substances in a locked cabinet to deter theft.

(a) True
 (b) False

38. A physician may order several syringes of meperidine for their medical bag for emergency use by writing a prescription marked "For Emergency Use Medical Bag."

(a) True
 (b) False

39. A state licensed retail pharmacy may send narcotic prescriptions to patients through the mail.

(a) True
 (b) False

POPULATE ANSWERS

VIEW ANSWERS

40. Which of the following is not a method of filing prescriptions for controlled substances?

(a) All controlled substances prescriptions marked with red letter C and filed numerically with other non-controlled prescriptions.
 (b) One file for Schedule II's, one file for Schedule III, IV, V's, one file for all other prescriptions
 (c) One file for Schedule II, one file for all other prescriptions with those in Schedules III, IV, and V marked with red letter C
 (d) One file for all schedule drugs with Schedule III, IV, and V prescriptions marked with red letter C, one file for all non-controlled prescriptions

Name:

Email:

Phone:

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Board of Pharmacy
Schedule of Revenues and Expenditures

Board of Pharmacy	FY 14	FY 15	Biennium	FY 16	FY 17	Biennium	FY 18	FY 19	Biennium	FY 20 1st QTR
	Revenue									
Revenue from License Fees	\$ 673,100	\$ 269,646	\$ 942,746	\$ 802,230	\$ 208,755	\$ 1,010,985	\$ 801,317	\$ 213,770	\$ 1,015,087	\$ 35,995
Allowable Third Party Reimbursements	1,701	-	1,701	-	3,256	3,256	210	962	1,172	-
TOTAL REVENUE	\$ 674,801	\$ 269,646	\$ 944,447	\$ 802,230	\$ 212,011	\$ 1,014,241	\$ 801,527	\$ 214,732	\$ 1,016,259	\$ 35,995
Expenditures										
Non Investigation Expenditures										
1000 - Personal Services	132,988	115,222	248,210	156,115	151,947	308,062	204,727	194,745	399,472	26,825
2000 - Travel	24,054	24,548	48,602	16,676	11,119	27,795	13,704	8,299	22,003	-
3000 - Services	17,003	4,569	21,572	13,361	14,293	27,654	21,960	27,781	49,741	-
4000 - Commodities	69	90	159	111	519	630	-	26	26	521
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	174,114	144,429	318,543	186,263	177,878	364,141	240,391	230,851	471,242	27,346
Investigation Expenditures										
1000-Personal Services	49,292	49,044	98,336	68,935	63,727	132,662	68,679	69,997	138,676	8,082
2000 - Travel	-	-	-	-	-	-	-	-	-	-
3023 - Expert Witness	-	-	-	-	2,800	2,800	-	-	-	-
3088 - Inter-Agency Legal	7,630	4,580	12,210	1,451	23,355	24,806	-	3,062	3,062	-
3094 - Inter-Agency Hearing/Mediation	-	-	-	-	883	883	-	-	-	-
3000 - Services other	-	-	-	-	-	-	-	400	400	-
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures	56,922	53,624	110,546	70,386	90,765	161,151	68,679	73,459	142,138	8,082
Total Direct Expenditures	231,036	198,053	429,089	256,649	268,643	525,292	309,070	304,310	613,380	35,428
Indirect Expenditures										
Internal Administrative Costs	123,716	72,555	196,271	128,025	123,008	251,033	150,986	155,128	306,114	38,782
Departmental Costs	45,898	48,021	93,919	48,707	73,682	122,389	78,139	81,374	159,513	20,344
Statewide Costs	28,298	25,287	53,585	15,564	26,226	41,790	30,555	27,069	57,624	6,767
Total Indirect Expenditures	197,912	145,863	343,775	192,296	222,916	415,212	259,680	263,571	523,251	65,893
TOTAL EXPENDITURES	\$ 428,948	\$ 343,916	\$ 772,864	\$ 448,945	\$ 491,559	\$ 940,504	\$ 568,750	\$ 567,881	\$ 1,136,631	\$ 101,321
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ 29,896	\$ 275,749		\$ 201,479	\$ 554,764		\$ 275,216	\$ 507,993		\$ 154,844
Annual Increase/(Decrease)	245,853	(74,270)		353,285	(279,548)		232,777	(353,149)		(65,326)
Ending Cumulative Surplus (Deficit)	\$ 275,749	\$ 201,479		\$ 554,764	\$ 275,216		\$ 507,993	\$ 154,844		\$ 89,518
										*
Statistical Information										
Number of Licensees	4,134	4,756		4,649	5,068		5,680	6,203		-

Additional information:

- Fee analysis required if the cumulative is less than zero; fee analysis recommended when the cumulative is less than current year expenditures; no fee increases needed if cumulative is over the current year expenses *
- Most recent fee change: Fee reduction FY20
- Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065.

Appropriation	(All)
AL Sub Unit	(All)
PL Task Code	PHA1

Sum of Expenditures Object Name (Ex)	Object Type Name (Ex)			Grand Total
	1000 - Personal Services	3000 - Services	4000 - Commodities	
1011 - Regular Compensation	19,661.48			19,661.48
1023 - Leave Taken	2,905.60			2,905.60
1028 - Alaska Supplemental Benefit	1,384.87			1,384.87
1029 - Public Employee's Retirement System Defined Benefits	760.83			760.83
1030 - Public Employee's Retirement System Defined Contribution	1,005.00			1,005.00
1034 - Public Employee's Retirement System Defined Cont Health Reim	603.52			603.52
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	252.34			252.34
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	2,343.16			2,343.16
1039 - Unemployment Insurance	74.36			74.36
1040 - Group Health Insurance	4,548.00			4,548.00
1041 - Basic Life and Travel	6.36			6.36
1042 - Worker's Compensation Insurance	194.40			194.40
1047 - Leave Cash In Employer Charge	521.63			521.63
1048 - Terminal Leave Employer Charge	296.70			296.70
1053 - Medicare Tax	316.51			316.51
1063 - GGU Business Leave Bank Usage	-			-
1077 - ASEA Legal Trust	21.19			21.19
1079 - ASEA Injury Leave Usage	8.35			8.35
1080 - SU Legal Trst	3.03			3.03
3001 - Test Monitor/Proctor		-		-
4001 - Equipment/Furniture/Tools/Vehicles			266.17	266.17
4002 - Business Supplies			254.97	254.97
Grand Total	34,907.33	-	521.14	35,428.47

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Pharmacy	FY 14	FY 15	Biennium	FY 16	FY 17	Biennium	FY 18	FY 19	Biennium	FY 20 1st & 2nd QTR
	Revenue									
Revenue from License Fees	\$ 673,100	\$ 269,646	\$ 942,746	\$ 802,230	\$ 208,755	\$ 1,010,985	\$ 801,317	\$ 213,770	\$ 1,015,087	\$ 164,140
Allowable Third Party Reimbursements	1,701	-	1,701	-	3,256	3,256	210	962	1,172	-
TOTAL REVENUE	\$ 674,801	\$ 269,646	\$ 944,447	\$ 802,230	\$ 212,011	\$ 1,014,241	\$ 801,527	\$ 214,732	\$ 1,016,259	\$ 164,140
Expenditures										
Non Investigation Expenditures										
1000 - Personal Services	132,988	115,222	248,210	156,115	151,947	308,062	204,727	194,745	399,472	63,993
2000 - Travel	24,054	24,548	48,602	16,676	11,119	27,795	13,704	8,299	22,003	127
3000 - Services	17,003	4,569	21,572	13,361	14,293	27,654	21,960	27,781	49,741	3,481
4000 - Commodities	69	90	159	111	519	630	-	26	26	521
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	174,114	144,429	318,543	186,263	177,878	364,141	240,391	230,851	471,242	68,122
Investigation Expenditures										
1000-Personal Services	49,292	49,044	98,336	68,935	63,727	132,662	68,679	69,997	138,676	21,947
2000 - Travel	-	-	-	-	-	-	-	-	-	-
3023 - Expert Witness	-	-	-	-	2,800	2,800	-	-	-	-
3088 - Inter-Agency Legal	7,630	4,580	12,210	1,451	23,355	24,806	-	3,062	3,062	-
3094 - Inter-Agency Hearing/Mediation	-	-	-	-	883	883	-	-	-	-
3000 - Services other	-	-	-	-	-	-	-	400	400	65
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures	56,922	53,624	110,546	70,386	90,765	161,151	68,679	73,459	142,138	22,012
Total Direct Expenditures	231,036	198,053	429,089	256,649	268,643	525,292	309,070	304,310	613,380	90,134
Indirect Expenditures										
Internal Administrative Costs	123,716	72,555	196,271	128,025	123,008	251,033	150,986	155,128	306,114	77,564
Departmental Costs	45,898	48,021	93,919	48,707	73,682	122,389	78,139	81,374	159,513	40,687
Statewide Costs	28,298	25,287	53,585	15,564	26,226	41,790	30,555	27,069	57,624	13,535
Total Indirect Expenditures	197,912	145,863	343,775	192,296	222,916	415,212	259,680	263,571	523,251	131,786
TOTAL EXPENDITURES	\$ 428,948	\$ 343,916	\$ 772,864	\$ 448,945	\$ 491,559	\$ 940,504	\$ 568,750	\$ 567,881	\$ 1,136,631	\$ 221,920
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ 29,896	\$ 275,749		\$ 201,479	\$ 554,764		\$ 275,216	\$ 507,993		\$ 154,844
Annual Increase/(Decrease)	245,853	(74,270)		353,285	(279,548)		232,777	(353,149)		(57,780)
Ending Cumulative Surplus (Deficit)	\$ 275,749	\$ 201,479		\$ 554,764	\$ 275,216		\$ 507,993	\$ 154,844		\$ 97,064
Statistical Information										
Number of Licensees	4,134	4,756		4,649	5,068		5,680	6,203		-

Additional information:

- Fee analysis required if the cumulative is less than zero; fee analysis recommended when the cumulative is less than current year expenditures; no fee increases needed if cumulative is over the current year expenses *
- Most recent fee change: Fee reduction FY20
- Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065.

Appropriation	(All)
AL Sub Unit	(All)
PL Task Code	PHA1

Sum of Expenditures Object Name (Ex)	Object Type Name (Ex)				Grand Total
	1000 - Personal Services	2000 - Travel	3000 - Services	4000 - Commodities	
1011 - Regular Compensation	48,492.65				48,492.65
1023 - Leave Taken	5,877.16				5,877.16
1028 - Alaska Supplemental Benefit	3,336.58				3,336.58
1029 - Public Employee's Retirement System Defined Benefits	2,045.08				2,045.08
1030 - Public Employee's Retirement System Defined Contribution	2,370.61				2,370.61
1034 - Public Employee's Retirement System Defined Cont Health Reim	1,424.54				1,424.54
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	595.26				595.26
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	5,526.26				5,526.26
1039 - Unemployment Insurance	178.03				178.03
1040 - Group Health Insurance	12,829.22				12,829.22
1041 - Basic Life and Travel	17.87				17.87
1042 - Worker's Compensation Insurance	484.50				484.50
1047 - Leave Cash In Employer Charge	1,229.91				1,229.91
1048 - Terminal Leave Employer Charge	704.88				704.88
1053 - Medicare Tax	761.81				761.81
1063 - GGU Business Leave Bank Usage	-				-
1077 - ASEA Legal Trust	51.86				51.86
1079 - ASEA Injury Leave Usage	8.35				8.35
1080 - SU Legal Trst	6.24				6.24
2000 - In-State Employee Airfare		127.40			127.40
3001 - Test Monitor/Proctor				-	-
3035 - Long Distance				9.75	9.75
3045 - Postage				64.50	64.50
3046 - Advertising				38.60	38.60
3085 - Inter-Agency Mail				150.67	150.67
3088 - Inter-Agency Legal				3,281.71	3,281.71
4001 - Equipment/Furniture/Tools/Vehicles				266.17	266.17
4002 - Business Supplies				254.97	254.97
Grand Total	85,940.81	127.40	3,545.23	521.14	90,134.58