

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

BOARD OF PHARMACY

CONDENSED MINUTES OF THE MEETING HELD MAY 22, 2025

Date: May 22, 2025
Time: 09:00am – 05:00pm
Location: Online via Zoom™

Board Members: Ashley Schaber, Carla Hebert, Ramsey Bell, Sylvain Novion,
Dylan Sanders, Julie McDonald, and Sara Rasmussen.

Attending: Staff: Michael Bowles, Glenn Saviers, Billy Homestead, Holly Handley, Greg Gober,
Lisa Sherrell, Sara Chambers, and Melissa Dumas.

Absent:

Agenda Item #1. Roll Call/Call to Order – Board and Staff Introductions

Roll Call:

Ashley Schaber - Present
Sara Rasmussen - Absent
Julie McDonald - Present
Carla Hebert - Present
Ramsey Bell – Present
Sylvain Novion – Present
Dylan Sanders - Present

On the record at 09:02.

Quorum met.

- Board members introduced themselves.
- Staff introduced themselves.

Sara Rasmussen joined the meeting at 10:09am.

Agenda Item #2 Ethics Disclosures

Brief Discussion:

- Ashley Schaber disclosed she is a member of the Alaska Pharmacy Association (AKPhA) and stated that she is no longer a member of the AKPhA legislative committee.

Agenda Item #3 Consent Agenda Items**Brief Discussion:**

- Reviewed and approved meeting agenda.
- Reviewed lost or stolen controlled substances/DEA 106s.
- Adverse Drug Events

Motion: Ashley Schaber moved to remove the agenda from the consent agenda for the purpose of adding the following items to the agenda and requested unanimous consent.

1. HB 225 discussion.
2. Code Ana EpiPen certification for the board's approval.

Recorded Votes:

Unanimous Consent.

It was resolved to remove the agenda from the consent agenda for the purpose of adding the above-mentioned items to the agenda.

Motion: Ashley Schaber moved to approve the amended agenda with the addition of items added to the agenda and requested unanimous consent.

Recorded Votes:

Unanimous Consent.

It was resolved to approve the amended agenda with the addition of items added to the agenda.

Motion: Sylvain Nouvion moved to approve the remaining consent agenda items as listed above and requested unanimous consent.

Recorded Votes:

Unanimous Consent.

It was resolved to approve the remaining consent agenda items as listed above.

Agenda Item #4 Investigations Review**Discussion:**

- Holly Handley, Investigator, Greg Gober, Investigator, and Billy Homestead, Senior Investigator
 - Investigative Report from February 04, 2025, through May 08, 2025.
 - Open Cases: 57
 - Closed Cases: 39
 - License Actions: 2
 - License Denials: 0
- Ashley Schaber asked the Investigations staff to speak to the timeline in which it takes to open and close cases.

- Investigator Gober stated that the goal is to move cases as much as possible while checking progress a minimum of every 30 days. There are situations that can hold cases up such as logistics issues, waiting on records requested, and waiting on responses from licensees which can cause delays.
- Senior Investigator Billy Homestead and Michael Bowles, Executive Administrator of the Board of Pharmacy presented a proposed regulations amendment to the board adding language that would allow the board to require licensees to submit a medical or psychiatric examination if the board has concerns of substance use disorder.

Motion: Julie McDonald moved to approve the following amendments to 12 AAC 52.940 discussed on the record, seconded by Carla Hebert:

12 AAC 52.940. [USE OF ALCOHOL OR CONTROLLED SUBSTANCES] **Substance Use Disorder.**

(a) For the purposes of an investigation under this chapter the board may order a licensee or a person who has applied for licensure under this chapter to submit to a medical or psychiatric examination by a licensed healthcare professional that specializes in substance use disorder and chemical dependency that is approved by the board. An examination shall be at the board's expense. An examination may include the required submission of biological specimens requested by the licensed healthcare professional that specializes in substance use disorder and chemical dependency.

[(a)] **(b)** In addition to one or more of the terms of probation set out in 12 AAC 52.930, the board may subject a licensee placed on probation for [the habitual abuse of alcohol or illegal use of controlled substances] **substance use disorder** to one or more of the following:

(1) [physical and mental health examinations as determined by the board] **submit to a medical or psychiatric examination by a licensed healthcare professional that specializes in substance use disorder and chemical dependency that is approved by the board** to evaluate the licensee's ability to perform the professional duties of [a pharmacist] **their licensure**;

(2) as determined by the board, participation until completion in an ongoing program of rehabilitative counseling, Alcoholics Anonymous, Narcotics Anonymous, or an impaired practitioner group that includes progress reports from the care provider when requested by the board;

(3) abstention from the personal use of alcohol or controlled substances in any form, except when lawfully prescribed by a practitioner licensed to practice in the state;

(4) submitting to tests and samples required for the detection of alcohol or controlled substances at the request of the board or the board's representative.

[(b)] **(c)** The board may restrict a licensee's access to a controlled substance in the work setting.

[(c)] **(d)** The board may offer a licensee subject to this section an opportunity to participate in an alternative to probation program. A licensee that participates in an alternative to probation program shall meet the probation terms required by the board

under the alternative to probation program. The board will keep a licensee's participation in an alternative to probation program confidential, except as required by law.

Roll Call:

Ashley Schaber - Yes
 Sara Rasmussen -
 Julie McDonald - Yes
 Carla Hebert - Yes
 Ramsey Bell – Yes
 Sylvain Nouvion - Yes
 Dylan Sanders - Yes

It was resolved to approve the above written amendments to 12 AAC 52.940 as discussed on the record.

Agenda Item #5 Public Comment Period

- No public comments provided during this period.

Agenda Item #6 2025 Conference Information

- Tri-Regulator Symposium and Opioid Regulatory Collaborative Summit
 - Michael Bowles provided information gathered at this conference to the board. The discussion highlights were:
 - Advocacy is important if you expect change to occur.
 - Federal Medicaid program will not be in upcoming budget.
 - Telehealth is very important, needs to be extended, legislators are working on permanency.
 - Healthcare workforce needs to be utilized at the full extent of their licensure.
 - [Equitable Community Access to Pharmacist Services Act \(ECAPS\)](#) is currently in the ways and means committee.
 - The [Dr. Loren Breen Healthcare Provider Protection Act](#) reauthorization is gaining ground.
 - Fentanyl poisoning is the leading cause of death for 18-45 year olds – Tariffs aim to fight illicit fentanyl coming into our country.
 - The [Halt Fentanyl Act](#) aims to make illicit fentanyl a schedule I controlled substance.
 - Insurance companies are out of control. United Healthcare/Optum are the largest employer of physicians.
 - Insurance companies own the Pharmacy Benefits Managers (PBM); PBMs own the pharmacies.
 - America has 16% of the drug manufacturing facilities but utilizes 70% of the drugs. Americans rely heavily on pharmaceuticals rather than alternative healthcare practices.
 - The [Federal Trade Commission](#) is going after PBMs.
 - [Executive Order 14179](#) aims to increase the use of Artificial Intelligence in healthcare.
 - [Project 25](#) Department of Health and Human Services section is being utilized to address legislative issues in healthcare.
 - Ketamine in Med Spas is of serious concern. Drug seekers are now using the services to bypass pharmacies. People that are not licensed are administering ketamine to customers, violates standard of care and is unlicensed practice.

- IV hydration clinics remains a concern. States are beginning to take a multidisciplinary approach. Inspectors/investigators are doing team inspections with pharmacy/nursing/medical board investigators to ensure all areas are covered and complaints cannot arise from targeting.
- Licensure compacts are coming whether we like it or not. We as regulators need to adjust and prepare.
- Rx and Illicit Drug Summit
 - Michael Bowles provided information gathered at this conference to the board.
 - Highlight was a presentation on EMS providing Suboxone to patients after Narcan in Hennepin County, Minnesota. What they have found is they are saving lives by allowing EMS staff (paramedics) to provide Buprenorphine for patients that they treat that are in overdose, and they bring them out of overdose, and of course they go into immediate withdrawal, and so they get suboxone on board. It immediately assists them getting the patient towards recovery rather than days or weeks post overdose, and they're seeing it save lives.
- 121st National Association of Boards of Pharmacy (NABP) Annual Meeting
 - Ashley Schaber provided information gathered at this conference to the board.
 - Alaska was officially recognized by the Dr. Lorna Breen Heroes Foundation as a Wellbeing First Champion.
 - NABP resolutions approved at the annual meeting were discussed by the board.
 1. **Drugs Lost in Transit.** NABP will work with federal agencies including Drug Enforcement Administration (DEA), Food and Drug Administration, United States Postal Service, shipping vendors, wholesale distributors, and reverse distributors to further study this issue to identify causes and develop effective strategies to minimize the incidence of drugs lost in transit, thereby safeguarding public health, safety, and welfare.
 2. **Joint Accountability for Pharmacy Compliance.** NABP will develop best practices for member state boards on holding owners and/or permit holders and the designated supervising pharmacists and/or pharmacists-in-charge (PICs) jointly accountable for patient safety and compliance; and NABP will work with member boards and stakeholders to encourage that owners and/or permit holders and the designated supervising pharmacists and/or PICs collaboratively work with pharmacy staff to gather input on pharmacy compliance, resource needs, workflow processes, and patient safety concerns, and proactively develop solutions to enhance patient safety through increased compliance.
 3. **Payer/Processor Payment Rates and Methodologies Impacting Patient Safety.** NABP shall be unencumbered and free to cite where appropriate when payer and/or processor payment rates and methodologies act as factors contributing to workforce challenges, burnout rates, worsened mental health impacting patient safety, and increased stress in the workplace.
 4. **Increasing Access to Medications for Opioid Use Disorder.** NABP will partner with appropriate stakeholders, including Healthcare Distribution Alliance, Substance Abuse and Mental Health Services Administration, and others, to advocate for DEA to provide clear guidance to wholesale distributors and manufacturers of medications for opioid use disorder (MOUD) regarding pharmacy purchasing thresholds to ease patient suffering and improve access to MOUD; and NABP will advocate for the largest wholesale distributors to develop a standardized process for pharmacies to request increases in

thresholds established for MOUD; and NABP will develop educational materials for its members to use to educate pharmacies on the process to request an increase in MOUD supply; and NABP will convene a task force to identify additional opportunities and recommend actions that NABP and its member boards of pharmacy can take to remove barriers limiting patient access to buprenorphine for use in the treatment of opioid use disorder.

5. Task Force to Examine the Use of the Test of English as a Foreign Language Internet-based Test (TOEFL iBT) as a Requirement for Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification.

NABP will convene a task force to review the use of the TOEFL iBT as a requirement for FPGEC certification.

- Task for the board to review the Ensuring Community Access Act (ECAPS) at the August meeting.
- Task for Michael Bowles to reach out to the Alaska Department of Health and request a representative provide a presentation to the board on harm reduction and Buprenorphine in EMS in Alaska.
- Task for Michael Bowles to add NABP Just Culture Decision Tree to August agenda.
- Julie McDonald discussed the issue of pharmacy closures nationwide and how it is negatively affecting independent pharmacies and access to care in Alaska.

Agenda Item #7 Division of Corporations, Business, and Professional Licensing Updates

- Glenn Saviers, Deputy Director, provided the board with information on the following bills and outlined exactly how they would benefit Alaskans and increase access to care.
 - HB 131/SB 124 Nursing: Licensure; Multistate Compact
 - HB 158/SB 145: Professional Licensing; Temp Permits
 - Sara Rasmussen asked if “substantially different” is defined in the bills.
 - Glenn Saviers responded that it is not defined. The Division uses substantially equivalent often in professional licensing statutes, and it is not defined to allow for that flexibility. The purpose is so the Division can look at education, experience, and examination.

Motion: Ramsey Bell moved to have the board support HB 131/SB 124 Nursing: Licensure; Multistate Compact and that the board will submit a letter of support and requested unanimous consent.

Recorded Votes:

Unanimous Consent.

It was resolved that the board supports HB 131/SB 124 Nursing: Licensure; Multistate Compact and that the board will submit a letter of support.

Motion: Ramsey Bell moved to have the board support HB 158/SB 145: Professional Licensing; Temp Permits and that the board will submit a letter of support and requested unanimous consent.

Recorded Votes:

Unanimous Consent.

It was resolved that the board support HB 158/SB 145: Professional Licensing; Temp Permits and that the board will submit a letter of support.



Why Alaska Needs the Nurse Licensure Compact

Alaska's Nurses Want to Join!

- **92% of Alaska's nurses want Alaska to join the NLC**; only 5% oppose; 3% had no opinion.
 - 60% list Alaska as their **primary state of residence**: 89% support, 7.5% oppose, 3.5% no opinion.
 - 25% state Alaska is the **first** U.S. jurisdiction where they ever held a license: 86% support, 10% oppose, 4% no opinion.
 - 23% stated they were **members of a union** during employment: 85% support, 12% oppose, 3% no opinion.
 - *This data is based on the survey sent out by the Board of Nursing to all Alaska-licensed registered nurses (RNs) and practical nurses (LPNs) in October 2023: [2023 NLC Survey Report](#).*
- These results mirror the **same level of support** demonstrated by the same survey conducted in 2019.
- The Alaska **Board of Nursing** has voted **unanimously in support of joining the NLC** since 2019.

Alaska's Nursing Shortage is Getting Worse!

- Alaska had a **21% vacancy rate in RN positions** in its hospitals.
- The average time to fill a vacant hospital RN position is **118 days** and **157 days** for a long-term care facility RN position due processing times for licensing & credentialing by the facility.
- Alaska needs over **1,350 new nursing** recruits annually.
- **Alaska is projected to lead the nation in nursing vacancy rates by 2030.**
- Nurse vacancies result in **less access to care for Alaskans**, clinic/facility closures, longer wait times at hospitals and ERs, and potentially delivery of lower standards of care.
 - This can **force Alaskans** who need adequate medical care **to move out of state**, especially as Alaska's senior population grows.
- *This data was provided by the [2023 Alaska Healthcare Workforce Analysis Report](#).*

We're Currently Losing New Nurses & Discouraging Existing Nurses from Moving Here!

- All of Alaska's nursing schools combined graduate around **325 nursing graduates** per year.
 - **Multistate licenses are appealing** to new graduates.
 - Many **nursing graduates leave** Alaska to establish residency in an NLC state so they can obtain a multistate license and operate as a travel nurse under one license.
 - Instructing in a nursing school in Alaska requires an Alaska license – joining the **NLC gives our nursing schools better access to nursing educators**, which makes it easier to "grow our own."
- **Nurses lose their multistate license if they establish residency** in a non-NLC state, so we're actively discouraging experienced nurses from establishing residency here and new nurses from remaining in, or returning to, the state.
- As of March 2025, **43 U.S. jurisdictions have joined the NLC** and six (6) have bills pending to join.
 - Only three (3) states and two (2) U.S. jurisdictions are not in the NLC or actively trying to join.
 - Two (2) of the states not currently pursuing the NLC have two of the three most populated cities in the U.S. and therefore are not experiencing the shortage of nurses we are – California and Illinois.

NLC is the Most Well-Vetted Professional Licensure Compact Out There!

- The NLC is the **longest-standing professional licensure compact** in the U.S., celebrating it's 25th anniversary this year.
- **No U.S. jurisdiction has ever opted to exit from the NLC.**
- **Alaska has joined** the Interstate Physical Therapy Licensure Compact and Audiology and Speech-Language Interstate Compact and is considering legislation to join additional compacts.
 - While we agree with the Legislature's decision to join these Compacts, they have lower **public safety guardrails** in place than the NLC, including the lack of experience/education requirements to qualify for a Physical Therapist Compact Privilege to practice in Alaska.
 - The Audiology and Speech-Language Interstate Compact **isn't operational yet**, so it hasn't even been tested.
- The NLC language adopted into statute requires **all states to ensure multistate licensees** meet requirements for licensure that are equal to, and in some areas higher, than Alaska's requirements.
- The **federal Servicemembers Civil Relief Act (SCRA)** requires states to issue licensure to military members or spouses based on reciprocity without any requirement for the license from another U.S. jurisdiction to have even substantially equivalent requirements to Alaska's, if they don't have a Compact in place for that license type. **Compacts provide more public safety assurances than this current federal law.**
 - While this only applies to military members and their spouses right now, the federal government has, in the past, **threatened nationwide preemption to require reciprocity**.
 - The creation of the Compact was a direct effort to establish agreements between states that would accomplish the same goal but **allow states to have safeguards and standards** in place.

Alaska Retains State Sovereignty Under the NLC!

- **Alaska will retain state sovereignty and all regulatory authority of nursing practice in the state** regardless of the type of license held.
- All nurses are required to comply with the **nursing laws in the state** where the patient is located, which are set by the Alaska Legislature and the Alaska Board of Nursing. Joining the NLC does not change that.
- The Alaska Board of Nursing and the Dunleavy Administration **would not support the NLC otherwise.**

States Retain All Authority Over the NLC!

- Each NLC state must **adopt the standard compact language into their state statutes** without any material deviations to join.
- This means **the requirements of the NLC cannot change** without the passage of a bill by each NLC state's legislature.
- **Only the NLC Commission can amend or create rules and bylaws**, and those must only be within the authority given within the standard compact language adopted into statute.
- The NLC Commission is made up of **one voting member from each party state**.
- **No national or federal organization**, including the National Council of State Boards of Nursing, have a seat on the NLC Commission or **have any authority over the NLC** or nursing laws and licensure.

There is Overwhelming Support for Alaska to Join the NLC!

- **Alaska's nurses, and many Alaska residents** impacted by the nursing shortage, want Alaska to join.
- Additionally, **over 75 organizations have voiced their support for Alaska joining the NLC**, including:
 - Alaska Hospital and Healthcare Association (AHHA)
 - Alaska Chamber of Commerce
 - Alaska Advanced Practice Registered Nurse (APRN) Alliance
 - Alaska Native Tribal Health Consortium
 - Alaska State Medical Association
 - National Military Family Association
 - UAA School of Nursing



HB 158 & SB 145: Universal Temporary Licensure & Federal SCRA Licensure Portability Requirements

What is Universal Temporary Licensure (UTL)?

Establishes a pathway for the Division of Corporations, Business and Professional Licensing ("division") to issue temporary licenses to qualified professionals who:

- Hold substantially equivalent licenses in good standing from another U.S. jurisdiction; or
- Meet the qualifications for Alaska licensure through military education, training, and service per AS 08.01.064(a) and do not already hold a license in another jurisdiction.

What are the qualifications for a professional to qualify for the temporary license?

- Submit an application and pay required fees;
- Provide verification that all qualifications listed above are met; and
- If required for the profession's initial/permanent license, undergo a criminal history background check.
- Applicants cannot have been the subject of disciplinary action related to their profession, be the subject of ongoing review or disciplinary proceedings by the professional licensing entity in another jurisdiction or have committed an act in another jurisdiction within the past ten (10) years that would have constituted grounds for denial or revocation of a license in Alaska at the time the act was committed.

What are the stipulations of the temporary licenses?

These temporary licenses are valid for 180-days with an option for a 180-day extension. Temporary license holders must practice in compliance with Alaska's laws. The division has the authority to revoke a temporary license if the license was secured under deceit, fraud, or intentional misrepresentation.

What licensing programs would this new temporary license provision apply to?

All professional licensing programs within the division except Big Game Guides and Related Occupations (AS 08.54) and Marine Pilots (AS 08.62), as those programs require Alaska-specific training.

Why is UTL needed?

Alaska is behind the curve in streamlining the process to allow qualified professionals to quickly get to work.

How will UTL work?

The division will issue the temporary license once an applicant meets the qualifications for the temporary license. That temporary license can then be converted to a permanent license once the Alaska-specific requirements have been met. This is similar to the process in place for medical and nursing licenses now and it works very well.

How do we know UTL will help?

This will eliminate the need for professionals to submit applications for both the temporary and permanent licenses, reducing the number of redundant applications that staff must process for one person. These qualified professionals can then work in Alaska while licensing examiners wait on items from third parties required for permanent licensure (such as verifications of work experience, verification of hospital privileges, etc.).

What happens to the existing temporary licensure statutes under each programs' statutes?

They will be repealed to allow for a standard and streamlined temporary licensure process and requirements that's the same across all boards. Temporary licenses currently available for specific types of events or circumstances (need to fill long-term absence of an Alaska professional, special events, etc.) will continue on as courtesy licenses under AS 08.01.062.

Why is this necessary if boards already offer temporary licenses?

Despite all boards having the authority to offer temporary licenses, only some do. Alaska needs to make it easier for qualified licensees in good standing to come to Alaska to fill vacancies and assist Alaskans in need of their services.

How do we know the professionals working under this temporary license are safe to practice in the state?

Because a professional can only qualify for the temporary license if they hold a license in good standing in another state, have not received disciplinary action on any license, and have not committed an act in another jurisdiction within the last ten (10) years that would have constituted grounds for denial in Alaska.

What are the federal Servicemembers Civil Relief Act (SCRA) licensure portability requirements?

The federal SCRA licensure portability provisions initially took effect on January 5, 2023 and were amended effective March 23, 2025. The federal law requires a state to issue a license to a servicemember or servicemember spouse within 30 days of a complete application packet being submitted if the individual:

- Submit an application and pay the required (but reduced) SCRA application fee;
- Is in good standing with all U.S. jurisdictions where they are, or have ever been licensed;
- Provides proof of military orders to the state they are applying for the license in;
- If the individual is a servicemember spouse, provides a copy of the marriage certificate; and
- Provides a notarized affidavit affirming, under the penalty of law, that:
 - They are the person described and identified in the application;
 - All statements made in the application are true and correct;
 - The applicant has read and understands the scope of practice for their license in the new state;
 - The applicant meets and shall comply with all SCRA licensure portability requirements and scope of practice laws in the new state; and
 - The applicant is in good standing with all U.S. jurisdictions where they hold or have ever held a license.

****NOTE:** The SCRA licensure portability provisions do not apply to a servicemember or spouse who has a covered license to operate in multiple states pursuant to an interstate licensure compact.*

How is “good standing” defined in the federal SCRA licensure portability laws?

A license that has not been revoked or had discipline imposed by any state; does not have an investigation relating to unprofessional conduct pending in any State; and has not been voluntarily surrendered while under investigation for unprofessional conduct.

Why do we need to pass a bill on SCRA if it's already required in federal law?

It is extremely helpful to the division, and its 21 licensing boards, if the federal SCRA licensure portability laws are codified into Alaska law, to remove any contradictions and ensure Alaska licensees and applicants can clearly see the options for licensure, and requirements for each pathway.

How does a license issued under SCRA differ from a license under Alaska-specific requirements?

Once the license is issued, it doesn't. The licensee must comply with all Alaska laws, including continuing competency, renewal, and/or prescription drug monitoring program (PDMP) requirements, as applicable for the license type.

Is the division issuing licenses under SCRA now?

Yes, the division has been issuing license under SCRA since July 2024 in compliance with federal law. However, it's been confusing to division staff, boards, and applicants due to it not being addressed in state statute.

- Michael Bowles provided two epinephrine auto-injector training programs to the board for their consideration and approval.
 - American Red Cross Anaphylaxis and Epinephrine Auto-Injector Online Course.
 - Code Ana – Epinephrine Certification for Anaphylaxis.
 - Task created for Michael Bowles to add the two new epinephrine auto-injector training programs to the board of pharmacy website.
 - Task for the board to submit a letter to the legislator thanking him for the Red Cross training recommendation.

Motion: Sara Rasmussen moved to approve the American Red Cross Anaphylaxis and Epinephrine Auto-Injector Online Course and Code Ana – Epinephrine Certification for Anaphylaxis Course and requested unanimous consent.

Recorded Votes:

Unanimous Consent.

It was resolved to approve the American Red Cross Anaphylaxis and Epinephrine Auto-Injector Online Course and Code Ana – Epinephrine Certification for Anaphylaxis Course.

- Melissa Dumas, Administrative Operations Manager provided the board with the budget report for 3rd Quarter Fiscal Year 2025.
 - Ashley Schaber asked about the surplus being carried over each year and if there were to be an increase in investigative or regulation project costs would that have an effect on the surplus.
 - Melissa Dumas responded that each licensing program must statutorily fund itself and deficits and surpluses must be carried forward. Increases in costs, such as filling a vacant position, is funded by the board the position falls under.
 - Ashley Schaber clarified that since there is carryover of a surplus that surplus would not dip into or go towards any other state funds.
 - Melissa Dumas stated this was correct and that the board has received general funds associated with legislation such as HB112 but does not anticipate any additional general funds moving forward.
- Lisa Sherrell, Prescription Drug Monitoring Program (PDMP) Manager provided the board with PDMP updates.
 - Lisa Sherrell discussed the letter addressing registrations for telemedicine and limited state telemedicine registrations submitted to the United States Drug Enforcement Administration (DEA) by NABP and National Association of State Controlled Substances Authorities (NASCA).
 - Task for board members to review 12 AAC 52.865/AS 17.30.200 PDMP alongside long lasting injectables.
 - Task for Lisa Sherrell to reach out to PDMP managers in other states to request information on how they address long lasting injectables in their PDMPs.
 - Julie McDonald asked about recently identified errors in reporting to PDMP and if there's been any concerns with pharmacies not meeting the changes to the PDMP reporting to address the errors.

- Lisa Sherrell responded that she has not had anyone reach out with concerns that they will not be able to make the appropriate changes to their reporting system by July.

Agenda Item #8 Industry Updates

- Jennifer Adams, PharmD, EdD, FAPhA, FNAP | Associate Professor, L.S. Skaggs College of Pharmacy Idaho State University
 - Discussed the ACPE accreditation walkthroughs at the University of Alaska Anchorage campus. No issues noted and the final report will be available in June.
 - Nine students graduated from the UAA campus on May 4th.
 - Engaged in supporting SB 147 and HB 195.
 - Task for the board to add the ACPE accreditation report to the August meeting agenda.
- Brandy Seignemartin, PharmD - Executive Director, Alaska Pharmacy Association (AKPhA)
 - Provided a presentation on the AKPhA areas of focus since the previous board meeting.

Industry Update Alaska Pharmacy Association

Brandy Seignemartin, PharmD
Executive Director

Brittany Keener, PharmD, MPH, BCPS,
FAKPhA
President



Alaska Pharmacy Association

Updated Mission, Vision, and Strategic Plan

Vision: Quality pharmacy care from one Alaskan to another

Mission: The mission of the Alaska Pharmacy Association is to empower and engage a united pharmacy profession to elevate the health of Alaskans.

Strategic Priorities

1. Recruit, engage, and retain members.

- a. Create a welcoming environment to recruit new and retain existing members.
- b. Strengthen our value proposition through benefits that meet member needs.
- c. Build a lasting leadership pipeline by providing clear pathways into board, academy, and committee roles.

2. Effectively communicate to strengthen the value of AKPhA.

- a. Consistently articulate AKPhA's achievements, benefits, and contributions to the pharmacy profession.
- b. Improve bidirectional communication between members and leadership.
- c. Adopt innovative communication approaches to broaden AKPhA's reach.

3. Ensure operational excellence.

- a. Achieve financial sustainability growing and diversifying revenue streams.
- b. Expand the association's capacity for greater reach.
- c. Collaborate with key partners to amplify AKPhA's impact.

4. Advocate for a pharmacy profession equipped to serve Alaska.

- a. Promote an environment where pharmacy professionals can practice at the top of their education, training, and experience.
- b. Support workforce development and well-being for the pharmacy community.
- c. Advocate for economic and operational frameworks that enable a thriving pharmacy business model that ensures access to pharmacy services.

National Pharmacy Landscape

Pharmacy closures continue to rock the nation

PBM legislation in other states:

- Arkansas: banned PBMs from owning pharmacies. Board of pharmacy has some oversight.

PBM legislation on national level

- National Association of Attorney's General Letter
- Recent meetings with AK Federal Delegation, feeling positive about reform this year

Reintroduction of ECAPS, new name: Ensuring
Community Access to Pharmacist Services (H.R. 3164)

Alaska Landscape

Medicaid Cost of Dispensing concerns

Bill updates

- SB134 / HB 149: Third Party Administrators /PBMs
- SB 147 / HB 195: Pharmacists Prescription Authority
- SB 142: Pharmacy Benefit Managers

Motion: Ashley Schaber moved to have the board continue to collaborate with the Alaska Pharmacy Association on payer issues impacting pharmacy access, patient safety, and workforce challenges and requested unanimous consent.

Recorded Votes:
Unanimous Consent.

It was resolved that the board will continue to collaborate with the Alaska Pharmacy Association on payer issues impacting pharmacy access, patient safety, and workforce challenges.

Agenda Item #9 Adjourn for Lunch (off record at 12:25pm)

Ashley Schaber made a motion to adjourn for lunch and requested unanimous consent.

Recorded Votes:
Unanimous consent.

It was resolved to adjourn for lunch.

Agenda Item #10 Roll Call/Call to Order (on record at 1:05pm)

Roll Call:

Ashley Schaber - Present
Sara Rasmussen - Present
Julie McDonald - Present
Carla Hebert - Present
Ramsey Bell – Present
Sylvain Nouvion – Present
Dylan Sanders - Present

Quorum was met.

Agenda Item #11 Public Comment Period

- Pat Martin, Executive Director, Right to Life
 - Discussed concerns with SB 147 and HB 195. The bills started out admirable and honorable but have taken a turn very far from the intent by allowing abortion.
 - During the May 9th committee meeting Senator Gray-Jackson expressed that she wanted it made clear that SB 147 would allow pharmacists to administer and dispense abortion medication.
 - The RU-486 cocktail of Mifepristone and Misoprostol is dangerous. Report from FDA points towards adverse reaction in 11% of women that receive the RU-486 cocktail.
 - Concerned that allowing rural pharmacies to dispense abortion medications can lead to serious complications in women and prolonged evacuation times.
 - Addressed the statement that pharmacists will not go outside of their training and education on dispensing abortion medications however it's the way the law is written and there is nothing in place that would prevent a pharmacist from dispensing abortion medications.
 - Requested the board to consider no longer supporting SB 147 and HB 195.

- Sara Rasmussen asked Pat Martin if he had further information on cases used to address abortion vs miscarriage where the baby has not come out of the mother's body.
- Pat Martin responded the information he has was gathered from the insurance industry and the data indicated the RU-486 cocktail was only used for abortions and not miscarriages. Mifeprex or Mifepristone is the pill that actually kills the child in the womb. It's the Misoprostol that is used to create the contractions that would expel the child's remains so the focus is on the prescription and the use of the Mifeprex primarily, misoprostol always follows after that. The insurance code used never started with Misoprostol.
- Rebecca Hinsburger, Member of Christian Civic Action Council, Kasilof Alaska
 - Expressed concerns of emotional trauma of having an abortion years after the abortion takes place as well as concerns for safety of women prescribed abortion medication without a physician's oversight by walking into a pharmacy to obtain an abortion at the pharmacy window.
 - Stated it is an existing problem in Alaska that out of state pharmacies are mailing abortion medication to pregnant women, some of which are past the 10-week gestation period.
 - Stated 1 out of 10 women are going to the emergency room for complications to abortion medication and some have resulted in deaths to the pregnant women. This is a big concern for women in the villages.
- Brandy Seignemartin spoke to Pat Martin's comment.
 - Recognized Mr. Martin's concerns and stated requirement that abortion providers register under the federal REMS program would prevent pharmacists from prescribing and dispensing abortion medication.
 - Stated nothing in the bill addressed dispensing of Mifepristone, and doesn't address dispensing at all. Stated abortion medication is a separate issue.
- Marianne Burke stated these bills would make it easier for young women to kill babies, referred to as the "kill pills".
- Pat Martin followed up with comments on the federal REMS program requirements
 - Stated ultrasound is not a requirement under the REMS program.
 - Stated Senator Gray-Jackson made it abundantly clear in the last meeting that with the amendment that was made, that a woman would still be able to take a prescription into any retail pharmacy for Mifepristone, and have that prescription filled. So the people that make the laws understand what the bill says, and what the bill will do, and you all need to understand that as well as the Board of Pharmacy.

Agenda Item #12 Board Business

- Industrial Hemp and Intoxicating Hemp Products FAQ for Professional Licensees
 - Sara Chambers - Boards and Regulations Advisor, Department of Commerce, Community and Economic Development provided information to the board on industrial hemp and that it is legally regulated by the Division of Agriculture.
 - Any licensees that may be selling these products must be registered with the Division of Agriculture and reach out to the Division of Agriculture and have their products tested and endorsed, even those licensed under the board of pharmacy.
 - Provided the board with an outline of the regulations associated with industrial hemp.
 - Task created for Michael Bowles to send the Industrial Hemp and Intoxicating Hemp Products FAQ for Professional Licensees document out via listserv.
- Accreditation Council for Pharmacy Education (ACPE) Site Visit to UAA Campus

- Ashley Schaber stated she was invited to participate on behalf of the board. They like to have a member of the state board where they reside part of the site visit, and the goal of that is that the Board understands and is confident in the accreditation process for the pharmacy students that are graduating and becoming licensed in their state.
- Learned about the robust accreditation process.
- Report is due out in June.
- 2025 Annual Report
 - The board reviewed and discussed the draft version of the annual report together and approved the report.

Sylvain Nouvion moved to accept the 2025 annual report as written and requested unanimous consent.

Recorded Votes:

Unanimous consent.

It was resolved to accept the 2025 annual report as written.

- 2025 Strategic Plan
 - Ashley Schaber stated that this has been really helpful as the board makes decisions pursuing legislation, pursuing regulation changes, operational changes, and board initiatives.
 - The board discussed the next year's areas of focus and updated the 2025 strategic plan.
 - Michael Bowles stated that he has been updating the website to streamline information to coincide with the strategic plan.
 - Task created for Michael Bowles to word smith and finalize strategic plan wording and place in OnBoard for final vote approval.
- Regulations Discussion
 - All regulations projects are on hold while the Governor's Administrative Order No. 358 is on place.
 - Task created to add standard of care regulations changes to August agenda.
- Statutes Discussion
 - Current Legislative Matters
 - SB 147 - Pharmacist Prescription Authority
 - HB 195 - Pharmacist Prescription Authority
 - HB 225 – Fluoride Supplements, Public Water System
 - Sara Rasmusen asked how HB 225 may be intersecting with the federal administration's work and that a lot is being done to address this.
 - Ashley Schaber agreed and stated the Chief Medical Officer already has authority to issue a standing order.
 - Task created for Ashley Schaber to investigate legislative intent of HB 225 and provide the information at the August meeting.
 - Task for Ashley Schaber to meet with legislators on abortion amendment as discussed during the Public Comment Period.
- Tasks List Review and Update
 - Just Culture Workplaces
 - Carla Hebert discussed her approach to the Just Culture task.

- Task for Michael Bowles to request Investigations to provide the board with an update on Just Culture in the investigative process.
- Task created for Michael to create and post the Just Culture survey and present the results to the board at the August meeting.

Agenda Item #13 Chair Final Comments

Discussion:

- Next Quarterly Meetings – August 21, 2025, and November 20, 2025.

Agenda Item #14 Adjourn

Carla Hebert moved to adjourn the meeting and requested unanimous consent.

Recorded Votes:

Unanimous consent.

It was resolved to adjourn at 3:54pm.