

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

# BOARD OF PHARMACY

## CONDENSED MINUTES OF THE MEETING HELD AUGUST 21, 2025

Date: August 21, 2025

Time: 09:00am – 05:00pm

Location: Online via Zoom™

Attending: Board Members: Ashley Schaber, Ramsey Bell, Sylvain Nouvion, Dylan Sanders, and Julie McDonald.

Staff: Michael Bowles, Billy Homestead, Greg Gober, Lisa Sherrell, and Sara Chambers.

Absent: Sara Rasmussen and Carl Hebert

### 1. Roll Call/Call to Order

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

On the record at 09:02.

Quorum met.

- Julie McDonald joined the meeting at 9:45am.
- Ramsey Bell left the meeting at 1:54pm.

### 2. Ethics Disclosures

- No members provided any ethics disclosures.

### 3. Consent Agenda Items

- Review/Approve Meeting Agenda
- Review Lost or Stolen Controlled Substances/DEA 106s – CONFIDENTIAL

- Adverse Drug Events

Motion: Sylvain Nouvion motioned to approve the consent agenda as written and requested unanimous consent, seconded by Dylan Sanders.

Recorded Votes:

Unanimous Consent.

It was resolved to approve the consent agenda as written.

#### 4. Division of Corporations, Business, and Professional Licensing Updates

##### a. Lisa Sherrell, Prescription Drug Monitoring Program (PDMP) Manager

- PDMP Updates
  - i. Working on creating new user roles to properly separate out registrants.
  - ii. Data sharing has started with Kentucky, Alabama, and DC. More to come in the fall.
  - iii. Working more on OD Insights, the non-fatal overdose notification.
- Long Lasting Injectables in other State PDMPs
  - i. Lisa Sherrell reached out to 26 states to inquire about long-lasting injectables. No other states require reporting at this time.
  - ii. The board discussed the benefits of requiring reporting of long lasting injectables that are administered, however, with missing board members and no other states requiring reporting of administration the board decided to carry this conversation to the next meeting.
  - iii. Task for Michael Bowles to add continued discussion on Long Lasting Injectables in other State PDMPs under old business on November agenda.
  - iv. Task Lisa Sherrell to find out if any other controlled substances fall into this category.
- Update of Letter Addressing Telemedicine Regulations
  - i. Lisa Sherrell updated the board on the status of the letter but there has not been much movement since the last meeting. Lisa will continue to monitor and update the board as new information comes.

##### b. Investigations Review

- Greg Gober, Investigator
  - Investigative Report from May 09, 2025, through August 04, 2025.
    - Open Cases: 68
    - Closed Cases: 51
    - License Actions: 0
    - License Denials: 0
- The board conducted a review of case # 2025-000420
 

Motion: On a motion made by Ashley Schaber in accordance with AS 44.62.310(c), the board moved to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion. Board

members Ramsey Bell, Ashley Schaber, Dylan Sanders, Julie McDonald and staff members Michael Bowles, Billy Homestead, and Greg Gober were authorized to remain in the room with board members Sylvain Nouvion recused. The case discussed will be 2025-000420. Unanimous consent was requested.

Recorded Votes:

Unanimous consent

It was resolved to enter executive session in accordance with AS 44.62.310(c).

Off record for executive session at 9:53am

On record from executive session at 10:01am

No motions were made during the executive session.

Motion: Dylan Sanders motioned to approve the consent agreement order as written for case 2025-000420. Seconded by Ramsey Bell.

Recorded Votes:

Ashley Schaber - Yes

Sara Rasmussen -

Julie McDonald - Yes

Carla Hebert -

Ramsey Bell – Yes

Sylvain Nouvion – Abstain

Dylan Sanders – Yes

It was resolved to approve the consent agreement order as written for case 2025-000420.

- Billy Homestead, Senior Investigator
  - Discussed Just Culture in the Investigative Process. Billy Homestead gave the board an overview of what is taken into consideration during the case review process.
  - Billy Homestead stated they have already been using a decision tree which is very helpful to board members.
  - The primary goal is to protect the public.
  - Billy Homestead discussed how action in other states/jurisdictions is reviewed and utilized if deemed appropriate by the board. The information is very helpful when considering if reciprocal action is necessary vs issues already being addressed.
  - Julie McDonald stated that it seems the board and investigative staff already have a Just Culture frame of mind.
  - Sylvain Nouvion stated the NABP Board of Pharmacy Action Decision Tree is very helpful.

Motion: Ashley Schaber motioned to add the NABP Board of Pharmacy Action Decision Tree to the disciplinary matrix as a guideline during the discipline decision making process, asked for unanimous consent.

Recorded Votes:

Unanimous Consent.

It was resolved to approve adding the NABP Board of Pharmacy Action Decision Tree to the disciplinary matrix as a guideline during the discipline decision making process.

c. Michael Bowles, Executive Administrator of the Board of Pharmacy

- Michael Bowles discussed the ongoing need to revise the inspection sheets and that the onus falls on the board rather than board staff.
- Michael Bowles requested that the board form a subcommittee to review and revise the inspections sheets.
- Dylan Sanders asked what should be captured in the revised inspection sheets. Should the inspection sheets capture the standard of care?
- Michael Bowles responded that “standard of care” should absolutely be considered when reviewing and revising the inspection sheets for on-site inspections by staff. The self-inspection sheets for facilities are more subjective since we rely on the facility to provide us with accurate information and are more for capturing proper procedure and ensuring they are practicing safely.

Motion: Sylvain Nouvion motioned to form a subcommittee to review and revise inspection sheets, asked for unanimous consent.

Recorded Votes:

Unanimous Consent.

It was resolved to approve to form a subcommittee to review and revise inspection sheets.

Subcommittee will consist of board members Julie McDonald, Sylvain Nouvion, Dylan Sanders and staff members Michael Bowles and an Investigator.

Task for Michael Bowles to conduct a scheduling poll for two meetings before the November board meeting.

Task for the inspection sheet subcommittee to review and revise inspection forms.

- Michael Bowles reminded board members of the upcoming DCCED Executive Ethics Act Training.

## 5. Public Comment Period

- Public comments will be kept to 2 minutes per person and members of the public can only comment during one of the two periods.
- Claïressa Ciupak – “As pharmacists, we are the apogee of integrity in the healthcare realm, unique to our profession, we hold all prescribers mutually accountable for ethical and lawful practice within their license scope. To ensure no harm to patients under their care. This is known as corresponding responsibility. We're entrusted with and granted licensure under these standards. An inherent component of patient safety and pharmacy practice is dispensing medication pursuant to a valid prescription, and with this comes prescription verification processes. In order to avoid medication errors remote data verification by licensed human pharmacist has been considered industry standard for years. However, AI does not carry the liability of corresponding responsibility to allow for data verification capabilities. In a world of emerging technology and medicine, without proper regulation and oversight, bad actors will emerge that could risk patient safety for profit. Is the public aware that for years already, Walgreens has been using machine-assisted data review to bypass pharmacist verification? Have they been warned that pharmacists are being forced to have their licensed credentials applied as the verifying pharmacist signature on prescription verification that was actually completed by AI? Does the public know the pharmacist has no consent over these processes? Given recent local conditions, Walgreens seems determined to streamline workflow by taking the pharmacist out of the pharmacy. Walgreens is cutting off the branch they're sitting on, and the impact is mutually catastrophic for all stakeholders but most importantly, our patient population, who have already felt the repercussions of this dysfunctional AI integration. I'm an Alaska-licensed pharmacist who chose to stand in the face of employer retaliation, reported these concerns for investigation, leaving me with no income or support. For the integrity of my profession and the safety of the public I now invoke the authority of the Alaska Board of Pharmacy to uphold their statement of purpose.”

## 6. Industry Updates

- a. Jennifer Adams, PharmD, EdD, FAPhA, FNAP - Associate Professor, L.S. Skaggs College of Pharmacy Idaho State University
  - Accreditation Council for Pharmacy Education (ACPE) Site Visit to UAA Campus occurred in March 2025, accreditation was continued through June 2033.
  - 2025 ACPE Accreditation standards went into effect July 01, 2025.
  - Went from 25 specific standards to 7 broad standards.
  - ACPE requires all PharmD programs to teach Pharmacist Patient Care Process (PPCP), which includes diagnosis and independent prescribing.
  - PharmD education includes didactic, simulation, interprofessional, and experiential education. This includes a minimum of 1740 required hours of patient care-based experiential education.
  - Julie McDonald asked if they were able to find enough rotation sites for pharmacy students.
  - Jennifer Adams responded there were no issues finding rotation sites for students.



Idaho State  
University

# ISU / UAA Update August 2025

Jennifer L. Adams, PharmD, EdD, FAPhA, FNAP  
Associate Dean for Academic Programs | Professor  
Idaho State University L.S. Skaggs College of Pharmacy  
[jenadams@isu.edu](mailto:jenadams@isu.edu)

**ROAR**





ACPE PharmD  
programs  
accreditation  
continued through  
2033



Idaho State  
University

# 2025 ACPE Accreditation Standards



Effective July 1, 2025



Went from 25 specific standards  
to 7 broad standards



Requires all programs to teach  
Pharmacist Patient Care  
Process, diagnosis, and  
prescribing

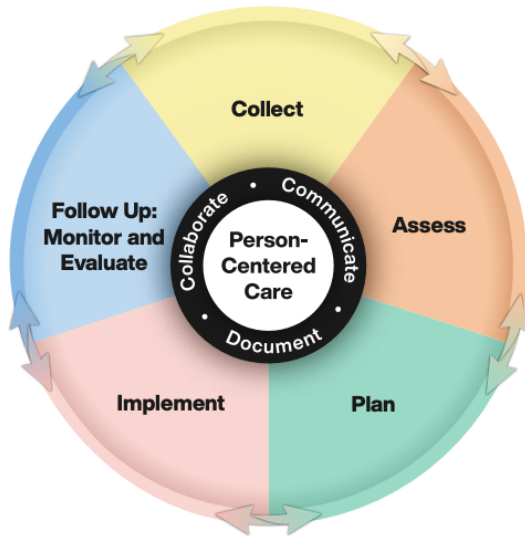
**ROAR**





# Pharmacists' Patient Care Process

## Pharmacists' Patient Care Process



Pharmacists, as medication experts and integral members of the health care team, are essential health care providers who use a person-centered approach to optimize each patient's medication and health outcomes.

Guided by evidence, clinical reasoning, and complexity of patient needs, pharmacists apply the five steps of the Pharmacists' Patient Care Process to help patients meet their health goals.

### Collect

The pharmacist ensures the collection of necessary subjective and objective information about the patient to understand the relevant medication and medical history, overall health status, and other pertinent factors. Information may be gathered and verified from multiple sources (e.g., the patient, caregiver, observations, existing patient records, and other health care professionals).

### Assess

The pharmacist assesses the collected information to identify and prioritize patient needs to inform the establishment of a care plan.

### Plan

The pharmacist develops a person-centered, evidence-based, cost-conscious care plan in partnership with the patient and/or caregiver, and in coordination with other care team members.

### Implement

In providing person-centered care, the pharmacist implements a prioritized care plan in partnership with the patient and/or caregiver and in coordination with other care team members.

### Follow Up: Monitor and Evaluate

The pharmacist follows up to monitor and evaluate the implementation of the care plan and the patient's overall health in collaboration with the patient, caregiver, and other care team members, as needed.

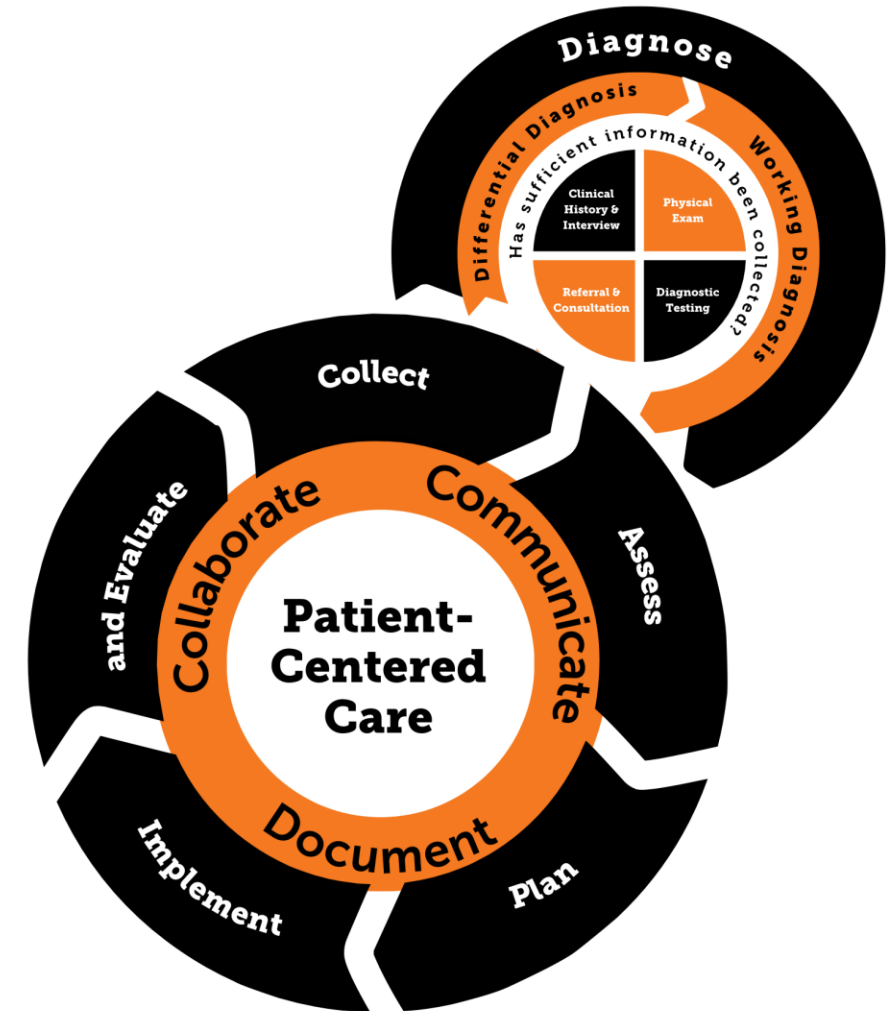


Figure 1 - PPCP diagram



## Fall 2025 Incoming P1 Enrollment

- Anchorage = 8
  - Meridian = 16
  - Pocatello = 32
  - Total = 56
- 
- Anchorage White Coat Ceremony & Reception Friday 8/22, 6pm  
University of Alaska Anchorage  
Fine Arts Building  
3700 Alumni Drive  
Anchorage, AK 99508



Idaho State  
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# Leonard Hall Renovation Grand Opening Sept 19



Classroom 123



Classroom 123



Classroom 125



Classroom 125



Classroom 162



Classroom 162



Idaho State  
University

# Leonard Hall Renovation Grand Opening Sept 19



Collaborate 221



Collaborate 221



Collaborate 221



Collaborate 221



## **UAA Renovations Underway**

- Completing a full-scale simulation lab across from the College and PharmD students will have access for interprofessional education and patient simulation activities



- b. Brandy Seignemartin, PharmD - Executive Director, Alaska Pharmacy Association (AKPhA)
- AKPhA Updates
  - RFK Jr., Senator Sullivan, Senator Murkowski visited Tanana Chiefs Conference Rural Pharmacy services in Fairbanks
  - Dan Nelson received a national award during the site visit.
  - Big Beautiful Bill bans spread pricing.
  - Orphan Cures Act was instituted which protects medication drug pricing negotiation.
  - Discussed Alaska legislation Senate Bill (SB) 147 and how it aligns with Idaho's scope of practice legislation efforts by Idaho pharmacist, Dr. Alex Adams who is nominated to be the Assistant Secretary for Family Support at the federal Department of Health and Human Services.

# Industry Update Alaska Pharmacy Association

Brandy Seignemartin, PharmD  
Executive Director

Brittany Keener, PharmD, MPH, BCPS,  
FAKPhA  
President



# RFK Jr., Senator Sullivan, & Senator Murkowski Visit Pharmacies

## Tanana Chiefs Conference Rural Pharmacy Services

During visit Dan Nelson recognized with Federal Immunization Champion Award sponsored by Association of Immunization Managers (AIM) and Centers for Disease Control and Prevention (CDC)



# One Big Beautiful Bill

- **PBM Transparency in Managed Medicaid**
  - **No direct impact on AK**
  - **Bans spread pricing**
  - **Limits PBM payment to administrative fee**
  - **Requires pharmacy payment of NADAC plus professional dispensing fee**
- **Medicaid cuts**
- **Orphan Cures Act**

# New PBM Reform Package Introduced

Bipartisan Coalition Led by Rep. Buddy Carter

The PBM Reform Act will:

Ban “spread pricing” in Medicaid and move to a transparent system that ensures pharmacies are fairly and adequately reimbursed for serving Medicaid beneficiaries.

Establish new requirements for PBMs under Medicare Part D, including a policy to delink PBM compensation from the cost of medications and increase transparency.

Promote transparency for both employers and patients in their prescription drug plans, with semi-annual reporting on drug spending, rebates, and formulary determinations.

Require Centers for Medicare and Medicaid Services (CMS) to define and enforce "reasonable and relevant" contract terms in Medicare Part D pharmacy contracts and enforce oversight on reported violations.

**Original Co-Sponsors include:** Debbie Dingell (D-MI), Greg Murphy (R-NC), Deborah Ross (D-NC), Jodey Arrington (R-TX), Diana Harshbarger (R-TN), Vicente Gonzalez (D-TX), Rick Allen (R-GA), Raja Krishnamoorthi (D-IL), John Rose (R-TN), Derek Tran (D-CA), and Nicole Malliotakis (R-NY).



# Idaho Pharmacist Confirmation Hearing for HHS Assistant Secretary for Family Support

Alex Adams, PharmD  
nominated by President Trump on March 24

7/31 Hearing

- Dr. Adams was the architect of Idaho's original expanded scope of practice legislation for pharmacists—the exact model that SB 147 mirrors. Our bill is identical to the original Idaho statute that successfully modernized pharmacy practice under a standard of care framework.

## 7. Unfinished Business

- a. ACPE Site Visit to UAA Campus Accreditation Report Discussion
  - Ashley Schaber discussed participating in the ACPE walkthrough; stated the training well prepares students to work at the top of their training.
- b. Statutes
  - Current Legislative Matters – House Bills (HB)/Senate Bills (SB)
    - SB 147 - PHARMACIST PRESCRIPTION AUTHORITY and HB 195 - PHARMACIST PRESCRIPTION AUTHORITY
      - Ashley Schaber stated she had been working in collaboration with AKPhA, the Alaska State Medical Association (ASMA), and a couple of other physicians who are part of ASMA on the language. The work group also consists of Representative Justin Ruffridge and Brandy Seignemartin.
      - Ashley Schaber stated she has several meetings scheduled to work alongside AKPhA to continue education to legislators on the bills.
      - Feedback from the previous board meeting concerning abortion medication is being addressed.
      - Dylan Sanders stated that he looks forward to seeing the language.
      - Ashley Schaber stated part of the meetings is to find language to add guardrails to address concerns.
      - Julie McDonald stated she appreciated the collaboration and hard work and that a thorough look from many angles is occurring to come up with the best thing for the public and profession.
      - Sylvain Nouvion stated he looks forward to seeing the language.
    - HB 225 - FLUORIDE SUPPLEMENTS, PUBLIC WATER SYSTEM
      - Ashley Schaber stated she spoke briefly to Representative Jamie Allard and provided her contact information as a resource as the bill moves forward. No other updates at this time.
      - Task for Michael Bowles to look into information on whether the Dental Board is concerned with HB 225.

## 8. Adjourn for Lunch 11:59am

## 9. Roll Call/Call to Order

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

On the record at 12:31pm.

Quorum met.

#### 10. Public Comment Period

- Public comments will be kept to 2 minutes per person and members of the public can only comment during one of the two periods.
- Pat Martin, Alaska Right to Life, “I’m addressing our continued concerns over House Bill 195 and Senate Bill 147. I think I mentioned in my last visit that there was a report that found that 10.93% of women that take the chemical abortion pill, mifepristone, Mifeprex, RU486, all the different names that it comes with, that they experience sepsis, infection, hemorrhaging, and other life serious or life-threatening adverse events. Within 45 days of a mifepristone abortion, and the way the bill is constructed, or the bills are constructed, abortion pills are still available via pharmacy, and we need to protect women from those things. I’ve got a super quick story from Silent No More Awareness, they take stories from women that have had abortions and in this one story, 3 weeks after taking the abortion pill, she woke up from a nap covered in blood and still bleeding. She was rushed to the ER, where she was informed that her body had not passed all of her former pregnancy. A doctor used several giant Q-tips to scrape her insides and she had weekly visits with her OBGYN to confirm that her HCG levels were steadily going down and this is all dangerous for somebody that lives in Anchorage, or Fairbanks, or Juneau, or even Wasilla, but what if they live in Mountain Village, or Kwethluk, or any other village, or even Bethel for that matter, the access to an emergency room and the healthcare that a woman like this needs simply isn’t available, and chances are, it’s airplanes, multiple airplane rides away from actually getting the emergency care that she needs. So, when we think about expanding access to chemical abortions to any clinic or any pharmacy that can dispense these things as a Class 2 drug, we’re seeing a huge danger to women across the state that we’ve never seen before. And with that, I’d ask the board to review your support for the bills and just absolutely withdraw your support or call for Senator Giessel and the House sponsors of the bill to specifically prohibit the administration of the mifepristone and Mifeprex drugs completely from the pharmacy’s ability to dispense those, however the order comes. I thank you for your time, and of course, please feel free to ask questions.”

#### 11. New Business

- a. Ensuring Community Access Act (ECAPS)
  - Discussion – Bill has been introduced during multiple federal sessions, would allow pharmacists to be recognized as providers and receive Medicare payments.
  - Dylan Sanders asked if this pertained to collaborative practice agreements.
  - Ashley Schaber stated that would be defined in state law.
  - Julie McDonald stated there seems to already be precedent with Medicaid and private insurers.
  - Sylvain Nouvion stated a letter of support is warranted.

Motion: Ashley Schaber motioned to have the board submit a letter to all federal legislators in support of the Ensuring Community Access to Pharmacy Act (ECAPS) HR 3124 and SB 2426 and asked for unanimous consent.

## Recorded Votes:

### Unanimous Consent.

It was resolved to have the board submit a letter to all federal legislators in support of the Ensuring Community Access to Pharmacy Act (ECAPS) HR 3124 and SB 2426.

- Task for Ashley Schaber to draft the letter and Michael Bowles to submit the letter to OnBoard for a vote.

#### b. Just Culture Survey Results

- The survey was sent out via listserv, not to all emails on file from licenses. To use listserv, people need to agree, subscribe, and opt in.
- The board discussed the survey results and were in agreement that the results were overall in the positive and show utilization of Just Culture in the pharmacy workspace.
- Sylvain Nouvion stated concerns to one answer where the person wrote in comments addressing staff shortages and high stress levels.
- The board discussed ways to address staffing shortages in retail pharmacy settings and historical discussions the board has had in the past where staffing shortages and mental health well-being were of high concern. There's been some progress in this area but work still needs to be done.

#### c. NABP Just Culture Decision Tree

- The board discussed this under the Investigations section.

#### d. Medical Spa Services Work Group Review - Sara Chambers, Boards and Regulations Advisor, Department of Commerce, Community and Economic Development

- Sara Chambers, Boards and Regulations Advisor for the Department of Commerce, Community, and Economic Development, provided the board with an overview of the work the Medical Spa workgroup has been doing over the last year as well as the proposed FAQ sheet the workgroup has compiled to address frequently asked questions concerning medical spas and other businesses that may not directly fall into a healthcare clinic definition. All links to information can be found on the board of pharmacy website.
- Sylvain Nouvion stated the FAQs are well written.
- Dylan Sanders stated concerns with GLP-1s and other popular lifestyle drugs, Botox and IV Hydration clinics and verified that the drugs are covered under the drug supply chain and security act (DSCSA).
- Sara Chambers stated the FAQ list is going to be a living document that reflects current laws.
- Julie McDonald stated this represents a lot of work and is well thought out.

Motion: Sylvain Nouvion motioned to have the board support the FAQs as amended with the discussion comments today and asked for unanimous consent.

Recorded Votes:

Unanimous Consent.

It was resolved that the board supports the FAQs as amended with the discussion comments today.

- e. Board Letter Addressing "Neffy"
  - Ashley Schaber stated there were multiple groups asking for clarification, so the board provided a guidance letter.
  - Nasal spray and other pre-dosed emergency medications fall under the intent of the statutes and regulations for epinephrine.
- f. NABP Collaboration Addressing Workforce Well-Being
  - Task for Michael Bowles to add the final report from the Collaboration Addressing Workforce Well-Being to the November meeting agenda.
  - Task for Sylvain Nouvion to review the information from the Implementing Solutions Summit 2.0: Building a Sustainable, Healthy, Pharmacy Workforce and Workplace event. Present to the board at the November meeting.
- g. Medical Board Outreach and Collaboration
  - Ashley Schaber discussed the history on collaborations with the medical board on collaborative practice agreements. Asked if there was a board member that was interested in serving as a liaison for the board to help ensure there is clarity with collaborative practice agreements and a good working relationship with the medical board.
  - Julie McDonald stated she would be interested in acting as the board's liaison to the medical board for collaboration and outreach.
- h. Long Lasting Injectables and PDMP 12 AAC 52.865/AS 17.30.200
  - Covered under the PDMP Update
- i. Pharmacies Turning Off E-Prescribing During Closures
  - Ashley Schaber stated this came up as a potential way to address unexpected pharmacy closures inhibiting patients accessing their medications and additional administrative burden on the system.
  - Sylvain Nouvion stated it would be a good idea to pursue this and look into how other states are addressing this.
  - Dylan Sanders agreed.
  - Sylvain Nouvion volunteered to look into other state boards that address this in regulation.
- j. Regulations
  - The board discussed possible regulations changes related to standard of care implementation.
  - Dylan Sanders discussed proposed changes under labeling.



- 12 AAC 52.480 is already covered under the Controlled Substances Act (CSA).
- Task for Michael Bowles to look into incorporating by reference the CSA into the regulations and removing redundant language.
- Sylvan Nouvion discussed proposed changes under security.
  - 12 AAC 52.420 sections g and h are redundant.
  - 12 AAC 52.490 section (c)(2), subsections A, B, C, D and 5,6, and 7 were repetitive and could be removed.
- Michael Bowles asked the board to consider changes to the notification requirements for pharmacists-in-charge and designated representatives. The administrative burden and cost investigating late forms being submitted when changes are happening seems to not align with a standard of care model.
- Task for Michael Bowles to look into how Idaho and Iowa regulate pharmacists in charge changes under standard of care.
- Task created to add standard of care regulations changes to November agenda.

#### 12. Tasks List Review and Update

- The board reviewed old tasks that can be removed from the list and went over new tasks to be added during this meeting.

#### 13. Chair Final Comments

- Next Quarterly Meeting – November 20, 2025
- Good engagement, prefer meeting in person.

#### 14. Adjourn

- Dylan Sanders moved to adjourn, asked for unanimous consent.

Recorded Votes:  
Unanimous Consent.

It was resolved to adjourn at 2:13pm.

Off record at 2:13pm.