



**Board Members:**

Ashley Schaber,  
Pharmacist  
(Chairperson)

Carla Hebert,  
Pharmacist

Ramsey Bell,  
Pharmacist

Sylvain Nouvion,  
Pharmacist

Julie McDonald,  
Pharmacist

Dylan Sanders,  
Pharmacy  
Technician

Sara Rasmussen,  
Public Member

**Staff:**

Michael Bowles,  
Executive  
Administrator

Briggham Perez,  
Records and  
Licensing  
Supervisor

Amy Glenn,  
Licensing  
Examiner

Sarah Jones,  
Licensing  
Examiner

**Upcoming  
Meetings:**

August 21, 2025  
November 20, 2025

## ALASKA BOARD OF PHARMACY MEETING

### AGENDA

**MAY 22, 2025**

Discussion of the following topics may require executive session. Only authorized members will be permitted to remain in the Board/Zoom room during executive session.

### Meeting Details

Meeting Name: Alaska Board of Pharmacy Quarterly Meeting

Meeting Start Time: 9:00 AM

Meeting Start Date: May 22, 2025

Meeting End Time: 5:00 PM

Meeting End Date: May 22, 2025

Meeting Locations: 1. Board/Staff - Suite 1535, Atwood Building, Anchorage, AK  
2. Zoom for Public Attendees (Limited In-Person Space)

Meeting Registration Link:

<https://us02web.zoom.us/meeting/register/MKgjlXKeRnC8etfEjpEqig>

Meeting ID: 856 8476 8789

Passcode:

### Links

Board of Pharmacy Homepage: [pharmacy.alaska.gov](https://pharmacy.alaska.gov)

Prescription Drug Monitoring Program State page: [pdmp.alaska.gov](https://pdmp.alaska.gov)

## **Agenda**

1. Roll Call/Call to Order (9:00 - 9:02)
2. Ethics Disclosures (9:02 – 9:03)
3. Consent Agenda Items (9:03 – 9:05)
  - Review/Approve Meeting Agenda
  - Review Lost or Stolen Controlled Substances/DEA 106s
  - Adverse Drug Events
4. Investigations Review (9:05 – 9:45)
  - Billy Homestead, Senior Investigator and Holly Handley, Investigator
    - Investigative Report
    - Substance Use Disorder Regulation Change
5. Public Comment Period (9:45 – 10:00)
6. 2025 Conference Information (10:00 – 10:30)
  - Tri-Regulator Symposium and Opioid Regulatory Collaborative Summit
    - Michael Bowles
  - Rx and Illicit Drug Summit
    - Lisa Sherrell or Michael Bowles
  - NABP Annual Meeting
    - Ashley Schaber
7. Division of Corporations, Business, and Professional Licensing Updates
  - Glenn Saviers, Deputy Director (10:30 – 11:00)
    - HB 131/SB 124 Nursing: Licensure; Multistate Compact Discipline Matrix Updates, Confidential - Executive Session
    - HB 158/SB 145: Professional Licensing; Temp Permits
  - Michael Bowles, Executive Administrator of the Board of Pharmacy (11:00 – 11:15)
    - Training for Consideration - American Red Cross Anaphylaxis and Epinephrine Auto-Injector Online Course
  - Melissa Dumas, Administrative Operations Manager (11:15 – 11:30)
    - Budget Report for 3rd Quarter Fiscal Year 2025
  - Lisa Sherrell, Prescription Drug Monitoring Program (PDMP) Manager (11:30 – 12:00)

- PDMP Updates
  - Letter Addressing Registrations for Telemedicine and Limited State Telemedicine Registrations
8. Industry Updates (12:00 – 12:30)
- Jennifer Adams, PharmD, EdD, FAPhA, FNAP | Associate Professor, L.S. Skaggs College of Pharmacy Idaho State University
  - Brandy Seignemartin, PharmD - Executive Director, Alaska Pharmacy Association (AKPhA)
9. Adjourn for Lunch (12:30 – 1:00)
10. Roll Call/Call to Order (1:00)
11. Public Comment Period (1:15 – 1:30)
12. Board Business (1:30 – until complete)
- Industrial Hemp and Intoxicating Hemp Products FAQ for Professional Licensees (1:30)
    - Sara Chambers - Boards and Regulations Advisor, Department of Commerce, Community and Economic Development
  - ACPE Site Visit to UAA Campus
    - Ashley Schaber
  - 2025 Annual Report
  - 2025 Strategic Plan
  - Regulations Discussion
    - Update on Current Regulation Project
    - Discuss Regulation Review for Changes Related to Standard of Care Implementation
  - Statutes Discussion
    - Current Legislative Matters
      - SB 147 - Pharmacist Prescription Authority
      - HB 195 - Pharmacist Prescription Authority
  - Tasks List Review and Update
    - Just Culture Workplaces
      - Carla Hebert
13. Chair Final Comments
- Next Quarterly Meeting – August 21, 2025
14. Adjourn



# Alaska Board of Pharmacy

## Agenda Item #1



Roll Call/Call to Order



# Alaska Board of Pharmacy

## Agenda Item #2



## Ethics Disclosures

# Alaska Board of Pharmacy

## Agenda Item #3



Consent Agenda Items



Central Admixture Pharmacy Services, Inc.  
6580 Snowdrift Road, Suite 100  
Allentown, PA 18106

April 14, 2025

Alaska Board of Pharmacy

Re: Central Admixture Pharmacy Services, Inc, (License # 169560)  
Adverse Drug Event (ICSR ID 2174614) reported to FDA

To Whom it May Concern:

Per your state requirements, we are providing you with a copy of an Adverse Drug Event that we reported to the FDA on April 10, 2025.

Best Regards,

Eric Bauer

Senior Director of Policy and External Affairs  
Central Admixture Pharmacy Services, Inc.



# REPORT INFORMATION

## Report Profile

**Report Version** FPSR.FDA.SPHR.M.V4

**Report Category** Marketed Human Drug, Therapeutic Biologics, and Cosmetic Report V4

**Submitted** 2025-04-10 11:53:41 EST

**FDA ICSR ID** 2174614

**Submitted by** regulatoryaffairs@CAPSPharmacy.com

## Report Identifying Information

**Enter a title to help you identify this report** Neonatal Starter Bag (Lankenau MC)

**Combination Product Report** No

**Type of report** Expedited (15 day)

**Report Expedited Selection** Yes

**Have you initially reported on this case using a paper form?** No

**Safety report ID (MCN)** US-Central Admixture Pharmacy Services, Inc.-2174614

**Is the World Wide Unique Number the same as the Safety report ID?** Yes

**World Wide Unique Number** US-Central Admixture Pharmacy Services, Inc.-2174614

**Date initial report received** 03/28/2025

**Date information received in most recent report** 03/28/2025

**Date information received in this report** 03/28/2025

**Country where the event occurred** UNITED STATES

**Report source** Spontaneous

# SPHR E2B R3 Message Sender

**Sender Type** 1

**Organization** Central Admixture Pharmacy Services, Inc.

**Department** NA

**Title** Mr.

**First Name** Eric

**Middle Name** W.

**Last Name** Bauer

**Street Address** 6580 Snowdrift Rd, Suite 100

**City** Allentown

**State / Province** PA

**ZIP / Postal Code** 18106

**Country** US

**Telephone** 9999999999

**Fax** 12162330766

**E-mail** regulatoryaffairs@CAPSPharmacy.com

## Contact Information - Reporter(s)

**Is this the primary reporter?** Yes

**Title** Dr.

**First name** Lindsay

**Middle name** <blank>

**Last name** Fitzpatrick

**Qualification** Pharmacist

**Organization name** Lankenau Medical Center

**Department** Pharmacy

**Country** UNITED STATES

**Street address** 100 E Lancaster Ave

**City** Lancaster

**State** Pennsylvania

**Zip/Postal code** 19096

**Email Address** FitzpatrickL@MLHS.org

# Patient Information

Patient identifier	Neonate
Date of birth	<blank>
Age at the time of the event	<blank>
Select unit of measure	<blank>
Patient sex	<blank>
Patient weight	<blank>
Select unit of measure	<blank>
Weight (kg)	<blank>
Ethnicity	Unknown

# Race

Race	Unknown
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# Relevant Medical History and Concurrent Conditions

Do you have any relevant medical history data information to report?	No
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# Relevant Medical History and Concurrent Conditions Details

# Additional Medical History or Concurrent Conditions Information

E2BR3 Additional medical history	None
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# Results of Tests and Procedures

Do you have any relevant tests/laboratory data information to report?	No
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# Results of Tests and Procedures Details

## Adverse Event Details

Verbatim term	Rapid rise in blood glucose
Adverse event	Hyperglycaemia
Start date	03/27/2025
Adverse event outcome	Unknown
Country where *this* event occurred	UNITED STATES

## Event Outcome

Death	<blank>
Life threatening	<blank>
Hospitalization - initial or prolonged	<blank>
Disability/incapacity	<blank>
Congenital anomaly/birth defect	<blank>
Other serious, important medical events	Yes
Required intervention to prevent permanent impairment or damage	<blank>

## Adverse Event Description

Death date (in case of death)	<blank>
Was Autopsy Done?	<blank>
Please describe the adverse event or problem	<p>A neonatologist reported a rapid rise in blood glucose in a NICU patient following the initiation of the starter TPN bag on 3/27. Prior to initiation of the starter bag, the following actions were performed: · 3/27 @ 1343 Point of Care blood glucose reading: &lt; 25 · 3/27 @ 1408 Dextrose 10% 4 ml. bolus administered · 3/27 @ 1456 Point of Care blood glucose reading: 94 @ 1457 the starter bag was initiated at 5 mL/hr. 3/27 @ 1457-1459: Vitamin K, erythromycin, caffeine administered; 1/2NSS with 1 unit/mL heparin infusion started at 0.5 mL/hr. · 3/27 @ 1709 Point of Care blood glucose reading: 245 · 3/27 @ 1710 Repeat Point of Care blood glucose reading: 255 · Rate of starter TPN decreased to 2 mL/hr · 3/27 @ 1803 Point of Care blood glucose reading: 335 · 3/27 @ 1900 TPN stopped After the starter TPN bag was discontinued, the neonatologist asked the pharmacist on duty if she could confirm the dextrose content in the bag. The bag has been quarantined and has been stored pharmacy refrigerator. Update on 28-March-2025: Update to additional questions: No alarm fired on the Alaris pump while the infusion was running. The only alarms that fired were when the bag was stopped/brought down/disconnected around 1855 (which was after the elevated blood glucoses were discovered). No injury to the patient. There was more frequent monitoring and a change to his fluids - the starter TPN was stopped, and the baby was briefly switched to D5W-containing fluids in</p>

## Primary Suspect Product Information

**Product Role (Primary Suspect Product)** Suspect

**Product name** Amino Acids 3% / Dextrose 10% / Calcium Gluconate 2.33 mEq / Heparin Sodium 125 units in 250 mL bag

**Please describe** <blank>

**Drug authorization number (Enter COMP99 for compounding product)** COMP99

**Name of holder/applicant** Central Admixture Pharmacy Services, Inc.

**Action taken with drug** Drug withdrawn

**NDC number or Unique ID** 71285-0428-1

**Additional Information on Drug (free text)** NDC: 71285-0428-1 - 37-933353/ June 8, 2025

## Primary Suspect Product Use Details

**Lot number/Expiration date** 37-933353/ June 8, 2025

**Therapy/Usage start date** 03/27/2025

**Therapy/Usage end date** 03/27/2025

**Duration of Product Administration** 243

**Select unit of measure** Minute

**Dose** 13.9

**Select unit of measure** MI Millilitre(S)

**Frequency of the product used** 1

**Select unit of measure** Day

**Dosage form** Injection

**Route of administration** Intravenous

**Did the reaction recur on readministration?** No rechallenge was done, recurrence is not applicable

## Primary Suspect Product Active Ingredient Details

**Active ingredient name** AMINO ACIDS\CALCIUM GLUCONATE MONOHYDRATE\DEXTROSE MONOHYDRATE\HEPARIN SODIUM

# Primary Suspect Product Indication for Use Details

Diagnosis for use (Indication)    Parenteral nutrition



## Device Component Information



## Other Product Information



## HL7 Batch Information



## HL7 Batch Control Information



## HL7 Message Information



## HL7 Message Control Information

Safety Report Id (SPHR)    US-Central Admixture Pharmacy Services, Inc.-2174614



## Attachments

Are Additional Documents Available?    False



## Attached Files





# Alaska Board of Pharmacy

## Agenda Item #4



## Investigations Review



THE STATE  
of **ALASKA**

Department of Commerce, Community,  
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND  
PROFESSIONAL LICENSING

550 West Seventh Avenue, Suite 1500  
Anchorage, AK 99501-3567  
Main: 907.269.8160  
Fax: 907.269.8156

**MEMORANDUM**

DATE: May 08, 2025  
TO: Board of Pharmacy  
THRU: Erika Prieksat, Chief Investigator *BH*  
FROM: Holly Handley, Investigator  
RE: Investigative Report for the May 22, 2025 Meeting

The following information was compiled as an investigative report to the Board for the period of February 04, 2025 thru May 08, 2025; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

**OPEN - 57**

<b><u>Case Number</u></b>	<b><u>Violation Type</u></b>	<b><u>Case Status</u></b>	<b><u>Status Date</u></b>
2025-000371	Violation of License Regulation	Intake	05/06/2025
2025-000372	Violation of Profession Statute or Regulation	Intake	05/06/2025

**OUT OF STATE PHARMACY**

2023-000147	Violation of licensing regulation	Investigation	01/19/2024
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**PHARMACIST**

2024-001014	Violation of Profession Statute or Regulation	Intake	10/28/2024
2025-000006	Continuing education	Intake	12/26/2024
2025-000019	License Application Problem	Intake	01/09/2025



2025-000102	Unprofessional conduct	Intake	02/10/2025
2025-000326	Violation of License Regulation	Intake	04/18/2025
2024-001175	License Application Review/Referral	Complaint	01/29/2025
2025-000247	License Application Problem	Complaint	04/15/2025
2025-000256	Violation of License Regulation	Complaint	04/25/2025
2025-000271	PDMP Violation: Failure to Register	Complaint	04/09/2025
2025-000295	PDMP Violation: Failure to Register	Complaint	04/15/2025

#### **PHARMACIST IN CHARGE**

2025-000096	Violation of License Regulation	Intake	02/07/2025
2025-000219	PDMP Violation: Failure to Register	Complaint	03/18/2025

#### **PHARMACIST INTERN**

2025-000230	Violation of License Regulation	Complaint	04/10/2025
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#### **PHARMACY**

2024-000757	Violation of licensing regulation	Intake	08/23/2024
2024-000802	Unlicensed practice or activity	Intake	09/03/2024
2024-000804	Unlicensed practice or activity	Intake	09/04/2024
2024-000813	License Application Review/Referral	Intake	09/05/2024
2024-000821	Unlicensed practice or activity	Intake	09/06/2024
2024-000822	Unlicensed practice or activity	Intake	09/06/2024
2024-000823	Unlicensed practice or activity	Intake	09/06/2024
2025-000136	Continuing education	Intake	02/11/2025
2025-000208	Action in another state	Intake	03/14/2025
2025-000280	Violation of License Regulation	Intake	04/09/2025
2025-000325	Violation of License Regulation	Intake	04/18/2025
2025-000385	Compliance Inspection	Intake	05/07/2025
2025-000386	Compliance Inspection	Intake	05/07/2025
2025-000387	Compliance Inspection	Intake	05/07/2025
2025-000388	Violation of License Regulation	Intake	05/07/2025
2024-001104	Violation of License Regulation	Complaint	02/28/2025

2025-000157	Violation of License Regulation	Complaint	03/28/2025
2025-000166	Violation of License Regulation	Complaint	03/12/2025
2025-000198	Violation of License Regulation	Complaint	03/28/2025
2024-000769	Unlicensed practice or activity	Investigation	04/07/2025
2024-000831	Compliance Inspection	Closed-Division Inspection	

#### **PHARMACY TECHNICIAN**

2024-001218	Continuing education	Intake	12/18/2024
2025-000060	License Application Review/Referral	Intake	01/27/2025
2025-000192	License Application Review/Referral	Complaint	04/07/2025
2025-000151	Unprofessional conduct	Investigation	04/01/2025

#### **WHOLESALE DRUG DISTRIBUTOR**

2024-000984	License Application Review/Referral	Intake	10/16/2024
2025-000057	License Application Review/Referral	Intake	01/27/2025
2025-000061	Violation of License Regulation	Intake	01/27/2025
2025-000097	Violation of License Regulation	Intake	02/10/2025
2025-000203	Violation of License Regulation	Intake	03/12/2025
2025-000207	Violation of License Regulation	Intake	03/14/2025
2025-000389	Violation of License Regulation	Intake	05/08/2025
2025-000390	Violation of License Regulation	Intake	05/07/2025
2024-000596	Violation of licensing regulation	Complaint	07/10/2024
2024-001054	Violation of License Regulation	Complaint	04/08/2025
2024-001162	Violation of License Regulation	Complaint	04/02/2025
2024-001172	Violation of License Regulation	Complaint	04/08/2025
2025-000081	License Application Review/Referral	Complaint	02/27/2025
2025-000273	License Application Review/Referral	Complaint	04/24/2025
2024-000624	Violation of License Regulation	Investigation	04/10/2025
2024-000625	Violation of License Regulation	Investigation	04/10/2025

**Closed - 39**

<u>Case #</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Closed</u>	<u>Closure</u>
2025-000098	Violation of License Regulation	Closed-Intake	03/10/2025	Incomplete Complaint
<b>PHARMACIST</b>				
2025-000043	License Application Review/Referral	Closed-Complaint	03/04/2025	Application Withdrawn
2025-000125	Violation of License Regulation	Closed-Complaint	04/14/2025	No Action - No Violation
2024-000761	Violation of Profession Statute or Regulation	Closed-Investigation	03/10/2025	Advisement Letter
2024-000805	License Application Problem	Closed-Investigation	03/12/2025	Advisement Letter
2024-000857	PDMP Violation: Failure to Register	Closed-Investigation	03/25/2025	Advisement Letter
2024-000872	PDMP Violation: Failure to Register	Closed-Investigation	04/01/2025	Advisement Letter
2024-000873	PDMP Violation: Failure to Register	Closed-Investigation	04/08/2025	Advisement Letter
2024-000929	PDMP Violation: Failure to Register	Closed-Investigation	04/01/2025	Advisement Letter
2024-000930	PDMP Violation: Failure to Register	Closed-Investigation	03/27/2025	Advisement Letter
2024-000967	PDMP Violation: Failure to Register	Closed-Investigation	02/25/2025	Advisement Letter
2024-001006	PDMP Violation: Failure to Register	Closed-Investigation	04/21/2025	Advisement Letter
2024-001007	PDMP Violation: Failure to Register	Closed-Investigation	04/14/2025	Advisement Letter
2024-001049	PDMP Violation: Failure to Register	Closed-Investigation	04/14/2025	Advisement Letter
2024-001067	PDMP Violation: Failure to Register	Closed-Investigation	04/23/2025	Advisement Letter
2024-001069	PDMP Violation: Failure to Register	Closed-Investigation	02/12/2025	Advisement Letter
2024-001070	PDMP Violation: Failure to Register	Closed-Investigation	02/25/2025	Advisement Letter
2024-001153	PDMP Violation: Failure to Register	Closed-Investigation	04/08/2025	Advisement Letter
2024-001188	PDMP Violation: Failure to Register	Closed-Investigation	04/14/2025	Advisement Letter
2025-000084	PDMP Violation: Failure to Register	Closed-Investigation	04/01/2025	Advisement Letter

2025-000142	PDMP Violation: Failure to Register	Closed-Investigation	04/08/2025	Advisement Letter
2025-000253	License Application Review/Referral	Closed-Investigation	04/14/2025	Advisement Letter

#### **PHARMACIST IN CHARGE**

2024-001208	Violation of License Regulation	Closed-Investigation	02/05/2025	Advisement Letter
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#### **PHARMACY**

2024-000816	Unlicensed practice or activity	Closed-Intake	04/07/2025	No Action - Unfounded
2024-001147	Action in another state	Closed-Intake	02/20/2025	Review Complete
2024-001191	Action in another state	Closed-Intake	02/10/2025	Review Complete
2025-000065	License Application Review/Referral	Closed-Intake	04/10/2025	Review Complete
2025-000159	License Application Review/Referral	Closed-Intake	04/22/2025	Review Complete
2025-000301	License Application Review/Referral	Closed-Intake	05/08/2025	Review Complete
2024-001184	Action in another state	Closed-Complaint	03/12/2025	Advisement Letter
2025-000062	Violation of License Regulation	Closed-Complaint	04/22/2025	Review Complete
2024-000852	PDMP Violation: Failure to Register	Closed-Investigation	03/12/2025	Advisement Letter
2024-000939	License Action in Another State	Closed-Investigation	03/06/2025	Advisement Letter
2025-000144	Violation of License Regulation	Closed-Investigation	05/07/2025	Advisement Letter

#### **PHARMACY TECHNICIAN**

2025-000274	Unlicensed practice or activity	Closed-Complaint	05/06/2025	Review Complete
2024-000876	Violation of licensing regulation	Closed-Investigation	02/25/2025	License Action
2024-001004	License Application Review/Referral	Closed-Investigation	03/05/2025	License Action

#### **WHOLESALE DRUG DISTRIBUTOR**

2025-000080	Violation of License Regulation	Closed-Intake	02/24/2025	Review Complete
2024-000726	Violation of licensing regulation	Closed-Investigation	02/12/2025	Advisement Letter

***END OF REPORT***



## New 2025 Regulation Change Concepts

### 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.

# Alaska Board of Pharmacy

## Agenda Item #5



Public Comment

# Alaska Board of Pharmacy

## Agenda Item #6



## 2025 Conference Information



# THE TRI-REGULATOR SYMPOSIUM

## 2025

Federation of State Medical Boards  
National Association of Boards of Pharmacy  
National Council of State Boards of Nursing



MARCH 6 & 7, 2025 | TYSONS CORNER, VA

**2025 Tri-Regulator Symposium -Thursday March 6, 2025**  
**2025 Opioid Regulatory Collaborative (ORC) Summit - Friday March 7, 2025**

## Agenda

Here's what's scheduled for the event.

March 6, 2025

7:00 AM ET

### Tri-Regulator Symposium

7:00 AM-3:00 PM

Galleria Ballroom

## Registration

7:00 AM-3:00 PM

Galleria Foyer

## Breakfast

7:00 AM-8:00 AM

Galleria Ballroom

8:15 AM ET

## Welcome & Opening Remarks

8:15 AM-8:30 AM

Katie L. Templeton, JD  
Chair  
Federation of State Medical Boards (FSMB)

Jeffrey J. Mesaros, PharmD, JD, RPh  
President  
National Association of Boards of Pharmacy

8:30 AM ET

## Keynote Address

8:30 AM-9:15 AM

9:15 AM ET

## Topic TBD

9:15 AM-9:45 AM



9:45 AM ET

# Break

9:45 AM-10:00 AM

Galleria Foyer

10:00 AM ET

# State and Federal Court Cases Affecting Regulation

10:00 AM-11:00 AM

Review recent state and federal court cases that may impact the work of regulatory body.

Alexis S. Gilroy  
Practice Leader Health Care & Life Sciences  
Jones Day

Jonathan A. Keller, PharmD, JD  
Partner  
Faegre Drinker



11:00 AM ET

# Artificial Intelligence: Regulating in a New Frontier

11:00 AM-12:30 PM

This session will discuss artificial intelligence tools and disruptors and will provide an update from each board governance on their organization's current work with the regulation of AI's current work with AI.

Mark B. Woodland, MS, MD  
Board of Directors  
FSMB

Jeffrey J. Mesaros, PharmD, JD, RPh  
President  
National Association of Boards of Pharmacy



12:30 PM ET

## Lunch

12:30 PM-1:30 PM

Galleria Ballroom

1:30 PM ET

## Workforce Enhancements and Demographic Trends

1:30 PM-2:30 PM

*This session will discuss* detailed and up-to-date results on nurse practice and demographic trends from the 2024 National Nursing Workforce Survey. The comprehensive findings include feedback from registered nurses, including advanc...

[view more](#)

Aaron Young, PhD  
Vice President for Research and Data Integrati...  
FSMB

Brendan Martin  
Director of Research  
NCSBN



2:30 PM ET

## Networking Session

2:30 PM-3:00 PM

Galleria Ballroom

3:00 PM ET

## CEO Closing Session

3:00 PM-3:30 PM

Humayun "Hank" Chaudhry, DO, MACP, ...  
President & CEO  
FSMB

Lemrey "Al" Carter, PharmD, MS, RPh  
Executive Director/Secretary  
National Association of Boards of Pharmacy

5:00 PM ET

## Reception

5:00 PM-7:00 PM

Great Falls

March 7, 2025

7:00 AM ET

## Opioid Regulatory Collaborative Summit

7:00 AM-3:00 PM

Galleria Ballroom

## Registration

7:00 AM-3:00 PM

Galleria Foyer

## Breakfast

7:00 AM-8:00 AM

Galleria Ballroom

8:00 AM ET

## Welcome and Opening Remarks

8:00 AM-8:15 AM

Katie L. Templeton, JD  
Chair  
Federation of State Medical Boards (FSMB)

Jeffrey J. Mesaros, PharmD, JD, RPh  
President  
National Association of Boards of Pharmacy >

8:15 AM ET

## Keynote Presentation

8:15 AM-9:15 AM

This session will provide an update on recent developments in access to buprenorphine and other medications for opioid use disorder (MOUD), highlighting both progress and ongoing challenges in addressing substance use disorders. We ...

[view more](#)

Thomas W. Prevoznik  
Deputy Assistant Administrator  
Drug Enforcement Administration (DEA)

9:15 AM ET

## Break

9:15 AM-9:30 AM

Galleria Foyer

9:30 AM ET

## Evolving Federal Addiction Policy: Looking Ahead in 2025

9:30 AM-10:00 AM

Amidst an overdose and addiction crisis that continues to evolve and new substances emerge, federal and state addiction policies are in a state of flux. This talk will explore the current state of addiction treatment and prevention in the U.S., analyzing k...

 [view more](#)

Regina LaBelle, JD

Director

Center on Addiction Policy, O'Neill Institute for National and Global Health Law, Georgeto...

10:00 AM ET

## Reactor Panel and Discussion

10:00 AM-10:30 AM

In this reactor panel, our chief executive officers will respond to the issues and updates presented during Mr. Prevoznik's and Ms. LaBelle's presentations. The panel will offer insights from leaders on the implications of recent regulatory challeng...

 [view more](#)

Humayun "Hank" Chaudhry, DO, MACP, ...  
President & CEO  
FSMB

Lemrey "Al" Carter, PharmD, MS, RPh  
Executive Director/Secretary  
National Association of Boards of Pharmacy



10:30 AM ET

## Keynote Presentation

10:30 AM-11:00 AM

Updates on the workgroup of the NAM Opioid Action Collaborative

Steve Singer, PhD

Vice President of Education & Outreach

Accreditation Council for Continuing Medical Education (ACCME)



11:00 AM ET

# Keynote Presentation

11:00 AM-11:30 AM

Served as the U.S. representative for Georgia’s 3<sup>rd</sup> congressional district from 2017 to 2025, serving as House Republican Chief Deputy Whip. Dr. Ferguson was a practicing dentist prior to running for Congress in 2016.

Representative Drew Ferguson, IV, DMD  
Senior Policy Advisor  
Alston & Bird

11:30 AM ET

# Lunch

11:30 AM-12:15 PM

Galleria Ballroom

12:15 PM ET

# Moderated Panel: Management and Treatment of Licens...

12:15 PM-1:15 PM

During this session, we will explore the role of licensing boards in the management and treatment of healthcare professionals who suffer from substance use disorders. We will discuss best practices for identifying impaired practitioners, offeri...

 [view more](#)

Chris Bundy, MD, MPH, FASAM  
Executive Medical Director  
Washington Physicians Health Program

Nicole L. Chopski, PharmD, ANP  
Bureau Chief, Health Professions Bureau >  
Idaho Division of Occupational and Profes

1:15 PM ET

Break

1:15 PM-1:30 PM


Galleria Foyer

1:30 PM ET

Moderated Panel: Emerging Trends and the Prescribing...


1:30 PM-2:30 PM

This session will explore the evolving landscape of substance use disorder treatment as it moves beyond traditional opioid therapies, focusing on emerging trends related to ketamine, stimulants, psychedelics and compounding of GLP-1 drugs. We will ...

 [view more](#)

Jack "Jay" Campbell, IV, JD, RPh  
Executive Director  
North Carolina Board of Pharmacy

Kenneth Cleveland, MD  
Executive Director  
MS State Board of Medical Licensure




2:30 PM ET

End-of-Day Reflection


2:30 PM-3:00 PM

During this end-of-day reflection session, we will recap and discuss the key issues covered throughout the Summit. This interactive session will provide an opportunity to review insights on recent updates, challenges in substance use disorder treatme...

 [view more](#)

Humayun "Hank" Chaudhry, DO, MACP, ...  
President & CEO  
FSMB

Lemrey "Al" Carter, PharmD, MS, RPh  
Executive Director/Secretary  
National Association of Boards of Pharmacy



3:00 PM ET

# Closing Remarks

3:00 PM-3:00 PM

Add to Calendar

**Register By**  
February 17, 2025 4:59 PM

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Agenda


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April 21-24, 2025 | Nashville, TN


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Monday April 21, 2025



Hi. Need any help?



12:30 PM – 1:00 PM

Orientation & Welcome Session

**Presenter**

**Doug Edwards**

MBA

**Room:**

**Presidential Ballroom D**

1:15 PM – 2:30 PM

Implementing Trauma-Informed Care in Clinical Settings

**Moderator**

**Kelly Clark**

MD, MBA, DFASAM, DLFAPA

**Presenter**

**Elana Deuble**

LMSW

**Room:**

**Governors Ballroom B**



1:15 PM – 2:30 PM

Debunking Myths and Dispelling Fears: Effective Communication on Fentanyl Exposure Risks for Law Enforcement

**Moderator**

**David Hamby**

**Presenter**

**Anna Gasinski**



CPS

**Robert Lawlor Jr**

MS-ADPP, MS, BSCJ

**Room:**

**Governors Ballroom AE**

1:15 PM – 2:30 PM

From Crisis to Collaboration: Engaging Community in Substance Use  
Policy and Programming

**Moderator**

**Daniel Blaney-Koen**

JD

**Presenter**

**Diana Williams**

MPP

**Sabrina McGee**

MSW

**Tiffany Moore**

BS, MA

**Room:**

**Governors Ballroom CD**



1:15 PM – 2:30 PM

Overview of Community-Based Approaches to Addiction Recovery

**Moderator**

**Eric Bailly**

LPC, LADC

**Presenter**

**Barry Martin**

MHA

**Gregory Burke**

**Jennifer Lindon**

PhD

**Sandra Boucher**

RN

**Room:**

**Presidential Ballroom A**

1:15 PM – 2:30 PM

Documenting and Evaluating Naloxone Access Using Community Expertise

**Moderator**

**Sherman Brown**

MPA

**Presenter**

**Bayla Ostrach**

PhD, MA, CIP

**Caroline Shubel**

MPH

**Delesha Carpenter**

PhD, MSPH

**Grace Marley**

PharmD



**Room:**

Presidential Ballroom B

1:15 PM – 2:30 PM

Building Early Warning Drug and Alcohol Surveillance – SAMHSA's  
Drug Abuse Warning Network (DAWN)

**DeLayna Goulding**

MPH

**Moderator**

**John Eadie**

MPA

**Presenter**

**Katie Rolnick**

MPH, CHES

**Room:**

Presidential Ballroom CE

2:45 PM – 4:00 PM

Measuring the Success of the Opioid Settlement Funded Community  
Programs



**Moderator**

**Kevin Tanner**

MPA

**Presenter**

**Cassandra Price-Bagley**

MBA, GCADC II

**Jamie Feld**

MPH

**Mary Shelton**

MA

**Room:**

**Presidential Ballroom CE**

2:45 PM – 4:00 PM

Mobile Medication: Bringing Methadone and Buprenorphine into the Community

**Moderator**

**Sherman Brown**

MPA

**Presenter**

**Amelia Bailey**

MPH

**Linda Hurley**

MA

**Rosemarie Martin**

PhD



**Room:**

**Presidential Ballroom B**

2:45 PM – 4:00 PM

## New Jersey's Proactive Approach on the Front-Line of the Opioid Crisis

### **Moderator**

**Jeff Breedlove**

CARES, CPS-AD

### **Presenter**

**John Bardunias**

MS

**Michele Schreffler-Perez**

RCPF, CADCI

### **Room:**

**Governors Ballroom CD**

2:45 PM – 4:00 PM

Project SHIELD: Police Education to Support Public Health in Kentucky

### **Moderator**

**Jackie Steele**

JD

### **Presenter**

**Brittney Williams**

MBA

**Brooke Hiltz**

JD

**Leo Beletsky**

JD, MPH

**Scott Lockard**



MSW, CSW

**Room:**

**Governors Ballroom AE**

2:45 PM – 4:00 PM

Inviting Teens to Speak Up: Prevention Messaging in the Age of Fentanyl

**Moderator**

**John Dreyzehner**

MD, MPH, FACOEM

**Presenter**

**Daniel Hicks**

BA

**Simon Dixon**

**Room:**

**Presidential Ballroom A**

2:45 PM – 4:00 PM

Breaking Down the Harm Reduction and Addiction Treatment Divide



**Moderator**

**John Eadie**

MPA

**Presenter**

**John Hamilton**



LMFT, LADC

**Room:**

Governors Ballroom B

4:15 PM – 5:30 PM

Opening Plenary

**Presenter**

Hal Rogers

Jay Bhattacharya

MD, PhD

Marsha Blackburn

**Room:**

Delta Ballroom A

5:30 PM – 7:00 PM

Opening Reception in the Exhibit Hall

**Room:**

Ryman Exhibit Hall C2



5:45 PM – 6:45 PM

Open Meeting

**Room:**

Bayou C

Tuesday April 22, 2025

7:30 AM – 8:45 AM

Empowering Faith Communities to Tackle Addiction and Overdose: A Replicable Model for Success

**Moderator**

Monty Burks

MCJ, PhD, CPRS

**Presenter**

Imam Basem Hamid

MD

Megan Affrunti

MPH, MSW

Melissa Maher

MDiv

Rabbi Eliyahu Schusterman

**Room:**

Governors Ballroom AE



7:30 AM – 8:45 AM

Best Practices for Use of Fentanyl Test Strips for Harm Reduction

**Moderator**

**Michael Meit**

MA, MPH

**Presenter**

**Janet Childerhose**

PhD

**Marya Lieberman**

PhD

**Megan Reed**

PhD, MPH

**Room:**

**Presidential Ballroom B**

7:30 AM – 8:45 AM

U.S.-Based Open-Access Drug Early Warning System Implementing  
Real-Time Drug Checking and Toxikosurveillance to Positively Impact  
Public Health Efforts

**Moderator**

**Richard Sanders**

MSCJ

**Presenter**

**Alex Krotulski**

PhD

**Barry Logan**

PhD, F-ABFT

**Thom Browne**

MA

**Room:**



## Presidential Ballroom A

7:30 AM – 8:45 AM

Comprehensive Assessments for Mitigating Suicide Risk

**Moderator**

Chauncey Parker

**Presenter**

David Dawdy

MA, LLP, CCHP

**Room:**

Governors Ballroom B

7:30 AM – 8:45 AM

How to Work Through the Courts to Protect Harm Reduction Services

**Moderator**

Jackie Steele

JD

**Presenter**

David Sinkman

JD

Joey Longley

JD

**Room:**



## Governors Ballroom CD

9:00 AM – 10:15 AM

Morning Plenary

**Moderator**

Karen Kelly

**Panelist**

Andrew Clyde

Brett Guthrie

Hal Rogers

James Comer

Tony Gonzales

**Presenter**

Russell Coleman

**Room:**

Delta Ballroom A

10:30 AM – 11:45 AM

Empowering Rural Communities: The Role of Community Health Workers in Supporting Substance Use Disorder Treatment and Recovery



**Moderator**

Eric Bailly

LPC, LADC

**Presenter**

**Jessica Schwartz**

RN/CARN

**Kelly Black**

MA, PhD Student

**Samuel Eades**

MS

**Room:**

**Presidential Ballroom A**

10:30 AM – 11:45 AM

Building Effective Quick Response Teams: A Blueprint for Community Success

**Moderator**

**Robert McClintock**

BSBA/FF/NRP

**Presenter**

**Meagan Guthrie**

MA

**Michael Davenport**

MS



**Room:**

**Governors Ballroom AE**

10:30 AM – 11:45 AM

Implementing Contingency Management to Treat Stimulant Use Disorder in Opioid Treatment Programs

**Moderator**

**Sherman Brown**

MPA

**Presenter**

**Beth Rutkowski**

MPH

**Thomas Freese**

PhD

**Room:**

**Governors Ballroom CD**

10:30 AM – 11:45 AM

Listening to Our Communities: The Impact of Town Hall Sessions on  
Judicial and Behavioral Health Systems in Kentucky

**Moderator**

**Elizabeth Nichols**

MS

**Presenter**

**Debra Lambert**

JD

**Shawna Mitchell**

MS, LCADC



**Room:**

**Presidential Ballroom B**



10:30 AM – 11:45 AM

## Cannabis' Impact on the Developing Brain: Guidance for Prevention Programs

### **Moderator**

**John Dreyzehner**

MD, MPH, FACOEM

### **Presenter**

**Kristen Gilliland**

PhD

### **Room:**

**Presidential Ballroom D**

10:30 AM – 11:45 AM

## Decoding the Congressional Appropriations Process: Navigating Funding, Policy and Politics

### **Moderator**

**Katie Hessenius**

### **Presenter**

**Elizabeth Porter**

**Jaime Varela**

**James Redstone**

**Robert Yavor**

### **Room:**

**Governors Ballroom B**



10:30 AM – 11:45 AM

## Use of Social Influencers to Augment Messaging Campaigns: The NFL Alumni Association Experience

### **Moderator**

**Anne Burns**

RPh

### **Presenter**

**Billy Davis**

**Holly Geyer**

MD

**Kyle Richardson**

**Rolf Benirschke**

### **Room:**

**Presidential Ballroom CE**

11:45 AM – 5:00 PM

Exhibit Hall Open

### **Room:**

**Ryman Exhibit Hall C2**



11:45 AM – 1:15 PM

Lunch Break in Exhibit Hall

### **Room:**

## Ryman Exhibit Hall C2

1:15 PM – 2:30 PM

Navigating MOUD and Mutual Aid: Evidence-Based Strategies for Clinicians

### **Moderator**

**Kelly Clark**

MD, MBA, DFASAM, DLFAPA

### **Presenter**

**Donald McDonald**

MSW, RCP

**Scott Luetgenau**

MSW, LCAS, CSI

### **Room:**

**Governors Ballroom B**

1:15 PM – 2:30 PM

Using Overdose Fatality Reviews to Develop Prevention Messaging



### **Moderator**

**Daniel Blaney-Koen**

JD

### **Presenter**

**Jacob White**

PhD

**Melanie Gibboney**

MPH

**Peggy Schneider**

AS

**Room:**

**Presidential Ballroom A**

1:15 PM – 2:30 PM

A Tale of Two Vending Machines: Utilization, Reach, and Acceptability of Harm Reduction Vending Machines

**Moderator**

**Michael Meit**

MA, MPH

**Presenter**

**Alice Zhang**

MD, MPH

**Jennifer Murphy**

PhD

**Marcia Goodman-Hinnershitz**

MSW

**Room:**

**Presidential Ballroom CE**



1:15 PM – 2:30 PM

Cartels Shipping Fentanyl to Your Neighborhood and the Law Enforcement Response

**Moderator**

**Richard Sanders**

MSCJ

**Presenter**

**Al Rodriguez**

**Luke Healy**

**Room:**

**Presidential Ballroom B**

1:15 PM – 2:30 PM

Advocating for Changes in State Good Samaritan Laws to Enhance  
Public Health and Safety Outcomes

**Moderator**

**Michael Barnes**

JD

**Presenter**

**Erin Day**

MPH, CPS

**Room:**

**Governors Ballroom CD**



1:15 PM – 2:30 PM

Music for Recovery and Mental Health

**Presenter**

**Chelsea Garriott**

Jamie Kent  
Jason Garriott  
John Dennis

**Speaker**

Trent Manning

**Room:**

Governors Ballroom AE

1:15 PM – 2:30 PM

Breaking Barriers in School Safety and Substance Misuse Prevention:  
Vaping, Fentanyl, and Innovative Models for Change

**Moderator**

Danielle Perkins

**Presenter**

Ben Wilcox

Carl Varney

Caroline DuPont

MD

Courtney Maynard

MS

Griffin Nemeth



**Room:**

Presidential Ballroom D

2:45 PM – 3:30 PM



Vision Session: A Critical Look at the Newly Emerging Lethal Synthetics and Complex Drug Mixtures that Threaten to Undermine Recent Progress in Overdose Reduction

**Presenter**

**Thom Browne**

MA

**Room:**

**Presidential Ballroom CE**

2:45 PM – 3:30 PM

Vision Session: Apex Drugs and Overdose Trends: Understanding the Impact of Fentanyl, Cocaine, Methamphetamine, and Heroin

**Presenter**

**David Hamby**

**Orman Hall**

MA

**Room:**

**Presidential Ballroom B**



2:45 PM – 2:55 PM

Vision Session: Advanced T-ray Imaging Systems to Detect Concealed Drugs and Contraband in Corrections, Juvenile, and Behavioral Health Facilities

**Presenter**

**Alexander Sappok**

PhD

**Room:**

**Governors Ballroom CD**

2:45 PM – 3:30 PM

Vision Session: Unveiling AI and New Innovations in Combating the  
Overdose Epidemic: Core Concepts and Case Studies

**Presenter**

**Colin Walsh**

MD, MA, FACMI, FAMIA, FIAHSI

**Peter Koutoujian**

JD, MPA

**Room:**

**Governors Ballroom AE**

2:45 PM – 3:30 PM

Vision Session: Return on Investment- Communication Strategies  
That Save Lives and Bolster Funding



**Presenter**

**Gloria Rosado**

MPH

**Room:**

**Presidential Ballroom A**

2:45 PM – 3:05 PM

Vision Session: Convenience is Key: A Zero-Barrier Approach to Prevention

**Presenter**

**Julie Brenner**

**Room:**

**Governors Ballroom B**

2:55 PM – 3:05 PM

Vision Session: Building a Community of First Responders Using the ONEbox®

**Presenter**

**Susan Murphy**

PhD



**Room:**

**Governors Ballroom CD**

3:05 PM – 3:15 PM

Vision Session: The Addiction Crisis - A Call for Reform and Accountability

**Presenter**

Les Griffith

**Room:**

Governors Ballroom CD

3:30 PM – 4:30 PM

Break in Exhibit Hall (Posters Open)

**Room:**

Ryman Exhibit Hall C2

4:30 PM – 5:45 PM

Xylazine Withdrawal: Managing Uncharted Territory

**Moderator**

Chauncey Parker

**Presenter**

William Lynch

BS Pharm, RPh



**Room:**

Governors Ballroom B

4:30 PM – 5:45 PM

# Response to Recovery: Opportunities for First Responders to Provide Buprenorphine

## **Moderator**

**Robert McClintock**

BSBA/FF/NRP

## **Presenter**

**Bradley Ray**

PhD

**Timothy Kummer**

MD

## **Room:**

**Governors Ballroom AE**

4:30 PM – 5:45 PM

Focus, Not Fracture: Igniting the Power of Community

## **Moderator**

**Monty Burks**

MCJ, PhD, CPRS

## **Presenter**

**Brian Herder**

**Carol Russell**

MS

**Erin Vasseur**

BA

## **Room:**

## Presidential Ballroom A

4:30 PM – 5:00 PM

### Regional Networking Sessions

#### **Moderator**

**Anne Burns**

RPh

**Daniel Blaney-Koen**

JD

**Eric Bailly**

LPC, LADC

**Jackie Steele**

JD

**Robert Valuck**

PhD, RPh, FNAP

#### **Room:**

**Delta Ballroom D**

4:30 PM – 5:45 PM

From “Pink Cocaine” and “Rhino Tranq” to “Gas Station Heroin” and “Fake Xanax”: The Epidemiology of Tusi, Medetomidine, Tianeptine, and Bromazolam



#### **Moderator**

**Elizabeth Nichols**

MS

#### **Presenter**

**Joseph Palamar**

PhD, MPH

**Room:**

**Presidential Ballroom B**

5:45 PM – 6:45 PM

Open Meeting

**Room:**

**Bayou E**

# Wednesday April 23, 2025

7:30 AM – 8:45 AM

Health Engagement Hubs: A Washington State Model of Care

**Moderator**

**Anne Burns**

RPh



**Presenter**

**Caleb Banta-Green**

PhD, MPH, MSW

**Elizabeth Fraser**

MSW

**Sarah Deutsch**

MPH



**Room:**

**Governors Ballroom CD**

7:30 AM – 8:45 AM

Illicit Drug Market Disruptions and Interventions: Preventing Overdose Spikes

**Moderator**

**J. Kevin Massey**

**Presenter**

**Amanda Consigli**

MPH

**Breanna Hicks**

BS

**Nicki Cochran**

MPH

**Room:**

**Presidential Ballroom B**

7:30 AM – 8:45 AM

Overdose Prevention Centers: What Have We Learned and What's Next?



**Moderator**

**Robert McClintock**

BSBA/FF/NRP

**Presenter**

Ashley Perry

Brandon Marshall

PhD

Pia Marcus

**Room:**

Presidential Ballroom A

7:30 AM – 8:45 AM

Improving Adherence to Medications for Opioid Use Disorder to  
Prevent Overdose Events

**Moderator**

David Dickerson

MD

**Presenter**

Dipali Rinker

PhD, LPC

Douglas Thornton

PharmD, PhD

Olajumoke Olateju

BPharm, MSc



**Room:**

Governors Ballroom AE

7:30 AM – 8:45 AM

Quantitative and Qualitative Approaches to Improve Overdose  
Prevention: Identify the Effectiveness of Naloxone Distribution to

## Reduce Overdose Mortality and Strategies to Improve Post-Overdose Care

### **Moderator**

**John Dreyzehner**

MD, MPH, FACOEM

### **Presenter**

**Elizabeth Oliva**

PhD

**Joseph Liberto**

MD

### **Room:**

**Governors Ballroom B**

9:00 AM – 10:15 AM

Morning Plenary

### **Presenter**

**Nora Volkow**

MD

**Pamela Bondi**



### **Room:**

**Delta Ballroom A**

10:30 AM – 11:45 AM

Leveraging Data-Driven Insights for Effective Overdose Prevention and Harm Reduction Activities in Tennessee

**Moderator**

**Monty Burks**

MCJ, PhD, CPRS

**Presenter**

**Anthony Jackson**

BS

**Cate Faulkner**

MA, LCSW

**Erica Herndon**

CPRS

**Jessica Stanley**

CPRS, CYAPSS, RCPF

**Room:**

**Presidential Ballroom CE**

10:30 AM – 11:45 AM

Mindfulness-Oriented Recovery Enhancement: Implementing a Neuroscience-Informed and Evidence-Based Therapeutic Approach for the Comorbidity of Addiction, Emotional Distress, and Chronic Pain

**Moderator**

**Anne Burns**

RPh

**Presenter**

**Dan Kruger**

**Eric Garland**

PhD

**Nina Cooperman**

PsyD



**Room:**

**Governors Ballroom CD**

10:30 AM – 11:45 AM

Overcoming Barriers to the Acceptance and Adoption of the Peer Role  
in Organizations and Communities

**Moderator**

**David Dickerson**

MD

**Presenter**

**Siobhan Morse**

MHSA, CRC, CAI, MAC

**Room:**

**Governors Ballroom B**

10:30 AM – 11:45 AM

Prioritizing Recovery: Innovative Diversion Programs to Address  
Substance Use Disorders Among Justice-Involved Individuals



**Moderator**

**Elizabeth Nichols**

MS

**Presenter**

**Laura Reimer**

JD

**Ray Reiser**

BA

**Venita Embry**

PhD, MPH

**Zachary Manley**

JD

**Room:**

**Presidential Ballroom B**

10:30 AM – 11:45 AM

Lessons Learned in Distributing Naloxone to Prevent Maternal Mortality

**Moderator**

**Michael Meit**

MA, MPH

**Presenter**

**Jenica Sandall**

MSN, RNC-OB, C-ONQS

**Marci Brewer**

MPH

**Rachael Duncan**

PharmD, BCPS, BCCCP



**Room:**

**Governors Ballroom AE**

10:30 AM – 11:45 AM

## Shifting Trends: Prescribing and Overdose Patterns in Opioids, Stimulants, and More (2010-2023)

### **Moderator**

**John Eadie**

MPA

### **Room:**

**Presidential Ballroom A**

10:30 AM – 11:45 AM

The Special Case of “Special K”: Ketamine 101 for Leaders and Policy Makers

### **Moderator**

**David Hamby**

### **Presenter**

**Joseph Palamar**

PhD, MPH

### **Room:**

**Presidential Ballroom D**



11:45 AM – 5:00 PM

Exhibit Hall Open

### **Room:**



## Ryman Exhibit Hall C2

11:45 AM – 1:15 PM

Lunch Break in Exhibit Hall

**Room:**

Ryman Exhibit Hall C2

1:15 PM – 2:30 PM

Naloxone at the Frontlines: Building Holistic First Responder Led  
Naloxone Distribution Systems

**Moderator**

Robert McClintock

BSBA/FF/NRP

**Presenter**

Andres Camacho

MD

Don Stader

MD, FACEP, FASAM

Joshua Jacobes

BA, EMT-B



**Room:**

Governors Ballroom AE

1:15 PM – 2:30 PM

# Comprehensive Overdose Prevention for Youth and Young Adults in the Age of Fentanyl: Evolving State, Research, and Clinical Approaches

## **Moderator**

**Elizabeth Nichols**

MS

## **Presenter**

**Chelsea Laliberte Barnes**

MSSA, LCSW

**Sarah Bagley**

MD, MSc

**Traci Green**

PhD, MSc

## **Room:**

**Presidential Ballroom B**

1:15 PM – 2:30 PM

AI-Enhanced Behavioral Health: Early Lessons Learned Implementing Generative AI



## **Moderator**

**Eric Bailly**

LPC, LADC

## **Presenter**

**Mike Hailye**

CISSP

**Nathan Strack**

**Nick Stavros**

**Room:**

Presidential Ballroom A

1:15 PM – 2:30 PM

Best Practices for Recovery Housing

**Moderator**

Jeff Breedlove

CARES, CPS-AD

**Presenter**

Amanda Coldiron

MS

Curt Lindsley

Jason Bliss

CPC

**Room:**

Governors Ballroom B

1:15 PM – 2:30 PM

CANCELED: Examining Substances Sold Online and at Smoke Shops



**Moderator**

Robert Valuck

PhD, RPh, FNAP

**Presenter**

Josh Swider

PhD

Marla Kingkade

**Room:**

Presidential Ballroom D

1:15 PM – 2:30 PM

Measuring Treatment Outcomes: Needs, Challenges, and Benefits

**Moderator**

Danielle Perkins

**Presenter**

Deni Carise

**Room:**

Governors Ballroom CD

1:15 PM – 2:30 PM

Prescription Stimulants Update

**Moderator**

Daniel Blaney-Koen

JD

**Presenter**

Jennie Jarrett

PharmD, MMedEd, PhD

Sharon Levy

MD, MPH



**Room:**

Presidential Ballroom CE

1:15 PM – 2:30 PM

Use of Social Influencers to Augment Messaging Campaigns: The  
NFL Alumni Association Experience

**Moderator**

Anne Burns

RPh

**Presenter**

Billy Davis

Holly Geyer

MD

Kyle Richardson

Rolf Benirschke

**Room:**

Presidential Ballroom D

2:45 PM – 3:30 PM

Afternoon Plenary



**Presenter**

Elijah Gutierrez

MSgt

Eric Nation

AA

Jonathon Wesely

LTC, AV, KYARNG

**Robert Murphy**

**Tabatha Curtis**

BA

**Room:**

**Delta Ballroom A**

3:30 PM – 4:30 PM

Break in Exhibit Hall (Posters Open)

**Room:**

**Ryman Exhibit Hall C2**

4:30 PM – 5:45 PM

Creating Impactful Fentanyl Prevention Campaigns That Uniquely Resonate with Your Audience

**Moderator**

**Michael Meit**

MA, MPH



**Presenter**

**Ellis Johnson**

BA

**Sarah Grace**

BA

**Room:**

## Presidential Ballroom B

4:30 PM – 5:45 PM

Engaging Community Pharmacists in Harm Reduction and Opioid  
Best Practices: Ideas from the HEALing Communities Study

### **Moderator**

**Ralph Alvarado**

MD, FACP

### **Presenter**

**David Morgan**

BSPHarm

**Laura Stinson**

PharmD

**Monica Roberts**

PharmD

### **Room:**

**Governors Ballroom B**

4:30 PM – 5:45 PM

Health Insurance Parity for Mental Health and Substance Use  
Disorder



### **Presenter**

**Andrea Barthwell**

MD, DFASAM

**Joseph Maschman**

JD

**Michael Barnes**

JD

**Room:**

**Governors Ballroom CD**

4:30 PM – 5:00 PM

Discussion Networking Groups

**Moderator**

**David Hamby**

**Jeff Breedlove**

CARES, CPS-AD

**Jennifer Tourville**

DNP (Doctor of Nursing Practice)

**John Bringuel**

MA, CTP, CTTC, CRBF, ICPS

**Kristen Gilliland**

PhD

**Nathan Payne**

MA, CPRS, LPC-MHSP (t)

**Robert Childs**

MPH



**Room:**

**Delta Ballroom D**

4:30 PM – 5:45 PM

Drug Endangered Children Awareness Day Gathering



**Presenter**

Jimmy Wayne

**Room:**

Governors Ballroom AE

5:45 PM – 6:45 PM

Open Meeting

**Room:**

Bayou E

Thursday April 24, 2025

7:15 AM – 8:15 AM

Open Meeting

**Room:**

Bayou E



8:30 AM – 9:45 AM

Closing Plenary

**Moderator**

Michael Barnes

JD

**Panelist**

**Ben Garthwaite**

**Dana Piscopo**

Certified Recovery Coach and Addictions Facilitator

**Kimberly McRoy**

**Presenter**

**Robert Kennedy Jr.**

**Room:**

**Delta Ballroom A**

10:00 AM – 11:15 AM

Distributing Smoking Supplies to Reach New People and Improve Health: A Multisite Evaluation

**Moderator**

**Ralph Alvarado**

MD, FACP

**Presenter**

**Anjana Rao**

MHS

**Kat Kelley**

MPH

**Liseth Guerra**

MPH



**Room:**

**Presidential Ballroom B**

10:00 AM – 11:15 AM

## Stopping the Cycle of Youth Substance Use: How Virginia is Investing Opioid Settlement Funds to Support Kinship Caregivers of At-Risk Youth

### **Moderator**

**Kevin Tanner**

MPA

### **Presenter**

**Gretchen Brown**

MSW

**Jacqueline Withers-Johnson**

MSW

**Janet Kelly**

MPP

**Tony McDowell**

### **Room:**

**Governors Ballroom AE**

10:00 AM – 11:15 AM

## Community Collaboration: Elevating Advocacy with Community Paramedicine Operations, Outreach, and Treatment Programs



### **Moderator**

**J. Kevin Massey**

### **Presenter**

**Amanda De Leon**

CSAC, MS

**Armando Suarez Del Real**

CCEMT-P, CEMS

**Eva Welch**

BA

**Shelly Sarasin**

**Room:**

**Governors Ballroom B**

10:00 AM – 11:15 AM

Cannabis Treatment & Rescheduling: Where are We Headed?

**Moderator**

**Richard Sanders**

MSCJ

**Presenter**

**LaTisha Bader**

PhD

**Room:**

**Presidential Ballroom A**



11:30 AM – 12:45 PM

It Takes a Village: Washoe County Sheriff's Office Holistic Approach in Policing, Substance Use and Mental Health

**Moderator**

**J. Kevin Massey**

**Presenter**

**Courtney Farris**

Post I Certified Peace Officer

**Margaret Dickson**

MS, LCPC, LCADC, NCC

**Mark Kester**

**Room:**

**Governors Ballroom AE**

11:30 AM – 12:45 PM

Expanding Access to Treatment and Recovery Services in Rural  
Communities, Including Transportation Solutions

**Moderator**

**Eric Bailly**

LPC, LADC

**Presenter**

**Ailala Kay**

MA, CPS II

**MJ Jorgensen**

MPH, CHES, CDP

**Room:**

**Governors Ballroom CD**







Welcome 

**Schedule** 

Hotel & Travel   Fees

CPE Credit

Sponsors & Exhibitors

**Register Now**

Already Registered?

## Agenda

Here's what's scheduled for the event.

All Dates  
5/13-5/16

Tuesday  
5/13

Wednesday  
5/14

Thursday  
5/15

Friday  
5/16

Filters



 Search

May 13, 2025

3:00 PM ET

Information Desk

3:00 PM-5:00 PM

## Opening Day Meet and Greet

3:00 PM-5:00 PM

## Tabletop Exhibits

3:00 PM-5:00 PM

5:30 PM ET

## President's Welcome Reception

5:30 PM-7:30 PM

May 14, 2025

7:30 AM ET

## Information Desk

7:30 AM-5:00 PM

## Networking Café

7:30 AM-8:45 AM

## Tabletop Exhibits

7:30 AM-8:45 AM

9:15 AM ET

## First Business Session

9:15 AM-10:15 AM



10:15 AM ET

Refreshment Break

10:15 AM-10:45 AM

10:45 AM ET

Keynote

10:45 AM-12:00 PM

12:15 PM ET

Networking Lunch

12:15 PM-1:15 PM

Tabletop Exhibits

12:15 PM-1:15 PM

1:30 PM ET

Regulating Technology to Support Innovation in the Protection of Public Health ...

1:30 PM-3:00 PM

3:00 PM ET

Refreshment Break

3:00 PM-3:30 PM

3:30 PM ET

## Board of Pharmacy Action Decision Tree – a “Just” Approach to Discipline

3:30 PM-5:00 PM

May 15, 2025

7:30 AM ET

### Information Desk

7:30 AM-12:30 PM

### Networking Café

7:30 AM-8:45 AM

### Tabletop Exhibits

7:30 AM-8:45 AM

8:30 AM ET

### Emerging Topics

8:30 AM-10:00 AM

10:00 AM ET

### Refreshment Break

10:00 AM-10:30 AM

10:30 AM ET

### Second Business Session

10:30 AM-12:00 PM

12:15 PM ET

NABP Leadership Awards Recognition Lunch

12:15 PM-1:45 PM

May 16, 2025

7:30 AM ET

Information Desk

7:30 AM-11:30 AM

Networking Café

7:30 AM-8:45 AM

8:30 AM ET

Educational Poster Session: Engaging With Pharmacy Technology to Protect Pu...

8:30 AM-10:00 AM

10:15 AM ET

Final Business Session

10:15 AM-12:30 PM



NABP and NABP Foundation<sup>®</sup> are accredited by the Accreditation Council for Pharmacy Education (ACPE) as

providers of continuing pharmacy education (CPE). ACPE provider number: 0205.

NABP staff members involved in the planning of CPE activities have not had an affiliation or financial relationship with any ineligible companies that may have a direct interest in the subject matter of NABP's CPE programming within the past 24 months.

All relevant financial relationships have been mitigated.

This activity is eligible for ACPE credit; see final CPE activity announcement for specific details.

[Annual Meeting Agreement and Release of Liability](#)

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# Alaska Board of Pharmacy

## Agenda Item #7



## Division Updates



## 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 its 25<sup>th</sup> 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

**HOUSE BILL NO. 131**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY THE HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

**Introduced: 3/10/25**

**Referred: Labor and Commerce, Finance**

**A BILL**

**FOR AN ACT ENTITLED**

1   **"An Act relating to the licensure of nursing professionals; relating to a multistate nurse**  
2   **licensure compact; and providing for an effective date."**

3   **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4    \* **Section 1.** AS 08.01.065(c) is amended to read:

5           (c) Except as provided in **(f) - (l)** [(f) - (k)] of this section, the department shall  
6       establish fee levels under (a) of this section so that the total amount of fees collected  
7       for an occupation approximately equals the actual regulatory costs for the occupation.  
8       The department shall annually review each fee level to determine whether the  
9       regulatory costs of each occupation are approximately equal to fee collections related  
10      to that occupation. If the review indicates that an occupation's fee collections and  
11      regulatory costs are not approximately equal, the department shall calculate fee  
12      adjustments and adopt regulations under (a) of this section to implement the  
13      adjustments. In January of each year, the department shall report on all fee levels and  
14      revisions for the previous year under this subsection to the office of management and



1 budget. If a board regulates an occupation covered by this chapter, the department  
 2 shall consider the board's recommendations concerning the occupation's fee levels and  
 3 regulatory costs before revising fee schedules to comply with this subsection. In this  
 4 subsection, "regulatory costs" means costs of the department that are attributable to  
 5 regulation of an occupation plus

6 (1) all expenses of the board that regulates the occupation if the board  
 7 regulates only one occupation;

8 (2) the expenses of a board that are attributable to the occupation if the  
 9 board regulates more than one occupation.

10 \* **Sec. 2.** AS 08.01.065 is amended by adding a new subsection to read:

11 (l) Notwithstanding (c) of this section, the department shall establish fee levels  
 12 under (a) of this section so that the total amount of fees collected by the Board of  
 13 Nursing for issuing a single-state license to practice registered, practical, or advanced  
 14 practice registered nursing is approximately equal to the total regulatory costs to the  
 15 department and the Board of Nursing for each of those license types. The department  
 16 shall establish fees for issuing a multistate license to practice registered or practical  
 17 nursing equal to double the fee set for the single-state version of that license type. In  
 18 this subsection, "single-state license" and "multistate license" have the meanings given  
 19 in AS 08.68.500.

20 \* **Sec. 3.** AS 08.02.130(j)(1), as amended by sec. 2, ch. 44, SLA 2024, is amended to read:

21 (1) "health care provider" means

22 (A) an audiologist or speech-language pathologist licensed  
 23 under AS 08.11; a behavior analyst licensed under AS 08.15; a chiropractor  
 24 licensed under AS 08.20; a professional or associate counselor licensed under  
 25 AS 08.29; a dental hygienist licensed under AS 08.32; a dentist licensed under  
 26 AS 08.36; a dietitian or nutritionist licensed under AS 08.38; a naturopath  
 27 licensed under AS 08.45; a marital and family therapist licensed under  
 28 AS 08.63; a physician licensed under AS 08.64; a podiatrist, osteopath, or  
 29 physician assistant licensed under AS 08.64; a direct-entry midwife certified  
 30 under AS 08.65; a nurse licensed or privileged to practice under AS 08.68; a  
 31 dispensing optician licensed under AS 08.71; an optometrist licensed under

AS 08.72; a pharmacist licensed under AS 08.80; a physical therapist or occupational therapist licensed under AS 08.84; a psychologist or psychological associate licensed under AS 08.86; or a social worker licensed under AS 08.95;

(B) a physician licensed in another state; or

(C) a member of a multidisciplinary care team who is licensed in another state.

\* **Sec. 4.** AS 08.11.120(b) is amended to read:

(b) Notwithstanding the provisions of this chapter,

(1) a nurse licensed or privileged to practice under AS 08.68 may perform hearing sensitivity evaluations;

(2) an individual licensed as a hearing aid dealer under AS 08.55 may deal in hearing aids;

(3) an individual holding a class A certificate issued by the Conference of Executives of American Schools of the Deaf may teach the hearing impaired;

(4) an individual may engage in the testing of hearing as part of a hearing conservation program that complies with the regulations of the Occupational Safety and Health Administration of the federal government if the individual is certified to do the testing by a state or federal agency acceptable to the Occupational Safety and Health Administration;

(5) an individual may perform hearing screening under AS 47.20.310 if authorized to do so under a protocol adopted under AS 47.20.310(e) by the Department of Health.

\* **Sec. 5.** AS 08.68.100(a) is amended to read:

(a) The board shall

(1) adopt regulations necessary to implement this chapter, including regulations

(A) pertaining to practice as an advanced practice registered nurse, including requirements for an advanced practice registered nurse to practice as a certified registered nurse anesthetist, certified clinical nurse specialist, certified nurse practitioner, or certified nurse midwife; regulations

1 for an advanced practice registered nurse who holds a valid federal Drug  
 2 Enforcement Administration registration number must address training in pain  
 3 management and opioid use and addiction;

4 (B) necessary to implement AS 08.68.331 - 08.68.336 relating  
 5 to certified nurse aides in order to protect the health, safety, and welfare of  
 6 clients served by nurse aides;

7 (C) pertaining to retired nurse status;

8 (D) establishing criteria for approval of practical nurse  
 9 education programs that are not accredited by a national nursing accrediting  
 10 body;

11 (E) establishing guidelines for rendering a diagnosis, providing  
 12 treatment, or prescribing, dispensing, or administering a prescription drug to a  
 13 person without conducting a physical examination under AS 08.68.710; the  
 14 guidelines must include a nationally recognized model policy for standards of  
 15 care of a patient who is at a different location than the advanced practice  
 16 registered nurse;

17 (2) approve curricula and adopt standards for basic education programs  
 18 that prepare persons for licensing under AS 08.68.190;

19 (3) provide for surveys of the basic nursing education programs in the  
 20 state at the times it considers necessary;

21 (4) approve education programs that meet the requirements of this  
 22 chapter and of the board, and deny, revoke, or suspend approval of education  
 23 programs for failure to meet the requirements;

24 (5) examine, license, and renew the licenses of qualified applicants;

25 (6) prescribe requirements for competence before a former registered,  
 26 advanced practice registered, or licensed practical nurse may resume the practice of  
 27 nursing under this chapter;

28 (7) define by regulation the qualifications and duties of the executive  
 29 administrator and delegate authority to the executive administrator that is necessary to  
 30 conduct board business;

31 (8) develop reasonable and uniform standards for nursing practice;

(9) publish advisory opinions regarding whether nursing practice procedures or policies comply with acceptable standards of nursing practice as defined under this chapter;

(10) require applicants under this chapter to submit fingerprints and the fees required by the Department of Public Safety under AS 12.62.160 for criminal justice information and a national criminal history record check; the department shall submit the fingerprints and fees to the Department of Public Safety for a report of criminal justice information under AS 12.62 and a national criminal history record check under AS 12.62.400;

(11) require that a licensed advanced practice registered nurse who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(n);

**(12) implement the Multistate Nurse Licensure Compact entered into under AS 08.68.500, including adopting any regulations necessary to implement the compact.**

\* **Sec. 6.** AS 08.68.160 is amended to read:

**Sec. 08.68.160. License or practice privilege required.** A person practicing or offering to practice registered, advanced practice registered, or practical nursing in the state shall submit evidence of qualification to practice and shall be licensed **or privileged to practice** under this chapter.

\* **Sec. 7.** AS 08.68.170(c) is amended to read:

(c) An applicant for a license to practice advanced practice registered nursing shall submit to the board, on forms and in the manner prescribed by the board, written evidence, verified by oath, that the applicant

(1) is licensed **or privileged to practice** as a registered nurse in the state; and

(2) has successfully completed an advanced practice registered nurse education program that meets the criteria established by the board under AS 08.68.100.

\* **Sec. 8.** AS 08.68.220 is amended to read:

**Sec. 08.68.220. Fees.** The Department of Commerce, Community, and

Economic Development shall set fees under AS 08.01.065 for each of the following:

- (1) registered nursing:
  - (A) application;
  - (B) license by examination;
  - (C) license by endorsement;
  - (D) license renewal;
  - (E) temporary permit;
  - (F) multistate licensure privilege;**
- (2) practical nursing:
  - (A) application;
  - (B) license by examination;
  - (C) license by endorsement;
  - (D) license renewal;
  - (E) temporary permit;
  - (F) multistate licensure privilege;**
- (3) advanced practice registered nursing:
  - (A) application;
  - (B) license by certification examination;
  - (C) license by endorsement;
  - (D) license renewal;
  - (E) temporary permit.

\* **Sec. 9.** AS 08.68.270 is amended to read:

**Sec. 08.68.270. Grounds for denial, suspension, or revocation.** The board may deny, suspend, or revoke the license **or practice privilege** of a person who

- (1) has obtained or attempted to obtain a license to practice nursing by fraud or deceit;
- (2) has been convicted of a felony or other crime if the felony or other crime is substantially related to the qualifications, functions, or duties of the licensee;
- (3) habitually abuses alcoholic beverages, or illegally uses controlled substances;
- (4) has impersonated a registered, advanced practice registered, or

1 practical nurse;

2 (5) has intentionally or negligently engaged in conduct that has  
3 resulted in a significant risk to the health or safety of a client or in injury to a client;

4 (6) practices or attempts to practice nursing while afflicted with  
5 physical or mental illness, deterioration, or disability that interferes with the  
6 individual's performance of nursing functions;

7 (7) is guilty of unprofessional conduct as defined by regulations  
8 adopted by the board;

9 (8) has wilfully or repeatedly violated a provision of this chapter or  
10 regulations adopted under this chapter or AS 08.01;

11 (9) is professionally incompetent;

12 (10) denies care or treatment to a patient or person seeking assistance  
13 if the sole reason for the denial is the failure or refusal of the patient or person seeking  
14 assistance to agree to arbitrate as provided in AS 09.55.535(a);

15 (11) has prescribed or dispensed an opioid in excess of the maximum  
16 dosage authorized under AS 08.68.705; or

17 (12) has procured, sold, prescribed, or dispensed drugs in violation of a  
18 law, regardless of whether there has been a criminal action or harm to the patient.

19 \* **Sec. 10.** AS 08.68.275(a) is amended to read:

20 (a) The board may take the following disciplinary actions singly or in  
21 combination:

22 (1) permanently revoke a license, practice privilege, or permit to  
23 practice;

24 (2) suspend a license or practice privilege for a stated period of time;

25 (3) censure a licensee;

26 (4) issue a letter of reprimand;

27 (5) impose limitations or conditions on the professional practice of a  
28 licensee;

29 (6) impose peer review;

30 (7) impose professional education requirements until a satisfactory  
31 degree of skill has been attained in those aspects of professional practice determined

1 by the board to need improvement;

2 (8) impose probation and require the licensee to report regularly to the  
3 board upon matters involving the basis for the probation;

4 (9) accept a voluntary surrender of a license.

5 \* **Sec. 11.** AS 08.68.275(c) is amended to read:

6 (c) The board may summarily suspend a license or practice privilege before  
7 final hearing or during the appeals process if the board finds that the licensee or  
8 holder of the practice privilege poses a clear and immediate danger to the public  
9 health and safety. A person whose license is suspended under this section is entitled to  
10 a hearing conducted by the office of administrative hearings (AS 44.64.010) within  
11 seven days after the effective date of the order. If, after a hearing, the board upholds  
12 the suspension, the licensee may appeal the suspension to a court of competent  
13 jurisdiction.

14 \* **Sec. 12.** AS 08.68.275(d) is amended to read:

15 (d) The board may reinstate a license or practice privilege that has been  
16 suspended or revoked if the board finds, after a hearing, that the applicant is able to  
17 practice with skill and safety.

18 \* **Sec. 13.** AS 08.68.277(a) is amended to read:

19 (a) An employer of a nurse licensed or privileged to practice under this  
20 chapter or a nurse aide certified under this chapter practicing within the scope of that  
21 license, privilege, or certification that discharges or suspends a nurse or nurse aide or  
22 conditions or restricts the practice of a nurse or nurse aide shall, within seven working  
23 days after the action, report to the board the name and address of the person and the  
24 reason for the action. An employer shall report to the board the name and address of a  
25 nurse or nurse aide who resigns while under investigation by the employer. The  
26 requirement of an employer to report under this section applies only to a discharge,  
27 suspension, or restriction of practice that is based on a ground allowing action by the  
28 board under AS 08.68.270 or 08.68.334 or for conduct prohibited under AS 08.68.340.

29 \* **Sec. 14.** AS 08.68.278 is amended to read:

30 **Sec. 08.68.278. Immunity for certain reports to the board.** A person who, in  
31 good faith, reports information to the board relating to alleged incidents of

incompetent, unprofessional, or unlawful conduct of a nurse licensed or privileged to practice under this chapter, a nurse aide certified under this chapter, or an employer of a nurse licensed or privileged to practice under this chapter or a nurse aide certified under this chapter who reports to the board the information required under AS 08.68.277 is not liable in a civil action for damages resulting from the reporting of the information.

\* **Sec. 15.** AS 08.68 is amended by adding a new section to read:

**Article 5A. Multistate Nurse Licensure Compact.**

**Sec. 08.68.500. Compact enacted.** The Multistate Nurse Licensure Compact as contained in this section is enacted into law and entered into on behalf of the state with all other states and jurisdictions legally joining it in a form substantially as follows:

ARTICLE I

Findings and Declaration of Purpose

(a) The legislature finds that:

(1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

(2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant for both nurses and states; and

(6) Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

(b) The general purposes of this Compact are to:



- 1 (1) Facilitate the states' responsibility to protect the public's health and  
2 safety;
- 3 (2) Ensure and encourage the cooperation of party states in the areas of  
4 nurse licensure and regulation;
- 5 (3) Facilitate the exchange of information between party states in the  
6 areas of nurse regulation, investigation and adverse actions;
- 7 (4) Promote compliance with the laws governing the practice of  
8 nursing in each jurisdiction;
- 9 (5) Invest all party states with the authority to hold a nurse accountable  
10 for meeting all state practice laws in the state in which the patient is located at the time  
11 care is rendered through the mutual recognition of party state licenses;
- 12 (6) Decrease redundancies in the consideration and issuance of nurse  
13 licenses; and
- 14 (7) Provide opportunities for interstate practice by nurses who meet  
15 uniform licensure requirements.

## 16 ARTICLE II

### 17 Definitions

18 As used in this compact, unless the context clearly requires a different construction,

- 19 (1) "Adverse action" means any administrative, civil, equitable or  
20 criminal action permitted by a state's laws which is imposed by a licensing board or  
21 other authority against a nurse, including actions against an individual's license or  
22 multistate licensure privilege such as revocation, suspension, probation, monitoring of  
23 the licensee, limitation on the licensee's practice, or any other encumbrance on  
24 licensure affecting a nurse's authorization to practice, including issuance of a cease  
25 and desist action.
- 26 (2) "Alternative program" means a non-disciplinary monitoring  
27 program approved by a licensing board.
- 28 (3) "Coordinated licensure information system" means an integrated  
29 process for collecting, storing and sharing information on nurse licensure and  
30 enforcement activities related to nurse licensure laws that is administered by a  
31 nonprofit organization composed of and controlled by licensing boards.

1 (4) "Current significant investigative information" means:

2 (A) Investigative information that a licensing board, after a  
3 preliminary inquiry that includes notification and an opportunity for the nurse  
4 to respond, if required by state law, has reason to believe is not groundless and,  
5 if proved true, would indicate more than a minor infraction; or

6 (B) Investigative information that indicates that the nurse  
7 represents an immediate threat to public health and safety regardless of  
8 whether the nurse has been notified and had an opportunity to respond.

9 (5) "Encumbrance" means a revocation or suspension of, or any  
10 limitation on, the full and unrestricted practice of nursing imposed by a licensing  
11 board.

12 (6) "Home state" means the party state which is the nurse's primary  
13 state of residence.

14 (7) "Licensing board" means a party state's regulatory body  
15 responsible for issuing nurse licenses.

16 (8) "Multistate license" means a license to practice as a registered or a  
17 licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board  
18 that authorizes the licensed nurse to practice in all party states under a multistate  
19 licensure privilege.

20 (9) "Multistate licensure privilege" means a legal authorization  
21 associated with a multistate license permitting the practice of nursing as either a  
22 registered nurse (RN) or LPN/VN in a remote state.

23 (10) "Nurse" means RN or LPN/VN, as those terms are defined by  
24 each party state's practice laws.

25 (11) "Party state" means any state that has adopted this Compact.

26 (12) "Remote state" means a party state, other than the home state.

27 (13) "Single-state license" means a nurse license issued by a party state  
28 that authorizes practice only within the issuing state and does not include a multistate  
29 licensure privilege to practice in any other party state.

30 (14) "State" means a state, territory or possession of the United States  
31 and the District of Columbia.

(15) "State practice laws" means a party state's laws, rules and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. "State practice laws" do not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

### ARTICLE III

#### General Provisions and Jurisdiction

(a) A multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as a registered nurse (RN) or as a licensed practical/vocational nurse (LPN/VN), under a multistate licensure privilege, in each party state.

(b) A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

(c) Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:

(1) Meets the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable state laws;

(2) Has graduated or is eligible to graduate from a licensing board-approved RN or LPN/VN prelicensure education program; or has graduated from a foreign RN or LPN/VN prelicensure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;

(3) Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading,

1 speaking, writing and listening;

2 (4) Has successfully passed an NCLEX-RN or NCLEX-PN  
3 Examination or recognized predecessor, as applicable;

4 (5) Is eligible for or holds an active, unencumbered license;

5 (6) Has submitted, in connection with an application for initial  
6 licensure or licensure by endorsement, fingerprints or other biometric data for the  
7 purpose of obtaining criminal history record information from the Federal Bureau of  
8 Investigation and the agency responsible for retaining that state's criminal records;

9 (7) Has not been convicted or found guilty, or has entered into an  
10 agreed disposition, of a felony offense under applicable state or federal criminal law;

11 (8) Has not been convicted or found guilty, or has entered into an  
12 agreed disposition, of a misdemeanor offense related to the practice of nursing as  
13 determined on a case-by-case basis;

14 (9) Is not currently enrolled in an alternative program;

15 (10) Is subject to self-disclosure requirements regarding current  
16 participation in an alternative program; and

17 (11) Has a valid United States Social Security number.

18 (d) All party states shall be authorized, in accordance with existing state due  
19 process law, to take adverse action against a nurse's multistate licensure privilege such  
20 as revocation, suspension, probation or any other action that affects a nurse's  
21 authorization to practice under a multistate licensure privilege, including cease and  
22 desist actions. If a party state takes such action, it shall promptly notify the  
23 administrator of the coordinated licensure information system. The administrator of  
24 the coordinated licensure information system shall promptly notify the home state of  
25 any such actions by remote states.

26 (e) A nurse practicing in a party state must comply with the state practice laws  
27 of the state in which the client is located at the time service is provided. The practice  
28 of nursing is not limited to patient care, but shall include all nursing practice as  
29 defined by the state practice laws of the party state in which the client is located. The  
30 practice of nursing in a party state under a multistate licensure privilege will subject a  
31 nurse to the jurisdiction of the licensing board, the courts and the laws of the party

1 state in which the client is located at the time service is provided.

2 (f) Individuals not residing in a party state shall continue to be able to apply  
3 for a party state's single-state license as provided under the laws of each party state.  
4 However, the single-state license granted to these individuals will not be recognized as  
5 granting the privilege to practice nursing in any other party state. Nothing in this  
6 Compact shall affect the requirements established by a party state for the issuance of a  
7 single-state license.

8 (g) Any nurse holding a home state multistate license, on the effective date of  
9 this Compact, may retain and renew the multistate license issued by the nurse's then-  
10 current home state, provided that:

11 (1) A nurse, who changes primary state of residence after this  
12 Compact's effective date, must meet all applicable Article III.c. requirements to obtain  
13 a multistate license from a new home state.

14 (2) A nurse who fails to satisfy the multistate licensure requirements in  
15 Article III.c. due to a disqualifying event occurring after this Compact's effective date  
16 shall be ineligible to retain or renew a multistate license, and the nurse's multistate  
17 license shall be revoked or deactivated in accordance with applicable rules adopted by  
18 the Interstate Commission of Nurse Licensure Compact Administrators  
19 ("Commission").

## 20 ARTICLE IV

### 21 Applications for Licensure in a Party State

22 (a) Upon application for a multistate license, the licensing board in the issuing  
23 party state shall ascertain, through the coordinated licensure information system,  
24 whether the applicant has ever held, or is the holder of, a license issued by any other  
25 state, whether there are any encumbrances on any license or multistate licensure  
26 privilege held by the applicant, whether any adverse action has been taken against any  
27 license or multistate licensure privilege held by the applicant and whether the  
28 applicant is currently participating in an alternative program.

29 (b) A nurse may hold a multistate license, issued by the home state, in only  
30 one party state at a time.

31 (c) If a nurse changes primary state of residence by moving between two party

1 states, the nurse must apply for licensure in the new home state, and the multistate  
 2 license issued by the prior home state will be deactivated in accordance with  
 3 applicable rules adopted by the Commission.

4 (1) The nurse may apply for licensure in advance of a change in  
 5 primary state of residence.

6 (2) A multistate license shall not be issued by the new home state until  
 7 the nurse provides satisfactory evidence of a change in primary state of residence to  
 8 the new home state and satisfies all applicable requirements to obtain a multistate  
 9 license from the new home state.

10 (d) If a nurse changes primary state of residence by moving from a party state  
 11 to a non-party state, the multistate license issued by the prior home state will convert  
 12 to a single-state license, valid only in the former home state.

### 13 ARTICLE V

#### 14 Additional Authorities Invested in Party State Licensing Boards

15 (a) In addition to the other powers conferred by state law, a licensing board  
 16 shall have the authority to:

17 (1) Take adverse action against a nurse's multistate licensure privilege  
 18 to practice within that party state.

19 (A) Only the home state shall have the power to take adverse  
 20 action against a nurse's license issued by the home state.

21 (B) For purposes of taking adverse action, the home state  
 22 licensing board shall give the same priority and effect to reported conduct  
 23 received from a remote state as it would if such conduct had occurred within  
 24 the home state. In so doing, the home state shall apply its own state laws to  
 25 determine appropriate action.

26 (2) Issue cease and desist orders or impose an encumbrance on a  
 27 nurse's authority to practice within that party state.

28 (3) Complete any pending investigations of a nurse who changes  
 29 primary state of residence during the course of such investigations. The licensing  
 30 board shall also have the authority to take appropriate action(s) and shall promptly  
 31 report the conclusions of such investigations to the administrator of the coordinated

1 licensure information system. The administrator of the coordinated licensure  
2 information system shall promptly notify the new home state of any such actions.

3 (4) Issue subpoenas for both hearings and investigations that require  
4 the attendance and testimony of witnesses, as well as, the production of evidence.  
5 Subpoenas issued by a licensing board in a party state for the attendance and  
6 testimony of witnesses or the production of evidence from another party state shall be  
7 enforced in the latter state by any court of competent jurisdiction, according to the  
8 practice and procedure of that court applicable to subpoenas issued in proceedings  
9 pending before it. The issuing authority shall pay any witness fees, travel expenses,  
10 mileage and other fees required by the service statutes of the state in which the  
11 witnesses or evidence are located.

12 (5) Obtain and submit, for each nurse licensure applicant, fingerprint  
13 or other biometric-based information to the Federal Bureau of Investigation for  
14 criminal background checks, receive the results of the Federal Bureau of Investigation  
15 record search on criminal background checks and use the results in making licensure  
16 decisions.

17 (6) If otherwise permitted by state law, recover from the affected nurse  
18 the costs of investigations and disposition of cases resulting from any adverse action  
19 taken against that nurse.

20 (7) Take adverse action based on the factual findings of the remote  
21 state, provided that the licensing board follows its own procedures for taking such  
22 adverse action.

23 (b) If adverse action is taken by the home state against a nurse's multistate  
24 license, the nurse's multistate licensure privilege to practice in all other party states  
25 shall be deactivated until all encumbrances have been removed from the multistate  
26 license. All home state disciplinary orders that impose adverse action against a nurse's  
27 multistate license shall include a statement that the nurse's multistate licensure  
28 privilege is deactivated in all party states during the pendency of the order. Nothing in  
29 this Compact shall override a party state's decision that participation in an alternative  
30 program may be used in lieu of adverse action. The home state licensing board shall  
31 deactivate the multistate licensure privilege under the multistate license of any nurse

1 for the duration of the nurse's participation in an alternative program.

## 2 ARTICLE VI

### 3 Coordinated Licensure Information System and Exchange of Information

4 (a) All party states shall participate in a coordinated licensure information  
5 system of all licensed registered nurses (RNs) and licensed practical/vocational nurses  
6 (LPNs/VNs). This system will include information on the licensure and disciplinary  
7 history of each nurse, as submitted by party states, to assist in the coordination of  
8 nurse licensure and enforcement efforts.

9 (b) The Commission, in consultation with the administrator of the coordinated  
10 licensure information system, shall formulate necessary and proper procedures for the  
11 identification, collection and exchange of information under this Compact.

12 (c) All licensing boards shall promptly report to the coordinated licensure  
13 information system any adverse action, any current significant investigative  
14 information, denials of applications (with the reasons for such denials) and nurse  
15 participation in alternative programs known to the licensing board regardless of  
16 whether such participation is deemed nonpublic or confidential under state law.

17 (d) Current significant investigative information and participation in nonpublic  
18 or confidential alternative programs shall be transmitted through the coordinated  
19 licensure information system only to party state licensing boards.

20 (e) Notwithstanding any other provision of law, all party state licensing boards  
21 contributing information to the coordinated licensure information system may  
22 designate information that may not be shared with non-party states or disclosed to  
23 other entities or individuals without the express permission of the contributing state.

24 (f) Any personally identifiable information obtained from the coordinated  
25 licensure information system by a party state licensing board shall not be shared with  
26 non-party states or disclosed to other entities or individuals except to the extent  
27 permitted by the laws of the party state contributing the information.

28 (g) Any information contributed to the coordinated licensure information  
29 system that is subsequently required to be expunged by the laws of the party state  
30 contributing that information shall also be expunged from the coordinated licensure  
31 information system.



1 (h) The Compact administrator of each party state shall furnish a uniform data  
 2 set to the Compact administrator of each other party state, which shall include, at a  
 3 minimum:

- 4 (1) Identifying information;
- 5 (2) Licensure data;
- 6 (3) Information related to alternative program participation; and
- 7 (4) Other information that may facilitate the administration of this  
 8 Compact, as determined by Commission rules.

9 (i) The Compact administrator of a party state shall provide all investigative  
 10 documents and information requested by another party state.

## 11 ARTICLE VII

### 12 Establishment of the Interstate Commission of Nurse Licensure Compact Administrators

13 (a) The party states hereby create and establish a joint public entity known as  
 14 the Interstate Commission of Nurse Licensure Compact Administrators.

- 15 (1) The Commission is an instrumentality of the party states.
- 16 (2) Venue is proper, and judicial proceedings by or against the  
 17 Commission shall be brought solely and exclusively, in a court of competent  
 18 jurisdiction where the principal office of the Commission is located. The Commission  
 19 may waive venue and jurisdictional defenses to the extent it adopts or consents to  
 20 participate in alternative dispute resolution proceedings.

21 (3) Nothing in this Compact shall be construed to be a waiver of  
 22 sovereign immunity.

### 23 (b) Membership, Voting and Meetings

24 (1) Each party state shall have and be limited to one administrator. The  
 25 head of the state licensing board or designee shall be the administrator of this Compact  
 26 for each party state. Any administrator may be removed or suspended from office as  
 27 provided by the law of the state from which the Administrator is appointed. Any  
 28 vacancy occurring in the Commission shall be filled in accordance with the laws of the  
 29 party state in which the vacancy exists.

30 (2) Each administrator shall be entitled to one (1) vote with regard to  
 31 the promulgation of rules and creation of bylaws and shall otherwise have an

1 opportunity to participate in the business and affairs of the Commission. An  
 2 administrator shall vote in person or by such other means as provided in the bylaws.  
 3 The bylaws may provide for an administrator's participation in meetings by telephone  
 4 or other means of communication.

5 (3) The Commission shall meet at least once during each calendar  
 6 year. Additional meetings shall be held as set forth in the bylaws or rules of the  
 7 commission.

8 (4) All meetings shall be open to the public, and public notice of  
 9 meetings shall be given in the same manner as required under the rulemaking  
 10 provisions in Article VIII.

11 (5) The Commission may convene in a closed, nonpublic meeting if  
 12 the Commission must discuss:

13 (A) Noncompliance of a party state with its obligations under  
 14 this Compact;

15 (B) The employment, compensation, discipline or other  
 16 personnel matters, practices or procedures related to specific employees or  
 17 other matters related to the Commission's internal personnel practices and  
 18 procedures;

19 (C) Current, threatened or reasonably anticipated litigation;

20 (D) Negotiation of contracts for the purchase or sale of goods,  
 21 services or real estate;

22 (E) Accusing any person of a crime or formally censuring any  
 23 person;

24 (F) Disclosure of trade secrets or commercial or financial  
 25 information that is privileged or confidential;

26 (G) Disclosure of information of a personal nature where  
 27 disclosure would constitute a clearly unwarranted invasion of personal privacy;

28 (H) Disclosure of investigatory records compiled for law  
 29 enforcement purposes;

30 (I) Disclosure of information related to any reports prepared by  
 31 or on behalf of the Commission for the purpose of investigation of compliance

1 with this Compact; or

2 (J) Matters specifically exempted from disclosure by federal or  
3 state statute.

4 (6) If a meeting, or portion of a meeting, is closed pursuant to this  
5 provision, the Commission's legal counsel or designee shall certify that the meeting  
6 may be closed and shall reference each relevant exempting provision. The  
7 Commission shall keep minutes that fully and clearly describe all matters discussed in  
8 a meeting and shall provide a full and accurate summary of actions taken, and the  
9 reasons therefor, including a description of the views expressed. All documents  
10 considered in connection with an action shall be identified in such minutes. All  
11 minutes and documents of a closed meeting shall remain under seal, subject to release  
12 by a majority vote of the Commission or order of a court of competent jurisdiction.

13 (c) The Commission shall, by a majority vote of the administrators, prescribe  
14 bylaws or rules to govern its conduct as may be necessary or appropriate to carry out  
15 the purposes and exercise the powers of this Compact, including but not limited to:

16 (1) Establishing the fiscal year of the Commission;

17 (2) Providing reasonable standards and procedures:

18 (A) For the establishment and meetings of other committees;

19 and

20 (B) Governing any general or specific delegation of any  
21 authority or function of the Commission;

22 (3) Providing reasonable procedures for calling and conducting  
23 meetings of the Commission, ensuring reasonable advance notice of all meetings and  
24 providing an opportunity for attendance of such meetings by interested parties, with  
25 enumerated exceptions designed to protect the public's interest, the privacy of  
26 individuals, and proprietary information, including trade secrets. The Commission  
27 may meet in closed session only after a majority of the administrators vote to close a  
28 meeting in whole or in part. As soon as practicable, the Commission must make public  
29 a copy of the vote to close the meeting revealing the vote of each administrator, with  
30 no proxy votes allowed;

31 (4) Establishing the titles, duties and authority and reasonable

1 procedures for the election of the officers of the Commission;

2 (5) Providing reasonable standards and procedures for the  
3 establishment of the personnel policies and programs of the Commission.  
4 Notwithstanding any civil service or other similar laws of any party state, the bylaws  
5 shall exclusively govern the personnel policies and programs of the Commission; and

6 (6) Providing a mechanism for winding up the operations of the  
7 Commission and the equitable disposition of any surplus funds that may exist after the  
8 termination of this Compact after the payment or reserving of all of its debts and  
9 obligations;

10 (d) The Commission shall publish its bylaws and rules, and any amendments  
11 thereto, in a convenient form on the website of the Commission.

12 (e) The Commission shall maintain its financial records in accordance with the  
13 bylaws.

14 (f) The Commission shall meet and take such actions as are consistent with the  
15 provisions of this Compact and the bylaws.

16 (g) The Commission shall have the following powers:

17 (1) To promulgate uniform rules to facilitate and coordinate  
18 implementation and administration of this Compact. The rules shall have the force and  
19 effect of law and shall be binding in all party states;

20 (2) To bring and prosecute legal proceedings or actions in the name of  
21 the Commission, provided that the standing of any licensing board to sue or be sued  
22 under applicable law shall not be affected;

23 (3) To purchase and maintain insurance and bonds;

24 (4) To borrow, accept or contract for services of personnel, including,  
25 but not limited to, employees of a party state or nonprofit organizations;

26 (5) To cooperate with other organizations that administer state  
27 compacts related to the regulation of nursing, including but not limited to sharing  
28 administrative or staff expenses, office space or other resources;

29 (6) To hire employees, elect or appoint officers, fix compensation,  
30 define duties, grant such individuals appropriate authority to carry out the purposes of  
31 this Compact, and to establish the Commission's personnel policies and programs

1 relating to conflicts of interest, qualifications of personnel and other related personnel  
2 matters;

3 (7) To accept any and all appropriate donations, grants and gifts of  
4 money, equipment, supplies, materials and services, and to receive, utilize and dispose  
5 of the same; provided that at all times the Commission shall avoid any appearance of  
6 impropriety or conflict of interest;

7 (8) To lease, purchase, accept appropriate gifts or donations of, or  
8 otherwise to own, hold, improve or use, any property, whether real, personal or mixed;  
9 provided that at all times the Commission shall avoid any appearance of impropriety;

10 (9) To sell, convey, mortgage, pledge, lease, exchange, abandon or  
11 otherwise dispose of any property, whether real, personal or mixed;

12 (10) To establish a budget and make expenditures;

13 (11) To borrow money;

14 (12) To appoint committees, including advisory committees comprised  
15 of administrators, state nursing regulators, state legislators or their representatives, and  
16 consumer representatives, and other such interested persons;

17 (13) To provide and receive information from, and to cooperate with,  
18 law enforcement agencies;

19 (14) To adopt and use an official seal; and

20 (15) To perform such other functions as may be necessary or  
21 appropriate to achieve the purposes of this Compact consistent with the state  
22 regulation of nurse licensure and practice.

23 (h) Financing of the Commission

24 (1) The Commission shall pay, or provide for the payment of, the  
25 reasonable expenses of its establishment, organization and ongoing activities.

26 (2) The Commission may also levy on and collect an annual  
27 assessment from each party state to cover the cost of its operations, activities and staff  
28 in its annual budget as approved each year. The aggregate annual assessment amount,  
29 if any, shall be allocated based upon a formula to be determined by the Commission,  
30 which shall promulgate a rule that is binding upon all party states.

31 (3) The Commission shall not incur obligations of any kind prior to

1       securing the funds adequate to meet the same; nor shall the Commission pledge the  
2       credit of any of the party states, except by, and with the authority of, such party state.

3               (4) The Commission shall keep accurate accounts of all receipts and  
4       disbursements. The receipts and disbursements of the Commission shall be subject to  
5       the audit and accounting procedures established under its bylaws. However, all  
6       receipts and disbursements of funds handled by the Commission shall be audited  
7       yearly by a certified or licensed public accountant, and the report of the audit shall be  
8       included in and become part of the annual report of the Commission.

9               (i) Qualified Immunity, Defense and Indemnification

10              (1) The administrators, officers, executive director, employees and  
11       representatives of the Commission shall be immune from suit and liability, either  
12       personally or in their official capacity, for any claim for damage to or loss of property  
13       or personal injury or other civil liability caused by or arising out of any actual or  
14       alleged act, error or omission that occurred, or that the person against whom the claim  
15       is made had a reasonable basis for believing occurred, within the scope of  
16       Commission employment, duties or responsibilities; provided that nothing in this  
17       paragraph shall be construed to protect any such person from suit or liability for any  
18       damage, loss, injury or liability caused by the intentional, willful or wanton  
19       misconduct of that person.

20              (2) The Commission shall defend any administrator, officer, executive  
21       director, employee or representative of the Commission in any civil action seeking to  
22       impose liability arising out of any actual or alleged act, error or omission that occurred  
23       within the scope of Commission employment, duties or responsibilities, or that the  
24       person against whom the claim is made had a reasonable basis for believing occurred  
25       within the scope of Commission employment, duties or responsibilities; provided that  
26       nothing herein shall be construed to prohibit that person from retaining his or her own  
27       counsel; and provided further that the actual or alleged act, error or omission did not  
28       result from that person's intentional, willful or wanton misconduct.

29              (3) The Commission shall indemnify and hold harmless any  
30       administrator, officer, executive director, employee or representative of the  
31       Commission for the amount of any settlement or judgment obtained against that

1 person arising out of any actual or alleged act, error or omission that occurred within  
 2 the scope of Commission employment, duties or responsibilities, or that such person  
 3 had a reasonable basis for believing occurred within the scope of Commission  
 4 employment, duties or responsibilities, provided that the actual or alleged act, error or  
 5 omission did not result from the intentional, willful or wanton misconduct of that  
 6 person.

## 7 ARTICLE VIII

### 8 Rulemaking

9 (a) The Commission shall exercise its rulemaking powers pursuant to the  
 10 criteria set forth in this Article and the rules adopted thereunder. Rules and  
 11 amendments shall become binding as of the date specified in each rule or amendment  
 12 and shall have the same force and effect as provisions of this Compact.

13 (b) Rules or amendments to the rules shall be adopted at a regular or special  
 14 meeting of the Commission.

15 (c) Prior to promulgation and adoption of a final rule or rules by the  
 16 Commission, and at least sixty (60) days in advance of the meeting at which the rule  
 17 will be considered and voted upon, the Commission shall file a notice of proposed  
 18 rulemaking:

19 (1) On the website of the Commission; and

20 (2) On the website of each licensing board or the publication in which  
 21 each state would otherwise publish proposed rules.

22 (d) The notice of proposed rulemaking shall include:

23 (1) The proposed time, date and location of the meeting in which the  
 24 rule will be considered and voted upon;

25 (2) The text of the proposed rule or amendment, and the reason for the  
 26 proposed rule;

27 (3) A request for comments on the proposed rule from any interested  
 28 person; and

29 (4) The manner in which interested persons may submit notice to the  
 30 Commission of their intention to attend the public hearing and any written comments.

31 (e) Prior to adoption of a proposed rule, the Commission shall allow persons

1 to submit written data, facts, opinions and arguments, which shall be made available to  
2 the public.

3 (f) The Commission shall grant an opportunity for a public hearing before it  
4 adopts a rule or amendment.

5 (g) The Commission shall publish the place, time and date of the scheduled  
6 public hearing.

7 (1) Hearings shall be conducted in a manner providing each person  
8 who wishes to comment a fair and reasonable opportunity to comment orally or in  
9 writing. All hearings will be recorded, and a copy will be made available upon request.

10 (2) Nothing in this section shall be construed as requiring a separate  
11 hearing on each rule. Rules may be grouped for the convenience of the Commission at  
12 hearings required by this section.

13 (h) If no one appears at the public hearing, the Commission may proceed with  
14 promulgation of the proposed rule.

15 (i) Following the scheduled hearing date, or by the close of business on the  
16 scheduled hearing date if the hearing was not held, the Commission shall consider all  
17 written and oral comments received.

18 (j) The Commission shall, by majority vote of all administrators, take final  
19 action on the proposed rule and shall determine the effective date of the rule, if any,  
20 based on the rulemaking record and the full text of the rule.

21 (k) Upon determination that an emergency exists, the Commission may  
22 consider and adopt an emergency rule without prior notice, opportunity for comment  
23 or hearing, provided that the usual rulemaking procedures provided in this Compact  
24 and in this section shall be retroactively applied to the rule as soon as reasonably  
25 possible, in no event later than ninety (90) days after the effective date of the rule. For  
26 the purposes of this provision, an emergency rule is one that must be adopted  
27 immediately in order to:

- 28 (1) Meet an imminent threat to public health, safety or welfare;
- 29 (2) Prevent a loss of Commission or party state funds; or
- 30 (3) Meet a deadline for the promulgation of an administrative rule that
- 31 is required by federal law or rule.



(l) The Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Commission, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

## ARTICLE IX

### Oversight, Dispute Resolution and Enforcement

#### (a) Oversight

(1) Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent.

(2) The Commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities or actions of the Commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

#### (b) Default, Technical Assistance and Termination

(1) If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

(A) Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default or any other action to be taken by the Commission; and

(B) Provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to cure the default, the defaulting state's

1 membership in this Compact may be terminated upon an affirmative vote of a majority  
 2 of the administrators, and all rights, privileges and benefits conferred by this Compact  
 3 may be terminated on the effective date of termination. A cure of the default does not  
 4 relieve the offending state of obligations or liabilities incurred during the period of  
 5 default.

6 (3) Termination of membership in this Compact shall be imposed only  
 7 after all other means of securing compliance have been exhausted. Notice of intent to  
 8 suspend or terminate shall be given by the Commission to the governor of the  
 9 defaulting state and to the executive officer of the defaulting state's licensing board  
 10 and each of the party states.

11 (4) A state whose membership in this Compact has been terminated is  
 12 responsible for all assessments, obligations and liabilities incurred through the  
 13 effective date of termination, including obligations that extend beyond the effective  
 14 date of termination.

15 (5) The Commission shall not bear any costs related to a state that is  
 16 found to be in default or whose membership in this Compact has been terminated  
 17 unless agreed upon in writing between the Commission and the defaulting state.

18 (6) The defaulting state may appeal the action of the Commission by  
 19 petitioning the U.S. District Court for the District of Columbia or the federal district in  
 20 which the Commission has its principal offices. The prevailing party shall be awarded  
 21 all costs of such litigation, including reasonable attorneys' fees.

22 (c) Dispute Resolution

23 (1) Upon request by a party state, the Commission shall attempt to  
 24 resolve disputes related to the Compact that arise among party states and between  
 25 party and non-party states.

26 (2) The Commission shall promulgate a rule providing for both  
 27 mediation and binding dispute resolution for disputes, as appropriate.

28 (3) In the event the Commission cannot resolve disputes among party  
 29 states arising under this Compact:

30 (A) The party states may submit the issues in dispute to an  
 31 arbitration panel, which will be comprised of individuals appointed by the

1 Compact administrator in each of the affected party states and an individual  
 2 mutually agreed upon by the Compact administrators of all the party states  
 3 involved in the dispute.

4 (B) The decision of a majority of the arbitrators shall be final  
 5 and binding.

6 (d) Enforcement

7 (1) The Commission, in the reasonable exercise of its discretion, shall  
 8 enforce the provisions and rules of this Compact.

9 (2) By majority vote, the Commission may initiate legal action in the  
 10 U.S. District Court for the District of Columbia or the federal district in which the  
 11 Commission has its principal offices against a party state that is in default to enforce  
 12 compliance with the provisions of this Compact and its promulgated rules and bylaws.  
 13 The relief sought may include both injunctive relief and damages. In the event judicial  
 14 enforcement is necessary, the prevailing party shall be awarded all costs of such  
 15 litigation, including reasonable attorneys' fees.

16 (3) The remedies herein shall not be the exclusive remedies of the  
 17 Commission. The Commission may pursue any other remedies available under federal  
 18 or state law.

19 ARTICLE X

20 Effective Date, Withdrawal and Amendment

21 (a) This Compact shall become effective and binding on the earlier of the date  
 22 of legislative enactment of this Compact into law by no less than twenty-six (26) states  
 23 or December 31, 2018. All party states to this Compact, that also were parties to the  
 24 prior Nurse Licensure Compact, superseded by this Compact, ("Prior Compact"), shall  
 25 be deemed to have withdrawn from said Prior Compact within six (6) months after the  
 26 effective date of this Compact.

27 (b) Each party state to this Compact shall continue to recognize a nurse's  
 28 multistate licensure privilege to practice in that party state issued under the Prior  
 29 Compact until such party state has withdrawn from the Prior Compact.

30 (c) Any party state may withdraw from this Compact by enacting a statute  
 31 repealing the same. A party state's withdrawal shall not take effect until six (6) months

1 after enactment of the repealing statute.

2 (d) A party state's withdrawal or termination shall not affect the continuing  
3 requirement of the withdrawing or terminated state's licensing board to report adverse  
4 actions and significant investigations occurring prior to the effective date of such  
5 withdrawal or termination.

6 (e) Nothing contained in this Compact shall be construed to invalidate or  
7 prevent any nurse licensure agreement or other cooperative arrangement between a  
8 party state and a non-party state that is made in accordance with the other provisions  
9 of this Compact.

10 (f) This Compact may be amended by the party states. No amendment to this  
11 Compact shall become effective and binding upon the party states unless and until it is  
12 enacted into the laws of all party states.

13 (g) Representatives of non-party states to this Compact shall be invited to  
14 participate in the activities of the Commission, on a nonvoting basis, prior to the  
15 adoption of this Compact by all states.

## 16 ARTICLE XI

### 17 Construction and Severability

18 This Compact shall be liberally construed so as to effectuate the purposes  
19 thereof. The provisions of this Compact shall be severable, and if any phrase, clause,  
20 sentence or provision of this Compact is declared to be contrary to the constitution of  
21 any party state or of the United States, or if the applicability thereof to any  
22 government, agency, person or circumstance is held invalid, the validity of the  
23 remainder of this Compact and the applicability thereof to any government, agency,  
24 person or circumstance shall not be affected thereby. If this Compact shall be held to  
25 be contrary to the constitution of any party state, this Compact shall remain in full  
26 force and effect as to the remaining party states and in full force and effect as to the  
27 party state affected as to all severable matters.

28 \* **Sec. 16.** AS 08.68.800(a) is amended to read:

29 (a) This chapter does not apply to

30 (1) a qualified nurse licensed in another state employed by the United  
31 States government or a bureau, or agency, or division of the United States government

1 while in the discharge of official duties;

2 (2) nursing service given temporarily in the event of a public  
3 emergency, epidemic, or disaster;

4 (3) the practice of nursing by a student enrolled in a nursing education  
5 program accredited by the board when the practice is in connection with the student's  
6 course of study;

7 (4) the practice of nursing by an individual enrolled in an approved  
8 program or course of study approved by the board to satisfy the requirements of  
9 AS 08.68.251;

10 (5) the practice of nursing by a nurse licensed in another state, **except**  
11 **for a nurse holding a multistate license under AS 08.68.500,** who engages in  
12 nursing education or nursing consultation activities, if these activities and contact with  
13 clients do not exceed 20 working days within a licensing period; or

14 (6) the practice of nursing by a nurse licensed in another state, **except**  
15 **for a nurse holding a multistate license under AS 08.68.500,** whose employment  
16 responsibilities include transporting patients into, out of, or through this state;  
17 however, this exception is valid for a period not to exceed 48 hours for each transport.

18 \* **Sec. 17.** AS 08.68.805 is amended to read:

19 **Sec. 08.68.805. Delegation of nursing functions.** A registered, advanced  
20 practice registered, or practical nurse licensed **or privileged to practice** under this  
21 chapter may delegate nursing duties to other persons, including unlicensed assistive  
22 personnel, under regulations adopted by the board. A person to whom the nursing  
23 duties are delegated may perform the delegated duties without a license or certificate  
24 under this chapter if the person meets the applicable requirements established by the  
25 board.

26 \* **Sec. 18.** AS 09.55.560(2) is amended to read:

27 (2) "health care provider" means an acupuncturist licensed under  
28 AS 08.06; an audiologist or speech-language pathologist licensed under AS 08.11; a  
29 chiropractor licensed under AS 08.20; a dental hygienist licensed under AS 08.32; a  
30 dentist licensed under AS 08.36; a nurse licensed **or privileged to practice** under  
31 AS 08.68; a dispensing optician licensed under AS 08.71; a naturopath licensed under

AS 08.45; an optometrist licensed under AS 08.72; a pharmacist licensed under AS 08.80; a physical therapist or occupational therapist licensed under AS 08.84; a physician or physician assistant licensed under AS 08.64; a podiatrist; a psychologist and a psychological associate licensed under AS 08.86; a hospital as defined in AS 47.32.900, including a governmentally owned or operated hospital; an employee of a health care provider acting within the course and scope of employment; an ambulatory surgical facility and other organizations whose primary purpose is the delivery of health care, including a health maintenance organization, individual practice association, integrated delivery system, preferred provider organization or arrangement, and a physical hospital organization;

\* **Sec. 19.** AS 09.65.095(c)(1) is amended to read:

(1) "health care provider" means a nurse licensed or privileged to practice under AS 08.68, a physician licensed under AS 08.64, and a person certified by a hospital as competent to take blood samples;

\* **Sec. 20.** AS 18.20.095(e)(2) is amended to read:

(2) "licensed staff member" means a person who is employed by the hospital to provide direct patient care and who is licensed, [OR] certified, or privileged to practice in the state as a physician or physician assistant under AS 08.64, direct-entry midwife under AS 08.65, nurse or nurse aide under AS 08.68, or physical therapist or occupational therapist under AS 08.84;

\* **Sec. 21.** AS 18.20.499(3) is amended to read:

(3) "nurse" means an individual licensed or privileged to practice registered nursing or practical nursing under AS 08.68 who provides nursing services through direct patient care or clinical services and includes a nurse manager when delivering in-hospital patient care;

\* **Sec. 22.** AS 18.23.070(3) is amended to read:

(3) "health care provider" means an acupuncturist licensed under AS 08.06; a chiropractor licensed under AS 08.20; a dental hygienist licensed under AS 08.32; a dentist licensed under AS 08.36; a nurse licensed or privileged to practice under AS 08.68; a dispensing optician licensed under AS 08.71; an optometrist licensed under AS 08.72; a pharmacist licensed under AS 08.80; a

1 physical therapist or occupational therapist licensed under AS 08.84; a physician  
 2 licensed under AS 08.64; a podiatrist; a psychologist and a psychological associate  
 3 licensed under AS 08.86; a hospital as defined in AS 47.32.900, including a  
 4 governmentally owned or operated hospital; and an employee of a health care provider  
 5 acting within the course and scope of employment;

6 \* **Sec. 23.** AS 47.07.045(b) is amended to read:

7 (b) Before the department may terminate payment for services provided under  
 8 (a) of this section

9 (1) the recipient must have had an annual assessment to determine  
 10 whether the recipient continues to meet the standards under (a) of this section;

11 (2) the annual assessment must have been reviewed by an independent  
 12 qualified health care professional under contract with the department; for purposes of  
 13 this paragraph, "independent qualified health care professional" means,

14 (A) for a waiver based on intellectual or developmental  
 15 disability, a person who is qualified under 42 C.F.R. 483.430 as a qualified  
 16 intellectual disability professional;

17 (B) for other allowable waivers, a registered or advanced  
 18 practice registered nurse licensed or privileged to practice under AS 08.68  
 19 who is qualified to assess children with complex medical conditions, older  
 20 Alaskans, and adults with physical disabilities for medical assistance waivers;  
 21 and

22 (3) the annual assessment must find that the recipient's condition has  
 23 materially improved since the previous assessment; for purposes of this paragraph,  
 24 "materially improved" means that a recipient who has previously qualified for a  
 25 waiver for

26 (A) a child with complex medical conditions, no longer needs  
 27 technical assistance for a life-threatening condition, and is expected to be  
 28 placed in a skilled nursing facility for less than 30 days each year;

29 (B) intellectual or developmental disability, no longer needs the  
 30 level of care provided by an intermediate care facility for persons with  
 31 intellectual and developmental disabilities either because the qualifying

1 diagnosis has changed or the recipient is able to demonstrate the ability to  
 2 function in a home setting without the need for waiver services; or

3 (C) an older Alaskan or adult with a physical disability, no  
 4 longer has a functional limitation or cognitive impairment that would result in  
 5 the need for nursing home placement, and is able to demonstrate the ability to  
 6 function in a home setting without the need for waiver services.

7 \* **Sec. 24.** AS 47.33.020(d) is amended to read:

8 (d) An assisted living home may provide intermittent nursing services to a  
 9 resident who does not require 24-hour nursing services and supervision. Intermittent  
 10 nursing services may be provided only by a nurse licensed **or privileged to practice**  
 11 under AS 08.68 or by a person to whom a nursing task has been delegated under (e) of  
 12 this section.

13 \* **Sec. 25.** AS 47.33.020(e) is amended to read:

14 (e) A person who is on the staff of an assisted living home and who is not a  
 15 nurse licensed **or privileged to practice** under AS 08.68 may perform a nursing task  
 16 in that home if

17 (1) the authority to perform that nursing task is delegated to that person  
 18 by a nurse licensed **or privileged to practice** under AS 08.68; and

19 (2) that nursing task is specified in regulations adopted by the Board of  
 20 Nursing as a task that may be delegated.

21 \* **Sec. 26.** AS 47.33.020(f) is amended to read:

22 (f) A resident who needs skilled nursing care may, with the consent of the  
 23 assisted living home, arrange for that care to be provided in the home by a nurse  
 24 licensed **or privileged to practice** under AS 08.68 if that arrangement does not  
 25 interfere with the services provided to other residents.

26 \* **Sec. 27.** AS 47.33.020(g) is amended to read:

27 (g) As part of a plan to avoid transfer of a resident from the home for medical  
 28 reasons, the home may provide, through the services of a nurse who is licensed **or**  
 29 **privileged to practice** under AS 08.68, 24-hour skilled nursing care to the resident for  
 30 not more than 45 consecutive days.

31 \* **Sec. 28.** AS 47.33.020(h) is amended to read:



(h) If a resident has received 24-hour skilled nursing care for the 45-day limit set by (g) of this section, the resident or the resident's representative may elect to have the resident remain in the home without continuation of 24-hour skilled nursing care if the home agrees to retain the resident after

(1) the home and either the resident or the resident's representative have consulted with the resident's physician;

(2) the home and either the resident or the resident's representative have discussed the consequences and risks involved in the election to remain in the home; and

(3) the portion of the resident's assisted living plan that relates to health-related services has been revised to provide for the resident's health-related needs without the use of 24-hour skilled nursing care, and the revised plan has been reviewed by a registered or advanced practice registered nurse licensed **or privileged to practice** under AS 08.68 or by the resident's attending physician.

\* **Sec. 29.** AS 47.33.230(c) is amended to read:

(c) If the assisted living home provides or arranges for the provision of health-related services to a resident, the home shall ensure that a

(1) registered or advanced practice registered nurse licensed **or privileged to practice** under AS 08.68 reviews the portion of an assisted living plan that describes how the resident's need for health-related services will be met; and

(2) physician's statement about the resident is included in the plan.

\* **Sec. 30.** The uncodified law of the State of Alaska is amended by adding a new section to read:

TRANSITION: REGULATIONS. The Department of Commerce, Community, and Economic Development and the Board of Nursing may proceed to adopt regulations to implement this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act) but not before the effective date of the law implemented by the regulation.

\* **Sec. 31.** Section 30 of this Act takes effect immediately under AS 01.10.070(c).

\* **Sec. 32.** Except as provided in sec. 31 of this Act, this Act takes effect July 1, 2026.

**SENATE BILL NO. 124**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY THE SENATE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

**Introduced: 3/10/25**

**Referred: Labor and Commerce, Finance**

**A BILL**

**FOR AN ACT ENTITLED**

1   **"An Act relating to the licensure of nursing professionals; relating to a multistate nurse**  
2   **licensure compact; and providing for an effective date."**

3   **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4    \* **Section 1.** AS 08.01.065(c) is amended to read:

5           (c) Except as provided in **(f) - (l)** [(f) - (k)] of this section, the department shall  
6       establish fee levels under (a) of this section so that the total amount of fees collected  
7       for an occupation approximately equals the actual regulatory costs for the occupation.  
8       The department shall annually review each fee level to determine whether the  
9       regulatory costs of each occupation are approximately equal to fee collections related  
10      to that occupation. If the review indicates that an occupation's fee collections and  
11      regulatory costs are not approximately equal, the department shall calculate fee  
12      adjustments and adopt regulations under (a) of this section to implement the  
13      adjustments. In January of each year, the department shall report on all fee levels and  
14      revisions for the previous year under this subsection to the office of management and

1 budget. If a board regulates an occupation covered by this chapter, the department  
 2 shall consider the board's recommendations concerning the occupation's fee levels and  
 3 regulatory costs before revising fee schedules to comply with this subsection. In this  
 4 subsection, "regulatory costs" means costs of the department that are attributable to  
 5 regulation of an occupation plus

6 (1) all expenses of the board that regulates the occupation if the board  
 7 regulates only one occupation;

8 (2) the expenses of a board that are attributable to the occupation if the  
 9 board regulates more than one occupation.

10 \* **Sec. 2.** AS 08.01.065 is amended by adding a new subsection to read:

11 (l) Notwithstanding (c) of this section, the department shall establish fee levels  
 12 under (a) of this section so that the total amount of fees collected by the Board of  
 13 Nursing for issuing a single-state license to practice registered, practical, or advanced  
 14 practice registered nursing is approximately equal to the total regulatory costs to the  
 15 department and the Board of Nursing for each of those license types. The department  
 16 shall establish fees for issuing a multistate license to practice registered or practical  
 17 nursing equal to double the fee set for the single-state version of that license type. In  
 18 this subsection, "single-state license" and "multistate license" have the meanings given  
 19 in AS 08.68.500.

20 \* **Sec. 3.** AS 08.02.130(j)(1), as amended by sec. 2, ch. 44, SLA 2024, is amended to read:

21 (1) "health care provider" means

22 (A) an audiologist or speech-language pathologist licensed  
 23 under AS 08.11; a behavior analyst licensed under AS 08.15; a chiropractor  
 24 licensed under AS 08.20; a professional or associate counselor licensed under  
 25 AS 08.29; a dental hygienist licensed under AS 08.32; a dentist licensed under  
 26 AS 08.36; a dietitian or nutritionist licensed under AS 08.38; a naturopath  
 27 licensed under AS 08.45; a marital and family therapist licensed under  
 28 AS 08.63; a physician licensed under AS 08.64; a podiatrist, osteopath, or  
 29 physician assistant licensed under AS 08.64; a direct-entry midwife certified  
 30 under AS 08.65; a nurse licensed or privileged to practice under AS 08.68; a  
 31 dispensing optician licensed under AS 08.71; an optometrist licensed under

AS 08.72; a pharmacist licensed under AS 08.80; a physical therapist or occupational therapist licensed under AS 08.84; a psychologist or psychological associate licensed under AS 08.86; or a social worker licensed under AS 08.95;

(B) a physician licensed in another state; or

(C) a member of a multidisciplinary care team who is licensed in another state.

\* **Sec. 4.** AS 08.11.120(b) is amended to read:

(b) Notwithstanding the provisions of this chapter,

(1) a nurse licensed or privileged to practice under AS 08.68 may perform hearing sensitivity evaluations;

(2) an individual licensed as a hearing aid dealer under AS 08.55 may deal in hearing aids;

(3) an individual holding a class A certificate issued by the Conference of Executives of American Schools of the Deaf may teach the hearing impaired;

(4) an individual may engage in the testing of hearing as part of a hearing conservation program that complies with the regulations of the Occupational Safety and Health Administration of the federal government if the individual is certified to do the testing by a state or federal agency acceptable to the Occupational Safety and Health Administration;

(5) an individual may perform hearing screening under AS 47.20.310 if authorized to do so under a protocol adopted under AS 47.20.310(e) by the Department of Health.

\* **Sec. 5.** AS 08.68.100(a) is amended to read:

(a) The board shall

(1) adopt regulations necessary to implement this chapter, including regulations

(A) pertaining to practice as an advanced practice registered nurse, including requirements for an advanced practice registered nurse to practice as a certified registered nurse anesthetist, certified clinical nurse specialist, certified nurse practitioner, or certified nurse midwife; regulations

1 for an advanced practice registered nurse who holds a valid federal Drug  
 2 Enforcement Administration registration number must address training in pain  
 3 management and opioid use and addiction;

4 (B) necessary to implement AS 08.68.331 - 08.68.336 relating  
 5 to certified nurse aides in order to protect the health, safety, and welfare of  
 6 clients served by nurse aides;

7 (C) pertaining to retired nurse status;

8 (D) establishing criteria for approval of practical nurse  
 9 education programs that are not accredited by a national nursing accrediting  
 10 body;

11 (E) establishing guidelines for rendering a diagnosis, providing  
 12 treatment, or prescribing, dispensing, or administering a prescription drug to a  
 13 person without conducting a physical examination under AS 08.68.710; the  
 14 guidelines must include a nationally recognized model policy for standards of  
 15 care of a patient who is at a different location than the advanced practice  
 16 registered nurse;

17 (2) approve curricula and adopt standards for basic education programs  
 18 that prepare persons for licensing under AS 08.68.190;

19 (3) provide for surveys of the basic nursing education programs in the  
 20 state at the times it considers necessary;

21 (4) approve education programs that meet the requirements of this  
 22 chapter and of the board, and deny, revoke, or suspend approval of education  
 23 programs for failure to meet the requirements;

24 (5) examine, license, and renew the licenses of qualified applicants;

25 (6) prescribe requirements for competence before a former registered,  
 26 advanced practice registered, or licensed practical nurse may resume the practice of  
 27 nursing under this chapter;

28 (7) define by regulation the qualifications and duties of the executive  
 29 administrator and delegate authority to the executive administrator that is necessary to  
 30 conduct board business;

31 (8) develop reasonable and uniform standards for nursing practice;

(9) publish advisory opinions regarding whether nursing practice procedures or policies comply with acceptable standards of nursing practice as defined under this chapter;

(10) require applicants under this chapter to submit fingerprints and the fees required by the Department of Public Safety under AS 12.62.160 for criminal justice information and a national criminal history record check; the department shall submit the fingerprints and fees to the Department of Public Safety for a report of criminal justice information under AS 12.62 and a national criminal history record check under AS 12.62.400;

(11) require that a licensed advanced practice registered nurse who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(n);

**(12) implement the Multistate Nurse Licensure Compact entered into under AS 08.68.500, including adopting any regulations necessary to implement the compact.**

\* **Sec. 6.** AS 08.68.160 is amended to read:

**Sec. 08.68.160. License or practice privilege required.** A person practicing or offering to practice registered, advanced practice registered, or practical nursing in the state shall submit evidence of qualification to practice and shall be licensed **or privileged to practice** under this chapter.

\* **Sec. 7.** AS 08.68.170(c) is amended to read:

(c) An applicant for a license to practice advanced practice registered nursing shall submit to the board, on forms and in the manner prescribed by the board, written evidence, verified by oath, that the applicant

(1) is licensed **or privileged to practice** as a registered nurse in the state; and

(2) has successfully completed an advanced practice registered nurse education program that meets the criteria established by the board under AS 08.68.100.

\* **Sec. 8.** AS 08.68.220 is amended to read:

**Sec. 08.68.220. Fees.** The Department of Commerce, Community, and

Economic Development shall set fees under AS 08.01.065 for each of the following:

(1) registered nursing:

- (A) application;
- (B) license by examination;
- (C) license by endorsement;
- (D) license renewal;
- (E) temporary permit;
- (F) multistate licensure privilege;**

(2) practical nursing:

- (A) application;
- (B) license by examination;
- (C) license by endorsement;
- (D) license renewal;
- (E) temporary permit;
- (F) multistate licensure privilege;**

(3) advanced practice registered nursing:

- (A) application;
- (B) license by certification examination;
- (C) license by endorsement;
- (D) license renewal;
- (E) temporary permit.

\* **Sec. 9.** AS 08.68.270 is amended to read:

**Sec. 08.68.270. Grounds for denial, suspension, or revocation.** The board may deny, suspend, or revoke the license **or practice privilege** of a person who

- (1) has obtained or attempted to obtain a license to practice nursing by fraud or deceit;
- (2) has been convicted of a felony or other crime if the felony or other crime is substantially related to the qualifications, functions, or duties of the licensee;
- (3) habitually abuses alcoholic beverages, or illegally uses controlled substances;
- (4) has impersonated a registered, advanced practice registered, or

1 practical nurse;

2 (5) has intentionally or negligently engaged in conduct that has  
3 resulted in a significant risk to the health or safety of a client or in injury to a client;

4 (6) practices or attempts to practice nursing while afflicted with  
5 physical or mental illness, deterioration, or disability that interferes with the  
6 individual's performance of nursing functions;

7 (7) is guilty of unprofessional conduct as defined by regulations  
8 adopted by the board;

9 (8) has wilfully or repeatedly violated a provision of this chapter or  
10 regulations adopted under this chapter or AS 08.01;

11 (9) is professionally incompetent;

12 (10) denies care or treatment to a patient or person seeking assistance  
13 if the sole reason for the denial is the failure or refusal of the patient or person seeking  
14 assistance to agree to arbitrate as provided in AS 09.55.535(a);

15 (11) has prescribed or dispensed an opioid in excess of the maximum  
16 dosage authorized under AS 08.68.705; or

17 (12) has procured, sold, prescribed, or dispensed drugs in violation of a  
18 law, regardless of whether there has been a criminal action or harm to the patient.

19 \* **Sec. 10.** AS 08.68.275(a) is amended to read:

20 (a) The board may take the following disciplinary actions singly or in  
21 combination:

22 (1) permanently revoke a license, practice privilege, or permit to  
23 practice;

24 (2) suspend a license or practice privilege for a stated period of time;

25 (3) censure a licensee;

26 (4) issue a letter of reprimand;

27 (5) impose limitations or conditions on the professional practice of a  
28 licensee;

29 (6) impose peer review;

30 (7) impose professional education requirements until a satisfactory  
31 degree of skill has been attained in those aspects of professional practice determined



1 by the board to need improvement;

2 (8) impose probation and require the licensee to report regularly to the  
3 board upon matters involving the basis for the probation;

4 (9) accept a voluntary surrender of a license.

5 \* **Sec. 11.** AS 08.68.275(c) is amended to read:

6 (c) The board may summarily suspend a license or practice privilege before  
7 final hearing or during the appeals process if the board finds that the licensee or  
8 holder of the practice privilege poses a clear and immediate danger to the public  
9 health and safety. A person whose license is suspended under this section is entitled to  
10 a hearing conducted by the office of administrative hearings (AS 44.64.010) within  
11 seven days after the effective date of the order. If, after a hearing, the board upholds  
12 the suspension, the licensee may appeal the suspension to a court of competent  
13 jurisdiction.

14 \* **Sec. 12.** AS 08.68.275(d) is amended to read:

15 (d) The board may reinstate a license or practice privilege that has been  
16 suspended or revoked if the board finds, after a hearing, that the applicant is able to  
17 practice with skill and safety.

18 \* **Sec. 13.** AS 08.68.277(a) is amended to read:

19 (a) An employer of a nurse licensed or privileged to practice under this  
20 chapter or a nurse aide certified under this chapter practicing within the scope of that  
21 license, privilege, or certification that discharges or suspends a nurse or nurse aide or  
22 conditions or restricts the practice of a nurse or nurse aide shall, within seven working  
23 days after the action, report to the board the name and address of the person and the  
24 reason for the action. An employer shall report to the board the name and address of a  
25 nurse or nurse aide who resigns while under investigation by the employer. The  
26 requirement of an employer to report under this section applies only to a discharge,  
27 suspension, or restriction of practice that is based on a ground allowing action by the  
28 board under AS 08.68.270 or 08.68.334 or for conduct prohibited under AS 08.68.340.

29 \* **Sec. 14.** AS 08.68.278 is amended to read:

30 **Sec. 08.68.278. Immunity for certain reports to the board.** A person who, in  
31 good faith, reports information to the board relating to alleged incidents of

incompetent, unprofessional, or unlawful conduct of a nurse licensed or privileged to practice under this chapter, a nurse aide certified under this chapter, or an employer of a nurse licensed or privileged to practice under this chapter or a nurse aide certified under this chapter who reports to the board the information required under AS 08.68.277 is not liable in a civil action for damages resulting from the reporting of the information.

\* **Sec. 15.** AS 08.68 is amended by adding a new section to read:

**Article 5A. Multistate Nurse Licensure Compact.**

**Sec. 08.68.500. Compact enacted.** The Multistate Nurse Licensure Compact as contained in this section is enacted into law and entered into on behalf of the state with all other states and jurisdictions legally joining it in a form substantially as follows:

ARTICLE I

Findings and Declaration of Purpose

(a) The legislature finds that:

(1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

(2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant for both nurses and states; and

(6) Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

(b) The general purposes of this Compact are to:

- (1) Facilitate the states' responsibility to protect the public's health and safety;
- (2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
- (3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
- (4) Promote compliance with the laws governing the practice of nursing in each jurisdiction;
- (5) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;
- (6) Decrease redundancies in the consideration and issuance of nurse licenses; and
- (7) Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

## ARTICLE II

### Definitions

As used in this compact, unless the context clearly requires a different construction,

- (1) "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a nurse's authorization to practice, including issuance of a cease and desist action.
- (2) "Alternative program" means a non-disciplinary monitoring program approved by a licensing board.
- (3) "Coordinated licensure information system" means an integrated process for collecting, storing and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.

1 (4) "Current significant investigative information" means:

2 (A) Investigative information that a licensing board, after a  
3 preliminary inquiry that includes notification and an opportunity for the nurse  
4 to respond, if required by state law, has reason to believe is not groundless and,  
5 if proved true, would indicate more than a minor infraction; or

6 (B) Investigative information that indicates that the nurse  
7 represents an immediate threat to public health and safety regardless of  
8 whether the nurse has been notified and had an opportunity to respond.

9 (5) "Encumbrance" means a revocation or suspension of, or any  
10 limitation on, the full and unrestricted practice of nursing imposed by a licensing  
11 board.

12 (6) "Home state" means the party state which is the nurse's primary  
13 state of residence.

14 (7) "Licensing board" means a party state's regulatory body  
15 responsible for issuing nurse licenses.

16 (8) "Multistate license" means a license to practice as a registered or a  
17 licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board  
18 that authorizes the licensed nurse to practice in all party states under a multistate  
19 licensure privilege.

20 (9) "Multistate licensure privilege" means a legal authorization  
21 associated with a multistate license permitting the practice of nursing as either a  
22 registered nurse (RN) or LPN/VN in a remote state.

23 (10) "Nurse" means RN or LPN/VN, as those terms are defined by  
24 each party state's practice laws.

25 (11) "Party state" means any state that has adopted this Compact.

26 (12) "Remote state" means a party state, other than the home state.

27 (13) "Single-state license" means a nurse license issued by a party state  
28 that authorizes practice only within the issuing state and does not include a multistate  
29 licensure privilege to practice in any other party state.

30 (14) "State" means a state, territory or possession of the United States  
31 and the District of Columbia.

(15) "State practice laws" means a party state's laws, rules and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. "State practice laws" do not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

### ARTICLE III

#### General Provisions and Jurisdiction

(a) A multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as a registered nurse (RN) or as a licensed practical/vocational nurse (LPN/VN), under a multistate licensure privilege, in each party state.

(b) A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

(c) Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:

(1) Meets the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable state laws;

(2) Has graduated or is eligible to graduate from a licensing board-approved RN or LPN/VN prelicensure education program; or has graduated from a foreign RN or LPN/VN prelicensure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;

(3) Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading,

1 speaking, writing and listening;

2 (4) Has successfully passed an NCLEX-RN or NCLEX-PN  
3 Examination or recognized predecessor, as applicable;

4 (5) Is eligible for or holds an active, unencumbered license;

5 (6) Has submitted, in connection with an application for initial  
6 licensure or licensure by endorsement, fingerprints or other biometric data for the  
7 purpose of obtaining criminal history record information from the Federal Bureau of  
8 Investigation and the agency responsible for retaining that state's criminal records;

9 (7) Has not been convicted or found guilty, or has entered into an  
10 agreed disposition, of a felony offense under applicable state or federal criminal law;

11 (8) Has not been convicted or found guilty, or has entered into an  
12 agreed disposition, of a misdemeanor offense related to the practice of nursing as  
13 determined on a case-by-case basis;

14 (9) Is not currently enrolled in an alternative program;

15 (10) Is subject to self-disclosure requirements regarding current  
16 participation in an alternative program; and

17 (11) Has a valid United States Social Security number.

18 (d) All party states shall be authorized, in accordance with existing state due  
19 process law, to take adverse action against a nurse's multistate licensure privilege such  
20 as revocation, suspension, probation or any other action that affects a nurse's  
21 authorization to practice under a multistate licensure privilege, including cease and  
22 desist actions. If a party state takes such action, it shall promptly notify the  
23 administrator of the coordinated licensure information system. The administrator of  
24 the coordinated licensure information system shall promptly notify the home state of  
25 any such actions by remote states.

26 (e) A nurse practicing in a party state must comply with the state practice laws  
27 of the state in which the client is located at the time service is provided. The practice  
28 of nursing is not limited to patient care, but shall include all nursing practice as  
29 defined by the state practice laws of the party state in which the client is located. The  
30 practice of nursing in a party state under a multistate licensure privilege will subject a  
31 nurse to the jurisdiction of the licensing board, the courts and the laws of the party

1 state in which the client is located at the time service is provided.

2 (f) Individuals not residing in a party state shall continue to be able to apply  
3 for a party state's single-state license as provided under the laws of each party state.  
4 However, the single-state license granted to these individuals will not be recognized as  
5 granting the privilege to practice nursing in any other party state. Nothing in this  
6 Compact shall affect the requirements established by a party state for the issuance of a  
7 single-state license.

8 (g) Any nurse holding a home state multistate license, on the effective date of  
9 this Compact, may retain and renew the multistate license issued by the nurse's then-  
10 current home state, provided that:

11 (1) A nurse, who changes primary state of residence after this  
12 Compact's effective date, must meet all applicable Article III.c. requirements to obtain  
13 a multistate license from a new home state.

14 (2) A nurse who fails to satisfy the multistate licensure requirements in  
15 Article III.c. due to a disqualifying event occurring after this Compact's effective date  
16 shall be ineligible to retain or renew a multistate license, and the nurse's multistate  
17 license shall be revoked or deactivated in accordance with applicable rules adopted by  
18 the Interstate Commission of Nurse Licensure Compact Administrators  
19 ("Commission").

## 20 ARTICLE IV

### 21 Applications for Licensure in a Party State

22 (a) Upon application for a multistate license, the licensing board in the issuing  
23 party state shall ascertain, through the coordinated licensure information system,  
24 whether the applicant has ever held, or is the holder of, a license issued by any other  
25 state, whether there are any encumbrances on any license or multistate licensure  
26 privilege held by the applicant, whether any adverse action has been taken against any  
27 license or multistate licensure privilege held by the applicant and whether the  
28 applicant is currently participating in an alternative program.

29 (b) A nurse may hold a multistate license, issued by the home state, in only  
30 one party state at a time.

31 (c) If a nurse changes primary state of residence by moving between two party

1 states, the nurse must apply for licensure in the new home state, and the multistate  
 2 license issued by the prior home state will be deactivated in accordance with  
 3 applicable rules adopted by the Commission.

4 (1) The nurse may apply for licensure in advance of a change in  
 5 primary state of residence.

6 (2) A multistate license shall not be issued by the new home state until  
 7 the nurse provides satisfactory evidence of a change in primary state of residence to  
 8 the new home state and satisfies all applicable requirements to obtain a multistate  
 9 license from the new home state.

10 (d) If a nurse changes primary state of residence by moving from a party state  
 11 to a non-party state, the multistate license issued by the prior home state will convert  
 12 to a single-state license, valid only in the former home state.

### 13 ARTICLE V

#### 14 Additional Authorities Invested in Party State Licensing Boards

15 (a) In addition to the other powers conferred by state law, a licensing board  
 16 shall have the authority to:

17 (1) Take adverse action against a nurse's multistate licensure privilege  
 18 to practice within that party state.

19 (A) Only the home state shall have the power to take adverse  
 20 action against a nurse's license issued by the home state.

21 (B) For purposes of taking adverse action, the home state  
 22 licensing board shall give the same priority and effect to reported conduct  
 23 received from a remote state as it would if such conduct had occurred within  
 24 the home state. In so doing, the home state shall apply its own state laws to  
 25 determine appropriate action.

26 (2) Issue cease and desist orders or impose an encumbrance on a  
 27 nurse's authority to practice within that party state.

28 (3) Complete any pending investigations of a nurse who changes  
 29 primary state of residence during the course of such investigations. The licensing  
 30 board shall also have the authority to take appropriate action(s) and shall promptly  
 31 report the conclusions of such investigations to the administrator of the coordinated



1 licensure information system. The administrator of the coordinated licensure  
2 information system shall promptly notify the new home state of any such actions.

3 (4) Issue subpoenas for both hearings and investigations that require  
4 the attendance and testimony of witnesses, as well as, the production of evidence.  
5 Subpoenas issued by a licensing board in a party state for the attendance and  
6 testimony of witnesses or the production of evidence from another party state shall be  
7 enforced in the latter state by any court of competent jurisdiction, according to the  
8 practice and procedure of that court applicable to subpoenas issued in proceedings  
9 pending before it. The issuing authority shall pay any witness fees, travel expenses,  
10 mileage and other fees required by the service statutes of the state in which the  
11 witnesses or evidence are located.

12 (5) Obtain and submit, for each nurse licensure applicant, fingerprint  
13 or other biometric-based information to the Federal Bureau of Investigation for  
14 criminal background checks, receive the results of the Federal Bureau of Investigation  
15 record search on criminal background checks and use the results in making licensure  
16 decisions.

17 (6) If otherwise permitted by state law, recover from the affected nurse  
18 the costs of investigations and disposition of cases resulting from any adverse action  
19 taken against that nurse.

20 (7) Take adverse action based on the factual findings of the remote  
21 state, provided that the licensing board follows its own procedures for taking such  
22 adverse action.

23 (b) If adverse action is taken by the home state against a nurse's multistate  
24 license, the nurse's multistate licensure privilege to practice in all other party states  
25 shall be deactivated until all encumbrances have been removed from the multistate  
26 license. All home state disciplinary orders that impose adverse action against a nurse's  
27 multistate license shall include a statement that the nurse's multistate licensure  
28 privilege is deactivated in all party states during the pendency of the order. Nothing in  
29 this Compact shall override a party state's decision that participation in an alternative  
30 program may be used in lieu of adverse action. The home state licensing board shall  
31 deactivate the multistate licensure privilege under the multistate license of any nurse

1 for the duration of the nurse's participation in an alternative program.

## 2 ARTICLE VI

### 3 Coordinated Licensure Information System and Exchange of Information

4 (a) All party states shall participate in a coordinated licensure information  
5 system of all licensed registered nurses (RNs) and licensed practical/vocational nurses  
6 (LPNs/VNs). This system will include information on the licensure and disciplinary  
7 history of each nurse, as submitted by party states, to assist in the coordination of  
8 nurse licensure and enforcement efforts.

9 (b) The Commission, in consultation with the administrator of the coordinated  
10 licensure information system, shall formulate necessary and proper procedures for the  
11 identification, collection and exchange of information under this Compact.

12 (c) All licensing boards shall promptly report to the coordinated licensure  
13 information system any adverse action, any current significant investigative  
14 information, denials of applications (with the reasons for such denials) and nurse  
15 participation in alternative programs known to the licensing board regardless of  
16 whether such participation is deemed nonpublic or confidential under state law.

17 (d) Current significant investigative information and participation in nonpublic  
18 or confidential alternative programs shall be transmitted through the coordinated  
19 licensure information system only to party state licensing boards.

20 (e) Notwithstanding any other provision of law, all party state licensing boards  
21 contributing information to the coordinated licensure information system may  
22 designate information that may not be shared with non-party states or disclosed to  
23 other entities or individuals without the express permission of the contributing state.

24 (f) Any personally identifiable information obtained from the coordinated  
25 licensure information system by a party state licensing board shall not be shared with  
26 non-party states or disclosed to other entities or individuals except to the extent  
27 permitted by the laws of the party state contributing the information.

28 (g) Any information contributed to the coordinated licensure information  
29 system that is subsequently required to be expunged by the laws of the party state  
30 contributing that information shall also be expunged from the coordinated licensure  
31 information system.

1 (h) The Compact administrator of each party state shall furnish a uniform data  
 2 set to the Compact administrator of each other party state, which shall include, at a  
 3 minimum:

- 4 (1) Identifying information;
- 5 (2) Licensure data;
- 6 (3) Information related to alternative program participation; and
- 7 (4) Other information that may facilitate the administration of this  
 8 Compact, as determined by Commission rules.

9 (i) The Compact administrator of a party state shall provide all investigative  
 10 documents and information requested by another party state.

## 11 ARTICLE VII

### 12 Establishment of the Interstate Commission of Nurse Licensure Compact Administrators

13 (a) The party states hereby create and establish a joint public entity known as  
 14 the Interstate Commission of Nurse Licensure Compact Administrators.

- 15 (1) The Commission is an instrumentality of the party states.
- 16 (2) Venue is proper, and judicial proceedings by or against the  
 17 Commission shall be brought solely and exclusively, in a court of competent  
 18 jurisdiction where the principal office of the Commission is located. The Commission  
 19 may waive venue and jurisdictional defenses to the extent it adopts or consents to  
 20 participate in alternative dispute resolution proceedings.

21 (3) Nothing in this Compact shall be construed to be a waiver of  
 22 sovereign immunity.

### 23 (b) Membership, Voting and Meetings

24 (1) Each party state shall have and be limited to one administrator. The  
 25 head of the state licensing board or designee shall be the administrator of this Compact  
 26 for each party state. Any administrator may be removed or suspended from office as  
 27 provided by the law of the state from which the Administrator is appointed. Any  
 28 vacancy occurring in the Commission shall be filled in accordance with the laws of the  
 29 party state in which the vacancy exists.

30 (2) Each administrator shall be entitled to one (1) vote with regard to  
 31 the promulgation of rules and creation of bylaws and shall otherwise have an

1 opportunity to participate in the business and affairs of the Commission. An  
 2 administrator shall vote in person or by such other means as provided in the bylaws.  
 3 The bylaws may provide for an administrator's participation in meetings by telephone  
 4 or other means of communication.

5 (3) The Commission shall meet at least once during each calendar  
 6 year. Additional meetings shall be held as set forth in the bylaws or rules of the  
 7 commission.

8 (4) All meetings shall be open to the public, and public notice of  
 9 meetings shall be given in the same manner as required under the rulemaking  
 10 provisions in Article VIII.

11 (5) The Commission may convene in a closed, nonpublic meeting if  
 12 the Commission must discuss:

13 (A) Noncompliance of a party state with its obligations under  
 14 this Compact;

15 (B) The employment, compensation, discipline or other  
 16 personnel matters, practices or procedures related to specific employees or  
 17 other matters related to the Commission's internal personnel practices and  
 18 procedures;

19 (C) Current, threatened or reasonably anticipated litigation;

20 (D) Negotiation of contracts for the purchase or sale of goods,  
 21 services or real estate;

22 (E) Accusing any person of a crime or formally censuring any  
 23 person;

24 (F) Disclosure of trade secrets or commercial or financial  
 25 information that is privileged or confidential;

26 (G) Disclosure of information of a personal nature where  
 27 disclosure would constitute a clearly unwarranted invasion of personal privacy;

28 (H) Disclosure of investigatory records compiled for law  
 29 enforcement purposes;

30 (I) Disclosure of information related to any reports prepared by  
 31 or on behalf of the Commission for the purpose of investigation of compliance

1 with this Compact; or

2 (J) Matters specifically exempted from disclosure by federal or  
3 state statute.

4 (6) If a meeting, or portion of a meeting, is closed pursuant to this  
5 provision, the Commission's legal counsel or designee shall certify that the meeting  
6 may be closed and shall reference each relevant exempting provision. The  
7 Commission shall keep minutes that fully and clearly describe all matters discussed in  
8 a meeting and shall provide a full and accurate summary of actions taken, and the  
9 reasons therefor, including a description of the views expressed. All documents  
10 considered in connection with an action shall be identified in such minutes. All  
11 minutes and documents of a closed meeting shall remain under seal, subject to release  
12 by a majority vote of the Commission or order of a court of competent jurisdiction.

13 (c) The Commission shall, by a majority vote of the administrators, prescribe  
14 bylaws or rules to govern its conduct as may be necessary or appropriate to carry out  
15 the purposes and exercise the powers of this Compact, including but not limited to:

16 (1) Establishing the fiscal year of the Commission;

17 (2) Providing reasonable standards and procedures:

18 (A) For the establishment and meetings of other committees;

19 and

20 (B) Governing any general or specific delegation of any  
21 authority or function of the Commission;

22 (3) Providing reasonable procedures for calling and conducting  
23 meetings of the Commission, ensuring reasonable advance notice of all meetings and  
24 providing an opportunity for attendance of such meetings by interested parties, with  
25 enumerated exceptions designed to protect the public's interest, the privacy of  
26 individuals, and proprietary information, including trade secrets. The Commission  
27 may meet in closed session only after a majority of the administrators vote to close a  
28 meeting in whole or in part. As soon as practicable, the Commission must make public  
29 a copy of the vote to close the meeting revealing the vote of each administrator, with  
30 no proxy votes allowed;

31 (4) Establishing the titles, duties and authority and reasonable

1 procedures for the election of the officers of the Commission;

2 (5) Providing reasonable standards and procedures for the  
3 establishment of the personnel policies and programs of the Commission.  
4 Notwithstanding any civil service or other similar laws of any party state, the bylaws  
5 shall exclusively govern the personnel policies and programs of the Commission; and

6 (6) Providing a mechanism for winding up the operations of the  
7 Commission and the equitable disposition of any surplus funds that may exist after the  
8 termination of this Compact after the payment or reserving of all of its debts and  
9 obligations;

10 (d) The Commission shall publish its bylaws and rules, and any amendments  
11 thereto, in a convenient form on the website of the Commission.

12 (e) The Commission shall maintain its financial records in accordance with the  
13 bylaws.

14 (f) The Commission shall meet and take such actions as are consistent with the  
15 provisions of this Compact and the bylaws.

16 (g) The Commission shall have the following powers:

17 (1) To promulgate uniform rules to facilitate and coordinate  
18 implementation and administration of this Compact. The rules shall have the force and  
19 effect of law and shall be binding in all party states;

20 (2) To bring and prosecute legal proceedings or actions in the name of  
21 the Commission, provided that the standing of any licensing board to sue or be sued  
22 under applicable law shall not be affected;

23 (3) To purchase and maintain insurance and bonds;

24 (4) To borrow, accept or contract for services of personnel, including,  
25 but not limited to, employees of a party state or nonprofit organizations;

26 (5) To cooperate with other organizations that administer state  
27 compacts related to the regulation of nursing, including but not limited to sharing  
28 administrative or staff expenses, office space or other resources;

29 (6) To hire employees, elect or appoint officers, fix compensation,  
30 define duties, grant such individuals appropriate authority to carry out the purposes of  
31 this Compact, and to establish the Commission's personnel policies and programs

1 relating to conflicts of interest, qualifications of personnel and other related personnel  
2 matters;

3 (7) To accept any and all appropriate donations, grants and gifts of  
4 money, equipment, supplies, materials and services, and to receive, utilize and dispose  
5 of the same; provided that at all times the Commission shall avoid any appearance of  
6 impropriety or conflict of interest;

7 (8) To lease, purchase, accept appropriate gifts or donations of, or  
8 otherwise to own, hold, improve or use, any property, whether real, personal or mixed;  
9 provided that at all times the Commission shall avoid any appearance of impropriety;

10 (9) To sell, convey, mortgage, pledge, lease, exchange, abandon or  
11 otherwise dispose of any property, whether real, personal or mixed;

12 (10) To establish a budget and make expenditures;

13 (11) To borrow money;

14 (12) To appoint committees, including advisory committees comprised  
15 of administrators, state nursing regulators, state legislators or their representatives, and  
16 consumer representatives, and other such interested persons;

17 (13) To provide and receive information from, and to cooperate with,  
18 law enforcement agencies;

19 (14) To adopt and use an official seal; and

20 (15) To perform such other functions as may be necessary or  
21 appropriate to achieve the purposes of this Compact consistent with the state  
22 regulation of nurse licensure and practice.

23 (h) Financing of the Commission

24 (1) The Commission shall pay, or provide for the payment of, the  
25 reasonable expenses of its establishment, organization and ongoing activities.

26 (2) The Commission may also levy on and collect an annual  
27 assessment from each party state to cover the cost of its operations, activities and staff  
28 in its annual budget as approved each year. The aggregate annual assessment amount,  
29 if any, shall be allocated based upon a formula to be determined by the Commission,  
30 which shall promulgate a rule that is binding upon all party states.

31 (3) The Commission shall not incur obligations of any kind prior to

1       securing the funds adequate to meet the same; nor shall the Commission pledge the  
2       credit of any of the party states, except by, and with the authority of, such party state.

3               (4) The Commission shall keep accurate accounts of all receipts and  
4       disbursements. The receipts and disbursements of the Commission shall be subject to  
5       the audit and accounting procedures established under its bylaws. However, all  
6       receipts and disbursements of funds handled by the Commission shall be audited  
7       yearly by a certified or licensed public accountant, and the report of the audit shall be  
8       included in and become part of the annual report of the Commission.

9               (i) Qualified Immunity, Defense and Indemnification

10              (1) The administrators, officers, executive director, employees and  
11       representatives of the Commission shall be immune from suit and liability, either  
12       personally or in their official capacity, for any claim for damage to or loss of property  
13       or personal injury or other civil liability caused by or arising out of any actual or  
14       alleged act, error or omission that occurred, or that the person against whom the claim  
15       is made had a reasonable basis for believing occurred, within the scope of  
16       Commission employment, duties or responsibilities; provided that nothing in this  
17       paragraph shall be construed to protect any such person from suit or liability for any  
18       damage, loss, injury or liability caused by the intentional, willful or wanton  
19       misconduct of that person.

20              (2) The Commission shall defend any administrator, officer, executive  
21       director, employee or representative of the Commission in any civil action seeking to  
22       impose liability arising out of any actual or alleged act, error or omission that occurred  
23       within the scope of Commission employment, duties or responsibilities, or that the  
24       person against whom the claim is made had a reasonable basis for believing occurred  
25       within the scope of Commission employment, duties or responsibilities; provided that  
26       nothing herein shall be construed to prohibit that person from retaining his or her own  
27       counsel; and provided further that the actual or alleged act, error or omission did not  
28       result from that person's intentional, willful or wanton misconduct.

29              (3) The Commission shall indemnify and hold harmless any  
30       administrator, officer, executive director, employee or representative of the  
31       Commission for the amount of any settlement or judgment obtained against that



1 person arising out of any actual or alleged act, error or omission that occurred within  
 2 the scope of Commission employment, duties or responsibilities, or that such person  
 3 had a reasonable basis for believing occurred within the scope of Commission  
 4 employment, duties or responsibilities, provided that the actual or alleged act, error or  
 5 omission did not result from the intentional, willful or wanton misconduct of that  
 6 person.

## 7 ARTICLE VIII

### 8 Rulemaking

9 (a) The Commission shall exercise its rulemaking powers pursuant to the  
 10 criteria set forth in this Article and the rules adopted thereunder. Rules and  
 11 amendments shall become binding as of the date specified in each rule or amendment  
 12 and shall have the same force and effect as provisions of this Compact.

13 (b) Rules or amendments to the rules shall be adopted at a regular or special  
 14 meeting of the Commission.

15 (c) Prior to promulgation and adoption of a final rule or rules by the  
 16 Commission, and at least sixty (60) days in advance of the meeting at which the rule  
 17 will be considered and voted upon, the Commission shall file a notice of proposed  
 18 rulemaking:

19 (1) On the website of the Commission; and

20 (2) On the website of each licensing board or the publication in which  
 21 each state would otherwise publish proposed rules.

22 (d) The notice of proposed rulemaking shall include:

23 (1) The proposed time, date and location of the meeting in which the  
 24 rule will be considered and voted upon;

25 (2) The text of the proposed rule or amendment, and the reason for the  
 26 proposed rule;

27 (3) A request for comments on the proposed rule from any interested  
 28 person; and

29 (4) The manner in which interested persons may submit notice to the  
 30 Commission of their intention to attend the public hearing and any written comments.

31 (e) Prior to adoption of a proposed rule, the Commission shall allow persons

1 to submit written data, facts, opinions and arguments, which shall be made available to  
2 the public.

3 (f) The Commission shall grant an opportunity for a public hearing before it  
4 adopts a rule or amendment.

5 (g) The Commission shall publish the place, time and date of the scheduled  
6 public hearing.

7 (1) Hearings shall be conducted in a manner providing each person  
8 who wishes to comment a fair and reasonable opportunity to comment orally or in  
9 writing. All hearings will be recorded, and a copy will be made available upon request.

10 (2) Nothing in this section shall be construed as requiring a separate  
11 hearing on each rule. Rules may be grouped for the convenience of the Commission at  
12 hearings required by this section.

13 (h) If no one appears at the public hearing, the Commission may proceed with  
14 promulgation of the proposed rule.

15 (i) Following the scheduled hearing date, or by the close of business on the  
16 scheduled hearing date if the hearing was not held, the Commission shall consider all  
17 written and oral comments received.

18 (j) The Commission shall, by majority vote of all administrators, take final  
19 action on the proposed rule and shall determine the effective date of the rule, if any,  
20 based on the rulemaking record and the full text of the rule.

21 (k) Upon determination that an emergency exists, the Commission may  
22 consider and adopt an emergency rule without prior notice, opportunity for comment  
23 or hearing, provided that the usual rulemaking procedures provided in this Compact  
24 and in this section shall be retroactively applied to the rule as soon as reasonably  
25 possible, in no event later than ninety (90) days after the effective date of the rule. For  
26 the purposes of this provision, an emergency rule is one that must be adopted  
27 immediately in order to:

- 28 (1) Meet an imminent threat to public health, safety or welfare;
- 29 (2) Prevent a loss of Commission or party state funds; or
- 30 (3) Meet a deadline for the promulgation of an administrative rule that
- 31 is required by federal law or rule.

(l) The Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Commission, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

## ARTICLE IX

### Oversight, Dispute Resolution and Enforcement

#### (a) Oversight

(1) Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent.

(2) The Commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities or actions of the Commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

#### (b) Default, Technical Assistance and Termination

(1) If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

(A) Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default or any other action to be taken by the Commission; and

(B) Provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to cure the default, the defaulting state's

1 membership in this Compact may be terminated upon an affirmative vote of a majority  
 2 of the administrators, and all rights, privileges and benefits conferred by this Compact  
 3 may be terminated on the effective date of termination. A cure of the default does not  
 4 relieve the offending state of obligations or liabilities incurred during the period of  
 5 default.

6 (3) Termination of membership in this Compact shall be imposed only  
 7 after all other means of securing compliance have been exhausted. Notice of intent to  
 8 suspend or terminate shall be given by the Commission to the governor of the  
 9 defaulting state and to the executive officer of the defaulting state's licensing board  
 10 and each of the party states.

11 (4) A state whose membership in this Compact has been terminated is  
 12 responsible for all assessments, obligations and liabilities incurred through the  
 13 effective date of termination, including obligations that extend beyond the effective  
 14 date of termination.

15 (5) The Commission shall not bear any costs related to a state that is  
 16 found to be in default or whose membership in this Compact has been terminated  
 17 unless agreed upon in writing between the Commission and the defaulting state.

18 (6) The defaulting state may appeal the action of the Commission by  
 19 petitioning the U.S. District Court for the District of Columbia or the federal district in  
 20 which the Commission has its principal offices. The prevailing party shall be awarded  
 21 all costs of such litigation, including reasonable attorneys' fees.

#### 22 (c) Dispute Resolution

23 (1) Upon request by a party state, the Commission shall attempt to  
 24 resolve disputes related to the Compact that arise among party states and between  
 25 party and non-party states.

26 (2) The Commission shall promulgate a rule providing for both  
 27 mediation and binding dispute resolution for disputes, as appropriate.

28 (3) In the event the Commission cannot resolve disputes among party  
 29 states arising under this Compact:

30 (A) The party states may submit the issues in dispute to an  
 31 arbitration panel, which will be comprised of individuals appointed by the

1 Compact administrator in each of the affected party states and an individual  
 2 mutually agreed upon by the Compact administrators of all the party states  
 3 involved in the dispute.

4 (B) The decision of a majority of the arbitrators shall be final  
 5 and binding.

6 (d) Enforcement

7 (1) The Commission, in the reasonable exercise of its discretion, shall  
 8 enforce the provisions and rules of this Compact.

9 (2) By majority vote, the Commission may initiate legal action in the  
 10 U.S. District Court for the District of Columbia or the federal district in which the  
 11 Commission has its principal offices against a party state that is in default to enforce  
 12 compliance with the provisions of this Compact and its promulgated rules and bylaws.  
 13 The relief sought may include both injunctive relief and damages. In the event judicial  
 14 enforcement is necessary, the prevailing party shall be awarded all costs of such  
 15 litigation, including reasonable attorneys' fees.

16 (3) The remedies herein shall not be the exclusive remedies of the  
 17 Commission. The Commission may pursue any other remedies available under federal  
 18 or state law.

19 ARTICLE X

20 Effective Date, Withdrawal and Amendment

21 (a) This Compact shall become effective and binding on the earlier of the date  
 22 of legislative enactment of this Compact into law by no less than twenty-six (26) states  
 23 or December 31, 2018. All party states to this Compact, that also were parties to the  
 24 prior Nurse Licensure Compact, superseded by this Compact, ("Prior Compact"), shall  
 25 be deemed to have withdrawn from said Prior Compact within six (6) months after the  
 26 effective date of this Compact.

27 (b) Each party state to this Compact shall continue to recognize a nurse's  
 28 multistate licensure privilege to practice in that party state issued under the Prior  
 29 Compact until such party state has withdrawn from the Prior Compact.

30 (c) Any party state may withdraw from this Compact by enacting a statute  
 31 repealing the same. A party state's withdrawal shall not take effect until six (6) months

1 after enactment of the repealing statute.

2 (d) A party state's withdrawal or termination shall not affect the continuing  
3 requirement of the withdrawing or terminated state's licensing board to report adverse  
4 actions and significant investigations occurring prior to the effective date of such  
5 withdrawal or termination.

6 (e) Nothing contained in this Compact shall be construed to invalidate or  
7 prevent any nurse licensure agreement or other cooperative arrangement between a  
8 party state and a non-party state that is made in accordance with the other provisions  
9 of this Compact.

10 (f) This Compact may be amended by the party states. No amendment to this  
11 Compact shall become effective and binding upon the party states unless and until it is  
12 enacted into the laws of all party states.

13 (g) Representatives of non-party states to this Compact shall be invited to  
14 participate in the activities of the Commission, on a nonvoting basis, prior to the  
15 adoption of this Compact by all states.

## 16 ARTICLE XI

### 17 Construction and Severability

18 This Compact shall be liberally construed so as to effectuate the purposes  
19 thereof. The provisions of this Compact shall be severable, and if any phrase, clause,  
20 sentence or provision of this Compact is declared to be contrary to the constitution of  
21 any party state or of the United States, or if the applicability thereof to any  
22 government, agency, person or circumstance is held invalid, the validity of the  
23 remainder of this Compact and the applicability thereof to any government, agency,  
24 person or circumstance shall not be affected thereby. If this Compact shall be held to  
25 be contrary to the constitution of any party state, this Compact shall remain in full  
26 force and effect as to the remaining party states and in full force and effect as to the  
27 party state affected as to all severable matters.

28 \* **Sec. 16.** AS 08.68.800(a) is amended to read:

29 (a) This chapter does not apply to

30 (1) a qualified nurse licensed in another state employed by the United  
31 States government or a bureau, or agency, or division of the United States government

1 while in the discharge of official duties;

2 (2) nursing service given temporarily in the event of a public  
3 emergency, epidemic, or disaster;

4 (3) the practice of nursing by a student enrolled in a nursing education  
5 program accredited by the board when the practice is in connection with the student's  
6 course of study;

7 (4) the practice of nursing by an individual enrolled in an approved  
8 program or course of study approved by the board to satisfy the requirements of  
9 AS 08.68.251;

10 (5) the practice of nursing by a nurse licensed in another state, **except**  
11 **for a nurse holding a multistate license under AS 08.68.500,** who engages in  
12 nursing education or nursing consultation activities, if these activities and contact with  
13 clients do not exceed 20 working days within a licensing period; or

14 (6) the practice of nursing by a nurse licensed in another state, **except**  
15 **for a nurse holding a multistate license under AS 08.68.500,** whose employment  
16 responsibilities include transporting patients into, out of, or through this state;  
17 however, this exception is valid for a period not to exceed 48 hours for each transport.

18 \* **Sec. 17.** AS 08.68.805 is amended to read:

19 **Sec. 08.68.805. Delegation of nursing functions.** A registered, advanced  
20 practice registered, or practical nurse licensed **or privileged to practice** under this  
21 chapter may delegate nursing duties to other persons, including unlicensed assistive  
22 personnel, under regulations adopted by the board. A person to whom the nursing  
23 duties are delegated may perform the delegated duties without a license or certificate  
24 under this chapter if the person meets the applicable requirements established by the  
25 board.

26 \* **Sec. 18.** AS 09.55.560(2) is amended to read:

27 (2) "health care provider" means an acupuncturist licensed under  
28 AS 08.06; an audiologist or speech-language pathologist licensed under AS 08.11; a  
29 chiropractor licensed under AS 08.20; a dental hygienist licensed under AS 08.32; a  
30 dentist licensed under AS 08.36; a nurse licensed **or privileged to practice** under  
31 AS 08.68; a dispensing optician licensed under AS 08.71; a naturopath licensed under

AS 08.45; an optometrist licensed under AS 08.72; a pharmacist licensed under AS 08.80; a physical therapist or occupational therapist licensed under AS 08.84; a physician or physician assistant licensed under AS 08.64; a podiatrist; a psychologist and a psychological associate licensed under AS 08.86; a hospital as defined in AS 47.32.900, including a governmentally owned or operated hospital; an employee of a health care provider acting within the course and scope of employment; an ambulatory surgical facility and other organizations whose primary purpose is the delivery of health care, including a health maintenance organization, individual practice association, integrated delivery system, preferred provider organization or arrangement, and a physical hospital organization;

\* **Sec. 19.** AS 09.65.095(c)(1) is amended to read:

(1) "health care provider" means a nurse licensed or privileged to practice under AS 08.68, a physician licensed under AS 08.64, and a person certified by a hospital as competent to take blood samples;

\* **Sec. 20.** AS 18.20.095(e)(2) is amended to read:

(2) "licensed staff member" means a person who is employed by the hospital to provide direct patient care and who is licensed, [OR] certified, or privileged to practice in the state as a physician or physician assistant under AS 08.64, direct-entry midwife under AS 08.65, nurse or nurse aide under AS 08.68, or physical therapist or occupational therapist under AS 08.84;

\* **Sec. 21.** AS 18.20.499(3) is amended to read:

(3) "nurse" means an individual licensed or privileged to practice registered nursing or practical nursing under AS 08.68 who provides nursing services through direct patient care or clinical services and includes a nurse manager when delivering in-hospital patient care;

\* **Sec. 22.** AS 18.23.070(3) is amended to read:

(3) "health care provider" means an acupuncturist licensed under AS 08.06; a chiropractor licensed under AS 08.20; a dental hygienist licensed under AS 08.32; a dentist licensed under AS 08.36; a nurse licensed or privileged to practice under AS 08.68; a dispensing optician licensed under AS 08.71; an optometrist licensed under AS 08.72; a pharmacist licensed under AS 08.80; a



1 physical therapist or occupational therapist licensed under AS 08.84; a physician  
 2 licensed under AS 08.64; a podiatrist; a psychologist and a psychological associate  
 3 licensed under AS 08.86; a hospital as defined in AS 47.32.900, including a  
 4 governmentally owned or operated hospital; and an employee of a health care provider  
 5 acting within the course and scope of employment;

6 \* **Sec. 23.** AS 47.07.045(b) is amended to read:

7 (b) Before the department may terminate payment for services provided under  
 8 (a) of this section

9 (1) the recipient must have had an annual assessment to determine  
 10 whether the recipient continues to meet the standards under (a) of this section;

11 (2) the annual assessment must have been reviewed by an independent  
 12 qualified health care professional under contract with the department; for purposes of  
 13 this paragraph, "independent qualified health care professional" means,

14 (A) for a waiver based on intellectual or developmental  
 15 disability, a person who is qualified under 42 C.F.R. 483.430 as a qualified  
 16 intellectual disability professional;

17 (B) for other allowable waivers, a registered or advanced  
 18 practice registered nurse licensed or privileged to practice under AS 08.68  
 19 who is qualified to assess children with complex medical conditions, older  
 20 Alaskans, and adults with physical disabilities for medical assistance waivers;  
 21 and

22 (3) the annual assessment must find that the recipient's condition has  
 23 materially improved since the previous assessment; for purposes of this paragraph,  
 24 "materially improved" means that a recipient who has previously qualified for a  
 25 waiver for

26 (A) a child with complex medical conditions, no longer needs  
 27 technical assistance for a life-threatening condition, and is expected to be  
 28 placed in a skilled nursing facility for less than 30 days each year;

29 (B) intellectual or developmental disability, no longer needs the  
 30 level of care provided by an intermediate care facility for persons with  
 31 intellectual and developmental disabilities either because the qualifying

1 diagnosis has changed or the recipient is able to demonstrate the ability to  
2 function in a home setting without the need for waiver services; or

3 (C) an older Alaskan or adult with a physical disability, no  
4 longer has a functional limitation or cognitive impairment that would result in  
5 the need for nursing home placement, and is able to demonstrate the ability to  
6 function in a home setting without the need for waiver services.

7 \* **Sec. 24.** AS 47.33.020(d) is amended to read:

8 (d) An assisted living home may provide intermittent nursing services to a  
9 resident who does not require 24-hour nursing services and supervision. Intermittent  
10 nursing services may be provided only by a nurse licensed **or privileged to practice**  
11 under AS 08.68 or by a person to whom a nursing task has been delegated under (e) of  
12 this section.

13 \* **Sec. 25.** AS 47.33.020(e) is amended to read:

14 (e) A person who is on the staff of an assisted living home and who is not a  
15 nurse licensed **or privileged to practice** under AS 08.68 may perform a nursing task  
16 in that home if

17 (1) the authority to perform that nursing task is delegated to that person  
18 by a nurse licensed **or privileged to practice** under AS 08.68; and

19 (2) that nursing task is specified in regulations adopted by the Board of  
20 Nursing as a task that may be delegated.

21 \* **Sec. 26.** AS 47.33.020(f) is amended to read:

22 (f) A resident who needs skilled nursing care may, with the consent of the  
23 assisted living home, arrange for that care to be provided in the home by a nurse  
24 licensed **or privileged to practice** under AS 08.68 if that arrangement does not  
25 interfere with the services provided to other residents.

26 \* **Sec. 27.** AS 47.33.020(g) is amended to read:

27 (g) As part of a plan to avoid transfer of a resident from the home for medical  
28 reasons, the home may provide, through the services of a nurse who is licensed **or**  
29 **privileged to practice** under AS 08.68, 24-hour skilled nursing care to the resident for  
30 not more than 45 consecutive days.

31 \* **Sec. 28.** AS 47.33.020(h) is amended to read:

(h) If a resident has received 24-hour skilled nursing care for the 45-day limit set by (g) of this section, the resident or the resident's representative may elect to have the resident remain in the home without continuation of 24-hour skilled nursing care if the home agrees to retain the resident after

(1) the home and either the resident or the resident's representative have consulted with the resident's physician;

(2) the home and either the resident or the resident's representative have discussed the consequences and risks involved in the election to remain in the home; and

(3) the portion of the resident's assisted living plan that relates to health-related services has been revised to provide for the resident's health-related needs without the use of 24-hour skilled nursing care, and the revised plan has been reviewed by a registered or advanced practice registered nurse licensed **or privileged to practice** under AS 08.68 or by the resident's attending physician.

\* **Sec. 29.** AS 47.33.230(c) is amended to read:

(c) If the assisted living home provides or arranges for the provision of health-related services to a resident, the home shall ensure that a

(1) registered or advanced practice registered nurse licensed **or privileged to practice** under AS 08.68 reviews the portion of an assisted living plan that describes how the resident's need for health-related services will be met; and

(2) physician's statement about the resident is included in the plan.

\* **Sec. 30.** The uncodified law of the State of Alaska is amended by adding a new section to read:

TRANSITION: REGULATIONS. The Department of Commerce, Community, and Economic Development and the Board of Nursing may proceed to adopt regulations to implement this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act) but not before the effective date of the law implemented by the regulation.

\* **Sec. 31.** Section 30 of this Act takes effect immediately under AS 01.10.070(c).

\* **Sec. 32.** Except as provided in sec. 31 of this Act, this Act takes effect July 1, 2026.



## 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.

**HOUSE BILL NO. 158**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY THE HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

Introduced: 3/26/25

Referred: House Special Committee on Military and Veterans' Affairs, Labor and Commerce

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to professional licensing; relating to temporary licenses for certain  
2 professions; and providing for an effective date."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 \* **Section 1.** AS 08.01 is amended by adding a new section to read:

5 **Sec. 08.01.061. Temporary license.** (a) The department may issue a  
6 temporary license to practice an occupation in AS 08.01.010 if

7 (1) the applicant

8 (A) is licensed or credentialed to practice the occupation in  
9 another state or territory of the United States that

10 (i) has requirements for a license to practice the  
11 occupation that are substantially equivalent to or greater than the  
12 requirements listed in the applicable chapter of this title; and

13 (ii) authorizes a scope of practice substantially  
14 equivalent to the scope of practice of the corresponding license in this

1 state; or

2 (B) does not hold a license to practice that occupation in  
3 another jurisdiction but meets the qualifications and requirements for a license  
4 under the applicable chapter of this title through military education, training,  
5 and service under AS 08.01.064;

6 (2) at the time of application, the applicant is not subject to  
7 disciplinary action related to the occupation in another jurisdiction or the subject of an  
8 ongoing review or disciplinary proceeding by the licensing authority in that  
9 jurisdiction;

10 (3) in the 10 years preceding the submission of an application, the  
11 applicant has not committed an act in another jurisdiction that would constitute  
12 grounds for the denial or revocation of a license, certificate, or permit to practice that  
13 occupation at the time the act was committed; and

14 (4) the applicable fees are paid.

15 (b) If the department or applicable board requires that an applicant for a  
16 professional license submit information related to a criminal history record check,  
17 those requirements also apply to an applicant for a temporary license. The department  
18 may grant a temporary license before obtaining the resulting report.

19 (c) If the department finds that a temporary license was secured through  
20 deceit, fraud, or intentional misrepresentation, the department may take disciplinary  
21 action against the temporary license, including revoking the temporary license.

22 (d) A temporary license is valid for up to 180 days as determined by the  
23 department. For each temporary license issued to an applicant, the applicant may  
24 apply for one 180-day extension, which will be approved at the department's  
25 discretion.

26 (e) Except as provided in (f) of this section, a temporary license for an  
27 occupation listed in AS 08.01.010 satisfies the requirements to practice that  
28 occupation.

29 (f) This section does not apply to an occupation regulated under AS 08.54 or  
30 AS 08.62.

31 \* **Sec. 2.** AS 08.01.062 is amended to read:

1           **Sec. 08.01.062. Courtesy licenses.** (a) A board established under this title  
 2 [AND THE DEPARTMENT, WITH RESPECT TO AN OCCUPATION THAT IT  
 3 REGULATES UNDER THIS TITLE,] may by regulation establish criteria for issuing  
 4 a [TEMPORARY] courtesy license to nonresidents who enter the state so that, on a  
 5 temporary basis, they may practice the occupation regulated by the board **for a**  
 6 **limited purpose. A courtesy license may not authorize a licensee to engage in the**  
 7 **general practice of the related occupation** [OR THE DEPARTMENT].

8           (b) The regulations adopted under (a) of this section may include limitations  
 9 relating to the

- 10                       (1) duration of the license's validity;
- 11                       (2) scope of practice allowed under the license; and
- 12                       (3) other matters considered important by the board [OR THE  
 13 DEPARTMENT].

14 \* **Sec. 3.** AS 08.01.063 is repealed and reenacted to read:

15           **Sec. 08.01.063. Portability of professional licenses for servicemembers and**  
 16 **their spouses.** (a) Except as provided in (e) of this section and 50 U.S.C. 4025a, the  
 17 department shall issue a license to practice an occupation in AS 08.01.010 that has an  
 18 equivalent scope of practice as a certificate or license held by a servicemember or  
 19 spouse of a servicemember if the servicemember or spouse relocates residence to the  
 20 state in accordance with military orders, applies in a manner prescribed by the  
 21 department, and meets the requirements of this section. An application under this  
 22 section must include

- 23                       (1) evidence satisfactory to the department that the applicant
  - 24                               (A) has received military orders, or is the spouse of a  
 25 servicemember who has received military orders, for military service in the  
 26 state;
  - 27                               (B) holds a license or certificate issued by the licensing  
 28 authority of another state that
    - 29                                       (i) is in good standing with the licensing authority;
    - 30                                       (ii) has not been revoked or subject to discipline;
    - 31                                       (iii) does not have an investigation relating to



unprofessional conduct pending in any state relating to it; and

(iv) has not been voluntarily surrendered while under investigation for unprofessional conduct in any state; and

(C) is in good standing with the licensing authority of any state that has issued the applicant a license or certificate.

(2) a notarized affidavit affirming, under penalty of law, that

(A) the applicant is the person described and identified in the application;

(B) all statements made in the application are true and correct;

(C) the applicant has read and understands the requirements to receive a license and the scope of practice of that license type;

(D) the applicant will comply with the requirements to practice under the license, including requirements related to discipline and fulfillment of continuing education; and

(E) the applicant is in good standing with the licensing authority of

(i) the jurisdiction that issued the applicant's existing license or certificate; and

(ii) any other jurisdiction of a state, district, or territory of the United States that has issued the applicant a license or certificate;

(3) if the applicant is the spouse of a military servicemember, a copy of the marriage certificate; and

(4) payment of any applicable fees.

(b) If an applicant meets the requirements of (a) of this section, the department shall issue a license to the applicant within 30 days after receipt of the application. The department may extend the 30-day period only for the purpose of completing a criminal history record check under (d) of this section. If the department cannot issue the license within 30 days, the department may issue to the applicant a temporary license to practice the profession while the criminal history record check is pending.

(c) Notwithstanding (d) of this section, a license issued under this section is subject to the applicable department or board requirements for that license and for the

1 practice of the related profession, including renewal dates established under  
2 AS 08.01.100.

3 (d) If the department or applicable board requires that an applicant for a  
4 professional license submit information related to a criminal history record check, the  
5 department may require an applicant under this section to meet the same requirements.

6 (e) This section does not apply to

7 (1) a profession not set out under AS 08.01.010; or

8 (2) a profession that is subject to an interstate licensing compact that  
9 has been entered into by the state.

10 (f) In this section,

11 (1) "license" has the meaning given in 50 U.S.C. 4025a;

12 (2) "licensing authority" has the meaning given under 50 U.S.C.  
13 4025a;

14 (3) "military orders" has the meaning given under 50 U.S.C. 4025a;

15 (4) "military service" has the meaning given under 50 U.S.C. 3911;

16 (5) "scope of practice" has the meaning given under 50 U.S.C. 4025a;

17 (6) "servicemember" has the meaning given in 50 U.S.C. 3911.

18 \* **Sec. 4.** AS 08.13.070 is amended to read:

19 **Sec. 08.13.070. License required.** A person may not

20 (1) practice barbering, hairdressing, hair braiding, manicuring,  
21 esthetics, body piercing, tattooing, or permanent cosmetic coloring without a license,  
22 [TEMPORARY PERMIT,] temporary license under AS 08.01.061, or student permit  
23 unless exempted under AS 08.13.160(d);

24 (2) practice barbering, hairdressing, hair braiding, manicuring,  
25 esthetics, body piercing, tattooing, or permanent cosmetic coloring except in a shop or  
26 school licensed under this chapter unless exempted under AS 08.13.160(d) or  
27 permitted under AS 08.13.160(e);

28 (3) open or conduct a school of barbering, hairdressing, manicuring, or  
29 esthetics without a license;

30 (4) teach in a school of barbering, hairdressing, manicuring, or  
31 esthetics, or supervise an apprentice in barbering, hairdressing, manicuring, or

1 esthetics without an instructor's license;

2 (5) operate a shop in violation of AS 08.13.120;

3 (6) permit an employee or other person being supervised who is not  
4 exempted under AS 08.13.160(d) to practice barbering, hairdressing, hair braiding,  
5 manicuring, esthetics, body piercing, tattooing, or permanent cosmetic coloring  
6 without a license, [TEMPORARY PERMIT,] temporary license under AS 08.01.061,  
7 or student permit;

8 (7) permit the use of the person's license, [TEMPORARY PERMIT,]  
9 temporary license under AS 08.01.061, or student permit by another person;

10 (8) obtain or attempt to obtain a license, [TEMPORARY PERMIT,]  
11 temporary license under AS 08.01.061, or student permit by fraudulent means.

12 \* **Sec. 5.** AS 08.13.120(b) is amended to read:

13 (b) The regulations adopted under (a) of this section must include provisions  
14 under which the board may issue a temporary shop license to a person who has a  
15 license or temporary license under AS 08.01.061 [PERMIT UNDER THIS  
16 CHAPTER] to practice tattooing, permanent cosmetic coloring, or body piercing. The  
17 temporary shop license authorized under this subsection may only be issued to cover a  
18 site where the practitioner intends to hold a workshop or to demonstrate techniques as  
19 part of a convention or other special event, as defined by the board, that includes other  
20 practitioners of tattooing, permanent cosmetic coloring, or body piercing. Each  
21 practitioner of tattooing, permanent cosmetic coloring, or body piercing who holds a  
22 workshop or demonstrates techniques at a convention or special event shall have a  
23 separate temporary shop license and a license or temporary license under  
24 AS 08.01.061 [PERMIT UNDER THIS CHAPTER] to practice tattooing, permanent  
25 cosmetic coloring, or body piercing. The board shall issue a temporary shop license  
26 upon receipt of an application from a practitioner demonstrating compliance with the  
27 regulations adopted under this section and payment of the appropriate fee; however,  
28 the temporary shop license may be summarily revoked, without refunding of the fee, if  
29 the Department of Environmental Conservation determines after an inspection that the  
30 cleanliness or sanitation conditions at the site covered by the temporary shop license  
31 pose a clear and immediate danger to the public health or safety. A licensee may

1 appeal a summary revocation under this subsection to the superior court.

2 \* **Sec. 6.** AS 08.13.130(a) is amended to read:

3 (a) A practitioner shall display the practitioner's license in a conspicuous  
4 location in the practitioner's place of business. Each shop owner is responsible for the  
5 conspicuous display of the shop's license and the licenses of employees and  
6 individuals renting booths in the shop. A person holding a student permit or [,]  
7 temporary license under AS 08.01.061 [, OR TEMPORARY PERMIT] shall display  
8 the permit or license in a conspicuous location in the school in which the person is  
9 enrolled or the shop in which the person works. The school or shop owner is  
10 responsible for the display of a permit or license for each enrolled student, apprentice,  
11 or temporary license holder.

12 \* **Sec. 7.** AS 08.13.150 is amended to read:

13 **Sec. 08.13.150. Disciplinary sanctions and grounds for refusal of a license**  
14 **or permit.** The board may, in addition to the actions authorized under AS 08.01.075,  
15 refuse, suspend, or revoke a license, temporary shop license, student permit, or  
16 temporary license under AS 08.01.061 [, OR TEMPORARY PERMIT] for failure to  
17 comply with this chapter, with a regulation adopted under this chapter, with a  
18 regulation adopted by the Department of Environmental Conservation under  
19 AS 44.46.020, or with an order of the board.

20 \* **Sec. 8.** AS 08.13.175 is amended to read:

21 **Sec. 08.13.175. Temporary license.** A person who receives a temporary  
22 license under AS 08.01.061 must work [MEETS THE REQUIREMENTS OF  
23 AS 08.13.080(a)(1), (2), (3), (4), OR (6) IS ENTITLED TO BE TEMPORARILY  
24 LICENSED AFTER APPLYING FOR EXAMINATION UNDER THIS CHAPTER  
25 IF THE APPLICANT WORKS] under the direct supervision, and within the physical  
26 presence, of a person who is licensed under this chapter. [IN THE AREA OF  
27 PRACTICE FOR WHICH THE APPLICANT HAS APPLIED FOR  
28 EXAMINATION. A TEMPORARY LICENSE ISSUED UNDER THIS SECTION IS  
29 VALID FOR 120 DAYS AND IS NONRENEWABLE. A PERSON MAY NOT  
30 RECEIVE MORE THAN ONE TEMPORARY LICENSE FOR EACH AREA OF  
31 PRACTICE LICENSED UNDER THIS CHAPTER. AN APPLICATION FOR A

1 TEMPORARY LICENSE MUST BE SIGNED BY THE SUPERVISING LICENSEE  
 2 AND ACCOMPANIED BY THE TEMPORARY LICENSE FEE REQUIRED  
 3 UNDER AS 08.13.185.]

4 \* **Sec. 9.** AS 08.13.185(a) is amended to read:

5 (a) The Department of Commerce, Community, and Economic Development  
 6 shall set fees under AS 08.01.065 for initial licenses and renewals for the following:

- 7 (1) schools;
- 8 (2) school owners;
- 9 (3) instructor;
- 10 (4) shop owner;
- 11 (5) practitioner of barbering;
- 12 (6) practitioner of hairdressing;
- 13 (7) practitioner of manicuring;
- 14 (8) practitioner of esthetics;
- 15 (9) practitioner of tattooing;
- 16 (10) practitioner of body piercing;
- 17 (11) temporary shop license;
- 18 (12) [TEMPORARY PERMIT;
- 19 (13)] temporary license;
- 20 **(13)** [(14)] student permit;
- 21 **(14)** [(15)] endorsement for advanced manicuring;
- 22 **(15)** [(16)] practitioner of hair braiding;
- 23 **(16)** [(17)] practitioner of permanent cosmetic coloring;
- 24 **(17)** [(18)] practitioner of non-chemical barbering.

25 \* **Sec. 10.** AS 08.13.190 is amended to read:

26 **Sec. 08.13.190. Failure to possess a license or permit.** (a) A person who  
 27 practices barbering, hairdressing, hair braiding, esthetics, tattooing, permanent  
 28 cosmetic coloring, or body piercing, or operates a shop, or operates a school of  
 29 barbering, hairdressing, or esthetics, or teaches in a school of barbering, hairdressing,  
 30 or esthetics, without a license, [TEMPORARY PERMIT,] temporary license **under**  
 31 **AS 08.01.061**, or student permit and who is not exempt under AS 08.13.120 or under

AS 08.13.160(d) is guilty of a class B misdemeanor.

(b) A person who practices manicuring, operates a shop for manicuring, operates a school of manicuring, or teaches in a school of manicuring without the appropriate license, [TEMPORARY PERMIT,] temporary license under AS 08.01.061, or student permit and who is not exempt under AS 08.13.120 or 08.13.160(d) is guilty of a violation.

\* **Sec. 11.** AS 08.20.180(a) is amended to read:

(a) An applicant for an examination, reexamination, issuance of a temporary license [PERMIT] under AS 08.01.061 [AS 08.20.160, ISSUANCE OF A LOCUM TENENS PERMIT UNDER AS 08.20.163], issuance of a license by credentials under AS 08.20.141, one-time issuance of a retired status license, or initial issuance or renewal of an active or inactive license shall pay a fee established under AS 08.01.065.

\* **Sec. 12.** AS 08.36.100 is amended to read:

**Sec. 08.36.100. License required.** Except as provided in AS 08.36.238 [AND 08.36.254], a person may not practice, or attempt to practice, dentistry without a license.

\* **Sec. 13.** AS 08.64.279 is amended to read:

**Sec. 08.64.279. Interview for permit or temporary license [PERMITS].** An applicant for an intern permit or a temporary license under AS 08.01.061 [, A RESIDENT PERMIT, OR A TEMPORARY PERMIT FOR LOCUM TENENS PRACTICE] may be interviewed in person by the board, a member of the board, the executive secretary of the board, or a person designated for that purpose by the board.

\* **Sec. 14.** AS 08.64.315 is amended to read:

**Sec. 08.64.315. Fees.** The department shall set fees under AS 08.01.065 for each of the following:

- (1) application;
- (2) license by examination;
- (3) license by endorsement or waiver of examination;
- (4) [TEMPORARY PERMIT;
- (5) LOCUM TENENS PERMIT;

- 1 (6)] license renewal, active;
- 2 **(5)** [(7)] license renewal, inactive;
- 3 **(6) temporary license under AS 08.01.061;**
- 4 **(7)** [(8)] license by reexamination.

5 \* **Sec. 15.** AS 08.68.220 is amended to read:

6 **Sec. 08.68.220. Fees.** The Department of Commerce, Community, and  
 7 Economic Development shall set fees under AS 08.01.065 for each of the following:

- 8 (1) registered nursing:
  - 9 (A) application;
  - 10 (B) license by examination;
  - 11 (C) license by endorsement;
  - 12 (D) license renewal;
  - 13 (E) temporary **license under AS 08.01.061** [PERMIT];
- 14 (2) practical nursing:
  - 15 (A) application;
  - 16 (B) license by examination;
  - 17 (C) license by endorsement;
  - 18 (D) license renewal;
  - 19 (E) temporary **license under AS 08.01.061** [PERMIT];
- 20 (3) advanced practice registered nursing:
  - 21 (A) application;
  - 22 (B) license by certification examination;
  - 23 (C) license by endorsement;
  - 24 (D) license renewal;
  - 25 (E) temporary **license under AS 08.01.061** [PERMIT].

26 \* **Sec. 16.** AS 08.68.230(d) is amended to read:

27 (d) A person who holds a temporary **license under AS 08.01.061** [PERMIT]  
 28 to practice as a licensed practical nurse shall use the title "Temporary Licensed  
 29 Practical Nurse" and the abbreviation "TLPN."

30 \* **Sec. 17.** AS 08.84.010(b) is amended to read:

31 (b) The board shall control all matters pertaining to the licensing of physical

therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants and the practice of physical therapy and the practice of occupational therapy **under this chapter**. The board shall

- (1) pass upon the qualifications of applicants;
- (2) provide for the examination of applicants;
- (3) issue [TEMPORARY PERMITS AND] licenses to persons qualified under this chapter;
- (4) suspend, revoke, or refuse to issue or renew a license under AS 08.84.120;
- (5) keep a current register listing the name, business address, date, and number of the license of each person who is licensed to practice under this chapter;
- (6) adopt regulations under AS 44.62 (Administrative Procedure Act) necessary to carry out the purposes of this chapter, including regulations establishing qualifications for licensure and renewal of licensure under this chapter.

\* **Sec. 18.** AS 08.84.050 is amended to read:

**Sec. 08.84.050. Fees.** The Department of Commerce, Community, and Economic Development shall set fees under AS 08.01.065 for the following:

- (1) application;
- (2) license by examination;
- (3) license by acceptance of credentials;
- (4) renewal;
- (5) temporary **license under AS 08.01.061** [PERMIT;
- (6) LIMITED PERMIT].

\* **Sec. 19.** AS 08.84.150 is amended to read:

**Sec. 08.84.150. License required; exceptions.** (a) It is unlawful for a person to practice physical therapy without being licensed under this chapter unless the person is

- (1) a student in an accredited physical therapy program;
- (2) a graduate of a foreign school of physical therapy fulfilling the internship requirement of AS 08.84.032, and then only unless under the continuous direction and immediate supervision of a physical therapist; or



(3) issued a **temporary license** [LIMITED PERMIT] under **AS 08.01.061** [AS 08.84.075].

(b) A person may not provide services that the person describes as occupational therapy without being licensed under this chapter unless the person is

(1) a student in an accredited occupational therapy program or in a supervised field work program;

(2) a graduate of a foreign school of occupational therapy fulfilling the internship requirement of AS 08.84.032, and then only unless under the continuous direction and immediate supervision of an occupational therapist;

(3) an occupational therapist or occupational therapy assistant employed by the United States government while in the discharge of official duties;

(4) granted a **temporary license** [LIMITED PERMIT] under **AS 08.01.061** [AS 08.84.075];

(5) licensed under this title and uses occupational therapy skills in the practice of the profession for which the license is issued; or

(6) employed as a teacher or teacher's aide by an educational institution and is required to use occupational therapy skills during the course of employment, if

(A) the occupational therapy skills are used under a program implemented by the employer and developed by a licensed occupational therapist;

(B) the employer maintains direct supervision of the person's use of occupational therapy skills; and

(C) the person does not represent to

(i) be an occupational therapist or occupational therapy assistant; and

(ii) practice occupational therapy.

\* **Sec. 20.** AS 08.98.120(a) is amended to read:

(a) A person may not practice veterinary medicine, surgery, or dentistry unless the person is licensed as a veterinarian under this chapter or has a temporary **license** [PERMIT ISSUED] under **AS 08.01.061** [AS 08.98.186], except that a person may

perform functions authorized by

(1) regulation of the board if the person is licensed as a veterinary technician; or

(2) a permit issued under AS 08.02.050 if the person is employed by an agency that has a permit issued under AS 08.02.050.

\* **Sec. 21.** AS 08.98.180 is amended to read:

**Sec. 08.98.180. Temporary license.** A person who is granted a temporary license by the department under AS 08.01.061 must work [MEETS THE REQUIREMENTS OF AS 08.98.165(a)(1), (4), AND (5) IS ENTITLED TO BE TEMPORARILY LICENSED AFTER APPLYING FOR EXAMINATION IF THE PERSON WORKS] under the supervision of a [LICENSED] veterinarian licensed under this chapter. [A LICENSE ISSUED UNDER THIS SECTION IS VALID UNTIL THE RESULTS OF THE EXAMINATIONS ARE PUBLISHED. A PERSON MAY NOT RECEIVE MORE THAN ONE TEMPORARY LICENSE. AN APPLICATION FOR A TEMPORARY LICENSE MUST BE SIGNED BY THE SUPERVISING VETERINARIAN AND ACCOMPANIED BY THE TEMPORARY LICENSE FEE REQUIRED UNDER AS 08.98.190.]

\* **Sec. 22.** AS 08.98.190 is amended to read:

**Sec. 08.98.190. Fees.** The department shall set fees under AS 08.01.065 for the following:

- (1) application;
- (2) examination;
- (3) investigation of credentials;
- (4) license;
- (5) license renewal;
- (6) temporary license under AS 08.01.061 [;
- (7) TEMPORARY PERMIT].

\* **Sec. 23.** AS 08.01.064(b), 08.01.064(c), 08.01.064(d); AS 08.11.020, 08.11.025; AS 08.13.170; AS 08.15.030; AS 08.20.160, 08.20.163; AS 08.26.050; AS 08.36.254; AS 08.45.035(a), 08.45.035(b); AS 08.63.130; AS 08.64.101(b)(2), 08.64.270, 08.64.275; AS 08.68.210; AS 08.70.130; AS 08.80.150, 08.80.155; AS 08.84.065, 08.84.075;

AS 08.86.135, 08.86.166; AS 08.95.125; and AS 08.98.186 are repealed.

\* **Sec. 24.** 12 AAC 02.956, 12 AAC 02.957, 12 AAC 04.184, 12 AAC 14.135, 12 AAC 16.206, 12 AAC 18.108, 12 AAC 19.116, 12 AAC 28.958, 12 AAC 36.112, 12 AAC 40.046, 12 AAC 44.312, 12 AAC 48.035, 12 AAC 52.105, 12 AAC 54.130, 12 AAC 54.660, 12 AAC 60.032, 12 AAC 62.135, 12 AAC 64.066, 12 AAC 68.043, 12 AAC 70.135, and 12 AAC 79.115 are annulled.

\* **Sec. 25.** The uncodified law of the State of Alaska is amended by adding a new section to read:

TRANSITION: REGULATIONS. The Department of Commerce, Community, and Economic Development may adopt regulations necessary to implement the changes made by this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the effective date of the law implemented by the regulation.

\* **Sec. 26.** The uncodified law of the State of Alaska is amended by adding a new section to read:

TRANSITION: SAVINGS CLAUSE. (a) Litigation, hearings, investigations, appeals, and other proceedings pending under a law amended or repealed by this Act continue in effect and may be continued and completed notwithstanding a transfer or amendment or repeal provided for in this Act.

(b) Certificates, orders, permits, licenses, and regulations issued or adopted under the authority of a law amended or repealed by this Act remain in effect for the term issued, or until revoked, vacated, or otherwise modified under the provisions of this Act.

(c) Contracts, rights, liabilities, and obligations created by or under a law amended or repealed by this Act, and in effect on the effective date of this Act, remain in effect notwithstanding this Act's taking effect.

\* **Sec. 27.** Sections 3, 25, and 26 of this Act take effect immediately under AS 01.10.070(c).

\* **Sec. 28.** Except as provided in sec. 27 of this Act, this Act takes effect July 1, 2026.

**SENATE BILL NO. 145**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY THE SENATE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

Introduced: 3/26/25

Referred: State Affairs, Labor and Commerce

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to professional licensing; relating to temporary licenses for certain  
2 professions; and providing for an effective date."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 \* **Section 1.** AS 08.01 is amended by adding a new section to read:

5 **Sec. 08.01.061. Temporary license.** (a) The department may issue a  
6 temporary license to practice an occupation in AS 08.01.010 if

7 (1) the applicant

8 (A) is licensed or credentialed to practice the occupation in  
9 another state or territory of the United States that

10 (i) has requirements for a license to practice the  
11 occupation that are substantially equivalent to or greater than the  
12 requirements listed in the applicable chapter of this title; and

13 (ii) authorizes a scope of practice substantially  
14 equivalent to the scope of practice of the corresponding license in this

1 state; or

2 (B) does not hold a license to practice that occupation in  
3 another jurisdiction but meets the qualifications and requirements for a license  
4 under the applicable chapter of this title through military education, training,  
5 and service under AS 08.01.064;

6 (2) at the time of application, the applicant is not subject to  
7 disciplinary action related to the occupation in another jurisdiction or the subject of an  
8 ongoing review or disciplinary proceeding by the licensing authority in that  
9 jurisdiction;

10 (3) in the 10 years preceding the submission of an application, the  
11 applicant has not committed an act in another jurisdiction that would constitute  
12 grounds for the denial or revocation of a license, certificate, or permit to practice that  
13 occupation at the time the act was committed; and

14 (4) the applicable fees are paid.

15 (b) If the department or applicable board requires that an applicant for a  
16 professional license submit information related to a criminal history record check,  
17 those requirements also apply to an applicant for a temporary license. The department  
18 may grant a temporary license before obtaining the resulting report.

19 (c) If the department finds that a temporary license was secured through  
20 deceit, fraud, or intentional misrepresentation, the department may take disciplinary  
21 action against the temporary license, including revoking the temporary license.

22 (d) A temporary license is valid for up to 180 days as determined by the  
23 department. For each temporary license issued to an applicant, the applicant may  
24 apply for one 180-day extension, which will be approved at the department's  
25 discretion.

26 (e) Except as provided in (f) of this section, a temporary license for an  
27 occupation listed in AS 08.01.010 satisfies the requirements to practice that  
28 occupation.

29 (f) This section does not apply to an occupation regulated under AS 08.54 or  
30 AS 08.62.

31 \* **Sec. 2.** AS 08.01.062 is amended to read:

1           **Sec. 08.01.062. Courtesy licenses.** (a) A board established under this title  
 2 [AND THE DEPARTMENT, WITH RESPECT TO AN OCCUPATION THAT IT  
 3 REGULATES UNDER THIS TITLE,] may by regulation establish criteria for issuing  
 4 a [TEMPORARY] courtesy license to nonresidents who enter the state so that, on a  
 5 temporary basis, they may practice the occupation regulated by the board **for a**  
 6 **limited purpose. A courtesy license may not authorize a licensee to engage in the**  
 7 **general practice of the related occupation** [OR THE DEPARTMENT].

8           (b) The regulations adopted under (a) of this section may include limitations  
 9 relating to the

- 10                   (1) duration of the license's validity;
- 11                   (2) scope of practice allowed under the license; and
- 12                   (3) other matters considered important by the board [OR THE  
 13 DEPARTMENT].

14 \* **Sec. 3.** AS 08.01.063 is repealed and reenacted to read:

15           **Sec. 08.01.063. Portability of professional licenses for servicemembers and**  
 16 **their spouses.** (a) Except as provided in (e) of this section and 50 U.S.C. 4025a, the  
 17 department shall issue a license to practice an occupation in AS 08.01.010 that has an  
 18 equivalent scope of practice as a certificate or license held by a servicemember or  
 19 spouse of a servicemember if the servicemember or spouse relocates residence to the  
 20 state in accordance with military orders, applies in a manner prescribed by the  
 21 department, and meets the requirements of this section. An application under this  
 22 section must include

- 23                   (1) evidence satisfactory to the department that the applicant
  - 24                           (A) has received military orders, or is the spouse of a  
 25 servicemember who has received military orders, for military service in the  
 26 state;
  - 27                           (B) holds a license or certificate issued by the licensing  
 28 authority of another state that
    - 29                                   (i) is in good standing with the licensing authority;
    - 30                                   (ii) has not been revoked or subject to discipline;
    - 31                                   (iii) does not have an investigation relating to

unprofessional conduct pending in any state relating to it; and

(iv) has not been voluntarily surrendered while under investigation for unprofessional conduct in any state; and

(C) is in good standing with the licensing authority of any state that has issued the applicant a license or certificate.

(2) a notarized affidavit affirming, under penalty of law, that

(A) the applicant is the person described and identified in the application;

(B) all statements made in the application are true and correct;

(C) the applicant has read and understands the requirements to receive a license and the scope of practice of that license type;

(D) the applicant will comply with the requirements to practice under the license, including requirements related to discipline and fulfillment of continuing education; and

(E) the applicant is in good standing with the licensing authority of

(i) the jurisdiction that issued the applicant's existing license or certificate; and

(ii) any other jurisdiction of a state, district, or territory of the United States that has issued the applicant a license or certificate;

(3) if the applicant is the spouse of a military servicemember, a copy of the marriage certificate; and

(4) payment of any applicable fees.

(b) If an applicant meets the requirements of (a) of this section, the department shall issue a license to the applicant within 30 days after receipt of the application. The department may extend the 30-day period only for the purpose of completing a criminal history record check under (d) of this section. If the department cannot issue the license within 30 days, the department may issue to the applicant a temporary license to practice the profession while the criminal history record check is pending.

(c) Notwithstanding (d) of this section, a license issued under this section is subject to the applicable department or board requirements for that license and for the

1 practice of the related profession, including renewal dates established under  
2 AS 08.01.100.

3 (d) If the department or applicable board requires that an applicant for a  
4 professional license submit information related to a criminal history record check, the  
5 department may require an applicant under this section to meet the same requirements.

6 (e) This section does not apply to

7 (1) a profession not set out under AS 08.01.010; or

8 (2) a profession that is subject to an interstate licensing compact that  
9 has been entered into by the state.

10 (f) In this section,

11 (1) "license" has the meaning given in 50 U.S.C. 4025a;

12 (2) "licensing authority" has the meaning given under 50 U.S.C.  
13 4025a;

14 (3) "military orders" has the meaning given under 50 U.S.C. 4025a;

15 (4) "military service" has the meaning given under 50 U.S.C. 3911;

16 (5) "scope of practice" has the meaning given under 50 U.S.C. 4025a;

17 (6) "servicemember" has the meaning given in 50 U.S.C. 3911.

18 \* **Sec. 4.** AS 08.13.070 is amended to read:

19 **Sec. 08.13.070. License required.** A person may not

20 (1) practice barbering, hairdressing, hair braiding, manicuring,  
21 esthetics, body piercing, tattooing, or permanent cosmetic coloring without a license,  
22 [TEMPORARY PERMIT,] temporary license under AS 08.01.061, or student permit  
23 unless exempted under AS 08.13.160(d);

24 (2) practice barbering, hairdressing, hair braiding, manicuring,  
25 esthetics, body piercing, tattooing, or permanent cosmetic coloring except in a shop or  
26 school licensed under this chapter unless exempted under AS 08.13.160(d) or  
27 permitted under AS 08.13.160(e);

28 (3) open or conduct a school of barbering, hairdressing, manicuring, or  
29 esthetics without a license;

30 (4) teach in a school of barbering, hairdressing, manicuring, or  
31 esthetics, or supervise an apprentice in barbering, hairdressing, manicuring, or



1 esthetics without an instructor's license;

2 (5) operate a shop in violation of AS 08.13.120;

3 (6) permit an employee or other person being supervised who is not  
4 exempted under AS 08.13.160(d) to practice barbering, hairdressing, hair braiding,  
5 manicuring, esthetics, body piercing, tattooing, or permanent cosmetic coloring  
6 without a license, [TEMPORARY PERMIT,] temporary license under AS 08.01.061,  
7 or student permit;

8 (7) permit the use of the person's license, [TEMPORARY PERMIT,]  
9 temporary license under AS 08.01.061, or student permit by another person;

10 (8) obtain or attempt to obtain a license, [TEMPORARY PERMIT,]  
11 temporary license under AS 08.01.061, or student permit by fraudulent means.

12 \* **Sec. 5.** AS 08.13.120(b) is amended to read:

13 (b) The regulations adopted under (a) of this section must include provisions  
14 under which the board may issue a temporary shop license to a person who has a  
15 license or temporary license under AS 08.01.061 [PERMIT UNDER THIS  
16 CHAPTER] to practice tattooing, permanent cosmetic coloring, or body piercing. The  
17 temporary shop license authorized under this subsection may only be issued to cover a  
18 site where the practitioner intends to hold a workshop or to demonstrate techniques as  
19 part of a convention or other special event, as defined by the board, that includes other  
20 practitioners of tattooing, permanent cosmetic coloring, or body piercing. Each  
21 practitioner of tattooing, permanent cosmetic coloring, or body piercing who holds a  
22 workshop or demonstrates techniques at a convention or special event shall have a  
23 separate temporary shop license and a license or temporary license under  
24 AS 08.01.061 [PERMIT UNDER THIS CHAPTER] to practice tattooing, permanent  
25 cosmetic coloring, or body piercing. The board shall issue a temporary shop license  
26 upon receipt of an application from a practitioner demonstrating compliance with the  
27 regulations adopted under this section and payment of the appropriate fee; however,  
28 the temporary shop license may be summarily revoked, without refunding of the fee, if  
29 the Department of Environmental Conservation determines after an inspection that the  
30 cleanliness or sanitation conditions at the site covered by the temporary shop license  
31 pose a clear and immediate danger to the public health or safety. A licensee may

1 appeal a summary revocation under this subsection to the superior court.

2 \* **Sec. 6.** AS 08.13.130(a) is amended to read:

3 (a) A practitioner shall display the practitioner's license in a conspicuous  
4 location in the practitioner's place of business. Each shop owner is responsible for the  
5 conspicuous display of the shop's license and the licenses of employees and  
6 individuals renting booths in the shop. A person holding a student permit or [,]  
7 temporary license under AS 08.01.061 [, OR TEMPORARY PERMIT] shall display  
8 the permit or license in a conspicuous location in the school in which the person is  
9 enrolled or the shop in which the person works. The school or shop owner is  
10 responsible for the display of a permit or license for each enrolled student, apprentice,  
11 or temporary license holder.

12 \* **Sec. 7.** AS 08.13.150 is amended to read:

13 **Sec. 08.13.150. Disciplinary sanctions and grounds for refusal of a license**  
14 **or permit.** The board may, in addition to the actions authorized under AS 08.01.075,  
15 refuse, suspend, or revoke a license, temporary shop license, student permit, or  
16 temporary license under AS 08.01.061 [, OR TEMPORARY PERMIT] for failure to  
17 comply with this chapter, with a regulation adopted under this chapter, with a  
18 regulation adopted by the Department of Environmental Conservation under  
19 AS 44.46.020, or with an order of the board.

20 \* **Sec. 8.** AS 08.13.175 is amended to read:

21 **Sec. 08.13.175. Temporary license.** A person who receives a temporary  
22 license under AS 08.01.061 must work [MEETS THE REQUIREMENTS OF  
23 AS 08.13.080(a)(1), (2), (3), (4), OR (6) IS ENTITLED TO BE TEMPORARILY  
24 LICENSED AFTER APPLYING FOR EXAMINATION UNDER THIS CHAPTER  
25 IF THE APPLICANT WORKS] under the direct supervision, and within the physical  
26 presence, of a person who is licensed under this chapter. [IN THE AREA OF  
27 PRACTICE FOR WHICH THE APPLICANT HAS APPLIED FOR  
28 EXAMINATION. A TEMPORARY LICENSE ISSUED UNDER THIS SECTION IS  
29 VALID FOR 120 DAYS AND IS NONRENEWABLE. A PERSON MAY NOT  
30 RECEIVE MORE THAN ONE TEMPORARY LICENSE FOR EACH AREA OF  
31 PRACTICE LICENSED UNDER THIS CHAPTER. AN APPLICATION FOR A

1 TEMPORARY LICENSE MUST BE SIGNED BY THE SUPERVISING LICENSEE  
 2 AND ACCOMPANIED BY THE TEMPORARY LICENSE FEE REQUIRED  
 3 UNDER AS 08.13.185.]

4 \* **Sec. 9.** AS 08.13.185(a) is amended to read:

5 (a) The Department of Commerce, Community, and Economic Development  
 6 shall set fees under AS 08.01.065 for initial licenses and renewals for the following:

- 7 (1) schools;
- 8 (2) school owners;
- 9 (3) instructor;
- 10 (4) shop owner;
- 11 (5) practitioner of barbering;
- 12 (6) practitioner of hairdressing;
- 13 (7) practitioner of manicuring;
- 14 (8) practitioner of esthetics;
- 15 (9) practitioner of tattooing;
- 16 (10) practitioner of body piercing;
- 17 (11) temporary shop license;
- 18 (12) [TEMPORARY PERMIT;
- 19 (13)] temporary license;
- 20 **(13)** [(14)] student permit;
- 21 **(14)** [(15)] endorsement for advanced manicuring;
- 22 **(15)** [(16)] practitioner of hair braiding;
- 23 **(16)** [(17)] practitioner of permanent cosmetic coloring;
- 24 **(17)** [(18)] practitioner of non-chemical barbering.

25 \* **Sec. 10.** AS 08.13.190 is amended to read:

26 **Sec. 08.13.190. Failure to possess a license or permit.** (a) A person who  
 27 practices barbering, hairdressing, hair braiding, esthetics, tattooing, permanent  
 28 cosmetic coloring, or body piercing, or operates a shop, or operates a school of  
 29 barbering, hairdressing, or esthetics, or teaches in a school of barbering, hairdressing,  
 30 or esthetics, without a license, [TEMPORARY PERMIT,] temporary license **under**  
 31 **AS 08.01.061**, or student permit and who is not exempt under AS 08.13.120 or under

AS 08.13.160(d) is guilty of a class B misdemeanor.

(b) A person who practices manicuring, operates a shop for manicuring, operates a school of manicuring, or teaches in a school of manicuring without the appropriate license, [TEMPORARY PERMIT,] temporary license under AS 08.01.061, or student permit and who is not exempt under AS 08.13.120 or 08.13.160(d) is guilty of a violation.

\* **Sec. 11.** AS 08.20.180(a) is amended to read:

(a) An applicant for an examination, reexamination, issuance of a temporary license [PERMIT] under AS 08.01.061 [AS 08.20.160, ISSUANCE OF A LOCUM TENENS PERMIT UNDER AS 08.20.163], issuance of a license by credentials under AS 08.20.141, one-time issuance of a retired status license, or initial issuance or renewal of an active or inactive license shall pay a fee established under AS 08.01.065.

\* **Sec. 12.** AS 08.36.100 is amended to read:

**Sec. 08.36.100. License required.** Except as provided in AS 08.36.238 [AND 08.36.254], a person may not practice, or attempt to practice, dentistry without a license.

\* **Sec. 13.** AS 08.64.279 is amended to read:

**Sec. 08.64.279. Interview for permit or temporary license [PERMITS].** An applicant for an intern permit or a temporary license under AS 08.01.061 [, A RESIDENT PERMIT, OR A TEMPORARY PERMIT FOR LOCUM TENENS PRACTICE] may be interviewed in person by the board, a member of the board, the executive secretary of the board, or a person designated for that purpose by the board.

\* **Sec. 14.** AS 08.64.315 is amended to read:

**Sec. 08.64.315. Fees.** The department shall set fees under AS 08.01.065 for each of the following:

- (1) application;
- (2) license by examination;
- (3) license by endorsement or waiver of examination;
- (4) [TEMPORARY PERMIT;
- (5) LOCUM TENENS PERMIT;

- 1 (6)] license renewal, active;
- 2 **(5)** [(7)] license renewal, inactive;
- 3 **(6) temporary license under AS 08.01.061;**
- 4 **(7)** [(8)] license by reexamination.

5 \* **Sec. 15.** AS 08.68.220 is amended to read:

6 **Sec. 08.68.220. Fees.** The Department of Commerce, Community, and  
 7 Economic Development shall set fees under AS 08.01.065 for each of the following:

- 8 (1) registered nursing:
  - 9 (A) application;
  - 10 (B) license by examination;
  - 11 (C) license by endorsement;
  - 12 (D) license renewal;
  - 13 (E) temporary **license under AS 08.01.061** [PERMIT];
- 14 (2) practical nursing:
  - 15 (A) application;
  - 16 (B) license by examination;
  - 17 (C) license by endorsement;
  - 18 (D) license renewal;
  - 19 (E) temporary **license under AS 08.01.061** [PERMIT];
- 20 (3) advanced practice registered nursing:
  - 21 (A) application;
  - 22 (B) license by certification examination;
  - 23 (C) license by endorsement;
  - 24 (D) license renewal;
  - 25 (E) temporary **license under AS 08.01.061** [PERMIT].

26 \* **Sec. 16.** AS 08.68.230(d) is amended to read:

27 (d) A person who holds a temporary **license under AS 08.01.061** [PERMIT]  
 28 to practice as a licensed practical nurse shall use the title "Temporary Licensed  
 29 Practical Nurse" and the abbreviation "TLPN."

30 \* **Sec. 17.** AS 08.84.010(b) is amended to read:

31 (b) The board shall control all matters pertaining to the licensing of physical

therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants and the practice of physical therapy and the practice of occupational therapy **under this chapter**. The board shall

- (1) pass upon the qualifications of applicants;
- (2) provide for the examination of applicants;
- (3) issue [TEMPORARY PERMITS AND] licenses to persons qualified under this chapter;
- (4) suspend, revoke, or refuse to issue or renew a license under AS 08.84.120;
- (5) keep a current register listing the name, business address, date, and number of the license of each person who is licensed to practice under this chapter;
- (6) adopt regulations under AS 44.62 (Administrative Procedure Act) necessary to carry out the purposes of this chapter, including regulations establishing qualifications for licensure and renewal of licensure under this chapter.

\* **Sec. 18.** AS 08.84.050 is amended to read:

**Sec. 08.84.050. Fees.** The Department of Commerce, Community, and Economic Development shall set fees under AS 08.01.065 for the following:

- (1) application;
- (2) license by examination;
- (3) license by acceptance of credentials;
- (4) renewal;
- (5) temporary **license under AS 08.01.061** [PERMIT;
- (6) LIMITED PERMIT].

\* **Sec. 19.** AS 08.84.150 is amended to read:

**Sec. 08.84.150. License required; exceptions.** (a) It is unlawful for a person to practice physical therapy without being licensed under this chapter unless the person is

- (1) a student in an accredited physical therapy program;
- (2) a graduate of a foreign school of physical therapy fulfilling the internship requirement of AS 08.84.032, and then only unless under the continuous direction and immediate supervision of a physical therapist; or

(3) issued a **temporary license** [LIMITED PERMIT] under **AS 08.01.061** [AS 08.84.075].

(b) A person may not provide services that the person describes as occupational therapy without being licensed under this chapter unless the person is

(1) a student in an accredited occupational therapy program or in a supervised field work program;

(2) a graduate of a foreign school of occupational therapy fulfilling the internship requirement of AS 08.84.032, and then only unless under the continuous direction and immediate supervision of an occupational therapist;

(3) an occupational therapist or occupational therapy assistant employed by the United States government while in the discharge of official duties;

(4) granted a **temporary license** [LIMITED PERMIT] under **AS 08.01.061** [AS 08.84.075];

(5) licensed under this title and uses occupational therapy skills in the practice of the profession for which the license is issued; or

(6) employed as a teacher or teacher's aide by an educational institution and is required to use occupational therapy skills during the course of employment, if

(A) the occupational therapy skills are used under a program implemented by the employer and developed by a licensed occupational therapist;

(B) the employer maintains direct supervision of the person's use of occupational therapy skills; and

(C) the person does not represent to

(i) be an occupational therapist or occupational therapy assistant; and

(ii) practice occupational therapy.

\* **Sec. 20.** AS 08.98.120(a) is amended to read:

(a) A person may not practice veterinary medicine, surgery, or dentistry unless the person is licensed as a veterinarian under this chapter or has a temporary **license** [PERMIT ISSUED] under **AS 08.01.061** [AS 08.98.186], except that a person may

perform functions authorized by

(1) regulation of the board if the person is licensed as a veterinary technician; or

(2) a permit issued under AS 08.02.050 if the person is employed by an agency that has a permit issued under AS 08.02.050.

\* **Sec. 21.** AS 08.98.180 is amended to read:

**Sec. 08.98.180. Temporary license.** A person who is granted a temporary license by the department under AS 08.01.061 must work [MEETS THE REQUIREMENTS OF AS 08.98.165(a)(1), (4), AND (5) IS ENTITLED TO BE TEMPORARILY LICENSED AFTER APPLYING FOR EXAMINATION IF THE PERSON WORKS] under the supervision of a [LICENSED] veterinarian licensed under this chapter. [A LICENSE ISSUED UNDER THIS SECTION IS VALID UNTIL THE RESULTS OF THE EXAMINATIONS ARE PUBLISHED. A PERSON MAY NOT RECEIVE MORE THAN ONE TEMPORARY LICENSE. AN APPLICATION FOR A TEMPORARY LICENSE MUST BE SIGNED BY THE SUPERVISING VETERINARIAN AND ACCOMPANIED BY THE TEMPORARY LICENSE FEE REQUIRED UNDER AS 08.98.190.]

\* **Sec. 22.** AS 08.98.190 is amended to read:

**Sec. 08.98.190. Fees.** The department shall set fees under AS 08.01.065 for the following:

- (1) application;
- (2) examination;
- (3) investigation of credentials;
- (4) license;
- (5) license renewal;
- (6) temporary license under AS 08.01.061 [;
- (7) TEMPORARY PERMIT].

\* **Sec. 23.** AS 08.01.064(b), 08.01.064(c), 08.01.064(d); AS 08.11.020, 08.11.025; AS 08.13.170; AS 08.15.030; AS 08.20.160, 08.20.163; AS 08.26.050; AS 08.36.254; AS 08.45.035(a), 08.45.035(b); AS 08.63.130; AS 08.64.101(b)(2), 08.64.270, 08.64.275; AS 08.68.210; AS 08.70.130; AS 08.80.150, 08.80.155; AS 08.84.065, 08.84.075;



1 AS 08.86.135, 08.86.166; AS 08.95.125; and AS 08.98.186 are repealed.

2 \* **Sec. 24.** 12 AAC 02.956, 12 AAC 02.957, 12 AAC 04.184, 12 AAC 14.135, 12 AAC  
3 16.206, 12 AAC 18.108, 12 AAC 19.116, 12 AAC 28.958, 12 AAC 36.112, 12 AAC 40.046,  
4 12 AAC 44.312, 12 AAC 48.035, 12 AAC 52.105, 12 AAC 54.130, 12 AAC 54.660, 12 AAC  
5 60.032, 12 AAC 62.135, 12 AAC 64.066, 12 AAC 68.043, 12 AAC 70.135, and 12 AAC  
6 79.115 are annulled.

7 \* **Sec. 25.** The uncodified law of the State of Alaska is amended by adding a new section to  
8 read:

9 TRANSITION: REGULATIONS. The Department of Commerce, Community, and  
10 Economic Development may adopt regulations necessary to implement the changes made by  
11 this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act), but not  
12 before the effective date of the law implemented by the regulation.

13 \* **Sec. 26.** The uncodified law of the State of Alaska is amended by adding a new section to  
14 read:

15 TRANSITION: SAVINGS CLAUSE. (a) Litigation, hearings, investigations, appeals,  
16 and other proceedings pending under a law amended or repealed by this Act continue in effect  
17 and may be continued and completed notwithstanding a transfer or amendment or repeal  
18 provided for in this Act.

19 (b) Certificates, orders, permits, licenses, and regulations issued or adopted under the  
20 authority of a law amended or repealed by this Act remain in effect for the term issued, or  
21 until revoked, vacated, or otherwise modified under the provisions of this Act.

22 (c) Contracts, rights, liabilities, and obligations created by or under a law amended or  
23 repealed by this Act, and in effect on the effective date of this Act, remain in effect  
24 notwithstanding this Act's taking effect.

25 \* **Sec. 27.** Sections 3, 25, and 26 of this Act take effect immediately under AS 01.10.070(c).

26 \* **Sec. 28.** Except as provided in sec. 27 of this Act, this Act takes effect July 1, 2026.

ND A CLASS

 SEATTLE, WA

Individuals / Online Classes & Training / Anaphylaxis and Epinephrine Auto-Injector - Online Course

# Anaphylaxis and Epinephrine Auto-Injector - Online Course

\$35.00

SIGN ME UP

Class ID a6R0V0000015EUe ★★★★★ 4.6 (304) [Write a review](#)

This online course will teach you the signs and symptoms of anaphylaxis and how to care for a person having a severe allergic reaction including how to administer epinephrine using an auto-...

[More Details](#)

Contact [Customer Service](#) to sign up additional students for classes provided by the Red Cross.

[Cancellation Policy](#)

Provider	Class Setting
American Red Cross	<b>ONLINE</b>
	Language
	English

Class Description

Class Setting

This online course will teach you the signs and symptoms of anaphylaxis and how to care for a person having a severe allergic reaction including how to administer epinephrine using an auto-injector device. The course which includes video activities that reinforce key information and a learning assessment will take approximately 30 minutes to complete.

The content of these reviews regarding the quality and value of this course is based on data collected across all American Red Cross classes with this title and does not reflect ratings of any specific instructor or provider.

## Reviews



Rating Snapshot

Select a row below to filter reviews.

5 stars	<div></div>	221
4 stars	<div></div>	60
3 stars	<div></div>	13
2 stars	<div></div>	4
1 star	<div></div>	6

Overall Rating

4.6 ★★★★★  
304 Reviews



ND A CLASS



Average Customer Ratings

Quality of Course

4.6

Value of Course

4.6

How prepared were you before taking this course?

Not at All Prepared

Very Prepared

How prepared were you to use the skills learned after this course?

Not at all prepared

Very Prepared

Overall, how would you rate the instructor that taught your class?\*

4.6

Most Helpful Favorable Review

★★★★★


Excellent Class

Leslie123

6 years ago

I signed up for this class for my own personal learning. It was a awesome experience. The instructor was very helpful and had extreme knowledge about the...

Show Full Review

 10 PEOPLE FOUND THIS HELPFUL

Show Reviews: 5 ★ and 4 ★

Most Helpful Critical Review

★★★★☆


ok but not excellent

BeeMom

6 years ago

This course did an ok job covering the basic material, however it was lacking in several areas. First, the material was not very well organized. For example, the sign...

Show Full Review

 33 PEOPLE FOUND THIS HELPFUL

Show Reviews: 3 ★ 2 ★ and 1 ★

Customer Images and Videos



ND A CLASS





Shay09

14 days ago

Great experience, easy to follow and learn. Would recommend.

Helpful?  (0)  (0) [Report](#)

Overall, how would you rate the instructor that taught your class?\*

5.0



Love!!

Anonymous

15 days ago

I feel so prepared after taking this course. It was affordable and informative!

**Most Liked** Course Materials

☒ Yes, I recommend this product.

Helpful?  (0)  (0) [Report](#)

Quality of Course

5.0

Value of Course

5.0

How prepared were you before taking this course?

Not at All Prepared

Very Prepared

How prepared were you to use the skills learned after this course?

Not at all prepared

Very Prepared

Overall, how would you rate the instructor that taught your class?\*

5.0



Great features!1

Hope702

22 days ago

Awesome way to take the test and study guide! Totally recommended!!

**Most Liked** Course Materials

☒ Yes, I recommend this product.

Helpful?  (0)  (0) [Report](#)

Quality of Course

5.0

Value of Course

5.0

ND A CLASS



Overall, how would you rate the instructor that taught your class?\*

5.0

★★★★★  
**very productive**  
ana777

a month ago

It was a very interesting training, truly necessary and important.

**Most Liked** Course Materials

☒ Yes, I recommend this product.

Helpful?  (1)  (0) [Report](#)

Quality of Course

5.0

Value of Course

5.0

Overall, how would you rate the instructor that taught your class?\*

5.0

★★★★★  
**Helenma**

a month ago

The course was well organized and very informative. I liked the fact I was able to save my work and continue another time.

**Most Liked** Course Materials

☒ Yes, I recommend this product.

Helpful?  (0)  (0) [Report](#)

Quality of Course

5.0

Value of Course

5.0

How prepared were you before taking this course?

Not at All Prepared Very Prepared

How prepared were you to use the skills learned after this course?

Not at all prepared Very Prepared

Overall, how would you rate the instructor that taught your class?\*

5.0

★★★★★  
**Simple, Clear, Logical**  
jackel

2 months ago

The course followed a path that was clearly laid out and the interface didn't interfere with apprehension.

ND A CLASS



Great training!

acosb2

4 months ago

Very informative and easy to understand. I am an Allergy Technician, and this training is helpful for anyone needing to know how to use an EPI pen and the signs to watch for.

Most Liked Course Format

☒ Yes, I recommend this product.

Helpful?  (0)  (0) [Report](#)

Quality of Course

5.0

Value of Course

5.0

How prepared were you before taking this course?

Not at All PreparedVery Prepared

How prepared were you to use the skills learned after this course?

Not at all preparedVery Prepared

Overall, how would you rate the instructor that taught your class?\*

5.0

★★★★★

Great course

Lbeth

5 months ago

It is very clear the way they explain. Now I feel more confident about this.

Helpful?  (0)  (0) [Report](#)

Overall, how would you rate the instructor that taught your class?\*

5.0

1 – 8 of 304 Reviews



The content of these reviews regarding the quality and value of this course is based on data collected across all American Red Cross classes with this title and does not reflect ratings of any specific instructor or provider.

Contact Customer Service

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ND A CLASS	
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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 18		FY 19	Biennium	FY 20		FY 21	Biennium	FY 22		FY 23	Biennium	FY 24		FY 25 1st -3rd QTR								
<b>Revenue</b>																							
Revenue from License Fees	\$	801,317	\$	213,770	\$	1,015,087	\$	631,105	\$	1,121,447	\$	1,752,552	\$	444,975	\$	1,169,195	\$	1,614,170	\$	1,256,105	\$	265,808	
General Fund Received																							
Allowable Third Party Reimbursements		210		962		1,172		\$	-	\$	-			\$	1,650	\$	1,500		3,150	\$	1,588	\$	687
TOTAL REVENUE	\$	801,527	\$	214,732	\$	1,016,259	\$	631,105	\$	1,121,447	\$	1,752,552	\$	476,435	\$	1,178,363	\$	1,654,798	\$	1,377,933	\$	266,495	
<b>Expenditures</b>																							
Non Investigation Expenditures																							
1000 - Personal Services		204,727		194,745		399,472		199,334		278,612		477,946		284,719		335,119		619,838		411,918		391,301	
2000 - Travel		13,704		8,299		22,003		2,641		-		2,641		6,363		14,252		20,615		11,602		6,527	
3000 - Services		21,960		27,781		49,741		45,283		46,180		91,463		29,584		20,174		49,758		27,965		7,740	
4000 - Commodities		-		26		26		521		-		521		82		90		172		300		-	
5000 - Capital Outlay		-		-		-		-		-		-		-		-		-		-		-	
Total Non-Investigation Expenditures		240,391		230,851		471,242		247,779		324,792		572,571		320,748		369,635		690,383		451,784		405,568	
Investigation Expenditures																							
1000-Personal Services		68,679		69,997		138,676		57,738		106,494		164,232		94,519		128,331		222,850		188,437		198,813	
2000 - Travel		-		-		-		1,260		-		1,260		5,221		3,182		8,403		-		3,191	
3023 - Expert Witness		-		-		-		-		-		-		-		-		-		-		-	
3088 - Inter-Agency Legal		-		3,062		3,062		2,537		1,269		3,806		12,011		10,018		22,029		1,739		1,398	
3094 - Inter-Agency Hearing/Mediation		-		-		-		694		152		846		1,758		68		1,826		15,943		-	
3000 - Services other				400		400		269		216		485		338		545		883		675		239	
4000 - Commodities		-		-		-		-		-		-		-		10		10		-		-	
Total Investigation Expenditures		68,679		73,459		142,138		62,498		108,131		170,629		113,847		142,155		256,001		206,794		203,640	
Total Direct Expenditures		309,070		304,310		613,380		310,277		432,923		743,200		434,595		511,790		946,384		658,578		609,208	
Indirect Expenditures																							
Internal Administrative Costs		150,986		155,128		306,114		164,443		191,897		356,340		182,236		190,056		372,292		204,294		153,221	
Departmental Costs		78,139		81,374		159,513		58,131		75,431		133,562		76,951		76,872		153,823		102,391		76,793	
Statewide Costs		30,555		27,069		57,624		33,868		52,856		86,724		47,667		50,400		98,067		58,103		43,577	
Total Indirect Expenditures		259,680		263,571		523,251		256,442		320,184		576,626		306,854		317,328		624,182		364,788		273,591	
				-		-				-		-											
TOTAL EXPENDITURES	\$	568,750	\$	567,881	\$	1,136,631	\$	566,719	\$	753,107	\$	1,319,826	\$	741,449	\$	829,118	\$	1,570,566	\$	1,023,366	\$	882,799	
<b>Cumulative Surplus (Deficit)</b>																							
Beginning Cumulative Surplus (Deficit)	\$	275,216	\$	507,993			\$	154,844	\$	219,230			\$	587,570	\$	322,556			\$	671,801	\$	1,026,368	
Annual Increase/(Decrease)		232,777		(353,149)				64,386		368,340				(265,014)		349,245				354,567		(616,305)	
Ending Cumulative Surplus (Deficit)	\$	507,993		154,844			\$	219,230	\$	587,570			\$	322,556	\$	671,801			\$	1,026,368	\$	410,063	
<b>Statistical Information</b>																							
Number of Licenses for Indirect calculation		5,680		6,203				5,934		6,917				6,542		6,428				6,856			
<b>Additional information:</b>																							
• General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going into deficit or increase fees.																							
• Most recent fee change: New fee FY24 (retired)																							
• 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 Name (Ex)	(Multiple Items)
Sub Unit	(All)
PL Task Code	PHA1

Sum of Budgetary Expenditures	Object Type Name (Ex)			
Object Name (Ex)	1000 - Personal Services	2000 - Travel	3000 - Services	Grand Total
1011 - Regular Compensation	304,898.01			304,898.01
1014 - Overtime	2.30			2.30
1021 - Allowances to Employees	288.00			288.00
1023 - Leave Taken	49,841.17			49,841.17
1028 - Alaska Supplemental Benefit	21,797.61			21,797.61
1029 - Public Employee's Retirement System Defined Benefits	144.01			144.01
1030 - Public Employee's Retirement System Defined Contribution	18,560.38			18,560.38
1034 - Public Employee's Retirement System Defined Cont Health Reim	12,138.21			12,138.21
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	2,939.59			2,939.59
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	61,146.68			61,146.68
1039 - Unemployment Insurance	170.65			170.65
1040 - Group Health Insurance	94,594.50			94,594.50
1041 - Basic Life and Travel	17.54			17.54
1042 - Worker's Compensation Insurance	1,969.79			1,969.79
1047 - Leave Cash In Employer Charge	8,195.00			8,195.00
1048 - Terminal Leave Employer Charge	5,455.11			5,455.11
1053 - Medicare Tax	4,863.68			4,863.68
1062 - GGU Business Leave Bank Contributions	354.49			354.49
1069 - SU Business Leave Bank Contributions	140.94			140.94
1077 - ASEA Legal Trust	318.08			318.08
1079 - ASEA Injury Leave Usage	32.90			32.90
1080 - SU Legal Trst	138.26			138.26
1970 - Personal Services Transfer	2,106.80			2,106.80
2000 - In-State Employee Airfare		1,140.31		1,140.31
2001 - In-State Employee Surface Transportation		799.29		799.29
2002 - In-State Employee Lodging		951.39		951.39
2003 - In-State Employee Meals and Incidentals		300.00		300.00
2006 - In-State Non-Employee Surface Transportation		21.75		21.75
2007 - In-State Non-Employee Lodging		458.00		458.00
2008 - In-State Non-Employee Meals and Incidentals		302.00		302.00
2009 - In-State Non-Employee Taxable Per Diem		112.00		112.00
2010 - In-State Non-Employee Non-Taxable Reimbursement		1,399.07		1,399.07
2012 - Out-State Employee Airfare		-		-
2013 - Out-State Employee Surface Transportation		76.13		76.13
2015 - Out-State Employee Meals and Incidentals		118.50		118.50
2017 - Out-State Non-Employee Airfare		671.25		671.25
2019 - Out-State Non-Employee Lodging		1,612.38		1,612.38
2020 - Out-State Non-Employee Meals and Incidentals		638.80		638.80
2022 - Out-State Non-Employee Non-Taxable Reimbursement		957.69		957.69
2970 - Travel Cost Transfer		159.02		159.02
3000 - Training/Conferences			2,150.00	2,150.00
3002 - Memberships			250.00	250.00
3035 - Long Distance			62.22	62.22
3036 - Local/Equipment Charges			1.34	1.34
3045 - Postage			306.40	306.40
3046 - Advertising			488.02	488.02
3085 - Inter-Agency Mail			4.83	4.83
3088 - Inter-Agency Legal			6,114.15	6,114.15
<b>Grand Total</b>	<b>590,113.70</b>	<b>9,717.58</b>	<b>9,376.96</b>	<b>609,208.24</b>

# ALASKA

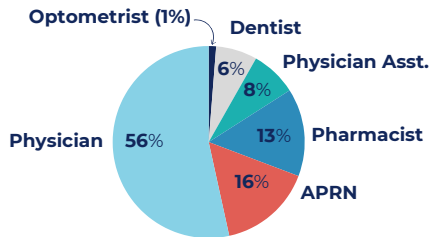
## PRESCRIPTION DRUG MONITORING PROGRAM Q1 2025

**78,071** PATIENTS

Alaskan patients receiving at least one controlled substance prescription.

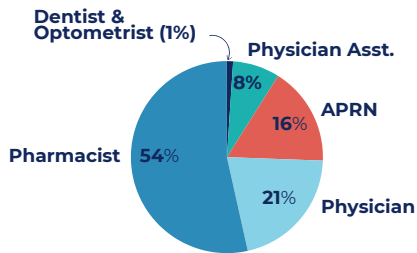
**8,723** REGISTERED USERS

% registered by license type, excluding IHS, military, VA, and delegates.



**300,303** SEARCHES

% of searches by user type, excluding IHS, military, VA, and delegates.



**85%** EHR ACCESS

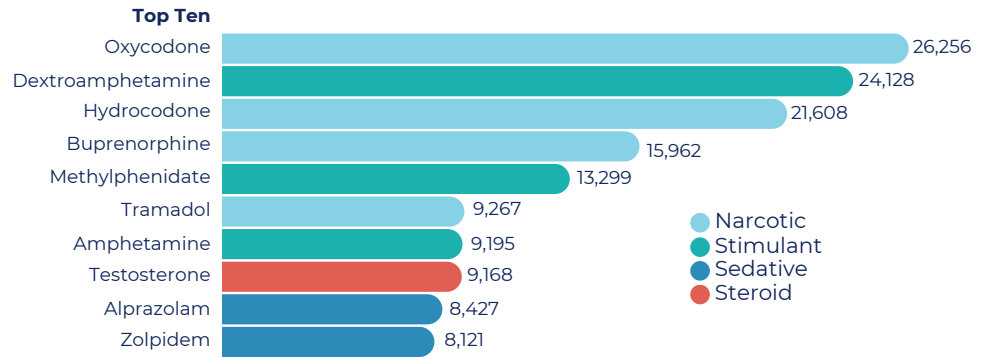
% of providers using electronic health record system (EHR) integration to search patient information within their clinical workflow.

**246** DISPENSERS

Pharmacies or dispensing providers with at least one controlled substance dispensation to Alaska patients.

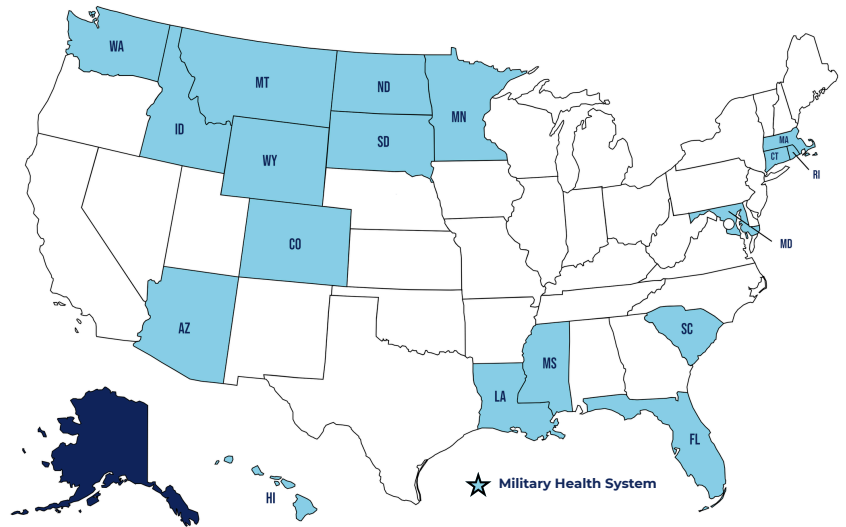
Data is presented for informational purposes only. Data represents prescription and dispensation activity reported to Alaska Prescription Drug Monitoring Program (PDMP) from January 1, 2025 to March 31, 2025. For more information, visit [pdmp.alaska.gov](https://pdmp.alaska.gov).

**188,221** CONTROLLED SUBSTANCE DISPENSATIONS

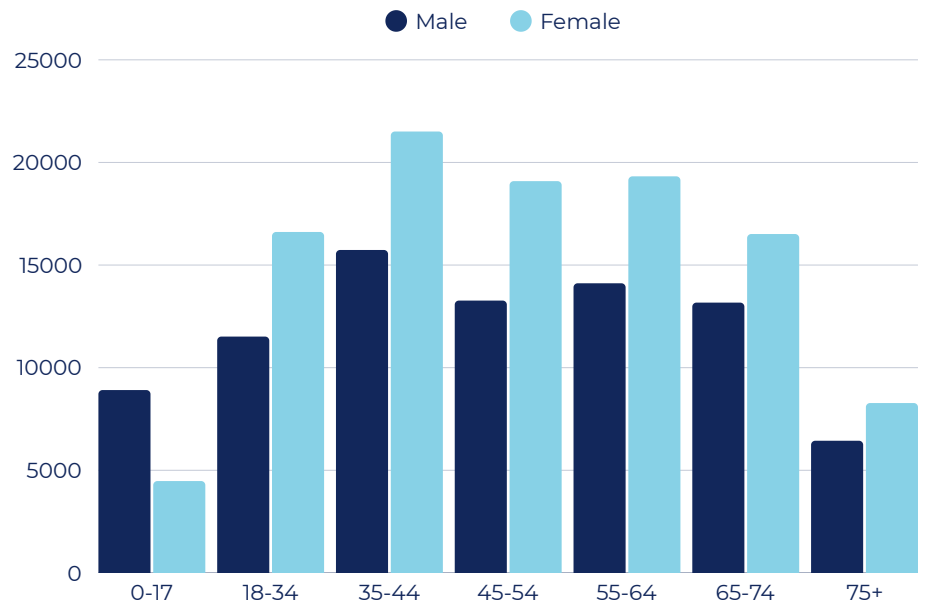


**19** PARTNER STATES

Interstate data sharing including military health system.



## PRESCRIPTION COUNT BY PATIENT AGE & GENDER



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



National Association of State  
Controlled Substances Authorities

March 18, 2025

U.S. Department of Justice Drug Enforcement Administration  
600 Army Navy Dr.  
Arlington, VA 22202

**RE: Docket DEA-407 – RIN 1117-AB40 – Special Registrations for Telemedicine and Limited State Telemedicine Registrations**

*Submitted electronically via regulations.gov*

Dear Acting Administrator Maltz:

Thank you for the opportunity to comment on DEA's proposed rule entitled Special Registrations for Telemedicine and Limited State Telemedicine Registrations. The comments herein are made on behalf of the National Association of Boards of Pharmacy and the National Association of Controlled Substances Authorities.

The National Association of Boards of Pharmacy ([NABP](#)) is a 501(c)(3) nonprofit association that, for over 115 years, has protected public health by assisting its member boards of pharmacy and offering programs that promote safe pharmacy practices for the benefit of consumers. NABP PMP InterConnect® facilitates the transfer of prescription drug monitoring program (PDMP)<sup>1</sup> data across state lines. PMP InterConnect is governed by the PMP InterConnect Steering Committee, which is composed exclusively of representatives of the PDMPs that participate in the system. The Steering Committee serves as the governing and advisory body as it relates to the administration and function of PMP InterConnect. Currently, the PMP InterConnect Steering Committee is comprised of 53 PDMP Administrators from 53 states and territories.

The National Association of State Controlled Substances Authorities ([NASCSA](#)) was established in 1984 and is a 501 (C)(3) non-profit educational organization and is comprised of state agencies and others involved with controlled substances issues. NASCSA was established to provide a forum for the discussion and exchange of information and ideas, and to develop, implement, and monitor ongoing strategies to curtail the abuse, misuse, and diversion of controlled substances, including PDMPs. In 2015, recognizing the importance of PDMPs, NASCSA established a PDMP Committee comprised solely of state PDMP administrators that provide guidance and recommendations to the organization on policies, positions as well as content for our annual conference and webinars held throughout the year.

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<sup>1</sup>Use of the term prescription drug monitoring program (PDMP) versus prescription monitoring program (PMP) varies state to state. For consistency, utilizing "PDMP" throughout this document except when referring to PMP InterConnect®.

As organizations whose members are responsible for regulating the practice of pharmacy and oversight of controlled substances, often including the responsibility to administer a PDMP program, our joint comments focus on two topics: A) feasibility and impact of the proposed rules on pharmacy and B) feasibility and impact of the PDMP requirements within the proposed rule.

#### **A) Feasibility and Impact on Pharmacy**

##### ***i. Special Registration Could Enhance Pharmacists' Ability to Fulfill their Corresponding Responsibility when Filling Controlled Substance Prescriptions Issued Via Telehealth***

We recognize and affirm the DEA's efforts in issuing this Notice of Proposed Rulemaking (NPRM) regarding special telemedicine registrations and state-specific registrations. The establishment of these registrations has the potential to enhance pharmacists' ability to fulfill their corresponding responsibilities when filling controlled substance prescriptions issued via telehealth. NABP and NASCSA support this initiative.

We offer the following feedback to ensure that telemedicine special registration enhances clarity for pharmacists without creating operational challenges or placing undue burden on pharmacists or prescribers.

##### ***ii. Practical Implications and Operational Concerns for Pharmacy***

#### **Concerns Regarding Multiple Registrations**

There is a potential concern regarding the implementation of multiple registration requirements, particularly for pharmacists to distinguish between special telehealth registrations and regular DEA registrations. It is critical to ensure prescribers utilize the appropriate registration when issuing electronic prescriptions for controlled substances and ensure that these special registrations are readily distinguishable to pharmacists so as not to delay care. Special registration numbers should be transmitted electronically on prescriptions, and NABP and NASCSA strongly recommend that the submission is done in a field format rather than in the "notes" section as submitting in the notes section will create additional burden and confusion for pharmacists. To create a new e-prescribing field, NCPDP would have to update its SCRIPT standard. The timing of implementing and enforcing this requirement should be contingent upon this update.

Additionally, clarification is needed on pharmacists' responsibilities in verifying special registrations. Specifically, does the pharmacist need to confirm or validate the prescriber's state-specific registration for the patient's state? If so, is this determination based on the patient's location at the time of prescribing or dispensing? Further, if the state-specific registration is linked to multiple state licenses, will pharmacists be responsible for validating this information? Will pharmacists be able to readily associate a state registration with a specific state? These issues require thorough consideration to balance operational feasibility with regulatory intent.

#### **Need for Education**

It is imperative to educate the pharmacy community on these new requirements to minimize confusion, ensure compliance, and stave off the possibility of reduced patient care. DEA should work with pharmacy industry stakeholders in developing and implementing educational materials and webinars so that pharmacists are well-aware of these new registration types.

#### **Avoiding Overly Burdensome Pharmacist Recordkeeping and Reporting Obligations**

Currently, pharmacists and pharmacies report controlled substance prescription dispensations to state PDMPs, often daily. However, this data is not readily available to pull into a report to satisfy the reporting requirements outlined in these regulations. The NPRM's requirement for de-identified, aggregate data reporting to DEA places

an increased burden on pharmacies. NABP and NASCSA are concerned that these new obligations may negatively impact pharmacies, potentially reducing access to pharmacy services. Has the DEA considered the financial impact these recordkeeping and reporting requirements will have on pharmacies? Pharmacies will likely need to develop systems to extract, de-identify, and aggregate dispensing data before submission to DEA. Given the financial challenges pharmacies already face due to under-cost reimbursements made by pharmacy benefits managers (PBMs), these additional requirements could further strain their resources.

Concerns regarding data integrity must also be addressed. DEA should clarify how it will validate submitted data for accuracy and completeness. If a pharmacy does not dispense any telehealth-controlled substances within a reporting period, will it be required to submit a zero report?

As an alternative, we propose requiring prescribers to report their prescribing data directly to DEA rather than placing the burden on pharmacies.

*iii. Ensuring access for patient care and to prevent patients seeking access from illegal sources*

**Ensuring Continued Access to Buprenorphine**

We emphasize the importance of maintaining access to buprenorphine for patients with opioid use disorder (OUD). Please see our comments to the March 2023 proposed rules entitled “Expansion of Induction of Buprenorphine via Telemedicine Encounter”. NABP, in collaboration with the University of Houston College of Pharmacy and the National Community Pharmacists Association (NCPA), developed a practice guideline<sup>i</sup> to advance pharmacy access to dispensing buprenorphine for the treatment of OUD. It is critical that the proposed special registration requirement does not inadvertently restrict patient access to buprenorphine.

**Regulating DTC Intermediaries**

NABP and NASCSA recognize the important role that telehealth platforms play in the delivery of convenient quality healthcare to patients across the United States. We support the DEA’s initiatives in regulating these platforms to ensure there is additional accountability when controlled substances are prescribed through these platforms and ultimately dispensed by licensed pharmacies. It is critical that patients have access to the treatments they need through regulated sources both in-person and via telehealth, such that they do not seek medications from readily available illegal and unsafe drug sellers on the internet.

**B) Feasibility and Impact of PDMP Requirements**

*iv. Considerations Concerning State-Operated Prescription Monitoring Programs*

**All States Should Share PDMP Data Across State Lines**

State-operated PDMPs have long been essential tools for providers, including pharmacists, in identifying and preventing high-risk or at-risk patient behaviors related to controlled substance prescriptions. NABP’s PMP InterConnect serves as the leading solution for PDMP interstate data sharing and is well-positioned to assist telehealth prescribers in meeting the proposed mandatory PDMP check requirements.

States share data through one of two hubs: RxCheck and PMP InterConnect. In the first quarter of 2024, PMP InterConnect facilitated 330,000,000 interstate data queries. Currently, 52 state, territory, and jurisdictional PDMPs share data through PMP Interconnect. Healthcare provider roles are standard across all interstate data sharing, allowing relevant providers universal access to all 52 PDMPs for clinical decision making. The states of California and Nebraska are the only two states/PDMP jurisdictions that chose not to share their respective state’s PDMP data through PMP InterConnect. Missouri’s current state law prohibits PDMP interstate data

sharing. NABP and NASCSA support DEA's intention in the proposed rule of ensuring that all jurisdictions share data across state lines with one another.

### Checking all 50 State PDMPs for Each Prescription May Not Have Intended Outcome

The proposed rule would require a telehealth prescriber to perform PDMP checks in the state where the prescriber is located, all states sharing data with that PDMP, the state PDMP where the patient is located, and all states sharing data with that PDMP. Additionally, after three years of the rule being final, telehealth prescribers would be required to perform a nationwide 50-state PDMP search. This approach presents several challenges:

- While PMP InterConnect is well-positioned to support a nationwide PDMP search, some states may require regulatory or statutory modifications to allow for nationwide data sharing. Meeting this requirement is not currently possible. In other words, it would be technologically possible for 50 states to be connected to share data, but operational and legal changes would need to be made.
- As more states are queried, there is a corresponding increase in difficulty with patient matching, especially for common names. While the idea of a 50-state PDMP check may sound like it would increase clinical utility, it would actually decrease it for this reason. A prescriber or a pharmacist running a 50-state PDMP query on a patient would have to sift through many pages of the report and would have to sift through to determine which patient matches are actually the patient in question. This would significantly decrease the clinical utility of the report.
- Efficiency concerns arise if the prescriber's state does not maintain the same data-sharing agreements as the patient's state. Providers may require multiple PDMP logins to access the required PDMP data.

To address these concerns, **rather than a 50-state PDMP check requirement, we suggest** the DEA consider requiring a telehealth prescriber **to check the PDMP where the patient resides, the contiguous states of the state where the patient is located, and any additional states that, in the prescriber's professional judgement, would be prudent to check.**

### Closing Remarks


The DEA's proposed rulemaking introduces significant changes to telemedicine regulations, aiming to enhance oversight and accountability. While we support the principles behind these changes, we urge DEA to carefully evaluate the practical implications of multiple registrations, PDMP check mandates, and additional reporting requirements placed upon the pharmacy industry.

We recommend a balanced approach that maintains regulatory integrity while minimizing undue burdens on pharmacists and pharmacies. Additionally, we stress the importance of maintaining access to essential medications such as buprenorphine. Through collaborative efforts and clear guidance, DEA can achieve its objectives while ensuring a functional and efficient system for healthcare providers and pharmacists alike.

Sincerely,



Lemrey "Al" Carter, PharmD, MS, RPh  
Executive Director, National Association of Boards of Pharmacy

A handwritten signature in black ink, reading "Kathy Keough". The signature is written in a cursive style with a vertical line to its right.

Kathy Keough

Executive Director, National Association of State Controlled Substance Authorities

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# Alaska Board of Pharmacy

## Agenda Item #8



## Industry Updates



# 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



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Attorney General

**Brian Kane**

Executive Director

1850 M Street NW  
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Washington, DC 20036  
(202) 326-6000  
[www.naag.org](http://www.naag.org)

April 14, 2025

The Honorable Mike Johnson  
Speaker of the House  
U.S. House of Representatives  
H-232, U.S. Capitol  
Washington, D.C. 20515

The Honorable Charles Schumer  
Democratic Leader  
U.S. Senate  
S-221, U.S. Capitol  
Washington, D.C. 20510

The Honorable John Thune  
Majority Leader  
U.S. Senate  
S-208, U.S. Capitol  
Washington, D.C. 20510

The Honorable Hakeem Jeffries  
Minority Leader  
U.S. House of Representatives  
H-204, U.S. Capitol  
Washington, D.C. 20510

RE: Pharmacy Benefit Managers

Dear Speaker Johnson, Majority Leader Thune, Minority Leader  
Schumer and Minority Leader Jeffries:

We, the undersigned State Attorneys General ("State AGO's"), write to the 119<sup>th</sup> United States Congress regarding the threat posed to the health and healthcare of the American people stemming from the increasingly consolidated healthcare market under the control of Pharmacy Benefit Managers ("PBMs"). The undersigned State AGOs urge this Congress to address one of the threats posed by PBMs by passing an act prohibiting PBMs, their parent companies, or affiliates from owning or operating pharmacies. This legislation would foster fair competition and promote choice and transparency for the American people.

Pharmacy Benefit Managers are third-party administrators of prescription drug programs for health plans. These PBMs were initially created in the late 1960s to process claims for drug companies. PBMs were *supposed* to help consumers access low-cost pharmaceutical care through negotiated volume-pricing discounts, generic substitution, manufacturer rebates, and other tools.<sup>1</sup> While the promise of PBMs was to lower healthcare costs, the reality has been the

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<sup>1</sup> CONN. OFFICE OF LEGIS. RESEARCH, OLR RESEARCH REPORT: PHARMACY BENEFIT MANAGERS (Dec. 24, 2023) ("Conn. OLR Report").



opposite: healthcare costs in the United States have skyrocketed. PBMs are using manufacturer rebates to increase, rather than decrease, drug prices. Healthcare costs are higher in the United States than any other developed country in the world, but healthcare outcomes in the United States are not equally extraordinary.<sup>2</sup>

PBMs have overtaken the market and now wield outsized power to reap massive profits at the expense of consumers. The rise of PBMs as middlemen in the prescription drug market has resulted in patients facing fewer choices, lower quality care, and higher prices.<sup>3</sup> PBMs' use of affiliated pharmacies—pharmacies owned by either the PBM itself or the PBM's parent company—has exacerbated the problem of manipulated prices and unavailability of certain prescription medications.

Over the past few decades, horizontal consolidation and vertical integration have transformed PBMs from useful administrative service providers into market-dominating behemoths that control the industry. The three largest PBMs process 80% of the nation's prescriptions and bring in 70% of the specialty drug revenue.<sup>4</sup> Furthermore, these same PBMs, along with the next largest three, are vertically integrated both upstream and down. Each of the top six PBMs operate their own affiliated pharmacies, while five of the top six are also a part of parent conglomerates that operate insurance companies and health care clinics.<sup>5</sup> Even now, PBMs continue to devour more of the pharmaceutical industry: three of the top PBMs have recently opened their own manufacturing subsidiaries or entered into "co-manufacturing" agreements with existing manufacturers.<sup>6</sup> This vertical integration allows PBMs and their parent companies to control every step of the prescription manufacturing, wholesale, retail, and dispensing process.

The PBMs' affiliated pharmacies are major players in the market—representing three of the top five largest pharmacies in the United States by revenue. In addition to owning pharmacies, PBMs also contract with non-affiliated pharmacies, including independent pharmacies, to create pharmacy networks that control where their members can get their drugs and at what prices. This creates the situation where the PBMs—through ownership of affiliated pharmacies—are contracting with and have power over their own

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<sup>2</sup> Arthur L. Kellermann, *The U.S. Spends More on Healthcare than Other Wealthy Nations but Ranks Last in Outcomes*, FORBES (Oct. 24, 2023, 12:56 PM), <https://www.forbes.com/sites/arthurkellermann/2023/10/24/the-us-spends-more-on-healthcare-than-other-wealthy-nations-but-ranks-last-in-outcomes/>.

<sup>3</sup> HOUSE COMM. ON OVERSIGHT AND ACCOUNTABILITY, THE ROLE OF PHARMACY BENEFIT MANAGERS IN PRESCRIPTION DRUG MARKETS 1 (2024) ("House Comm. Report").

<sup>4</sup> U.S. FED. TRADE COMM'N OFFICE OF POLICY PLANNING, PHARMACY BENEFIT MANAGERS: THE POWERFUL MIDDLEMEN INFLATING DRUG COSTS AND SQUEEZING MAIN STREET PHARMACIES 2 (July 2024) ("Interim Staff Report").

<sup>5</sup> Interim Staff Report 2.

<sup>6</sup> Letter from Ron Wyden, U.S. Senator and Chairman of Committee on Finance, and Sherrod Brown, U.S. Senator, to Lina Khan, Chair, Federal Trade Commission (Sept. 30, 2024).

pharmacies' competition. The PBMs then use their place as middlemen to exert this power in ways that harm independent pharmacies, forcing these small businesses to accept contractual terms that are "confusing, unfair, arbitrary, and harmful."<sup>7</sup> PBMs' position further allows and incentivizes them to provide their affiliated pharmacies with more favorable contract terms, steer consumers away from independent pharmacies to their own affiliated pharmacies,<sup>8</sup> and otherwise engage in tactics aimed at forcing their competition out of business. Over the course of the last decade, approximately ten percent of rural independent pharmacies in the United States have closed.<sup>9</sup>

The closure of independent pharmacies is felt strongly by consumers, as it means that many of them, especially those in rural or otherwise underserved areas, have limited access to retail pharmacies.<sup>10</sup> The coalescence within the market has other, far-reaching detrimental effects on consumers seeking medical care. PBMs control which drugs are prescribed to consumers using complex and opaque formulary tier systems, which dictate the prices and availability of drugs based on negotiations with manufacturers rather than the needs of consumers.<sup>11</sup> Prescription decisions are being made in boardrooms that focus on shareholder profits rather than in doctors' offices that prioritize patient care.

The control of the pharmaceutical ecosystem by PBMs has resulted in decreased access, affordability, and choice for many Americans seeking prescription healthcare. Congressional action is warranted to restore a free market and protect consumers and small businesses.

As self-designated middlemen, PBMs should not be permitted to own or operate affiliated pharmacies. Further, they should not be able to skirt such a prohibition by having a parent company or other affiliated healthcare conglomerate own a pharmacy. PBMs should be prohibited from having direct ownership ties to the parties they purport to be bridging. This requirement would allow pharmacies to compete on fair terms and create a market that is more accessible to consumers.

The undersigned State AGOs urge Congress to take action and protect consumers by enacting a law prohibiting PBMs or their parent companies from owning a pharmacy. The passage of such a law would foster competition in the marketplace and give consumers more access to pharmaceutical care, more choice as to their healthcare providers, and more affordable prices.

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<sup>7</sup> Interim Staff Report 1.

<sup>8</sup> House Comm. Report 15; Interim Staff Report 30.

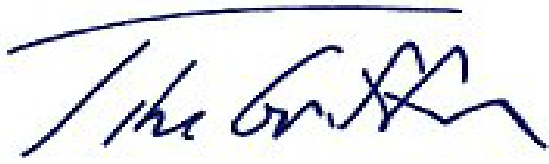
<sup>9</sup> Interim Staff Report 1.

<sup>10</sup> Interim Staff Report 16.

<sup>11</sup> House Comm. Report 6–7.



Sincerely,



Tim Griffin  
Arkansas Attorney General



Andrea Joy Campbell  
Massachusetts Attorney General



Andrew Bailey  
Missouri Attorney General



Charity Clark  
Vermont Attorney General



Treg R. Taylor  
Alaska Attorney General



Gwen Tauilili-Langkilde  
American Samoa Attorney General  
(Acting)



Kris Mayes  
Arizona Attorney General



Rob Bonta  
California Attorney General



Kathleen Jennings  
Delaware Attorney General



Brian Schwalb  
District of Columbia Attorney General



Anne E. Lopez  
Hawaii Attorney General



Kwame Raoul  
Illinois Attorney General



Russell Coleman  
Kentucky Attorney General



Liz Murrill  
Louisiana Attorney General



Aaron M. Frey  
Maine Attorney General



Anthony G. Brown  
Maryland Attorney General



Dana Nessel  
Michigan Attorney General



Keith Ellison  
Minnesota Attorney General



Lynn Fitch  
Mississippi Attorney General



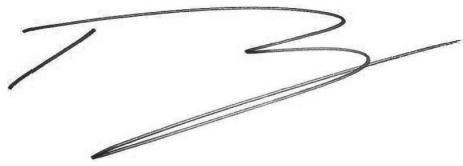
Aaron D. Ford  
Nevada Attorney General



John M. Formella  
New Hampshire Attorney General



Matthew J. Platkin  
New Jersey Attorney General



Raúl Torrez  
New Mexico Attorney General



Letitia James  
New York Attorney General



Jeff Jackson  
North Carolina Attorney General



Drew H. Wrigley  
North Dakota Attorney General



Dave Yost  
Ohio Attorney General



Dan Rayfield  
Oregon Attorney General



Dave Sunday  
Pennsylvania Attorney General



Peter F. Neronha  
Rhode Island Attorney General



Marty Jackley  
South Dakota Attorney General



Jonathan Skrmetti  
Tennessee Attorney General



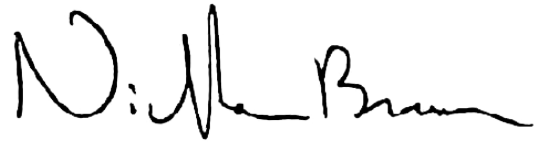
Gordon C. Rhea  
U.S. Virgin Islands Attorney General



Derek Brown  
Utah Attorney General



Jason S. Miyares  
Virginia Attorney General



Nick Brown  
Washington Attorney General



John "JB" McCuskey  
West Virginia Attorney General



Joshua L. Kaul  
Wisconsin Attorney General



Bridget Hill  
Wyoming Attorney General

**Brandy Seignemartin, PharmD**  
Executive Director  
Alaska Pharmacy Association  
[akpharmacistsassociation@gmail.com](mailto:akpharmacistsassociation@gmail.com)

April 29, 2025

**Alaska Department of Health**  
Medicaid Reimbursement Team  
Christal Hays  
[christal.hays@alaska.gov](mailto:christal.hays@alaska.gov)

**Subject: Response to Pharmacy Dispensing Fee SPA**

Dear Alaska Medicaid Pharmacy Program Leadership,

On behalf of the Alaska Pharmacy Association, I am submitting urgent feedback regarding the proposed changes to Medicaid pharmacy reimbursement. The Alaska Pharmacy Association represents pharmacists, student pharmacists, pharmacy technicians, and pharmacies of all types across our state—from Ketchikan to Fairbanks and beyond. Our mission is centered on ensuring Alaskans have **access to safe, high-quality pharmacy care** in their local communities. Thank you for your willingness to engage with stakeholders through public comment.

The proposed dispensing fee reductions and failure to update ingredient cost methodology would directly undermine patient access to pharmacy services and destabilize Alaska's pharmacy network.

**Dispensing Fee Reductions Are Unjustified and Dangerous**

Proposed dispensing fees — especially \$11.80 for on-the-road pharmacies (a 21.5% reduction from the current rate of \$15.03) and \$22.17 (a 17.7% reduction from the current rate of \$26.94) for off-the-road pharmacies — represent a dangerous reduction that does not reflect the substantial rise in pharmacy costs since 2019. **Reducing these fees in the absence of a comprehensive reimbursement reform strategy is fiscally irresponsible and threatens public health.**

The notion that pharmacy dispensing costs have **somehow decreased between 2019 and 2024 defies logic**. In that time, every single cost associated with operating a pharmacy—wages, drug costs, utilities, supply chain expenses—has **skyrocketed**. There is simply **no reality in which dispensing a prescription today is cheaper than it was five years ago**. Particularly wages, which accounted for over 70% of the COD survey inputs, rose dramatically during COVID.

These findings are **a direct threat to public health** in Alaska. Pharmacies are not just retail businesses; they are **critical access points for healthcare services, including life-saving medications and vaccines**. In fact, **more than half of all vaccines in Alaska are administered in pharmacies**. The decision to use this flawed report to justify **further reimbursement cuts** puts Alaskans' access to **life-saving medications and essential public health services directly on the line**.

Once again, we wish to **register our strong objection** to the **arbitrary and subjective capping of pharmacy costs** in this report. Myers & Stauffer **threw out valid data** and imposed **erroneous cost caps** without justification.

- **The cost is what it is.** Pharmacists do not have the luxury of capping rent, wages, utilities, or drug costs at 5% of their revenue—**why should a government contractor be allowed to arbitrarily do so?**

The use of “**reasonableness limits**” to **artificially suppress pharmacy cost data** has **dangerous real-world consequences**. If this methodology is allowed to stand, it will lead to **more pharmacy closures, fewer service offerings, and reduced access to care for Alaskans**.

## **Ingredient Cost Calculation Must Be Corrected**

Per **42 CFR § 447.512(b)**, federal law requires that states evaluate **ingredient cost and professional dispensing fee together** in establishing pharmacy reimbursement. It is therefore unacceptable to revise dispensing fees without concurrently correcting ingredient cost reimbursement methodology.

Several critical issues must be addressed:

### **Freight Costs Disadvantage Alaska Pharmacies**

Alaska pharmacies must pay substantial shipping fees to bring medications into the state — costs that are not recognized in the current reimbursement model. Meanwhile, out-of-state pharmacies are allowed to bill up to \$16 under 7 AAC 145.400(b) to ship to Alaska patients. While in-state pharmacies can charge the same fee **for intrastate shipments**, it does not cover the **inbound freight cost**, which can be excessive. This creates an unfair and damaging imbalance that threatens patient care at local pharmacies.

### **Remanufactured Product Pricing Abuse**

We have also observed cases where Medicaid uses the lowest-cost NDC — often a remanufactured product — as the pricing benchmark. But Medicaid rules prohibit reimbursement for these products if they lack federal rebates. **Pharmacies are being forced to dispense more expensive, rebate-eligible medications but are only paid for the lower-cost, ineligible version. This must be corrected immediately.**

### **Several Independent Pharmacies Report Losing Money on Every Medicaid Prescription in 2024**

- One off-the-road independent pharmacy reported an average loss of **\$23.57 per Medicaid prescription dispensed** in 2024 due to ingredient cost reimbursement that failed to cover the actual acquisition cost of the medications dispensed.
- Two additional off-the-road independent pharmacies reported average losses of **\$24.67 across 718 claims** and **\$5.17 across 572 claims**, respectively — again due to Medicaid reimbursements falling below actual drug costs.

Collectively, these three pharmacies absorbed **over \$28,000 in losses** in 2024 alone. This level of underpayment is unsustainable and, if continued, will lead to the closure of essential community pharmacies in Alaska’s most remote areas. Any SPA that fails to remedy this situation cannot be

supported and **unfortunately if this situation is not remedied, we may see pharmacies that simply have no choice but to stop serving Medicaid patients. This would be a dire situation for access to pharmacy services for patients.**

### **Address Ingredient Cost Methodology Concerns with In-State Acquisition Cost Survey**

Adopt an actual acquisition cost or in-state average actual acquisition cost methodology. **Montana currently does this** by surveying independent pharmacies to ensure they get reimbursed appropriately, while maintaining a separate ingredient cost price list for chain pharmacies.

### **Recommendations for Tiered Dispensing Fees**

We urge the Department to adopt a more thoughtful and data-driven approach to dispensing fees. Specifically:

- Create tiers based on **pharmacy type** (chain, independent, tribal) and **geography** (on-road vs. off-road);
- Or consider tiered dispensing fees **based on prescription volume** stratified by **on-road** and **off-road** status.

The current structure disproportionately harms Alaska's smallest and most essential providers.

### **Requested Actions**

To ensure continued Medicaid pharmacy services across Alaska, we respectfully request that the Department:

- **Withdraw or suspend the SPA and maintain current dispensing fee rates** until a new ingredient cost methodology is developed with input from pharmacy stakeholders;
- **Reject any return to outdated 2014 rates**, a scenario that would devastate our state's pharmacy infrastructure;

Alaska's pharmacies — and the patients they serve — deserve better than this. We are ready to assist in designing a sustainable and compliant reimbursement model that reflects the real cost of providing care in Alaska.

Sincerely,



Brandy Seignemartin, PharmD  
Executive Director  
Alaska Pharmacy Association  
akpharmacistsassociation@gmail.com



# Alaska Board of Pharmacy

## Agenda Item #9



Adjourn for Lunch



# Alaska Board of Pharmacy

## Agenda Item #10



## Roll Call/Call to Order

# Alaska Board of Pharmacy

## Agenda Item #11



## Public Comment Period



# Alaska Board of Pharmacy

## Agenda Item #12



## Board Business



## **Industrial Hemp and Intoxicating Hemp Products FAQ for Professional Licensees**

### **What is legal industrial hemp?**

To be legal, an industrial hemp product that is intended for human or animal consumption, must be endorsed by the Division of Agriculture. The Division does not endorse any product that contains delta-9-THC or a non-naturally occurring cannabinoid, including a cannabinoid made from an ingredient extracted from industrial hemp and modified beyond its original form. Legal products may only be offered to consumers by retailers that are registered with the Division to participate in the Alaska industrial hemp program.

Products that are not endorsed by the Division include delta-9 THC, delta-8 THC-O, delta-10 THC-O, delta-6 THC-O, THCA, THCV, THCP, HHC, HHCP, or other synthetic or lab-created cannabinoids derived from hemp. These products may not be used or offered to consumers under the industrial hemp program. Products derived from the seeds of the hemp plant may be offered to consumers without an endorsement. These products contain no cannabinoids like CBD or THC and the seeds themselves do not naturally contain tetrahydrocannabinol (THC), the main psychoactive ingredient in cannabis.

### **Why do health care providers and other professional licensees need to know this information?**

Commonly, industrial hemp products like CBD oil are used in professional practices regulated under AS 08, including massage therapy, veterinary medicine, chiropractic, naturopathy, esthetics, human medicine, and nursing. Under 11 AAC 40.900(13), consumption means any method of ingestion of or application to the body. In addition to using these products onsite, they may even currently be sold by licensed professionals. For these transactions to be legal, these products must be endorsed and businesses offering them to consumers must be registered by the Division of Agriculture.

### **What are the risks of not following these laws?**

First, unless these products have been tested and endorsed by the Division of Agriculture, users cannot be certain whether the labeling reflects the actual product inside. Products containing these substances may be labeled using terms like "broad spectrum" or "full spectrum" that do not clearly inform the user or retailer of their contents. Counterfeit, mislabeled, or misleading product information is rampant, and Alaskans have detected intoxicating levels of cannabis in otherwise innocuously labeled products. This poses a significant public health risk to minors, pets, consumers who do not wish to get high, and consumers who do not wish to test positive on drug screens.

Second, using or selling these products illegally poses a significant risk for civil and criminal action, including possible discipline by state licensing boards and boards in other jurisdictions where practitioners may be licensed.

### **Where can I find more information?**

The Division of Agriculture maintains a [web site](#) to share information about Alaska's industrial hemp requirements. The [Alcohol and Marijuana Control Office](#), which partners with the Division of Agriculture in enforcement of industrial hemp laws, is also the regulator of recreational cannabis. Please visit these web sites and carefully follow instructions if you wish to use or sell hemp-derived products in your business.

Department of Commerce, Community  
and Economic Development

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Division of Corporations, Business  
and Professional Licensing

**[Enter Program Name]**

**Annual Report**

Fiscal Year 2025



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

P.O. Box 110806  
Juneau, Alaska 99811-0806  
Email: [License@Alaska.Gov](mailto:License@Alaska.Gov)

*This report is required under Alaska Statute 08.01.070(10).*

<div>[Enter Program Name] FY 2025 Annual Report</div>
<div>Table of Contents</div>

Board Membership	Page X
Accomplishments	Page X
Activities	Page X
Needs	Page X

**[Enter Program Name]  
FY 2025 Annual Report**

**Board Membership *(as of the Date This Report was Approved)***

**Date of Final Board Approval: [Click or tap to enter a date.]**

[Click or tap here to enter text. (List all board members as of the date this report was approved.)]

**[Enter Program Name]**  
**FY 2025 Annual Report**

**Accomplishments**

[Click or tap here to enter text. ("Accomplishments" include but are not limited to statutory or regulatory changes finalized, disciplinary matrices created, investigations conducted, public safety measures implemented, general descriptions of license actions taken for the sake of public safety, accomplishments by staff, accomplishments by board members, etc.)]



**[Enter Program Name]**  
**FY 2025 Annual Report**

**Activities**

[Click or tap here to enter text. ("Activities" include but are not limited to board meetings, subcommittee or workgroup meetings, attendance at conferences, public speaking events, involvement in legislative hearings, in process statute or regulation changes, etc.)]

**[Enter Program Name]**  
**FY 2025 Annual Report**

**Needs**

[Click or tap here to enter text. ("Needs" include but are not limited to changes to statutes, changes to regulations, trainings, board seats to be filled, executive administrator for the board, additional staff, travel to certain conferences, support, etc. Highly recommend also including the "why" for each listed need.)]



# ALASKA BOARD OF PHARMACY

## 2024 STRATEGIC PLAN

The Alaska Board of Pharmacy endeavors to promote, preserve, and protect the public health, safety, and welfare by and through the effective control and regulation of the practice of pharmacy.

### GUIDING PRINCIPLES

### GOALS

### STRATEGIES



#### COMMUNICATION

1. Engage in effective communication and promote transparency of public information.

- 1.1 Improve customer service by providing timely and informative updates to applicants and licensees.
- 1.2 Maximize communication channels through the Board of Pharmacy website and List Service.
- 1.3 Maintain accuracy of website content and ensure accessibility of up-to-date resources



#### ADMINISTRATION

2. Adhere to and strive for improved organizational efficiencies without compromising quality of record keeping.

- 2.1 Avoid delays in application processing by maintaining adequate staffing and exploring flexible retention strategies.
- 2.2 Maintain a proactive approach to licensing by consulting historical knowledge, researching national trends, and encouraging innovation in the planning process.
- 2.3 Automate initial licensure through online applications.
- 2.4 Exercise fiscal discipline through effective budget management.
- 2.5 Embrace innovation by exploring integration and/or delegation opportunities to support core administration functions.



#### LICENSURE

3. Ensure competency and qualifications prior to licensure and renewal.

- 3.1 Adhere to established licensing standards by reviewing education, experience, and examination requirements.
- 3.2 Take a proactive approach to application and form revision subsequent to regulation changes.
- 3.3 Ensure a 14 day or less processing time for licensee applications, and a 30 day or less licensing time for facility applications.



#### REGULATION & ENFORCEMENT

4. Grow the economy while promoting community health and safety.

- 4.1 Routinely review effectiveness of regulations that reduce barriers to licensure without compromising patient health and safety.
- 4.2 Combat the opioid crisis by effective administration of the state's Prescription Drug Monitoring Program (PDMP), including collaboration with providers and key stakeholders.
- 4.3 Advocate for legislation addressing access to pharmacies as the pharmacy profession evolves and new opportunities for improved patient safety arise.
- 4.4 Anticipate changes to the Drug Supply Chain Security Act and respond proactively. Address changes to compounding.

#### For more information, please visit the following resources:

Board of Pharmacy Homepage: [pharmacy.alaska.gov](https://pharmacy.alaska.gov)  
Prescription Drug Monitoring Program (PDMP): [pdmp.alaska.gov](https://pdmp.alaska.gov)

Email: [boardofpharmacy@alaska.gov](mailto:boardofpharmacy@alaska.gov)  
Phone: 907-465-1073

## **Board Approved Statute Changes 34<sup>th</sup> Legislature**

### **Concepts**

- AS 08.80.030(b) is amended to read: (19) prohibit, limit, or provide conditions relating to the dispensing of a prescription drug that the United States Food and Drug Administration or the prescription drug's manufacturer has not approved for self-administration to ensure the effectiveness and security of a prescription drug to be administered by infusion or in a clinical setting.
- Remove sections (4) and (6) from AS 08.80.145

### **Drafted Bills**

- SB 147 - Statute changes to AS 08.80.337 to allow pharmacists to practice at the top of their clinical ability.

**SENATE BILL NO. 147**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY SENATOR GIESSEL BY REQUEST

Introduced: 3/26/25

Referred: Health and Social Services, Labor and Commerce

**A BILL****FOR AN ACT ENTITLED**

1   **"An Act relating to the prescription and administration of drugs and devices by**  
2   **pharmacists; relating to reciprocity for pharmacists; and providing for an effective**  
3   **date."**

4   **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5    \* **Section 1.** AS 08.80.030(b) is amended to read:

6           (b) In order to fulfill its responsibilities, the board has the powers necessary  
7           for implementation and enforcement of this chapter, including the power to

8                   (1) elect a president and secretary from its membership and adopt rules  
9           for the conduct of its business;

10                   (2) license by examination or by license transfer the applicants who are  
11           qualified to engage in the practice of pharmacy;

12                   (3) assist the department in inspections and investigations for  
13           violations of this chapter, or of any other state or federal statute relating to the practice  
14           of pharmacy;

- 1 (4) adopt regulations to carry out the purposes of this chapter;
- 2 (5) establish and enforce compliance with professional standards and
- 3 rules of conduct for pharmacists engaged in the practice of pharmacy;
- 4 (6) determine standards for recognition and approval of degree
- 5 programs of schools and colleges of pharmacy whose graduates shall be eligible for
- 6 licensure in this state, including the specification and enforcement of requirements for
- 7 practical training, including internships;
- 8 (7) establish for pharmacists and pharmacies minimum specifications
- 9 for the physical facilities, technical equipment, personnel, and procedures for the
- 10 storage, compounding, and dispensing of drugs or related devices, and for the
- 11 monitoring of drug therapy, including independent monitoring of drug therapy;
- 12 (8) enforce the provisions of this chapter relating to the conduct or
- 13 competence of pharmacists practicing in the state, and the suspension, revocation, or
- 14 restriction of licenses to engage in the practice of pharmacy;
- 15 (9) license and regulate the training, qualifications, and employment of
- 16 pharmacy interns and pharmacy technicians;
- 17 (10) license and regulate the qualifications of entities and individuals
- 18 engaged in the manufacture or distribution of drugs and related devices;
- 19 (11) establish and maintain a controlled substance prescription
- 20 database as provided in AS 17.30.200;
- 21 (12) establish standards for the independent prescribing and
- 22 administration of vaccines and related emergency medications under AS 08.80.168,
- 23 including the completion of an immunization training program approved by the board
- 24 and an epinephrine auto-injector training program under AS 17.22.020(b);
- 25 (13) establish standards for the independent prescribing and dispensing
- 26 by a pharmacist of an opioid overdose drug under AS 17.20.085, including the
- 27 completion of an opioid overdose training program approved by the board;
- 28 (14) require that a licensed pharmacist who **prescribes, administers,**
- 29 **or** dispenses a **schedule IA, IIA, IIIA, IVA, or VA controlled substance under**
- 30 **state law or** schedule II, III, [OR] IV, **or V** controlled substance under federal law to a
- 31 person in the state register with the controlled substance prescription database under

AS 17.30.200(n);

(15) establish the qualifications and duties of the executive administrator and delegate authority to the executive administrator that is necessary to conduct board business;

(16) license and inspect the facilities of pharmacies, manufacturers, wholesale drug distributors, third-party logistics providers, and outsourcing facilities located outside the state under AS 08.80.159;

(17) license Internet-based pharmacies providing services to residents in the state;

(18) adopt regulations pertaining to retired pharmacist status.

\* **Sec. 2.** AS 08.80.110 is amended to read:

**Sec. 08.80.110. Qualifications for licensure by examination.** An applicant for licensure as a pharmacist shall

(1) be fluent in the reading, writing, and speaking of the English language;

(2) be a graduate of a college in a degree program approved by the board;

(3) pass an examination or examinations given by the board or acceptable to the board under the score transfer process administered by the National Association of Boards of Pharmacy;

(4) have completed internship training or another program that has been approved by the board or demonstrated to the board's satisfaction that the applicant has experience in the practice of pharmacy that meets or exceeds the minimum internship requirements of the board; and

(5) receive education in pain management and opioid use and addiction, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal Drug Enforcement Administration registration number; an applicant may include past professional experience or professional education as proof of professional competence.

\* **Sec. 3.** AS 08.80.145 is amended to read:

**Sec. 08.80.145. Reciprocity; license transfer.** If another jurisdiction allows

1 licensure in that jurisdiction of a pharmacist licensed in this state under conditions  
 2 similar to those in this section, the board may license as a pharmacist in this state a  
 3 person licensed as a pharmacist in the other jurisdiction if the person

4 (1) submits a written application to the board on a form required by the  
 5 board;

6 (2) is at least 18 years of age;

7 (3) possesses at the time of the request for licensure as a pharmacist in  
 8 this state the qualifications necessary to be eligible for licensure in this state;

9 (4) has engaged in the practice of pharmacy for at least one year  
 10 immediately before applying for a license under this section;

11 (5) presents proof satisfactory to the board that the person is currently  
 12 licensed as a pharmacist in the other jurisdiction and does not currently have a  
 13 pharmacist license suspended, revoked, or otherwise restricted except for failure to  
 14 apply for renewal or failure to obtain the required continuing education credits;

15 (6) has passed an examination approved by the board that tests the  
 16 person's knowledge of Alaska laws relating to pharmacies and pharmacists and the  
 17 regulations adopted under those laws; [AND]

18 (7) meets the requirements of AS 08.80.110(5); and

19 (8) pays all required fees.

20 \* **Sec. 4.** AS 08.80.165 is amended to read:

21 **Sec. 08.80.165. Continuing education requirements.** The board shall  
 22 establish requirements for continuing education in pharmacy that must be satisfied  
 23 before a license issued under this chapter may be renewed. The continuing education  
 24 requirements must include at least two hours of education in pain management  
 25 and opioid use and addiction in the two years preceding an application for  
 26 renewal of a license. The board may exempt a licensee from the requirement to  
 27 receive at least two hours of education in pain management and opioid use and  
 28 addiction if the licensee demonstrates to the satisfaction of the board that

29 (1) the licensee's practice does not include pain management and  
 30 opioid prescription or administration; or

31 (2) the licensee does not currently hold a valid federal Drug



**Enforcement Administration registration number.**

\* **Sec. 5.** AS 08.80.337(a) is amended to read:

(a) A pharmacist may, under a collaborative practice agreement with a written protocol approved by a practitioner **who is not a pharmacist**, provide patient care services.

\* **Sec. 6.** AS 08.80.337(d) is amended to read:

(d) In this section, "patient care services" means medical care services, **including the prescription or administration of a drug or device to a patient, that are** given in exchange for compensation **and** 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.

\* **Sec. 7.** AS 08.80.337 is amended by adding a new subsection to read:

(e) A pharmacist prescribing or administering a drug or device under this section shall recognize the limits of the pharmacist's education, training, and experience and consult with and refer to other practitioners as appropriate.

\* **Sec. 8.** AS 08.80.480(30) is amended to read:

(30) "practice of pharmacy" means the interpretation, evaluation, and dispensing of prescription drug orders in the patient's best interest; participation in drug and device selection, drug administration, drug regimen reviews, and drug or drug-related research; provision of patient counseling and the provision of those acts or services necessary to provide pharmaceutical care; the independent prescribing, dispensing, and administration of drugs in accordance with AS 08.80.168; **providing patient care services in accordance with AS 08.80.337;** the responsibility for compounding and labeling of drugs and devices except labeling by a manufacturer, repackager, or distributor of nonprescription drugs and commercially packaged legend drugs and devices; proper and safe storage of drugs and devices; and maintenance of proper records for them;

\* **Sec. 9.** AS 08.80.480 is amended by adding a new paragraph to read:

(40) "opioid" includes the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140 and 11.71.160.

\* **Sec. 10.** AS 08.80.337(c) is repealed.

1      \* **Sec. 11.** This Act takes effect January 1, 2026.

**HOUSE BILL NO. 195**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

**BY REPRESENTATIVES MINA, Gray**

**Introduced: 4/15/25**

**Referred: Health and Social Services, Labor and Commerce, Finance**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to the prescription and administration of drugs and devices by**  
2 **pharmacists; relating to reciprocity for pharmacists; and providing for an effective**  
3 **date."**

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7 for implementation and enforcement of this chapter, including the power to

8 (1) elect a president and secretary from its membership and adopt rules  
9 for the conduct of its business;

10 (2) license by examination or by license transfer the applicants who are  
11 qualified to engage in the practice of pharmacy;

12 (3) assist the department in inspections and investigations for  
13 violations of this chapter, or of any other state or federal statute relating to the practice  
14 of pharmacy;

- 1 (4) adopt regulations to carry out the purposes of this chapter;
- 2 (5) establish and enforce compliance with professional standards and
- 3 rules of conduct for pharmacists engaged in the practice of pharmacy;
- 4 (6) determine standards for recognition and approval of degree
- 5 programs of schools and colleges of pharmacy whose graduates shall be eligible for
- 6 licensure in this state, including the specification and enforcement of requirements for
- 7 practical training, including internships;
- 8 (7) establish for pharmacists and pharmacies minimum specifications
- 9 for the physical facilities, technical equipment, personnel, and procedures for the
- 10 storage, compounding, and dispensing of drugs or related devices, and for the
- 11 monitoring of drug therapy, including independent monitoring of drug therapy;
- 12 (8) enforce the provisions of this chapter relating to the conduct or
- 13 competence of pharmacists practicing in the state, and the suspension, revocation, or
- 14 restriction of licenses to engage in the practice of pharmacy;
- 15 (9) license and regulate the training, qualifications, and employment of
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- 17 (10) license and regulate the qualifications of entities and individuals
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- 30 **state law or** schedule II, III, [OR] IV, **or V** controlled substance under federal law to a
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AS 17.30.200(n);

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(16) license and inspect the facilities of pharmacies, manufacturers, wholesale drug distributors, third-party logistics providers, and outsourcing facilities located outside the state under AS 08.80.159;

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(1) be fluent in the reading, writing, and speaking of the English language;

(2) be a graduate of a college in a degree program approved by the board;

(3) pass an examination or examinations given by the board or acceptable to the board under the score transfer process administered by the National Association of Boards of Pharmacy;

(4) have completed internship training or another program that has been approved by the board or demonstrated to the board's satisfaction that the applicant has experience in the practice of pharmacy that meets or exceeds the minimum internship requirements of the board; **and**

**(5) receive education in pain management and opioid use and addiction, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal Drug Enforcement Administration registration number; an applicant may include past professional experience or professional education as proof of professional competence.**

\* **Sec. 3.** AS 08.80.145 is amended to read:

**Sec. 08.80.145. Reciprocity; license transfer.** If another jurisdiction allows

1 licensure in that jurisdiction of a pharmacist licensed in this state under conditions  
 2 similar to those in this section, the board may license as a pharmacist in this state a  
 3 person licensed as a pharmacist in the other jurisdiction if the person

4 (1) submits a written application to the board on a form required by the  
 5 board;

6 (2) is at least 18 years of age;

7 (3) possesses at the time of the request for licensure as a pharmacist in  
 8 this state the qualifications necessary to be eligible for licensure in this state;

9 (4) has engaged in the practice of pharmacy for at least one year  
 10 immediately before applying for a license under this section;

11 (5) presents proof satisfactory to the board that the person is currently  
 12 licensed as a pharmacist in the other jurisdiction and does not currently have a  
 13 pharmacist license suspended, revoked, or otherwise restricted except for failure to  
 14 apply for renewal or failure to obtain the required continuing education credits;

15 (6) has passed an examination approved by the board that tests the  
 16 person's knowledge of Alaska laws relating to pharmacies and pharmacists and the  
 17 regulations adopted under those laws; [AND]

18 (7) meets the requirements of AS 08.80.110(5); and

19 (8) pays all required fees.

20 \* **Sec. 4.** AS 08.80.165 is amended to read:

21 **Sec. 08.80.165. Continuing education requirements.** The board shall  
 22 establish requirements for continuing education in pharmacy that must be satisfied  
 23 before a license issued under this chapter may be renewed. The continuing education  
 24 requirements must include at least two hours of education in pain management  
 25 and opioid use and addiction in the two years preceding an application for  
 26 renewal of a license. The board may exempt a licensee from the requirement to  
 27 receive at least two hours of education in pain management and opioid use and  
 28 addiction if the licensee demonstrates to the satisfaction of the board that

29 (1) the licensee's practice does not include pain management and  
 30 opioid prescription or administration; or

31 (2) the licensee does not currently hold a valid federal Drug

**Enforcement Administration registration number.**

\* **Sec. 5.** AS 08.80.337(a) is amended to read:

(a) A pharmacist may, under a collaborative practice agreement with a written protocol approved by a practitioner **who is not a pharmacist**, provide patient care services.

\* **Sec. 6.** AS 08.80.337(d) is amended to read:

(d) In this section, "patient care services" means medical care services, **including the prescription or administration of a drug or device to a patient, that are** given in exchange for compensation **and** 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.

\* **Sec. 7.** AS 08.80.337 is amended by adding a new subsection to read:

(e) A pharmacist prescribing or administering a drug or device under this section shall recognize the limits of the pharmacist's education, training, and experience and consult with and refer to other practitioners as appropriate.

\* **Sec. 8.** AS 08.80.480(30) is amended to read:

(30) "practice of pharmacy" means the interpretation, evaluation, and dispensing of prescription drug orders in the patient's best interest; participation in drug and device selection, drug administration, drug regimen reviews, and drug or drug-related research; provision of patient counseling and the provision of those acts or services necessary to provide pharmaceutical care; the independent prescribing, dispensing, and administration of drugs in accordance with AS 08.80.168; **providing patient care services in accordance with AS 08.80.337;** the responsibility for compounding and labeling of drugs and devices except labeling by a manufacturer, repackager, or distributor of nonprescription drugs and commercially packaged legend drugs and devices; proper and safe storage of drugs and devices; and maintenance of proper records for them;

\* **Sec. 9.** AS 08.80.480 is amended by adding a new paragraph to read:

(40) "opioid" includes the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140 and 11.71.160.

\* **Sec. 10.** AS 08.80.337(c) is repealed.

1      \* **Sec. 11.** This Act takes effect January 1, 2026.



# ALASKA BOARD OF PHARMACY

## TASK LIST - ACTION ITEMS

(as of 05/07/2025)

Incomplete Action Items from Previous Meetings	
	Task created for Ramsey Bell to update all inspection forms for pharmacies and facilities.
	Task created for Ramsey Bell to review the self-inspection form for updated regulations and bring the pharmacy inspection form into alignment with the self-inspection form.
	Task for Ashley Schaber to get letter in for national legislation. <b>Hold for next administration.</b>
	Task for Michael Bowles to reach out to the Executive Administrators for the board of nursing and medical board and discuss standard of care model, regulatory guidelines.
	Task created for all board members to review the statute and regulations to work on standard of care regulatory language changes.
Action Items from February 20, 2025 Meeting	
	Task created for PDMP to share DEA telehealth letter with board.
	Task created for Michael Bowles to meet with PDMP to coordinate meeting with healthcare related board chairs.
	Task for the board to track what other state boards are doing with AI.
	Task created for the board to follow up on e-prescribing.
	Task for Michael Bowles to look into how to create a survey on Just Culture.
	Task for Carla Hebert to write survey questions on Just Culture.
	Task for Ashley Schaber to write up public comment responses for the board and submit for a vote in OnBoard for approval. Once approved, Ashley Schaber will submit the responses to the survey.
	Task created for Michael to invite Dr. Tom Wadsworth and Dr. Jen Adams to the next meeting for an update on the ACPE
	Task for the Board to update the strategic plan for 2025 at the May meeting.
	Task for Michael Bowles to review the strategic plan from the Division's perspective and recommend changes.
	Task to follow up on who will be the delegate, vote in OnBoard once identified.

	Not Started
	In Process
	Complete

## Just Culture Workplaces

A just culture workplace steps away from a blame culture to encourage communication and a system of shared accountability. Just culture asks, “what went wrong and how can we fix it?” and not “who made the error and who can we blame?” Blame culture leads to a fear in reporting. Just culture encourages open communication and system improvement.

How can I tell if my place of employment has a just culture?

- Does your workplace encourage reporting errors and mistakes? Is there a clear process to report?
- Do you feel comfortable reporting errors with no fear of repercussions?
- Does your workplace perform a root cause and system weakness investigation rather than assign blame to individuals?
- Are mistakes seen as a learning opportunity? Are systems continually being analyzed and improved?

Where can I learn more about Just Culture?

- An algorithm to assess a situation. <https://www.umms.org/uch/-/media/files/um-uch/for-health-professionals/justculturealgorithm.pdf?upd=20221206165107>
- ASHP Just Culture Toolkit [https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/Medication-Safety/Just-Culture-Work-Group\\_Toolkit-FINAL.pdf](https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/Medication-Safety/Just-Culture-Work-Group_Toolkit-FINAL.pdf)

# Alaska Board of Pharmacy

## Agenda Item #13



## Chair Final Comments



# Alaska Board of Pharmacy

## Agenda Item #14



Adjourn