**Board Members:**

Ashley Schaber, Pharmacist (Chairperson)

Rebekah Balmes, Pharmacist

Lillian Okpaleke, Pharmacist

Sylvain Nouvion, Pharmacist

Julie McDonald, Pharmacist

Dylan Sanders, Pharmacy Technician

Sara Rasmussen, Public Member

Michael Bowles, Executive Administrator

Briggham Perez, Records and Licensing Supervisor

Amy Glenn, Licensing Examiner

Sarah Jones, Licensing Examiner

**Upcoming Meetings:**

August 20, 2026
November 19, 2026

# ALASKA BOARD OF PHARMACY MEETING AGENDA

## MAY 21, 2026

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 21, 2026 |
| Meeting End Time: | 5:00 PM |
| Meeting End Date: | May 21, 2026 |
| Meeting Locations: | Teleconference via Zoom™ |
| | Meeting Registration Link: https://us02web.zoom.us/meeting/register/yB-sLNweSkuBi1BxDhCXBg |
| | Meeting ID: 871 9390 6952 |

## Links

Board of Pharmacy Homepage: pharmacy.alaska.gov

Prescription Drug Monitoring Program State page: pdmp.alaska.gov

# Agenda

1. Roll Call/Call to Order 9:00 AM
    A. Board Member Introductions
        i. New Member - Rebekah Balmes
        ii. New Member - Lillian Okpaleke
2. Ethics Disclosures 9:07 AM
3. Consent Agenda Items 9:08 AM
    A. Review/Approve Meeting Agenda
    B. Review Lost or Stolen Controlled Substances/DEA 106s - CONFIDENTIAL
    C. Adverse Drug Events
4. Division Investigations Update 9:10 AM
    A. Greg Gober, Investigator
        i. Investigative Report
        ii. Case # 2025-000982 - EXECUTIVE SESSION
        iii. Case # 2026-000098 - EXECUTIVE SESSION
    B. Billy Homestead, Senior Investigator
        i. Discipline Outcome Discussion
5. Prescription Drug Monitoring Program (PDMP) Update 9:45 AM
    A. Lisa Sherrell, PDMP Manager
        i. PIC PDMP Registration Discussion
6. Division Administrative Operations Update 10:00 AM
    A. Melissa Dumas, Division Administrative Operations Manager
        i. Fee Change Project
        ii. FY26 3rd Quarter Report
7. Division Licensing Update 10:15 AM
    A. Michael Bowles, Executive Administrator
        i. Renewal Season Updates
8. Public Comment Period 10:30 AM
    A. Public comments will be kept to 2 minutes per person.
9. Industry Updates 10:45 AM
    A. Jerry Short, Drug Enforcement Administration

i. Trends in the use of street drugs

ii. New regulations for EMS registration

B. Tom Wadsworth, PharmD, BCPS - Dean, L.S. Skaggs College of Pharmacy Idaho State University

C. Brandy Seignemartin, PharmD - Executive Director, Alaska Pharmacy Association (AKPhA)

10. Unfinished Board Business 11:45 AM

A. Statutes

i. Current Legislative Matters

a. SB 147 - PHARMACIST PRESCRIPTION AUTHORITY

b. HB 195 - PHARMACIST PRESCRIPTION AUTHORITY

c. HB 270 - OPIOID OVERDOSE DRUG PRESCRIPTION

d. SB 233 - CONTROLLED SUBSTANCES ADVISORY COMMITTEE

B. Regulations

i. Administrative Order 360 Regulations Reform Plan

a. Discussion on Continuing Regulations Review

C. Review and Re-up or Change Appointments (Chair, Vice-chair, Secretary)

D. Review and Re-up or Change Delegations of Authority to Executive Administrator to Review Investigative Cases

E. Review and Re-up or Change the Committees Currently in Effect

F. Review and Re-up or Change who the Board Elects as Spokesperson(s) for Legislative Matters

G. Review and Re-up or Change who the Board Elects as Representative for National Organizations or Committees

11. Adjourn for Lunch 12:30 PM

12. Roll Call/Call to Order 1:15 PM

13. New Board Business 1:20 PM

A. Annual Board Report Discussion

B. Legislation

C. Controlled Substances Advisory Committee Update

i. Sara Rasmussen

D. Rural Health Transformation Program Update

i. Julie McDonald, Ashley Schaber

E. DEA Letter of Response to NABP - Medications for Opioid Use Disorder (MOUD)

F. Risk-Based Facility Inspection Model

G. Abandoned Medications in Hospitals

H. Alaska Law Questionnaire Update Discussion

14. Tasks List Review and Update 4:25 PM

15. Chair Final Comments 4:35 PM

A. Next Quarterly Meeting – August 20, 2026

16. Adjourn

# Alaska Board of Pharmacy

# Agenda Item #1


# Roll Call/Call to Order

# Alaska Board of Pharmacy Roster

| Board Member Name | Initial Appointment | Reappointed | Term End |
|---|---|---|---|
| Ashley Schaber, Pharmacist | 07/01/2021 | 03/01/2024 | 03/01/2028 |
| Sylvain Nouvion, Pharmacist | 05/31/2023 | | 03/01/2027 |
| Julie McDonald, Pharmacist | 04/15/2025 | | 03/01/2029 |
| Rebekah Balmes, Pharmacist | 01/02/2026 | | 03/01/2028 |
| Lillian Okpaleke, Pharmacist | 03/01/2026 | | 03/01/2030 |
| Dylan Sanders, Pharmacy Technician | 10/28/2024 | | 03/01/2027 |
| Sara Rasmussen, Public Member | 03/01/2023 | 03/01/2026 | 03/01/2030 |

| Name | Position | Committee Membership/Additional Duties |
|---|---|---|
| Ashley Schaber | Chair | Statutes and Regulations |
| Julie McDonald | | Statutes and Regulations, Compounding |
| Rebekah Balmes | | Well-Being |
| Lillian Okpaleke | | Compounding, Well-Being |
| Sara Rasmussen | | Statutes and Regulations, Controlled Substances Advisory Committee Chair |
| Sylvain Nouvion | Secretary | Statutes and Regulations |
| Dylan Sanders | | |

Updated 05/06/2026

# Alaska Board of Pharmacy

# Agenda Item #2

# Ethics Disclosures

# Alaska Board of Pharmacy

# Agenda Item #3

# Consent Agenda Items

# Alaska Board of Pharmacy

# Agenda Items #4


# Investigations Review

# Alaska Board of Pharmacy

# Agenda Item #5

# PDMP Update

# Alaska Board of Pharmacy

# Agenda Item #6

# Division Administrative Update

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 20 | FY 21 | Biennium | FY 22 | FY 23 | Biennium | FY 24 | FY 25 | Biennium | FY 26 1st -3rd QTR |
|---|---|---|---|---|---|---|---|---|---|---|
| **Revenue** | | | | | | | | | | |
| Revenue from License Fees | $ 631,105 | $ 1,121,447 | $ 1,752,552 | $ 444,975 | $ 1,169,195 | $ 1,614,170 | $ 1,256,105 | $ 363,853 | $ 1,619,958 | $ 237,445 |
| General Fund Received | | $ - | - | $ 29,810 | $ 7,668 | 37,478 | $ 120,240 | $ - | 120,240 | $ - |
| Allowable Third Party Reimbursements | $ - | $ - | - | $ 1,650 | $ 1,500 | 3,150 | $ 1,588 | $ 2,506 | 4,094 | $ - |
| **TOTAL REVENUE** | $ 631,105 | $ 1,121,447 | $ 1,752,552 | $ 476,435 | $ 1,178,363 | $ 1,654,798 | $ 1,377,933 | $ 366,359 | $ 1,744,292 | $ 237,445 |
| **Expenditures** | | | | | | | | | | |
| Non Investigation Expenditures | | | | | | | | | | |
| 1000 - Personal Services | 199,334 | 278,612 | 477,946 | 284,719 | 335,119 | 619,838 | 411,918 | 538,265 | 950,183 | 380,648 |
| 2000 - Travel | 2,641 | - | 2,641 | 6,363 | 14,252 | 20,615 | 11,602 | 12,223 | 23,825 | - |
| 3000 - Services | 45,283 | 46,180 | 91,463 | 29,584 | 20,174 | 49,758 | 27,965 | 10,344 | 38,308 | 2,747 |
| 4000 - Commodities | 521 | - | 521 | 82 | 90 | 172 | 300 | - | 300 | - |
| 5000 - Capital Outlay | - | - | - | - | - | - | - | - | - | - |
| Total Non-Investigation Expenditures | 247,779 | 324,792 | 572,571 | 320,748 | 369,635 | 690,383 | 451,784 | 560,831 | 1,012,616 | 383,395 |
| Investigation Expenditures | | | | | | | | | | |
| 1000-Personal Services | 57,738 | 106,494 | 164,232 | 94,519 | 128,331 | 222,850 | 188,437 | 266,821 | 455,258 | 181,883 |
| 2000 - Travel | 1,260 | - | 1,260 | 5,221 | 3,182 | 8,403 | - | - | - | 2,322 |
| 3023 - Expert Witness | - | - | - | - | - | - | - | - | - | - |
| 3088 - Inter-Agency Legal | 2,537 | 1,269 | 3,806 | 12,011 | 10,018 | 22,029 | 1,739 | 1,522 | 3,261 | 5,276 |
| 3094 - Inter-Agency Hearing/Mediation | 694 | 152 | 846 | 1,758 | 68 | 1,826 | 15,943 | - | 15,943 | - |
| 3000 - Services other | 269 | 216 | 485 | 338 | 545 | 883 | 675 | 322 | 997 | 78 |
| 4000 - Commodities | - | - | - | - | 10 | 10 | - | - | - | - |
| Total Investigation Expenditures | 62,498 | 108,131 | 170,629 | 113,847 | 142,155 | 256,001 | 206,794 | 268,665 | 475,459 | 189,559 |
| **Total Direct Expenditures** | 310,277 | 432,923 | 743,200 | 434,595 | 511,790 | 946,384 | 658,578 | 829,496 | 1,488,075 | 572,954 |
| Indirect Expenditures | | | | | | | | | | |
| Internal Administrative Costs | 164,443 | 191,897 | 356,340 | 182,236 | 190,056 | 372,292 | 204,294 | 223,291 | 427,585 | 167,468 |
| Departmental Costs | 58,131 | 75,431 | 133,562 | 76,951 | 76,872 | 153,823 | 102,391 | 131,642 | 234,033 | 98,732 |
| Statewide Costs | 33,868 | 52,856 | 86,724 | 47,667 | 50,400 | 98,067 | 58,103 | 68,693 | 126,796 | 51,520 |
| **Total Indirect Expenditures** | 256,442 | 320,184 | 576,626 | 306,854 | 317,328 | 624,182 | 364,788 | 423,626 | 788,414 | 317,720 |
| | | | - | | | | | | | |
| **TOTAL EXPENDITURES** | **$ 566,719** | **$ 753,107** | **$ 1,319,826** | **$ 741,449** | **$ 829,118** | **$ 1,570,566** | **$ 1,023,366** | **$ 1,253,122** | **$ 2,276,489** | **$ 890,674** |
| **Cumulative Surplus (Deficit)** | | | | | | | | | | |
| Beginning Cumulative Surplus (Deficit) | $ 154,844 | $ 219,230 | | $ 587,570 | $ 322,556 | | $ 671,801 | $ 1,026,368 | | $ 139,604 |
| Annual Increase/(Decrease) | 64,386 | 368,340 | | (265,014) | 349,245 | | 354,567 | (886,764) | | (653,229) |
| Ending Cumulative Surplus (Deficit) | $ 219,230 | $ 587,570 | | $ 322,556 | $ 671,801 | | $ 1,026,368 | $ 139,604 | | $ (513,625) |
| **Statistical Information** | | | | | | | | | | |
| Number of Licenses for Indirect calculation | 5,934 | 6,917 | | 6,542 | 6,428 | | 6,856 | 6,887 | | |

**Additional information:**

- *General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going int*
- *Most recent fee change: Fee repealed FY25*
- *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 progr*

| | |
|---|---|
| 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 | 287,286.94 | | | 287,286.94 |
| 1021 - Allowances to Employees | 288.00 | | | 288.00 |
| 1023 - Leave Taken | 49,125.17 | | | 49,125.17 |
| 1028 - Alaska Supplemental Benefit | 20,724.40 | | | 20,724.40 |
| 1029 - Public Employee's Retirement System Defined Benefits | 124.94 | | | 124.94 |
| 1030 - Public Employee's Retirement System Defined Contribution | 17,013.69 | | | 17,013.69 |
| 1034 - Public Employee's Retirement System Defined Cont Health Reim | 10,336.63 | | | 10,336.63 |
| 1035 - Public Employee's Retiremnt Sys Defined Cont Retiree Medical | 2,792.19 | | | 2,792.19 |
| 1037 - Public Employee's Retiremnt Sys Defined Benefit Unfnd Liab | 61,831.88 | | | 61,831.88 |
| 1039 - Unemployment Insurance | 1,470.37 | | | 1,470.37 |
| 1040 - Group Health Insurance | 92,729.85 | | | 92,729.85 |
| 1041 - Basic Life and Travel | 118.05 | | | 118.05 |
| 1042 - Worker's Compensation Insurance | 2,401.71 | | | 2,401.71 |
| 1047 - Leave Cash In Employer Charge | 7,693.93 | | | 7,693.93 |
| 1048 - Terminal Leave Employer Charge | 3,278.79 | | | 3,278.79 |
| 1053 - Medicare Tax | 4,459.39 | | | 4,459.39 |
| 1062 - GGU Business Leave Bank Contributions | 316.92 | | | 316.92 |
| 1069 - SU Business Leave Bank Contributions | 150.07 | | | 150.07 |
| 1077 - ASEA Legal Trust | 225.89 | | | 225.89 |
| 1079 - ASEA Injury Leave Usage | 27.95 | | | 27.95 |
| 1080 - SU Legal Trst | 133.49 | | | 133.49 |
| 2000 - In-State Employee Taxable Airfare | | 878.29 | | 878.29 |
| 2001 - In-State Employee Taxable Surface Transportation | | 332.13 | | 332.13 |
| 2002 - In-State Employee Taxable Lodging | | 782.00 | | 782.00 |
| 2003 - In-State Employee Non-Taxable Meals and Incidentals | | 330.00 | | 330.00 |
| 3002 - Memberships | | | 250.00 | 250.00 |
| 3035 - Long Distance | | | 36.75 | 36.75 |
| 3036 - Local/Equipment Charges | | | 2.00 | 2.00 |
| 3044 - Courier | | | 5.82 | 5.82 |
| 3045 - Postage | | | 99.60 | 99.60 |
| 3050 - Disposal | | | 1,470.24 | 1,470.24 |
| 3088 - Inter-Agency Legal | | | 6,236.46 | 6,236.46 |
| **Grand Total** | **562,530.25** | **2,322.42** | **8,100.87** | **572,953.54** |

# Alaska Board of Pharmacy

# Agenda Item #7

# Division Licensing Update

# Alaska Board of Pharmacy

# Agenda Item #8

# Public Comment Period

# Alaska Board of Pharmacy

# Agenda Item #9

# Industry Updates

# Alaska Pharmacy Association: Industry Update

Brandy Seignemartin, PharmD,
Executive Director

AKPhA
ALASKA PHARMACY ASSOCIATION

# Updates of Interest

**LEGISLATIVE UPDATE**

Last day of legislative session = May 20th

**RHTP UPDATE**

Moving through the proposal process

Regional planning Meetings

**PBM POLICY UPDATE**

State Actions: HB 226 Regs
Other states

Federal Actions

# Upcoming Events

- Health Systems Pharmacy & Leadership Conference
  - Alyeska September 17-19
- New Committees meeting soon, new Community Academy

**EMAIL**

brandy@alaskapharmacy.org

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# Alaska Board of Pharmacy

# Agenda Item #10


# Unfinished Board Business

**CS FOR SENATE BILL NO. 147(L&C)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - SECOND SESSION

**BY SENATORS GIESSEL BY REQUEST, Gray-Jackson**

**Offered: 5/12/25**
**Referred:**

**Sponsor(s): SENATOR GIESSEL BY REQUEST**

**A BILL**

**FOR AN ACT ENTITLED**

**"An Act relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."**

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

*** Section 1.** AS 08.80.030(b) is amended to read:

(b) In order to fulfill its responsibilities, the board has the powers necessary for implementation and enforcement of this chapter, including the power to

(1) elect a president and secretary from its membership and adopt rules for the conduct of its business;

(2) license by examination or by license transfer the applicants who are qualified to engage in the practice of pharmacy;

(3) assist the department in inspections and investigations for violations of this chapter, or of any other state or federal statute relating to the practice of pharmacy;

(4) adopt regulations to carry out the purposes of this chapter;

(5) establish and enforce compliance with professional standards and rules of conduct for pharmacists engaged in the practice of pharmacy;

(6) determine standards for recognition and approval of degree programs of schools and colleges of pharmacy whose graduates shall be eligible for licensure in this state, including the specification and enforcement of requirements for practical training, including internships;

(7) establish for pharmacists and pharmacies minimum specifications for the physical facilities, technical equipment, personnel, and procedures for the storage, compounding, and dispensing of drugs or related devices, and for the monitoring of drug therapy, including independent monitoring of drug therapy;

(8) enforce the provisions of this chapter relating to the conduct or competence of pharmacists practicing in the state, and the suspension, revocation, or restriction of licenses to engage in the practice of pharmacy;

(9) license and regulate the training, qualifications, and employment of pharmacy interns and pharmacy technicians;

(10) license and regulate the qualifications of entities and individuals engaged in the manufacture or distribution of drugs and related devices;

(11) establish and maintain a controlled substance prescription database as provided in AS 17.30.200;

(12) establish standards for the independent prescribing and administration of vaccines and related emergency medications under AS 08.80.168, including the completion of an immunization training program approved by the board and an epinephrine auto-injector training program under AS 17.22.020(b);

(13) establish standards for the independent prescribing and dispensing by a pharmacist of an opioid overdose drug under AS 17.20.085, including the completion of an opioid overdose training program approved by the board;

(14) require that a licensed pharmacist who **prescribes, administers, or** dispenses a **schedule IA, IIA, IIIA, IVA, or VA controlled substance under state law or** schedule II, III, [OR] IV**, or V** controlled substance under federal law to a 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

licensure in that jurisdiction of a pharmacist licensed in this state under conditions similar to those in this section, the board may license as a pharmacist in this state a person licensed as a pharmacist in the other jurisdiction if the person

(1) submits a written application to the board on a form required by the board;

(2) is at least 18 years of age;

(3) possesses at the time of the request for licensure as a pharmacist in this state the qualifications necessary to be eligible for licensure in this state;

(4) has engaged in the practice of pharmacy for at least one year immediately before applying for a license under this section;

(5) presents proof satisfactory to the board that the person is currently licensed as a pharmacist in the other jurisdiction and does not currently have a pharmacist license suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education credits;

(6) has passed an examination approved by the board that tests the person's knowledge of Alaska laws relating to pharmacies and pharmacists and the regulations adopted under those laws; [AND]

(7) **meets the requirements of AS 08.80.110(5); and**

**(8)** pays all required fees.

*** Sec. 4.** AS 08.80.165 is amended to read:

**Sec. 08.80.165. Continuing education requirements.** The board shall establish requirements for continuing education in pharmacy that must be satisfied before a license issued under this chapter may be renewed. **The continuing education requirements must include at least two hours of education in pain management and opioid use and addiction in the two years preceding an application for renewal of a license. The board may exempt a licensee from the requirement to receive at least two hours of education in pain management and opioid use and addiction if the licensee demonstrates to the satisfaction of the board that**

**(1) the licensee's practice does not include pain management and opioid prescription or administration; or**

**(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**; "patient care services" does not include the prescription of an abortion-inducing drug to a patient**.

*** 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.

*** Sec. 11.** This Act takes effect January 1, 2026.

**CS FOR HOUSE BILL NO. 195(L&C)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - SECOND SESSION

**BY THE HOUSE LABOR AND COMMERCE COMMITTEE**

**Offered: 2/18/26**
**Referred: Finance**

**Sponsor(s): REPRESENTATIVES MINA, Gray, Prax, Story, Eischeid**

**A BILL**

**FOR AN ACT ENTITLED**

**"An Act relating to collaborative practice agreements for pharmacists; relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."**

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

*** Section 1.** AS 08.02 is amended by adding a new section to article 3 to read:

**Sec. 08.02.150. Regulation of collaborative practice agreements.** (a) The department or a board may not

(1) require a pharmacist to pay a fee to enter into, or provide patient care services under, a collaborative practice agreement;

(2) require department or board approval of a collaborative practice agreement;

(3) define the nature and scope of patient care services a pharmacist provides under a collaborative practice agreement; or

(4) otherwise regulate collaborative practice agreements.

(b) In this section,

(1) "collaborative practice agreement" means a collaborative practice agreement authorized under AS 08.80.337(a); and

(2) "patient care services" has the meaning given in AS 08.80.337(d).

*** Sec. 2.** AS 08.80.030(b) is amended to read:

(b) In order to fulfill its responsibilities, the board has the powers necessary for implementation and enforcement of this chapter, including the power to

(1) elect a president and secretary from its membership and adopt rules for the conduct of its business;

(2) license by examination or by license transfer the applicants who are qualified to engage in the practice of pharmacy;

(3) assist the department in inspections and investigations for violations of this chapter, or of any other state or federal statute relating to the practice of pharmacy;

(4) adopt regulations to carry out the purposes of this chapter;

(5) establish and enforce compliance with professional standards and rules of conduct for pharmacists engaged in the practice of pharmacy;

(6) determine standards for recognition and approval of degree programs of schools and colleges of pharmacy whose graduates shall be eligible for licensure in this state, including the specification and enforcement of requirements for practical training, including internships;

(7) establish for pharmacists and pharmacies minimum specifications for the physical facilities, technical equipment, personnel, and procedures for the storage, compounding, and dispensing of drugs or related devices, and for the monitoring of drug therapy, including independent monitoring of drug therapy;

(8) enforce the provisions of this chapter relating to the conduct or competence of pharmacists practicing in the state, and the suspension, revocation, or restriction of licenses to engage in the practice of pharmacy;

(9) license and regulate the training, qualifications, and employment of pharmacy interns and pharmacy technicians;

(10) license and regulate the qualifications of entities and individuals

engaged in the manufacture or distribution of drugs and related devices;

(11) establish and maintain a controlled substance prescription database as provided in AS 17.30.200;

(12) establish standards for the independent prescribing and administration of vaccines and related emergency medications under AS 08.80.168, including the completion of an immunization training program approved by the board and an epinephrine auto-injector training program under AS 17.22.020(b);

(13) establish standards for the independent prescribing and dispensing by a pharmacist of an opioid overdose drug under AS 17.20.085, including the completion of an opioid overdose training program approved by the board;

(14) require that a licensed pharmacist who **prescribes, administers, or** dispenses a **schedule IA, IIA, IIIA, IVA, or VA controlled substance under state law or** schedule II, III, [OR] IV**, or V** controlled substance under federal law to a 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. 3.** 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. 4.** AS 08.80.145 is amended to read:

**Sec. 08.80.145. Reciprocity; license transfer.** If another jurisdiction allows licensure in that jurisdiction of a pharmacist licensed in this state under conditions similar to those in this section, the board may license as a pharmacist in this state a person licensed as a pharmacist in the other jurisdiction if the person

(1) submits a written application to the board on a form required by the board;

(2) is at least 18 years of age;

(3) possesses at the time of the request for licensure as a pharmacist in this state the qualifications necessary to be eligible for licensure in this state;

(4) has engaged in the practice of pharmacy for at least one year immediately before applying for a license under this section;

(5) presents proof satisfactory to the board that the person is currently licensed as a pharmacist in the other jurisdiction and does not currently have a pharmacist license suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education credits;

(6) has passed an examination approved by the board that tests the person's knowledge of Alaska laws relating to pharmacies and pharmacists and the regulations adopted under those laws; [AND]

(7) **meets the requirements of AS 08.80.110(5); and**

**(8)** pays all required fees.

*** Sec. 5.** AS 08.80.165 is amended to read:

Establish requirements for continuing education in pharmacy that must be satisfied before a license issued under this chapter may be renewed. **The continuing education requirements must include at least two hours of education in pain management and opioid use and addiction during the concluding licensing period. The board may exempt a licensee from the requirement to receive at least two hours of education in pain management and opioid use and addiction if the licensee demonstrates to the satisfaction of the board that**

**(1) the licensee's practice does not include pain management and opioid prescription or administration; or**

**(2) the licensee does not currently hold a valid federal Drug Enforcement Administration registration number.**

*** Sec. 6.** 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. **The collaborative practice agreement must define the nature and scope of patient care services the pharmacist may provide under the agreement.**

*** Sec. 7.** AS 08.80.337(b) is amended to read:

(b) A pharmacist may independently provide patient care services for

(1) general health and wellness;

(2) disease prevention; or

(3) a condition that

(A) is minor and generally self limiting;

**(B) does not require a new diagnosis;**

**(C) requires a new diagnosis only if**

**(i) the pharmacist uses** [(B) HAS] a test [THAT IS USED] to guide **the pharmacist's** diagnosis or clinical decision-making**;** and

**(ii)** the test is waived under 42 U.S.C. 263a (Clinical Laboratory Improvement Amendments of 1988); or

**(D)** [(C)] falls under a statewide standing order from the chief medical officer in the Department of Health.

*** Sec. 8.** AS 08.80.337(d) is amended to read:

(d) In this section, "patient care services"

**(1)** 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**;**

**(2) does not include the prescription or administration of a schedule IA or IIA controlled substance under state law or a schedule II controlled substance under federal law, unless the controlled substance is being used for treatment of an opioid use disorder in a clinic**.

*** Sec. 9.** 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. 10.** 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. 11.** 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. 12.** AS 08.80.337(c) is repealed.

*** Sec. 13.** This Act takes effect January 1, 2027.

# HOUSE BILL NO. 270

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - SECOND SESSION

**BY REPRESENTATIVES TOMASZEWSKI, Underwood, Kopp**

**Introduced: 1/23/26**
**Referred: Health and Social Services, Labor and Commerce**

## A BILL

## FOR AN ACT ENTITLED

**"An Act relating to the prescription of opioid overdose drugs."**

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

*** Section 1.** AS 08.36.355(c) is amended by adding a new paragraph to read:

(4) "opioid overdose drug" has the meaning given in AS 17.20.085(g).

*** Sec. 2.** AS 08.36.355 is amended by adding a new subsection to read:

(d) A licensee who issues a prescription for an opioid to a patient shall offer the patient a prescription for an opioid overdose drug if

(1) the prescription is for an opioid that exceeds a three-day supply;

(2) the prescription is for a total daily opioid dosage representing a morphine milligram equivalent of 50 milligrams or more;

(3) the patient is concurrently prescribed a benzodiazepine; or

(4) the patient has a history of overdose or substance use disorder.

*** Sec. 3.** AS 08.64.363(c) is amended by adding a new paragraph to read:

(4) "opioid overdose drug" has the meaning given in AS 17.20.085(g).

*** Sec. 4.** AS 08.64.363 is amended by adding a new subsection to read:

(d) A licensee who issues a prescription for an opioid to a patient shall offer the patient a prescription for an opioid overdose drug if

(1) the prescription is for an opioid that exceeds a three-day supply;

(2) the prescription is for a total daily opioid dosage representing a morphine milligram equivalent of 50 milligrams or more;

(3) the patient is concurrently prescribed a benzodiazepine; or

(4) the patient has a history of overdose or substance use disorder.

*** Sec. 5.** AS 08.68.705(d) is amended by adding a new paragraph to read:

(4) "opioid overdose drug" has the meaning given in AS 17.20.085(g).

*** Sec. 6.** AS 08.68.705 is amended by adding a new subsection to read:

(e) An advanced practice registered nurse who issues a prescription for an opioid to a patient shall offer the patient a prescription for an opioid overdose drug if

(1) the prescription is for an opioid that exceeds a three-day supply;

(2) the prescription is for a total daily opioid dosage representing a morphine milligram equivalent of 50 milligrams or more;

(3) the patient is concurrently prescribed a benzodiazepine; or

(4) the patient has a history of overdose or substance use disorder.

*** Sec. 7.** AS 08.72.276 is amended by adding new subsections to read:

(c) A licensee who issues a prescription for an opioid to a patient shall offer the patient a prescription for an opioid overdose drug if

(1) the prescription is for an opioid that exceeds a three-day supply;

(2) the prescription is for a total daily opioid dosage representing a morphine milligram equivalent of 50 milligrams or more;

(3) the patient is concurrently prescribed a benzodiazepine; or

(4) the patient has a history of overdose or substance use disorder.

(d) In this section, "opioid overdose drug" has the meaning given in AS 17.20.085(g).

**SENATE BILL NO. 233**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - SECOND SESSION

**BY SENATOR CLAMAN**

**Introduced: 2/4/26**
**Referred: Labor and Commerce, Judiciary**

**A BILL**

**FOR AN ACT ENTITLED**

**"An Act relating to the Controlled Substances Advisory Committee."**

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

*** Section 1.** AS 11.71.100(a) is amended to read:

(a) The Controlled Substances Advisory Committee is established in the Department of **Commerce, Community, and Economic Development** [LAW]. The committee consists of

(1) the attorney general or the attorney general's designee;

(2) the commissioner of family and community services or the commissioner's designee;

(3) the commissioner of public safety or the commissioner's designee;

(4) the president of the Board of Pharmacy or the designee of the president who shall also be a member of the Board of Pharmacy;

(5) a peace officer appointed by the governor after consultation with the Alaska Association of Chiefs of Police;

(6) a physician appointed by the governor;

(7) a psychiatrist appointed by the governor; and

(8) two individuals appointed by the governor.

# Alaska Board of Pharmacy

# Agenda Item #11

# Adjourn for Lunch

# Alaska Board of Pharmacy

# Agenda Item #12


# Roll Call/Call to Order

# Alaska Board of Pharmacy

# Agenda Item #13


# New Board Business

**U. S. Department of Justice**
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, Virginia 22152

*www.dea.gov*

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary
National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, Illinois 60056

Dear Mr. Carter:

This is in response to your letter dated October 24, 2025, to then Assistant Administrator Thomas W. Prevoznik. In your letter, you requested a response to the following question: "How do [Drug Enforcement Administration] DEA formal or informal policies, regulations, or the federal Controlled Substances Act (CSA) affect the numerical thresholds set by drug distributors for purchasers of controlled substances?" Specifically, your letter concerns buprenorphine for treatment of patients with opioid use disorder. DEA appreciates the opportunity to address your question.

As a general matter, it is DEA's longstanding policy not to provide legal advice to regulated entities, government partners, or the general public. To comply with the Administrative Procedure Act and ensure fairness, DEA's interpretations of the law and regulations, as well as its guidance materials, are published in the *Federal Register* and/or on DEA's website, which allows all members of the general public to have equal access to such information. DEA's response to your inquiry must be limited to directing your attention to the pertinent provisions of the law, regulations, or other publicly disseminated documents issued by DEA.

As a preliminary matter, neither the CSA nor DEA regulations establish quantitative thresholds or limits on the amounts of controlled substances, including Medications for Opioid Use Disorder (MOUD), that DEA registrants may order or dispense, nor do they require registrants to set such thresholds or limits. It is important to note that, in 2022, the nation's three largest pharmaceutical distributors—McKesson, Cardinal Health, and AmerisourceBergen (now Cencora)—entered into a nationwide legal settlement to resolve opioid litigation brought by states and local government subdivisions. The settlement agreement required those distributors to create thresholds for the volume of controlled substances, including buprenorphine, that chain and independent retail pharmacies may purchase.

The CSA, as amended by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act, Pub. L. 115-271) requires each DEA registrant to: 1) design and operate a system to identify suspicious orders for the registrant; 2) ensure that the system complies with applicable Federal and State privacy laws; and 3) upon discovering a suspicious order or series of orders, notify the Administrator of the DEA and the Special Agent in Charge of the Division Office of the DEA for the area in which the registrant is located or conducts business. 21 U.S.C. 832(a). Suspicious orders may include, but are not limited to, orders of unusual size, orders deviating substantially from a normal pattern, and orders of

unusual frequency. 21 U.S.C. 802(57). Furthermore, all applicants and registrants must maintain effective controls and procedures to guard against theft and diversion. 21 CFR 1301.71(a).

To comply with these statutory and regulatory requirements, many DEA-registered manufacturers and distributors establish controlled substance monitoring systems that set thresholds that may limit the amount of a customer's controlled substance purchases and may prompt a report of a suspicious order to DEA. However, whether to set such thresholds (if any) and at what levels are decisions that each manufacturer or distributor may make in the design and implementation of its controlled substance monitoring system. DEA does not have a role in establishing or revising thresholds for controlled substances that manufacturers or distributors may set for their customers as part of the required monitoring systems. DEA-DC-065, EO-DEA258, January 20, 2023

In a 2023 Letter to Registrants, DEA and U.S. Department of Health and Human Services emphasized our commitment to ensuring safe and ready access to MOUD and jointly advised that:

> As access to treatment increases, it is understood that the use of MOUD products will likely increase at the same time. DEA recognizes that there have been recent increases in demand for certain schedule III MOUD controlled substances as compared to years prior to the Opioid Public Health Emergency, and that there may be a corresponding increase in prescriptions for these medications from medical providers. DEA supports collaboration amongst all DEA registrants to ensure there is an adequate and uninterrupted supply of MOUD products when these products are appropriately prescribed. Distributors should carefully examine quantitative thresholds they have established to ensure that individuals with OUD who need buprenorphine are able to access it without undue delay.

I trust this letter adequately addresses your inquiry. For information regarding the DEA Diversion Control Division, please visit www.DEAdiversion.usdoj.gov. If you have any additional questions on this issue, please contact the Diversion Control Division Policy Section at (571) 362-3260.

Sincerely,

Cheri Oz
Assistant Administrator
Diversion Control Division

# IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

## Risk-Based Facility Inspections

At its December 11, 2025 meeting, the Idaho Board of Pharmacy adopted a proposal to transition facility inspections from a fixed annual schedule to a risk-based model. This approach considers both a facility's compliance history and the inherent risk associated with the services it provides. It allows the Board to direct its resources where they will have the greatest impact, while continuing to ensure compliance across all licensed entities.

Following each inspection, facilities will be classified as low, medium, or high risk based on disciplinary history, prior inspection deficiencies, complexity of practices, and the potential for pharmaceutical care services to cause patient harm. This classification will determine the next inspection interval, which may range from six months to three years. Under this model, facilities engaged in new or innovative practices may be inspected more frequently to allow the Board to gain a better understanding of these services and address any questions or concerns. The Board reserves the right to inspect any facility in response to a complaint, patient safety concern, or expansion of pharmaceutical care services. As of January 1, 2026, the Board began implementing the risk-based inspection model and is committed to a smooth and transparent transition.

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
DOPL

# PDMP Delegate List Review

Is your delegate list up to date? The new year is an opportunity to ensure that the delegates assigned to you are still active and accurate. The delegate review ensures that delegate users of the Idaho Prescription Drug Monitoring Program (PDMP) are still authorized to perform searches on behalf of their supervisor. As a supervisor, you are responsible for activities performed within the system by your delegate(s).

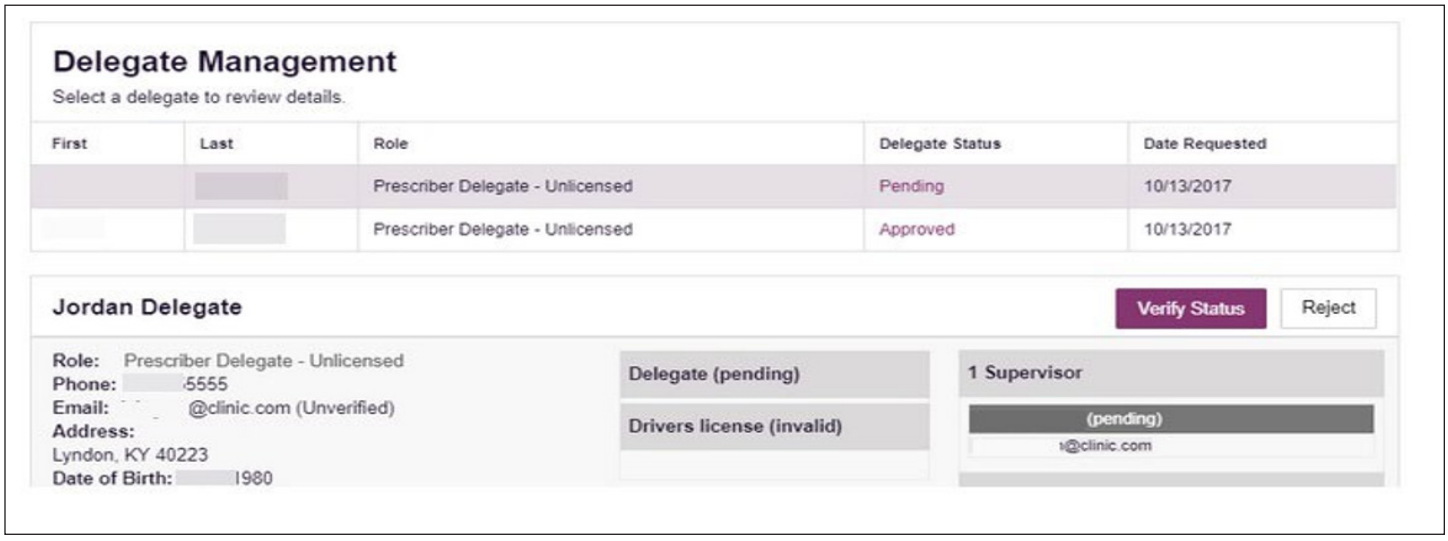
Did you know that there is an online support center for PMP AWARxE users, including help with delegate management?

Below is the online content information for managing delegates.

## Delegate Management Dashboard

If a user's role involves supervisory responsibilities and allows them to designate and oversee delegated users, they will have access to the Delegate Management dashboard.


When a delegate selects a supervisor, an email and system notification will be sent to the selected supervisor to request a review of the pending delegate connection. Supervisors can approve, reject, and/or remove a delegate by selecting their name and accessing their delegate details card.



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# PDMP Delegate List Review *(cont)*

Important Notes:

- If a user attempts to make a delegate/supervisor connection using an email address that is not associated with a registered PDMP account, an error message will appear, indicating "The email address provided cannot be specified as a delegate."
- If this occurs, please send an email to PDMP@dopl.idaho.gov for assistance.

# Changes a Pharmacist Can Make to a Schedule II Prescription Drug

In December 2025, the Board adopted a policy regarding changes to Schedule II prescription drug orders. The policy can be found by going to the Board's website, selecting the Statutes, Rules and Guidance box, and tapping the Guidance carrot. The document is located under the label "Practice," is titled *Changes to a Written Schedule II Prescription Drug Order Policy Statement*, and reads:

> Background: The Drug Enforcement Administration (DEA) Diversion Control Division is in the process of reviewing allowable changes a pharmacist may make to a schedule II paper prescription. During this interim period the following guidance has been provided:
>
> "pharmacists should adhere to state regulations or policy regarding those changes that a pharmacist may make to a schedule II prescription after oral consultation with the prescriber."[1]
>
> Policy: Pursuant to I.C.§ 37-2722 any schedule II prescription must be dispensed pursuant to a valid prescription drug order, contain a quantity that is both spelled out in English and written in numerical form, and not be refilled.
>
> The following items shall not be substantively changed:
>
> - Name and or Signature of the Prescribing Physician
> - Date of the Prescription
> - Patient's Full Name
> - Drug Name
>
> Any other change deemed necessary and within the acceptable Idaho Community Standard of Care may be made to a written schedule II prescription, provided that the pharmacist verbally contacts the issuing prescriber and documents the authorized change(s).

1 U.S. Drug Enforcement Administration. (2022, October 18). Changes pharmacists may make to Schedule II paper prescriptions (Guidance Document No. DEA-DC-063). U.S. Department of Justice, Drug Enforcement Administration.

# Struggling in Silence? You're Not Alone – Help Is Here for Health Professionals

If you're a health professional silently battling substance use or mental health challenges – or if someone you know is – it's time to take that first step toward healing.

The **Health Professionals Recovery Program** is here to support you, not judge you. Addiction can affect even the most dedicated professionals, and research shows that **punishment doesn't stop it**; personalized, compassionate support does. That's **exactly** what this program offers: a path forward that **protects** your health, your career, and your future.

**It's never too early – or too late – to get help.**


You don't have to hit rock bottom to reach out. You just have to be ready for change. Many have walked this path before you and found a better, healthier life on the other side. Take back your life. Reclaim your strength. We are here when you are ready.

**Contact:** Tabitha Edwards

208/817-6189

tabitha.edwards@dopl.idaho.gov

*dopl.idaho.gov/health-professionals-recovery-program*

# Idaho Board of Pharmacy 2026 Meeting Schedule

2026 Board Meetings:

- March 19
- June 4
- September 24
- December 10

All meetings start at 8:30 AM and are held at the Division of Occupational and Professional Licenses, 11341 W Chinden Blvd, Boise, ID 83714. Meetings may also be attended virtually. See the meeting agenda for the link to attend virtually at *https://dopl.idaho.gov/calendar*.

*The Idaho Board of Pharmacy News is published by the Idaho Board of Pharmacy and the National Association of Boards of Pharmacy Foundation® (NABPF®) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.*

*Nicki Chopski, PharmD, ANP - State News Editor*
*Lemrey "Al" Carter, PharmD, MS, RPh - National News Editor & Executive Editor*
*Megan Pellegrini - Publications and Editorial Manager*

***11341 W Chinden Blvd, Building #4 | Boise, ID 83714***

**From:** Erdrich, Casey
**To:** Board of Pharmacy (CED sponsored)
**Subject:** Re: Abandoned medications
**Date:** Thursday, April 2, 2026 1:05:41 PM
**Attachments:** image001.png
image002.png
image003.png
image.png

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Hi Michael,

Will you please forward this topic to the Board of Pharmacy for consideration/conversation? I'd like to see if Alaska might consider expanding authority for hospital pharmacies to dispose of abandoned patient's controlled substances in addition to non-controlled substances already authorized.

e. If your state has passed a law or regulation authorizing a hospital to dispose of controlled substances that have been dispensed to a patient admitted to the hospital and are considered abandoned (e.g., the patient left the controlled substance medications and they cannot be returned; or the patient is deceased and the state has authorized that the hospital can dispose of the decedent's personal property to include controlled substance

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Drug Enforcement Administration
Pharmacist's Manual

medications), then a hospital may dispose of the abandoned controlled substance medications in accordance with federal, state, local, tribal laws and regulations.

Thank you,
Casey Erdrich, PharmD
Pharmacy Compliance Officer
Providence Alaska Medical Center
Anchorage, AK
907-212-2254

---

**From:** Erdrich, Casey
**Sent:** Thursday, March 19, 2026 9:21 AM
**To:** Board of Pharmacy (CED sponsored)
**Subject:** Re: Abandoned medications

Thank you for the quick reply!

I'm most curious about hospital pharmacies getting state authority to destroy abandoned controlled substances without being deemed an "authorized collector" location (avoid opening us up to outside folks seeking to drop meds off with us). The DEA document bullet #6 offers this as an option and seems that it would allow us to not encumber local law enforcement or DEA Diversion Field Offices with seeking disposal guidance regularly.

Again, thank you for the dialogue.

Casey Erdrich, PharmD

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**From:** Board of Pharmacy (CED sponsored)
**Sent:** Thursday, March 19, 2026 8:24 AM
**To:** Erdrich, Casey
**Subject:** [EXTERNAL] RE: Abandoned medications

This message came from outside your organization. If you suspect this email is phishing or a scam, use the "Report a Phish!" button in the Outlook toolbar to report it to Providence Cybersecurity.

Report Suspicious

Good morning,

12 AAC 52.560 covers destruction and disposal of drugs for Alaska and CFR 1317 covers disposal at the federal level.

***Michael Bowles***
Executive Administrator, Board of Pharmacy
Corporations, Business and Professional Licensing
michael.bowles@alaska.gov
Office: 907-465-1073
www.commerce.alaska.gov

***Scam Alert:*** *We've received reports that our licensees have recently been targeted by scams from people impersonating our investigative staff and programs. If you receive an unexpected or suspicious message, do not click any links or provide personal information. To verify the legitimacy of any communication, please contact us directly at* ***(907) 465-2550*** *or investigations@alaska.gov*

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**From:** Erdrich, Casey
**Sent:** Thursday, March 19, 2026 7:22 AM
**To:** Board of Pharmacy (CED sponsored)
**Subject:** Abandoned medications

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

The DEA Pharmacist's Manual (Patients Bringing Medications from Home to the Hospital - pages 84-86, specifically bullet number 6) references allowing a hospital to "dispose of abandoned controlled substance medications in accordance with federal, state, local, tribal laws and regulations." Has this been considered by the Board of Pharmacy in Alaska? I do not see any mention of this in current regulations. I believe this would be a helpful regulation to eliminate the "hands off, not mine" reaction to dealing with home medications left behind/abandoned when patients discharge or pass away.

(DEA-DC-046R1)(EO-DEA154R1)_Pharmacist's_Manual_DEA.pdf

Thank you for your consideration.

Sincerely,

Casey Erdrich, PharmD (AK PHAP1456)
Pharmacy Compliance Officer
Providence Alaska Medical Center
Anchorage, AK
907-212-2254

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# Alaska Board of Pharmacy

# Agenda Item #14

# Tasks List Review and Update

# ALASKA BOARD OF PHARMACY
# TASK LIST - ACTION ITEMS
**(as of 04/02/2026)**

| | Incomplete Action Items from Previous Meetings |
|---|---|
| | Task for the board to track what other state boards are doing with AI. (Dylan Sanders is spearheading) |
| | Task for Michael Bowles to reach out to the Alaska Department of Health and request a representative provide a presentation to the board on harm reduction and Buprenorphine in EMS in Alaska. |
| | Task for Ashley Schaber to draft the letter in support of the Ensuring Community Access to Pharmacy Act (ECAPS) HR 3124 and SB 2426 and Michael Bowles to submit the letter to OnBoard for a vote. |
| | Task for Michael Bowles to add the final report from the Collaboration Addressing Workforce Well-Being to the November meeting agenda. |
| | Task for Sylvain Nouvion to review the information from the Implementing Solutions Summit 2.0: Building a Sustainable, Healthy, Pharmacy Workforce and Workplace event. Present to the board at the November meeting. |
| | **Action Items from the February 12, 2026 Meeting** |
| | Task for Michael Bowles to ask the Investigations team if there are ways to cut costs. |
| | Task for Sylvain Nouvion to ensure the newsletter gets completed. |
| | Task for Julie McDonald to explore how to provide members of the public with a “cleaned up” version of regulations. |

| | |
|---|---|
| | Not Started |
| | In Process |
| | Complete |

# Alaska Board of Pharmacy

# Agenda Item #15

# Chair Final Comments

# Alaska Board of Pharmacy

# Agenda Item #16


# Adjourn