

1 State of Alaska
2 Department of Commerce, Community and Economic Development
3 Division of Corporations, Business and Professional Licensing
4

5 Alaska Board of Pharmacy
6

7 MINUTES OF THE MEETING FOR
8 AUGUST 30, 2018 (DAY 1)
9

10 By authority of AS 08.01.070(2), and in compliance with the provisions of AS
11 44.62, Article 6, a scheduled meeting of the Board of Pharmacy was held at the
12 Robert Atwood Building, 550 W. 7th Ave., Conference Room ACC 102 in
13 Anchorage, Alaska from August 30 – 31, 2018.
14

15
16
17 Agenda Item 1 Call to Order/Roll Call Time: 9:18 a.m.
18

19 The August 30, 2018 meeting day was called to order by Chair, Rich Holt at 9:18 a.m.
20

21 Board members present, constituting a quorum:
22

23 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
24 Leif Holm, PharmD #PHAP1606
25 Phil Sanders, RPh #PHAP776
26 James Henderson, RPh #PHAP1683
27 Lana Bell, RPh #PHAP893
28 Tammy Lindemuth, Public Member (*via phone*)
29 Sharon Long, Public Member (Absent)
30

31 Division staff present:
32

33 Andy Khmelev, Occupational Licensing Examiner (*via phone*)
34 Laura Carrillo, Records & Licensing Supervisor/PDMP Manager
35 Brian Howes, Investigator
36 Marilyn Zimmerman, Paralegal (*via phone*)
37 Sara Chambers, Deputy Director (*via phone*)
38

39 Members from the public present:
40

41 Greg Estep, #PHAP2259, Walgreens
42 Molly Gray, Alaska Pharmacists Association
43 Laura Churns, Albertsons Pharmacies

44 Lorri Walmsley, Safeway Pharmacies
45 Coleman Cutchins, #PHAP2056, Providence/CMS

47 **Agenda Item 2 Review/Approve Agenda Time: 9:19 a.m.**

48
49 Following roll call, board chair, Rich Holt, prompted the board to review the agenda for day 1.
50 Leif Holm pointed out a need for revising the board member roster as he is still reflected as the
51 current chair and because Lana Bell’s term end date has changed since being reappointed. Ms.
52 Bell requested adding the topic of considering continuing education credit for attendance at
53 board meetings. Since continuing education is scheduled for discussion for Day 2 under
54 Agenda Item #19, Ms. Carrillo suggested adding this topic to that item and time allocation. Ms.
55 Carrillo also informed the board that the Division Update/Budget Report to be discussed
56 under Agenda Item #12 at 2:30 is to be struck from the agenda since the third quarter budget
57 report was discussed at the previous meeting. Leif Holm inquired as to when the next report
58 would be available, to which Ms. Carrillo indicated would be in October, in time for the board’s
59 next quarterly meeting.

60
61 **TASK 1**

62 Laura Carrillo will correct the board roster to reflect the current chair and accurate term dates.
63 *(Completed 09/04/18).*

64
65 **On a motion duly made by Lana Bell, seconded by Leif Holm, and approved**
66 **unanimously, it was**

67
68 **RESOLVED to accept the August 30, 2018 agenda as amended.**

69
70

	APPROVE	DENY	ABSTAIN	ABSENT
71 Leif Holm	x			
72 Richard Holt	x			
73 Phil Sanders	x			
74 James Henderson	x			
75 Tammy Lindemuth	x			
76 Lana Bell	x			
77 Sharon Long				x

78

79 The motion passed with no further discussion.

80
81 **Agenda Item 3 Ethics Time: 9:24 a.m.**

82
83 The board then moved on to addressing ethics, however, there were no ethics disclosures to
84 report.

85
86

87 **Agenda Item 4** **Public Comment**

Time: 9:24 a.m.

88
89 A member from the public and pharmacist licensee speaking on behalf of his role as a
90 medical pharmacy worker for the Alaska Pharmacists Association, Coleman Cutchins, was
91 present for public comment. Mr. Cutchins made salient to the board the need for recognizing
92 clinical pharmacists. Understanding this may need legislative change, Mr. Cutchins expressed
93 the overall vision of giving patients access and ability to community pharmacies where
94 pharmacists can perform testing, e.g.: for the flu, and if results are positive, patients can be
95 prescribed Tamiflu® by the clinical pharmacist. Mr. Cutchins added that this saves healthcare
96 system an ER visit and improves access to care within the community setting. Citing a recent
97 federal antidiscrimination case and to provide further support for this need, Mr. Cutchins stated
98 that if during an active collaborative practice agreement, it would be considered discrimination
99 if a third-party payer did not reimburse the pharmacist as they would reimburse the
100 practitioner. It is the ultimate intent of the association to expand the scope of pharmacy
101 practice by including language addressing medication therapy management and post-diagnostic
102 disease management. Mr. Cutchins reminded the board that under Medicaid laws, pharmacists
103 are already considered medical providers, and believes this change could gain traction
104 legislatively.

105
106 Chair, Rich Holt agreed that Mr. Cutchins' vision is a proactive one, but reiterated that the
107 concerns would need to be addressed in legislation to amend the definition of pharmaceutical
108 care. Ms. Bell inquired to Mr. Cutchins whether he was aware of states that have made this
109 shift, to which Mr. Cutchins commented that Washington is the only state actively practicing
110 this but that New Mexico does have a separate clinical pharmacy license. Moving forward, Mr.
111 Cutchins stated that the Alaska Pharmacists Association will be doing the legwork to have this
112 addressed next legislative session. The board thanked Mr. Cutchins for his presentation, and
113 Rich Holt asked him to keep the board apprised of their efforts by submitting the summary
114 statement of the association's recommendations.

115
116 **TASK 2**
117 Rich Holt will receive the summary statement from the Alaska Pharmacists Association
118 regarding legislative efforts to expand the scope of pharmaceutical care, such that pharmacists
119 can provide medication therapy management and post-diagnostic disease management services.
120 *(Ongoing)*.

121
122 **TASK 3**
123 Rich Holt will forward the Alaska Pharmacists Association summary statement to board staff
124 for inclusion in the winter board packet.
125 *(Ongoing)*.

126
127 **Agenda Item 5** **PDMP Update**

Time: 9:33 a.m.

128
129 **PDMP Data Report**

130 Hearing nothing further on public comment, Ms. Carrillo, pointed to the August data report
131 and provided a summary of information specific to the Board of Pharmacy. Ms. Carrillo
132 informed the board that 95% compliance (961 pharmacists out of 1,011) had been reached,
133 meaning the majority of individuals holding a pharmacist license and who are potentially
134 required to register have successfully registered. It was clarified that the term ‘potentially
135 registered’ is used because the number of pharmacists working under federal employment is not
136 known, but that the number of IHS and VA dispensers are beginning to be tracked separately
137 as reflected on Figure 1. B. of the report. James Henderson inquired as to how many
138 practitioner delegates were registered with the PDMP, to which Chair Holt stated, in reference
139 to Figure 1. B., that there were 89 pharmacist delegates and under 500 practitioner delegates.
140 Ms. Carrillo stated she did not include the registration count of practitioner delegates in the
141 report since it is specific to pharmacy. Mr. Henderson expressed his surprise that there aren’t
142 more delegates since the registration process is far more simple relative to the practitioner and
143 dispenser registration. Leif Holm commented that there would likely be more if certified
144 medical assistants were regulated by the department and subsequently inquired what the
145 makeup of practitioner delegates consist of. Ms. Carrillo indicated she could retrieve that
146 information. The report also included information on login activity, patient prescription history
147 queries, DEA subpoena responses, delinquent pharmacies, and overall opioid trends. Leif
148 Holm suggested adding more data points to the threshold reports so that the board could have
149 a better idea of any directionality a trend would suggest. In response to Ms. Carrillo informing
150 the board there are currently 180 delinquent pharmacies appearing on the non-compliance
151 analysis, Phil Sanders inquired whether there was a grace period or otherwise any threshold
152 used to determine non-compliance. Ms. Carrillo clarified that if any pharmacy is delayed in
153 submitting prescription information to the PDMP for one day—excluding weekends and
154 holidays—they appear on the delinquent pharmacies list. The frequency date for reporting
155 changed from weekly to daily effective July 1, 2018 and the time computation for business days
156 can be found in 12 AAC 02.920(b), 12 AAC 52.865, and AS 08.17.30.200(b). Ms. Carrillo
157 further informed the board that notices would be sent to these delinquent pharmacies following
158 the meeting.

159

160 **TASK 4**

161 Laura Carrillo will generate a report showing the breakdown of practitioner delegates for
162 inclusion in the PDMP report for the November meeting.
163 *(Ongoing).*

164

165 **TASK 5**

166 Laura Carrillo will send delinquent reporting notices to the 180 pharmacies appearing as non-
167 compliant with the daily reporting requirement.
168 *(Ongoing).*

169

170 PDMP Registration Matrix

171 Ms. Carrillo informed the board that a new registration matrix delineating registration
172 requirements and the application process for licensees meeting mandatory registration criteria
173 and for individuals working under federal employment had been posted to the board’s website.

174 It was clarified for the board and the public that due to confusion surrounding registration and
175 payment exemptions and user role confusion, clarifying language had been added to both the
176 registration matrix and the FAQs (referenced below) demystifying these concerns; federal
177 practitioners and pharmacists must use the appropriate user role, e.g.: 'IHS Dispenser' or 'IHS
178 Prescriber and must register using the email affiliated with their federal employer. It was also
179 clarified that practitioners and pharmacists not exclusively working under the federal purview,
180 such as those doing locum tenens work in private/public practice in addition to their federal
181 employment, are permitted to have two separate accounts. The matrix with this and additional
182 information can be found at:

183 [https://www.commerce.alaska.gov/web/Portals/5/pub/PHA_RegistrationRequirementQuick](https://www.commerce.alaska.gov/web/Portals/5/pub/PHA_RegistrationRequirementQuickGuide.pdf)
184 [Guide.pdf](https://www.commerce.alaska.gov/web/Portals/5/pub/PHA_RegistrationRequirementQuickGuide.pdf)

185
186 PDMP Registration FAQs for federal practitioners and dispensers
187 Ms. Carrillo informed the board that a new FAQs document had been posted to the PDMP
188 Registration and Use Exemptions page. The FAQs can be located here at:
189 [https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringPro](https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram/PDMPNotificationFAQs.aspx)
190 [gram/PDMPNotificationFAQs.aspx](https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram/PDMPNotificationFAQs.aspx)

191 192 PDMP FORMS

193 The board was informed that the following forms were available on the PDMP applications
194 and forms page. Copies were also provided in the board packet:

- 195
- 196 • PDMP Initial Payment - revised 08/16/18 to include a field for practitioners to indicate
197 the date on which they received their DEA registration and revised to include additional
198 language addressing those not required to fill out the form
- 199 • PDMP Renewal – revised 08/01/18 to include a field for practitioners to indicate the
200 date on which they received their DEA registration and revised to include additional
201 language addressing those not required to fill out the form
- 202 • DHSS Data Access Request – created and made available on 06/12/18 for the DHSS
203 Commissioner or the DHSS Commissioner’s delegate to request high-level regional data
204 of information contained in the PDMP
- 205 • DEA Registration Status Change – created and last revised on 05/10/18 for
206 practitioners to indicate a change in DEA registration
- 207 • Access Agreement for Pharmacists not Licensed in Alaska – this form was presented to
208 the board in draft format and is not yet available. The authority for creating this form
209 falls under AS 08.17.30(d)(4) and AS 08.17.30.200(f)(1).
- 210 • PDMP Account Status Change – for deactivating or reactivating accounts

211 212 Awareness and Feedback Questionnaire

213 The board reviewed the preliminary results of the Awareness and Feedback Questionnaire,
214 which was posted online from May 15 to June 25, 2018 and delivered through Survey Monkey.
215 Ms. Carrillo informed the board that this questionnaire was created as a result of receiving the
216 CDC’s Data-Driven Prevention Initiative (DDPI) grant, which the PDMP received in 2017.

217 Ms. Carrillo stated that there were 402 respondents—a relatively small sample size considering
218 there are more than 6,000 registered users—and to consider the validity and significance of the
219 preliminary responses. Ms. Bell inquired as to whether it is mandatory to create and make this
220 survey, to which Ms. Carrillo affirmed, stating that it is a required deliverable as a condition for
221 receiving federal funding. Ms. Carrillo stated that evaluators from NPC Research would be
222 assisting in further analyzing the results. The board took note of and discussed some responses
223 to the questionnaire, e.g.: that few respondents changed their prescribing patterns as a result of
224 receiving prescriber report cards.

225
226 Noting there was a need for educational efforts regarding PDMP use and functionality, Mr.
227 Holm inquired as to whether there was funding to support travel throughout Alaska,
228 particularly to attend hospital association or other professional association conferences. Ms.
229 Carrillo stated that she had conducted in-person visits only in Juneau but does regularly request
230 boards to allocate time for PDMP discussion updates at their meetings, adding that board-
231 specific reports are created for the purpose of inclusion into board packets for all affected
232 boards. Mr. Holm encouraged more active participation at association meetings to further
233 educate practitioners and dispensers on PDMP requirements and tools available to them, and
234 Ms. Carrillo stated she would look further into the possibility of this upon returning to the
235 Juneau office. Ms. Bell also about communication strategies, and Ms. Carrillo added that
236 strategies for mass dissemination of information relating to the PDMP is limited to making
237 available information through the state resources page (pdmp.alaska.gov). Leif Holm inquired
238 whether it was possible to use a social media platform like Instagram to increase PDMP
239 knowledge, to which Ms. Carrillo stated is a possibility and that she would bring this suggestion
240 back to the division. Molly Gray added that the Alaska Pharmacists Association is always
241 looking for published articles and links to be disseminated through their newsletter and offered
242 to post any relevant articles for distribution in the Association’s newsletter. James Henderson
243 revisited attendance at in-person meetings, agreeing with Mr. Holm that this is makes a good
244 opportunity to become further educated about the PDMP. Mr. Henderson and Mr. Holm then
245 readdressed social media platforms like Facebook and Instagram. Mr. Holm commented that
246 Instagram may be a preferable channel with which to communicate messages considering the
247 potential of higher click-through traffic relative to Facebook.

248

249 **TASK 6**

250 Laura Carrillo will follow-up with evaluator, Marny Rivera, on analyzing results from the
251 Awareness and Feedback Questionnaire, including obtaining an estimated cost for the
252 evaluation.

253 *(Completed 09/11/18).*

254

255 **TASK 7**

256 Laura Carrillo will look into the division’s social medial guidance on the possibility of creating
257 an account to disseminate PDMP information to the public.

258 *(Completed 09/06/18).*

259

260 **TASK 8**

261 Laura Carrillo will send out an announcement on the PDMP AWAARxE Dashboard reminding
262 registered users to visit pdmp.alaska.gov for resources and information.
263 *(Completed 09/06/18).*

264
265 Coordinated Efforts for Stakeholders Discussion
266 Tammy Lindemuth inquired about coordinated efforts between PDMP stakeholders and Ms.
267 Bell commented that the opioid task force was a valuable resource for information.
268 Investigator, Brian Howes, commented to the board that in addition to pdmp.alaska.gov
269 website, the Alaska Department of Health and Social Service’s page, opioids.alaska.gov is a
270 helpful and comprehensive resource for accessing information on current initiatives that also
271 has guidance materials for prescribers dealing with controlled substances and for individuals
272 seeking help for recovery. Speaking to Ms. Bell’s comment, Ms. Carrillo added that the opioid
273 task force has elevated to the next step of bringing stakeholders together to further the
274 discussion on opioid strategies, which culminated in participating in the Opioid Planning
275 Summit held in Anchorage in mid-August, which Ms. Carrillo attended on behalf of the PDMP
276 as part of the Prescribing Practices Committee. During the summit, Ms. Carrillo stated the
277 committee discussed strategies for improving opioid prescribing practices and opioid increasing
278 provider education.

279
280 InterConnect Steering Committee
281 Ms. Carrillo included notes from her attendance at the NABP’s InterConnect Steering
282 Committee. Ms. Bell recalled there being concerns about privacy issues and inquired as to
283 whether there had been clarification made on this topic, to which Ms. Carrillo stated that the
284 connection is secure; authorized states can only access the information in the database through
285 secured queries and are unable to store information from our PDMP into their state PDMP.

286
287 CDC Data Driven Initiative (DDPI) Technical Review
288 Ms. Carrillo pointed to the preliminary technical review of Alaska’s PDMP, which was included
289 in the board packet. The weaknesses identified pertained to the lack of year-3 work plans to
290 address: 1.) moving towards universal PDMP registration and use; 2.) contacting non-enrolled
291 prescribers; 3.) providing data access to the Alaska Department of Health and Social Services;
292 and 4.) enhancing communication between programs and partners. Speaking to moving
293 towards universal registration and use, Ms. Carrillo reiterated that the challenges of identifying
294 who is required to register will continue to persist as Alaska does not have a separate controlled
295 substance registration database with which to compare actively licensed prescribers against.
296 Similarly with dispensers, it is not known which and how many pharmacists are not currently
297 living in or dispensing in Alaska; pharmacists not practicing in Alaska are not required to
298 register. Efforts to more narrowly identify licensees required to register in the absence of other
299 indicators have been to request DEA registration information and issue dates on forms where
300 possible and to continue to make salient the registration requirements via postings on board
301 website homepages, through mail-out letters, and dashboard reminders. Ms. Carrillo also
302 informed the board the Appriss has new compliance manual features that would all the PDMP
303 to see which practitioners are actually complying with the mandatory review requirement.
304 Currently, what is visible is only the total number of patient prescription history queries, but

305 there is not yet access to this information on a more granular level. In addition, newly
306 implemented authorizing statutes from SB 37 expands access to Veterans Administration and
307 military practitioners and pharmacists as well as Indian Health Service practitioners and
308 pharmacists under AS 17.30.200(f) and AS 17.30.200(d)(11), respectively. These legislative
309 changes have enabled the PDMP to move further towards universal registration and use; while
310 the department's licensing statutes under AS 08 cannot *require* that federally-employed
311 practitioners and pharmacists register, efforts have been made to make available registration
312 guidance for these federal health care employees. Ms. Carrillo indicated responses would be
313 provided to address the identified weaknesses.

314

315 **TASK 9**

316 Laura Carrillo will respond to the weaknesses identified in the DDPI technical review.
317 (*Completed 09/10/18*).

318

319 **TASK 10**

320 Laura Carrillo will continue to look into the mandatory use compliance manual feature
321 provided by Appriss Health to improve universal registration and use.
322 (*Ongoing*).

323

324 PDMP Enhancements: NarxCare and Clinical Alerts

325 The board moved their attention to NarxCare, which has been a topic of discussion for the last
326 few meetings. Ms. Carrillo included a copy of the NarxCare informational PowerPoint in the
327 board packet and reminded the board that it is a risk-based automatic alert system that can be
328 configured into the existing PDMP platform, AWARe. Chair Holt inquired as to how this
329 would be implemented as his understanding was that the enhanced query and visualizations
330 would be seen from logging in as usual, to which Ms. Carrillo confirmed. Investigator, Brian
331 Howes, stated that with Kroger, NarxCare is integrated into their pharmacy dispensing software
332 and is accessed as part of the initial system login; once pharmacist logs in, they're able to
333 conduct searches for Narx Scores, which queries the PDMP. As indicated in the informational
334 document, these scores include risk indicators for narcotics, sedatives, and stimulants. Lorri
335 Walmsley stated that Walgreens pharmacies use this feature and that it is integrated into the
336 drug utilization review. Ms. Carrillo stated that she has been in ongoing discussion with Appriss
337 Health about the cost of the feature and informed the board that should this enhancement be
338 integrated at the state-wide level, the cost would shift to the PDMP (an estimated \$76,000 per
339 year). Ms. Carrillo also informed the board that this newest version of NarxCare would allow
340 integration of other datasets such as criminal justice and vital statistics information, which
341 would provide for more robust risk-scores. Ms. Carrillo posed the question to other state
342 PDMP administrators of whether integrating NarxCare required legislative change, since the
343 pulling of information from other data sources may be statutorily limited in Alaska.

344

345 **TASK 11**

346 Laura Carrillo will follow up with the board when responses regarding legislative change
347 requirements are provided by other state PDMP administrators.

348

349 Moving on from NarxCare, Ms. Carrillo addressed the Clinical Alerts feature, which has also
350 been a topic of ongoing discussion for the board. Ms. Carrillo stated that this was also a feature
351 of discussion at the Opioid Planning Summit, and that providers gave positive feedback about
352 this enhancement, stating that there is a great benefit of receiving automated alerts to the
353 provider's email (and without having to query a specific patient) when a patient has met or
354 exceeded an established threshold. As included in the board packet, the alert types include:
355 prescriber and dispenser thresholds; daily active MME threshold; opioid and benzodiazepine
356 threshold; daily active methadone threshold; and opioid consecutive days threshold. This
357 feature is relatively affordable with a start-up fee of \$2,500 and annual recurring fee of \$5,000.
358 Chair Holt inquired whether the cost would be per type of alert, to which Ms. Carrillo
359 responded was for the whole Clinical Alerts feature and that specific alerts could be configured
360 by the PDMP administrator. Ms. Carrillo inquired to the board what threshold should be used
361 if this feature is obtained and when implementing the MME-based alerts. Ms. Carrillo
362 addressed the board of CBPL's Joint Committee on Prescriptive Guidelines, where the
363 committee ultimately recommended adopting the Washington's opioid prescribing guidelines,
364 with the exception of reducing to a 120 MME to a 90 MME. After the board discussed this
365 topic, it was ultimately decided that a 90 MME threshold should be used as consistent with the
366 committee's recommendations.

367

368 **TASK 12**

369 Ms. Carrillo will continue to work with Deputy Director, Sara Chambers, Admin Officer,
370 Melissa Dumas, and Appriss Health to submit a change order for the Clinical Alerts feature.
371 *(Ongoing)*.

372

373 Statewide Opioid Action Planning Summit – Prescribing Practices Advisory Committee

374 The board reviewed the objectives and strategies from the opioid prescribing practices and
375 provider education document. Objectives directly affecting the Board of Pharmacy or otherwise
376 requiring involvement include:

377

- 378 1.) Data Informed: Facilitate real-time integration of opioid utilization data into
379 prescribers' workflow.
- 380 2.) Provider Education: Increase providers' knowledge and subsequent incorporation of
381 evidence-based medicine (EBM) guidelines for specific conditions and circumstances
382 into practice (e.g., palliative care, hospice, peri-procedural, acute and chronic pain).
- 383 3.) Practice Model: Expand utilization of integrated care team models throughout the
384 state.

385

386 Chair Holt addressed the strategy for Objective 2 pertaining to adopting Washington's
387 Prescriptive guidelines and prompted for clarification as to whether this was requesting that
388 prescriptive guidelines be formally adopted in regulation and if other boards were considering
389 doing the same. Chair Holt added it may require legislative change. Ms. Carrillo clarified it was a
390 suggestion to adopt them formally, but that other boards also have their own prescribing
391 guidelines.

392

393 Chair Holt also addressed strategy 2.3 to provide state-supported professional consultative
394 resources to support prescribers with complex opioid management, which reminded him of the
395 discussion the board previously had regarding identifying resources for pharmacist licensees
396 who were seeking treatment services for themselves. Chair Holt inquired as to whether there
397 was an update on this and Ms. Carrillo recalled that the board would be looking into programs
398 offered by organizations like the NABP. There is statutory language in AS 08.01.050 indicating
399 that pharmacists can contract with organizations to provide treatment resources for licensees.
400 There was no update on this, however, looking into addiction resources offered by the NABP
401 was a task delegated at the board's May 2018 meeting.

402

403 **TASK 13**

404 Ms. Carrillo will look back into the meeting minutes on the discussion of addiction resources
405 for licenses and will follow-up with the board.
406 *(Completed 09/13/18).*

407

408 **TASK 14**

409 The board will look into addiction resources offered by the NABP.
410 *(Ongoing).*

411

412 Returning back to the discussion on Objective 2 and prescribing guidelines, Lana Bell
413 prompted for clarification on how the CBPL's Joint Committee's recommendations fit into the
414 objective, and what it is that is being asked by the board. Ms. Carrillo clarified that the
415 Prescribing Practices Advisory Committee is requesting that guidelines be taken a step further
416 from being recommended to being required in regulation. Mr. Holm commented it would likely
417 require some legislative changes since there's variation among boards and programs as to what
418 prescribing guidelines they use.

419

420 PDMP Veterinary Requirements

421 Ms. Carrillo informed the board that the Board of Veterinarian Examiners has expressed
422 concern about their inclusiveness in the statute governing who mandatory registers users are
423 and that it is their opinion they should be excluded from PDMP requirements. Ms. Carrillo
424 stated that this in part may have to do with confusion among veterinarians as to whether they
425 have the legal ability to conduct a patient prescription history query on the owner of the animal
426 given the fact that patient is defined in the Board of Veterinary Examiners' statutes and
427 regulations as an animal. Provided in the board packet was correspondence regarding 'patient'
428 reviewing requirements for veterinarians. Mr. Holm inquired as to whether the confusion was
429 over checking multiple owners' prescription history or just owners period, to which Ms. Carrillo
430 indicated could be multiple owners per the guidance from Assistant Attorney General, Megyn
431 Weigand.

432

433 Ms. Carrillo stated that in the veterinarian statutes (AS 08.98.245) prescriptions are referred to
434 as being issued to the owner. Similarly, pharmacy regulations address prescription drug labeling
435 for animals, specifically that it should include the name of the animal's owner (12 AAC 52.460).
436 The board discussed that veterinarians need to understand their requirements. Mr. Holm

437 commented that veterinarians should not get out of reporting because it would create loophole
438 for higher potential to divert but also recognized it could potentially be a HIPAA violation if
439 searching someone other than the patient. Ms. Carrillo reiterated that a legal opinion has already
440 been provided indicating veterinarians can indeed check an owner's prescription history.
441 Assistant Attorney General, Megyn Weigand, provided the board in writing her interpretation
442 that veterinarians can indeed check an owner's prescription history. AAG Weigand further
443 recommended and recommendation that both boards coordinate to establish a mutual
444 understanding of veterinarian requirements and for the veterinarian board clarify for their
445 licensees what their obligation is with regards to searching owner information. To facilitate the
446 discussion, Ms. Carrillo prepared a blank template for identifying PDMP fields and what filters
447 to use when searching an owner, which was included in the board's packet. Ms. Carrillo
448 informed the board that a copy of this same template was provided to the Board of
449 Veterinarian Examiners staff to reference at their next meeting. The board discussed the
450 recommendations and ultimately decided that AAG Weigand's interpretation and
451 recommendation should be placed on State of Alaska letterhead. Chair Holt stated a statement
452 can be issued reiterating the opinion by LAW. Ms. Carrillo also recommended that the chair of
453 the Board of Pharmacy and the chair of the Board of Veterinarian Examiners issue a joint
454 statement as an introduction to the legal opinion to be provided by AAG Weigand.

455

456 Mr. Sanders commented that it should be clarified that whomever is in possession of the
457 prescription, e.g.: the animal owner, could be checked for prescription history information in
458 the PDMP. Mr. Henderson likened this dilemma to parents holding prescriptions for minors
459 and inquired whether it would be okay to check a minor's parent's prescription

460

461 **TASK 15**

462 Laura Carrillo will request that AAG Megyn Weigand provide her legal opinion and
463 interpretation of veterinarian PDMP requirements on official letterhead.

464 *(Completed 09/12/18).*

465

466 **TASK 16**

467 Laura Carrillo will forward AAG Megyn Weigand's memo (on official letterhead) regarding
468 interpretations for VET requirements to the Board of Veterinary Examiners.

469 *(Ongoing).*

470

471 Investigative Referrals

472 Ms. Carrillo commented to the board that when processing PDMP initial and renewal
473 applications, it would help to have guidance from the board as to what they would consider a
474 delayed registration and recommended clarifying whether a pharmacist should register with the
475 PDMP within x number of days of receiving a license. The board was informed that the Board
476 of Nursing recently adopted a recommendation that their licensees could have between 120 –
477 180 days. Ms. Carrillo stated it would serve as a cost-saving measure to the board if there was
478 criteria to screen against PDMP registrations and renewals to determine the need for
479 investigative review. Investigator, Brian Howes, stated that there are instances in which
480 pharmacists may not be required to register because they're not living in Alaska and therefore

481 not dispensing in the state. Mr. Howes opined that education efforts like sending reminders to
482 for registration rather than taking a punitive approach is most appropriate. Ms. Carrillo stated
483 that when pharmacists are issued a license, a license issue letter outlying PDMP registration
484 requirements as well as a hardcopy of a blank PDMP registration form is included so they have
485 the information in their hands as soon as they receive a license. Ms. Carrillo also added that
486 sufficient reminders have been sent out continuously to remind licensees of their registration
487 requirements and that licensees need to be held liable for not registering or renewing timely.
488

489 Phil Sanders inquired to Mr. Howes whether his recommendation was to not have any grace
490 period, to which Mr. Howes agreed. Ms. Carrillo stated that when reviewing registrations for
491 recently licensed pharmacists who appear to be making a concerted and timely effort to register,
492 an investigative memo is not sent; however, if a pharmacist submits a PDMP registration
493 several months after having been licensed, an investigative memo is likely to be sent citing
494 delayed registration. Ms. Carrillo asserted that guidance is needed to determine at what point an
495 investigative memo should not be sent, adding that these are costs the board must shoulder for
496 covering investigative services. Mr. Sanders agreed that having guidelines would be appropriate
497 and legally defensible, with which Chair Holt and Mr. Holm also agreed. Mr. Howes reiterated
498 that from his perspective, the PDMP is a tool and shouldn't be used to impose punitive
499 sanctions on licensees. Ms. Carrillo reiterated that mandatory registration and use requirements
500 are already in statute and licensees must comply with their responsibilities. Ms. Carrillo also
501 commented that legislative audit could very well inquire whether the board has tracked
502 registration compliance and what procedures are in place to ensure compliance is met. The
503 board ultimately did not come to a determination during this meeting as to what guidelines to
504 refer to when screening for potential delayed registration.
505

506 Mr. Holm suggested adding a box to the PDMP registration and renewal forms providing an
507 option for pharmacists to indicate that they do not dispense and with clarification to not submit
508 the fee. Ms. Carrillo stated that this was similar to what could be done for federal practitioners
509 and pharmacists who are not required to pay the fee either.
510

511 **TASK 17**

512 The board will continue discussion of guidelines for PDMP registration grace periods.
513 *(Ongoing).*
514

515 **TASK 18**

516 Ms. Carrillo will add a checkbox to the forms 08-4760 and 08-4761 for pharmacists to indicate
517 they are not dispensing and to not pay the fee.
518 *(Ongoing).*
519

520 Chair Holt called for break at 11:22 a.m.
521

522 *Off record at 11:22 a.m.*

523 *On record at 11:32 a.m.*
524

525 **Agenda Item 6** **Investigative Report** **Time: 11:32 a.m.**

526
527 Investigator, Brian Howes, presented the investigative report, which included activity from the
528 period of May 7, 2018 to July 31, 2018 and included 16 open cases involving violations of
529 licensing regulations, fraud or misrepresentation, unprofessional conduct, and negligence. The
530 open reports excluded those related to continuing education matters. Ten of the 16 reports
531 involved potential violations relating to the PDMP. Also included in the report were 12 closed
532 matters, one of which related to a potential PDMP violation. At least one closed matter
533 pertained to an out-of-state pharmacy dispensing to Alaska without a license. Ms. Bell
534 commented that it's surprising the board is not able to license at least the pharmacist-in-charge
535 for an out-of-state pharmacy.

537 **Agenda Item 7** **Board Business** **Time: 11:32 a.m.**

538
539 Hearing nothing further on the investigative report, the board then moved to discussion of
540 tabled applications and applications that were not yet reviewed due to shortage of staff.

541
542 **On a motion duly made by Leif Holm and seconded by Phil Sanders in accordance with**
543 **AS 44.62.310(c)(2), the board unanimously moved to enter executive session for the**
544 **purpose of discussing subjects that tend to prejudice the reputation and character of**
545 **any person, provided the person may request a public discussion.**

546
547 Staff member, Laura Carrillo, was authorized to remain in the room.

548
549 *Off record for executive session at 11:39 a.m.*
550 *On record for public discussion at 12:04 p.m.*

551
552 Upon return from executive session, Chair Holt clarified for the record that no motions were
553 made under executive session. The board first moved to approving the tabled pharmacist
554 application of Zachary Brown.

555
556 **On a motion duly made by Richard Holt and seconded by James Henderson to approve**
557 **the previously tabled pharmacist application for Zachary brown in light of Alaska**
558 **Statute, 08.80.261(a)(9)(11)(14), which authorizes the board to deny a license to an**
559 **applicant for making a controlled substance available to a person without a valid**
560 **prescription and regulation, violating state or federal laws or regulations pertaining to**
561 **drugs or pharmacies, and engaging in unprofessional conduct, and 12 AAC**
562 **52.920(a)(3)(4), which expounds on unprofessional conduct as involving but not limited**
563 **to the delivering or offering to deliver a prescription drug in violation of AS 08.80 and**
564 **acquiring, possessing, or attempting to possess prescription drugs in violation of AS**
565 **08.80 or AS 11.71, it was:**

566
567 **RESOLVED to deny the pharmacist application of Zachary Brown based on AS**
568 **08.80.261(a)(9)(11)(14) and 12 AAC 52.920(a)(3)(4).**

569

570

	APPROVE	DENY	ABSTAIN	ABSENT
571	Leif Holm	x		
572	Richard Holt	x		
573	Phil Sanders	x		
574	James Henderson	x		
575	Tammy Lindemuth	x		
576	Lana Bell	x		
577	Sharon Long			x

578

579 There was no further discussion; the motion to approve did not pass.

580

581 The board then moved to reviewing the pharmacist application for Demetria Spencer.

582

583 **On a motion duly made by Richard Holt and seconded by Phil Sanders to approve the**
 584 **pharmacist application for Demetria Spencer in accordance with AS 08.80.110 and**
 585 **pending receipt of official transcripts, verification of intern hours, and confirmation of**
 586 **passing the MPJE and NAPLEX examinations, it was:**

587

588 **RESOLVED to approve the pharmacist application for Demetria Spencer**
 589 **pending receipt of outstanding application items.**

590

591

	APPROVE	DENY	ABSTAIN	ABSENT
592	Leif Holm		x	
593	Richard Holt	x		
594	Phil Sanders	x		
595	James Henderson	x		
596	Tammy Lindemuth	x		
597	Lana Bell	x		
598	Sharon Long			x

599

600 Leif Holm abstained from voting due to being the prospective employer for Ms. Spencer.

601 There was no further discussion and the motion passed.

602

603 The board then moved to reviewing the pharmacist application for Fred Eaton.

604

605 **On a motion duly made by Richard Holt and seconded by Phil Sanders to approve the**
 606 **pharmacist application for Fred Eaton in accordance with AS 08.80.110 and pending**
 607 **receipt of verification of licenses from Ohio, Kansas, Florida, and Massachusetts and**
 608 **confirmation of passing the MPJE and NAPLEX examinations, it was:**

651 Break for a short lunch at 12:05 p.m.

652 Back on record at 1:00 p.m.

653

654 **Agenda Item 9 Discussion of EA Position Time: 1:00 p.m.**

655

656 Upon return from lunch, Deputy Director, Sara Chambers joined the room at 1:00
657 telephonically to discuss confidential matters with the board pertaining to the new Executive
658 Administrator position authorized by SB 37.

659

660 **On a motion duly made by Leif Holm and seconded by Lana Bell in accordance with**
661 **AS 44.62.310(c)(4), the board unanimously moved to enter executive session for the**
662 **purpose of discussing matters involving consideration of government records that by**
663 **law are not subject to public disclosure.**

664

665 No staff member was authorized to remain in the room other than Deputy Director, Sara
666 Chambers.

667

668 *Off record for executive session at 1:06 p.m.*

669 *Back on record returning from executive session at 1:53 p.m.*

670

671 Upon return from executive session, Chair Holt clarified for the record that no motions were
672 made under executive session.

673

674 **Agenda Item 10 Conference and Meeting Updates Time: 1:54 p.m.**

675

676 NABP MPJE State-Specific Review (Chair, Richard Holt)

677 Chair Holt informed the board that he would be attending the National Association of Boards
678 of Pharmacy (NABP) Multistate Pharmacy Jurisprudence Examination (MPJE) state-specific
679 review next week from September 6 – 7, 2018 in Mt. Prospect, IL. Chair Holt reminded the
680 board that the purpose of the state-specific review is to ensure that current and valid questions
681 are included on the Alaska jurisprudence exam, which is administered by the MPJE. Chair Holt
682 added that in the springtime, the questions are drafted and written and in the fall, the questions
683 are evaluated and re-written, if necessary. State delegates also have the opportunity to review
684 questions written by other states to determine whether to incorporate those questions into their
685 own state jurisprudence examination. It was added that there is an option to review the
686 questions remotely from home without attending the review in-person, but it is far more
687 tedious and difficult to do it that way due to there not being NABP staff support available for
688 guidance. Historically, the board has sent delegates to participate in-person. Chair Holt further
689 explained the process of participating to the board, including air and hotel accommodations.

690

691 Controlled Substances Advisory Committee (Lana Bell)

692 Lana Bell provided her update on the Controlled Substance Advisory Committee (CSAC), first
693 reminding the board and the public that controlled substances can be both state-scheduled and
694 federally scheduled but that some substances, such as tramadol, are federally scheduled but not

695 state-scheduled. Ms. Bell informed the board that one of the most salient topics of interest
696 under discussion by the CSAC at this time is the discrepant scheduling of substances; currently,
697 state troopers and other law enforcement cannot apprehend or impose penalties on individuals
698 dealing questionably or inappropriately with tramadol because it is not state-scheduled. Ms. Bell
699 added that discrepant scheduling on the state and federal levels have facilitated legislative
700 changes (HB 312) to allow for emergency scheduling of substances deemed harmful to the
701 public by the Attorney General, currently Robert Henderson, with the recommendation of the
702 CSAC. Ms. Bell informed the board that another salient and top-priority topic is the issue of
703 Kratom, a natural substance that has psychotropic effects, which is not federally scheduled. The
704 issue here, as Ms. Bell asserted, is that emergency scheduling of drugs can only occur if the
705 substance is federally-scheduled first. Ms. Bell stated that until Kratom can be scheduled,
706 potentially as a schedule I substance, the CSAC cannot take action to schedule it.

707
708 This bill, which passed in early 2018, also resulted in the restructuring of the CSAC such that
709 the chair of the committee will no longer be the AAG but will be the chair of the Board of
710 Pharmacy or the board of pharmacy's delegate effective 09/26/2018. The chair of the CSAC
711 will then be Lana Bell, as she is Chair Holt's delegate to serve on the committee. Ms. Bell
712 expressed her concern about the transition of becoming the chair of the CSAC due to the lack
713 of communication regarding committee resources, which are held in the office of the Attorney
714 General. Ms. Carrillo commented that the bill did not mention AS 08.80 pertaining to statutes
715 governing the Board of Pharmacy, other than to indicate that the chair of the committee would
716 be the Board of Pharmacy chair or the chair's delegate. Since the bill did not make any explicit
717 changes to AS 08.80, Ms. Carrillo stated that the intent is for the CSAC resources for
718 maintaining operations of the committee, such as scheduling meetings and disseminating
719 meeting materials, will remain under the office of the Attorney General; it is only who can be
720 named as the chair will change. Ms. Bell expressed her concerns over the transition as there has
721 been a lack of communication regarding continued coordination to schedule and prepare for
722 these meetings and that she was already informed she was officially the chair. Ms. Bell believes
723 she is now expected to schedule the meetings and collect and disseminate meeting materials and
724 was informed previously that this was the expectation. Ms. Carrillo reiterated this was not the
725 intent and stated that Deputy Director, Sara Chambers, is aware of the need for clear direction
726 and communication and that efforts have already been made in writing through the Office of
727 Boards and Commissions to better prepare for the transition. Ms. Carrillo commented she
728 would follow-up with Deputy Director Chambers on any correspondence with AG Henderson
729 regarding this topic. Ms. Bell requested that Deputy Director Chambers reach out to AG
730 Henderson so further clarification can be provided as to what her role is and what is expected
731 of her.

732

733 **TASK 19**

734 Ms. Carrillo will follow-up with Sara as to whether there has been an update on the transition
735 of the CSAC chair. If there has been no update, Ms. Carrillo will request another follow-up.
736 *(Completed 08/31/18).*

737

738 **TASK 20**

739 Ms. Carrillo will follow-up with Sara to request another attempt to discuss with AG Robert
740 Henderson the transition of the CSAC chair if there has not been correspondence since last
741 communication in July.
742 *(Completed 09/14/18).*

743
744 Lana Bell also informed the board that the CSAC received a letter from a licensee regarding a
745 stolen prescription pad. Ms. Carrillo stated that this notice is more appropriate for the PDMP
746 and for local law enforcement, to which Ms. Bell agreed. Ms. Carrillo stated this could be added
747 to the PDMP FAQs page.

748
749 **TASK 21**

750 Ms. Carrillo will request to the publications specialist that a question be added on the PDMP
751 FAQs page addressing what someone should do if they feel a stolen prescription pad has been
752 used to write fraudulent prescriptions.
753 *(Completed 09/14/18).*

754
755 **Agenda Item 7 Board Business Time: 11:32 a.m.**

756
757 As the board was ahead of schedule and waiting for paralegal, Marilyn Zimmerman, to join the
758 meeting at the scheduled 2:00 p.m. time, Chair Holt addressed sub-agenda item #2 under
759 Board Business regarding outstanding regulations. Chair Holt prompted Ms. Carrillo to provide
760 an update on collaborative practice agreements.

761
762 Collaborative Practice Agreements

763 Ms. Carrillo informed the board that she had posed the question to prescribing boards (the
764 Medical Board, the Board of Nursing, the Board of Optometry, and the Board of Veterinary
765 Examiners) to gauge whether language was included in their statutes or regulations pertaining
766 to collaborative practice agreements. Ms. Carrillo stated that the Medical Board at this point is
767 the only other board that addresses this topic under their section for [Cooperative] Practice
768 Agreements in 12 AAC 40.983. The Board of Dental Examiners does include language
769 pertaining to agreements under 12 AAC 28.956, but addresses agreements between dental
770 hygienists and dentists only. According to the Board of Pharmacy statutes, AS 08.80.480(28) as
771 well as AS 11.71.900(19), such agreements can be made between pharmacists and any licensee
772 authorized to prescribe. Ms. Carrillo informed the board that she has processed agreements
773 between pharmacists and Board of Nursing licensees, but that the Board of Nursing does not
774 have the reciprocal language as does the Medical Board. Ms. Carrillo stated she would be
775 continuing discussion with other board staff on this topic. In particular, Ms. Carrillo would
776 bring to the attention to the Medical Board that their existing language in 12 AAC 40.983(k)
777 states that the agreements must be approved by the board.

778
779 Chair Holt reminded the board of their previous efforts to amend the pertinent section of their
780 regulations, 12 AAC 52.240, such that the agreements could be processed by board staff
781 through their usual checklist (staff review/approval) process; however, Robert Auth at the
782 Department of Law struck their proposed amendments due to existing language in the Medical

783 Board's regulations still indicating such agreements must be approved by the Board of
784 Pharmacy. Ms. Carrillo stated that the Medical Board also has language in their regulations
785 indicating that the agreements can be renewed upon request, which is at odds with the historical
786 way in which these agreements were processed on the Board of Pharmacy end; approved
787 agreements have been made valid for only two years where re-submitting a new application is
788 required if the intent is to continue with the agreement after the two years have elapsed. Chair
789 Holt located the Medical Board's regulations and verified that their language explicitly states the
790 agreements can be renewed for an additional two years upon request. Phil Sanders commented
791 that in 12 AAC 52.240(3), states that the collaborative agreement protocol indicates it is not to
792 exceed two years. Chair Holt then suggested adding language to 12 AAC 52.240 add renewal
793 language.

794
795 **TASK 22**
796 Laura Carrillo will draft language for adding a subsection to 12 AAC 52.240 referencing 12
797 AAC 40.983(j) so language is consistent with the Medical Board's language regarding renewal of
798 an existing collaborative practice agreement.
799 *(Completed 09/17/18).*

800
801 Stale Applications (limitations for taking the MPJE or NAPLEX)
802 Ms. Carrillo addressed 12 AAC 52.090(f)(g), noting to the board that the only language
803 addressing re-applying for licensure pertains to passing the NAPLEX exam. Regulation 12
804 AAC 52.090(f) doesn't address having to re-apply for licensure if the MPJE exam isn't passed
805 within one year, but does provide for continuous attempts to retake the exam. Ms. Carrillo
806 further added that 12 AAC 52.090(f) assumes the NAPLEX exam will be passed but does
807 address not address what an applicant must do if the exam results in a failed score. As a result,
808 this allows an individual who hasn't passed the NAPLEX or MPJE exam to make infinite
809 attempts to become licensed with no limit on the maximum number re-examinations.
810 Centralized regulations only address abandoned applications, which is defined as 12 months
811 having elapsed since the date the last correspondence was received from or on behalf of an
812 application; this does not address applicants that maintained communication regarding their
813 application status but have not yet met all the requirements to become licensed. Ms. Carrillo
814 suggested that the board add language addressing reapplying for licensure if all requirements are
815 not met within a certain timeframe. The board suggested adding language indicating an
816 applicant must reapply for licensure if both the NAPLEX and MPJE exams are not passed
817 within one year.

818
819 Chair Holt recalled that the NABP actually set a limitation on how many times an MPJE can be
820 taken, citing an example from two years ago which required the board to approve an applicant
821 to retake the exam after five failed attempts, but that the board did not approve the 6th attempt.
822 Chair Holt located a document from the NABP dated 11/21/2012 for what is accepted as a
823 testing limit effective 03/01/2013; the NABP stated that applicants are permitted 5 attempts
824 for both the MPJE and NAPLEX, but that state boards may approve an applicant to take
825 either of the exams a 6th and final time. Leif Holm indicated that once an applicant has
826 exceeded the testing limit, they can no longer apply in Alaska by examination but can seek

827 licensure in another state then apply in Alaska by reciprocity after having obtained an out-of-
828 state pharmacist license. Chair Holt commented he would request clarification on this when he
829 flies to the NABP headquarters next week. It was also suggested that language be added to the
830 12 AAC 52.090(f) addressing the testing limit for the MPJE.

831

832 **TASK 23**

833 Richard Holt will ask NABP to clarify whether an applicant will no longer be permitted to
834 continue applying in a certain jurisdiction after having reached the maximum MPJE or
835 NAPLEX exam attempt limit of 5 attempts with a 6th and final attempt. Richard Holt will
836 follow-up with Ms. Carrillo following clarification.

837 *(Completed 09/06/18; according to the NABP, applicants have a total of 5 attempts, however, there is no*
838 *final deadline from start to finish as to how the attempts are taken. Applicants could fail the MPJE and not*
839 *retake for several years; it is up to state boards to decide on restrictions).*

840

841 **TASK 24**

842 Laura Carrillo will draft language to amend section 12 AAC 52.090 addressing reapplying for a
843 license after one year if an applicant does not pass the MPJE or NAPLEX.

844 *(Completed 09/17/18).*

845

846 **Agenda Item 11 Consent Agreements**

Time: 2:30 p.m.

847

848 The board shifted their attention from the board business agenda items to consent agreements
849 so as to be on schedule for Marilyn Zimmerman's discussion. As the board was ahead of
850 schedule and waiting for paralegal, Marilyn Zimmerman. The topics of discussion warranted
851 private discussion, so the board made a motion to move into executive session.

852

853 **On a motion duly made by Rich Holt and seconded by Phil Sanders in accordance with**
854 **AS 44.62.310(c)(2), the board unanimously moved to enter executive session for the**
855 **purpose of discussing subjects that tend to prejudice the reputation and character of**
856 **any person, provided the person may request a public discussion.**

857

858 Staff member, Laura Carrillo, was authorized to remain in the room with paralegal, Marilyn
859 Zimmerman and the board.

860

861 *Off record for executive session at 2:31 p.m.*

862 *On record for public discussion at 3:06 p.m.*

863

864 Upon return from executive session, Chair Holt clarified for the record that no motions were
865 made under executive session. The board first moved to addressing the continuing education
866 matter for pharmacist, Rex Malcom.

867

868 **On a motion duly made by Richard Holt and seconded by Leif Holm in review of Case**
869 **#2017-000724 regarding licensee, Rex Malcom, to accept the consent agreement for**
870 **violations of AS 08.80.165, 12 AAC 52.320, 12 AAC 52.340, and 12 AAC 52.350 pertaining**

871 to compliance with continuing education requirements for the 2016 – 2018 renewal
872 cycle, it was:

873
874 **RESOLVED** to accept the consent agreement for Rex Malcom for failure to
875 comply with the continuing education requirements for the 2016 – 2018 renewal
876 cycle.
877

	APPROVE	DENY	ABSTAIN	ABSENT
878				
879	Leif Holm	x		
880	Richard Holt	x		
881	Phil Sanders	x		
882	James Henderson	x		
883	Tammy Lindemuth	x		
884	Lana Bell	x		
885	Sharon Long	x		

886
887 The motion passed with no further discussion.

888
889 The board then moved to discussion of pharmacist, Jaimie Bell.

890
891 **On a motion duly made by Richard Holt and seconded by Lana Bell to move forward**
892 **with recommending that a consent agreement be drafted by paralegal, Marilyn**
893 **Zimmerman for pharmacy technician, Jaimie Bell, Case # 2017-000448, pertaining to**
894 **the audit of her continuing education for the 2016 – 2018 renewal cycle, it was:**

895
896 **RESOLVED** to proceed with a consent agreement for pharmacy technician,
897 **Jaimie Bell, pertaining to the continuing education audit for the 2016 – 2018**
898 **renewal cycle.**

	APPROVE	DENY	ABSTAIN	ABSENT
900				
901	Leif Holm	x		
902	Richard Holt	x		
903	Phil Sanders	x		
904	James Henderson	x		
905	Tammy Lindemuth	x		
906	Lana Bell	x		
907	Sharon Long	x		

908
909 **Agenda Item 7 Board Business Time: 3:22 p.m.**
910

911 Hearing nothing further on consent agreements, the board returned to discussion on board
912 business.

913
914 Out-of-State Pharmacists
915 Ms. Carrillo informed the board that currently, there is not a separate section in the regulations
916 for out-of-state pharmacists but that creating this would facilitate clarification for PDMP
917 registration purposes and can reflect the reality that many licensed-Alaska pharmacists are
918 actually living out of state (approximately 42%). It would not create new requirements but
919 would only be a separate section for the purpose of determining dispensing status. With regards
920 to mandatory PDMP registration, these pharmacists are not required to register since they are
921 not living in Alaska and dispensing federally-scheduled II – IV controlled substances. Ms.
922 Carrillo also clarified that there is already a separate PDMP user role for ‘Out-of-State
923 Pharmacists’, which would make reconciling which Alaska-licensed pharmacists who are
924 required to be registered with the PDMP are actually registered with the database. This is a
925 question frequently asked for evaluating state PDMPs. Ms. Carrillo added that on the IT end, a
926 new license category cannot be added without justification in regulation and would help to
927 provide clarification for responding to grant deliverables. Ms. Bell suggested mentioning PDMP
928 grant compliance as a justification for adding a separate category. Leif Holm suggested adding a
929 check box to the existing initial and renewal applications for pharmacists not dispensing in
930 Alaska due to living outside of the state. Mr. Holm further stated that the address indicated in
931 the license file could also be used to confirm whether they in fact are in Alaska and stated these
932 two solutions would solve the problem, to which the board agreed. Chair Holt reiterated that
933 the compliance rate of pharmacists, currently at 95%, should be sufficient of an explanation to
934 provide to evaluators when asked about registration compliance. Chair Holt further
935 commented that there will always be an unknown percentage due to not knowing who is
936 dispensing in Alaska.

937

938 **TASK 25**

939 Laura Carrillo will request to the publications specialist a checkbox be added to PDMP forms
940 08-4760 and 08-4761 for pharmacists to indicate whether they are dispensing in Alaska. When
941 reviewing these forms, Ms. Carrillo will indicate ‘Non-Resident’ in the licensee’s professional
942 file.

943 *(Completed 09/13/18).*

944

945 Interstate Data Sharing (Codify LAW’s Opinion)

946 Hearing nothing further on out-of-state pharmacists, the board moved to discussion on
947 interstate datasharing, which has been an ongoing topic of discussion for several months. As a
948 refresher to the board, LAW opined that AS 17.30.200(d)(3)(4) allows pharmacists and
949 practitioners not licensed in Alaska to have access to our database, so long as they hold a
950 license in another state. As a result, it was suggested by Deputy Director, Sara Chambers, that a
951 new section could be added addressing language along the lines of: “12 AAC 52.860(f): A
952 dispenser or practitioner not licensed or registered under AS 08 may receive information from
953 the database through multi-state agreements signed and executed by the department”. The
954 board acknowledged this was a reasonable request as the authority is already in statute.

955 **Task 26**

956 Ms. Carrillo will add to the board’s ongoing regulation project the following language: “12 AAC
957 52.860(f): A dispenser or practitioner not licensed or registered under AS 08 may receive
958 information from the database through multi-state agreements signed and executed by the
959 department”.

960 *(Ongoing).*

961

962 Photo Identification

963 Chair Holt then addressed the topic of photo identification. Seeing as the board had discussed
964 this topic previously, Ms. Carrillo acknowledged that the board had discussed this topic at
965 length. Leif Holm reiterated that there would be no need to mandate this in regulation since the
966 DEA already addresses this in their dispensing guidelines. Ms. Carrillo clarified that the topic
967 was brought up at the Opioid Planning Summit on August 13 – 14 and that Ms. Carrillo was
968 asked to bring it back to the attention of the board. The board still believes it is not necessary
969 to address in regulation unless it is legislated. Chair Holt reminded the board that they had
970 addressed this previously through legislation as it was included in the initial iteration of SB 74
971 but consequently taken out due to the board’s valid efforts to support why it should not be
972 included.

973

974 Electronic Prescribing

975 The board turned their attention to e-prescribing as this was another topic suggested at the
976 Opioid Planning Summit to be mandated through legislation. Currently, this is addressed in the
977 Board of Pharmacy regulations, 12 AAC 52.490, but the language includes “may” not “shall”.
978 Mr. Holm inquired as to what type of medications the suggestion was being made for, to which
979 Ms. Carrillo stated it was for legend drugs and controlled substances. The intent behind
980 electronic prescribing is to reduce prescription errors relating to legibility. Mr. Holm stated
981 there can be disadvantages to e-prescribing as calls invariably have to be made to also clarify
982 what is written on the electronic prescription. Chair Holt commented that in New York, the
983 state has mandated e-prescribing but also allows for paper-prescriptions. Lorri Walmsley from
984 the public commented that New York has carve outs for certain medications. Chair Holm
985 inquired as to what the logic behind these mandates are, to which Phil Sanders commented is
986 likely to reduce forged prescriptions and for patient safety. Mr. Holm acknowledged there are
987 some benefits to but maintained that there are still mistakes made with e-prescribing and that
988 the state should not rely solely on them. Lana Bell stated that she does approve of e-prescribing
989 because of its appealing formatting but does not believe Alaska is ready for it to be
990 implemented at a state-wide level. Ultimately, the board agreed and was not supporting of
991 seeking legislative changes for this.

992

993 **Agenda Item 12 Budget Report/Division Update (struck from agenda)**

994

995 This agenda item was struck from the agenda during discussion under Agenda Item #2.

996

997 **Agenda Item 13 Review Lost/Stolen Prescriptions Time: 3:58 p.m.**

998 The board reviewed reports of lost or stolen prescriptions from Carr-Gotten Foods, Co.
999 (Alaska Managed Care Pharmacy #1829), Safeway Pharmacy #1808, and Safeway Pharmacy
1000 #2754.

1001
1002 **Agenda Item 14 Correspondence Time: 4:02 p.m.**

1003
1004 The board reviewed two pieces of correspondence from the NABP, one concerning
1005 performance audits and the other concerning consumer education campaigns. There was no in-
1006 depth discussion on these documents.

1007
1008 **Agenda Item 15 Administrative Business Time: 4:05 p.m.**

1009
1010 Wall Certificates

1011 Chair Holt signed several wall certificates for newly licensed pharmacists.

1012
1013 **TASK 27**

1014 Laura Carrillo will mail out the signed wall certificates following the meeting.

1015 *(Completed by licensing examiner, Andy Khmelev).*

1016
1017 Travel Receipts

1018 The board was reminded to turn in travel receipts. Leif Holm commented that the Captain
1019 Cook required him to pay out-of-pocket for the hotel stay, when historically this has been
1020 covered by the travel desk. Mr. Holm inquired as to whether the travel policy had changed, to
1021 which Ms. Carrillo stated she would look into.

1022
1023 **TASK 28**

1024 Laura Carrillo will follow-up with the travel desk as to whether hotel-booking procedures have
1025 changed.

1026 *(Completed 09/05/18; another RLS indicated that this is Captain Cook's new travel policy and not a change*
1027 *in the internal hotel booking procedure).*

1028
1029 Task List

1030 Ms. Carrillo turned the board's attention to the task list document provided in checklist format
1031 in the board packet. a document created as the result of a previous tasks that were delegated at
1032 earlier meetings. As a review, these tasks included the following:

- 1033
1034 Ms. Carrillo will inquire with Apriss Health as to who would receive the clinical alerts.
1035 MS. Carrillo will correct the typo on the DEA Registration Status form #08-4763.
1036 Chair Holt will sign the voluntary surrender document and return it to the department.
1037 Ms. Carrillo will correct the last name typo, will capitalize the 'a' in Anchorage before
1038 forwarding the annual report to the publications specialist, and will update Leif Holm's
1039 duty station from Fairbanks to North Pole.
1040 Ms. Carrillo will add to the board's agenda for the next meeting the regulation topic of
1041 adding language to accommodate authorized presenters of approved providers.

1085 On a motion duly made by Richard Holt, seconded by Lana Bell to recess, and
1086 approved unanimously it was:

1087
1088 **RESOLVED** to recess the meeting and to return the following day for Day 2 of
1089 the meeting.

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

Alaska Board of Pharmacy

**MINUTES OF THE MEETING FOR
AUGUST 31, 2018 (DAY 2)**

By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a scheduled meeting of the Board of Pharmacy was held at the Robert Atwood Building, 550 W. 7th Ave., Conference Room ACC 102 in Anchorage, Alaska from August 30 – 31, 2018.

Agenda Item 16 Call to Order/Roll Call Time: 9:14 a.m.

The **August 31, 2018** meeting day was called to order by Chair, Rich Holt at 9:14 a.m.

Board members present, constituting a quorum:

Richard Holt, PharmD #PHAP2008, MBA – *Chair*
Leif Holm, PharmD #PHAP1606
Phil Sanders, RPh #PHAP776
James Henderson, RPh #PHAP1683
Lana Bell, RPh #PHAP893
Tammy Lindemuth, Public Member
Sharon Long, Public Member (Absent)

Division staff present:

Andy Khmelev, Occupational Licensing Examiner (*via phone*)
Laura Carrillo, Records & Licensing Supervisor/PDMP Manager
Jun Maiquis, Regulations Specialist (*via phone*)

Members from the public present:

Greg Estep, #PHAP2259, Walgreens
Molly Gray, Alaska Pharmacists Association
Laura Churns, Albertsons Pharmacies
Lorri Walmsley, Safeway Pharmacies
Coleman Cutchins, #PHAP2056, Providence/CMS

1172 Olga Brophy, #PHAP2171, Safeway Pharmacies
 1173 Thomas Wadsworth, #PHAP1422, University of Alaska/ISU Corporation
 1174 Renee Robinson, #PHAP1828, University of Alaska/ISU Corporation
 1175 Kara King, PharmD, United States Public Health Service (*via phone*)
 1176

1177 **Agenda Item 17 Review/Approve Agenda Time: 9:19 a.m.**

1178
 1179 The board reviewed the agenda. Ms. Carrillo suggested adding review of outstanding
 1180 collaborative practice agreements as there were several submitted in June but had not yet been
 1181 approved due to changes in staff. Lana Bell also requested adding continuing education credit
 1182 for participation at board meetings under Agenda Item #19 and for the discussion on approved
 1183 programs under 12 AAC 52.340.

1184 **On a motion duly made by Phil Sanders, seconded by Tammy Lindemuth, and**
 1185 **approved unanimously, it was**

1186
 1187 **RESOLVED to accept the August 31, 2018 agenda as amended.**
 1188

	APPROVE	DENY	ABSTAIN	ABSENT
1190 Leif Holm	x			
1191 Richard Holt	x			
1192 Phil Sanders	x			
1193 James Henderson	x			
1194 Tammy Lindemuth	x			
1195 Lana Bell	x			
1196 Sharon Long				x

1197
 1198 The motion passed with no further discussion.
 1199

1200 **Agenda Item 18 Review/Approve Minutes Time: 9:16 a.m.**

1201
 1202 The board reviewed the meeting minutes for the February 28 – March 2, March 22
 1203 (teleconference), May 10 – 11, 2018 meetings. Phil Sanders commented to Ms. Carrillo that he
 1204 believes his voting is inaccurately reflected on line 311 for the May minutes and suggested for
 1205 Ms. Carrillo to re-listen to the recording to verify his vote.

1206 **TASK 31**

1207 Laura Carrillo will listen to the audio recording of the May 10 – 11, 2018 meeting and correct
 1208 line 311 pertaining to Phil Sander’s vote accordingly.
 1209 (*Completed 09/05/18*).
 1210

1211

1252 commented that the original intent to not indicate a 100-supply for the first fill was to be less
1253 wasteful; it was his recollection that a lower-supply was suggested for the initial fill, to which
1254 Phil Sanders and Lana Bell indicated this was their recollection as well. Chair Holt reiterated
1255 Mr. Sander’s comments from an earlier meeting that (d)(3) appropriately addresses pharmacists
1256 using their professional judgement on dispensing up to a 100-day supply for initial prescriptions
1257 written for a 30-day supply. Mr. Sanders added that the professional judgement piece was a
1258 reason for removing the 30-day first fill language. James Henderson commented that the intent
1259 was to liberalize the refill quantity so pharmacists could exercise more discretion. Chair Holt
1260 agreed, adding that if practitioners did not want pharmacists to exercise discretion, it should be
1261 indicated on the script. The board continued to discuss changing the language to a 100-day
1262 supply and Mr. Holm inquired as to whether this would include controlled substances, to which
1263 Chair Holt indicated it would not, as specified under 12 AAC 52.470(d)(2). Leif Holm further
1264 commented that it may make sense to include it under 12 AAC 52.460, for prescription drug
1265 order information since the recommended suggestion is the communication for the drug order,
1266 with which Mr. Henderson agreed would be an appropriate section to make the amendment.
1267 The board continued to discuss amendments to this language and ultimately decided to make
1268 the following amendments:

1269
1270

- 1271 • 12 AAC 52.470(d): “If an original prescription drug order is prescribed as a 30-day
1272 supply, the pharmacist may dispense up to a 100-day supply on the original prescription
1273 drug order or refills if the...”
- 1274 • 12 AAC 52.460(5)(a) under quantity; insert comma and then, “having the ability to
1275 change the prescription per 12 AAC 52.470(d)”.

1276 With further discussion on this topic, Mr. Sanders brought up a situation that may happen with
1277 patients living out in the bush; a patient comes into pharmacy requesting a refill; however, there
1278 is no language in statute or regulations that would otherwise prevent a pharmacist from
1279 dispensing a refill, even if a patient had just filled the original five minutes earlier. Mr. Holm
1280 stated that although pharmacists can’t not refill a prescription five minutes later, they’re
1281 restricted from doing so under their insurance. This would apply to insurance payers, not cash.

1282 Review of Pharmacist Intern License Application (Presentation from Tom Wadsworth)

1283 Tom Wadsworth, pharmacist and representative of the University of Alaska Anchorage (UAA)
1284 PharmD program, made salient to the board issues that the university and intern students have
1285 been encountering in the work place. Mr. Wadsworth reminded the board that because of 12
1286 AAC 52.120(b)(3)(A) pertaining to students being enrolled in a college of pharmacy accredited
1287 by the ACPE, UAA sought and received ACPE accreditation. To start, students are first
1288 obtaining technician licenses to get into the program and to gain pharmacy experience, but to
1289 surrender their technician license when seeking licensure as a pharmacy intern. Mr. Wadsworth
1290 reminded the board that clarification had been given to licensees and the public that it was
1291 acceptable to have dual valid licenses as an intern and a technician, but that this is becoming an
1292 emerging problem with employers who have employed pharmacy interns that also hold a
1293 pharmacy technician license and are paying them at the wage for the latter while expecting the

1294 expertise and duties of the former. Although it is not explicitly disallowed in statute or
1295 regulation indicating that an intern can't have a technician license or that a pharmacist couldn't
1296 hold an intern license, the licensing structure is interpreted as being hierarchical, but is creating
1297 role confusion. Mr. Wadsworth indicated that the UAA program is Tom s advising pharmacy
1298 intern to surrender their pharmacy technician license since employers will fire them if they hold
1299 a technician license and an intern license. Mr. Holm commented on this likely being due to
1300 employers wanting to pay at a lower rate, to which Mr. Wadsworth commented creates internal
1301 conflict with the pharmacy intern when asked by a practitioner to perform a duty as an intern
1302 even though they're considered a technician. In addition, Mr. Wadsworth stated that this
1303 creates unnecessary dilemmas, workplace hostility, pay disparities, and imposes an increased
1304 cost to student pharmacist as it requires the individual paying for both intern and technician
1305 licenses and for CE program participation. Mr. Wadsworth further informed the board that
1306 UAA counsels interns to quit if these problems persist. Mr. Wadsworth then ultimately asked
1307 the board for guidance on this, adding that UAA typically issues newsletters to its students, and
1308 that such guidance can be disseminated through this channel.

1309
1310 Mr. Holm stated the board should take Tom's suggestion of providing guidance for distribution
1311 through the UAA newsletter. Mr. Wadsworth inquired whether it would be acceptable to
1312 surrender or expire a license that is no longer needed, or in other words to provide a different
1313 license expiration date than what is typically issued. Ms. Carrillo referred to 12 AAC 52.140(c),
1314 which states a pharmacy license expires on June 30 of even-numbered years, adding that this
1315 regulation would need to be amended to accommodate that request. Ms. Carrillo further added
1316 that placing a license status into 'surrender' would not be appropriate since AS 08.01.075
1317 references license surrender, but that it is framed for disciplinary action purposes and implies
1318 issues with competency. Mr. Holm commented that a statement could be made by the board
1319 indicating their stance that the board doesn't condone or recommend not renewing a pharmacy
1320 technician license but may be asked by an employer not to renew. Mr. Wadsworth requested
1321 that the board both provide a statement and amend the pertinent regulation, adding that he
1322 could assist in drafting the language.

1323 **TASK 33**

1324 Laura Carrillo will receive draft language from Thomas Wadsworth regarding a position
1325 statement on holding dual licenses. Ms. Carrillo will forward this to the board via OnBoard for
1326 voting.

1327 (*Ongoing*).

1328
1329 Mr. Wadsworth posed another question to the board pertaining to the intent of preceptorships
1330 being for out-of-state students and alluded to the fact that requiring a declaration of
1331 sponsorship form is obsolete now that Alaska has an ACPE-accredited school of pharmacy.
1332 Mr. Holm inquired as to whether other states require a declaration of sponsorship form, to
1333 which Coleman Cutchins indicated he has had extensive experience with being a sponsor but
1334 has found no other states that require this declaration. Mr. Wadsworth stated that supervision is
1335 already built into existing regulations and it creates more work to require a declaration. Mr.
1336 Holm commented that moving forward, he doesn't have an issue with removing this as it's

1337 cumbersome to applicants and creates a barrier to practice.

1338 Chair Holt called for break at 10:26 a.m.

1339 *Off record for break at 10:26 a.m.*

1340 *Back on record at 10:38 a.m.*

1341

1342 Indian Health Service Pharmacists (12 AAC 52.150; new section)

1343 Hearing nothing further on pharmacist intern concerns, Chair Holt moved to discussion on
1344 language addressing Indian Health Service (IHS) pharmacists. Included in the board packet was
1345 a draft application accompanied by an early iteration of proposed regulations with comments
1346 from AG, Joan Wilson. The board reviewed the draft application and proposed language.

1347

1348 **TASK 34**

1349 Rich Holt will re-edit the draft of 12 AAC 52.150 to include other federal employment, such as
1350 VA or U.S. Military pharmacists.

1351 *(Ongoing).*

1352

1353 **TASK 35**

1354 Laura will include regulations draft for IHS, VA, Military pharmacists in the November board
1355 meeting packet.

1356 *(Ongoing).*

1357

1358 Approved Programs (12 AAC 52.340; new section)

1359 Lana Bell addressed adding continuing education credit for participation at board meetings,
1360 stating other boards have done the same. Ms. Carrillo commented that this board's regulations
1361 don't have a specific breakdown of required continuing education topics as do other boards,
1362 which would make adding participation at board meetings for satisfying a specific topic
1363 potentially more straight forward. Tammy Lindemuth suggested making a change to section (d)
1364 to include board meeting attendance for CE credit. James Henderson stated that if the board
1365 meeting obtains ACPE accreditation, changes in regulation wouldn't be required since
1366 acceptable programs means any program that's ACPE-accredited. Molly Gray commented that
1367 this can be a cumbersome process but that the Association has started similar dialogue to get
1368 their legislative fly-in meetings ACPE accredited, adding that this process requires an outline of
1369 goals and objectives and a method for evaluating learning of material.

1370

1371 **TASK 36**

1372 The board will continue pursuing and discussing the topic of granting continuing education
1373 credits to pharmacists for participation at board meetings.

1374 *(Ongoing).*

1375

1376 *Kara King joined the room telephonically at 10:55 a.m.*

1377

1378 *Leif left the room at 10:56 a.m.*

1379 *Leif Holm returned to the room at 10:59 a.m.*

1380

1381 Kara King joined the room telephonically for the purpose of receiving an update on the
1382 discussion regarding IHS pharmacists, so Chair Holt returned to this discussion to provide a
1383 recap.

1384 Outstanding Regulations

1385 The board addressed outstanding regulations. A list of these regulations were included in the
1386 board packet:

- 1387 • 12 AAC 52.150 – Proof of Licensure Requirements for Individual Pharmacists Working
1388 for Tribal Health Programs (new section)
- 1389 • 12 AAC 52.423(c) – Remote Pharmacy License (amendments)
- 1390 • 12 AAC 52.425(a)(b)(e)(f)(g)(h)(j) – Telepharmacy System for a Remote Pharmacy
1391 (amendments)
- 1392 • 12 AAC 52.465 – Controlled Substance Prescription Drug Orders (new section)
- 1393 • 12 AAC 52.530 – Guidelines Relating to Sterile Pharmaceuticals
- 1394 • 12 AAC 52.920 – Disciplinary Guidelines

1395 The board discussed these outstanding regulations at length and ultimately determined to do
1396 the following:

- 1397 • Rework 12 AAC 52.150 (federal pharmacists)
- 1398 • Rework 12 AAC 52.240 (collaborative practice agreements to include renewal language
1399 as well as prohibition on dispensing of controlled substance and compensation)
- 1400 • No board changes to 12 AAC 12 52.423(c); accept comments from LAW
- 1401 • No board changes to AAC 52.425(a)(b)(e)(f)((g)((h); accept comments from LAW
- 1402 • No board changes to AAC 52.530(a); accept comments from LAW
- 1403 • Board recommends change to AAC 52.530; (A)(1)(2) and(B)[3] to separate out
1404 conditions
- 1405 • Board proposes change to: 12 AAC 52.920 (22) to be (e):”failing to meet continuing
1406 education requirements will (1) for a pharmacist, result in a \$100 civil fine per missing
1407 continuing education credit hour; or (2) for a pharmacy technician, result in a \$25 civil
1408 fine per missing continuing education credit hour”.

1409 Outstanding Regulations

1410 The board then reviewed AAG, Megyn Weigand’s comments to the board’s SB 32 regulations,
1411 which they drafted during the May 10 – 11, 2018 meeting. The following are noted:

1412

- 1413 • 12 AAC 52.020. Facility license; board agreed with comment 1 and deletion of (f): In
1414 accordance with AS 08.80.330, a pharmacy cannot be open for business without a
1415 pharmacist-in-charge on the license.

- 1416 • 12 AAC 52.050 – closed pharmacy - (a)(1) board is in agreement with Megyn’s re-
1417 wording
- 1418 • 12 AAC 52.200; pharmacist in charge; board does not agree with deletion of “An out-
1419 going pharmacist-in-charge shall notify the board within 10 days when they are no
1420 longer the current pharmacist-in-charge of the licensed facility on a form provided by
1421 the department.” This is the crux of the problem; need to clarify difference between
1422 incoming and outgoing.

1423 **TASK 37**

1424 Laura Carrillo will respond to Megyn’s comment about the need to delineate between incoming
1425 and outgoing PIC.
1426 (*Completed 09/10/18*).
1427

- 1428 • 12 AAC 52.340 board is in agreement with Megyn’s changes.
- 1429 • 12 AAC 52.510; SB 32 redefines substitute, which is reason for change

1430 **TASK 38**

1431 Laura will respond to Megyn’s comments on 12 AAC 52.510 clarifying rationale for board’s
1432 change to “a substitute drug” because of SB 32 and biosimilars.
1433 (*Completed 09/10/18*).
1434

- 1435 • 12 AAC 52.925; board is in agreement with insertion of “may affect the applicant” per
1436 Phil Sander’s suggestion; deleted gross immorality definition and created brand new
1437 section – grounds for denial; board is in agreement.
- 1438 • 12 AAC 52.995 – board is in agreement;

1439 *Leif Holm left the room at 11:52 a.m.*

1440 *Leif Holm returned at 11:55 a.m.*

1441

1442 Off record for lunch at 12:05 p.m.

1443 Back on record at 1:00 p.m.

1444

1445 **Agenda Item 19 Board Business**

Time: 1:00 a.m.

1446

1447 Collaborative Practice Agreements

1448 Upon return from lunch, the board returned to board business, beginning with reviewing and
1449 approving outstanding collaborative practice agreements.

1450

1451 **On a motion duly made by Rich Holt, seconded by Tammy Lindemuth to accept the**
1452 **consent agreement for Walgreens Pharmacy #16059, license #PHAR507, between**
1453 **pharmacist Kelly Cutrer, license # PHAP2244, and practitioner Laura Dooley, license**
1454 **#MEDS5574 for the purpose of vaccinations, and approved unanimously, it was:**

1455 **RESOLVED** to accept the collaborative practice agreement for Walgreens
1456 **Pharmacy #12679 (PHAR507).**

1457
1458

	APPROVE	DENY	ABSTAIN	ABSENT
1459				
1460	Leif Holm	x		
1461	Richard Holt	x		
1462	Phil Sanders	x		
1463	James Henderson	x		
1464	Tammy Lindemuth	x		
1465	Lana Bell	x		
1466	Sharon Long			x

1467

1468 The motion passed with no further discussion.

1469

1470 **On a motion duly made by Rich Holt, seconded by Tammy Lindemuth to accept the**
1471 **consent agreement for Walgreens Pharmacy #12681, license # PHAR459, between**
1472 **pharmacist Greg Estep, license #PHAP2259, and practitioner Laura Dooley, license**
1473 **#MEDS5574 for the purpose of vaccinations, and approved unanimously, it was:**

1474 **RESOLVED** to accept the collaborative practice agreement for Walgreens
1475 **Pharmacy #12681 (PHAR459).**

1476

	APPROVE	DENY	ABSTAIN	ABSENT
1477				
1478	Leif Holm	x		
1479	Richard Holt	x		
1480	Phil Sanders	x		
1481	James Henderson	x		
1482	Tammy Lindemuth	x		
1483	Lana Bell	x		
1484	Sharon Long			x

1485

1486 The motion passed with no further discussion.

1487

1488 **On a motion duly made by Rich Holt, seconded by Tammy Lindemuth to accept the**
1489 **consent agreement for Walgreens Pharmacy #13449, license # PHAR472, between**
1490 **pharmacist Hannah Bond, license #113669, and practitioner Laura Dooley, license**
1491 **#MEDS5574 for the purpose of vaccinations, and approved unanimously, it was:**

1492 **RESOLVED** to accept the collaborative practice agreement for Walgreens
1493 **Pharmacy #13449 (PHAR472).**

1494

	APPROVE	DENY	ABSTAIN	ABSENT
1495				
1496	Leif Holm	x		
1497	Richard Holt	x		
1498	Phil Sanders	x		
1499	James Henderson	x		
1500	Tammy Lindemuth	x		
1501	Lana Bell	x		
1502	Sharon Long			x

1503

1504 The motion passed with no further discussion.

1505

1506 **On a motion duly made by Rich Holt, seconded by Tammy Lindemuth to accept the**
 1507 **consent agreement for Walgreens Pharmacy #13656, license # PHAR477, between**
 1508 **pharmacist Royan Mangalram, license #122203, and practitioner Laura Dooley, license**
 1509 **#MEDS5574 for the purpose of vaccinations, and approved unanimously, it was:**

1510 **RESOLVED to accept the collaborative practice agreement for Walgreens**
 1511 **Pharmacy #13656 (PHAR477).**

1512

	APPROVE	DENY	ABSTAIN	ABSENT
1513				
1514	Leif Holm	x		
1515	Richard Holt	x		
1516	Phil Sanders	x		
1517	James Henderson	x		
1518	Tammy Lindemuth	x		
1519	Lana Bell	x		
1520	Sharon Long			x

1521

1522 The motion passed with no further discussion.

1523

1524 **On a motion duly made by Rich Holt, seconded by Tammy Lindemuth to accept the**
 1525 **consent agreement for Walgreens Pharmacy #15092, license # PHAR481, between**
 1526 **pharmacist Stephen Woodard, license #113752, and practitioner Laura Dooley, license**
 1527 **#MEDS5574 for the purpose of vaccinations, and approved unanimously, it was:**

1528 **RESOLVED to accept the collaborative practice agreement for Walgreens**
 1529 **Pharmacy #15092 (PHAR481).**

1530

	APPROVE	DENY	ABSTAIN	ABSENT
1531				
1532	Leif Holm	x		
1533	Richard Holt	x		

1534	Phil Sanders	x		
1535	James Henderson	x		
1536	Tammy Lindemuth	x		
1537	Lana Bell	x		
1538	Sharon Long			x

1539
1540 The motion passed with no further discussion.

1541
1542 **On a motion duly made by Rich Holt, seconded by Tammy Lindemuth to accept the**
1543 **consent agreement for Walgreens Pharmacy #15362, license # PHAR485, between**
1544 **pharmacist Sylvain Nouvain, license #PHAP2106, and practitioner Laura Dooley,**
1545 **license #MEDS5574 for the purpose of vaccinations, and approved unanimously, it was:**

1546 **RESOLVED to accept the collaborative practice agreement for Walgreens**
1547 **Pharmacy #15362 (PHAR485).**

	APPROVE	DENY	ABSTAIN	ABSENT
1549				
1550	Leif Holm	x		
1551	Richard Holt	x		
1552	Phil Sanders	x		
1553	James Henderson	x		
1554	Tammy Lindemuth	x		
1555	Lana Bell	x		
1556	Sharon Long			x

1557
1558 The motion passed with no further discussion.

1559
1560 **On a motion duly made by Rich Holt, seconded by Tammy Lindemuth to accept the**
1561 **consent agreement for Walgreens Pharmacy #15944, license # PHAR503, between**
1562 **pharmacist Lauren Wise, license #126534, and practitioner Laura Dooley, license**
1563 **#MEDS5574 for the purpose of vaccinations, and approved unanimously, it was:**

1564 **RESOLVED to accept the collaborative practice agreement for Walgreens**
1565 **Pharmacy #15944 (PHAR503).**

	APPROVE	DENY	ABSTAIN	ABSENT
1567				
1568	Leif Holm	x		
1569	Richard Holt	x		
1570	Phil Sanders	x		
1571	James Henderson	x		
1572	Tammy Lindemuth	x		

1573	Lana Bell	x		
1574	Sharon Long			x

1575

1576 The motion passed with no further discussion.

1577

1578 **On a motion duly made by Rich Holt, seconded by Tammy Lindemuth to accept the**
 1579 **consent agreement for Walgreens Pharmacy #15653, license # PHAR499, between**
 1580 **pharmacist Trevor Embry, license #100321, and practitioner Laura Dooley, license**
 1581 **#MEDS5574 for the purpose of vaccinations, and approved unanimously, it was:**

1582 **RESOLVED to accept the collaborative practice agreement for Walgreens**
 1583 **Pharmacy #15653 (PHAR499).**

1584

	APPROVE	DENY	ABSTAIN	ABSENT
1586	Leif Holm	x		
1587	Richard Holt	x		
1588	Phil Sanders	x		
1589	James Henderson	x		
1590	Tammy Lindemuth	x		
1591	Lana Bell	x		
1592	Sharon Long			x

1593

1594 The motion passed with no further discussion.

1595

1596 **On a motion duly made by Rich Holt, seconded by Tammy Lindemuth to accept the**
 1597 **consent agreement for Walgreens Pharmacy #16024, license # PHAR500, between**
 1598 **pharmacist Kenneth Boire, license #120079 and practitioner Laura Dooley, license**
 1599 **#MEDS5574 for the purpose of vaccinations, and approved unanimously, it was:**

1600 **RESOLVED to accept the collaborative practice agreement for Walgreens**
 1601 **Pharmacy #16024 (PHAR500).**

1602

	APPROVE	DENY	ABSTAIN	ABSENT
1604	Leif Holm	x		
1605	Richard Holt	x		
1606	Phil Sanders	x		
1607	James Henderson	x		
1608	Tammy Lindemuth	x		
1609	Lana Bell	x		
1610	Sharon Long			x

1611

1612 The motion passed with no further discussion.

1613

1614 **On a motion duly made by Rich Holt, seconded by Tammy Lindemuth to accept the**
1615 **consent agreement for Walgreens Pharmacy #15654, license # PHAR494, between**
1616 **pharmacist Jennifer Marceaux, license #115308 and practitioner Laura Dooley, license**
1617 **#MEDS5574 for the purpose of vaccinations, and approved unanimously, it was:**

1618 **RESOLVED to accept the collaborative practice agreement for Walgreens**
1619 **Pharmacy #15654 (PHAR494).**

1620

	APPROVE	DENY	ABSTAIN	ABSENT
1621				
1622	Leif Holm	x		
1623	Richard Holt	x		
1624	Phil Sanders	x		
1625	James Henderson	x		
1626	Tammy Lindemuth	x		
1627	Lana Bell	x		
1628	Sharon Long			x

1629

1630 The motion passed with no further discussion.

1631

1632 **TASK 39**

1633 Laura Carrillo will issue collaborative practice agreements and send hardcopies out via mail.
1634 *(Completed 09/07/18 through Andy Khmelev).*

1635

1636 New Regulations for SB 37

1637 Ms. Carrillo pointed to the suggested timeline for drafting regulations to implement SB 37,
1638 which will authorize the board to license out-of-state wholesale drug distributors, third-party
1639 logistics providers, and outsourcing facilities. The suggested timeline as indicated in the board
1640 packet, with the exemption of the new October recommendation to accommodate an
1641 additional drafting opportunity, is as follows:

- 1642 • August 30 – 31, 2018: draft regulations initiated
- 1643 • (RECOMMENDED): draft completed for cursory LAW review in October
- 1644 • November 29 – 30, 2018: draft regulations finalized with edits by LAW addressed
- 1645 • February 1, 2019: latest date to public comment
- 1646 • May 15, 2019: latest date to Lt. Governor
- 1647 • July 1, 2019: effective date

1648 The board addressed delegation of authority to the new executive administrator (EA), which in
1649 other programs, such as with the State Medical Board, specifically outlines what types of

1650 applications an EA can approve without having to present to the board for review and
1651 approval.

1652
1653 Chair Holt turned the board’s attention to NABP’s model rules for licensure of manufacturers,
1654 re-packagers, third-party logistic s providers, and wholesale distributors, which provided
1655 guidance into the board’s discussion. The board considered accepting the NABP’s Verified-
1656 Accredited Wholesale Distributors (VAWD) report as Ms. Carrillo inquired whether the board
1657 would be leaning towards requiring it. Currently, only three states (Indiana, North Dakota, and
1658 Wyoming) require this report, but 21 other states recognize it. Mr. Holm stated that it would be
1659 more reasonable to recognize or accept it in lieu of a self-inspection report rather than to
1660 require it through regulation. The board continued to discuss these regulations, and Chair Holt
1661 indicated to the board that he had started an initial draft several months earlier.

1662
1663 The board addressed the United States Pharmacopoeia (USP) standards and it was noted that
1664 regulations addressing this needs to be updated as their revised versions of the standards and
1665 USP address has since changed.

1666
1667 **TASK 40**

1668 The board will amend 12 AAC 52.630(a) to read: “...or **most updated revision of the** official
1669 United States Pharmacopoeia (USP)” and will update editor’s note with current address:
1670 Rockville, 12601 Twinbrook Parkway, Rockville, MD 20852-1790, USA Phone: +1-301-881-
1671 0666.
1672 (*Ongoing*).

1673
1674 Leif Holm called for break at 2:58 p.m.

1675
1676 *Off record at 2:58 p.m.*
1677 *Back on record at 3:13 p.m.*

1678
1679 The board returned to discussion on SB 37 and noted that an interim teleconference before the
1680 November 29 – 20, 2018 meeting would likely be needed to further advance the discussion on
1681 proposed regulations. The board discussed a teleconference date and ultimately determined to
1682 set a meeting for October 12th, 2018 from 1:00 p.m. to 4:00 p.m.

1683
1684 **TASK 41**

1685 Laura Carrillo will arrange for a teleconference meeting for the purpose of drafting regulations
1686 for SB 37.
1687 (*Completed 09/04/18*).

1688
1689 **TASK 42**

1690 Laura Carrillo will create the board packet for the October 12, 2018 teleconference and upload
1691 the materials to OnBoard.
1692 (*Completed 09/04/18*).

1693

