

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 DRAFT MINUTES OF THE EMERGENCY MEETING

8
9 May 7 – 8, 2020 Videoconference

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11 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
12 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on
13 May 7 – 8, 2020. Due to the COVID-19 pandemic, in-person attendance was not
14 available.

15
16 Agenda Item 1 Call to Order/Roll Call Time: 9:07 a.m.

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18 The May 7, 2020 videoconference was called to order by Chair, Rich Holt at 9:07 a.m.

19
20 Board members present, constituting a quorum:

21
22 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
23 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
24 James Henderson, RPh #PHAP1683
25 Lana Bell, RPh #PHAP893
26 Tammy Lindemuth, Public Member
27 Sharon Long, Public Member (Absent)
28 Justin Ruffridge, #PHAP1787

29
30 Division staff present:

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32 Laura Carrillo, Executive Administrator
33 Lisa Sherrell, PDMP Manager
34 Heather Noe, Occupational Licensing Examiner
35 Carl Jacobs, Investigator
36 Marilyn Zimmerman, Paralegal
37 Sharon Walsh, Deputy Director

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39 Members from the public present (name spelling may not be accurate):

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41 Molly Gray, AKPhA
42 Ashley Schaber, AKPhA

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TASK 1

Ms. Carrillo will correct the February 6 – 7 meeting minutes to reflect the time Ms. Lindemuth joined the meeting on day 1.

(Completed, the time was reflected in the roll call section, so no changes were made to these minutes.)

	APPROVE	DENY	ABSTAIN	ABSENT
Leif Holm	x			
Richard Holt	x			
Justin Ruffridge	x			
Lana Bell	x			
Tammy Lindemuth	x			
James Henderson	x			
Sharon Long				x

The motion passed with no further discussion.

Agenda Item 4 PDMP Update

Time: 9:24 a.m.

Carl Jacobs joined the room telephonically at 10:00 a.m.

Registration and Use Summary

Lisa Sherrell joined the room to provide a PDMP update to the board. Ms. Sherrell indicated that among all licensees required to register, pharmacists have the highest rate of registration (84%) and reviewing of patient prescription information. When accounting for pharmacists registered under a federal user role, the registration compliance rate increases to 98%. Ms. Sherrell also informed the board that an enhancement feature, Clinical Alerts, launched on April 30th, but that some prescribers have provided feedback that some patients were being flagged when they may not have actually reached a threshold, such as the 5-5-3 doctor shopper threshold (5 prescriptions from 5 prescribers and 5 pharmacies over a 3-month period). The board was also informed that federal investigations are picking up; there were 137 subpoenas received in all of 2019 and 243 already received so far in 2020.

On non-compliance data, Ms. Sherrell shared there were 263 delinquent reporters with at least 65 days in which no report was made to the PDMP. Trends in dangerous combination therapies of concurrent opioid and benzodiazepine prescriptions appeared concerning, for example, 211 dentists are prescribing dangerous combinations, but only 19% of these licensees are reviewing.

Mr. Ruffridge commented that his pharmacy received a number of complaints from prescribers that noticed duplication of data submitted; that prescriptions for controlled substances filled and ready on the shelf, but not ever picked up that day, were being reported for the initial pick-up in

127 addition to the date the actual prescription was picked up where it is appearing as a second fill. Mr.
128 Holm inquired whether it was occurring in a particular situation as it should only upload as a
129 report initially such that there isn't a rebill, suggesting it could be a system issue. Chair Holt stated
130 his opinion that it is the pharmacy/licensee's responsibility to report and to make sure the upload
131 is accurate, that it isn't the vendor's responsibility. Mr. Holm suggested issuing a statement from
132 the board stating that reporters should make sure their reporting is accurate, to which Chair Holt
133 agreed, adding that it could be sent out through the PDMP Announcements feature. Mr.
134 Henderson and Ms. Lindemuth agreed. The board also discussed sending a delinquent reporting
135 letter out to all pharmacies. Ms. Carrillo indicated she could send a copy of a notice sent out in
136 2018 for this same purpose for Mr. Holm's review.

137

138 **TASK 2**

139 Ms. Carrillo will send out a draft notice to the board regarding accuracy of reporting data, and will
140 send this out through PMP Announcements.

141 *(Pending, Ms. Carrillo emailed Appriss Health on 05/11/2020 and 05/18/2020 to request clarification on*
142 *accuracy of instructions relating to data error corrections and whether reporters have the ability to view days in which*
143 *they are delinquent with reporting.)*

144

145 **TASK 3**

146 Ms. Carrillo will send Mr. Holm a copy of the notice sent out to all pharmacies in 2018 regarding
147 delinquent reporting for his review as a template before sending out to licensees.

148 *(Completed on 05/15/2020.)*

149

150 New BJA Grant

151 Ms. Carrillo provided an update on the new Bureau of Justice Assistance (BJA) grant, which was
152 submitted on May 5th and may provide federal funds of up to \$2,000,000, if awarded. Ms. Carrillo
153 informed the board they received letters of support from prescribing boards, state departments,
154 local organizations, and professional associations, which is great for the board and its competitive
155 application. Some prescribers have expressed concerns about what is perceived to be a degree of
156 policing by the Board of Pharmacy, which Ms. Carrillo stated is unfortunately the position the
157 board has been placed in with the PDMP being statutorily housed under their board, AS 08.80,
158 but that we have the opportunity to thoughtfully and address these concerns.

159

160 Chair Holt commented that the compliance rates of other boards are relatively low, and that the
161 Board of Pharmacy will get dinged if other boards don't take ownership, which will impact the
162 board's audit outcome. To the policing concern, Chair Holt stated that between patient, dispenser,
163 and prescriber subpoenas, these lawful requests are coming from the DEA for prescriber and
164 patient data, meaning law enforcement are far and above looking more at prescribers rather than
165 dispensers. To Ms. Carrillo's suggestion that a PDMP subcommittee be formed with
166 representatives from the Board of Pharmacy and the prescribing boards, Chair Holt volunteered
167 to participate, adding that the Monday board chairs' COVID-19 meeting could be a good
168 opportunity for an after meeting dedicated to PDMP. Ms. Lindemuth agreed, stating it is an
169 efficient use of time as these members are already in the room together.

170
171 PDMP Disciplinary Matrix
172 Chair Holt inquired to the board whether they would like to discuss other potential non-
173 compliance issues other than delayed initial registration, failure to renew, delayed reporting, and no
174 reporting or registration. Chair Holt also inquired whether the board would be interested in
175 pursuing a change to require all pharmacists to register regardless of dispensation status, as it is
176 costing money to find out which pharmacists are dispensing in Alaska and therefore required to
177 register. Ms. Carrillo reiterated the time and resource allocation spent in following up with
178 licensees to receive outstanding items for incomplete registrations and finding out dispensation
179 status.

180
181 Chair Holt then inquired about whether the additional clarification on zero reporting was given, to
182 which Ms. Carrillo indicated she has not heard further details but will follow up.

183
184 **TASK 4**

185 Ms. Carrillo will follow-up with DOL on whether the board has the authority to require zero
186 reporting.

187 *(Complete; Ms. Carrillo followed up with on email from 01/31/2020 to DOL on the inquiry relating to whether*
188 *the board can adopt regulations to require zero reporting; response provided 05/20/2020.)*

189
190 **Agenda Item 4 Review/Approve Meeting Minutes Time: 10:09 a.m.**

191
192 Returning to meeting minutes, Ms. Lindemuth commented that in the minutes, Chair Holt is
193 incorrectly referred to as Chair Holm.

194
195 **TASK 5**

196 Ms. Carrillo will fix the typo in the February minutes to correctly reflect board chair as Chair Holt.
197 *(Completed on 05/18/2020.)*

198
199 **Agenda Item 6 Investigative Update Time: 10:18 a.m.**

200
201 Investigator, Carl Jacobs, provided the board with their investigative report, which included
202 information from January 24, 2020 to April 17, 2020. During this time, 31 cases were opened and
203 14 were closed. For this meeting, investigator Jacobs indicated there was one matter to present for
204 the board related to an imposition of civil fine.

205
206 To follow-up with the board's comments and concerns expressed at their February 2020 meeting
207 relating to adequate training for pharmacy-related matters, Investigator Jacobs provided the board
208 with an update. Investigator Jacobs expressed that he is continuously appreciative of the board in
209 helping him to explore training opportunities, but that due to the pandemic and budget issues,
210 there has been significant difficulty finding online
211

212 On a motion duly made by Rich Holt to accept the imposition of civil fine for Geneva
 213 Woods Infusion Pharmacy, registration #142465, case #2019-000535, and seconded by
 214 Lana Bell, it was:

215
 216 **RESOLVED** to accept the imposition of civil fine for Geneva Woods Infusion
 217 Pharmacy.

	APPROVE	DENY	ABSTAIN	ABSENT
219				
220	Leif Holm	x		
221	Richard Holt	x		
222	Justin Ruffridge	x		
223	Lana Bell	x		
224	Tammy Lindemuth	x		
225	James Henderson	x		
226	Sharon Long			x

227
 228 The motion passed with no further discussion.

229
 230 On a motion duly made by Rich Holt in accordance with AS 44.62.310(c)(2), and seconded
 231 by Tammy Lindemuth, the board unanimously moved to enter executive session for the
 232 purpose of discussing subjects that tend to prejudice the reputation and character of any
 233 person, provided the person may request a public discussion.

234
 235 **RESOLVED** to enter into executive session in accordance with AS 44.62.310(c)(2).

236
 237 Staff members, Laura Carrillo and Marilyn Zimmerman were authorized to remain in the room.

238
 239 *Off record at 10:32 a.m.*

240 *On record at 10:43 a.m.*

241
 242 **Agenda Item 7 Consent Agreements Time: 10:43 a.m.**

243
 244 Chair Holt clarified for the record that no motions were made under executive session.

245
 246 On a motion duly made by Lana Bell to accept the consent agreement for pharmacy
 247 technician, Dorothy Luchansky, license #PHAC1118, case #2019-000306, and seconded by
 248 Justin Ruffridge, it was:

249
 250 **RESOLVED** to accept the consent agreement for Dorothy Luchansky.

	APPROVE	DENY	ABSTAIN	ABSENT
251				
252	Leif Holm	x		
253				

254	Richard Holt	x		
255	Justin Ruffridge	x		
256	Lana Bell	x		
257	Tammy Lindemuth	x		
258	James Henderson	x		
259	Sharon Long			x

260
261 The motion passed with no further discussion.

262
263 **TASK 6**

264 Chair Holt will sign the imposition of civil fine and consent agreement for case #2019-000306 and
265 will forward to the division.
266 *(Completed by week of May 11, 2020).*

267
268 Ms. Carrillo inquired to the board whether they would be willing to delegate review and approval
269 of continuing education audit issues to her as the executive administrator. The board did not
270 express opposition to this and indicated it would be efficient.

271
272 **On a motion duly made by Rich Holt to delegate review and approval of outstanding**
273 **continuing education audits to the executive administrator, and seconded by Justin**
274 **Ruffridge, it was:**

275
276 **RESOLVED to delegate review and approval of CE audit to the executive**
277 **administrator.**

	APPROVE	DENY	ABSTAIN	ABSENT
279				
280	Leif Holm	x		
281	Richard Holt	x		
282	Justin Ruffridge	x		
283	Lana Bell	x		
284	Tammy Lindemuth	x		
285	James Henderson	x		
286	Sharon Long			x

287
288 The motion passed with no further discussion.

289
290 **Agenda Item 8 Industry Updates Time: 10:45 a.m.**

291
292 Alaska Pharmacists Association (AKPhA)
293 Ms. Gray provided the following updates to the board:

294

- UAA/ISUU doctor of pharmacy program is graduating their first class; 6 pharmacy students that are in the 2020 class, was supposed to be May 2nd.
- Facilitate communication between technician and pharmacists: created a forum on the AKPhA to post whatever they'd like to; two threads open right now, including one on COVID-19 and the other on the advanced practice initiative.
- Alaska Pharmacy Residency Grand Round; typically in person but are hosting this now on Zoom; will be presenting their information on Wednesday, May 20 from 6:00 – 8:00 PM; will be accredited for continuing education; will be facilitated with USAA/ISU.
- Asking for presentations for our AKPhA academy of health systems pharmacy Fall CE Conference; cautiously optimistic on September 26 in Alyeska.
- Arizona learning objective for covid-19: understand current state and federal laws for ordering and administering covid-19, point of care for CLIA waived testing, collection methods and referral based on test results; hoping to have accredited and up on website soon
- Working with Senator Giessel on a letter that was sent out yesterday to Governor Dunleavy, Dr. Zink, and Commissioner Crum, and to Pharmacy Chair, Rich Holt, and also Alaska Medicaid; set the stage for regulations for pharmacists to order and administer tests and also for pharmacists to provide immunizations. Working with Senator Giessel on billing and reimbursement of both testing portion and vaccines hopefully in the fall.

Chair Holt and Mr. Holm thanked Ms. Gray for her updated and the AKPhA for their support as they are an asset to the pharmacy community.

Agenda Item 9 Correspondence Time: 10:55 a.m.

AKPhA and Senator Giessel's Office Reimbursement Letters to Governor Dunleavy
 The board reviewed the association's letter sent to Governor Dunleavy requesting, through an emergency mandate or revision to DHSS' health plan, to authorize reimbursement to pharmacists for testing and administration of COVID-19 tests. Senator Giessel's office also sent a similar letter.

On a motion duly made by Rich Holt to write a board letter of support to similarly request Governor Dunleavy to allow pharmacists to be reimbursed for delivery of services related to COVID-19, and seconded by James Henderson, it was:

RESOLVED to write a letter of support addressed to Governor Dunleavy requesting pharmacists be reimbursed for COVID-19 testing services.

	APPROVE	DENY	ABSTAIN	ABSENT
Leif Holm	x			
Richard Holt	x			
Justin Ruffridge	x			

337	Lana Bell	x	
338	Tammy Lindemuth	x	
339	James Henderson	x	
340	Sharon Long		x

341
342 The motion passed with additional discussion:

343
344 Mr. Ruffridge commented that these letters mention an ask to Governor Dunleavy, but it is not
345 very clear as far as the ability to administer a test and then get reimbursed for it. Mr. Ruffridge
346 inquired whether the board should be clearer on a recommendation as to how it can be
347 accomplished, e.g.: would it be a statewide collaborative practice agreement issued by Dr. Zink?
348 Chair Holt stated that in in Senator Giessel’s letter, the request is to find a way via emergency
349 mandate or DHSS’ state plan amendment, adding that Governor Dunleavy can issue an
350 emergency mandate. Mr. Ruffridge commented that the letter should expand upon the vast
351 opportunities as pharmacists that we have in that we can and are able to provide, but lack the
352 proper method to be able to be reimbursed for those services, to which Chair Holt agreed, stating
353 the letter would encompass that pharmacists have great opportunity to be able to have a positive
354 impact to communities. Ms. Robinson, lobbyist for the AKPhA commented that in Senate Bill
355 241, one of the second temporary phases is the Chief Medical Officer the authority to issue
356 standing orders for health care providers related to COVID-19, so this is where the association is
357 hoping Dr. Zink can use their authority for the emergency mandate.

358
359 **TASK 7**

360 Chair Holt will draft a letter of support and will send the letter to Ms. Carrillo to be transmitted to
361 the Office of the Governor.
362 *(Completed on May 11, 2020; the letter was sent to Angela Hull in the Governor’s Office, with a CC to John*
363 *Espindola, Special Assistant to the Governor.)*

364
365 At 11:07 a.m., Ms. Carrillo requested a roll-call prior to the public comment period for anyone on
366 the line to state their name for the record. The following individuals were present:

- 367
368 Lauren Paul, CVS
369 Jessica Adams (TelePharm)
370 Lis Houchen
371 Jane Conway with Senator Giessel’s Office
372 Ashley Schaber, AKPhA
373 Michelle Watts
374 Daniel Nelson Chief Andrew Isaac Pharmacy in Fairbanks
375 Dale Matheson (TelePharm)

376
377 Outsourcing license issued prior to inspection

378 The board reviewed correspondence inquiring to the board whether it would be possible for
379 outsourcing facilities to submit their inspection report until after the license or registration is

380 issued, as there may be delays in having these inspections completed by the FDA. Chair Holt
 381 reiterated that the board’s current regulations require outsourcing to have both a self-inspection
 382 report and FDA inspection report submitted prior to being issued a license. Ms. Bell and Mr.
 383 Holm reiterated what the current regulations require, and Mr. Holm further commented that the
 384 board cannot be in a rush to issue licenses without a complete application.

385

TASK 8

387 Ms. Carrillo will follow-up with the licensee regarding the current regulations requiring both a self-
 388 inspection and FDA inspection completed prior to receiving a license per 12 AAC 52.696(b)(5)
 389 and (7).

390 *(Completed on 05/21/2020).*

391

Veterinary drug reference

393 The board then reviewed correspondence from Animal Policy Group LLC on Plumb’s Veterinary
 394 Drug Reference, which included a suggested amended to the board’s reference library to require
 395 consultation of a veterinary drug reference if dispensing veterinary prescriptions. Mr. Holm
 396 commented that he has found these useful and has referred to them for a number of years. Mr.
 397 Ruffridge stated he would be against mandating this reference, to which Chair Holt agreed, stating
 398 his opinion that the board should avoid creating library lists for licensees to have to comply with.

399

400 **On a motion duly made by Rich Holt to not mandate the use of any veterinary guidelines**
 401 **for pharmacies, and to revisit the board’s current reference library, and seconded by Leif**
 402 **Holm, it was:**

403

404 **RESOLVED to not mandate veterinary guidelines and to update the board’s**
 405 **current library.**

406

	APPROVE	DENY	ABSTAIN	ABSENT
407 Leif Holm	x			
408 Richard Holt	x			
409 Justin Ruffridge	x			
410 Lana Bell	x			
411 Tammy Lindemuth	x			
412 James Henderson	x			
413 Sharon Long				x

414

415 The motion passed with no further discussion.

416

TASK 9

417 Ms. Carrillo will follow-up with Animal Policy Group LLC regarding the board’s decision on
 418 requiring a veterinary drug reference.

419 *(Completed on 05/21/2020).*

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Agenda Item 10 Public Comment

Time: 11:30 a.m.

Moving to public comment, Chair Holt for the board and the public that as a reminder, the current regulations that are out for public comment cannot be discussed during this meeting as the comment period doesn't end until May 15 at 4:30 p.m. Chair Holt indicated that the board will review these comments at a later board meeting.

Jessica Adams, TelePharm

Ms. Adams commented on the 10-mile restriction the board discussed in February, referring to 12 AAC 52.423, which she stated places a significant barrier to practice; even less than within a mile, patients may experience challenges to access, such as multiple methods of transportation. When a patient has a disability, this mileage restriction exacerbates the access challenge. By removing this restriction, access to remote pharmacies on site can help reduce barriers. Ms. Adams commented that 500 people live in rural areas and less than 10-mile access to remote pharmacies. Medication adherence makes it difficult with the restriction.

Dale Matheson, Genoa Healthcare

Mr. Matheson reiterated Ms. Adam's concerns in that the mileage restriction creates barriers to access. Genoa places pharmacies in community mental health centers, but because of the mileage restriction prohibiting the ability to provide telehealth services, they have not operated much in Alaska. With regards to medication adherence, with being put at an inconvenience, most of our patients are Medicaid and Medicare patients, so are already struggling to have access. Genoa's adherence rate is above 90% and so would like to expand services in Alaska, but can't be cause of the mileage restriction.

Daniel Nelson, Chief Andrew Isaac Pharmacy in Fairbanks

Mr. Nelson expressed his appreciation to the board for their timely action in adopting emergency regulations, but requested clarification on the process and protocol for how the emergency regulations approval process works. Mr. Nelson also commented that we are at a point in the state of Alaska with new regulations with expanded scope with techs and interns; we need to step back and look more broadly at mass revision of regulations. Mr. Nelson acknowledged that it would require quite a bit of work and time, but that we need to make sure everything in regulation matches up with what we're allowed to do with the public. Would the board take this into consideration?

Responding to the clarifying questions on the emergency regulations process, Chair Holt commented that emergency regulations have to go to the regulations specialists, who collates and collects them all for review at the board's next scheduled meeting. Chair Holt added that regulations essentially bypass the public comment period because it is an emergency, and that they will be in effect for 120 days. If the board doesn't take action to make them permanent, the regulations are reverted back. Chair Holt also stated that the board had been working on their emergency preparedness regulations before COVID-19, so were at an advantage in developing

549 posted roster is up to date, and that the state crime lab was interested on attending their next
550 meeting. The date will be determined soon.

551
552 **Agenda Item 12 Board Business Time: 1:25 p.m.**

553
554 Subcommittee Updates

555 Right-touch regulations - Chair Holt stated that this committee, which consists of himself and
556 Tammy Lindemuth, is still an active committee but had had to cancel their last meeting. The
557 committee is looking at the board's regulations more holistically, and so the board will have to go
558 back to assess what other changes may need to be made considering the board's intent to make
559 emergency regulations permanent. Chair Holt also stated that there has been insight from
560 Department of Law on what the board can and cannot do, e.g.: what does dispensing actually
561 mean and who can perform this task? Chair Holt stated that other questions to consider when
562 assessing their regulation project clean-up are: Does it add value to health and safety of public, is it
563 being asked for because it was a historical need and is no longer relevant, are there other states
564 that have model regulations? Do the regulations reflect what is currently done in practice, and are
565 they still in place to protect the public?

566
567 **TASK 11**

568 Rich will re-write the 2020 regulation simplification document in light of the emergency
569 regulations, which took effect on 04/03 and now reflects further updates needing to be made.
570 *(Ongoing.)*

571
572 Compounding subcommittee – Mr. Holm indicated the compounding subcommittee has not yet
573 met, but that he has been assessing the DSCAC and DQSA to make sure what the board is
574 working towards will align with practice. Mr. Holm questions why we have the DSCAC when the
575 DQSA is the standard that references compounding. Mr. Holm further added that their meeting is
576 scheduled on Wednesday, May 27th from 12:00 p.m. to 1:00 p.n. via Google Hangouts.

577
578 **TASK 12**

579 Ms. Carrillo will submit a public notice request for the compounding subcommittee meeting and
580 will provide a call-in number to Mr. Holm and Mr. Ruffridge.
581 *(Completed public notice request on 05/08/2020; provided call number on 05/21/2020).*

582
583 Renewal Extension dates passed September 30

584 In the director's order regarding renewal extension, it indicates the renewal date may be extended
585 to a later date as decided upon by the board. The board determined that it would not be necessary
586 to extend renewal a second time passed September 30. Mr. Henderson inquired whether the
587 renewal extension means that the new renewal, including for next year's renewal, would be in
588 September. Ms. Carrillo clarified that the renewal extension only gives licensees more time to
589 renew for an expiration date of June 30, 2022 once renewed. Mr. Ruffridge inquired whether
590 licensees can renew early, to which Ms. Carrillo stated that renewals will be available by the end of

591 May, and that licensees will have the option of renewing on a PDF paper form or online, with
592 PDMP renewal being included in the pharmacist license renewal this year.

593

594 Annual Report

595 Ms. Carrillo included a draft of the annual report, and inquired to the board what budget
596 placeholders should be included for board meeting, conference, and training travel. Conferences
597 of interested include the National Rx Abuse and Heroin Summit, NABP workshops and
598 conferences, and the National Association of Controlled Substances Authorities (NASCA)
599 conference. Ms. Lindemuth commented whether she would still be able to attend the Rx Summit
600 if her term ends in 2021, and inquired about reappointment. Chair Holt stated that Boards and
601 Commissions typically reach out to appointees a few months in advance to gauge level of interest
602 in continuing to serve as a volunteer board member, and depending on the outcome, the
603 Governor can extend or reappoint members to serve an additional term. Ms. Lindemuth was also
604 interested in attending the Spring MPJE Review Committee hosted by the NABP. Ms. Carrillo
605 then inquired to Mr. Holm whether he would be interested in attending compounding conference
606 to assist the subcommittee so that the board could budget for this.

607

608 **TASK 13**

609 Ms. Carrillo will work with Mr. Holm to identify potential conferences related to compounding so
610 it can be included in the board's budget section of the annual report.

611 *(Ongoing as of 05/15/2020; the 3rd Annual Compounding Pharmacy Compliance conference will be held*
612 *November 16 – 17, 2020 in Arlington, VA; Mr. Holm and Mr. Ruffridge availability pending confirmation).*

613

614 **TASK 14**

615 Ms. Carrillo will forward the board member traveler form to Mr. Henderson.

616 *(Completed on 05/21/2020.)*

617

618 **Agenda Item 14 Division Update**

Time: 2:03 p.m.

619

620 Deputy director, Sharon Walsh, joined the board to present their division update for quarter 1
621 ending October 31st. The following information was provided: revenue = \$475,230; non-
622 investigative expenditures = \$124,158; indirect expenditures: \$197,679 (statewide costs,
623 department administrative costs, internal administrative costs); total expenditures, cumulative
624 surplus = \$269,136.

625

626 Mr. Ruffridge inquired whether the three new licenses types (non-resident wholesale drug
627 distributors, outsourcing facilities, and third-party logistics providers) were going to renew in June
628 30 as well. Ms. Carrillo Laura in indicated that as the board was drafting their emergency
629 regulations, it was discussed that this would be the intent since June 30 of even years is the only
630 renewal date currently established in regulation. Chair Holt clarified that the board tried to address
631 this in our emergency regulations to be more comprehensive, but renewal dates aren't related to
632 emergencies, so it had to be taken out. Deputy director Walsh inquired when the board would be
633 receiving another fee analysis, to which Ms. Carrillo stated there was a fee analysis relatively

634 recently prior to the new licenses going into effect on October 31, 2019. Chair Holt added that the
635 board wasn't able to anticipate the revenue with the new license types, so weren't sure whether the
636 increase or decrease fees. Ms. Carrillo stated that we didn't factor fingerprint fees with the new
637 license types, but that the plan is to conduct another fee analysis next year, and so may need to
638 assess fingerprint processing fees; other programs requiring fingerprints have their own fees in
639 regulations ranging from \$59 to \$70.

640
641 The board discussed spreading out fees, staggering license renewals, and CE broker. Deputy
642 director Walsh indicated that the division is looking into CE broker to streamline monitoring of
643 continuing education activity. Chair Holt explained his positive experience with using CE broker
644 for his Florida license, which tells providers how many CEs they've completed and whether they
645 are delinquent on CE hours for a specific topic. Mr. Henderson inquired whether the NABP has
646 this service, to which Ms. Carrillo indicated they do not.

647

648 **Agenda Item 15 Recess**

Time: 2:38 p.m.

649

650 Ms. Lindemuth called for recess until 9:00 a.m. on May 8, seconded by Ms. Bell.

651

652 *Off record at 2:38 p.m.*

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

677
678 **Alaska Board of Pharmacy**

679 **DRAFT MINUTES OF THE EMERGENCY MEETING**

680 **May 7 – 8, 2020 Videoconference**
681
682

683
684 **By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,**
685 **Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on**
686 **May 7 – 8, 2020. Due to the COVID-19 pandemic, in-person attendance was not**
687 **available.**

688
689 **Agenda Item 1 Call to Order/Roll Call Time: 9:04 a.m.**

690
691 The **May 8, 2020** videoconference was called to order by Chair, Rich Holt at 9:04 a.m.

692
693 Board members present, constituting a quorum:

694
695 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
696 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
697 James Henderson, RPh #PHAP1683
698 Lana Bell, RPh #PHAP893 (Absent)
699 Tammy Lindemuth, Public Member
700 Sharon Long, Public Member (Absent)
701 Justin Ruffridge, #PHAP1787

702
703 Division staff present:

704
705 Laura Carrillo, Executive Administrator
706 Heather Noe, Occupational Licensing Examiner

707
708 Members from the public present (name spelling may not be accurate):

709
710 Molly Gray, AKPhA
711 Ashley Schaber, AKPhA
712 Lauren Paul, CVS
713 Lorri Walmsley, Walgreens
714 Daniel Nelson Chief Andrew Isaac Pharmacy in Fairbanks

715
716 **Agenda Item 2 Review/Approve Agenda Time: 9:08 a.m.**

717
718 The board reviewed the agenda. Chair Holt again reminded the board that they would not be

761 Mr. Ruffridge stated that CPAs haven't reached pinnacle of its capabilities; that the board reduced
762 some of the waiting time but that they still have to be approved. Chair Holt commented that the
763 Department of Law indicated the board couldn't remove the language saying that CPAs will be
764 treated as checklist applications to eliminate the need for board review and approval law because
765 existing medical regulations still requires approval. Mr. Ruffridge added that it doesn't seem that a
766 CPA is maximizing pharmacists' ability to fully work within their scope, whether it's providing
767 point of care testing, providing small doses of medications such as Tamiflu, or refilling someone's
768 diabetic test strips; it limits pharmacists from having that ongoing patient care relationship. Chair
769 Holt reiterated allowable modifications or initiations of treatments have to be very clear in the
770 CPA.

771
772 The board continued to discuss CPAs, indicating they can allow for anything a prescriber could
773 do. Chair Holt stated that today, a pharmacist could find a practitioner and can say they could
774 offer an A1c CLIA test and reference the guideline to include in the collaborative practice
775 agreements. Mr. Ruffridge added that when he had collaborative practice agreements, prior to the
776 change in ability to administer vaccines, he would meet with practitioners to go over every vaccine
777 administered. Mr. Ruffridge added he still sees this verification process with providers as
778 something to remain in current regulations.

779

780 Prescriptive Authority

781 Mr. Henderson inquired where prescriptive authority stands so that pharmacists can prescribe,
782 adding that if it moves forward, he could see it nullifying a lot of collaborative practice
783 agreements. Chair Holt stated that prescriptive authority doesn't exist in statute today. The
784 association is working on potential legislation as states develop language around prescriptive
785 authority; Idaho has prescriptive authority for nicotine cessation, birth control, etc. Chair Holt
786 added that the board would need to find sponsors for changes in legislation, and that research is
787 needed to make sure the board is assessing successes and pitfalls in other states, and getting
788 support from other states. Chair Holt further recommended reaching out to prescribing boards in
789 Idaho and asking if they've seen any negative outcomes as we look at potential legislative change
790 for prescriptive authority. Chair Holt informed the board he had attempted to change the title of
791 immunization regulation because it currently says, "independent administration", because the
792 reality is that pharmacists are indeed prescribing, but are not allowed to use that term because
793 pharmacists do not have prescriptive authority. Ms. Carrillo stated it would require a statute
794 change. Mr. Ruffridge inquired as to which statute it was, to which Chair Holt stated it is "powers
795 and duties" under AS 08.80.030. Ms. Carrillo also commented that other statutes might have to be
796 changed that reference or define "prescriber", and Chair Holt indicated that any statute
797 referencing "practitioner" would need to be defined, e.g.: with the division of insurance. Mr.
798 Ruffridge commented that the board may have to be cautious with what we're asking for so a CPA
799 may be the best solution.

800

801 Morphine Milligram Equivalents (MMEs)

802 Mr. Ruffridge commented that he was in Juneau at beginning of March and had the opportunity
803 to meet with legislators to discuss the issue with opioids and its relation to PDMP and setting

804 prescribing limits. Chair Holt indicated that some boards have created in regulations some
805 restrictions around prescribing, such as limitations on supply day and MMEs. Chair Holt added
806 that when SB74 passed, there was a Joint Committee on Prescriptive Guidelines based on
807 Washington’s prescriptive guidelines. This committee was comprised of representatives from each
808 board and the board of pharmacy; however, the legislature did not act on the recommendation
809 provided by the joint committee.

810
811 12 AAC 52.585 - Patient counseling
812 To be written or oral; doesn’t necessarily have to be a statute change as can be a regulation. Laura:
813 is there a documentation requirement to demonstrate that pharmacists did indeed provide written
814 or oral verification of providing it. Chair Holt commented that most pharmacist document this
815 because it’s what provides protection. Ms. Carrillo inquired about crafting the language to be
816 “may” instead of requiring documentation of providing patient counseling. Ms. Carrillo
817 commented that the care notes feature could be an appropriate area to document this. Care notes
818 gives the ability for providers to enter care notes to each other about a patient; however, Ms.
819 Carrillo expressed concerns about the care notes feature so is looking at issues that may not be
820 HIPAA compliant, such as the ability for providers to upload and delete documents.

821
822 **TASK 15**
823 Ms. Carrillo will send copy of documentation regarding the care notes feature (communications
824 module) to Chair Holt and Mr. Ruffridge.
825 *(Completed on 05/21/2020).*

826
827 Chair Holt inquired where the board stands on mandating the documentation of patient
828 counseling. Ms. Lindemuth and Mr. Ruffridge indicated they had no preference. Mr. Henderson
829 inquired whether it would be overly burdensome to mandate it, to which Chair Holt stated it is
830 probably already done in practice, so probably not. Chair Holt then referred to Montana’s
831 language on patient counseling, which was included in the board’s packet, and inquired whether
832 the board had a preference on more broad versus specific conditions. Ms. Lindemuth commented
833 that broad is clear and that specific is likely what pharmacists are already doing. Mr. Ruffridge
834 inquired whether the board is moving to require that, if dispensing an opioid drug for the first
835 time, the pharmacist has to indicate they’ve provided written counseling? Mr. Ruffridge added that
836 he is of the mindset that for first-time dispensing of opioids, written counseling does not
837 appropriately address the risks. The board looked at the definition of “agent”; Mr. Ruffridge
838 provided the citation, AS 13.06.050, as an “agent” could pick up a prescription. Mr. Ruffridge
839 inquired whether the board should w mandate counseling to the person other than whom the
840 prescription is for, e.g.: a neighbor.
841 Mr. Ruffridge suggested changing (a) to say, “Before dispensing ab opioid drug for the first time,
842 the pharmacist or pharmacist intern must advise the patient on potential dangers of opioid
843 prescription.” Chair Holt suggested language indicating that the pharmacist or pharmacist intern
844 can *attempt* to counsel. Mr. Ruffridge inquired whether the board could add language that indicates
845 the patient was unavailable, e.g.: “unintentional, periodic accidental violations, patient
846 unavailability.” Ms. Carrillo inquired whether technicians provide the counseling or only receive

847 the refusal? Ms. Lindemuth inquired whether it is necessary to reference pharmacy technician
848 since it's brought up for the first time, to which Chair Holt indicated the sentence could be ended
849 after the patient or patient's agent can refuse counseling. Mr. Ruffridge suggested, "shall make a
850 reasonable effort to verbally counsel..." Ms. Lindemuth agreed with this language.

851

852 *Break at 11:00 a.m.; off record;*

853 *Back from break at 11:07 a.m.; on record*

854

855 12 AAC 52.440 – Non-sterile compounding

856 Mr. Ruffridge pointed to the board's *Good Compounding Practices* from 2008, which allows pharmacy
857 technicians to engage in sterile compounding. Chair Holt commented that it is interesting that
858 technician regulation, 12 AAC 52.230(f), allows 40 hours of on the job training of sterile
859 pharmaceuticals before performing tasks, and that technicians without any certification can
860 perform sterile pharmaceutical compounding, but not non-sterile. Mr. Ruffridge stated that this
861 will be looked at during the compounding subcommittee later this month and inquired whether
862 this something the board wants to look at for pharmacy technicians with national certifications.
863 Chair Holt commented that the board had this discussion three years ago, so we did have
864 compounding as a function for nationally certified technicians, and at that time, the board felt they
865 did not want to limit it to just being nationally certified, so this was taken out.

866

867 Prescription machines

868 Chair Holt moved to discussing prescription machines, indicating there are two types: storage
869 dispensing, in which a pharmacist physically fills out and mixes the prescription, then places it
870 inside a prescription machine for the patient to pick up at their leisure; and storage dispensing and
871 labeling for pick-up, or distributing. With the latter, the pharmacist is inputting prescription
872 information, and the machine has unit abuse drugs in them, e.g.: a bottle of 40 penicillin tablets;
873 for patient pick-up. Chair Holt indicated that a Wasilla urgent care has this type of machine with
874 an adjacent computer that accepts insurance card to enter in your information, then the machine
875 dispenses the product, much like a vending machine. Mr. Holm stated that under the right
876 conditions, it sounds acceptable, to which Chair Holt agreed, commenting it doesn't affect the
877 patient care aspect, but improves patient access.

878

879 Ms. Walmsley commented that in Arizona, machines are licensed separately as a type of pharmacy
880 permit, and that they are installed at college campus, emergency rooms, etc. Chair Holt stated the
881 board would need statutory authority to license machines. Ms. Walmsley added the prescriptions
882 can be accessed through electronic prescribing or refills.

883

884 The board's draft regulations for automated drug kiosks indicate they are available after hours. Ms.
885 Carrillo inquired whether they would be accessible to individuals during day-time hours who are
886 able to swing by at their convenience, but who don't want to wait in line. Chair Holt reiterated
887 there are different types of technology; some that do the filling, but attached remotely to a
888 dispensing pharmacy, some that act as a standalone, and some that are only for pick-up. Chair

889 Holt commented the board could remove restriction to access only when closed so it can be
890 picked up at any time of day.

891
892 **On a motion duly made by Tammy Lindemuth to send a newly created regulation titled,**
893 **“automated dispensing kiosk for cursory review” by the Department of Law, seconded by**
894 **Leif Holm, and approved unanimously, it was:**

895
896 **RESOLVED to request a cursory legal review on automated dispensing kiosks.**
897

	APPROVE	DENY	ABSTAIN	ABSENT
898				
899	Leif Holm	x		
900	Richard Holt	x		
901	Justin Ruffridge	x		
902	Lana Bell			x
903	Tammy Lindemuth	x		
904	James Henderson	x		
905	Sharon Long			x

906
907 The motion passed with further discussion:

908
909 Mr. Ruffridge commented that installation of these machines in non-remote pharmacy locations
910 raises questions, such as who is operating these? Ms. Lindemuth suggested having language
911 indicating a pharmacy may install and use kiosk within their premises. Mr. Ruffridge stated that in
912 the remote pharmacy regulations, there are relatively strict regulations about pharmacist having to
913 be employed by central pharmacy, but when a drug dispensing machine is introduced, it could be
914 perceived as equivalent to a remote pharmacy. Ms. Carrillo asked for clarification as to whether
915 Mr. Ruffridge’s concern is whether having a dispensing machine in a non-remote pharmacy is
916 effectively providing remote pharmacy services, to which Mr. Ruffridge affirmed. Chair Holt
917 pointed to the pharmacy statute definition in AS 08.80.480(27) for in-state, and (28) for outside of
918 the state (28), adding that when you get to concept of remote, tele-, or automation, it opens up
919 boundaries to what sort of scope of practice is being flexed. Chair Holt also pointed to AS
920 08.80.400, which doesn’t prevent other prescribers in supplying a patient with any medicinal
921 preparation within their scope, which is how the urgent care provides kiosks without our
922 oversight.

923
924 **TASK 16**

925 Chair Holt will send the draft regulations, including language related to automated dispensing
926 kiosks, to Ms. Carrillo, and Ms. Carrillo will send the regulations to the Department of Law for
927 cursory review.

928 *(Complete on 08/18/2020; Ms. Carrillo sent this request on 08/10/2020 and LAW provided comments on*
929 *the 18th; additional discussion from the board is needed).*

930

931 Recess at 12:05 p.m. for lunch; off record.

932 Back from lunch at 1:02; on record.

933
934 **Agenda Item 5** **Resume Regulations** **Time: 1:02 p.m.**

935
936 Delivery driving
937 Mr. Holm commented to the board that in his practice, they have always licensed their delivery
938 drivers as technicians just to be on the safe side, but contemplated whether licensure is necessary
939 since the technician license requirement was removed in the emergency regulations for the
940 COVID-19 response for certain support functions. Mr. Holm continued that a pharmacy was
941 utilizing taxi drivers to deliver medications during this pandemic, and so wanted the board to
942 discuss whether delivery drivers are required to be licensed as pharmacy technicians. Ms. Carrillo
943 inquired whether this would be for controlled substance prescriptions or non-controlled, to which
944 Mr. Holm stated that it wouldn't be specific, but wondering if this activity would fall under a
945 supportive staff member assigned to work in a dispensing area of a pharmacy per 12 AAC
946 52.230(2). Chair Holt stated the definition doesn't specify bagging or filling, but that technicians
947 must meet both (1) and (2), so it doesn't seem a technician license would be needed as long as
948 these are met. The board discussed AS 08.80.480(6): "deliver" or "delivery" means the actual,
949 constructive, or attempted transfer of a drug or device from one person to another, whether or
950 not for consideration. Mr. Ruffridge contemplated whether the driver's duties wouldn't be limited
951 to transporting, that they would be able to do a variety of functions physically in the pharmacy,
952 such as manipulating if they weren't ready to deliver. Chair Holt suggested writing FAQs to this.

953
954 **TASK 17**

955 Ms. Carrillo will draft an FAQ related to using delivery drivers for prescription pick-up and drop
956 off, and will post it online to pharmacy.alaska.gov.
957 *(Completed on 05/11/2020).*

958
959 Shared pharmacy services

960 The board addressed pharmacy services regulations generally, agreeing that these services are
961 inherently confusing, e.g.: what constitutes a shared service, what is the process? Mr. Holm stated
962 his understanding is it's one same-owned pharmacy from start to finish with satellite or sister
963 locations acting as vending machines. The board discussed limitations to these services, and Chair
964 Holt stated he does not see a need for limitations to address public health and safety aspects, that
965 as long as there are two licensees working together for proper patient outcome, it is sufficient.

966
967 The board inquired about how many shared pharmacy services have been approved, and Ms.
968 Carrillo indicated these applications come in infrequently; there has been three processed over the
969 last several years in 2019, all for CVS locations. Mr. Ruffridge requested the board reach out to
970 CVS to inquire why they sought approval for shared services. Lauren Paul from CVS happened to
971 be on the call. Ms. Paul indicated that shared pharmacy services allows central processing for
972 workload balancing, for verification of data entry, and drug utilization review. Mr. Henderson
973 asked for additional details as to how it looks in practice, to which Ms. Paul provided the
974 following scenario: pharmacy A would receive a prescription that would be data-entered into their

975 pharmacy system, and from that point, Pharmacy A could continue to input entry and perform
976 DUR, or it could go to pharmacy B, which would then do data entry verification and DUR before
977 going back to pharmacy A for final dispensing to the patient. Mr. Ruffridge stated that in practice,
978 it sounds as if it's no different than a hospital using an at-home team, who do remote order entry,
979 and then the ER pharmacy fills it. Chair Holt commented it makes sense to do this for workload
980 balance. Mr. Ruffridge inquired about how the professional liability at different locations are
981 monitored and whether it is tracked in the pharmacy software, to which Ms. Paul indicated that
982 any person who touches the process of the prescription is tracked and entered.

983
984 Transfer of prescription drug orders
985 Mr. Ruffridge pointed to 12 AAC 52.500(d)(4)(A): original date of issue and dispensing, which
986 indicates it either has to have a date written or dispensing in order for it to be transferred, and
987 stated it needs to be clarified that original prescriptions for legend drugs can be transferred as an
988 original prescription. Speaking generally, Chair Holt commented that for the emergency
989 regulations currently out for public comment, the board had to amend this regulation to allow for
990 nationally certified technicians to engage in this for balancing of workload; that nationally certified
991 technicians could complete transfers, and that the board removed "...and date of dispensing."
992 Chair Holt clarified that, technically this no longer exists, but it isn't reflected in the published
993 statutes and regulations book is because it's not yet permanent.

994
995 **Agenda Item 4 Legal Opinions Time: 1:55 p.m.**

996
997 Supervision
998 The board reviewed legal opinions received from the Department of Law, including "direct
999 supervision" in 12 AAC 52.995(22). Chair Holt stated this definition applies only to interns; the
1000 other supervision term, "personal supervision" applies to technicians. Chair Holt presented the
1001 scenario that if a pharmacist is ill and cannot be physically present in the pharmacy, is a pharmacy
1002 technician able to sell the prescription knowing it has been verified and ready for pick up?
1003 According to DOL, this is prohibited because a pharmacy technician must be personally
1004 supervised.

1005
1006 Alternate care sites
1007 DOL says location isn't defined under 12 AAC 52.995, so the board's regulations don't preclude
1008 temporary, adjacent, expansions of a hospital bed's capacity from operating as an alternate care
1009 site without having a separate license. Chair Holt offered the following scenario: if a compounding
1010 pharmacy at a different location than the main pharmacy is considered an extension of that main
1011 pharmacy, a separate license is required. Furthermore, DOL's interpretation seems to indicate that
1012 if you have a change in location, you can use your satellite location because it's not ruled out in
1013 regulation. Chair Holt suggested language in regulations pertaining to change in locations being
1014 change in location to change in physical address. Mr. Ruffridge commented that this seems to be
1015 related to the discussion about remote pharmacy services and what you can do outside of the
1016 physical walls of a pharmacy; what happens when people want to operate in an expanded capacity
1017 outside of their central location—what is permissible? Chair Holt stated the board could include
1018 this their next regulation project as there is a lot of overlap.

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Agenda Item 11 Administrative Business

Time: 2:24 p.m.

Hearing nothing further on legal opinions, the board moved to discussing tabled applications.

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

RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).

Staff members, Laura Carrillo, was authorized to remain in the room.

Off record at 2:24 p.m.

On record at 2:55 p.m.

Chair Holt clarified for the record that no motions were made during executive session. Chair Holt called for a short break.

Off record at 2:58 p.m.

On record at 3:05 p.m.

The board then moved to discussing PDMP registrations. Chair Holt reiterated the question from the previous day as to whether the board would be inclined to require all pharmacists to register to avoid investigative costs pursuing registration issues for pharmacists who may not even be dispensing in Alaska. Ms. Lindemuth commented that the board would then be asked why pharmacists are suddenly having to register, and Mr. Henderson stated this would be something the board would constantly have to explain. The board discussed repercussions of not registering, delayed registration, delayed reporting, and delayed renewal. The board discussed that a fine of \$250.00 should be assessed after the 30-day timeframe to register, such that on day 31, the board would assess this amount and an additional \$25.00 for any subsequent day the registration is still not complete.

Upon further discussion, the board decided they would begin reinforcing registration after September 30, that way, pharmacists who need to renew their license have the opportunity to be up to date on their PDMP registration or renewal as well. Ms. Carrillo commented that there are pharmacists who maybe didn't register by the statutory deadline, July 17, 2017, or after the 30-day grace period the board decided on during their March 2019 meeting. Mr. Ruffridge inquired whether the same fine amount would be assessed even for older matters that were in the pipeline with investigations to be reviewed by the board, to which Mr. Holt stated that yes, if they are not able to register by September 30, they will be fined the same amount as with new licensees who haven't

1062 registered. The board acknowledged a regulation change would be needed to clarify the timeframe
1063 to register.

1064

1065 **TASK 18**

1066 Ms. Carrillo will send out a letter on behalf of the board stating that beginning October 1st, a fine of
1067 \$250.00 will be assessed for no registration and that licensees have until September 30 to correct
1068 any registration issues.

1069 *(Complete; letter was mailed to 643 pharmacists with Alaska addresses only on 08/19/2020).*

1070

1071 Ms. Carrillo inquired as to whether the board would be inclined to specify, through regulation,
1072 whether to specify acceptable email accounts through which to access the PDMP. The board
1073 currently doesn't have in regulation that providers must access the PDMP through their employer-
1074 issued email. As an example, Ms. Carrillo stated that an individual who access the PDMP on a
1075 personal email could access the PDMP outside of their clinical practice, which could be considered
1076 inappropriate access, and that there is the risk that there may be unauthorized individuals at the
1077 home who may inadvertently see this information. Similarly, Ms. Carrillo stated that a provider at a
1078 facility who has an employer-issued email account, and accesses the PDMP through, it could
1079 potentially still access the database and see prescription information on the clinic's patient
1080 population if they leave that place of employment and the employer doesn't terminate that email
1081 account. Mr. Ruffridge stated he could see the argument for specifying email accounts and against
1082 doing so.

1083

1084 The board then moved to discussing delinquent reporting and visibility issues into pharmacies being
1085 able to see what days they were delayed or did not report data. In sending out the notices to
1086 pharmacists for the September 30 deadline, Ms. Carrillo inquired whether the letter should also
1087 address delinquent or no reporting. Chair Holt commented that Appriss should be consulted such
1088 that pharmacists know how to correct or resubmit data and so that there is clear instruction on how
1089 to do this. Ms. Carrillo commented that as required for grant deliverables, notices must be sent out
1090 identifying providers who have not reported or are delayed in doing so. Chair Holt agreed that a
1091 notice can be sent out stating that the board has identified delinquent pharmacies and to instruct
1092 them to report, including zero reports, if these had not been submitted.

1093

1094 **TASK 19**

1095 Ms. Carrillo and Ms. Sherrell will reach out to Appriss to inquire what specific details are visible to
1096 Appriss when there is missing or delinquent data.

1097 *(Pending; discussions initiated with Appriss on 05/11/2020 with subsequent follow-up on 05/19/2020; there is
1098 a feature that can send automated notices to providers when they missed a reporting day; last communication with
1099 Appriss on 08/06/2020; assessing potential negative impacts to turning this on, e.g.: lag time and alert fatigue).*

1100 **TASK 20**

1101 Ms. Carrillo will work with Mr. Holm to send out a letter to pharmacies informing them of the
1102 board's obligation to assess delinquencies in the requirement to report prescription data, and that
1103 they must report data daily.

1104 *(Completed; 07/07/2020).*

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TASK 21

Ms. Carrillo will schedule a meeting for May 28 to review public comment.
(Completed; 05/11/2020).

Agenda Item 4 Adjourn Time: 4:34 p.m.

The next meeting dates would be August 13 and 14, and November 5 and 6.

Ms. Lindemuth motioned to adjourn the meeting. This was seconded by Mr. Henderson, and approved unanimously. The board adjourned at 4:34 p.m.

Laura Carrillo

Laura Carrillo, Executive Administrator Date

Richard Holt

Richard Holt, Chair Date