

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
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7 FINAL MINUTES OF THE EMERGENCY MEETING
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9 August 27 – 28, 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 August 27 – 28, 2020. Due to the COVID-19 pandemic, in-person attendance was
14 not available.
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18 Agenda Item 1 Call to Order/Roll Call Time: 9:06 a.m.

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20 The day 1, **August 27, 2020** videoconference was called to order by Chair, Rich Holt at 9:06 a.m.
21

22 Board members present, constituting a quorum:
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24 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
25 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
26 James Henderson, RPh #PHAP1683
27 Lana Bell, RPh #PHAP893
28 Tammy Lindemuth, Public Member
29 Sharon Long, Public Member
30 Justin Ruffridge, #PHAP1787
31

32 Division staff present:
33

34 Laura Carrillo, Executive Administrator
35 Lisa Sherrell, PDMP Manager
36 Heather Noe, Occupational Licensing Examiner (Board of Pharmacy)
37 Ilsa Lund, Occupational Licensing Examiner (Board of Veterinary Examiners)
38 Carl Jacobs, Investigator
39 Greg Francois, Chief Investigator
40 Sonia Lipker, Lead Investigator
41 Harriet Dinegar-Milks (Department of Law)
42

- 43 Members from the public present:
 44
 45 Coleman Cutchins, AK DHSS
 46 Heidi Lengdorfer, DHSS
 47 Daniel Nelson, TCC
 48 Lauren Paul, CVS Health
 49 Charles Semling, AK DHSS
 50 Ashley Schaber, Alaska Pharmacists Association/Alaska Native Tribal Health Consortium
 51 Lorri Walmsley, Walgreens
 52 David Levy, HCS
 53 Caren Robinson, Alaska Pharmacists Association
 54 Jill Lewis, Alaska Division of Public Health
 55 Jessica Adams, TelePharm
 56 Molly Gray, Alaska Pharmacists Association
 57 Tom Wadsworth, UAA/ISU Doctor of Pharmacy Program
 58 CJ Kim, AK DHSS
 59 Erin Narus, AK DHSS/HCS
 60 Callista Carlton, Southcentral Foundation
 61 Gail Elliott, KP
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63 **Agenda Item 2 Review/Approve Agenda Time: 9:09 a.m.**

64
 65 *Sharon Walsh joined the room at 9:12 a.m.*
 66

67 The board reviewed the agenda for day 1.
 68

69 **On a motion duly made by Tammy Lindemuth to approve the meeting agenda, seconded**
 70 **by James Henderson, and approved unanimously, it was:**
 71

72 **RESOLVED to accept the August 27, 2020 meeting agenda as written.**
 73

	APPROVE	DENY	ABSTAIN	ABSENT
74 Leif Holm	x			
75 Richard Holt	x			
76 Justin Ruffridge	x			
77 Lana Bell	x			
78 Tammy Lindemuth	x			
79 James Henderson	x			
80 Sharon Long				x

81
 82
 83 The motion passed with no further discussion.
 84

85 **Agenda Item 3 Ethics** **Time: 9:10 a.m.**

86
87 There were no ethics disclosures to report.

89 **Agenda Item 4 Review/Approve Meeting Minutes** **Time: 9:11 a.m.**

90
91 The board reviewed meeting minutes from May 7-8 and May 28. Ms. Bell pointed to the appended
92 regulations, 12 AAC 52.470(h) for the continuation of therapy “COT” on line 591 of the May 28th
93 meeting minutes, asking to clarify whether pharmacists can continue medication if the original
94 prescription drug order is more than a year. Chair Holt clarified this is a new subsection but was
95 previously listed as (b), but was re-alphabetized during the board’s emergency regulation project.

96
97 Chair Holt further added the limitations on COT were removed due to staffing issues. Mr.
98 Ruffridge commented on his understanding that the COT prescription becomes a new
99 prescription drug order with its own date, and that new subsection indicating to keep the previous
100 prescription is a little confusing. Chair Holt stated (h) directs pharmacists to use all the
101 information from the previous order, to which Mr. Ruffridge indicated the original written date
102 isn’t used. Chair Holt acknowledged the wording doesn’t speak specifically to written dates and
103 could be interpreted differently by insurance companies, PBMs, and among pharmacists. Mr.
104 Ruffridge added he hadn’t applied this regulation yet, but was thinking of how it would be used.

105
106 Ms. Lindemuth pointed to line 548 of the May 7-8 meeting minutes, which misspelled Katholyn
107 Runnels name.

109 **Task 1**

110 Ms. Carrillo will correct Katholyn Runnels’ name on May 7-8 of the meeting minutes.
111 *(Completed 09/09/2020).*

113 **Task 2**

114 Ms. Carrillo will send the May 7-8 and May 28 meeting minutes to Chair Holt for signature before
115 posting to the meeting minutes page.
116 *(Completed 09/11/2020).*

118 **On a motion duly made by Lana Bell to approve the meeting minutes, seconded Sharon**
119 **Long, and approved unanimously, it was:**

121 **RESOLVED to accept the May 7 – 8, 2020 meeting minutes as amended and the**
122 **May 28, 2020 as written.**

	APPROVE	DENY	ABSTAIN	ABSENT
124 Leif Holm	x			
125 Richard Holt	x			
126 Justin Ruffridge	x			

171 On reporting compliance, Ms. Sherrell reported that there were 232 delinquent reporters. This
172 could include pharmacies and practitioners who are also required to report. Ms. Carrillo added that
173 the delinquent submitters data only includes providers who have either been manually added to
174 the compliance function in AWARe or who have reported at least once; the numbers do not
175 reflect practitioners who have never been added to this function or have never reported; so non-
176 compliance is much higher. Ms. Carrillo stated that they are working with division staff to update
177 applications to gather provider dispensing status to track who may be required to report.

178
179 Ms. Sherrell stated that delegates currently have a limit of no more than 5 supervisors and
180 delegates. This was based on feedback from questionnaire that was launched from February to
181 March; the limitation was set lower to align with the legislative intent to provide delegates access in
182 a meaningful way. Ms. Carrillo added that some providers have requested for delegates to have
183 more than 20 delegates so the delegate can monitor the prescribers' practices "quality monitoring"
184 and ensure they align with the healthcare practices' or institutions prescriptive guidelines, which
185 isn't the intent of this type of access.

186
187 Pharmacists make up about 11% of all registered users, but that we'd get a more accurate picture
188 of registration composition after renewal. Ms. Sherrell then pointed to the table listed on the last
189 page of the report, which was included in all board reports in response to their requests to see
190 how their professions' prescribing patterns compares to other professions. This table included
191 data from October 2019 to March 2020 and shows the number of providers who prescribed at
192 least once, the number who viewed no patients at all, prescribers who prescribed over a certain
193 MME, and those who prescribed dangerous combinations, such as benzodiazepines and opioids.

194
195 Guidance to other boards
196 Ms. Sherrell stated that in reports for the other affected boards, a new recommendation section
197 was added encouraging boards to give licensees guidance on registration and use, encouraging
198 delegate use to improve the clinical reviewing workflow, and facilitating/continuing discussions on
199 prescribing thresholds by MME. Ms. Carrillo added that she and Ms. Sherrell have recently met
200 with the Board of Dental Examiners, the State Medical Board, and the Board of Nursing to
201 provide their PDMP updates and to discuss salient issues such as use data, dangerous
202 combinations, and timeframes to register. Ms. Carrillo noted these discussions were very fruitful
203 and that they are looking forward to continued efforts to collaborate.

204
205 Chair Holt acknowledged that Ms. Sherrell and Ms. Carrillo have been very instrumental in
206 providing education to boards on how to register with and use the database. Chair Holt added that
207 reviewing data specifically has been explained and is simplistic; there are no barriers in terms of
208 entering the information needed to review, which is three fields (first name, last name, and date of
209 birth).

210 Chair Holt thanked Ilsa Lund, who was on the line and is the licensing examiner for the Board of
211 Veterinary Examiners, and who has also been instrumental in assisting this board to improve their
212 understanding of the PDMP. Ms. Lund, in collaboration with Ms. Carrillo, Ms. Sherrell, Chair
213 Holt, and the Department of Law, have created a number of guidance documents to facilitate

214 improved compliance, including a template Chair Holt created for the Veterinary Board’s use in
215 sending it out to their veterinarians. Ms. Lindemuth also offered her thanks to staff on their
216 efforts.

217

218 Intrastate Integration

219 Ms. Carrillo informed the board that integrating PDMP data with healthcare practices and
220 instructions in the state can be a prolonged process due to the need to sign MOUs; it is not a
221 simple click to approve. Ms. Carrillo added the screening process entails ensuring each practices’
222 providers have proper credentials to access the PDMP and that they’ve paid all required fees. This
223 can be labor-intensive and time consuming, particularly with institutions with hundreds of
224 providers. According to Appriss, it is possible providers accessing the PDMP through their
225 existing system’s electronic health record system can bypass the state’s registration process
226 altogether due to the ability to use the practice’s medical director’s credentials and not sign into
227 the database directly. In a legal opinion provided to Ms. Carrillo on July 30, 2020, the Department
228 of Law indicated the process of ensuring proper credentials prior to approving integration is
229 appropriate and needed. Ms. Carrillo added that Appriss’ Provider Authorization feature will
230 check credentials behind the scenes and eliminate the manual review process, which will be a
231 relief; however, MOUs would still be needed, also per the legal opinion.

232

233 Notice on Assessment of Civil Fine

234 A notice was sent out to all pharmacists with Alaska addresses informing them of the board’s
235 intent to pursue a fine for no or delayed registration. Ms. Sherrell indicated the letter generated
236 some confused responses as some providers interpreted the letter as indicating they were in non-
237 compliance when it was a general notice. Chair Holt added that the fine letter was voted on as a
238 result of discussion on disciplinary matrix during the board’s May 7 – 8 meeting.

239

240 Disciplinary Matrix

241 Chair Holt addressed the disciplinary matrix and Ms. Carrillo inquired about whether the board
242 wanted to discuss adding non-compliance with reporting to the matrix as the board had previously
243 only addressed registration. Mr. Ruffridge expressed his interest in discussion this, stating that it
244 seems the PDMP is the board on record around the PDMP; it’s not just pharmacists reaching out,
245 but potential disciplinary action from other boards. Chair Holt clarified that the board doesn’t
246 discipline other boards; the State Medical Board has their own disciplinary matrix and other
247 boards have been encouraged to establish their own.

248

249 *Carl Jacobs joined the room at 9:58 a.m.*

250 *AAG Harriet Dinegar-Milks joined the room at 10:00 a.m.*

251

252

253 Renewal

254 Mr. Ruffridge commented on the renewal process, stating the application currently doesn’t allow
255 pharmacists to proceed with renewing online if they don’t have to register. Mr. Ruffridge added
256 there may be pharmacists who aren’t required to register at the time due to not dispensing, but

299
 300 Mr. Ruffridge stated his interest in understanding the process was less to do with the legal
 301 definition and process of a subpoena, but more so to be certain that the board had a discussion
 302 regarding the fact that they are under debate on what is happening with the Board of Veterinary
 303 Examiners' compliance with the PDMP. Mr. Ruffridge added it's concerning the board would
 304 start the investigative processes when veterinarians have expressed multiple times some issues with
 305 PDMP usage. Mr. Ruffridge then added it is more about whether it is the right time to pursuing
 306 investigations. AAG Milks asserted that the Board of Pharmacy isn't the Board of Veterinary
 307 Examiners; it's not the Board of Pharmacy's problem. AAG Milks stated the current law directs
 308 subpoenas to the Board of Pharmacy because they are the holders of the information, but it is the
 309 respective licensing board, e.g.: Board of Veterinary Examiners, who makes the ultimate decision
 310 to discipline their licensees. Mr. Holm appreciated this clarification from AAG Milks.

311
 312 Chair Holt stated he had attended the last Veterinary Board of Examiners meeting as an invited
 313 guest along with AAG Milks. Chair Holt informed the board that they have ample PDMP
 314 information, not only regarding the statutes and regulations, but also legal interpretations, adding
 315 he has personally drafted a response to their questions and concerns and provided them exact
 316 direction on how to solve their concerns, including template letter they could modify to
 317 communicate with their licensees what the requirements are. AAG Milks indicated this board is
 318 subject to statutory schemes, professionally and culturally, and that it takes some time to get used
 319 to. AAG Milks stated the PDMP requirements they have to follow are also still relatively new, but
 320 that she is confident that board is getting there.

321
 322 *AAG Harriet Dinegar-Milks left the room at 10:28.*

323
 324 Consent Agreements

325 The board acknowledged they had a consent agreement matter to discuss confidentially.

326
 327 **On a motion duly made by Rich Holt in accordance with AS 44.62.310(c)(2), and seconded**
 328 **by Lana Bell, the board unanimously moved to enter executive session for the purpose of**
 329 **discussing subjects that tend to prejudice the reputation and character of any person,**
 330 **provided the person may request a public discussion.**

331
 332 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**

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 334

	APPROVE	DENY	ABSTAIN	ABSENT
335 Leif Holm	x			
336 Richard Holt	x			
337 Justin Ruffridge	x			
338 Lana Bell	x			
339 Tammy Lindemuth	x			
340 James Henderson	x			

341 Sharon Long x

342

343 The motion passed with no further discussion.

344

345 Staff members, Laura Carrillo, Carl Jacobs, Sonia Lipker, Greg Francois, Heather Noe, and Lisa

346 Sherrell were authorized to remain in the room.

347

348 *Off record at 10:30 a.m.*

349 *On record at 11:16 a.m.*

350

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

355

356 **AND Rich Holt motioned to take no action on the consent agreement matter; with**
357 **unanimous approval from the board, it was**

358

359 **RESOLVED to not take action on the consent agreement, but to enter back into executive**
360 **session in accordance with AS 44.62.310(c)(2).**

361

	APPROVE	DENY	ABSTAIN	ABSENT
362 Leif Holm	x			
363 Richard Holt	x			
364 Justin Ruffridge	x			
365 Lana Bell	x			
366 Tammy Lindemuth	x			
367 James Henderson	x			
368 Sharon Long	x			

370

371 The motion passed with no further discussion.

372

373 Staff members, Laura Carrillo, Carl Jacobs, Sonia Lipker, Greg Francois, Heather Noe, and Lisa
374 Sherrell were authorized to remain in the room.

375

376 *Off record at 11:18 a.m.*

377 *On record at 12:35 p.m.*

378 Upon return to being back on record, Chair Holt clarified no motions were made during executive
379 session.

380

381 **On a motion duly made by Tammy Lindemuth to adopt the consent agreement for**
382 **Dominique Brown, and seconded by Lana Bell, it was**

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RESOLVED to reject the consent agreement for Dominique Brown.

	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 failed; the board did not adopt the consent agreement. There was no further discussion.

Agenda Item 9 Lunch Time: 12:37 p.m.

Chair Holt called for lunch.

Off record for lunch at 12:37 p.m.

Back on record from lunch at 1:19 p.m.

Agenda Item 10 Work Groups/Subcommittee Updates Time: 1:22 p.m.

COVID-19 Board Chairs Meeting

This meeting has been convening for the last several months and is comprised of healthcare-related board chairs. This group meets biweekly.

Healthcare Work Group

The administration is recommending boards establish work groups to shift away from Mandate 15 and instead adopt board guidelines. The Board of Pharmacy will staff its own work group, while some professions will be grouped together. Chair Holt reminded the board that guidelines would not be enforceable as they would have to be regulations. Chair Holt asked which board members would be available to serve on this committee, to which Ms. Bell and Mr. Ruffridge volunteered.

Task 3

Ms. Carrillo will send Ms. Bell and Mr. Ruffridge a poll for availability and an invitation to begin discussions on moving away from Mandate 15.

(Initiated 09/11/2020; Laura, Ms. Bell, and Dr. Ruffridge met on 10/01/2020).

Agenda Item 11 Industry/Profession Updates Time: 1:30 p.m.

467 Ms. Lindemuth informed the board the CSAC has met for the first meeting of the year and that a
468 second meeting is scheduled soon. Ms. Lindemuth commented that Derek Walton from the state
469 crime lab joined the meeting and educated them on Kratom. Also in attendance were Katholyn
470 Runnels and Dr. Anne Zink. The committee looked at trends that are going on with different
471 designer drugs, specifically new synthetics that are being created. On kratom, Ms. Lindemuth
472 explained it's a naturally-producing compound that comes from a tropical tree native to southeast
473 Asia. It is said kratom helps improve work productivity, but more recently it has become used as a
474 novel psychoactive substance. Ms. Lindemuth added that it's becoming increasingly used in
475 western Alaska, especially over the last 3-4 years. The FDA is concerned that kratom can pose a
476 risk of abuse and dependence as it works on the same receptors as opioids.

477
478 Ms. Lindemuth also informed the board that access to meth and heroin has decreased, but what
479 they've found is that they can mail Krtaom through USPS, so that has increased. In October, they
480 had \$18,00 worth of packages that are coming from St. Lawrence Island. All different ages have
481 been using Kratoms but it is used especially among youth and homeless, and there's no social
482 stigma. Ms. Lindemuth also commented on medical providers having to obtain clearance from
483 kratom. Of interest is that there's a correctional center; requiring medical providers to have
484 clearance from Kratom. Active

485
486 Ms. Lindemuth also commented that while tramadol is scheduled, there is some abuse of
487 gabapentin, which isn't yet scheduled. There are also issues with stocking, especially in rural areas,
488 and also instances of medivacs due to overdose events. The CSAC is also looking at dangerous
489 combination prescribing.

490
491 Chair Holt commented that gabapentin across country is scheduled in some states and in some
492 cases is even reported to state PDMPs. Chair Holt also added that there was an instance where in
493 the past two years, a pharmacy was shipping large quantities into western Alaska that the postal
494 service came to the board to express their concerns. Ms. Carrillo commented that her
495 understanding was in order for gabapentin to be scheduled at the state level, it had to be scheduled
496 at the federal level first, to which Ms. Bell said that was correct. Ms. Long inquired as to whether
497 there was a bill introduced to schedule this, to which members of the board could not recall.

498
499 **Agenda Item 12 Public Comment **Time: 2:18 p.m.****

500
501 Daniel Nelson joined the meeting to address his concern with the board's emergency regulations,
502 particularly with the potential of there being big picture faults due to the seemingly rushed
503 process. Dr. Nelson's primary concerns were around the scope of practice expansion for
504 pharmacy technicians. Chair Holt thanked Dr. Nelson for his comments and recalled similar
505 comments submitted previously. Chair Holt indicated to Dr. Nelson that there are some legislative
506 changes needed that would take 1 – 2 years to address and potentially resolve those concerns.

507
508 Molly Gray commented a packet was emailed to Ms. Carrillo regarding the HSS amendment to the
509 Public Readiness and Preparedness (PREP) Act, which primarily addressed allowing pharmacy

553 PDMP fees or are not required to register are directed to fill out the paper application; however,
554 when they attempt to renew online and see the error message indicating them to do this, it is being
555 interpreted as not being able to renew at all.

556

557 Ms. Carrillo also commented that most licensees are not submitting the required documents in
558 order to renew, which is delaying the renewal process for everyone as staff must circle back to
559 these applications multiple times.

560

561 Statistics

562 As part of a task from the previous meeting, Ms. Carrillo informed the board she had gathered
563 data from the Alaska Department of Labor (DOL) on employment for pharmacists and pharmacy
564 technicians. For pharmacists, DOL describes employment growth as moderate with low
565 employment opportunities, but projects an 11.4% decrease of employment from 2016 to 2026,
566 compared to a 5.6% increase at the national level overall. For pharmacy technicians, employment
567 growth is low with moderate employment, with a 7.6% increase projected through 2026, which is
568 lower than the national projected average at 11.8%.

569

570 Ms. Carrillo also provided a status update on license and renewal statistics. As of 08/19/2020, the
571 board had a 3.8% increase in total applications (active and in process) since the board's last report,
572 which was provided in May. Also as of this date, staff has renewed 1,770 licensees out of 4,829
573 (37%). There are 42 days left to renew.

574

575 **Agenda Item 7 Board Business**

Time: 2:37 p.m.

576

577 Reports of Theft/Loss

578 The board reviewed the report of theft/loss (DEA form 106) for Safeway Inc at 44428 Sterling
579 Highway.

580

581 Chair Holt clarified acceptable CE completion dates as the order issued in April didn't explicitly
582 state CE would be extended. We reached out to AAG for clarification and the acceptable
583 completion dates are, July 1, 2018 to September 30, 2020. Ms. Carrillo commented that on the
584 application, the dates don't specify this range, but if a pharmacist is audited and it is found they
585 completed their CEs during this timeframe, those will be accepted.

586

587 **Agenda Item 8 Correspondence**

Time: 2:38 p.m.

588

589 Anita Taylor submitted an inquiry to the board for clarification to practice "physician
590 compounding". Chair Holt commented that under AS 08.80.400, the board is not able to regulate
591 the practice of medicine. Ms. Carrillo inquired whether there was any scope of pharmacy practice
592 restricted under to licensees or registrants under AS 08.80. Dr. Ruffridge requested for
593 clarification and inquired whether the question is if compounding, would by statute, be considered
594 to be exclusive to pharmaceutical care operation, to which Ms. Carrillo confirmed; whether
595 compounding is a practice of pharmacy reserved only for pharmacies/pharmacists. Dr. Ruffridge

596 agreed that was something worth looking into. The board agreed a legal opinion could be
 597 requested as to whether, in light of AS 08.80.400, whether professionals can practice aspects of
 598 pharmacy for any medicinal preparation, such as compounding, without obtaining a license by the
 599 Board of Pharmacy. Ms. Long commented that in her experience, naturopaths and dermatologists
 600 have raised these same questions in preparing medicinal mixtures. Mr. Henderson commented
 601 whether other providers are regulated by USP 797 and 800 around compounding.

602
 603 **TASK 5**
 604 Ms. Carrillo will seek a legal opinion on there are any aspects of pharmacy that are restricted only
 605 to individuals who are licensed under AS 08.80, such as compounding.
 606 *(Pending; Ms. Carrillo requested this on 08/31/2020).*
 607

608 Bianca Johnson inquired about FDA drug samples. Chair Holt commented the board don't
 609 regulate drug samples, to which Ms. Bell agreed, indicated it is not within the board's jurisdiction.

610
 611 **Agenda Item 7 Board Business Time: 2:47 p.m.**

612
 613 The board returned to discussing application review and Carl Jacobs joined the room at 2:45 p.m. to
 614 be present for this discussion.

615
 616 **On a motion duly made by Rich Holt in accordance with AS 44.62.310(c)(2), and seconded**
 617 **by Lana Bell, the board unanimously moved to enter executive session for the purpose of**
 618 **discussing subjects that tend to prejudice the reputation and character of any person,**
 619 **provided the person may request a public discussion.**

620
 621 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**
 622

	APPROVE	DENY	ABSTAIN	ABSENT
623 Leif Holm	x			
624 Richard Holt	x			
625 Justin Ruffridge	x			
626 Lana Bell	x			
627 Tammy Lindemuth	x			
628 James Henderson	x			
629 Sharon Long	x			

630
 631
 632 The motion passed with no further discussion. Staff members, Laura Carrillo and Carl Jacobs were
 633 authorized to remain in the room.

634 *Off record at 2:48 p.m.*

635 *On record at 3:46 p.m.*

636

637 Upon return from executive session, Chair Holt clarified that no motions were made in executive
638 session.

639 **On a motion duly made by Rich Holt in accordance with AS 44.62.310(c)(2), and seconded**
640 **by Justin Ruffridge, the board intends to pursue a consent agreement with the pharmacist**
641 **applicant under case #2017-000092 as a condition for licensure due to violations related to**
642 **AS 08.80.261(a)(7) and (c)(d)(e). This agreement will outline probation for five years, drug**
643 **and alcohol testing, marijuana testing, AA/NA meetings, counseling reports, employer**
644 **reports, and supervision, and restrictions on remote employment.**

645

646 **RESOLVED to pursue a consent agreement with the applicant under 2017-000092 as a**
647 **condition for licensure as a pharmacist.**

648

	APPROVE	DENY	ABSTAIN	ABSENT
649				
650	Leif Holm	x		
651	Richard Holt	x		
652	Justin Ruffridge	x		
653	Lana Bell	x		
654	Tammy Lindemuth	x		
655	James Henderson	x		
656	Sharon Long	x		

657

658 The motion passed with no further discussion.

659

660 **On a motion duly made by Rich Holt in accordance with AS 44.62.310(c)(2), and seconded**
661 **by Justin Ruffridge, the board intends to pursue a consent agreement with the pharmacist**
662 **applicant under case # 2017-000557 as a condition for licensure due to violations related to**
663 **12 AAC 52.920(a)(4) and AS 08.80.261(a)(2), (a)(9), (a)(11), and (a)(14). This agreement will**
664 **outline probation for five years, drug and alcohol testing, marijuana testing, AA/NA**
665 **meetings, counseling reports, employer reports, and supervision, restrictions on remote**
666 **employment, and no access to controlled substances while in the workplace.**

667

668 **RESOLVED to pursue a consent agreement with the applicant under 2017-000557 as a**
669 **condition for licensure as a pharmacist.**

670

	APPROVE	DENY	ABSTAIN	ABSENT
671				
672	Leif Holm	x		
673	Richard Holt	x		
674	Justin Ruffridge	x		
675	Lana Bell	x		
676	Tammy Lindemuth	x		
677	James Henderson	x		

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The motion passed with no further discussion.

TASK 6

Ms. Carrillo will forward the motion language to Investigator Jacobs on the matters for cases 2017-000092 and 2017-00057. *(Submitted 10/02/2020).*

Task 7

Chair Holt will sign the adoption order for case #2019-001474 and provide it back to the division. *(Completed 08/31/2020).*

Agenda Item 8 Correspondence

Time: 3:54 p.m.

Ms. Long left the meeting at 4:00 p.m.

The board returned back to correspondence.

Dr. Katherine Anderson, pharmacist from the ISU/UAA pharmacy program wrote to the board of pharmacy to support legislation requiring use of the National Precursor Log Exchange (NPLEx). The NPLEx is a free, computerized logging system to track Sudafed sales for pseudoephedrine (PSE). PSE can be manufacture red into methamphetamine. The correspondence further indicates that pharmacies in Alaska do not have free access to this database. Dr. Holm commented that we've never been beholden to know they've only purchased 3.6 grams per day and 9 grams per 30 days of PSE. Chair Holt commented that AS 17.30. Ms. Carrillo inquired if Sudafed related legislation is on the board's or has been on the AKPhA's radar.

Chair Holt pointed to AS 17.30.090 on page 54 of the board's statutes and regulations talks about federal statutes in regard to the amount, identification required, storage, access, and log books, but doesn't specify it must be a manual log book.

Task 8

Ms. Carrillo will reach out to AKPhA on whether they're aware of electronic log book for PSEs legislation or any legislation around Sudafed. *(Initiated 10/02/2020; Ms. Carrillo sent an email to Molly Gray and Ashley Schaber with the AKPhA; AKPhA forwarded inquiry to legislative committee on 10/05/2020).*

The board reviewed the letter from the Office of Management and Budget (OMB) in Washington, DC. from Russel Vought. This letter relates to an MOU to track compounding across states. Dr. Leif commented that he is currently receiving solicitations about how it's not good for the profession as it puts an undue burden on monitoring for pharmacies that ship out of state Dr. Holm added it seems like it would be a burden on the board to monitor those prescriptions. Ms.

721 Carrillo commented she recalled similar correspondence on national tracking for 3PLs and
722 inquired if they were related

723

724 **Task 9**

725 Ms. Carrillo will research previous correspondence from the FDA to assess whether it is related to
726 the OMB joint document from the APhA, APC, and NCPA opposing a national MOU to allow
727 reporting and record keeping of intrastate distribution of compounded drugs.

728 *(Completed 09/06/2020; Ms. Carrillo reviewed previous 2019 correspondence from the Drug Supply Chain*
729 *Security Act (DSCSA), which intends to build an electronic, interoperable system to identify and trace certain*
730 *prescription drugs as they are distributed in the United States. These appear to be related).*

731

732 **Agenda Item 7 Board Business**

Time: 4:08 p.m.

733

734 The board reviewed task lists from the previous meetings. One of the tasks was to submit travel
735 approval requests for Dr. Holm and Dr. Ruffridge to attend a compounding conference, however,
736 the dates and delivery of the conferences have since changed.

737

738 **Task 10**

739 Ms. Carrillo will look into compounding conferences and submit travel requests for Dr. Ruffridge
740 and Dr. Holm accordingly.

741 *(Completed 09/21/2020; Ms. Carrillo submitted a request for Dr. Holm to attend the virtual compounding*
742 *conference on September 21 and 22. This is the 3rd Annual Compounding Compliance conference.)*

743

744 Recess at 4:20 p.m.

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765
766 State of Alaska
767 Department of Commerce, Community and Economic Development
768 Division of Corporations, Business and Professional Licensing
769

770 Alaska Board of Pharmacy

771
772 DRAFT MINUTES OF THE EMERGENCY MEETING

773
774 August 27 – 28, 2020 Videoconference
775

776 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
777 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on
778 August 27 – 28, 2020. Due to the COVID-19 pandemic, in-person attendance was
779 not available.

780
781 **These are draft minutes and have not yet been approved by the board.**

782
783 Agenda Item 1 Call to Order/Roll Call Time: 9:06 a.m.

784
785 The day 2, August 28, 2020 videoconference was called to order by Chair, Rich Holt at 9:06 a.m.

786
787 Board members present, constituting a quorum:

788
789 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
790 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
791 James Henderson, RPh #PHAP1683
792 Lana Bell, RPh #PHAP893
793 Tammy Lindemuth, Public Member
794 Sharon Long, Public Member
795 Justin Ruffridge, #PHAP1787

796
797 Division staff present:

798
799 Laura Carrillo, Executive Administrator
800 Lisa Sherrell, PDMP Manager
801 Heather Noe, Occupational Licensing Examiner (Board of Pharmacy)
802 Ilsa Lund, Occupational Licensing Examiner (Board of Veterinary Examiners)

803
804 Members from the public present:
805

806 Ashley Schaber, Alaska Pharmacists Association/Alaska Native Tribal Health Consortium
 807 Jessica Adams, TelePharm
 808 Molly Gray, Alaska Pharmacists Association

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

811
 812 The board reviewed the agenda for day 2.

813
 814 **On a motion duly made by Tammy Lindemuth to approve the meeting agenda, seconded**
 815 **by Rich Holt, and approved unanimously, it was:**

816
 817 **RESOLVED to accept the August 28, 2020 meeting agenda as written.**

	APPROVE	DENY	ABSTAIN	ABSENT
820 Leif Holm	x			
821 Richard Holt	x			
822 Justin Ruffridge	x			
823 Lana Bell	x			
824 Tammy Lindemuth	x			
825 James Henderson	x			
826 Sharon Long	x			

827
 828 The motion passed with no further discussion.

829
 830 **Agenda Item 3 Ethics** **Time: 9:16 a.m.**

831
 832 There were no ethics disclosures to report.

833
 834 **Agenda Item 4 Legal Opinion Reviews** **Time: 9:11 a.m.**

835
 836 Ms. Carrillo reminded the board there had been several legal opinions requested, five of which
 837 have been returned by the Department of Law.

838
 839 PDMP MOUs

840 Ms. Carrillo referred to the legal opinion request in the board’s packet on whether the board must
 841 continue to execute MOUs with clinics, facilities, and hospitals prior to approving a PDMP data
 842 integration request with each practices’ electronic medical record (EMR) system. The legal opinion
 843 returned was that the board will have to move forward with that process until a statute change can
 844 be made explicitly allowing these one-way integrations. Ms. Carrillo informed the board that the
 845 current process is approximately 6 – 8 months and is in large part driven by the need to ensure
 846 every provider has the proper credentials and have paid the requisite fees to access the database;
 847 this is a manual process with sometimes hundreds of providers at one clinic to verify.

848 The board was informed that PDMP staff were working with Appriss to turn on a provider
849 authorization feature that could check credentials on the backend, but it would not check whether
850 the fee has been received. Ms. Carrillo commented that each of the boards with PDMP
851 requirements are beginning to ensure their licensees are up to date on these fees. The board was
852 also informed by Ms. Carrillo that there is a possibility of practices allowing providers to access
853 the PDMP in their EMR via the medical directors' credentials, even if they do not have their own
854 account as currently required in regulation, 12 AAC 52.855, which is problematic.

855
856 Chair Holt commented that while credentials are checked prior to approval, staff rotates; they may
857 hire and fire people, and it won't be known to the board as to when these staff changes are
858 occurring, but that it should be up to the practice to maintain that. Ms. Carrillo agreed,
859 commenting this was taken into consideration when the legal opinion request was submitted;
860 PDMP staff will never be 100% certain who is employed at any given time at a practice and so
861 questioned whether continuous follow-up was needed. Ms. Sherrell commented that provider
862 authorization would validate any new credentials, which would help to an extent to automate that
863 process. Chair Holt inquired whether this feature was going to turn on at the end of August, to
864 which Ms. Sherrell confirmed.

865
866 Multiple PDMP accounts
867 This legal opinion was around whether a provider working in multiple practices settings (e.g.:
868 federal IHS/VA/or military and non-federal) or had two separate professional licenses (e.g.:
869 dentist and pharmacist) should have two separate PDMP accounts since accounts are assigned to
870 emails that preferably should be issued by the provider's employer. Ms. Carrillo stated this
871 scenario comes up often with staff, and added that the current process is to ask the provider to set
872 up multiple accounts if they are working in two separate capacities because they are accessing a
873 separate patient population under each account. However, the limitation is the database prevents a
874 provider from creating a second account if the DEA # is already taken, and the board doesn't
875 have authority to require separate DEAs for each practice and there is no regulation requiring
876 PDMP accounts to be associated with the employer.

877
878 AAG Dinegar-Milks at the Department of Law was not able to provide clear guidance around
879 practicing in multiple settings and sharing DEA numbers; however, she was able to provide
880 guidance that a provide clarity that a provider with two separate professional licenses should have
881 two separate accounts as there are separate scope of practices for each. This will also help
882 distinguish, in the event there is an investigation, which board has the authority to investigate and
883 discipline the licensee.

884
885 PDMP email accounts
886 This topic was not a legal opinion request. Ms. Carrillo revisited the topic of email accounts and
887 informed the board that if an email appears to be shared, staff will reach out to inform the licensee
888 they should choose an email unique and secure to them. Chair Holt and Dr. Ruffridge
889 acknowledged they had previously discussed this at the May meeting, specifically around security
890 concerns with personal- versus employer-issued emails for PDMP access.

891 Chair Holt referred to AS 17.30.200(t), which allows issuance of prescriber report cards that must
892 be sent directly and only to the provider to which the report is concerning. These are sent via
893 email, and so if the email is shared, that is a breach in confidentiality. There is also unsolicited
894 notifications that are issued to the prescriber as well as patient announcements that are sent
895 directly to emails. Ms. Carrillo commented that if it isn't explicitly stated anywhere in regulation
896 that emails have to be unique and non-shared, provider's may not be actively aware doing
897 otherwise could be a breach. Chair Holt added he doesn't believe there are providers nefariously
898 providing their personal email address to inappropriately share prescription information; that
899 maybe the thought process doesn't consider that potential confidentiality issue. Ms. Sherrell stated
900 there is an attestation to confidentiality when a provider creates an account, though there are many
901 instances where emails appear to be shared or belong generally to a practice.

902
903 Dr. Ruffridge commented that work addresses may have more of a potential for breaches in
904 confidentiality due to work stations becoming a little more mobile. In Dr. Ruffridge's practice,
905 they have 3 – 4 separate computers, so he created a separate, PDMP-specific email because it
906 offers the greatest confidentiality option for the work environment. Ms. Sherrell commented it
907 could be an optics issue where the employer email could appear confidential but if it's on a mobile
908 device, there is a risk of that being lost and opening up a potential for breach. Dr. Ruffridge
909 understood this generally to be the onus of the provider to determine what is most confidential in
910 their case. Chair Holt agreed with Lisa's concern around logging in to a mobile device, bringing
911 that home where a spouse, friend, or children could login.

912
913 Chair Holt requested a legal opinion from the department of law on email accounts.
914 Dr. Ruffridge requested we incorporate some sort of other security feature, like a two-factor
915 authentication mechanism, which is becoming mainstream because it is secure and fairly simple to
916 set up. Chair Holt agreed and Ms. Long strongly recommended there by authentication built in to
917 every login.

918
919 Chair Holt added that as the body responsible for ensuring security, the Board of Pharmacy as
920 leaders will need thoroughly address this. It may come up in the board's legislative audit next year.

921
922 **TASK 11**

923 Ms. Carrillo will put in a legal opinion request for guidance on whether the board can require
924 employer-issued emails or if they can be personal, with examples of scenarios that might result in a
925 confidentiality breach, e.g.: mobile access.
926 *(Initiated 10/06/2020).*

927
928 PDMP timeframe to register
929 This opinion was returned in July. The Board of Pharmacy has the authority and is required under
930 AS 17.30.200(h) to set the timeframe to register, though other boards have established their own
931 timeframes via motions (not regulation).

932

933 The main point is communicating to all licensees that their timeframes to register will be moot
 934 because only the Board of Pharmacy has the authority to set the timeframe for each practitioner.
 935 Ms. Carrillo commented that the majority of the boards developed a 30-day timeframe to register,
 936 such as the Medical Board and the Board of Examiners in Optometry, which the Board of
 937 Pharmacy actually mirrored. The Board of Nursing established a 120-day timeframe and the
 938 Veterinary Board of Examiners established a 180-day timeframe.

939
 940 Chair Holt expressed his concern for these long timeframes to register and called on Ms. Lund for
 941 her insight with the Board of Veterinary Examiners. Ms. Lund commented that with regards to the
 942 PDMP, seeking legislative exemption is their main priority and so the 180-day timeframe was to
 943 wait out the legislative session.

944
 945 PDMP staff have been reminding boards and their staff of the importance to communicate that
 946 providers cannot be prescribing federally scheduled II – III controlled substances unless they are
 947 registered with the PDMP. Legally, this is a requirement in order to prescribe. Ms. Sherrell started
 948 a recommendations section in each affected board report that providers address registering prior
 949 to prescribing. Ms. Carrillo commented that quarterly report data shows there are populations of
 950 prescribers who are indeed prescribing these controlled substances without being registered.

951
 952 **On a motion duly made by Rich Holt to amend 12 AAC 52.855(a), seconded by Justin**
 953 **Ruffridge, and approved unanimously to read: “a licensed pharmacist practicing in the**
 954 **state shall register with the prescription drug monitoring program’s controlled substance**
 955 **prescription database (PDMP). Registration must be completed within 30 days of initial**
 956 **licensure if employment will involve dispensing a schedule II, III, or IV controlled**
 957 **substance under federal law. A prescriber shall register within 30 days after the date of**
 958 **initial licensure under AS 08 ad the date of obtaining a DEA registration, whichever date is**
 959 **later.**

- 960
 961 (1) If not dispensing in the state, a pharmacist must submit a PDMP dispensation
 962 exemption form provided
 963 by the board within 30 days of initial licensure.
 964 (2) If a pharmacist who submitted a dispensation exemption form but will have a
 965 change in dispensing status must register before dispensing.”
 966

967 It was **RESOLVED** to amend 12 AAC 52.855(a).
 968

	APPROVE	DENY	ABSTAIN	ABSENT
969 Leif Holm	x			
970 Richard Holt	x			
971 Justin Ruffridge	x			
972 Lana Bell	x			
973 Tammy Lindemuth	x			
974				

975	James Henderson	x
976	Sharon Long	x

977
978 The motion passed with no further discussion
979

980 **TASK 12**

981 Ms. Carrillo will submit the board’s proposed language on the timeframe to register with the
982 PDMP to the regulations specialist for cursory review by the Department of Law.
983 *(Initiated 08/28/2020).*
984

985 Zero reporting to the PDMP

986 The board had previously attempted to adopt regulations requiring zero reporting, since it is not
987 currently clear in regulation or mentioned in statute. Department of Law returned their opinion
988 that “zero report” is not a known term amongst providers; however, Ms. Carrillo indicated it is an
989 industry-recognized term as it is used in the data dispenser user guide, miscellaneous letters and
990 training manuals, and in the reporting database, ClearingHouse, where these reports are submitted.
991 AAG Weaver provided alternative language to speak to the requirement to report even
992 prescriptions not dispensed that day. Chair Holt commented on AAG weaver’s suggested
993 language to report on a “form”, though a form is not used because it is submitted electronically.
994 The board could remove this word from the proposed zero reporting language.
995

996 Ms. Carrillo commented that for zero reporting, an important distinction is that providers can only
997 submit these to ClearingHouse. For non-zero reports, a provider can submit the data directly to
998 the PDMP or to ClearingHouse, but only the latter is available for zero reporting. Ms. Carrillo also
999 added that after discussions with the Board of Veterinary Examiners around the confusion with
1000 reporting, she and Ms. Sherrell worked with Appriss Health to create a video for instructions on
1001 how to do this. The video has been posted online: <https://vimeo.com/454078725>
1002

1003 Remote order entry

1004 This legal opinion request is still pending but is around entities located outside of the state that are
1005 engaged in order entry verification of prescriptions or other pharmacy services. The question is
1006 whether pharmacies located outside of the state are able to engage in this because remote order
1007 entry currently only applies to remote pharmacies, which can only be licensed within the state. Dr.
1008 Ruffridge expressed his concern that pharmacies out of state are providing services within our
1009 state remotely but expressed that perhaps during COVID-19, it may not be the most appropriate
1010 time to clamp down, although it still is restricted to in-state pharmacies because the central
1011 pharmacy must be in Alaska. Dr. Ruffridge also commented that the board does have a duty to
1012 protect their job market and it could negatively affect local services if the same services are
1013 originating from out of state.
1014

1015 Chair Holt informed Dr. Ruffridge that the board had previously tried to require out-of-state
1016 pharmacies to adhere to certain laws; however, the Department of Law issued guidance that this is
1017 a registration rather than a license category. The board lacks the regulatory authority for

1018 registrations as they would for licenses, and the board currently is not authorized to license non-
1019 resident pharmacies; it would require a statute change to enforce and discipline certain
1020 requirements. Chair Holt also added that the board lacks the authority to require pharmacy
1021 personnel, like a PIC, from non-resident pharmacies to be licensed. The recollection was that AG
1022 Weigand looked back to understand the legislative intent behind this restriction and reported back
1023 to the board that the intent was that these non-resident pharmacies operate under the jurisdiction,
1024 with which they're in and not under the requirements set by the Alaska Board of Pharmacy.

1025

1026 **Task 13**

1027 Ms. Carrillo will follow-up on the previous task of requesting a legal opinion on remote order
1028 entries.

1029 *(Sent follow-up 10/06/2020).*

1030

1031 Extending CE and inspection report due dates

1032 This was addressed during day 1 of the meeting.

1033

1034 Automated drug kiosks

1035 This was around whether the board could establish regulations are automated drug kiosks. Chair
1036 Holt drafted language to be sent to Department of Law, which was forwarded on August 10, 2020
1037 with a response provided on August 19. The main takeaway from Department of Law is that a
1038 statute change is needed but that it is doable. AAG Weigand and Dinegar-Milks indicated changes
1039 would need to be made, such as clear definitions around what an automated kiosk is and
1040 specifications around security and where they can be located. AAG Milks commented: physical
1041 facilities for storage and dispensing drugs must comply with the 2013 federal Drug Supply Chain
1042 Security Act (AS 08.80.030(b)(7) and (d)).

1043

1044 Chair Holt reflected on LAW's feedback: is it a dispensing machine based on the definition of
1045 dispensing or does it eventually become a distributing mechanism? Ms. Carrillo recalled Arizona
1046 separately licenses kiosks as a distinct category. Chair Holt commented that yes, if the board
1047 wanted to license these separately, a statute change would be needed, but the board is interested in
1048 creating regulations for pharmacies within their existing authority. The board will take LAW's
1049 feedback into consideration as they further develop this new regulation section.

1050

1051 **Agenda Item 5 Regulations Time: 10:28 a.m.**

1052

1053 Ms. Carrillo reminded the board of the regulations work flow document, which will always be
1054 included in board packets when the board has regulations as an agenda item topic. It is not a
1055 document the board has to routinely review but is provided only for reference. Ms. Carrillo also
1056 commented the board's emergency regulations, which were adopted in April, become permanent
1057 on August 30.

1058

1059

1060

1061 PDMP Regulations

1062 The board reviewed the draft regulations included in the packet and considered changes to 12
1063 AAC 52.855 for the registration requirement. Dr. Ruffridge commented on the current renewal
1064 application, which requires the pharmacist to enter the DEA # if they want to renew online. Ms.
1065 Carrillo clarified that the online application is only for pharmacists who are required or want to
1066 register with the PDMP, in which case they would need to provide their employer DEA #. Not
1067 every pharmacist works in retail, so if they do not have an employer DEA #, they would fill out
1068 the paper renewal application.

1069
1070 The board discussed requiring every pharmacist to register, regardless of whether they are living in
1071 or dispensing in Alaska. Ms. Carrillo commented that it does make compliance tracking with
1072 registration tricky, because we don't always know when a pharmacist moves out of state or no
1073 longer dispenses because of changes in employment. The board had previously discussed this but
1074 there wasn't a consensus. Dr. Ruffridge expressed that he would be in favor of requiring every
1075 pharmacist to be registered just as part of being licensed in Alaska, acknowledging that
1076 requirements to register has been a burden for pharmacists because of the "policing" perspective
1077 prescribers tend to have.

1078
1079 Chair Holt commented that it would improve efficiency with tracking requirements especially
1080 when there are investigative resources expended opening up a case to pursue a potential non-
1081 compliance matter with registration, which may at the end of the day end up being a non-issue
1082 because that pharmacist wasn't even required to register in the first place. Chair Holt commented
1083 it should be simpler, to which the board agreed. Dr. Ruffridge added it could improve the
1084 functioning of the PDMP when resources can be efficiently directed to the program rather than
1085 tracking down who may have violated what, without having concrete certainty around a potential
1086 violation.

1087
1088 Ms. Sherrell commented on how common it is to be in communication with a provider who paid
1089 the PDMP, but doesn't have to register because they don't live in Alaska or don't have a DEA,
1090 and so you have to discuss their circumstances, offer and process refunds, and document that
1091 correspondence; you're consuming resources for something that could be simplified. Ms. Carrillo
1092 added pharmacists are willing to pay the extra \$25.00 PDMP fee even if they aren't required to use
1093 the database just so they can proceed with online renewals, which indicates convenience is highly
1094 valued, though it does require more time and work for staff to deal with these refunds and
1095 communication. Sharon Long also expressed her concern with the wasted resources. Ms.
1096 Lindemuth agreed it would make sense in terms of being more effective, to require everyone to
1097 register. Dr. Holm expressed concern about requiring pharmacists to pay for a system they aren't
1098 required to use, recalling the significant blowback we received when we had initially proposed the
1099 fee.

1100
1101 Ms. Carrillo informed the board that on the back end, they were working on improving
1102 administrative processing efficiency by collecting the PDMP fee along with the professional
1103 license fee. In addition, PDMP staff were working with affected board staff on being sure to

1104 capture DEA designations and dispensing designations that will allow for better tracking of who is
1105 required to register and who is required to report. Ms. Carrillo commented that data would be
1106 most accurate during renewals because this is the opportunity every two years to assess for
1107 updates. While licensees are responsible for updating the details of the PDMP registration, such
1108 as delegate access and employment information, or whether they still hold a DEA or dispense,
1109 providers generally aren't proactive with updating their account.

1110
1111 The board acknowledged Laura and Lisa's efforts to educate each prescribing board and their
1112 licensees on how to register, but it is ultimately up to the boards to ensure their licensees comply.
1113 Chair Holt also praised Ms. Lund for her efforts with the Board of Veterinary Examiners. Ms.
1114 Sherrell informed the board she developed an education and outreach plan and would be
1115 progressing that priority in the weeks and months to come.

1116
1117 **Agenda Item 5 PDMP Update Time: 11:03 a.m.**

1118
1119 Disciplinary Matrix
1120 While on the topic of the PDMP, the board returned to discussing the disciplinary matrix for failure to
1121 register and report. Chair Holt reminded the board that they had sent out a letter (July 7, 2020) reminding
1122 all providers, including pharmacists and providers, of the requirement to register with and use the
1123 database. The board sent another letter (August 17, 2020), informing all pharmacists with Alaska addresses
1124 that they are required to register if dispensing in the state, and that the board intends to assess a fine
1125 beginning October 1 for pharmacists who don't register within 30 days.

1126
1127 Chair Holt commented to the board that what is left for the disciplinary matrix is to determine criteria for
1128 when a pharmacist is referred to the investigative unit for failure to report. Ms. Bell commented that we
1129 may not have enough data to address this issue right now, adding that she believes the goal should be to
1130 collect data over a period of time, decide what the problems are and what should be penalized and how
1131 and when. Chair Holt stated we have the data and have a good idea of who may be delinquent, but the
1132 board needs to begin messaging to licensees now.

1133
1134 Ms. Carrillo recalled the notification process from a few years prior where a wide net had to be cast
1135 because there are nuances and exemptions to who may not be required to report, which at the time was
1136 unknown to the board because the data on dispensing status wasn't being tracked. Chair Holt recalled it
1137 was a very manual process. Ms. Carrillo added that the letters would go to the address on file, which isn't
1138 always accurate. Dr. Ruffridge responded that it could be an area of additional discipline as we're required
1139 to keep our addresses up to date; we need to be taking notices seriously so should be keeping our
1140 addresses current in order to receive them. Ms. Bell commented that maybe by the third notice is when
1141 discipline should be issued.

1142
1143 **Agenda Item 6 Lunch Time: 11:49 a.m.**

1144
1145 Chair Holt called for lunch.

1146
1147 *Off record for lunch at 11:49 a.m.*

1148 *Back on record from lunch at 1:07 p.m.*

1149 **Agenda Item 5** **PDMP Update** **Time: 1:07 a.m.**

1150
1151 The board continued to discuss reporting. Ms. Carrillo indicated that the real-time communication
1152 enhancement from Appriss could help fill the reminder need and improve compliance with reporting. Ms.
1153 Bell inquired to the board whether they were aware of pharmacies still reporting manually, to which Dr.
1154 Holm responded his pharmacy software is not yet automated. Dr. Holm added reporting only takes him
1155 about 25 seconds every night. Dr. Henderson also indicated he reports manually, and that 99% of those
1156 are zero reports. The board discussed repeat offenders or failing to report versus forgetting to report here
1157 and there for various reasons.

1158
1159 The board discussed the potential discipline occurring in three stages along the lines of below:

1160
1161 **Step 1:** Warning/notification – pharmacists will be notified of the board’s intent to pursue disciplinary
1162 action for failure to report

1163
1164 **Step 2:** The pharmacist is notified – this will be the first in a regularly scheduled assessment for delinquent
1165 reporting. This may occur quarterly.

1166
1167 **Step 3:** Non-compliant in subsequent review of reporting status - the pharmacist is referred to the
1168 investigative unit where a fine of \$5,000 will be assessed

1169
1170 The board intends to send a notice informing pharmacists this will take effect January 1, 2021.

1171
1172 **Agenda Item 7** **Return to Regulations** **Time: 2:22 p.m.**

1173
1174 Refills

1175 The board returned to discussion on regulations, specifically continuation of therapy and
1176 dispensing refills beyond a year under 12 AAC 52.470. Chair Holt reiterated the regulation that
1177 refills cannot be dispensed after a year and prompted the board to discuss how it relates to the
1178 continuation of therapy. Ms. Bell stated there might be a scenario in which a refill isn’t available
1179 due to it expiring the day before, for example, and so if a patient comes into the pharmacy
1180 requesting the continuation, could the pharmacy issue it? Sharon Long agreed there should be a bit
1181 of flexibility in grace to tide the patient over until their provider is available to issue a new
1182 prescription.

1183
1184 Looking at 12 AAC 52.470(g), Dr. Ruffridge recalled Dr. Holt had stated earlier that a prescription
1185 resulting from continuation of therapy would have the same written date as the previous
1186 prescription. It was also Dr. Ruffridge’s understanding that if the prescription were not to
1187 continue, that would expire, but that there should be the option to continue that therapy; to allow
1188 pharmacists to write an additional supply would require that new prescription. Dr. Holm
1189 commented that on day 365, if the patient is unable to get a hold of their doctor, the pharmacist
1190 could do a continuation of therapy for 30 days to bridge them in the event they run out of their
1191 medication. Dr. Ruffridge’s concern was around clarity around the timing of continuation of
1192 therapy so it isn’t interpreted as a new prescription out of nowhere. Chair Holt commented that a
1193 prescription drug order is defined in regulation, so it can’t be broadly interpreted. If the regulation

