

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 FINAL MINUTES OF THE EMERGENCY MEETING  
8

9 November 5 - 6, 2020 Videoconference  
10

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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 November 5 - 6, 2020. Due to the COVID-19 pandemic, in-person attendance was  
14 not available.

15  
16 Agenda Item 1      Call to Order/Roll Call      Time: 9:06 a.m.  
17

18 The day 1, **November 5, 2020** videoconference was called to order by Chair, Rich Holt at 9:06  
19 a.m.  
20

21 Board members present, constituting a quorum:  
22

23 Richard Holt, PharmD #PHAP2008, MBA – *Chair*  
24 Leif Holm, PharmD #PHAP1606 – *Vice Chair*  
25 James Henderson, RPh #PHAP1683  
26 Lana Bell, RPh #PHAP893  
27 Tammy Lindemuth, Public Member  
28 Sharon Long, Public Member  
29 Justin Ruffridge, #PHAP1787  
30

31 Division staff present:  
32

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

41 Members from the public present/registered:  
42

- 43 Kara King, ANMC
- 44 Coleman Cutchins, AK HSS
- 45 Erin Selby, NCPA
- 46 Charles Semling, DHSS
- 47 Michelle Hoyt
- 48 Ursula Iha, Bartlett Regional Hospital
- 49 Ashley Schaber, Alaska Pharmacists Association/ Alaska Native Tribal Health Consortium
- 50 Lorri Walmsley, Walgreens
- 51 Janelle Solbos
- 52 Ademola Are, National Community Pharmacist Association
- 53 Josh Fillible, Maniilaq Health Center
- 54 Dale Masten, Genoa Healthcare
- 55 Molly Gray, Alaska Pharmacists Association
- 56 Tom Wadsworth, UAA/ISU Doctor of Pharmacy Program
- 57 Erin Narus, SOA/HCS
- 58 Heather Heidorn, CRNA

60 **Agenda Item 2      Review/Approve Agenda      Time: 9:09 a.m.**

61

62 The board reviewed the agenda for day 1. Tammy Lindemuth requested the CSAC update be  
 63 moved earlier due to a scheduling conflict. Ms. Carrillo suggested moving it immediately after  
 64 Agenda Item #5, the PDMP update, as a new subsection H since it relates to controlled  
 65 substances.

66

67 **On a motion duly made by Tammy Lindemuth to approve the meeting agenda, seconded  
 68 by Justin Ruffridge, and approved unanimously, it was:**

69

70 **RESOLVED to accept the November 5, 2020 meeting agenda as amended.**

71

	<b>APPROVE</b>	<b>DENY</b>	<b>ABSTAIN</b>	<b>ABSENT</b>
72 Leif Holm	x			
73 Richard Holt	x			
74 Justin Ruffridge	x			
75 Lana Bell	x			
76 Tammy Lindemuth	x			
77 James Henderson	x			
78 Sharon Long	x			

79

80

81 The motion passed with no further discussion.

82

83 **Agenda Item 3      Ethics      Time: 9:12 a.m.**

84

85 For transparency, Chair Holt reminded the board and the public that he currently participates in  
86 the biweekly COVID-19 board chairs meeting as well as the biweekly PDMP board chairs  
87 meeting.

88

89 Dr. Ruffridge indicated he would abstain from voting on the collaborative practice agreement  
90 (CPA) application for Soldotna Specialty Pharmacy, for which he is the Director of Pharmacy  
91 Services.

92

93 **Agenda Item 4      Review/Approve Meeting Minutes      Time: 9:13 a.m.**

94

95 The board reviewed the draft minutes from the August 27-28, 2020 meeting that was held via  
96 Zoom. Ms. Lindemuth noted that Katholyn Runnels’ name was still spelled incorrectly on line  
97 470.

98 Sharon Long commented that she was listed as absent early on in the meeting. Ms. Carrillo  
99 indicated she would double-check the minutes and make corrections as appropriate.

100

101 **TASK 1**

102 Ms. Carrillo will correct Katholyn Runnels’ name in the August 27-28, 2020 meeting minutes.  
103 *(Completed 11/07/2020.)*

104

105 **TASK 2**

106 Ms. Carrillo reviewed the meeting minutes and audio recording; Ms. Long is listed as absent  
107 during the voting of the August 27, 2020 day 1 agenda, which began at 9:09 a.m. Ms. Long joined  
108 the room at 9:12 a.m. so was not present during this time. The minutes do not need to be  
109 corrected.

110

111 **On a motion duly made by Lana Bell to approve the meeting agenda, seconded by Justin**  
112 **Ruffridge, and approved unanimously, it was:**

113

114 **RESOLVED to accept the August 27 – 28, 2020 meeting minutes with the**  
115 **correction to Katholyn Runnels’ name.**

116

	<b>APPROVE</b>	<b>DENY</b>	<b>ABSTAIN</b>	<b>ABSENT</b>
117 Leif Holm	x			
118 Richard Holt	x			
119 Justin Ruffridge	x			
120 Lana Bell	x			
121 Tammy Lindemuth	x			
122 James Henderson	x			
123 Sharon Long	x			

124 The motion passed with no further discussion.

125

126

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

**Time: 9:20 a.m.**

128

129 *Registration and Use Summary*

130 Ms. Sherrell presented the board's [November PDMP report](#), informing them that in the area of  
131 registration, the board will get a better sense of what compliance looks like after renewals from  
132 updated information from pharmacists on their dispensing status. Ms. Sherrell also informed the  
133 board that the license integration project was not successful, though it still is the intent to move  
134 forward with that feature. The report also indicates efforts with the PDMP's current vendor to  
135 turn on an automatic notification feature when a provider has missed a day of reporting.  
136 For the report period, there were more registered pharmacists than are dispensing, representing  
137 over a 100% registration compliance rate; however, this data is not to indicate there are no issues  
138 with non-compliance among licensees. Inflating compliance is the number of pharmacists who are  
139 registered but are not required to, as well as the population of pharmacists with active accounts  
140 but lapsed or expired licenses, which the license integration project would have deactivated had it  
141 launched successfully. Additionally, there are federal pharmacists who are registered but who are  
142 not required to under AS 08. A clearer picture of registration compliance will be provided in  
143 subsequent reports after the renewal season.

144

145 As other affected prescribing boards are currently in renewal, prescribers who are dispensing are  
146 going through the same process of being tracked for their compliance with reporting. Ms. Sherrell  
147 expressed concern over the number of prescribers who have indicated confusion over what it  
148 means to directly dispense.

149

150 Ms. Sherrell then pointed to the MME chart, indicated that the last time this chart was presented,  
151 there were alarming statistics with dangerous combinations (October through March), but that  
152 now from June through October, there have been marked decreases, e.g.: 87% decrease among  
153 APRN licensees, for example. Ms. Sherrell then pointed to the alarming number of providers who  
154 reviewed zero patients, but noted it had improved since the previous report. In between these two  
155 reports, Ms. Sherrell informed the board the PDMP did launch Clinical Alerts, which may have  
156 contributed to the decrease. Dangerous concurrent prescribing of opioids and benzodiazepines  
157 has also gone down.

158

159 Chair Holt inquired as to whether providers who may be exempt from reviewing, such as  
160 emergency physicians, were included in the data of no reporting. Ms. Sherrell stated she filtered  
161 out oncology, surgery, and emergency care specialties.

162

163 Chair Holt also commented that while it is important to acknowledge dangerous combinations,  
164 which the CDC recommends as dangerous, there is no regulation prohibiting this. In 2016 after  
165 SB74 passed, there was a Joint Committee on Prescriptive Guidelines that convened and  
166 recommended a 120 MMEs/day limitation, though the legislature did not codify that. Ms. Sherrell  
167 clarified they set the MME threshold in Clinical Alerts to 50 MME because that's what the  
168 Medical Board has set in regulations. Ms. Sherrell also recognized there could be legitimate clinical

169 reasons as to why a patient may be on dangerous concurrent prescriptions, though the data is to  
170 keep providers aware of when these combinations are present to assist in assessing risk.

171  
172 Dr. Ruffridge commented on the registration numbers, requesting more clarification on there  
173 being 100% compliance when this is rarely the case. Ms. Sherrell acknowledged compliance is  
174 rarely at 100% but that on paper, the total numbers of registrations have exceeded the number  
175 who are required to register. Chair Holt commented that if the data is cleaned to remove those  
176 who aren't required to register, stale accounts, or filtered out by those who didn't register on time,  
177 compliance is not at 100%.

178  
179 Dr. Holm inquired whether there was a way to filter out those pharmacists who are not in Alaska  
180 and therefore are not required to register, also commenting there seems to be a large percentage of  
181 pharmacists who are registered but do not dispense. Ms. Carrillo responded there are two ways we  
182 are doing this now: filtering out those pharmacists without Alaska addresses and filtering out  
183 pharmacists who do not have a dispensing designation tied to their license. Ms. Carrillo added that  
184 part of what is contributing to skewed data is that non-dispensing or out-of-state pharmacists are  
185 able to register if they want to, and many opted to only because it allowed them to renew their  
186 pharmacists license online versus on paper.

187  
188 PDMP Recommendations

189 The report continues with a recommendations section, which is similarly provided in other board  
190 reports for the prescribing boards and include recommendations to increase use through delegate  
191 access and to ensure user roles are accurate as these affect the accuracy of prescriber report cards.

192  
193 Grant Updates

194 Ms. Sherrell sharing the news that the division received two grants: one from the Bureau of Justice  
195 Assistance (BJA) and another for the Statewide Opioid Response (SOR). The BJA award  
196 document has still not been released, so it is unclear which activities the funding will support;  
197 however, the BJA grant is for enforcement purposes.

198  
199 PDMP MOUs

200 Ms. Carrillo presented the intrastate and interstate datasharing update to the board, noting there  
201 were no new intrastate connections since the last report in August. There were new connections  
202 via PMP InterConnect "PMPi", which is a datasharing hub between states. Connecticut, Hawaii,  
203 and Wyoming have all integrated bidirectionally with the Alaska PDMP via PMPi, and Nebraska is  
204 pending with the BJA's/IJIS' datasharing hub, RxCheck. From August – October 2020, there was  
205 a 17% increase in the number of patient reviews performed through integrated states compared to  
206 the same timeframe in 2019. Ms. Carrillo also informed the board that the Military Health System,  
207 which launched their own PDMP in December 2018, has signed their part of the MOU, but is  
208 awaiting signatures on DCCED's end with execution expected to occur soon. The Veterans  
209 Health Administration (VHA) is also working with PDMP staff to integrate access.

210  
211 RFP Update

212 Ms. Sherrell informed the board that the RFP was out and due for responses soon, and that  
213 because of this, integration and enhancement projects are being put on hold. We are expected to  
214 have a vendor selected by the end of the year.

215

216 Statewide Opioid Action Plan Review Summit 2020

217 Ms. Carrillo attended the 3-day opioid summit to contribute to goals and strategies around the  
218 state's opioid response. Ms. Carrillo was assigned to the prescribing practices committee, where  
219 they focused on Goal 3, which aims to reduce the risks of substance misuse and addiction in  
220 Alaska. The group discussed prescriptive guidelines, which Chair Holt mentioned earlier (Joint  
221 Committee on Prescriptive Guidelines), but those efforts weren't codified by the legislature. The  
222 group also talked about incorporating different datasets into the PDMP, including overdose and  
223 MAT data to improve the clinical decision making of providers when reviewing patient  
224 prescription histories. The 2018 – 2022 Statewide Opioid Action Plan can be found here:  
225 <http://dhss.alaska.gov/osmap/Documents/Statewide-Opioid-Action-Plan-2018-2022.pdf>

226

227 PDMP Legislative Report

228 Ms. Carrillo reminded the board that the annual PDMP report to the legislature is due in  
229 February/March and inquired whether the board had any specific input on what to include this  
230 year. Chair Holt recommended including the extent of the Board of Pharmacy's education and  
231 outreach efforts as there have been a number of documents and resources put together to assist its  
232 licensees and licensees from other affected boards to better understand and comply with PDMP  
233 requirements. Chair Holt himself attended other boards' meetings to be a PDMP resource, such as  
234 for the Board of Veterinary Examiners, and has drafted a number of templates and guidance  
235 documents to assist with compliance.

236

237 Ms. Carrillo commented on the Awareness and Feedback Questionnaire, which Ms. Sherrell  
238 launched in February to gauge provider understanding of and challenges to PDMP use.  
239 Participants identified education and outreach as the lowest ranked barrier to using the PDMP,  
240 which doesn't diminish the need for continued education and outreach, but highlights that  
241 providers generally understand how to use the PDMP, but using it may be hindered by other  
242 factors, such as time.

243

244 Controlled Substances Advisory Subcommittee

245 Tammy Lindemuth presented her update of the CSAC. Ms. Lindemuth informed the board the  
246 CSAC last met on October 20<sup>th</sup>, where they continued discussing Kratom and moved forward as a  
247 board to put forth recommendations to the Governor to schedule mitragynine kratom and 7-  
248 hydroxymitragynine as schedule 3A drugs, which the Alaska crime lab has the capabilities to  
249 detect.

250

251 Ms. Lindemuth shared the CSAC also discussed spice and looked at Texas' statute that addresses  
252 synthetic cannabinoids and how implementation of the laws have been affecting their  
253 communities. The group also discussed gabapentin in Western Alaska, where it is highly abused. It

254 was ultimately decided to recommend to the Governor it be scheduled as a 5A drug. The CSAC is  
255 also further exploring definitions of marijuana, including CBD oil.

256  
257 Chair Holt inquired as to whether the CSAC considered reporting requirements since schedule Vs  
258 aren't required to be reviewed in or reported to the PDMP, or what other considerations were  
259 made in the recommendations. Ms. Lindemuth indicated that recommending scheduling has more  
260 to do with the prosecutorial aspect and the ability to have jurisdiction over gabapentin related  
261 crimes. Dr. Holm expressed concern over the prosecutorial approach, commenting the focus  
262 should be on identifying the misuse and abuse so it can be curtailed and identifying agents that  
263 contributes to illicit use. Dr. Holm referenced Portland, Oregon, which has decriminalizing heroin  
264 and cocaine. Ruffridge agreed, indicated that pregabalin, or Lyrica, which is a schedule V, is used  
265 in a similar fashion as gabapentin and can be combined with opiates. Dr. Ruffridge commented  
266 there needs to be a way to get this data into the PDMP and not be used punitively.

267  
268 Ms. Carrillo commented that schedule Vs used to be in the PDMP but was repealed in 2017  
269 because of the lower potential for abuse. Ms. Carrillo inquired whether there is a shift in use, in  
270 combination with illicit drugs. Ms. Lindemuth indicated it wasn't occurring on a large scale within  
271 the state but is more in Western Alaska. It was added that due to the pandemic and limited ability  
272 to import illicit substances, the availability of heroin has gone down, so people are able to order  
273 gabapentin at a cheap price and have it delivered via the postal service. Dr. Ruffridge's  
274 understanding is that the goal of scheduling gabapentin is to curtail it being used as a combo agent  
275 to extend or enhance their high when used in combination with opiates and gabapentin, which is  
276 contributing to massive increase in overdoses. Dr. Ruffridge indicated the benefit of being in  
277 PDMP is it would allow providers to see what is being prescribed and to help reduce diversion  
278 and misuse.

279  
280 Chair Holt informed the board that in order for gabapentin or Kratom to be reported to the  
281 PDMP, it would have to be scheduled federally. Ms. Carrillo commented that while schedule Vs  
282 aren't required to be reported, some providers report all prescriptions, including this schedule. It  
283 could be recommended that providers review schedule Vs even though it cannot be mandated.

284  
285 The board returned to discussing Kratom. Ms. Lindemuth shared that Kratom is a natural  
286 substance that mimics opioids as it acts on the opioid receptor. Dr. Holm commented it is being  
287 advertised in Fairbanks and can be easily purchased. Mr. Henderson stated that every federally  
288 scheduled drug is approved by the FDA, so it would seem to be a moot point to schedule Kratom.

289  
290 The board continued to address gabapentin, Kratom, and scheduling.

291  
292 Link to CSAC site: <http://www.law.state.ak.us/departments/criminal/csac.html>

293  
294  
295  
296

297 **Agenda Item 6**      **Investigative Report**

Time: 10:18 a.m.

298  
299 Investigator Jacobs joined the board to present their investigative report, which includes activity  
300 from August 18, 2020 and October 27, 2020. There were 43 matters opened and 11 cases closed  
301 during this time. There were no new probation matters to report. Investigator Jacobs indicated  
302 they've seen an influx in cases due to the board being in renewal. There were also two matters  
303 reopened from 2017 related to actions taking by the board during their August meeting related to  
304 renewal and reinstatement. There is also an enforcement action to address for case #2019-000720.  
305

306 Dr. Ruffridge inquired whether pharmacist applications go against a background check or whether  
307 the self-certification on the professional fitness section is adequate. From investigative perspective,  
308 Investigator Jacobs indicated they do their due diligence, but noted that with renewals, the referred  
309 matters are typically related to license issues as opposed to criminal activity history. Failure to  
310 disclose previous actions. To Dr. Ruffridges' concern over cross checking responses to self-  
311 certification of no adverse history, Dr. Holt added there isn't a way to validate to make sure that  
312 pharmacists was truthful in answering "no" to the professional fitness section.  
313

314 Consent Agreements

315 The board acknowledged they had a consent agreement matter, case #2019-000720, to discuss  
316 confidentially.  
317

318 **On a motion duly made by Lana Bell in accordance with AS 44.62.310(c)(2), and seconded**  
319 **by James Henderson, the board unanimously moved to enter executive session for the**  
320 **purpose of discussing subjects that tend to prejudice the reputation and character of any**  
321 **person, provided the person may request a public discussion.**  
322

323 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**  
324

	<b>APPROVE</b>	<b>DENY</b>	<b>ABSTAIN</b>	<b>ABSENT</b>
325 Leif Holm	x			
326 Richard Holt	x			
327 Justin Ruffridge	x			
328 Lana Bell	x			
329 Tammy Lindemuth	x			
330 James Henderson	x			
331 Sharon Long	x			

332  
333 The motion passed with no further discussion.  
334  
335

336 Staff members, Laura Carrillo and Carl Jacobs were authorized to remain in the room.  
337  
338



339 *Off record at 10:37 a.m.*

340 *On record at 10:47 a.m.*

341  
342 Upon return to the public meeting, Chair Holt clarified for the record that no motions were made  
343 during executive session.

344  
345 **On a motion duly made by Lana Bell in accordance with AS 44.62.310(c)(2), and seconded**  
346 **by Justin Ruffridge, to accept the consent agreement for case #2019-000720, it was:**

347  
348 **RESOLVED to accept the consent agreement in case # 2019-000720.**

	<b>APPROVE</b>	<b>DENY</b>	<b>ABSTAIN</b>	<b>ABSENT</b>
350				
351	Leif Holm	x		
352	Richard Holt	x		
353	Justin Ruffridge	x		
354	Lana Bell	x		
355	Tammy Lindemuth	x		
356	James Henderson	x		
357	Sharon Long	x		

358  
359 The motion passed with no further discussion.

360  
361 **TASK 3**

362 Ms. Carrillo will obtain the signed consent agreement for case #2019-000720 and forward to  
363 Investigator Jacobs along with a copy of the board's motion.  
364 *(Completed 11/09/2020.)*

365  
366 **Agenda Item 7      Board Business      Time: 11:02 a.m.**

367  
368 Investigator Jacobs informed the board there were two additional matters to address that were  
369 initially opened in 2017, case #s 2017-000092 and 2017-000557. Due to the nature of the matters,  
370 Investigator Jacobs recommended discussing these in executive session. Ms. Carrillo informed the  
371 board the individual involved in case #2017-000557 was present and had requested a discussion  
372 with the board.

373  
374 **On a motion duly made by Lana Bell in accordance with AS 44.62.310(c)(2), and seconded**  
375 **by Justin Ruffridge, the board unanimously moved to enter executive session for the**  
376 **purpose of discussing subjects that tend to prejudice the reputation and character of any**  
377 **person, provided the person may request a public discussion.**

378  
379 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**

380

	APPROVE	DENY	ABSTAIN	ABSENT
381				
382	Leif Holm	x		
383	Richard Holt	x		
384	Justin Ruffridge	x		
385	Lana Bell	x		
386	Tammy Lindemuth	x		
387	James Henderson	x		
388	Sharon Long	x		

389

390 The motion passed with no further discussion.

391

392 Staff members, Laura Carrillo and Carl Jacobs were authorized to remain in the room.

393

394 *Off record at 11:08 a.m.*

395 *On record at 12:22 p.m.*

396

397 Upon return to the public meeting, Chair Holt clarified for the record that no motions were made  
398 during executive session.

399

400 **On a motion duly made by Rich Holt for case #2017-000057, with conditions for licensure**  
401 **due to violations to 12 AAC 52.920(a)(4), AS 08.80.261(a2), (a9),a(11), and a(14), it was**  
402 **proposed to remove the condition of no access to controlled substances while in the**  
403 **workplace, given the applicant has successfully demonstrated professional behavior in his**  
404 **current treatment programs with the PA board of pharmacy over the past three years and**  
405 **to reduce drug testing and urine analysis to two years. With the condition that if after one**  
406 **(1) year, there are no issues related to the testing and analysis, the board will accept the**  
407 **license as successful, and seconded by Lana Bell, it was:**

408

409 **RESOLVED to accept the consent agreement in case #2017-000057 as amended to remove**  
410 **the condition of no access to controlled substances in the workplace and to reduce drug**  
411 **testing and urine analysis to two years.**

412

	APPROVE	DENY	ABSTAIN	ABSENT
413				
414	Leif Holm	x		
415	Richard Holt	x		
416	Justin Ruffridge	x		
417	Lana Bell	x		
418	Tammy Lindemuth	x		
419	James Henderson	x		
420	Sharon Long	x		

421

422 Discussion: Chair Holt commented that the applicant has professionally demonstrated over the  
423 past three years that a license is not needed because he is actively practicing under another license.  
424 Chair Holt expressed that the applicant's presence and time with the board today demonstrates his  
425 professionalism, and in the board's due diligence to protect the public while continuing to be a  
426 resource to applicants, he is comfortable with the amended terms of the agreement.

427

428 **TASK 4**

429 Ms. Carrillo will send the board's motion wording for case #2017-00057 to Investigator Jacobs.  
430 *(Completed 12/02/2020.)*

431

432 The application for Wedgewood Village Pharmacy, which was on the agenda for review/approval,  
433 will be reviewed and voted on via OnBoard.

434

435 **TASK 5**

436 Ms. Noe will upload the Wedgewood Village Pharmacy application for voting in OnBoard  
437 *(Completed; quorum established and license issued on 11/09/2020.)*

438

439 **Agenda Item 9      Lunch      Time: 12:28 p.m.**

440

441 Upon return to the record for lunch, Chair Holt opened up presentations for association and  
442 profession updates.

443

444 **Agenda Item 11      Industry/Profession Updates      Time: 1:10 p.m.**

445

446 *Alaska Pharmacists Association*

447 Molly Gray let the board know they are looking forward to receiving award nominations for  
448 recognition and that there are open positions for the board of directors, with December 1<sup>st</sup> being  
449 the deadline for each. Ms. The AKPhA will also be launching their immunization certificate  
450 program on November 22<sup>nd</sup>. Ms. Gray stated that both technicians and pharmacists may attend  
451 and that it is a fully ACPE- accredited certificate program. Ms. Gray has reached out to PTCB,  
452 and while that course isn't specifically accredited to technicians, techs can have up to 5 hours of  
453 pharmacy CE now applicable to their certificate via that board. They are looking at a technician-  
454 specific program to be available soon through APhA and Idaho State University

455

456 Ms. Gray thanked the board for their prompt response to DHSS' mandate on allowing technicians  
457 to provide immunizations, citing that other boards of pharmacies scrambled to get guidance  
458 together for their licensees. The board's guidance was sent through its ListServ.

459

460 Dr. Schaber also thanked the board for their responses and guidance through the pandemic before  
461 turning to the legislative proposal that was put together by the association's legislative committee,  
462 UAA, and Idaho State University. Dr. Schaber requested to the board that they review their  
463 practice modernization act proposal, make amendments as appropriate, and introduce this to the  
464 legislature. The goal of the proposal is for pharmacists to continue to provide clinical services that

465 they're already providing that are essential to the healthcare system both during the pandemic and  
466 beyond. Changes would be to title 21 to include pharmacists in the list of protected providers,  
467 update practice of pharmacy but stipulating medical services Alaska pharmacists already provide,  
468 and to update the scope of practice of pharmacy technicians to include vaccines. Ms. Schraber  
469 continued to explain that the amendments are intended to align contemporary compensation  
470 models with the range of patient health care services that Alaska pharmacists already provide.

471  
472 Alaska Department of Health and Social Services - Medicaid

473 Dr. Narus informed the board that the enrollment in Medicaid for pharmacy professional groups  
474 is very slow and is hoping that through the board or through other means, knowing that COVID  
475 is on its way, that there's encouragement for pharmacies and pharmacists to enroll in the Medicaid  
476 program, so that DHSS can get them processed through the various checks and make sure they  
477 are being reimbursed for their professional services. Dr. Ruffridge inquired how slow it was going,  
478 to which Dr. Narus indicated it was only one pharmacy and less than 25 pharmacists as of today,  
479 November 5. Dr. Narus indicated that some of the challenges are at the corporate level, but  
480 commented that if there was a way to expedite the application by going through the pharmacist-in-  
481 charge to get that application in; consult the NPI and licensure databases, it could help recoup  
482 administration costs for the vaccine. Chair Holt stated from his personal perspective, he has  
483 reached out to his corporation to progress on this, but there are conflicting priorities. Chair Holt  
484 indicated he would follow-up. Ms. Gray commented the AKPhA is providing a workshop, which  
485 could be a helpful push.

486  
487 Ms. Long inquired about the tiered system for COVID-19 vaccines; from the federal level, there  
488 are three phases for the vaccine rollout: Phase 1b is CMS-certified longterm; Phase 2 is community  
489 role out to high-risk populations/availability at pharmacies; and Phase 3 is for the general  
490 population. Smaller pharmacies not serviced in this rollout can receive immunizations through  
491 their state immunization program. Dr. Narus added that pharmacists must be enrolled in the  
492 Medicaid program in order to order vaccines.

493

494 **Agenda Item 12      Public Comment**

**Time: 2:13 p.m.**

495  
496 Dr. Cutchins encouraged the board to think flexibly in being able to provide services during the  
497 pandemic; adding that after speaking with federal leadership, is anticipating we will begin using  
498 monoclonal antibodies for treatment of COVID-19 cases in ambulatory care and possibly for  
499 post-exposure prophylaxis. Dr. Cutchins stated there will be many challenges, but honed in on IV  
500 infusions; they will be a single-stick for immediate use, so don't have to be in sterile setting. Drugs  
501 would have to be given within 3 days of a positive test, so time will be of the essence in reducing  
502 barriers. Dr. Cutchins encouraged the board to think about collaborative practice agreement  
503 changes and prescriptive authority.

504  
505 Chair Holt reminded the board about our limitations with allowing a pharmacist to prescribe and  
506 the barriers with collaborative practice approvals; a letter was written to the medical board in  
507 August of 2019 requesting they repeal the requirement for the agreements to be approved by the

508 board of pharmacy. Chair Holt is actively working with Dr. Wein from the medical on efforts to  
509 repeal this regulatory barrier.

510  
511 Dr. Ruffridge inquired about delegating board decision making to Ms. Carrillo on collaborative  
512 practice agreements. Chair Holt stated that the collaborative practice agreement regulations  
513 explicitly state they will be approved by the board. Ms. Carrillo added that we would have to have  
514 the medical board repeal the part about approval, then the board would seek a regulation change  
515 to add approval of collaborative practice agreements as a duty under the EA regulations.

516  
517 **Agenda Item 11      Industry/Profession Updates                                  Time: 2:24 p.m.**

518  
519 Following public comment, the board returned to industry updates.

520  
521 District 7 Resolution

522 Dr. Ruffridge provided a summary of the NABP’s resolution to be heard at their next meeting in  
523 May. The NABP is wanting to establish a task force to establish a member board to transition to a  
524 “just culture regulatory approach”. This resolution is to discuss whether or not it is appropriate for  
525 boards of pharmacies to institute a fine, penalty, or some other action to individual practitioners or  
526 pharmacists who encounter medication errors and to help resolve those issues without punitive  
527 action. Dr. Ruffridge indicated it was a new concept to him and was surprised to learn other  
528 boards of pharmacies had already addressed this issue in their regulations. Chair Holt indicated  
529 from his perspective that he is very familiar with “just culture”, because the company he works for  
530 is federally classified as a patient safety organization. A couple of years ago when he was looking  
531 through regulation, it always bothered him that they required a continuous quality improvement  
532 aspect of shared pharmacy services licenses, but not for other license types

533  
534 The meeting ended abruptly due to a Juneau-wide power outage. Agenda items not discussed on  
535 Day 1 were moved to Day 2.

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551 State of Alaska  
552 Department of Commerce, Community and Economic Development  
553 Division of Corporations, Business and Professional Licensing  
554

555 Alaska Board of Pharmacy  
556

557 FINAL MINUTES OF THE EMERGENCY MEETING  
558

559 November 5 - 6, 2020 Videoconference  
560

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561 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,  
562 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on  
563 November 5 - 6, 2020. Due to the COVID-19 pandemic, in-person attendance was  
564 not available.  
565

566 Agenda Item 1      Call to Order/Roll Call      Time: 9:07 a.m.  
567

568 The day 2, **November 6, 2020** videoconference was called to order by Chair, Rich Holt at 9:07  
569 a.m.  
570

571 Board members present, constituting a quorum:  
572

573 Richard Holt, PharmD #PHAP2008, MBA – *Chair*  
574 Leif Holm, PharmD #PHAP1606 – *Vice Chair*  
575 James Henderson, RPh #PHAP1683  
576 Lana Bell, RPh #PHAP893  
577 Tammy Lindemuth, Public Member  
578 Sharon Long, Public Member  
579 Justin Ruffridge, #PHAP1787  
580

581 Division staff present:  
582

583 Laura Carrillo, Executive Administrator  
584 Lisa Sherrell, PDMP Manager  
585 Heather Noe, Occupational Licensing Examiner (Board of Pharmacy)  
586 Jun Maiquis, Regulations Specialist  
587 Harriet Dinagar-Milks (Department of Law)  
588 Melissa Dumas, Admin Officer  
589

590  
591 Members from the public present/registered:  
592

593 Angela Wampler, Walgreens  
 594 Dale Masten, Genoa Healthcare  
 595 Lauren Paul, CVS Health  
 596 Michelle Hoyt  
 597 Jessica Adams, TelePharm a Cardinal Health Company  
 598 Molly Gray, Alaska Pharmacists Association  
 599 Ashley Schaber, Alaska Pharmacists Association/Alaska Native Tribal Health Consortium  
 600 Lorri Walmsley, Walgreens  
 601 Adam Chesler, Cardinal Health  
 602 Erin Narus, SOA/HCS  
 603 Heather Heidorn Copper River Native Association Pharmacy  
 604

605 **Agenda Item 2      Review/Approve Agenda      Time: 9:08 a.m.**  
 606

607 The board reviewed the agenda for day 2. Due to the power outage affecting the Juneau area, the  
 608 meeting abruptly ended shortly before 3:00 p.m. Chair Holt reviewed the agenda items that were  
 609 not addressed the previous day:  
 610

- 611 • Application review
  - 612 ○ 3 CPAs
- 613 • Review thefts and Loss
- 614 • Positive Statements
- 615 • FAQ review
- 616 • Professional fitness questions
- 617 • Correspondence
- 618 • Work group updates
- 619 • Administrative business  
 620

621 It was proposed to move position statements to the regulations discussion at 9:00 a.m.  
 622

623 **On a motion duly made by Tammy Lindemuth to approve the meeting agenda as**  
 624 **amended to include items from Day 1 missed due to the power outage, seconded by Justin**  
 625 **Ruffridge, and approved unanimously, it was:**  
 626

627 **RESOLVED to accept the November 6, 2020 meeting agenda as amended.**  
 628

	APPROVE	DENY	ABSTAIN	ABSENT
629 Leif Holm				x
630 Richard Holt	x			
631 Justin Ruffridge	x			
632 Lana Bell	x			
633 Tammy Lindemuth	x			
634				

635	James Henderson	x
636	Sharon Long	x

637  
638 The motion passed with no further discussion.

639  
640 **Agenda Item 3      Ethics      Time: 9:14 a.m.**

641  
642 There were no ethics disclosures to report.

643  
644 **Agenda Item 4      Regulations Overview      Time: 9:08 a.m.**

645  
646 *Leif Holm joined the room at 9:23 a.m.*

647  
648 Position Statements

649 Chair Holt referred to the examples provided in the board packet and explained to the board that  
650 they are ideal informational documents because of the ability to provide more background and  
651 context than what is typically provided in FAQs. Chair Holt stated that it could be helpful for the  
652 issue around delivery drivers as there are still gray areas around what they can and can't do; it  
653 would be useful to use as template to clarify what the board's intent is. The board considered  
654 removing FAQs and replacing the with position statements. Dr. Ruffridge commented it can  
655 sometimes be difficult to navigate a specific subject in the FAQs. Ms. Long commented that the  
656 public should keep the FAQs since it's a recognized term.

657  
658 Ms. Carrillo added that position statements don't have the force of law, do not create new laws,  
659 and do not repeal them; they provide clarification to licensees on the public on matters that are  
660 already within the scope of practice.

661  
662 Regulations: Delivery driver

663 Chair Holt commented that the language for pharmacy technicians likely came from NABP model  
664 act language, so it doesn't give very clear, concise details as to what they can and can't do. Chair  
665 Holt pointed to 12 AAC 52.230(a)(1), specifically to the terms "manipulative", "nondiscretionary"  
666 and "supportive staff", which are vague terms. Chair Holt indicated he researched the definition  
667 of dispense: "dispense" or "dispensing" is defined in AS 08.80.480(8) and means the preparation  
668 and delivery of a drug or device to a patient or patient's agent under a lawful order of a  
669 practitioner in a suitable container appropriately labeled for subsequent administration to, or use  
670 by, a patient.

671  
672 Chair Holt posed that since the board got rid of cashier and bookkeeper as functions requiring a  
673 technician license, does it really remove the requirement to have a license because they are  
674 working in the dispensing area? Dr. Ruffridge asked whether a cashier could grab a prepared  
675 prescription, ring it up, and give it to the patient without being a licensed technician? Chair Holt  
676 indicated that is the question; at present if you look at the definition of "delivery" and  
677 "dispensing", does the board consider preparation (grabbing the bag) and delivery (giving



678 prescription to patient) functions requiring a license? Dr. Ruffridge asked, by removing cashier  
679 from sentence maybe didn't do anything if the definition of delivery is to give the product to the  
680 individual, so it seems like all an unlicensed cashier can do is ring up the patient, and somebody  
681 else who is licensed would have to give that prescription to the patient.  
682

683 Dr. Holm stated that his question was not about bookkeeper or cashier, but that a pharmacy  
684 wanted to use the store employee, one who was not necessarily employed by the pharmacy, to  
685 stock, order, provide supportive assistance but not handle part of the prescription process. Chair  
686 Holt stated his recollection was that the board didn't want to list or limit what is included in  
687 "dispensing area." Dr. Holm agreed they should have stated, "excluded cashier and bookkeeper."  
688 Dr. Ruffridge stated that even if the word "excluded" was used, it wouldn't change the statutory  
689 definition of "deliver". Chair Holt responded that it would still provide clarity as to what could be  
690 done.  
691

692 *Harriet Dinegar-Milks joined the room 9:52 a.m.*  
693

694 Chair Holt commented to AAG Dinegar-Milks: when we look at statutory definition of  
695 "dispensing" under a prescription drug order, it includes preparation and delivery, so in any  
696 pharmacy where there is preparation and delivery, which is also defined in statute, by removing  
697 and eliminating the cashier and bookkeeper perspective, it is creating gray area as to whether a  
698 cashier still falls in the statutory definition because they are looking in the delivery area. AAG  
699 Dinegar-Milks stated that any whomever has access to the prescription, that person is acting to  
700 deliver the drug under a lawful prescription. Dr. Ruffridge commented that the board should have  
701 just removed all of (2), to which AAG Milks agreed; a cashier or bookkeeper is a supportive staff  
702 member. Chair Holt stated that (a)(1) and (a)(2) are tied together as an "and". AAG Dinegar-Milks  
703 stated she believes a cashier or bookkeeper would not need a technician license because they are  
704 not performing functions associated with a pharmacy.  
705

706 Ms. Long expressed concern about the assumption that cashiers are not in the dispensing area of  
707 the pharmacist; if they not are supervised by the pharmacist, then who are they supervised by?  
708 AAG Dinegar-Milks: if you want to exclude them from having a license, the board could state,  
709 "this does not include employees who perform administrative functions, such as a cashier or  
710 bookkeeper." AAG Dinegar-Milks further suggested:  
711

712 12 AAC 52.230

713 (a)(1) – written as is

714 (a)(2) but does not include employees performing purely administrative functions, such as  
715 bookkeeping and cashier duties.  
716

717 From a legal perspective, AAG Dinegar-Milks stated there is no problem excluding delivery  
718 drivers. Dr. Ruffridge commented that he doesn't understand the purpose of line 2 to begin with;  
719 if this is already a statutory definition of a pharmacy technician, which is a support staff member  
720 working under the supervision of the pharmacist. The problem with the wording is the word

721 “dispensing”. Dr. Ruffridge asked if the board would have zero problem allowing cashiers to work  
722 in the pharmacy without a license. AAG Milks also commented she wasn’t sure what  
723 “manipulative” function means; it could be taking a bottle and putting it in a bag. Chair Holt  
724 stated he couldn’t find a legal interpretation, but was not able to find in his research what this was  
725 defined as. The board discussed non-discretionary duties. Dr. Ruffridge stated the key in the  
726 sentence is “practice of pharmacy” which is defined in statute, so we’re not so much focused on  
727 “non-discretionary”, because it is not defined.

728  
729 Chair Holt inquired whether the board could proceed with an official position statement, to which  
730 AAG Dinegar-Milks reiterated that a position statement doesn’t have the force of law, and so if  
731 the board wanted to clarify this, they should change 12 AAC 52.230, including removing  
732 “manipulative” and “nondiscretionary functions” since these are not defined.

733  
734 Regulations: Facility Licenses, Change of Name, Emergency permit, Other

735  
736 The board then referred to the draft regulations document provided in the packet beginning on  
737 page 45, including reviewing each comment provided on the draft:  
738 [https://www.commerce.alaska.gov/web/Portals/5/pub/PHABoardpkt\\_2020\\_11\\_Day2.pdf](https://www.commerce.alaska.gov/web/Portals/5/pub/PHABoardpkt_2020_11_Day2.pdf)

739  
740 Referencing the emergency permit regulations, 12 AAC 52.110, Chair Holt informed the board  
741 this section can be expanded to interns and technicians. A certified true copy is not valuable to the  
742 application assessment and is recommended to be removed, especially during the pandemic when  
743 notaries aren’t available. Ms. Carrillo commented that many licensees misunderstand what a  
744 certified true copy is, instead submitting a verification of license.

745  
746 Chair Holt then addressed the length of time for a permit. AAG Dinegar-Milks stated other  
747 boards have taken a hard look at the emergency and how it’s going to come to a close or whether  
748 it will become endemic. AAG Dinegar-Milks added it is a good idea to have an end date to the  
749 permit so there aren’t licensees taking advantage of this permit long-term, bypassing other  
750 requirements, such as examinations. AAG Dinegar-Milks further suggested the board allow the  
751 emergency permits be renewed. Chair Holt acknowledged renewing would make sense as it takes a  
752 long time to go through the NABP examination process.

753  
754 AAG Dinegar-Milks reminded the board that for emergency regulations, the board would need to  
755 make a decision within 10 days whether they board will adopt the emergency regulations as  
756 permanent. Chair Holt expressed adopting as permanent to which there was no opposition.  
757 AAG Dinegar-Milks stated the board would have to articulate a finding of an emergency and how  
758 this regulatory response might relate to that emergency. Chair Holt commented that interns and  
759 techs immunizing, so the board will need to contemplate how that exposure might affect the  
760 licensure fluctuations. Ms. Long stated that because in an emergency right now, it is better to be in  
761 front of the power curve than behind it. Dr. Ruffridge agreed. Ms. Long recalled Dr. Narus’  
762 discussion on the rollout of vaccines and the anticipation of being in phase 2 by January or  
763 February. Chair Holt added that when you think about how DHSS has continuously added to

764 what pharmacists, techs, and interns can do with ordering and administering, and with what Dr.  
765 Cutchins said about upcoming therapy, I don't think it is the end of pharmacists being asked to  
766 respond to COVID. Dr. Ruffridge expressed support in adopting emergency regulations.

767  
768 Ms. Bell inquired whether there was a limit as to how long the board could allow an emergency  
769 license. AAG Milks stated one can't have an emergency to extend indefinitely because it becomes  
770 a new normal situation; we don't like to see emergency situations used functionally because it  
771 skips over the public comment process; we try to use emergency regulations sparingly; as far as the  
772 emergency provisions that came out of an emergency declaration made by the governor, that goes  
773 away on November 15. Ms. Bell contemplated staff and processing time, recommending validity  
774 of permits to be for 180 days, to which AAG Dinegar-Milks indicated was doable.

775  
776 AAG Dinegar-Milks suggested the board create a new section called courtesy license: applicants  
777 can get a license renewable for 90 days. The reason for the AAG's suggestion is because the  
778 existing subsection 12 AAC 52.110, it is unlikely the emergency situation will persist for more than  
779 60 days, so the way it is worded makes sense; perhaps what is needed is an emergency courtesy  
780 permit. AS 08.01.062 allows any program to issue courtesy licenses to individuals out of state. Ms.  
781 Bell agreed on a section just dealing with courtesy licenses per AS 08.01.062, which only applies to  
782 non-residents.

783  
784 Regulations: Length/validity of controlled substance prescriptions  
785 Dr. Ruffridge expressed his opinion that this is a non-issue as pharmacist uses their discretion to  
786 determine how long that prescription should be valid for. Chair Holt stated the time limit on  
787 schedule II controlled substance in NY used to be 14 days and is 3 days in HI. Mr. Henderson  
788 supported a time limit. Dr. Holm stated the federal government has already put a time limit and  
789 doesn't believe someone who is abusing is holding on to an old prescription. Dr. Ruffridge stated  
790 he doesn't believe there should be a limitation on it and doesn't believe it would be a deterrent.

791  
792 The board decided they would not pursue a regulation and would instead defer to federal law.

793  
794 Regulations: Age limit for controlled substance prescription pick-up  
795 Dr. Holm stated he could see why a regulation would be appropriate because pharmacists are  
796 scared to make a discretionary call and get in trouble for it. The board did not decide to pursue  
797 limits in regulation.

798  
799 **Agenda Item 7      Lunch      **Time: 12:05 p.m.****

800  
801 *Off record for lunch at 12:05 p.m.*

802 *Back on record at 1:04 p.m.*

803  
804  
805 **Agenda Item 8      Budget Report/Division Update      **Time: 1:06 p.m.****

806

807 Melissa Dumas joined the room to present the board's FY20 4<sup>th</sup> quarter report. Ms. Dumas  
808 commented that the revenue appears to be down significantly in FY20, but a good chunk was  
809 brought in at the end of the fiscal year from June to September due to the delayed renewal. Ms.  
810 Dumas assured the board this isn't something to be concerned about if you're looking at FY18 to  
811 FY19 revenue. Ms. Dumas continued to provide her report, indicating that the total direct  
812 expenditures was at \$219,230.

813  
814 Moving onto the report for the PDMP, PDMP personal services for was at \$41,343 and the  
815 ending cumulative surplus was at \$62,567. Ms. Carrillo inquired whether she knew of projected  
816 revenue, to which Ms. Dumas estimated to be at least \$100,000. Chair Holt reviewed the  
817 expenditures on fingerprinting, expressing surprise over the financial impact. Ms. Noe informed  
818 the board the fingerprinting cost to DPS is \$35 and over 500 applications were processed.

819  
820 **Agenda Item 9          Return to Regulations          Time: 1:35 p.m.**

821  
822 AAG Dinegar-Milks worked with regulations specialist, Jun Maiquis, on drafting language for the  
823 emergency permit and courtesy license regulations in 12 AAC 52/110. AAG Dinegar-Milks stated  
824 that the first subsection, (a), incorporates the changes the board discussed previously. Subsection  
825 (b) is changed from 60 to 90 days, calling it an emergency permit, even though the title is  
826 emergency licensure. In a new subsection (c), there is a new circumstance, where in a pandemic  
827 situation, the board could issue a courtesy license for pharmacists, interns, or techs to practice and  
828 who meets a requirement of the rest of the section. AAG Dinegar-Milks indicated the board may  
829 restrict the license to only those services required to respond to the urgent situation. Chair Holt  
830 liked this section, commented it makes sense to not require a renew.

831  
832 Ms. Carrillo inquired whether we should remove the fee. Dr. Ruffridge inquired as to what the fee  
833 is, which Chair Holt indicated is \$90. AAG Dinegar-Milks stated other boards do charge a fee (d);  
834 Add back in the fee in 12 AAC 02.310. Ms. Carrillo inquired about subsection (c) and whether it  
835 applies to non-residents only, to which AAG Milks indicated it does. In follow-up, Ms. Carrillo  
836 commented it could limit in-state techs and interns from applying.

837  
838 Chair Holt also inquired as to whether there is a way expand the courtesy permit to resident  
839 pharmacists, which AAG Dinegar-Milks indicated is possible. The continued to review the draft of  
840 the emergency regulations.

841  
842 **Based on the finding that: pharmacists are using emergency permits to assist in the state**  
843 **of Alaska COVID-19 emergency response; 2.) there is a complexity of obtaining licensure;**  
844 **and 3.) a large-scale vaccination release related to COVID-19 is upcoming, Chair Holt**  
845 **motioned to amend 12 AAC 52.110 in order to facilitate licensees being able to further**  
846 **assist Alaskans in the ongoing emergency response, seconded by Tammy Lindemuth. It**  
847 **was:**

848  
849 **RESOLVED to amend 12 AAC 52.110 to read**

850 **12 AAC 52.110. Emergency licensure to practice as a pharmacist, pharmacy intern, or pharmacy**  
851 **technician [PHARMACIST PERMIT]. (a) If the board determines that an emergency exists requiring**  
852 **the provision of licensed coverage in a pharmacy [THE BOARD WILL ISSUE AN EMERGENCY**  
853 **PHARMACIST PERMIT FOR THE PURPOSE OF PROVIDING COVERAGE IN A PHARMACY] that is**  
854 **temporarily without the services of a pharmacist due to death, illness, or other emergency**  
855 **circumstances, the board may issue an emergency pharmacist, pharmacy intern, or pharmacy**  
856 **technician permit to an applicant who**

857                   (1) submits a completed application on a form provided by the department [FOR A  
858 PHARMACIST LICENSE];

859                   **(2) pays the emergency permit fee required in 12 AAC 02.310;**

860                   (3) submits verification on a form provided by the department that the applicant is  
861 **currently licensed** [CERTIFIED TRUE COPY OF A CURRENT PHARMACIST LICENSE IN GOOD STANDING]  
862 in another licensing jurisdiction and the applicant's license in the other jurisdiction is not  
863 **suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to**  
864 **obtain the required continuing education requirements** [STATE];

865                   (4) repealed 10/31/2019; and

866                   (5) has not been convicted of a felony or another crime that affects the applicant's  
867 ability to practice pharmacy competently and safely.

868                   (b) An emergency permit under (a) of this section is nonrenewable, and is valid for **90** [60]  
869 days or until the emergency circumstances no longer exist, whichever is shorter.

870                   **(c) In an urgent situation, the board may issue an emergency courtesy license to practice as**  
871 **a pharmacist, pharmacy intern, or pharmacy technician to an applicant who meets the**

872 requirements of this section. The board may restrict the license to only those services required to  
873 respond to the urgent situation. The licensee may not practice as a pharmacist, pharmacy intern, or  
874 pharmacy technician outside the scope of the limited purpose for which the emergency courtesy  
875 license is issued.

876 (d) An applicant for an emergency courtesy license under this section must submit to the  
877 department a completed application on a form provided by the department. A complete  
878 application includes the applicable application and licensing fees established in 12 AAC 02.310.

879 (e) An emergency courtesy license issued under this section is valid for the period specified  
880 by the board and may not exceed 120 consecutive days. An emergency courtesy license may be  
881 renewed for one additional period specified by the board, not to exceed 120 consecutive days.

882 (f) The board will not issue, and an emergency courtesy license holder may not use, an  
883 emergency courtesy license as a substitute for a temporary license or other license required under  
884 AS 08.80.

885 (g) While practicing under an emergency courtesy license issued under this section, the  
886 holder of the emergency courtesy license must comply with the standards of practice set out in AS  
887 08.80 and this chapter.

888 (h) The board may refuse to issue an emergency courtesy license for the same reasons that  
889 it may deny, suspend, or revoke a license under AS 08.80.261.

890 (i) In this section, "urgent situation" means a health crisis requiring an increased availability  
891 of pharmacists, pharmacy interns, or pharmacy technicians. (Eff. 1/16/98, Register 145; am  
892 1/17/2007, Register 181; am 8/12/2007, Register 183; am 10/31/2019, Register 232; am  
893 \_\_\_/\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

894 **Authority:** AS 08.80.005 AS 08.80.030 AS 08.80.155

895

	<b>APPROVE</b>	<b>DENY</b>	<b>ABSTAIN</b>	<b>ABSENT</b>
897	Leif Holm	x		
898	Richard Holt	x		
899	Justin Ruffridge	x		
900	Lana Bell	x		
901	Tammy Lindemuth	x		
902	James Henderson	x		
903	Sharon Long	x		

904  
905 The motion passed with no further discussion.

906  
907 **TASK 6**

908 Ms. Carrillo will send the draft regulations and motion to Mr. Maiquis along with the emergency  
909 FAQs.  
910 *(Completed on 11/09/2020.)*

911  
912 **Agenda Item 8 (from Day 1) Correspondence**

**Time: 1:35 p.m.**

913  
914 AKPhA

915 Chair Holt read the letter from the AKPhA regarding a change to title 21 to include “pharmacist”  
916 to the list of protected health care providers in the unfair discrimination subsection; Title 8  
917 definitions and article 3 and articles. Chair Holt called for Ashley Schaber or Molly to go through  
918 their Modernization Act: Ms. Gray stated Kara Robinson is also on the line to assist if needed.  
919 The first section, AS 21.36.090, is to add pharmacists to the unfair discrimination act. Chair Holt  
920 provided comments to this draft relating to modernizing other areas, e.g.: prescriptive authority.  
921 Dr. Schaber commented it would make sense to allow independent prescribing as well as dosage  
922 form, which could help decrease ER/doctor visits.

923  
924 Section 2: removing the term “pharmaceutical” Rich indicated you need to also remove “and”;  
925 Dr. Ruffridge inquired whether it is truly a modernization act or whether there are other priorities  
926 included. Dr. Schaber stated it includes changes that absolutely need to be changed. Ms. Gray  
927 added it is a timely change; per the board’s guidance, once the DHSS mandate is lifted, technicians  
928 will not have the authority to administer COVID vaccinations.

929  
930 Dr. Ruffridge recommended changing it to “pharmacist mobilization act”; we can work on  
931 modernization after we mobilize. Chair Holt inquired as to what the mindset around removing the  
932 term “pharmaceutical” was? Dr. Schaber stated it relates back to payors in terms of pharmaceutical  
933 versus medical care, that there is some misalignment there.

934

935 Chair Holt asked for clarification on what is being changed; what is changing to AS 08.80.030,  
 936 powers and duties of the board, that needs to be addressed? The board discussed establishing a  
 937 subcommittee to discuss statute changes as well as steps to support this legislation, possibly  
 938 through the Governor’s support.

939  
 940 **TASK 7**

941 Dr. Holt, Dr. Ruffridge, and Ms. Lindemuth will establish a subcommittee to discuss statute  
 942 changes.  
 943 *(Met on 11/18/2020.)*

944  
 945 The board reviewed the other correspondence included in the board packet.

946  
 947 **Agenda Item 13 (from Day 1) Administrative Business Time: 4:10 p.m.**

948  
 949 Renewal/ Audit

950 Ms. Carrillo provided the board with a status update on renewal: 74% of licensees had renewed  
 951 and that 82 technicians and pharmacists had been randomly selected for an audit of their  
 952 continuing education activities. Ms. Carrillo shared renewal observations and recommended  
 953 amendments to reduce barriers to renewal, including removing certain submission requirements,  
 954 such as certified true copies of licenses and inspection reports.

955  
 956 Upcoming travel/ conferences

957 Upcoming conferences include the AKPhA – Annual Conference from February 12 – 14, 2021  
 958 and the 3<sup>rd</sup> Annual Compounding Pharmacy Compliance Conference on November 16 – 19,  
 959 which Dr. Holt plans to participate in virtually. Dr. Ruffridge plans to attend the AKPhA  
 960 conference.

961  
 962 Task List

963 Chair Holt addressed Internet pharmacy licensing and shared that in his research, Florida does  
 964 require Internet pharmacies to be licensed. Chair Holt asked the board to think about whether this  
 965 was a statute change they wanted to pursue, but noted that regardless of what type of pharmacy  
 966 they are, they need to register with the board before shipping to the state.

967  
 968 PDMP Disciplinary Matrix

969 Ms. Sherrell drafted the disciplinary matrix per the board’s discussion during their previous  
 970 meeting:

<b>Board of Pharmacy - Prescription Drug Monitoring Program</b> <b>Proposed Disciplinary Matrix</b>	
Complaint	Proposed Sanctions
Registration (AS 17.30.200(e)(n), 12 AAC 52.855): <ul style="list-style-type: none"> <li>• No registration</li> <li>• Delayed registration – not registered within 30 days</li> </ul>	<u>(Notice sent on July 7, 2020 via board letter to all pharmacists with Alaska addresses).</u> \$250 civil fine beginning on October 1, 2020 (or after 30 days of initial licensure or after beginning to dispense schedule II, III, or IV federally controlled substances) and an additional \$25 per day until registration is completed.
Delinquent Reporting (AS 17.30.200(b)(e), 12 AAC 52.865): <ul style="list-style-type: none"> <li>• Daily reporting (12 AAC 52.865)(b))</li> </ul>	<u>(Warning issued September 16, 2020 via board letter to all licensees).</u> As of January 1, 2021 quarterly compliance audits will track delinquent submissions of data to the PDMP. <ul style="list-style-type: none"> <li>• First reprimand: \$5,000 civil fine for continued submission delinquencies</li> <li>• Continued submission delinquencies <u>may</u> result in license suspension</li> </ul>

Alas  
 Nov



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On a motion duly made by Justin Ruffridge to accept the disciplinary matrix as presented, seconded by Tammy Lindemuth, and approved unanimously, it was:

**RESOLVED** to accept the disciplinary matrix as presented.

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

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Discussion: the board will continue to discuss the matrix for unauthorized access at the December meeting

**Agenda Item 9      Adjourn      Time: 3:08 p.m.**

On a motion duly made by Tammy Lindemuth, seconded by Lana Bell, and approved unanimously to adjourn the meeting, the meeting was adjourned at 4:42 p.m.

*Laura Carrillo*      02/22/2021  
Laura Carrillo, Executive Administrator      Date

*Richard Holt*      \_\_\_\_\_  
Richard Holt, Chair      Date