

Public Packet

May 7, 2020 - Alaska Board of Pharmacy Meeting - Day 1

May 7, 2020 9:00 AM - May 7, 2020 4:30 PM AKDT

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STATE OF ALASKA

**Department of Commerce, Community, and Economic Development
Professional Licensing**

ALASKA BOARD OF PHARMACY



May 7-8, 2020

Teleconference/Videoconference

Board Packet

STATE OF ALASKA 2020

State Holidays

Date	Holiday
01/01	New Year's Day
01/20	MLK Jr.'s Birthday
02/17	Presidents' Day
03/30	Seward's Day
05/25	Memorial Day
07/04	Independence Day (observed 7/3)
09/07	Labor Day
10/18	Alaska Day (observed 10/19)
11/11	Veterans' Day
11/26	Thanksgiving Day
12/25	Christmas Day

Biweekly employees please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

 Holiday



State calendar maintained by the
Division of Finance,
Department of Administration
<http://doa.alaska.gov/calendars.html>
Revised 10/31/2019

HOLIDAY CALENDAR

JANUARY

S	M	T	W	T	F	S
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5	6	7	8	9	10	11
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FEBRUARY

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JUNE

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NOVEMBER

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DECEMBER

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Alaska Board of Pharmacy Roster

Board Member Name	Initial Appointment	Reappointed	Term End
Richard Holt, PharmD, MBA (Chair)	03/01/2016	03/01/2020	03/01/2024
Leif Holm, PharmD (Vice Chair)	03/01/2015	03/01/2019	03/01/2023
Lana Bell, RPh (Secretary)	05/31/2016	03/01/2018	03/01/2022
Justin Ruffridge, PharmD	03/01/2020		03/01/2024
James Henderson, RPh	03/01/2017		03/01/2021
Tammy Lindemuth, Public Member	01/24/2018		03/01/2021
Sharon Long, Public Member	03/01/2018		03/01/2022



ALASKA BOARD OF PHARMACY MEETING TENTATIVE AGENDA

MAY 7, 2020 (DAY 1)

Teleconference: 1-800-315-6338
Access Code: 52550

Discussion of the following topics may require executive session. The executive session phone number has not been provided for the public.

Board Members:

Richard Holt,
PharmD, MBA
(Chair)

Leif Holm, *PharmD*
(Vice Chair)

James Henderson,
RPh

Lana Bell, *RPh*
(Secretary)

Justin Ruffridge,
(*PharmD*)

Tammy Lindemuth,
Public Member

Sharon Long, *Public*
Member

Upcoming Meetings:

TBD

Meeting Details

Meeting Name: May - Alaska Board of Pharmacy Meeting - Day 1

Meeting Start Time: 9:00 AM Alaskan Daylight Time

Meeting Start Date: 5/07/2020

Meeting End Time: 4:30 PM Alaskan Daylight Time

Meeting End Date: 05/07/2020

Meeting Location: Teleconference only

Teleconference: 1-800-315-6338, Access Code: 52550

Agenda

- I. Agenda Item #1 - 9:00 a.m. Roll Call/Call to Order
- II. Agenda Item #2 - 9:05 a.m. Review/Approve Agenda
- III. Agenda Item #3 – 9:10 a.m. Ethics Disclosures
- IV. Agenda Item #4 – 9:15 a.m. Review/Approve Meeting Minutes
 - A. February 6 – 7, 2020 (draft)
 - B. March 23 and 27, 2020 (draft)
- V. Agenda Item #5 – 9:20 a.m. PDMP Update (Lisa Sherrell)
 - A. Registration and use summary
 - B. New BJA Grant

Board Members:

Richard Holt,
PharmD, MBA
(Chair)

Leif Holm, *PharmD*
(Vice Chair)

James Henderson,
RPh

Lana Bell, *RPh*
(Secretary)

Justin Ruffridge,
PharmD

Tammy Lindemuth,
Public Member

Sharon Long, *Public*
Member

**Upcoming
Meetings:**

TBD

C. PDMP Disciplinary Matrix

- VI. Agenda Item #6 – 10:00 a.m. Investigative Update (Carl Jacobs)
 - A. Investigative Report
 - B. Board Actions
- VII. Agenda Item #7 - 10:30 a.m. Consent Agreements (Marilyn Zimmerman)
- VIII. Agenda Item #8 – 11:00 a.m. Industry Updates
 - A. AKPhA Updates
- IX. Agenda Item #9 – 11:15 a.m. Correspondence
 - A. AKPhA Letter to Governor Dunleavy (board position?)
 - B. Plumb’s Veterinary Drug Reference (proposed regulations amendments)
 - C. Other
- X. Agenda Item #10 –11:30 a.m. Public Comment
- XI. Agenda Item #11 – 11:45 a.m. Administrative Business
 - A. License Statistics
 - B. Review DEA Form 106
 - C. Application Review
 - D. Task List
- LUNCH – 12:30 p.m. – 1:00 p.m.**
- XII. Agenda Item #12 – 1:00 p.m. Controlled Substance Advisory Committee (Tammy Lindemuth)
- XIII. Agenda Item #13 – 1:15 p.m. Board Business
 - A. Subcommittee Updates
 - 1. Right-Touch Regulations (Rich Holt & Tammy Lindemuth)
 - B. New Subcommittees; compounding (Leif Holm & Justin Ruffridge)
 - C. Renewal extension dates past September 30
 - D. Annual Report (due June 1)
- XIV. Agenda Item #14 – 2:00 p.m. Division Update
 - A. Q3 Budget Report
- XV. Agenda Item #15 – 3:00 p.m. Recess until May 8th at 9:00.

MEMORANDUM

State of Alaska Department of Law

TO: _____ DATE: _____
FILE NO.: _____
TEL. NO.: _____
FROM: Angie White
Litigation Assistant
Department of Law
Opinions, Appeals, & Ethics Section
FAX: _____
SUBJECT: Executive Branch Ethics Act, AS
39.52 Quarterly Report
**[INSERT QUARTERLY DATE
RANGE]**

******SAMPLE LANGUAGE – PLEASE COPY ONLY THE PARTS THAT APPLY
ONTO YOUR BOARD OR COMMISSION’S LETTERHEAD ******

As designated ethics supervisor and chair [executive director] for the _____, I wish to advise you that I have received no notifications of potential violations or requests for ethics determinations under the Ethics Act (AS 39.52) and have made no written determinations for this quarter.

OR

As designated ethics supervisor and chair [executive director] for the _____, I have received ___ notification(s) of a potential violation and ___ requests for ethics determinations under the Ethics Act (AS 39.52) I have attached a copy of the notices and requests along with my written determination(s) for review by the attorney general. I did [did not] receive an advisory opinion from the Attorney General.

AND

Except as addressed above, no other [board member] [commissioner] disclosed a potential conflict of interest at a recorded public meeting during this quarter.

OR

In addition to the above, at the [date] meeting, [Board member] [Commissioner] _____ disclosed a potential conflict with respect to _____ [insert brief description]_____. *Insert disposition:* [S/He refrained from participation.] or [I determined s/he could [could not] participate.] or [The Board [Commission] members voted to permit [not to permit] participation.]

State of Alaska Department of Law

Who Is My Designated Ethics Supervisor?

Every state public officer, employee or board or commission member, has a designated ethics supervisor.

Executive Agencies

The ethics supervisor for each agency is the Commissioner or a senior manager to whom the Commissioner has delegated the function. The current ethics supervisor for each agency is listed below. The ethics supervisor for a Commissioner is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor.

Boards and Commissions

The Chair of each board and commission serves as the ethics supervisor for the other members and any executive director. The ethics supervisor for the Chair is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor. If a board or commission employs staff, the executive director serves as the ethics supervisor for these employees.

Public Corporations

The Chair of the board serves as the ethics supervisor for the other members of the board and any executive director. The executive director is the ethics supervisor for employees of the corporation.

Office of the Governor

The ethics supervisor for the Governor and Lieutenant Governor is the Attorney General. By delegation from the Governor, the ethics supervisor for the staff of the offices of the Governor and Lieutenant Governor is Guy Bell, Director of Administrative Services.

University of Alaska

By delegation of the University President, the ethics supervisor for university employees is Associate General Counsel Andy Harrington.

EXECUTIVE BRANCH AGENCIES

Administration: Leslie Ridle, Deputy Commissioner

Commerce, Community & Economic Development: Jon Bittner, Deputy Commissioner

Corrections: April Wilkerson, Director of Administrative Services

Education & Early Development: Les Morse, Deputy Commissioner

Environmental Conservation: Tom Cherian, Director of Administrative Services

Fish & Game: Kevin Brooks, Deputy Commissioner

Health & Social Services: Dallas Hargrave, Human Resource Manager

Labor & Workforce Development: Michael Monagle, Director, Division of Workers Compensation

Law: Jonathan Woodman, Assistant Attorney General

Military & Veterans Affairs: Marty Meyer, Special Assistant to Commissioner

Natural Resources: John Crowther, Inter-Governmental Coordinator

Public Safety: Terry Vrabec, Deputy Commissioner

Revenue: Dan DeBartolo, Administrative Services Director

Transportation & Public Facilities:

- Highways & Public Facilities: Steve Hatter, Deputy Commissioner
- Aviation: John Binder, Deputy Commissioner
- Central Region: Rob Campbell, Regional Director
- Northern Region: Rob Campbell, Acting Regional Director
- Southcoast Region: Acting Regional Director
- Alaska Marine Highway System: Michael Neussl, Deputy Commissioner
- Headquarters: Mary Siroky, Administrative Services Director

Updated April 2015

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
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State of Alaska

Department of Law

Ethics Information for Members of Boards & Commissions (AS 39.52)

Introduction

This is an introduction to AS 39.52, the Alaska Executive Branch Ethics Act. This guide is not a substitute for reading the law and its regulations. State board and commission members who have further questions should contact their board chair or staff.

The Ethics Act applies to all current and former executive branch public employees and members of statutorily created boards and commissions.

Scope of Ethics Act (AS 39.52.110)

Service on a state board or commission is a public trust. The Ethics Act prohibits substantial and material conflicts of interest. Further, board or commission members, and their immediate family, may not improperly benefit, financially or personally, from their actions as board or commission members. The Act does not, however, discourage independent pursuits, and it recognizes that minor and inconsequential conflicts of interest are unavoidable.

Misuse of Official Position (AS 39.52.120)

Members of boards or commissions may not use their positions for personal gain or to give an unwarranted benefit or treatment to any person. For example, board members may not:

- use their official positions to secure employment or contracts;
- accept compensation from anyone other than the State for performing official duties;
- use State time, equipment, property or facilities for their own personal or financial benefit or for partisan political purposes;
- take or withhold official action on a matter in which they have a personal or financial interest; or
- coerce subordinates for their personal or financial benefit.
- attempt to influence outcome of an administrative hearing by privately contacting the hearing officer.



Terry knew that a proposal that was before the board would harm Terry's business competitor. Instead of publicly disclosing the matter and requesting recusal, Terry voted on the proposal.



Board member Mick has board staff employee Bob type an article for him that Mick hopes to sell to an Alaskan magazine. Bob types the article on State time.

Improper Gifts (AS 39.52.130)

A board member may not solicit or accept gifts if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. "Gifts" include money, items of value, services, loans, travel, entertainment, hospitality, and employment. All gifts from registered lobbyists are presumed to be improper, unless the giver is immediate family of the person receiving the gift.

A gift worth more than \$150 to a board member or the board member's immediate family must be reported within 30 days if:

- the board member can take official action that can affect the giver, or
- the gift is given to the board member because he or she is on a state board.

The receipt of a gift worth less than \$150 may be prohibited if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. Receipt of such a gift should be disclosed.

Any gift received from another government, regardless of value, must be reported; the board member will be advised as to the disposition of this gift.

A form for reporting gifts is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff.

This restriction on gifts does not apply to lawful campaign contributions.



The commission is reviewing Roy's proposal for an expansion of his business. Roy invites all the board members out to dinner at an expensive restaurant. He says it will be okay, since he isn't excluding any of the members.



Jody receives a holiday gift every year from Sam. Jody was recently appointed to a state board, but Sam has no business that is before the board. Jody may accept the gift.

Improper Use or Disclosure of Information (AS 39.52.140)

No former or current member of a board may use or disclose any information acquired from participation on the board if that use or disclosure could result in a financial or personal benefit to the board member (or immediate family), unless that information has already been disseminated to the public. Board members are also prohibited from disclosing confidential information, unless authorized to do so.



Sheila has been on the board for several years. She feels she has learned a great deal of general information about how to have a successful business venture. So she sets up her own business and does well.



Delores has always advised and assisted the other doctors in her clinic on their continuing education requirements. After Delores is appointed to the medical board, she discloses this role to the board and continues to advise the doctors in her clinic.



Jim reviews a confidential investigation report in a licensing matter. He discusses the practitioner's violation with a colleague who is not a board member.

Improper Influence in State Grants, Contracts, Leases or Loans (AS 39.52.150)

A board member, or immediate family, may not apply for, or have an interest in a State grant, contract, lease, or loan, if the board awards or takes action to administer the State grant, contract, lease, or loan.

A board member (or immediate family) may apply for or be a party to a competitively solicited State grant, contract or lease, if the board as a body does not award or administer the grant, contract, or lease and so long as the board member does not take official action regarding the grant, contract, or lease.

A board member (or immediate family) may apply for and receive a State loan that is generally available to the public and has fixed eligibility standards, so long as the board member does not take (or withhold) official action affecting the loan's award or administration.

Board members must report to the board chair any personal or financial interest (or that of immediate family) in a State grant, contract, lease or loan that is awarded or administered by the agency the board member serves. A form for this purpose is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff.



John sits on a board that awards state grants. John hasn't seen his daughter for nearly ten years so he figures that it doesn't matter when her grant application comes up before the board.



The board wants to contract out for an analysis of the board's decisions over the last ten years. Board member Kim would like the contract since she has been on the board for ten years and feels she could do a good job.

Improper Representation (AS 39.52.160)

A board or commission member may not represent, advise, or assist a person in matters pending before the board or commission for compensation. A nonsalaried board or commission member may represent, advise, or assist in matters in which the member has an interest that is regulated by the member's own board or commission, if the member acts in accordance with AS 39.52.220 by disclosing the involvement in writing and on the public record, and refraining from all participation and voting on the matter. This section does not allow a board member to engage in any conduct that would violate a different section of the Ethics Act.



Susan sits on the licensing board for her own profession. She will represent herself and her business partner in a licensing matter. She discloses this situation to the board and refrains from participation in the board's discussions and determinations regarding the matter.

Restriction on Employment After Leaving State Service (AS 39.52.180)

For two years after leaving a board, a former board member may not provide advice or work for compensation on any matter in which the former member personally and substantially participated while serving on the board. This prohibition applies to cases, proceedings, applications, contracts, legislative bills, regulations, and similar matters. This section does not prohibit a State agency from contracting directly with a former board member.

With the approval of the Attorney General, the board chair may waive the above prohibition if a determination is made that the public interest is not jeopardized.

Former members of the governing boards of public corporations and former members of boards and commissions that have regulation-adoption authority, except those covered by the centralized licensing provisions of AS 08.01, may not lobby for pay for one year.



The board has arranged for an extensive study of the effects of the Department's programs. Andy, a board member, did most of the liaison work with the contractor selected by the board, including some negotiations about the scope of the study. Andy quits the board and goes to work for the contractor, working on the study of the effects of the Department's programs.



Andy takes the job, but specifies that he will have to work on another project.

Aiding a Violation Prohibited (AS 39.52.190)

Aiding another public officer to violate the Ethics Act is prohibited.

Agency Policies (AS 39.52.920)

Subject to the Attorney General's review, a board may adopt additional written policies further limiting personal or financial interests of board members.

Disclosure Procedures

DECLARATION OF POTENTIAL VIOLATIONS BY MEMBERS OF BOARDS OR COMMISSIONS (AS 39.52.220)

A board member whose interests or activities could result in a violation of the Ethics Act if the member participates in board action must disclose the matter on the public record and in writing to the board chair who determines whether a violation exists. A form for this purpose is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff. If another board member objects to the chair's ruling or if the chair discloses a potential conflict, the board members at the meeting (excluding the involved member) vote on the matter. If the chair or the board determines a violation will occur, the member must refrain from deliberating, voting, or participating in the matter. For more information, see Ethics Act Procedures for Boards and Commissions available at the above noted web site.

When determining whether a board member's involvement in a matter may violate the Ethics Act, either the chair or the board or commission itself may request guidance from the Attorney General.

ATTORNEY GENERAL'S ADVICE (AS 39.52.240-250)

A board chair or a board itself may request a written advisory opinion from the Attorney General interpreting the Ethics Act. A former board member may also request a written advice from the Attorney General. These opinions are confidential. Versions of opinions without identifying information may be made available to the public.

REPORTS BY THIRD PARTIES (AS 39.52.230)

A third party may report a suspected violation of the Ethics Act by a board member in writing and under oath to the chair of a board or commission. The chair will give a copy to the board member and to the Attorney General and review the report to determine whether a violation may or does exist. If the chair determines a violation exists, the board member will be asked to refrain from deliberating, voting, or participating in the matter.

Complaints, Hearings, and Enforcement

COMPLAINTS (AS 39.52.310-330)

Any person may file a complaint with the Attorney General about the conduct of a current or former board member. Complaints must be written and signed under oath. The Attorney General may also initiate complaints based on information provided by a board. A copy of the complaint will be sent to the board member who is the subject of the complaint and to the Personnel Board.

All complaints are reviewed by the Attorney General. If the Attorney General determines that the complaint does not warrant investigation, the complainant and the board member will be notified of the dismissal. The Attorney General may refer a complaint to the board member's chair for resolution.

After investigation, the Attorney General may dismiss a complaint for lack of probable cause to believe a violation occurred or recommend corrective action. The complainant and board member will be promptly notified of this decision.

Alternatively, if probable cause exists, the Attorney General may initiate a formal proceeding by serving the board or commission member with an accusation alleging a violation of the Ethics Act. Complaints or accusations may also be resolved by settlement with the subject.

CONFIDENTIALITY (AS 39.52.340)

Complaints and investigations prior to formal proceedings are confidential. If the Attorney General finds evidence of probable criminal activity, the appropriate law enforcement agency shall be notified.

HEARINGS (AS 39.52.350-360)

An accusation by the Attorney General of an alleged violation may result in a hearing. An administrative law judge from the state's Office of Administrative Hearings serves as hearing officer and determines the time, place and other matters. The parties to the proceeding are the Attorney General, acting as prosecutor, and the accused public officer, who may be represented by an attorney. Within 30 days after the hearing, the hearing officer files a report with the Personnel Board and provides a copy to the parties.

PERSONNEL BOARD ACTION (AS 39.52.370)

The Personnel Board reviews the hearing officer's report and is responsible for determining whether a violation occurred and for imposing penalties. An appeal may be filed by the board member in the Superior Court.

PENALTIES (AS 39.52.410-460)

When the Personnel Board determines a board member has violated the Ethics Act, it will order the member to refrain from voting, deliberating, or participating in the matter. The Personnel Board may also order restitution and may recommend that the board member be removed from the board or commission. If a recommendation of removal is made, the appointing authority will immediately remove the member.

If the Personnel Board finds that a former board member violated the Ethics Act, it will issue a public statement about the case and will ask the Attorney General to pursue appropriate additional legal remedies.

State grants, contracts, and leases awarded in violation of the Ethics Act are voidable. Loans given in violation of the Ethics Act may be made immediately payable.

Fees, gifts, or compensation received in violation of the Ethics Act may be recovered by the Attorney General.

The Personnel Board may impose a fine of up to \$5,000 for each violation of the Ethics Act. In addition, a board member may be required to pay up to twice the financial benefit received in violation of the Ethics Act.

Criminal penalties are in addition to the civil penalties listed above.

DEFINITIONS (AS 39.52.960)

Please keep the following definitions in mind:

Benefit - anything that is to a person's advantage regardless financial interest or from which a person hopes to gain in any way.

Board or Commission - a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch, including the Alaska Railroad Corporation.

Designated Ethics Supervisor - the chair or acting chair of the board or commission for all board or commission members and for executive directors; for staff members, the executive director is the designated ethics supervisor.

Financial Interest - any property, ownership, management, professional, or private interest from which a board or commission member or the board or commission member's immediate family receives or expects to receive a financial benefit. Holding a position in a business, such as officer, director, partner, or employee, also creates a financial interest in a business.

Immediate Family - spouse; another person cohabiting with the person in a conjugal relationship that is not a legal marriage; a child, including a stepchild and an adoptive child; a parent, sibling, grandparent, aunt, or uncle of the person; and a parent or sibling of the person's spouse.

Official Action - advice, participation, or assistance, including, for example, a recommendation, decision, approval, disapproval, vote, or other similar action, including inaction, by a public officer.

Personal Interest - the interest or involvement of a board or commission member (or immediate family) in any organization or political party from which a person or organization receives a benefit.

For further information and disclosure forms, visit our Executive Branch Ethics web site or please contact:

State Ethics Attorney
Alaska Department of Law
1031 West 4th Avenue, Suite 200
Anchorage, Alaska 99501-5903
(907) 269-5100
attorney.general@alaska.gov

Revised 9/2013

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State of Alaska

Department of Law

Executive Branch Ethics Act

Responsibilities of Designated Ethics Supervisors for Boards and Commissions

Boards and commissions subject to the Ethics Act have designated ethics supervisors. The chair serves as the designated ethics supervisor for board or commission members and the executive director. The executive director is the designated ethics supervisor for staff. The designated ethics supervisor for a chair is the governor, who has delegated this responsibility to Guy Bell, Administrative Director of the Office of the Governor.

Designated ethics supervisors should refer to the Manual for Designated Ethics Supervisors (April 2008), available from the state ethics attorney, regarding their responsibilities under the Ethics Act. Briefly, as designated ethics supervisor, you must --

1. Ensure that members and employees are provided copies of the guides, Ethics Information for Members of Boards and Commissions and Ethics Act Procedures for Boards and Commissions -- and keep a supply of disclosure forms.
 1. These guides, other educational materials, disclosure forms, statutes and regulations are available for review and copying on the Department of Law ethics web site. If access to this page is not available, please contact the Attorney General's office at 269-7195.
2. Review all disclosures, investigate potential ethics violations, make determinations regarding conduct, and take action.
3. Keep member or employee disclosure statements (of potential violations, receipt of gifts, and interests in grants/contracts/leases/loans) on file in your office. Disclosure of a gift received from another government must be forwarded to the Office of the Governor.
4. Submit an ethics report to the Department of Law in April, July, October and January for the preceding quarter. You will receive a reminder. There is a sample report on the ethics web page.
 1. Mail, email or fax to Kim Halstead, Litigation Assistant, Department of Law, Opinions, Appeals & Ethics Section, 1031 W. 4th Avenue, Suite 200, Anchorage, AK, 99501, ethicsreporting@alaska.gov, fax no. 907-279-2834.

You may request ethics advice from your agency's Assistant Attorney General or from the State Ethics Attorney, Jon Woodman, at 269-5100 or jonathan.woodman@alaska.gov. Please direct questions about reporting procedures to Kim Halstead at 269-7195 or kimberly.halstead@alaska.gov.

6/14

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
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1 State of Alaska
2 Department of Commerce, Community and Economic Development
3 Division of Corporations, Business and Professional Licensing
4

5 Alaska Board of Pharmacy
6

7 DRAFT MINUTES OF THE MEETING
8

9 February 6 – 7, 2020 In-Person Meeting
10

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 was held in-person at the
13 Robert Atwood Building, Suite 1560 in Anchorage, Alaska and at the State Office
14 Building, 9th Floor, Conference Room A in Juneau, Alaska on February 6 - 7, 2020.
15

16 **These are draft minutes that haven't yet been approved by the board.**
17

18 Agenda Item 1 Call to Order/Roll Call Time: 9:23 a.m.
19

20 The February 6, 2020 meeting day was called to order by Chair, Rich Holt at 9:23 a.m. Ms.
21 Carrillo welcomed Justin Ruffridge, whose board membership is effective March 1, 2020, and
22 informed the board Rich Holt was reappointed through March 1, 2024. Ms. Carrillo also
23 welcomed new staff, Heather Noe and Lisa Sherrell.
24

25 Board members present, constituting a quorum:
26

27 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
28 Leif Holm, PharmD #PHAP1606
29 Phil Sanders, RPh #PHAP776
30 James Henderson, RPh #PHAP1683
31 Lana Bell, RPh #PHAP893
32 Tammy Lindemuth, Public Member (Absent until 10:04 a.m.)
33 Sharon Long, Public Member (Absent)
34

35 Division staff present:
36

37 Laura Carrillo, Executive Administrator
38 Heather Noe, Occupational Licensing Examiner (via phone)
39 Lisa Sherrell, PDMP Manager (via phone)
40 Carl Jacobs, Investigator
41

42 Members from the public present:

- 43 Jessica Adams, Telepharm (via phone)
- 44 Denise Duff, Assistant Ombudsman (via phone)
- 45 Lis Houchen, NACDS
- 46 Justin Ruffridge
- 47 Rachel Bergartt, Board of Veterinary Examiners (via phone)

49 **Agenda Item 2 Review/Approve Agenda Time: 9:25 a.m.**

50
 51 Chair Holt informed the board that nominations would need to be done at this meeting,
 52 suggesting it be moved to Agenda Item #12 at 1:15. Ms. Carrillo informed the board that the
 53 discussion for HB184 with Rachel Bergartt from the Board of Veterinary Examiners would be
 54 moved to tomorrow’s agenda.

55
 56 **On a motion duly made by Leif Holm, seconded by James Henderson, and approved**
 57 **unanimously, it was:**

58
 59 **RESOLVED to accept the February 6, 2020 meeting as amended.**

	APPROVE	DENY	ABSTAIN	ABSENT
62 Leif Holm	x			
63 Richard Holt	x			
64 Phil Sanders	x			
65 Lana Bell	x			
66 Tammy Lindemuth				x
67 James Henderson	x			
68 Sharon Long				x

69
 70 The motion passed with no further discussion.

71
 72 **Agenda Item 3 Ethics Time: 9:34 a.m.**

73
 74 There were no ethics disclosures.

75
 76 **Agenda Item 4 Review/Approve Meeting Minutes Time: 9:35 a.m.**

77
 78 The board reviewed the meeting minutes from November 14 – 15, 2019.

79
 80 **On a motion duly made by Leif Holm to approve the November 14 – 15, 2019 meeting**
 81 **minutes as written, seconded by Lana Bell, and approved unanimously, it was:**

82
 83 **RESOLVED to accept the November 2019 meeting minutes as written.**

84

	APPROVE	DENY	ABSTAIN	ABSENT
85				
86	Leif Holm	x		
87	Richard Holt	x		
88	Phil Sanders	x		
89	Lana Bell	x		
90	Tammy Lindemuth			x
91	James Henderson	x		
92	Sharon Long			x

93

94 The motion passed with no further discussion.

95

96 **TASK 1**

97 Laura Carrillo will send Chair Holt the final minutes for signature.

98 *(Complete on 02/15/2020.*

99

100 **Agenda Item 5 PDMP Update Time: 9:42 a.m.**

101

102 PDMP Registration Compliance

103 Ms. Carrillo provided a PDMP update, informing the board that as of 01-28-2020, the registration
 104 compliance rate for pharmacists was at 93%, adding that if federal providers are figured into the
 105 statistic, the registration compliance rate is increased to 97%. Ms. Carrillo also informed the board
 106 that there were 124 total delegates accessing the PDMP on behalf of pharmacists. The pharmacy
 107 profession has the highest registration compliance of all providers required to register.

108

109 NarxCare

110 This feature, which displays a visual snapshot of a patient’s risk of an overdose event went live in
 111 September and exists within a patient’s report. Ms. Carrillo explained that the scores are based on
 112 prescriptions for stimulants, narcotics, and sedatives.

113

114 License Integration

115 Ms. Carrillo informed the board that the division is currently working on integrating the
 116 professional licensing database with the PDMP site at alaska.pmpaware.com, which aims to create
 117 a seamless renewal process for existing users. Ms. Carrillo explained the validation criteria, that, if
 118 there are discrepancies between them in the division’s licensing system, Portal, and AWARe, the
 119 user will be deactivated. The validation criteria include the first and last name, license status, and
 120 license number.

121

122 Compliance Module

123 This feature is now available for providers to pull a report on all patients they didn’t review prior
 124 to writing a federally scheduled II or III controlled substance, and that prescription subsequently
 125 being dispensed.

126

127 Grant Activities

128 Ms. Carrillo informed the board of federal grant activities, including RxCheck, which is a
129 datasharing hub developed by the Bureau of Justice Assistance, and which must go live as a
130 condition of receiving the Overdose to Action “OD2A” grant.

131
132 **Agenda Item 6 Investigative Report Time: 9:58 a.m.**

133
134 *Carl Jacobs joined the room at 9:58 a.m.*

135
136 Investigator Jacobs joined the board to present their investigative report, which included activity
137 from November 1, 2019 to January 23, 2020. Inv. Jacobs informed the board that during this time,
138 the division opened 28 cases and closed 7 matters, and that for this report period, there was an
139 influx of referrals related to non-compliance with the PDMP registration requirement.

140
141 Discussion of case and general investigative process

142 The board then moved to discussion of the adoption of board order for case #2019-000771.
143 Investigator Jacobs indicated that some boards have significant number of licensees on probation,
144 but that if there are less than 5, the division tasks an investigator with monitoring those probation
145 cases, but the pharmacy board doesn’t currently have any probation cases. Mr. Holm inquired
146 about case #2019-000771 and what the process entailed in investigating this case. Inv. Jacobs
147 indicated that when a complaint is first received, the investigators determine whether elements
148 exist to start gathering information (e.g.: individual reaching out to them directly via request for
149 contact form); then a complaint packet is mailed out. If the matter concerns a licensed
150 professional, the licensee is notified of a potential investigation, which then moves the case to the
151 investigation stage; if violation has been found, it then moves into official investigation status, at
152 which point the licensee is notified a violation has been found and that they must report this on
153 their next renewal. Inv. Jacobs clarified that the notification of the case status moving to an official
154 complaint and notice to licensee typically happens in tandem.

155
156 PDMP cases

157 Mr. Holm inquired about the statute of limitations and as to how long someone might have to file
158 a complaint, to which Inv. Jacobs indicated there is no statute of limitations he’s aware of. Mr.
159 Holm then inquired about the investigations specifically related to the PDMP. Mr. Holm inquired
160 as to the number of cases related to pharmacies not uploading daily as currently required. Inv.
161 Jacobs clarified that the cases mainly pertain to pharmacists who do not register with the PDMP
162 within 30 days and that there has not yet been reports received on pharmacies failing to report
163 daily.

164
165 Training needs

166 Ms. Bell inquired as to how long Mr. Jacobs has been with the division, to which he indicated it
167 has been about a year with the division and 6 months assigned to the board of pharmacy. Ms.
168 Jacobs asked if he believed he’s had adequate training, to which he stated he would defer to his
169 supervisors as to whether they believe adequate training has been met. Inv. Jacobs informed the

170 board that he has had the opportunity to cross-train with the previously assigned investigator to
171 pharmacy, Brian Howes. Inv. Jacobs added he's open and happy to engage in additional training,
172 and Ms. Bell and Mr. Holm emphasized the importance and need to engage in pharmacy-related
173 training. Mr. Holm inquired into the specifics of Inv. Jacobs' background, to which he provided
174 that he was a licensing specialist for CCSD child support obligations in 2011 and later picked up
175 institutional knowledge on medical professions when working for a background check program
176 dealing with medical professionals, including assisted living, childcare services, expectations
177 medications. Inv. Jacobs was then assigned to the CBPL, board of contractors, board of nursing,
178 medical board, massage therapy, and the board of pharmacy. Inv. Jacobs stated he is competent to
179 do the job just as much as anyone in the office but reiterated he is not a licensed professional,
180 further expressing he values professionals' knowledge and refers to licensees and the board as
181 much as possible, again reiterating his willingness to engage in additional training.

182

183 Negligence case

184 Chair Holt then moved to discussing a negligence case from 2018, commenting it had been
185 ongoing and inquired about whether there was an update on this. Inv. Jacobs stated he would be
186 unable to comment on it as it's currently a pending case. Inv. Jacobs did inform the board that he
187 does prioritize to close out the older cases, and that he hopes to have a resolution for this soon.

188

189 **TASK 1**

190 Ms. Carrillo will look into training opportunities for pharmacy-related investigations.
191 *(Completed 02/13/2020; Alaska Peace Officers Association (APOA) conference is going to be in Juneau from*
192 *May 5 – 7 and is related to controlled substances; Ms. Carrillo forwarded the information to investigations.)*

193

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

198

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

200

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

202

203 *Off record for executive session at 10:12 a.m.*

204 *On record for public discussion at 10:23 a.m.*

205

206 Chair Holt clarified for the record that no motions were made during executive session, but were
207 ready to entertain motions.

208

209 **On a motion duly made by Lana Bell to accept the voluntary license surrender in case**
210 **#2019-000771, and seconded by Tammy Lindemuth, it was:**

211

212 **RESOLVED** to accept the voluntary license surrender for case #2019-000771 for
 213 pharmacy technician, Barron Allen.

214

	APPROVE	DENY	ABSTAIN	ABSENT
215				
216	Leif Holm	x		
217	Richard Holt	x		
218	Phil Sanders	x		
219	Lana Bell	x		
220	Tammy Lindemuth	x		
221	James Henderson	x		
222	Sharon Long			x

223
 224 The motion passed with no further discussion.

225
 226 **Agenda Item 5** **PDMP Update** **Time: 10:42 a.m.**

227
 228 Compliance Module

229 Ms. Carrillo resumed discussion on the Compliance Module feature, reiterating that the it is now
 230 accessible and allows providers to review patients they failed to query. This does not apply to
 231 pharmacists who are not required to review such prescription information. Mr. Holm inquired
 232 whether delegates can review patient prescription information on behalf of the provider, to which
 233 Mr. Henderson indicated they can review and report, but that they must have a license under AS
 234 08 to gain access.

235
 236 Delinquent reporting

237 Ms. Carrillo informed the board that at present, there are 135 delinquent pharmacies. Adding to
 238 the earlier discussion of investigative cases related to these matters, Ms. Carrillo clarified no
 239 matters related to failure to report daily to the PDMP have been sent to investigations. This is in
 240 part because the board does not have clear authority to require zero reporting, which is
 241 operationalized as a report from a pharmacy or dispensing prescriber indicating that no controlled
 242 substances were dispensed for that day. Ms. Carrillo reminded the board that while this is part of
 243 their current proposed regulation project, the Department of Law is needing to further review
 244 their authority to require this type of reporting. Ms. Carrillo added that some of these “delinquent
 245 submitters” may be exempt from reporting due per AS 17.30.200(u). It was also added that the
 246 process of notifying delinquent submitters is quite intensive and involves working one-on-one
 247 with the pharmacy or prescribing dispenser to identify the days where there is no record and
 248 determining what prescription records may be missing. Ms. Lindemuth inquired as to whether
 249 those delinquent pharmacies only include in-state, to which Ms. Carrillo stated it could include
 250 out-of-state pharmacies as well.

251
 252 Compliance with registration

253 The registration compliance for pharmacists is the highest among all professions required to be
254 registered under AS 17.30.200, which has been a consistent trend since inception. The handout
255 provided to the board reflected a compliance rate of 93%; however, Ms. Carrillo added that if
256 federal providers are included, the compliance rate is 97%. Federal providers who are not licensed
257 were not figured into this compliance rate as they are not required to register by the department
258 under AS 08, but may be required to register per internal directives, such is this case with the
259 Tribal Health Organization, which requires all Indian Health Services (IHS) providers to register
260 with their state PDMPs.

261

262 Clinical Alerts

263 These types of alerts includes doctor shopping alerts, daily active morphine milligram equivalent
264 (MME) alerts, and dangerous combination therapy alerts. Ms. Carrillo stated this feature is not yet
265 turned on as it is contingent upon what boards agree on for definitions of thresholds. This alert
266 feature is only configurable to allow certain thresholds to apply to each profession, which can be
267 tricky when there may be too much variance between boards, specialties, and conditions being
268 treated. Ms. Carrillo stated she has had these conversations with the boards and is waiting on
269 further guidance. Ms. Carrillo then gave overview of joint committee on prescriptive guidelines,
270 which as an attempt to present to the legislature prescribing standards. The committee reviewed
271 the state of Washington's prescriptive guidelines and agreed on the guidelines except for the 120
272 MME/day, which they decreased to 90 MME/day. This MME threshold has yet to be codified in
273 regulation.

274

275 Time concerns

276 Ms. Bell commented on concerns in having adequate time for other matters given the required
277 activities from PDMP grants. Ms. Carrillo stated it can be difficult to allocate enough time to
278 licensing with there numerous time-sensitive grant deliverables required to be attended to and
279 reported on. Ms. Carrillo commented that 60% or more of time is dedicated to PDMP work,
280 which is driven by grant requirements from which DHSS has applied for on behalf of the board.

281

282 Break at 11:02 a.m.

283

284 *Off record at 11:02 a.m.*

285 *On record at 11:06 a.m.*

286

287 **Agenda Item 9** **Public Comment**

Time: 11:06 a.m.

288

289 There was no public comment provided to the board during this time.

290

291 **Agenda Item 5** **PDMP Update**

Time: 11:07 a.m.

292

293 RxCheck

294 Ms. Carrillo again resumed discussion on the PDMP, providing a recap to the board on RxCheck.

295 Ms. Carrillo added that while the law currently states data is not to be shared with the federal

296 government, connecting the PDMP with this interstate datasharing hub would not result in
297 sharing data with them. Ms. Carrillo indicated that the Dept. of Law is still currently reviewing the
298 IJIS MOU.

299

300 **TASK 2**

301 Ms. Carrillo will follow-up on the IJIS MOU, which is currently being reviewed by the
302 Department of Law.

303 *(Completed 02/13/2020; Ms. Carrillo followed up for final signatures.)*

304

305 **Agenda Item 7 Industry Updates**

Time: 11:38 a.m.

306

307 There was no one from the pharmacy industry to provide a verbal update, but Ms. Carrillo
308 included the updated NABP survey of pharmacy law in the board packet for review.

309

310 **Agenda Item 8 Correspondence**

Time: 11:39 a.m.

311

312 The board reviewed correspondence, including announcements from the NABP.

313

314 NABP (travel discussion)

315

- MPJE item workshop
 - Ms. Lindemuth to potentially attend in Illinois from March 11 – 13, 2020.
 - Mr. Holm and Mr. Henderson are interested in attending the MPJE state-specific review meeting from September 9 – 11, 2020 in Illinois.
 - Ms. Bell stated it would be helpful to attend. Chair Holt stated there's a certain way to write questions, adding that the NABP will provide states with information as to where they stand with pass rates; the last time this figure was looked at, Alaska had a pass rate in the 80th percentile.
- Ms. Carrillo and Mr. Holm to attend the 116th NABP Annual Meeting in Baltimore, MD from May 14 – 16, 2020.
- Mr. Holm and Mr. Henderson to attend the NABP Regional Meeting in Carefree, AZ from October 11 -13, 2020.

316

317

318

319

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321

322

323

324

325

326

327

328 **TASK 3**

329 Ms. Carrillo will submit travel approval requests for Ms. Lindemuth to attend the MPJE workshop
330 in Illinois on 03/11-13/2020 in Illinois; Mr. Holm or Mr. Henderson to attend the MPJE state-
331 specific review meeting on 09/9-11/2020 in Illinois; Ms. Carrillo and Mr. Holm to attend the
332 NABP Annual Meeting in Baltimore, MD on 05/14-16/2020; Mr. Holm and Mr. Henderson to
333 attend the NABP Regional Meeting in Carefree, AZ on 10/11-13/2020.

334 *(Pending; Ms. Carrillo submitted the delegate notice to the NABP for Ms. Lindemuth's MPJE workshop*
335 *participation on 02/13/2020.)*

336

337 Other correspondence

338

- Compounding pharmacy accreditation program

- 339
- Maryland e-prescribing bill
 - CBD in pharmacies
 - ECS inquired to the board whether the board of pharmacy has any guidance on use of funds. Mr. Henderson stated hemp is a dietary supplement not regulated by the board. Chair Holt stated there is no regulations addressing hemp or CBD under 12 AAC 52. Ultimately, the board stated they would take no opinion on this matter.
 - Expired medications
 - The inquiry related to whether the board could provide guidance on allowing pharmacies to dispense expired medications, even if the medications are in national short supply.
 - Mr. Sanders stated that the FDA sets the expiration dates for medications and as such, Chair Holt stated the board cannot take a position on this, but added that pharmacists should seek approval from the FDA if they wish to provide medications beyond an expiration date.
 - Going green – electronic handouts
 - Robert Waithe from VUCA Health inquired as to whether the board would allow electronic handouts as patient education sheets, but that these would not replace the requirement to provide patient counseling.
 - Chair Holt stated that the board doesn't require pharmacies to hand out patient education sheets under AS 08 or 12 AAC 52. Since the board has no education sheet requirement, the board opined pharmacies are welcome to do this. Mr. Sanders stated it's more of a retail call.
 - Pharmacy technician scope of practice
 - There was an inquiry from an attorney regarding the scope of practice of pharmacy technicians. The board discussed whether a technician license is required if all the individual is doing is taking a filled prescription and giving it to a patient. Mr. Holm stated that even in his pharmacy, everyone is expected to be and is licensed, to which the board agreed. The board discussed making a motion to clarify 12 AAC 52.230.
 - AKPhA Letter to Medicaid – SB71
 - Mr. Holm suggested the board write their own position as it's a patient safety issue. Chair Holt and Mr. Sanders stated that Medicaid doesn't recognize certain vaccines, so pharmacies are forced to turn patients away. Mr. Holm stated it could be compelling to write as a board, to which Mr. Sanders and Mr. Henderson agreed.
 - Lis from the public stated that SB71 was a follow-up in 2015 to approve the money to Medicaid to pay pharmacists for those medications, but that Medicaid has yet to add pharmacists to the list of recognized providers, so must dispense under a collaborative practice agreement to be reimbursed. Ms. Bell stated she was unsure Medicaid would do this because the federal law doesn't recognize pharmacists as providers. Mr. Sanders encouraged a vote. Mr. Holm and Ms. Bell stated there isn't a reason the board shouldn't support it, but that the letter needs to be addressed to higher leadership within DHSS' Medicaid Office.
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381
 382 **On a motion duly made by Lana Bell to write a letter regarding Medicaid provider status**
 383 **for pharmacists and to enforce SB71, seconded by Leif Holm, and approved unanimously,**
 384 **it was:**

385
 386 **RESOLVED to write a letter supporting pharmacists to gain provider status and to**
 387 **support SB71.**

	APPROVE	DENY	ABSTAIN	ABSENT
389 Leif Holm	x			
390 Richard Holt	x			
391 Phil Sanders	x			
392 Lana Bell	x			
393 Tammy Lindemuth	x			
394 James Henderson	x			
395 Sharon Long				x

396
 397 The motion passed with no further discussion.

398
 399 **TASK 4**

400 Ms. Carrillo will respond to Robert Waithe on behalf of the board to inform him it would be fine
 401 to provide pharmacies to distribute patient sheets electronically to patients as the board has no
 402 specific requirement to do this.

403 *(Completed 02/14/2020; Ms. Carrillo forwarded the board's response to Mr. Waithe.)*

404
 405 **TASK 5**

406 Leif will draft the letter to Medicaid, addressed to Al Wall or Adam Crum, and Ms. Carrillo will
 407 put this on letterhead.

408 *(Pending.)*

409
 410 **On a motion duly made by Tammy Lindemuth to opine on the scope of practice of**
 411 **pharmacy technicians, to the extent a pharmacy technician license is required for support**
 412 **staff, seconded by Phil Sanders, and approved unanimously, it was:**

413
 414 **RESOLVED to agree that under 12 AAC 52.230 for pharmacy technicians, a staff**
 415 **member includes anyone who works in the pharmacy in a supportive capacity and**
 416 **who must be licensed.**

	APPROVE	DENY	ABSTAIN	ABSENT
419 Leif Holm	x			
420 Richard Holt	x			
421 Phil Sanders	x			

422	Lana Bell	x	
423	Tammy Lindemuth	x	
424	James Henderson	x	
425	Sharon Long		x

426
427 The motion passed with no further discussion.

428
429 **TASK 6**

430 Ms. Carrillo will provide the inquiring attorney with an excerpt of the discussion surrounding
431 pharmacy technician licensure requirements.
432 *(Completed 02/14/2020; Ms. Carrillo forwarded the pertinent meeting minutes to the atty.)*

433
434 Off record for lunch at 12:19 p.m.
435 Back on record from lunch at 1:15 p.m.

436
437 **Agenda Item 10 Administrative Business Time: 1:15 p.m.**

438
439 *Mr. Holm and Mr. Henderson were not initially present upon return to record, James joined the room at 1:16*
440 *p.m.; Leif Holm joined room at 1:18 p.m.*

441
442 *Denise Duff joined the line at 1:29 p.m.*

443
444 License Statistics

445 Ms. Carrillo informed the board there were 4,124 total active and pending applications.

446
447 VAWD substitution

448 Ms. Carrillo informed the board that some applicants have, in lieu of a VAWD certificate,
449 submitted an NABP email confirming VAWD re-accreditation or Internet screenshot showing the
450 facility in an online VAWD search. Mr. Sanders stated it's expedient to lessen the stringent
451 requirement for the VAWD certificate, but Chair Holt commented that the other alternative is the
452 self-inspection report. Ms. Carrillo inquired how long it might take to do a self-inspection, to
453 which Chair Holt stated it is provided in a check-sheet format that shouldn't be too time intensive.

454
455 **TASK 6**

456 Ms. Carrillo will inform applicants that a self-inspection would be required.
457 *(Ongoing.)*

458
459 Professional fitness questions

460 Chair Holt stated there are concerns with labor laws as facilities don't know the criminal status of
461 every employee; some wholesale drug distributors have thousands of employees, which can be
462 difficult to track, and some state laws deem the process to determine this information, e.g.:
463 requiring background checks, to be a violation against certain state labor laws. Ms. Bell
464 commented that for an employer to know their employees' criminal status, they would have to ask

465 this question every day, taking into consideration that new hires happen continuously. Ms. Bell
466 ultimately stated she's in agreement that it's difficult to know the status of each employee.

467
468 Mr. Sanders pointed to question #2 of the professional fitness section, stating that removing,
469 "employee" may be a reasonable solution. Ms. Carrillo inquired why there wasn't a 30-day
470 reporting requirement in subsection 12 AAC 991(b) relating to reporting of any criminal history or
471 disciplinary action to the board as there is in subsection (a). Ms. Carrillo added that the 30-day
472 requirement in (a) can be redundant to the reporting requirement for renewal as licensees end up
473 submitting their renewal application without disciplinary and supporting documents because of
474 already reporting within the 30-day timeframe. Chair Holt suggested time-stamping and suggested
475 whether the question could be reframed to say *within the past 5 years*. Mr. Holm stated the 5-year
476 requirement may still be arbitrary. Ms. Carrillo commented that the board could consider
477 establishment of barrier crimes, and Mr. Holm stated he would be amenable to making changes to
478 the professional fitness section. Ms. Bell pulled up DHSS definitions of barrier crimes under 07
479 AAC 10.905, which include endangering the welfare of vulnerable person, assault in 3rd degree,
480 indecent exposure in 2nd degree, arson, burglary, etc. Chair Holt stated that 12 AAC 52.925 is the
481 new regulation that was passed on October 31, 2019 that is grounds for denial, and the board
482 segued into discussing applications that could be approved by the executive administrator.

483
484 Application review process and approval delegation

485 The board discussed the current process of having to reviewing applications on which the
486 applicant provided an affirmative response to questions listed in the Professional Fitness section,
487 which relates to criminal history, license disciplinary actions, as well as questions relating to
488 substance abuse history, mental health, and professional competency. Regulations that went into
489 effect in October changed the application sections to read as a checklist, such that applications
490 could be approved so long as there was no affirmative answer to this section; however, most
491 applications do include "yes" responses, and so must be reviewed by the board, which may still
492 delay the license issue process. As the intent to assess applications against a checklist was to
493 improve administrative and licensing efficiency, the board agreed there needed to be criteria set
494 for applications that did contain "yes" answers but that could still be reviewed and approved by
495 the executive administrator.

496
497 Within the context of criminal history as grounds for denial under 12 AAC 52.925, applications
498 commonly included delayed pharmacist-in-charge (PIC) notifications, delayed PDMP reporting,
499 and minor traffic citations, so unless the crimes are egregious or result in a felony, the board
500 opined there was no need to review these as it rarely, if ever, results in a license denial. Ms. Bell
501 also commented that there are already checks and balances in place to ensure public safety
502 concerns are addressed, for example, that wholesale drug distributors verify licensure status of
503 purchasers of controlled substances prior to signing off on the distribution. Ms. Carrillo added
504 that background check requirement for facility managers is also in place, and the board again
505 acknowledged the 30-day reporting requirement which already exists.

506

507 The board discussed grounds for denial, citing that crimes listed in 12 AAC 52.925 should not be
508 approved; however, if there is a history of a crime listed in this regulation but results in a
509 misdemeanor as opposed to a felony conviction, the application should still be approved
510 administratively. As a point of clarification, Ms. Carrillo inquired whether that would include theft
511 or burglary misdemeanor convictions, which are listed in 12 AAC 52.925, to which the board
512 affirmed should still be approved. This authorizing statute, AS 08.80.261, on which the regulation
513 is based states applications *may*, not shall, be grounds for denial, so the board could exercise
514 discretion and further specify what can or cannot be approved.

515
516 **12 AAC 52.925. GROUNDS FOR DENIAL OR DISCIPLINE FOR CRIMINAL HISTORY.**

517 (a) As used in AS 08.80.261 and this chapter, crimes that affect the applicant's or licensee's ability
518 to practice competently and safely include

- 519 (1) murder;
- 520 (2) manslaughter;
- 521 (3) criminally negligent homicide;
- 522 (4) assault;
- 523 (5) sexual assault;
- 524 (6) sexual abuse of a minor;
- 525 (7) unlawful exploitation of a minor, including possession or distribution of child
526 pornography;
- 527 (8) incest;
- 528 (9) indecent exposure;
- 529 (10) robbery;
- 530 (11) extortion;
- 531 (12) stalking;
- 532 (13) kidnapping;
- 533 (14) theft;
- 534 (15) burglary;
- 535 (16) forgery;
- 536 (17) endangering the welfare of a child;
- 537 (18) endangering the welfare of a vulnerable adult;
- 538 (19) unlawful distribution or possession for distribution of a controlled substance; for
539 purposes of this paragraph, "controlled substance" has the meaning given in AS 11.71.900;
- 540 (20) reckless endangerment.

541 (b) Convictions of an offense in another jurisdiction with elements similar to an offense listed in
542 (a) of this section affect the applicant's or licensee's ability to practice competently and safely.

543
544 **On a motion duly made by Lana Bell to allow the executive administrator for the board of**
545 **pharmacy to approve and issue licenses and registrations for applications containing**
546 **affirmative responses to the professional fitness section, but that are not related to crimes**
547 **or actions listed under 12 AAC 52.925 (grounds for denial) and do not result in a felony**
548 **conviction, seconded by Phil Sanders, and approved unanimously, it was:**

549

550 **RESOLVED** to allow the executive administrator to approve license and
 551 registration applications if affirmative responses to the professional licensing
 552 section does not include crimes listed in 12 AAC 52.925 and are not felony
 553 convictions.

	APPROVE	DENY	ABSTAIN	ABSENT
555 Leif Holm	x			
556 Richard Holt	x			
557 Phil Sanders	x			
558 Lana Bell	x			
559 Tammy Lindemuth	x			
560 James Henderson	x			
561 Sharon Long				x

562
 563
 564 The motion passed with discussion.

565
 566 Discussion

567 Mr. Henderson suggested there could be a subsection (c) added to 12 AAC 52.991 (disciplinary
 568 decision or conviction reporting requirement), to address wholesale drug distributors, outsourcing
 569 facilities, and third-party logistics providers. Ms. Bell commented on what the board’s goal is;
 570 stating that if it’s related to public safety concerns and drug diversion, the board should be asking
 571 these questions. Ms. Bell suggested this topic be placed on an agenda for the subcommittee to
 572 discuss. Mr. Holm suggested taking out “employee”, and replacing it with, “any owner or
 573 manager.”

574
 575 **TASK 7**

576 Chair Holt and Ms. Lindemuth will add 12 AAC 52.991 related to disciplinary decision and
 577 conviction reporting requirements, as well as the professional licensing questions as a topic for
 578 discussion at their next subcommittee meeting.
 579 *(Complete; subcommittee meeting pending.)*

580
 581 **TASK 8**

582 Chair Holt and Ms. Lindemuth will notify Ms. Carrillo as to when they will be scheduling their
 583 next Right-Touch Regulations Subcommittee meeting.
 584 *(Completed 02/13/2020; Chair Holt requested the subcommittee meet on 03/19/2020 and 03/31/2020.)*

585
 586 *Justin Ruffridge joined the room at 2:12 p.m.*

587
 588 Resume requirement

589 The board then discussed the resume requirement. Ms. Carrillo commented that there can be
 590 alternative biographical or academic documents submitted, and the board doesn’t define,

591 “resume.” Mr. Holm and Mr. Sanders commented that the board doesn’t use resumes as criteria to
592 approve license. Mr. Holm added that the most important aspect is a VAWD certification.

593
594 Chair Holt commented on the necessity of the affidavits of moral character. Mr. Holm stated that
595 it is nice to see confirmation of individuals who are supportive of an applicant and who can vouch
596 for the individual’s competency. Mr. Sanders said it may dissuade individuals from applying if they
597 read all the applications requirements and realize they may not be able to identify individuals to
598 attest to their character. Chair Holt recalled that the AG commented that reputable citizen should
599 be taken out as the value of the questions and documentation requirement is unclear. Chair Holt
600 reiterated the concern that the board doesn’t actually do anything with the affidavits of moral
601 character, such as contacting the references to verify their attestations.

602 *Lana Bell left the room at 2:16 p.m.*

603 *Lana Bell joined the room at 2:20 p.m.*

604

605 DEA form #106

606

607 The board reviewed the DEA form for lost or stolen prescriptions, which included notices from
608 Juneau Pharmacy, #104795, regarding a burglary event on 09/03/2019, on which date
609 approximately \$6,000 of prescriptions were taken, and a notice from Wells Pharmacy,
610 #PHA01204, relating to testosterone losses.

611

612 Task List

613 The board reviewed the task list from the November 14 – 15, 2019 meeting. Ms. Carrillo informed
614 the board that all tasks were complete, but that pending tasks would continue to be address. All
615 tasks are included in public board packet posted the meeting website.

616

617 **Agenda Item 11 CSAC Update**

Time: 2:36 p.m.

618

619 Ms. Lindemuth provided an update on the Controlled Substance Advisory Committee, of which
620 she is the chair. The board of pharmacy chair or chair’s designee is required to now be the chair of
621 the committee following HB 312 and effective 09/26/2018; however, the board of pharmacy have
622 been experiencing ongoing difficulty communicating with the former contacts at the Department
623 of Law, who still maintain the resources needed to schedule meetings. Ms. Bell reiterated the
624 concern of ongoing lack of involvement to continue the committee. Ms. Lindemuth stated she
625 would more aggressively seek feedback from the LAW to convene and fulfill duties of the CSAC,
626 and Ms. Bell commented she would assist in follow-up communication as necessary.

627

628 **Agenda Item 12 Board Business**

Time: 2:38 p.m.

629

630 Hearing nothing further on the CSAC, the board address board business, beginning with
631 application review.

632

633 Application review

634 The board discussed moving into executive session to discuss a pending pharmacy technician
635 application.

636
637 **On a motion duly made by Lana Bell in accordance with AS 44.62.310(c)(2), and seconded**
638 **by Tammy Lindemuth, the board unanimously moved to enter executive session for the**
639 **purpose of discussing subjects that tend to prejudice the reputation and character of any**
640 **person, provided the person may request a public discussion.**

641
642 **RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2).**

643
644 Staff members, Laura Carrillo was authorized to remain in the room.

645 *Off record for executive session at 2:39 p.m.*

646 *On record for public discussion at 3:30 p.m.*

647
648 *Note: Ms. Carrillo and the board of pharmacy joined the medical board meeting for a PDMP update at 3:00*
649 *before resuming the public meeting at 3:30 p.m.*

650
651 **Agenda Item 12 Board Business Time: 3:30 p.m.**

652
653 *Rachel Bergartt and Justin Ruffridge joined the room via phone at 3:30 p.m.*

654
655 Review applications

656 Chair Holt clarified for the record that no motions were made during executive session. Rachel
657 Bergartt from the Board of Veterinary Examiners was on the line to discuss HB184, the PDMP
658 veterinary exemption bill; however, this had been moved to day 2 of the meeting as Ms. Carrillo
659 hadn't received the presentation materials in time. Ms. Bergartt confirmed she would be available
660 to discuss HB184 on February 7th around 9:00 a.m. Chair Holt prompted the board to begin a
661 motion on the application review.

662
663 **On a motion duly made by Leif Holm to approve the pharmacy technician application for**
664 **Dominque Anthony Brown considering AS 08.80.261(8) and 12 AAC 52.925(7), seconded**
665 **by James Henderson, but denied unanimously, it was:**

666
667 **RESOLVED to deny the pharmacy technician application submitted by Dominique**
668 **Anthony Brown in light of AS 08.80.261(8) and 12 AAC 52.925(7).**

670

	APPROVE	DENY	ABSTAIN	ABSENT
671		x		
672		x		
673		x		
674		x		
675		x		

676	James Henderson	x
677	Sharon Long	x

678
679 The motion passed with no further discussion.

680
681 Review HB89 letter of support (an Act relating to the prescription of opioids)

682 Chair Holt provided a draft letter of support that was uploaded for the board to review and vote
683 on from 01/06/2020 to 01/13/2020. The preliminary results were two votes and one no vote.
684 Chair Holt provided a recap of the bill, indicating that the initial version was not supported by the
685 board due to the language describing pharmacists and prescribers and requiring mandatory patient
686 counseling, which pharmacists are required to do already. Chair Holt added that the new iteration
687 would provide the board the authority to determine where mandatory counseling will apply. Ms.
688 Bell indicated she initially voted no because she misunderstood the intent. Mr. Sanders pointed to
689 the language indicating, “oral” or “written”, inquiring whether this contradicts the board’s earlier
690 position on the going green request to allow patient education sheets to be distributed
691 electronically. Mr. Sanders inquired as to whether a document is still “written” if it’s electronic.
692 Chair Holt commented that it’s not the intent that refill prescriptions for patients who already
693 receive the patient counseling again receive this, that the board would be able to establish
694 exemptions in regulation. Mr. Holm affirmed that certain populations would still have to provide
695 written and oral counseling. Mr. Holm stated he provided a, “no” vote on HB89 because of
696 having to provide the written and oral counseling, rather than it being written “or” oral
697 counseling. Mr. Holm stated he uses a risk of addiction sticker on prescriptions, adding that
698 written paperwork given to patients may likely end up just being thrown away. Ms. Bell inquired as
699 to whether the sponsoring representative would be amenable to changing the language from “and”
700 written to “or” written, to which Chair Holt stated the representative did not seem too keen on
701 amendments. Lis commented on the auxiliary label, which would be considered written. Chair
702 Holt stated he would check with the sponsor, but reminded the board that the proposal would
703 give the power to the board to adopt regulations requiring this.

704
705 Mr. Henderson inquired as to whether it passes will be contingent on the board supporting it or
706 not. Mr. Holm stated that it would depend on the legislature, and Ms. Bell stated that bills relating
707 to opioids tend to be passed. Mr. Holm stated that this would result in the board creating more
708 regulations when at the same time, boards are being tasked to de-regulate. Ms. Carrillo suggested
709 the board could support the bill with an amendment. Mr. Holm stated that the proposal puts
710 pharmacists at risk of being blamed in the event that an individual experiences an overdose. Chair
711 Holt stated that even if there is a language change from “and” to “or”, blame could still be put on
712 a pharmacist.

713
714 Jurisprudence examinations/intern renewal

715 Mr. Holt stated that the jurisprudence examination for pharmacy interns need to be updated. Ms.
716 Lindemuth commented that there could be a dedicated subcommittee to continually update the
717 questionnaires. The board discussed renewal applications, which is included in the initial
718 application for pharmacy interns, which are also used to “renew” an existing pharmacy intern

719 license. Chair Holt commented that existing regulation allows interns to renew their license, which
720 is currently issued for a period of two years from the date of issue. Ms. Carrillo clarified for the
721 board that pharmacy interns use their existing license #s when they renew rather than being
722 assigned a new license #.

723

724 Compounding subcommittee

725 Mr. Sanders has been working on gathering information from other states relating to
726 compounding, and distributed copies of compounding regulations to the board from Utah, New
727 Jersey, and New Mexico. Mr. Sanders prompted the board to clarify whether they wanted
728 compounding regulations to be concise and abbreviated or in-depth and robust, stating that there
729 was variance among these states in the level of detail in information in their compounding
730 regulations. Mr. Sanders added that New Jersey had 50-100 pages on USP chapters 795, 797, and
731 800; New Mexico has a 10-15 page document; and Utah has a 6-7 page document referencing USP
732 797 only. As a downside to adopting robust regulations similar to New Mexico, Mr. Sanders stated
733 that if there were USP changes, it would require more time and work to update all the sections,
734 which likely would happen continuously.

735

736 Mr. Holm stated he looked at other states' regulations as well. Mr. Holm's philosophy is to answer
737 what the board is trying to accomplish and who it will be affecting, to which he stated would
738 affect a relatively small population, like 4-5 pharmacies. Mr. Holm stated that he drafted
739 regulations for USP 797, reiterating these would affect a relatively small population. Mr. Holm
740 stated he has looked at Texas laws because they heavily compound, but they also don't take all of
741 797 and don't use 800 at all; it is a pro-compounding state but doesn't have onerous regulations.
742 Mr. Holm stated he still intends on re-drafting the regulations since USP 795 is going to be
743 changing, adding that he aimed to wait until the summer when the revisions will be finalized.

744

745 Mr. Henderson stated that his employer must be accredited so has to comply entirely with USP
746 797, as does Mr. Sanders. Mr. Henderson stated the board needs to put out robust requirements
747 for out-of-state pharmacies, to which Mr. Holm disagreed, stating they can't follow lesser
748 guidelines; that the board should expect them to comply with their own state requirements. Chair
749 Holt stated that we can't make a pharmacy shipping to Alaska meet certain criteria because they
750 have a registration, not a license, which is what had been reiterated in the past by the AAG. Mr.
751 Holm stated he struggles with the beyond use date limitations in USP 797, stating it's arbitrary. Mr.
752 Sanders suggested writing one-sentence regulations for adopting USP 795 and 795; however, Mr.
753 Holm disagreed because there are components of 795 that he disagrees with, like the beyond use
754 date.

755

756 **Agenda Item 13 New Business**

Time: 4:05 p.m.

757

758 Strategic planning

759 Ms. Carrillo informed the board that boards are being asked to develop strategic plans. Ms. Bell
760 commented this is common with changes in administration and expressed an interest in initiating
761 drafts for the board. Ms. Bell commented on the example from the AELS board which was

762 included in the board's packet, stating it was a great example on which to build from. Ms. Bell
763 identified four guiding principles the board could focus on:

764

765 1.) Development of regulations

766 2.) Training for board and staff, including the assigned investigator

767 3.) PDMP: increase participant rate; outreach to providers to improve compliance

768 4.) CSAC: working with department of law to establish strong committee

769

770 **TASK 9**

771 Ms. Carrillo will send a draft strategic plan to Ms. Bell for review, and will present this draft at the
772 board's next meeting.

773 *(Ongoing.)*

774

775 Federal Regulations

776 Included in the boards packet was a document on electronic prescribing, which will go into effect
777 in 2021, stating states must have electronic prescribing.

778

779 Nominations

780 Chair Holt requested that board nominations be moved to day 2, February 7.

781

782 **Agenda Item 15**

Recess

Time: 4:51 p.m.

783

784 The board moved to recess until day 2, February 7.

785

786 *Off record at 4:51 p.m.*

787

788

789

790

791

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800

801

802

803

804

State of Alaska

805 Department of Commerce, Community and Economic Development
806 Division of Corporations, Business and Professional Licensing

807
808 Alaska Board of Pharmacy

809
810 DRAFT MINUTES OF THE MEETING

811
812 February 6 – 7, 2020 In-Person Meeting

813
814 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
815 Article 6, a scheduled meeting of the Board of Pharmacy was held in-person at the
816 Robert Atwood Building, Suite 1560 in Anchorage, Alaska and at the State Office
817 Building, 9th Floor, Conference Room A in Juneau, Alaska on February 6 - 7, 2020.

818
819 **These are draft minutes that haven't yet been approved by the board.**

820
821 Agenda Item 1 Call to Order/Roll Call Time: 9:01 a.m.

822
823 The February 7, 2020 meeting day was called to order by Chair, Rich Holt at 9:01 a.m.

824
825 Board members present, constituting a quorum:

826
827 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
828 Leif Holm, PharmD #PHAP1606
829 Phil Sanders, RPh #PHAP776
830 James Henderson, RPh #PHAP1683
831 Lana Bell, RPh #PHAP893 (Absent until 9:06 a.m.)
832 Tammy Lindemuth, Public Member (Absent until 9:10 a.m.)
833 Sharon Long, Public Member (Absent)

834
835 Division staff present:

836
837 Laura Carrillo, Executive Administrator
838 Heather Noe, Occupational Licensing Examiner (via phone)
839 Lisa Sherrell, PDMP Manager (via phone)
840 Ilsa Lund, Occupational Licensing Examiner (via phone)

841
842 Members from the public present:

843
844 Denise Duff, Assistant Ombudsman (via phone)
845 Lis Houchen, NACDS
846 Rachel Bergartt, Board of Veterinary Examiners (via phone)

847
 848 **Agenda Item 2 Review/Approve Agenda** **Time: 9:02 a.m.**
 849

850 Chair Holt recalled for the record that the board moved discussion of HB 184 with Rachel
 851 Bergartt from yesterday’s agenda to today’s agenda. Ms. Carrillo clarified that on the agenda,
 852 James Henderson is misnamed as vice chair, which currently is Phil Sanders.
 853

854 **On a motion duly made by James Henderson, seconded by Phil Sanders, and approved**
 855 **unanimously, it was:**
 856

857 **RESOLVED to accept the February 7, 2020 meeting as amended.**
 858

	APPROVE	DENY	ABSTAIN	ABSENT
860 Leif Holm	x			
861 Richard Holt	x			
862 Phil Sanders	x			
863 Lana Bell				x
864 Tammy Lindemuth				x
865 James Henderson	x			
866 Sharon Long				x

867
 868 The motion passed with no further discussion.
 869

870 **Agenda Item 14 HB184 (from day 1)** **Time: 9:05 a.m.**
 871

872 *Lana Bell joined the room at 9:06 a.m. and Tammy Lindemuth joined the room at 9:10 a.m.*
 873

874 Rachel Bergartt from the board of veterinary examiners was present to speak to the board of
 875 pharmacy on the veterinary board’s position on HB184, which seeks to exempt veterinarians from
 876 registering with and using the Prescription Drug Monitoring Program (PDMP). Ms. Carrillo
 877 included Dr. Bergartt’s HB184 overview, which outlined ways in which the board believes the
 878 database is unhelpful to veterinarians. Dr. Bergartt stated that the primary purpose of the
 879 document is for distribution to legislators, so is broad, but that she would be would be happy to
 880 provide more details. Dr. Bergartt commented that the board did write a letter to Governor
 881 Walker during the 2018 legislation and to the board of pharmacy expressing concern with how it
 882 would be unusable for veterinarians and the relatively low percentage of veterinary opioid
 883 prescriptions issued. Dr. Bergartt informed the board that 37 states have already exempted
 884 veterinarians due to similar challenges and issues with mixing animal prescription data with human
 885 data. PDMP manager, Lisa Sherrell, inquired as to whether the 37 are moving to actively or have
 886 actively exempted them (repealed veterinarian use), or whether the states never required
 887 veterinarians to register and use the database to begin with, to which Ms. Bergartt stated she was
 888 unsure but that this was information pulled from the national veterinary association webpage. Dr.

889 Bergartt did clarify that the board of veterinary examiners gathered some state-specific
890 exemption information, such as in Minnesota, which sought and received a statutory change to
891 exempt veterinarians. Ms. Bergartt added that initially, the PDMP seemed like manageable way to
892 handle the opioid crisis, but practically, it has fallen flat. The board was informed by Dr. Bergartt
893 that veterinarians do recognize the opioid problem and that there are now educational materials
894 available to its licensees that weren't previously available; on their board website, there are link and
895 references to materials put forward by the AVMA.

896
897 Dr. Bergartt continued to explain to the board that ownership is difficult to track and that there
898 is no case law indicating that microchipping is a reliable way to prove ownership, and that animals
899 have no official date of birth. Furthermore, it was explained that the NarxScore feature, which
900 displays an individual's risk of overdose, is an invasive measure in assessing an owner. Ms.
901 Bergartt added that veterinarians are not trained to assess human prescription information, or use
902 that information to make informed decisions on how to treat or not treat their animal patient.
903 Veterinarians are seeking exemption because it doesn't work for them, and because it's detrimental
904 to people and animals.

905
906 Ms. Bergartt assured the board that she and her respective board are very interested in finding a
907 solution that would work well for all parties involved. Chair Holt stated to Dr. Bergartt that the
908 statute as written now wasn't written by the board of pharmacy and reiterated to the board that
909 the statute was placed upon them, appended to their statutes and regulations, because the PDMP
910 already existed. Chair Holt inquired to Dr. Bergartt what the legislature said in response to their
911 board letter against SB74, to which she indicated the board received no response, but also added
912 that it would have been premature for vets to lobby legislatures because nobody quite understood
913 how system was going to work, and that now is the appropriate time.

914
915 Chair Holt inquired to what legislators are now saying in response to their current exemption
916 efforts, to which Ms. Bergartt stated she has spoken to three legislators officially and a number of
917 legislators unofficially, all of whom have been very receptive. Ms. Bergartt informed the board
918 that another board of veterinary examiners member, Dr. Scott Flammly is going to be taking over
919 direct contact with the legislators. Mr. Holm stated he has been in contact with Dr. Flammly and is
920 personally opposed to an exemption, but acknowledged there does seem to be a problem with the
921 display for veterinarians, including blank pages even though there is positive human patient
922 prescription history.

923
924 Mr. Holm commented that he had recently read an article on veterinarians needing more opioid
925 training, and stated that he does believe veterinarians are contributing to the opioid crisis. Within
926 his own community, Mr. Holm stated that he has spoken with abuse doctor who runs addiction
927 clinic and has said owners are intentionally abusing their animals. Mr. Holm stated that if
928 veterinarians are exempt, it will create a loophole that may open the veterinarian board up to a
929 bigger problem. Mr. Holm acknowledges the plight, but believes the issues are fixable. Dr.
930 Bergartt stated that to point of intentional animal abuse, there is language addressing this already
931 in statute, and veterinary board already requires its licensees to assess for animal abuse, then take

932 the information to the appropriate authorities. Dr. Bergartt reiterated the fortuitous timing,
933 stating the veterinary board has the highest licensing fees and that the time for fixing glitches has
934 passed. Mr. Holm asked Dr. Bergartt whether she was worried that if this loophole is created,
935 there will be more incidents of abuse, and commented that he doesn't believe the time to fix the
936 glitches has passed, but that it is only now that the veterinary board is expressing this. Dr.
937 Bergartt stated this is incorrect; the veterinary board sent a message to the board of pharmacy a
938 year ago expressing concerns, and that they received no response. Ms. Carrillo reminded Dr.
939 Bergartt and the board of pharmacy that the letter was reviewed by the board promptly, and
940 follow-up responses were provided both by the board and by the AG assisting at the time.

941
942 From a budgetary standpoint, Dr. Bergartt stated it would take a lot of money to fix. Chair Holt
943 asked her to elaborate on pieces of legislation that's posing the most issues and resulting in
944 investigate, to which she indicated that as a board member, she not privy to investigations being
945 initiated, but was told there were about 50 investigations. It was unclear if these matters were
946 related to registering, reviewing, or reporting. Dr. Bergartt stated she personally didn't find it
947 burdensome to register, but has only found reviewing and reporting to be cumbersome because
948 the owner is impossible to track. Ms. Carrillo commented that the veterinary board's regulations
949 state that prescriptions are issued to the owner, such that the patient review would be on the
950 owner listed on the label. Dr. Bergartt explained to the board how there could be multiple
951 owners. The board acknowledged this challenge, and Mr. Holm stated there could be an owner
952 one day bringing the animal in, and the next day it could be a friend or neighbor.

953
954 Ms. Carrillo inquired to Dr. Bergartt whether, during the board's research, they were able to find
955 states that currently require veterinarians to register and use the database, and whether or not their
956 laws work for them. Dr. Bergartt stated she would check with the national organization. Mr.
957 Henderson inquired as to what those states who have exemptions have exemptions are doing to
958 combat the issue if they're not using the PDMP, adding that some states have required continuing
959 education specifically dedicated to veterinarians. Mr. Holm asked whether there were efforts
960 underway for the veterinary board to require continuing education (CE), which he commented
961 might go a long way, and to which Dr. Bergartt agreed. Occupational licensing examiner for the
962 board of veterinary examiners, Ilsa Lund, commented that the board has an upcoming meeting on
963 February 24th, which is being held specifically to address continuing education. Ms. Carrillo
964 inquired whether the veterinary board looked into statistics by the Department of Public Safety
965 (DPS) to assess whether there were changes in any diversion trends or animal abuse cases prior to
966 and after the PDMP mandate, to which Dr. Bergartt indicated she would certainly be open to
967 reaching out to DPS. Chair Holt agreed, adding that legislators may be find this type of
968 information valuable and further suggested to look at animal cruelty investigations and case
969 outcomes. Chair Holt also inquired to Dr. Bergartt whether this was presented to other boards
970 and if so, what their responses were, to which she stated she hasn't yet but hoped to do so. The
971 board thanked Dr. Bergartt for her time to express challenges veterinarians are facing in using
972 the database.

973
974 *Rachel Bergartt and Ilsa Lund left the room telephonically at 10:02 a.m.*

1017
1018 Chair Holt reiterated for the record there were no ethics disclosures, but wanted to clarify that Leif
1019 Holm was invited to and attended a town hall for veterinarians to address PDMP use, but that he
1020 was present as a pharmacist with insight rather than to represent and speak on behalf of the board.

1021
1022 **Agenda Item 12 Board Business** **Time: 10:03 a.m.**

1023
1024 Board nominations
1025 Chair Holt would remain the board chair, Leif Holm would be appointed as vice chair, Lana Bell
1026 would remain as secretary, and Tammy Lindemuth would remain as the chair for the Controlled
1027 Substance Advisory Committee (CSAC).

1028
1029 Legislative contacts
1030 The board also discussed legislative contacts and determined Chair Holt would be the primary
1031 designee and that Mr. Holm would be the secondary.

1032
1033 Subcommittees
1034 • Right-touch regulations subcommittee
1035 ○ Rich Holt
1036 ○ Tammy Lindemuth
1037 • Compounding
1038 ○ Leif Holm
1039 ○ Justin Ruffridge (eff. 03/01/2020)

1040
1041 **Agenda Item 3 Regulations** **Time: 10:16 a.m.**

1042
1043 Chair Holt informed the board there were regulation documents included in the board packet,
1044 including the regulation process, and a document outlining the approximate length of time for
1045 each step of the process. Chair Holt pointed to the procedure on holding oral hearings, which the
1046 board has not yet done, at least in the time he has been on the board. Ms. Carrillo inquired
1047 whether it is the board's desire to hold a public hearing in addition to having a 30-day public
1048 comment period, to which the board agreed. Chair Holt emphasized that the board needs to be
1049 clear on the record when determining whether to hold a public hearing. Ms. Carrillo also
1050 commented that regulation FAQs need to consistently be posted to their website.

1051
1052 Off the record for break at 10:20 a.m.
1053 On the record from break at 10:30 a.m.

1054
1055 12 AAC 52.020 and 12 AAC 52.040
1056 The regulations reviewed by the department of law showed the board's proposed changes to 12
1057 AAC 52.040, which added additional facility language. Upon the board's review, they considered
1058 returning to the original language and clarifying that "facility" means pharmacy.
1059 12 AAC 52.030 and 12 AAC 52.040

1060 Change fee references from 12 AAC 02.105 to 12 AAC 52.310.

1061

1062 12 AAC 52.095(c)(8)

1063 For the board’s regulation addressing primary source verification, the Department of Law is
1064 questioning the justification for this. Ms. Carrillo stated the board of nursing has this language in
1065 their regulations, 12 AAC 44.317(a)(5)(C).

1066

1067 12 AAC 52.140(b)(3)

1068 The board reviewed their regulation project on pharmacy technicians. With regards to the GED
1069 requirement, LAW indicated that they would like to see GED spelled out.

1070

1071 12 AAC 52.140(b)(6)

1072 LAW indicated in their feedback they would delete this section on reputable citizens; however,
1073 Chair Holt noted that this is a requirement in statute for pharmacists, so it can’t be taken out for
1074 pharmacists.

1075

1076 12 AAC 52.235

1077 In the regulation project addressing approved functions for pharmacy technicians holding a
1078 national certification, 12 AAC 52.235(a)(1), proposes prospective drug review. The board noted to
1079 change this to drug regimen review under AS 08.80.480(11) and (37), and that there may be a need
1080 to define “technology assisted filling equipment”, which could be done under 12 AAC 52.995. Ms.
1081 Bell commented that it is up to the employer to ensure there’s checks and balances for pill
1082 counting. Ms. Bell referenced the image resource, which is proposed in subsection (3). The board
1083 discussed changes to bar code verification systems, and commented on a change of (3), to include
1084 “display image or graphic depiction.”

1085

1086 The board addressed LAW’s comment on the proposed section (b), stating, “a nationally certified
1087 technician may clarify the following information...”, which asks the board to clarify whether they
1088 mean to say “may” or “shall”. Ms. Bell stated that the purpose is for allowing it to occur, not
1089 requiring that it occurs. Mr. Henderson stated he was confused on the language relating to the
1090 nationally certified pharmacy technician, which Chair Holt clarified needed to be struck.

1091

1092 The board looked at the proposed section to 12 AAC 52.235 (b)(D), and decided to take out, “or
1093 other similar language.” Lana: how about putting “any information required by third-party payers
1094 for payment processing.” In 12 AAC 52.235(c), Chair Holt indicated they could replace the
1095 proposed “immediate supervision” with “personal supervision, because this isn’t currently defined,
1096 but “personal supervision” is under 12 AAC 52.995(22). Mr. Henderson commented that it may
1097 make more sense to use “direct supervision”, which is defined under 12 AAC 52.995(13). Ms. Bell
1098 stated there should be a pharmacist on both ends, commenting that she doesn’t trust there being
1099 just a pharmacist on one end and a pharmacy technician at the other end. Mr. Holm stated that
1100 there are two schools of thought: some don’t trust technicians to do this and the other thought
1101 that there should be trust in technicians being able to do this given there is supervision provided.
1102 Ms. Bell reiterated her opinion that there should be a pharmacist on both ends. Mr. Holm

1103 referenced a CVS article that supermarket pharmacies are going out of business left and right
1104 because of the reimbursement model, and that pharmacists are so overworked that mistakes are
1105 happening. Mr. Holm stated that what the proposal does is that it removes the burden off the
1106 pharmacist because the duties that are being delegated to pharmacy technicians who are nationally
1107 certified are less likely to result in mistakes. Ms. Bell asserted that she agrees with the proposal, but
1108 disagrees with the ability of a pharmacy technician to perform a check of the initial prescription.
1109 Ms. Bell stated it would be prudent to have a pharmacist at one end or the other for call transfers,
1110 to which Mr. Holm stated most transfers are done by fax, so there really isn't a phone call done
1111 between pharmacy technicians, that there's an opportunity, but that there is doubt in whether this
1112 is actually happening. Chair Holt added that there are already other states doing this. Mr. Holm
1113 stated that public comment will be the time to gauge feedback on this issue. The board ultimately
1114 agreed to send this section out for public comment as written.

1115

1116 12 AAC 52. 235(g)

1117 The board discussed striking the first sentence that states, "a nationally certified pharmacy
1118 technician may perform all the duties of a pharmacy technician."

1119

1120 12 AAC 52.470(d)

1121 The board discussed striking (d), "If an original prescription drug order is prescribed a 30-day
1122 supply." such that it reads, "A pharmacist, nationally certified pharmacy technician, or pharmacist
1123 intern may dispense any quantity of a prescription drug order as long as..."

1124

1125 Zero reporting is still reviewing this section, so board will pull this out.

1126

1127 12 AAC 52.995(a)(38)

1128 With regards to the "nationally certification" definition, LAW indicated it's not necessary. Mr.
1129 Holm stated there are two certifying agencies, to which Chair Holt inquired as to whether there is
1130 an overshadowing organization that approves accrediting agencies. Lis indicated that the language
1131 they usually use is, "national certifying agency". The board ultimately decided to leave out the
1132 definition.

1133

1134 12 AAC 52.423(d)

1135 Changes to this section was previously tabled. The board continued to discuss this and referenced
1136 documents provided by Cardinal Health/Telepharm. The board ultimately decided to keep the
1137 mileage restriction in as is.

1138

1139 Length of Rx (new)

1140 The board reviewed the possibility of setting time limitations on which prescriptions are valid for.
1141 Mr. Holm stated that if we give a timeframe for fill, patients might fill it right away in case they
1142 need it later. Ms. Bell inquired as to whether there are situations where this is helpful. The board
1143 continued to discuss this.

1144

1145 Questionnaire

1146 The board discussed the jurisprudence questionnaire and what value it has for licensure. It was
1147 ultimately decided to strike these from regulations for pharmacists and interns.

1148
1149 12 AAC 52.990

1150 Chair Holt inquired as to whether the board should keep the section relating to conspicuous
1151 display of licensure as written or whether it needs a re-write. Mr. Holm stated that his pharmacy
1152 always does a print out and puts them up at all locations. Chair Holt inquired as to whether the
1153 intent is to just make sure they have a license. Ms. Bell stated that for small staff, it's good to have
1154 on the wall, but if you have ten staff and it is on file somewhere, that should suffice.

1155
1156 **TASK 10**

1157 Rich Holt will continue to work on language for conspicuous display of licensure.

1158
1159 Resume

1160 The board returned to discussion on requiring resumes and ultimately decided to move towards
1161 striking this requirement in regulation.

1162
1163 Self-inspection report

1164 Chair Holt inquired to the board what their feedback was on inspection reports. Ms. Bell stated
1165 the board doesn't have dedicated inspectors. Mr. Holm commented that it allows time for pause
1166 to look at facility operations, and Ms. Bell stated it's an attestation and should suffice on the
1167 application, adding that we should be trusting that other states have standards of practice. Mr.
1168 Holm stated minimum standards of Alaska need to be upheld. Chair Holt reminded the board that
1169 AG Megyn Greider went back to the intent of the legislature on regulating of out-of-state
1170 pharmacies, and that the intent was to register rather than license, which limits the board's ability
1171 to regulate and subsequently discipline this license type.

1172
1173 Off record for lunch at 12:24 p.m.

1174 Back on record from lunch at 1:41 p.m.

1175
1176 *Note: Ms. Carrillo joined the board of nursing at 1:00 p.m. to provide a PDMP update.*

1177
1178 **Agenda Item 3 Regulations Time: 1:41 p.m.**

1179
1180 The board resumed regulation discussions.

1181
1182 12 AAC 52.080(d)

1183 Chair Holt referred to this section, which currently contains language addressing approval of
1184 internship programs in non-traditional site, recommending this be repealed since "nontraditional"
1185 is not defined in statute or regulation, so there is no approval process, and therefore no criteria to
1186 base any decision on whether to approve such programs. There was no opposition to this.

1187
1188 12 AAC 52.120

1189 The board discussed the review of pharmacist intern license application, in which it was suggested
1190 that there be a repeal to (7) for the intern questionnaire. Pointing to subsection (c), Ms. Bell
1191 commented on whether there should be a separate renewal form or alternatively, whether their
1192 license should be issued for the period tended to 4 years instead of 2.

1193

1194 12 AAC 52.200

1195 The board discussed termination of internship practice, for which it wasn't immediately clear
1196 whether this was necessary. Ms. Carrillo stated it seems to be redundant, given pharmacy interns
1197 who later apply for licensure as a pharmacist have to submit a separate form, verification of
1198 internship or experience, which would contain all the information provided in this termination of
1199 sponsorship form. Ms. Carrillo also commented that it may be helpful for pharmacy interns who
1200 go on to apply for pharmacist licensure in other states and have to verify the number of hours
1201 they completed during their internship with an Alaska pharmacist. The board continued to discuss
1202 this.

1203

1204 Pharmacist-in-charge

1205 The board discussed the duplicate license fee, which may need to be updated.

1206

1207 Pharmacist to intern ratio

1208 The board also discussed the pharmacy – pharmacy intern ratio as there cannot be two interns
1209 dispensing simultaneously.

1210

1211 Mr. Holm also addressed a typo on form #08-4166.

1212

1213 **TASK 11**

1214 Laura will update the typo on form #08-4166 (in-state wholesale drug distributor), which, on
1215 instruction page 1 of 1, references 'pharmacy' for change of ownership. The citation in this section
1216 also needs to be updated to reference 12 AAC 52.610.

1217 *(Pending; Ms. Carrillo submitted a request to the publications unit on 02/15/2020 to correct the typo on form*
1218 *#08-1466 referencing 'pharmacy' instead of facility and to correct the citation to 12 AAC 52.610.)*

1219

1220 DEA form 106 discussion

1221 The board discussed the reason for reviewing these forms. Mr. Holm commented that the EA can
1222 assess based on a threshold, such as 5 or more robberies or thefts, to which Chair Holt agreed.
1223 Ms. Lindemuth suggested the EA assess box 9 related to 5 or more instances within 6 months.

1224

1225 **TASK 12**

1226 Ms. Carrillo will only include reports of lost or stolen prescriptions, DEA form 106 only in the
1227 scenarios involving robbery or theft, or if there are 5 or more incidents within 6 months per box
1228 #9 of the form.

1229 (Ongoing.)

1230

1231 12 AAC 52.350

1232 The board addressed taking out the section requiring licensees to submit documentation that they
1233 have met all continuing education requirement. Ms. Carrillo stated that this is unnecessary given
1234 the random audits done at each renewal, and added that current regulation states the board staff
1235 will pull CE documentation on behalf of the licensee so long as it is verifiable in the CPE monitor,
1236 which staff has access to via the NABP eProfile. As with most states, it is the responsibility of the
1237 licensee to provide documentation upon being selected for an audit of CEs. The board initially
1238 agreed it should be the licensees' responsibility; however, Mr. Holm commented that the onus
1239 should be taken away from licensees and that board staff should pull the documents from CPE
1240 monitor as it indicates in current regulation. Ms. Carrillo said it can be more efficient if staff is
1241 pulling the CEs, but only if there is adequate staff available. Chair Holm agreed, stating it would
1242 work well if there are enough staff, but with one staff, this could be challenging and cause delays.
1243 Mr. Sanders commented that it could eliminate processing time since staff wouldn't have to wait
1244 for licensees to respond to audit letters and deal with the time it takes to receive and process
1245 incoming documents. The board continued to discuss this, acknowledging both the pros and cons,
1246 ultimately deciding to keep this section in as written.

1247

1248 12 AAC 52.250

1249 The board reviewed the existing regulation on job shadowing, which seems obsolete. Ms. Carrillo
1250 commented that the board never receives these documents; however, Mr. Holm said he
1251 occasionally sees these when college students are interested in job shadowing.

1252

1253 12 AAC 52.855

1254 The board discussed the timeframe for registering with the PDMP, stating that a 30-day grace
1255 period to register was reasonable. The authority to set a timeframe exists in AS 17.30.200(k)(3),
1256 and there is wide variation among boards in allowing licensees to register. For example, the board
1257 of nursing allows a 120-grace period, and the board of veterinary examiners allows a 180-grace
1258 period. The board of pharmacy set a 30-day grace period in March 2019.

1259

1260 12 AAC 52.620

1261 Currently, 12 AAC 52.620(d) doesn't say wholesalers have to verify purchasers of devices are
1262 properly licensed; it only specifies they must verify when the purchaser is purchasing prescription
1263 drugs. Chair Holt inquired whether it was the board's intent to exclude devices or whether devices
1264 should be added, to which Mr. Sanders stated it should be added.

1265

1266 Ms. Lindemuth indicated she needed to leave early as previously indicated to Ms. Carrillo ahead of
1267 time. Mr. Holt indicated he would be leaving to attend a Medicaid presentation.

1268

1269 *Tammy Lindemuth and Leif Holm left the meeting at 2:55 p.m.*

1270

1271 Off record at 3:00 p.m.

1272 On record at 3:09 p.m.

1273

1274 **Agenda Item 4 Budget report**

Time: 3:10 p.m.

1317 **TASK 14**

1318 Laura will send out poll to Leif, Tammy, and Sharon to check their availability for the next
1319 meeting dates.

1320 *(Completed; Ms. Carrillo sent a poll via email on 02/15/2020; pending response.)*

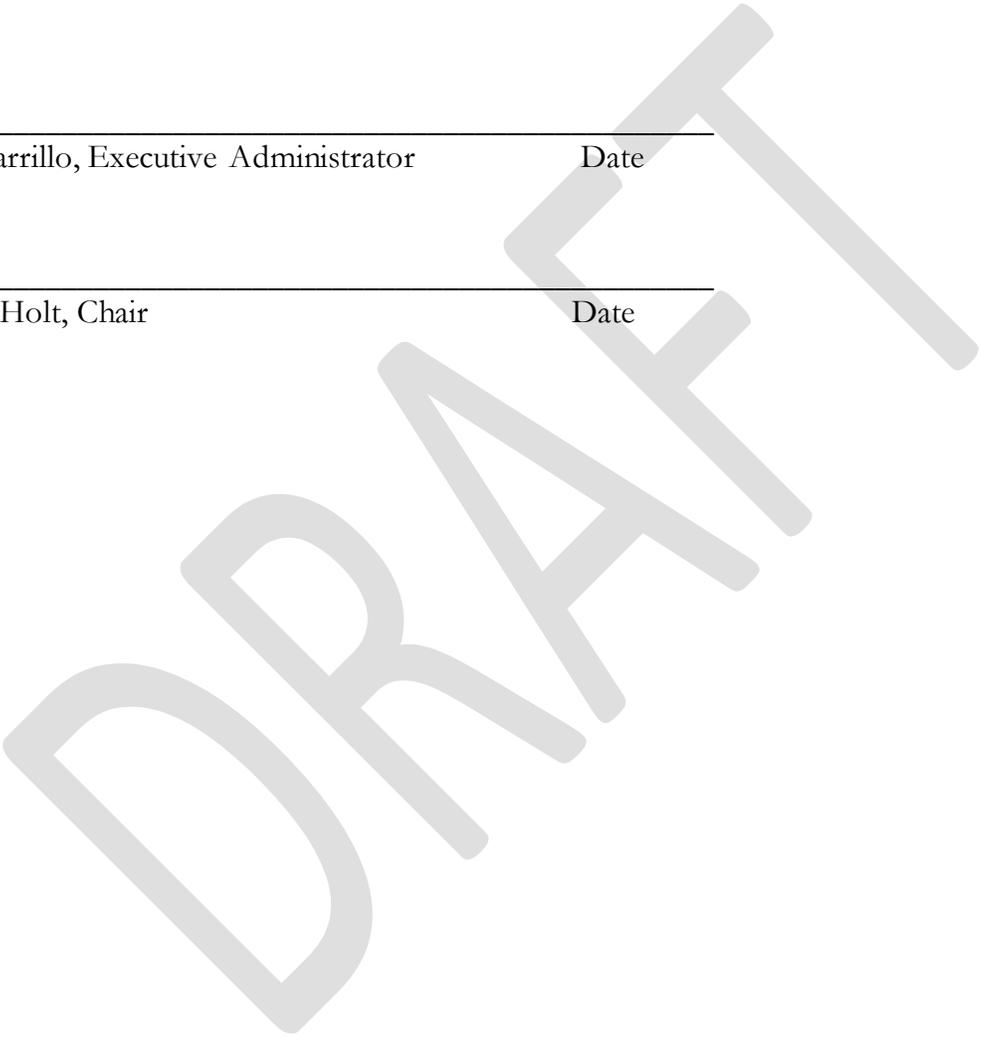
1321
1322 **Agenda Item 4 Adjourn **Time: 3:28 p.m.****

1323
1324 The board thanked Mr. Sanders for his time and dedication to the board, and adjourn at 3:28 p.m.
1325

1326
1327
1328 _____
1329 Laura Carrillo, Executive Administrator Date

1330
1331
1332 _____
1333 Richard Holt, Chair Date

1334



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

5 Alaska Board of Pharmacy
6

7 DRAFT MINUTES OF THE EMERGENCY MEETING
8

9 March 23 and March 27, 2020 Teleconference Meeting
10

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 teleconference was
13 held on March 23, 2020. Due to the COVID-19 pandemic, in-person attendance was
14 not available.
15

16 The second part of this these minutes include the board's emergency regulations,
17 voted and approved on during their March 27 meeting day. Please navigate to page
18 15 to view the approved regulations.
19

20 **These are draft minutes that haven't yet been approved by the board.**
21

22 Agenda Item 1 Call to Order/Roll Call Time: 3:00 p.m.
23

24 The **March 23, 2020** emergency teleconference was called to order by Chair, Rich Holt at 3:00
25 p.m.
26

27 Board members present, constituting a quorum:
28

29 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
30 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
31 James Henderson, RPh #PHAP1683
32 Lana Bell, RPh #PHAP893
33 Tammy Lindemuth, Public Member
34 Sharon Long, Public Member (Absent)
35 Justin Ruffridge, #PHAP1787
36

37 Division staff present:
38

39 Laura Carrillo, Executive Administrator
40 Heather Noe, Occupational Licensing Examiner
41 Jun Maiquis, Regulations Specialist
42 Sher Zinn, Regulations Specialist

43 Megyn Weigand, Assistant Attorney General

44

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

46

47 Kathryn Sawyer, Director of Pharmacy at Norton Sound

48 Tiffany Ma, Amy Poll's student

49 Tracy Gail

50 Sara, Bristol Bay Area Health Corporation

51 Reed Carlton

52 Molly Gray, AkPhA

53 Christina Aldridge, ANTC

54 Stephanie Spencer, BBAC

55 Amy Kohl

56 Lauren Paul

57 Erin Narus

58

59 **Agenda Item 2 Review/Approve Agenda Time: 3:05 p.m.**

60

61 The board reviewed the agenda. Chair Holt commented that the agenda should indicate Leif Holm
62 as the vice chair. Ms. Carrillo commented there would be a draft emergency response questions
63 and answers document for the board to review.

64

65 **On a motion duly made by Lana Bell to approve the meeting agenda, seconded by**
66 **Tammy Lindemuth, and approved unanimously, it was:**

67

68 **RESOLVED to accept the March 23, 2020 meeting as amended.**

69

	APPROVE	DENY	ABSTAIN	ABSENT
70 Leif Holm	x			
71 Richard Holt	x			
72 Justin Ruffridge	x			
73 Lana Bell	x			
74 Tammy Lindemuth	x			
75 James Henderson	x			
76 Sharon Long	x			

77

78 The motion passed with no further discussion.

79

80 **TASK 1**

81 Laura Carrillo will update the agenda and board roster to reflect current board positions.

82 *(Completed 03/25/2020.)*

83

84

85 **Agenda Item 3** **Ethics** **Time: 3:07 p.m.**

86
87 There were no ethics disclosures.

88
89 **Agenda Item 4** **Emergency Regulations** **Time: 9:35 a.m.**

90
91 In introducing the meeting, Chair Holt commented that the board would be convening to address
92 the potential bottlenecking crisis of the novel coronavirus. Chair Holt added that the board has
93 been seeing from various states and disclosures about preventative treatments, but advised that
94 pharmacies are being dramatically impacted from a staffing perspective, creating chaos and filling
95 backlogs. In Alaska, this will be especially an issue because a license is required in Alaska for any
96 capacity in a pharmacy, including for cashiers, which requires a pharmacy technician license.

97
98 Chair Holt reiterated chief medical officer, Dr. Zink's, message during an earlier call that it is
99 imperative each boards look at what they can do now to quickly move forward with emergency
100 regulations. With 32 cases in the state now, Chair Holt asserted we are in critical times and there is
101 need for the board to address emergency regulations in order to continue proactively responding
102 to this pandemic. Chair Holt also thanked AAG Megyn Weigand for performing a cursory review
103 of the regulations for the board's discussion:

104
105 **12 AAC 52.060 – FIRE OR OTHER DISASTER**

- 106 - the board has never defined "other disaster". Chair Holt stated that his recommendation
- 107 would be to define this so pharmacies are able to relocate.
- 108 - Megyn Greider: the word "disaster" is defined under Alaska statute; her recommendation is to
- 109 should instead state that other disasters "includes..."

110
111 **12 AAC 52.210 – PHARMACIST DUTIES**

- 112 - Chair Holt provided the following scenario: when we think of patients who could potentially
- 113 go to their pharmacy for an injectable that normally would go to their prescriber, if there was a
- 114 staffing issue at the prescriber's office, could the pharmacist then administer that injection on
- 115 behalf of the prescriber? AAG Greider indicated that this would be within the pharmacist's
- 116 scope. Chair Holt inquired whether the board would be interested in included this as a new
- 117 subsection (8). Ms. Lindemuth agreed with this. Lana Bell commented on (3), which requires
- 118 some additional training and education. Megyn: advises no change from (1)-(6), but to
- 119 introduce semi-colons for duties that may be performed and delegated to a pharmacy
- 120 technician holding a national certification.
- 121 - Justin Ruffridge inquired whether this would be an appropriate section to add point-of-care
- 122 testing. Chair Holt stated that DHSS issues CLIA waivers, so addressing this in regulation may
- 123 be introducing more restrictive parameters than what the state already allows.
- 124 - AAG Greider inquired as to whether interpreting and administering should be in accordance
- 125 with the manufacturer's directions. James Henderson inquired whether it should be with the
- 126 prescriber's directions, commenting that prescribers will sometimes have off-label uses. Leif

127 Holm commented that if the intent is to not impose limitations, then to go with the
128 prescriber's directions. The board agreed to go with language for the prescriber's drug order.
129

130 **12 AAC 52.235 – (NEW REGULATION; CERTIFIED PHARMACY TECHNICIAN**
131 **WITH NATIONAL CERTIFICATION)**

132 - The board discussed pharmacy technicians with national certifications and the possibility of
133 expanding scope of duties performed only by pharmacists and pharmacist interns to these
134 individuals.
135

136 **12 AAC 52.300 – LICENSE RENEWAL**

137 - Clause to extend renewals on an even year or period of three months, September 30, or until
138 the emergency has been concluded.

139 - Remove the requirement that pharmacists submit the documentation for their renewal, just
140 require an attestation of having completed the continuing education requirements of 12 AAC
141 52.230 – 12 AAC 52.350.

142 - Remove the jurisprudence questionnaire as this is not scored and creates unnecessary work for
143 the applicant. AAG inquired whether it is the board's intention to permanently remove this, or
144 just for the duration of the emergency. Chair Holt explained that initially, it was to
145 permanently remove this, but especially at this time, the board seeks to expedite applications
146 and not subject applicants to requirements that the board will not look at or base approval of
147 licensure on. Justin Ruffridge inquired as to whether there would still be an audit process and
148 Chair Holt explained the division's process of random auditing.
149

150 **12 AAC 52.470 – (CURRENTLY TITLED AS REFILLS)**

151 - Chair Holt recommends amending the title of this section to, "Dispensing of a Prescription
152 Drug Order"

153 - Currently, pharmacist can only dispense a prescription drug order in accordance with the
154 provider's authorization. If there's no refills authorized, then none can be dispensed. With the
155 ability for pharmacies to dispense any quantity of a prescription drug order, they must amend
156 (a) to allow a pharmacy technician with national certification to engage in refill activities.

157 - The board discussed changes of up to 120 days.

158 - The board discussed possibilities and limitations of involving pharmacist interns and pharmacy
159 technicians with national certifications in this section.

160 - The board also discussed the validity of a non-controlled substance prescription after a year.

161 Lana Bell stated there are institutional start and stop orders, so from an institutional setting, it's
162 helpful to have a stop date. Sharon Long suggested that to make it explicit, it would be helpful
163 to have a stop date, especially in an emergency situation.
164

165 **12 AAC 52.220 – PHARMACIST INTERNS**

166 - Rich: strike (e)(3).
167

168 **12 AAC 52.490 – PRESCRIPTIONS BY ELECTRONIC TRANSMISSION**

- 169 - AAG Greider inquired whether existing (1)-(4) is creating a hindrance? Chair Holt stated that
170 the hinderance is that (a) doesn't include tech and interns. Mr. Henderson inquired why the
171 board would need (b) if we have (a), as it already is a legal prescription, to which Chair Holt
172 indicated he was unsure of why it was there.
- 173 - Mr. Ruffridge inquired about controlled versus non-controlled prescriptions in this section?
174 AAG Greider stated that if the board added add interns and techs, they would be suggesting
175 they could participate in controlled substances prescription orders being transmitted
176 electronically to the patient, but earlier in the regulations proposal, the board limited
177 dispensing to non-controlled substances. Chair Holt inquired to AAG Greider whether they
178 can amend to say that: a pharmacy technician with a national certification can dispense a non-
179 controlled prescription drug order, to which AAG Greider would include in the draft. Ms. Bell
180 inquired as to why the board would be treating electronic prescriptions different than written
181 prescriptions for original drug orders when it still requires pharmacist's review as refills don't
182 require a pharmacist's review.

183

184 **12 AAC 52.510 – SUBSTITUTION**

- 185 - The board addressed changes to substitution of interchangeable or biosimilar drug products.

186

187 **12 AAC 52.992 – EMERGENCY PREPAREDNESS**

- 188 - The board proposed to suspend licensure requirements for certain categories

189

190 **12 AAC 52.985 – INDEPENDENT ADMINISTRATION OF VACCINES AND** 191 **RELATED EMERGENCY MEDICATIONS**

- 192 - The board discussed expanding capabilities to pharmacist interns and technicians with national
193 certifications, including supportive staff members and the 18-year age requirement. Ms. Bell
194 commented that the reason why the board started licensing everyone, including cashiers and
195 bookkeepers, is so the board could hold them accountable; part of the licensing is that they at
196 least be 18 years old so they could be prosecuted. Ms. Bell inquired whether the board should
197 care if they're over 18. AAG Greider indicated the board needed to articulate what supportive
198 staff they're using. Mr. Holm commented that it doesn't make sense to create this opportunity
199 because pharmacies already have ensured all staff be licensed. Mr. Holm asked whether the
200 board wants to give pharmacies the opportunity to hire non-pharmacy technicians to act as
201 pharmacy technicians during this emergency. Chair Holt stated that Dr. Zink urged boards to
202 evaluate how they can maximize personnel and support the supply chain without hindering
203 pharmacy operations. AAG Greider indicated the language would still have to apply to anyone
204 who would qualify to have a license. Mr. Ruffridge stated he would support a limit on age; that
205 they should be at least 18 years old.

206

207 **12 AAC 52.443 – 12 AAC 52.445 – SHARED PHARMACY SERVICES**

- 208 - Chair Holt commented that regulations are currently restrictive as they don't allow pharmacies
209 to help other pharmacies, explaining that there could be cognitive services (helping with
210 service) or assisting with filling a prescription, e.g.: you have two pharmacies that are close to
211 each other. Ms. Long inquired what this entails, to which Chair Holt stated it requires a

212 pharmacy to get a shared pharmacy license and maintain detailed binders specifying functions
213 (who is going to do what). Chair Holt added an example: if a pharmacy has 10 stores, and one
214 store's services go down, the pharmacy would have to apply for shared pharmacy services to
215 transfer all that information.
216 - Ms. Bell commented that if a pharmacist was out, can a relief pharmacist fill in remotely. Chair
217 Holt recommended discussing this in detail at a later date as this is really needed.
218 - Chair Holt provided another example: Seattle Children's Hospital can't send their clinical drug
219 trials to children here in Alaska because they're not registered as a pharmacy. These children
220 used to fly down to Seattle but can no longer travel there.

221

222 **Agenda Item 4 Board QAs**

Time: 3:28 p.m.

223

224 Chair Holt informed the board that for four weeks, the board chairs for the State Medical Board,
225 Board of Nursing, and Board of Pharmacy will be convening to address Covid-19 matters as they
226 arise. Chair Holt stated that during today's meeting, Chief Medical Officer, Anne Zink, was in
227 attendance, and had agreed to issue an FAQs statement jointly with the board to address the rash
228 of prescriptions being called into pharmacies following news headlines of certain medications
229 being used to treat COVID-19 symptoms, such as hydroxychloroquine. Ms. Long inquired
230 whether the board's guidance would prevent a prescriber from prescribing, for example,
231 hydroxychloroquine, for off-label use. Chair Holt commented that the FDA would need to say
232 that this specifically is an approved medication; it has to have a diagnosis consistent with its
233 prescription and intended use.

234

235 Chair Holt read the rest of the document aloud to the board:

Q. What is the status of hydroxychloroquine, chloroquine, and antibiotics for the use of Covid-19 prevention?

A. Currently, there is no FDA approved therapy for Covid-19 prevention. All healthcare professionals need to be attentive to the need of current patients utilizing these pharmaceuticals and avoid stockpiling which may cause a pharmaceutical chain supply issue.

The following guidance is made for these products:

1.) No prescription for chloroquine or hydroxychloroquine may be dispensed except if all the following apply:

- a) The prescription bears a written diagnosis from the prescriber consistent with the evidence for its use;
- b) The prescription is limited to no more than a fourteen (14) day supply, unless the patient was previously established on the medication prior to the effective date of this guidance; and
- c) No refills may be permitted unless a new prescription is furnished.

Q. What is the status of albuterol?

A. Albuterol is currently in high demand and we ask pharmacists to use professional judgment in the volume of albuterol meter dose inhalers (MDI) dispensed to a single person to ensure an adequate supply chain remains available for all patients. Practitioners may also evaluate the appropriateness of prescribing albuterol nebulizer use for patients at home to limit the impact on albuterol MDI.

Q. What has the Drug Enforcement Administration (DEA) said about early refills of controlled substances?

A. The DEA issues the following guidance [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-017\)\(DEA065\)%20Early%20RX%20Refill%20-%20OMB%203-20-20%202200%20DAA%20approved.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-017)(DEA065)%20Early%20RX%20Refill%20-%20OMB%203-20-20%202200%20DAA%20approved.pdf)

Q. What constitutes an emergency for a practitioner to issue a verbal order for a Schedule II Controlled Substance?

A. The DEA has defined "emergency" under 21 CFR 290.10: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=8f4435f95e3b8d361c644c5b329a56af&ty=HTML&h=L&mc=true&r=SECTION&n=se21.4.290_110

236
237 Ms. Long asked if the QA would prevent this being used as a compassionate-use drug, to which
238 Chair Holt commented that the drugs would have to be listed as expanded-access (compassionate-
239 use) drugs by the FDA. Tammy Lindemuth inquired if this was something Dr. Zink was
240 encouraging, to which Chair Holt affirmed, stating this is something she has encouraged, but that
241 there are also practitioners who are calling in prescriptions for themselves and their families,

284 State of Alaska
285 Department of Commerce, Community and Economic Development
286 Division of Corporations, Business and Professional Licensing
287 Alaska Board of Pharmacy
288

289 DRAFT MINUTES OF THE EMERGENCY MEETING

290
291 March 27, 2020 Teleconference Meeting

292
293 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
294 Article 6, a scheduled meeting of the Board of Pharmacy via teleconference was
295 held on March 27, 2020. Due to the COVID-19 pandemic, in-person attendance was
296 not available.

297
298 **These are draft minutes that haven't yet been approved by the board.**

299
300 **Agenda Item 1 Call to Order/Roll Call Time: 1:17 p.m.**

301
302 The **March 23, 2020** emergency teleconference was called to order by Chair, Rich Holt at 1:17
303 p.m.

304
305 Board members present, constituting a quorum:

306
307 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
308 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
309 James Henderson, RPh #PHAP1683
310 Lana Bell, RPh #PHAP893
311 Tammy Lindemuth, Public Member
312 Sharon Long, Public Member (Absent)
313 Justin Ruffridge, #PHAP1787

314
315 Division staff present:

316
317 Laura Carrillo, Executive Administrator
318 Heather Noe, Occupational Licensing Examiner
319 Lisa Sherrell, PDMP
320 Megyn Weigand, Assistant Attorney General

321
322 Members from the public present:

323
324 Laura Paul, CVS
325 Erin Narus, Health Care Services

326 Chuck Semling, Health Care Services

327

328 **Agenda Item 2** **Review/Approve Agenda** **Time: 1:18 p.m.**

329 The board reviewed the agenda for the March 27, 2020 meeting day.

330

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

333

334 **RESOLVED to accept the March 27, 2020 meeting agenda as written.**

335

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

344

345 The motion passed with no further discussion.

346

347 **Agenda Item 3** **Ethics** **Time: 1:20 p.m.**

348

349 No ethics disclosures.

350

351 **Agenda Item 4** **Regulations** **Time: 1:21 p.m.**

352

353 The board resumed discussion of emergency regulations. Ms. Carrillo provided a checksheet
354 outlining the emergency regulation adoption process. An update of the proposed regulations was
355 included for board review, with edits made accordingly based on AAG review of authority.

356 Proposed regulations expanding scope for pharmacy technicians were not permitted in some
357 sections.

358

359 **12 AAC 52.060**; fire or other disaster; no opposition.

360

361 **12 AAC 52.210**; amend #1 to improve practitioner or authorized agent. Chair Holt commented
362 that we had removed the ability for pharmacy technicians to engage in dispensing, and had
363 removed (8) because of this addition. Based on AAG review, we were not able to include
364 pharmacy technicians within the scope of pharmacist duties, so had to add (8) back in; no
365 opposition.

366 **12 AAC 52.220**; pharmacy technicians with national certifications can't dispense because that is a
367 statutory definition. Intern can do it, hence repealing (e)(3); no opposition.

368 **12 AAC 52.230**; no authority to suspend licensing categories, but we can remove cashers and
369 bookkeepers, such that they would need not need to have a license; no opposition.
370 **12 AAC 52.235**; pharmacy technician with national certification. Final check to distribute was
371 amended and subsection (C) to add date and quantity dispensed, documentation in patient record
372 (b) to use standard formal for national certification; no opposition.
373
374 **12 AAC 52.300**; removing documentation and allowing attestation; repeal jurisprudence exam
375 requirement; no opposition.
376
377 **12 AAC 52.300**; renewals; no opposition. **See page 19.**
378
379 **12 AAC 52.446**; shared pharmacy services during an emergency; the board wanted to suspend
380 shared pharmacy services to make sure pharmacies are able to process at maximum capacity, but
381 board is unable to suspend. AAG Greider and Chair Holt instead worked on a new section for
382 shared pharmacy services during an emergency, which will eliminate need for board approval so
383 that they don't have delays in providing continuation of services; no opposition.
384
385 AAG Greider indicated there is a typo in (b), should be notwithstanding 12 AAC 52.445. AAG
386 Greider asked whether it is the board's intent that it completely displaces current 12 AAC 52.445
387 during a disaster emergency declaring. The board determined that yes, it will displace 12 AAC
388 52.445 during a disaster or emergency and then 12 AAC 52.446 will resume upon conclusion of
389 the emergency declaration.
390
391 **12 AAC 52.470(a)**; repeals entire subsection; no opposition.
392 **12 AAC 52.470(b)**; repeals entire subsection; no opposition.
393 **12 AAC 52.470**; adding pharmacist intern to be able to record quantity and date of dispensations ;
394 no opposition.
395 **12 AAC 52.470(d)**; as long as (1)-(3) are met; removes (4); no opposition.
396 **12 AAC 52.470**; allows total quantity of the drug due to chronic non-controlled substance to be
397 dispensed for up to a 120 supply. Must add: "continue to".. "may continue to dispense a quantity",
398 to account for insurance companies that try to limit quantities; no opposition.
399 **12 AAC 52.470(h)** new subsection; no opposition
400
401 **12 AAC 52.480(4)**; addition of which may be handwritten no opposition
402
403 **12 AAC 52.490(a)**; adding devices, e.g.: nebulizer, spacers, nebulizer tubing are all devices and we
404 need to allow these
405
406 **12 AAC 52.500(d)(1)**; no opposition.
407
408 **12 AAC 52.510(a)(1)**; nothing prohibits patient from requesting original product instead of
409 substitution; no opposition.
410

411 **12 AAC 52.985(a)**; remove “natural”; no opposition.

412

413 **12 AAC 52.985(f)(1)**; suspend CPR, tribal health notification suspended for 30 days, suspend
414 notarization; no opposition.

415

416 Laura inquired whether there would be issues with fingerprinting as agencies begin to cease these
417 services. AAG Greider cited, SB241, which would allow the division to engage in expedited
418 licensure requirements, including suspending fingerprinting. Ms. Long requested clarification as to
419 whether it would eclipse any regulations that would otherwise be required to comply, to which
420 AAG Greider confirmed.

421

422 **12 AAC 52.992(d)**; offer the patient or patient’s agent the current vaccine information; no
423 opposition.

424

425 **12 AAC 52.995(33)**; definition for shared pharmacy services, including pharmacy intern or
426 pharmacy technician who holds a national certification, also allowing distributing, counseling, and
427 monitoring of drug therapy; no opposition.

428

429 **12 AAC 52.995(a)**; no opposition.

430

431 AAG Greider inquired whether it is the current practice that devices are not included in electronic
432 transmission. Chair Holt stated that you could see this in practice as prescription orders for
433 devices can be transmitted electronically, but the law doesn’t say it currently.

434

435 Laura asked whether pharmacists who hold an emergency permit must still comply with the
436 PDMP registration requirement, as it is a permit and not a license. AAG Greider indicated that the
437 permit is considered a license, and so those who hold this must register.

438

439 **On a motion duly made by Lana Bell to approve the emergency regulation packet as**
440 **amended, seconded by Sharon Long, and approved unanimously, it was:**

441

442 **RESOLVED to accept the emergency regulations, 12 AAC 52.060, 12 AAC 52.210, 12**
443 **AAC 52.220, 12 AAC 52.230, 12 AAC 52.235, 12 AAC 52.300, 12 AAC 52.446, 12 AAC**
444 **52.470, 12 AAC 52.480, 12 AAC 52.490, 12 AAC 52.500, 12 AAC 52.510, 12 AAC 52.985,**
445 **12 AAC 52.992, and 12 AAC 52.995 as discussed and amended during this meeting.**

446

447

448

449

450

451

452

	APPROVE	DENY	ABSTAIN	ABSENT
Leif Holm	x			
Richard Holt	x			
Justin Ruffridge	x			
Lana Bell	x			
Tammy Lindemuth	x			

453	James Henderson	x
454	Sharon Long	x

455

456 The motion passed with no further discussion.

457

458 **TASK 3**

459 Laura Carrillo will send updated regulations draft to Chair Holt, AAG Greider, and regulations specialist, Jun Maiquis.

460 *(Completed 03/27/2020.)*

461

462 **Agenda Item 4 Emergency Response QA Time: 2:03 p.m.**

463

464 The board reviewed the revised QA document prepared by Chair Holt.

465

466 **On a motion duly made by Tammy Lindemuth to approve the emergency response question and answers document, seconded by Sharon Long, and approved unanimously, it was:**

467

468 **RESOLVED to approve the emergency response questions and answers document, as discussed at this meeting and as included in the board packet. Subsequent updated to be approved via an email vote.**

469

	APPROVE	DENY	ABSTAIN	ABSENT
475				
476	Leif Holm	x		
477	Richard Holt	x		
478	Justin Ruffridge	x		
479	Lana Bell	x		
480	Tammy Lindemuth	x		
481	James Henderson	x		
482	Sharon Long	x		

483

484 The motion passed with no further discussion.

485

486 **TASK 4**

487 Laura Carrillo will request the QA document to be posted online.

488 *(Completed request 03/27/2020; uploaded to site on 03/30/2020.)*

489

490 **TASK 5**

491 Laura Carrillo will forward the QA to the medical and nursing boards.

492 *(Completed 03/27/2020.)*

493

494 **Agenda Item 5 NABP Passport Time: 2:08 p.m.**

537 **Chapter 52. Board of Pharmacy.**

538

539 (Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND
540 BRACKETED] indicate language being deleted. Complete new sections are not in boldface or
541 underlined.)

542

543 12 AAC 52.060 is amended by adding a new subsection to read:

544

12 AAC 52.060. Fire or other disaster.

545

(d) In this section, "other disaster" includes any disaster which causes a pharmacy to move to

546

a temporary location or results in damage to the drug or device inventory.

547

(Eff. 1/16/98, Register 145; am ____/____/____, Register ____)

548

Authority: AS 08.80.005 AS 08.80.157 AS 08.80.330

549

AS 08.80.030 AS 08.80.157

550

551 12 AAC 52.210 is amended to read:

552

12 AAC 52.210. Pharmacist duties. Except as provided in 12 AAC 52.220 **and 12 AAC 52.235**,

553

the following duties may be performed only by a pharmacist:

554

(1) receiving an oral prescription drug order **from a practitioner or authorized agent of a**

555

practitioner;

556

...

557

(8) administer a prescription drug order in accordance with the prescriber's order

558

(6) [MAKING A FINAL CHECK ON ALL ASPECTS OF A COMPLETED PRESCRIPTION AND] assuming

559

the responsibility for a filled prescription, [INCLUDING THE ACCURACY OF THE DRUG PRESCRIBED

560

AND OF THE PRESCRIBED DRUG'S STRENGTH, LABELING, AND PROPER CONTAINER];

561 (Eff. 1/16/98, Register 145; am 7/9/2017, Register 223; am ___/___/____, Register
562 ___)

563 **Authority:** AS 08.80.005 AS 08.80.030 AS 08.80.330

564

565 12 AAC 52.220(e)(3) is repealed:

566 (e) A pharmacist supervising a pharmacist intern...

567 (3) **Repealed.** [SHALL PHYSICALLY REVIEW PRESCRIPTION DRUG ORDERS AND THE
568 DISPENSED PRODUCT BEFORE DELIVERY OF A PRODUCT TO THE PATIENT OR THE PATIENT'S AGENT]

569 (Eff. 1/16/98, Register 145; am 1/17/2007, Register 181; am 10/31/2019, Register 232; am
570 ___/___/____, Register ___)

571 **Authority:** AS 08.80.005 AS 08.80.110 AS 08.80.410

572 AS 08.80.030 AS 08.80.116

573

574 12 AAC 52.230(a)(2) is amended to read:

575 **12 AAC 52.230. Pharmacy technicians** (a) The following persons must be licensed as a pharmacy
576 technician:

577 (1) an individual who assists in performing manipulative, nondiscretionary functions
578 associated with the practice of pharmacy; and

579 (2) a supportive staff member assigned to work in the dispensing area of a pharmacy[,
580 INCLUDING A CASHIER OR A BOOKKEEPER].

581 (b) A pharmacy technician shall work under the direct supervision of a person who is licensed
582 as a pharmacist.

583 (c) A pharmacy technician may not perform any of the duties listed in 12 AAC 52.210.

584 (d) An individual working as a pharmacy technician shall wear an identification badge that
585 shows the individual's name and identifies the individual as a pharmacy technician.

586 (e) Before an individual may regularly perform the tasks of a pharmacy technician, the individual
587 shall complete training required by the pharmacist-in-charge. Duties performed by the pharmacy
588 technician must be consistent with the training the pharmacy technician has received.

589 (f) If a pharmacy technician will assist in the preparation of sterile pharmaceuticals, including
590 parenteral medications, the pharmacy technician must have completed a minimum of 40 hours of on-
591 the-job training in the preparation, sterilization, aseptic technique, and admixture of parenteral and
592 other sterile pharmaceuticals before the pharmacy technician may regularly perform those tasks.

593
594 12 AAC 52.235 is amended by adding a new section to read:

595 **12 AAC 52.235. Pharmacy technician with national certification.** (a) A pharmacy technician
596 who holds a national certification may

597 (1) perform a final check and distribute a non-controlled substance prescription if

598 (A) the pharmacy uses a bar code scanning and verification system that

599 confirms the drug selected to fill the prescription is the same as indicated on the prescription label;

600 (B) the pharmacy uses software that displays the image or graphical description
601 of the correct drug being verified; provided that if there is any deviation from the image or graphical
602 description and actual product being distributed, a pharmacist must review and dispense the order;
603 and

604 (C) each prescription distributed is electronically verified and the date and
605 quantity distributed is documented in the patient record;

606 (2) transfer a non-controlled substance prescription drug order as described in 12 AAC
607 52.500;

608 (3) clarify or obtain missing information from the practitioner or the practitioner's
609 authorized agent on a non-controlled substance prescription drug order.

610 (b) Prescription drug order information clarifications under (b) of this section must have the
611 following information documented on the prescription drug order

612 (1) the result of the clarification;

613 (2) the initials of the pharmacy technician who holds the national certification;

614 (3) the name of the prescriber or authorized agent they spoke to; and

615 (4) the date and time of the call.

616 (c) A pharmacy technician who holds a national certification may not sign or initial any
617 document that is required to be signed or initialed by a pharmacist.

618 (d) In this section, a "bar code scanning and verification system" means any technology which
619 scans the bar code on a manufacturer drug container to ensure the product being distributed
620 matches the expectation of what was prescribed and input into the dispensing software. (Eff.

621 ____/____/____, Register _____)

622 **Authority:** AS 08.80.030

623

624 12 AAC 52.300(c)(3) is amended to read:

625 (3) **an attestation** [DOCUMENTATION] that the applicant has met all continuing education
626 requirements of 12 AAC 52.320 - 12 AAC 52.350;

627

628 12 AAC 52.300(c)(4) is repealed:

629 (4) **Repealed.** [IF SEEKING RENEWAL FOR A LICENSING PERIOD THAT BEGINS ON OR AFTER
630 JULY 1, 2006, A COMPLETED JURISPRUDENCE QUESTIONNAIRE PREPARED BY THE BOARD, COVERING
631 THE PROVISIONS OF AS 08.80 AND THIS CHAPTER]

632 **The below subsection is removed from this emergency regulation project due to the**
633 **division director's authority to administratively extend renewals per SB 241. The**
634 **board repealed this subsection during an online vote on April 2, 2020.**
635

636 12 AAC 52.300 is amended by adding a new subsection to read:

637 (d) In the event an emergency declaration by the Governor in this state remains in effect on or
638 after May 1 of even years, all license and registration category renewals under 12 AAC 52.010 are
639 extended until September 30 of that renewal year, or until after the governor determines the public
640 health disaster no longer exists on a date approved by the board, whichever occurs later. (Eff.
641 1/16/98, Register 145; am 2/26/2000, Register 153; am 5/5/2000, Register 154; am 5/26/2006,
642 Register 178; am ___/___/___, Register ___)

643 **Authority:** AS 08.01.100 AS 08.80.030 AS 08.80.157

644 AS 08.80.005 AS 08.80.147 AS 08.80.165

645 12 AAC 52 is amended by adding a new section to read:

646 **12 AAC 52.446. Shared pharmacy services during emergency.** (a) During a disaster emergency
647 declared by the governor, pharmacists, pharmacist intern, and pharmacies licensed or registered
648 under AS 08.80 may participate in shared pharmacy services as defined in 12 AAC 52.995(33) without
649 applying for approval under 12 AAC 52.443 and 12 AAC 52.444.

650 (b) **Notwithstanding 12 AAC 52.445, during a disaster emergency declared by the governor,**
651 **a pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a**
652 **pharmacy and participating in shared pharmacy services, shall do so in accordance with this**
653 **section.**

654 (c) Except as provided in (d) of this section, if a filling pharmacy or filling pharmacist or
655 pharmacist intern delivers a prescription medication directly to the patient or the patient's agent, the
656 filling pharmacy, pharmacist, or pharmacist intern shall provide, on the prescription container or on a
657 separate sheet delivered with the prescription container the local telephone number and, if
658 applicable, the toll-free telephone number of the filling pharmacy or filling pharmacist.

659 (d) The requirement of (c) of this section does not apply to prescription medication delivered
660 to patients in facilities where a licensed health care professional is responsible for administering the
661 prescription medication to the patient.

662 (e) A pharmacy participating in shared pharmacy services, or a pharmacist acting
663 independently of a pharmacy and participating in shared pharmacy services, shall

664 (1) maintain manual or electronic records identifying, individually for each order
665 processed, filled or dispensed

666 (A) the name, initials, or identification code of each pharmacist or pharmacist
667 intern responsible for the final verification of dispensing; and

668 (B) the patient, date, drug, strength, directions, and quantity dispensed.

669 (f) A pharmacy participating in shared pharmacy services which distributes prescription drug
670 orders using a pharmacy technician who holds national certification shall maintain manual or
671 electronic records identifying, individually for each order processed, filled or distributed

672 (A) the name, initials, or identification code of each pharmacy technician who
673 holds a national certification; and

674 (B) the patient, date, drug, strength, directions, and quantity distributed.

675 (g) Nothing in this section prevents a pharmacist who is employed by or working under a
676 contract with the pharmacy, or prevents a licensed pharmacist intern or pharmacy technician from
677 accessing the electronic database of that pharmacy from inside or outside the pharmacy and
678 processing a prescription drug order.

679

680

681 12 AAC 52.470(a) is repealed:

682 (a) **Repealed.** [A PHARMACIST, MAY DISPENSE A REFILL OF A PRESCRIPTION DRUG ORDER
683 ONLY IN ACCORDANCE WITH THE PRESCRIBING PRACTITIONER'S AUTHORIZATION AS INDICATED ON
684 THE PRESCRIPTION DRUG ORDER. IF THERE ARE NO REFILL INSTRUCTIONS ON THE PRESCRIPTION
685 DRUG ORDER, OR IF ALL REFILLS AUTHORIZED ON THE ORIGINAL PRESCRIPTION DRUG ORDER HAVE
686 BEEN DISPENSED, A PHARMACIST SHALL OBTAIN AUTHORIZATION FROM THE PRESCRIBING
687 PRACTITIONER BEFORE DISPENSING A REFILL.]

688

689 12 AAC 52.470(b) is repealed:

690 (b) **Repealed.** [A PHARMACIST MAY NOT DISPENSE A REFILL OF A PRESCRIPTION DRUG ORDER
691 FOR A NONCONTROLLED SUBSTANCE AFTER ONE YEAR FROM THE DATE OF ISSUE OF THE ORIGINAL
692 PRESCRIPTION DRUG ORDER.]

693

694 12 AAC 52.470(c) is amended to read:

695 (c) Each time a prescription drug order refill is dispensed, the pharmacist **or pharmacist intern**
696 shall record the **quantity and date of the dispensing.** [REFILL ELECTRONICALLY OR ON THE BACK OF
697 THE PRESCRIPTION DRUG ORDER BY LITING THE DATE OF DISPENSING, THE WRITTEN INITIALS OR
698 IDENTIFICATION CODE OF THE DISPENSING PHARMACIST, AND THE AMOUNT DISPENSED IF
699 DIFFERENT FROM THE QUANTITY ON THE ORIGINAL PRESCRIPTION DRUG ORDER.]

700

701 12 AAC 52.470(d) is amended to read:

702 (d) **A pharmacist or pharmacist intern,** [IF AN ORIGINAL PRESCRIPTION DRUG ORDER IS
703 PRESCRIBED AS A 30-DAY SUPPLY, THE PHARMACIST] may dispense **any quantity of a prescription**
704 **drug order so long as** [UP TO A 100-DAY SUPPLY ON REFILLS IF] the

705 (1) total quantity of dosage units dispensed does not exceed the total quantity of
706 dosage units authorized by the prescriber on the prescription, including refills; **and**

707 (2) drug is not a federal or state scheduled controlled substance. **;** AND

708 (3) THE PHARMACIST IS EXERCISING PROFESSIONAL JUDGMENT.]

709

710 12 AAC 52.470 is amended by adding a new subsection to read:

711 (g) Under (d) of this section, if the total quantity of a drug or device to dispense on an existing,
712 chronic, non-controlled substance prescription drug order has been exhausted and the pharmacist is
713 unable to reach the practitioner, a pharmacist or pharmacist intern may continue to dispense a
714 quantity not to exceed a 120-day supply. In this section,

715 (1) "existing" means the pharmacy has a record of a previous prescription drug order or the
716 pharmacist can validate the prescription drug order from another pharmacy or patient labelled
717 product;

718 (2) "chronic" means a drug that the patient takes regularly, for greater than 3 months.

719

720 12 AAC 52.470 is amended by adding a new subsection to read:

721 (h) Under (g) of this section, the pharmacist must

722 (1) reduce the patient's prescription drug order to a written prescription drug order
723 using the previously verified prescription drug order information and practitioner name;

724 (2) document "continuation of therapy", "COT", or words of similar meaning on the
725 prescription drug order; and

726 (3) file and maintain the prescription in accordance with 12 AAC 52.450.

727 (Eff. 1/16/98, Register 145; am 6/29/2018, Register 226; am ____/____/____, Register ____)

728 **Authority:** AS 08.80.005 AS 08.80.030

729

730 12 AAC 52.480(4) is amended to read:

731 (4) initials, which may be handwritten, of the dispensing pharmacist or pharmacist intern;

732 (Eff. 1/16/98, Register 145; am 1/14/2004, Register 169; am 2/15/2006, Register 177; am
733 ___/___/___, Register ___)

734 **Authority:** AS 08.80.005 AS 08.80.295 AS 08.80.480
735 AS 08.80.030 AS 08.80.295

736

737 12 AAC 52.490(a) is amended to read:

738 (a) Legend drug, device, and controlled substance prescriptions may be transmitted
739 electronically under this section, consistent with state and federal laws. A pharmacist, or pharmacist
740 intern may dispense a prescription transmitted electronically under this section only if the prescribing
741 practitioner includes the following information on the prescription before it is transmitted:

742 (Eff. 1/16/98, Register 145; am 11/10/2001, Register 160; am 8/12/2007, Register 183; am
743 ___/___/___, Register ___)

744 **Authority:** AS 08.80.005 AS 08.80.030

745

746 12 AAC 52.500(d)(1) is repealed:

747 (1) Repealed. [A PHARMACY TRANSFERRING A PRESCRIPTION DRUG ORDER OR RECEIVING A
748 TRANSFERRED PRESCRIPTION DRUG ORDER MUST MEET THE FOLLOWING REQUIREMENTS: (1) IF
749 TRANSFERRED VERBALLY, THE TRANSFER SHALL BE COMMUNICATED DIRECTLY BETWEEN TWO
750 LICENSED PHARMACISTS;]

751

752 12 AAC 52.500(d)(3) is amended to read:

753 (3) the pharmacist, **pharmacist intern, or pharmacy technician who holds national**
754 **certification** transferring a prescription drug order information shall record the following information:
755 (A) the name, address, and if a controlled substance, the DEA registration number of
756 the pharmacy receiving the prescription drug order information;
757 (B) the name of the pharmacist, **pharmacist intern, or pharmacy technician who holds**
758 **national certification** receiving the prescription drug order information;
759 (C) the name of the pharmacist, **pharmacist intern, or pharmacy technician who holds**
760 **national certification** transferring the prescription drug order information; and
761 (D) the date of the transfer;

762
763 12 AAC 52.500(d)(4) is amended to read:

764 (4) the pharmacist, **pharmacist intern, or pharmacy technician who holds national**
765 **certification** receiving the transferred prescription drug order information shall record the following
766 information:
767 (A) the original date of issue [AND DATE OF DISPENSING, IF DIFFERENT FROM THE
768 DATE OF ISSUE];
769 (B) the original **unique identification number of the** prescription [DRUG ORDER
770 NUMBER AND THE NUMBER OF REFILLS AUTHORIZED ON THE ORIGINAL PRESCRIPTION DRUG
771 ORDER];
772 (C) the **quantity of drug or device** [NUMBER OF VALID REFILLS] remaining [AND THE
773 DATE OF THE LAST REFILL];

774 (D) the name, address, and if a controlled substance, the DEA registration number of
775 the pharmacy transferring the prescription drug order information; and

776 (E) the name of the pharmacist, pharmacist intern, or pharmacy technician who holds
777 national certification transferring the prescription drug order information; and

778

779 12 AAC 52.500(d)(5) is amended to read:

780 (5) when a prescription drug order is transferred, the transferring pharmacy may not issue any
781 further dispensing from that prescription drug order [REFILLS].

782

783 12 AAC 52.500(f)(2) is amended to read:

784 (2) to ensure that the total quantity dispensed from the prescription drug order does not
785 exceed the total quantity authorized [NUMBER OF AUTHORIZED REFILLS IS NOT EXCEEDED].

786 (Eff. 1/16/98, Register 145; am 7/9/2017, Register 223; am 10/31/2019, Register 232; am

787 ____/____/____, Register ____)

788 **Authority:** AS 08.80.005 AS 08.80.030

789

790 12 AAC 52.510(a) is amended to read:

791 (a) A pharmacist or pharmacist intern may dispense an equivalent drug product or
792 interchangeable biological product instead of the prescribed drug if

793

794 12 AAC 52.510(a)(1) is amended to read:

795 (1) the prescribing practitioner does not indicate on the prescription drug order that a specific
796 brand must be dispensed, using language such as "brand medically necessary", "dispense as written",
797 "do not substitute", or other similar wording **indicating the practitioner does not want it**
798 **substituted;**

799

800 12 AAC 52.510 is amended by adding a new subsection to read:

801 (c) Nothing in this section prohibits a patient from requesting the original trade product
802 instead of the substituted product so long as there is nothing on the prescription drug order from the
803 prescriber that would indicate they want only the substituted product dispensed.

804 (Eff. 1/16/98, Register 145; am 10/9/2008, Register 188; am 6/29/2018, Register 226; am

805 10/31/2019, Register 232; am ____/____/____, Register ____)

806 **Authority:** AS 08.80.005 AS 08.80.030 AS 08.80.295

807

808 12 AAC 52.985(a) is amended to read:

809 (a) If, as a consequence of a [NATURAL] disaster or terrorist attack, a disaster emergency is
810 declared by the governor under AS 26.23.020 which results in the inability to refill existing
811 prescriptions, the board will cooperate with the state, borough, city, or town to assist in the provision
812 of drugs, devices, and professional services to the public.

813

814 12 AAC 52.985(b) is amended to read:

815 (b) If, as a consequence of a [NATURAL] disaster or terrorist attack, a disaster emergency is
816 declared by the governor of another state or territory, or a province of Canada which results in an

817 individual being temporarily relocated to Alaska who is unable to refill an existing prescription, the
818 board will assist in the provision of drugs, devices, and professional services to the relocated
819 individual.

820

821 12 AAC 52.985(c) is repealed:

822 (c) **Repealed.** [WHEN A DISASTER EMERGENCY HAS BEEN DECLARED, A PHARMACIST IN THE
823 AREA OF THE DECLARED EMERGENCY MAY DISPENSE A ONE-TIME EMERGENCY REFILL PRESCRIPTION
824 OF UP TO A 30-DAY SUPPLY OF A PRESCRIBED MEDICATION IF (1) IN THE PHARMACIST'S
825 PROFESSIONAL OPINION THE MEDICATION IS ESSENTIAL TO THE MAINTENANCE OF LIFE OR TO THE
826 CONTINUATION OF THERAPY; AND (2) THE PHARMACIST MAKES A GOOD FAITH EFFORT TO REDUCE
827 THE PATIENT'S PRESCRIPTION DRUG INFORMATION TO A WRITTEN PRESCRIPTION MARKED
828 "EMERGENCY PRESCRIPTION" AND THEN FILES AND MAINTAINS THE PRESCRIPTION IN ACCORDANCE
829 WITH 12 AAC 52.450.]

830

831 12 AAC 52.985(d) is repealed:

832 (d) **Repealed.** [IF A DECLARED DISASTER EMERGENCY CONTINUES FOR MORE THAN 21 DAYS
833 AFTER A PHARMACIST DISPENSES AN EMERGENCY PRESCRIPTION UNDER (C) OF THIS SECTION, THE
834 PHARMACIST MAY DISPENSE ONE ADDITIONAL EMERGENCY REFILL PRESCRIPTION OF UP TO A 30-
835 DAY SUPPLY OF THE PRESCRIBED MEDICATION.]

836

837 12 AAC 52.985 is amended by adding new subsections to read:

838 (f) During an emergency declared by the Governor of this state

839 (1) a pharmacist or pharmacist intern may administer immunizations, in accordance
840 with 12 AAC 52.992, without obtaining or maintaining a CPR certificate;

841 (2) the notice required under 12 AAC 52.150(a) need not be provided until 30 days
842 after the date the Governor determines the emergency no longer exists;

843 (3) an application under 12 AAC 52.070, 12 AAC 52.092, 12 AAC 52.095, 12
844 AAC 52.120, 12 AAC 52.423, 12 AAC 52.610, 12 AAC 52.696, 12 AAC 52.697 does not need
845 to be notarized.
846
847

848
849 -(Eff. 10/31/2019, Register 232; am ____/____/____, Register ____)

850 **Authority:** AS 08.80.005 AS 08.80.030

851

852 12 AAC 52.992(d) is amended to read:

853 (d) A pharmacist or pharmacist intern administering a vaccine must offer [PROVIDE] the
854 patient or the patient's agent the current vaccine information statement (VIS) issued by the CDC for
855 each vaccine administered.
856

857 (Eff. 7/9/2017, Register 223; am ____/____/____, Register ____)

858 **Authority:** AS 08.01.075 AS 08.80.168 AS 08.80.480

859 AS 08.80.030 AS 08.80.261

860

861 12 AAC 52.995(a)(33) is amended to read:

862 (33) “shared pharmacy services” means a system allowing the processing by a participating
863 pharmacist, pharmacist intern or pharmacy technician who holds a national certification, or a
864 pharmacy of a request from another participating pharmacist, pharmacist intern, pharmacy
865 technician who holds a national certification, or pharmacy to enter or review a prescription drug
866 order, process or fill a prescription drug order, including dispensing or distributing, drug utilization
867 review, claims adjudication, refill authorizations, therapeutic interventions, counseling, monitoring of
868 drug therapy, and institutional order review;

869
870
871 12 AAC 52.995(a) is amended by adding a new subsection to read:

872 (38) “pharmacy technician who holds national certification” means a pharmacy technician,
873 licensed by the Board, who obtains and maintains an active national certification through the
874 Pharmacy Technician Certification Board (PTCB) or the Institute for the Certification of Pharmacy
875 Technicians (ICPT).

876 (Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 11/10/2001, Register 160; am 8/21/2002,
877 Register 163; am 2/15/2006, Register 177; am 8/12/2007, Register 183; am 9/11/2010, Register 195;
878 am 12/29/2011, Register 200; am 8/1/2014, Register 211; am 6/7/2018, Register 226; am
879 10/31/2019, Register 232; am ____/____/____, Register ____)

880 **Authority:** AS 08.80.005 AS 08.80.159 AS 17.30.200
881 AS 08.80.030 AS 11.71.900 AS 17.30.900
882 AS 08.80.157

883

PDMP REPORT FOR THE BOARD OF PHARMACY



May 5, 2020

This report contains summary data from the Prescription Drug Monitoring Program (PDMP) and is prepared for the Alaska Board of Pharmacy. Data is provided as a courtesy for the board and is intended to be used for informational purposes only.

Notices:

The 2019 PDMP Legislative Report is posted to our website akpdmp.alaska.gov. For a more in-depth report on the PDMP and compliance across other professions, we encourage you to read the report.

Currently, the Board of Pharmacy allows 30 days from the date of licensure to initially register for the PDMP.

PDMP renewal coincide with the board's professional license deadline, June 30, 2020. The PDMP renewal application will be combined with the license renewal application.

General Information and Updates:

- PDMP fees for initial and continued access went into effect on April 22, 2018 by authority of AS 17.30.200, which was subsequently implemented under 12 AAC 02.107. This requires a \$25.00 fee to be submitted before access to the controlled substance prescription database is granted.
- Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those required to register by updating user roles, e.g.: 'Pharmacist' to 'IHS Dispenser'.
- Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers, which are searchable by name under the program 'Prescription Drug Monitoring Program' at: <https://www.commerce.alaska.gov/cbp/main/Search/Professional>.
- There are currently 29 pending accounts in AWARxE for Pharmacists, Pharmacists-in-Charge, Military and HIS Dispensers, and Out of State Pharmacists.

Enhancements:

- On September 9th, 2019, **NarxCare** was integrated into the existing AWARxE platform. NarxCare provides visual analytics snapshots upon a patient query so providers can make more informed clinical decisions based on a patient's overdose risk score (ORS), which is a value between 0 and 900 and provides an odds ratio for unintentional death.
- An **Awareness and Feedback Questionnaire** was open from February 19 – March 11, 2020 and results will be available in June.
- The **Compliance Module** feature went live on November 13, 2019 and provides the PDMP Manager the ability to review providers who did not meet mandatory review requirements for a certain date range, and gives providers the ability to view their own compliance.

PDMP REPORT FOR THE BOARD OF PHARMACY



- **Clinical Alerts** went live on April 15, 2020, which gives real-time alerts to providers when a patient meets or exceeds a prescription threshold, daily MME threshold, or combination of opioid and benzodiazepine prescriptions.
- The **License Integration** enhancement project will be launching in the next few days, and will provide automatic verification of licensure status, e.g.: active or inactive between CBPL's licensing database, Portal, and the AWARe platform. For existing users, this means providers who do not renew their professional license will be automatically deactivated in the PDMP.

Datasharing:

Alaska currently shares data with eleven states. There are pending MOU/MOA agreements with two other states, Puerto Rico, and the Military PDMP.

Approved data sharing

- Connecticut
- Idaho
- Louisiana
- Massachusetts
- Montana
- Minnesota
- North Dakota
- Rhode Island
- South Carolina
- Washington
- Wyoming

Pending Requests

- Military PDMP
- Texas
- Oregon
- Puerto Rico

Data:

The Alaska State Board of Pharmacy regulates several license types, including pharmacists, pharmacy technicians, and pharmacy interns. All pharmacist licensees are required to register with the PDMP user role, 'Pharmacist', unless working for a federal employer (IHS, VA, military, etc.). Pharmacy technicians and interns may register as delegates for Pharmacist users.

As of April 30, 2020, there are a total of 7,871 registered users, 943 of which are registered using the 'Pharmacist' role and 29 are registered using the 'Pharmacist-in-Charge' role (Figure 1). The pharmacist user role accounts for 15% of registered users in AWARe, while pharmacist delegates make up 1% of registered users.

There are currently 1,151 pharmacist licensees, of which 972 are registered. This does not account for pharmacists registered under another user role, such as IHS, Military, or VA dispenser user roles. Out of State Pharmacists are also excluded from this count. (Figure 2)

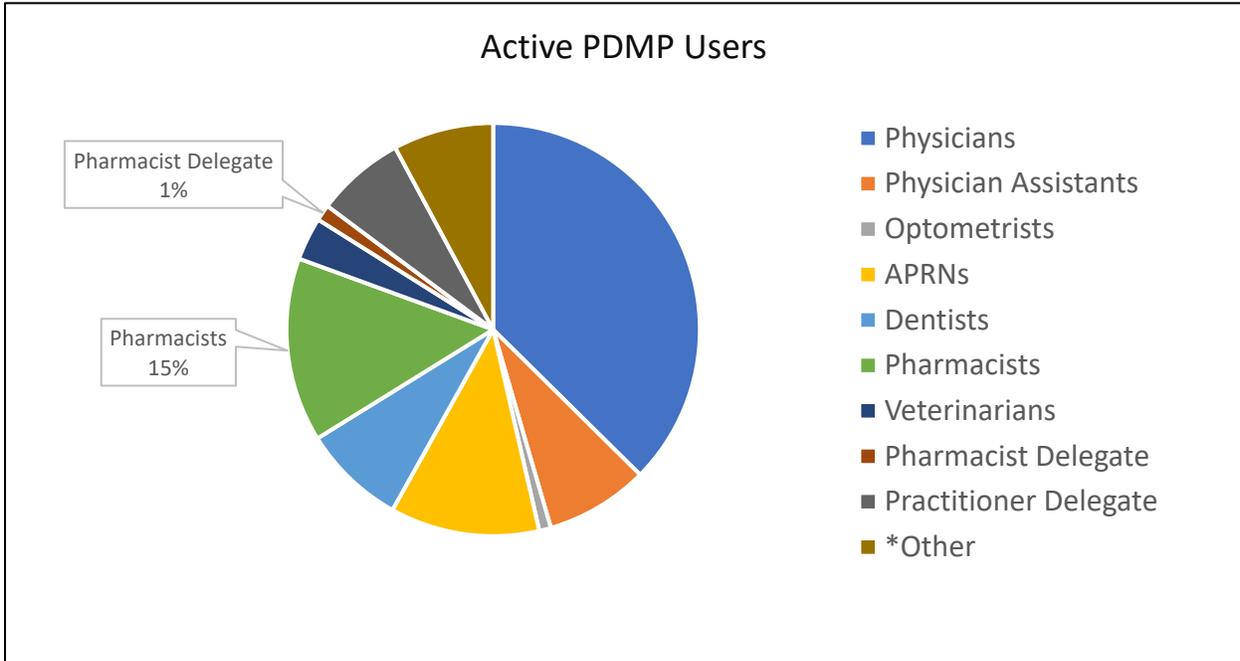


Figure 1. The Pharmacists user role category comprises 15% of actively registered users. This includes Pharmacists, Pharmacists-in-Charge, Military, VA, and IHS Dispensers. *Other includes admin and restricted admin; IHS, military, and VA prescribers; medical examiner/coroner; state Medicaid program; and medical

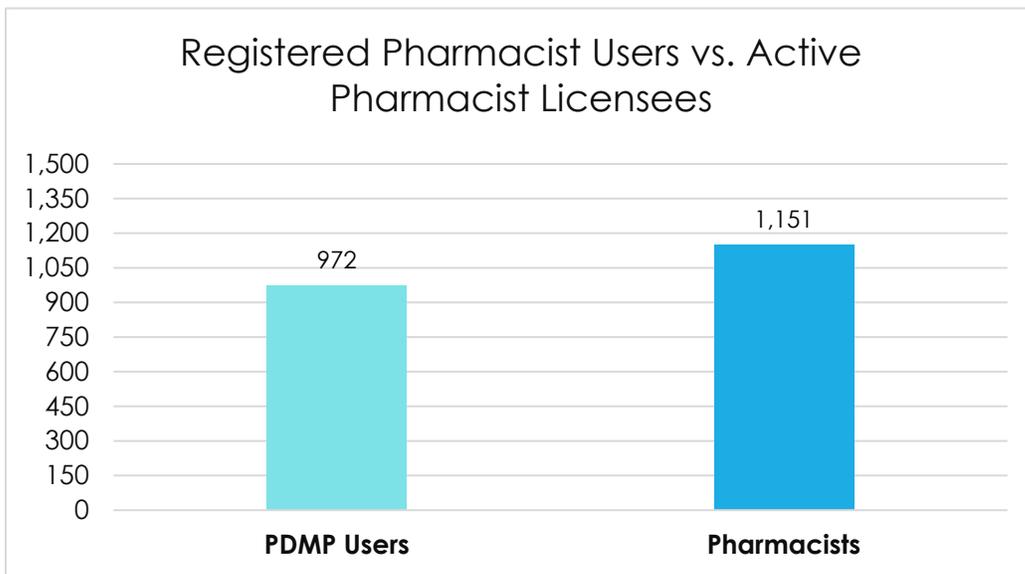


Figure 2. The compliance rate is 84% accounting only for users registered with the "Pharmacist" user role. If Military, VA, and IHS dispensers are included, the compliance rate is 98%.

Figure 3 and 4 below reflect pharmacist interactions with the PDMP. Pharmacists are not required to login to check patient prescription history, however, consistent with login activity trends, pharmacists are consulting the PDMP when dispensing medications. Figure 5 shows the overlap of logins versus

PDMP REPORT FOR THE BOARD OF PHARMACY



patient queries while figure 6 shows the proportion of pharmacy license types performing patient queries.

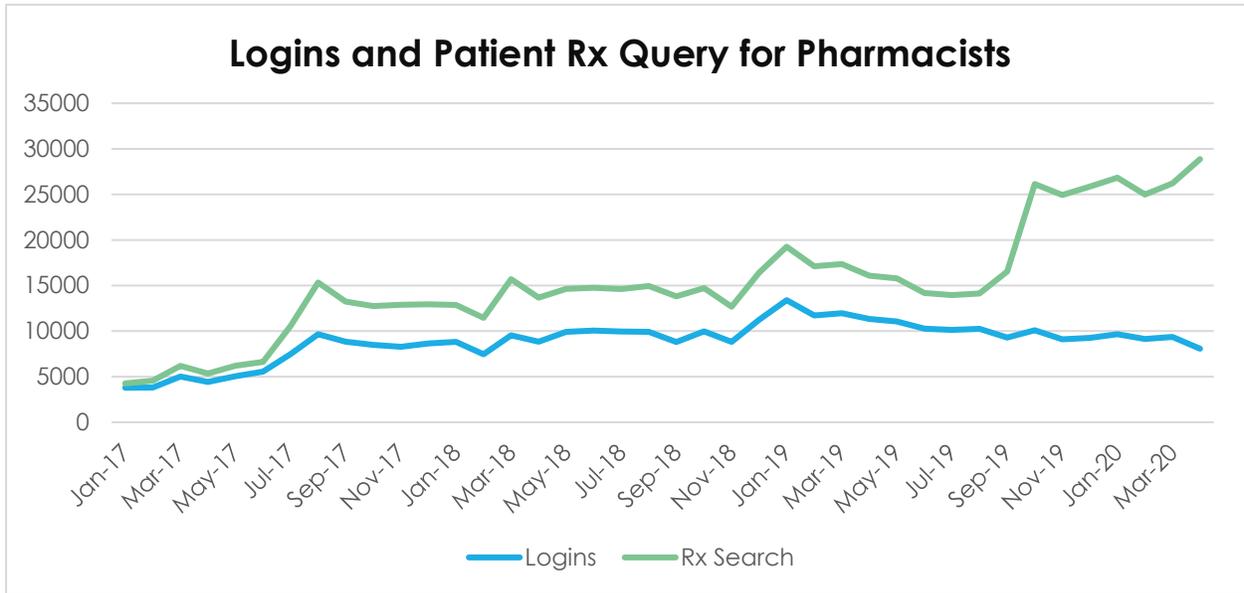


Figure 3. Logins vs. patient prescription history searches performed by Pharmacists, Pharmacists-in-Charge, and Delegate searches shows a synchronous trend until September 2019. From September 2019 to April 2020, fewer logins are resulting in more searches.

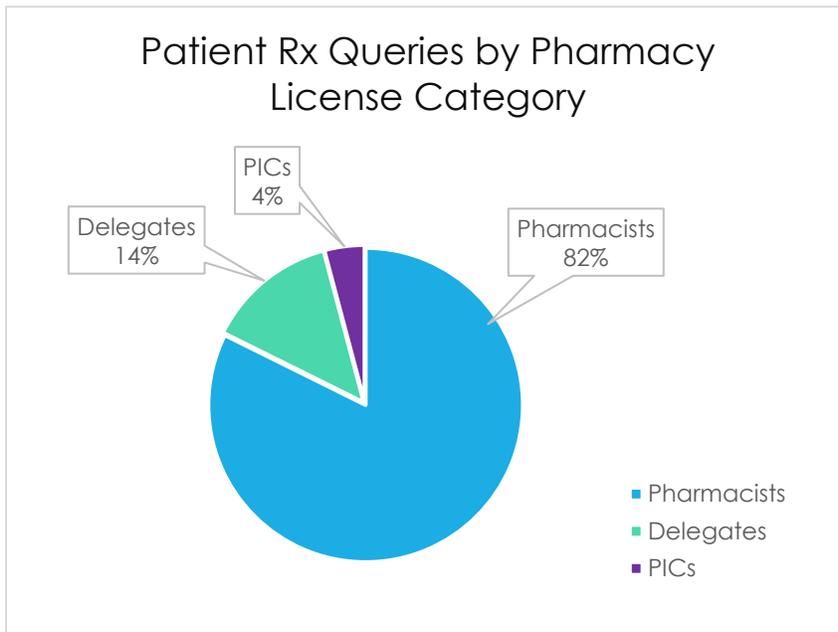


Figure 4. In 2019, 14% of pharmacist delegates (technicians or interns) queried patients' prescription history on behalf of pharmacists.

PDMP REPORT FOR THE BOARD OF PHARMACY



Pharmacists continue to have the highest rate of search activity, adjusted by user count. Figure 5 below shows the average number of patient searches per user is 342, compared to physician assistants at 97. This does not account for searches conducted by delegates. Optometrists continue to be the lowest at less than one log-in per user in 2019.

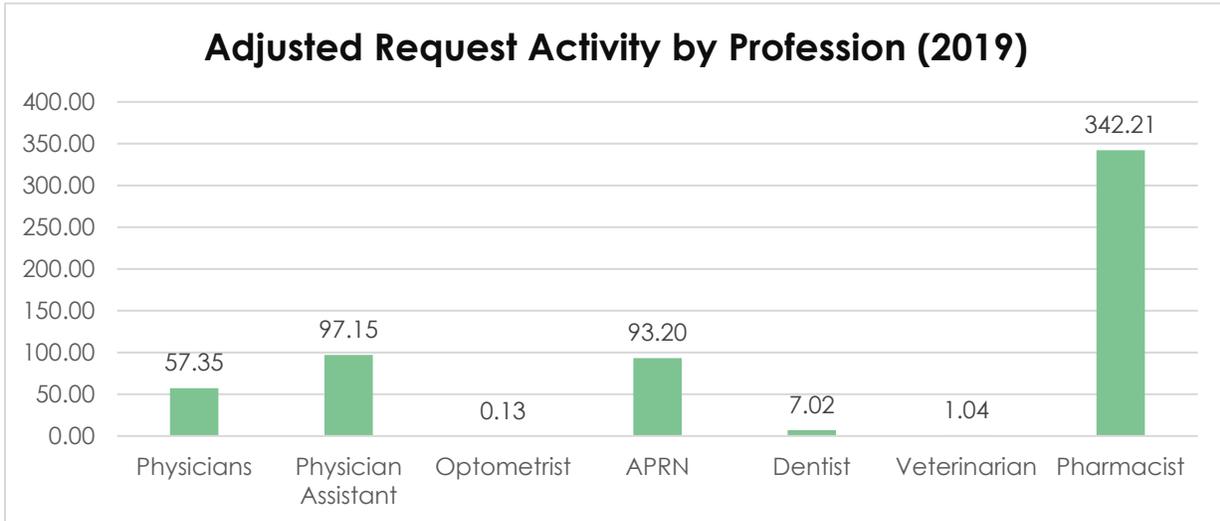


Figure 5. Adjusted by registered user count. Of mandatory professions required to register with the PDMP, pharmacists are the only providers not required to login to view patient prescription history; however, they have the highest patient request activity adjusted by the number of registered users in their profession.

Under AS 17.30.200(d)(1) and 12 AAC 52.860(b), local, state, and federal law enforcement officials may receive information contained within the PDMP upon a search warrant, subpoena, or order issued by an administrative law judge or court. The number of subpoenas issued by the Drug Enforcement Administration are included in figure 8, below.

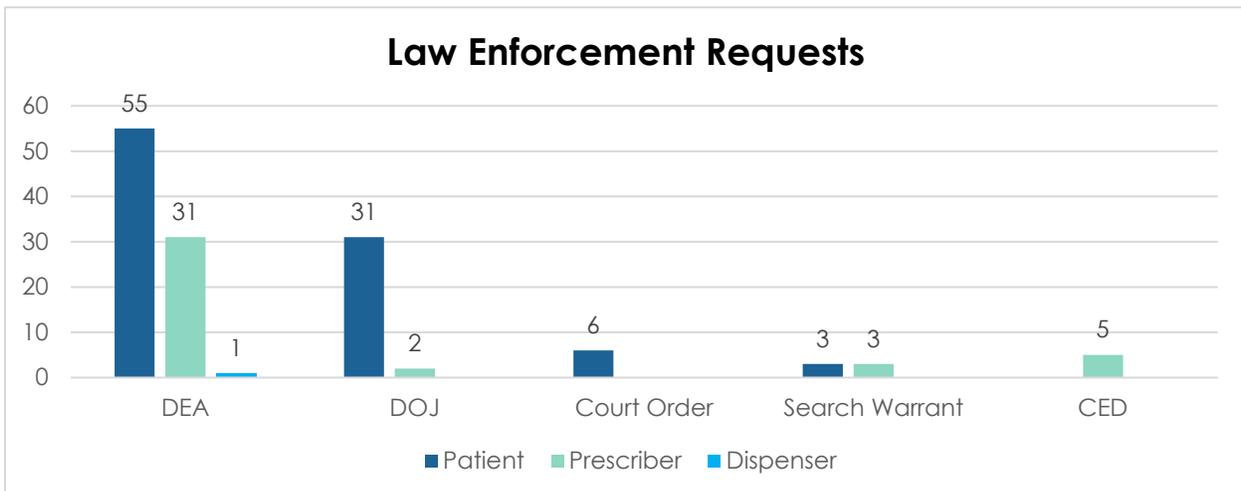


Figure 6. The PDMP manager responded to 137 subpoenas in 2019.

PDMP REPORT FOR THE BOARD OF PHARMACY



There have been significant improvements on registration compliance, which will allow for a focus on compliance with delinquent reporters. There are currently 263 delinquent reporters, with at least 65 over 100 days delinquent. In the coming months, delinquent reporters will be contacted and we expect this number to decrease significantly.

An outreach and education plan is being developed to address user compliance with reviewing and reporting. The CDC recommends avoiding concurrent benzodiazepine and opioid prescriptions, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death. The data below represents an infrequent rate of treatment involving dangerous combinations, however there is a surprising rate of combination treatment involving benzodiazepines and opioids in the last data set, indicating 64% of APRN's, 66% of Physicians, and 59% of Dentists have treated at least one patient with this therapy.

Provider Type	Providers Prescribing	Number Reviewed	Compliance Rate	Prescribing >90MME	Prescribing >120MME	Dangerous Combo	
						Benzo Opioid	Benzo Opioid Carisoprodol
NUR	493	359	73%	73	43	316	35
DEN	356	69	19%	46	16	211	7
MED	767	560	73%	121	65	510	31
VET	158	21	13%	6	6	10	0
OPT	5	2	40%	0	0	0	0

Program Abstract

Opioid use and abuse is a devastating public health crisis that continues to escalate nationally, as overdose deaths and addiction disorders have increased exponentially over the last few decades. In 2016 and 2017, Alaska ranked sixth in the nation for adults experiencing a substance use disorder, and in the top ten in the nation for adults needing, but not actively receiving, treatment for a substance use disorder¹. The escalation of opioid use, abuse, and addiction resulted in a 77% increase of opioid overdose deaths from 2010 – 2017².

In 2017, Governor Bill Walker declared the opioid crisis to be a statewide disaster, with significant threats to life and property. Through aggressive strategies and multi-agency collaboration following Administrative Order 283, which formed an Incident Command System to coordinate response efforts, Alaska gained momentum to combat the opioid crisis. The state's Prescription Drug Monitoring Program (PDMP) is crucial to these efforts, having improved patient care, reduced the prescribing of inappropriate controlled substances, and provided an essential tool to identify potential misuse and abuse. Ongoing funding is needed to continue progress, and to enhance the progressive measures and tools utilized in this effort.

The Alaska Department of Commerce, Community, and Economic Development (DCCED), under which the PDMP is housed, has fostered strong partnerships with divisions and sections of the Alaska Department of Health and Social Services (DHSS), Department of Public Safety (DPS), Department of Corrections (DOC), the Tribal Health Organization (THO), the state's health information exchange (HIE), and hospital and professional associations. These partnerships have facilitated successful distribution of emergency opioid overdose reversal drug kits, increased collaboration to assist federal and state investigations, and have supported increased provider knowledge of opioid use and its effect on individuals and communities. With funding from this solicitation, Alaska will be able to advance existing and implement new strategies to:

- Leverage support from the statewide HIE to
 - expand the network of clinic integrations, providing comprehensive data to high-risk and rural communities with vulnerable populations
 - improve database access efficiency for providers within their clinical workflow
- Provide direct access to law enforcement agencies to improve the method of receiving discovery data, enhance public safety efforts, and improve community wellbeing;
- Integrate an advanced analytics feature and provider outlier module to strengthen identification of problematic prescribing and dispensing behaviors while supporting judicious treatment practices
- Continue funding for the cost of RxCheck, which is currently configured in Alaska

¹ Substance Abuse and Mental Health Services Administration. SAMHSA Data Archive (2017). Retrieved from: <https://pdas.samhsa.gov/saes/state>

² Alaska Department of Health and Social Services. Division of Public Health: Opioids in Alaska (2017). Retrieved from <http://dhss.alaska.gov/dph/Director/Pages/opioids/home.aspx>

Program Narrative

A. Introduction

Between 1999 and 2014, overdose deaths in the United States nearly quadrupled, with 61% of deaths involving opioids³. In 2015, an estimated 2.5 million Americans were diagnosed with an opioid use disorder caused by long-term use of prescription medications⁴, and the Centers for Disease Control and Prevention (CDC) estimated that 41 deaths caused by prescription opioids occurred each day⁵. In Alaska, from 2007 to 2014, the percentage of adults experiencing prescription abuse consistently hovered slightly over the U.S. average at 4.9% and 4.5%, respectively⁶, and overdoses increased by 77% over a ten-year period from 2010 to 2017². Alaska Governor, Bill Walker's 2017 statewide opioid crisis declaration swiftly brought state and local agencies together to collaborate and identify assets and resources. The State's Prescription Drug Monitoring Program (PDMP) became a heightened focal point on the stage of strategic and multi-agency response and opioid amelioration efforts.

The PDMP was established in 2008 as the State's controlled substance prescription database. Under Alaska Statute (AS) 08.80.030(b)(11), the Alaska Board of Pharmacy, under the Department of Commerce, Community, and Economic Development (DCCED), Division of Corporations, Business and Professional Licensing (CBPL), was given the authority under the Controlled Substances Act, AS 17.30.200, to establish and maintain the database to monitor federally-scheduled II – V controlled substances dispensed in the state⁷. The PDMP uses a centralized, online AwarxE platform provided by its database vendor, Appriss Health, to provide a controlled substance collection and report retrieval system to healthcare

providers in support of informed care needs. Alongside professional judgment of these providers, the PDMP operates as an ancillary solution to combat prescription drug misuse and abuse, and is used as a surveillance tool in conjunction with appropriate drug selection, dosage, duration, and discontinuation, as well as risk management plans coordinated by practitioners within their respective scope of practice.

In 2017, legislative changes from Senate Bill 74 and House Bill 159 introduced mandatory registration, patient prescription reviewing, and data reporting requirements, eliminated federally scheduled V controlled substances from being collected, and allowed delegate access to alleviate provider workflow constraints^{8, 9}. The mandatory registration requirement applies to all practitioners with authority to prescribe controlled substances and who hold active professional licenses issued by the Board of Dental Examiners, State Medical Board, Board of Nursing, Board of Examiners in Optometry, Board of Veterinary Examiners and dispensing pharmacists regulated under the Board of Pharmacy. The mandatory patient reviewing prior to prescribing, administering, or directly dispensing of federally-scheduled II or III applies to prescribers, but excludes pharmacists. The mandatory reporting requirement applies to all prescribers and pharmacies dispensing federally-scheduled II – IV controlled substance^{9,21}.

B. Description of the Issue

[I. Alignment with existing efforts](#) - The PDMP is integral to strengthening the state's collaborative opioid response, and is included in Alaska's 2018 – 2022 *Statewide Opioid Action Plan*. The plan identifies an overarching goal of reducing the risk of substance misuse

and addiction, and identifies promoting responsible prescribing and dispensing policies and practices, and facilitating the availability of comprehensive prescription data to providers within their clinical flow as strategies to achieve this¹⁰.

This action plan was a culmination of efforts put forth at Alaska’s first Statewide Opioid Action Plan summit, organized through a partnership between DHSS’ Office of Substance Misuse and Addiction Prevention (OSMAP), the Alaska Mental Health Trust, and the Advisory Board on Alcoholism and Drug Abuse. Identified as a key contributor to opioid relief efforts, PDMP staff engaged as prescribing practices subcommittee members to identify goals and objectives aimed to facilitate real-time integration of opioid utilization data, increase access to quality provider education and resources, and foster a collaborative professional environment through expanded use of integrated care team models (Figure 1). Strategies 1.2, 1.3, 1.4, and 1.5 are included in the *Statewide Opioid Action Plan* to facilitate early and evidence-based intervention, while remaining strategies continue to serve as guidelines for ancillary PDMP improvement goals.

Objective 1: Facilitate real-time integration of opioid utilization data into prescriber’s workflow.	
Strategy 1.1	Convene multidisciplinary group to review clinical alerts available in the PDMP to guide enhancement (i.e., real-time clinical alerts, push notifications, reports, etc.) decisions. Incorporate input into enhancement development and selection.
Strategy 1.2	Expand PDMP delegate access to certified medical assistants.
Strategy 1.3	Explore avenues for Electronic Health Record (EHR)/PDMP integration and identify funding sources to facilitate assistance and incentives to practice sites.
Strategy 1.4	Engage federal and tribal healthcare entities to encourage 100% participation in PDMP reporting and utilization.
Strategy 1.5	Require PDMP reporting and utilization by opioid treatment programs (OTP; 42 CFR Part 8) within the state of operation as part of accreditation and certification and remove barriers to clinical information sharing (42 CFR Part2).
Objective 2: Increase providers’ knowledge and subsequent incorporation of evidence-based medicine (EBM) guidelines for specific conditions and circumstances into practice (e.g., palliative care, hospice, peri-procedural, acute and chronic pain).	
Strategy 2.1	Formally adopt Washington State’s AMDG Opioid Prescribing Guidelines (as updated from time to time) as state-wide practice standard.

Strategy 2.2	Develop, support and maintain a state-specific sanctioned resource tool for Alaskan healthcare providers to include, but not limited to, sanctioned continuing education and adopted practice standards/guidelines.
Strategy 2.3	Provide state-supported and sanctioned professional consultative resource to support prescribers with complex opioid management, i.e., peri-procedural, opioid tapering.
Strategy 2.4	Establishing a mechanism to assist prescribing professionals (i.e., MD, DO, PAC, APRN, DMD, etc.) who fall outside peer prescribing norms prior to licensure action, such as directed educational modules, peer resources, etc.
Strategy 2.5	Leverage lessons learned from other public health initiatives (e.g., antibiotic stewardship, ECHO, palliative care networks, etc.) to aid in the education of Alaskan health providers.
Objective 3: Expand utilization of integrated care team models throughout the state.	
Strategy 3.1	Provide tools and incentives to practice sites to incorporate integrated care team models.
Strategy 3.2	Provide sustainable reimbursement mechanisms to support integrated care team models and other evidence-based clinical coordination services.
Strategy 3.3	Strengthen and support retention of coverage of evidence-based alternative therapies demonstrated to reduce opioid utilization, such as rehabilitation services, as essential health benefits.
Strategy 3.4	Support workforce development of supportive staff (e.g., health coaches, etc.) necessary for effective integrated care teams.

Figure 1. Prescribing Practices Subcommittee objectives and strategies.

Through the ongoing collaborative relationship with OSMAP, the PDMP provides evidence-based data to inform DHSS substance abuse prevention needs and intervention strategies. Since 2017, the PDMP has contributed monthly information to OSMAP on the number of registered PDMP users, the number of patient prescription history reviews, and the number of opioids dispensed. This data is displayed on OSMAP’s public opioid data dashboard (Figure 2), which in addition to PDMP data, incorporates data from other government agencies into Alaska’s “opioid scorecard,” including emergency department visits, overdose deaths, naloxone distributions by emergency medical services and law enforcement authorities, and neonatal abstinence syndrome cases¹¹. This provides a comprehensive illustration on the climate of the State’s opioid epidemic, and demonstrates the multi-agency efforts contributing to changing opioid trends. Additional legislation is

needed to integrate these datasets in real-time. During the 30th legislature, improvements to the PDMP were introduced, including proposals to integrate disparate data from the DHSS medical examiner/coroner office to provide comprehensive notifications to providers¹², but these changes have not become law.

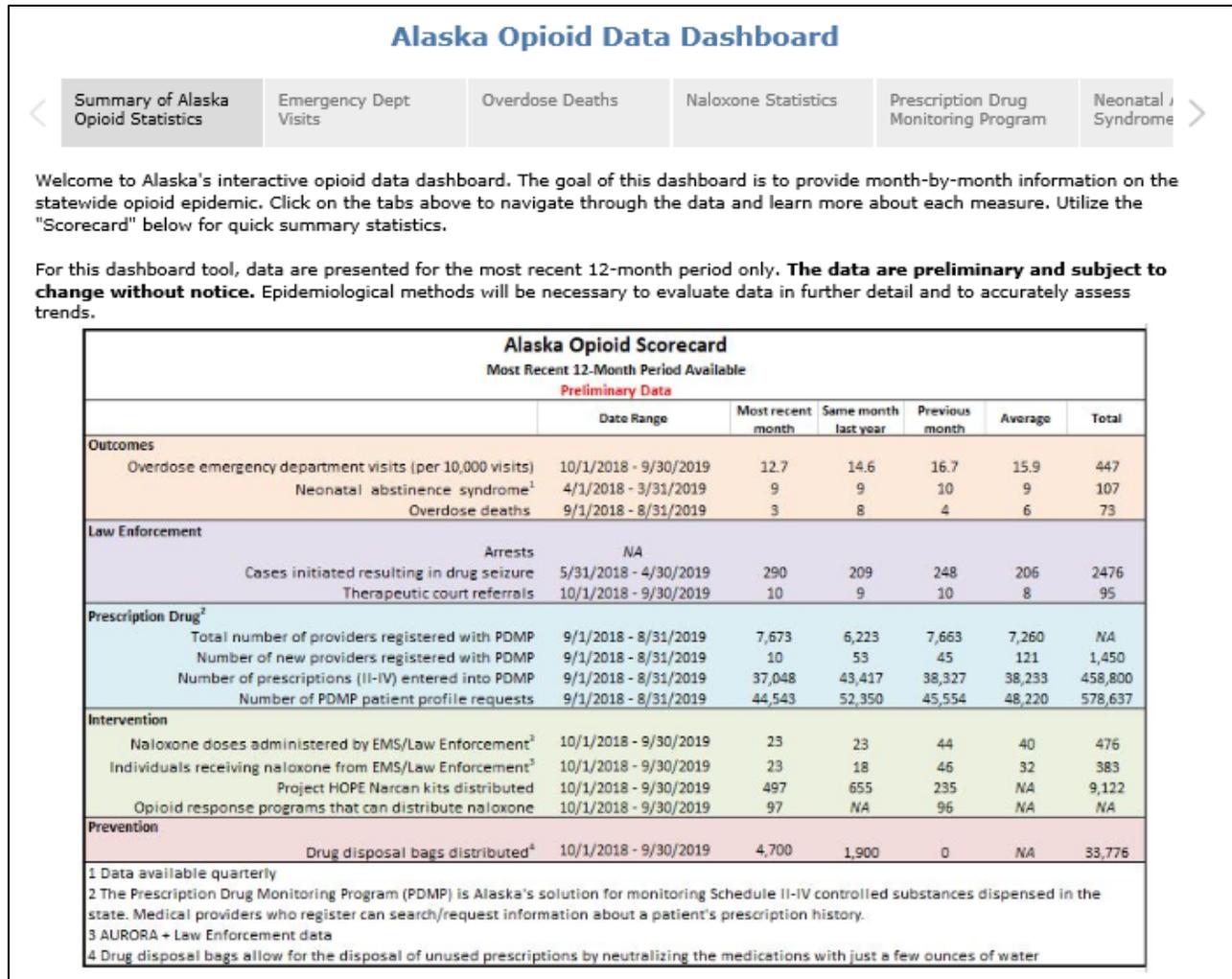


Figure 2. The PDMP contributes monthly data to DHSS' Office of Misuse and Addiction Prevention (OSMAP) opioid data dashboard.

PDMP data to OSMAP reflects a 23.3% increase in provider registrations and a 14.6% decrease in opioids dispensed from 2018 to 2019. The decrease in prescription opioid availability mirrors downward trends captured by DHSS' Indicator-Based Information System

for Public Health (AK-IBIS), which reflects a 30.1% decrease in prescription drug abuse amongst adolescents (under age 18) from 2009 to 2015¹³ and a 29.1% decrease amongst adults from 2002 to 2014¹⁴. AK-IBIS describes the PDMP as a key facilitator for cooperation and coordination among state, local, and federal agencies to reduce the misuse and abuse of controlled substance prescription drugs in the State¹⁵.

II. PDMP utilization and prescription drug data - Following mandatory registration effective in 2017, Alaska's registration rate grew by 205% from 2016 to 2017, continuing its increase to 53% by the end of 2019. Mandatory registration and patient prescription history reviewing corresponds to a decrease in opioids dispensed (Figure 3). Prescription reviewing increased by 57% from 2016 to 2017 and increased by 44% in 2018, however, the PDMP remains underutilized with an 80% registration rate and reviews decreasing by 12% in 2019¹⁰.

Preliminary data indicates the overall compliance rate for reviewing prescription history was at 41.9% from November 2019 to March 2020. This indicates that while registration rates have significantly improved following legislative changes, providers are not utilizing the database. This discrepant trend in registration and use limits the effectiveness of the PDMP's capability to serve as a clinical decision-making tool, and may impede efforts to reduce drug misuse, addiction, and diversion. These findings point to a strong need for additional, more targeted, and ongoing outreach to prescribers and dispensers to positively affect prescribing and dispensing behavior change. NarxCare, an enhancement feature implemented in September 2019, provides overdose risk-scores based on prescription history and will be assessed for its effectiveness in driving changes in prescribing practices.

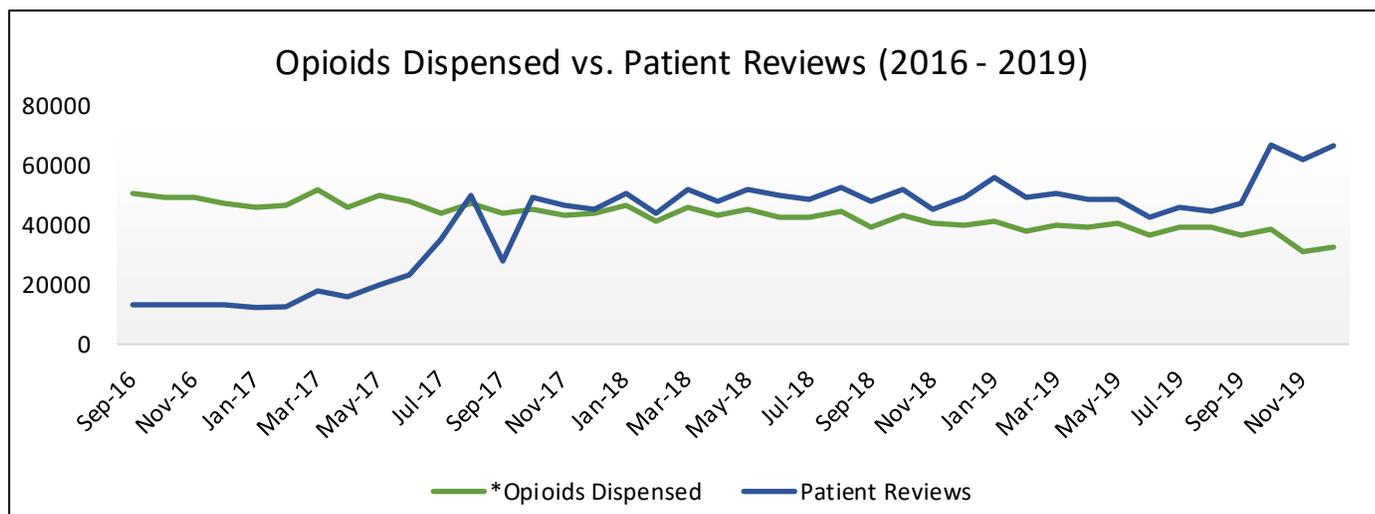


Figure 3. Reviewing patient prescription history appears to assist with the downward trends in opioid prescriptions being prescribed and subsequently dispensed. *Reduction in opioids dispensed may be attributed to other factors, such as increased awareness of regulatory oversight, increased communication between providers regarding patient care, and required continuing medical education. Accuracy may also be affected by delinquent reporters.

The numbers of prescription opioids reported to the PDMP decreased by 25% from 2016 to 2019¹⁰. While encouraging, this cannot be wholly explained as a decrease in opioids being prescribed and dispensed, as it may also be explained by the number of pharmacies and dispensing prescribers who have not reported, or are delayed in reporting to PDMP within the required frequency. Unlike increases observed in registration and reviewing trends, reporting decreased by 33% from 2016 to 2017, 4% from 2017 to 2018, and 3% from 2018 to 2019. The number of delinquent reporters increased by 135% from 2017 to 2018, by 3% from 2018 – 2019, and by 41% in the beginning of the State’s 4th quarter of FY2020 alone (Figure 4).

In 2018, the same legislation requiring mandatory use also changed the reporting frequency from weekly to daily⁹. The change in frequency may have imposed barriers and challenges to rural or smaller pharmacies and provider clinics, thereby increasing the number of providers who may have become unable to adapt to and comply with the increased

frequency of reporting. Additionally, barriers to travel and training development opportunities have limited outreach and education efforts. As the PDMP is only as effective as the data reported to it and the number of providers who consult the data prior to making a clinical determination, this downward trend in reporting indicates a strong need for education, outreach, and resources to bridge provider knowledge gaps and assess pharmacy and clinic operation limitations to reviewing and reporting requirements. With adequate resources and increased use, CBPL can improve database validity and comprehensiveness, improve patient care, reduce doctor shopping behaviors, inappropriate prescribing and dispensing practices, and proactively assist law enforcement with investigations.

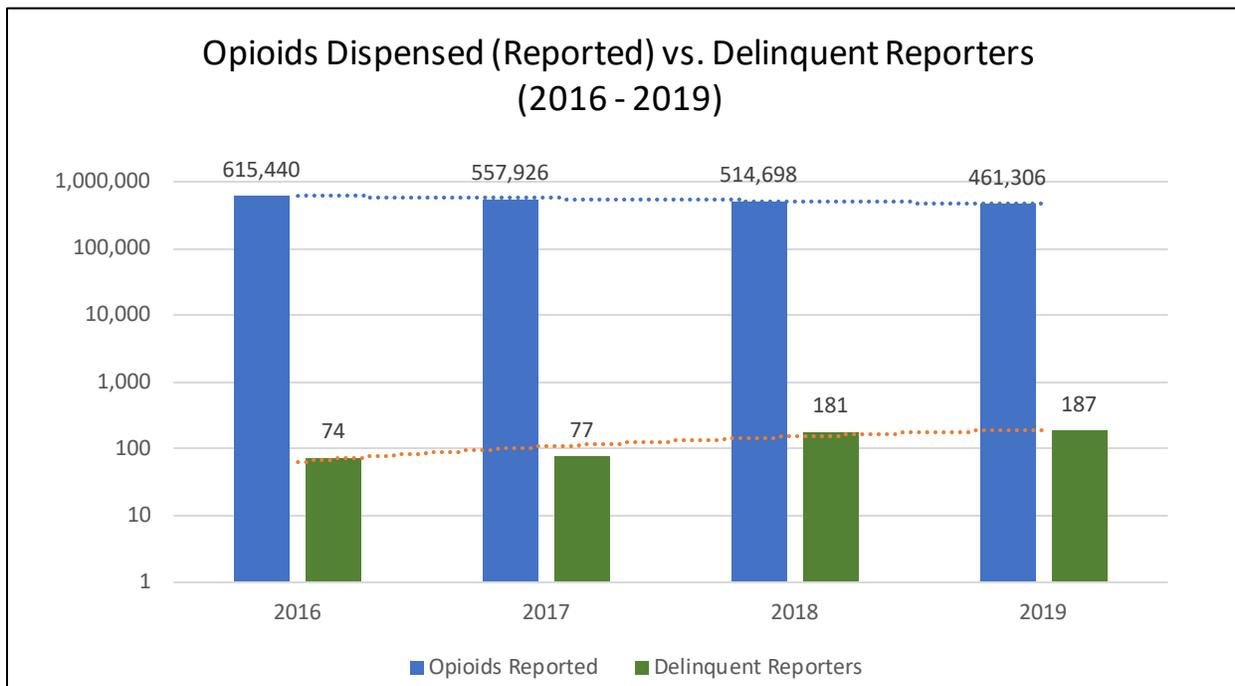


Figure 4. Opioid dispensations have decreased while the number of delinquent reporters increased, suggesting a strong need for outreach efforts to bring pharmacies and dispensing practitioners into compliance with the daily reporting requirements.

III. Electronic Health Record/Health Information Exchange – Alaska is proactive in facilitating linkages to care across health organizations, bridging critical information gaps

across systems, and alleviating challenges in geographical barriers, particularly for marginal communities; however, integration efforts statewide are at 17%. With 148 community health centers and 27 hospitals¹⁶, a 488% increase would be needed to reach 100% integration.

Collaborations with Collective Medical began in 2017 to integrate PDMP data into hospital emergency department systems through the Emergency Department Information Exchange (EDIE). An agreement was executed in July 2017, with five integrations to date in four Alaskan communities. The PDMP continues to cooperate with Collective Medical to integrate emergency department systems, with an estimated 22 additional connections left to onboard and execute.

During the 2009 legislature, Alaska passed SB 133, creating a statewide electronic health information exchange (HIE) under AS 18.23.300¹⁷. The PDMP began its partnership with the HIE, *healtheConnect*, in 2018. In 2019, the PDMP entered into a memorandum of understanding with *healtheConnect* with shared goals of improving patient care, reducing prescription drug misuse, and improving the coordination of information across health systems. Through *Appriss Health's* Gateway intrastate datasharing hub, the PDMP went live with HIE integrations in March 2020, resulting in 30 connections to date. These connections have facilitated single sign-on integration of comprehensive patient prescription data into clinical workflows within hospitals and clinics, tribal health systems, behavioral health systems, and federally qualified health systems.

While the PDMP works on a case-by-case basis with Collective Medical and *healtheConnect* to deliver prescription data to electronic health record systems (EHRs), the PDMP has limited capabilities to execute timely integrations due to limited resources. The

average number of days requests wait for approval is 242 days, or nearly 8 months. This extensive length of time is due to a staff of one fully dedicated team member, and the need to assess provider registration compliance prior to execution, which entails validating account credentials and accuracy, and ensuring provider compliance with required fee payments. As one institution may include thousands of providers, the process of ensuring all requirements are met is a time-consuming undertaking. A solution to improve timeliness and efficiency of approving integration requests is to participate in Appriss Health's intrastate datasharing solution, in which an integration manager is assigned to assist the State PDMP with integration processing and onboarding in collaboration with the state HIE and EDIE. The State has not pursued this option due to inadequate funding for the \$223,000 annual service.

Additionally, further resources are needed to identify potential challenges to monitoring compliance with provider registration and use as a result of integrating PDMP data with Collective Medical-sponsored systems. Currently, emergency department providers querying patient prescription histories use credentials of the institution's medical director, which displays as a missed query and subsequent false negative identification of being non-compliant with the reviewing mandate. Accessibility to the institution's audit trails allows the PDMP staff to monitor compliance retroactively; however, staff are unable to ascertain compliance proactively in real-time. Clinics across Alaska that may prefer to connect with heathConnect outside the Gateway service to engage in XML data transfer methods, which provides a workable format for the HIE, may also impact PDMP compliance efforts. Only connections made within the Gateway will result in reliable compliance tracking within the

specifications of the state. The Alaska PDMP hopes to integrate through the Gateway for 100% of clinic and hospital connections and timely.

C. Project Design and Implementation

I. Proposed deliverables - CBPL and DHSS will work collaboratively to improve clinical decision making to prevent misuse and abuse of controlled substances. CBPL will also work collaboratively with DHSS, DPS, DOC, and both state and federal law enforcement agencies to reduce diversion in Alaska communities. Progress on activities and resulting changes in prescribing and dispensing trends, substance abuse, misuse, and abuse outcomes, and assistance with investigative efforts will be published on the PDMP website, pdmp.alaska.gov for public access. Ad hoc reports will be presented to boards, licensees, and interested stakeholder groups. The PDMP has identified the following objectives.

I.A Program Goals and Objectives

The accuracy and usefulness of the data collected through the PDMP relies on prescriber participation and universal use. As evidenced in the application's *Description of the Issue*, Alaska's PDMP is underutilized; only 80% of potential prescribers are registered and reviewing compliance is at 41.9%. With limited allowable state funding, and given Alaska's demographics and economy of scale, grant funding for in-person and distance outreach to these licensed providers is needed for these otherwise cost-prohibitive activities. Aggressive and creative education and outreach activities are needed to improve registration and use. To reach 95% registration compliance, an 18.75% increase is needed. To reach 65% compliance with patient prescription history reviewing, a 55% increase is needed.

To accomplish the Goal #1 and its objectives, CBPL will leverage existing partnerships and resources with the Dental Board of Examiners, Alaska State Medical Board, Board of Nursing, Board of Examiners in Optometry, Board of Veterinary Examiners, and Board of Pharmacy, work closely with BJA's training and technical assistance providers, budget to attend the national and regional meetings for grant awardees, and coordinate with other PDMP managers through the Basecamp Forum, Brandeis University, and other networks, including the National Association of Boards of Pharmacy. CBPL will also work closely with the division's newly-formed publications unit and DHSS' Public Information Team to develop and disseminate educational materials, and will deploy technological meeting systems, such as Microsoft Teams, Zoom, and OnBoard, to facilitate training. Goal #1 is described, below.

Goal #1: Improve clinical decision making to reduce the incidence of substance abuse and misuse in Alaska.

Short-Term Objective #1: Within six months of program implementation, user registration with the Alaska PDMP will increase by 18.75%.

Short-Term Objective #2: Within six months of program implementation, provider reviewing compliance with the Alaska PDMP will increase by 55%.

Long-Term Objective #1: Contribute to reduce negative health outcomes as a result of improved monitoring of controlled substance prescriptions and treatment practices, including reducing the prevalence of substance abuse and misuse in Alaska by 11.14% by the end of program implementation in 2022.

Strategies:

- 1.1 - Identify providers who are not registered with the PDMP and who are prescribing controlled substances without performing patient prescription reviews.
- 1.2 – Identify missing data submission days and providers delayed in or not reporting.
- 1.3 - Coordinate with prescribing boards to establish and thresholds according to the standards recommended by Alaska's 2016 Joint Committee on Prescriptive Guidelines and in consideration of established thresholds by state and national boards and organizations.
- 1.4 - Develop resources to keep prescribers salient on prescribing threshold levels and deliver proactive notifications.

Alaska recognizes the impact abuse, misuse, addiction, and diversion prescription medications have on physical, mental, and behavioral health, in addition to the overall effect on communities – including economic impacts due to job losses and increased crime rates. Due to the complex interplay between these factors, Alaska also recognizes the need to link comprehensive datasets to enhance patient profiles, support improved definitions around judicious prescribing and dispensing practices, and to identify inappropriate prescribing and dispensing practices that may place individuals in harm, whether such harm results in misuse, abuse, addiction, or death. In 2016 and 2017, Alaska ranked sixth in the nation for adults experiencing a substance use disorder, ranked top ten in the nation for adults needing, but not actively receiving, treatment for a substance use disorder, and had an 8.98% rate of individuals experiencing a substance use disorder from 2016 - 2017¹.

To accomplish Goal #2 and its objectives, CBPL will integrate PDMP system enhancements, including a prescriber outlier module and an advanced analytics feature. A prescriber outlier module will rely upon integration of disparate datasets, including fatal or non-fatal overdose data, which not only will allow identification of isolated incidents of negative patient outcomes as a result of prescribing practices, but will also allow the State to identify potential patterns in problematic prescribing. An advanced analytics feature will provide PDMP staff with additional tools to pull comprehensive data in a more readable and meaningful format to better assess high-risk providers and populations.

Goal #2: Identify problematic prescribers and dispensers to reduce inappropriate treatment in Alaska.

Short-Term Objective #1: Reduce the number of prescriptions written outside of generally recognized safe standards of practice by 50% within the first 6 months of program implementation.

Short-Term Objective #2: Reduce the number of delinquent reporters by 50% within the first 6 months of program implementation

Strategies:

2.1 - Integrate new system enhancements, including a provider outlier module and advanced analytics feature.

2.2 - Continue providing existing system enhancements, including prescriber report cards, NarxCare, license integration, and the compliance module.

2.3 - Engage in regularly scheduled outreach training and activities with prescribers and dispensers to increase compliance with mandatory use.

2.4 - Improve data collection and accuracy of PDMP data.

As indicated in the *Description of the Issue*, Alaska has leveraged its partnerships with the statewide HIE, healtheConnect, and EDIE vendor, Collective Medical to integrate PDMP data into clinic and hospital information systems, but integration is below 20%. Expanded integration to all clinics and institutions in Alaska will increase surveillance efforts and more aggressively contribute to improved health outcomes across the state.

With additional funding, CBPL will pursue a statewide integration solution provided by Appriss Health to scale up HIE/EDIE integrations, and will advance efforts to share data between participating RxCheck and PMPi datasharing hub states, including the Military Health System PDMP. Alaska will need to integrate with an additional 43 PDMPs to reach complete interstate integration. In addition to improving investigative data discovery by providing investigators with direct access, CBPL will leverage its relationships with DPS and DOC to by establishing a work group to assess data on rates of controlled substances obtained by individuals attempting to engage in fraud and deceit.

Goal #3: Expand interoperability and reduce diversion of controlled substances in Alaska.

Short-Term Objective #1: Increase intrastate integration by 342% to reach 75% integration effort with hospitals and clinics within one year of program implementation.

Short-Term Objective #2: Increase interstate integration by 299% to reach 75% integration effort with participating RxCheck and PMPi states within one year of program implementation.

Short-Term Objective #3: Provide direct access to 100% authorized investigative personnel within 6 months of program implementation.

Short-Term Objective #4: Hold a minimum of six work group meetings between local and state investigators within one year of program implementation.

Strategies:

3.1 - Expand interoperability with health information exchange, emergency department information exchange, and electronic health record systems by participating in a comprehensive intrastate datasharing technological solution.

3.2 - Expand interstate interoperability using PMPi and RxCheck datasharing hubs with all participating states, including the Military Health System PDMP.

3.3 - Improve efficiency of providing investigative discovery data by implementing direct access for investigators.

3.4 - Coordinate with DHSS, DPS, and DOC to produce reports on diversion activities.

CBPL is positioned to leverage support from multi-agency forces to advance policies around prescription drugs, including the Controlled Substances Advisory Committee (CSAC). The CSAC was established under the Alaska Department of Law in 2015 and is comprised of 9 multi-agency leaders or their delegates: the Attorney General, Commissioners for DHSS and DPS, the chair for the Alaska Board of Pharmacy, and a peace officer, physician, psychiatrist, and two additional positions appointed by the Governor. The primary function of the CSAC is to evaluate the effectiveness of current programs, budget, and appropriations for the treatment and counseling services, and regulations around controlled substances, and to make policy recommendations to the Governor. The CSAC's January 2016 analysis¹⁸ of the Alaska PDMP supported legislative efforts which eventually became the mandatory registration and use laws.

CBPL will continue to collaborate with the CSAC to continue monitoring the effectiveness of the PDMP, including advancing efforts towards access by certified medical

assistants, who are currently prohibited from accessing the database by existing laws. CBPL will also continue to collaborate with prescribing boards and the Board of Pharmacy to ensure adherence with current and evolving policies.

Goal #4: Advance policy efforts to remove programmatic barriers and enhance system utilization

Short-Term Objective: Attend at least two meetings with the CSAC to present policy interest topics within one year of program implementation.

Strategies:

4.1 - Facilitate regular meetings with the Controlled Substances Advisory Subcommittee (CSAC) to increase discussions on legislative recommendations.

4.2 - Engage key licensing and healthcare stakeholders to facilitate policy changes.

I.B Challenges and barriers

Challenges to advancing universal registration and use of the PDMP, increasing provider knowledge on how to use its various enhancement tools, such as interpreting prescriber report cards and NarxScore results, identifying non-compliant users, analyzing and collecting missing data, and expanding interoperability between and within states is primarily driven by the lack of funding. Additional challenges to integrating certain enhancement features, such as a provider outlier module, are limited by current statutes.

I.C Strategies to overcoming challenges and barriers

Funding will assist CBPL by providing monetary resources to develop education materials, such as video tutorials, instructional scenario films, pamphlets, and brochures, and to schedule one-on-one provider education sessions and traveling for townhall events or related outreach. With adequate resources to implement Appriss Health's statewide integration solution, PDMP data integration between health systems can be accomplished timely and efficiently.

Funding will also assist CBPL in leveraging support to facilitate meetings with stakeholders to present policy change recommendations so that the PDMP can be fully maximized.

II. Timeline

To observe immediate changes in compliance with mandatory registration and use, CBPL will engage in prompt, aggressive outreach efforts in collaboration with prescribing boards, licensees, and professional associations. Timeline of deliverables to affect behavior change and increase interaction with the database will occur within the first six months of program implementation, with activities to support education and use, and engage in stakeholder discussions to influence policy change occurring within the first year. Immediate changes are anticipated to increase effectiveness in the long-term.

C. Capabilities and Competencies

The PDMP has one full time staff member responsible for program activities and deliverables. With support from the Executive Administrator (EA) of the Board of Pharmacy and additional licensing staff from impacted boards, the PDMP manager will oversee coordination with licensing board staff and other stakeholders to ensure deliverables are met. The licensing board staff will assist in identifying and contacting providers who are not registered and will work with their boards to establish thresholds for prescribing. Licensing staff will also assist with the development of training resources to address concerns with compliance. The PDMP manager and EA will work with its vendor and appropriate IT staff on the integration of datasets and enhancements. With proposed enhancements, the database will become increasingly efficient and monitoring and reporting will become streamlined, which will help with reporting real-time data to licensing boards and investigations on compliance with objectives.

DCCED – CBPL has fostered strong partnerships with the DHSS, and its sections and divisions, including the Division of Public Health (DPH), Division of Behavioral Health (DBH), and OSMAP to strategize and coordinate provider opioid education, prescriber communication hotlines, and data analysis. DCCED and DHSS have similarly developed trusted, collaborative relationships with the Department of Public Safety (DPS) and the Department of Corrections (DOC), supporting coordinated efforts in the statewide distribution of naloxone and assisting in investigations of drug misuse and diversion. Established and growing partnerships between the Tribal Health Organization (THO), Alaska State Hospital and Nursing Home Association (ASHNHA), health care providers, and professional associations continue to support multi-agency level efforts.

D. Plan for Collecting the Data Required for Performance Measures

The PDMP manager will be responsible for the collection and analysis of reporting prescription data and will follow established user guides in data analytics databases with support and oversight from the EA. Data will be stored consistent with State of Alaska confidentiality requirements and the Controlled Substances Act²¹. Data will be collected using primary and secondary collection methods; primary methods will include statistical analysis of data directly from the PDMP through available tableau analytics, direct feedback from users, and surveys. Secondary methods will include comparing data against datasets and reports from DHSS, DPS, DOC, and stakeholder groups listed in the *Capabilities and Competencies* section.

The vendor will provide the PDMP manager with quarterly performance metrics in compliance with BJA requirements. Controlled-substance prescription data will be downloaded

in .csv format and distribution as appropriate. Additional metrics used to assess the effectiveness of program objectives will be assessed through supplemental research and completion of ad hoc reporting and in collaboration with other state agencies and their datasets. DHSS will use PDMP data to evaluate and describe progress in their health initiatives and objectives. DPS, DOC, and local and federal law enforcement agencies will use data to support investigative efforts.

Program monitoring will occur continuously to assess effectiveness of activities intended to drive changes in registration and use. Impact evaluations will occur quarterly to assess whether immediate target objectives met were due to program enhancements and strategies. Outcome evaluations will occur annually to assess program effects on reduction in inappropriate prescribing and subsequent changes to health outcomes for patients in Alaska. Impact and outcome evaluation questions (Figure 5) and the program logic model (Figure 6) are below. A timeline is included separately.

IMPACT MEASURES	EVALUATION QUESTIONS
Increased registration, reviewing, and reporting	<ul style="list-style-type: none"> • How much of the training and outreach is attributed to changes in registration, reviewing, and reporting compliance? • How are licensees impacted by the provider outlier module feature? • To what extent are prescribers or dispensers changing their treatment practices based on improved data collection and increased comprehensiveness of patient prescription data?
Improved access for law enforcement	<ul style="list-style-type: none"> • How many more investigations into drug diversion, inappropriate prescribing, or doctor shopping are opened/resolved due to having direct access?
Increased interstate and intrastate integrations	<ul style="list-style-type: none"> • How are prescribing/dispensing practices changing based on access to more information within their health systems?
OUTCOME MEASURES	EVALUATION QUESTIONS
Increased registration and use	<ul style="list-style-type: none"> • Has compliance with registration, reviewing, and reporting increased?
Reduction in negative health outcomes, such as substance abuse disorders and overdose deaths	<ul style="list-style-type: none"> • Has the number of controlled substance prescriptions dispensed in Alaskan communities decreased?

Figure 5. Impact and outcome evaluation questions to be used in assessing activity and program effectiveness.

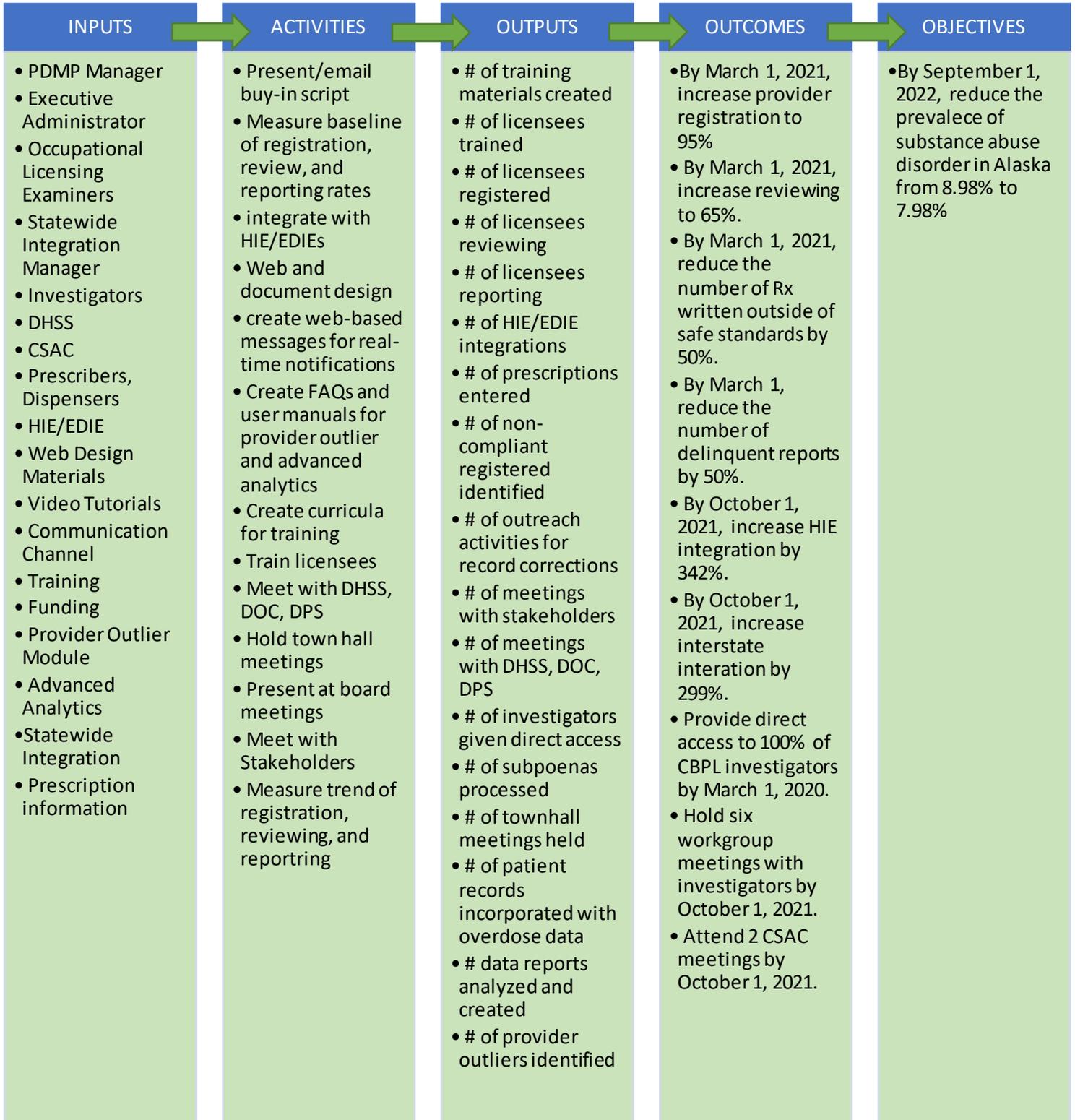


Figure 6. Program logic model.

References

1. Substance Abuse and Mental Health Services Administration. SAMHSA Data Archive (2017). Retrieved from: <https://pdas.samhsa.gov/saes/state>
2. Alaska Department of Health and Social Services. Division of Public Health: Opioids in Alaska (2017). Retrieved from: <http://dhss.alaska.gov/dph/Director/Pages/opioids/home.aspx>
3. Vadivelu, N., Kai, A. M., Kodumudi, V., Sramcik, J., & Kaye, A. D. (2018). The opioid crisis: a comprehensive overview. *Current Pain and Headache Reports*, 22(3), 1-6.
4. Lockwood, C. J. (2018). Why is there an opioid crisis? like the road to hell, the road to the opioid crisis was paved with good intentions. (DR LOCKWOOD'S TAKE). *Contemporary OB/GYN*, 63(2), 6.
5. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2020. Retrieved from: <http://wonder.cdc.gov>
6. DC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov>.
7. Alaska State Legislature. *House Bill 196: An Act relating to establishing a controlled substance prescription database*. April 2008 [Internet]. Juneau, Alaska. Available from: <http://www.akleg.gov/PDF/25/Bills/SB0196Z.PDF>
8. Alaska State Legislature. *Senate Bill 74: Medicaid reform; telemedicine; drug database*. June 2016 [Internet]. Juneau, Alaska. Available from: <http://www.akleg.gov/PDF/29/Bills/SB0074Z.PDF>
9. Alaska State Legislature. *House Bill 159: Opioids; prescriptions; database; licenses*. June 2017 [Internet]. Juneau, Alaska. Available from: <http://www.akleg.gov/PDF/30/Bills/HB0159Z.PDF>
10. Alaska Statewide Opioid Action Plan. (2018). Retrieved from: <http://dhss.alaska.gov/dph/Director/Documents/opioids/Statewide-Opioid-Action-Plan-2018-2022.pdf>
11. Alaska Department of Health and Social Services. Division of Public Health: Opioid Data Dashboard (2017). Retrieved from: <http://dhss.alaska.gov/dph/Director/Pages/opioids/dashboard.aspx>

12. Alaska State Legislature. *House Bill 242: An Act relating to practice of opioids*. February 2020 [Internet]. Juneau, Alaska. Available from: <http://www.akleg.gov/PDF/31/Bills/HB0242A.PDF>
13. Alaska Department of Health and Social Services. Alaska IBIS. Health Indicator Report of Drug Use – Prescription Drug Abuse, Adolescents, Grades 9 – 12. (2017). Retrieved from: http://ibis.dhss.alaska.gov/indicator/view/DrugUseYouthPain.AK_US.html
15. Alaska Department of Health and Social Services. Alaska IBIS. Health Indicator Report of Drug Use – Prescription Drug Misuse, Adults (2017). Retrieved from: <http://ibis.dhss.alaska.gov/indicator/view/RxAduNSDUH.18.html>
16. Alaska Health Care Commission. Health Planning Document. (2014). Health Care in Alaska <http://dhss.alaska.gov/dph/HealthPlanning/Documents/pdf/Health%20Care%20in%20Alaska%20-%202014%20update.pdf>
17. Alaska State Legislature. *Senate Bill 133: An Act relating to Creating a statewide electronic health information exchange system*. April 2009 [Internet]. Juneau, Alaska. Available from: <http://www.akleg.gov/PDF/26/Bills/SB0133Z.PDF>
18. Alaska Controlled Substance Advisory Committee. Alaska Department of Law. Increasing the effectiveness of Alaska’s Prescription Drug Monitoring Program. (2016). Retrieved from: <http://www.law.alaska.gov/pdf/criminal/CSAC/WhitePaper.pdf>
19. NPC Research. Analysis of Alaska’s Prescription Drug Monitoring Program: Awareness and Feedback Questionnaire. (2019). Retrieved from https://www.commerce.alaska.gov/web/Portals/5/pub/PDMPSurvey_NPC.pdf
20. Alaska Department of Health and Social Services. Division of Public Health: Opioids in Alaska (2017). Retrieved from <http://dhss.alaska.gov/dph/Director/Pages/opioids/home.aspx>
21. Alaska Department of Commerce, Community, and Economic Development. Division of Professional Licensing - Statutes and Regulations, Pharmacy: Controlled Substances Act: Retrieved from: <https://www.commerce.alaska.gov/web/portals/5/pub/PharmacyStatutes.pdf>

Alaska PDMP Project Timeline

Start Month	Related Objective	Activities	Estimated Completion Date	Person Responsible
Goal No. 1				
Improve clinical decision making to reduce the incidence of substance abuse and mis use in Alaska				
1	Increase provider registration to 95% (18.75% increase from baseline)	<ul style="list-style-type: none"> • Meet regularly with program staff, create educational and training materials, coordinate with publications unit and procurement to ensure timely and efficient coordination, printing, and dissemination of resources and materials to increase registration • Coordinate with program staff and healthcare associations to present at meetings and events • Provide outreach and education sessions and use video tutorials and educational documents to assist in training • Describe each type of education material developed and will use excel to track # of providers materials are disseminated to and through which channel (e.g.: email, website, Board of Pharmacy List Service, or via PMP Announcements). Data collection will occur monthly • Track new registrations monthly • Monitoring will occur throughout program implementation and evaluation will occur quarterly concurrent with grant reporting 	By March 1, 2021	PDMP Manager Lisa Sherrell
1	Increase reviewing to 65% (55% increase from baseline)	<ul style="list-style-type: none"> • Review the compliance module feature to assess compliance with patient reviews • Use tableau analytics to pull ad hoc reports to describe top prescriptions issued without reviews, by health care type, specialty, and region, compare data against raw prescriber report card data • Data collection and monitoring of reviewing will occur monthly 	By March 1, 2021	PDMP Manager Lisa Sherrell

		<ul style="list-style-type: none"> Monitoring will occur throughout program implementation and evaluation will occur quarterly 		
1	Reduce the prevalence of substance abuse disorder from 8.98% to 7.98% (11.14% from baseline)	<ul style="list-style-type: none"> PDMP manager will collaborate DHSS to assess rates of substance abuse disorders (quarterly) PDMP manager will consult the Substance Abuse and Mental Health Data Archive (SAMHDA) NSDUH estimates, which lists Alaska’s rate of 8.98% for 2016-2017 (yearly) 	By September 2022	PDMP Manager Lisa Sherrell
Goal No. 2 Identify problematic prescribers and dispensers to reduce inappropriate treatment in Alaska				
1	Reduce the number of prescriptions written outside of generally recognized safe standards of practice by 50%	<ul style="list-style-type: none"> Implement outlier module and advanced analytics enhancements. Vendor to provide training to EA and PDMP manager prior to launch Work with prescribing boards to establish and thresholds according to the standards recommended by Alaska’s 2016 Joint Committee on Prescriptive Guidelines and in consideration of established thresholds by state and national boards and organizations Data collection and monitoring of reviewing will occur monthly Monitoring will occur throughout program implementation and evaluation will occur quarterly 	By March 1, 2021	EA Laura Carrillo & PDMP Manager Lisa Sherrell
1	Reduce the number of delinquent reporters by 50%	<ul style="list-style-type: none"> Continue providing existing enhancements including prescriber report cards, NarxCare, license integration, and the compliance module Engage in regularly scheduled outreach training and activities with prescribers and dispensers to increase compliance with mandatory use 	By March 1, 2021	PDMP Manager Lisa Sherrell
Goal No. 3 Expand interoperability and reduce diversion of controlled substances in Alaska				
1	Increase intrastate integration by 342% to reach 75% integration	<ul style="list-style-type: none"> Expand interoperability with health information exchange, emergency department information exchange, and electronic 	By October 1, 2021	PDMP Manager Lisa Sherrell

	effort with hospitals and clinics	health record systems by participating in a comprehensive intrastate datasharing technological solution <ul style="list-style-type: none"> • Monitor compliance and provide outreach and training as necessary in an ongoing effort 		
1	Increase interstate integration by 299% to reach 75% integration effort with participating RxCheck and PMPi states	<ul style="list-style-type: none"> • Expand interstate interoperability using PMPi and RxCheck datasharing hubs with all participating states, including the Military Health System PDMP • Monitor compliance and provide outreach and training as needed in an ongoing basis 	By October 1, 2021	PDMP Manager Lisa Sherrell
6	Provide direct access to 100% authorized investigative personnel	<ul style="list-style-type: none"> • Provide training and access to the PDMP for investigative personnel in DCCED • Respond to inquiries from investigative personnel for 	By April 1, 2021	PDMP Manager Lisa Sherrell
1	Hold a minimum of six work group meetings between local and state investigators within one year of program implementation.	<ul style="list-style-type: none"> • Coordinate with DHSS, DPS, and DOC to produce reports on diversion activities • Establish communication between all vested parties to increase surveillance efforts, and support investigative efforts on monitoring and reporting • Reduce rates of diversion through proactive monitoring 	By October 1, 2021	PDMP Manager Lisa Sherrell
Goal No. 4				
Advance policy efforts to remove programmatic barriers and enhance system utilization				
3	Attend at least two meetings with the CSAC to present policy interest topics	<ul style="list-style-type: none"> • Facilitate meetings with the CSAC to advance policy efforts to enhance PDMP utilization • Assist with monitoring the effectiveness of current programs, including the PDMP in reducing rates of abuse, misuse and diversion with input from stakeholders and prescribing boards, and data from the advanced analytics tools • Engage healthcare stakeholders to facilitate policy changes 	By October 1, 2021	PDMP Manager Lisa Sherrell

Budget Detail - Year 1

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
[\(DOJ Financial Guide, Section 3.10\)](#)

Yes

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
Lisa Sherrell	Program Manager	\$80,126.00	yearly	1	20%	\$16,026		\$16,026
Laura Carrillo	Executive Administrator	\$99,505.00	yearly	1	10%	\$9,951		\$9,951
Greg Francois	Chief Investigator	\$82,299.00	yearly	1	3%	\$2,469		\$2,469
Sonia Lipker	Lead Investigator	\$73,468.00	yearly	1	3%	\$2,205		\$2,205
Investigator	Investigator III	\$63,264.00	yearly	1	50%	\$31,632		\$31,632
Occupational Licensing Examiner (OLE)	Pharmacy Board	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Occupational Licensing Examiner (OLE)	Medical Board	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Occupational Licensing Examiner (OLE)	Nursing Board	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Occupational Licensing Examiner (OLE)	Optometry, Dental, and Veterinary Boards	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Total(s)						\$72,319	\$5,016	\$67,303
Narrative								

Purpose Area #4

The Alaska Department of Health and Social Services (DHSS) will serve as the fiscal agent and lead agency for this grant. The Division of Corporations, Business and Professional Licensing (CBPL) will perform all deliverables related to the Prescription Drug Monitoring Program (PDMP) and the project's goals and objectives as stated in this application. Lisa Sherrell is the PDMP Manager is listed as the responsible person for stated activities and will be involved in the planning and execution of BJA grant deliverables for 20% of time. Oversight will be provided by Laura Carrillo, Executive Administrator of the Alaska Board of Pharmacy, who will allocate 10% of time for grant coordination, research and analysis, budget management, and support. Time allocation from the PDMP Manager and Executive Administrator will increase in subsequent years; though deliverables will be started immediately, less costs are needed in year 1 and year 2 due to availability of existing funds from other grants. The investigator position will require less time in year 3 after adequate training is provided in years 1 and 2. Occupational Licensing Examiners (OLEs) assigned to each board affected by PDMP requirements will assist in supporting increased universal registration and use by assisting licensees with the initial and renewal PDMP registration processes, and will provide technical account support, such as approving accounts, updating email addresses, and resetting passwords. OLEs are expected to allocate 5% of time to these activities in year 1. Funding is also being requested for a new position to fill one full-time PDMP Investigator role. At present, CBPL shares investigators with 30+ licensing programs, and there is no dedicated investigator to pursue potential violations against non-compliance with registration, reviewing, and reporting mandates.

Grant funding will facilitate activities to focus on increasing PDMP registration and utilization, identification of problematic prescribers and dispensers, expanding interoperability between other state PDMPs and between health systems within the state, and supporting DHSS initiatives and law enforcement efforts to reduce misuse, abuse, and diversion in Alaska.

Purpose Area #4

B. Fringe Benefits					
Name	Computation				
<i>List each grant-supported position receiving fringe benefits.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
Lisa Sherrell	\$16,026.00	41.50%	\$6,651		\$6,651
Laura Carrillo	\$9,951.00	41.50%	\$4,130		\$4,130
Greg Francois	\$2,469.00	41.50%	\$1,025		\$1,025
Sonia Lipker	\$2,205.00	41.50%	\$916		\$916
Investigator	\$31,632.00	41.50%	\$13,128	\$657	\$12,471
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Total(s)			\$30,018	\$3,285	\$26,733

Narrative	
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At fringe benefit rate = 41.5%, covering:
 Retirement: 22%
 Supplemental: 6.13%
 Department: 6.53%
 Health: 6.84%

Purpose Area #4

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
1.) National Rx Abuse and Heroin Summit	GA or TN	Lodging	Night	\$200.00	3	2	1	\$1,200		\$1,200
		Meals	Day	\$60.00	4	2	1	\$480		\$480
		Transportation	Round-trip	\$1,120.00	1	2	2	\$4,480		\$4,480
2.) National DOJ Meeting (Annual)	Washington D.C.	Lodging	Night	\$200.00	2	2	1	\$800		\$800
		Meals	Day	\$60.00	3	2	1	\$360		\$360
		Transportation	Round-trip	\$1,120.00	1	2	2	\$4,480		\$4,480
3.) Regional DOJ Meeting (Annual)	TBD	Lodging	Night	\$200.00	2	2	1	\$800		\$800
		Meals	Day	\$60.00	3	2	1	\$360		\$360
		Transportation	Round-trip	\$720.00	1	2	2	\$2,880		\$2,880
4.) Education/Outreach	Mat-Su, Gulf Coast, Interior, Northern, Southeast	Lodging	Night	\$200.00	2	1	5	\$2,000		\$2,000

Purpose Area #4

		Meals	Day	\$59.00	3	1	5	\$885		\$885
		Local Travel	N/A	\$40.00	2	1	5	\$400		\$400
5.) Stakeholder Meetings/Townhall	Juneau, Anchorage, Fairbanks	Lodging	Night	\$200.00	2	2	2	\$1,600		\$1,600
		Meals	Day	\$59.00	3	2	2	\$708		\$708
		Transportation	Round-trip	\$40.00	3	2	1	\$240		\$240
Total(s)								\$21,673	\$0	\$21,673

Narrative

All trip costs reflect the use of state government travel contracts for airfare and hotel costs. Travel across Alaska, especially to rural areas, can be expensive. Due to Alaska's geographical vastness and limited ability to provide distance-outreach rural communities, funding will be used to facilitate travel to these provider communities. Distance outreach will be provided whenever possible. The PDMP coordinator will also present when stakeholders are already gathered at board or association meetings. The National Rx Abuse and Heroin Summit has a regulatory and law enforcement track, which we plan to have our investigator attend.

Purpose Area #4

D. Equipment					
Item <i>List and describe each item of equipment that will be purchased</i>	Computation <i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
	# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
			\$0		\$0
Total(s)			\$0	\$0	\$0
Narrative					

Purpose Area #4

E. Supplies						
Supply Items		Computation				
<i>Provide a list of the types of items to be purchased with grant funds.</i>		<i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

F. Construction						
Purpose <i>Provide the purpose of the construction</i>	Description of Work <i>Describe the construction project(s)</i>	Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

G. Subawards (Subgrants)								
Description <i>Provide a description of the activities to be carried out by subrecipients.</i>		Purpose <i>Describe the purpose of the subaward (subgrant)</i>		Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>				
					Total Cost	Non-Federal Contribution	Federal Request	
							\$0	
				Total(s)	\$0	\$0	\$0	
Consultant Travel (if necessary)								
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>		Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>			
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
			Total			\$0	\$0	\$0
Narrative								

H. Procurement Contracts

Purpose Area #4

Description <i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>	Purpose <i>Describe the purpose of the contract</i>	Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>						
			Total Cost	Non-Federal Contribution	Federal Request			
Base platform, AWARxE (existing)	Appriss Health currently provides our PDMP platform, AWARxE.	No	\$74,675		\$74,675			
Prescriber Report Card (existing)	Details prescribing trends and provides comparisons to other prescribers within same speciality.	No	\$20,000		\$20,000			
Compliance Module (existing)	Assists in monitoring compliance with patient prescription reviewing mandate prior to prescribing, administering, or dispensing.	No	\$5,000		\$5,000			
Statewide Integration (new)	Facilitates mass PDMP integration with HIE/EDI at the statewide level.	No	\$223,000		\$223,000			
Provider Outlier Module (new)	Identify problematic prescribing practices	No	\$30,000		\$30,000			
Advanced Analytics (new)	Improved data mining and analysis for targeted research	No	\$75,000		\$75,000			
Supplies (existing)	Mailouts, paper and web design, printing, video tutorials	No	\$280		\$280			
Total(s)			\$427,955	\$0	\$427,955			
Consultant Travel (if necessary)								
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>	Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
			Total			\$0	\$0	\$0
Narrative								

Purpose Area #4

Beginning July 1, 2020, Alaska will lose its base funding for the PDMP, currently provided by the CDC's Prevention for States grant. Base funding provides for an operational PDMP, with the platform, AWARxE, provided by the state's vendor, Appriss Health. Alaska will also lose funding to provide prescriber report cards, which is currently funded through June 30, 2020 by the BJA's Harold Rogers COAP grant (2017-PM-BX-0006). The PDMP compliance module, which provides a mechanism for the state to monitor prescribers' compliance with the mandatory patient prescription review mandate, which went into effect in 2017, and which went live in November 2019, will not be able to be used as an administrative monitoring tool after funding runs out this June. These expenses are required by our contractor, Appriss Health, to install, maintain, and provide technical support for these features. Funding is requested to cover continuation of the base platform and its existing enhancements, as well as to implement new features to improve the PDMP's effectiveness as a clinical decision making and drug investigation/diversion tool.

Appriss Health was solicited through a competitive grant process initially in 2015, and the state found the vendor to be the most cost effective provider of the required PDMP functional features and customer support.

Statewide Integration = \$223,000/annual

- Includes a dedicated integration manager to assist Alaska with onboarding efforts with HIE/EDIE/EHR connections throughout the state.
- Currently, the PDMP is below 20% with integrating on a case-by-case basis, with an average time to integrate taking 8 months.

Compliance Module = \$5,000/annual

- Allows PDMP staff to monitor compliance with provider prescription reviewing requirements
- Filtering of missed patient reviews by drug type, date written and dispensed, supply day
- Assists in indentifying problematic prescribers
- Assists in providing data to law enforcement agencies for investigative purposes

Provider Outlier Module = \$30,000 one-time + \$10,000/annual

- Allows PDMP staff to identify providers whose prescribing habits could potentially result in negative health outcomes for patients
- Will rely upon integration of fatal and/or non-fatal overdose data
- Assists in indentifying problematic prescribers
- Assists in providing data to law enforcement agencies for investigative purposes

I. Other Costs							
Description	Computation						
<i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds).</i>	<i>Show the basis for computation</i>						
	Quantity	Basis	Cost	Length of Time	Total Cost	Non-Federal Contribution	Federal Request
					\$0		\$0
Total(s)					\$0	\$0	\$0
Narrative							

Purpose Area #4

Purpose Area #4

J. Indirect Costs						
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
DHSS		\$547,122.00	18%	\$98,482		\$98,482
Total(s)				\$98,482	\$0	\$98,482
Narrative						

Budget Detail - Year 2

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N
[\(DOJ Financial Guide, Section 3.10\)](#)

Yes

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
Lisa Sherrell	Program Manager	\$80,126.00	yearly	1	45%	\$36,057		\$36,057
Laura Carrillo	Executive Administrator	\$99,505.00	yearly	1	20%	\$19,901		\$19,901
Greg Francois	Chief Investigator	\$82,299.00	yearly	1	3%	\$2,469		\$2,469
Sonia Lipker	Lead Investigator	\$73,468.00	yearly	1	3%	\$2,205		\$2,205
Investigator	Investigator III	\$63,264.00	yearly	1	50%	\$31,632		\$31,632
Occupational Licensing Examiner (OLE)	Pharmacy Board	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Occupational Licensing Examiner (OLE)	Medical Board	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Occupational Licensing Examiner (OLE)	Nursing Board	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Occupational Licensing Examiner (OLE)	Optometry, Dental, and Veterinary Boards	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Total(s)						\$102,300	\$5,016	\$97,284
Narrative								

Purpose Area #4

The Alaska Department of Health and Social Services (DHSS) will serve as the fiscal agent and lead agency for this grant. The Division of Corporations, Business and Professional Licensing (CBPL) will perform all deliverables related to the Prescription Drug Monitoring Program (PDMP) and the project's goals and objectives as stated in this application. Lisa Sherrell is the PDMP Manager is listed as the responsible person for stated activities and will be involved in the planning and execution of BJA grant deliverables for 45% of time in year 1. Oversight will be provided by Laura Carrillo, Executive Administrator of the Alaska Board of Pharmacy, who will allocate 20% of time for grant coordination, research and analysis, budget management, and support. Time allocation from the PDMP Manager and Executive Administrator will increase in subsequent years; though deliverables will be started immediately, less costs are needed in year 1 and year 2 due to availability of existing funds from other grants. The investigator position will require less time in year 3 after adequate training is provided in years 1 and 2. Occupational Licensing Examiners (OLEs) assigned to each board affected by PDMP requirements will assist in supporting increased universal registration and use by assisting licensees with the initial and renewal PDMP registration processes, and will provide technical account support, such as approving accounts, updating email addresses, and resetting passwords. OLEs are expected to allocate 5% of time to these activities in year 2. Funding is also being requested for a new position to fill one full-time PDMP Investigator role. At present, CBPL shares investigators with 30+ licensing programs, and there is no dedicated investigator to pursue potential violations against non-compliance with registration, reviewing, and reporting mandates.

Grant funding will continue to facilitate activities to focus on increasing PDMP registration and utilization, identification of problematic prescribers and dispensers, expanding interoperability between other state PDMPs and between health systems within the state, and supporting DHSS initiatives and law enforcement efforts to reduce misuse, abuse, and

Purpose Area #4

B. Fringe Benefits					
Name	Computation				
<i>List each grant-supported position receiving fringe benefits.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
Lisa Sherrell	\$36,057.00	41.50%	\$14,964		\$14,964
Laura Carrillo	\$19,901.00	41.50%	\$8,259		\$8,259
Greg Francois	\$2,469.00	41.50%	\$1,025		\$1,025
Sonia Lipker	\$2,205.00	41.50%	\$916		\$916
Investigator	\$31,632.00	41.50%	\$13,128	\$657	\$12,471
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Total(s)			\$42,460	\$3,285	\$39,175

Narrative

At fringe benefit rate = 41.5%, covering:
 Retirement: 22%
 Supplemental: 6.13%
 Department: 6.53%
 Health: 6.84%

Purpose Area #4

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
1.) National Rx Abuse and Heroin Summit	GA or TN	Lodging	Night	\$200.00	3	2	1	\$1,200		\$1,200
		Meals	Day	\$60.00	4	2	1	\$480		\$480
		Transportation	Round-trip	\$1,120.00	1	2	2	\$4,480		\$4,480
2.) National DOJ Meeting (Annual)	Washington D.C.	Lodging	Night	\$200.00	2	2	1	\$800		\$800
		Meals	Day	\$60.00	3	2	1	\$360		\$360
		Transportation	Round-trip	\$1,120.00	1	2	2	\$4,480		\$4,480
3.) Regional DOJ Meeting (Annual)	TBD	Lodging	Night	\$200.00	2	2	1	\$800		\$800
		Meals	Day	\$60.00	3	2	1	\$360		\$360
		Transportation	Round-trip	\$720.00	1	2	2	\$2,880		\$2,880
4.) Education/Outreach	Mat-Su, Gulf Coast, Interior, Northern, Southeast	Lodging	Night	\$200.00	2	1	5	\$2,000		\$2,000

Purpose Area #4

		Meals	Day	\$59.00	3	1	5	\$885		\$885
		Local Travel	N/A	\$40.00	2	1	5	\$400		\$400
5.) Stakeholder Meetings/Townhall	Juneau, Anchorage, Fairbanks	Lodging	Night	\$200.00	2	2	2	\$1,600		\$1,600
		Meals	Day	\$59.00	3	2	2	\$708		\$708
		Transportation	Round-trip	\$40.00	3	2	1	\$240		\$240
Total(s)								\$21,673	\$0	\$21,673

Narrative

All trip costs reflect the use of state government travel contracts for airfare and hotel costs. Travel across Alaska, especially to rural areas, can be expensive. Due to Alaska's geographical vastness and limited ability to provide distance-outreach rural communities, funding will be used to facilitate travel to these provider communities. Distance outreach will be provided whenever possible. The PDMP coordinator will also present when stakeholders are already gathered at board or association meetings. The National Rx Abuse and Heroin Summit has a regulatory and law enforcement track, which we plan to have our investigator attend.

Purpose Area #4

D. Equipment						
Item		Computation				
<i>List and describe each item of equipment that will be purchased</i>		<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

E. Supplies						
Supply Items <i>Provide a list of the types of items to be purchased with grant funds.</i>		Computation <i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

F. Construction						
Purpose <i>Provide the purpose of the construction</i>	Description of Work <i>Describe the construction project(s)</i>	Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

G. Subawards (Subgrants)									
Description <i>Provide a description of the activities to be carried out by subrecipients.</i>		Purpose <i>Describe the purpose of the subaward (subgrant)</i>		Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
				Total Cost	Non-Federal Contribution	Federal Request			
						\$0			
Total(s)				\$0	\$0	\$0			
Consultant Travel (if necessary)									
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>	Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
				Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
							\$0		\$0
				Total			\$0	\$0	\$0
Narrative									

H. Procurement Contracts

Purpose Area #4

Description <i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>	Purpose <i>Describe the purpose of the contract</i>	Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>						
			Total Cost	Non-Federal Contribution	Federal Request			
Base platform, AWARxE (existing)	Appriss Health currently provides our PDMP platform, AWARxE.	No	\$74,675		\$74,675			
Prescriber Report Card (existing)	Details prescribing trends and provides comparisons to other prescribers within same speciality.	No	\$20,000		\$20,000			
Compliance Module (existing)	Assists in monitoring compliance with patient prescription reviewing mandate prior to prescribing, administering, or dispensing.	No	\$5,000		\$5,000			
Statewide Integration (new)	Facilitates mass PDMP integration with HIE/EDI at the statewide level.	No	\$223,000		\$223,000			
Provider Outlier Module (new)	Identify problematic prescribing practices	No	\$10,000		\$10,000			
Advanced Analytics (new)	Improved data mining and analysis for targeted research	No	\$75,000		\$75,000			
Total(s)			\$407,675	\$0	\$407,675			
Consultant Travel (if necessary)								
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>	Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total			\$0	\$0	\$0			
Narrative								

Purpose Area #4

Beginning July 1, 2020, Alaska will lose its base funding for the PDMP, currently provided by the CDC's Prevention for States grant. Base funding provides for an operational PDMP, with the platform, AWARe, provided by the state's vendor, Appriss Health. Alaska will also lose funding to provide prescriber report cards, which is currently funded through June 30, 2020 by the BJA's Harold Rogers COAP grant (2017-PM-BX-0006). The PDMP compliance module, which provides a mechanism for the state to monitor prescribers' compliance with the mandatory patient prescription review mandate, which went into effect in 2017, and which went live in November 2019, will not be able to be used as an administrative monitoring tool after funding runs out this June. These expenses are required by our contractor, Appriss Health, to install, maintain, and provide technical support for these features. Funding is requested to cover continuation of the base platform and its existing enhancements, as well as to implement new features to improve the PDMP's effectiveness as a clinical decision making and drug investigation/diversion tool.

Appriss Health was solicited through a competitive grant process initially in 2015, and the state found the vendor to be the most cost effective provider of the required PDMP functional features and customer support.

Statewide Integration = \$223,000/annual

- Includes a dedicated integration manager to assist Alaska with onboarding efforts with HIE/EDIE/EHR connections throughout the state.
- Currently, the PDMP is below 20% with integrating on a case-by-case basis, with an average time to integrate taking 8 months.

Compliance Module = \$5,000/annual

I. Other Costs

Description <i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds).</i>	Computation <i>Show the basis for computation</i>						
	Quantity	Basis	Cost	Length of Time	Total Cost	Non-Federal Contribution	Federal Request
					\$0		\$0
Total(s)					\$0	\$0	\$0

Narrative

Purpose Area #4

J. Indirect Costs						
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
DHSS		\$569,545.00	18%	\$102,519		\$102,519
Total(s)				\$102,519	\$0	\$102,519
Narrative						

Budget Detail - Year 3

Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N Yes
[\(DOJ Financial Guide, Section 3.10\)](#)

A. Personnel

Name <i>List each name, if known.</i>	Position <i>List each position, if known.</i>	Computation <i>Show annual salary rate & amount of time devoted to the project for each name/position.</i>						
		Salary	Rate	Time Worked <i>(# of hours, days, months, years)</i>	Percentage of Time	Total Cost	Non-Federal Contribution	Federal Request
Lisa Sherrell	Program Manager	\$80,126.00	yearly	1	45%	\$36,057		\$36,057
Laura Carrillo	Executive Administrator	\$99,505.00	yearly	1	20%	\$19,901		\$19,901
Greg Francois	Chief Investigator	\$82,299.00	yearly	1	3%	\$2,469		\$2,469
Sonia Lipker	Lead Investigator	\$73,468.00	yearly	1	3%	\$2,205		\$2,205
Investigator	Investigator III	\$63,264.00	yearly	1	45%	\$28,469		\$28,469
Occupational Licensing Examiner (OLE)	Pharmacy Board	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Occupational Licensing Examiner (OLE)	Medical Board	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Occupational Licensing Examiner (OLE)	Nursing Board	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Occupational Licensing Examiner (OLE)	Optometry, Dental, and Veterinary Boards	\$50,178.00	yearly	1	5%	\$2,509	\$1,254	\$1,255
Total(s)						\$99,137	\$5,016	\$94,121
Narrative								

Purpose Area #4

The Alaska Department of Health and Social Services (DHSS) will serve as the fiscal agent and lead agency for this grant. The Division of Corporations, Business and Professional Licensing (CBPL) will perform all deliverables related to the Prescription Drug Monitoring Program (PDMP) and the project's goals and objectives as stated in this application. Lisa Sherrell is the PDMP Manager is listed as the responsible person for stated activities and will be involved in the planning and execution of BJA grant deliverables for 45% of time. Oversight will be provided by Laura Carrillo, Executive Administrator of the Alaska Board of Pharmacy, who will allocate 20% of time for grant coordination, research and analysis, budget management, and support. Time allocation from the PDMP Manager and Executive Administrator will increase in subsequent years; though deliverables will be started immediately, more costs are needed in year 3 than in years 1 and 2 due to availability of existing funds from other grants. The investigator position will require less time in year 3 after adequate training is provided in years 1 and 2. Occupational Licensing Examiners (OLEs) assigned to each board affected by PDMP requirements will assist in supporting increased universal registration and use by assisting licensees with the initial and renewal PDMP registration processes, and will provide technical account support, such as approving accounts, updating email addresses, and resetting passwords. OLEs are expected to allocate 5% of time to these activities in year 3. Funding is also being requested for a new position to fill one full-time PDMP Investigator role. At present, CBPL shares investigators with 30+ licensing programs, and there is no dedicated investigator to pursue potential violations against non-compliance with registration, reviewing, and reporting mandates.

Grant funding will continue to facilitate activities to focus on increasing PDMP registration and utilization, identification of problematic prescribers and dispensers, expanding interoperability between other state PDMPs and between health systems within the state, and supporting DHSS initiatives and law enforcement efforts to reduce misuse, abuse, and

Purpose Area #4

B. Fringe Benefits					
Name	Computation				
<i>List each grant-supported position receiving fringe benefits.</i>	<i>Show the basis for computation.</i>				
	Base	Rate	Total Cost	Non-Federal Contribution	Federal Request
Lisa Sherrell	\$36,057.00	41.50%	\$14,964		\$14,964
Laura Carrillo	\$19,901.00	41.50%	\$8,259		\$8,259
Greg Francois	\$2,469.00	41.50%	\$1,025		\$1,025
Sonia Lipker	\$2,205.00	41.50%	\$916		\$916
Investigator	\$28,469.00	41.50%	\$11,815		\$11,815
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Occupational Licensing Examiner (OLE)	\$2,509.00	41.50%	\$1,042	\$657	\$385
Total(s)			\$41,147	\$3,285	\$38,519
Narrative					

Purpose Area #4

C. Travel										
Purpose of Travel	Location	Type of Expense	Basis	Computation						
<i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	<i>Indicate the travel destination.</i>	<i>Lodging, Meals, Etc.</i>	<i>Per day, mile, trip, Etc.</i>	<i>Compute the cost of each type of expense X the number of people traveling.</i>						
				Cost	Quantity	# of Staff	# of Trips	Total Cost	Non-Federal Contribution	Federal Request
1.) National Rx Abuse and Heroin Summit	GA or TN	Lodging	Night	\$200.00	3	2	1	\$1,200		\$1,200
		Meals	Day	\$60.00	4	2	1	\$480		\$480
		Transportation	Round-trip	\$1,120.00	1	2	2	\$4,480		\$4,480
2.) National DOJ Meeting (Annual)	Washington D.C.	Lodging	Night	\$200.00	2	2	1	\$800		\$800
		Meals	Day	\$60.00	3	2	1	\$360		\$360
		Transportation	Round-trip	\$1,120.00	1	2	2	\$4,480		\$4,480
3.) Regional DOJ Meeting (Annual)	TBD	Lodging	Night	\$200.00	2	2	1	\$800		\$800
		Meals	Day	\$60.00	3	2	1	\$360		\$360
		Transportation	Round-trip	\$720.00	1	2	2	\$2,880		\$2,880
4.) Education/Outreach	Mat-Su, Gulf Coast, Interior, Northern, Southeast	Lodging	Night	\$200.00	2	1	5	\$2,000		\$2,000

Purpose Area #4

		Meals	Day	\$59.00	3	1	5	\$885		\$885
		Local Travel	N/A	\$40.00	2	1	5	\$400		\$400
5.) Stakeholder Meetings/Townhall	Juneau, Anchorage, Fairbanks	Lodging	Night	\$200.00	2	2	2	\$1,600		\$1,600
		Meals	Day	\$59.00	3	2	2	\$708		\$708
		Transportation	Round-trip	\$40.00	3	2	1	\$240		\$240
Total(s)								\$21,673	\$0	\$21,673

Narrative

All trip costs reflect the use of state government travel contracts for airfare and hotel costs. Travel across Alaska, especially to rural areas, can be expensive. Due to Alaska's geographical vastness and limited ability to provide distance-outreach rural communities, funding will be used to facilitate travel to these provider communities. Distance outreach will be provided whenever possible. The PDMP coordinator will also present when stakeholders are already gathered at board or association meetings. The National Rx Abuse and Heroin Summit has a regulatory and law enforcement track, which we plan to have our investigator attend.

Purpose Area #4

D. Equipment						
Item		Computation				
<i>List and describe each item of equipment that will be purchased</i>		<i>Compute the cost (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

E. Supplies						
Supply Items		Computation				
<i>Provide a list of the types of items to be purchased with grant funds.</i>		<i>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cost per item.</i>				
		# of Items	Unit Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

F. Construction						
Purpose <i>Provide the purpose of the construction</i>	Description of Work <i>Describe the construction project(s)</i>	Computation <i>Compute the costs (e.g., the number of each item to be purchased X the cost per item)</i>				
		# of Items	Cost	Total Cost	Non-Federal Contribution	Federal Request
				\$0		\$0
Total(s)				\$0	\$0	\$0
Narrative						

Purpose Area #4

G. Subawards (Subgrants)									
Description <i>Provide a description of the activities to be carried out by subrecipients.</i>		Purpose <i>Describe the purpose of the subaward (subgrant)</i>		Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>					
				Total Cost	Non-Federal Contribution	Federal Request			
						\$0			
Total(s)				\$0	\$0	\$0			
Consultant Travel (if necessary)									
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>		Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>	Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
				Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
							\$0		\$0
				Total			\$0	\$0	\$0
Narrative									

H. Procurement Contracts

Purpose Area #4

Description <i>Provide a description of the products or services to be procured by contract and an estimate of the costs. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source procurements in excess of the Simplified Acquisition Threshold (currently \$150,000).</i>	Purpose <i>Describe the purpose of the contract</i>	Consultant? <i>Is the subaward for a consultant? If yes, use the section below to explain associated travel expenses included in the cost.</i>						
			Total Cost	Non-Federal Contribution	Federal Request			
Base platform, AWARxE (existing)	Appriss Health currently provides our PDMP platform, AWARxE.	No	\$74,675		\$74,675			
Prescriber Report Card (existing)	Details prescribing trends and provides comparisons to other prescribers within same speciality.	No	\$20,000		\$20,000			
Compliance Module (existing)	Assists in monitoring compliance with patient prescription reviewing mandate prior to prescribing, administering, or dispensing.	No	\$5,000		\$5,000			
Statewide Integration (new)	Facilitates mass PDMP integration with HIE/EDI at the statewide level.	No	\$223,000		\$223,000			
Provider Outlier Module (new)	Identify problematic prescribing practices	No	\$10,000		\$10,000			
Advanced Analytics (new)	Improved data mining and analysis for targeted research	No	\$75,000		\$75,000			
Total(s)			\$407,675	\$0	\$407,675			
Consultant Travel (if necessary)								
Purpose of Travel <i>Indicate the purpose of each trip or type of trip (training, advisory group meeting)</i>	Location <i>Indicate the travel destination.</i>	Type of Expense <i>Hotel, airfare, per diem</i>	Computation <i>Compute the cost of each type of expense X the number of people traveling.</i>					
			Cost	Duration or Distance	# of Staff	Total Cost	Non-Federal Contribution	Federal Request
						\$0		\$0
Total			\$0	\$0	\$0			
Narrative								

Purpose Area #4

Beginning July 1, 2020, Alaska will lose its base funding for the PDMP, currently provided by the CDC's Prevention for States grant. Base funding provides for an operational PDMP, with the platform, AWARe, provided by the state's vendor, Appriss Health. Alaska will also lose funding to provide prescriber report cards, which is currently funded through June 30, 2020 by the BJA's Harold Rogers COAP grant (2017-PM-BX-0006). The PDMP compliance module, which provides a mechanism for the state to monitor prescribers' compliance with the mandatory patient prescription review mandate, which went into effect in 2017, and which went live in November 2019, will not be able to be used as an administrative monitoring tool after funding runs out this June. These expenses are required by our contractor, Appriss Health, to install, maintain, and provide technical support for these features. Funding is requested to cover continuation of the base platform and its existing enhancements, as well as to implement new features to improve the PDMP's effectiveness as a clinical decision making and drug investigation/diversion tool.

Appriss Health was solicited through a competitive grant process initially in 2015, and the state found the vendor to be the most cost effective provider of the required PDMP functional features and customer support.

Statewide Integration = \$223,000/annual

- Includes a dedicated integration manager to assist Alaska with onboarding efforts with HIE/EDIE/EHR connections throughout the state.
- Currently, the PDMP is below 20% with integrating on a case-by-case basis, with an average time to integrate taking 8 months.

Compliance Module = \$5,000/annual

I. Other Costs							
Description <i>List and describe items that will be paid with grants funds (e.g. rent, reproduction, telephone, janitorial, or security services, and investigative or confidential funds).</i>	Computation <i>Show the basis for computation</i>						
	Quantity	Basis	Cost	Length of Time	Total Cost	Non-Federal Contribution	Federal Request
					\$0		\$0
Total(s)					\$0	\$0	\$0

Narrative

Purpose Area #4

J. Indirect Costs						
Description <i>Describe what the approved rate is and how it is applied.</i>		Computation <i>Compute the indirect costs for those portions of the program which allow such costs.</i>				
		Base	Indirect Cost Rate	Total Cost	Non-Federal Contribution	Federal Request
DHSS		\$570,202.00	18%	\$102,637		\$102,637
Total(s)				\$102,637	\$0	\$102,637
Narrative						

Budget Summary

Budget Summary											
<i>Note: Any errors detected on this page should be fixed on the corresponding Budget Detail tab.</i>											
Budget Category	Year 1		Year 2 (if needed)		Year 3 (if needed)		Year 4 (if needed)		Year 5 (if needed)		Total(s)
	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	
A. Personnel	\$67,303	\$5,016	\$97,284	\$5,016	\$94,121	\$5,016	\$0	\$0	\$0	\$0	\$273,756
B. Fringe Benefits	\$26,733	\$3,285	\$39,175	\$3,285	\$38,519	\$3,285	\$0	\$0	\$0	\$0	\$114,282
C. Travel	\$21,673	\$0	\$21,673	\$0	\$21,673	\$0	\$0	\$0	\$0	\$0	\$65,019
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Subawards (Subgrants)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Procurement Contracts	\$427,955	\$0	\$407,675	\$0	\$407,675	\$0	\$0	\$0	\$0	\$0	\$1,243,305
I. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$543,664	\$8,301	\$565,807	\$8,301	\$561,988	\$8,301	\$0	\$0	\$0	\$0	\$1,696,362
J. Indirect Costs	\$98,482	\$0	\$102,519	\$0	\$102,637	\$0	\$0	\$0	\$0	\$0	\$303,638
Total Project Costs	\$642,146	\$8,301	\$668,326	\$8,301	\$664,625	\$8,301	\$0	\$0	\$0	\$0	\$2,000,000
Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training activities? - Y/N										Yes	

Applicant Disclosure of Pending Applications

The Alaska Department of Commerce, Community, and Economic Development (DCCED) Division of Corporations, Business, and Professional Licensing (CBPL), which oversees the Prescription Drug Monitoring Program (PDMP), has not directly submitted an application to for federal funding; however, the Alaska Department of Health and Social Services (DHSS) Medicaid Agency submitted an Implementation Advance Planning Document (IAPD) to the Centers for Medicare and Medicaid Services (CMS) in February 2020, requesting funding to comply with Section 5042 of the Medicaid SUPPORT Act (Table 1). The SUPPORT Act in part will require providers to review the PDMP for prescription histories on Medicaid beneficiaries prior to providing treatment. To facilitate consistent access to PDMPs to review Medicaid beneficiary histories across health systems, the SUPPORT Act also requires integration of PDMP data into the work flow of covered Medicaid providers, which can be achieved by leveraging health information exchange and electronic health record systems.

Disclosure of Pending Applications Table		
Federal or State Funding Agency	Solicitation Name/Project Name	Point of Contact at Federal or State Funding Agency
Centers for Medicare and Medicaid Services	AK MMIS SUPPORT Act 20-4/Implementation Advance Planning Document	Kristin Delfino 907-334-2439 kristin.delfino@alaska.gov

Table 1. Disclosure of pending application.

In the application, DHSS Medicaid requested a total funding of \$5,595,593 to support activities, including \$500,000 to support PDMP licensing fees and implementation costs. This funding request was approved by the CMS in March 2020, however, funding must be used no later than September 30, 2020, and CBPL has not yet received a reimbursable services agreement

Alaska Prescription Drug Monitoring Program
 Harold Rogers Prescription Drug Monitoring Program
 FY 2020 Competitive Grant Solicitation
 CFDA # 16.754 – BJA-2020-17754

(RSA), to expend these costs. If an RSA is received prior to September, services will have to cease by the end of that month unless additional funding is received; ongoing funding for these services was not provided in the IAPD, but must continue past October 1, 2021 as this is the effective date of the SUPPORT Act in which covered providers must begin to review the PDMP for Medicaid beneficiaries.

In the attached *Budget Detail and Narrative*, CBPL is requesting funding for statewide integration, enhancement implementation of a provider outlier module and an advanced analytic for \$457,675 in year 1, and \$437,675 in years 2 and 3 as part of contract costs (Table 2). If awarded, funding from the BJA solicitation (CFDA # 16.754 – BJA-2020-17754) can better position the PDMP to assist its DHSS partner in complying with the SUPPORT Act.

Budget Category	Year 1		Year 2 (if needed)		Year 3 (if needed)		Year 4 (if needed)		Year 5 (if needed)		Totals
	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	Federal Request	Non-Federal Request	
A. Personnel	\$67,303	\$5,016	\$97,284	\$5,016	\$94,121	\$5,016	\$0	\$0	\$0	\$0	\$273,756
B. Fringe Benefits	\$26,733	\$3,285	\$39,175	\$3,285	\$38,519	\$3,285	\$0	\$0	\$0	\$0	\$114,282
C. Travel	\$21,673	\$0	\$21,673	\$0	\$21,673	\$0	\$0	\$0	\$0	\$0	\$65,019
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Subawards (Subgrants)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Procurement Contracts	\$427,955	\$0	\$407,675	\$0	\$407,675	\$0	\$0	\$0	\$0	\$0	\$1,243,305
I. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$543,664	\$8,301	\$565,807	\$8,301	\$561,988	\$8,301	\$0	\$0	\$0	\$0	\$1,696,362
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Total Project Costs	\$642,146	\$8,301	\$668,326	\$8,301	\$664,625	\$8,301	\$0	\$0	\$0	\$0	\$2,000,000
Does this budget contain conference costs which is defined broadly to include meetings, retreats, seminars, symposia, and training										Yes	

Table 2. Budget request with procurement contracts totaling \$1,243,305 to initiate new and continue existing implementation of enhancement features.



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

**Department of
Commerce, Community and
Economic Development**

DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING
Board of Dental Examiners

PO Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.22501
Fax: 907.465.2974

April 22, 2020

Julie Anderson, Commissioner
Division of Corporations, Business, and Professional Licensing
Alaska Department of Commerce, Community, and Economic Development
PO Box 110806
Juneau, AK 99811

Commissioner Anderson,

On behalf of the Board of Dental Examiners, I am writing to express our full support for the Department of Commerce, Community, and Economic Development (DCCED), Division of Corporations, Business, and Professional Licensing's (CBPL) Alaska Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754). We believe funding is necessary in the continued support of multi-agency efforts to combat opioid abuse, misuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska.

Funding will be used to advance existing efforts and provide resources to:

- Leverage support from the statewide health information exchange organization to
 - expand the network of clinic integrations throughout Alaska, providing comprehensive data to high-risk and rural communities with vulnerable populations within its existing Gateway solution
 - improve database access efficiency for providers within their clinical workflow
- Provide adequate resources to assist state and federal agencies with investigations and enhance the method of receiving discovery data to enhance public safety and allow community wellbeing to thrive
- Enhance the PDMP by integrating an advanced analytics feature and provider outlier module, which will strengthen the State's ability to identify problematic prescribing and dispensing behaviors while supporting judicious treatment practices
- Continue funding for the cost of RxCheck, which is currently configured in Alaska.
- Assist with the development of provider training materials to increase utilization of the PDMP

The PDMP is an essential tool in battling the opioid crisis in our state. The complex dynamics of drug use, misuse, addiction, and the interplay between socioeconomic factors, mental health, behavioral health, and the

effect of drug-related crime in our communities, require significant levels of coordination with state and local agencies. The PDMP is a crucial aspect to that coordination and provides the data needed to keep all parties working towards the common goal.

Additional funding is needed to enhance the tools available and increase integration and use amongst providers in Alaska. The Board of Dental Examiners is pleased to support the PDMP's application to support efforts for the database to reach its full potential as a clinical decision-making tool and a vital public health surveillance tool. We look forward to continuing and expanding our partnership efforts to curtail the opioid crisis in our state.

Sincerely,

A handwritten signature in black ink, appearing to read "David Nielson", with a stylized flourish at the end.

David Nielson, DDS
President, Alaska Board of Dental Examiner

4.30.2020

Julie Anderson, Commissioner
Division of Corporations, Business, and Professional Licensing
Alaska Department of Commerce, Community, and Economic Development
PO Box 110806
Juneau, AK 99811

Commissioner Anderson,

On behalf of the Board of Nursing I am writing to express our full support for the Department of Commerce, Community, and Economic Development (DCCED), Division of Corporations, Business, and Professional Licensing's (CBPL) Alaska Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754). We believe funding is necessary in the continued support of multi-agency efforts to combat opioid abuse, misuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska.

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The PDMP is an essential tool in battling the opioid crisis in our state. The complex dynamics of drug use, misuse, addiction, and the interplay between socioeconomic factors, mental health, behavioral health, and the effect of drug-related crime in our communities, require significant levels of coordination with state and local agencies. The PDMP is a crucial aspect to that coordination and provides the data needed to keep all parties working towards the common goal.

Additional funding is needed to enhance the tools available and increase integration and use amongst providers in Alaska. The Board of Nursing is pleased to support the PDMP's application to support efforts for the database to reach its full potential as a clinical decision-making tool and a vital public health surveillance tool. We look forward to continuing and expanding our partnership efforts to curtail the opioid crisis in our state.

Sincerely,


Dorothy Schlaeda, MSN, RNC-OB, C-EFM
Board Chair



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

**Department of Commerce, Community,
and Economic Development**

STATE MEDICAL BOARD

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.1074
Fax: 907.465.2974

Monday, May 4, 2020

Julie Anderson, Commissioner
Division of Corporations, Business, and Professional Licensing
Alaska Department of Commerce, Community, and Economic Development
PO Box 110806
Juneau, AK 99811

Dear Commissioner Anderson:

This correspondence represents the Alaska State Medical Board's support of the Alaska Board of Pharmacy's grant application for funding through the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754), to continue and enhance our Prescription Drug Monitoring Program (PDMP).

The Alaska State Medical Board as well as all prescribers of scheduled medications in Alaska understand the importance and demonstrable role that the PDMP plays in monitoring and reducing opioid use.

The funding provided by a successful grant application will allow us to improve and enhance a multi-agency effort to combat all aspects of opioid abuse, an effort that will benefit all Alaskans.

We as a Board are committed to making this work.

Sincerely,

Richard Wein, M.D.

Dr. Richard Wein, Chair
Alaska State Medical Board



May 3, 2020

Julie Anderson, Commissioner
Alaska Department of Commerce, Community, and Economic Development
550 W 7th Ave, STE 1535
Anchorage, AK 99501

Greetings,

On behalf of the Alaska State Hospital and Nursing Home Association (ASHHA), I am writing to provide this letter of support for the Alaska Department of Commerce, Community, and Economic Development - Division of Corporation's, Business, and Professional Licensing's (CBPL) Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754). Our agency identifies with commonly shared goals and objectives with the PDMP, and we believe funding is necessary to support continued multi-agency efforts to combat opioid abuse, misuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska. Funding will be used to advance existing efforts and provide resources to:

- Leverage support from the statewide health information exchange organization to
 - expand the network of clinic integrations throughout Alaska, providing comprehensive data to high-risk and rural communities with vulnerable populations within its existing Gateway solution
 - improve database access efficiency for providers within their clinical workflow
- Provide adequate resources to assist state and federal agencies with investigations and enhance the method of receiving discovery data to enhance public safety and allow community wellbeing to thrive
- Enhance the PDMP by integrating an advanced analytics feature and provider outlier module, which will strengthen the State's ability to identify problematic prescribing and dispensing behaviors while supporting judicious treatment practices
- Continue funding for the cost of RxCheck, which is currently configured in Alaska.
- Assist with the development of provider training materials to increase knowledge and utilization of the PDMP

Due to the complex dynamics of prescribing and dispensing practices, drug use, misuse, and addiction, and the interplay between socioeconomic factors, mental health, behavioral health, drug-related crime, safety, and overdose deaths, DCCED is in need of funding to continue its coordination of response efforts with state and local agencies such as ours to improve and save lives. We fully support DCCED's funding application so the database can reach its full potential as a clinical decision-making tool and a vital public health surveillance tool. We look forward to continuing and expanding our partnership efforts to curtail the opioid crisis in our state.

Sincerely,

Jared Kosin, President/CEO



May 2, 2020

Julie Anderson, Commissioner
Alaska Department of Commerce, Community, and Economic Development
550 W 7th Ave, STE 1535
Anchorage, AK 99501

Greetings,

On behalf of the Alaska Department of Public Safety, I am writing to provide this letter of support for the Alaska Department of Commerce, Community, and Economic Development - Division of Corporation's, Business, and Professional Licensing's (CBPL) Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754). Our agency identifies with commonly shared goals and objectives with the PDMP, and we believe funding is necessary to support continued multi-agency efforts to combat opioid abuse, misuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska. Funding will be used to advance existing efforts and provide resources to:

- Leverage support from the statewide health information exchange organization to
 - o expand the network of clinic integrations throughout Alaska, providing comprehensive data to high-risk and rural communities with vulnerable populations within its existing Gateway solution
 - o improve database access efficiency for providers within their clinical workflow
- Provide adequate resources to assist state and federal agencies with investigations and enhance the method of receiving discovery data to enhance public safety and allow community wellbeing to thrive
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- Assist with the development of provider training materials to increase knowledge and utilization of the PDMP

Julie Anderson, Commissioner

May 2, 2020

Page 2 of 2

Due to the complex dynamics of prescribing and dispensing practices, drug use, misuse, and addiction, and the interplay between socioeconomic factors, mental health, behavioral health, drug-related crime, safety, and overdose deaths, DCCED is in need of funding to continue its coordination of response efforts with state and local agencies such as ours to improve and save lives. We fully support DCCED's funding application so the database can reach its full potential as a clinical decision-making tool and a vital public health surveillance tool. We look forward to continuing and expanding our partnership efforts to curtail the opioid crisis in our state.

Sincerely,



Amanda Price, Commissioner

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

May 4, 2020

Julie Anderson, Commissioner
Alaska Department of Commerce, Community, and Economic Development
550 W 7th Ave, STE 1535
Anchorage, AK 99501

Greetings,

On behalf of the Alaska State Medical Association, I am writing to provide this letter of support for the Alaska Department of Commerce, Community, and Economic Development - Division of Corporation's, Business, and Professional Licensing's (CBPL) Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754). The Alaska State Medical Association identifies with commonly shared goals and objectives with the PDMP, and we believe funding is necessary to support continued multi-agency efforts to combat opioid abuse, misuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska. We support funding that will be used to advance existing efforts and provide resources to:

- Leverage support from the statewide health information exchange organization to
 - expand the network of clinic integrations throughout Alaska, providing comprehensive data to high-risk and rural communities with vulnerable populations within its existing Gateway solution
 - improve database access efficiency for providers within their clinical workflow
- Provide adequate resources to assist state and federal agencies with investigations and enhance the method of receiving discovery data to enhance public safety and allow community wellbeing to thrive
- Enhance the PDMP by integrating an advanced analytics feature and provider outlier module, which will strengthen the State's ability to identify potential problematic prescribing and dispensing behaviors to alert the appropriate board while supporting judicious treatment practices
- Continue funding for the cost of RxCheck, which is currently configured in Alaska.
- Assist with the development of provider training materials to increase knowledge and utilization of the PDMP

Due to the complex dynamics of prescribing and dispensing practices, drug use, misuse, and addiction, and the interplay between socioeconomic factors, mental health, behavioral health, drug-related crime, safety, and overdose deaths, DCCED is in need of funding to continue its coordination of response efforts with state and local agencies and organizations such as ours to improve and save lives. We fully support DCCED's funding application so the database can reach its full potential as a clinical decision-making tool and a vital public health tool. We look forward to continuing our partnership efforts to curtail the opioid crisis in our state.

Sincerely,



Eli Powell, M.D.
President, Alaska State Medical Association



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health
and Social Services

OFFICE OF THE COMMISSIONER

Anchorage

3601 C Street, Suite 902
Anchorage, Alaska 99503-5923
Main: 907.269.7800
Fax: 907.269.0060

Juneau

PO Box 110601
350 Main Street, Suite 404
Juneau, Alaska 99811-0601
Main: 907.465.3030
Fax: 907.465.3068

May 4, 2020

Julie Anderson, Commissioner
Alaska Department of Commerce, Community, and Economic Development
550 W 7th Ave, STE 1535
Anchorage, AK 99501

Dear Commissioner Anderson,

On behalf of the Alaska Department of Health and Social Services, we are writing to provide this letter of support for the Alaska Department of Commerce, Community, and Economic Development - Division of Corporation's, Business, and Professional Licensing's (CBPL) Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754). Our agency identifies with commonly shared goals and objectives with the PDMP, and we believe funding is necessary to support continued multi-agency efforts to combat opioid abuse, misuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska. Funding will be used to advance existing efforts and provide resources to:

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- Continue funding for the cost of RxCheck, which is currently configured in Alaska.
- Assist with the development of provider training materials to increase knowledge and utilization of the PDM

Due to the complex dynamics of prescribing and dispensing practices, drug use, misuse, and addiction, and the interplay between socioeconomic factors, mental health, behavioral health, drug-related crime, safety, and overdose deaths, DCCED is in need of funding to continue its coordination of response efforts with state and local agencies such as ours to improve and save lives. We fully support DCCED's funding application so the database can reach its full potential as a clinical decision-making tool and a vital public

Ltr to Commissioner Anderson – PDMP BJA Grant
Page 2
May 4, 2020

health surveillance tool. We look forward to continuing and expanding our partnership efforts to curtail the opioid crisis in our state.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Crum', with a long horizontal flourish extending to the right.

Adam Crum
Commissioner

A handwritten signature in black ink, appearing to read 'A. Zink', with a horizontal line extending to the right.

Dr. Anne Zink
Chief Medical Officer



May 4, 2020

Julie Anderson, Commissioner
Alaska Department of Commerce, Community, and Economic Development
550 W 7th Ave, STE 1535
Anchorage, AK 99501

Commissioner Anderson,

On behalf of the Alaska Department of Corrections, I am writing to provide this letter of support for the Alaska Department of Commerce, Community, and Economic Development - Division of Corporation's, Business, and Professional Licensing's (CBPL) Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754). Our agency identifies with commonly shared goals and objectives with the PDMP, and we believe funding is necessary to support continued multi-agency efforts to combat opioid abuse, abuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska.

Funding affecting my Department, will be used to advance existing efforts and provide resources to:

- Provide adequate resources to assist state and federal agencies with investigations and enhance the method of receiving discovery data to enhance public safety and allow community wellbeing to thrive
- Enhance the PDMP by integrating an advanced analytics feature and provider outlier module, which will strengthen the State's ability to identify problematic prescribing and dispensing behaviors while supporting judicious treatment practices

Due to the complex dynamics of prescribing and dispensing practices, drug use, abuse, and addiction, and the interplay between socioeconomic factors, mental health, behavioral health, drug-related crime, safety, and overdose deaths, DCCED is in need of funding to continue its coordination of response efforts with state and local agencies such as ours to improve and save lives. We look forward to continuing our partnership efforts to curtail the opioid crisis in our state.

Sincerely,

A handwritten signature in black ink that reads "Nancy Dahlstrom".

Nancy Dahlstrom
Commissioner



Alaska Pharmacists Association

May 4, 2020

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Julie Anderson, Commissioner

Alaska Department of Commerce, Community, and Economic Development
550 W 7th Ave, STE 1535
Anchorage, AK 99501

Dear Commissioner Anderson:

On behalf of the Alaska Pharmacists Association, I am writing to provide this letter of support for the Alaska Department of Commerce, Community, and Economic Development (DCCED) - Division of Corporation's, Business, and Professional Licensing's (CBPL) Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754). Our association identifies with commonly shared goals and objectives with the PDMP, and we believe funding is necessary to support continued multi-agency efforts to combat opioid abuse, misuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska. Funding will be used to advance existing efforts and provide resources to:

- Leverage support from the statewide health information exchange organization to:
 - expand the network of clinic integrations throughout Alaska, providing comprehensive data to high-risk and rural communities with vulnerable populations within its existing Gateway solution
 - improve database access efficiency for providers within their clinical workflow
- Provide adequate resources to assist state and federal agencies with investigations and enhance the method of receiving discovery data to enhance public safety and allow community wellbeing to thrive
- Enhance the PDMP by integrating an advanced analytics feature and provider outlier module, which will strengthen the State's ability to identify problematic prescribing and dispensing behaviors while supporting judicious treatment practices
- Continue funding for the cost of RxCheck, which is currently configured in Alaska.
- Assist with the development of provider training materials to increase knowledge and utilization of the PDMP

Due to the complex dynamics of prescribing and dispensing practices, drug use, misuse, and addiction, and the interplay between socioeconomic factors, mental health, behavioral health, drug-related crime, safety, and overdose deaths, we understand DCCED is in need of funding to continue its coordination of response efforts with state and local agencies such as ours to improve and save lives. We fully support DCCED's funding application so the database can reach its full potential as a clinical decision-making tool and a vital public health surveillance tool. We look forward to continuing and expanding our partnership efforts to curtail the opioid crisis in our state.

Sincerely,

Molly Gray, Executive Director

E-mail: akphrmcy@alaska.net

203 W. 15th Ave., Suite 100 • Anchorage, Alaska 99501 • (907) 563-8880 • (907) 563-7880

May 4, 2020

Julie Anderson, Commissioner
Division of Corporations, Business, and Professional Licensing
Alaska Department of Commerce, Community, and Economic Development
PO Box 110806
Juneau, AK 99811

Commissioner Anderson,

On behalf of the Board of Examiners in Optometry, I am writing to express our full support for the Department of Commerce, Community, and Economic Development (DCCED), Division of Corporations, Business, and Professional Licensing's (CBPL) Alaska Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754). We believe funding is necessary in the continued support of multi-agency efforts to combat opioid abuse, misuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska.

Funding will be used to advance existing efforts and provide resources to:

- Leverage support from the statewide health information exchange organization to
 - expand the network of clinic integrations throughout Alaska, providing comprehensive data to high-risk and rural communities with vulnerable populations within its existing Gateway solution
 - improve database access efficiency for providers within their clinical workflow
- Provide adequate resources to assist state and federal agencies with investigations and enhance the method of receiving discovery data to enhance public safety and allow community wellbeing to thrive
- Enhance the PDMP by integrating an advanced analytics feature and provider outlier module, which will strengthen the State's ability to identify problematic prescribing and dispensing behaviors while supporting judicious treatment practices
- Continue funding for the cost of RxCheck, which is currently configured in Alaska.
- Assist with the development of provider training materials to increase utilization of the PDMP

The PDMP is an essential tool in battling the opioid crisis in our state. The complex dynamics of drug use, misuse, addiction, and the interplay between socioeconomic factors, mental health, behavioral health, and the effect of drug-related crime in our communities, require significant levels of coordination with state and local agencies. The PDMP is a crucial aspect to that coordination and provides the data needed to keep all parties working towards the common goal.

Additional funding is needed to enhance the tools available and increase integration and use amongst providers in Alaska. The Board of Examiners in Optometry is pleased to support the PDMP's application to support efforts for the database to reach its full potential as a clinical decision-making tool and a vital public health surveillance tool. We look forward to continuing and expanding our partnership efforts to curtail the opioid crisis in our state.

Sincerely,

Damien R. Delzer, O.D., Dipl. ABO

Damien R. Delzer, O.D.
Board Chair

May 4, 2020
Julie Anderson, Commissioner
Alaska Department of Commerce, Community, and Economic Development
550 W 7th Ave, STE 1535
Anchorage, AK 99501

Greetings,

On behalf of the Alaska APRN Alliance, I am writing to provide this letter of support for the Alaska Department of Commerce, Community, and Economic Development - Division of Corporation's, Business, and Professional Licensing's (CBPL) Prescription Drug Monitoring Program (PDMP) and its application for funding under the Bureau of Justice Assistance Administration (CFDA #16.754 – BJA-2020-17754). Our agency identifies with commonly shared goals and objectives with the PDMP, and we believe funding is necessary to support continued multi-agency efforts to combat opioid abuse, misuse, addiction, and diversion, and to enhance individual and community health and well-being across Alaska. Funding will be used to advance existing efforts and provide resources to:

- Leverage support from the statewide health information exchange organization to
 - expand the network of clinic integrations throughout Alaska, providing comprehensive data to high-risk and rural communities with vulnerable populations within its existing Gateway solution
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- Enhance the PDMP by integrating an advanced analytics feature and provider outlier module, which will strengthen the State's ability to identify problematic prescribing and dispensing behaviors while supporting judicious treatment practices
- Continue funding for the cost of RxCheck, which is currently configured in Alaska.
- Assist with the development of provider training materials to increase knowledge and utilization of the PDMP

Due to the complex dynamics of prescribing and dispensing practices, drug use, misuse, and addiction, and the interplay between socioeconomic factors, mental health, behavioral health, drug-related crime, safety, and overdose deaths, DCCED is in need of funding to continue its coordination of response efforts with state and local agencies such as ours to improve and save lives. We fully support DCCED's funding application so the database can reach its full potential as a clinical decision-making tool and a vital public health surveillance tool. We look forward to continuing and expanding our partnership efforts to curtail the opioid crisis in our state.

Sincerely,



Carrie Doyle, President

From: [AKPhA](#)
To: [AKPhA](#)
Subject: AKPhA Update--Forums, Pharm Grand Rounds & More!
Date: Tuesday, April 28, 2020 4:56:54 PM
Attachments: [image001.png](#)
[image002.png](#)



Resources relevant to pharmacy are continually being posted to our website date-stamped as they are received at

<https://alaskapharmacy.org/2020/03/covid-19-response-pharmacy-guidance/> including:

- Health Resources & Services Administration (HRSA)—COVID-19 Claims Reimbursement to Healthcare Providers for Test and Treatment of the Uninsured (Pharmacists/Pharmacies with a TIN can submit/are included)

Forums Open for Member Discussion on AKPhA Website

<https://alaskapharmacy.org/forums/>

Connect with fellow Alaskan pharmacists and technicians to brainstorm ideas, questions and solutions! Topics to be posted weekly by Forum Moderators (Kathryn Sawyer for COVID-19 and Gretchen Glaspy for PAI Workgroup) or start a thread of your own. Login to participate and/or subscribe (button at top of page once logged in) to be emailed new discussion threads. THIS WEEK'S DISCUSSION STARTER: What are people's thoughts on using high dose zinc in patients with COVID-19? Benefit vs. Risk? <https://alaskapharmacy.org/forums/topic/covid-19-and-zinc-use/>

Alaska Pharmacy Residency Grand Rounds—Mark Your Calendars!

When: Wednesday, May 20th, 6:00 – 8:00 pm

Where: LIVE via ZOOM: <https://isu.zoom.us/j/98306896637?pwd=UjJ1VEVpMGrWUjJMDkUTBEWmliZz09>

What: The AKPhA Academy of Health-System Pharmacy is hosting this event, moderated by Academy Vice-Chair Angharad Ratliff of the UAA/ISU Doctor of Pharmacy program. [This event has been accredited by AKPHA for up to 2.0 hours \(see full activity announcement HERE\).](#) Members and Non-Members in Alaska are invited to attend (FREE), so mark your calendars, invite a friend and join us May 20th!

Presenters: Nikolina Golob, Paul Hardy, Tess Larson, Haley Monopolopolus, David Moore, and Colton Taylor

RESOURCES

- **[Alaska Board of Pharmacy Meeting—May 7 and 8th](#)**

Agenda and call-in information to be posted soon (link above).

- **[Second Quarter Alaska Pharmacy Newsletter Distributed](#)**

This edition is our electronic version, both emailed to members and posted on our website (login needed):

<https://alaskapharmacy.org/resources/newsletters/>

[Alaska's SHARP-1—Opportunity for Healthcare Practitioner Loan Repayment for State Fiscal Year 2020](#)

The Alaska Department of Health and Social Services (DHSS) SHARP-1 loan repayment opportunity for practitioners and employer sites opens May 1st:

<http://dhss.alaska.gov/dph/healthplanning/pages/sharp> Please note, Pharmacists are in the Tier I category.

[Alaska Manufacturing Extension Partnership \(MEP\) Center—Need PPE?](#)

MEP is currently offering match-making services—free of cost—to connect health care providers and other businesses with local PPE manufacturers. Email Client Services Manager, Sami Jo Lewis, at sjbailey4@alaska.edu with the type, quantity, timeline of delivery and price range.

CONTINUING EDUCATION OPPORTUNITIES

[APhA FREE CE Series: "15 on COVID-19"](#)

This series is designed to provide you with the answers you need to better educate yourself, your teams, and your patients about COVID-19. Developed for pharmacists and technicians, each episode can be completed in approximately 15 minutes. The following new episodes are now live:

[New](#) Episode 11 - 15 on COVID-19 04/24/2020 - Viral Properties and Remdesivir Updates

<http://elearning.pharmacist.com/products/6042/15-on-covid-19-04-24-2020-viral-properties-and-remdesivir-updates?sectionId=b49d71a8-51ea-4d91-aa86-f84adba3d0b6>

Episode 10 - 15 on COVID-19 for 4/20/2020 - Hydroxychloroquine Updates: Part II

<http://elearning.pharmacist.com/products/6082/15-on-covid-19-for-4-20-2020-hydroxychloroquine-updates-part-ii>

Episode 9- 15 on COVID-19 for 4/17/2020 – Hydroxychloroquine Updates

<http://elearning.pharmacist.com/products/6079/15-on-covid-19-for-4-17-2020-hydroxychloroquine-updates?sectionId=4ab2d586-eb80-45ad-b125-8c13a5c21a81>

New episodes will be added regularly and CPE is free for pharmacists and technicians. All of the episodes from this series can be found at

<https://www.pharmacist.com/coronavirus/resources-training>.

Call for Presentations

5th Annual AKPhA Academy of Health-System Pharmacy Fall CE Conference

Saturday, September 26, 2020, Alyeska Hotel

Conference Chair Angharad Ratliff

Please complete a speaker proposal online at <https://alaskapharmacy.org/2020/04/call-of-presentations-fall-ce-conference/> by June 15th, if possible.

Thank you for your help and dedication!

Molly Gray

Executive Director

Alaska Pharmacists Association

203 W 15th Ave #100

Anchorage, AK 99501

Phone (907) 563-8880, FAX (907) 563-7880

Office Hours: Monday through Friday, 10:30 am - 3:00 pm

www.alaskapharmacy.org



Dedicated to Preserving, Promoting &

Leading the Profession of Pharmacy in Alaska

Mark Your Calendar--September 26, 2020

AKPhA Academy of Health-System Pharmacy

Fall CE Conference, Alyeska Hotel



Alaska Pharmacists Association

April 17, 2020

Dear Governor Dunleavy,

I write to you on behalf of the Alaska Pharmacists Association (AKPhA), representing nearly 300 Alaska pharmacists and technicians. Our members are frontline healthcare providers caring for patients in community, long-term care, and hospital settings and stand ready to assist in fighting the COVID-19 pandemic. Thank you for your support during this very challenging time that continues to strain our state's healthcare system.

Pharmacists are among the Nation's most accessible and underutilized healthcare professionals. Pharmacists can, within their scope of practice, 1) conduct influenza, strep, COVID-19 testing, 2) administer immunizations, 3) conduct therapeutic substitutions to address imminent drug shortages, and 4) extend refills.

To better utilize pharmacists in the pandemic, a survey was conducted to determine Alaska pharmacists' commitment to provide COVID-19 services. Interest includes providing COVID-19 nasal testing (63%); prescribing antiviral medications when treatment options are available if a standing order existed and a mechanism to reimburse for time to test and treat individuals was provided like that awarded to other healthcare providers (65%); and prescribing and administering immunizations (73%). The map below illustrates Alaska pharmacy locations and our accessibility to Alaskans.

Pharmacies can obtain a Clinical Laboratory Improvement Amendments (CLIA) waiver license from the Department of Health and Social Services (DHSS) and perform CLIA waived tests. The Alaska Board of Pharmacy regulations grant pharmacists authority to enter collaborative practice agreements and perform activities with a practitioner's authorization. Our services will keep primary care practices, emergency rooms, and hospitals clear for more serious patients, especially since 68% of Alaskans lack a source of primary care. Reimbursement of services is the main barrier.

For sustainability, we request your support in the following:

1. Development of state-wide population health collaborative practice agreements for COVID-19, influenza, strep, and other testing/treatment
2. Requirement of private payers to include pharmacist practitioners in provider networks, similar to what Washington, Texas, Tennessee, and West Virginia have implemented.
3. Addition of services rendered by pharmacists (other licensed practitioners) acting within their state scope of practice to the State Plan Amendment (SPA) for reimbursement. This aligns with the DHSS original professional service reimbursement methodology. Payment at the lesser of billed charges, 85% of the resource based relative value scale methodology used for physicians, aligns with state developed fees for private and government providers. State Plan, Title XIX <http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>

To increase patient access to quality care, these should apply to all services delivered by pharmacists within the scope of the practitioner's license, not just COVID-19-related services. With your help, pharmacists can assist with flattening the curve and improve Alaskans' health now and in the future.

Sincerely,

Ashley Schaber, PharmD, MBA, BCPS
President, Alaska Pharmacists Association



Covid Cases by Region (Stars) versus Pharmacies (Mortar)

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Anchorage

E-mail: akphrmcy@alaska.net

203 W. 15th Ave., Suite 100 • Anchorage, Alaska 99501 • (907) 563-8880 • (907) 563-7880

From: [Carrillo, Laura N \(CED\)](#)
To: [REDACTED]
Subject: RE: [EXTERNAL] RE: 503B Licensing in Alaska
Date: Thursday, April 30, 2020 5:20:00 AM
Attachments: [image001.png](#)

Hi Andre,

Unfortunately, no, our regulation, 12 AAC 52.696, requires both the self-inspection and FDA inspection reports to be on file with the board prior to the license being issued. The only document that can be “missing” is the result of the state background check, but we must at least have received the fingerprints to send to the Department of Public Safety in order to issue the license. It would require a regulation change. I can pass this along to our board chair for possible discussion at our May 7-8 meeting.

12 AAC 52.696. OUTSOURCING FACILITIES. (a) An applicant must meet the requirements set out in (b) of this section to demonstrate the necessary qualifications for an outsourcing facility license. An applicant who does not meet the requirements of (b) of this section or whose responses on the form for application do not clearly show that the applicant is qualified to receive an outsourcing facility license will not be issued a license unless the board reviews the application and determines that the applicant meets the qualifications in this section for an outsourcing facility license.

(b) The board will issue an outsourcing facility license to an applicant who

(1) submits a complete, notarized application on a form provided by the department;

(2) pays the fees required in 12 AAC 02.310;

(3) provides a list of the names and resumes of officers, directors, or primary stockholders responsible for the facility;

(4) provides the name and the resume of the designated facility manager;

(5) submits a completed self-inspection of the premises questionnaire on a form provided by the department;

(6) submits completed fingerprint cards of the facility manager for evaluation and investigation by the Department of Public Safety; and

(7) submits the results of the most recent Good Manufacturing Practice (GMP) inspection by the United States Food and Drug Administration.

(c) Within 10 days after a change in facility manager, the new facility manager must meet the requirements of (b) of this section and submit the change on a form provided by the department. The outgoing facility manager must submit a change on a separate form provided by the department.

(d) The facility manager of an outsourcing facility that has changed its name or physical address must apply for a new and separate outsourcing facility license in accordance with (b) of this section.

(e) A new owner of an outsourcing facility must apply for a new and separate outsourcing facility license in accordance with (b) of this section.

(f) When an outsourcing facility ceases operations, the facility manager must submit to the board a written notice of the cessation of operations. The written notice must be submitted within 10 days after the cessation of operations and include

(1) the date the outsourcing facility ceased operations; and

(2) arrangement for the records of the outsourcing facility to be retained for two years.

(g) Outsourcing facility personnel shall permit an authorized inspector or law enforcement official, who shows proper identification, to enter and inspect the facility and delivery vehicles at reasonable times and in a reasonable manner, and to inspect the facility records and written operating procedures.

(h) The outsourcing facility must be registered as an outsourcing facility with the

Thank you,

Laura Carrillo, MPH

Executive Administrator
Alaska Board of Pharmacy
Prescription Drug Monitoring Program
State of Alaska – DCCED – CBPL
Direct: 907-465-1073
PDMP: 907-269-8404
PDMP email: akpdmp@alaska.gov
Fax: 907-465-2974

From: Neptune, Andre G [mailto:████████████████████]
Sent: Wednesday, April 29, 2020 4:58 PM
To: Carrillo, Laura N (CED) <laura.carrillo@alaska.gov>
Subject: RE: [EXTERNAL] RE: 503B Licensing in Alaska

Thank you Laura. That does help to understand the process. The director of the new 503B pharmacy indicated that the FDA inspection and approval typically come after the facility has been opened and approved to provide services and the timeline is undetermined for when the FDA inspection will occur. Regrettably, that could be months from now. Did the Board consider accepting the Board of Pharmacy inspection report to allow licensing prior to FDA inspection but with the stipulation that licensing could be pulled if FDA inspection is not completed successfully?

Is it worth trying to bring this back to the Board, or, do you feel their decision is final?

Thanks again,

Andre

From: Carrillo, Laura N (CED) [<mailto:laura.carrillo@alaska.gov>]
Sent: Wednesday, April 29, 2020 4:32 PM
To: Neptune, Andre G ████████████████████
Subject: [EXTERNAL] RE: 503B Licensing in Alaska

Hi Andre,

My apologies for the delayed reply. As part of the board's emergency regulations discussion, they addressed the possibility of suspending inspection report requirements; however, they ultimately decided to uphold this requirement. To complete a 503B outsourcing facility application, Providence St. Joseph Health would have to submit both an FDA inspection and the inspection report provided by the board. The board's template indicates it's for wholesale drug distributors only, but this is for outsourcing and third-party logistics providers (edits to this document is now a lower priority with everything going on but is in the queue with our publications unit). I hope this helps. Please let me know if you have any questions.

Thank you,

Laura Carrillo, MPH

Executive Administrator
Alaska Board of Pharmacy
Prescription Drug Monitoring Program
State of Alaska – DCCED – CBPL
Direct: 907-465-1073
PDMP: 907-269-8404
PDMP email: akpdmp@alaska.gov
Fax: 907-465-2974

From: Neptune, Andre G [<mailto:> [REDACTED]]
Sent: Tuesday, April 21, 2020 5:19 PM
To: Carrillo, Laura N (CED) <laura.carrillo@alaska.gov>
Subject: 503B Licensing in Alaska

Hello Laura,

Hope all is well with you and that you and your family are staying safe as we walk this COVID-19 pandemic journey.

Providence St. Joseph Health operates a 503B compounding pharmacy out of Washington State. They recently received their certification allowing them to dispense and sell compounded pharmaceuticals across state lines but have not yet undergone their first FDA inspection. This will eventually happen but the FDA inspection is not required for them to start operations as an inter-state 503B pharmacy.

The executive director for the facility has been trying to figure out how to become licensed in Alaska but has not been successful in making headway. I would like to help with getting this facility licensed, both so that they can do business in Alaska but, selfishly, so that I can start buying badly needed compounded medications for our patient here at Providence.

Can you offer any guidance in getting a facility licensed in the State of Alaska?

Thanks,

Andre

Andre G. Neptune, RPh
Exec Dir Pharmacy Svcs AK Reg
Director of Pharmacy
Providence Alaska Medical Center
3200 Providence Drive
Anchorage, AK 99508
[REDACTED]



**"WHENEVER YOU SAY YES TO SOMETHING, THERE IS LESS OF YOU FOR SOMETHING ELSE.
MAKE SURE YOUR YES IS WORTH THE LESS."-Louie Giglio**

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

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Board of Pharmacy License Updates
(As of 05/01/2020)

License Category	Active	In-Process	Total
Drug room	42	0	42
Remote pharmacy	1	0	1
Out-of-state pharmacy	670	61	731
In-state pharmacy	136	5	141
Pharmacist	1,144	53	1197
Intern	622	6	628
Tech	1,664	20	1684
Out-of-state wholesale drug distributor	264	126	390
Wholesale drug distributor	20	2	22
Outsourcing facility	16	5	21
Third-party logistics provider	75	42	117
Total active & in-process	4,654	320	4,974
Total waiting to be screened			59
TOTAL			5,033



Type of Report: (check one box only) New Report Amendment Key (prior report dated): 8A1QIF5U5UDP

1. Enter your DEA Registration Number: BC2462632
Name of Registrant: CARR-GOTTSTEIN FOODS, CO.
Address: 1340 GAMBELL ST
City: ANCHORAGE State: AK ZIP Code: 99501
Point of Contact: BENJAMIN PHIPPS
Email Address: S1802C01@SAFEWAY.COM Phone No.: 9073390260

Date of the Theft or Loss (or first discovery of theft or loss): March 31, 2020 Number of Thefts and Losses in the past 24 months: 0

Principal Business of Registrant: CHAIN PHARMACY

2. Type of theft or loss: PACKAGING DISCREPANCY:

3. Loss in Transit. (*Fill out this section only if there was a loss in transit, or hijacking of transport vehicle.)

Name of Common Carrier: _____

Telephone Number of Common Carrier: _____ Package Tracking Number: _____

Have there been losses in transit from this same carrier in the past? No Yes (If yes, how many, excluding this theft or loss?): _____

Was the package received and accepted by the consignee? No Yes (If yes, the consignee is responsible for reporting the theft or loss.)

If the package was accepted by the consignee, did it appear to be tampered with? No Yes

Name of Consignee / Supplier: _____

Enter the Name of Consignee (if reported by the supplier), or the Name of Supplier (if the package was accepted by the consignee).

If the consignee does not have a DEA Registration Number, e.g. if this was a shipment to a patient, or a nursing home emergency kit, enter "Patient" or "Nursing Home Kit."

DEA Registration Number of Consignee / Supplier: _____

Enter the DEA Registration Number of Consignee (if reported by the supplier), or DEA Registration Number of Supplier, (if the package was accepted by the consignee). If the controlled substances were shipped to a non-registrant, leave blank, unless a registered pharmacy shipped to an emergency kit held on site at a nursing home. In this case, the supplying pharmacy is required to report the theft or loss.

4. If this was a robbery, were any people injured? No Yes (If yes, how many?): _____ Were any people killed? No Yes (If yes, how many?): _____

5. Purchase value to Registrant of controlled substances taken?: \$ 1

6. Were any pharmaceuticals or merchandise taken? No Yes (Est. Value): _____

7. Was theft reported to Police? No Yes (If yes, fill out the following information):

Name of Police Department: _____ Police Report number: _____

Name of Responding Officer: _____ Phone No.: _____

8. Which corrective measure(s) have you taken to prevent a future theft or loss?

- Installed monitoring equipment (e.g. video camera).
- Increased employee monitoring (e.g. random drug tests).
- Installed metal bars or other security on doors or windows.
- Secured Controlled Substances within safe.
- Other (Please describe on last page).
- Provided security training to staff.
- Requested increased security patrols by Police.
- Hired security guards for premises.
- Terminated employee.



9. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?:

10. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers:

Describe any other corrective measure(s) you have taken to prevent a future theft or loss:

DOUBLE BACK COUNT FOR ALL CONTROLLED SUBSTANCE FILLS FOR THE NEXT 6 MONTHS OR UNTIL THE CAUSE OF LOSS IS DETERMINED.

Enter remarks, if required. Description of how theft or loss occurred. Attach a separate sheet, if necessary:

DUE TO THE VARIANCE AND THE FREQUENCY OF DISPENSING OF THIS PRODUCT, WE HAVE NO EVIDENCE AT THIS TIME TO SUPPORT ANY OTHER EXPLANATION FOR THIS LOSS.

The foregoing information is correct to the best of my knowledge and belief: By signing my full name in the space below, I hereby certify that the foregoing information furnished on this DEA Form 107 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: BENJAMIN PHIPPS

Title: PHARMACY MANAGER

Date Signed: April 10, 2020

NOTICE: In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Freedom of Information: Please prominently identify any confidential business information per 28 CFR 16.8(c) and Exemption 4 of the Freedom of Information Act (FOIA). In the event DEA receives a FOIA request to obtain such information, DEA will give written notice to the registrant to obtain such information. DEA will give written notice to the registrant to allow an opportunity to object prior to the release of information.

Privacy Act Information

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Reporting of unusual or excessive theft or loss of a Controlled Substance.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of Listed Chemicals may result in penalties under 21 U.S.C. § 842 and § 843 of the Controlled Substances Act.

July 15, 2019

RECEIVED
Juneau
JUL 15 2019

CBPL

Pharmacy Number : 48551

Pharmacy DEA Number : BG8607941

Pharmacy Street Address: 3674 E COUNTRY FIELD CIR STE A

Pharmacy City: WASILLA

Pharmacy State: AK

Pharmacy Zip Code : 99654

Pharmacy Telephone Number : 999-999-9999

Name of Pharmacist Submitting form (Last Name,First Name): Martin Kristin

Date of Confirmed Loss : 07.08.2019

Type of Loss : Other - Unknown

Provide Details of Theft or Loss: LP RECONCILIATION SHOWED A LOSS OF PHENTERMINE 37.5 MG TABLETS QUANTITY OF 93 TABLETS. PHARMACY IS RESEARCHING.

Controlled Substance(s) or PSE/E Listed Chemical Involved at this time:
PHENTERMINE 37.5 MG TABLET

PHARMACY Management & LOSS PREVENTION CONTACT INFORMATION

Pharmacy Management (Supervisor/PIC): KRISTIN

Pharmacy Management (Supervisor/PIC) Cellular Telephone :

Loss Prevention Manager Name (Last Name,First Name):

Loss Prevention Manager Cellular Telephone :

ofelia moreira2
14016529506
ofelia.moreira2@cvshealth.com

RECEIVED
Juneau

JUL 15 2019

CBPL

FAX

To: _____ **From:** ofelia moreira2
Fax: 907-465-2974 **Pages:** _____
Company: _____ **Date:** 07/15/19
Re: AK 48551 DEA IN (DOL: 07.08.2019) CVS/Health: Initial Notification of
Controlled Substance or PSE/E Listed Chemical Theft or Potentially
Significant Loss

● **Comments:**

CVSHealth

**INITIAL NOTIFICATION OF CONTROLLED SUBSTANCE OR PSE/E LISTED CHEMICAL THEFT OR
POTENTIALLY SIGNIFICANT LOSS**

Dear Agent in Charge:

The CVS pharmacy listed below has identified a theft or loss of controlled substance(s) or PSE/E Listed Chemical. We will investigate and notify you at the conclusion of the investigation. If a loss is confirmed, we will submit a DEA-106 form; however if it is determined that there was not a loss or that the loss was not significant, we will submit a Letter of Conclusion. If you have any questions, please contact the Pharmacist in Charge listed below.

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments.

The recipient of this fax may make a request to opt out of receiving telemarketing fax transmissions from CVS Caremark. To do so, the recipient may call 877-265-2711 and/or fax the opt-out request to 401-652-0893, 24 hours a day/7 days a week, or send an email to "do_not_call@cvscaremark.com". An opt out request is only valid if it identifies the number to which the request relates, and if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within 30 days of receipt.



Type of Report: (check one box only) New Report Amendment Key (prior report dated): 8GOG6JMQ7MIE

1. Enter your DEA Registration Number: FS5544196
Name of Registrant: CARR-GOTTSTEIN FOODS, CO.
Address: 109 E PIONEER DRIVE
City: VALDEZ State: AK ZIP Code: 99686
Point of Contact: TARA YUNKER
Email Address: S1833C01@SAFEWAY.COM Phone No.: 9074613313

Date of the Theft or Loss (or first discovery of theft or loss): March 24, 2020 Number of Thefts and Losses in the past 24 months: 2

Principal Business of Registrant: CHAIN PHARMACY

2. Type of theft or loss: PACKAGING DISCREPANCY:

3. Loss in Transit. (*Fill out this section only if there was a loss in transit, or hijacking of transport vehicle.)
Name of Common Carrier: _____
Telephone Number of Common Carrier: _____ Package Tracking Number: _____
Have there been losses in transit from this same carrier in the past? No Yes (If yes, how many, excluding this theft or loss?): _____
Was the package received and accepted by the consignee? No Yes (If yes, the consignee is responsible for reporting the theft or loss.)
If the package was accepted by the consignee, did it appear to be tampered with? No Yes
Name of Consignee / Supplier: _____
*Enter the Name of Consignee (if reported by the supplier), or the Name of Supplier (if the package was accepted by the consignee).
If the consignee does not have a DEA Registration Number, e.g. if this was a shipment to a patient, or a nursing home emergency kit, enter "Patient" or "Nursing Home Kit."*
DEA Registration Number of Consignee / Supplier: _____
Enter the DEA Registration Number of Consignee (if reported by the supplier), or DEA Registration Number of Supplier, (if the package was accepted by the consignee). If the controlled substances were shipped to a non-registrant, leave blank, unless a registered pharmacy shipped to an emergency kit held on site at a nursing home. In this case, the supplying pharmacy is required to report the theft or loss.

4. If this was a robbery, were any people injured? No Yes (If yes, how many?): _____ Were any people killed? No Yes (If yes, how many?): _____

5. Purchase value to Registrant of controlled substances taken?: \$ 36

6. Were any pharmaceuticals or merchandise taken? No Yes (Est. Value): _____

7. Was theft reported to Police? No Yes (If yes, fill out the following information):
Name of Police Department: _____ Police Report number: _____
Name of Responding Officer: _____ Phone No.: _____

8. Which corrective measure(s) have you taken to prevent a future theft or loss?
 Installed monitoring equipment (e.g. video camera). Provided security training to staff.
 Increased employee monitoring (e.g. random drug tests). Requested increased security patrols by Police.
 Installed metal bars or other security on doors or windows. Hired security guards for premises.
 Secured Controlled Substances within safe. Terminated employee.
 Other (Please describe on last page).



9. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?:

10. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers:

Describe any other corrective measure(s) you have taken to prevent a future theft or loss:

PHARMACY WILL CONDUCT A MONTHLY COUNT ON THIS PRODUCT FOR THE NEXT 3 MONTHS OR UNTIL THE CAUSE OF THE DISCREPANCY IS DETERMINED.

Enter remarks, if required. Description of how theft or loss occurred. Attach a separate sheet, if necessary:

DUE TO THE VARIANCE DISCOVERED AND THE FREQUENCY OF DISPENSING OF THIS PRODUCT, WE HAVE NO EVIDENCE TO SUPPORT ANY OTHER EXPLANATION FOR THIS LOSS.

The foregoing information is correct to the best of my knowledge and belief: By signing my full name in the space below, I hereby certify that the foregoing information furnished on this DEA Form 107 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: TARA YUNKER

Title: PHARMACY MANAGER

Date Signed: April 29, 2020

NOTICE: In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Freedom of Information: Please prominently identify any confidential business information per 28 CFR 16.8(c) and Exemption 4 of the Freedom of Information Act (FOIA). In the event DEA receives a FOIA request to obtain such information, DEA will give written notice to the registrant to obtain such information. DEA will give written notice to the registrant to allow an opportunity to object prior to the release of information.

Privacy Act Information

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Reporting of unusual or excessive theft or loss of a Controlled Substance.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of Listed Chemicals may result in penalties under 21 U.S.C. § 842 and § 843 of the Controlled Substances Act.



REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration. Complete page 1, and either page 2 or 3. Make two additional copies of the completed form. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

OMB APPROVAL
No. 1117-0001
(Expiration Date 10/23/2020)

1. Name and Address of Registrant (include ZIP Code)
Wells Specialty Pharmacy, Inc
3796 Howell Branch Rd
Winter Park, FL 32792

2. Phone No. (Include Area Code)
(407) 671-8070

3. DEA Registration Number
BM4362834

4. Date of Theft or Loss
04/05/2020

5. Principal Business of Registrant (Check one)
1 Pharmacy 5 Distributor
2 Practitioner 6 Methadone Program
3 Manufacturer 7 Other (Specify) _____
4 Hospital/Clinic

6. County in which Registrant is Located
Seminole

7. Was Theft reported to Police?
 Yes No

8. Name and Telephone Number of Police Department (Include Area Code)
Seminole County Sheriff
100 Eslinger Way
Sanford, FL 32773
4076656650

9. Number of Thefts or Losses Registrant has Experienced in the Past 24 Months
0

10. Type of Theft or Loss (Check one and complete items below as appropriate)
1 Night Break-in 3 Employee Pilferage 5 Lost in Transit (Complete Item 14)
2 Armed Robbery 4 Customer Theft

11. If Armed Robbery, was Anyone:
Killed? No Yes (How Many) _____
Injured? No Yes (How Many) _____

12. Purchase value to Registrant of Controlled Substances taken?
\$ 9398.63

13. Were any pharmaceuticals or merchandise taken?
 No Yes (Est. Value)
\$ 9398.63

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier

B. Name of Consignee

C. Consignee's DEA Registration Number

D. Was the carton received by the customer?

Yes No

E. If received, did it appear to be tampered with?

Yes No

F. Have you experienced losses in transit from this same carrier in the past?

No Yes (How Many) _____

15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?
none, manufacturer bottles

16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.
none

17. What security measures have been taken to prevent future thefts or losses?
Alarming of next door suite, better camera, bolted back doors, better security on schedule II meds

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Report theft or loss of Controlled Substances.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

In accordance with the Paperwork Reduction act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The Valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Freedom of Information: Please prominently identify any confidential business information per 28 CFR 16.8(c) and Exemption 4 of the Freedom of Information Act (FOIA). In the event DEA receives a FOIA request to obtain such information, DEA will give written notice to the registrant to obtain such information. DEA will give written notice to the registrant to allow an opportunity to object prior to the release of information.

LIST OF CONTROLLED SUBSTANCES LOST OR STOLEN

Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
Desoxyn	00074-3377-01	Methamphetamine Hydrochloride	5 mg	Tablets	300
Demerol	00409-1181-30	Meperidine Hydrochloride	50 mg/ml	Vial	150 ml
Robitussin A-C	00031-8674-25	Codeine Phosphate	2 mg/cc	Liquid	5876 ml
1. Adderall	54092038101	Adderall	5mg	XR tablet	100
2. Adderall	54092038501	Adderall	15mg	XR tablet	100
3. Adderall	54092038701	Adderall	20mg	XR tablet	29
4. Dextroamphetamine sulfate	004068898101	Dextroamphetamine sulfate	10mg	capsules	50
5. Dextroamphetamine mixed salts	00555077702	Dextroamphetamine mixed salts	15mg	capsules	210
6. Dextroamphetamine mixed salts	00781236801	Dextroamphetamine mixed salts	25mg	capsules	40
7. Hysingla	59011027660	Hysingla	100mg	ER tablet	29
8. Meperidine	00555039202	Meperidine	100mg	tablet	100
9. Morphine	004068831501	Morphine	15mg	ER tablet	554
10. Nucynta	69865021002	Nucynta	50mg	tablet	152
11. Oxycodone	10702005750	Oxycodone	20mg	tablet	55
12. Oxycodone/APAP	42858010401	Oxycodone/APAP	10mg/325mg	tablet	41
13. Oxycontin	59011041510	Oxycontin	15mg	Tablet	16
14. Oxycontin	59011042010	Oxycontin	20mg	tablet	20
15. Vyvanse	59417010610	Vyvanse	60mg	capsule	77
16. Vyvanse	59417010710	Vyvanse	70mg	capsule	20
17. Xtampza	24510011010	Xtampza	9mg	capsule	136
18. Xtampza	24510011510	Xtampza	13.5mg	capsule	70
19. Alprazolam	67253090011	Alprazolam	0.25mg	tablet	1470
20. Clonazepam	16729013616	Clonazepam	0.5mg	tablet	502

Remarks: (Optional)

I certify that the foregoing information is correct to the best of my knowledge and belief.

Mary Paula Shew Mary Paula Stevens Pharmacist in charge

Sign and Print Name

Title

4/5/20
Date

LIST OF CONTROLLED SUBSTANCES LOST OR STOLEN

Examples

Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
Desoxyn	00074-3377-01	Methamphetamine Hydrochloride	5 mg	Tablets	300
Demerol	00409-1181-30	Meperidine Hydrochloride	50 mg/ml	Vial	150 ml
Robitussin A-C	00031-8674-25	Codeine Phosphate	2 mg/cc	Liquid	5676 ml
1. Clonazepam	49884030802	Clonazepam	0.5mg	tablet	60
2. Clonazepam	00228300411	Clonazepam	1mg	tablet	40
3. Clonazepam	16729013716	Clonazepam	1mg	tablet	79
4. Clonazepam	00781556710	Clonazepam	1mg	tablet	14
5. Clonazepam	16729013816	Clonazepam	2mg	tablet	488
6. Clonazepam	49884031002	Clonazepam	2mg	tablet	100
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.	2				
18.	2				
19.					
20.					
Remarks: (Optional)					Express Quantity in Dosage Units, or Milliliters for Liquids

I certify that the foregoing information is correct to the best of my knowledge and belief.

4/5/20

Mary Paula Shio
 Mary Paula Stevens
 Pharmacist in charge

Sign and Print Name

Title

Date

Board of Pharmacy Task List
(Tasks from previous meetings: February 6 – 7, March 23 & 27)

Number of tasks assigned	Completed	Pending	Incomplete/Delayed*
22	17	-	5

*Incomplete or delayed due to COVID-19.

TASK 1

Ms. Carrillo will look into training opportunities for pharmacy-related investigations.
(Completed 02/13/2020; Alaska Peace Officers Association (APOA) conference is going to be in Juneau from May 5 – 7 and is related to controlled substances; Ms. Carrillo forwarded the information to investigations.)

TASK 2

Ms. Carrillo will follow-up on the IJIS MOU, which is currently being reviewed by the Department of Law.
(Completed 02/13/2020; Ms. Carrillo followed up for final signatures.)

TASK 3

Ms. Carrillo will submit travel approval requests for Ms. Lindemuth to attend the MPJE workshop in Illinois on 03/11-13/2020 in Illinois; Mr. Holm or Mr. Henderson to attend the MPJE state-specific review meeting on 09/9-11/2020 in Illinois; Ms. Carrillo and Mr. Holm to attend the NABP Annual Meeting in Baltimore, MD on 05/14-16/2020; Mr. Holm and Mr. Henderson to attend the NAPB Regional Meeting in Carefree, AZ on 10/11-13/2020.
(Unable to complete due to Covid-19/travel restrictions; Ms. Carrillo submitted the delegate notice to the NABP for Ms. Lindemuth's MPJE workshop participation on 02/13/2020.)

TASK 4

Ms. Carrillo will respond to Robert Waithe on behalf of the board to inform him it would be fine to provide pharmacies to distribute patient sheets electronically to patients as the board has no specific requirement to do this.
(Completed 02/14/2020; Ms. Carrillo forwarded the board's response to Mr. Waithe.)

***TASK 5**

Leif will draft the letter to Medicaid, addressed to Al Wall or Adam Crum, and Ms. Carrillo will put this on letterhead.
(Pending.)

TASK 6

Ms. Carrillo will provide the inquiring attorney with an excerpt of the discussion surrounding pharmacy technician licensure requirements.
(Completed 02/14/2020; Ms. Carrillo forwarded the pertinent meeting minutes to the atty.)

TASK 7

Ms. Carrillo will inform applicants that a self-inspection would be required.
(Completed; ongoing.)

TASK 8

Chair Holt and Ms. Lindemuth will add 12 AAC 52.991 related to disciplinary decision and conviction reporting requirements, as well as the professional licensing questions as a topic for discussion at their next subcommittee meeting.

(Complete; subcommittee meeting pending.)

TASK 9

Chair Holt and Ms. Lindemuth will notify Ms. Carrillo as to when they will be scheduling their next Right-Touch Regulations Subcommittee meeting.

(Completed 02/13/2020; Chair Holt requested the subcommittee meet on 03/19/2020 and 03/31/2020.)

***TASK 10**

Ms. Carrillo will send a draft strategic plan to Ms. Bell for review, and will present this draft at the board's next meeting.

(Ongoing.)

***TASK 11**

(refer to previous day on strategic plan.)

***TASK 12**

Rich Holt will continue to work on language for conspicuous display of licensure.

(Ongoing.)

TASK 13

Laura will update the typo on form #08-4166 (in-state wholesale drug distributor), which, on instruction page 1 of 1, references 'pharmacy' for change of ownership. The citation in this section also needs to be updated to reference 12 AAC 52.610.

(Completed; Ms. Carrillo submitted a request to the publications unit on 02/15/2020 to correct the typo on form #08-1466 referencing 'pharmacy' instead of facility and to correct the citation to 12 AAC 52.610.)

TASK 14

Ms. Carrillo will only include reports of lost or stolen prescriptions, DEA form 106 only in the scenarios involving robbery or theft, or if there are 5 or more incidents within 6 months per box #9 of the form.

(Ongoing.)

***TASK 15**

Chair Holt will forward the draft regulations packet and FAQs to Ms. Carrillo, who will then forward the packet to the regulations specialist.

(Pending.)

TASK 16

Laura will send out poll to Leif, Tammy, and Sharon to check their availability for the next meeting dates.

(Completed; Ms. Carrillo sent a poll via email on 02/15/2020; pending response.)

TASK 17

Laura Carrillo will update the agenda and board roster to reflect current board positions.
(Completed 03/25/2020.)

TASK 18

Laura Carrillo will submit a meeting request for March 27, 2020.
(Completed 03/24/2020.)

TASK 19

Laura Carrillo will send updated regulations draft to Chair Holt, AAG Greider, and regulations specialist, Jun Maiquis.
(Completed 03/27/2020.)

TASK 20

Laura Carrillo will request the QA document to be posted online.
(Completed request 03/27/2020; uploaded to site on 03/30/2020.)

TASK 21

Laura Carrillo will forward the QA to the medical and nursing boards.
(Completed 03/27/2020.)

TASK 22

Laura Carrillo will inform the NABP that Alaska would not be participating in this program.
(Completed 03/27/2020.)

Alaska Board of Pharmacy Strategic Plan

Strategic Goals, Guiding Principles and Objectives

COMMUNICATION

- Effective Communication and Public Information
 - Collaboration with other relevant licensing boards
 - Transparency with regard to all operations, oversight and enforcement activities
 - Integrity in actions with honesty and full disclosure
 - Easily Accessed Information
 - Responsiveness

ADMINISTRATION

- Organizational Efficiencies
 - Adequate Staffing and Retention
 - Staff Support and Education
 - Budget Management
 - Increase Organizational Structure
 - Increased customer service and access to staff
 - Reporting to Licensees and public and legislature

REGULATION AND LEGISLATION

- Promotion of Public Safety
 - Standards of Education and Practice for pharmacists, pharmacist interns and pharmacy technicians
 - Standards for the Operations of Pharmacies
 - Disaster Response
 - Advocate Legislation
 - Simplified Regulations with minimal redundancies
 - Proactive responsiveness to evolving profession

LICENSURE

- Ensure qualifications of licensees
 - Minimum Licensing Standard
 - Education
 - Experience
 - Examination
 - Simplified Licensure and Renewal Process

ENFORCEMENT

- Oversight of all pharmacy activities and PDMP
- Standards of Disciplinary Review and Actions

Sec. 08.80.110. QUALIFICATIONS FOR LICENSURE BY EXAMINATION. An applicant for licensure as a pharmacist shall

- (1) be fluent in the reading, writing, and speaking of the English language;
- ~~(2) furnish the board with at least two affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character;~~
- (3) be a graduate of a college in a degree program approved by the board;
- (4) pass an examination or examinations given by the board or acceptable to the board under the score transfer process administered by the National Association of Boards of Pharmacy;
- (5) have completed internship training or another program that has been approved by the board or demonstrated to the board's satisfaction that the applicant has experience in the practice of pharmacy that meets or exceeds the minimum internship requirements of the board.

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

- (1) submits a written application to the board on a form required by the board;
- (2) is at least 18 years of age;
- ~~(3) is of good moral character;~~
- (4) possesses at the time of the request for licensure as a pharmacist in this state the qualifications necessary to be eligible for licensure in this state;
- (5) has engaged in the practice of pharmacy for at least one year ~~or has met the internship requirements of this state~~ within the one-year period immediately before applying for a license under this section;
- (6) presents proof satisfactory to the board that the person is currently licensed as a pharmacist in the other jurisdiction and does not currently have a pharmacist license suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education credits;
- (7) has passed an examination approved by the board that tests the person's knowledge of Alaska laws relating to pharmacies and pharmacists and the regulations adopted under those laws; and (8) pays all required fees.

Sec. 08.80.158 REGISTRATION OF PHARMACIES LOCATED OUTSIDE OF STATE. REPEAL

Sec. 08.80.159. LICENSING AND INSPECTION OF FACILITIES OUTSIDE OF STATE. (a) Before shipping, mailing, or delivering prescription drugs ~~or devices~~ to a

(A) licensee in the state or advertising in the state, a wholesale drug distributor, third-party logistics provider, or an outsourcing facility that is located outside the state shall

- (1) obtain a license under AS 08.80.157;
- (2) appoint an agent on whom process can be served in the state; and
- (3) authorize inspection of the facility by a designee of the board under (c) of this section ~~or~~

(B) consumer in this state, a pharmacy located outside of the state shall

- (1) obtain a license under AS 08.80.157; and
- (2) appoint an agent on whom process can be served in the state.

(b) In addition to the requirements of (a) of this section, an outsourcing facility shall

- (1) register as an outsourcing facility with the United States Food and Drug Administration; and (2) comply with the requirements of 21 U.S.C. 353b (Drug Quality and Security Act).

(c) Upon application by a wholesale drug distributor, third-party logistics provider, or an outsourcing facility for a license under this section, the board may

- (1) require an inspection of the applicant's facility located outside the state; and
- (2) approve a designee to conduct the inspection.

(d) The board shall adopt regulations necessary to implement this section.

Sec. 08.80.160. FEES. The Department of Commerce, Community, and Economic Development shall set fees under AS 08.01.065 for the following:

- (1) examination;
- (2) reexamination;
- (3) investigation for licensing by license transfer; (4) pharmacist license;
- (5) temporary license;
- (6) pharmacy technician license;
- (7) pharmacy intern license;
- (8) emergency permit;
- (9) license amendment or replacement;
- (10) ~~registration or~~ licensure of a facility classified under AS 08.80.157(b).

Sec. 08.80.168. PRESCRIBE AND ADMINISTER ~~ADMINISTRATION OF DRUGS VACCINES AND RELATED EMERGENCY MEDICATIONS.~~

- (a) ~~A pharmacist may independently prescribe~~
- (1) ~~and administer a vaccine and related emergency medication if the pharmacist has completed an immunization training program approved by the board and otherwise complies with the standards established by the board under AS 08.80.030(b).~~
 - (2) ~~and dispense an opioid overdose drug if the pharmacist has completed an opioid overdose drug training program approved by the board and otherwise complies with the standards established by the board under AS 08.80.030(b).~~
 - (3) ~~and dispense dietary fluoride supplements when prescribed according to the American dental association's recommendations for persons whose drinking water is proven to have a fluoride content below the United States department of health and human services' recommended concentration;~~
 - (4) ~~and dispense epinephrine auto-injectors;~~
 - (5) ~~and dispense drugs, drug categories, or devices that are prescribed in accordance with the product's federal food and drug administration-approved labeling and that are limited to conditions that:~~
 - (A) ~~do not require a new diagnosis;~~
 - (B) ~~are minor and generally self-limiting;~~
 - (C) ~~have a test that is used to guide diagnosis or clinical decision-making and are waived under the federal clinical laboratory improvement amendments of 1988; or~~
 - (D) ~~in the professional judgment of the pharmacist, threaten the health or safety of the patient should the prescription not be immediately dispensed. In such cases, only sufficient quantity may be provided until the patient is able to be seen by another provider.~~
 - (6) ~~In this section,~~
 - (1) ~~"opioid overdose drug" has the meaning given in AS 17.20.085;~~
 - (2) ~~"related emergency medication" includes an epinephrine injection or other medication for the treatment of a severe allergic reaction to a vaccine.~~
- (b) ~~The board shall not adopt any regulations authorizing a pharmacist to prescribe a controlled drug, compounded drug or biological product.)~~

Commented [RH1]: We are already allowed to do this: 12 AAC 52.992 and 12 AAC 52.994

Commented [RH2]: This is taken from Idaho laws: <https://legislature.idaho.gov/statutesrules/idstat/Title54/T54CH17/SECT54-1704/>

Sec. 08.80.297. PRESCRIPTION PRICES AND LESS COSTLY ALTERNATIVES. (a) A pharmacist ~~or person acting at the direction of a pharmacist~~ shall disclose the price of filling any prescription when requested by the consumer.

(b) No contract or agreement may prohibit a pharmacy, pharmacist, or pharmacy benefits manager from informing a patient of a less costly alternative for a prescription drug or medical device or supply, which may include the amount the patient would pay without the use of a health care plan.

(c) A pharmacist or person acting at the direction of a pharmacist shall notify the patient if a known less costly alternative for a prescription drug or medical device or supply is available, which may include the amount the patient would pay without the use of a health care plan.

(d) In this section,

(1) “health care plan” means a policy, contract, benefit, or agreement that provides, delivers, arranges for, pays for, or reimburses any of the costs of health care services under

- (A) a health care insurance plan as defined under AS 21.54.500;
- (B) a governmental or employee welfare benefit plan under 29 12 U.S.C. 1001 - 1191 (Employee Retirement Income Security Act of 1974);
- (C) a plan offered under AS 39.30.090 or 39.30.091;
- (D) a federal governmental plan as defined under AS 21.54.500;
- (E) the Medicaid or Medicare program; or
- (F) a self-insured employer benefit plan;

(2) “pharmacy benefits manager” has the meaning given in AS 21.27.955.

Sec. 08.80.400. OTHER LICENSEES NOT AFFECTED. (a) This chapter does not affect the practice of medicine by a licensed medical doctor and does not limit a licensed medical doctor, osteopath, podiatrist, physician assistant, advanced practice registered nurse, dentist, veterinarian, dispensing optician, or optometrist in supplying a patient with any medicinal preparation or article within the scope of the person’s license.

(b) This section does not apply to the placement of automated prescription drug dispensing machines. Prescription drug dispensing machines, outside of institutional facilities, that are intended to regularly dispense drugs to patients shall be licensed by the board.

(c) In this section, “regularly” means to dispense more than a 3-day supply to a patient.

Sec. 08.80.420. CERTAIN ADVERTISING PROHIBITED. (a) A person may not use or exhibit the title “pharmacist,” “assistant pharmacist,” or “druggist,” or the descriptive term “pharmacy,” “drug store,” “drug sundries,” “apothecary”, or other similar title or term containing the word “drug,” in any business premises, or in an advertisement through the media of press, or publication, or by radio or television, unless the business has a licensed pharmacist in regular and continuous employment.

(b) *Repealed 1980.*

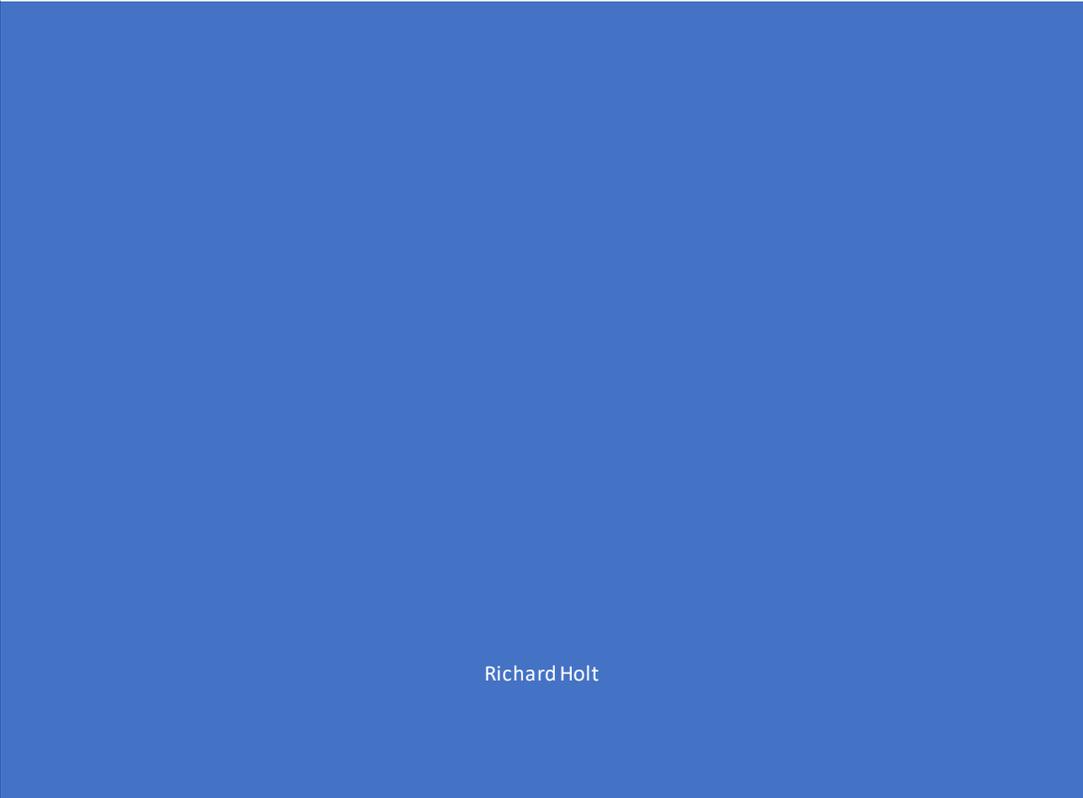
Sec. 08.80.480. DEFINITIONS. In this chapter, unless the context otherwise requires,

(12) “equivalent drug product” means a drug product that has the same established name, active ingredients, strength or concentration, ~~dosage form~~, and route of administration and that is formulated to contain the same amount of active ingredients in the same dosage form and to meet the same compendia or other applicable standards for strength, quality, purity, and identity, but that may differ in characteristics such as shape, scoring configuration, packaging, excipients including colors, flavors, preservatives, and expiration time;

(30) “practice of pharmacy” means the interpretation, evaluation, and dispensing of prescription drug orders in the patient’s best interest; participation in drug and device selection, drug administration, drug regimen reviews, and drug or drug-related research; provision of patient counseling and the provision of those acts or services necessary to provide pharmaceutical care; the independent prescribing, dispensing and administration of ~~vaccines and related emergency medication; the independent dispensing of opioid overdose~~ drugs and devices in accordance with AS 08.80.168; the responsibility for compounding and labeling of drugs and devices except labeling by a manufacturer, repackager, or distributor of nonprescription drugs and commercially packaged legend drugs and devices; proper and safe storage of drugs and devices; and maintenance of proper records for them;



2020 REGULATION SIMPLIFICATION PROJECT



Richard Holt

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ARTICLE 1 – LICENSING, REGISTRATION, AND PERMIT REQUIREMENTS

12 AAC 52.010. CLASSIFICATIONS OF LICENSURE. No change

- (a) The board will issue the following categories of licenses or permits to a qualified individual:
- (1) pharmacist license;
 - (2) temporary pharmacist license;
 - (3) emergency permit to practice pharmacy;
 - (4) pharmacist intern license;
 - (5) pharmacy technician license.
- (b) The board will issue the following categories of licenses or registrations to a qualified facility:
- (1) pharmacy license;
 - (2) repealed 2/26/2000;
 - (3) wholesale drug distributor license;
 - (4) drug room license;
 - (5) registration of a pharmacy located outside of the state;
 - (6) remote pharmacy license;
 - (7) third-party logistics provider license;
 - (8) outsourcing facility license;
 - (9) license of a wholesale drug distributor located outside of the state.

12 AAC 52.020. PHARMACY LICENSE.

- (a) An applicant for a pharmacy license who has submitted documents that meet the requirements on the checklist set out in (b) of this section has demonstrated the necessary qualifications for a pharmacy license. An applicant who does not meet the requirements on the checklist will not be issued a license unless the board reviews the application and determines that the application meets the qualifications in this section for a pharmacy license.
- (b) The board will issue a pharmacy license to an applicant who
- (1) pays the applicable fees required in 12 AAC 02.310;
 - (2) submits a complete, notarized application on a form provided by the department;
 - (3) within 14 days after commencement of business, submits a completed self-inspection of the premises questionnaire on a form provided by the department; and

Commented [RH1]: Amended - simplified to what seemed realistic & added 12 AAC 52.030 and 52.040 so everything dealing with pharmacies is under 1 regulation

(4) indicates the name of the pharmacy or pharmacist that will provide consultant pharmacist services as required in AS 08.80.390, if applicable.

(c) Repealed 1/17/2007.

(d) An application for a remote or other pharmacy license must include the name of the pharmacist designated to be the pharmacist-in-charge as required in AS 08.80.330 and 12 AAC 52.200.

(e) An application for a pharmacy license must include the name and specific location for each remote pharmacy that will be under that pharmacy's control.

(f) An application for a remote pharmacy license must include the name and, if it has been issued, the license number of the pharmacy that is the central pharmacy.

(g) The pharmacist-in-charge of pharmacy that has changed its name or physical location shall apply for a new and separate pharmacy license as required in (a) of this subsection.

(h) a new owner of a pharmacy shall apply for a new and separate pharmacy license as required in (a) of this subsection.

12 AAC 52.050. CLOSED PHARMACIES. No change

(a) When a pharmacy ceases operations, the pharmacist-in-charge of that pharmacy shall

(1) submit written notice to the board of the cessation of pharmacy operations on a form provided by the department; the form must be submitted within 10 days after the cessation of operations and include

(A) the date the pharmacy ceased operations;

(B) a statement signed by the pharmacist-in-charge attesting that an inventory of all controlled substances on hand has been conducted; and

(C) a statement signed by the pharmacist-in-charge attesting to the manner of disposition for all prescription drugs possessed by the pharmacy;

(2) arrange for the transfer of prescription drug orders or computer prescription records to another pharmacy to facilitate continuous patient care; and

(3) provide for the maintenance and availability of prescription drug orders or hard copies of computer prescription records in accordance with 12 AAC 52.450(a) that are not transferred to another pharmacy;

(4) repealed 1/17/2007.

(b) In the absence of a pharmacist-in-charge, the owner of the pharmacy shall meet all requirements of this section.

12 AAC 52.060 FIRE OR OTHER DISASTER.

(a) If a pharmacy has a fire or other disaster which results in a change of the pharmacy address in order to continue operations, the pharmacist-in-charge of the pharmacy shall notify the board within 10 days after any change in the pharmacy's address, including a move to a temporary location or a return to the pharmacy's permanent location.

(b) If a pharmacy maintains a temporary location for more than 90 days, the pharmacist-in-charge of the pharmacy shall apply for a new and separate pharmacy license as required in 12 AAC 52.020.

Commented [RH2]: Amended – simplified to what seemed realistic for the board to know

(c) A pharmacy may not dispense any drug that has been exposed to excessive heat, smoke, or other conditions that may have caused deterioration.

12 AAC 52.070. APPLICATION FOR PHARMACIST LICENSE BY EXAMINATION. No change

(a) An applicant who meets the requirements of AS 08.80.110, 08.80.116, and the requirements set out in (b) of this section has demonstrated the necessary qualifications for a pharmacist license by examination. An applicant who does not meet the requirements of this section or whose responses on the form for application do not clearly show that the applicant is qualified to receive a pharmacist license will not be issued a license unless the board reviews the application and determines that the applicant meets the qualifications in this section for a pharmacist license by examination. (b) An applicant for licensure under this section must submit to the department (1) a complete, notarized application on a form provided by the department; the application form must include a statement from the applicant attesting to the applicant's fluency in reading, writing, and speaking the English language; (2) the applicable fees established in 12 AAC 02.310; (3) on a form provided by the department, a signed authorization for the release of records relating to the applicant's qualifications for licensure; (4) either (A) an official transcript, sent directly to the department from the applicant's college of pharmacy, that establishes that the applicant has received a professional degree from a college of pharmacy accredited by the ACPE; or (B) a certified copy of (i) the original pharmacy school diploma issued to the applicant; and (ii) a Foreign Pharmacy Graduate Examination Committee certificate issued to the applicant by the National Association of Boards of Pharmacy, sent directly to the department from the National Association of Boards of Pharmacy; (5) two affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character; (6) verification that the applicant has completed 1,500 hours of internship or experience in the practice of pharmacy that meet the requirements of 12 AAC 52.080, sent directly to the department from the agency where the hours of internship or experience were completed; (7) verification that the applicant has passed the examinations required in 12 AAC 52.090, sent directly to the department by the National Association of Boards of Pharmacy.

12 AAC 52.075 GOOD MORAL CHARACTER.

As used in AS 08.80, "good moral character" includes not having been convicted of a felony or another crime, as defined in 12 AAC 52.925, as that affects the applicants ability to practice pharmacy competently and safely.

Commented [RH3]: Amended – added our new 12 AAC 52.925

Because its required and in AS 08.80.110 related to pharmacists, I recommend keeping and continuing to place in each licensee regulation.

12 AAC 52.080. INTERNSHIP REQUIREMENTS FOR A PHARMACIST LICENSE.]

Commented [RH4]: Amended – removed (d)

- (a) An applicant for a pharmacist license shall submit an affidavit signed by the applicant, on a form provided by the department, documenting completion of 1,500 hours of internship or experience in the practice of pharmacy.
- (b) The board will accept as internship experience only internship hours completed under the direct supervision of a pharmacist licensed under AS 08.80 or the pharmacy licensing laws of another state.
- (c) Repealed 4/16/2016.

12 AAC 52.090. EXAMINATION REQUIREMENTS AND REGISTRATION. No change

- (a) In addition to the requirements in AS 08.80.110, an applicant for a pharmacist license shall pass the (1) North American Pharmacy licensing examination (NAPLEX) administered by the National Association of Boards of Pharmacy with a NAPLEX scaled score of 75 or above; and (2) Alaska pharmacy jurisprudence examination with a scaled score of 75 or above. (b) An applicant for a temporary pharmacist license shall pass the Alaska pharmacy jurisprudence examination with a scaled score of 75 or above. (c) An applicant for a pharmacist license that has passed the NAPLEX examination in another licensing jurisdiction shall make arrangements for the National Association of Boards of Pharmacy to send verification of examination scores directly to the department. (d) An applicant for licensure by examination must submit an application under 12 AAC 52.070 and be approved under 12 AAC 52.092 before sitting for examination under this section. (e) An applicant who has failed the Alaska pharmacy jurisprudence examination specified in (f) of this section may not retake the examination for at least 30 days. (f) The Multistate Pharmacy Jurisprudence Examination administered by the National Association of Boards of Pharmacy (NABP) is the examination adopted by the board as the Alaska pharmacy jurisprudence examination. An applicant shall satisfy all other license requirements within one year after passing the Alaska pharmacy jurisprudence examination or retake the examination. (g) An applicant applying for a pharmacy license by examination shall make application within one year of successfully passing the NAPLEX. An applicant applying more than one year after passing the NAPLEX shall retake the NAPLEX or apply for a pharmacy license under AS 08.80.145.

12 AAC 52.092. APPROVAL TO SIT FOR EXAMINATION. No change

- (a) An applicant for licensure by examination under 12 AAC 52.070 who has submitted documents that meet the requirements on the checklist set out in (b) of this section may be approved to sit for the North American Pharmacy Licensing Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) required under 12 AAC 52.090. An applicant whose application documents do not meet the requirements set out in (b) of this section will not be approved to sit for the NAPLEX or MPJE unless the board further reviews the application and determines that the applicant meets the requirements of AS 08.80.110, 08.80.116, and 12 AAC 52.070. (b) The following checklist is established by the board for review by staff to determine if an applicant for a pharmacist license by examination may sit for

examination. Except as provided in (a) of this section, an applicant for licensure by examination will be approved to sit for the NAPLEX and the MPJE if the applicant submits to the department (1) a complete, notarized application on a form provided by the department; the application form must include a statement from the applicant attesting to the applicant's fluency in reading, writing, and speaking the English language; (2) the applicable fees established in 12 AAC 02.310; (3) on a form provided by the department, a signed authorization for the release of records relating to the applicant's qualifications for licensure; (4) either (A) an official transcript, sent directly to the department from the applicant's college of pharmacy, that establishes that the applicant has received a professional degree from a college of pharmacy accredited by the ACPE; or (B) a certified copy of (i) the original pharmacy school diploma issued to the applicant; and (ii) a Foreign Pharmacy Graduate Examination Committee certificate issued to the applicant by the National Association of Boards of Pharmacy, sent directly to the department from the National Association of Boards of Pharmacy; (5) two affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character.

12 AAC 52.095 APPLICATION FOR PHARMACIST LICENSE BY RECIPROCITY.

(8) verification that the applicant is currently licensed as a pharmacist in another licensing jurisdiction and the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements; verification of licensure submitted under this paragraph must be either

(A) submitted on form provided by the department; or

(B) obtained from an electronic data base maintained by the licensing authority in another jurisdiction that indicates that the electronic data base is a primary source of verification of licensure in that jurisdiction.

Commented [RH5]: Amended (8) only

12 AAC 52.100 TEMPORARY PHARMACIST LICENSE.

(a) An applicant must meet the requirements set out in (b) of this section to demonstrate the necessary qualifications for a temporary pharmacist license. An applicant who does not meet the requirements on the checklist or whose responses on the form for application do not clearly show that the applicant is qualified to receive a temporary pharmacist license will not be issued a license unless the board reviews the application and determines that the applicant meets the qualifications in this section for a temporary pharmacist license.

(b) The board will issue a temporary pharmacist license to an applicant who

(1) submits a complete, notarized application on a form provided by the department;

(2) pays the applicable fees in 12 AAC 02.310;

(3) is of good moral character as described in 12 AAC 52.075;

(4) submits a verification of a current license in good standing to practice in another state or jurisdiction;

Commented [RH6]: Required under AS 08.80.150 Amended for simplicity & what seemed realistic

- (c) An applicant whose application for permanent licensure as a pharmacist has been denied by the board is not eligible to receive a temporary license.
- (d) A temporary license is valid for 90 days. For good cause shown to the board's satisfaction, the board may extend the temporary license for an additional period not to exceed 60 days.
- (e) A temporary license is not renewable.
- (f) An individual may not receive more than one temporary license.

12 AAC 52.110 EMERGENCY PHARMACIST PERMIT.

(a) If an emergency exists, the board will issue an emergency pharmacist permit, for the purpose of providing coverage in a pharmacy that is temporarily without the services of a pharmacist due to death, illness, or other emergency circumstances, if an applicant meets the requirements set out in (b) of this section to demonstrate the necessary qualifications for an emergency pharmacist permit. An applicant who does not meet the requirements on the checklist or whose responses on the form for application do not clearly show that the applicant is qualified to receive an emergency pharmacist permit will not be issued a license unless the board reviews the application and determines that the applicant meets the qualifications in this section for an emergency pharmacist permit.

- (b) The board will issue an emergency pharmacist permit to an applicant who
- (1) submits a complete, notarized application on a form provided by the department;
 - (2) pays the applicable fees in 12 AAC 02.310;
 - (3) submits a certified true copy of a current pharmacist license in good standing in another state; and
 - (4) is of good moral character as described in 12 AAC 52.075.

(b) An emergency permit is valid for 60 days or until the emergency circumstances no longer exist, whichever is shorter.

(c) An applicant may not receive more than one emergency permit and is not renewable.

Commented [RH7]: Required under AS 08.80.155
Amended for simplicity & what seemed realistic

12 AAC 52.120 PHARMACIST INTERNS.

(a) An applicant who meets the requirements on the checklist set out in (b) of this section has demonstrated the necessary qualifications for a pharmacist intern license. An applicant who does not meet the requirements on the checklist or whose application documents do not clearly show that the applicant is qualified to receive a pharmacist intern license will not be issued a license unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.80 and this chapter for that license.

(b) The following checklist is established by the board for review by staff of an application for a pharmacist intern license. A pharmacist intern license will be issued to an applicant who

- (1) submits a complete, notarized application on a form provided by the department;
- (2) pays the applicable fees in 12 AAC 02.310;
- (3) has

- (A) enrolled in a college of pharmacy accredited by the ACPE; or
- (B) graduated from a college of pharmacy recognized by and earned certification from the Foreign Pharmacy Graduate Examination Committee of the National Association of Boards of Pharmacy;

Commented [RH8]: Amended – re-titled, simplified & added 12 AAC 52.220

- (4) certifies that the applicant has not been convicted of a felony or another crime that affects the applicant's ability to practice as described in 12 AAC 52.925;
 - (5) submits a completed authorization of release of records on a form provided by the department and signed by the applicant; and
 - (6) submits two affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character as described in 12 AAC 52.075.
- (c) A pharmacist intern license is valid for 5 years and may not be renewed. On or before the expiration date, the applicant may apply for a new pharmacist intern license as described in this section.
- (d) An individual must be licensed as a pharmacist intern before beginning an internship in the state;
- (e) A pharmacist intern license supersedes a pharmacy technician license and the pharmacy technician license shall be returned to the board.
- (f) If a pharmacist intern leaves the enrollment of an ACPE accredited college of pharmacy the pharmacist intern must return the pharmacist intern license to the board within 5 days.

Commented [RH9]: added

12 AAC 52.130. REGISTRATION OF PHARMACIES LOCATED OUTSIDE OF THE STATE. **No change.**

(a) An applicant who meets the requirements on the checklist set out in (b) of this section has demonstrated the necessary qualifications for an out-of-state pharmacy registration. An applicant who does not meet the requirements on the checklist or whose application documents do not clearly show that the applicant is qualified to receive an out-of-state -18- pharmacy registration will not be issued a registration unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.80 and this chapter for that registration. (b) The following checklist is established by the board for review by staff of an application for an out-of-state pharmacy registration. An out-of-state pharmacy registration will be issued to an applicant who (1) applies on an application provided by the department that includes (A) the company name and owner name; (B) the pharmacy name; (C) the location of the facility; (D) a mailing address and telephone number; (E) a toll free number accessible by patients in this state; (F) the federal employer identification number; (G) the names of all partners or corporate officers; (H) the name, address, and telephone number for pharmacist-in-charge; (I) the names of all pharmacists working in the facility; (J) completion of the professional fitness section of the application; and (K) the name of the appointed registered agent; (2) pays the application fee and the out-of-state pharmacy registration fee established in 12 AAC 02.310; (3) submits a certified true copy of a current, valid facility license or registration from the jurisdiction where the pharmacy is located; and (4) submits an inspection report or self-inspection report completed within the last two years. (c) A pharmacy located outside of the state that ships, mails, or delivers prescription drugs into the state more than twice during a 12-month period shall register with the board. (d) In AS 08.80.158(b)(4), "proof satisfactory" means a sworn statement that the pharmacy maintains its records of prescription drugs dispensed to persons in the state so that the records are readily retrievable from the records of other prescription drugs dispensed by the pharmacy, with either a written description or a copy of the pharmacy's policies and procedures.

12 AAC 52.140. PHARMACY TECHNICIANS.

(a) An applicant who meets the requirements on the checklist set out in (b) of this section has demonstrated the necessary qualifications for a pharmacy technician license. An applicant who does not meet the requirements on the checklist or whose responses on the form for application do not clearly show that the applicant is qualified to receive a pharmacy technician license will not be issued a license unless the board reviews the application and determines that the applicant meets the qualifications in this section for a pharmacy technician license.

(b) The following checklist is established by the board for review of an application for a pharmacy technician license; a pharmacy technician license will be issued to an applicant who

- (1) submits a complete, notarized application on a form provided by the department; including
 - (A) the applicant's name, mailing address, telephone number, and, if possible, an email address; and
 - (B) the applicant's date of birth that shows the applicant is at least 18 years old.
- (2) certifies that the applicant has not been convicted of a felony or another crime that affects the applicant's ability to practice as described in 12 AAC 52.925;
- (3) certifies that the has earned a high school diploma, General Equivalency Diploma (GED), or its equivalent and provides the name of the issuing institution and the date the diploma, GED, or its equivalent degree was issued.
- (4) submits a completed authorization of release of records on a form provided by the department and signed by the applicant;
- (5) pays the applicable fees in 12 AAC 02.310;
- (6) submits two affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character as described in 12 AAC 52.075; and
- (7) certifies that the applicant is fluent in the reading, writing, and speaking of the English language.

(c) A pharmacy technician license expires on June 30 of even-numbered years and may be renewed.

(d) The following individuals must be licensed as a pharmacy technician

- (1) any supportive staff member, besides a pharmacist or pharmacist intern, who
 - (A) works in the pharmacy, including a cashier or book-keeper; or
 - (B) is involved in the delivery of drugs or devices to a patient or agent of the patient, including delivery drivers; }

Commented [RH10]: Amended – re-titled, simplified & added licensing requirements for other tech regulation

12 AAC 52.150. PROOF OF LICENSURE FOR INDIVIDUAL PHARMACISTS WORKING FOR TRIBAL HEALTH PROGRAMS. No change.

(a) A pharmacist who engages in the practice of pharmacy in a tribal health program in this state and who is not licensed by the board must provide the board notice that they are practicing under another license in accordance with 25 U.S.C. 1621t (sec. 221, Indian Health Care Improvement Act). Notice required under this section must be received no later than 30 days after an individual begins working at a tribal health program in this state, and must include (1) a completed Alaska state pharmacist license exemption form provided by the department; (2) a certified true copy of a current, valid pharmacist license in good standing from another jurisdiction; and (A) proof of employment by a tribal health program that is operating under an

Commented [RH11]: Essentially what board indicated on 2/7/20

agreement with the federal Indian Health Service under 25 U.S.C. 450 – 458ddd-2 (Indian Self-Determination and Education Assistance Act); or (B) proof of status as an independent contractor, including a copy of the contract, if the out-of-state pharmacist is working for the tribal health program as an independent contractor. (b) A pharmacist practicing under the exemption may not practice beyond the scope of the other state license. -19- (c) The licensing exemption does not extend to services provided to non-tribal health programs. In addition, an out-of-state licensed pharmacist working outside the scope of the individual's contracted employment with a tribal health program must apply for licensure as a pharmacist in accordance with AS 08.80.

ARTICLE 2- PERSONNEL

12 AAC 52.200. PHARMACIST-IN-CHARGE

(a) Before the board will issue a license to a pharmacy, the owner of the pharmacy must designate a pharmacist who practices in that pharmacy location as the pharmacist-in-charge of the pharmacy in accordance with AS 08.80.330. For a remote pharmacy, the owner of the central pharmacy must designate a pharmacist in the central pharmacy as the pharmacist-in-charge of the remote pharmacy. The board will indicate the name of the pharmacist-in-charge on the face of the pharmacy license.

(b) The responsibilities of the pharmacist-in-charge include

- (1) compliance with all laws and regulations governing the activities of the pharmacy;
- (2) training of all pharmacy personnel;
- (3) establishing policies and procedures for pharmacy operations;
- (4) maintaining required records;
- (5) storage of all materials, including drugs and chemicals;
- (6) establishing and maintaining effective controls against theft or diversion of prescription drugs; and
- (7) on request, reporting to the board the names of all pharmacists employed by the pharmacy.

(c) A pharmacist designated to replace the pharmacist-in-charge of a pharmacy shall notify the board within 10 days of that designation, by submitting a completed change of pharmacist-in-charge form provided by the department.

Commented [RH12]: Amended – removed applicable fees as requested by department

12 AAC 52.210. PHARMACIST DUTIES.

Except as provided in 12 AAC 52.220 and 12 AAC 52.235, the following duties may be performed only by a pharmacist:

- (1) receiving an oral prescription drug order from a practitioner or authorized agent of a practitioner;
- (2) consulting with a patient or patients agent as described in 12 AAC 52.585;
- (3) independent prescribing and administration of a prescription drug order for vaccines, related emergency medications, or opioid overdose drugs as described in 12 AAC 52.992 and 12 AAC 52.994;
- (4) determining the product substitution required for a prescription as described in 12 AAC 52.510;
- (5) interpreting drug regimen review data as described in 12 AAC 52.570;
- (6) assuming the responsibility for a filled prescription; and
- (7) preparation for administration and administration of legend drugs.

Commented [RH13]: Amended per the boards decision 2/7/20

Commented [RH14]: We could remove – Idaho indicating they are holding their nationally certified techs responsible since they are licensed

12 AAC 52.220 PHARMACIST INTERN REQUIREMENTS

- (a) A pharmacist intern may not represent that the pharmacist intern is a pharmacist. Only a person licensed by the board as a pharmacist intern may take, use, or exhibit the title of pharmacist intern or any other similar term.
- (b) Except as provided in (c) of this section, a pharmacist intern may perform any duty of a pharmacist or pharmacy technician under the direct supervision of a pharmacist.
- (c) A pharmacist intern may not sign or initial any document that is required to be signed or initialed by a pharmacist unless the supervising pharmacist also signs or initials the document.
- (j) A pharmacist intern shall file with the board a report of work experience on a form provided by the department within 30 days of completion or termination of an internship in the practice of pharmacy required under 12 AAC 52.080.
- (k) A pharmacist supervising a pharmacist intern
- (1) must be licensed as a pharmacist and be in good standing with the board;
 - (2) shall ensure direct supervision is provided to an intern during professional activities; and
 - (3) is responsible for the work of the pharmacist intern.
- (l) An individual working as a pharmacist intern must wear an identification badge that shows the individual's name and identifies the individual as a pharmacist intern.

Commented [RH15]: Amended – simplification & allows for the intern to verify tech work (just like the tech check tech)

12 AAC 52.230. PHARMACY TECHNICIAN REQUIREMENTS

- (a) A pharmacy technician shall work under the direct supervision of a licensed pharmacist.
- (b) Except as allowed in 12 AAC 52.235, a pharmacy technician may not perform any pharmacist duties listed in 12 AAC 52.210.
- (c) An individual working as a pharmacy technician must wear an identification badge that shows the individual's name and identifies the individual as a pharmacy technician.
- (d) Before an individual performs the tasks of a pharmacy technician, or functions as detailed in 12 AAC 52.235, the individual must complete training required by the pharmacist-in-charge. Duties performed must be consistent with the training.

Commented [RH16]: Amended

12 AAC 52.235. APPROVED FUNCTIONS FOR PHARMACY TECHNICIANS HOLDING A NATIONAL CERTIFICATION.

- (a) A pharmacy technician who holds a national certification, working under the direct supervision of a pharmacist, may
- (1) perform a final check and dispense a non-controlled substance prescription if
 - (A) the prescription drug order has previously undergone a drug regimen review by a pharmacist, including determination in substitution, in accordance with 08.80.480(11) and (37);
 - (B) the pharmacy uses a bar code scanning and verification system that confirms the drug selected to fill the prescription is the same as indicated on the prescription label;
 - (C) the pharmacy uses dispensing software that displays the image or graphical description of the correct drug being verified; provided that if there is any

Commented [RH17]: New regulation as approved by board on 2/7/20

deviation from the image or graphical description and actual product being dispensed, a pharmacist must review and dispense the order; and

(D) each prescription dispensed is electronically verified and documented in the patient record in accordance with 12 AAC 52.460 and 12 AAC 52.470;

(2) transfer a non-controlled substance prescription drug order as described in 12 AAC 52.500;

(3) administer

(A) an immunization or related emergency medication as described in 12 AAC 52.992; or

(B) other legend drugs if the pharmacy technician is trained in the manufacturers administration technique and directions; or

(4) clarify or obtain missing information, except for drug name, drug strength, or directions, from the practitioner or the practitioners agent on a non-controlled substance prescription drug order.

(c) Prescription drug order information clarifications under (b) of this section must have the following information documented on the prescription drug order

(1) the result of the clarification;

(2) the nationally certified technician initials;

(3) the name of the prescriber or authorized agent they spoke to; and

(4) the date and time of the call.

(d) A pharmacy technician who holds a national certification may not sign or initial any document that is required to be signed or initialed by a pharmacist.

(e) A pharmacy technician who does not hold a national certification may not perform the duties set out in this section.

(f) In this section, a “bar code scanning and verification system” means any technology which scans the bar code on a manufacturer drug container to ensure the product being dispensed matches the expectation of what was prescribed and input into the dispensing software.

12 AAC 52.240 PHARMACIST COLLABORATIVE PRACTICE AGREEMENTS

(a) A pharmacist planning to prescribe or modify drug therapy with the authorization of a licensed practitioner under AS 08.64 must be approved by the board and comply with 12 AAC 40.983.

(b) A pharmacist may independently enter into a collaborative practice agreement to prescribe or modify drug therapy with the authorization of a licensed practitioner under AS 08.36, AS 08.68, or AS 08.72.

(c) In (b) of this section, the collaborative practice agreement protocol must include

(1) the types of authority decisions that the pharmacists are authorized to make;

(2) the name and license number of the practitioner authorizing the protocol;

(3) the name(s) of the pharmacists who are party to the agreement. If it applies to all pharmacists at the facility then the protocol may state “all pharmacists at the facility” in place of each pharmacists name;

Commented [RH18]: Amended for simplification
Split into 2 categories:

- 1) With MD and their regs
- 2) With all other practitioners

Removed board approval for 2 above

- (3) the time period during which the protocol will be in effect;
 - (4) details on how the agreement may be terminated; and
 - (5) details on how modifications to the protocol are handled.
- (e) The pharmacist's authority granted by the collaborative practice agreement must be within the scope of the practitioner's practice.
- (f) Documentation related to the protocol must be maintained in a readily retrievable format for at least two years and made available to the board upon request.
- (g) This section does not apply to participation, by a pharmacist practicing in an institutional facility, in drug therapy protocols and guidelines approved by the institutional facility's pharmacy and therapeutics committee or by another medical staff governing body of that institutional facility, if records related to the drug therapy protocols and guidelines are maintained and made available to the board upon request.

12 AAC 52.250. JOB SHADOWING IN A PHARMACY

Commented [RH19]: Amended for simplicity

- (a) a pharmacist-in-charge or job shadowing preceptor of a pharmacy may allow job shadowing by a student in the pharmacy only as specified in this section.
- (b) If the student is less than 18 years of age, the pharmacist-in-charge or job shadowing preceptor must have written permission from the parent or guardian authorizing the student to complete the job shadowing.
- (c) The pharmacist-in-charge or job shadowing preceptor must familiarize the student with the confidentiality requirements of 45 C.F.R., Parts 160 and 164 (HIPAA) and ensure compliance with this section and the relevant sections of AS 08.80 and this chapter.
- (d) A pharmacist-in-charge or job shadowing preceptor may not allow
- (1) a student in a job shadowing program to
 - (A) receive any remuneration or other compensation;
 - (B) perform job shadowing for more than 50 hours; or
 - (C) perform any functions reserved for licensed, certified, or registered pharmacy personnel.
- (e) In this section,
- (1) "job shadowing" means for educational purposes and through observation only, the observation by a student of the functions and duties of a pharmacy and pharmacy staff with the intended purpose of giving the student an opportunity to observe career possibilities available in the field of pharmacy;
 - (2) "job shadowing preceptor" means a licensed pharmacist, other than the pharmacist-in-charge, designated by the pharmacist-in-charge to supervise a student while that student is job shadowing;
 - (3) "student" means a person currently enrolled in a high school education program, including home-school or GED program, or post-secondary education program.

ARTICLE 3- LICENSE RENEWAL AND CONTINUING EDUCATION REQUIREMENTS

12 AAC 52.300. LICENSE RENEWAL.

- (a) Pharmacist, pharmacy technician, outsourcing facilities, third-party logistics providers, pharmacy, wholesale drug distributor, and drug room licenses expire on June 30 of even-numbered years.
- (b) An applicant for renewal of a pharmacy, wholesale drug distributor, outsourcing facility, third-party logistics provider, or drug room license shall submit
- (1) a completed renewal application provided by the department;
 - (2) the license renewal fees required in 12 AAC 02.310; and
 - (3) a completed self-inspection of the premises questionnaire on a form provided by the department.
- (c) An applicant for renewal of a pharmacist or pharmacy technician license shall on or before the license expiration date
- (1) submit a completed renewal application provided by the department; and
 - (2) pay the applicable fees required in 12 AAC 02.310;

Commented [RH20]: Amended for simplification

Commented [RH21]: Added

Commented [RH22]: added

12 AAC 52.310 REINSTATEMENT OF AN EXPIRED PHARMACIST OR PHARMACY TECHNICIAN LICENSE.

- (a) If a pharmacist's or pharmacy technician's license has expired for any reason, that pharmacist or pharmacy technician may not practice pharmacy until the license is reinstated by the board.
- (b) The board will reinstate a pharmacist or pharmacy technician license that has been expired less than two years if the applicant submits
- (1) a completed renewal application provided by the department;
 - (2) any applicable license renewal fees required in 12 AAC 02.310; and
 - (3) documentation that the applicant has met all continuing education requirements of 12 AAC 52.320 – 12 AAC 52.350.
- (c) The board will reinstate a pharmacist license that has been expired two years or more if the applicant
- (1) submits a completed application for reinstatement on a form provided by the department;
 - (2) pays any applicable license renewal fees required in 12 AAC 02.310 for the entire period the license has been expired;
 - (3) repealed 5/5/2000;
 - (4) submits evidence of completion of all continuing education requirements in 12 AAC 52.320 - 12 AAC 52.350 that would have been required to maintain a current license for the entire period the license has been expired;
 - (5) qualifies by

Commented [RH23]: Amended

- (A) retaking and passing the examinations required in 12 AAC 52.090(a); or
 - (B) providing verification that the applicant has continually practiced pharmacy in another state under a license issued by the authority of that state for the period that the license has been expired, and by meeting the requirements of 12 AAC 52.090(a)(2); for purposes of AS 08.80.147 and this subparagraph, an applicant has continually practiced pharmacy if the pharmacist has actively practiced pharmacy in the other state for at least six months during each year that the license in this state was lapsed; and
- (6) submits a verification issued directly to the board by each licensing jurisdiction where the applicant holds, or has ever held, a license as a pharmacist during the time period in which the applicant's license was lapsed in this state that the applicant's license in the other jurisdiction were not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements.
- (d) Repealed 8/1/2014.
- (e) A pharmacy technician license that has been expired for two years or more will not be reinstated.

12 AAC 52.320. CONTINUING EDUCATION REQUIREMENTS FOR PHARMACISTS. **No change**

- (a) Except as provided in (c) of this section, an applicant for renewal of a pharmacist license shall certify having completed 30 contact hours of continuing education accepted by the board under 12 AAC 52.340(a) during the concluding license period.
- (b) This section does not prevent the board from imposing additional continuing education requirements under its disciplinary powers.
- (c) An individual who is applying for renewal of a pharmacist license for the first time shall certify having completed one half of the continuing education requirements in (a) of this section for each complete 12 month period that the applicant was licensed during the concluding license period.
- (d) An applicant for reinstatement of a pharmacist license that has expired shall certify that the applicant completed the continuing education requirements in (a) of this section before applying for reinstatement.
- (e) A pharmacist administering a vaccine or related emergency medication under 12 AAC 52.992 shall certify having completed one hour of Accreditation Council for Pharmacy Education (ACPE) approved continuing education specific to immunizations or vaccines as part of the 30 contact hours of continuing education required under (a) of this section.

12 AAC 52.325. CONTINUING EDUCATION REQUIREMENTS FOR PHARMACY TECHNICIANS. **No change**

- (a) Except as provided in (c) of this section, an applicant for renewal of a pharmacy technician license shall certify that, during the concluding licensing period, the applicant
 - (1) completed 10 contact hours of continuing education accepted by the board under 12 AAC 52.340; or

(2) obtained initial certification as a pharmacy technician by the Pharmacy Technician Certification Board (PTCB).

(b) This section does not prevent the board from imposing additional continuing education requirements under its disciplinary powers.

(c) Instead of complying with the continuing education requirements in (a) of this section, an applicant for renewal of a pharmacy technician license for the first time may

(1) verify in an affidavit, on an application for renewal, that the applicant has read the state statutes and regulations compiled by the board; and

(2) submit an affidavit, signed by the pharmacist-in-charge, verifying the applicant's pharmacy technician training in accordance with 12 AAC 52.230.

(d) An applicant for reinstatement of a pharmacy technician license that has expired shall certify that the applicant completed the continuing education requirements in (a) of this section before applying for reinstatement.

12 AAC 52.330. ALTERNATIVE CONTINUING EDUCATION SCHEDULE.

No change

An individual licensed under AS 08.80 may apply to the board for an alternative schedule of continuing education if the individual's failure to meet the continuing education requirements in 12 AAC 52.320 is due to illness or other extenuating circumstances.

12 AAC 52.340 APPROVED PROGRAMS. No change

(a) The following programs will be accepted by the board as continuing education for pharmacists and pharmacy technicians under 12 AAC 52.320 and 12 AAC 52.325:

(1) any program presented by a provider accredited by the ACPE that results in a continuing education certificate showing the date of the course and the ACPE Universal Activity Number associated with the program;

(2) cardiopulmonary resuscitation (CPR) courses presented by the American Red Cross or the American Heart Association that lead to CPR certification; the board will accept no more than one contact hour of continuing education credit in a 24 month period for completion of a CPR course.

(b) The following programs will be accepted by the board as continuing education under 12 AAC 52.325, when the subject contributes directly to the professional competency of a pharmacy technician and is directly related to pharmacy principles and practice:

(1) any program presented or approved by the Alaska Pharmacists Association;

(2) any program presented or approved by the Pharmacy Technician Certification Board (PTCB) or the National Pharmacy Technician Association (NPTA).

(c) An individual who presents an approved continuing education program may receive credit for the time spent during the actual presentation of the program. An individual may not receive credit for the same presentation more than once during a licensing period.

12 AAC 52.350. AUDIT OF RECORDS BY THE BOARD. No change.

(a) The board will randomly audit renewal applications for verification of reported continuing education contact hours. To conduct an audit under this section, the board will access and evaluate continuing pharmacy education data reported to the ACPE-NABP CPE Monitor Service during the time period audited.

(b) Upon written request, a pharmacist or pharmacy technician shall provide the board with a copy of each certificate of completion for the continuing education units not reported to the ACPE-NABP CPE Monitor Service during the time period audited by the board.

(c) If the board disallows any continuing education contact units reported on behalf of or by a pharmacist or pharmacy technician, the pharmacist or pharmacy technician shall

(1) complete the number of disallowed contact hours in an approved program and report the completion to the board no later than 90 days after the date the board sends notification of the disallowed contact hours; and

(2) provide the board with copies of certificates of completion for all continuing education units

(A) not reported to the ACPE-NABP CPE Monitor Service; and

(B) completed for the next two licensing periods.

(d) A pharmacist or pharmacy technician who submits to the board a false or fraudulent record relating to the pharmacist's or pharmacy technician's satisfaction of a continuing education requirement under 12 AAC 52.320 or 12 AAC 52.325 is subject to disciplinary action by the board.

(e) In this section,

(1) "ACPE-NABP CPE Monitor Service" means the electronic tracking service of the ACPE and the National Association of Boards of Pharmacy for monitoring continuing pharmacy education that pharmacists and pharmacy technicians receive from participating providers;

(2) "certificate of completion" means a certificate or other document that

(A) is presented to a participant upon successful completion of a continuing education program that is not reported to the ACPE-NABP CPE Monitor Service; and

(B) contains the following information:

(i) the name of the participant;

(ii) the title and date of the program;

(iii) the name of the accredited provider;

(iv) the number of contact hours or continuing education units awarded;

(v) a dated, certifying signature of the accredited provider;

(vi) for a pharmacist renewal, the assigned ACPE universal program number.

ARTICLE 4 – GUIDELINES FOR PHARMACIES AND PHARMACISTS

12 AAC 52.400. GENERAL GUIDELINES FOR PHARMACIES.

(a) The prescription department and all areas where drugs are stored must be well lighted, well ventilated, dry, and maintained in a clean and orderly condition. Walls, floors, ceilings, and windows must be clean and in general good repair and order.

(b) A pharmacy must

- (1) be of sufficient size to allow for the safe and proper storage of prescription drugs and for the safe and proper compounding and/or preparation of prescription drugs;
- (2) must have a sink with hot and cold running water within the pharmacy department and maintained in a sanitary condition. If the pharmacy should lose water supply, the pharmacy may remain open but must use distilled water for any reconstituted prescriptions and hand sanitation;
- (3) have refrigeration facilities with a thermometer to monitor for proper storage of drugs that require refrigeration;
- (4) maintain a temperature range compatible with the proper storage of drugs;
- (5) have equipment and supplies necessary for the practice of pharmacy. The equipment must be in good repair and in sufficient quantity to meet the needs of the pharmacy;
- (6) ensure that all equipment is kept in a clean and orderly manner;
- (7) maintain access to a reference library deemed sufficient to address clinical questions or concerns; and
- (8) have the telephone number to the poison control center readily available.

12 AAC 52.410. CARE OF DRUG STOCKS AND DEVICES. No change

(a) A drug or device that has exceeded its expiration date shall be removed from stock and quarantined until properly disposed of in accordance with 12 AAC 52.560.

(b) A pharmacist may not dispense a drug or device beyond the expiration date on the drug or device.

(c) All drugs and devices on shelves or display for sale shall be protected against contamination, deterioration, and adulteration.

Commented [RH24]: Amended for simplification – can repeal the “ pamphlet”

12 AAC 52.415 PRESCRIPTION DRUG DISPENSING MACHINES

- (a) A pharmacy may install and use prescription drug dispensing machines which are accessible to the patient outside of the pharmacy operating hours for the purpose of purchasing their completed prescription drug orders when the pharmacy is closed if
- (1) prior to a filled prescription drug order being placed in the machine the pharmacist has counseled the patient in accordance with 12 AAC 52.230;
 - (2) no state or federal control substances are placed in the unit and there is a conspicuously posted sign near the machine which states “this machine does not contain controlled substances”; and
 - (3) all containers stored in the units are packaged, labeled, and stored in accordance with AS 08 and federal laws.
- (b) the pharmacist shall have the responsibility to
- (1) assign, discontinue, or change access to the system;
 - (2) ensure that access to the medications comply with state and federal regulations; and
 - (3) ensure that the automated prescription drug dispensing units are filled or stocked accurately;
- (c) This section does not apply to prescription drug dispensing machines used in institutional facilities.
- (d) In AS 08.80, “prescription drug dispensing machines” means a machine or mechanical system that performs operations or activities, other than compounding or administration, relative to storage, packaging, dispensing, or distribution of drugs, and which collect, control and maintain all transaction information.

Commented [RH25]: New regulation – adopted from other states

12 AAC 52.420. SECURITY.

- (a) Each pharmacist, while on duty, is responsible for the security of the pharmacy, including effective control against theft or diversion of drugs.
- (b) Except for automated prescription drug dispensing machines, all drugs, devices, and other items or products that are restricted to sale by or under the direct supervision of a pharmacist shall be kept in the prescription department.
- (c) The prescription department shall be secured to prevent unauthorized access when a pharmacist is not available to provide direct supervision.
- (d) A pharmacy with service hours differing from the remainder of the business establishment must have a telephone number that is separate from the remainder of the business establishment.
- (e) A pharmacist shall provide adequate security for prescription records to prevent unauthorized access to confidential health information.
- (f) In this section, “prescription department” means the area of the pharmacy where prescription drugs are stored.

Commented [RH26]: Amended

Preventing theft or diversion is already in 12 AAC 52.200

Allows for us to evaluate adding regs around modern technology of machines that store prescriptions to pick up when Rx is not close – already done in some states.

12 AAC 52.423. REMOTE PHARMACY LICENSE.

- (a) A central pharmacy that wishes to provide pharmacy services through a remote pharmacy in the state using a telepharmacy system as provided in 12 AAC 52.425 must apply to the board for a license. The central pharmacy applying under this section must submit to the department
- (1) a complete, notarized application on a form provided by the department;
 - (2) the applicable fees established in 12AAC 02.310; and
 - (3) comply with the requirements of 12 AAC 52.020.
- (b) The board will approve an application to provide pharmacy services through a remote pharmacy if the central pharmacy establishes that
- (1) it is able to comply with the requirements of 12 AAC 52.425; and
 - (2) there is no access to a non-remote pharmacy within ten road miles of the proposed remote pharmacy site unless the non-remote pharmacy is prevented by federal law from providing pharmacy services to all the individuals within the ten road miles.
- (c) An applicant for renewal of a remote pharmacy license must comply with the requirements of 12 AAC 52.300.
- (d) A central pharmacy using telepharmacy services under 12 AAC 52.425 shall register with the telemedicine business registry in accordance with 12 AAC 02.600.

Commented [RH27]: Added to comply with state regulation

12 AAC 52.425. TELEPHARMACY SYSTEM FOR A REMOTE PHARMACY. No change.

- (a) Only a pharmacist employed by a central pharmacy located in this state may provide pharmacy services to a remote pharmacy through a telepharmacy system. A telepharmacy system must be conducted under the direct supervision of a pharmacist located in this state. The pharmacist-in-charge of a remote pharmacy may supervise one or more remote pharmacies. (b) Before a pharmacist employed by a central pharmacy may provide pharmacy services to a remote pharmacy, the telepharmacy system between the central pharmacy and remote pharmacy must be tested by the supervising pharmacist of the central pharmacy and found to operate properly. The supervising pharmacist of the central pharmacy shall make the results of the test available to the board upon request. The computer link and video link with sound of the telepharmacy system must include at least one of the following: (1) still image capture; (2) real time link; (3) store and forward. (c) A remote pharmacy must be (1) staffed by a pharmacist, pharmacy technician, or pharmacy intern; and (2) operated under the direct supervision of a pharmacist. (d) A remote pharmacy must be secured to prevent unauthorized access at all times when a pharmacist is not available to provide direct supervision to that location. (e) Drugs may be shipped to a remote pharmacy from the central pharmacy or a wholesale distributor. Drugs must be shipped in a sealed container with an itemized list of the product contained. The itemized list of drugs shipped must be kept on file at both the central pharmacy and the remote pharmacy for at least two years from the date that the drugs are shipped. (f) A remote pharmacy must keep a record of all prescriptions filled at that location. The central pharmacy must have access to the records of the prescriptions dispensed by the remote pharmacy. (g) The prescription label of a prescription drug dispensed by a remote pharmacy must meet the requirements of 12 AAC 52.480. (h) Under a telepharmacy system a prescription drug is considered as being dispensed by the remote pharmacy. A prescription drug may not be dispensed by a remote pharmacy until a pharmacist employed by the central pharmacy has verified the finished

prescription product through the telepharmacy system. (i) A pharmacist must conduct a physical inventory at each remote pharmacy location at least annually. The record of the inventory must be (1) kept both at the central pharmacy and the remote pharmacy; and -26- (2) distinguishable from the inventory of the central pharmacy and other remote pharmacies. (j) Repealed 10/31/2019.

12 AAC 52.430. **STERILE COMPOUNDING** .

A pharmacy or pharmacist that prepares or dispenses sterile pharmaceuticals shall adhere to the guidelines established by the board in the pamphlet titled, "Sterile Pharmaceuticals," dated February 2008, and incorporated by reference in this section.

Commented [RH28]: Amend title

12 AAC 52.440. **NON-STERILE COMPOUNDING** .

- (a) Non-sterile compounding does not include the addition of flavoring agents, tablet splitting, reconstitution of oral or topical products as intended by the manufacturer, or repackaging of nonsterile dosage forms for redistribution, dispensing, or administration.
- (b) Non-sterile compounding includes the preparation:
- (1) of drugs in limited quantities before receiving a valid prescription drug order if the pharmacist has a historical basis of valid prescription drug orders generated solely within an established relationship between the pharmacist, a patient, and a prescribing practitioner for the amount of drugs compounded. Compounding drugs in an amount above that for which there is a historical basis is considered manufacturing;
 - (2) according to a prescription drug order of drugs or devices that are not commercially available; or
 - (3) of commercially available products from bulk when the prescribing practitioner has prescribed the compounded product on a prescription drug order for a specified individual patient and the patient has been made aware that the compounded product will be prepared by the pharmacist.
- (c) A pharmacy engaging in non-sterile compounding must
- (1) have a specifically designated, adequate, clean and sanitary area for the orderly compounding of prescriptions that is maintained in a good state of repair and for the placement of materials and equipment;
 - (2) have adequate lighting and ventilation in all drug compounding areas;
 - (3) have adequate washing facilities, easily accessible to the compounding area of the pharmacy;
 - (4) be free of infestation by insects, rodents, and other vermin;
 - (5) be capable of holding and disposing trash in a timely and sanitary manner;

Commented [RH29]: Amended for simplification – took from “pamphlet”

Added the boards previous discussion points around reconstitution and flavoring agents

(6) have either dedicated equipment or meticulous cleaning procedures of contaminated equipment when using drugs which have special precautions for contamination, such as penicillin.

(7) have written procedures for the compounding of drugs to assure that the finished products have the identity, strength, quality, and purity they are represented to possess.

The procedures must include

- (A) a listing of the components;
- (B) their amounts in weight or volume;
- (C) the order of the component mixing;
- (D) a description of the compounding process;
- (E) a list of all equipment and utensils; and
- (F) the container or closure system relevant to the sterility and stability of the intended use of the drug.

(8) establish and follow appropriate written procedures designed to prevent microbiological contamination of compounded drug products purporting to be sterile.

The procedures must include validation of any sterilization process; and

(9) maintain records of the following for compounding in quantities larger than required for immediate dispensing by a prescription drug order or for future dispensing

- (A) the date of preparation;
- (B) the lot numbers – the lot numbers may be the manufacturer’s lot numbers or new numbers assigned by the pharmacy. If a lot number is assigned by the pharmacy, the pharmacy shall record the original manufacturer’s lot numbers and expiration dates, if known. If the original manufacturer’s lot numbers and expiration dates are not known, the pharmacy shall record the source and acquisition date of the components;
- (C) the expiration date of the finished product. This date may not exceed 180 days or the shortest expiration date of any component in the finished product unless a longer date is supported by stability studies in the same type of packaging as furnished to the prescriber or to be stored in until dispensing. Shorter dating than set forth in this subsection may be used if it is deemed appropriate in the professional judgment of the responsible pharmacist;
- (D) the signature or initials of the pharmacist performing the compounding;
- (E) initials of the person preparing each process;
- (F) initials of the pharmacist supervising each process;
- (G) a formula for the compounded product maintained in a readily retrievable form;
- (H) the name of the manufacturer of the raw materials;
- (I) the quantity in units of finished products or grams of raw materials; and
- (J) the package size and the number of units prepared.

(d) **A pharmacist engaged in non-sterile compounding must**

(1) compound drugs in limited quantities before receiving a valid prescription drug order if the pharmacist has a historical basis of valid prescription drug orders generated solely within an established relationship between the pharmacist, a patient, and a prescribing practitioner for the amount of drugs compounded.

Commented [RH30]: None of our current compounding regulations authorize technicians (nationally certified) techs to perform compounding.

Current regulation 12 AAC 52.230(f) only authorizes a pharmacy tech in the preparation of sterile compounding – which is 12 AAC 52.430.

This regulation, 12 AAC 52.440 specifically mentions pharmacists.

Are we thinking of amending this to add technicians in some capacity instead of just pharmacist?

(A) Compounding drugs in an amount above that for which there is a historical basis is considered manufacturing.

- (2) maintain proficiency through current awareness and training.
- (3) ensure bulk medications and other chemicals or materials used in compounding are stored in adequately labeled containers in a clean, dry, and temperature-controlled area or, if required, under proper refrigeration;
- (4) keep records of all compounded products in a readily retrievable format for two years;
- (5) ensure that formulas for the compounded drugs are maintained in a readily retrievable format. A formula must include ingredients, amounts, methodology, and equipment, if needed;
- (6) accurately weigh, measure, or subdivide as appropriate the components for drug product compounding. The compounding pharmacist must check these operations at each stage of the compounding process to ensure that each weight or measure is correct as stated in the written compounding procedures;
- (7) assure the reasonable uniformity and integrity of compounded drug products, written procedures must be established and followed that describe the tests or examinations to be conducted on the product compounded. The control procedures must be established to monitor the output and to validate the performance of those compounding processes that include the following when appropriate:
 - (A) capsule weight variation;
 - (B) adequacy of mixing to assure uniformity and homogeneity;
 - (C) clarity, completeness, or pH of solutions;
- (8) not offer compounded drug products to prescribing practitioners, pharmacists, or pharmacies for resale except in the course of professional practice for a prescribing practitioner to administer to an individual patient;
- (9) use professional judgment to receive, store, and use drug substances for compounding prescriptions not found in official compendia;

(e) “Component” means any ingredient intended for use in the compounding of a drug product, including those that may not appear in the product.

12 AAC 52.443. APPROVAL FOR SHARED PHARMACY SERVICES BY PHARMACY. **No change**

(a) A requesting pharmacy in this state that seeks to participate in shared pharmacy services must apply to the board for approval on a form provided by the department. (b) The board will approve an application by a requesting pharmacy to participate in shared pharmacy services if the pharmacy establishes (1) that the pharmacy has a current in-state pharmacy license issued under AS 08.80.157 and this chapter; (2) that the pharmacy is able to comply with the requirements of 12 AAC 52.445; (3) that the pharmacy either (A) is owned by the same owner as the filling pharmacy with which pharmacy services are to be shared; or (B) has a written contract or agreement with the filling pharmacy or filling pharmacist that outlines the pharmacy services to be provided and the obligation of each pharmacy or pharmacist to comply with federal and state pharmacy statutes and regulations; and (4) that the participants in shared pharmacy services share a common electronic file or other appropriate technology that allows access to the

information needed to provide shared pharmacy services in compliance with the requirements of AS 08.80 and this chapter.

12 AAC 52.444. APPROVAL FOR SHARED PHARMACY SERVICES BY PHARMACIST. **No change**

(a) A requesting pharmacist in this state that seeks to participate in shared pharmacy services must apply to the board for approval on a form provided by the department. (b) The board will approve an application by a requesting pharmacist to participate in shared pharmacy services if the requesting pharmacist establishes (1) that the pharmacist (A) has a current in-state pharmacy license issued under AS 08.80 and this chapter; (B) has a written contract or agreement with the filling pharmacy or filling pharmacist that outlines the pharmacy services to be provided and the obligations of each pharmacy or pharmacist to comply with federal and state pharmacy statutes and regulations; and (C) is able to comply with the requirements of 12 AAC 52.445; and (2) that the participants in shared pharmacy services share a common electronic file or other appropriate technology that allows access to the information needed to provide shared pharmacy services in compliance with the requirements of AS 08.80 and this chapter.

12 AAC 52.445. SHARED PHARMACY SERVICES. **No change.**

(a) A pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in shared pharmacy services, shall use an identifier on the prescription container that identifies prescriptions to be filled at a filling pharmacy or by the filling pharmacist. The requesting pharmacy or requesting pharmacist shall notify the patient or the patient's agent that the patient's prescription order may be processed or filled by another pharmacy or pharmacist, and shall identify the filling pharmacy or filling pharmacist. If the requesting pharmacy is part of a network of pharmacies under common ownership, and the prescription order may be processed or filled at any of the pharmacies in the network, the requesting pharmacy shall notify the patient of this. Notice under this subsection may be provided through an initial written notice to the patient or the patient's agent, or through the use of a sign prominently displayed in the requesting pharmacy or in the public portion of the office of the requesting pharmacist. (b) Except as provided in (c) of this section, if a filling pharmacy or filling pharmacist delivers a prescription medication directly to the patient or the patient's agent, the filling pharmacy or filling pharmacist shall provide, on the prescription container or on a separate sheet delivered with the prescription container, (1) the local telephone number and, if applicable, the toll-free telephone number of the filling pharmacy or filling pharmacist; and (2) a statement that conveys to the patient or patient's agent the following information: "Written information about this prescription has been provided for you; please read this information before you take the medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions at [insert the filling pharmacist or filling pharmacy's telephone numbers]." (c) The requirements of (b) of this section do not apply to prescription medication delivered to patients in facilities where a licensed health care professional is responsible for administering the prescription medication to the patient. (d) A

pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in shared pharmacy services, shall (1) maintain manual or electronic records identifying, individually for each order processed, filled, or dispensed, the name, initials, or identification code of each pharmacist responsible for the final verification of dispensing; those records must include descriptions of actions taken in interpretation of the order, order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, therapeutic intervention, and refill authorization functions performed at that pharmacy or by that pharmacist; (2) report to the board as soon as practical the results of any license disciplinary action taken by a regulatory agency in another licensing jurisdiction involving a pharmacy or pharmacist participating in shared pharmacy services; (3) maintain a mechanism for tracking the order during each step of the processing and filling procedures performed at the pharmacy or by that pharmacist; (4) provide for adequate security to protect the confidentiality and integrity of patient information; (5) provide for inspection of any required record or information no later than 72 hours after any request by the board or its designee. (e) Each pharmacy participating in shared pharmacy services, if a (1) requesting pharmacy, shall have a current in-state pharmacy license issued under AS 08.80.157 and this chapter; (2) filling pharmacy, shall either (A) have a current in-state pharmacy license issued under AS 08.80.157 and this chapter; or (B) be registered as an out-of-state pharmacy under AS 08.80.158 and this chapter. (f) Each participant in shared pharmacy services shall jointly develop, implement, review, revise, and comply with joint policies and procedures for shared pharmacy services. Each participant is required to maintain only those portions of the joint policies and procedures that relate to that participant's operations. The policies and procedures must (1) outline the responsibilities of each participant; (2) include a list that contains (A) each pharmacy participating in shared pharmacy services, and each pharmacist acting independently of a pharmacy and participating in shared pharmacy services; (B) the name, address, and telephone number of each of those participants; and (C) the license numbers for all licenses held by each of those participants; and (3) address (A) patient notification that meets the requirements of this section; (B) the adequate protection of the confidentiality and integrity of patient information; (C) dispensing prescription orders when the filled order is not received or the patient comes in before the order is received; (D) the maintenance of manual or electronic records that meet the requirements of this section; (E) compliance with federal and state laws; and (F) the operation of a continuous quality improvement program for shared pharmacy services, designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems. (g) Nothing in this section prevents an individual pharmacist licensed in this state who is employed by or working under a contract with a pharmacy, or prevents a licensed pharmacy intern or pharmacy technician working under the supervision of that licensed pharmacist, from accessing the electronic database of that pharmacy from inside or outside the pharmacy and processing a prescription order in compliance with AS 08.80 and this chapter if (1) the pharmacy has established controls to protect the privacy and security of confidential records; and (2) the pharmacist, pharmacy intern, or pharmacy technician does not duplicate, download, or remove data from the pharmacy's electronic database. (h) A pharmacist working independently outside of the state may participate in shared pharmacy services with an institutional pharmacy in this state if the pharmacist holds (1) a current license as a pharmacist issued under AS 08.80 and this chapter; and (2) a current license to practice as a pharmacist issued by the licensing jurisdiction

where the pharmacist is working. (i) The pharmacist-in-charge of the requesting pharmacy must ensure compliance with the applicable requirements of AS 08.80 and this section.

ARTICLE 5 – PHARMACY PRACTICE STANDARDS

12 AAC 52.450. PRESCRIPTION DRUG ORDER RECORDS. No change.

- (a) A pharmacy shall maintain prescription drug orders for a period of two years from the date of filling or the date of the last dispensed refill. The prescription drug orders shall be maintained in a manner that ensures they will remain legible for the required two-year period.
- (b) To comply with (a) of this section, a pharmacy shall maintain the prescription drug orders by
- (1) keeping the original hard copy prescription drug order presented by a patient;
 - (2) keeping a plain paper version of the prescription drug order received by facsimile or digital electronic transmittal;
 - (3) keeping a prescription drug order put into writing either manually or electronically by the pharmacist; or
 - (4) electronically storing and maintaining the prescription drug order in a readily retrievable format.

12 AAC 52.460. PRESCRIPTION DRUG ORDER INFORMATION.)

- (a) Before a prescription drug order may be filled, the following information must be obtained and recorded

- (1) name of the patient or, if the prescription drug order is for an animal, the species of the animal and the name of the owner;
- (2) address of the patient unless the prescription drug order is for a noncontrolled substance and the address is readily retrievable on another appropriate, uniformly maintained pharmacy record, such as a patient medication record;
- (3) name and, if the prescription drug order is for a controlled substance, the address and DEA registration number of the prescribing practitioner;
- (4) name and strength of the drug prescribed;
- (5) quantity prescribed;
- (6) directions for use;
- (7) date of issue;
- (8) refills authorized, if any;
- (9) if a written or hard copy prescription drug order, the prescribing practitioner's handwritten, digital, electronic, or stamped signature;
- (10) if a prescription drug order is received by the pharmacy as a facsimile, the prescribing practitioner's handwritten, digital, electronic, or stamped signature, or authorized agent's signature; and
- (11) if the prescription drug order is signed by an authorized agent, the name of the prescribing practitioner.

- (b) At the time of dispensing, the prescription drug order information shall be recorded.

Commented [RH31]: Amended for simplification and clarification

(c) After oral consultation with the prescribing practitioner, a pharmacist may add the following information to schedule II controlled substance prescriptions:

- (1) date of issue of the prescription;
- (2) address of the patient;
- (3) strength of the drug prescribed;
- (4) drug dosage form;
- (5) drug quantity prescribed;
- (6) directions for use;
- (7) DEA registration number.

(d) After oral consultation with the prescribing practitioner, a pharmacist may modify the types of information described in (c)(2) – (7) of this section. However, any modification to the information concerning drug quantity must be limited to strength of the drug prescribed and may not result in an increase in the original total dosage prescribed.

(e) A pharmacist may not change the name of non-generic drugs, the name of the patient, or the signature of the practitioner.

(f) An institutional facility may use start or stop dates on prescription drug orders in place of quantities or refills.

(g) In accordance with 12 AAC 44.440(c), prescription drug orders written by an Advanced Practice Registered Nurse (APRN) must contain the signature of the prescriber followed by the initials “APRN” and the prescriber’s identification number assigned by the nursing board.

- (1) If the “APRN” is absent after the signature but the prescription drug order contains “APRN”, “Advanced Practice Nurse Practitioner” or “Nurse Practitioner” elsewhere on the prescription drug order then it does not need to be present after the signature.
- (2) If the APRN’s identification number is missing on the prescription drug order and the identification number is recorded in the pharmacy computer system then it does not need to be physically present on the prescription drug order.

Commented [RH32]: New additions

12 AAC 52.465. CONTROLLED SUBSTANCE PRESCRIPTION DRUG ORDERS.

No change.

A prescription drug order for a schedule II controlled substance may be partially filled if prescribed for

- (1) a terminally ill patient or a patient residing in a long term care facility, in accordance with 21 C.F.R. 1306.13; or
- (2) a patient who is not terminally ill or residing in a long term care facility if
 - (A) the partial fill is requested by the patient or the practitioner that wrote the prescription;
 - (B) the total quantity dispensed in all partial filling does not exceed the total quantity prescribed;
 - (C) each partial fill is electronically documented in the patient record;

- (D) the remaining portions are filled not later than 30 days after the date on which the prescription is written; and
- (E) each partial fill only occurs at the pharmacy where the original prescription order is on file.

12 AAC 52.470. REFILLS.

(a) A pharmacist, pharmacist intern or pharmacy technician who holds a national certification may verify and dispense a prescription drug order.

Commented [RH33]: Amending allows for continuation of therapy subsection below

(b) A prescription drug order does not expire and is available to be filled until the total quantity prescribed, including all refills, is exhausted.

Commented [RH34]: Currently states 1-year validity. For patient care, consider amending to no expiration – if the practitioner authorized it can we consider repealing an expiration date?

(c) Each time a prescription drug order refill is dispensed, the pharmacist, pharmacist intern or pharmacy technician who holds a national certification shall record the refill.

(d) A pharmacist, pharmacy technician who holds a national certification, or pharmacist intern may dispense any quantity of a prescription drug order so long as

- (1) the total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription drug order, including refills; and
- (2) the drug is not a federal or state scheduled controlled substance.

(e) To indicate that an increased supply may not be dispensed under this section, a prescriber may indicate “no change to quantity”, or words of similar meaning, on the prescription drug order.

(f) Nothing in this section requires a health care service plan, health insurer, workers’ compensation insurance plan, pharmacy benefits manager, or any other person or entity, including a state program or state employer, to provide coverage for a drug in a manner inconsistent with a beneficiary’s plan benefit.

(g) Under (d) of this section, if the total quantity of drug to dispense on an existing, chronic, non-controlled substance prescription drug order has been exhausted and the pharmacist is unable to reach the practitioner, a pharmacist, pharmacist intern, or pharmacy technician who holds a national certification may dispense a one-time dispensing not to exceed a 30-day supply. In this section,

- (1) “unable to reach the practitioner” means the practitioners office is closed and the pharmacist cannot reach the practitioner or the practitioners agent;
- (2) “existing” means the pharmacy has record of the prescription drug order or can validate the prescription drug order from another pharmacy;
- (3) “chronic” means a drug that the patient takes regularly, for greater than 3 months, and in the professional judgment of the pharmacist the patient should not go without.

- (h) Under (g) of this section, the pharmacist must
- (1) reduce the patient's prescription drug order to a written prescription drug order using the previously verified prescription drug order information;
 - (2) document "continuation of therapy", "COT", or words of similar meaning on the prescription drug order; and
 - (3) file and maintain the prescription in accordance with 12 AAC 52.450.

12 AAC 52.475 DISPENSING REFILLS IN A DECLARED EMERGENCY

(a) If, as a consequence of a disaster or terrorist attack, a disaster emergency is declared by the governor under AS 26.23.020 which results in the inability to refill existing prescriptions, the board will cooperate with the state, borough, city, or town to assist in the provision of drugs, devices, and professional services to the public.

(b) If, as a consequence of a disaster or terrorist attack, a disaster emergency is declared by the governor of another state or territory, or a province of Canada which results in an individual being temporarily relocated to Alaska who is unable to refill an existing prescription, the board will assist in the provision of drugs, devices, and professional services to the relocated individual.

(c) When a disaster emergency has been declared, a pharmacist in the area of the declared emergency may dispense a one-time emergency refill prescription of up to a 30-day supply of a prescribed medication if

- (1) in the pharmacist's professional opinion the medication is essential to the maintenance of life or to the continuation of therapy; and
- (2) the pharmacist makes a good faith effort to reduce the patient's prescription drug information to a written prescription marked "emergency prescription" and then files and maintains the prescription in accordance with 12 AAC 52.450.

(d) If a declared disaster emergency continues for more than 21 days after a pharmacist dispenses an emergency prescription under (c) of this section, the pharmacist may dispense one additional emergency refill prescription of up to a 30-day supply of the prescribed medication.

(e) To assist during an emergency, a pharmacist who is not licensed in this state may apply for emergency licensure in accordance with 12 AAC 52.110.

12 AAC 52.480. LABELING.

One or more labels containing the following information shall be affixed to every container in which a prescription drug order is dispensed:

- (1) name, address, and phone number of the dispensing pharmacy;
- (2) unique identification number of the prescription drug order;
- (3) date the prescription drug order is dispensed;
- (4) name of the prescribing practitioner;

Commented [RH35]: New regulation number 12 AAC 52.985. EMERGENCY PREPAREDNESS.

Place to here to make more sense with refills

Removed "natural"

Commented [RH36]: Amended.

1) Removed initials of the pharmacist due to tech check tech

- (5) name of the patient or, if the drug was prescribed for an animal, the species of animal and the name of the owner;
- (6) directions for use;
- (7) quantity dispensed;
- (8) appropriate ancillary instructions or cautions;
- (9) if the prescription drug order is for a schedule II-V controlled substance, the statement, "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed";
- (10) the name and strength of the actual drug product dispensed, unless otherwise directed by the prescribing practitioner;
- (11) the accepted generic drug name and strength of the drug dispensed; if the drug product dispensed has multiple ingredients, the pharmacist shall provide this information in writing to the patient or the patient's agent;
- (12) expiration date of the drug or device.

Commented [RH37]: Has been brought up at pharmacist association continuing education

12 AAC 52.490. PRESCRIPTIONS BY ELECTRONIC TRANSMISSION.

Commented [RH38]: Amended to allow tech check tech

- (a) Legend drug and controlled substance prescriptions may be transmitted electronically under this section, consistent with state and federal laws.
- (b) A pharmacist, pharmacist intern, or pharmacy technician who holds a national certification may dispense a prescription that has been received electronically.
- (c) The system for electronic transmission of prescriptions must address the following:
 - (1) patient's choice of pharmacy; the system may not restrict the patient's choice of pharmacy;
 - (2) security of the system; the system must have security and system safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription information; the system must include
 - (A) documented formal procedures for selecting and executing security safeguards;
 - (B) physical safeguards to protect computer systems and other applicable equipment from an unauthorized access, modification, or manipulation of the information;
 - (C) processes to protect, control, and audit access to confidential patient information; and
 - (D) processes to prevent unauthorized access to the prescription information when transmitted electronically;
 - (3) confidentiality of patient information; the system must maintain the confidentiality of patient information consistent with state and federal laws;
 - (4) authentication; to be valid prescriptions transmitted by an authorized prescriber or the prescribing practitioner's authorized agent from computer to a facsimile machine or from computer to computer must use an electronic signature; the prescribing practitioner's system must authenticate the sender's authority and credentials to transmit a prescription to a pharmacy and

(A) the prescribing practitioner's system must provide an audit record of all prescriptions electronically transmitted that documents for retrieval all actions and persons who have acted on a prescription, including authorized delegation of transmission;

(B) the right of the board to access the prescribing practitioner's electronically transmitted prescriptions for purposes of investigations;

(5) a prescribing practitioner's system that utilizes intermediaries in the electronic communication of prescriptions to pharmacies is responsible to ensure that the contracts with the intermediaries require security measures that are equal to or better than those provided by this section and prohibit the modification of a record of a prescription after it has been transmitted by the prescribing practitioner to the pharmacist;

(6) if a paper copy prescription generated from the electronic prescription system is printed, an electronic signature may be substituted for a manual signature;

(7) the system must maintain the integrity and confidentiality of patient information transmitted electronically for its system as required by this chapter, other state law, and federal law.

(d) In this section,

(1) "electronic signature" means an electronic sound, symbol, or process attached to or logically associated with a prescription and executed or adopted by an authorized person with the intent to sign the prescription;

(2) "electronic transmission of prescriptions" means the communication from an authorized prescribing practitioner or the prescribing practitioner's authorized agent to a pharmacy of the patient's choice, by computer, by the transmission of an exact visual image of a prescription by facsimile, or by other electronic means other than electronic voice communication, of original prescription information or prescription refill information for a legend drug or controlled substance consistent with this section, other state law, and federal law;

(3) "security" means a system to maintain the confidentiality and integrity of prescription information, including

(A) documented formal procedures for selecting and executing security safeguards;

(B) physical safeguards to protect computer systems and other pertinent equipment from unauthorized access, modification, or manipulation of the information;

(C) processes to protect, control and audit access to confidential patient information; and

(D) processes for its system to prevent unauthorized access to the prescription information when transmitted electronically.

12 AAC 52.500. TRANSFER OF A PRESCRIPTION DRUG ORDER.

(a) For the purpose of dispensing a prescription drug order, original prescription drug order information may be transferred between pharmacies if the requirements of 12 AAC 52.460 and this section are met.

Commented [RH39]: Amended to allow board approved nationally certified function

(b) Original prescription drug order information for controlled substances listed in schedules III, IV, or V may be transferred only by the pharmacy that originally received the prescription drug order from the prescribing practitioner. The transfer must be communicated directly between two licensed pharmacists.

(c) Original prescription drug order information for noncontrolled substances may be transferred verbally, electronically, or by means of facsimile between pharmacies without limitation up to the number of originally authorized refills.

(d) A pharmacy transferring a prescription drug order or receiving a transferred prescription drug order must meet the following requirements:

(1) both the original and the transferred prescription drug order must meet the requirements of 12 AAC 52.450(a);

(2) the pharmacist, pharmacist intern, or pharmacy technician who holds a national certification transferring the prescription drug order information shall record the following information:

(A) the name, address, and if a controlled substance, the DEA registration number, of the pharmacy receiving the prescription drug order information;

(B) the name of the pharmacist, pharmacist intern, or pharmacy technician who holds a national certification receiving the prescription drug order information;

(C) the name of the pharmacist, pharmacist intern, or pharmacy technician who holds a national certification transferring the prescription drug order information; and

(D) the date of the transfer;

(4) the pharmacist, pharmacist intern, or pharmacy technician who holds a national certification receiving the transferred prescription drug order information shall record the following information:

(A) the original date of issue and date of dispensing, if different from the date of issue;

(B) the original prescription drug order number and the quantity of drug authorized on the original prescription drug order;

(C) the quantity of drug remaining and the date of the last refill;

(D) the name, address, and if a controlled substance, the DEA registration number, of the pharmacy transferring the prescription drug order information; and

(E) the name of the pharmacist, pharmacist intern, or pharmacy technician who holds a national certification transferring the prescription drug order information; and

(5) when a prescription drug order is transferred, the transferring pharmacy may not issue any further refills.

(e) A pharmacy using an automated data processing system shall meet the same requirements for a manual prescription drug order transfer listed in (d) of this section.

(f) If two or more pharmacies use a common electronic database for prescription record keeping, prescription drug orders may be refilled at any of the pharmacies using the common electronic database if provisions are made

- (1) for an audit trail that documents the location of each filling; and
- (2) to ensure that the total quantity dispensed from the prescription drug order does not exceed the total quantity authorized.

12 AAC 52.510. SUBSTITUTION.

Commented [RH40]: Amended for simplicity

(a) A pharmacist may allow dispensing of an equivalent drug product or interchangeable biological product instead of the prescribed drug if

- (1) the prescribing practitioner does not indicate on the prescription drug order that a specific brand must be dispensed, using language such as "brand medically necessary", "dispense as written", "do not substitute", or other similar wording;
- (2) the patient is notified and consents to the substitution;
- (3) repealed 10/31/2019; and
- (4) the pharmacy patient record contains the drug product that was actually dispensed.

(b) The determination of the drug product to be dispensed for a prescription drug order is a professional responsibility of the pharmacist. A pharmacist may not dispense any product that in the pharmacist's professional opinion is not an equivalent drug product as the term "equivalent drug product" or "interchangeable biological product" is defined in AS 08.80.480.

12 AAC 52.520. CUSTOMIZED PATIENT MEDICATION PACKAGE (PATIENT MED-PAK). No change.

(a) Instead of dispensing one or more prescribed drug products in separate containers, a pharmacist may, with the written consent of the patient, patient's caregiver, or prescribing practitioner, provide a customized patient medication package or patient med-pak. (b) A patient med-pak is a series of containers prepared by a pharmacist for a specific patient containing one or more prescribed solid oral dosage forms and designed or labeled to indicate the day and time, or period of time, when the contents within each container are to be taken. (c) The pharmacist shall prepare a label for a patient med-pak that includes (1) the name of the patient; (2) the unique identification number for the patient med-pak itself and a separate unique identification number for each of the prescription drug orders for the drug products in the patient med-pak; (3) the name, strength, physical description or identification, and total quantity of each drug product in the patient med-pak; (4) the directions for use and cautionary statements, if any, contained in the prescription drug order for each drug product in the patient med-pak; (5) any other information, statements, or warnings required or appropriate for any of the drug products in the patient med-pak; (6) the name of the prescribing practitioner of each drug product in the patient med-pak; (7) the date of preparation of the patient med-pak and the expiration date assigned to the patient med-pak; the expiration date may not be more than 60 days from the date of preparation of the patient med-pak; (8) the name, address, and telephone number of the

pharmacy; and (9) the initials of the dispensing pharmacist. (d) If the patient med-pak allows for the removal or separation of the intact containers from the patient med-pak, the pharmacist shall label each individual container of the patient med-pak to identify each of the drug products contained in the patient med-pak. (e) When preparing a patient med-pak, the dispensing pharmacist shall take into account any applicable compendium requirements or guidelines and the physical and chemical compatibility of the dosage forms placed within each container in the med-pak and any therapeutic incompatibilities that may attend the simultaneous administration of the drugs. (f) In addition to any individual prescription filing requirements, the pharmacist shall make and file a record of each patient med-pak. Each record must contain (1) the name and address of the patient; (2) a unique identification number for the patient med-pak itself and a separate, unique, identification number for each of the prescription drug orders for each drug product contained in the patient med-pak; (3) information identifying or describing the design, characteristics, or specifications of the patient med-pak that is sufficient to prepare an identical patient med-pak for the patient; (4) the date of preparation of the patient med-pak and the expiration date assigned; (5) any special labeling instructions; and (6) the name or initials of the pharmacist who prepared the patient med-pak.

12 AAC 52.530. RETURN OR EXCHANGE OF DRUGS.

- (a) A pharmacy or pharmacist may accept a drug for return or exchange after the drug has been taken from the premises where the drug was sold, distributed, or dispensed if
- (1) the prescription was dispensed in a manner inconsistent with the original prescription drug order; or the medication was recalled by the manufacturer or the United States Food and Drug Administration; and
 - (2) the drug is segregated from the normal pharmacy inventory and may not be dispensed.
- (b) A pharmacy serving an institutional facility may accept for return or reuse unit dose packages or full or partial multiple dose medication cards if
- (1) the pharmacist can readily determine that there has been no entry or attempt at entry to the unit dose package or blister card;
 - (2) in the pharmacist's professional judgment, the unit dose package or multiple dose medication card meets the standards of the United States Pharmacopoeia (1995 revision) for storage conditions, including temperature, light sensitivity, and chemical and physical stability;
 - (3) the drug has not come into the physical possession of the person for whom it was prescribed, and control of the drug is known to the pharmacist to have been the responsibility of a person or persons licensed to prescribe, dispense, or administer drugs; and
 - (4) the drug labeling or packaging has not been altered or defaced, and the identity of the drug, its strength, lot number, and expiration date are retrievable.
- (c) A pharmacy that occasionally takes back a dispensed drug or device for customer satisfaction concerns is not deemed to be in violation of this regulation provided that the returned drug or device is segregated from the normal pharmacy inventory and may not be dispensed.

Commented [RH41]: Amended.

To clarify that a business decision related to a customer satisfaction concern is not deemed to be a violation.

New subsection (c)

12 AAC 52.535. INDEPENDENT PRESCRIBING & ADMINISTRATION OF VACCINES AND RELATED EMERGENCY MEDICATIONS.

Commented [RH42]: Amend with new regulation number instead of 12 AAC 52.992

Provide clarity w/ prescribing – RPh is the prescriber and administer so let's use the proper language

(a) Before a pharmacist may independently prescribe and administer a human vaccine or related emergency medication to a patient who does not have immunization contraindications as listed by the CDC, FDA, or manufacturer's package insert, or to a patient under a prescription drug order from a prescriber, the pharmacist

(1) must successfully complete a course accredited by the Accreditation Council for Pharmacy Education (ACPE) or a comparable course for pediatric, adolescent, and adult immunization practices that includes instruction on

- (A) basic immunology, vaccine, and immunization protection;
- (B) diseases that may be prevented by vaccination or immunization;
- (C) current CDC immunization schedules;
- (D) vaccine storage and management;
- (E) informed consent;
- (F) physiology and techniques for administration of immunizations;
- (G) pre-immunization and post-immunization assessment and counseling;
- (H) immunization reporting and records management; and
- (I) identifying, responding to, documenting, and reporting adverse responses;

(2) must maintain certification and keep documentation in adult and pediatric cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training;

(3) who has not administered a vaccine during the past 10 years must complete a course as described in (1) of this subsection before administering a vaccine; and

(4) must adhere to 12 AAC 52.320, including continuing education requirements under 12 AAC 52.320(e).

(b) A pharmacy from which a pharmacist administers a human vaccine or related emergency medication under this section

(1) must stock the following emergency medications in an emergency medication kit that is separate from the regular dispensing inventory, and that is carried by the pharmacist if providing off-site immunizations:

- (A) oral and injectable diphenhydramine; and
- (B) adult and pediatric auto-inject epinephrine devices, or injectable epinephrine;

(2) must maintain a policy and procedure manual detailing the immunization practices that must be followed; the manual must

- (A) designate either the pharmacist-in-charge or an assigned vaccine coordinator who will be responsible for maintaining the policy and procedures manual;
- (B) document that the policy and procedures manual has been reviewed and updated annually;
- (C) address how vaccine related adverse reactions are to be reported to the CDC's and FDA's Vaccine Adverse Event Reporting System (VAERS);
- (D) address proper vaccine storage, handling, and maintenance, including maintaining manufacturer recommended temperatures during transportation of vaccines;
- (E) address proper disposal of used or contaminated supplies;

- (F) contain a written emergency protocol for handling accidental needlesticks and adverse reactions, including the administration of related emergency medications; and
- (G) detail how records must be kept;

(3) must display each pharmacist's certification of completing the immunization course described in (a)(1) of this section.

(c) Before preparing and administering an immunization or related emergency medication,

(A) a pharmacy intern must

- (1) have completed an ACPE-accredited immunization course or other comparable course that meets the requirements of (a)(1) of this section;
- (2) maintain certification and keep documentation in adult and pediatric cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training; and
- (3) be under the direct supervision of a pharmacist who has met the requirements of this chapter.

(B) a pharmacy technician who holds a national certification must

- (1) have been trained on the proper method of preparing & administering vaccines for intramuscular or subcutaneous injections;
- (2) maintain certification and keep documentation in adult and pediatric cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training; and
- (3) be under the direct supervision of a pharmacist who has met the requirements of this chapter.

Commented [RH43]: Add per the board 2/7/20

Is this what the board intends for training requirements?

(d) A pharmacist administering a vaccine must offer the patient the current vaccine information statement (VIS) issued by the CDC for each vaccine administered.

(e) A pharmacist, pharmacy technician who holds a national certification, or pharmacist intern independently administering a vaccine must comply with 7 AAC 27.650.

(f) For purposes of this section, a pharmacist independently administers a human vaccine or related emergency medication if

- (1) the pharmacist meets the requirements of this chapter and is the prescriber and administrator of the vaccine; or
- (2) a pharmacist intern or pharmacy technician who holds a national certification who meets the requirements of this chapter administers the vaccine, and the pharmacist supervising the pharmacist intern is the prescriber.

(g) Failure to comply with this section constitutes unprofessional conduct and is a basis for the imposition of disciplinary sanctions under AS 08.01.075.

(h) In this section,

(1) "CDC" means the United States Department of Health and Human Services, Centers for Disease Control and Prevention;

(2) "FDA" means the United States Food and Drug Administration.

12 AAC 52.536. INDEPENDENT PRESCRIBING & DISPENSING OF OPIOID OVERDOSE DRUGS BY PHARMACISTS.

(a) A pharmacist may independently prescribe and dispense an opioid overdose drug approved for use as an opioid overdose drug by the United States Food and Drug Administration. Before a pharmacist independently prescribes and dispenses an opioid overdose drug to a recipient, the pharmacist shall

- (1) in accordance with 12 AAC 52.340, complete a single training session that consists of one hour of continuing education specific to the use of an opioid overdose drug;
- (2) question the recipient to determine if there are any known contraindications to opioid overdose drug usage for the potential user; and
- (3) provide the recipient information about opioid overdose prevention, recognition, and response to opioid overdose drugs.

(b) When dispensing an opioid overdose drug

(1) the pharmacist shall

- (A) label the drug in accordance with 12 AAC 52.480;
- (B) ensure that the label includes appropriate directions; the label may not consist of the sole direction "use as directed";
- (C) ensure that the label includes directions to call 911 or other available emergency services; and
- (D) document the drug as a prescription in the medication record of the recipient in accordance with 12 AAC 52.450;

(c) Nothing in this section restricts the ability of a pharmacist to furnish an opioid overdose drug by means of an authorized practitioner prescription under 12 AAC 52.460 or 12 AAC 52.490.

(d) In this section,

(1) "opioid overdose drug"

- (A) has the meaning given in AS 08.80.168;
- (B) includes naloxone hydrochloride;

(2) "recipient" means the person to whom an opioid overdose drug is furnished.

12 AAC 52.540 NOTIFICATION OF THEFT OR SIGNIFICANT LOSS **Repeal**

12 AAC 52.550. ADVERTISING.

A pharmacy may advertise prescription drug prices if the advertisement contains all of the following information:

- (1) proprietary, trade, or generic name of the drug product;
- (2) dosage form and strength of the drug product; and

Commented [RH44]: Amend – make it this regulation number instead of 12 AAC 52.994

Amended for simplicity & clarity – RPh is prescriber so let's use the proper language

Commented [RH45]: Amended.

Removed manufacture listing and hours of operation

(3) price charged for a specific quantity of the drug product;

12 AAC 52.560. DESTRUCTION AND DISPOSAL OF DRUGS. No change.

- (a) A licensed pharmacist may destroy noncontrolled prescription drugs if the drugs are destroyed in a manner that makes the drugs unfit for human consumption.
- (b) A drug that is a controlled substance shall be disposed of in accordance with federal statutes and regulations.

12 AAC 52.570. DRUG REGIMEN REVIEW. No change

- (a) A pharmacist shall perform a drug regimen review, as defined in AS 08.80.480, for each prescription drug order.
- (b) If a pharmacist identifies any of the items listed in AS 08.80.480 during the drug regimen review, the pharmacist shall avoid or resolve the problem by consulting with the prescribing practitioner, if necessary.

12 AAC 52.580. DATA PROCESSING SYSTEMS. No change

A pharmacy may use an automated data processing system to maintain the records required in AS 08.80 and this chapter if the system (1) is capable of on-line retrieval of all information required in 12 AAC 52.460, 12 AAC 52.470, and 21 C.F.R. 1306.22, as amended as of February 6, 1997; (2) is capable of producing an audit trail printout for all dispensing of any specified strength and dosage form of a drug; and (3) has adequate safeguards to prevent loss of data and reasonable security to prevent unauthorized access to, modification of, or manipulation of patient records.

12 AAC 52.585. PATIENT COUNSELING.

(a) Following the review of a patient's record, if deemed necessary by the pharmacist, each patient or the patient's agent is counselled on matters considered significant in the pharmacist's professional judgment.

(1) Before dispensing an opioid drug for the first time to a patient, a pharmacist or pharmacist intern must advise the patient about the potential dangers of opioid addiction.

(A) the pharmacist or pharmacist intern may use the PDMP to determine if the patient has previously had an opioid drug; and

(B) unintentional, periodic accidental violations, or other more perceived immediate health care attention to another patient which prevents this counseling from occurring is not deemed to be a violation of this opioid counseling requirement.

(b) If a pharmacist or pharmacist intern provides counseling, they may provide the counseling by any verbal, written or electronic means.

Commented [RH46]: Amended for simplicity – used Montana's regulation

Commented [RH47]: On 2/7/20 the board indicated they would support the counseling concerns if it were oral OR written information. Or current regulation already states verbal, written OR electronic means.

(c) This section does not apply to a pharmacist who dispenses drugs for inpatient use in a hospital or other institution if the drug is to be administered by a nurse or other appropriate health care provider.

(d) This section does not require a pharmacist or pharmacist intern to provide patient counseling when a patient or the patient's agent refuses the counseling to the pharmacist, pharmacist intern, or pharmacy technician. In this section, "agent" means the person picking up the prescription on behalf of the patient.

12 AAC 52.590. PREPACKAGING OF DRUGS FOR PRACTITIONER OFFICES.

For the purpose of supplying drugs to a prescribing practitioner, drugs shall be prepackaged in child-resistant containers under the direct supervision of a pharmacist and bear a label that contains

- (1) the name, address, and telephone number of the pharmacy;
- (2) the name, strength, and quantity of the drug;
- (3) the lot number and expiration date of the drug, if not already contained on the unit-of-use or drug packaging; and
- (4) the initials of the pharmacist.

Commented [RH48]: Amended for simplicity and clarity to what this regulation does in the title

ARTICLE 6 – WHOLESALE DRUG DISTRIBUTERS AND FACILITIES

12 AAC 52.696. OUTSOURCING FACILITIES.

(a) An applicant must meet the requirements set out in (b) of this section to demonstrate the necessary qualifications for an outsourcing facility license. An applicant who does not meet the requirements of (b) of this section or whose responses on the form for application do not clearly show that the applicant is qualified to receive an outsourcing facility license will not be issued a license unless the board reviews the application and determines that the applicant meets the qualifications in this section for an outsourcing facility license.

(b) The board will issue an outsourcing facility license to an applicant who

- (1) submits a complete, notarized application on a form provided by the department;
- (2) pays the applicable fees required in 12 AAC 02.310;
- ~~(3) provides the name of the designated facility manager;~~
- (4) submits a completed self-inspection of the premises questionnaire on a form provided by the department;
- (5) submits completed fingerprint cards of the facility manager for evaluation and investigation by the Department of Public Safety; and
- (6) submits the results of the most recent Good Manufacturing Practice (GMP) inspection by the United States Food and Drug Administration.

(c) Within 10 days after a change in facility manager, the new facility manager must meet the requirements of (b) of this section and submit the change on a form provided by the department. The outgoing facility manager must submit a change on a separate form provided by the department.

(d) The facility manager of an outsourcing facility that has changed its name or physical address must apply for a new and separate outsourcing facility license in accordance with (b) of this section.

(e) A new owner of an outsourcing facility must apply for a new and separate outsourcing facility license in accordance with (b) of this section.

(f) When an outsourcing facility ceases operations, the facility manager must submit to the board a written notice of the cessation of operations. The written notice must be submitted within 10 days after the cessation of operations and include

- (1) the date the outsourcing facility ceased operations; and
- (2) arrangement for the records of the outsourcing facility to be retained for two years.

(g) Outsourcing facility personnel shall permit an authorized inspector or law enforcement official, who shows proper identification, to enter and inspect the facility and delivery vehicles at

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Deleted: (3) provides a list of the names and resumes of officers, directors, or primary stockholders responsible for the facility; ¶

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reasonable times and in a reasonable manner, and to inspect the facility records and written operating procedures.

(h) The outsourcing facility must be registered as an outsourcing facility with the United States Food and Drug Administration under Sec. 503b, P.L. 113 – 54 (Drug Supply Chain Security Act).

12 AAC 52.697. THIRD-PARTY LOGISTICS PROVIDERS.

(a) An applicant must meet the requirements set out in (b) of this section to demonstrate the necessary qualifications for a third-party logistics providers license. An applicant who does not meet the requirements on the checklist or whose responses on the form for application do not clearly show that the applicant is qualified to receive a third-party logistics provider license will not be issued a license unless the board reviews the application and determines that the applicant meets the qualifications in this section for a third-party logistics provider license.

(b) The board will issue a third-party logistics provider license to an applicant who

- (1) submits a complete, notarized application on a form provided by the department;
- (2) pays the applicable fees required in 12 AAC 02.310;
- ~~(3) submits a complete, notarized application on a form provided by the department;~~
- (4) submits a completed self-inspection of the premises questionnaire on a form provided by the department; and

(5) submits completed fingerprint cards of the facility manager for evaluation and investigation by the Department of Public Safety.

Deleted: (3) provides a list of the names and résumés of officers, directors, or primary stockholders responsible for the facility; ¶

(c) Within 10 days after a change in facility manager, the new facility manager must meet the requirements of (b) of this section and submit the change on a form provided by the department. The outgoing facility manager must submit a change on a separate form provided by the department.

(d) The facility manager of a third-party logistics provider that has changed its name or physical address must apply for a new and separate third-party logistics provider license in accordance with (b) of this section.

(e) A new owner of third-party logistics provider must apply for a new and separate third-party logistics provider license in accordance with (b) of this section.

(f) When a third-party logistics provider ceases operations, the facility manager must submit to the board a written notice of the cessation of operations. The written notice must be submitted within 10 days after the cessation of operations and include

- (1) the date the third-party logistics provider ceased operations; and
- (2) arrangement for the records of the third-party logistics provider to be retained for two years.

(g) A third-party logistics provider must permit an authorized inspector or law enforcement official, who shows proper identification, to enter and inspect the facility and delivery vehicles at reasonable times and in a reasonable manner, and to inspect the facility records and written operating procedures.

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ARTICLE 8 – DRUG ROOMS AND FACILITIES WITHOUT PHARMACIES

12 AAC 52.730. DRUG DISTRIBUTION AND CONTROL.

Commented [RH49]: amended

(a) The pharmacist-in-charge of an institutional pharmacy is responsible for the storage, preparation, distribution, and control of the institutional facility's drug supply and for ensuring that these activities are carried out in conformance with established policies, procedures, and accepted standards.

(b) The pharmacist-in-charge of an institutional pharmacy shall establish written procedures for the distribution and control of drugs and for the provision of pharmacy service. The procedures must be consistent with 12 AAC 52.710 and 12 AAC 52.720. The pharmacist-in-charge shall make an annual updated copy of the policies and procedures available for inspection by the board.

12 AAC 52.800 DRUG ROOM LICENSE & PHARMACIST REQUIREMENTS

(a) An institutional facility that does not maintain a pharmacy but prepares and administers prescription drugs from bulk supplies for patients receiving treatment within the facility must be licensed by the board as a drug room under 12 AAC 52.010 and 12 AAC 52.020.

(1) the institutional facility must continuously employ a pharmacist or have a written agreement with a pharmacy or pharmacist to provide consultant pharmacist services.

Deleted: (c) Persons employed at an institutional pharmacy who are licensed under AS 08.80 and this chapter shall provide drug information to the staff and practitioners of the institutional facility. ¶

(d) Persons employed at an institutional pharmacy who are licensed under AS 08.80 and this chapter may assist in the planning of and participate in the institutional facility's education and staff development programs relating to drugs. ¶
¶

Commented [RH50]: This is 12 AAC 52.810.

Can repeal this regulation and add here.

(b) An institutional facility that does not maintain a pharmacy but stores and administers prescription drugs that are labeled and dispensed for specific patients by a pharmacy does not require a drug room or pharmacy license.

ARTICLE 10 – DISCIPLINARY GUIDELINES

12 AAC 52.970 REINSTATEMENT OF A SUSPENDED OR REVOKED LICENSE

(a) The board may reinstate a suspended license only if the requirements of the suspension order have been met.

(b) One year after a revocation of a license, a licensee may apply to the board in writing for reinstatement of the license.

- (1) The applicant for reinstatement shall appear before the board; and
- (2) the board will, in its discretion, impose restrictions upon the licensee when reinstating a license.

Commented [RH51]: Combine 12 AAC 52.970 and 12 AAC 52.980

Amend (b)(2) to just say licensee instead of spelling out each license category

ARTICLE 11 – GENERAL PROVISIONS

12 AAC 52.985 REPORTING REQUIREMENTS TO THE BOARD

(a) In accordance with AS 08.80.157, the pharmacist-in-charge, facility manager, or owner of any facility licensed by the board must notify the board, in writing, within 10 days if that facility

(1) experiences a known significant adverse drug reaction that results in hospitalization or death of a patient.

(A) The notification to the board must include

- (i) the name and license number of any individual licensee, if they were involved in the incident; and
- (ii) the details of the incident that resulted in the hospitalization or death;

(2) experiences any loss of records that are required to be maintained under AS 08 or federal law;

(3) has been disciplined, including suspension or revocation by federal, state, or local government of a license currently or previously held by the applicant or facility for the manufacture or distribution of drugs or devices, including controlled substances, or any felony conviction under federal, state, or local law of an owner of the facility;

(4) is made aware of any conviction of an employee in violation of a state or federal drug law; or

(5) experiences a theft of drugs or devices.

(A) If a DEA FORM 106, “Report of Theft or Loss of Controlled Substances”, is required to be completed, then the pharmacist-in-charge or owner must also send a copy of the completed form to the board.

Commented [RH52]: New Regulation – required under AS 08.80.157(g)(6)

Replaced 12 AAC 52.985 which is now currently emergency preparedness

(b) In accordance with AS 08.80.157, an individual that is licensed by the board must notify the board, in writing, within 10 days if

(1) any disciplinary decision or conviction, including conviction of a felony or conviction of another crime that affects the applicant’s or licensee’s ability to practice competently and safely as described in 12 AAC 52.925, is issued against the licensee; or

Commented [RH53]: We can repeal 12 AAC 52.540 since it’s here

Commented [RH54]: added

(2) the individual knows or suspects that another licensee is incapable of engaging in the practice of pharmacy with reasonable skill, competence, and safety to the public,

Commented [RH55]: AS 08.80.261(12)

12 AAC 52.990. DISPLAY OR PROOF OF LICENSE

(a) A licensee shall conspicuously display, in their normal practice site, the licensee's current license certificate. Pending receipt of the current license certificate from the department, the licensee shall display the department's Internet web site posting confirming licensure. The current license certificate, or web site posting confirming licensure, of a licensee practicing in an institutional facility may be displayed in a central location.

Commented [RH56]: Amended title

Added (b) based on intent of board from 2/7/20 meeting

(b) A licensee who is working in a facility that is not their normal practice site must have a copy of their license with them and available upon request.

12 AAC 52.991. DISCIPLINARY DECISION OR CONVICTION REPORTING REQUIREMENT, REPEAL

Commented [RH57]: Made new regulation 12 AAC 52.985 reporting requirements so can repeal this regulation



EMERGENCY ORDER 2020-2

APRIL x, 2020

In response to the COVID-19 Public Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020, the Board of Pharmacy has voted to repeal the September 30, 2020, expiration date for pharmacy, wholesale drug distributor, and drug room licenses in 12 AAC 52.300. These emergency regulations require the Department of Commerce, Community, and Economic Development to set an expiration date for the current certification period. The emergency regulations expire on xxx, 2020.

Recognizing the public disaster may require nurse aides to focus on delivering health care and may impede their ability to access documents required for renewal, the intent of this emergency regulation is to extend the window of time for nurse aides to renew their certification.

Under delegation of authority from Commissioner Julie Anderson and the authority conferred to my position under the uncodified law set forth in SB 241, I am setting the expiration of the current certification period as 12:00 a.m. on xxx, 2020.

This order may be superseded by a subsequent order from the director or an order or regulation adopted by the Board of Pharmacy.

A handwritten signature in cursive script that reads "Sara Chambers".

Sara Chambers
Division Director

Annual Report

Fiscal Year 2020

BOARD/PROGRAM NAME



**Department of Commerce, Community
and Economic Development**

**Division of Corporations, Business
and Professional Licensing**

This annual performance report is presented in accordance with
Alaska statute AS 08.01.070(10).

Its purpose is to report the accomplishments, activities, and the
past and present needs of the licensing program.

**BOARD/PROGRAM NAME
FY 2020 Annual Report**

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BOARD/PROGRAM NAME
FY 2020 Annual Report

Identification of the Board

Board Member	Duty Station	Date Appointed	Term Expires
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020

**BOARD/PROGRAM NAME
FY 2020 Annual Report**

Identification of the Board (continued)

Board Member	Duty Station	Date Appointed	Term Expires
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
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Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020

**BOARD/PROGRAM NAME
FY 2020 Annual Report**

Identification of Staff

Insert Name Here – Licensing Examiner

Department of Commerce, Community & Economic Development
Division of Corporations, Business and Professional Licensing
Post Office Box 110806
Juneau, Alaska 99811-0806
(907) 465-2550

Insert Name Here – Licensing Examiner

Department of Commerce, Community & Economic Development
Division of Corporations, Business and Professional Licensing
Post Office Box 110806
Juneau, Alaska 99811-0806
(907) 465-2550

Insert Name Here – Licensing Examiner

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BOARD/PROGRAM NAME
FY 2020 Annual Report

Narrative Statement

FY 2020 Narrative Statement (continued)

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Budget Recommendations for FY 2021

The Budget Recommendations section anticipates the board’s fiscal priorities for the upcoming year. Please complete all parts of this section with details about anticipated meetings, conferences, memberships, supplies, equipment, to other board requests. Meeting expenses that are being funded through third-party reimbursement or direct booking must be identified separately from expenses paid through license fees (receipt-supported services or RSS). Be sure to explain any items listed as “other” so they may be tracked appropriately.

Board Meeting Date	Location	# Board	# Staff
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Other:			\$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Other:			\$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Other:			\$0.00
Total Estimated Cost:			\$0.00

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Budget Recommendations for FY 2021

The Budget Recommendations section anticipates the board’s fiscal priorities for the upcoming year. Please complete all parts of this section with details about anticipated meetings, conferences, memberships, supplies, equipment, to other board requests. Meeting expenses that are being funded through third-party reimbursement or direct booking must be identified separately from expenses paid through license fees (receipt-supported services or RSS). Be sure to explain any items listed as “other” so they may be tracked appropriately.

Board Meeting Date	Location	# Board	# Staff
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Other:			\$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Other:			\$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Other:			\$0.00
Total Estimated Cost:			\$0.00

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Budget Recommendations for FY 2021 (continued)

Travel Required to Perform Examinations

Not applicable

Date	Location	# Board	# Staff

Description of meeting and its role in supporting the mission of the Board:

<input type="checkbox"/> Airfare:	\$0.00
<input type="checkbox"/> Hotel:	\$0.00
<input type="checkbox"/> Ground:	\$0.00
<input type="checkbox"/> Conference:	\$0.00
<input type="checkbox"/> Other:	\$0.00

Describe "Other" (break out all sections):

Total Estimated Cost: **\$0.00**

Out-of-State Meetings and Additional In-State Travel (Rank in order of importance)

#1 Rank in Importance or Not Applicable

Date	Location	# Board	# Staff

Description of meeting and its role in supporting the mission of the Board:

Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				

Net Total: **\$0.00** **\$0.00** **\$0.00** **\$0.00**

Out-of-State Meetings and Additional In-State Travel

#2 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

Out-of-State Meetings and Additional In-State Travel

#3 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

Out-of-State Meetings and Additional In-State Travel

#4 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

Out-of-State Meetings and Additional In-State Travel

#5 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

Out-of-State Meetings and Additional In-State Travel

#6 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

Out-of-State Meetings and Additional In-State Travel

#7 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Budget Recommendations for FY 2021 (continued)

Non-Travel Budget Requests

- Not Applicable Resources Examinations
 Membership Training Other

Product or Service	Provider	Cost Per Event
		\$0.00

Description of item and its role in supporting the mission of the Board:

Non-Travel Budget Requests

- Not Applicable Resources Examinations
 Membership Training Other

Product or Service	Provider	Cost Per Event
		\$0.00

Description of item and its role in supporting the mission of the Board:

Non-Travel Budget Requests

- Not Applicable Resources Examinations
 Membership Training Other

Product or Service	Provider	Cost Per Event
		\$0.00

Description of item and its role in supporting the mission of the Board:

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Budget Recommendations for FY 2021 (continued)

Other Items with a Fiscal Impact		Cost Per Event:	\$0.00
<input type="checkbox"/> Not Applicable		Number of Events:	0
Product or Service	Provider	Total Cost	
		\$0.00	
Description of item and its role in supporting the mission of the Board:			

Other Items with a Fiscal Impact		Cost Per Event:	\$0.00
<input type="checkbox"/> Not Applicable		Number of Events:	0
Product or Service	Provider	Total Cost	
		\$0.00	
Description of item and its role in supporting the mission of the Board:			

Other Items with a Fiscal Impact		Cost Per Event:	\$0.00
<input type="checkbox"/> Not Applicable		Number of Events:	0
Product or Service	Provider	Total Cost	
		\$0.00	
Description of item and its role in supporting the mission of the Board:			

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Budget Recommendations for FY 2021 (continued)

Other Items with a Fiscal Impact		Cost Per Event:	\$0.00
<input type="checkbox"/> Not Applicable		Number of Events:	0
Product or Service	Provider	Total Cost	
		\$0.00	
Description of item and its role in supporting the mission of the Board:			

Other Items with a Fiscal Impact		Cost Per Event:	\$0.00
<input type="checkbox"/> Not Applicable		Number of Events:	0
Product or Service	Provider	Total Cost	
		\$0.00	
Description of item and its role in supporting the mission of the Board:			

Summary of FY 2021 Fiscal Requests	
Board Meetings and Teleconferences:	\$0.00
Travel for Exams:	\$0.00
Out-of-State and Additional In-State Travel:	\$0.00
Dues, Memberships, Resources, Training:	\$0.00
Total Potential Third-Party Offsets:	-\$0.00
Other:	\$0.00
Total Requested:	\$0.00

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Legislation Recommendations Proposed Legislation for FY 2021

No Recommendations

The Board has no recommendations for proposed legislation at this time.

Recommendations

The Board has the following recommendations for proposed legislation:

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Regulation Recommendations Proposed Legislation for FY 2021

No Recommendations

The Board has no recommendations for proposed regulations at this time.

Recommendations

The Board has the following recommendations for proposed regulations:

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Goals and Objectives

Part I

FY 2020's goals and objectives, and how they were met:

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Goals and Objectives (continued)

Part I (continued)

FY 2020's goals and objectives, and how they were met:

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Goals and Objectives

Part II

FY 2021's goals and objectives, and proposed methods to achieve them.

Describe any strengths, weaknesses, opportunities, threats and required resources:

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Goals and Objectives (continued)

Part II (continued)

FY 2021's goals and objectives, and proposed methods to achieve them.

Describe any strengths, weaknesses, opportunities, threats and required resources:

BOARD/PROGRAM NAME
Fiscal Year 2020 Annual Report

Sunset Audit Recommendations

Date of Last Legislative Audit:
Board Sunset Date:

Audit Recommendation:

Action Taken:

Next Steps:

Date Completed:

Audit Recommendation:

Action Taken:

Next Steps:

Date Completed:

Sunset Audit Recommendations (continued)

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

Sunset Audit Recommendations (continued)

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

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

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Pharmacy	FY 14	FY 15	Biennium	FY 16	FY 17	Biennium	FY 18	FY 19	Biennium	FY 20 1st - 3rd QTR
	Revenue									
Revenue from License Fees	\$ 673,100	\$ 269,646	\$ 942,746	\$ 802,230	\$ 208,755	\$ 1,010,985	\$ 801,317	\$ 213,770	\$ 1,015,087	\$ 475,230
Allowable Third Party Reimbursements	1,701	-	1,701	-	3,256	3,256	210	962	1,172	-
TOTAL REVENUE	\$ 674,801	\$ 269,646	\$ 944,447	\$ 802,230	\$ 212,011	\$ 1,014,241	\$ 801,527	\$ 214,732	\$ 1,016,259	\$ 475,230
Expenditures										
Non Investigation Expenditures										
1000 - Personal Services	132,988	115,222	248,210	156,115	151,947	308,062	204,727	194,745	399,472	115,639
2000 - Travel	24,054	24,548	48,602	16,676	11,119	27,795	13,704	8,299	22,003	2,693
3000 - Services	17,003	4,569	21,572	13,361	14,293	27,654	21,960	27,781	49,741	5,305
4000 - Commodities	69	90	159	111	519	630	-	26	26	521
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	174,114	144,429	318,543	186,263	177,878	364,141	240,391	230,851	471,242	124,158
Investigation Expenditures										
1000-Personal Services	49,292	49,044	98,336	68,935	63,727	132,662	68,679	69,997	138,676	37,714
2000 - Travel	-	-	-	-	-	-	-	-	-	1,260
3023 - Expert Witness	-	-	-	-	2,800	2,800	-	-	-	-
3088 - Inter-Agency Legal	7,630	4,580	12,210	1,451	23,355	24,806	-	3,062	3,062	-
3094 - Inter-Agency Hearing/Mediation	-	-	-	-	883	883	-	-	-	-
3000 - Services other	-	-	-	-	-	-	-	400	400	127
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures	56,922	53,624	110,546	70,386	90,765	161,151	68,679	73,459	142,138	39,101
Total Direct Expenditures	231,036	198,053	429,089	256,649	268,643	525,292	309,070	304,310	613,380	163,259
Indirect Expenditures										
Internal Administrative Costs	123,716	72,555	196,271	128,025	123,008	251,033	150,986	155,128	306,114	116,346
Departmental Costs	45,898	48,021	93,919	48,707	73,682	122,389	78,139	81,374	159,513	61,031
Statewide Costs	28,298	25,287	53,585	15,564	26,226	41,790	30,555	27,069	57,624	20,302
Total Indirect Expenditures	197,912	145,863	343,775	192,296	222,916	415,212	259,680	263,571	523,251	197,679
TOTAL EXPENDITURES	\$ 428,948	\$ 343,916	\$ 772,864	\$ 448,945	\$ 491,559	\$ 940,504	\$ 568,750	\$ 567,881	\$ 1,136,631	\$ 360,938
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ 29,896	\$ 275,749		\$ 201,479	\$ 554,764		\$ 275,216	\$ 507,993		\$ 154,844
Annual Increase/(Decrease)	245,853	(74,270)		353,285	(279,548)		232,777	(353,149)		114,292
Ending Cumulative Surplus (Deficit)	\$ 275,749	\$ 201,479		\$ 554,764	\$ 275,216		\$ 507,993	\$ 154,844		\$ 269,136
Statistical Information										
Number of Licensees	4,134	4,756		4,649	5,068		5,680	6,203		-

Additional information:

- Fee analysis required if the cumulative is less than zero; fee analysis recommended when the cumulative is less than current year expenditures; no fee increases needed if cumulative is over the current year expenses *
- Most recent fee change: Fee reduction FY20
- Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065.

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

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Appropriation	(All)
AL Sub Unit	(All)
PL Task Code	PHA1

Sum of Expenditures Object Name (Ex)	Object Type Name (Ex)				Grand Total
	1000 - Personal Services	2000 - Travel	3000 - Services	4000 - Commodities	
1011 - Regular Compensation	85,971.88				85,971.88
1023 - Leave Taken	10,365.37				10,365.37
1028 - Alaska Supplemental Benefit	5,913.04				5,913.04
1029 - Public Employee's Retirement System Defined Benefits	2,527.49				2,527.49
1030 - Public Employee's Retirement System Defined Contribution	4,462.55				4,462.55
1034 - Public Employee's Retirement System Defined Cont Health Reim	2,833.89				2,833.89
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	1,120.59				1,120.59
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	10,250.00				10,250.00
1039 - Unemployment Insurance	314.16				314.16
1040 - Group Health Insurance	23,804.04				23,804.04
1041 - Basic Life and Travel	35.03				35.03
1042 - Worker's Compensation Insurance	875.38				875.38
1047 - Leave Cash In Employer Charge	2,115.62				2,115.62
1048 - Terminal Leave Employer Charge	1,292.49				1,292.49
1053 - Medicare Tax	1,345.49				1,345.49
1063 - GGU Business Leave Bank Usage	-				-
1069 - SU Business Leave Bank Contributions	4.58				4.58
1077 - ASEA Legal Trust	105.28				105.28
1079 - ASEA Injury Leave Usage	8.35				8.35
1080 - SU Legal Trst	8.71				8.71
2000 - In-State Employee Airfare		1,147.13			1,147.13
2001 - In-State Employee Surface Transportation		181.05			181.05
2002 - In-State Employee Lodging		752.46			752.46
2003 - In-State Employee Meals and Incidentals		480.00			480.00
2005 - In-State Non-Employee Airfare		464.43			464.43
2007 - In-State Non-Employee Lodging		516.00			516.00
2008 - In-State Non-Employee Meals and Incidentals		300.00			300.00
2009 - In-State Non-Employee Taxable Per Diem		112.00			112.00
3001 - Test Monitor/Proctor				-	-
3002 - Memberships				250.00	250.00
3035 - Long Distance				120.79	120.79
3036 - Local/Equipment Charges				283.41	283.41
3045 - Postage				127.15	127.15
3046 - Advertising				118.76	118.76
3085 - Inter-Agency Mail				150.67	150.67
3088 - Inter-Agency Legal				4,381.25	4,381.25
4001 - Equipment/Furniture/Tools/Vehicles				266.17	266.17
4002 - Business Supplies				254.97	254.97
Grand Total	153,353.94	3,953.07	5,432.03	521.14	163,260.18

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

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Pharmacy	FY 14	FY 15	Biennium	FY 16	FY 17	Biennium	FY 18	FY 19	Biennium	FY 20 1st & 2nd QTR
	Revenue									
Revenue from License Fees	\$ 673,100	\$ 269,646	\$ 942,746	\$ 802,230	\$ 208,755	\$ 1,010,985	\$ 801,317	\$ 213,770	\$ 1,015,087	\$ 164,140
Allowable Third Party Reimbursements	1,701	-	1,701	-	3,256	3,256	210	962	1,172	-
TOTAL REVENUE	\$ 674,801	\$ 269,646	\$ 944,447	\$ 802,230	\$ 212,011	\$ 1,014,241	\$ 801,527	\$ 214,732	\$ 1,016,259	\$ 164,140
Expenditures										
Non Investigation Expenditures										
1000 - Personal Services	132,988	115,222	248,210	156,115	151,947	308,062	204,727	194,745	399,472	63,993
2000 - Travel	24,054	24,548	48,602	16,676	11,119	27,795	13,704	8,299	22,003	127
3000 - Services	17,003	4,569	21,572	13,361	14,293	27,654	21,960	27,781	49,741	3,481
4000 - Commodities	69	90	159	111	519	630	-	26	26	521
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	174,114	144,429	318,543	186,263	177,878	364,141	240,391	230,851	471,242	68,122
Investigation Expenditures										
1000-Personal Services	49,292	49,044	98,336	68,935	63,727	132,662	68,679	69,997	138,676	21,947
2000 - Travel	-	-	-	-	-	-	-	-	-	-
3023 - Expert Witness	-	-	-	-	2,800	2,800	-	-	-	-
3088 - Inter-Agency Legal	7,630	4,580	12,210	1,451	23,355	24,806	-	3,062	3,062	-
3094 - Inter-Agency Hearing/Mediation	-	-	-	-	883	883	-	-	-	-
3000 - Services other	-	-	-	-	-	-	-	400	400	65
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures	56,922	53,624	110,546	70,386	90,765	161,151	68,679	73,459	142,138	22,012
Total Direct Expenditures	231,036	198,053	429,089	256,649	268,643	525,292	309,070	304,310	613,380	90,134
Indirect Expenditures										
Internal Administrative Costs	123,716	72,555	196,271	128,025	123,008	251,033	150,986	155,128	306,114	77,564
Departmental Costs	45,898	48,021	93,919	48,707	73,682	122,389	78,139	81,374	159,513	40,687
Statewide Costs	28,298	25,287	53,585	15,564	26,226	41,790	30,555	27,069	57,624	13,535
Total Indirect Expenditures	197,912	145,863	343,775	192,296	222,916	415,212	259,680	263,571	523,251	131,786
TOTAL EXPENDITURES	\$ 428,948	\$ 343,916	\$ 772,864	\$ 448,945	\$ 491,559	\$ 940,504	\$ 568,750	\$ 567,881	\$ 1,136,631	\$ 221,920
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ 29,896	\$ 275,749		\$ 201,479	\$ 554,764		\$ 275,216	\$ 507,993		\$ 154,844
Annual Increase/(Decrease)	245,853	(74,270)		353,285	(279,548)		232,777	(353,149)		(57,780)
Ending Cumulative Surplus (Deficit)	\$ 275,749	\$ 201,479		\$ 554,764	\$ 275,216		\$ 507,993	\$ 154,844		\$ 97,064
Statistical Information										
Number of Licensees	4,134	4,756		4,649	5,068		5,680	6,203		-

Additional information:

- Fee analysis required if the cumulative is less than zero; fee analysis recommended when the cumulative is less than current year expenditures; no fee increases needed if cumulative is over the current year expenses *
- Most recent fee change: Fee reduction FY20
- Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065.

Appropriation	(All)
AL Sub Unit	(All)
PL Task Code	PHA1

Sum of Expenditures Object Name (Ex)	Object Type Name (Ex)				Grand Total
	1000 - Personal Services	2000 - Travel	3000 - Services	4000 - Commodities	
1011 - Regular Compensation	48,492.65				48,492.65
1023 - Leave Taken	5,877.16				5,877.16
1028 - Alaska Supplemental Benefit	3,336.58				3,336.58
1029 - Public Employee's Retirement System Defined Benefits	2,045.08				2,045.08
1030 - Public Employee's Retirement System Defined Contribution	2,370.61				2,370.61
1034 - Public Employee's Retirement System Defined Cont Health Reim	1,424.54				1,424.54
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	595.26				595.26
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	5,526.26				5,526.26
1039 - Unemployment Insurance	178.03				178.03
1040 - Group Health Insurance	12,829.22				12,829.22
1041 - Basic Life and Travel	17.87				17.87
1042 - Worker's Compensation Insurance	484.50				484.50
1047 - Leave Cash In Employer Charge	1,229.91				1,229.91
1048 - Terminal Leave Employer Charge	704.88				704.88
1053 - Medicare Tax	761.81				761.81
1063 - GGU Business Leave Bank Usage	-				-
1077 - ASEA Legal Trust	51.86				51.86
1079 - ASEA Injury Leave Usage	8.35				8.35
1080 - SU Legal Trst	6.24				6.24
2000 - In-State Employee Airfare		127.40			127.40
3001 - Test Monitor/Proctor				-	-
3035 - Long Distance				9.75	9.75
3045 - Postage				64.50	64.50
3046 - Advertising				38.60	38.60
3085 - Inter-Agency Mail				150.67	150.67
3088 - Inter-Agency Legal				3,281.71	3,281.71
4001 - Equipment/Furniture/Tools/Vehicles				266.17	266.17
4002 - Business Supplies				254.97	254.97
Grand Total	85,940.81	127.40	3,545.23	521.14	90,134.58