Alaska Board of Pharmacy

Agenda Item #1

Roll Call/Call to Order

Alaska Board of Pharmacy Roster

Board Member Name	Initial Appointment	Reappointed	Term End
Ashley Schaber, Pharm.D	07/01/2021		03/01/2024
Sylvain Nouvion, Pharm.D., Ph.D.	05/31/2023		03/01/2026
James Henderson, RPh	03/01/2017		03/01/2025
Ramsey Bell, RPh	03/01/2022		03/01/2026
Carla Hebert, RPh	01/05/2023		03/01/2026
Sara Rasmussen, Public Member	03/01/2023		03/01/2026
Vacant (Public Member)			

Name	Position	Committee Membership/Additional Duties
Ashley Schaber	Chair	Statutes and Regulations
James Henderson	Vice Chair	Statutes and Regulations, Compounding
Ramsey Bell	Secretary	Statutes and Regulations, Well-Being
Carla Hebert		Compounding, Well-Being, MPJE Representative
Sara Rasmussen		Controlled Substances Advisory Committee Chair
Sylvain Nouvion		

Updated 07/27/2023

Alaska Board of Pharmacy

Agenda Item #2

Review/Approve Agenda

Board Members:

Ashley Schaber, Pharmacist (Chair)

James Henderson, Pharmacist (Vice-Chair)

Carla Hebert, Pharmacist

Ramsey Bell, Pharmacist (Secretary)

Sylvain Nouvion, Pharmacist

Sara Rasmussen, Public Member

Vacant, Public Member

Staff:

Michael Bowles, Executive Administrator

Amy Glenn, Occupational Licensing Examiner

Sarah Jones, Occupational Licensing Examiner

Upcoming Meetings:

November 16, 2023 (Tentative)

ALASKA BOARD OF PHARMACY MEETING

AGENDA (DRAFT)

AUGUST 10, 2023

Discussion of the following topics may require executive session. Only authorized members will be permitted to remain in the Board/Zoom room during executive session.

Meeting Details

Meeting Name:	Alaska Board of Pharmacy Meeting
Meeting Start Time:	9:00 AM (AKST)
Meeting Start Date:	August 10, 2023
Meeting End Time:	5:00 PM (AKST)
Meeting End Date:	August 10, 2023
Meeting Locations:	1. Board/Staff - Suite 1550, Atwood Building, Anchorage, AK 2. Zoom for Public Attendees (Limited In-Person Space)

Meeting Registration Link: https://us02web.zoom.us/meeting/register/tZUrduirrjIvGdyxe-O-8sqT5wpi9kuO8-Na

Dial ID: 816 1130 9538
Passcode: 629299

Links

Board of Pharmacy Homepage: pharmacy.alaska.gov

Prescription Drug Monitoring Program State page: pdmp.alaska.gov

Agenda

1. Roll Call/Call to Order (9:00 - 9:02)
2. Review/Approve Agenda (9:02 – 9:05)
3. Ethics Disclosures (9:05 – 9:10)
4. Review/Approve Meeting Minutes (9:10 – 9:15)
   - April 21, 2023, Regular Meeting
   - May 24, 2023, Special Meeting
   - June 20, 2023, Special Meeting
5. Public Comment Period (9:15 – 9:30)
6. Division Updates (9:30 – 10:30)
   - Michael Bowles, Executive Administrator
     - Application Processing Statistics
   - Melissa Duma, Administrative Operations Manager
     - Budget Reports
     - Update of Online Applications
   - Lisa Sherrell, Prescription Drug Monitoring Program (PDMP) Manager
     - PDMP Updates
7. Investigative Report (10:30 – 12:00)
   - Billy Homestead, Senior Investigator Introduction
   - Holly Handley, Investigator
     - Investigative Report
     - Case 2021-000775 Confidential - Executive Session
     - Case 2021-000776 Confidential - Executive Session
     - Case 2021-000784 Confidential - Executive Session
     - Case 2022-000476 Confidential - Executive Session
     - Case 2022-000634 Confidential - Executive Session
     - Case 2022-000782 Confidential - Executive Session
     - Case 2022-000826 Confidential - Executive Session
     - Case 2022-000829 Confidential - Executive Session
     - Case 2022-000905 Confidential - Executive Session

- Case 2022-000934 Confidential - Executive Session
- Case 2022-000935 Confidential - Executive Session
- Case 2022-000936 Confidential - Executive Session
- Case 2022-000937 Confidential - Executive Session
- Case 2022-000976 Confidential - Executive Session
- Case 2022-001033 Confidential - Executive Session
- Case 2022-001034 Confidential - Executive Session
- Case 2022-001036 Confidential - Executive Session

8. Industry Updates (12:00 – 12:30)
   - Alaska Pharmacists Association (AKPhA) – Brittany Keener, PharmD, MPH, BCPS
9. Adjourn for Lunch (12:30 – 1:00)
10. Roll Call/Call to Order (1:00 – 1:05)
11. Public Comment Period (1:05 – 1:20)
12. Board Business (1:20 – 3:00)
    - Reciprocal Action for Out-of-State Discipline
      - Guidance from Department of Law
    - HB 56 – Language Addressing Pharmacies/Pharmacists Reporting Dispensed Prescriptions from Veterinarians to PDMP
    - Application Reviews
      - Morris & Dickson Confidential - Executive Session
    - Lost or Stolen Controlled Substances
      - Safeway Pharmacy #1805
      - Safeway Pharmacy #1807
      - Safeway Pharmacy #1817
      - Safeway Pharmacy #1818
      - Safeway Pharmacy #1833
      - Costco Pharmacy #10
      - Carr's Pharmacy #0720
    - Collaborative Practice Agreements
      - Physician Donna Jones License No. 163193 and Pharmacist Amy Paul License No. 114537

    - Physician Shamsideen Musa License No. 131469 and Pharmacist Obinna Alu License No. 131417
- Pharmacist-in-Charge Request for Two Adjacent Pharmacies
    - Geneva Woods Mat-Su Medset Pharmacy
    - Geneva Woods Mat-Su Pharmacy
- Well Being Index
- Tasks List Review

13. Statutes Discussion (3:00 – 3:30)
14. Regulation Changes for Approval/Compliance with HB 112 (3:30 – 4:50)
15. Chair Final Comments (4:50 – 5:00)
16. Adjourn (5:00)

Alaska Board of Pharmacy

Agenda Item #3

Ethics Disclosures

Alaska Board of Pharmacy

Agenda Item #4

Review/Approve Meeting Minutes

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

BOARD OF PHARMACY

CONDENSED MINUTES OF THE MEETING HELD APRIL 21, 2023
(DRAFT COPY)

Date:	April 21, 2023
Time:	09:00am – 05:00pm
Location:	Anchorage: 550 W 7th Avenue, Suite 1500, Room 1550, Anchorage, AK 99501; Zoom
Attending:	Board Members: Ashley Schaber, Sara Rasmussen, Carla Hebert, Ramsey Bell Staff: Michael Bowles, Lisa Sherrell, Amy Glenn, Sarah Jones, Sara Chambers, Holly Handley, Alison Osborne
Absent:	James Henderson

Agenda Item #1. Roll Call/Call to Order – Board and Staff Introductions
Roll Call:
Ashley Schaber - Present
Sara Rasmussen - Present
James Henderson - Absent
Carla Hebert - Present
Ramsey Bell – Present

Agenda Item #2 Review/Approve Agenda
Brief Discussion: Introductions
Motion 1: Carla Hebert motioned to approve the agenda as written, seconded by Sara Rasmussen.

Motion 1 Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Absent
Carla Hebert - Yes
Ramsey Bell – Yes

It was resolved to approve April 21, 2023, agenda as written.

Agenda Item #3 Ethics Disclosures
Brief Discussion: Ashley Schaber disclosed she is a member of the AKPhA Legislative Committee.

Agenda Item #4 Review/Approve Meeting Minutes
Motion 2: Ramsey Bell motioned to approve the February 16, 2023, meeting minutes, seconded by Sara Rasmussen.

Motion 2 Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Absent
Carla Hebert - Yes
Ramsey Bell – Yes

It was resolved to approve the February 16, 2023, meeting minutes as written.

Motion 3: Ramsey Bell motioned to approve the March 20, 2023, meeting minutes, seconded by Carla Hebert.

Motion 3 Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Absent
Carla Hebert - Yes
Ramsey Bell – Yes

It was resolved to approve the March 20, 2023, meeting minutes as written.

Agenda Item #5 Public Comment Period
Discussion:
Rob Geddes, Albertson's

- Addressed HB145
- Idaho shares similarities.
- Great opportunity to provide patient services and greater access for rural patients.
- 08.80.37(b) allows independent care-seems to allow pharmacists to practice independently.
- Requested the board consider recognizing patient benefit from access to care.

Roger Morris, Quarles and Bradey

- Addressed HB145
- Echoed the comments of Rob Geddes.
- Section (c) needs clarity. Requested specifically for "test and treat" scenarios where pharmacists can provide care and medication.

Jennifer Adams

- Recognized and thanked Ashley Schaber for her service.
- Requested the board consider retroactively extending Pharmacy Intern licenses that existed before the regulations changes on December 28, 2022.

Agenda Item #6 Division Updates
Discussion:
Administrative update

- Sarah Jones Introduction, Occupational Licensing Examiner

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- Sara Chambers, Boards and Regulations Advisor
  - Discussed priorities and improvements, available tools for boards.
  - Walked through Board Member website resources.
- Michael Bowles, Executive Administrator
  - No financial report updates since February board meeting.
  - Discussed the timeline for online applications. This is currently in the works but is 1-2 years out with other Division priorities.
- Lisa Sherrell, Prescription Drug Monitoring Program (PDMP) Manager
  - Provided updates to the program, applied for BJE grant for funding.
  - Introduced Stephen Young, Project Assistant.
  - Auto approval for users has been enabled making PDMP more efficient.
  - Discussed what the grant funds and budget covers.
  - Statewide Gateway/Electronic Health Record integration update.
  - PDMP Assessment work group recommendation update.
    - PDMP is staying in DCCED.
    - Meeting in 2 weeks (Tentative May 4th) to discuss way forward.

Agenda Item #7 Investigative Update

Discussion:

- Holly Handley, Investigator
  - Investigative Report from February 03, 2023, through April 06, 2023
  - Open Cases: 44
  - Closed Cases: 12
  - License Actions: 3
  - Case #2022-000749 (Confidential - Executive Session)

Motion 4: On a motion made by Carla Hebert in accordance with AS 44.62.310(c)(2) and seconded by Ashley Schaber, the board moved to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion.

Motion 4 Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Absent
Carla Hebert - Yes
Ramsey Bell – Yes

It was resolved to enter executive session in accordance with AS 44.62.310(c)(2). Staff, Michael Bowles, Holly Handley were authorized to remain in the room.

Off record for executive session at 9:50am
On record from executive session at 10:22am

No motions were made during the executive session.

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Motion 5: Ramsey Bell moved to accept the default order of the imposition of civil fine for case #2022-000749 in the amount of $300, seconded by Sara Rasmussen.

Motion 5 Recorded Votes:
Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Absent
Carla Hebert - Yes
Ramsey Bell – Yes

It was resolved to accept the default order of the imposition of civil fine for case #2022-000749 in the amount of $300.

Agenda Item #8 Industry Updates

Discussion:

- National Association of Boards of Pharmacy (NABP) - Neal Watson, Senior Manager, Member Relations and Government Affairs
  - Presentation on NABP
    - Overview of what NABP offers.
    - Twenty-one states are involved with the Multistate Pharmacy Inspection Blueprint.
    - E-Profile captures all programs a facility utilizes (Inspections, Accreditation, etc.).
    - Pharmacy Accreditation and Inspection Programs.
      - NABP Surveyors/Inspectors
      - Verified Pharmacy Program (VPP)
      - Multistate Pharmacy Inspection Blueprint Program
        - New Training Fall 2023 – 1 inspector from each jurisdiction funded.
      - Distributor Programs
        - Accreditations
        - Supply Chain Inspections
      - General Pharmacy Inspection Fees – start at $3000 up to $5500.
      - No charge to state board of pharmacy unless the state goes under contract with NABP for inspections.
- AKPHA - Brandy Seignemartin, AKPhA Executive Director, provided an update on the following items:
  - Pharmacy Technician Workforce Issues
    - Shortage of Pharmacy Technicians in Alaska.
    - Hospitals are using "Traveling Technicians" at a much higher wage to cover down.
    - Discussed high school students being allowed to be licensed prior to age 18 and graduation if enrolled in a pharmacy apprenticeship program. A similar program is in place in Washington and California.
  - SB 121 – Patient Freedom of Pharmacy Choice Bill
    - Brandy Seignemartin outlined the sections of the bill.
    - Gives patients the right to access their medications at the pharmacy of their choice.
    - Pharmacies are closing due to the loss in revenue. This is a public health infrastructure problem for Alaska.

- Patients being able to access medications from healthcare provider through method of choice.
- White bagging – Patient must get medication from outside source shipped to physician's office, may not be the appropriate supply chain, medication errors can occur, dosing changes can cause delays in care.
- Brown bagging – Medication must go from Pharmacy Benefit Management (PBM) owned pharmacy to patient's home, patient must bring the medication to their provider to administer, medication integrity can be compromised.
- Provides a framework for transparent reimbursement methodology.
- Addresses unfair trade practices of PBMs.

Agenda Item #9 Recess for Lunch

Agenda Item #10 Roll Call/Call to Order
Roll Call:
Ashley Schaber - Present
Sara Rasmussen - Present
James Henderson – Absent
Carla Hebert – Present
Ramsey Bell – Present

James Henderson – Joined the meeting at 1:23pm
Carla Hebert – Left the meeting at 1:25pm

Agenda Item #11 Board Business
Discussion:

Motion 6: On a motion made by Ashley Schaber in accordance with AS 44.62.310(c)(2) and seconded by Ramsey Bell the board moved to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion.

Motion 6 Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Yes
Carla Hebert - Absent
Ramsey Bell – Yes

It was resolved to enter executive session in accordance with AS 44.62.310(c)(2). Staff, Michael Bowles, Amy Glenn, and Sarah Jones are authorized to remain in the room.

Off record for executive session at 1:28pm
On record from executive session at 1:55pm

No motions were made during the executive session.

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- Application Review
  - Confidential - Executive Session
    - The board requested the most recent inspection less than 6 months old to move application forward.
- Lost or Stolen Controlled Substances
  - Safeway Pharmacy #1820
  - Carr's Pharmacy #1805
- Correspondence for the Board
  - Alliance for Pharmacy Compounding Email
    - Added as a task for the compounding committee.
  - Verified Pharmacy Program Nuclear USP 825 Inspection Form Letter
    - Added as a task for the compounding committee.
  - AS 08.80.337. OTHER PATIENT CARE SERVICES Email
    - Discussion on the intent of the statute.
    - Discussion on how pharmacists can help fill gaps in access to care.
    - Intent was for emergency medication, birth control not an emergency.
    - Added as a task for the statutes and regulations committee.
    - Add as an agenda item for next meeting.
- Compounding Committee
  - USP 797
  - No updates from committee.
  - Task added to investigate creating an account for access to USP documents.
- Well Being Work Group
  - Well Being Index
- Controlled Substances Advisory Committee Nomination
  - Discussed the role of the representative, changes to PDMP.
  - Sara Rasmussen volunteered to represent the board.
- 2024 Strategic Plan
  - Began discussing changes the board would like to see using the 2023 strategic plan.
  - Draft 2024 plan will be reviewed and finalized at the Special Meeting in May.
- Pharmacy Technician Continuing Education Requirements Discussion
  - Executive Administrator Delegation for CEs.
- Tasks List Review
- Special Meeting Date for May is set for May 24, 2023, 4pm-6pm, via Zoom.
  - Annual Report Review
  - Public Comments for Regulations Project

Motion 7: Ashley Schaber motioned to nominate Sara Rasmussen as the representative of the Board of Pharmacy for the Controlled Substances Advisory Committee, seconded by Ramsey Bell.

Motion 7 Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Yes
Carla Hebert - Absent

DRAFT

Ramsey Bell – Yes

It was resolved that Sara Rasmussen will represent the Board of Pharmacy for the Controlled Substances Advisory Committee.

Agenda Item #12 Public Comment Period

Discussion:
Rob Geddes

- Volunteered to assist with Statute and Regulations committee as a public stakeholder.
- Discussed pharmacy technician and pharmacist shortages across Alaska.
- One pharmacist in working in Valdez.
- Having to request out of state assistance.
- Request the board look at emergency applications for shortages.

Agenda Item #13 Statutes Discussions

Discussion:

- SB 121 Pharmacies/Pharmacists/Benefits Managers
    - The board is concerned with white bagging/brown bagging practices.
    - Priority for Board in FY2023 Annual Report.
- Baxter to address HB 96A.
    - Vince Banks addressed the board.
        - Outlined the process of how a patient receives a dialysate.
        - Discussed what the bill would do for the process.
        - What would change is the removal of needing a Pharmacy license.
        - Ashley Schaber acknowledged an amendment was made to HB 112 which added the language of CS HB 96 (HSS) to HB 112.

Motion 8: Ashley Schaber moved to support SB 121 Pharmacies/Pharmacists/Benefits Managers for reasons listed below, seconded by Ramsey Bell.

1. Aligns with FY2023 strategic plan goal #4.
2. Gives patients the right to access medications at the pharmacy of their choice.
3. Provides framework for transparency and fair reimbursement for pharmacies and patients.
4. Protects patient access to clinician administered medication by eliminating the practice of white bagging and brown bagging.

Motion 8 Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Yes
Carla Hebert – Absent
Ramsey Bell – Yes

It was resolved that the Board of Pharmacy supports SB 121 Pharmacies/Pharmacists/Benefits Managers.

Motion 9: Sara Rasmussen moved to support CS HB 96 (HSS), seconded by Ashley Schaber.

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Motion 9 Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Yes
Carla Hebert - Absent
Ramsey Bell – Yes

It was resolved that the Board of Pharmacy supports CS HB 96 (HES).

Motion 10: Ashley Schaber moved to delegate the authority to process and issue pharmacy technician license renewal applications that do not meet continuing education requirements, and make a disciplinary decision based off the continuing education disciplinary matrix for those applications to the Executive Administrator, seconded by Ramsey Bell.

Motion 10 Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Yes
Carla Hebert - Absent
Ramsey Bell – Yes

It was resolved that the Board of Pharmacy delegates the authority to process and issue pharmacy technician license renewal applications that do not meet continuing education requirements, and make a disciplinary decision based off the continuing education disciplinary matrix for those applications to the Executive Administrator.

Agenda Item #14 Regulations Discussions

Discussion:

- Discussion on allowing those in apprenticeship programs to become licensed as pharmacy technicians before the age of eighteen and high school graduation.
    - Pharmacies/Pharmacists would still have oversight; removes barriers to assist with workforce shortage.
    - Classroom portion should be a requirement prior to pharmacy portion- discussed how this would work. Each apprenticeship program may vary.
    - Task list item added to address the way forward.
- Pharmacy Technician Continuing Education Regulations
- Alison Osbourne, Regulations Specialist 2
    - Outlined the regulations change process.
    - Involve regulations specialist as soon as possible to assist with language and time.

Motion 11: Ashley Schaber motioned to approve the proposed amendment to 12 AAC 52.310(b)(3) of "the applicant must have completed those activities within the immediate two years before applying for reinstatement", seconded by Ramsey Bell.

Motion 11 Recorded Votes:

Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Yes
Carla Hebert - Absent
Ramsey Bell – Yes

It was resolved to approve the proposed amendment to12 AAC 52.310(b)(3) of "the applicant must have completed those activities within the immediate two years before applying for reinstatement".

Agenda Item #15 Chair Final Comments

Discussion:

- Next Meeting: May 24, 2023
- Tentative Meeting August 10, 2023

Agenda Item #16 Adjourn

Motion 12: Ashley Schaber motioned to adjourn, seconded by Sara Rasmussen.

Motion 12 Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Yes
Carla Hebert - Absent
Ramsey Bell – Yes

It was resolved to adjourn.

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DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

BOARD OF PHARMACY

CONDENSED MINUTES OF THE SPECIAL MEETING HELD MAY 24, 2023
(DRAFT)

Date:	May 24, 2023
Time:	4:00pm – 6:00pm
Location:	Zoom Teleconference
Attending:	Board Members: Ashley Schaber, James Henderson, Carla Hebert, Ramsey Bell Staff: Michael Bowles, Lisa Sherrell, Stefanie Davis
Absent:	Sara Rasmussen

Agenda Item #1. Roll Call/Call to Order
On the record at 4:09pm.

Roll Call:
Ashley Schaber - Present
Sara Rasmussen -
James Henderson - Present
Carla Hebert - Present
Ramsey Bell – Present

Quorum was met.

Agenda Item #2 Review/Approve Agenda
Motion: Carla Hebert moved to approve the agenda for Special Board Meeting; Ramsey Bell seconded the motion.

Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen -
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell - Yes

It was resolved to approve the agenda for the Special Board Meeting by a unanimous vote.

Agenda Item #3 Ethics Disclosures
Brief Discussion: Ashley Schaber disclosed she is a member of the AKPhA Legislative Committee.

Agenda Item #4 Review and Discuss Public Comments for Proposed Regulations Changes 12 AAC 52.010 - 12 AAC 52.995

Discussion:

- The board:
  - addressed the CVS public comment. The intent would include the use of email for reporting, but facilities still need to use the Change of Facility Manager form provided by the department. No change to form process, just changing the days from 10 to 30 days. Reviewed FAQs attached to the public notice to verify the intent of the change.
  - noted a minor correction needed in 12 AAC 52.595; should reference 12 AAC 52.585, not 12 AAC 52.230 in section (a)(2).
  - addressed Telepharm's public comment in support of the regulations' changes.
  - addressed Walgreens public comment in support of remote pharmacy regulation's change.
  - addressed the public comment from Elano US Inc. stating that adding the word self in the language clarifying inspections would clarify self-inspections are required rather than third party inspections for facilities. This would not need a substantial change. Self-inspections rather than simply inspections will be changed before moving the regulations changes forward.

Motion: Ashley Schaber motioned to move forward with the adoption of regulations changes to 12 AAC 52.010, 12 AAC 52.020, 12 AAC 52.120, 12 AAC 52.200, 12 AAC 52.220, 12 AAC 52.250, 12 AAC 52.300, 12 AAC 52.420, 12 AAC 52.423, 12 AAC 52.530, 12 AAC 52.595, 12 AAC 52.596, 12 AAC 52.610, 12 AAC 52.625, 12 AAC 52.635, 12 AAC 52.640, 12 AAC 52.670, 12 AAC 52.696, 12 AAC 52.697, 12 AAC 52.698, 12 AAC 52.800, 12 AAC 52.855, 12 AAC 52.860, and 12 AAC 52.995 after considering public comments received and considering costs to private persons as proposed and publicly noticed, seconded by Carla Hebert.

Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen -
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell - Yes

It was resolved to move forward with the adoption of regulations changes to 12 AAC 52.010, 12 AAC 52.020, 12 AAC 52.120, 12 AAC 52.200, 12 AAC 52.220, 12 AAC 52.250, 12 AAC 52.300, 12 AAC 52.420, 12 AAC 52.423, 12 AAC 52.530, 12 AAC 52.595, 12 AAC 52.596, 12 AAC 52.610, 12 AAC 52.625, 12 AAC 52.635, 12 AAC 52.640, 12 AAC 52.670, 12 AAC 52.696, 12 AAC 52.697, 12 AAC 52.698, 12 AAC 52.800, 12 AAC 52.855, 12 AAC 52.860, and 12 AAC 52.995 after considering public comments received and considering costs to private persons as proposed and publicly noticed by a unanimous vote.

Agenda Item #5 Review and Discuss FY2023 Annual Report and Strategic Plan Drafts

Discussion by the board addressing edits to the FY2023 Annual Report:

- Change language in first paragraph addressing "finalized desired statute changes prior to legislative session, allowing for quick identification of a legislative sponsor."
- Make minor grammatical changes to the narrative section.
- Change language of, "With the passage of HB/SB in FY2023 that overlap with changes the Board of Pharmacy previously identified in its FY2022 legislative recommendations and FY22 Board meetings, a number of intended statutory changes will be resolved" on page 11.

- Task created – Michael Bowles will check to see if board members are covered in the budget to attend the Alaska Pharmacists Association (AKPhA) annual conference.
- Spell out acronyms throughout the report.
- Discussed SWOT Analysis, added Board Member Vacancies to section "Opportunities".

Motion: Carla Hebert moved to approve the FY 2023 Annual Report with the changes listed in the minutes above; seconded by James Henderson.

Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen -
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell - Yes

It was resolved to approve the FY 2023 Annual Report with the changes listed in the minutes above, by a unanimous vote.

Motion: Carla Hebert moved to approve the FY 2024 Strategic Plan; seconded by James Henderson.

Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen -
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell - Yes

It was resolved to approve the FY 2024 Strategic Plan, by a unanimous vote.

Agenda Item #6 Statutes and Regulations Committee

Discussion:

- 12 AAC 52.140. Pharmacy Technician License. - Discussion on allowing those in apprenticeship programs to become licensed as pharmacy technicians before the age of eighteen and high school graduation.
  - Keep section with the requirement of diploma or equivalent.
  - Add a new section with language for 16 years old and enrolled in an apprenticeship program.
  - Michael Bowles presented Washington's regulations for training programs for technicians as an example.
  - Task created - Michael Bowles will contact boards from other states to find regulations addressing this proposed change and provide this to the board at the August 2023 quarterly board meeting.
  - Tabled the discussion until August 2023 quarterly board meeting.
- 12 AAC 52.110. Emergency Permit to Practice as A Pharmacist, Pharmacy Intern, or Pharmacy Technician. - Discussion on "Health Crisis".
  - James Henderson – The language does not need to change. The board can decide what passes as an urgent situation when needed. Changing the language could result in tying the board's hands. Consider adding a section to the application allowing for the applicant to specify the urgent situation.

- Ramsey Bell – agreed with James Henderson stating no emergency situation is the same. The board needs specific details from applicants on what their urgent situation is and why an emergency permit is necessary.
- Task Item created - Michael Bowles will amend the application providing applicants with directions and space for justifying the urgent situation. Present to the board at the August 2023 quarterly board meeting.
- Tabled the discussion until August 2023 board meeting.

- 12 AAC 52.635. Facility Manager. - Discussion on Designated Representative notification change from 10 days to 30 days.
  - Ashley Schaber - stated this would align with Pharmacist-in-Charge, alleviate excessive case work for the Investigations Unit.
  - James Henderson agreed with changing the requirement to 30 days.
  - Carla Hebert agreed with changing the requirement to 30 days.
  - Task created - Michael Bowles will see if other areas in the regulations need to change concerning this issue.
  - Tabled the discussion until August 2023 quarterly board meeting.
- 12 AAC 52.240. Pharmacist Collaborative Practice Authority. – Discussion on section (b)(9) focusing on access to medication assisted treatment (MAT).
  - Ashley Schaber - addressed pharmacists currently not able to prescribe controlled substances for MAT under this regulation even with a collaborative practice agreement. The board will need to work with the Medical Board if regulation changes are pursued.
  - James Henderson - asked if there is a call/demand for this. Stated the board should be cautious about the type of medications prescribed.
  - Carla Hebert - asked if other states allow pharmacists to prescribe controlled substances through collaborative agreements.
  - Ashley Schaber - confirmed other states do allow pharmacists to prescribe controlled substances through collaborative agreements. This was brought forward to the board by the Alaska Pharmacists Association (AKPhA) after the February 2023 board meeting. There is a need in the rural areas for access to MAT. Having more providers able to prescribe increases access to care. Right now, it's not even an option for Pharmacists.
  - James Henderson - would be open to considering this if the list of drugs is limited.
  - Carla Hebert – stated concerns that this may present a need for a lot more regulations and considerations, not opposed to it with guidelines.
  - Ramsey Bell - agreed with Carla Hebert that the board needs very specific guidelines.
  - Ashley Schaber - proposed having speakers from other states where pharmacists have prescriptive authority for controlled substances through cooperative agreements address the board on their guidelines. Proposed a one-hour special meeting on June 19 or 20, 2023 to address this topic.
  - Task created – Ashley Schaber will connect with experts from other states and invite them to address the board.
  - Tabled the discussion until June 2023 special board meeting.

<u>Agenda Item #7 NABP Regional Conference October 22-25, 2023</u>

Discussion:

- Ashley Schaber asked if any board members would like to volunteer to attend the conference.
  - This conference would be a good opportunity to network and discuss the MPJE workshop with members in other states in district 7 MPJE workshop date September 06-08 online.

- Ashley Schaber requested a member of the board volunteer to take over attending the MPJE workshop and reviewing MPJE questions for the examination.
- Task created - Michael Bowles will send an email to the board members concerning the MPJE workshop and question review tasking.

Agenda Item #8 Decide Date for June Special Meeting

Discussion:

- The board discussed their personal schedules for June. Members will reach out individually to Ashley Schaber to confirm preferred date of wither June 19 or 20, 2023.
    - Intent is to invite guests to provide information to the Alaska Board of Pharmacy regarding pharmacist prescriptive authority in general and to also discuss prescribing of controlled substances with a collaborative practice agreement for MAT.

Agenda Item #9 Chair Final Comments

Discussion:

- Ashley Schaber addressed the board:
    - Many of the issues Alaska is addressing are the same as other states. Alaska's board is making great progress. Ashley Schaber thanked the board members for their hard work.
    - August 10, 2023, is the next quarterly board meeting.

Agenda Item #9 Adjourn

Motion: James Henderson motioned to adjourn, seconded by Carla Hebert.

Ashley Schaber - Yes
Sara Rasmussen -
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell - Yes

It was resolved to adjourn at 6:12pm.

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

BOARD OF PHARMACY

CONDENSED MINUTES OF THE SPECIAL MEETING HELD JUNE 20, 2023
(DRAFT)

Date:	June 20, 2023
Time:	4:00pm – 6:00pm
Location:	Zoom Teleconference
Attending:	Board Members: Ashley Schaber, James Henderson, Carla Hebert, Ramsey Bell, Sara Rasmussen Staff: Michael Bowles
Absent:	

Agenda Item #1. Roll Call/Call to Order
On the record at 4:03pm.

Roll Call:
Ashley Schaber - Present
Sara Rasmussen - Absent
James Henderson - Present
Carla Hebert - Present
Ramsey Bell – Absent
Sylvain Nouvion - Present

Agenda Item #2 Review/Approve Agenda
Ashley Schaber discussed the purpose of the meeting: focusing on prescriptive authority for pharmacists and the pharmacist's role in Medication Assisted Treatment (MAT).

Motion: Carla Hebert moved to approve the agenda for Special Board Meeting; James Henderson seconded the motion.

Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Absent
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell – Absent
Sylvain Nouvion – Yes

It was resolved to approve the agenda for the Special Board Meeting by a majority vote.

Agenda Item #3 Ethics Disclosures
Brief Discussion: Ashley Schaber disclosed she is a member of the AKPhA Legislative Committee.

Agenda Item #4
Discussion:

- Matthew Kirkland, PharmD, BCGP, Alaska Veterans Affairs (VA)
    - Introduced himself to the audience and provided a presentation on pharmacist led Medication Assisted Treatment (MAT)/Substance Use Disorder (SUD)
- Sara Rasmussen and Ramsey Bell joined the meeting at 4:18pm.
- Anna Nelson, Executive Director, Interior AIDS Association commented on the slide presentation and stated she was impressed with services provided by the VA.
- Dr. Shamsideen Musa, public attendee, commented and asked about the availability of these services throughout Alaska outside of the federal system. Answer by Matthew Kirkland - no ability, only available in federal facility.
- Anna Nelson discussed Alaska's Opioid Treatment Program (OTP) centers as being a methadone program.
    - Patients have to appear daily until stability is demonstrated.
    - Counseling is required.
    - Drug screening is required.
    - The VA system is similar to Alaska OTP centers.
    - Structure is 90% of what makes it work. Just throwing drugs at a problem doesn't fix it.
    - Delicate balance of keeping people alive going from street drugs to prescribed medications.
    - In Fairbanks they offer suboxone and methadone.
- Jennifer Stukey, Chief Operating Officer, Narcotic Drug Treatment Center, Inc.
    - Center has been operating in Alaska since 1974.
    - Currently provides seven programs throughout Alaska.
    - Highly regulated.
    - Always available for questions, keep a lot of data.
    - Stated her appreciation that a pharmacist is involved in the treatment program in the VA system since many of the traditional methods of treatment are difficult due to how difficult it is to treat fentanyl.
    - Methadone is the only treatment offered in Anchorage.
- See presentation below titled "Pharmacist led MAT/SUD team".

Agenda Item #5
Discussion:

- Jennifer Adams, PharmD, EdD, FAPhA, FNAP, Idaho State University
    - Introduced herself to the audience and provided a presentation covering the following topics:
        - Define standard of care and bright line regulation as they relate to pharmacy practice.
        - Describe the pharmacist patient care process and how it was developed.
        - Discuss how regulatory models and regulatory capture impact the pharmacist's ability to fully implement the pharmacist patient care process.

        - Describe lessons learned from one state that has implemented standard of care regulation.
- Nicki Chopski, Executive Director, Idaho Board of Pharmacy
    - Discussed pharmacist prescriptive authority and Alaska's statutory authority alongside Idaho's stator authority.
    - Standard of Care model for regulatory and statutory guidance.
    - Bright Line Regulation.
    - Integrating "Standard of Care" into the guidelines for prescriptive authority.
- Suggested regulation change language provided to the board.
- James Henderson thanked Jennifer and Nicki for the information provided and stated this information will be helpful in addressing issues moving forward.
- Carla Hebert stated this presentation is very interesting and a lot for the board to think about.
- See presentation below titled "Perspectives on Implementing Standard of Care Regulation and its Impact on Pharmacist Independent Prescribing".

Agenda Item #6 Statutes and Regulations Committee

Discussion:

- Eric Metterhausen, PharmD, BCPS, CPP, CPH, Indian Health Service (IHS)
    - Introduced himself to the audience and provided a presentation on pharmacist prescriptive authority.
- James Henderson stated he appreciated the presentation and the information provided to the board.
- See presentation below titled "Pharmacist Prescriptive Authority – North Carolina Clinical Pharmacist Practitioners".

Agenda Item #7 Adjourn

- Ashley Schaber stated the statute and regulation committee is planning a meeting for August 02, 2023, from 4:00pm – 6:00pm.
- Next Quarterly meeting for the board is August 10, 2023, full day.

Motion: Carla Hebert motioned to adjourn, seconded by James Henderson.

Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Absent
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell – Yes
Sylvain Nouvion – Yes

It was resolved to adjourn at 5:58pm.

Pharmacist led MAT/SUD team

Presenter: Matthew Kirkland PharmD, BCGP

Anchorage Alaska VA SUD/MAT Overview

Step 2 program model

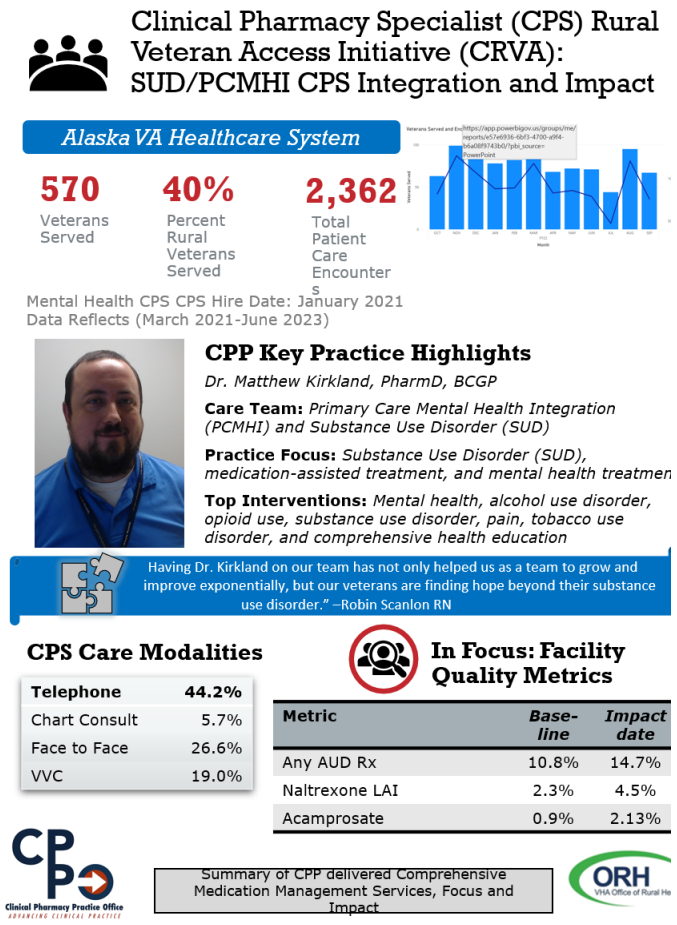
- Referral from Specialty Mental Health, Primary Care, Self referred
- Primary focus is to treat OUD/AUD patients and cooccurring disorders
- Patients require frequent follow ups, with closer lab monitoring/UDS
- Goal of 50 patients per provider
- Patients reevaluated every 90 days

Team members

- Prescriber with XDEA, APRN
- Pharmacist with prescribing privileges
- SUD nurse, RN
- Addition therapist, LCSW

Pharmacist with Prescribing Privileges

- Diagnosis must be in chart!!!
- Prescribe MAT for AUD (naltrexone, topiramate, acamprosate, disulfiram) + comfort meds
- Prescribe MAT for OUD (naltrexone only) plus comfort meds
- Prescribe/adjust medication for cooccurring disorder (PTSD, Depression, Schizophrenia, etc.)
- Administer screenings (AUDIT-C, CIWA, PHQ-9, GAD-7, PCL-5 etc)
- Lab ordering, monitoring
- Enter consults for additional services (Job placement, Therapy, Inpatient treatment, Detox, etc.)
- Population management



Prescribing Challenges Encountered without DEA

- Unable to order controlled medications (Benzodiazepine and Z-drug tapers, Outpatient alcohol withdrawal, buprenorphine/naloxone, ADHD medications)
- HUGE TIME SINK!!
  - Needing DEA Provider to write for controls without seeing patient
    - Stigma
  - Difficulty finding provider for timely prescription
- Obtained Idaho pharmacist license in Sept 2021
- DEA license in October 2021

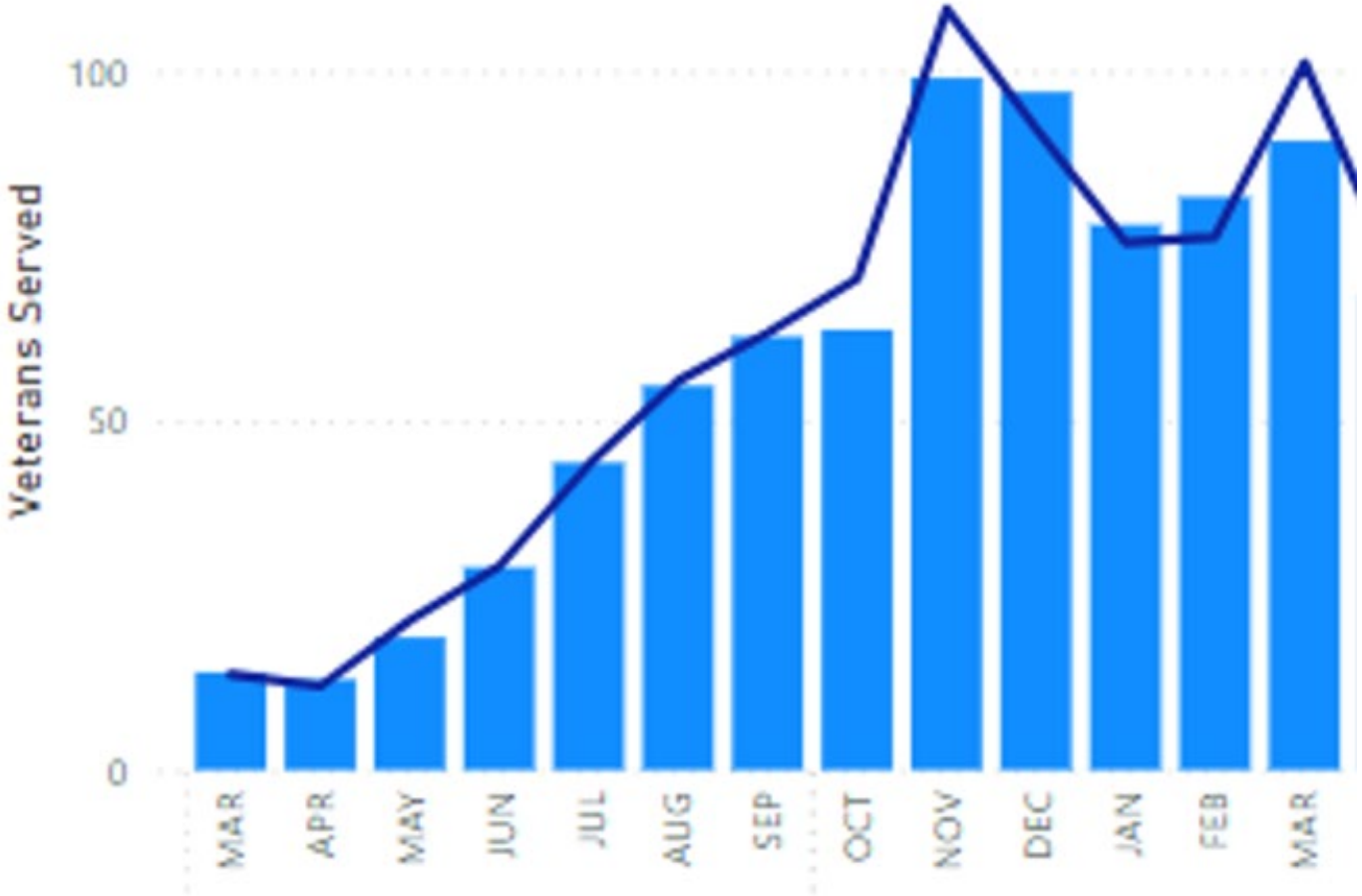
Loss of XDEA prescriber

XDEA prescriber moved to lower 48 in October 2021, at that time MAT/SUD team had 7 Veterans utilizing buprenorphine/naloxone

- Initially discussed what to do with these patients. Ultimately patients were transferred to PharmD for monitoring
- SUD team unable to do buprenorphine/naloxone initiations
- These Veterans have been sent to community

SUD team relied heavily on referring providers and SUD therapist for diagnosing Veterans with AUD/OUD

XDEA requirement removed 12/29/22



Outcome of PharmD lead SUD team

AUD

- MAT prescribing for AUD increased from 10.8%-15.7% (VISN 11.69%)
- Naltrexone LAI 4.5% at Alaska VA compared to 0.58% at VISN level
- More severe AUD was able to remain with SUD team.
  - Outpatient alcohol withdrawal protocols initiated and continued by PharmD

OUD

- All 7 Veterans transferred to PharmD were maintained on buprenorphine/naloxone to present day
  - Most Veterans tapered dose or converted to buprenorphine LAI
- SUD team currently have 15 Veterans utilizing buprenorphine for OUD
- Increase from 7-15 Veterans in 2 months

High Census was able to demonstrate continued need

- SUD psychiatrist hired April 2023
- VA has hired additional SUD/MAT pharmacist who is currently in training
- Expect continued increase in OUD patients with pharmacists being a critical component

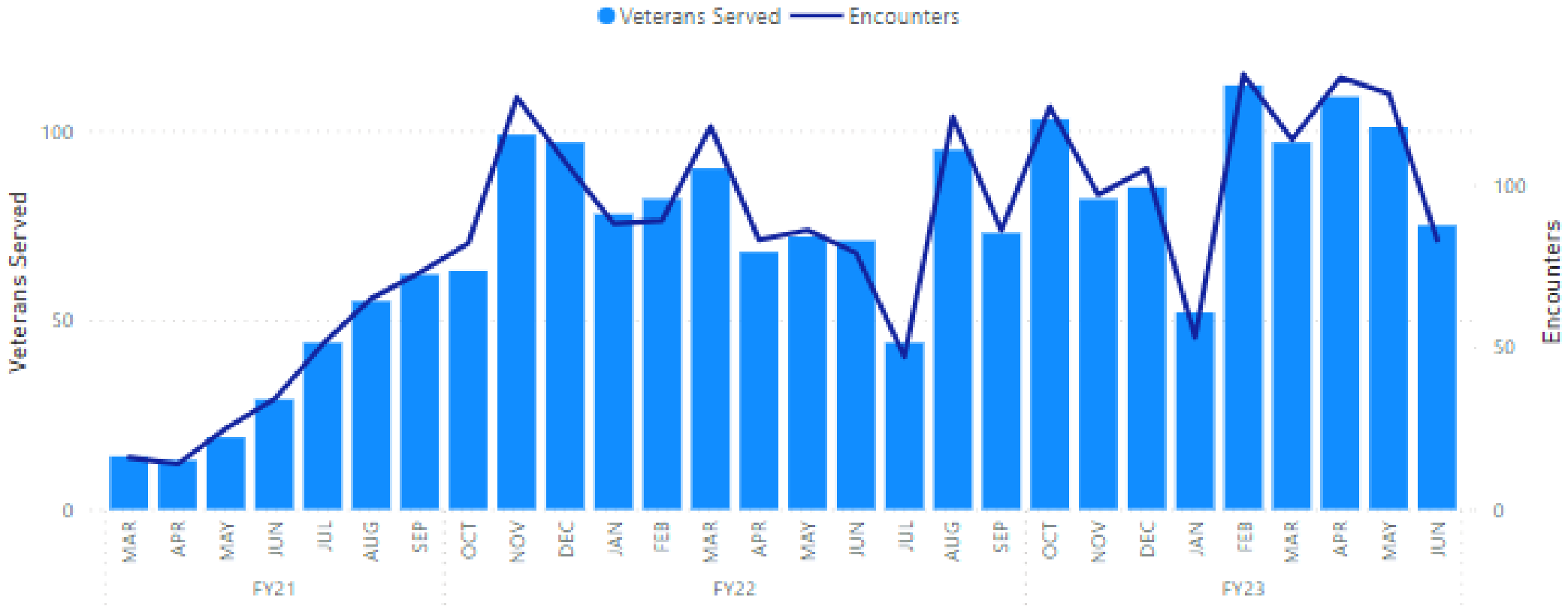
2,362
Encounters

570
Veterans Served

Encounter Modalities

Modality	Encounters	% of Total
Telephone	1,044	44.20%
Face-to-Face	628	26.59%
VVC	448	18.97%
Chart Consult	135	5.72%
Group	47	1.99%
CVT	30	1.27%
Secure Messaging	30	1.27%
Total	**2,362**	**100.00%**

Veterans Served and Encounters by Fiscal Year and Month



Perspectives on Implementing Standard of Care Regulation and its Impact on Pharmacist Independent Prescribing

Jennifer L. Adams, PharmD, EdD, FAPhA, FNAP
Associate Dean for Academic Affairs,
Associate Professor
Idaho State University
College of Pharmacy

Nicole Chopski, PharmD, ANP
Executive Officer
Idaho State Board of Pharmacy

Bureau Chief – Health Professions
Division of Occupational and Professional Licenses

Idaho State University

Learning Objectives

- Define standard of care and bright line regulation as they relate to pharmacy practice.
- Describe the pharmacist patient care process and how it was developed.
- Discuss how regulatory models and regulatory capture impact the pharmacist's ability to fully implement the pharmacist patient care process.
- Describe lessons learned from one state that has implemented standard of care regulation.

ROAR

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Learning Activity

_____ population-based CPA

_____ standard of care regulation

_____ bright line regulation

_____ pharmacist patient care process

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Definitions of Prescribing Activities

Activity	Definition
Select	When pharmacotherapy is necessary, and after review of an individual patient's history, medical status, presenting symptoms, and current drug regimen, the clinician chooses the best drug regimen among available therapeutic options.
Initiate	After selecting the best drug therapy for an individual patient, the clinician also determines the most appropriate initial dose and dosage schedule and writes an order or prescription.
Monitor	Once drug therapy is initiated, the clinician evaluates response, adverse effects, therapeutic outcomes, and adherence to determine if the drug, dose, or dosage schedule can be continued or needs to be modified.
Continue	After monitoring the current drug therapy of a patient, the clinician decides to renew or continue the same drug, dose, and dosage schedule.
Modify	After monitoring a patient's drug therapy, the clinician decides to make an adjustment in dose and/or dosage schedule, or may add, discontinue, or change drug therapy.
Administer	Regardless of who initiates a patient's drug therapy, the clinician gives the drug directly to the patient, including all routes of administration.

Carmichael JM, et al. Collaborative Drug Therapy Management by Pharmacists. Pharmacotherapy. 1997;17(5):1050-1061.

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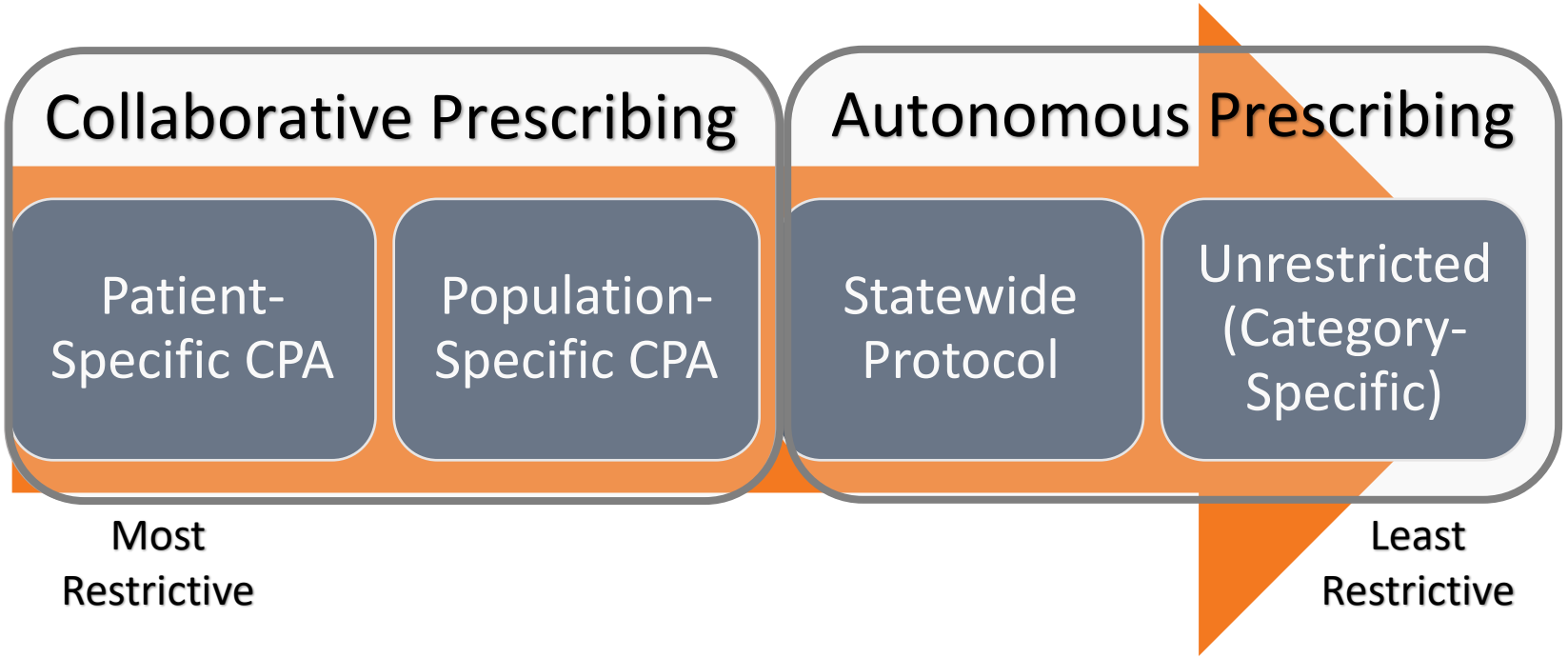
Continuum of Pharmacist Prescriptive Authority



Adams AJ, Weaver KK. 2016. The Continuum of Pharmacist Prescriptive Authority. *Annals of Pharmacotherapy*. Volume: 50 issue: 9, page(s): 778-784

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Idaho Pharmacist Prescribing Laws - History

- Dietary fluoride supplements
- Immunizations, for patients ≥ 6 years old
- Opioid antagonists
- Epinephrine auto-injectors
- Tobacco Cessation
- TB Skin Testing
- …or under Collaborative Practice Agreements
- ~~Chapter 4 of Idaho Board of Pharmacy Rules~~

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Idaho Pharmacist Prescribing Laws - History

54-1704 Provisions for pharmacist prescribed products

- Drugs, drug categories, or devices that are limited to conditions that:
  - (i) Do not require a new diagnosis;
  - (ii) Are minor and generally self-limiting;
  - (iii) 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 *(CLIA-waived test)*; or
  - (iv) 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.
- The board shall not adopt any rules authorizing a pharmacist to prescribe a controlled drug.

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Idaho Pharmacist Prescribing Laws

15 SECTION 1. That Section 54-1704, Idaho Code, be, and the same is hereby
16 repealed.

40 (~~33~~49) "Practice of pharmacy" means the safe interpretation, evalu-
41 ation, compounding, administration, and dispensing of prescription drug
42 orders, patient counseling, collaborative pharmacy practice, provision of
43 pharmaceutical care services, proper storage of drugs and devices, and pre-
44 scribing of drugs and devices as may be further defined in this chapter.

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Existing Independent Prescribing Authority in AK

- ~~Collaborative Practice Authority~~
- AS 08.80.168(a) – vaccines and related emergency medications
- AS 08.80.168(b) – opioid overdose drug

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Existing Independent Prescribing Authority in AK

AS 08.80.337 Other patient care services .

(a) A pharmacist may, under a collaborative practice agreement with a written protocol approved by a practitioner, provide patient care services.

(b) A pharmacist may independently provide patient care services for

(1) general health and wellness;

(2) disease prevention; or

(3) a condition that (A) is minor and generally self limiting; (B) has a test that is used to guide diagnosis or clinical decision-making and the test is waived under 42 U.S.C. 263a (Clinical Laboratory Improvement Amendments of 1988); or (C) falls under a statewide standing order from the chief medical officer in the Department of Health.

(c) This section does not authorize a pharmacist to prescribe a prescription drug that the pharmacist is not otherwise authorized to prescribe.

(d) In this section, "patient care services" means medical care services given in exchange for compensation intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient's symptoms, or arresting or slowing of a disease process.

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Standard of Care Regulation

- The “medical standard of care” is typically defined as the level and type of care that a reasonably competent and skilled health care professional, with a similar background and in the same medical community, would have provided under the circumstances. This is often considered within the context of actions that led to alleged malpractice.[1]
- The regulatory model based on the “standard of care” is determined by the individual circumstances that present in practice rather than specific requirements codified in law, allowing for flexibility as practice guidelines change, technology changes, and new knowledge is identified. This model requires less regulatory modification to keep pace with change.[1]
  - Example: IDAPA 24.36.01.104.16 **Standard of Care.** Acts or omissions within the practice of pharmacy which fail to meet the standard provided by other qualified licensees or registrants in the same or similar setting.

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Bright Line Regulation

- An objective rule that resolves a legal issue in a straightforward, predictable manner. A bright-line rule is easy to administer and leaves little room for varying interpretation.
  - Example: *Miranda v. Arizona* (1966) establishing Miranda warning of rights to criminal suspects
  - Example: IDAPA 24.36.01.213 Each pharmacist must complete fifteen (15) CPE hours each calendar year between January 1 and December 31.

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Scope of Practice

The services that a qualified health care professional is deemed competent to perform and permitted to undertake in keeping with the terms of their professional licensure.

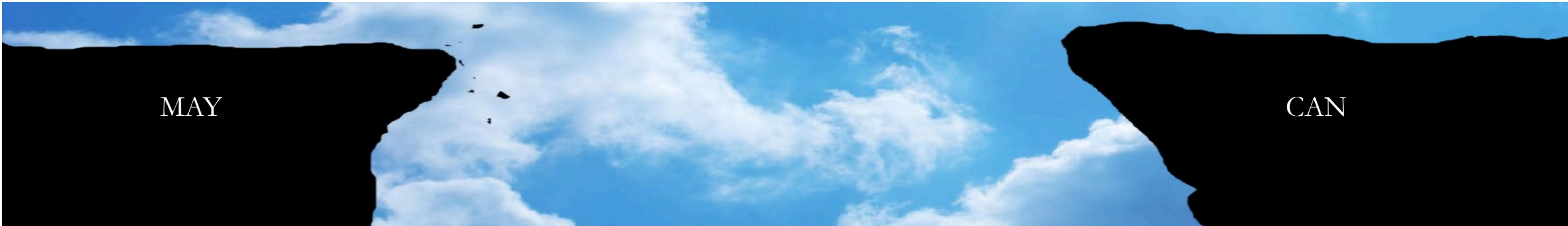
ROAR

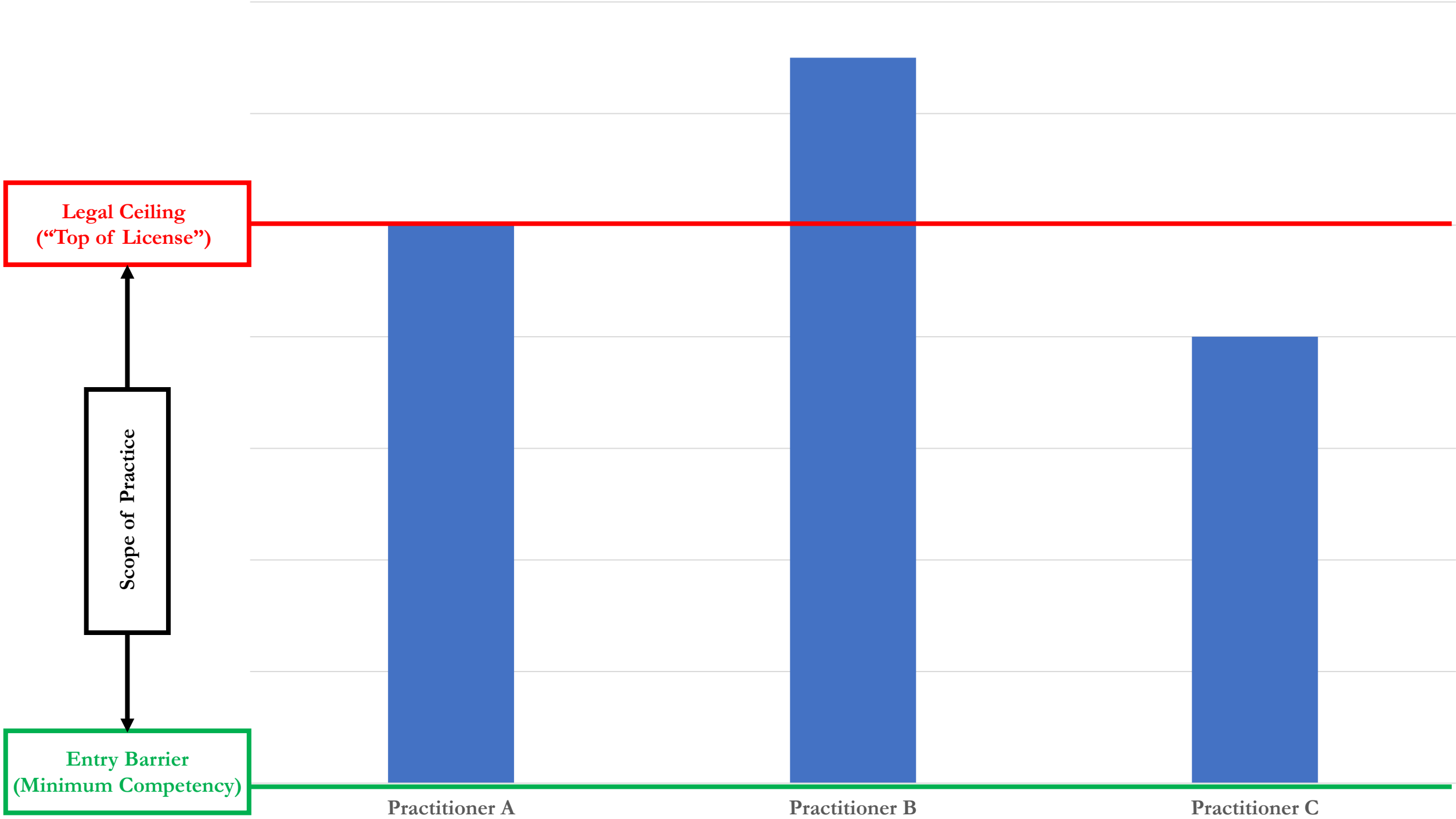
Scope of Practice

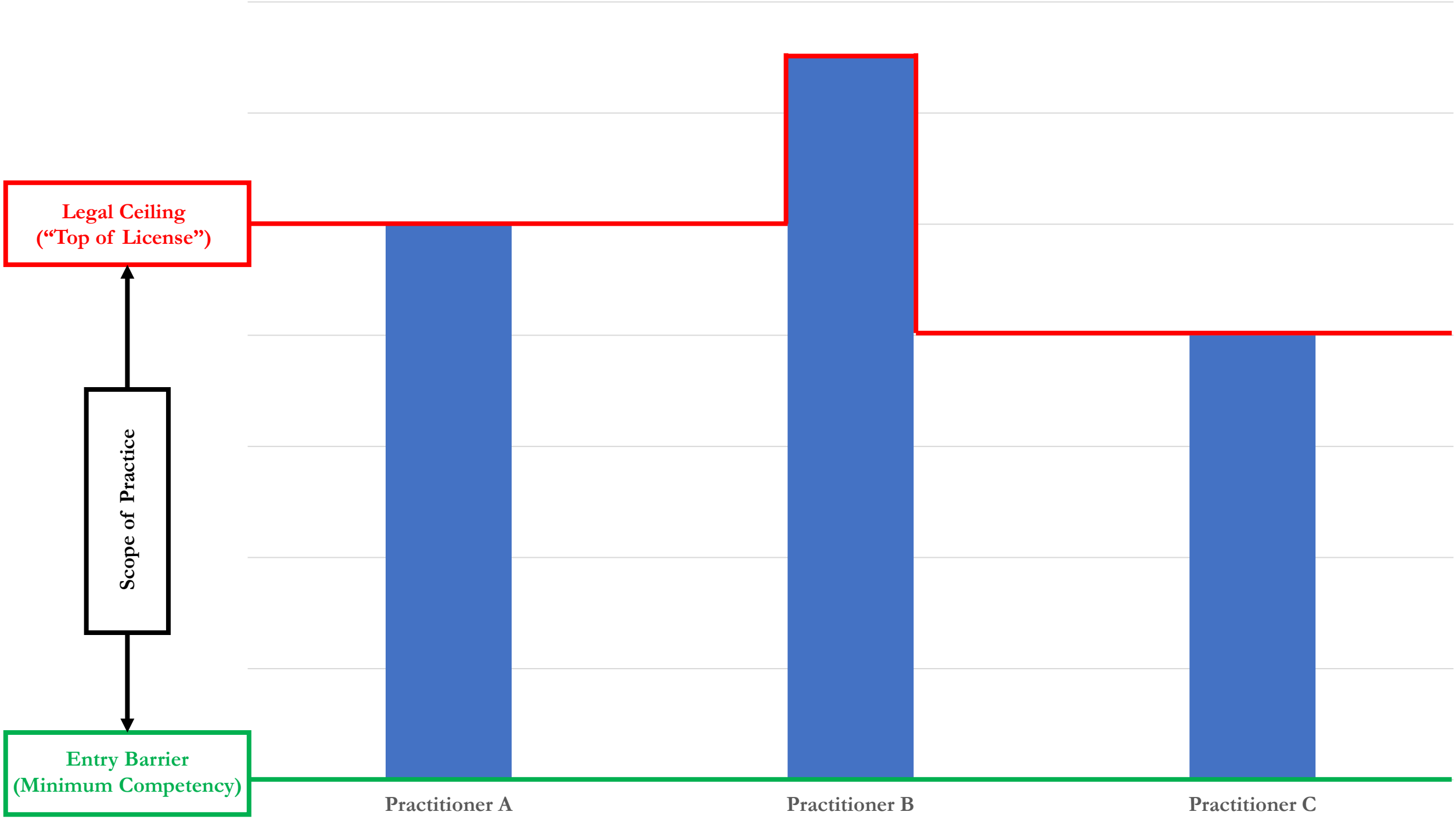
- The activities that a health professional is permitted to engage in as defined by state laws and regulations
- Determined by the political process = geographical differences
- One-size-fits all: applies to all professionals in class
- Static (aside from law changes)

Clinical Ability

- The true competence and ability of the health professional
- Determined by education, training, career experience, and practice environment
- Individualistic: recognizes professional heterogeneity
- Dynamic; advances with new education, technology, etc.




Legal Ceiling
("Top of License")
Scope of Practice
Entry Barrier
(Minimum Competency)
Practitioner A
Practitioner B
Practitioner C


Legal Ceiling
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Practitioner C

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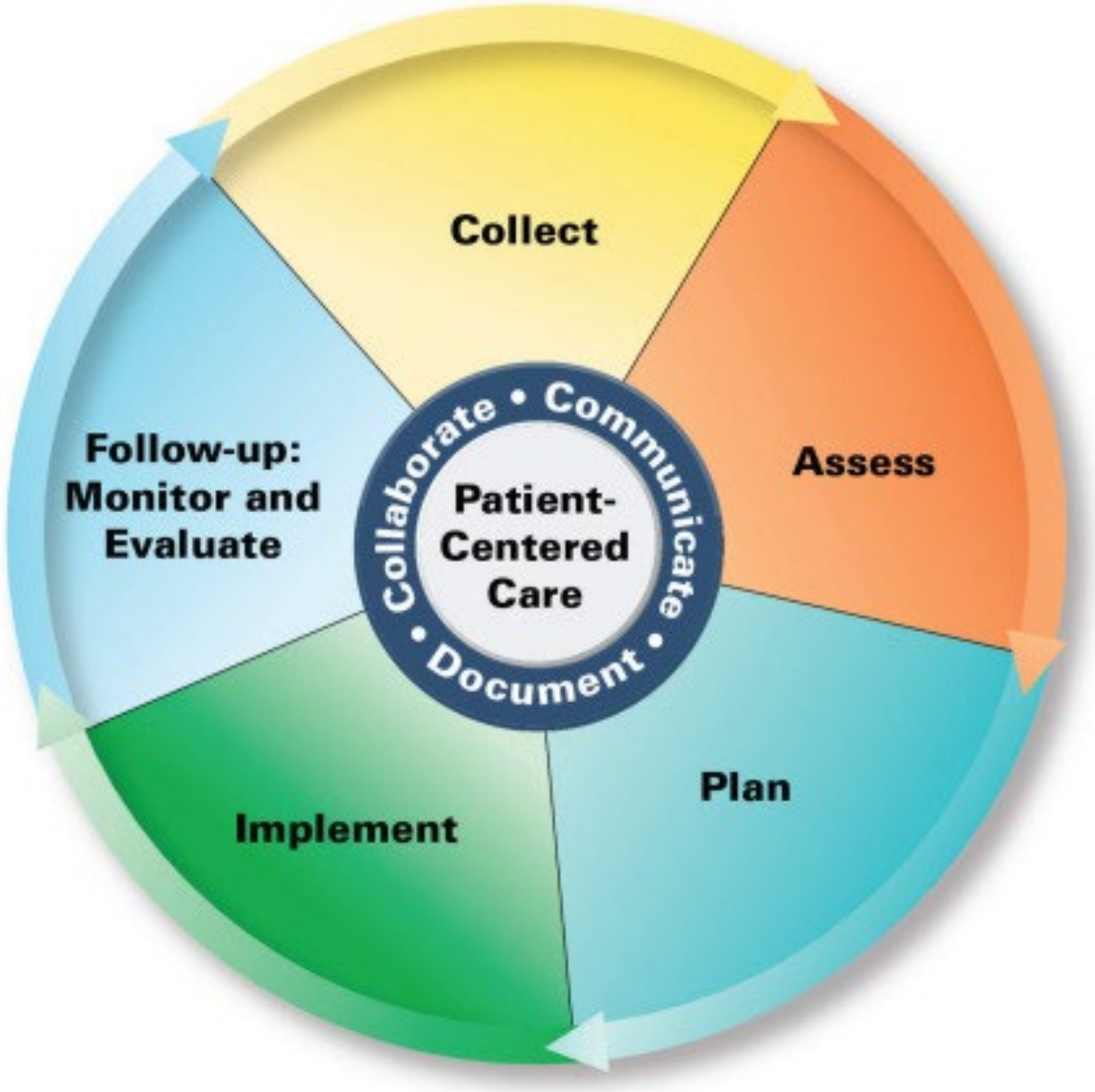
Pharmacists Patient Care Process (PPCP)

- In 2014, the Joint Commission of Pharmacy Practitioners (JCPP) developed and released the Pharmacists' Patient Care Process
- The PPCP is the profession's systematic approach for pharmacist provision of care, regardless of the type of service or the pharmacy practice setting
- ACPE requires pharmacy schools include in curricula
- Consistent implementation across the profession is critically important to effectively measure the outcomes and value of pharmacists' services, and so that consumers, health care providers, and payers have consistent expectations for the services they receive from pharmacist

ROAR

Pharmacists' Patient Care Process



Pharmacists' Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

Collect
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to indentify and prioritize problems and achieve optimal care.

Plan
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

Scope of Practice Activity	Brief Description	PPCP[1] Step Impacted
Order and Interpret Laboratory Tests	Laboratory tests may be "waived" or "non-waived" according to CLIA. Pharmacies commonly hold CLIA certificates of waiver to provide simply, low-risk tests, like those for testing blood glucose, cholesterol, or for influenza. Laboratory tests may be used to monitor medication therapy outcomes or disease progression.	Collect; Follow-Up
Participate in Collaborative Practice Agreements (CPA)	A CPA is a formal agreement between pharmacists and other healthcare providers in which the pharmacist is authorized to perform services that are otherwise outside of his or her legal scope of practice, but for which the pharmacist is educationally and clinically prepared. CPAs are the primary vehicle through which pharmacists may initiate, modify, or discontinue medications. Though not preferred, in some states CPAs are the only current vehicle through which pharmacists can order and interpret laboratory tests, adapt medications, or administer medications.	Collect; Implement; Follow-Up
Independently Prescribe Certain Medications	Independent prescribing refers to a pharmacist selecting a medication for a patient, along with the dosing regimen for a medication without the need for a CPA. Some states currently allow pharmacists to independently prescribe certain medications, such as hormonal contraceptives or tobacco cessation medications.	Implement

Scope of Practice Activity	Brief Description	PPCP[1] Step Impacted
Adapt Medications	Adapting a medication is differentiated from independently prescribing in that it results in modifying a prescription from another prescriber. Today independent adaptation is generally limited to modifying the quantity of a prescription (e.g., converting from a 30-day supply to a 90-day supply) or, less commonly, engaging in therapeutic substitution.	Implement
Administer Medications	A pharmacist most commonly administers a medication to a patient by injection, though administration encompasses many routes of delivery (oral, topical, sub-dermal, subcutaneous, intramuscular, intranasal, etc.).	Implement
Effective Delegation to Support Personnel	Effective delegation involves empowering pharmacists with the discretion to delegate tasks to technicians and student pharmacists under their supervision. Most states restrict which tasks pharmacists can delegate to support personnel, and studies show this may redirect pharmacist time to low-value tasks and away from the PPCP.	Collect; Implement; Follow-Up
Cognitive Services	Cognitive services such as evaluating medication therapy-related problems and formulation of a care plan are not typically restricted by scope of practice in states, as professional judgment is inherent in the pharmacists' work. Payment for services continues to be an issue, though this is a separate matter from scope of practice.	All steps, though particularly the Assess and Plan steps

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Benchmarking the Regulatory Environment

Table 1
Pharmacy regulatory innovation index

Category/subcategory and points	Score adjustments Cut the score in half if:	Notes
1. CPA A. Patient-specific: 10 points B. Population-specific: 20 points	Two or more restrictions apply: 1. Limits on which prescribers may enter into a CPA; 2. Limits on which pharmacists may enter into a CPA (e.g., training requirement); 3. Limits on practice setting; 4. Limits on type of prescribing authority (e.g., limited to modification of therapy); or 5. CPA must be reviewed or approved by a regulatory body.	A and B are mutually exclusive. Minimum score = 0; maximum score = 20
2. Order and administer laboratory tests and interpret the results[a] A. Only specific tests allowed: 5 points B. Any test allowed: 10 points	Either of the following apply: 1. Limits on which pharmacists can perform tests (e.g., specific training requirements); or 2. State restrictions above federal CLIA laws (e.g., requiring a physician laboratory director).	A and B are mutually exclusive. Minimum score = 0; maximum score = 10
3. Administer vaccines[a] A. Limited to vaccines listed in statute or rule: 5 points B. All FDA-approved vaccines: 10 points	Any of these restrictions apply: 1. Limits on which patients may be vaccinated (e.g., age limits); 2. Limits on which pharmacists may vaccinate (e.g., training requirement); or 3. Limits on following specific state or national guidelines (e.g., CDC guidelines).	A and B are mutually exclusive. Minimum score = 0; maximum score = 10
4. Administer other medications (i.e., nonvaccines)[a] A. Limited to medications listed in statute or rule: 5 points B. Any medication: 10 points	There are limits on which pharmacists can administer other medications (e.g., training requirement).	A and B are mutually exclusive. Minimum score = 0; maximum score = 10

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Benchmarking the Regulatory Environment

5. Prescription adaptation services[a] A. Renew prescription (i.e., extend a refill of at least 30 days): 5 points B. Perform therapeutic substitution: 5 points C. Change the quantity (e.g., 30- to 90-day switch, extend for medication synchronization, and so on): 5 points	Any of these restrictions apply to their respective categories: A: 1. Limits on which pharmacists can renew prescription (e.g. training requirement); or 2. Authority limited to governor-declared emergency. B: 1. Limits on practice setting (e.g., institutional only); or 2. Restricted to certain drug classes; C: 1. Initial 30-day prescription required before quantity changes allowed; or 2. Restricted to certain drug classes.	A, B, and C are not mutually exclusive. Score adjustments apply only to their respective subcategory. Minimum score = 0; maximum score = 15.
6. Independent prescriptive authority (direct medication access from pharmacists)[a] A. Allows independent prescribing of at least 1 prescription drug category: 5 points B. Board of pharmacy or public health department determines which medications pharmacists can prescribe: 15 points C. Pharmacists to determine which medications to prescribe within a broad regulatory framework: 20 points	Any of these restrictions apply to their respective categories: A Specific training is required. B The protocol must be approved or recommended by another regulatory board or committee.	Include statewide protocols. Do not include OTC drugs or vaccines. A, B, and C should be considered mutually exclusive. Although some states may combine A and B, or A and C, if either B or C are present, these should supersede A for scoring purposes. Minimum score = 0; maximum score = 20
7. Advanced delegation to technicians A. Final product verification: 5 points B. Administer vaccines or other medications: 5 points C. Accept verbal orders and transfer prescriptions: 5 points	Any of these restrictions apply: 1. Limits on practice setting (e.g., institutional only). 2. Requires board approval or submission of a technician duty use document.	A, B, and C are not mutually exclusive; each subcategory is cumulative. Minimum score = 0; maximum score = 15

Abbreviations used: CPA, collaborative practice agreement; CLIA, Clinical Laboratory Improvement Amendments; FDA, Food and Drug Administration; CDC, Centers for Disease Control and Prevention; OTC, over the counter.

[a] If a CPA, standing order (including statewide standing order), or physician protocol is needed, no points are awarded.

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Lessons Learned: Key Success Factors

- Keep the focus on public safety
- Strategic planning meetings to align the Board around direction and framework before getting into the rulemaking or legislation details
- Empower board staff to draft new rules or statute language and do not wordsmith in public meetings
- Place the burden of proof on those advocating to add back in or increase regulation
- Create proper accountability measures for disciplining standard of care cases

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Lessons Learned: Barriers to Reform

- General professional reticence
- Judging policy by your own personal interests
- Treating every issue as brand new and not learning from the experiences of other professions or jurisdictions
- Defining requirements for every new task, business model, or facility type
- Adding new rules without a review/amendment/sunset process for the entire rule or other similar rules

ROAR

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Suggested Rule Changes for AK

OPTION A

Article 2 Personnel

12 AAC 52. 205 PRACTICE OF PHARMACY: GENERAL APPROACH

To determine whether a specific act is within the scope of pharmacy practice in or into Alaska, or whether an act can be delegated to other individuals under their supervision, a licensee or registrant of the Board must independently determine whether:

01. Express Prohibition. The act is expressly prohibited by:
    - a. The rules of the Alaska State Board of Pharmacy; or
    - b. Any other applicable state or federal laws or regulations.
02. Education, Training, and Experience. The act is consistent with licensee or registrant's education, training, and experience.
03. Standard of Care. The act is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training, and experience.

ROAR

Idaho State University

Suggested Rule Changes for AK

OPTION B

Article 11 General Provisions

12 AAC 52. 996 DEFINITIONS

New (25) “standard of care” means care provided by a licensee or registrant that is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training, and experience.

ROAR

Idaho State University

Suggested Rule Changes for AK

Article 10 Alaska Disciplinary Guidelines

12 AAC 52.920 Disciplinary Guidelines

(15) failing to use reasonable knowledge, skills or judgment in the practice of pharmacy

> (a) Standard of Care. Acts or omissions within the practice of pharmacy which fail to meet the standard provided by other qualified licensees or registrants in the same or similar setting.

ROAR

Idaho State University

References

1. Adams, AJ. 2019. Transitioning pharmacy to “standard of care” regulation: Analyzing how pharmacy regulates relative to medicine and nursing. *Res Social Adm Pharm*. https://www.sciencedirect.com/science/article/abs/pii/S155174111830562X?via%3Dihub
2. Cornell Law School Legal Information Institute https://www.law.cornell.edu/wex/bright-line_rule
3. Burns A. 2018. What is the Pharmacists Patient Care Process and why is it important? *Pharmacy Today*. https://www.pharmacytoday.org/article/S1042-0991(18)30492-4/fulltext
4. Adams AJ, Weaver KK. 2019. Pharmacists’ Patient Care Process: A State “Scope of Practice” Perspective. *Innovations in pharmacy*, Vol. 10, No. 2. https://pubs.lib.umn.edu/index.php/innovations/article/view/1389/1485
5. Adams, AJ., Frost TP, and Weaver KK. 2021. Pharmacy Regulatory Innovation Index: Benchmarking the regulatory environment in 10 western states. Journal of the American Pharmacists Association https://www.sciencedirect.com/science/article/abs/pii/S1544319121001850
6. Shakya, Shishir and Plemmons, Alicia and Bae, Kihwan and Timmons, Edward, The Pharmacist Will See You Now: Pharmacist Prescriptive Authority and Access to Care in Idaho (December 6, 2022). Available at SSRN: https://ssrn.com/abstract=4294905 or http://dx.doi.org/10.2139/ssrn.4294905

ROAR

Perspectives on Implementing Standard of Care Regulation and its Impact on Pharmacist Independent Prescribing

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Associate Professor
Idaho State University
College of Pharmacy

Nicole Chopski, PharmD, ANP
Executive Officer
Idaho State Board of Pharmacy

Bureau Chief – Health Professions
Division of Occupational and Professional Licenses

Pharmacist Prescriptive Authority – North Carolina Clinical Pharmacist Practitioners

June 20th, 2023

Eric Metterhausen, PharmD, BCPS, CPP, CPH
CDR, United States Public Health Service
Advanced Clinical Pharmacist Supervisor
Cherokee Indian Hospital
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Disclosures

- I have no relationships with commercial interests related to the content of my presentation.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the U.S. Department of Health and Human Services, the Indian Health Services, or the U.S. Government

Objectives

- Define Clinical Pharmacist Practitioners (CPPs) in North Carolina
- Discuss how CPPs have been integrated into practice at Cherokee Indian Hospital
- Discuss the impact made by CPPs
- Discuss some strengths and limitations of CPP licensure

Clinical Pharmacist Practitioners

- A CPP is a licensed pharmacist approved to provide drug therapy management, including controlled substances, under the direction of, or under the supervision of a licensed physician.
- Additional requirements beyond pharmacist licensure
  - ASHP Residency and 2 years clinical experience
  - Doctor of Pharmacy Degree with 3 years clinical experience and 1 certificate program
  - B.S. Degree with 5 years clinical experience and two certificate programs
  - 35 hours of CE annually for renewal
- CPP protocol agreement
  - List of medical conditions that can be referred to CPP
  - List of medication classes authorized to be prescribed by CPP
  - List of tests that can be ordered by CPP
  - Emergency plan, consultation, supervision, quality control, and review

http://www.ncbop.org/pharmacists_cpp.htm
http://www.ncbop.org/faqs/Pharmacist/faq_CPPs.htm

CPPs at Cherokee Indian Hospital

- Originally utilized local policies and protocols for pharmacists to manage chronic disease states, such as anticoagulation, hypertension, and diabetes
- In Sept. 2017 transitioned to utilizing CPP agreements to directly prescribe medications and greatly expanded disease state managed over time
  - Diabetes, hypertension, asthma, tobacco use, hyperlipidemia, osteoporosis, hepatitis C, COPD, thyroid disorders, obesity, depression, anticoagulation, anxiety, COVID-19
  - Continue to make recommendations in other disease states, but do not prescribe under our own names.
- 6 full time CPPs for ~14,000 empaneled patients
- CPPs begin prescribing upon referral/consult from their supervising physician
  - Referral initiated by physician, CPP, or nursing team
  - CPP sees/calls patient as frequently as necessary
  - Notes sent to PCP and PCP generally continues to see patient every 6 months
  - Consults often completed when patient has reached goal

Relationship Based Care

- "They don't care what you know until they know that you care"
- Patient-Centered Medical Home
  - High quality, cost-effective primary care
  - Culturally appropriate, team based approach
  - Improved patient and provide satisfaction
  - Preventative Care
- Cherokee Indian Hospital
  - Every empaneled patient has an assigned Clinical Pharmacist Practitioner
  - Learning the patients story and developing a relationship with patient
  - Opportunities to impact health behaviors

Diabetes Management During COVID-19

- CPPs utilized established relationships with patients
- April 2020 through September 2020
  - Converted over 1,000 visits to telephone or telehealth visits
  - For those patients with initial A1cs >8%
    - 113 patients with 345 visits
    - 1.52 percentage point average decrease in A1c
    - 0.5 percentage point average decrease in A1c per each pharmacist visit

CIHA Hepatitis C

- Several staff members received training via in-person ECHO training in 2018
- Originally no HCV treatments on formulary
- Initiated an outpatient pharmacist-operated HCV protocol
- Expanded to an inpatient protocol
- In 2022 alone:
  - 86 patients obtained SVR 12.
  - 35 patients on treatment or awaiting SVR 12 labwork

Additional Impacts

- Over 800 documented clinical interventions per month in 2022
- Approximately $35,000 per month in collections based on visits.
  - CPPs recognized as providers in NC Medicaid (~20% of patient population)
- Reduced wait time for Primary Care visits by 60%
- Brought 60% of consulted hypertension patient within goal with an average BP reduction of 16/5mmHg
- Decreased the number of patients utilizing tobacco products by 5%

Strengths of CPP licensure

- Provide ability for CPPs to prescribe medications and order labs, improving patient care and safety
- Reasonable licensure requirements
- Allow for additional billing opportunities through NC Medicaid
- Ability to prescribe controlled substances
- Ability to utilize back-up physicians

Limitations of CPP licensure

- Requires referral/evaluation by supervising physician
  - Many Primary Care Providers are NPs or PAs
  - Supervising physician can only supervise up to 3 FTE CPPs
  - Initial quality control meeting with CPP/supervising physician are monthly for the first 6 months, then every 6 months.
- Lengthy review process upon protocol updates
- Not recognized as a provider by Medicare or private insurers
- Inability to diagnose
- Does not authorize physical examination

Questions?

Alaska Board of Pharmacy

Agenda Item #5

Public Comment Period

Alaska Board of Pharmacy

Agenda Item #6

Division Updates

Alaska Board of Pharmacy

Agenda Item #7

Investigative Report

THE STATE of ALASKA

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Fax: 907.269.8156

MEMORANDUM

DATE: July 27, 2023

TO: Board of Pharmacy

THRU: Erika Prieksat, Chief Investigator BH

FROM: Holly Handley, Investigator

RE: Investigative Report for the August 10, 2023 Meeting

The following information was compiled as an investigative report to the Board for the period of April 07, 2023 thru July 27, 2023; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

OPEN - 74

Case Number	Violation Type	Case Status	Status Date
OUT OF STATE PHARMACY			
2023-000147	Violation of licensing regulation	Intake	02/07/2023
2023-000349	Action in another state	Intake	04/28/2023
2023-000680	Violation of licensing regulation	Intake	06/22/2023
2023-000711	Unlicensed practice or activity	Intake	06/23/2023
2023-000767	Violation of licensing regulation	Intake	07/17/2023
2022-001054	Violation of licensing regulation	Complaint	06/20/2023
2023-000283	Violation of licensing regulation	Complaint	04/26/2023
2023-000359	License application problem	Complaint	06/02/2023
2023-000365	Violation of licensing regulation	Complaint	06/02/2023
2023-000402	Violation of licensing regulation	Complaint	05/12/2023

2023-000616	Action in another state	Complaint	07/24/2023
2023-000651	License application problem	Complaint	06/26/2023
2023-000684	Violation of licensing regulation	Complaint	07/07/2023
2023-000689	License application problem	Complaint	07/07/2023
2023-000289	Contested license denial	Monitor	
2022-000434	Violation of licensing regulation	Investigation	11/30/2022
2022-000476	Violation of licensing regulation	Investigation	11/02/2022
2022-000745	Violation of licensing regulation	Investigation	04/25/2023
2022-000746	Violation of licensing regulation	Investigation	06/02/2023
2022-000826	Violation of licensing regulation	Investigation	04/28/2023
2022-000976	Violation of licensing regulation	Investigation	05/26/2023
2023-000072	Violation of licensing regulation	Investigation	07/21/2023
2023-000078	Falsified application	Investigation	07/20/2023
2023-000161	Violation of licensing regulation	Investigation	06/02/2023
2023-000360	Violation of licensing regulation	Investigation	07/10/2023
2023-000430	Unlicensed practice or activity	Investigation	07/24/2023

PHARMACIST

2023-000766	Criminal action - conviction	Intake	07/17/2023

PHARMACY

2023-000290	Violation of licensing regulation	Intake	04/10/2023
2023-000692	Violation of licensing regulation	Intake	06/27/2023
2023-000746	Compliance Inspection	Intake	07/11/2023
2023-000799	Violation of licensing regulation	Intake	07/24/2023
2023-000807	Violation of licensing regulation	Intake	07/11/2023
2022-001188	License application problem	Complaint	12/21/2022
2023-000260	Violation of licensing regulation	Complaint	03/29/2023
2021-000775	Violation of licensing regulation	Investigation	08/27/2021
2021-000776	Violation of licensing regulation	Investigation	08/27/2021
2021-000784	Violation of licensing regulation	Investigation	08/27/2021
2022-000634	Violation of licensing regulation	Investigation	10/20/2022

2022-000782	Violation of licensing regulation	Investigation	04/26/2023
2022-000905	Violation of licensing regulation	Investigation	04/27/2023

PHARMACY TECHNICIAN

2022-001202	License application problem	Complaint	01/10/2023
2023-000543	License application problem	Complaint	06/15/2023
2023-000754	License application problem	Complaint	07/25/2023

WHOLESALE DRUG DEALER

2023-000133	Violation of licensing regulation	Intake	02/07/2023
2023-000683	Violation of licensing regulation	Intake	06/21/2023
2023-000733	Violation of licensing regulation	Intake	07/11/2023
2023-000753	Violation of licensing regulation	Intake	07/17/2023
2023-000763	Violation of licensing regulation	Intake	07/11/2023
2023-000764	Violation of licensing regulation	Intake	07/11/2023
2023-000765	Violation of licensing regulation	Intake	07/11/2023
2022-000978	Violation of licensing regulation	Complaint	10/26/2022
2023-000142	Action in another state	Complaint	04/26/2023
2023-000281	Violation of licensing regulation	Complaint	05/05/2023
2023-000353	Violation of licensing regulation	Complaint	05/02/2023
2023-000527	License application problem	Complaint	06/13/2023
2023-000528	License application problem	Complaint	06/13/2023
2022-000829	Violation of licensing regulation	Investigation	04/26/2023
2022-000934	Unlicensed practice or activity	Investigation	04/26/2023
2022-000935	Violation of licensing regulation	Investigation	03/28/2023
2022-000936	Unlicensed practice or activity	Investigation	04/26/2023
2022-000937	Unlicensed practice or activity	Investigation	04/26/2023
2022-001033	Violation of licensing regulation	Investigation	04/27/2023
2022-001034	Violation of licensing regulation	Investigation	05/11/2023
2022-001035	Violation of licensing regulation	Investigation	05/24/2023
2022-001036	Violation of licensing regulation	Investigation	05/24/2023
2022-001046	Action in another state	Investigation	03/28/2023

2023-000020	Violation of licensing regulation	Investigation	07/26/2023
2023-000126	Violation of licensing regulation	Investigation	05/24/2023
2023-000139	Violation of licensing regulation	Investigation	07/22/2023
2023-000186	Violation of licensing regulation	Investigation	05/31/2023
2023-000194	Violation of licensing regulation	Investigation	07/24/2023
2023-000288	Violation of licensing regulation	Investigation	07/19/2023
2023-000345	Violation of licensing regulation	Investigation	07/25/2023
2023-000403	Violation of licensing regulation	Investigation	07/10/2023

Closed - 33

Case #	Violation Type	Case Status	Closed	Closure
BUSINESS LICENSE				
2023-000366	Unlicensed practice or activity	Closed-Complaint	06/07/2023	Compliance
2023-000367	Unlicensed practice or activity	Closed-Complaint	06/01/2023	License Action
2023-000392	Unlicensed practice or activity	Closed-Complaint	06/01/2023	License Action
OUT OF STATE PHARMACY				
2023-000073	Violation of licensing regulation	Closed-Intake	04/26/2023	No Action - No Violation
PHARMACIST				
2022-001030	Violating professional ethics	Closed-Investigation	06/19/2023	Advisement Letter
2023-000155	License application problem	Closed-Investigation	06/06/2023	Application Withdrawn
PHARMACIST IN CHARGE				
2023-000152	Prescriptive practice	Closed-Complaint	06/09/2023	No Action - No Violation
2022-001176	Continuing education	Closed-Investigation	05/16/2023	Advisement Letter
2023-000160	Violation of licensing regulation	Closed-Investigation	04/18/2023	Advisement Letter
PHARMACY				
2023-000539	Violation of licensing regulation	Closed-Intake	06/21/2023	Other (See Abstract)

2023-000696	Compliance Inspection	Closed-Intake	07/10/2023	Compliance
2023-000734	Compliance Inspection	Closed-Intake	07/18/2023	Compliance
2023-000735	Compliance Inspection	Closed-Intake	07/18/2023	Compliance
2023-000736	Compliance Inspection	Closed-Intake	07/18/2023	Compliance
2023-000737	Compliance Inspection	Closed-Intake	07/18/2023	Compliance
2023-000738	Compliance Inspection	Closed-Intake	07/18/2023	Compliance
2023-000742	Compliance Inspection	Closed-Intake	07/18/2023	Compliance
2022-001101	Violation of licensing regulation	Closed-Complaint	06/09/2023	No Action - No Violation
2023-000074	Violation of licensing regulation	Closed-Complaint	07/27/2023	No Action - No Violation
2023-000131	Violation of licensing regulation	Closed-Complaint	06/05/2023	No Action - No Violation
2023-000198	Prescriptive practice	Closed-Complaint	06/05/2023	No Action - No Violation
2023-000570	Compliance Inspection	Closed-Division Inspection	06/22/2023	Compliance

PHARMACY TECHNICIAN

2022-001183	Criminal action - conviction	Closed-Intake	05/25/2023	Review Complete
2023-000176	License application problem	Closed-Intake	05/09/2023	Review Complete
2023-000542	Continuing education	Closed-Complaint	06/20/2023	No Action - No Violation
2023-000606	Continuing education	Closed-Complaint	06/27/2023	No Action - No Violation
2023-000363	Continuing education	Closed-Investigation	06/09/2023	Advisement Letter
2023-000364	Continuing education	Closed-Investigation	05/16/2023	Advisement Letter
2023-000431	Unlicensed practice or activity	Closed-Investigation	07/24/2023	Advisement Letter

WHOLESALE DRUG DEALER

2023-000123	License application problem	Closed-Intake	04/19/2023	Review Complete
2022-001185	Violation of licensing regulation	Closed-Complaint	06/16/2023	Other (See Abstract)
2023-000368	Violation of licensing regulation	Closed-Complaint	05/31/2023	Application Withdrawn
2022-000749	Violation of licensing regulation	Closed-Investigation	05/03/2023	License Action

END OF REPORT

Alaska Board of Pharmacy

Agenda Item #8

Industry Updates

Industry Update

Alaska Pharmacists Association
Brittany Keener, PharmD, MPH, BCPS, FAKPhA
President

Thank you!

- June 20 Special Meeting

- Regulations work, and working on technician licensing for high school student enrolled in programs leading to national certification

Upcoming Conference

- Health System Pharmacy and Leadership Conference ~ September 21-23rd at Alyeska Resort
- Partnered with IHS - looking forward to having pharmacists from all across the state
- Great CE on clinical updates and leadership
- Hearing from Representative Ruffridge on advocacy, Dr. Jen Adams on building strength based teams, clinical updates on ischemic stroke, infectious disease / antibiotic stewardship, new drugs and more
- We would love to have board of pharmacy members there to network with licensees - if interested in attending please reach out for more info akpharmacistsassociation@gmail.com

Update on SB 121

- No hearing in 2023 session
- Working during interim with coalition
- Met last week with our Tribal Health coalition representative (Dan Nelson from Chief Andrew Isaac), Board of Pharmacy Chair Ashley Schaber, AKPhA Executive Director, Senator Giessel (bill sponsor), Director of the Division of Insurance, Acting Director of AlaskaCare, and DOA Legislative Liaison
- FTC has reversed policies in support of PBMs

ACPE Joint Providership for BOP Meetings

- AKPhA is excited to be working with the Board to enter a joint providership agreement
- Once finalized, the Association would accredit certain agenda items of BOP meetings for CE credit
- This is a great partnership opportunity and will hopefully drive participation by licensees in BOP meetings

Alaska Board of Pharmacy

Agenda Item #9

Adjourn for Lunch

Alaska Board of Pharmacy

Agenda Item #10

Roll Call/Call to Order

Alaska Board of Pharmacy

Agenda Item #11

Public Comment Period

Alaska Board of Pharmacy

Agenda Item #12

Board Business

Question: Does the Board of Pharmacy have authority to issue reciprocal disciplinary action on a facility licensed in Alaska but located outside of the state based on license discipline that occurred in a different jurisdiction? (Also including a few more "break down" questions below.)

Example – ABC Wholesaler, located in Dallas, TX, is licensed as a Wholesale Drug Distributor (WDD) in 10 other states including Alaska. Their home jurisdiction is Texas, but their Alabama license has been suspended by the Alabama Board of Pharmacy for sending controlled substances into the state of Alabama from their Texas facility without a DEA registration number.

1. Does the Alaska Board of Pharmacy have the statutory authority to take reciprocal action on the Alaska WDD license based on the Alabama suspension? AS 08.80.157 gives the Board the authority to suspend or revoke the license after it learns of a violation of a federal, state, or local law (i.e., the suspension). Alaska can give notice to the licensee that it has become aware of the action and that it intends to take action based upon that (Notice of Complaint). The licensee then has the opportunity to respond. Suspension/Revocation is not automatic and Alaska still has to go through its processes. How/why is the action in another state a problem? In other words, Alaska still has to articulate why the action which led to the suspension in State 1 is a health, safety concern for Alaska or a violation of Alaska statute. If a licensee if suspended because they were 10 days late in paying their renewal fee, Alaska would have a very difficult road. Versus the licensee (facility) was suspended because they were selling unsafe products and refused to comply with an FDA recall request. The board then has a strong argument that they risked public safety. Best if Alaska can tie the violation to something enumerated in AS 08.80.157(h)(4).

2. Does the Alaska Board of Pharmacy have the statutory authority to take reciprocal action on the Alaska WDD license if the Texas license if affected by this suspension since it is the home jurisdiction? Home jurisdiction is irrelevant so long as there was an action which fits under AS 08.80.157(h)(1) – a finding by the board of a violation of federal, state or local law "relating to the practice of pharmacy, drug samples, wholesale or retail drug or device distribution, or distribution of controlled substances." The statute does not have a limitation to the action having to have occurred only in the original licensing home jurisdiction.

3. Does the Alaska Board of Pharmacy have the statutory authority to take any action at all on the Alaska WDD license for any action outside of the state of Alaska? Yes. See AS 08.80.157(h)(1) and AS 08.80.157(h)(4). (This is another way of asking the above two questions.)

Process wise, the board proceeds just like it would with a local pharmacist who broke a rule. Notice of Complaint, Notice of Investigation – attempt to get Consent Agreement and if that fails, Accusation, etc. The fact that the wholesaler is out-of-state and/or has a licensee elsewhere has no bearing. The pharmacy statutes, while clunky, do get the board where they are wanting to go. Moreover, the facility is likely required to disclose the matter on their renewals per the professional fitness questions. If they fail to do so, there are additional grounds for action based upon the failure to disclose.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

Type of Report: *(check one box only)* ☒ New Report ☐ Amendment Key *(prior report dated)*: EYBBZQ9I7JM

1. DEA Registration Number: BC2462668

Name of **Business**: CARR-GOTTSTEIN FOODS, CO.

Address: 1650 W NORTHERN LIGHTS BLVD

City: ANCHORAGE State: AK ZIP Code: 99517

Point of Contact: LILIYA VOROBEY

Email Address: S1805C01@SAFEWAY.COM Phone No.: 9073390560

Date of the Theft or Loss (*or first discovery of theft or loss*): April 30, 2023 Number of Thefts and Losses in the past 24 months: 1

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?: $ 157

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.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

LIST OF CONTROLLED SUBSTANCES LOST

	Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
1	TESTOSTERON ENAN 1,000 MG/5 ML	00143975001	TESTOSTERONE ENANTHATE	200 MG/ML	VIAL (SDV,MDV (	20

U.S. Department of Justice · Drug Enforcement Administration · Diversion Control Division

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

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:

THE PHARMACY WILL LOCK TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML IN THE CII CABINET AND PERFORM A MONTHLY AUDIT EVERY MONTH FOR THE NEXT THREE MONTHS OR UNTIL THECAUSE OF THE LOSS HAS BEEN 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 106 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: LILIYA VOROBEY

Title: PHARMACY MANAGER

Date Signed: May 11, 2023

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 Controlled Substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

Type of Report: *(check one box only)* ☒ New Report ☐ Amendment Key *(prior report dated)*: 5XWWK5ME097R

1. DEA Registration Number: BC2462769

Name of **Business**: CARR-GOTTSTEIN FOODS, CO.

Address: 11431 BUSINESS BLVD

City: EAGLE RIVER State: AK ZIP Code: 99577

Point of Contact: ERIN MURPHY

Email Address: S1807C01@SAFEWAY.COM Phone No.: 9077260760

Date of the Theft or Loss (*or first discovery of theft or loss*): April 20, 2023 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.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

LIST OF CONTROLLED SUBSTANCES LOST

	Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
1	CLONAZEPAM 0.5 MG TABLET	16729013600	CLONAZEPAM	0.5 MG	TABLET	12

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

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:

THE PHARMACY STAFF WILL CONDUCT AN AUDIT EACH TIME CLONAZEPAM 0.5 MG TAB IS DISPENSED UNTIL THE CAUSE OF LOSS IS IDENTIFIED.

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 106 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: ERIN MURPHY

Title: PHARMACY MANAGER

Date Signed: May 11, 2023

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 Controlled Substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

Type of Report: *(check one box only)* ☒ New Report ☐ Amendment Key *(prior report dated)*: 137IA54R6UR6

1. DEA Registration Number: BC2462707

Name of **Business**: CARR-GOTTSTEIN FOODS, CO.

Address: 7731 E NORTHERN LIGHTS BLVD

City: ANCHORAGE State: AK ZIP Code: 99504

Point of Contact: NANA MCMILLAN

Email Address: S1817C01@CARRSQC.COM Phone No.: 9073391760

Date of the Theft or Loss (*or first discovery of theft or loss*): April 29, 2023 Number of Thefts and Losses in the past 24 months: 3

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?: $ 4

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.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

LIST OF CONTROLLED SUBSTANCES LOST

	Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
1	PREGABALIN 100 MG CAPSULE	62332012290	PREGABALIN	100 MG	CAPSULE (HARD	90

U.S. Department of Justice · Drug Enforcement Administration · Diversion Control Division

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

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:

THE PHARMACY WILL AUDIT PREGABALIN 100 MG EVERY MONTH FOR THE NEXT THREE MONTHS, OR UNTIL THE CAUSE OF THE LOSS HAS BEEN 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 106 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: NANA MCMILLAN

Title: PHARMACY MANAGER

Date Signed: May 08, 2023

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 Controlled Substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

Type of Report: *(check one box only)* ☒ New Report ☐ Amendment Key *(prior report dated)*: 2Q4GJIZU1RJV

1. DEA Registration Number: BC4116958

Name of **Business**: CARR-GOTTSTEIN FOODS, CO.

Address: 2417 TONGASS AVE

City: KETCHIKAN State: AK ZIP Code: 999015900

Point of Contact: OLGA BROPHY

Email Address: S1818C01@SAFEWAY.COM Phone No.: 9072281960

Date of the Theft or Loss (*or first discovery of theft or loss*): April 26, 2023 Number of Thefts and Losses in the past 24 months: 1

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.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

LIST OF CONTROLLED SUBSTANCES LOST

	Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
1	DEXMETHYLPHENIDATE 5 MG TAB	57664037888	DEXMETHYLPHENIDATE HCL	5 MG	TABLET	5

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

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:

THE PHARMACY WILL AUDIT DEXMETHYLPH 5 MG EVERY MONTH FOR THE NEXT THREE MONTHS, AND BACK-COUNT AND DOCUMENT ON THE MFG. BOTTLES, DOUBLE COUNT PRESCRIPTIONS OR UTIL THE CAUSE OF THE LOSS HAS BEEN 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 106 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: OLGA BROPHY

Title: DIVISIONAL PHARMACY MANAGER

Date Signed: May 11, 2023

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 Controlled Substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

Type of Report: *(check one box only)* ☒ New Report ☐ Amendment Key *(prior report dated)*: 89G9HUYK6P5L

1. DEA Registration Number: FS5544196

Name of **Business**: CARR-GOTTSTEIN FOODS, CO.

Address: 109 E PIONEER DRIVE

City: VALDEZ State: AK ZIP Code: 99686

Point of Contact: OLGA BROPHY

Email Address: S1833C01@SAFEWAY.COM Phone No.: 9074613313

Date of the Theft or Loss (*or first discovery of theft or loss*): June 01, 2023 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?: $ 2

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.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

LIST OF CONTROLLED SUBSTANCES LOST

	Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
1	ALPRAZOLAM 2 MG TABLET	00228203910	ALPRAZOLAM	2 MG	TABLET	90

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

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:

THE PHARMACY STAFF WILL CONDUCT A MONTHLY AUDIT OF ALPRAZOLAM 2 MG TAB FOR THE NEXT 3 MONTHS OR UNTIL THE CAUSE OF LOSS IS IDENTIFIED.

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 106 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: OLGA BROPHY

Title: PHARMACY

Date Signed: June 06, 2023

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 Controlled Substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

DEA FORM 106

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

Type of Report: *(check one box only)* ☒ New Report ☐ Amendment Key *(prior report dated)*: 6N6S5VL52HLP

1. **DEA Registration Number:** BC3035614

Name of Business: COSTCO WHOLESALE CORPORATION

Address: 330 W. DIMOND BLVD

RECEIVED
JUN 26 2023
CBPL
JUNEAU

City: ANCHORAGE **State:** AK **ZIP Code:** 99515

Point of Contact: SHADI OBEIDI

Email Address: W010PHMP02@COSTCO.COM **Phone No.:** 9072677116

Date of the Theft or Loss *(or first discovery of theft or loss)*: May 02, 2023 **Number of Thefts and Losses in the past 24 months:** 10

Principal Business of Registrant: CHAIN PHARMACY

2. **Type of theft or loss:** EMPLOYEE THEFT (OR SUSPECTED).

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?:** $ 93

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.

Report of Theft or Loss of Controlled Substances

OMB No 1117-0001 (Exp Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

9. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?:

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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:

MAKING SURE THAT BOXES THAT ARE DISPOSED OF ARE ACTUALLY TRASH AND THAT ITS COMPLETELY EMPTY

Enter remarks, if required. Description of how theft or loss occurred. Attach a separate sheet, if necessary:

ON 5/2/2023 WE NOTICED A BOX MISSING TO RETURN BACK TO CLS (THE COMPANY THAT ACCEPTS EXPIRED CONTROLS) AND AFTER INVESTIGATION OF THE CAMERAS, IT SEEMS THAT THE BOX WAS INADVERTENTLY TOSSED IN THE TRASH AND COULD NOT BE RETRIEVED. WE DO NOT SUSPECT EMPLOYEE THEFT.

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 106 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: SHADI OBEIDI

Title: PHARMACIST

Date Signed: May 10, 2023

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 Controlled Substances may result in penalties under Section 402 and 403 of the Controlled Substances Act

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

LIST OF CONTROLLED SUBSTANCES LOST

	Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
1	DEXTROAMPHETAMINE 30 MG TAB	52536053003	D-AMPHETAMINE SULFATE	30 MG	TABLET	20

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

Type of Report: *(check one box only)* ☒ **New Report** ☐ **Amendment Key** ***(prior report dated)***: 6N6S5VL52HLP

1. **DEA Registration Number:** BC3035614

Name of Business: COSTCO WHOLESALE CORPORATION

Address: 330 W. DIMOND BLVD

City: ANCHORAGE **State:** AK **ZIP Code:** 99515

Point of Contact: SHADI OBEIDI

Email Address: W010PHMP02@COSTCO.COM **Phone No.:** 9072677116

Date of the Theft or Loss *(or first discovery of theft or loss)*: May 02, 2023 **Number of Thefts and Losses in the past 24 months:** 10

Principal Business of Registrant: CHAIN PHARMACY

2. **Type of theft or loss:** EMPLOYEE THEFT (OR SUSPECTED):

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?:** $ 93

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.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

Type of Report: *(check one box only)* ☒ New Report ☐ Amendment Key *(prior report dated)*: 8LFSM1RZKI1V

1. DEA Registration Number: FS8898720

Name of **Business**: SAFEWAY, INC

Address: 2920 SEWARD HWY

City: ANCHORAGE State: AK ZIP Code: 99503

Point of Contact: REBECCA AUSTRIA

Email Address: S0720C01@SAFEWAY.COM Phone No.: 9073390660

Date of the Theft or Loss (*or first discovery of theft or loss*): July 13, 2023 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.

DEA FORM **106**

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp. Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

LIST OF CONTROLLED SUBSTANCES LOST

	Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
1	ALPRAZOLAM 0.25 MG TABLET	00228202710	ALPRAZOLAM	0.25 MG	TABLET	30

Report of Theft or Loss of Controlled Substances

OMB No. 1117-0001 (Exp Date 7/31/2023)

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

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:

THE PHARMACY STAFF WILL CONDUCT A MONTHLY AUDIT OF ALPRAZOLAM 0.25 MG TABLETS FOR THE NEXT 6 MONTHS OR UNTIL THE CAUSE OF LOSS IS IDENTIFIED.

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 106 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: REBECCA AUSTRIA

Title: PHARMACY MANAGER

Date Signed: July 17, 2023

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 Controlled Substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska State Medical Board
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *MedicalBoard@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/StateMedicalBoard*

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Physician-Pharmacist Cooperative Practice Agreement Application

Under 12 AAC 40.983, a physician may participate in a cooperative agreement with a pharmacist by submitting this application and copy of the protocol to the State Medical Board for approval. A "cooperative practice agreement" is an agreement by which a physician authorizes a pharmacist to manage a patient's medication therapy.

The Board of Pharmacy must also endorse the approval before a physician and pharmacist can engage in the agreement. This is a joint application; there is no need to submit separate applications to each board.

PART I Application Type

Application Type:	☐ New Agreement ☐ Renewal ☐ Modification of Existing Agreement ☐ Termination of Agreement

PART II Cooperative Practice History

1. Agreement number for renewal, modification, and termination application types only:				
2. If a modification, describe what protocols have changed since the cooperative practice was initially issued or last renewed (e.g., new designation types added or removed):				
3. If a renewal, please confirm the protocols and services provided under the existing cooperative practice agreement have not changed since initially issued or last renewed, whichever is most recent. (If there have been changes, apply by modification.)				
Original Agreement Date:				
Requested Effective Dates for Agreement:*	**Start Date:**		**End Date:**	

**May not exceed two years.*

PART III Designation Types

Protocol Type:	☐ Ropivacaine Nerve Block	☐ Travel Medication	☐ Immunizations	☐ Hypertension
	☐ Emergency Contraception	☐ Anticoagulation	☐ Other Emergency Medication	

PART IV Physician Information

Physician Name:	Donna Jones, MD	**License Number:**	163193
Email Address:	roxanne.jones@providence.org	**Phone Number:**	907-212-9867
Employer Name:	Providence Medical Group	**Physician Type:**	MD

PART V Additional Physicians

Please list additional participating physicians involved in the cooperative practice agreement, if known. *Attach additional pages, if needed.*

Physician Name	Alaska License Number	Expiration Date

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PART VI Pharmacy Information

Pharmacy Name:	N/A	**Alaska Pharmacy License Number:**	N/A
Pharmacy Email Address:	N/A - Providence Family Medicine Clinic (no pharmacy)		
Pharmacy Physical Address:	Street: 1201 E. 36th Ave City: Anchorage State: AK Zip: 99508		

PART VII Pharmacist Information

Cooperating Pharmacist Name:	Amy Paul	**License Number:**	114537
Email Address:	amy.paul@providence.org	**Phone Number:**	907-212-9835
Are you the Pharmacist-in-Charge?	☒ Yes ☐ No		

PART VIII Cooperative Practice Protocol Details (12 AAC 40.983)

1. Does the protocol contain an agreement in which physicians authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol? ☒ Yes ☐ No

2. Does the protocol contain a statement identifying the physicians authorized to prescribe and the pharmacists who are party to the agreement? ☒ Yes ☐ No

3. Is a time period for the protocol specified? (May not exceed two years.) ☒ Yes ☐ No

4. Does the protocol include the types of collaborative authority decisions that the pharmacists are authorized to make, including:
   - A. Types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case?
   - B. Procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved?

   ☒ Yes ☐ No

5. Does the protocol include activities the pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning the specific decisions made? ☒ Yes ☐ No

6. Does the protocol contain a list of the specific types of patients eligible to receive services under the written protocol? ☒ Yes ☐ No

7. Does the protocol include a plan for the authorizing practitioners to review the decisions made by the pharmacist at least once every three months? ☒ Yes ☐ No

8. Does the protocol include a plan for providing the authorizing physicians with each patient record created under the written protocol? ☒ Yes ☐ No

9. Are the authorizing physicians in active practice, and is the prescriptive authority within the scope of the practitioners' practice? ☒ Yes ☐ No

10. Does the protocol specify and require completion of additional training, if required for the procedures authorized under the protocol? ☒ Yes ☐ No

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PART IX Agreement

For Physicians: By providing my signature below, I acknowledge that I will also comply with all provisions required by the State Medical Board's Cooperative Practice Agreement regulations.

For Pharmacists: By providing my signature below, I acknowledge that a signed copy of the approved collaborative practice application and protocols must remain at the pharmacy location at all times as required by 12 AAC 52.240(i).

☒ Attach a copy of your written protocol.

Cooperating Physician Signature:	DRJones	**Date Signed:**	03/08/2023
Cooperating Pharmacist Signature:	Amy Kathryn Paul	**Date Signed:**	03/08/2023

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Providence Medical Group – Family Medicine
Collaborative Practice Agreement with Ambulatory Care Pharmacists

Description of agreement:
This Collaborative Practice Agreement (CPA) is established on this 14th day of March in the year 2023. _____, pursuant to Alaska State Board of Pharmacy Administrative Code Regulation (12 AAC 52.240), between Providence Medical Group (PMG) Family Medicine practitioners and PMG Family Medicine clinical pharmacists. PMG Family Medicine consists of physicians, nurse practitioners, physician assistants and psychiatrists authorized to prescribe legend drugs in the State of Alaska. The signature of the PMG medical director authorizes this CPA on behalf of each individual provider employed by PMG Family Medicine and will substitute for individual signatures. The signature of the Principal Clinical Pharmacist authorizes this CPA on behalf of each individual pharmacist employed by PMG Family Medicine and will substitute for individual signatures.

Authority is limited to patients under the care of PMG providers or their designees, and only under the scope of their current practice.

Collaborative Practice Agreement will be granted for a period of two years from this date, unless rescinded earlier in writing by the authorizing practitioners or clinical pharmacists. The clinical pharmacists shall notify the Alaska State Board of Pharmacy in writing within 30 days after the written protocol is terminated. Changes to this CPA shall be reported to the Alaska State Board of Pharmacy via resubmission signed by the principal clinical pharmacist and PMG medical director.

Under this CPA, the clinical pharmacist is given authority to order labs; refill medications; and initiate, modify, or discontinue treatment related to the disease states and medication therapies outlined. Pharmacists working at Providence Family Medicine do not work in a dispensing pharmacy. No medications will be dispensed by PMG pharmacists as a part of this CPA. Pharmacists work collaboratively with providers in a family medicine clinic setting.

Donna Roxanne Jones, MD
Printed Name: PMG Family Medicine Medical Director

163193
Alaska State License Number

DR Jones, MD
Signature: PMG Family Medicine Medical Director

03/14/2023
Date

Amy Kathryn Paul
Printed Name: PMG Family Medicine Principal Clinical Pharmacist

114537
Alaska State License Number

Amy Kathryn Paul
Signature: PMG Family Medicine Principal Clinical Pharmacist

14 March 2023
Date

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Training and competency

I. The clinical pharmacist shall have successfully completed the following:
   a. Doctor of Pharmacy from an accredited school of pharmacy
   b. Alaska State Board of Pharmacy licensure

II. The clinical pharmacist is one of the following:
   a. Actively working toward board certification
   b. Board certified as an ambulatory care pharmacist or pharmacotherapy specialist

III. The clinical pharmacist will complete the required continuing education for Alaska state licensure and board certification, with a focus on ambulatory care topics.

Patient Identification

I. Provider Referral
   a. PMG Family Medicine providers may refer patients for whom they feel that pharmacy services would be beneficial, including drug therapy initiation, modification, or discontinuation, provided that:
      i. The patient must have a diagnosis from the PMG Family Medicine provider before the clinical pharmacist may initiate, modify, or discontinue a medication per this CPA
      ii. Patients evaluated and monitored by the pharmacist will be followed regularly by their primary care provider
   b. All provider referrals are considered active unless rescinded in writing within the electronic medical record
   c. A provider or patient-specific referral is not needed for the pharmacist to initiate the services and orders outlined in Table 1

II. Population Management
   a. Reports from medical records may be utilized to initiate pharmacy services as approved by PMG policy

Clinical Pharmacy Services

I. Pharmacist Scope
   a. The pharmacist will only manage the specific disease state for which the patient was identified and has a documented diagnosis (Section IV.) with the following exceptions:
      i. Diabetes management includes the management of blood pressure, cholesterol medications, and diabetes health maintenance (microalbumin/creatinine ratio, foot exam, retinal eye exam)
      ii. Smoking cessation, anticoagulation, immunizations, renal and hepatic dose adjustments, drug level-based dose adjustments, drug monitoring (including laboratory and non-laboratory tests), referral for nutritional counseling, and medication therapy management may be initiated by the pharmacist at any time as outlined in Table 1
      iii. Topics outside of those outlined in Table 1 as agreed upon by PCP and pharmacist
   b. Disease state management includes in-office administration of medications when applicable

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c. The pharmacist may only approve refills for medications pertinent to the disease state being managed with the following exception:
    i. Per patient request, pharmacists may approve a one-time refill of any chronic legend medication as appropriate, excluding narcotics

II. Patient Education
a. Detailed medication education and/or consultation with provision of pharmacotherapeutic recommendations only; no ongoing management/monitoring. Patient to return to the primary care provider for follow-up evaluation, appropriate drug regimen revision and monitoring

III. Medication Therapy Management (MTM)
a. Comprehensive medication review to identify, resolve, and prevent medication related problems. The Elements of MTM include:
    i. Assessment of medications for indication, appropriate monitoring (including laboratory and non-laboratory tests), interactions, efficacy, tolerability and compliance. Actions taken by the pharmacist may include:
        1. Update medications on the active list that need strength, sig, or other component revised
        2. Discontinue medications on the active list that the patient is not currently taking or intended to be taking
        3. Add medications the patient is currently taking to the active list. This does not involve prescribing new medications, only documentation of what has already been prescribed or is being taken without a prescription
    ii. Education and training designed to enhance patient understanding and appropriate use of medications
    iii. Written Medication Action Plan (MAP) identifying medication-related issues and person responsible for resolving those issues (i.e. patient, pharmacist, physician...)
    iv. Written Patient Medication Record (PMR) with detailed medication instructions and indications
    v. SOAP note documentation, including MAP and PMR. This documentation is to be communicated to the patient's primary care provider

IV. Disease State Management
a. Consultation with modifications to the patient's pharmacotherapeutic plan (including modifying current drug regimen and/or development and implementation of a new drug regimen)
b. Patient to follow-up with pharmacist for ongoing monitoring of the pharmacotherapeutic plan, during which time the patient will continue to see their primary care provider on a regular basis as needed
c. Patient may be discharged back to PCP for maintenance monitoring and management upon stabilization, satisfactory progress, or achievement of referral goal. Patient may also be discharged back upon patient request, lack of interest, or lack of satisfactory participation in care
d. Prescribing activities
    i. Initiation, continuation, modification or discontinuation of drug therapy for management of the disease states delineated within Table 1 or as agreed upon by both the PMG Family Medicine provider and pharmacist

ii. This CPA does not include the prescriptive authority for any controlled substances. Recommendations for controlled substances, if deemed warranted, will be provided to the primary care physician

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Communication and Quality Improvement

I. Communication
   a. Written documentation of each office visit and/or telephone encounter with a patient will be provided in the patient's electronic medical record
   b. PMG Family Medicine providers will have ongoing review of documentation in the electronic record, with pharmacist note review at least every three months
   c. The pharmacist will use clinical judgment and refer the patient to their primary care provider when necessary and route documentation to provider in-basket when warranted
   d. The pharmacist will immediately report any emergency situations (after stabilizing the patient) or any occurrences that fall outside of the CPA or any associated guidelines to the primary care provider

II. Quality Improvement
   a. This CPA will be reviewed annually by PMG Primary Care providers and pharmacists, and the agreement shall be revised as needed.

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Table 1: Scope of pharmacist Collaborative Practice Agreement

Disease State	Medication Therapies	Clinical Practice Guideline(s)*
No provider referral required for prescribing and ordering authority		
Anticoagulation	All anticoagulants and anticoagulation-related medical supplies	American College of Chest Physicians Conference on Antithrombotic and Thrombolytic Therapy (CHEST)
Drug Level Dose Adjustment	Any medication for which drug level dose adjustments are recommended	Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
Hepatic Dose Adjustment	Any medication for which hepatic dose adjustments are recommended	Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
Immunizations	All immunizations	Advisory Committee on Immunization Practices (ACIP) and Centers for Disease Control and Prevention (CDC)
Orders for Drug Monitoring	Any medication for which laboratory or non-laboratory orders are a routine part of drug monitoring	Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
Overdose prevention	Any medication used for the prevention or treatment of drug overdose, including naloxone	Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
Renal Dose Adjustment	Any medication for which renal dose adjustments are recommended	Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
Smoking Cessation	Nicotine replacement, bupropion, varenicline	US Department of Health and Human Services, Treating Tobacco Use and Dependence
Transitional Care	Any medication management related items connected with patient transition from inpatient to outpatient care	Pertinent guidelines as determined by patient's diagnoses and medical history
Travel Medications & Vaccinations	Any medications and immunizations recommended for preventative treatment related to foreign travel	US Department of Health and Human Services, Centers for Disease Control and Prevention

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Table 1 (cont): Scope of pharmacist Collaborative Practice Agreement

Disease State	Medication Therapies	Clinical Practice Guideline(s)*
Provider referral required for prescribing and ordering authority		
Asthma	Inhaled and oral agents for asthma and asthma-related medical supplies	National Asthma Education and Prevention Program (NAEPP)
Blood Pressure	All blood pressure modifying agents and blood pressure monitoring medical equipment	The Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC)
Chronic Heart Failure	ACE Inhibitors, Angiotensin II Receptor Blockers, Aldosterone Antagonists, Beta Blockers, Digoxin, Diuretics, Nitrates	American College of Cardiology/American Heart Association (ACC/AHA)
Chronic Obstructive Pulmonary Disease	Inhaled and oral agents for chronic obstructive pulmonary disease and exacerbations, oral antibiotics for COPD-related infections, and COPD-related medical supplies	Global Initiative for Chronic Obstructive Lung Disease (GOLD)
Depression	All antidepressants	Diagnostic and Statistical Manual of Mental Disorders (DSM)
Diabetes Mellitus	All oral, injectable, and inhaled antidiabetic agents; as well as medical equipment related to diabetes care and treatments for hypoglycemia	American Diabetes Association
Dyslipidemia	All cholesterol modifying agents	ACC/AHA Blood Cholesterol Guideline
Gastroesophageal Reflux Disease	Antacids, histamine antagonists, proton-pump inhibitors, metoclopramide, sucralafate, cholestyramine	American College of Gastroenterology (ACG)
Hepatitis C	Oral medications for the treatment of hepatitis c without compensated cirrhosis	American Association for the Study of Liver Disease/Infectious Diseases Society of America
HIV Pre-exposure Prophylaxis	Medications for the prevention of HIV transmission to at-risk individuals	Centers for Disease Control / Infectious Diseases Society of America
Hormone Therapy	All hormone replacement agents	American College of Obstetricians and Gynecologists; Endocrine Society Clinical Practice Guidelines
Hypothyroidism	All thyroid replacement agents	American Association of Clinical Endocrinologists (AACE)
Osteoporosis	Bisphosphonates, calcium, vitamin D, denosumab, teriparatide	Clinicians Guide to Prevention and Treatment of Osteoporosis
Pain Management	All pain management agents, excluding narcotics	Centers for Disease Control and Prevention; American Pain Society
Weight Management	All weight management and nutrition related agents, excluding narcotics	Endocrine Society Clinical Practice Guidelines; US Department of Health and Human Services Dietary Guidelines for Americans; ACC/AHA

*Pharmacist will follow the most current published version of the guidelines and use clinical judgment

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TO: (PLEASE PRINT) PHONE

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FROM:
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ALASKA STATE MEDICAL BOARD CHECKLIST - PHYSICIAN-PHARMACIST COOPERATIVE PLAN

Cooperative Plan (License Record) Number: 210003

Physician Name(s): Donna Jones, MD — License No. 163193
Providence Medical Center — License No. _____
_____ — License No. _____

Pharmacist Name (s): Amy Paul — License No. 114537
_____ — License No. _____
_____ — License No. _____

Date Received: 3-16-2023

Written Proposed Agreement addresses the following elements:

1. Includes types of cooperative practice decisions the physician is granting to the pharmacist ☐ No ☒ Yes
   Check all that apply:
   ☐ Types of diseases or conditions: List Asthma, Blood Pressure, CHF, COPD, Depression, Diabetes Mellitus, Dyslipidemia, GRD, Hep C, HIV Pre-exposure, Hormone therapy, Hypothroidism, Osteoporosis, Pain Management, Weight Management
   ☒ Types of medications or medication categories: List to treat the above conditions, see Table I

2. Includes procedures, decision criteria or plans the pharmacist must follow when making therapeutic decisions, particularly when initiating or modifying medications. ☐ No ☒ Yes

3. Includes expectations and requirements for the pharmacist to follow with respect to documentation of decisions made, and a plan for communication and feedback to the physician regarding decisions made ☐ No ☐ Yes

4. Includes a plan for the physician to review decisions made by the pharmacist at least once every three months. ☐ No ☒ Yes

5. Includes a plan for the pharmacist to provide the physician any patient records created under the agreement. ☐ No ☐ Yes

6. Includes a provision that allows the physician to override the agreement if the physician considers it medically necessary or appropriate. ☐ No ☒ Yes

7. Includes an acknowledgement that the physician will not receive any compensation from the pharmacist or pharmacy as a result of the care or treatment of any patient under the agreement. ☐ No ☐ Yes

8. Includes a prohibition against the administration or dispensing of any schedule I, II. III or IV controlled substances. ☐ No ☐ Yes

Comments: _____

Date Application Complete/forwarded to Board Member for Review: 6/5/2023 Examiner: NN

ALASKA STATE MEDICAL BOARD CHECKLIST -
PHYSICIAN-PHARMACIST COOPERATIVE PLAN

BOARD MEMBER REVIEW FOR APPROVAL

☒ APPROVED ☐ HOLD FOR BOARD ☐ INTERVIEW REQUIRED

Comments: Approved per Review Medical Boar Member's email below.

Date Issued: _____
VALID FOR 6 MONTHS

Signed: Natalie Norberg Date 7/3/2023

PHARMACY BOARD DELEGATE ENDORSEMENT

ENDORSEMENT APPROVED YES NO

Comments if "NO" to above:
_____
_____
_____

Endorsed by: _____ Signature/Date: _____

From: RICHARD WEIN
To: Norberg, Natalie M (CED)
Subject: Physician-Pharmacy Agreement
Date: Monday, July 3, 2023 10:41:22 AM

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning
I have reviewed the Physician-Pharmacy Agreements of the following physicians:
Shamsideen Musa, MD Coop plan #211093
Donna Jones, MD Coop plan #210003
Upon review, I approve of their agreements.
Richard Wein, MD
ASMB

Sent from my iPad

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska State Medical Board
PO Box 110806, Juneau, AK 99811
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Physician-Pharmacist Cooperative Practice Agreement Application

Under 12 AAC 40.983, a physician may participate in a cooperative agreement with a pharmacist by submitting this application and copy of the protocol to the State Medical Board for approval. A "cooperative practice agreement" is an agreement by which a physician authorizes a pharmacist to manage a patient's medication therapy.

The Board of Pharmacy must also endorse the approval before a physician and pharmacist can engage in the agreement. This is a joint application; there is no need to submit separate applications to each board.

PART I Application Type

Application Type:	☐ New Agreement ☐ Renewal ☐ Modification of Existing Agreement ☐ Termination of Agreement

PART II Cooperative Practice History

1. Agreement number for renewal, modification, and termination application types only:				
2. If a modification, describe what protocols have changed since the cooperative practice was initially issued or last renewed (e.g., new designation types added or removed):				
3. If a renewal, please confirm the protocols and services provided under the existing cooperative practice agreement have not changed since initially issued or last renewed, whichever is most recent. (If there have been changes, apply by modification.)				
Original Agreement Date:				
Requested Effective Dates for Agreement:*	**Start Date:**		**End Date:**	

**May not exceed two years.*

PART III Designation Types

Protocol Type:	☐ Ropivacaine Nerve Block	☐ Travel Medication	☐ Immunizations	☐ Hypertension
	☐ Emergency Contraception	☐ Anticoagulation	☐ Other Emergency Medication	

PART IV Physician Information

Physician Name:	Donna Jones, MD	**License Number:**	163193
Email Address:	roxanne.jones@providence.org	**Phone Number:**	907-212-9867
Employer Name:	Providence Medical Group	**Physician Type:**	MD

PART V Additional Physicians

Please list additional participating physicians involved in the cooperative practice agreement, if known. *Attach additional pages, if needed.*

Physician Name	Alaska License Number	Expiration Date

RECEIVED
MAR 16 2023
CBPL
JUNEAU

PART VI Pharmacy Information

Pharmacy Name:	N/A	**Alaska Pharmacy License Number:**	N/A
Pharmacy Email Address:	N/A - Providence Family Medicine Clinic (no pharmacy)		
Pharmacy Physical Address:	Street: 1201 E. 36th Ave City: Anchorage State: AK Zip: 99508		

PART VII Pharmacist Information

Cooperating Pharmacist Name:	Amy Paul	**License Number:**	114537
Email Address:	amy.paul@providence.org	**Phone Number:**	907-212-9835
Are you the Pharmacist-in-Charge?	☒ Yes ☐ No		

PART VIII Cooperative Practice Protocol Details (12 AAC 40.983)

1. Does the protocol contain an agreement in which physicians authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol? ☒ Yes ☐ No

2. Does the protocol contain a statement identifying the physicians authorized to prescribe and the pharmacists who are party to the agreement? ☒ Yes ☐ No

3. Is a time period for the protocol specified? (May not exceed two years.) ☒ Yes ☐ No

4. Does the protocol include the types of collaborative authority decisions that the pharmacists are authorized to make, including:
   - A. Types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case?
   - B. Procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved?

   ☒ Yes ☐ No

5. Does the protocol include activities the pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning the specific decisions made? ☒ Yes ☐ No

6. Does the protocol contain a list of the specific types of patients eligible to receive services under the written protocol? ☒ Yes ☐ No

7. Does the protocol include a plan for the authorizing practitioners to review the decisions made by the pharmacist at least once every three months? ☒ Yes ☐ No

8. Does the protocol include a plan for providing the authorizing physicians with each patient record created under the written protocol? ☒ Yes ☐ No

9. Are the authorizing physicians in active practice, and is the prescriptive authority within the scope of the practitioners' practice? ☒ Yes ☐ No

10. Does the protocol specify and require completion of additional training, if required for the procedures authorized under the protocol? ☒ Yes ☐ No

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MAR 10 2023
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PART IX Agreement

For Physicians: By providing my signature below, I acknowledge that I will also comply with all provisions required by the State Medical Board's Cooperative Practice Agreement regulations.

For Pharmacists: By providing my signature below, I acknowledge that a signed copy of the approved collaborative practice application and protocols must remain at the pharmacy location at all times as required by 12 AAC 52.240(i).

☒ Attach a copy of your written protocol.

Cooperating Physician Signature:	DRJones	**Date Signed:**	03/08/2023
Cooperating Pharmacist Signature:	Amy Kathryn Paul	**Date Signed:**	03/08/2023

Providence Medical Group – Family Medicine
Collaborative Practice Agreement with Ambulatory Care Pharmacists

Description of agreement:

This Collaborative Practice Agreement (CPA) is established on this 30th day of May in the year 2023, pursuant to Alaska State Board of Pharmacy Administrative Code Regulation (12 AAC 52.240), between *Providence Medical Group (PMG) Family Medicine practitioners and PMG Family Medicine clinical pharmacists.* PMG Family Medicine consists of physicians, nurse practitioners, physician assistants and psychiatrists authorized to prescribe legend drugs in the State of Alaska. The signature of the PMG medical director authorizes this CPA on behalf of each individual provider employed by PMG Family Medicine and will substitute for individual signatures. The signature of the Principal Clinical Pharmacist authorizes this CPA on behalf of each individual pharmacist employed by PMG Family Medicine and will substitute for individual signatures.

Authority is limited to patients under the care of PMG providers or their designees, and only under the scope of their current practice.

Collaborative Practice Agreement will be granted for a period of two years from this date, unless rescinded earlier in writing by the authorizing practitioners or clinical pharmacists. The clinical pharmacists shall notify the Alaska State Board of Pharmacy in writing within 30 days after the written protocol is terminated. Changes to this CPA shall be reported to the Alaska State Board of Pharmacy via resubmission signed by the principal clinical pharmacist and PMG medical director.

Under this CPA, the clinical pharmacist is given authority to order labs; refill medications; and initiate, modify, or discontinue treatment related to the disease states and medication therapies outlined.

No physician will receive any compensation from the pharmacist as a result of the care or treatment of any patient under the agreement.

Donna Roxanne Jones, MD
Printed Name: PMG Family Medicine Medical Director

163193
Alaska State License Number

DRJones
Signature: PMG Family Medicine Medical Director

5/30/2023
Date

Amy Kathryn Paul, PharmD
Printed Name: PMG Family Medicine Principal Clinical Pharmacist

114537
Alaska State License Number

Amy Kathryn Paul
Signature: PMG Family Medicine Principal Clinical Pharmacist

5/30/23
Date

Training and competency

I. The clinical pharmacist shall have successfully completed the following:
   a. Doctor of Pharmacy from an accredited school of pharmacy
   b. Alaska State Board of Pharmacy licensure

II. The clinical pharmacist is one of the following:
   a. Actively working toward board certification
   b. Board certified as an ambulatory care pharmacist or pharmacotherapy specialist

III. The clinical pharmacist will complete the required continuing education for Alaska state licensure and board certification, with a focus on ambulatory care topics.

Patient Identification

I. Provider Referral
   a. PMG Family Medicine providers may refer patients for whom they feel that pharmacy services would be beneficial, including drug therapy initiation, modification, or discontinuation, provided that:
      i. The patient must have a diagnosis from the PMG Family Medicine provider before the clinical pharmacist may initiate, modify, or discontinue a medication per this CPA
      ii. Patients evaluated and monitored by the pharmacist will be followed regularly by their primary care provider
   b. All provider referrals are considered active unless rescinded in writing within the electronic medical record
   c. A provider or patient-specific referral is not needed for the pharmacist to initiate the services and orders outlined in Table 1

II. Population Management
   a. Reports from medical records may be utilized to initiate pharmacy services as approved by PMG policy

Clinical Pharmacy Services

I. Pharmacist Scope
   a. The pharmacist will only manage the specific disease state for which the patient was identified and has a documented diagnosis (Section IV.) with the following exceptions:
      i. Diabetes management includes the management of blood pressure, cholesterol medications, and diabetes health maintenance (microalbumin/creatinine ratio, foot exam, retinal eye exam)
      ii. Smoking cessation, anticoagulation, immunizations, renal and hepatic dose adjustments, drug level-based dose adjustments, drug monitoring (including laboratory and non-laboratory tests), referral for nutritional counseling, and medication therapy management may be initiated by the pharmacist at any time as outlined in Table 1
      iii. Topics outside of those outlined in Table 1 as agreed upon by PCP and pharmacist
   b. Disease state management includes in-office administration of medications when applicable
   c. The pharmacist may only approve refills for medications pertinent to the disease state

being managed with the following exception:

i. Per patient request, pharmacists may approve a one-time refill of any chronic legend medication as appropriate, excluding narcotics

II. Patient Education

a. Detailed medication education and/or consultation with provision of pharmacotherapeutic recommendations only; no ongoing management/monitoring. Patient to return to the primary care provider for follow-up evaluation, appropriate drug regimen revision and monitoring

III. Medication Therapy Management (MTM)

a. Comprehensive medication review to identify, resolve, and prevent medication related problems. The Elements of MTM include:
    i. Assessment of medications for indication, appropriate monitoring (including laboratory and non-laboratory tests), interactions, efficacy, tolerability and compliance. Actions taken by the pharmacist may include:
        1. Update medications on the active list that need strength, sig, or other component revised
        2. Discontinue medications on the active list that the patient is not currently taking or intended to be taking
        3. Add medications the patient is currently taking to the active list. This does not involve prescribing new medications, only documentation of what has already been prescribed or is being taken without a prescription
    ii. Education and training designed to enhance patient understanding and appropriate use of medications
    iii. Written Medication Action Plan (MAP) identifying medication-related issues and person responsible for resolving those issues (i.e. patient, pharmacist, physician...)
    iv. Written Patient Medication Record (PMR) with detailed medication instructions and indications
    v. SOAP note documentation, including MAP and PMR. This documentation is to be communicated to the patient's primary care provider

IV. Disease State Management

a. Consultation with modifications to the patient's pharmacotherapeutic plan (including modifying current drug regimen and/or development and implementation of a new drug regimen)
b. Patient to follow-up with pharmacist for ongoing monitoring of the pharmacotherapeutic plan, during which time the patient will continue to see their primary care provider on a regular basis as needed
c. Patient may be discharged back to PCP for maintenance monitoring and management upon stabilization, satisfactory progress, or achievement of referral goal. Patient may also be discharged back upon patient request, lack of interest, or lack of satisfactory participation in care
d. Prescribing activities
    i. Initiation, continuation, modification or discontinuation of drug therapy for management of the disease states delineated within Table 1 or as agreed upon by both the PMG Family Medicine provider and pharmacist
    ii. This CPA does not include the prescriptive authority for any controlled substances.

Recommendations for controlled substances, if deemed warranted, will be provided to the primary care physician

Communication and Quality Improvement

I. Communication
   a. Written documentation of each office visit and/or telephone encounter with a patient will be provided in the patient's electronic medical record
   b. PMG Family Medicine providers will have ongoing review of documentation in the electronic record, with pharmacist note review at least every three months
   c. The pharmacist will use clinical judgment and refer the patient to their primary care provider when necessary and route documentation to provider in-basket when warranted
   d. The pharmacist will immediately report any emergency situations (after stabilizing the patient) or any occurrences that fall outside of the CPA or any associated guidelines to the primary care provider

II. Quality Improvement
   a. This CPA will be reviewed annually by PMG Primary Care providers and pharmacists, and the agreement shall be revised as needed.

Table 1: Scope of pharmacist Collaborative Practice Agreement

Disease State	Medication Therapies	Clinical Practice Guideline(s)*
No provider referral required for prescribing and ordering authority		
Anticoagulation	All anticoagulants and anticoagulation-related medical supplies	American College of Chest Physicians Conference on Antithrombotic and Thrombolytic Therapy (CHEST)
Drug Level Dose Adjustment	Any medication for which drug level dose adjustments are recommended	Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
Hepatic Dose Adjustment	Any medication for which hepatic dose adjustments are recommended	Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
Immunizations	All immunizations	Advisory Committee on Immunization Practices (ACIP) and Centers for Disease Control and Prevention (CDC)
Orders for Drug Monitoring	Any medication for which laboratory or non-laboratory orders are a routine part of drug monitoring	Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
Overdose prevention	Any medication used for the prevention or treatment of drug overdose, including naloxone	Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
Renal Dose Adjustment	Any medication for which renal dose adjustments are recommended	Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
Smoking Cessation	Nicotine replacement, bupropion, varenicline	US Department of Health and Human Services, Treating Tobacco Use and Dependence
Transitional Care	Any medication management related items connected with patient transition from inpatient to outpatient care	Pertinent guidelines as determined by patient's diagnoses and medical history
Travel Medications & Vaccinations	Any medications and immunizations recommended for preventative treatment related to foreign travel	US Department of Health and Human Services, Centers for Disease Control and Prevention

Table 1 (cont): Scope of pharmacist Collaborative Practice Agreement

Disease State	Medication Therapies	Clinical Practice Guideline(s)*
Provider referral required for prescribing and ordering authority		
Asthma	Inhaled and oral agents for asthma and asthma-related medical supplies	National Asthma Education and Prevention Program (NAEPP)
Blood Pressure	All blood pressure modifying agents and blood pressure monitoring medical equipment	The Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC)
Chronic Heart Failure	ACE Inhibitors, Angiotensin II Receptor Blockers, Aldosterone Antagonists, Beta Blockers, Digoxin, Diuretics, Nitrates	American College of Cardiology/American Heart Association (ACC/AHA)
Chronic Obstructive Pulmonary Disease	Inhaled and oral agents for chronic obstructive pulmonary disease and exacerbations, oral antibiotics for COPD-related infections, and COPD-related medical supplies	Global Initiative for Chronic Obstructive Lung Disease (GOLD)
Depression	All antidepressants	Diagnostic and Statistical Manual of Mental Disorders (DSM)
Diabetes Mellitus	All oral, injectable, and inhaled antidiabetic agents; as well as medical equipment related to diabetes care and treatments for hypoglycemia	American Diabetes Association
Dyslipidemia	All cholesterol modifying agents	ACC/AHA Blood Cholesterol Guideline
Gastroesophageal Reflux Disease	Antacids, histamine antagonists, proton-pump inhibitors, metoclopramide, sucralafate, cholestyramine	American College of Gastroenterology (ACG)
Hepatitis C	Oral medications for the treatment of hepatitis c without compensated cirrhosis	American Association for the Study of Liver Disease/Infectious Diseases Society of America
HIV Pre-exposure Prophylaxis	Medications for the prevention of HIV transmission to at-risk individuals	Centers for Disease Control / Infectious Diseases Society of America
Hormone Therapy	All hormone replacement agents	American College of Obstetricians and Gynecologists; Endocrine Society Clinical Practice Guidelines
Hypothyroidism	All thyroid replacement agents	American Association of Clinical Endocrinologists (AACE)
Osteoporosis	Bisphosphonates, calcium, vitamin D, denosumab, teriparatide	Clinicians Guide to Prevention and Treatment of Osteoporosis
Pain Management	All pain management agents, excluding narcotics	Centers for Disease Control and Prevention; American Pain Society
Weight Management	All weight management and nutrition related agents, excluding narcotics	Endocrine Society Clinical Practice Guidelines; US Department of Health and Human Services Dietary Guidelines for Americans; ACC/AHA

*Pharmacist will follow the most current published version of the guidelines and use clinical judgment

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska State Medical Board
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *MedicalBoard@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/StateMedicalBoard*

Physician-Pharmacist Cooperative Practice Agreement Application

Under 12 AAC 40.983, a physician may participate in a cooperative agreement with a pharmacist by submitting this application and copy of the protocol to the State Medical Board for approval. A "cooperative practice agreement" is an agreement by which a physician authorizes a pharmacist to manage a patient's medication therapy.

The Board of Pharmacy must also endorse the approval before a physician and pharmacist can engage in the agreement. This is a joint application; there is no need to submit separate applications to each board.

PART I Application Type

Application Type:	☒ New Agreement ☐ Renewal ☐ Modification of Existing Agreement ☐ Termination of Agreement

PART II Cooperative Practice History

1. Agreement number for renewal, modification, and termination application types only:				
2. If a modification, describe what protocols have changed since the cooperative practice was initially issued or last renewed (e.g., new designation types added or removed):				
3. If a renewal, please confirm the protocols and services provided under the existing cooperative practice agreement have not changed since initially issued or last renewed, whichever is most recent. (If there have been changes, apply by modification.)				
Original Agreement Date:				
Requested Effective Dates for Agreement:*	**Start Date:**	05/30/2023	**End Date:**	05/30/2025

**May not exceed two years.*

PART III Designation Types

Protocol Type:	☐ Ropivacaine Nerve Block	☒ Travel Medication	☒ Immunizations	☒ Hypertension
	☒ Emergency Contraception	☒ Anticoagulation	☒ Other Emergency Medication	

PART IV Physician Information

Physician Name:	Shamsideen Musa MD MS	**License Number:**	131469
Email Address:	smusa@algoneanchorage.com	**Phone Number:**	9077701152
Employer Name:	Algone Anchorage Interventional Pain Clinic	**Physician Type:**	MD

PART V Additional Physicians

Please list additional participating physicians involved in the cooperative practice agreement, if known. *Attach additional pages, if needed.*

Physician Name	Alaska License Number	Expiration Date

PART VI Pharmacy Information

Pharmacy Name:	Walmart Pharmacy Store#2074	**Alaska Pharmacy License Number:**	135809
Pharmacy Email Address:	o0A007.s02074.us@wal-mart.com		
Pharmacy Physical Address:	Street 1350 S Seward Meridian Pkwy, City Wasilla, State AK Zip 99654		

PART VII Pharmacist Information

Cooperating Pharmacist Name:	Obinna O. Alu	**License Number:**	131417
Email Address:	obinna.o.alu@gmail.com	**Phone Number:**	907 376 9783
Are you the Pharmacist-in-Charge?	☐ Yes ☒ No		

PART VIII Cooperative Practice Protocol Details (12 AAC 40.983)

1.	Does the protocol contain an agreement in which physicians authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol?	☒ **Yes**	☐ **No**
2.	Does the protocol contain a statement identifying the physicians authorized to prescribe and the pharmacists who are party to the agreement?	☒ **Yes**	☐ **No**
3.	Is a time period for the protocol specified? (May not exceed two years.)	☒ **Yes**	☐ **No**
4.	Does the protocol include the types of collaborative authority decisions that the pharmacists are authorized to make, including: **A.** Types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case? **B.** Procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved?	☒ **Yes**	☐ **No**
5.	Does the protocol include activities the pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning the specific decisions made?	☒ **Yes**	☐ **No**
6.	Does the protocol contain a list of the specific types of patients eligible to receive services under the written protocol?	☒ **Yes**	☐ **No**
7.	Does the protocol include a plan for the authorizing practitioners to review the decisions made by the pharmacist at least once every three months?	☒ **Yes**	☐ **No**
8.	Does the protocol include a plan for providing the authorizing physicians with each patient record created under the written protocol?	☒ **Yes**	☐ **No**
9.	Are the authorizing physicians in active practice, and is the prescriptive authority within the scope of the practitioners' practice?	☒ **Yes**	☐ **No**
10.	Does the protocol specify and require completion of additional training, if required for the procedures authorized under the protocol?	☒ **Yes**	☐ **No**

PART IX Agreement

For Physicians: By providing my signature below, I acknowledge that I will also comply with all provisions required by the State Medical Board's Cooperative Practice Agreement regulations.

For Pharmacists: By providing my signature below, I acknowledge that a signed copy of the approved collaborative practice application and protocols must remain at the pharmacy location at all times as required by 12 AAC 52.240(i).

☐ Attach a copy of your written protocol.

Cooperating Physician Signature:		**Date Signed:**	05/30/2023
Cooperating Pharmacist Signature:		**Date Signed:**	5/30/2023

ALASKA STATE MEDICAL BOARD CHECKLIST - PHYSICIAN-PHARMACIST COOPERATIVE PLAN

Cooperative Plan (License Record) Number: 210003

Physician Name(s): Donna Jones, MD — License No. 163193
Providence Medical Center — License No. _____
_____ — License No. _____

Pharmacist Name (s): Amy Paul — License No. 114537
_____ — License No. _____
_____ — License No. _____

Date Received: 3-16-2023

Written Proposed Agreement addresses the following elements:

1. Includes types of cooperative practice decisions the physician is granting to the pharmacist ☐ No ☐ Yes
   Check all that apply:
   ☐ Types of diseases or conditions: List Asthma, Blood Pressure, CHF, COPD, Depression, Diabetes Mellitus, Dyslipidemia, GRD, Hep C, HIV Pre-exposure, Hormone therapy, Hypothroidism, Osteoporosis, Pain Management, Weight Management
   ☒ Types of medications or medication categories: List to treat the above conditions, see Table I

2. Includes procedures, decision criteria or plans the pharmacist must follow when making therapeutic decisions, particularly when initiating or modifying medications. ☐ No ☐ Yes

3. Includes expectations and requirements for the pharmacist to follow with respect to documentation of decisions made, and a plan for communication and feedback to the physician regarding decisions made ☐ No ☐ Yes

4. Includes a plan for the physician to review decisions made by the pharmacist at least once every three months. ☐ No ☐ Yes

5. Includes a plan for the pharmacist to provide the physician any patient records created under the agreement. ☐ No ☐ Yes

6. Includes a provision that allows the physician to override the agreement if the physician considers it medically necessary or appropriate. ☐ No ☐ Yes

7. Includes an acknowledgement that the physician will not receive any compensation from the pharmacist or pharmacy as a result of the care or treatment of any patient under the agreement. ☐ No ☐ Yes

8. Includes a prohibition against the administration or dispensing of any schedule I, II. III or IV controlled substances. ☐ No ☐ Yes

Comments: _____

Date Application Complete/forwarded to Board Member for Review: 6/5/2023 Examiner: NN

ALASKA STATE MEDICAL BOARD CHECKLIST -
PHYSICIAN-PHARMACIST COOPERATIVE PLAN

BOARD MEMBER REVIEW FOR APPROVAL

☒ APPROVED ☐ HOLD FOR BOARD ☐ INTERVIEW REQUIRED

Comments: Approved per Review Medical Boar Member's email below.

Date Issued: _____
VALID FOR 6 MONTHS

Signed: Natalie Norberg Date 7/3/2023

PHARMACY BOARD DELEGATE ENDORSEMENT

ENDORSEMENT APPROVED YES NO

Comments if "NO" to above:

_____

_____

_____

Endorsed by: _____ Signature/Date: _____

From: RICHARD WEIN
To: Norberg, Natalie M (CED)
Subject: Physician-Pharmacy Agreement
Date: Monday, July 3, 2023 10:41:22 AM

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning
I have reviewed the Physician-Pharmacy Agreements of the following physicians:
Shamsideen Musa, MD Coop plan #211093
Donna Jones, MD Coop plan #210003
Upon review, I approve of their agreements.
Richard Wein, MD
ASMB

Sent from my iPad

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska State Medical Board
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *MedicalBoard@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/StateMedicalBoard*

Physician-Pharmacist Cooperative Practice Agreement Application

Under 12 AAC 40.983, a physician may participate in a cooperative agreement with a pharmacist by submitting this application and copy of the protocol to the State Medical Board for approval. A "cooperative practice agreement" is an agreement by which a physician authorizes a pharmacist to manage a patient's medication therapy.

The Board of Pharmacy must also endorse the approval before a physician and pharmacist can engage in the agreement. This is a joint application; there is no need to submit separate applications to each board.

PART I Application Type

Application Type:	☒ New Agreement ☐ Renewal ☐ Modification of Existing Agreement ☐ Termination of Agreement

PART II Cooperative Practice History

1. Agreement number for renewal, modification, and termination application types only:				
2. If a modification, describe what protocols have changed since the cooperative practice was initially issued or last renewed (e.g., new designation types added or removed):				
3. If a renewal, please confirm the protocols and services provided under the existing cooperative practice agreement have not changed since initially issued or last renewed, whichever is most recent. (If there have been changes, apply by modification.)				
Original Agreement Date:				
Requested Effective Dates for Agreement:*	**Start Date:**	05/30/2023	**End Date:**	05/30/2025

**May not exceed two years.*

PART III Designation Types

Protocol Type:	☐ Ropivacaine Nerve Block	☒ Travel Medication	☒ Immunizations	☒ Hypertension
	☒ Emergency Contraception	☒ Anticoagulation	☒ Other Emergency Medication	

PART IV Physician Information

Physician Name:	Shamsideen Musa MD MS	**License Number:**	131469
Email Address:	smusa@algoneanchorage.com	**Phone Number:**	9077701152
Employer Name:	Algone Anchorage Interventional Pain Clinic	**Physician Type:**	MD

PART V Additional Physicians

Please list additional participating physicians involved in the cooperative practice agreement, if known. *Attach additional pages, if needed.*

Physician Name	Alaska License Number	Expiration Date

PART VI Pharmacy Information

Pharmacy Name:	Walmart Pharmacy Store#2074	**Alaska Pharmacy License Number:**	135809
Pharmacy Email Address:	o0A007.s02074.us@wal-mart.com		
Pharmacy Physical Address:	Street 1350 S Seward Meridian Pkwy, City Wasilla, State AK Zip 99654		

PART VII Pharmacist Information

Cooperating Pharmacist Name:	Obinna O. Alu	**License Number:**	131417
Email Address:	obinna.o.alu@gmail.com	**Phone Number:**	907 376 9783
Are you the Pharmacist-in-Charge?	☐ Yes ☒ No		

PART VIII Cooperative Practice Protocol Details (12 AAC 40.983)

1.	Does the protocol contain an agreement in which physicians authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol?	☒ **Yes**	☐ **No**
2.	Does the protocol contain a statement identifying the physicians authorized to prescribe and the pharmacists who are party to the agreement?	☒ **Yes**	☐ **No**
3.	Is a time period for the protocol specified? (May not exceed two years.)	☒ **Yes**	☐ **No**
4.	Does the protocol include the types of collaborative authority decisions that the pharmacists are authorized to make, including: **A.** Types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case? **B.** Procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved?	☒ **Yes**	☐ **No**
5.	Does the protocol include activities the pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning the specific decisions made?	☒ **Yes**	☐ **No**
6.	Does the protocol contain a list of the specific types of patients eligible to receive services under the written protocol?	☒ **Yes**	☐ **No**
7.	Does the protocol include a plan for the authorizing practitioners to review the decisions made by the pharmacist at least once every three months?	☒ **Yes**	☐ **No**
8.	Does the protocol include a plan for providing the authorizing physicians with each patient record created under the written protocol?	☒ **Yes**	☐ **No**
9.	Are the authorizing physicians in active practice, and is the prescriptive authority within the scope of the practitioners' practice?	☒ **Yes**	☐ **No**
10.	Does the protocol specify and require completion of additional training, if required for the procedures authorized under the protocol?	☒ **Yes**	☐ **No**

PART IX Agreement

For Physicians: By providing my signature below, I acknowledge that I will also comply with all provisions required by the State Medical Board's Cooperative Practice Agreement regulations.

For Pharmacists: By providing my signature below, I acknowledge that a signed copy of the approved collaborative practice application and protocols must remain at the pharmacy location at all times as required by 12 AAC 52.240(i).

☐ Attach a copy of your written protocol.

Cooperating Physician Signature:		**Date Signed:**	05/30/2023
Cooperating Pharmacist Signature:		**Date Signed:**	5/30/2023

Physician-Pharmacist Cooperative Practice Agreement (CPA)

Introduction/Goal:

Pharmacist-integrated clinics have been shown to improve patients' quality of life, reduce drug-related problems, improve medication compliance, and lower medical costs.

The goal of this agreement is to improve care, achieve optimal outcomes, and provide continuity of care to patients through the provision of pharmacy patient care services which include therapy care plan development, medication management, education, monitoring, and follow-up. To enhance collaborative patient care, the pharmacist(s) will be delegated the authority to obtain a patient's medical history, order and evaluate laboratory results, conduct limited examinations, and make medical decisions including initiating, modifying, or discontinuing treatment when appropriate with their scope of practice.

This cooperative practice agreement is between Shamsideen Musa, MD, MS, a licensed physician in the State of Alaska, and Obinna Alu, PharmD, MBA, BCGP, a licensed pharmacist in the State of Alaska. The purpose of this agreement is to allow the pharmacist to practice as a pharmacist provider (as defined below) to initiate and modify drug therapy under the supervision of the physician.

Pharmacist Provider: A pharmacist in an organized collaborative practice clinic that provides cognitive, interpretive, strategic, educative and definitive services to patients with acute, chronic and preventive medical conditions. Once initial care has been established between the patient and physician, the pharmacist provider works to continue/maintain care nearly independently with oversight from the medical licensed provider.

Cooperative Practice Agreement Scope

The pharmacist is authorized to initiate and modify drug therapy for the following conditions per the guidelines, governing bodies and criteria defined below:

- Hypertension
    a. The Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC)
        i. Patient with hypertension not at goal (>130/80mmHg) while on blood pressure
- Diabetes
    a. American Diabetes Association
        i. Patient diagnosed with diabetes, but not at goal A1c
        ii. A1c goal will be dependent on baseline A1c at referral, patient age,

and comorbidities
iii. New insulin start
iv. Newly diagnosed patient with diabetes
v. Patient is currently on anti-hyperglycemic medication
vi. Patient currently having issues with medication regimen (i.e., side effects, pill burden, drug interactions, access or cost issues, allergies)

- Polypharmacy
  a. Medication-specific Prescribing Information (PI) as approved by the Federal Drug Administration (FDA)
     i. Patient currently prescribed > 8 medications or
     ii. Patient currently having medication management issues
- Hyperlipidemia
  a. ACC/AHA Blood Cholesterol Guideline
     i. Patient diagnosed with hyperlipidemia and qualifies for initiation of lipid-lowering therapy
     ii. On lipid-lowering medications but suboptimal therapeutic response
     iii. Inability to tolerate lipid-lowering medications
- Asthma
  a. National Asthma Education and Prevention Program (NAEPP)
  b. Patients with at least 2 of the following symptoms: wheeze, breathlessness, chest tightness or cough with or without sputum, on more than one oral inhaler and/or nebulized medication
- Weight Management
  a. Endocrine Society Clinical Practice Guidelines; US Department of Health and Human Services Dietary Guidelines for Americans; ACC/AHA
     i. Patient's with a BMI > 30 and/or meet the criteria for metabolic syndrome
- GERD/Acid Reflux
  a. American College of Gastroenterology (ACG)
- Anticoagulation Management
  a. American College of Chest Physicians Conference on Antithrombotic and Thrombolytic Therapy (CHEST)
- COPD
  a. Global Initiative for Chronic Obstructive Lung Disease (GOLD)
- Emergency Contraception
  a. American College of Obstetricians and Gynecologists; Endocrine Society Clinical Practice Guidelines
- Travel Medication
  a. US Department of Health and Human Services, Centers for Disease Control and Prevention
  b. Any medications and immunizations recommended for preventative treatment related to foreign travel
- Immunizations
  a. Advisory Committee on Immunization Practices (ACIP) and Centers

for Disease Control and Prevention (CDC)

- Depression Therapy Management
    a. Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Musculoskeletal Pain/Neuropathic Pain Management
    a. Centers for Disease Control and Prevention; American Pain Society
    b. Conditions that do not require the administration or dispensing of controlled substances
    c. No interventional pain procedures will be performed by the pharmacist
- Smoking Cessation
    a. US Department of Health and Human Services, Treating Tobacco Use and Dependence
    b. Patient is a current smoker and is willing to quit

<u>Procedures, Decision Criteria, or Plans</u>

The pharmacist will follow the following procedures, decision criteria, and plans when initiating and modifying drug therapy:

- The pharmacist will review the patient's medical history and current medication regimen.
- The pharmacist will discuss the patient's medication therapy goals with the physician.
- The pharmacist will develop a medication plan that is consistent with the patient's goals and the physician's recommendations.
- The pharmacist will monitor the patient's response to therapy and make adjustments as needed.
- The pharmacist will select the patient’s regimen medication based on medication history, allergies, concomitant medications, comorbidities, adherence, cost, and disease severity

  Note: Pharmacotherapy recommendations will be based on the most current evidence-based guidelines

<u>Requirements for Pharmacist</u>

A. Physical Assessment: Once the physician has assessed, evaluated and established care for a patient, a pharmacist provider will have the ability to perform a limited physical assessment on participants which may include (but not limited to) vitals, measurements, cardiovascular and respiratory assessment, peripheral edema assessments, diabetic foot exams, and finger stick point of care testing.
    a. The physician will continue to conduct a physical exam, treatment plan assessment and evaluation at least once a year while the patient is under the care of the pharmacist provider under this cooperative practice

agreement.

B. The pharmacist must follow the following requirements when exercising cooperative authority:

- Perform appropriate clinical evaluation
- Order appropriate clinical and laboratory testing
- Refer patients to the referring provider or other health providers as indicated by severity of condition and/or scope of practice
- Provide relevant drug information to patients and other healthcare providers
- Initiate, monitor, refill and discontinue treatment according to agreement and current medical evidence
- Review patients' vaccination history and order appropriate vaccinations when applicable based on ACIP guidelines1
- Provide relevant patient education regarding disease state, goals, and treatment options
- Provide patient with notification of any test administered by the pharmacist and the results of such test and the name of any drug or prescription prescribed by the pharmacist to the patient

C. The pharmacist will notify the primary care provider immediately via face-to-face consultation, telephone call, or EHR message of any adverse event concerning the health of the patient or for the presence of any potentially serious consequences related to their medication regimen, including the following:

a. Diabetes: Altered mental status, blood glucose >600 mg/dl, hyperventilating, severe abdominal pain, flu-like symptoms, ketonuria
b. Hypertension: Symptoms of cerebral infarct/stroke/transient ischemic attack or thrombosis
c. Hypertensive urgency: Asymptomatic patients with significantly elevated blood pressure (systolic pressure ≥180 and/or diastolic pressure ≥120 mmHg)
d. Hypertensive emergency: Symptomatic patients with significantly elevated blood pressure (systolic pressure ≥180 mmHg and/or diastolic pressure ≥120 mmHg) Symptoms can include but are not limited to headaches, generalized neurologic symptoms (agitation, delirium, stupor, seizures, or visual disturbances), nausea and vomiting, chest discomfort, severe back pain, dizziness, and dyspnea
e. Pregnancy
f. Any acute and/or potentially serious manifestations of atherosclerotic disease
g. Any signs or symptoms of heart failure (edema, shortness of breath)
h. Hyperlipidemia: Elevated liver enzymes (> 3x upper limit of normal) or signs and symptoms of liver dysfunction. Elevated CPK (>4 x upper limit of

normal) with associated muscle symptoms. Any other serious suspected adverse effects of lipid-lowering medications

D. Medication Management

Assessment of medications for indication, appropriate monitoring (including laboratory and non-laboratory tests), interactions, efficacy, tolerability and compliance. Actions taken by the pharmacist may include:

a. Update medications on the active list that need strength, sig, or other component revised
b. Discontinue medications on the active list that the patient is not currently taking or intended to be taking
c. Add medications the patient is currently taking to the active list.
d. Education and training designed to enhance patient understanding and appropriate use of medications
e. The pharmacist may only approve refills for medications pertinent to the disease state being managed
f. Per patient request, pharmacists may approve a one-time refill of any chronic legend medication as appropriate, excluding narcotics.

Note: This CPA does not include the prescriptive authority for any controlled substances. The pharmacist is prohibited against dispensing or administering any Schedule I-IV controlled substances. Recommendations for controlled substances, if deemed warranted, will be provided to the physician.

Requirements for Physician

The physician must follow the following requirements when supervising the pharmacist:

- The physician must review and approve the pharmacist's assessment, treatment plan and medication management with each change or at least every 3 months.
- The physician must monitor the patient's response to therapy.
- The physician must be available to provide assistance to the pharmacist as needed.

Note: The physician may override this agreement or the management/treatment plan of the pharmacist if they deem it medically necessary or appropriate.

Billing/Reimbursement

If the patient is scheduled for a face-to-face appointment, the procedure for any office visit will be followed. If the patient has a co-pay, he or she must pay it. When the pharmacist sees the patient, the visit will be billed as an incident-to service. The incident-to service was performed under the direct supervision of the faculty physician, who was present at the clinic at the time of the visit.

When a patient is managed by a telephone call they will not be billed, but a claim will be submitted for Medication Therapy Management (MTM)/Chronic Care Management (CCM) if they are insured through CMS.

> Note: Any reimbursement received by the physician as a result of this agreement shall only come from the patient's private, federal, or state insurance or private party/cash pay.

Review Period

This cooperative plan will be reviewed by the physician at least once every three months. The physician may modify this cooperative plan at any time. The physician or pharmacist may terminate this plan at any given time with written notice.

Shamsideen Musa, MD, MS

May 30th, 2023

Obinna Alu, PharmD, MBA, BCGP

May 30th, 2023

Omnicare®
a CVSHealth.company

Suzanah Robinson
District Director of Operations, Omnicare

900 Omnicare Center
201 East Fourth Street
Cincinnati, OH 45202

p 405-403-0990
f 877-477-2680

Suzanah.robinson@omnicare.com

April, 24th, 2023

Alaska Board of Pharmacy
PO Box 110806

Juneau, AK 99811

To Whom It May Concern:

I am writing the Board of Pharmacy to request written permission for one Pharmacist-In-Charge to oversee pharmacy license numbers: PHAR414 and 15787. Both Geneva Woods pharmacies in Wasilla, AK are located inside the same physical space divided only by an open doorway. We were last inspected on 4/26/2022 and passed all requirements.

Sincerely,

Suzanah Robinson
District Director of Operations

FOR IMMEDIATE RELEASE
June 22, 2023
Media Contact: Larissa Doucette
847/391-4405; help@nabp.pharmacy

Members of the Pharmacy Workforce Discuss Workplace Conditions and Set Course to Implement Solutions

MOUNT PROSPECT, IL – The American Pharmacists Association (APhA), American Society of Health-System Pharmacists (ASHP), and National Association of Boards of Pharmacy (NABP) hosted an invitation-only event on Wednesday, June 21, 2023, to discuss pharmacy workplace conditions. “Implementing Solutions Summit: Building a Sustainable, Healthy, Pharmacy Workforce and Workplace” convened members of the pharmacy workforce from all pharmacy settings to identify key actions that will improve workplace conditions by addressing day-to-day challenges, removing obstacles to well-being, and advancing practice models for pharmacists and pharmacy technicians. The Summit built upon previous conferences, consensus statements, and recommendations with the specific intent to generate solutions and actions.

The Solutions Summit was centered around five themes: practice advancement, mental health, workforce, regulations and requirements, and technology and workflow efficiencies. Participants discussed next steps and identified actionable solutions to implement that:

1. Ensure psychological and physical safety of the pharmacy workforce.
2. Determine employer accountability for ensuring workplace conditions that support well-being of the pharmacy workforce.
3. Advance technology and workflow efficiencies that balance resources, workload, and cognitive load.
4. Minimize overly restrictive regulations and requirements while allowing for flexible and innovative policies supportive of new and emerging patient care models.
5. Recruit, retain, and empower an engaged and equitable pharmacy workforce.

6. Identify sustainable practice model advancements that offer patient-centered professional autonomy and flexibility.

Proceedings of the Solutions Summit will be disseminated from each organization in the near future.

-30-

About APhA

APhA is the only organization advancing the entire pharmacy profession. Our expert staff and strong volunteer leadership, including many experienced pharmacists, allow us to deliver vital leadership to help pharmacists, pharmaceutical scientists, student pharmacists, and pharmacy technicians find success and satisfaction in their work and advocate for changes that benefit them, their patients, and their communities. For more information, please visit pharmacist.com.

About ASHP

ASHP is the largest association of pharmacy professionals in the United States, representing 60,000 pharmacists, student pharmacists, and pharmacy technicians in all patient care settings, including hospitals, ambulatory clinics, and health-system community pharmacies. For over 80 years, ASHP has championed innovation in pharmacy practice, advanced education and professional development, and served as a steadfast advocate for members and patients. In addition, ASHP is the accrediting body for pharmacy residency and technician training programs and provides comprehensive resources to support pharmacy professionals through every stage of their careers. For more information, visit ashp.org and ASHP's consumer website, SafeMedication.com.

About NABP

NABP is the independent, international, and impartial Association that assists its member boards in protecting the public health. Visit www.nabp.pharmacy to learn more.

Unsubscribe

This message was sent to MICHAEL.BOWLES@ALASKA.GOV from newsrelease@nabp.pharmacy

NABP
1600 Feehanville Dr
Mount Prospect, IL 60056

APhA

WELL-BEING index

Well-being Index For Pharmacy Personnel

State Report
For State Boards of Pharmacy
NABP District Seven States

July 2023

pharmacist.com

For Every Pharmacist. For All of Pharmacy.

DISTRESS PERCENT CHANGES

National and District

April 2023 versus July 2023

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Changes in Distress Levels

As of July 2023

State	Change in Distress % April 2023 vs July 2023	State Rank for Distress Percent July 2023	Distress Percent July 2023
Largest Increase in Distress Percent			
Rhode Island	4.31%	18	35.42%
New Mexico	3.72%	33	32.10%
Maryland	1.21%	21	33.73%
Hawaii	1.10%	13	38.10%
Wisconsin	0.96%	48	25.85%
New Jersey	-1.45%	16	35.86%
North Dakota	-1.38%	23 (t)	33.33%
Tennessee	-1.10%	47	26.33%
Massachusetts	-0.52%	11	39.73%
Montana	-0.43%	12	38.24%
NATIONAL	-0.24%	---	31.08%

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Changes in Distress Levels – District Seven

As of July 2023

	Change in Distress % Jul 2023 Vs Apr 2023	Distress % Jul 2023	Distress % State Rank Jul 2023	Change in Distress % Apr 2023 Vs Mar 2023	Distress % State Rank Apr 2023	Distress % State Rank Mar 2023	Distress % State Rank Feb 2023	Distress % State Rank Jan 2023	Distress % State Rank Dec 2022	Distress % State Rank Jul 2022	Distress % State Rank May 2022	Distress % State Rank Apr 2022	Distress % State Rank Dec 2021	Distress % State Rank Apr 2021	Distress % State Rank May 2020	Distress % State Rank Apr 2020
Alaska	**-0.36%**	**29.27%**	**39**	-1.14%	37	35 (T)	35 (T)	35 (T)	35	39	38	33	48	49	49	49
Idaho	**-0.25%**	**32.03%**	**35**	No Change	32	32	30	27 (T)	27 (T)	24	22	27	31	34	40	39
Montana	**-2.39%**	**38.24%**	**12**	No Change	10	10	10	11	11	11	11	11	10	12	19 (T)	24
Oregon	**0.92%**	**35.85%**	**17**	0.31%	17	17 (T)	19	21	24	27 (T)	31	29	27 (T)	28	36	37
Washington	**-0.35%**	**43.93%**	**8**	0.83%	7	8	8	8	8	9	8	9	11	11	12	13
Wyoming	**-0.77%**	**19.23%**	**52**	No Change	51	51	51	51	51	52	52	52	52	51	~	~

(T) = Tied rank with another state(s). ~=Too Few Assessors
Note: Some historic data from 2020/2021/2022 has been removed to allow space for current month. Refer to previous months' reports or contact ashaughnessy@aphanet.org for data.

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https://app.mywellbeingindex.org/signup
Invitation Code: APhA

DISTRESS PERCENT MONTHLY REPORTS
State-Specific
April 2023 versus July 2023

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

JULY 2023

As of July 2022, the Alaska distress percent was 29.27% (ranked 39/52) with 50 assessors.

APRIL 2023

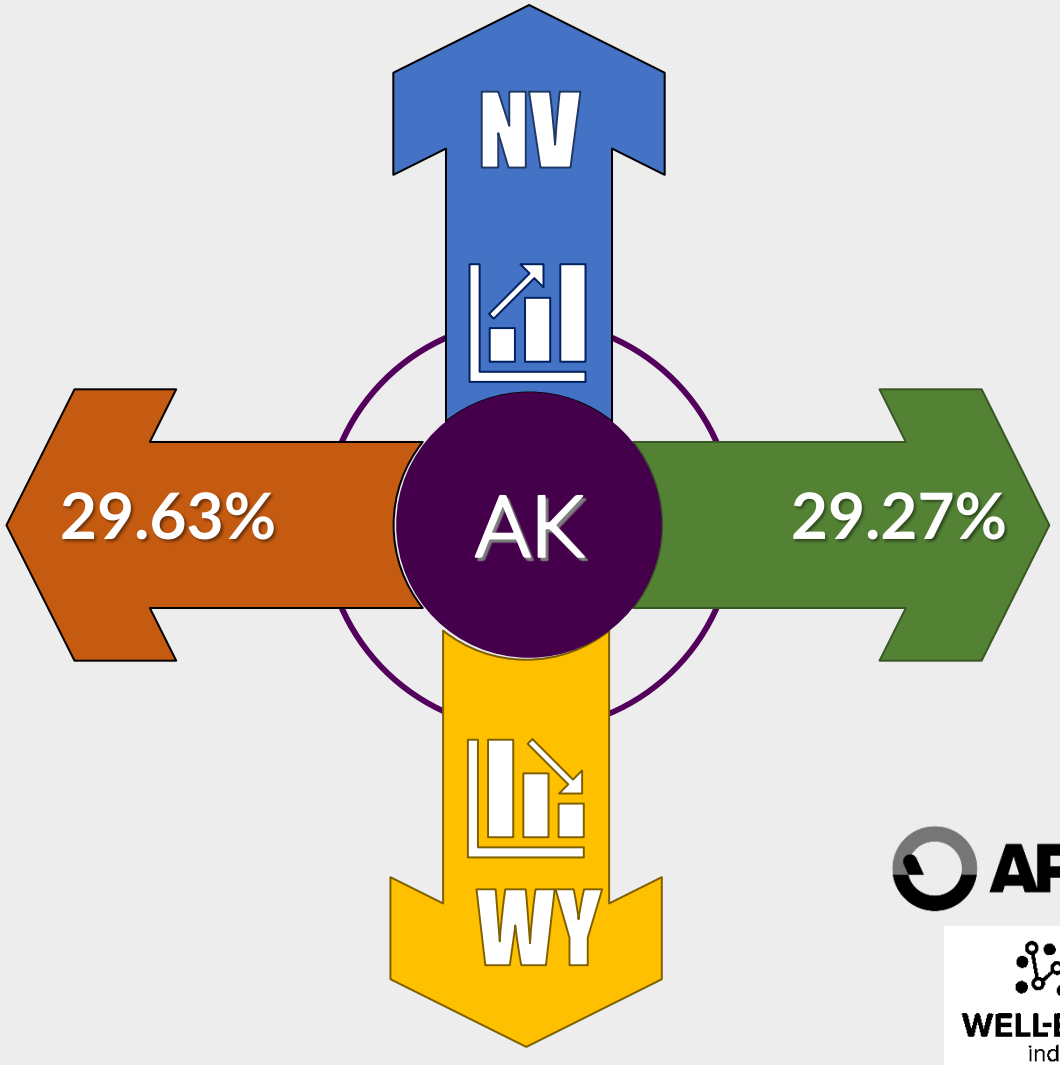
As of April 2022, the Alaska distress percent was 29.63% (ranked 37/52) with 49 assessors.

STATE COMPARISON

As of July 2023

Nevada is the highest at 57.65% (n=35)

Wyoming has the lowest 19.23% (n=18)



**Distress Percent* is the percentage of individuals with a Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

JULY 2023

As July 2023, the Idaho distress percent was 32.03% (ranked at 35/52) with 75 assessors.

APRIL 2023

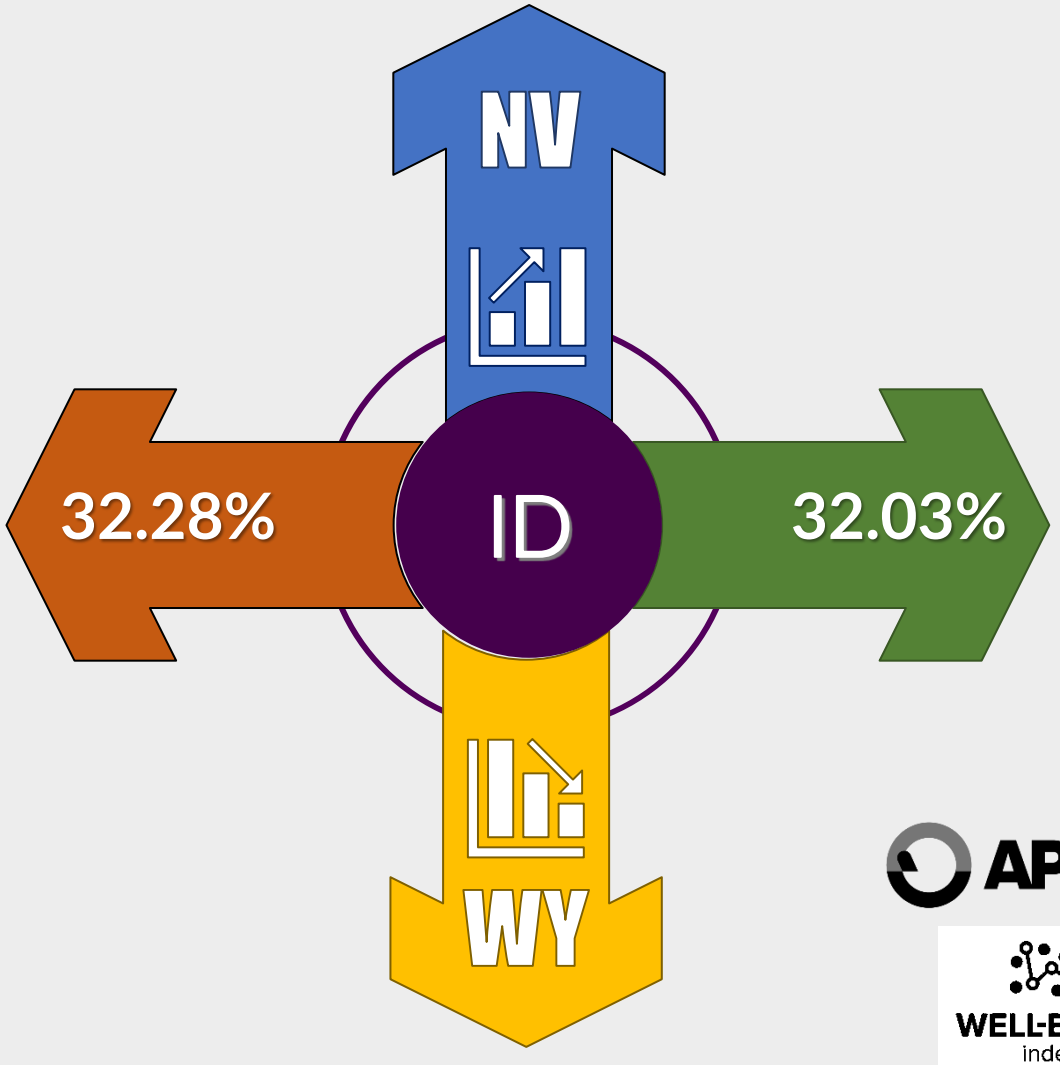
As April 2023, the Idaho distress percent was 32.28% (ranked at 32/52) with 74 assessors.

STATE COMPARISON

As of July 2023

Nevada is the highest at 57.65% (n=35)

Wyoming has the lowest 19.23% (n=18)



APhA

WELL-BEING index
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Invitation Code: APhA

**Distress Percent* is the percentage of individuals with a Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

JULY 2023

As of July 2023, the Montana distress percent was 38.24% (ranked 12/52) with 28 assessors.

APRIL 2023

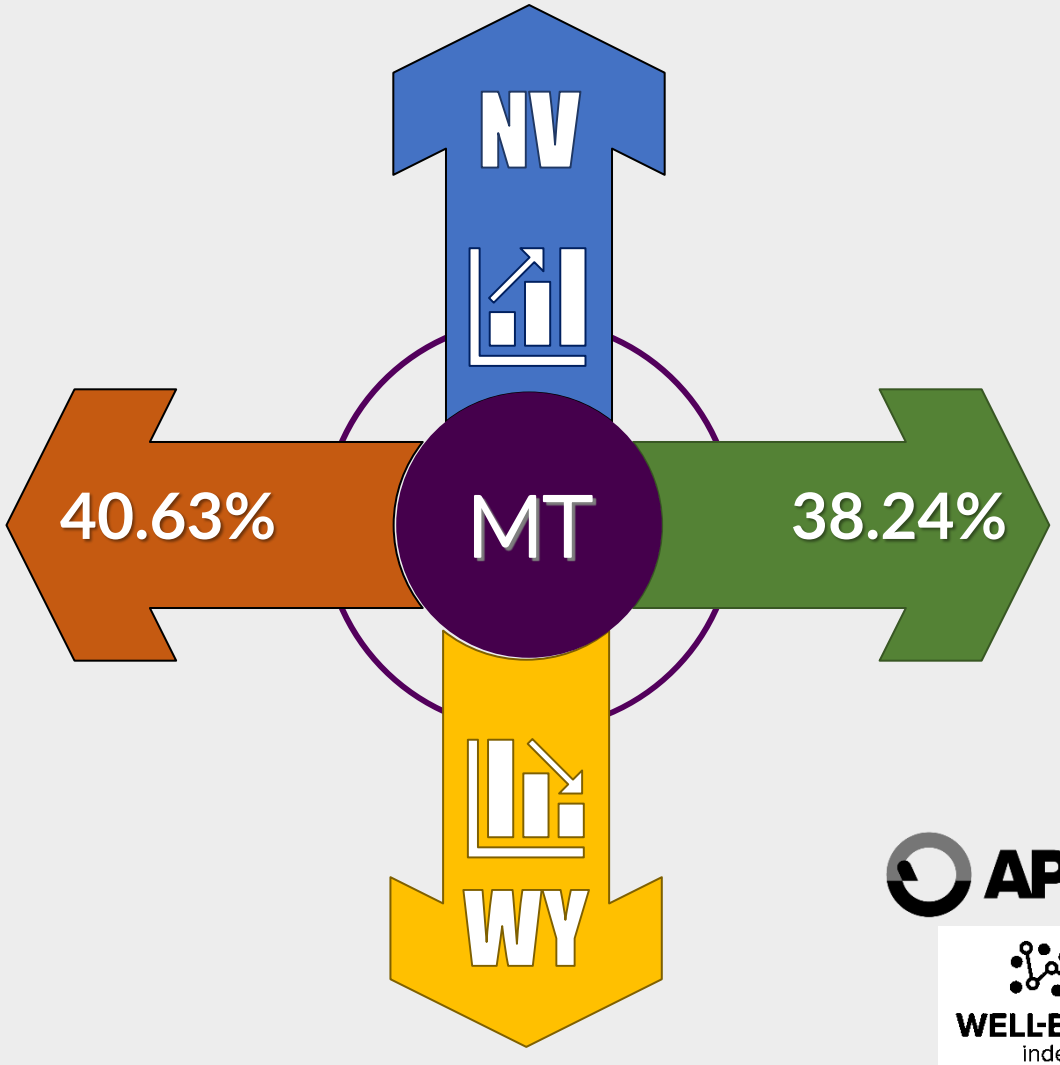
As of April 2023, the Montana distress percent was 40.63% (ranked 10/52) with 26 assessors.

STATE COMPARISON

As of July 2023

Nevada is the highest at 57.65% (n=35)

Wyoming has the lowest 19.23% (n=18)



**Distress Percent* is the percentage of individuals with a Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

APhA

WELL-BEING index

https://app.mywellbeingindex.org/signup

Invitation Code: APhA

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

JULY 2023

As of July 2023, the Oregon distress percent was 35.85% (ranked 17/52) with 108 assessors.

APRIL 2023

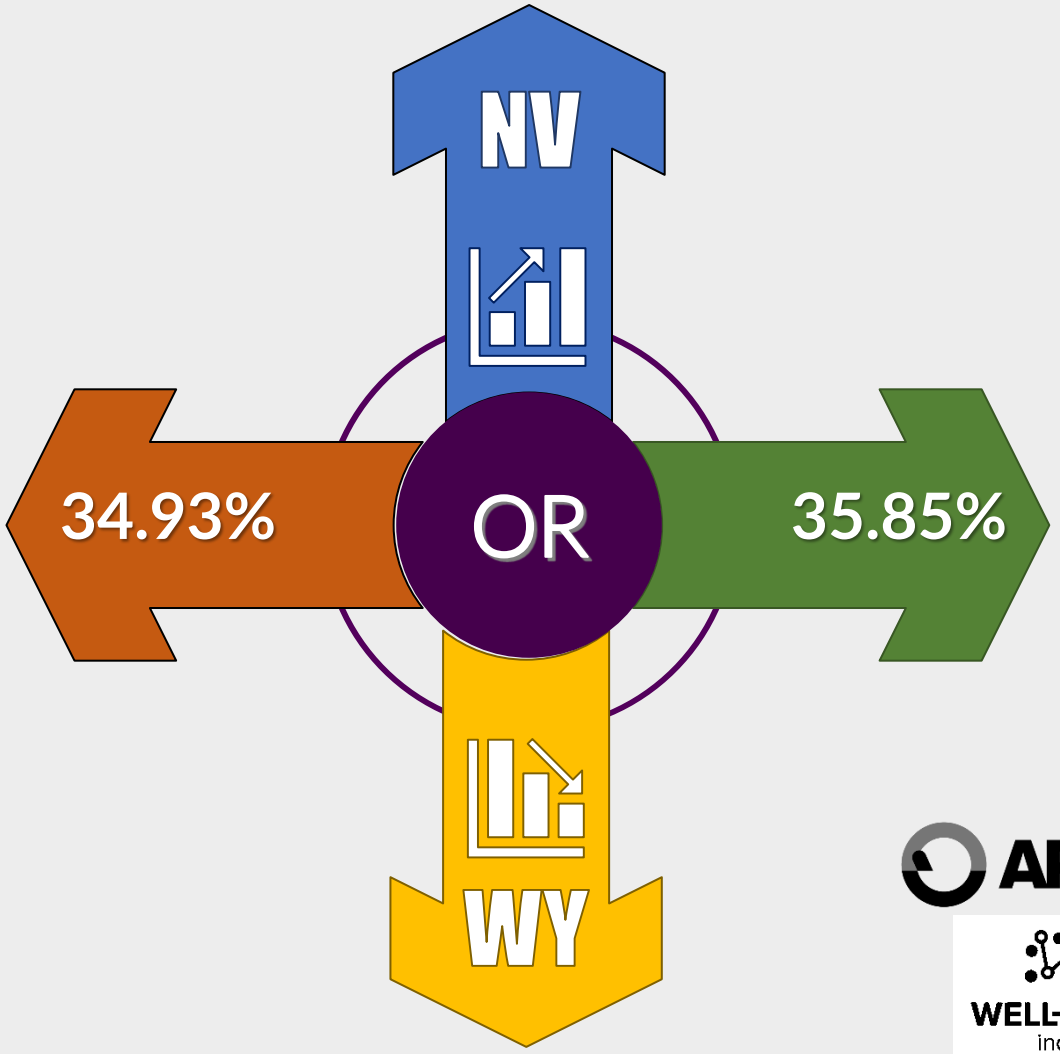
As of April 2023, the Oregon distress percent was 34.93% (ranked 17/52) with 105 assessors.

STATE COMPARISON

As of July 2023

Nevada is the highest at 57.65% (n=35)

Wyoming has the lowest 19.23% (n=18) *f*



APhA

WELL-BEING index
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Invitation Code: APhA

**Distress Percent* is the percentage of individuals with a Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

JULY 2023

As of July 2023, the Washington distress percent was 43.93% (ranked 8/52) with 172 assessors.

APRIL 2023

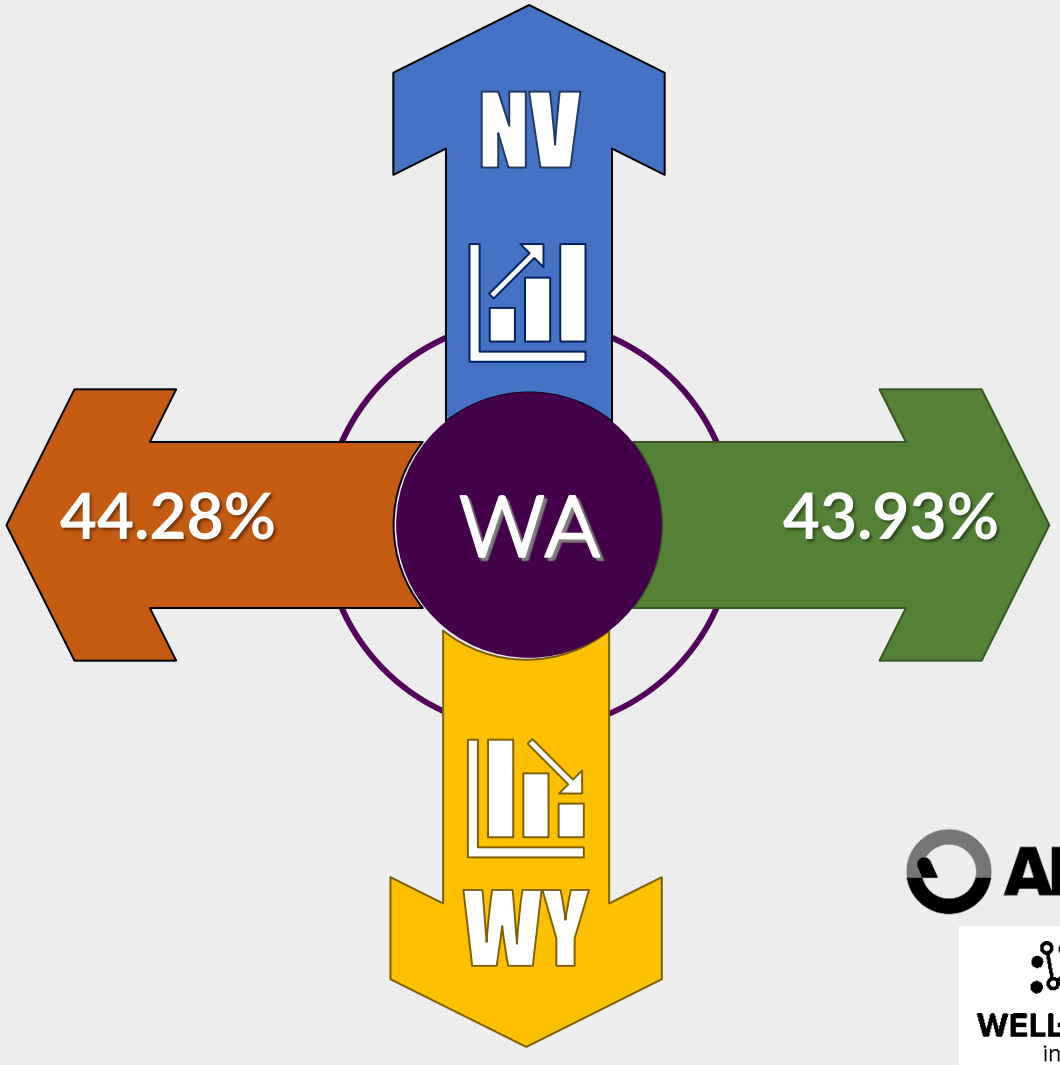
As of April 2023, the Washington distress percent was 44.28% (ranked 7/52) with 169 assessors.

STATE COMPARISON

As of July 2023

Nevada is the highest at 57.65% (n=35)

Wyoming has the lowest 19.23% (n=18)



**Distress Percent* is the percentage of individuals with a Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

JULY 2023

As of July 2023, the Wyoming distress percent was 19.23% (ranked the lowest at 52/52) with 18 assessors.

APRIL 2023

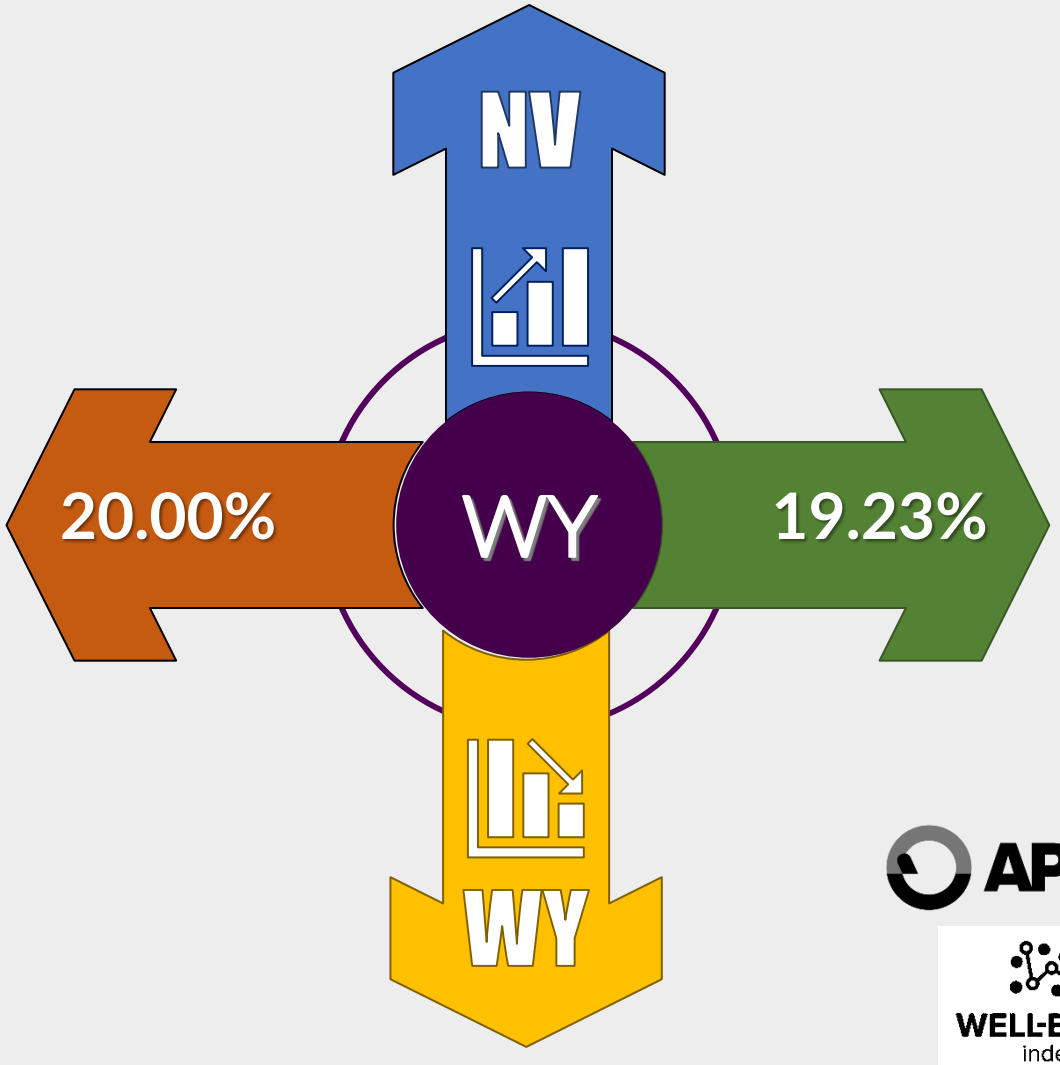
As of April 2023, the Wyoming distress percent was 20.00% (ranked 51/52) with 17 assessors.

STATE COMPARISON

As of July 2023

Nevada is the highest at 57.65% (n=35)

Wyoming has the lowest 19.23% (n=18)



APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

**Distress Percent* is the percentage of individuals with a Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

Well-being Resources Promo Slides*

For Your Use in State Social Media and Periodicals

**Please do not change the content of these promotional slides*

WELL-BEING index

Burnout is real.

Take advantage of APhA's online screening tool, invented by the Mayo Clinic,
to evaluate your fatigue, depression, burnout, anxiety, and stress and assess your well-being.
It takes less than 5 minutes to answer 9 short questions.
It's 100% anonymous, free, and you do not need to be an APhA member.
Resources are available once you submit your assessment.

Well-being Index for Pharmacists, Student Pharmacists, & Pharmacy Technicians
www.pharmacist.com/wbi
Invitation Code: APhA

Or Scan

APhA

You're committed to pharmacy.
We're committed to your well-being.
www.pharmacist.com/wellbeing

PWWR

PHARMACY WORKPLACE & WELL-BEING REPORTING

Your experiences – positive and negative – tell a powerful story!

Your experience can be the spark that helps change and enhance the pharmacy workplace, pharmacy personnel well-being, and patient safety.

Submit your experience report to
Pharmacy Workplace and Well-being Reporting.
www.pharmacist.com/pwwr

Your report is confidential, anonymous, and protected by the Alliance for Patient Medication Safety - a recognized national patient safety organization.

Share the PWWR link with your colleagues!

ALASKA BOARD OF PHARMACY
TASK LIST - ACTION ITEMS
(as of 06/29/2023)

Action Items from February 16, 2023 Meeting	
	AKPhA - Regulations committee address medication assisted therapy – Committee task – May 24, 2023
	F/U with Brandy and Michelle with AKPhA about fee for CE accreditation for Board Meeting attendance. MB
	Find out when Controlled Substances Advisory committee is meeting again.
	Inform Melissa the Board is going to seek compensation, what's the next step? MB

Action Items from April 21, 2023 Meeting	
	Address emergency licensing process – May 24, 2023
	Add a blurb on the emergency permit explaining the process
	Reach out to California and Washington Boards of Pharmacy on how many students are involved with the Highschool Pharmacy Technician programs, success rates. How they differentiate on licenses.
	Follow up on Law opinion for Sen Reinbold's public comment, law interpretation and reference needs clarification. Ask for clarification.
	Compounding committee to address animal compounding - Alliance for Pharmacy Compounding correspondence – regulations changes?
	Compounding committee to address Verified Pharmacy Program Nuclear USP 825 inspection form letter
	Statutes and regulations committee to address AS 08.80.337(c) – May 24, 2023
	Check with Lisa Sherrell on PDMP Workgroup - MB

Action Items from May 24, 2023 Meeting	
	Michael Bowles will check to see if board members are covered in the budget to attend the Alaska Pharmacists Association (AKPhA) annual conference.
	Michael Bowles will contact boards from other states to find regulations addressing the pharmacy technician age proposed change and provide this to the board at the August 2023 quarterly board meeting. (Idaho) (Utah)(Oregon)(Montana)(Wyoming)
	Michael Bowles will amend the emergency permit application providing applicants with directions and space for justifying the urgent situation. Present to the board at the August 2023 quarterly board meeting.

	Michael Bowles will see if other areas in the regulations need to change concerning designated representative change notification from 10 to 30 days.
	Ashley Schaber will connect with experts from other states and invite them to address the board on independent prescriptive authority.
	Michael Bowles will send an email to the board members concerning the MPJE workshop and question review tasking.

Alaska Board of Pharmacy

Agenda Item #13

Statutes Discussions

Alaska Board of Pharmacy

Agenda Item #14

Regulations Discussions

FY 2024 Proposed Regulations Changes (as of August 04, 2023)

12 AAC 52.010. **REPEALED.**

12 AAC 52.020. PHARMACY LICENSE.

(b) An applicant for a pharmacy license shall submit

(1) a complete, notarized application on a form provided by the department **that includes:**

(A) the ownership name and Alaska corporate entity number;

(B) the pharmacy's "doing business as" name, if applicable;

(C) the physical location of the facility;

(D) a mailing address and telephone number;

(E) the names of all partners or corporate officers;

(F) the name, active Alaska license number, and contact information for the pharmacist-in-charge;

(G) the names and active pharmacist license numbers in the current jurisdiction of all pharmacists employed by the pharmacy; and

(H) completion of the professional fitness section of the application;

(5) If the pharmacy is located outside of this state, the pharmacy shall also submit

(A) a copy of the active pharmacy license in good standing from the jurisdiction where the pharmacy is physically located; and

(B) an attestation that an inspection of the premises by a third party was completed within the last two years.

(c) **Repealed.** [AN APPLICATION FOR A REMOTE OR OTHER PHARMACY LICENSE MUST INCLUDE THE NAME OF THE PHARMACIST DESIGNATED TO BE THE PHARMACIST-IN-CHRAGE AS REQUIRED IN AS 08.80.330 AND 12 AAC 52.200.]

(d) An application for a pharmacy license must include the name and specific location of each remote pharmacy that will be under the pharmacy's control**, if applicable**.

(e) **Repealed.** [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 ITS CENTRAL PHARMACY.]

(f) A pharmacy that has changed its name, ownership, or physical address shall notify the board in writing not later than 30 days after the change. A notification of physical address must include an attestation that a new self-inspection will be completed not later than 30 days after the start of business **in the new location**.

(g) A pharmacy located outside of the state is not required to submit an annual information update as required under AS 08.80.158(b) to the board if the **license** [REGISTRATION] has been issued for **less** [NOT MORE] than three months and if the information has not changed since the **license** [REGISTRATION] was initially issued.

(h) An Internet-based pharmacy providing services to residents in this state must obtain a license under this section.

(i) To convert an existing out-of-state pharmacy registration under AS 08.80.158 and 12 AAC 52.130 to an out-of-state pharmacy license under AS 08.80.030 and 12 AAC 52.020, the pharmacy shall simply submit an out-of-state pharmacy renewal application meeting the requirements of 12 AAC 52.300. A new initial license application is not required.

12 AAC 52.070. APPLICATION FOR PHARMACIST LICENSE BY EXAMINATION.

(3) **REPEALED.** [TWO AFFIDAVITS FROM REPUTABLE CITIZENS WHO HAVE KNOWN THE APPLICANT FOR AT LEAST ONE YEAR ATTESTING TO THE APPLICANT'S GOOD MORAL CHARACTER;]

12 AAC 52.075. GOOD MORAL CHARACTER. **Repealed.**

12 AAC 52.095. APPLICATION FOR PHARMACIST LICENSE BY RECIPROCITY.

(3) **REPEALED.** [TWO AFFIDAVITS FROM REPUTABLE CITIZENS WHO HAVE KNOWN THE APPLICANT FOR AT LEAST ONE YEAR ATTESTING TO THE APPLICANT'S GOOD MORAL CHARACTER; AND]

(4) an application for license transfer through the National Association of Boards of Pharmacy; the license by which the applicant is seeking reciprocity from must be current, unencumbered, and in good standing**; and**[.]

(5) Verification that the applicant has engaged in the practice of pharmacy for at least one year immediately before applying for a license.

(b) An applicant for licensure under this section who has not taken the Multistate Pharmacy Jurisprudence Examination (MPJE) required under 12 AAC 52.090 is approved to sit for that examination if the applicant has submitted the documents required under (a)(1) – ([4] **5**) of this section.

12 AAC 52.120. REVIEW OF PHARMACIST INTERN LICENSE APPLICATION.

(f) A pharmacist intern license **[may] will** not be renewed. An applicant wishing to continue an internship in this state after the license has expired must **[reapply] apply** for a new license in accordance with this section.

12 AAC 52.130. (REPEALED)

12 AAC 52.140. PHARMACY TECHNICIAN LICENSE.

(b) A pharmacy technician license will be issued to an applicant who

(1) submits a completed form for application, including

(A) the applicant's name, mailing address, and telephone number; and

(B) the applicant's date of birth that shows the applicant is at least 18 years old **or at least 16 years old and enrolled in a pharmacy apprenticeship program approved by the board**;

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(2) certifies that the applicant has not been convicted of a felony or another crime that affects the applicant's ability to perform the duties of a pharmacy technician safely and competently;
(3) certifies that the applicant has earned a high school diploma or its equivalent and provides the name of the issuing institution and the date the diploma or its equivalent was issued **or enrollment documentation of a pharmacy apprenticeship program approved by the board**;

12 AAC 52.200. PHARMACIST-IN-CHARGE.

(a) The responsibilities of the pharmacist-in-charge include

(1) obtaining an active Alaska pharmacist license prior to the facilities licensure in Alaska or within 30 days of the pharmacist be appointed the pharmacist-in-charge if the facility is already licensed in Alaska when the pharmacist is appointed as pharmacist-in-charge;
[(1)] **(2)** compliance with all laws and regulations governing the activities of the pharmacy;
[(2)] **(3)** training of all pharmacy personnel;
[(3)] **(4)** ensuring adequate policies and procedures are in place for pharmacy operations;
[(4)] **(5)** maintaining required records;
[(5)] **(6)** storage of all materials, including drugs and chemicals; and
[(6)] **(7)** ensuring effective controls against theft or diversion of prescription drugs**;** [.]
(8) maintaining an active license in the jurisdiction where the facility is physically located.

(b) A pharmacist designated to replace the pharmacist-in-charge of a licensed **[or registered]** pharmacy shall notify the board not later than 30 days after that designation **and shall apply for a pharmacist license in this state within 30 days of the designation to replace the pharmacist-in-charge**.
(c) Notwithstanding 12 AAC 52.425(a), a pharmacist may not serve as a pharmacist-in-charge unless the pharmacist is physically present in the pharmacy for a sufficient amount of time to provide supervision and control.
(d) A pharmacist may not serve as pharmacist-in-charge for more than one pharmacy at any one time except upon obtaining written permission from the board.
(c) Repealed 07/01/2023.

12 AAC 52. 205. GENERAL STANDARDS OF PRACTICE FOR PHARMACIES.

(a) To determine whether a specific act is within the scope of pharmacy practice in or into Alaska, or whether an act can be delegated to other individuals under their supervision, a licensee must independently determine whether the act is:

(1) expressly prohibited by

(A) the rules of the board; or

(B) any applicable state or federal laws;

(2) consistent with the licensee's education, training, and experience; and

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(3) within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee with similar education, training, and experience.

(b) Pharmacies shall ensure a Continuous Quality Improvement (CQI) program for pharmacy services.

12 AAC 52.240. PHARMACIST COLLABORATIVE PRACTICE AUTHORITY.

(b) A written protocol must include

(8) a plan for providing the authorizing practitioners with each patient record created under the written protocol; **and**

(9) REPEALED. [a prohibition on the administration or dispensing of any schedule I, II, III, or IV controlled substances; and]

12 AAC 52.245. RETIRED PHARMACIST LICENSE STATUS.

(a) Upon retiring from practice, an individual holding an unencumbered pharmacist license that is not under investigation with the board may apply for the conversion of an active or inactive pharmacist license to a retired status pharmacist license.

(b) An individual holding a retired pharmacist license status may use the title "pharmacist-retired" but may not practice or indicate that the individual is practicing or soliciting to practice as a pharmacist in this state.

(c) A retired pharmacist license is valid for the life of the holder, does not require renewal, and is exempt from continuing education requirements.

(d) The executive administrator or board will issue a retired pharmacist status to an individual who meets the requirements of (a) of this section if the applicant

(1) submits a completed retired status application on a form provided by the department; and

(2) pays the retired pharmacist license status one-time fee specified in 12 AAC 02.310.

(e) An individual who holds a retired pharmacist license may apply to change the license from retired status to active status by

(1) meeting the requirements of 12 AAC 52.310(b) if the license has been in retired status for less than two years;

(2) meeting the requirements of 12 AAC 52.310(a) if the license has been in retired status for more than two years but less than five years; or

(3) meeting the requirements of 12 AAC 52.070 or 12 AAC 25.075, as applicable, if the license has been in retired status for more than five years.

12 AAC 52.300. LICENSE **[AND REGISTRATION]** RENEWAL.

(b) An applicant for renewal of a pharmacy, wholesale drug distributor, outsourcing facility, third-party logistics provider, manufacturer, or drug room license must submit on or before the license expiration date

(1) a completed renewal application on a form provided by the department;

(2) the license renewal fees required in 12 AAC 02.310; and

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(3) an attestation that a self-inspection of the premises using the form provided by the department was completed within the last two years or since the last time the license **[OR REGISTRATION]** was initially issued; the applicant must retain the self-inspection and make it available to the board upon request for the duration of the licensing period in which it was completed.

12 AAC 52.310. REINSTATEMENT OF **[AN EXPIRED]** **A LAPSED** PHARMACIST OR PHARMACY TECHNICIAN LICENSE.

(a) If a pharmacist's or pharmacy technician's license has **[expired]** **been lapsed** 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 **lapsed** pharmacist or pharmacy technician license that has been expired less than two years if the applicant submits

(3) documentation that the applicant has **completed within the immediate two years before applying for reinstatement** all continuing education requirements of 12 AAC 52.320 – 12 AAC 52.350**.[; AND**

(4) FOR A LICENSING PERIOD THAT BEGINS ON OF AFTER JULY 1, 2006, A COMPLETED JURISPRUDENCE QUESTIONNAIRE PREPARED BY THE BOARD, COVERING THE PROVISIONS OF AS 08.80 AND THIS CHAPTER.]

(c) The board will reinstate a pharmacist license that has been **[expired]** **lapsed more than** two years **but less than five years** if the applicant

(2) pays any applicable license renewal fees required in 12 AAC 02.310 for the entire period the license has been [EXPIRED] **lapsed**;

(4) documentation that the applicant has **completed within the immediate two years before applying for reinstatement** all continuing education requirements of 12 AAC 52.320 – 12 AAC 52.350**;**

(5) qualifies by

(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]** **lapsed**, 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

(e) A pharmacy technician license that has been **[EXPIRED]** **lapsed** for two years or more will not be reinstated.

(f) A pharmacist license that has been lapsed for five years or more will not be reinstated.

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 **remote pharmacy** license. The central pharmacy applying under this section for a remote pharmacy license must:

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(1) submit [TO THE DEPARTMENT] a complete, notarize application on a form provided by the department;
(2) submit [TO THE DEPARTMENT] the applicable fees established in 12 AAC 02.310; [AND]
(3) comply with the requirements of 12 AAC 52.020**; and**[.]
(4) provide the name and active or pending license number of the central pharmacy.

(b) The board will approve an application to provide pharmacy services through a remote pharmacy if the central pharmacy establishes that it is able to comply with the requirements of 12 AAC 52.425.
(c) **Repealed.** [AN APPLICANT FOR RENEWAL OF A REMOTE PHARMACY LICENSE MUST COMPLY WITH THE REQUIREMENTS OF 12 AAC 52.300.]
(d) A remote pharmacy that has change its name, physical address, or ownership must notify the board in writing not later than 30 days after the change. A notification of change of physical address must include an attestation that a new self-inspection will be completed no later than 30 days from the start of business **in the new location**.

12 AAC 52.430. GUIDELINES RELATING TO STERILE PHARMACEUTICALS. **[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.] "Sterile pharmaceutical preparations shall be compounded based on the appropriate risk level according to USP <797>, USP <800>, and <825>".**

Authority: AS 08.80.030 AS 08.80.157

[Editor's note: The pamphlet incorporated by reference in 12 AAC 52.430, "Sterile Pharmaceuticals" may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Pharmacy, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska 99801; phone (907) 465-2589.]

12 AAC 52.500. TRANSFER OF A PRESCRIPTION DRUG ORDER.

(b) Original prescription drug order information for controlled substances listed in schedules **II,** 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.

12 AAC 52.865. REPORTING AND REVIEWING PDMP INFORMATION.

(b) Unless excused from reporting under AS 17.30.200(t), a pharmacist or practitioner required to submit information under AS 17.30.200(b) must submit the information to the PDMP daily, **including any Schedule II, III, or IV controlled substances prescribed by a veterinarian.**

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12 AAC 52.920. DISCIPLINARY GUIDELINES.

(a) In addition to acts specified in AS 08.80 or elsewhere in this chapter, each of the following constitutes engaging in unprofessional conduct and is a basis for the imposition of disciplinary sanctions under AS 08.01.075:

(15) **acts or omissions within the practice of pharmacy which fail to meet the standard provided by other qualified licensees in the same or similar setting [FAILING TO USE REASONABLE KNOWLEDGE, SKILLS, OR JUDGEMENT IN THE PRACTICE OF PHARMACY];**

12 AAC 52.991. DISCIPLINARY DECISION OR CONVICTION REPORTING REQUIREMENT.

(a) A licensee shall report in writing to the board any disciplinary decision, **felony charges,** or **criminal** conviction **[, INCLUDING CONVICTION OF A FELONY OR CONVICTION OF ANOTHER CRIME THAT AFFECTS APPLICANT'S OR LICENSEE'S ABILITY TO PRACTICE COMPETENTLY AND SAFETY,]** issued against the licensee not later than 30 days after the date of the disciplinary decision, **felony charges,** or conviction.

(b) A licensed **[OR REGISTERED]** facility shall report in writing to the board any disciplinary decision, including **a voluntary** suspension or revocation **issued** by federal, state, or local government of a license currently or previously held **[BY THE APPLICANT OF FACILITY FOR THE MANUFACTURE OR DISTRIBUTION OF DRUGS OR DEVICES, INCLUDING CONTROLLD SUBSTANCES,]** or any felony **charges or criminal** conviction under federal, state, or local law of an owner**, designated representative, pharmacist-in-charge, or officer** of the **licensed** facility **[or of an employee of the facility] not later than 30 days after the date of the disciplinary decision, felony charge, or criminal conviction.**

12 AAC 52.992. ADMINISTRATION OF VACCINES, **EPINEPHRINE,** AND RELATED EMERGENCY MEDICATIONS.

(a) Before a pharmacist or pharmacy technician who holds a national certification or a pharmacist intern acting under the supervision of a pharmacist may 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 or pharmacy technician who holds a national certification or pharmacist intern acting under the supervision of a pharmacist

(1) must successfully complete a course **approved by the board**;
[ACCREDITED BY THE ACPE OR A COMPARABLE COURSE FOR PEDIATRIC, ADOLESCENT, AND ADULT IMMUNIZATION PRACTICES THAT INCLUDES INSTRUCTION AS FOLLOWS:
(A) FOR A PHARMACIST OR A PHARMACIST INTERN, TRAINING MUST INCLUDE:

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(i) BASIC IMMUNOLOGY, VACCINE, AND IMMUNIZATION PROTECTION;
(ii) DISEASES THAT MAY BE PREVENTED BY VACCAINATION OR IMMUNIZATION;
(iii) CURRENT CDC IMMUNIZATION SCHEDULES;
(iv) VACCINE STORAGE AND HANDLING;
(v) INFORMED CONSENT;
(vi) TECHNIQUES AND ROUTES OF ADMINISTRATION;
(vii) PRE- AND POST-IMMUNIZATION ASSESSMENT AND COUNSELING;
(viii) IMMUNIZATION REPORTING AND RECORDS MANAGEMENT; AND
(ix) IDENTIFYING, RESPONDING TO, DOCUMENTING, AND REPORTING ADVERSE REPOSES;

(B) FOR A PHARMACY TECHNICIAN WHO HOLDS A NATIONAL CERTIFICATION, TRAINING MUST INCLUDE:
(i) VACCINE STORAGE AND HANDLING;
(ii) TECHNIQUES AND ROUTES OF ADMINISTRATION;
(iii) IMMUNIZATION REPORTING AND RECORDS MANAGEMENT; AND
(iv) IDENTIFYING, RESPONDING TO, DOCUMENTING, AND REPORTING ADVERSE RESPOSES;]

(d) A pharmacist may independently administer or prescribe epinephrine auto-injectors to a person if, before prescribing or dispensing the epinephrine auto-injectors, the pharmacist ensures the recipient has completed an epinephrine auto-injector training program approved by the board under AS 17.22.020(b);

[(d)] **(e)** Failure to comply with this section constitutes unprofessional conduct and is a basis for the imposition of disciplinary sanctions under AS 08.01.075.

[(e)] **(f)** 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 52.993. EXECUTIVE ADMINISTRATOR.

(6) review and approve applications for licensure **[OR REGISTRATION]** as long as the applicant meets the requirements established for the license type for which they are applying.

12 AAC 52.995. DEFINITIONS.

(25) "standard of care" means care provided by a licensee that is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training, and experience.

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(42) "facility" means a pharmacy, wholesale drug distributor, drug room, remote pharmacy, third-party logistics provider, outsourcing facility, wholesale drug distributor, or manufacturer who is licensed under AS 08.80 and this chapter;
(43) "Internet-based pharmacy" means a person, entity, or Internet site, whether in the United States or abroad, that knowingly or intentionally delivers, distributes, or dispenses, or offers or attempts to deliver, distribute, or dispense, a controlled substance by means of the Internet;

Remove pages 61-67

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Alaska Board of Pharmacy

Agenda Item #15

Chair Final Comments

Alaska Board of Pharmacy

Agenda Item #16

Adjourn

Alaska Board of Pharmacy

Meeting Resources

Tips to Improve Board Member Engagement
March 2023

The board chair sets the tone.

- Establish expectations at the beginning of the meeting…and enforce them.
  - Reconfirm quorum for the entire meeting.
  - Cameras on.
  - Avoid other work.
  - Minimize distractions.
  - Adopt rules of order that establish a respectful board culture.
  - Adopt regulation regarding attendance.
- Model that behavior.
- Run the meeting efficiently and effectively.
  - Know your material and guide members through the meeting.
  - Know your resources.
  - Take the time needed to do a thorough job, but don't waste time.
  - Engage all members; call on them, ask for their input.
  - Pay special attention that public members aren't lost.
  - Don't allow abstentions without a legitimate conflict of interest.
- Give everyone a job at the meeting.
  - Research, data, reports, contacts…everyone can pitch in.
  - Don't let the same volunteers overshadow quieter members.

Set your members up for success.

- Choose a date that maximizes board member participation.
  - If they aren't there, or if they have to leave halfway through, they aren't engaged.
  - If they miss many meetings, they may not know what is going on.
  - Select meeting dates well in advance, and reconfirm 4-6 weeks out.
  - Hold shorter, more frequent meetings if helpful.
- Allow board members an opportunity to share in crafting the agenda.
- Ensure the agenda is focused on meaningful work.
  - Utilize a consent agenda.
  - Can some routine votes happen in OnBoard instead of a meeting?
  - Balance the agenda so the meeting keeps up momentum.
  - Confirm guest or board presenters well ahead of time so they do their best.
  - Confirm resources (attorney, supervisor, licensee) are available if problems are anticipated.
  - Align agenda with strategic plan/mission/goals of the board.
- Provide final board meeting materials at least two weeks before the meeting so members can prepare.
- Prompt public attendance: People behave better in front of an audience.

Evaluate soon afterward and repeat.

- Within two days; phone call with chair and staff, OnBoard analytics
- Publish draft minutes for a vote within 10 days
- Chair should counsel members who seemed disengaged
- Set goals for next meeting that support engagement
- Examiners are not responsible for board member behavior
- Discuss problems with supervisor, Boards & Regs Advisor

State of Alaska 2023 HOLIDAY CALENDAR

State Holidays

Date	Holiday
01/01/2023	New Year's Day (observed 01/02/2023)
01/16/2023	MLK Jr.'s Birthday
02/20/2023	Presidents' Day
03/27/2023	Seward's Day
05/29/2023	Memorial Day
07/04/2023	Independence Day
09/04/2023	Labor Day
10/18/2023	Alaska Day
11/11/2023	Veterans' Day (observed 11/10/2023)
11/23/2023	Thanksgiving Day
12/25/2023	Christmas Day

Please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

Holiday

JANUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY

S	M	T	W	T	F	S
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL

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16	17	18	19	20	21	22
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30						

MAY

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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE

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31						

State calendar maintained by the
Division of Finance, Department of Administration

http://doa.alaska.gov/calendars.html

Revised 08/24/2022

THE STATE OF ALASKA
MIKE DUNLEAVY
GOVERNOR

Boards and Commissions
Office of the Governor

550 W 7th Ave. Suite 1700
Anchorage, Alaska 99501
907-269-0006

Ethics Act and Procedures for Boards and Commissions

All board and commission members and staff should be familiar with the Executive Branch Ethics Act procedures outlined below (AS 39.52.).

Who is my designated ethics supervisor (DES)?
Every board or commission subject to the Ethics Act[1] has several ethics supervisors designated by statute:

- The chair serves as DES for board or commission members.
- The chair serves as DES for the executive director.
- The executive director serves as DES for the staff.
- The governor is the DES for a chair.[2]

What do I have to disclose?
The Ethics Act requires members of boards and commissions to disclose:

- Any matter that is a potential conflict of interest with actions that the member may take when serving on the board or commission.
- Any circumstance that may result in a violation of the Ethics Act.
- Any personal or financial interest (or that of an immediate family member) in a state grant, contract, lease or loan that is awarded or administered by the member's board or commission.
- The receipt of certain gifts.

The executive director of the board or commission and its staff, as state employees, must also disclose:

- Compensated outside employment or services.
- Volunteer service, if any compensation, including travel and meals, is paid, there is a potential conflict with state duties.

For more information regarding the types of matters that may result in violations of the Ethics Act, board or commission members should refer to the guide, "Ethics Information for Members of Boards and Commissions." The executive director and staff should refer to the guide, Ethics Information for Public Employees." Both guides and disclosure forms may be found on the Department of Law's ethics website: http://www.law.state.ak.us/doclibrary/ethics.html.

[1] The Act covers a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch of state government.

[2] The governor has delegated the DES responsibility to Shawn Henderson, Administrative Director of the Office of the Governor.

How do I avoid violations of the Ethics Act?

- Make timely disclosures!
- Follow required procedures!
- Provide all information necessary for a correct evaluation of the matter![3]
- When in doubt, disclose and seek advice!
- Follow the advice of your DES!

What are the disclosure procedures for board and commission members?

The procedural requirements for disclosures by members are set out in AS 39.52.220 and 9 AAC 52.120. One goal of these provisions is to help members avoid violations of the Ethics Act. The procedures provide the opportunity for members to seek review of matters in advance of taking action to ensure that actions taken will be consistent with the Act.

Procedure for declaring actual or potential conflicts.

Members must declare potential conflicts and other matters that may violate the Ethics Act on the public record and in writing to the chair.

Disclosure on the public record. Members must identify actual and potential conflicts orally at the board or commission's public meeting in advance of participating in deliberations or taking any official action on the matter.

- A member must always declare a conflict and may choose to refrain from voting, deliberations or other participation regarding a matter[4].

- If a member is uncertain whether participation would result in a violation of the Act, the member should disclose the circumstances and seek a determination from the chair.

Disclosure in writing at a public meeting. In addition to an oral disclosure at a board or commission meeting, members' disclosures must be made in writing.

- If the meeting is recorded, a tape or transcript of the meeting is preserved and there is a method for identifying the declaration in the record, an oral disclosure may serve as the written disclosure.

- Alternatively, the member must note the disclosure on the Notice of Potential Violation disclosure form and the chair must record the determination.

Confidential disclosure in advance of public meeting. Potential conflicts may be partially addressed in advance of a board or commission's public meeting based on the published meeting agenda or other board or commission activity.

[3] You may supplement the disclosure form with other written explanation as necessary. Your signature on a disclosure certifies that, to the best of your knowledge, the statements made are true, correct and complete. False statements are punishable.

[4] In most, but not all, situations, refraining from participation ensures that a violation of the Ethics Act does not occur. Abstention does not cure a conflict with

- A member identifying a conflict or potential conflict submits a Notice of Potential Violation to the chair, as DES, in advance of the public meeting.

- This written disclosure is considered confidential.

- The chair may seek advice from the Attorney General.

- The chair makes a written determination, also confidential, whether the disclosed matter represents a conflict that will result in a violation of the Ethics Act if the member participates in official action addressing the matter. [5]

- If so, the chair directs the member to refrain from participating in the matter that is the subject of the disclosure.

- An oral report of the notice of potential violation and the determination that the member must refrain from participating is put on the record at a public meeting.[6]

Determinations at the public meeting. When a potential conflict is declared by a member for the public record, the following procedure must be followed:

- The chair states his or her determination regarding whether the member may participate.
- Any member may then object to the chair's determination.

- If an objection is made, the members present, excluding the member who made the disclosure, vote on the matter.

- Exception: A chair's determination that is made consistent with advice provided by the Attorney General may not be overruled.

- If the chair, or the members by majority vote, determines that a violation will exist if the disclosing member continues to participate, the member must refrain from voting, deliberating or participating in the matter.[7]

If the chair identifies a potential conflict, the same procedures are followed. If possible, the chair should forward a confidential written notice of potential violation to the Office of the Governor for a determination in advance of the board or commission meeting. If the declaration is first made at the public meeting during which the matter will be addressed, the members present, except for the chair, vote on the matter. If a majority determines that a violation of the Ethics Act will occur if the chair continues to participate, the chair shall refrain from voting, deliberating or participating in the matter. A written disclosure or copy of the public record regarding the oral disclosure should be forwarded to the Office of the Governor for review by the chair's DES.

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5 The chair must give a copy of the written determination to the disclosing member. There is a determination form available on the Department of Law's ethics web page. The ethics supervisor may also write a separate memorandum.
6 In this manner, a member's detailed personal and financial information may be protected from public disclosure.
7 When a matter of particular sensitivity is raised and the ramifications of continuing without an advisory opinion from the Attorney General may affect the validity of the board or commission's action, the members should consider tabling the matter so that an opinion may be obtained.

Procedures for other member disclosures

A member's interest in a state grant, contract, lease or loan and receipt of gifts are disclosed by filling out the appropriate disclosure form and submitting the form to the chair for approval. The disclosure forms are found on the Department of Law's ethics website: http://www.law.state.ak.us/doclibrary/ethics.html

What are the disclosure procedures for executive directors and staff?

Ethics disclosures of the executive director or staff are made in writing to the appropriate DES (chair for the executive director and the executive director for staff).

- Disclosure forms are found on the ethics website, noted above.

Notices of Potential Violations. Following receipt of a written notice of potential violation, the DES investigates, if necessary, and makes a written determination whether a violation of the Ethics Act could exist or will occur. A DES may seek advice from the Attorney General. If feasible, the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

- These disclosures are not required to be made part of the public record.
- A copy of a determination is provided to the employee.
- Both the notice and determination are confidential.

Other Disclosures. The DES also reviews other ethics disclosures and either approves them or determines what action must be taken to avoid a violation of the Act. In addition to the disclosures of certain gifts and potential conflicts of interest, state employees must disclose all outside employment or services for compensation.

- The DES must provide a copy of an approved disclosure or other determination to the employee.
-

How are third party reports of potential violations or complaints handled?

Any person may report a potential violation of the Ethics Act by a board or commission member or its staff to the appropriate DES or file a complaint alleging actual violations with the Attorney General.

- Notices of potential violations and complaints must be submitted in writing and under oath.
- Notices of potential violations are investigated by the appropriate DES who makes a written determination whether a violation may exist.[8]
- Complaints are addressed by the Attorney General under separate procedures outlined in the Ethics Act.
- These matters are confidential, unless the subject waives confidentiality or the matter results in a public accusation.

[8] The DES provides a copy of the notice to the employee who is the subject of the notice and may seek input from the employee, his or her supervisor and others. The DES may seek advice from the Attorney General. A copy of the DES' written determination is provided to the subject employee and the complaining party. The DES submits a copy of both the notice and the determination to the Attorney General for review as part of the DES' quarterly report. If feasible, the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

What are the procedures for quarterly reports?

Designated ethics supervisors must submit copies of notices of potential violations received and the corresponding determinations to the Attorney General for review by the state ethics attorney as part of the quarterly report required by the Ethics Act.

- Reports are due in April, July, October and January for the preceding quarter.
- A sample report may be found on the Department of Law's ethics website

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- An executive director may file a quarterly report on behalf of the chair and combine it with his or her own report.
- If a board or commission does not meet during a quarter, and there is no other reportable activity, the DES shall advise Jenn Williams by e-mail at Jennifer.williams1@alaska.gov and no other report is required.

If the state ethics attorney disagrees with a reported determination, the attorney will advise the DES of that finding. If the ethics attorney finds that there was a violation, the member who committed the violation is not liable if he or she fully disclosed all relevant facts reasonably necessary to the ethics supervisor's or commission's determination and acted consistent with the determination.

How does a DES or board or commission get ethics advice?

A DES or board or commission may make a written request to the Attorney General for an opinion regarding the application of the Ethics Act. In practice, the Attorney General, through the state ethics attorney, also provides advice by phone or e- mail to designated ethics supervisors, especially when time constraints prevent the preparation of timely written opinions.

- A request for advice and the advisory opinion are confidential.
- The ethics attorney endeavors to provide prompt assistance, although that may not always be possible.
- The DES must make his or her determination addressing the potential violation based on the opinion provided.

* * * * *

It is the obligation of each board or commission member, as well as the staff, to ensure that the public's business is conducted in a manner that is consistent with the standards set out in the Ethics Act. We hope this summary assists you in ensuring that your obligations are met.

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.
(c) The following subject may be considered in an executive session:

(1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
(2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
(3) matters which by law, municipal charter, or ordinance are required to be confidential;
(4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

"In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

(1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;** ***OR***

(2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;** ***OR***

(3) **matters which by law, municipal charter, or ordinance are required to be confidential;** ***OR***

(4) **matters involving consideration of government records that by law are not subject to public disclosure.**

Board staff is requested to remain during the session ***OR***
Board only to remain during session."

Staff will then state **"The board is off the record at _____(time)."**

For remote participants

HOW TO PARTICIPATE IN AN OECD ZOOM REMOTE CONFERENCE

This document is a guide to help users easily participate remotely in an OECD **Zoom conference**.

Process to connect to ZOOM

Prepare and check your equipment ***at least 2 days before meeting***

- **Device:** Preferred options - **PC**: Window 7, 8, 10, Vista, XP or **MAC**: macOS X with macOS 10.7 or later. *Other options: Mobile phone, Tablet (iOS, Android).* Plug your device into a power source to avoid interruptions.
- **Browsers:** Preferred option - Chrome. *Other options: Safari, Firefox, Internet Explorer, Microsoft Edge*.
- **Internet connection:** Preferred option - Broadband wired. *Other options: wireless (WIFI, 3G or 4G/LTE).*
- **Location:** Please stay in a fixed location.
- **Headset:** Preferred option: USB plug-in.
- **Webcam:** Preferred option: External USB HD webcam. *Other option: built-in webcam.*
- **Configuration:** Use a quality, validated configuration if you have to intervene in an official meeting. Avoid as much as possible using the PC's integrated speakers and microphone.
- For more information about requirements and device compatibility, click **here**.

Test your connection to ZOOM ***at least 2 days before meeting***

- Run a ZOOM live test by connecting to **https://zoom.us/test**.
- In case of problem, please liaise with your IT support team.
- Use the same IT environment and equipment for testing and connecting to the meeting.
- If you will be contributing content to the webinar, you should coordinate with the event organizers to ensure your content abides by relevant document exchange, content sensitivity or privacy matters.

Join the Zoom meeting ***at least 30 minutes before the start of the meeting***

- Select your preferred option to connect by clicking on the appropriate link in the email invitation.
- Click **here** to find detailed information about how to connect to a Zoom session.
- Enter the provided PIN/password to join the meeting.
- For high-level meetings, a ZOOM waiting room option will be activated for checking the identity of participants.

Best practices

Video

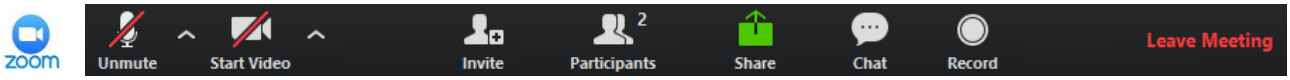
- Turn on an overhead/front light and face a window if possible.
- Avoid backlight, frame your image and check the background – simple/neutral is best.
- If **interpretation** is needed: keep any visual distractions to a minimum and replicate eye contact by looking to the camera.

Sound

- Choose **a quiet** environment and reduce background noise (participate from indoors in an echo-free place).
- Adjust the headset (do not put the microphone too close to your mouth) and the volume of your headphones.
- Use only one device at a time.
- **Mute** your microphone when you are not speaking. When speaking, talk directly into the microphone from a distance of 30cm to 50cm, without turning your head away and moving the microphone.
- Speak clearly with a normal voice when you take the floor, at a moderate pace and avoid reading from documentation. If you must, documentation should be provided in advance to documents.interpretes@oecd.org for interpretation purposes only (it will be checked against delivery).

ZOOM features

ZOOM provides many elements to enrich your remote conferencing: hand raising, document sharing, polling, etc.



- **Mute – Unmute** button to speak.
- **Share** button to share a document or presentation.
- **Chat** button to speak with moderator of the meeting (for technical support and assistance during the meeting).
- **Raise hand** button to ask for the floor. Click on *Participants* button to access the *Raise hand* button.
- **Accept/Deny** if the meeting organiser decides to record the meeting. Meetings are recorded in the normal means. The OECD processes personal data in accordance with its ***Personal Data Protection Rules***.
- **Click here** if you need more information about Zoom features.

Support contact

If you need additional information, advice or technical support, please contact:

➔ **Conference support:** Phone: (+33) 1 45 24 **16 31**; E-mail: conference.support@oecd.org

THE STATE OF ALASKA
MIKE DUNLEAVY
GOVERNOR

Boards and Commissions
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550 W 7th Ave. Suite 1700
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Ground Rules for Successful Meetings

Thank you for volunteering to serve Alaska, as a designee of the State, on behalf of the Office of the Governor. The simple, yet effective, rules below serve as a set of expectations to keep board and commission meetings productive and respectful. Most important, the consistent use of the cornerstones of Robert's Rules builds the public's trust and reflects positively on all involved.

1. **Everyone participates.** As the Chair, encouraging the full participation of team members allows your support staff and the public to have a clear understanding of everyone's view of the issue at hand. Call on quiet team members, as they may only need a clarification or an explanation.

2. **Different opinions are welcome, but the board must stay on track.** The Chair helps guide the team to places of agreement, so the discussion should focus on areas that need clarification, legal advice, or further vetting. Keep the discussion on track or you may find yourself in the middle of a disagreement in which there are no winners and no productive actions.

3. **Limit side conversations.** A quick question or clarification is one thing, but it can be disconcerting when whispered conversations are held between members of the board during an open meeting. It does nothing to encourage trust between the board and the public, and the Chair should not allow it.

4. **Re-state the motion and clarify amendments.** This is a simple way for the Chair to be sure that everyone on the team is on the same page as you move through the process. It also gives support staff the opportunity to clarify the language or intent if needed. It can be surprising how often people are halfway through an argument before they realize they didn't have a clear understanding of the motion or amendment before them. As a member of the board or commission, don't hesitate to ask for clarification if you are unsure.

5. **Hold team members accountable.** If a board member is interrupting others, rude to staff, or refusing to keep their comments on track, the Chair should call for a brief at ease and address it with them directly. Honest mistakes or over-eagerness can be quietly corrected at a break, but deliberate bad behavior by anyone should never be tolerated by the Chair.

6. **Listen respectfully and thoughtfully to public testimony.** Remember that the public has an important role in the process. They have given their time and effort to be heard, and the issue at hand is probably very important to them personally. If testimony gets heated, the Chair can always call for an at ease so that tempers can cool.

7. **Cell phones off.** Ringing phones are annoying, but texting someone in the audience or another board member during the meeting is disconcerting and secretive. This does not encourage trust between the team members themselves or the public.

8. **Speak clearly.** When before the public, always speak so that they can hear you. You may not have a good sound system to amplify your voice, so speak loudly and clearly.

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Introduction to Robert's Rules of Order

What is parliamentary procedure?
It is a set of rules for conduct at meetings, which allows everyone to be heard and to make decisions without confusion.

Why is parliamentary procedure important?
Because it is a time-tested method of conducting business at meetings and public gatherings. It can be adapted to fit the needs of any organization. Today, Robert's Rules of Order Newly Revised is the basic handbook of operation for most clubs, organizations, and other groups. It is important that everyone is familiar with these basic rules!

Order of Business:
Organizations using parliamentary procedure usually follows a fixed order of business. A typical example:

1. Call to order.
2. Roll call of members present.
3. Reading of minutes of last meeting.
4. Officer's reports.
5. Committee reports.
6. Special orders --- Important business previously designated for consideration at this meeting.
7. Unfinished business.
8. New business.
9. Announcements.
10. Adjournment.

Motions:
The method used by members to express themselves is in the form of moving motions. A motion is a proposal that the entire membership take action or a stand on an issue. Individual members can:

1. Call to order.
2. Second motions.
3. Debate motions.
4. Vote on motions.

Types of Motions:

1. Main Motions: The purpose of a main motion is to introduce items to the membership for their consideration. They cannot be made when any other motion is on the floor, and yield to privileged, subsidiary, and incidental motions.
2. Subsidiary Motions: Their purpose is to change or affect how a main motion is handled, and is voted on before a main motion.
3. Privileged Motions: Their purpose is to bring up items that are urgent about special or important matters unrelated to pending business.
4. Incidental Motions: Their purpose is to provide a means of questioning procedure concerning other motions and must be considered before the other motion.

How is a Motion Presented?

1. Obtaining the floor:
    a. Wait until the last speaker has finished.
    b. Rise and address the Chairman by saying, "Mr. Chairman, or Mr. President."
    c. Wait until the Chairman recognizes you.
2. Make Your Motion:
    a. Speak in a clear and concise manner.
    b. Always state a motion affirmatively. Say, "I move that we ..." rather than, "I move that we do not ...".
    c. Avoid personalities and stay on your subject.
3. Wait for Someone to Second Your Motion.
4. Another member will second your motion or the Chairman will call for a second.
5. If there is no second to your motion, it is lost.
6. The Chairman States Your Motion:
    a. The Chairman will say, "it has been moved and seconded that we ..." Thus, placing your motion before the membership for consideration and action.
    b. The membership then either debates your motion or may move directly to a vote.
    c. Once your motion is presented to the membership by the Chairman it becomes "assembly property" and cannot be changed by you without the consent of the members.
7. Expanding on Your Motion:
    a. The time for you to speak in favor of your motion is at this point, rather than at the time you present it.
    b. The mover is always allowed to speak first.
    c. All comments and debate must be directed to the Chairman.
    d. Keep to the time limit for speaking that has been established.

The mover may speak again only after other speakers are finished, unless called upon by the Chairman.

1. Putting the Question to the Membership:
    a. The Chairman asks, "Are you ready to vote on the question?"
    b. If there is no more discussion, a vote is taken.
    c. On a motion to move, the previous question may be adapted.

Voting on a Motion:

The method of vote on any motion depends on the situation and the by-laws of policy of your organization. There are five methods used to vote by most organizations, they are:

1. By Voice -- The Chairman asks those in favor to say, "aye", those opposed to say "no". Any member may move for an exact count.
2. By Roll Call -- Each member answers "yes" or "no" as his name is called. This method is used when a record of each person's vote is required.
3. By General Consent -- When a motion is not likely to be opposed, the Chairman says, "if there is no objection ..." The membership shows agreement by their silence, however if one member says, "I object," the item must be put to a vote.
4. By Division -- This is a slight verification of a voice vote. It does not require a count unless the chairman so desires. Members raise their hands or stand.
5. By Ballot -- Members write their vote on a slip of paper, this method is used when secrecy is desired.

There are two other motions that are commonly used that relate to voting.

1. Motion to Table -- This motion is often used in the attempt to "kill" a motion. The option is always present, however, to "take from the table", for reconsideration by the membership.
2. Motion to Postpone Indefinitely -- This is often used as a means of parliamentary strategy and allows opponents of motion to test their strength without an actual vote being taken. Also, debate is once again open on the main motion.

Parliamentary Procedure is the best way to get things done at your meetings. It will only work if you use it properly. Most importantly, *BE COURTEOUS*.

1. Allow motions that are in order.
2. Have members obtain the floor properly.
3. Speak clearly and concisely.
4. Obey the rules of debate.

Additional Resources:
Simplified Handbook of Parliamentary Procedure
Robert's Rules of Order Archive
FAQs
Motions

Parliamentary Words and Terms

Abstain – not voting one way or the other
Adjourn – ending the meeting
Adopt – to okay or accept
Agenda – an outline of items to address at a meeting
Amendment – adding on to a motion, usually to improve it, enlarge its intent, or to make it more understandable
Appeal the decision of the Chair – to question the Chairperson's decision and ask the group to change it
Appoint – to place someone in a job or position
By-laws – the rules a group has agreed to follow and the goals of the organization
Caucus – getting together outside the regular meeting to decide on plans, position, policy and/or people to nominate
Chair – the position held by the meeting's leader
Committee – a group that reviews and reports on a special task given to them by the larger membership. A committee may recommend actions to be taken based upon its findings.
General Consent – approval by the group. If even one member objects, a vote must be taken.
Majority opinion – the decision of more than half the voting members
Minority opinion – the position held by less than half of the voting members
Minutes – official record of a meeting
Motion – a member's proposal for action
Nominate – to recommend a person for election to office
Pending – still up in the air and undecided
Personal privilege – calling attention to something having to do with the well being of the people at the meeting, such as asking to have a window opened
Point of Information – asking for more information before making a decision
Point of Order – correcting a mistake that is against the rules of the organization
Pro Tem – temporary
Proxy – permission given, usually in writing, by one member for another member to vote in his or her name
Orders of the Day – calling for the group to get back to the agenda or the main business of the meeting Question – a motion that is under discussion with a vote to be taken on it
Recess – taking a short break
Rescind – to take back or withdraw
Resolution – usually a policy statement being suggested to the group for approval
Second – support for a motion. Before a group can handle a proposal, it must know that two people want to have it discussed
Standing Committee – a committee that goes year round such as a program planning committee Suspending of the
Rules – discussing something without sticking to the rules of the meeting Veto – to turn "thumbs down" on a motion or idea

Robert's Rules of Order Motions Chart
Based on Robert's Rule of Order Newly Revised (11th Edition)
https://robertsrules.org/motionsprint.html

Part 1, Main Motions. These motions are listed in order of precedence. A motion can be introduced if it is higher on the chart than the pending motion.
§ indicates the section from Robert's Rules.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§21	Close meeting	I move to adjourn	No	Yes	No	No	Majority
§20	Take break	I move to recess for ...	No	Yes	No	Yes	Majority
§19	Register complaint	I rise to a question of privilege	Yes	No	No	No	None
§18	Make follow agenda	I call for the orders of the day	Yes	No	No	No	None
§17	Lay aside temporarily	I move to lay the question on the table	No	Yes	No	No	Majority
§16	Close debate	I move the previous question	No	Yes	No	No	2/3
§15	Limit or extend debate	I move that debate be limited to ...	No	Yes	No	Yes	2/3
§14	Postpone to a certain time	I move to postpone the motion to ...	No	Yes	Yes	Yes	Majority
§13	Refer to committee	I move to refer the motion to ...	No	Yes	Yes	Yes	Majority
§12	Modify wording of motion	I move to amend the motion by ...	No	Yes	Yes	Yes	Majority
§11	Kill main motion	I move that the motion be postponed indefinitely	No	Yes	Yes	No	Majority
§10	Bring business before assembly (a main motion)	I move that [or "to"] ...	No	Yes	Yes	Yes	Majority

Part 2, Incidental Motions. No order of precedence. These motions arise incidentally and are decided immediately.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§23	Enforce rules	Point of Order	Yes	No	No	No	None
§24	Submit matter to assembly	I appeal from the decision of the chair	Yes	Yes	Varies	No	Majority
§25	Suspend rules	I move to suspend the rules	No	Yes	No	No	2/3
§26	Avoid main motion altogether	I object to the consideration of the question	Yes	No	No	No	2/3
§27	Divide motion	I move to divide the question	No	Yes	No	Yes	Majority
§29	Demand a rising vote	I move for a rising vote	Yes	No	No	No	None
§33	Parliamentary law question	Parliamentary inquiry	Yes, if urgent	No	No	No	None
§33	Request for information	Point of information	Yes, if urgent	No	No	No	None

Part 3, Motions That Bring a Question Again Before the Assembly.
No order of precedence. Introduce only when nothing else is pending.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§34	Take matter from table	I move to take from the table ...	No	Yes	No	No	Majority
§35	Cancel previous action	I move to rescind ...	No	Yes	Yes	Yes	2/3 or Majority with notice
§37	Reconsider motion	I move to reconsider ...	No	Yes	Varies	No	Majority

THE STATE OF ALASKA
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Open Meetings Act

The State of Alaska's Open Meetings Act (AS 44.62.310-.312) requires that all meetings of a public entity's governing body be open to the public and that the body provide reasonable notice of its meetings. The Open Meetings Act (OMA) is intended to ensure that decisions made and actions taken are public knowledge and represent the will of the public that the governing body serves. In essence, the OMA protects the public's right to know.

To be able to protect the public's right to know, the OMA requires that:

- all deliberations and action taken by a public entity must be done in public view, with limited exceptions;
- the public must be provided prior knowledge of all steps occurring in the decision-making process, with limited exceptions; and that
- individual actions of an official are made known.

In order for these requirements to have full effect, meetings must occur as provided in the notice; and, with few exceptions, the public must be allowed to involve itself in the meeting. The public must also have access to materials being considered during the meeting.

In addition to laying out specific steps required for meetings and allowable exceptions, the statutes addressing open meetings speak about the state's policy regarding what authority the public has delegated to governing bodies. Following is a synopsis.

According to the 'State Policy Regarding Meetings' (AS 44.62.312):

- The government exists to aid in conducting the people's business.
- Government units should act and deliberate openly.
- The people do not yield sovereignty to government agencies that serve them.
- Public servants have not been given the right to decide what is good or not good for the people to know.
- People should remain informed so they may retain control over the government they created.
- The use of teleconferences is for the convenience of the parties, public, and government.
- The Open Meetings Act should be narrowly construed to effectuate these policies and avoid unnecessary exemptions.

What is the Open Meetings Act?
The State of Alaska's Open Meetings Act (AS 44.62.310-.312), is a law that addresses the meetings of public entities; it protects the public's right to know and their opportunity to be heard. Among other things, the Act:

- defines public meetings and public entities;
- lays out specific requirements for public notice;
- requires that all meetings of a governmental body of a public entity are open to the public;
- lays out provisions for attendance at meetings and voting methods;
- lays out provisions for distribution of meeting materials; and
- lists the few exceptions to the Act, as well as matters that may be discussed in executive session.

In order to assure that the public information/participation provisions of the Act are met, the Act requires that the public entity must provide "reasonable" notice that meets the requirements of the Act. To meet these notice requirements, the notice must:

- be provided within a reasonable amount of time prior to the meeting;
- include the date, time, and place of the meeting;
- be posted at the principal office of the public entity, in addition to any other methods and locations stated in local ordinance; and
- be done in the same way each time (consistent).

What is the definition of a meeting that would fall under the provisions of the Open Meetings Act?

AS 44.62.310(h) provides detailed definitions of "governmental body," "meeting," and "public entity" that, when combined, define what constitutes a public meeting. The Act makes a distinction between what constitutes a meeting of a policy/decision-making body and what constitutes a meeting of an advisory-only body.

A meeting of a decision- or policy-making body occurs when more than three members, or a majority of the members, whichever is less, engage collectively in discussion of a *subject that the body is authorized to act and set policy on* and is therefore subject to the Open Meetings Act. Under this definition, it doesn't matter where the meeting occurs, if it was prearranged, or who arranged it and could include unplanned casual or social contact.

A meeting of an advisory-only body is a prearranged gathering to consider a matter on which the entity is *authorized to advise and assist the decision-making body* and is subject to the provisions of the Act. The Act doesn't specify a number, so two or more members, if the gathering is prearranged for the purpose of conducting any business of the entity, could constitute a meeting.

What types of meetings might be conducted that would require notice under the Open Meetings Act?

Following are the most common types of meetings that would be subject to the Open Meetings Act:

Regular Meetings: State law requires that the governing body conduct its business at regularly scheduled meetings that are open to the public. Regular meetings must be held at least once a month and may be held more often, as required or established in local ordinance. The local code of ordinances should provide the date, time, and place of regular meetings so that everyone knows when regular meetings will take place. The public shouldn't have to wonder about the meeting time, date, and place always changing. If at times it is necessary to reschedule the regular meeting, notice must be posted informing the public that the regular meeting has been rescheduled and when it will be held.

Special Meetings: Special meetings have the same requirements as regular meetings, except that they are called for a different time than that fixed for regular meetings. For example, local ordinance may require that the governing body hold its regular meeting on the third Tuesday of each month at 7:00 PM at the municipal offices. If the governing body must meet earlier, it can call a special meeting for a different date. The special meeting does not take place instead of the regular meeting, it is in addition to the regular meeting. Special meetings should be held rarely and only to address time sensitive issues. A special meeting may be held with less than 24-hour's notice if all members are present or if absent members have waived in writing the required notice. Waiver of notice can be made before or after the special meeting is held.

Emergency Meetings: Emergency meetings are held to address situations that are so urgent that the governing body must meet right away. An emergency meeting may be held if a majority of the members are given at least 24 hours oral or written notice and reasonable efforts are made to notify all members.

Committee Meetings: Permanent ("standing") committees and temporary ("ad hoc") committees of the governing body may be formed to study particular issues in more detail. Standing committees may include the finance committee, public works committee, and/or a facilities committee. Ad hoc committees are formed to address a specific situation and are disbanded once the situation has been dealt with. Committees may be composed of all members of the governing body (referred to as a committee of the whole), or of fewer members, usually three. A committee cannot take action on behalf of the full governing body but instead makes a recommendation to the governing body for the governing body's action. Usually the committee of the whole meets to discuss items that are not ready for action but need further discussion in an informal setting. For example, the annual budget usually requires a work session before it is formally adopted.

Board of Equalization: The governing body, or its appointees, sits as the Board of Equalization in municipalities that levy a property tax. AS 29.45.200(a) states, "the governing body sits as a board of equalization for the purpose of hearing an appeal from a determination of the assessor." A property owner who believes the assessor has made a mistake in the yearly valuation of their property may appeal the assessor's decision to the board of adjustment, which meets once a year.

How much notice is required to meet the "reasonable" public notice provision of the Open Meetings Act?
How much notice is required depends on the complexity of the issue and the potential effect it will have. Proper public notice must be provided in advance of the proposed action and local ordinances should state the minimum number of days that notice is required. This number should be adjusted up if the situation warrants additional notice. Special and emergency meetings require only 24-hour notice or less. If less notice is given, absent members must waive the notice requirement. Notice requirements for work sessions and committee meetings should follow the same guidelines as those established in local ordinance for regular meetings.

There are minimum mandatory notice requirements for certain actions, such as notice of a public hearing on a proposed ordinance, or election notice. There is, however, no specific number of days spelled out in statute that defines "reasonable." The general tone of case law on the subject has essentially found that reasonable notice provides enough notice that a concerned party will have notice of a proposed action within enough time to be involved in the deliberations. This could vary anywhere from three months to three days. The notice also has to provide enough information to let the public know what subjects will be covered in the meeting. If a complete agenda isn't available at the time of posting, a summary will work until the complete agenda is available.

Local ordinances should contain all of the requirements for public notice of meetings including what to include in the notice, where the notices are posted, and how soon before the meeting the notices are posted.

Where and how does notice have to occur?
State law, AS 44.62.310(e), requires that reasonable notice include the date, time, and place of the meeting; and, if by teleconference, the location of any teleconferencing facilities. It also provides that notice may be given in print or broadcast media; that it be posted at the principal office of the public entity or, if no principle office, at a location designated by the governing body; and that it be done in the same way each time "consistent."

In addition to the locations required in statute, notice should be posted at well-used locations in the community like the post office, the store, government offices, and the community bulletin board. It may also be published in a newspaper of general circulation in the community or broadcast over a local radio station in addition to any other means and locations stated in local ordinance.

Are there exceptions to the Open Meetings Act and what subjects may be discussed in executive session?
Exceptions to the OMA are discussed in the Executive Session section of LOGON.

Is secret ballot voting allowed under the act?
Almost always, no. In addition to requiring that deliberations of a governing body be open to the public, the act also requires that the vote shall be conducted in such a manner that the public may know the vote of each person entitled to vote, including meetings conducted by teleconference. The one exception is organizational meetings of a governing body to elect members to various offices, which are exempted from the requirement that the vote of each member be made public (AS 44.62. 310(a)).

Is telephone polling considered a violation of the Open Meetings Act?
Whether a phone poll by a member or agent of the governing body would be considered a violation of the act, depends on the subject matter. If the matter involves an administrative or procedural issue that would not warrant public discussion, a phone poll may be conducted. If, however, the phone poll touches on an issue that should be discussed in an open meeting or can have the effect of swaying opinion on a public issue, it could be considered a violation of the act.

Who enforces the Open Meetings Act?
It is the responsibility of the administration and governing body to assure that the provisions of the Open Meetings Act are enforced. Any individual may contest an action administratively through local channels that they think was done in violation of the Open Meetings Act and ultimately may, within 180 days, file a court action if the issue isn't remedied locally AS 44.62.310(f).

There are several court cases that have ruled in favor of the Open Meetings Act. When deciding these cases, the court doesn't just consider whether a violation has occurred, but also considers whether the action has interfered with the public process that the act was intended to protect.

What is the cure for a violation of the Open Meetings Act?
Actions taken at meetings that are found to be in violation of the Open Meetings Act may be voided. Failing to provide proper notice can cost a great deal of money to defend in addition to the wasted time and effort involved. The governing body can attempt an informal cure by holding another meeting in compliance with the Open Meetings Act and conducting a substantial and public reconsideration of the matters.

If a lawsuit is filed, the court may void any action taken by the governing body if the court finds that, considering all of the circumstances, the public interest in compliance with the law outweighs the harm that would be caused by voiding the action AS 44.62.310(f)).

In deciding whether to void an action, the court must consider:
(1) the expense that may be incurred if the action is voided;
(2) the disruption that may be caused if the action is voided;
(3) the possibility of additional litigation if the action is voided;
(4) the extent to which the subject has previously been considered in compliance with the act;
(5) the amount of time that has passed since the action was taken;
(6) the degree to which the action has come to be relied on;
(7) whether and to what extent the governmental body has, before or after the lawsuit was filed, engaged in or attempted to engage in public reconsideration of the matter;
(8) the degree to which the violations were willful, flagrant, or obvious;
(9) the degree to which the governing body failed to adhere to the policy under AS 44.62.312 (a).

This does not apply to an advisory only body that that has no authority to establish policies and make decisions for the public entity (AS 44.62.310(g)).

What effect does attorney client privilege have in dealings between a public entity and its attorney?
Executive session procedure requires that the reason for calling the executive session is clearly stated. The attorney-client privilege exemption to the Open Meetings Act is limited to matters where public interest may be injured. This might include how to avoid legal liability, litigation strategies and candid discussion of facts, a proposed settlement conference, and a conference on a decision to appeal.

In addition to the rights protected under the Open Meetings Act, what rights can the public expect under state law?
In addition to the rights protected under the Open Meetings Act, Title 29 reiterates the requirement that all meetings be open to the public and provides that the public will have the right to be heard at regular and special meetings AS 29.20.020.

AS 29.20.160 lays out the procedures that a governing body must follow in conducting its meetings. These procedures include:

- Provision for identification of the presiding and deputy-presiding officers;
- The requirement that the governing body hold at least one regular monthly meeting, unless otherwise provided by ordinance;
- The requirement that the governing body shall provide at least 24-hour notice for special meetings or absent members must waive the notice requirement;
- Clarification on how actions of the governing body are adopted and what constitutes a quorum;
- The requirement that all members present shall vote on every question, unless required to abstain; and

The requirement that a governing body maintain a journal of its proceedings that is available to the public.

- AS 29.20.380 assigns certain meeting duties and responsibilities to the municipal clerk. These include:
- Attendance at public meetings;
- Keeping the journal;
- Assuring that notice and other requirements for public meetings are complied with;
- Assuring that public records are available for public inspection;
- Managing and maintaining public records; and

- Preparing agendas and agenda packets.
-

Who enforces the local rules under which a municipality conducts its meetings?
Governing bodies must have procedures in place and follow them for their meetings. Some of these procedures are in Title 29 and other statutes. Others are in the local ordinances, which are usually more specific and detailed than Title 29, or in rules of procedure adopted by the governing body.
Essentially, the presiding officer enforces the rules by following them when conducting a meeting and, when there is a question of procedure, the clerk, acting as parliamentary advisor, researches the question and proposes an answer, which the presiding officer then rules on. Members of the public also enforce the rules by questioning whenever something occurs that doesn't seem to follow the rules. The last resort for enforcement is a lawsuit.

Additional Resources
Alaska's Open Meetings Law by Gordon J Tans
Open Meetings Act AS 44.62.310-.312

Sec. 44.62.310. Government meetings public.

(a) All meetings of a governmental body of a public entity of the state are open to the public except as otherwise provided by this section or another provision of law. Attendance and participation at meetings by members of the public or by members of a governmental body may be by teleconferencing. Agency materials that are to be considered at the meeting shall be made available at teleconference locations if practicable. Except when voice votes are authorized, the vote shall be conducted in such a manner that the public may know the vote of each person entitled to vote. The vote at a meeting held by teleconference shall be taken by roll call. This section does not apply to any votes required to be taken to organize a governmental body described in this subsection.

(b) If permitted subjects are to be discussed at a meeting in executive session, the meeting must first be convened as a public meeting and the question of holding an executive session to discuss matters that are listed in (c) of this section shall be determined by a majority vote of the governmental body. The motion to convene in executive session must clearly and with specificity describe the subject of the proposed executive session without defeating the purpose of addressing the subject in private. Subjects may not be considered at the executive session except those mentioned in the motion calling for the executive session unless auxiliary to the main question. Action may not be taken at an executive session, except to give direction to an attorney or labor negotiator regarding the handling of a specific legal matter or pending labor negotiations.

(c) The following subjects may be considered in an executive session:

(1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;

(2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;

(3) matters which by law, municipal charter, or ordinance are required to be confidential;

(4) matters involving consideration of government records that by law are not subject to public disclosure.

(d) This section does not apply to

(1) a governmental body performing a judicial or quasi-judicial function when holding a meeting solely to make a decision in an adjudicatory proceeding;

(2) juries;

(3) parole or pardon boards;

(4) meetings of a hospital medical staff;

(5) meetings of the governmental body or any committee of a hospital when holding a meeting solely to act upon matters of professional qualifications, privileges, or discipline;

(6) staff meetings or other gatherings of the employees of a public entity, including meetings of an employee group established by policy of the Board of Regents of the University of Alaska or held while acting in an advisory capacity to the Board of Regents;

(7) meetings held for the purpose of participating in or attending a gathering of a national, state, or regional organization of which the public entity, governmental body, or member of the governmental body is a member, but only if no action is taken and no business of the governmental body is conducted at the meetings; or

(8) meetings of municipal service area boards established under AS 29.35.450 — 29.35.490 when meeting solely to act on matters that are administrative or managerial in nature.

(e) Reasonable public notice shall be given for all meetings required to be open under this section. The notice must include the date, time, and place of the meeting and if, the meeting is by teleconference, the location of any teleconferencing facilities that will be used. Subject to posting notice of a meeting on the Alaska Online Public Notice

System as required by AS 44.62.175(a), the notice may be given using print or broadcast media. The notice shall be posted at the principal office of the public entity or, if the public entity has no principal office, at a place designated by the governmental body. The governmental body shall provide notice in a consistent fashion for all its meetings.

(f) Action taken contrary to this section is voidable. A lawsuit to void an action taken in violation of this section must be filed in superior court within 180 days after the date of the action. A member of a governmental body may not be named in an action to enforce this section in the member's personal capacity. A governmental body that violates or is alleged to have violated this section may cure the violation or alleged violation by holding another meeting in compliance with notice and other requirements of this section and conducting a substantial and public reconsideration of the matters considered at the original meeting. If the court finds that an action is void, the governmental body may discuss and act on the matter at another meeting held in compliance with this section. A court may hold that an action taken at a meeting held in violation of this section is void only if the court finds that, considering all of the circumstances, the public interest in compliance with this section outweighs the harm that would be caused to the public interest and to the public entity by voiding the action. In making this determination, the court shall consider at least the following:

(1) the expense that may be incurred by the public entity, other governmental bodies, and individuals if the action is voided;

(2) the disruption that may be caused to the affairs of the public entity, other governmental bodies, and individuals if the action is voided;

(3) the degree to which the public entity, other governmental bodies, and individuals may be exposed to additional litigation if the action is voided;

(4) the extent to which the governing body, in meetings held in compliance with this section, has previously considered the subject;

(5) the amount of time that has passed since the action was taken;

(6) the degree to which the public entity, other governmental bodies, or individuals have come to rely on the action;

(7) whether and to what extent the governmental body has, before or after the lawsuit was filed to void the action, engaged in or attempted to engage in the public reconsideration of matters originally considered in violation of this section;

(8) the degree to which violations of this section were wilful, flagrant, or obvious;

(9) the degree to which the governing body failed to adhere to the policy under AS 44.62.312(a).

(g) Subsection (f) of this section does not apply to a governmental body that has only authority to advise or make recommendations to a public entity and has no authority to establish policies or make decisions for the public entity.

(h) In this section,

(1) "governmental body" means an assembly, council, board, commission, committee, or other similar body of a public entity with the authority to establish policies or make decisions for the public entity or with the authority to advise or make recommendations to the public entity; "governmental body" includes the members of a subcommittee or other subordinate unit of a governmental body if the subordinate unit consists of two or more members;

(2) "meeting" means a gathering of members of a governmental body when

(A) more than three members or a majority of the members, whichever is less, are present, a matter upon which the governmental body is empowered to act is considered by the members collectively, and the governmental body has the authority to establish policies or make decisions for a public entity; or

(B) more than three members or a majority of the members, whichever is less, are present, the gathering is prearranged for the purpose of considering a matter upon which the governmental body is empowered to act, and the governmental body has only authority to advise or make recommendations for a public entity but has no authority to

establish policies or make decisions for the public entity;

(3) "public entity" means an entity of the state or of a political subdivision of the state including an agency, a board or commission, the University of Alaska, a public authority or corporation, a municipality, a school district, and other governmental units of the state or a political subdivision of the state; it does not include the court system or the legislative branch of state government.

Sec. 44.62.312. State policy regarding meetings.

(a) It is the policy of the state that

(1) the governmental units mentioned in AS 44.62.310(a) exist to aid in the conduct of the people's business;

(2) it is the intent of the law that actions of those units be taken openly and that their deliberations be conducted openly;

(3) the people of this state do not yield their sovereignty to the agencies that serve them;

(4) the people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know;

(5) the people's right to remain informed shall be protected so that they may retain control over the instruments they have created;

(6) the use of teleconferencing under this chapter is for the convenience of the parties, the public, and the governmental units conducting the meetings.

(b) AS 44.62.310(c) and (d) shall be construed narrowly in order to effectuate the policy stated in (a) of this section and to avoid exemptions from open meeting requirements and unnecessary executive sessions.

PURPOSE	YOU SAY	INTER-RUPT?	2ND?	DEBATE?	AMEND?	VOTE?
Bring business before the board	I move to…	No	Yes	Yes	Yes	Majority
Modify wording of motion	I move to amend the motion by…	No	Yes	Yes	Yes	Majority
Lay aside temporarily	I move to lay the question on the table.	No	Yes	No	No	Majority
Close debate	I move the previous question.	No	Yes	No	No	2/3
Limit or extend debate	I move that debate be limited to…	No	Yes	No	Yes	2/3
Postpone to a certain time	I move to postpone the motion to…	No	Yes	Yes	Yes	Majority
Refer to committee	I move to refer the motion to…	No	Yes	Yes	Yes	Majority
Kill main motion	I move that the motion be postponed indefinitely.	No	Yes	Yes	Yes	Majority
Make follow agenda	I call for the orders of the day.	Yes	No	No	No	None or 2/3 to overrule
Take matter from table	I move to take from the table…	No	Yes	No	No	Majority
Cancel previous action	I move to rescind…	No	Yes	Yes	Yes	2/3 w/o prior notice
Reconsider motion	I move to reconsider…	No	Yes	Varies	No	Majority
Take a break	I move to recess for…	No	Yes	No	Yes	Majority
Close meeting	I move to adjourn.	No	Yes	No	No	Majority

ORDER OF OPERATIONS TO ACT AS A BOARD

1. A member seeks recognition from the chair.
2. The member is recognized by the chair and "has the floor."
3. The member makes a motion.
4. The motion is seconded (if appropriate, see chart on other side).
5. The chair (or staff, if delegated) restates the motion to the body.
6. Board or commission debates the motion.
7. Subsidiary motions are made, if any: Amend, table, send to committee (see chart on other side).
8. Board or commission votes on subsidiary motion, if any.
9. Board or commission votes on the main motion either by roll call or unanimous consent.
10. The chair (or staff) announces the result of the vote.

Best practices:

1. Makers of motions should write them down before verbalizing, then hand the written motion to the secretary once the motion has been made on the floor.
2. It is appropriate for the chair to call for a brief break ("at ease") to untangle the motions when operations become confused. Do not proceed in confusion.