

STATE OF ALASKA

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

ALASKA BOARD OF PHARMACY



May 28, 2020

Teleconference/Videoconference

Board Packet

STATE OF ALASKA 2020

State Holidays

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

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



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

HOLIDAY CALENDAR

JANUARY

S	M	T	W	T	F	S
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FEBRUARY

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JUNE

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AUGUST

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OCTOBER

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NOVEMBER

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DECEMBER

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Alaska Board of Pharmacy Roster

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

AGENDA



ALASKA BOARD OF PHARMACY MEETING TENTATIVE AGENDA

MAY 28, 2020

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

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

Board Members:

Richard Holt,
PharmD, MBA
(Chair)

Leif Holm, *PharmD*
(Vice Chair)

James Henderson,
RPh

Lana Bell, *RPh*
(Secretary)

Justin Ruffridge,
(*PharmD*)

Tammy Lindemuth,
Public Member

Sharon Long, *Public*
Member

Upcoming Meetings:

August 13 – 14,
location TBD

November 5 – 6,
location TBD

Meeting Details

Meeting Name: May - Alaska Board of Pharmacy Meeting

Meeting Start Time: 9:00 AM Alaskan Daylight Time

Meeting Start Date: 5/28/2020

Meeting End Time: 4:00 PM Alaskan Daylight Time

Meeting End Date: 05/28/2020

Meeting Location: Teleconference only

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

Agenda

- I. Agenda Item #1 - 9:00 a.m. Roll Call/Call to Order
- II. Agenda Item #2 - 9:05 a.m. Review/Approve Agenda
- III. Agenda Item #3 – 9:10 a.m. Ethics Disclosures
- IV. Agenda Item #4 – 9:15 a.m. Review Public Comments

ETHICS

MEMORANDUM

State of Alaska
Department of Law

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

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

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

OR

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

AND

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

OR

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

State of Alaska Department of Law

Who Is My Designated Ethics Supervisor?

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

Executive Agencies

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

Boards and Commissions

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

Public Corporations

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

Office of the Governor

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

University of Alaska

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

EXECUTIVE BRANCH AGENCIES

Administration: Leslie Ridle, Deputy Commissioner

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

Corrections: April Wilkerson, Director of Administrative Services

Education & Early Development: Les Morse, Deputy Commissioner

Environmental Conservation: Tom Cherian, Director of Administrative Services

Fish & Game: Kevin Brooks, Deputy Commissioner

Health & Social Services: Dallas Hargrave, Human Resource Manager

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

Law: Jonathan Woodman, Assistant Attorney General

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

Natural Resources: John Crowther, Inter-Governmental Coordinator

Public Safety: Terry Vrabec, Deputy Commissioner

Revenue: Dan DeBartolo, Administrative Services Director

Transportation & Public Facilities:

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

Updated April 2015

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

Department of Law

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

Introduction

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

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

Scope of Ethics Act (AS 39.52.110)

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

Misuse of Official Position (AS 39.52.120)

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

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



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



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

Improper Gifts (AS 39.52.130)

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

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

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

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

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

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

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



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



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

Improper Use or Disclosure of Information (AS 39.52.140)

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



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



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



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

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

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

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

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

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



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



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

Improper Representation (AS 39.52.160)

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



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

Restriction on Employment After Leaving State Service (AS 39.52.180)

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

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

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



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



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

Aiding a Violation Prohibited (AS 39.52.190)

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

Agency Policies (AS 39.52.920)

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

Disclosure Procedures

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

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

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

ATTORNEY GENERAL'S ADVICE (AS 39.52.240-250)

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

REPORTS BY THIRD PARTIES (AS 39.52.230)

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

Complaints, Hearings, and Enforcement

COMPLAINTS (AS 39.52.310-330)

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

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

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

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

CONFIDENTIALITY (AS 39.52.340)

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

HEARINGS (AS 39.52.350-360)

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

PERSONNEL BOARD ACTION (AS 39.52.370)

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

PENALTIES (AS 39.52.410-460)

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

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

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

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

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

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

DEFINITIONS (AS 39.52.960)

Please keep the following definitions in mind:

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

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

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

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

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

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

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

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

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

Revised 9/2013

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State of Alaska
Department of Law
Executive Branch Ethics Act

Responsibilities of Designated Ethics Supervisors for Boards and Commissions

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

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

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

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

6/14

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

updated process + documents located at [http://
www.law.alaska.gov/doclibrary/drafting_manual.html](http://www.law.alaska.gov/doclibrary/drafting_manual.html)

AGENCY CHECKLIST/EMERGENCY REGULATION

DRAFTING

- _____ Proposed emergency regulation drafted and reviewed by agency in accordance with law and this manual (See Ch. 3).
- _____ Draft a factual finding of emergency/adoption order (Appendix R) or finding of emergency/certification order (See Step 3 in Ch. 3) (Appendix S).
- _____ Prepare fiscal note, if required (See Ch. 4 and 14) (Appendix F).
- _____ Prepare the notice of adoption of emergency regulation and the additional regulation notice information. Public notice must include: (1) references to statutory authority and statutes being implemented, interpreted, or made specific; (2) statement regarding the adoption date, effective date, and expiration date of the regulation; (3) informative summary (*not* text) of regulation; (4) summary of fiscal information; (5) if regulation is to be made permanent, deadline and address for submission of written comments (if an oral hearing is held, the time, date, and place of the hearing); and (6) any information required by the relevant program statute (See Step 3 in Ch. 3 and Ch. 4) (Appendices E-1, E-2, T-1, T-2, and T-3).
- _____ Decide whether to use the Alaska Online Public Notice System to receive comments on the project.
- _____ Consult with agency attorney in Department of Law; request review of draft documents (See Step 4 in Ch. 3).

ADOPTION OF EMERGENCY REGULATION; DELIVERY TO LT. GOVERNOR'S OFFICE

- _____ Agency formally adopts emergency regulation by signing adoption order; or, for a board or commission, voting to adopt during a properly noticed public meeting; certification order prepared, if appropriate (Appendices R and S). Delegation attached, if required (Appendices O and P). Designation as acting commissioner attached, if required (See Step 5 in Ch. 3).
- _____ Relevant portion of minutes of board or commission meeting and staff affidavit prepared (if certification order is being submitted) (See Step 5 in Ch. 3) (Appendices M and N).
- _____ Emergency regulation, finding of emergency/adoption order (or finding of emergency/certification order), fiscal note if there is one, and relevant minutes of meeting, if applicable, submitted to the lieutenant governor's office for filing (See Steps 5 and 6 in Ch. 3).

PUBLICATION AND DISTRIBUTION OF NOTICE (See Steps 7 - 9 in Ch. 3; see also Ch. 4).

- _____ Publication in a newspaper of general circulation or trade publication within five days after filing.
- _____ Request *immediate* publication of notice and return of affidavit of publication from the newspaper or trade publication.
- _____ Furnished to head of the department in which the adopting agency is located (if the adopting agency is not a principal department).
- _____ Furnished to all persons on the interested-persons list and others thought to be interested.
- _____ Furnished to the regulations attorney in the Department of Law (if the emergency regulation will be made permanent, send copy of the regulation and request file opening) (Appendix G).
- _____ Furnished electronically to all incumbent Alaska state legislators.
- _____ Notice and additional regulation notice information posted on the Alaska Online Public Notice System.
- _____ Additional regulation notice information sent with notice to interested persons, legislators, and regulations attorney (Appendix E-1 and E-2).
- _____ Following publication and distribution of public notice, prepare and submit to lieutenant governor's office an original affidavit of notice of adoption of emergency regulation (Appendix U), and an original or copy of the public notice and the additional regulation notice information.

PUBLISHER'S AFFIDAVIT OF PUBLICATION

- _____ Forward *original* directly to lieutenant governor's office if the regulation will *not* be made permanent (This is the last step if the regulation will not be made permanent) (See Step 9 in Ch. 3).
- _____ Retain the *original* for submission to the regulations attorney in the Department of Law if the regulation will be made permanent (See Step 9 in Ch. 3).

PUBLIC COMMENT/QUESTIONS

- _____ Prepare for questions during comment period.
- _____ Answers to questions made publicly available on the Alaska Online Public Notice System.
- _____ Written comments collected (See Step 10 in Ch. 3).
- _____ Oral public hearing, if any, conducted; prepare affidavit of oral hearing (See Step 10 in Ch. 3) (Appendix I).
- _____ Written comments and any oral comments received before deadline are carefully considered, including comments on cost of compliance to private persons (See Step 10 in Ch. 3).
- _____ Use or rejection of written and oral comments is documented (except exempt boards and commissions) (See Step 10 in Ch. 3).

FINAL PERMANENT REGULATION PREPARED

- _____ Agency decides whether changes to original emergency regulation are needed (for a board or commission, this occurs during properly noticed public meeting) (See Step 11 in Ch. 3).
- _____ Final permanent regulation is prepared (See Step 11 in Ch. 3).
- _____ Certification of compliance prepared and signed (See Step 11 in Ch. 3) (Appendix V).
- _____ Regular adoption order or certification order prepared and signed if changes to the original emergency regulation were made in final version (See Step 11 in Ch. 3) (Appendices J and L).
- _____ If changes were made in final version, relevant portions of minutes of board or commission meeting and staff affidavit prepared, *if* a certification order was signed (See Step 11 in Ch. 3) (Appendices M and N).
- _____ Affidavit of agency record of public comment prepared (Appendix K) (not applicable to exempted boards and commissions).

TRANSMITTAL OF FINAL PERMANENT REGULATION PACKAGE TO DEPARTMENT OF LAW

- _____ Completed project is **sent to the regulations attorney** in the Department of Law
- _____ Transmittal must include
- _____ (1) Cover memo to the regulations attorney stating the Department of Law file number, noting any particular issues regarding the project, stating the date the adopted regulations were furnished to the governor's office, and requesting review and approval (Appendix Q);
- _____ (2) Original and one copy of the final permanent regulation for Department of Law's use;
- _____ (3) Original signed certification of compliance;
- _____ (4) A signed, original, regular adoption order or certification order if changes were made to the original emergency regulation;
- _____ (5) A copy of any delegation of authority or acting commissioner designation;
- _____ (6) Relevant minutes of the board or commission meeting, and staff affidavit, *if* a certification order is being submitted;
- _____ (7) A copy of public notice of adoption of the emergency regulation (submit original if not already submitted to the lieutenant governor's office);
- _____ (8) Additional regulation notice information form that was distributed with the public notice (submit original if not already submitted to the lieutenant governor's office);
- _____ (9) Copy of fiscal note, if required;
- _____ (10) Copy of affidavit of notice (original already submitted to the lieutenant governor's office);

- _____ (11) Original publisher's affidavit of publication;
- _____ (12) Original affidavit of oral hearing, if an oral hearing was held;
- _____ (13) Original affidavit of agency record of public comment (not applicable to exempted boards and commissions);
- _____ (14) Copy of the filed finding of emergency, emergency adoption or certification order, and the emergency regulation;
- _____ (15) Any other relevant documents (such as material adopted by reference).

PERMANENT FILING AND EFFECTIVE DATES

- _____ Date Department of Law approved regulation for permanent filing (See Step 12 in Ch. 3).
- _____ Date permanent regulation is filed by the lieutenant governor's office, unless returned under AS 44.62.040(c), if applicable (See Step 13 in Ch. 3).
- _____ Effective date of changes, if any, made in the permanent regulation (See Step 13 in Ch. 3).
- _____ Summary of text of filed regulation, indicating that the emergency regulation has been made permanent, posted on the Alaska Online Public Notice System as soon as possible after filing of the permanent regulations (See Step 14 in Ch. 3).

MOTION SHEETS

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).”**

FILING

NOTICE OF ADOPTION OF EMERGENCY REGULATION TO THE PRACTICE OF PHARMACY IN THE REGULATIONS OF THE BOARD OF PHARMACY

BRIEF DESCRIPTION: The Board of Pharmacy proposes to make permanent regulation changes made by emergency regulation relating to the practice of pharmacy under the authority of AS 08.80 and 12 AAC 52, including pharmacist duties, pharmacy interns, pharmacy technicians, pharmacy technician with national certification, license renewal, shared pharmacy services during emergency, refills, labeling, prescriptions by electronic transmission, transfer of a prescription drug order, substitution, emergency preparedness, independent administration of vaccines and related emergency medications, and definitions.

On **March 27, 2020**, the Board of Pharmacy (Board) adopted, as an emergency regulation, changes in Title 12, Chapter 52, of the Alaska Administrative Code including the following:

1. **12 AAC 52.060. Fire or other disaster**, is proposed to establish a definition for “other disaster”; to include any disaster which causes a pharmacy to move to a temporary location or results in damage to the drug or device inventory.
2. **12 AAC 52.210. Pharmacist duties**, is proposed to add receiving an oral prescription drug order from a practitioner or authorized agent of a practitioner, and to also add administer a prescription drug order in accordance with the prescriber’s order.
3. **12 AAC 52.220. Pharmacist interns**, is proposed to remove the requirement to physically review prescription drug orders and dispensed products before distributing to a patient or the patient’s agent.
4. **12 AAC 52.230. Pharmacy technicians**, is proposed to remove cashier or bookkeeper from having to obtain a license as a pharmacy technician.
5. **12 AAC 52.235. Pharmacy technician with national certification**, is a proposed new section that provides additional scope to pharmacy technicians who holds a national certification; allows them to perform final checks on non-controlled substance prescriptions, transfer non-controlled substance prescription orders, clarify or obtain missing information from practitioner for non-controlled substance prescriptions.
6. **12 AAC 52.300. License renewal**, is proposed to remove the requirement to submit documentation of continuing education and accept attestation of completing said continuing education requirements, to suspend CPR certification requirements, and to remove the jurisprudence questionnaire requirement for renewal.
7. **12 AAC 52.446. Shared pharmacy services during emergency**, is a proposed new section that establishes shared pharmacy services during an emergency; it suspends the existing shared pharmacy regulations in 12 AAC 52.445 only during the duration of an emergency; allows a pharmacist intern and pharmacy technician to engage in shared pharmacy services; removes requirements for shared pharmacy services to be approved by the board.
8. **12 AAC 52.470. Refills**, is proposed to amend the provisions related to refills, including the ability to dispense up to a 120-day supply.
9. **12 AAC 52.480. Labeling**, is proposed to clarify that initials may be handwritten on the prescription label.
10. **12 AAC 52.490. Prescriptions by electronic transmission**, is proposed to clarify that prescriptions for devices may be transmitted electronically.
11. **12 AAC 52.500. Transfer of a prescription drug order**, is proposed to allow pharmacist interns and pharmacy technicians who holds a national certification to engage in the transfer of a prescription drug order; specifies what conditions must be met in order to engage in related

activities.

12. **12 AAC 52.510. Substitution**, is proposed to clarify that a prescriber can indicate on the prescription whether a substitution for an equivalent drug interchangeable can be dispensed; provides for a patient to request the original drug product provided the prescriber has not indicated this cannot be provided.
13. **12 AAC 52.985. Emergency preparedness**, is proposed to amend the provisions related to emergency preparedness; removes section on supply day and refills; waives notary requirements for application.
14. **12 AAC 52.992. Independent administration of vaccines and related emergency medications**, is proposed to add pharmacist interns to require them to offer current vaccine information statements for administration.
15. **12 AAC 52.995. Definitions**, is proposed to update the definition for “shared pharmacy services” and establish a definition for “pharmacy technician who holds a national certification”.

The emergency regulations took effect on **April 3, 2020**, and will expire **July 31, 2020**. The Board intends to make the emergency regulations permanent.

You may comment on the regulation changes, including the potential costs to private persons of complying with the changes, by submitting written comments to Jun Maiquis, Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806. Additionally, the Board will accept comments by facsimile at (907) 465-2974 and by electronic mail at RegulationsAndPublicComment@alaska.gov. Comments may also be submitted through the Alaska Online Public Notice System by accessing this notice on the system at <http://notice.alaska.gov/197699>, and using the comment link. **The comments must be received not later than 4:30 p.m. on May 15, 2020.** Comments received after this deadline will not be considered by the Board.

You may submit written questions relevant to the proposed action to Jun Maiquis, Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806 or by e-mail at RegulationsAndPublicComment@alaska.gov. **The questions must be received at least 10 days before the end of the public comment period.** The Board will aggregate its response to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System and on the Board’s website at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofPharmacy.aspx>. The Board may, but is not required to, answer written questions received after the 10-day cut-off date and before the end of the comment period.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Jun Maiquis at (907) 465-2537 or RegulationsAndPublicComment@alaska.gov not later than May 8, 2020 to ensure that any necessary accommodation can be provided.

A copy of the proposed regulation changes is available on the Alaska Online Public Notice System and by contacting Jun Maiquis at (907) 465-2537 or RegulationsAndPublicComment@alaska.gov, or go to <https://www.commerce.alaska.gov/web/portals/5/pub/PHA-EmergencyRegs-0420.pdf>.

The language of the permanent regulation may be different from that of the original emergency regulation and may include other provisions dealing with the same subject. **You should comment during the time allowed if your interests could be affected.** Written comments and questions received are public records and are subject to public inspection.

Statutory Authority: AS 08.01.075; AS 08.01.100; AS 08.80.005; AS 08.80.030; AS 08.80.110; AS 08.80.116; AS 08.80.147; AS 08.80.157; AS 08.80.159; AS 08.80.165; AS 08.80.168; AS 08.80.261; AS 08.80.295; AS 08.80.330; AS 08.80.410; AS 08.80.480; AS 11.71.900; AS 17.30.200; AS 17.30.900
Statutes Being Implemented, Interpreted, or Made Specific: AS 08.01.075; AS 08.01.100; AS 08.80.005; AS 08.80.030; AS 08.80.110; AS 08.80.116; AS 08.80.147; AS 08.80.157; AS 08.80.159; AS

08.80.165; AS 08.80.168; AS 08.80.261; AS 08.80.295; AS 08.80.330; AS 08.80.410; AS 08.80.480; AS 11.71.900; AS 17.30.200; AS 17.30.900

Fiscal Information: The proposed regulation changes are not expected to require an increased appropriation.

DATE: 4/6/2020

/s/
Jun Maiquis, Regulations Specialist
Division of Corporations, Business and
Professional Licensing

For each occupation regulated under the Division of Corporations, Business and Professional Licensing, the Division keeps a list of individuals or organizations who are interested in the regulations of that occupation. The Division automatically sends a Notice of Proposed Regulations to the parties on the appropriate list each time there is a proposed change in an occupation's regulations in Title 12 of the Alaska Administrative Code. If you would like your address added to or removed from such a list, send your request to the Division at the address above, giving your name, either your e-mail address or mailing address (as you prefer for receiving notices), and the occupational area in which you are interested.

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. **Adopting agency:** Board of Pharmacy – Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing.
2. **General subject of regulation:** Pharmacist duties, pharmacy interns, pharmacy technicians, pharmacy technician with national certification, license renewal, shared pharmacy services during emergency, refills, labeling, prescriptions by electronic transmission, transfer of a prescription drug order, substitution, emergency preparedness, independent administration of vaccines and related emergency medications, and definitions.
3. **Citation of regulation:** 12 AAC 52.060 – 12 AAC 52.995.
4. **Department of Law file number:** 2020200314.
5. **Reason for the proposed action:** Emergency regulations.
6. **Appropriation/Allocation:** Corporations, Business and Professional Licensing – #2360.
7. **Estimated annual cost to comply with the proposed action to:**
A private person: None known.
Another state agency: None known.
A municipality: None known.
8. **Cost of implementation to the state agency and available funding (in thousands of dollars):**
No costs are expected in FY 2020 or in subsequent years.
9. **The name of the contact person for the regulation:**
Laura Carrillo, Executive Administrator
Alaska Board of Pharmacy
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Telephone: (907) 465-1073
E-mail: laura.carrillo@alaska.gov
10. **The origin of the proposed action:** Board of Pharmacy.
11. **Date:** 4/6/2020 **Prepared by:** /s/

Jun Maiquis
Regulations Specialist

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Chapter 52. Board of Pharmacy.

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

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

12 AAC 52.060. Fire or other disaster.

...

(d) In this section, "other disaster" includes any disaster situation which causes a pharmacy the need to move to a temporary location or results in damage to the drug or device inventory. (Eff. 1/16/98, Register 145; am 4 / 3 / 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.157 AS 08.80.330
AS 08.80.030

12 AAC 52.210 is amended to read:

12 AAC 52.210. Pharmacist duties. Except as provided in 12 AAC 52.220 and 12 AAC 52.235, the following duties may be performed only by a pharmacist:

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

...

(6) [MAKING A FINAL CHECK ON ALL ASPECTS OF A COMPLETED PRESCRIPTION AND] assuming the responsibility for a filled prescription [, INCLUDING THE ACCURACY OF THE DRUG PRESCRIBED AND OF THE PRESCRIBED DRUG'S STRENGTH, LABELING, AND PROPER CONTAINER]; [AND]

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(7) consulting with a patient or a patient's agent regarding a prescription or information contained in the patient medication record system; and

(8) administer a prescription drug order in accordance with prescriber's order. (Eff. 1/16/98, Register 145; am 7/9/2017, Register 223; am 4 / 3 / 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.330

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

(e) A pharmacist supervising a pharmacist intern

...

(3) repealed 4 / 3 / 2020 [SHALL PHYSICALLY REVIEW PRESCRIPTION DRUG ORDERS AND THE DISPENSED PRODUCT BEFORE DELIVERY OF A PRODUCT TO THE PATIENT OR THE PATIENT'S AGENT];

(Eff. 1/16/98, Register 145; am 1/17/2007, Register 181; am 10/31/2019, Register 232; am 4 / 3 / 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.110 AS 08.80.410
AS 08.80.030 AS 08.80.116

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

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

(Eff. 1/16/98, Register 145; am 4/4/2002, Register 162; am 1/23/2003, Register 165; am 4 / 3 / 2020, Register 234)

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Authority: AS 08.80.030 AS 08.80.480

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

12 AAC 52.235. Pharmacy technician with national certification. (a) A pharmacy technician who holds a national certification and who works under the direct supervision of a pharmacist may

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

(A) the pharmacy uses a bar code scanning and verification system that confirms the drug selected to fill the prescription is the same as indicated on the prescription label;

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

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

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

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

(b) Prescription drug order information clarifications under this subsection must have the following information documented on the prescription drug order

(1) the result of the clarification;

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- (2) the initials of the pharmacy technician who holds a national certification;
- (3) the name of the prescriber or authorized agent they spoke to; and
- (4) the date and time of the call.

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

(d) In this section, a “bar code scanning and verification system” means any technology which scans the bar code on a manufacturer drug container to ensure the product being distributed matches the expectation of what was prescribed and input into the dispensing software. (Eff. 4 / 3 / 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

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

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

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

(4) **repealed** 4 / 3 / 2020 [IF SEEKING RENEWAL FOR A LICENSING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2006, A COMPLETED JURISPRUDENCE QUESTIONNAIRE PREPARED BY THE BOARD, COVERING THE PROVISIONS OF AS 08.80 AND THIS CHAPTER]. (Eff. 1/16/98, Register 145; am 2/26/2000, Register 153; am 5/5/2000, Register 154; am 5/26/2006, Register 178; am 4 / 3 / 2020, Register 234)

Authority: AS 08.01.100 AS 08.80.030 AS 08.80.157
AS 08.80.005 AS 08.80.147 AS 08.80.165

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

12 AAC 52.446. Shared pharmacy services during emergency. (a) Notwithstanding 12 AAC 52.445, during a disaster emergency declared by the governor, a pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in shared pharmacy services, shall do so in accordance with this section.

(b) During a disaster emergency declared by the governor, a pharmacist, pharmacist intern, or pharmacy licensed or registered under AS 08.80 may participate in shared pharmacy services as defined in 12 AAC 52.995(33) without applying for approval under 12 AAC 52.443 and 12 AAC 52.444.

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

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

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

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

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

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

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

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

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

(g) Nothing in this section prevents a pharmacist who is employed by or working under a contract with the pharmacy, or prevents a licensed pharmacist intern or pharmacy technician from accessing the electronic database of that pharmacy from inside or outside the pharmacy and processing a prescription drug order. (Eff. 4 / 3 / 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.470(a) is repealed:

(a) Repealed 4 / 3 / 2020 [A PHARMACIST MAY DISPENSE A REFILL OF A PRESCRIPTION DRUG ORDER ONLY IN ACCORDANCE WITH THE PRESCRIBING PRACTITIONER'S AUTHORIZATION AS INDICATED ON THE PRESCRIPTION DRUG ORDER. IF THERE ARE NO REFILL INSTRUCTIONS ON THE PRESCRIPTION DRUG ORDER, OR IF ALL REFILLS AUTHORIZED ON THE ORIGINAL PRESCRIPTION DRUG ORDER HAVE BEEN DISPENSED, A PHARMACIST SHALL OBTAIN AUTHORIZATION FROM THE PRESCRIBING PRACTITIONER BEFORE DISPENSING A REFILL].

12 AAC 52.470(b) is repealed:

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(b) Repealed 4 / 3 / 2020 [A PHARMACIST MAY NOT DISPENSE A REFILL OF A PRESCRIPTION DRUG ORDER FOR A NONCONTROLLED SUBSTANCE AFTER ONE YEAR FROM THE DATE OF ISSUE OF THE ORIGINAL PRESCRIPTION DRUG ORDER].

12 AAC 52.470(c) is amended to read:

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

12 AAC 52.470(d) is amended to read:

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

- (1) total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription, including refills; and
- (2) drug is not a federal or state scheduled controlled substance [; AND
- (3) THE PHARMACIST IS EXERCISING PROFESSIONAL JUDGMENT].

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12 AAC 52.470 is amended by adding new subsections to read:

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

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

(2) “chronic” means a drug that the patient takes regularly, for greater than three months.

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

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

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

(3) file and maintain the prescription in accordance with 12 AAC 52.450. (Eff. 1/16/98, Register 145; am 6/29/2018, Register 226; am 4 / 3 / 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.480(4) is amended to read:

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

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

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4 / 3 / 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.295 AS 08.80.480
AS 08.80.030

The introductory language of 12 AAC 52.490(a) is amended to read:

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

...

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

4 / 3 / 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

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

(1) repealed 4 / 3 / 2020 [IF TRANSFERRED VERBALLY, THE TRANSFER SHALL BE COMMUNICATED DIRECTLY BETWEEN TWO LICENSED PHARMACISTS];

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

(3) the pharmacist, pharmacist intern, or pharmacy technician who holds a national certification transferring the prescription drug order information shall record the

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following information:

(A) the name, address, and if a controlled substance, the DEA registration number of the pharmacy receiving the prescription drug order information;

(B) the name of the pharmacist, pharmacist intern, or pharmacy technician who holds national certification receiving the prescription drug order information;

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

(D) the date of the transfer;

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

(4) the pharmacist, pharmacist intern, or pharmacy technician who holds a national certification receiving the transferred prescription drug order information shall record the following information:

(A) the original date of issue [AND DATE OF DISPENSING, IF DIFFERENT FROM THE DATE OF ISSUE];

(B) the original unique identification number of the prescription [DRUG ORDER NUMBER AND THE NUMBER OF REFILLS AUTHORIZED ON THE ORIGINAL PRESCRIPTION DRUG ORDER];

(C) the quantity [NUMBER] of drug or device [VALID REFILLS] remaining [AND THE DATE OF THE LAST REFILL];

(D) the name, address, and if a controlled substance, the DEA registration

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number of the pharmacy transferring the prescription drug order information; and

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

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

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

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

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

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

4 / 3 / 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

The introductory language of 12 AAC 52.510(a) is amended to read:

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

...

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

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

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

(c) Nothing in this section prohibits a patient from requesting the original trade product instead of the substituted product so long as there is nothing on the prescription drug order from the prescriber that would indicate they want only the substituted product dispensed. (Eff. 1/16/98, Register 145; am 10/9/2008, Register 188; am 6/29/2018, Register 226; am 10/31/2019, Register 232; am 4 13 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.295

12 AAC 52.985(a) is amended to read:

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

12 AAC 52.985(b) is amended to read:

(b) If, as a consequence of a [NATURAL] disaster or terrorist attack, a disaster emergency is declared by the governor of another state or territory, or a province of Canada which results in an individual being temporarily relocated to Alaska who is unable to refill an

EMERGENCY REGULATION

Register 234, July 2020 **PROFESSIONAL REGULATIONS**

existing prescription, the board will assist in the provision of drugs, devices, and professional services to the relocated individual.

12 AAC 52.985(c) is repealed:

(c) Repealed 4 / 3 / 2020 [WHEN A DISASTER EMERGENCY HAS BEEN DECLARED, A PHARMACIST IN THE AREA OF THE DECLARED EMERGENCY MAY DISPENSE A ONE-TIME EMERGENCY REFILL PRESCRIPTION OF UP TO A 30-DAY SUPPLY OF A PRESCRIBED MEDICATION IF

(1) IN THE PHARMACIST'S PROFESSIONAL OPINION THE MEDICATION IS ESSENTIAL TO THE MAINTENANCE OF LIFE OR TO THE CONTINUATION OF THERAPY; AND

(2) THE PHARMACIST MAKES A GOOD FAITH EFFORT TO REDUCE THE PATIENT'S PRESCRIPTION DRUG INFORMATION TO A WRITTEN PRESCRIPTION MARKED "EMERGENCY PRESCRIPTION" AND THEN FILES AND MAINTAINS THE PRESCRIPTION IN ACCORDANCE WITH 12 AAC 52.450].

12 AAC 52.985(d) is repealed:

(d) Repealed 4 / 3 / 2020 [IF A DECLARED DISASTER EMERGENCY CONTINUES FOR MORE THAN 21 DAYS AFTER A PHARMACIST DISPENSES AN EMERGENCY PRESCRIPTION UNDER (c) OF THIS SECTION, THE PHARMACIST MAY DISPENSE ONE ADDITIONAL EMERGENCY REFILL PRESCRIPTION OF UP TO A 30-DAY SUPPLY OF THE PRESCRIBED MEDICATION].

EMERGENCY REGULATION

Register 234, July 2020 PROFESSIONAL REGULATIONS

12 AAC 52.985 is amended by adding a new subsection to read:

(f) During a disaster emergency declared by the governor of this state

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

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

(3) an application under 12 AAC 52.070, 12 AAC 52.092, 12 AAC 52.095, 12 AAC 52.120, 12 AAC 52.423, 12 AAC 52.610, 12 AAC 52.696, and 12 AAC 52.697 does not need to be notarized. (Eff. 10/31/2019, Register 232; am 4/3/2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.992(d) is amended to read:

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

(Eff. 7/9/2017, Register 223; am 4/3/2020, Register 234)

Authority: AS 08.01.075 AS 08.80.168 AS 08.80.480
AS 08.80.030 AS 08.80.261

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

(33) "shared pharmacy services" means a system allowing the processing by a participating pharmacist, **pharmacist intern, or pharmacy technician who holds a national certification**, or a pharmacy of a request from another participating pharmacist, **pharmacist**

EMERGENCY REGULATION

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~~intern, or pharmacy technician who holds a national certification,~~ or pharmacy to ~~enter or review a prescription drug order,~~ process or fill a prescription drug order, including dispensing ~~or distributing,~~ drug utilization review, claims adjudication, refill authorizations, therapeutic interventions, counseling, monitoring of drug therapy, and institutional order review;

12 AAC 52.995(a) is amended by adding a new paragraph to read:

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

(Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 11/10/2001, Register 160; am 8/21/2002, Register 163; am 2/15/2006, Register 177; am 8/12/2007, Register 183; am 9/11/2010, Register 195; am 12/29/2011, Register 200; am 8/1/2014, Register 211; am 6/7/2018, Register 226; am 10/31/2019, Register 232; am 4 / 3 / 2020, Register 234)

Authority: AS 08.80.005 AS 08.80.159 AS 17.30.200
AS 08.80.030 AS 11.71.900 AS 17.30.900
AS 08.80.157

PUBLIC COMMENTS

Maiquis, Jun C (CED)

From: Doug Noaeill <Doug@GreatLandInfusionPharmacy.com>
Sent: Thursday, April 9, 2020 2:23 PM
To: Regulations and Public Comment (CED sponsored)
Subject: Comment on 12 AAC 52.210

Pharmacist Duties, is the new regulation better defined than pharmacists can “administer a prescription drug order in accordance with the prescriber’s order”?

We dispense several IM injectable medications, but I have no desire to administer them. We have nurses on staff that do administer, and we bill for our nursing services. I would prefer that an insurance company NOT be able to point to this regulation that a pharmacist can administer the medication thereby refusing payment for administration, and/or reimbursing at a substandard rate.

If the intent is to allow pharmacist to administer IM and SQ shots, I would very much appreciate the added language along the lines that it is expected this administration should be reimbursed seperatly from the payment for the medication so insurance companies don’t try to have providers administer medication at no cost.

Doug Noaeill RPh/Owner

Great Land Infusion Pharmacy
2421 E. Tudor Rd #107
Anchorage, AK 99507

(907)561-2421

Maiquis, Jun C (CED)

From: Carrillo, Laura N (CED)
Sent: Monday, April 13, 2020 2:17 PM
To: Maiquis, Jun C (CED)
Cc: Richard Holt
Subject: FW: AK 5324 2020

Hi Jun,

The National HealthCareer Association reached out to let us know the ICPT as referenced in our regulations for pharmacy technicians who hold a national certification is no longer functioning under that name due to an acquisition by NHA. Their suggested language is below.

Thank you,

Laura Carrillo, MPH
Executive Administrator
Alaska Board of Pharmacy
Prescription Drug Monitoring Program
State of Alaska – DCCED – CBPL
Direct: 907-465-1073
PDMP: 907-269-8404
PDMP email: akpdmp@alaska.gov
Fax: 907-465-2974

From: Jessica Langley [mailto:Jessica.Langley@ascendlearning.com]
Sent: Monday, April 13, 2020 6:48 AM
To: Carrillo, Laura N (CED) <laura.carrillo@alaska.gov>; Board of Pharmacy (CED sponsored) <boardofpharmacy@alaska.gov>
Cc: Lesa Pastor <Lesa.Pastor@ascendlearning.com>; Christine O'Connor <Chris.OConnor@ascendlearning.com>
Subject: AK 5324 2020

Mrs. Carrillo, I hope you and everyone at the BOP are staying safe and are well. I wanted to reach out as we were reviewing the proposed language for AK 5324 and wanted to bring to your attention that the language in line 38 is outdated (see below).

The Institute for the Certification of Pharmacy Technicians (ICPT) is no longer in existence. The National Healthcareer Association (NHA) is a division of Assessment Technologies Institute, LLC (ATI), a subsidiary of Ascend Learning LLC. ATI acquired NHA in 2009, and references to ICPT's name were subsequently replaced with NHA. Within a year of the acquisition in 2009 the ICPT name was phased out.

NHA would like to request that this information be updated to reflect the most current and relevant information so your stakeholders are aware of the certification options available to them. We appreciate your openness to update this info. Please feel free to reach out if you have additional questions regarding this information. We are happy to help. Thank you.

38) "**pharmacy technician** who holds a national **certification**" means a **pharmacy technician, licensed** by the board, who obtains and maintains an active national **certification through the Pharmacy Technician Certification Board (PTCB)** or the **National Healthcareer Association (NHA)**. ~~Institute for the~~ **Certification of Pharmacy Technicians (ICPT)**.

Jessica Langley, MS

Executive Director of Education and Advocacy

NATIONAL HEALTHCAREER ASSOCIATION

11161 Overbrook Road, Leawood, Kansas 66211

d 913-661-6587 | m 913-424-2907 | nhanow.com



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Maiquis, Jun C (CED)

From: Vicki Farrell <kaolincmp2018@gmail.com>
Sent: Tuesday, April 28, 2020 10:49 AM
To: Regulations and Public Comment (CED sponsored)
Subject: New Scope of Practice for CPhT

Dear Jun Maiquis,

I respectfully request the addition of duties approved by the Board of Pharmacy to regulation 12AAC 52.235 include Pharmacy Technicians with national certification the authority to administer immunizations. I am eager for any increase in my scope of practice and to assist in being part of the solution to the (SARS CoV-2) COVID-19 Pandemic.

Thank you,
Vicki Farrell, CPhT
kaolincmp2018@gmail.com

Maiquis, Jun C (CED)

From: Carrillo, Laura N (CED)
Sent: Wednesday, April 29, 2020 3:23 PM
To: candyp@searhc.org
Cc: Regulations and Public Comment (CED sponsored)
Subject: RE: pharmacy emergency

Hi Candy,

Shared pharmacy services would apply only to two pharmacies, not between a pharmacy and the dental clinic. Your specific scenario sounds like it applies more so to the emergency regulations adjusting the duties of pharmacy technicians, which allows cashiers to no longer hold a pharmacy technician license. Does this help?

Thank you,

Laura Carrillo, MPH
Executive Administrator
Alaska Board of Pharmacy
Prescription Drug Monitoring Program
State of Alaska – DCCED – CBPL
Direct: 907-465-1073
PDMP: 907-269-8404
PDMP email: akpdmp@alaska.gov
Fax: 907-465-2974

From: Maiquis, Jun C (CED)
Sent: Tuesday, April 14, 2020 1:29 PM
To: Carrillo, Laura N (CED) <laura.carrillo@alaska.gov>
Subject: FW: pharmacy emergency

Laura, see questions below.

From: Candy Pete [<mailto:candyp@searhc.org>]
Sent: Tuesday, April 14, 2020 11:25 AM
To: Regulations and Public Comment (CED sponsored) <regulationsandpubliccomment@alaska.gov>
Subject: pharmacy emergency

7. 12 AAC 52.446. Shared pharmacy services during emergency, is a proposed new section that establishes shared pharmacy services during an emergency; it suspends the existing shared pharmacy regulations in 12 AAC 52.445 only during the duration of an emergency; allows a pharmacist intern and pharmacy technician to engage in shared pharmacy services; removes requirements for shared pharmacy services to be approved by the board.

We have huge orders that come in and have two ladies here helping from the dental office who are employed with SEARHC who are helping with the cash register and handing out RX to customers when they come to the door. Does this mean we can have help from them to put inventory away when it comes in? Thank you!

Candy Pete

Pharmacy Technician

P.O.Box 1231

Wrangell, Ak 99929

ph: (907)874 5005 ext. 5086

fax: (907)874-2352

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Maiquis, Jun C (CED)

From: Carrillo, Laura N (CED)
Sent: Wednesday, May 6, 2020 12:19 PM
To: natalie.godwin@d2rx.com
Cc: Regulations and Public Comment (CED sponsored)
Subject: RE: Generic Substitution question

Hi Natalie- to clarify the last sentence: if the voicemail is set up generically and doesn't disclose the name of who the inbox belongs to AND the pharmacy inadvertently dials a wrong number, the person for whom the message was intended wouldn't receive the message and the pharmacy wouldn't be aware of the error (unless the wrong person calls back to let the pharmacy know they reached the wrong person and the pharmacy tries again). Also, does the patient agree to receiving messages via voicemail about their prescriptions?

Thank you,

Laura Carrillo, MPH
Executive Administrator
Alaska Board of Pharmacy
Prescription Drug Monitoring Program
State of Alaska – DCCED – CBPL
Direct: 907-465-1073
PDMP: 907-269-8404
PDMP email: akpdmp@alaska.gov
Fax: 907-465-2974

From: Carrillo, Laura N (CED)
Sent: Wednesday, April 29, 2020 5:09 PM
To: natalie.godwin@d2rx.com
Cc: Regulations and Public Comment (CED sponsored) <regulationsandpubliccomment@alaska.gov>
Subject: RE: Generic Substitution question

Hi Natalie,

Is the patient returning the voicemail? I think the intent is for it to be mutually acknowledged, so if it's a voicemail message left, there's the possibility of the patient not checking. There's also some voicemails set up generically that doesn't disclose who the inbox belongs to, and so if that happens, the patient will never get the message.

Thank you,

Laura Carrillo, MPH
Executive Administrator
Alaska Board of Pharmacy
Prescription Drug Monitoring Program
State of Alaska – DCCED – CBPL
Direct: 907-465-1073
PDMP: 907-269-8404
PDMP email: akpdmp@alaska.gov
Fax: 907-465-2974

From: Regulations and Public Comment (CED sponsored)
Sent: Thursday, April 23, 2020 3:27 PM
To: Carrillo, Laura N (CED) <laura.carrillo@alaska.gov>
Subject: FW: Generic Substitution question

See question below.

From: Natalie Godwin [<mailto:natalie.godwin@d2rx.com>]
Sent: Thursday, April 23, 2020 2:11 PM
To: Regulations and Public Comment (CED sponsored) <regulationsandpubliccomment@alaska.gov>
Subject: Generic Substitution question

I have a Specialty Pharmacy needing clarification on the regulation for "patient consent for generic substitution". If a voicemail is left for a patient, does that meet the Boards requirement for "patient consent"? If not, please clarify.

Thanks,



Natalie Godwin, CPhT
Accreditation Content Specialist
D2 Consulting
natalie.godwin@d2rx.com
C: 918.282.0698

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Maiquis, Jun C (CED)

From: Jasper Wethington <jwwhunt@gmail.com>
Sent: Thursday, May 7, 2020 10:54 AM
To: Regulations and Public Comment (CED sponsored)
Subject: Regulation Letter
Attachments: 2020.05.07 Board Tech Letter.docx

See attached letter.

Thanks

--

Jasper W. Wethington BS RPh.



Jasper W. Wethington BS RPh

6200 Rockhill Circle

Anchorage, Alaska 99507 | (907)230-4801 | jwwhunt@gmail.com

May 7, 2020

Jun Maiquis

Regulations Specialist

Division of Corporations

Business and Professional Licensing

Alaska Board of Pharmacy

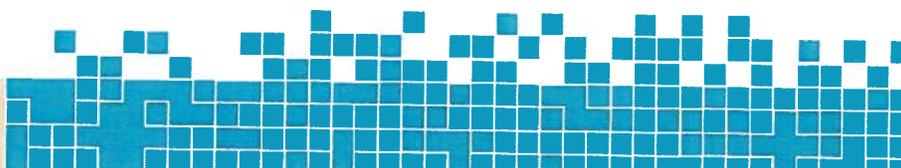
PO Box 110806

Juneau, Alaska 99811-0806

RegulationsAndPublicComment@alaska.gov

Jun

In the interest of public safety I / we strongly oppose the expansion of technician duties on a permanent basis. This stands to benefit only small business and corporations financially and does not benefit the patient in any way. Technicians do not have the body of knowledge necessary to realize the impact an error can or may have on a patient from medication interactions to allergies and disease states. No one is perfect and errors will continue to happen regardless of the advancements in technology because there will always be human involvement in the process. I have spoken with various non-medical professionals in our community who are absolutely appalled by the idea that a technician and not a Pharmacist will be potentially doing the final

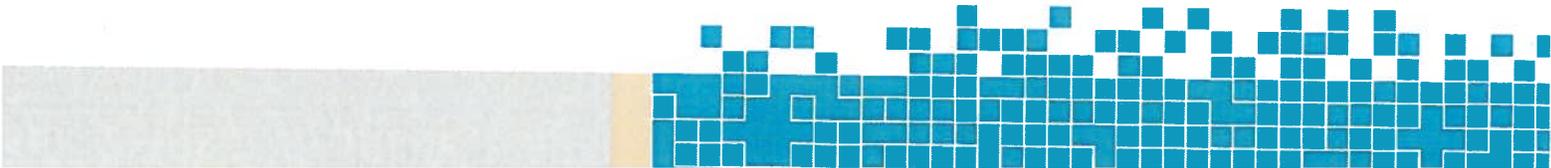




check on their medication before they receive it. I have recently had personal experience with upwards of ten nationally certified technicians whom could not learn the basic functions in the position of the technician at the hospital let alone trust them to perform the final check, transfer a medication or call a physician for clarification. The depth of knowledge a Pharmacist brings to every aspect can be critical to each of these processes. They would detect a medication interaction or prescribing issue while this would be above anything I would ever expect from a technician. The board of pharmacy would be negligent in their duties to protect the safety of the patient/public to let this go into permanent effect. In the midst of an emergency if it was necessary I could understand being a little more flexible only if needed.

Sincerely,

Jasper



Maiquis, Jun C (CED)

From: Paul, Lauren N. <Lauren.Paul@CVSHealth.com>
Sent: Monday, May 11, 2020 11:27 AM
To: Regulations and Public Comment (CED sponsored)
Cc: Paul, Lauren N.
Subject: CVS Health's Comments on Emergency Regulations
Attachments: CVS Health Comments on Proposed Amendment to 12 AAC Chapter 52.docx

Good Morning,

Please find attached CVS Health's comments on the Board's proposal of adopting emergency regulations to become permanent.

Lauren Paul, PharmD, MS | Sr Director, Pharmacy Regulatory Affairs
p 540-604-3661 | f 401-733-0479
1 CVS Drive, Mail Code 2325, Woonsocket, RI 02895

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Lauren Paul, PharmD, MS | 200 Highland Corporate Drive | Woonsocket, RI 02895 | T: 540-604-3661

May 11, 2020

Jun Maiquis
Regulations Specialist
Division of Corporations
Business and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806

Re: CVS Health's comments on Re: Proposed Amendments to 12 AAC 52.060 – 12 AAC 52.995

Dear Regulations Specialist Maiquis,

I am writing to you in my capacity as Sr Director of Regulatory Affairs for CVS Health and its family of pharmacies. CVS Health, the largest pharmacy health care provider in the United States, is uniquely positioned to provide diverse access points of care to patients in the state of Alaska through our integrated offerings across the spectrum of pharmacy care. CVS Health appreciates and supports the proposed amendments to 12 AAC 52.060 to 12 AAC 52.995 which will increase patient access to care and allow pharmacists, pharmacy interns and pharmacy technicians to practice within an appropriate scope while eliminating regulatory burden, especially during times of a disaster emergency declared by the governor.

We would also like to thank the Board for their vigilance to continuously improve the laws and regulations that guide pharmacists, pharmacy interns and pharmacy technicians serving Alaska patients.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Paul, PharmD". The signature is written in a cursive, flowing style.

Lauren Paul, PharmD, MS
Sr Director, Pharmacy Regulatory Affairs
CVS Health

May 12, 2020

Jun Maiquis

Regulations Specialist

Division of Corporations

Business and Professional Licensing

Alaska Board of Pharmacy

PO Box 110806

Juneau, AK 99811-0806

RECEIVED
Juneau
MAY 13 2020
CBPL

Jun:

In the interest of public safety, I strongly oppose the expansion of technician duties on a permanent basis. Expanding some pharmacist duties to non-pharmacist personnel, stands to benefit small businesses and corporations financially due to lower wage paid to technicians vs pharmacists and does not benefit the patient in any way. By virtue of the limited require training, technicians do not have the body of knowledge necessary to assess the potential impact and error can have on a patient resulting from medication interactions, allergies and disease states. Regardless of the advancements in technology, due to human involvement, errors will continue to happen. I have spoken with other pharmacists who are definitely alarmed with the prospect that technicians will be doing the final check on prescriptions. I personally have worked with several nationally certified technicians who could not learn basic functions of a technician let alone feel comfortable to allow them to perform the final check on a prescription. The depth of knowledge, experience and training a pharmacist brings is critical to this process and ultimately the responsibility would lie with the pharmacist. The board of pharmacy would be negligent in their duties to protect the safety of the patients to let this become permanent.

Thank you,



Tracy Tomlinson

Staff Pharmacist

Costco

330 W Dimond Blvd

Anchorage, AK 99515

Maiquis, Jun C (CED)

From: Daniel Nelson <daniel.nelson@tananachiefs.org>
Sent: Friday, May 15, 2020 9:31 AM
To: Regulations and Public Comment (CED sponsored)
Subject: Alaska Board Of Pharmacy Proposed Regulation Changes- Public Comment
Attachments: AK BOP Public Comments CAIHC Pharmacy 5.15.20.pdf

Hello,

Please see the attached document. Hopefully these comments are being submitted to the correct area/ person for the Board Of Pharmacy regulation changes. The public comment period for these changes closes today (5/15/20) at 4:30pm.

If possible, I would appreciate a response of receipt of these comments, although I know that may not be a feasible request.

Regardless, I hope you all are having a nice day and staying safe during this COVID-19 pandemic.

Respectfully,

Dan

Daniel Nelson, PharmD
Director of Pharmacy
Chief Andrew Isaac Health Center
1717 W. Cowles Street
Fairbanks, AK 99701
907.451.6682 ext. 3621 (work)
907.347.7220 (cell)
907.459.3910 (fax)
daniel.nelson@tananachiefs.org

May 15, 2020

Dear Alaska Board of Pharmacy,

I am writing these comments in opposition to the COVID-19 Related Board of Pharmacy Emergency Regulations becoming permanent. While I appreciate and agree with many of the proposed changes, I feel that the “devil is in the details” and that the expedited fashion that these regulations were promulgated in have several big picture faults and many minute/ word-smithing issues that need to be addressed before becoming permanent. Because of these concerns, I feel that these regulatory changes should be sunsetted at the termination of the 120 day emergency regulation period.

My big picture/ substantive concerns with the regulations are as follows:

- The emergency regulations seem to have been created in a very rushed and piecemeal manner. While I agree that the Board of Pharmacy can and should be doing things to expand the scope of pharmacy technicians and pharmacy interns that scope expansion must be done simultaneously with an increased scope for pharmacists. Expanding the scope of technicians and interns unilaterally does little to nothing in regards to protecting the public health and well-being.
- In regards to pharmacy intern regulatory changes- the emergency changes appear to leave the door open to interns assuming final responsibility for filled prescriptions. This is unacceptable in my view. While I don't necessarily disagree with interns being given the latitude to perform the final check on a prescription (so long as the pharmacist they are working with is comfortable doing so), the ultimate responsibility for the accuracy, safety and “correctness” of a filled prescription MUST be on the shoulders of the pharmacist, not the intern.
- In regard to technician-related regulatory changes, I have several concerns. Those concerns are centered on granting too much additional/new leeway in certain areas and not enough in others. Areas of concern where the regulatory changes don't provide additional/ new autonomy for technicians include-
 - Why are technicians being allowed to obtain omitted information on a prescription but not more broadly clarifying questions/ concerns or otherwise consult with the prescriber? Nationally certified pharmacy technicians are more than competent, trained, and equipped to more broadly consult with prescribers on questions about prescriptions. Simply allowing them to clarify missing information on a prescription does not seem to be extremely meaningful, helpful or otherwise allow them to work at the top of their licensure.
 - Why are controlled substances being excluded from the technician prescription verification (tech-check-tech) regulatory changes? I would argue that granting this authority in no way increases the chances of controlled substance diversion, misuse, or other problematic issues.
 - Why are pharmacy services such as vaccine administration by pharmacy technician not being included in these regulatory changes? This is something that is clearly within the training and scope of pharmacy technicians and has been shown to be very safe and effective in other states.
- Areas of concern where the regulatory changes for pharmacy technicians goes too far include-
 - The regulations granting the additional professional latitude to pharmacy technicians must be re-written so as to provide better checks-and-balances to protect public safety and well-being. The Idaho Board of Pharmacy concisely summarized my feelings in this

arena when they expanded the scope of pharmacy technicians in their March, 2017 newsletter: “For a pharmacy technician to perform any task or function, it must be legally permissible **and** delegated to him or her by a supervising pharmacist. Thus the locus of control remains with the pharmacist, a pharmacist may use his or her discretion to **not** delegate any of these tasks to a technician if the pharmacist feels uncomfortable doing so.”

- There should be regulatory requirements for technicians ensuring that nationally certified pharmacy technicians who are performing the final verification step on a prescription have undergone company sponsored competency training and evaluation. Additionally, ongoing periodic accuracy audits should be conducted by a designated pharmacist; in charge of assessments of a pharmacy technician’s prescription verification and required by regulation in order to maximize the public safety and well-being.
- In regards to the “Refills” section of the regulatory changes, I strongly disagree with making the change to permanently remove the subsection that regulates the expiration dates on non-controlled substance prescriptions. Prescriptions have historically expired by regulation 1 year after they were written. This regulation is a reasonable and prudent mechanism that helps ensure that patients have a working and current relationship with their provider. In no way, does removing this regulation further the Board of Pharmacy’s mandate to protect the public’s well-being and health, through the effective oversight of the profession of pharmacy.

My smaller/ minute concerns are very much in the weeds of the proposed regulations, but are very important nonetheless. Here are those concerns:

- 12 AAC 52.210 (1) and (8)- what is the purpose of adding the additional language? I don’t see where the changes make any meaningful impact. In fact, subsection (8) is already included in statute under the practice of pharmacy (08.80.480(30)).
- 12 AAC 52.220 subsection (c) – should be re-written to state “A pharmacist intern may not **assume final responsibility for a filled prescription** OR sign any document that is required to be signed or initialed by a pharmacist unless the supervising pharmacist also signs or initials the prescription.”
- 12 AAC 52.235 (a) – Recommend revising language to state “**A pharmacist may delegate the following to a nationally certified pharmacy technician under their direct supervision. As this is a delegated authority by the supervising pharmacist, such that they may also take this authority away or otherwise NOT delegate it if they so choose.**”
- 12 AAC 52.235 (a) (1) – I question the premise that the statutory authority is granted to make this regulatory change unilaterally. Regardless, I feel that this subsection should be re-written as follows- “A nationally certified pharmacy technician may perform a final check on prescription drug orders **that have previously undergone prospective review by a pharmacist.**” Additionally, I feel that the words “non-controlled substance” should be removed from this subsection.
- 12 AAC 52.235 (a) (1) (A) – What is the purpose of the requirement for use of a bar-code scanner verification system for pharmacy technician prescriptions verification? That is, is there data available in the pharmacy world professional literature that technician accuracy is somehow bolstered by use of a bar code scanning system but the same cannot be said of pharmacist’s verification accuracy?
- 12 AAC 52.235 (a) (1) (B)- Recommend striking all language in this subsection following the semi-colon
- 12 AAC 52.235 (a) (1) (C)- Recommend striking this entire subsection.
- 12 AAC 52.235 (a) (2)- Recommend striking words “non-controlled substance” from this subsection



- 12 AAC 52.235 (a) (3) - Recommend striking words “non-controlled substance” from this subsection. Recommend changing wording from “missing information” to “information.”
- 12 AAC 52.235 (b)- Recommend striking this entire subsection (including 12 AAC 52.235 (b) (1-4), as these are already requirements of any prescription clarification. There should not be separate set of regulations in this arena for pharmacists, interns and technicians.
- 12 AAC 52.235 (c) – Recommend striking this subsection. It is duplicative and not necessary, as no technician (regardless if they are nationally certified or not) can sign or initial any documents that are required to be signed/ initialed by a pharmacist.
- 12 AAC 52.470 (a) – This is a standard best practice that should not be eliminated. Refill limitations can effectively mitigate unnecessary extended use of medications only meant for short-term treatment. To repeal there MUST be justification that supersedes the original intent of the regulation or identifies the anticipated public health benefit by its repeal.
- 12 AAC 52.470 (b)- I strongly disagree with the repeal of this subsection. Removing/ completely eliminating the expiration date on all non-controlled substance prescriptions sets a dangerous precedent that in no way furthers the Board of Pharmacy’s purpose to “promote, preserve and protect the public health, safety and welfare by the effective control and regulation of the practice of pharmacy.” In fact, the repeal of this subsection does just the opposite. This regulation is very meaningful as currently written/ existing in that it ensures that patients have a current and active relationship with their provider. Repealing it would effectively allow for prescriptions to be refilled for years on end- often without lab monitoring, or other essential follow-up and periodic evaluation by the prescriber.
- 12 AAC 52.470 (g)- This subsection is extremely confusing and difficult to follow. I recommend that it be re-written and incorporated into 12 AAC 52.470 (d) rather than being a new subsection in and of itself yet referring back to subsection 470 (d). Additionally, the phrase “unable to reach the practitioner” is very vague. This vague language could lead to significantly different, and possibly quite problematic, interpretations. I recommend that this section be re-written for clarity.
- 12 AAC 52.470 (h) (3)- Recommend that this subsection be repealed/ not included. It is duplicative and not necessary.
- 12 AAC 52.480 (4) - Recommend that the new language “or pharmacist intern” be stricken from this subsection. Including this verbiage in the regulations implies that pharmacist interns may take ownership responsibility for a final filled prescription. The supervising pharmacist needs to retain ultimate responsibility for all filled prescriptions.
- 12 AAC 52.490 (a) – The inclusion of the new language “or pharmacist intern” implies autonomy of pharmacist interns. Again, the supervising pharmacist must retain ultimate responsibility for all filled prescriptions.
- 12 AAC 52.500 (d) (3); 12 AAC 52.500 (d) (3) (B); 12 AAC 52.500 (d) (3) (C); 12 AAC 52.500 (d) (4); 12 AAC 52.500 (d) (4) (E)– Recommend changing the new language “pharmacist, pharmacist intern or pharmacy technician who holds a national certification” to “duly authorized pharmacy employee” as it is not necessary to itemize the various employee classifications who may complete a prescription transfer in regulation if this information is already included elsewhere in regulation.
- 12 AAC 52.500 (d) (4) (A) - The date of the last fill of a prescription transfer should NOT be stricken from regulatory language. This has a bearing on clinical judgement and claim adjudication.
- 12 AAC 52.995 (33)- Recommend that the new language in this definition subsection be rewritten so as to clearly delineate the fact that pharmacist interns and nationally certified pharmacy technicians are not independent practitioners. That is, they are still working under the supervision of a licensed pharmacist. The new language in this subsection calls this fact into question.



In summary, when pharmacy technician and intern roles are optimized in regulation, patient safety and public welfare can be enhanced as pharmacists may be allowed more time to dedicate to advanced clinical services. However, these regulatory changes impacting technician and intern scope of practice must be paired with an expanded regulatory role for pharmacists. Without pairing pharmacist scope expansion concomitantly with technician and intern scope expansion, the effect is to diminish the role and expertise of the pharmacist. Doing that directly goes against the purpose of the Board of Pharmacy to “promote, preserve and protect the public health, safety and welfare by and through the effective control and regulation of the practice of pharmacy.” The Board needs to adopt regulatory changes impacting pharmacists in tandem with the intern and technician regulatory changes in order to meet this expressly stated purpose.

Respectfully,

A handwritten signature in blue ink that reads "Dan Nelson".

Dan Nelson, PharmD
Chief Andrew Isaac Health Center
Director of Pharmacy
1717 W. Cowles Street
Fairbanks, AK 99701

Maiquis, Jun C (CED)

From: Vicky Hanson <vickyak@mtaonline.net>
Sent: Friday, May 15, 2020 1:03 PM
To: Regulations and Public Comment (CED sponsored)
Subject: Comments on Proposed Board of Pharmacy Changes

May 15, 2020

Jun Maiquis
Regulations Specialist
Division of Corporations
Business and Professional Licensing
Alaska Board of Pharmacy
PO Box 110806
Juneau, Alaska 99811-0806
RegulationsAndPublicComment@alaska.gov

Dear Jun:

I am writing to express my opposition to the proposed permanent adoption of the expanded emergency pharmacy technician duties. I believe this could result in compromised public safety. While technicians are invaluable in our operations, they do not possess the education of a pharmacist and shouldn't be asked to perform duties that require this knowledge. In practicing pharmacy for over 30 years, I have had several instances where I have made an intervention drawn from my pharmacy education during final checks, transferring prescriptions and interacting with provider's offices for clarification that I believe have averted errors. I also think that big corporate chains will try to benefit financially from these changes to reduce pharmacist staffing and thus eliminating pharmacist oversight, potentially eroding public safety. Thank you for your consideration.

Sincerely,

Vicky Hanson BS RPh
PO Box 771723
Eagle River, AK 99577
907-360-2980
vickyak@mtaonline.net

Maiquis, Jun C (CED)

From: Schaber, Ashley <arschaber@anthc.org>
Sent: Friday, May 15, 2020 2:03 PM
To: Regulations and Public Comment (CED sponsored)
Cc: Carrillo, Laura N (CED); Gray, Molly
Subject: Comment re: Adoption of Board of Pharmacy Emergency Regulations
Attachments: AKPhA Letter to Board of Pharmacy Re Emergency Regulations 5.15.20.doc

Good afternoon,

Attached are comments on behalf of the Alaska Pharmacists Association re: Adoption of Board of Pharmacy Emergency Regulations.

Let us know if you have questions or if we can be of assistance.

Respectfully,

Ashley Schaber, Pharm.D., MBA, BCPS
President, Alaska Pharmacists Association



Alaska Pharmacists Association

May 15, 2020

Dear Alaska Board of Pharmacy,

On behalf of the Alaska Pharmacists Association (AKPhA), representing nearly 300 pharmacists and technicians, I write to you today to express our gratitude for the Board's work regarding pharmacy practice and access to pharmaceutical care in Alaska. We value the Board's quick responses to support pharmacies during the COVID-19 pandemic and the uncertainty surrounding it. We appreciate the development of emergency regulations and the opportunity for public comment in order to make these permanent.

During emergencies it is imperative that those asked to step up and respond are comfortable and competent in their roles. As the ever changing COVID-19 situation has demonstrated, pharmacies need to optimize skillsets for all employees to ensure they are ready to respond to maintain care and operations, as a disaster or pandemic can happen at any time.

The Association supports increasing scope of practice for pharmacy as a profession to improve health outcomes; therefore, we support advancing the training & roles of pharmacy technicians. The proposed regulations increase the nationally certified technician and intern scope of practice. This will allow pharmacists to devote more time to clinical tasks and practice at the top of their licenses, optimizing patient care and safety not only during times of emergency but also as a best practice moving forward. This includes billable services such as COVID-19 testing, all immunizations, and others if appropriate reimbursement was in place for sustainability. Recognizing the main barrier to providing services is reimbursement, we advocate the Board of Pharmacy, within their power, support any State of Alaska action needed for pharmacist/pharmacy reimbursement of services.

We request that you consider the following: clarifying 12 AAC 52.235 (a) and 12 AAC 52.220 to include that a pharmacist may delegate the duties to a nationally certified pharmacy technician or pharmacy intern; removing "clarify" from 12 AAC 52.235 (3); clarifying that the date of the last fill of a prescription transfer should be obtained if available in 12 AAC 52.500 (d); maintaining current language for medications to have a one year expiration date from date written unless emergency order is in place; adding language for advanced technician roles for all pharmacy settings including a technician-technician checking process when barcode and image verification are not available (ex: automated dispensing cabinets), similar to what is in place in other states such as California and Idaho. We also urge you to revisit the proposal to allow technicians to immunize. This would help fill a public health need both with an eventual COVID-19 vaccine and other immunizations.

We appreciate the opportunity to comment on these changes and look forward to collaborating further in the future. The overall outcome will allow technicians, interns, and pharmacists to practice at the top of their scopes, increasing patient access to pharmacist-provided services and ultimately improving the safety, health, and wellness of Alaskans.

Respectfully,

Ashley Schaber, PharmD, MBA, BCPS
President, Alaska Pharmacists Association

Board of Directors

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Maiquis, Jun C (CED)

From: Tom Wadsworth <wadsthom@isu.edu>
Sent: Friday, May 15, 2020 3:33 PM
To: Regulations and Public Comment (CED sponsored)
Subject: Alaska Board Of Pharmacy Proposed Regulation Changes - Public Comment
Attachments: Wadsworth AK BOP Public Commnets.pdf; AK Board Letter 2020 Appendix A.pdf

Please see the attached documents. These comments are being submitted to the Alaska Board Of Pharmacy. The public comment period for these proposed regulation changes closes today (5/15/20) at 4:30pm.

If possible, I would appreciate a response of receipt of these comments.

Tom Wadsworth PharmD, BCPS
Assistant Dean of Alaska Programs
Associate Clinical Professor



UAA/ISU Doctor of
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Idaho State
University

College
of Pharmacy



**Idaho State
University**

May 15, 2020

RE: COVID-19 Related Board of Pharmacy Emergency Regulations

Alaska Board of Pharmacy,

Please accept my comments on the proposed permanent adoption of the Emergency Regulations related to COVID-19 crisis adopted on March 27, 2020. The Boards adoption of these emergency regulations were needed for the preservation of the public health. While I am in support of the permanent adoption of many of the regulation changes in concept, I have many serious reservations about the details of some of those changes and the implications of specific language used in the current versions of the emergency regulations. I therefore must oppose the wholesale permanent adoption of the emergency regulatory changes and recommend they be sunsetted at the termination of the 120 day emergency regulation period. This action allows for a more thoughtful and intentional regulation amendments to be considered and drafted.

In addition to this recommendation I have included specific concerns regarding the Emergency Regulations adopted on March 27, 2020. (Appendix A)

Sincerely,

A handwritten signature in black ink that reads "Tom Wadsworth".

Tom Wadsworth, PharmD, BCPS
Assistant Dean of Alaska Programs
Associate Clinical Professor

APPENDIX A

12 AAC 52.060. FIRE OR OTHER DISASTER.

- (a) If a pharmacy has a fire or other disaster, the pharmacist-in-charge of the pharmacy shall
- (1) within 10 days, report to the board the date of a fire or any disaster that may affect the strength, purity, or labeling of drugs, devices, or other materials used in the practice of the pharmacy;
 - (2) provide the board with a copy of a completed DEA Form 106, "Report of Theft or Loss of Controlled Substances," reporting the loss or destruction of controlled substances or DEA order forms, if the extent of the loss of controlled substances cannot be determined, the pharmacist-in-charge shall submit to the board a complete inventory of all remaining controlled substances and a statement, signed by the pharmacist-in-charge, attesting to the accuracy of the inventory; and
 - (3) notify the board in writing within 10 days after any change in the pharmacy's address, including a move to a temporary location or a return to the pharmacy's permanent location.
- (b) If a pharmacy maintains a temporary location for more than 90 days, the pharmacist-in-charge of the pharmacy shall apply for a new and separate facility license as required in 12 AAC 52.030.
- (c) A pharmacy may not dispense any drug that has been exposed to excessive heat, smoke, or other conditions that may have caused deterioration.
- (d) In this section, "other disaster" includes any disaster situation which causes a pharmacy the need to move to a temporary location or results in damage to the drug or device inventory.

12 AAC 52.210. PHARMACIST DUTIES. Except as provided in 12 AAC 52.220, the following duties may be performed only by a pharmacist:

- (1) receiving an oral prescription drug order ~~from a practitioner or authorized agent of a practitioner~~
- (2) consulting with a prescriber regarding a patient or prescription;
- (3) interpreting a prescription drug order;
- (4) determining the product required for a prescription;
- (5) interpreting data in a patient medication record system;
- (6) ~~making a final check on all aspects of a completed prescription and assuming the responsibility for a filled prescription, including the accuracy of the drug prescribed and of the prescribed drug's strength, labeling, and proper container; and~~
- (7) consulting with a patient or a patient's agent regarding a prescription or information contained in the patient medication record system; and
- (8) ~~administer a prescription drug order in accordance with prescriber's order.~~

Commented [TW1]: 1) What value is in adding this language. 2) We should consider striking all of (1) to be consistent with the tech rules changes (52.235) – what is the risk diff in a tech doing clarifications and transfers versus taking a verbal order.

Commented [TW2]: This is already in statute under the definition of the practice of pharmacy. 08.80.480(30) What is the rationale?

GENERAL COMMENTS:

When pharmacy technician roles are optimized, patient safety can be enhanced and pharmacists may dedicate more time to advanced clinical services. BUT there have been NO statute or regulation changes that expand the role of the clinical pharmacist. Technician and Intern scope expansion MUST be paired with Pharmacist scope expansion, otherwise the effect is to DIMINISH the role and expertise of the pharmacist and endanger public health and safety. The Board needs to adopt in tandem, regulation changes that ensure pharmacists can operate in a practice environment and workflow that supports the full deployment of their clinical skills.

12 AAC 52.220. PHARMACIST INTERNS

- (a) A pharmacist intern may not represent that the pharmacist intern is a pharmacist. Only a person licensed by the board as a pharmacist intern may take, use, or exhibit the title of pharmacist intern or any other similar term.
- (b) Except as provided in (c) of this section, a pharmacist intern may perform any duty of a pharmacist or pharmacy technician under the direct supervision of a pharmacist.
- (c) A pharmacist intern may not assume responsibility for a filled prescriptions OR sign or initial any document that is required to be signed or initialed by a pharmacist unless the supervising pharmacist also signs or initials the document.
- (d) A pharmacist intern shall file with the board a report of work experience on a form provided by the department within 30 days of completion or termination of an internship in the practice of pharmacy required under 12 AAC 52.080.
- (e) A pharmacist supervising a pharmacist intern
- (1) must be licensed as a pharmacist and be in good standing with the board;
 - (2) shall provide direct supervision to an intern during professional activities throughout the entire period of the internship;
 - (3) ~~shall physically review prescription drug orders and the dispensed product before delivery of a product to the patient or the patient's agent.~~
 - (4) is responsible for the work of the pharmacist intern;
 - (5) may supervise more than one pharmacist intern; more than one pharmacist intern may not dispense simultaneously under the direct supervision of the same supervising pharmacist.

GENERAL COMMENTS:

- I don't oppose the concept of responsibly delegating duties of Pharmacist to a supervised Intern. However, I feel strongly the supervising pharmacist continue to assume total responsibility for filled prescriptions.
- The current language in 12 AAC 52.220 (b) can be interpreted to include 12 AAC 52.210(6) "assuming the responsibility for a filled prescription"
- I propose adding additional language to 12 AAC 52.220 (c) to prohibit an Intern from assuming responsibility for filled prescriptions. Language such as: "*may not assume responsibility for a filled prescription*"

12 AAC 52.230. PHARMACY TECHNICIANS.

(a) The following persons must be licensed as a pharmacy technician:

- (1) any individual who assists in performing manipulative, nondiscretionary functions associated with the practice of pharmacy; and
 - (2) a supportive staff member assigned to work in the dispensing area of a pharmacy, ~~including a cashier or a bookkeeper.~~
- (b) A pharmacy technician shall work under the direct supervision of a person who is licensed as a pharmacist.
- (c) A pharmacy technician may not perform any of the duties listed in 12 AAC 52.210.
- (d) An individual working as a pharmacy technician shall wear an identification badge that shows the individual's name and identifies the individual as a pharmacy technician.
- (e) Before an individual may regularly perform the tasks of a pharmacy technician, the individual shall complete training required by the pharmacist-in-charge. Duties performed by the pharmacy technician must be consistent with the training the pharmacy technician has received.
- (f) If a pharmacy technician will assist in the preparation of sterile pharmaceuticals, including parenteral medications, the pharmacy technician must have completed a minimum of 40 hours of on-the-job training in the preparation, sterilization, aseptic technique, and admixture.

12 AAC 52.235. Pharmacy technician with national certification.

(a) ~~A~~ pharmacy technician who holds a national certification and who works under the direct supervision of a pharmacist may

(1) perform a final check and distribute a non-controlled substance prescription if (documentation policy, procedures, training)

(A) the pharmacy uses a bar code scanning and verification system that confirms the drug selected to fill the prescription is the same as indicated on the prescription label;

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

(C) each prescription distributed is electronically verified and the date and quantity distributed is documented in the patient record; ~~Strike (type later)~~

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

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

(b) Prescription drug order information clarifications under this subsection must have the following information documented on the prescription drug order:

- (1) the result of the clarification;
- (2) the initials of the pharmacy technician who holds a national certification;
- (3) the name of the prescriber or authorized agent they spoke to; and
- (4) the date ~~and time of the call~~.

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

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

GENERAL COMMENTS:

Commented [TW3]: What is the statutory basis for this regulation

Commented [TW4]: Consider using this language - "A certified technician may perform final verification on prescription drug orders that have previously undergone prospective drug review by a pharmacist."

Commented [TW5]: Consider adding "A pharmacist may delegate the following to a pharmacy technician under their direct supervision who holds a national certification..."

- Retains the pharmacist has the authority and may delegate it
- Also means the authority/delegation could be taken away

Commented [TW6]: Why exclude CS?

Commented [TW7]: We think this is best practice. Pharmacy should have record of policy and procedures as well as proof of training, periodic audits (credentialing)

Commented [TW8]: What is the intention? Is this an accuracy checking technician. This also includes

Commented [TW9]: Language not needed. Why delineate what must be done if there is 'deviation'. We don't do that in (A) or (C).

Commented [TW10]: This language is not needed. Other regulation dictates quantity and date on refills

Commented [TW11]: Why exclude CS. Why not transfer any rx's drug order. Tech is NOT more likely to abuse/fraud/? than an RPH or Intern

Commented [TW12]: Why not receive a verbal order or to clarify inconsistent or confusing information. Allow technicians to take verbal orders. Then we can simply refer to existing verbal order RX regulations. The receiving pharmacist is the supervising pharmacist and NOT the technician.

Commented [TW13]: Why exclude CS?

Commented [TW14]: Consider striking 'time'...this is not an industry standard and NOT currently a part of a valid prescription order (Reg?)

Commented [TW15]: Allow technicians to do transfers. Then we can simply refer to existing Rx transfer regulations. The transferring pharmacist is the supervising pharmacist and NOT the technician.

Commented [TW16]: This is already stated in the "Pharmacist Duties". Does not need to be repeated. Additionally, it may be confusing regarding transfers and new orders...which require supervising pharmacist consent (initials)

- I am in favor of delegating expanded tasks and functions to technicians but the locus of control MUST remain with the delegating pharmacist and the pharmacist must be able to use his or her discretion to not delegate any tasks to a technician if the pharmacist feels uncomfortable doing so.

12 AAC 52.300. LICENSE RENEWAL.

- (a) Pharmacy, wholesale drug distributor, and drug room licenses expire on June 30 of even-numbered years.
- (b) An applicant for renewal of a pharmacy, wholesale drug distributor, or drug room license shall submit
- (1) a completed renewal application;
 - (2) the license renewal fees required in 12 AAC 02.310, and
 - (3) a completed self-inspection of the premises questionnaire on a form provided by the department.
- (c) An applicant for renewal of a pharmacist or pharmacy technician license shall submit on or before the license expiration date
- (1) a completed renewal application;
 - (2) the license renewal fees required in 12 AAC 02.310,
 - (3) an attestation ~~documentation~~ that the applicant has met all continuing education requirements of 12 AAC 52.320 12 AAC 52.350, and
 - (4) if seeking renewal for a licensing period that begins on or after July 1, 2006, a completed jurisprudence questionnaire prepared by the board, covering the provisions of AS 08.80 and this chapter.

12 AAC 52.446. Shared pharmacy services during emergency.

- (a) Notwithstanding 12 AAC 52.445, during a disaster emergency declared by the governor, a pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in shared pharmacy services, shall do so in accordance with this section.
- (b) During a disaster emergency declared by the governor, a pharmacist, pharmacist intern, or pharmacy licensed or registered under AS 08.80 may participate in shared pharmacy services as defined in 12 AAC 52.995(33) without applying for approval under 12 AAC 52.443 and 12 AAC 52.444.
- (c) Except as provided in (d) of this section, if a filling pharmacy or filling pharmacist or pharmacist intern delivers a prescription medication directly to the patient or the patient's agent, the filling pharmacy, pharmacist, or pharmacist intern shall provide, on the prescription container or on a separate sheet delivered with the prescription container the local telephone number and, if applicable, the toll-free telephone number of the filling pharmacy or filling pharmacist.
- (d) The requirement of (c) of this section does not apply to prescription medication delivered to patients in facilities where a licensed health care professional is responsible for administering the prescription medication to the patient.
- (e) A pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in shared pharmacy services, shall
- (1) maintain manual or electronic records identifying, individually for each order processed, filled or dispensed
 - (A) the name, initials, or identification code of each pharmacist or pharmacist intern responsible for the final verification of dispensing, and
 - (B) the patient, date, drug, strength, directions, and quantity dispensed.
 - (f) A pharmacy participating in shared pharmacy services which distributes prescription
 - (1) the name, initials, or identification code of each pharmacy technician who holds a national certification, and
 - (2) the patient, date, drug, strength, directions, and quantity distributed.
 - (g) Nothing in this section prevents a pharmacist who is employed by or working under a contract with the pharmacy, or prevents a licensed pharmacist intern or pharmacy technician from accessing the electronic database of that pharmacy from inside or outside the pharmacy and processing a prescription drug order.

12 AAC 52.470. REFILLS

- (a) ~~A pharmacist may dispense a refill of a prescription drug order only in accordance with the prescribing practitioner's authorization as indicated on the prescription drug order. If there are no refill instructions on the prescription drug order, or if all refills authorized on the original prescription drug order have been dispensed, a pharmacist shall obtain authorization from the prescribing practitioner before dispensing a refill.~~
- (b) ~~A pharmacist may not dispense a refill of a prescription drug order for a noncontrolled substance after one year from the date of issue of the original prescription drug order.~~
- (c) Each time a prescription drug order refill is dispensed, ~~the pharmacist or pharmacist intern~~ shall record the quantity and date of the dispensing ~~refill electronically or on the back of the prescription drug order by listing the date of dispensing, the written initials or identification code of the dispensing pharmacist, and the amount dispensed if different from the quantity on the original prescription drug order.~~
- (d) A pharmacist or pharmacist intern ~~if an original prescription drug order is prescribed as a 30-day supply, the pharmacist~~ may dispense any quantity of a prescription drug order so long as up to a 100-day supply on refills if the prescriber on the prescription, including refills; and
- (1) total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription, including refills; and
 - (2) drug is not a federal or state scheduled controlled substance; ~~and~~
 - (3) ~~the pharmacist is exercising professional judgment.~~
- (e) To indicate that an increased supply may not be dispensed under this section, a prescriber may indicate "no change to quantity", or words of similar meaning, on the prescription drug order.
- (f) Nothing in this section requires a health care service plan, health insurer, workers' compensation insurance plan, pharmacy benefits manager, or any other person or entity, including a state program or state employer, to provide coverage for a drug in a manner inconsistent with a beneficiary's plan benefit.
- (g) Under (d) of this section, if the total quantity of a drug or device to dispense on an existing, chronic, non-controlled substance prescription drug order has been exhausted and the pharmacist is unable to reach the practitioner, ~~a pharmacist or pharmacist intern~~ may continue to dispense a quantity not to exceed a 120-day supply. In this section,
- (1) "existing" means the pharmacy has record of a previous prescription drug order or the pharmacist can validate the prescription drug order from another pharmacy or patient labelled product;
 - (2) "chronic" means a drug that the patient takes regularly, for greater than three months
- (h) Under (g) of this section, the pharmacist must
- (1) reduce the patient's prescription drug order to a written prescription drug order using the previously verified prescription drug order information and practitioner name;
 - (2) document "continuation of therapy", "COT", or words of similar meaning on the prescription drug order, and
 - (3) file and maintain the prescription in accordance with 12 AAC 52.450.

Commented [TW17]: Is the intent to suspend these rules during emergencies?

Commented [TW18]: This is problematic...a rule needs to be in place to ensure patients have an active relationship with prescriber.

Commented [TW19]: Not necessary to list who...that is spelled out in duties

Commented [TW20]: What does "unable to reach" mean. Isn't the purpose to allow dispensing in time of disaster declaration?

Commented [TW21]: Is this necessary?

12 AAC 52.480. LABELING. One or more labels containing the following information shall be affixed to every container in which a prescription drug order is dispensed:

- (1) name, address, and phone number of the dispensing pharmacy;
- (2) unique identification number of the prescription drug order;
- (3) date the prescription drug order is dispensed;
- (4) initials, which may be handwritten of the dispensing pharmacist ~~or pharmacist intern~~;
- (5) name of the prescribing practitioner;
- (6) name of the patient or, if the drug was prescribed for an animal, the species of animal and the name of the owner;
- (7) directions for use;
- (8) quantity dispensed;
- (9) appropriate ancillary instructions or cautions;
- (10) if the prescription drug order is for a schedule II-V controlled substance, the statement, "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed";
- (11) the name and strength of the actual drug product dispensed, unless otherwise directed by the prescribing practitioner;
- (12) the accepted generic drug name and strength of the drug dispensed, if the drug product dispensed has multiple ingredients, the pharmacist shall provide this information in writing to the patient or the patient's agent

12 AAC 52.490. PRESCRIPTIONS BY ELECTRONIC TRANSMISSION.

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

- (1) name, address, and telephone number of the prescribing practitioner;
 - (2) electronic signature or manual signature of the prescribing practitioner;
 - (3) the information required in 12 AAC 52.460(a)(1) - (8), and
 - (4) any other information required by federal law.
- (b) A pharmacist may dispense a prescription that has been received electronically.
- (c) The system for electronic transmission of prescriptions must address the following:
- (1) patient's choice of pharmacy; the system may not restrict the patient's choice of pharmacy;
 - (2) security of the system, the system must have security and system safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription information, the system must include:
 - (A) documented formal procedures for selecting and executing security safeguards;
 - (B) physical safeguards to protect computer systems and other applicable equipment from an unauthorized access, modification, or manipulation of the information;
 - (C) processes to protect, control, and audit access to confidential patient information; and
 - (D) processes to prevent unauthorized access to the prescription information when transmitted electronically;
 - (3) confidentiality of patient information; the system must maintain the confidentiality of patient information consistent with state and federal laws;
 - (4) authentication; to be valid prescriptions transmitted by an authorized prescriber or the prescribing practitioner's authorized agent from computer to a facsimile machine or from computer to computer must use an electronic signature; the prescribing practitioner's system must authenticate the sender's authority and credentials to transmit a prescription to a pharmacy and:
 - (A) the prescribing practitioner's system must provide an audit record of all prescriptions electronically transmitted that documents for retrieval all actions and persons who have acted on a prescription, including authorized delegation of transmission;
 - (B) the right of the board to access the prescribing practitioner's electronically transmitted prescriptions for purposes of investigations;
 - (5) a prescribing practitioner's system that utilizes intermediaries in the electronic communication of prescriptions to pharmacies is responsible to ensure that the contracts with the intermediaries require security measures that are equal to or better than those provided by this section and prohibit the modification of a record of a prescription after it has been transmitted by the prescribing practitioner to the pharmacist;
 - (6) if a paper copy prescription that is generated by the pharmacist or pharmacy technician from the electronic prescription system is printed, an electronic signature may be substituted for a manual signature;

Commented [TW22]: This implies the Intern has taken ownership of the final product. The supervising pharmacist needs to retain responsibility for all filled prescriptions.

Commented [TW23]: Implies autonomy...this is delegated as spelled out above. Supervising Pharmacist must retain responsibility for all filled prescriptions.

(7) the system must maintain the integrity and confidentiality of patient information transmitted electronically for its system as required by this chapter, other state law, and federal law.

(d) In this section,

(1) "electronic signature" means an electronic sound, symbol, or process attached to or logically associated with a prescription and executed or adopted by an authorized person with the intent to sign the prescription;

(2) "electronic transmission of prescriptions" means the communication from an authorized prescribing practitioner or the prescribing practitioner's authorized agent to a pharmacy of the patient's choice, by computer, by the transmission of an exact visual image of a prescription by facsimile, or by other electronic means other than electronic voice communication, of original prescription information or prescription refill information for a legend drug or controlled substance consistent with this section, other state law, and federal law;

(3) "security" means a system to maintain the confidentiality and integrity of prescription information, including

(A) documented formal procedures for selecting and executing security safeguards,

(B) physical safeguards to protect computer systems and other pertinent equipment from unauthorized access, modification, or manipulation of the information,

(C) processes to protect, control and audit access to confidential patient information, and

(D) processes for its system to prevent unauthorized access to the prescription information when transmitted electronically.

12 AAC 52.500. TRANSFER OF A PRESCRIPTION DRUG ORDER.

(a) For the purpose of dispensing a prescription drug order, original prescription drug order information may be transferred between pharmacies if the requirements of 12 AAC 52 460 and this section are met.

(b) Original prescription drug order information for controlled substances listed in schedules III, IV, or V may be transferred only by the pharmacy that originally received the prescription drug order from the prescribing practitioner. The transfer must be communicated directly between two licensed pharmacists.

(c) Original prescription drug order information for noncontrolled substances may be transferred verbally, electronically, or by means of facsimile between pharmacies without limitation up to the number of originally authorized refills.

(d) A pharmacy transferring a prescription drug order or receiving a transferred prescription drug order must meet the following requirements:

(1) if transferred verbally, the transfer shall be communicated directly between two licensed pharmacists;

(2) both the original and the transferred prescription drug order must meet the requirements of 12 AAC 52 450(a);

(3) the ~~pharmacist, pharmacist intern, or pharmacy technician who holds a national certification~~ transferring the prescription drug order information shall record the following information:

(A) the name, address, and if a controlled substance, the DEA registration number of the pharmacy receiving the prescription drug order information;

(B) the name of the ~~pharmacist, pharmacist intern, or pharmacy technician who holds national certification~~ receiving the prescription drug order information;

(C) the name of the pharmacist, ~~pharmacist intern, or pharmacy technician who holds national certification~~ transferring the prescription drug order information, and

(D) the date of the transfer;

(4) the ~~pharmacist, pharmacist intern, or pharmacy technician who holds a national certification~~ receiving the transferred prescription drug order information shall record the following information:

(A) the original date of issue and ~~date of dispensing, if different from the date of issue,~~

(B) the original unique identification number of the prescription drug order number and the number of refills ~~authorized on the original prescription drug order,~~

(C) the quantity ~~number~~ of drug or device ~~valid refills~~ remaining and the date of the last refill;

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

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

(5) when a prescription drug order is transferred, the transferring pharmacy may not issue any further ~~dispensing from that prescription drug order refills~~

(e) A pharmacy using an automated data processing system shall meet the same requirements for a manual prescription drug order transfer listed in (d) of this section.

Commented [TW24]: Why exclude CS

Commented [TW25]: IF delegated language is used in the "duties" sections you don't need to spell out 'who'

Commented [TW26]: Do NOT strike...no changes needed here

Commented [TW27]:

Commented [TW28]: Why are we striking...DO NOT strike.

Commented [TW29]: Why strike? Needed for clinical judgement and claims

- (f) If two or more pharmacies use a common electronic database for prescription record keeping, prescription drug orders may be refilled at any of the pharmacies using the common electronic database if provisions are made
- (1) for an audit trail that documents the location of each filling, and
 - (2) to ensure that the total quantity dispensed from the prescription drug order does not exceed the total quantity authorized ~~number of authorized refills is not exceeded~~.

12 AAC 52.510. SUBSTITUTION.

- (a) A pharmacist ~~or pharmacist intern~~ may dispense an equivalent drug product or interchangeable biological product instead of the prescribed drug if
- (1) the prescribing practitioner does not indicate on the prescription drug order that a specific brand must be dispensed, using language such as "brand medically necessary", "dispense as written", "do not substitute", or other similar wording indicating the practitioner does not want it substituted,
 - (2) the patient is notified and consents to the substitution,
 - (3) repealed 10/31/2019, and
 - (4) for the drug product actually dispensed, the pharmacy record contains one of the following:
 - (A) the drug product's manufacturer or distributor,
 - (B) national drug code number,
 - (C) short name code, or
 - (D) trade name.
- (b) The determination of the drug product to be dispensed for a prescription drug order is a professional responsibility of the pharmacist. A pharmacist may not dispense any product that in the pharmacist's professional opinion is not an equivalent drug product as the term "equivalent drug product" or "interchangeable biological product" is defined in AS 08.80.480.
- (c) Nothing in this section prohibits a patient from requesting the original trade product instead of the substituted product so long as there is nothing on the prescription drug order from the prescriber that would indicate they want only the substituted product dispensed.

Commented [TW30]: Not needed..as explained above.

12 AAC 52.985. EMERGENCY PREPAREDNESS.

- (a) If, as a consequence of a ~~natural~~ disaster or terrorist attack, a disaster emergency is declared by the governor under AS 26.23.020 which results in the inability to refill existing prescriptions, the board will cooperate with the state, borough, city, or town to assist in the provision of drugs, devices, and professional services to the public.
- (b) If, as a consequence of a ~~natural~~ disaster or terrorist attack, a disaster emergency is declared by the governor of another state or territory, or a province of Canada which results in an individual being temporarily relocated to Alaska who is unable to refill an existing prescription, the board will assist in the provision of drugs, devices, and professional services to the relocated individual.
- (c) ~~When a disaster emergency has been declared, a pharmacist in the area of the declared emergency may dispense a one-time emergency refill prescription of up to a 30-day supply of a prescribed medication if~~
- (1) ~~in the pharmacist's professional opinion the medication is essential to the maintenance of life or to the continuation of therapy; and~~
 - (2) ~~the pharmacist makes a good-faith effort to reduce the patient's prescription drug information to a written prescription marked "emergency prescription" and then files and maintains the prescription in accordance with 12 AAC 52.450.~~
- (d) ~~If a declared disaster emergency continues for more than 21 days after a pharmacist dispenses an emergency prescription under (c) of this section, the pharmacist may dispense one additional emergency refill prescription of up to a 30-day supply of the prescribed medication.~~
- (e) To assist during an emergency, a pharmacist who is not licensed in this state may apply for emergency licensure in accordance with 12 AAC 52.110.
- (f) During a disaster emergency declared by the governor of this state
- (1) a pharmacist or pharmacist intern may administer immunizations, in accordance with 12 AAC 52.992, without obtaining or maintaining a CPR certificate;
 - (2) the notice required under 12 AAC 52.150(a) need not be provided until 30 days after the date the governor determines the disaster emergency no longer exists;
 - (3) an application under 12 AAC 52.070, 12 AAC 52.092, 12 AAC 52.095, 12 AAC 52.120, 12 AAC 52.423, 12 AAC 52.610, 12 AAC 52.696, and 12 AAC 52.697 does not need to be notarized.

12 AAC 52.992. INDEPENDENT ADMINISTRATION OF VACCINES AND RELATED EMERGENCY

MEDICATIONS.

- (a) Before a pharmacist may independently administer a human vaccine or related emergency medication to a patient who does not have immunization contraindications as listed by the CDC, FDA, or manufacturer's package insert, or to a patient under a prescription drug order from a prescriber, the pharmacist
- (1) must successfully complete a course accredited by the Accreditation Council for Pharmacy Education (ACPE) or a comparable course for pediatric, adolescent, and adult immunization practices that includes instruction on
 - (A) basic immunology, vaccine, and immunization protection,
 - (B) diseases that may be prevented by vaccination or immunization,
 - (C) current CDC immunization schedules,
 - (D) vaccine storage and management,
 - (E) informed consent,
 - (F) physiology and techniques for administration of immunizations,
 - (G) pre-immunization and post-immunization assessment and counseling,
 - (H) immunization reporting and records management, and
 - (I) identifying, responding to, documenting, and reporting adverse responses,
 - (2) must maintain certification and keep documentation in adult and pediatric cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training,
 - (3) who has not administered a vaccine during the past 10 years must complete a course as described in (1) of this subsection before administering a vaccine, and
 - (4) must adhere to 12 AAC 52 320, including continuing education requirements under 12 AAC 52 320(e).
- (b) A pharmacy from which a pharmacist administers a human vaccine or related emergency medication under this section
- (1) must stock the following emergency medications in an emergency medication kit that is separate from the regular dispensing inventory, and that is carried by the pharmacist if providing off-site immunizations
 - (A) oral and injectable diphenhydramine, and
 - (B) adult and pediatric auto-inject epinephrine devices, or injectable epinephrine,
 - (2) must maintain a policy and procedure manual detailing the immunization practices that must be followed, the manual must
 - (A) designate either the pharmacist-in-charge or an assigned vaccine coordinator who will be responsible for maintaining the policy and procedures manual,
 - (B) document that the policy and procedures manual has been reviewed and updated annually,
 - (C) address how vaccine related adverse reactions are to be reported to the CDC's and FDA's Vaccine Adverse Event Reporting System (VAERS),
 - (D) address proper vaccine storage, handling, and maintenance, including maintaining manufacturer recommended temperatures during transportation of vaccines,
 - (E) address proper disposal of used or contaminated supplies,
 - (F) contain a written emergency protocol for handling accidental needlesticks and adverse reactions, including the administration of related emergency medications; and
 - (G) detail how records must be kept,
 - (3) must have access to the latest edition of the CDC's *Epidemiology and Prevention of Vaccine-Preventable Diseases* as a reference; and
 - (4) must display each pharmacist's certification of completing the immunization course described in (a)(1) of this section.
- (c) Before administering an immunization or related emergency medication, a pharmacy intern must
- (1) have completed an ACPE-accredited immunization course or other comparable course that meets the requirements of (a)(1) of this section,
 - (2) maintain certification and keep documentation in adult and pediatric cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training, and
 - (3) be under the direct supervision of a pharmacist who has met the requirements of this chapter.
- (d) A pharmacist or pharmacist intern administering a vaccine must offer provide the patient or the patient's agent the current vaccine information statement (VIS) issued by the CDC for each vaccine administered.
- (e) A pharmacist or pharmacist intern independently administering a vaccine must comply with 7 AAC 27 650.
- (f) For purposes of this section, a pharmacist independently administers a human vaccine or related emergency medication if

Commented [TW31]: Same issue

Commented [TW32]: ??

- (1) the pharmacist meets the requirements of this chapter and is the prescriber and administrator of the vaccine, or
- (2) a pharmacist intern meeting the requirements of this chapter administers the vaccine, and the pharmacist supervising the pharmacist intern is the prescriber.
- (g) Failure to comply with this section constitutes unprofessional conduct and is a basis for the imposition of disciplinary sanctions under AS 08 01.075.
- (h) In this section,
 - (1) "CDC" means the United States Department of Health and Human Services, Centers for Disease Control and Prevention;
 - (2) "FDA" means the United States Food and Drug Administration.

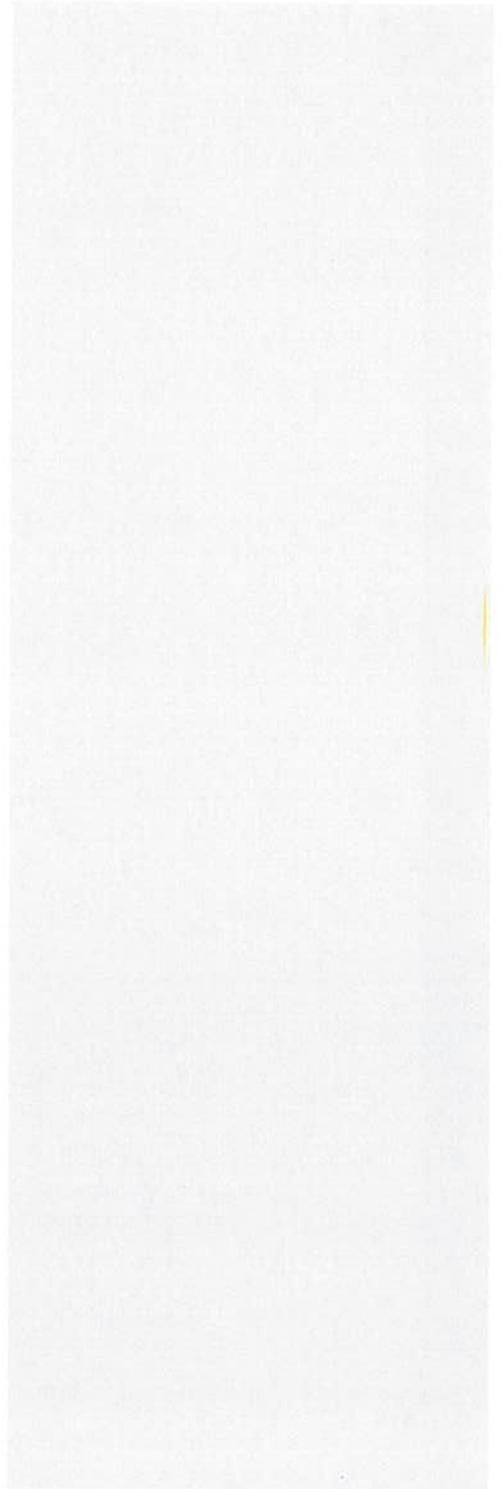
12 AAC 52.995. DEFINITIONS.

- (a) In this chapter, unless the context requires otherwise,
 - (1) "ACPE" means Accreditation Council for Pharmacy Education;
 - (2) "approved program" means a continuing education activity that is a live program, home study, or other mediated instruction delivered by an approved or accredited provider;
 - (3) "approved provider" means an individual, institution, organization, association, corporation, or agency offering an approved program under 12 AAC 52.340 and is not an accredited provider;
 - (4) "authorized inspector" means a member of the board or an investigator with the division assigned occupational licensing functions in the department;
 - (5) "blood" means whole blood collected from a single donor and processed either for transfusion or further manufacturing;
 - (6) "blood component" means that part of blood separated by physical or mechanical means;
 - (7) "board" means the Alaska Board of Pharmacy;
 - (8) "care provider" means a person or organization that by the nature of experience and training is qualified, in the opinion of the board, to provide substance abuse counseling, rehabilitation, or related services to the public through established and recognized treatment programs;
 - (9) "consultant pharmacist" means a licensed pharmacist retained by written agreement with an institutional facility to consult on a routine basis with an institutional facility about the practice of pharmacy as it relates to that facility;
 - (10) "contact hour" means a unit of measure of educational credit that is equivalent to approximately 50 minutes of participation in an organized learning experience; a continuing education unit or "CEU" is equivalent to ten contact hours;
 - (11) "DEA" means the United States Drug Enforcement Administration;
 - (12) "department" means the Department of Commerce, Community, and Economic Development;
 - (13) "direct supervision" means supervision that insures adequate safety controls either by personal supervision or through a telepharmacy system;
 - (14) "home study" and "other mediated instruction" mean continuing education activities that are not conducted as live programs, including audio tapes, video tapes, television, computer assisted instruction, journal articles, or monographs;
 - (15) "institutional facility" means a
 - (A) hospital;
 - (B) long-term care facility, including a nursing home, convalescent home, or other related facility;
 - (C) mental health facility;
 - (D) rehabilitation center;
 - (E) psychiatric center;
 - (F) developmental disability center;
 - (G) drug abuse treatment center;
 - (H) family planning clinic;
 - (I) penal institution;
 - (J) hospice; or
 - (K) public health facility;
 - (16) "institutional pharmacy" means a pharmacy located in an institutional facility;
 - (17) "licensee" means a person who is licensed under AS 08.80 and this chapter;
 - (18) "live program" means an on-site continuing education activity, including a lecture, symposium, live teleconference, or workshop.

- (19) "sterile pharmaceutical" means a drug dosage form free from living microorganisms (aseptic);
- (20) "wholesale distribution" means distribution of prescription drugs to a person other than a consumer or patient, but does not include an activity described in 12 AAC 52.695;
- (21) "central pharmacy" means a pharmacy providing remote pharmacy services through a telepharmacy system;
- (22) "personal supervision" means supervision that includes visual or physical proximity to ensure adequate safety controls;
- (23) "pharmacy" includes a central pharmacy and a remote pharmacy;
- (24) "remote pharmacy" means a facility that provides pharmacy services, including the storage and distribution of prescription drugs, drug regimen review, and patient counseling through a telepharmacy system;
- (25) "still image capture" means a specific image captured electronically from a video or other image capture device;
- (26) "store and forward" means a video or still image record that is saved electronically for future review;
- (27) "telepharmacy system" means a system under the direct supervision of a licensed pharmacist that monitors the dispensing and distribution of prescription drugs and provides for related drug use review and patient counseling services through a computer link and a video link with sound;
- (28) "accredited provider" means an individual, institution, organization, association, corporation, or agency that is recognized by the ACPE as able to provide quality continuing education programs;
- (29) "filling pharmacist" means a pharmacist participating in shared pharmacy services that processes or fills a prescription order for a patient;
- (30) "filling pharmacy" means a pharmacy participating in shared pharmacy services that processes or fills a prescription order for a patient;
- (31) "requesting pharmacist" means a pharmacist participating in shared pharmacy services that forwards a prescription order to another participating pharmacy or pharmacist to be processed or filled;
- (32) "requesting pharmacy" means a pharmacy participating in shared pharmacy services that forwards a prescription order to another participating pharmacy to be processed or filled;
- (33) "shared pharmacy services" means a system allowing the processing by a participating pharmacist, pharmacist intern, or pharmacy technician who holds a national certification, or a pharmacy of a request from another participating pharmacist, pharmacist intern, or pharmacy technician who holds a national certification or pharmacy to enter or review a prescription drug order, process or fill a prescription drug order, including dispensing or distributing, drug utilization review, claims adjudication, refill authorizations, therapeutic interventions, counseling, monitoring of drug therapy, and institutional order review;
- (34) "dispenser" means a practitioner who delivers a controlled substance to an ultimate user or research subject under the lawful order of a practitioner, in this paragraph, "delivers" includes the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for delivery;
- (35) "profile" means a compilation of data concerning a patient, a dispenser, a practitioner, or a controlled substance;
- (36) "PDMP" means the prescription drug monitoring program's controlled substance prescription database;
- (37) "moral turpitude" includes conduct that is considered contrary to community standards of justice, honesty, or good morals.
- (b) In AS 08.80.315(3), "other persons or governmental agencies" include investigators for the department who are assigned to conduct investigations under AS 08.
- (c) In AS 08.80.030(b)(7), "monitoring of drug therapy" means a review of the drug therapy regimen of patients by a pharmacist for the purpose of evaluating and rendering advice to the prescribing practitioner regarding adjustment of the regimen. "Monitoring of drug therapy" includes
- (1) collecting and reviewing records of patient drug use histories;
 - (2) measuring and reviewing routine patient vital signs, including pulse, temperature, blood pressure, and respiration; and
 - (3) ordering and evaluating the results of laboratory tests relating to drug therapy, including blood chemistries and cell counts, drug levels in blood, urine, tissue, or other body fluids, and culture and sensitivity tests that are performed in accordance with a written protocol approved under 12 AAC 52.240.
- (d) In AS 17.30.200 and 12 AAC 52.855 – 12 AAC 52.895, "practitioner" has the meaning given in AS 11.71.900.
- (e) In 12 AAC 52.610 – 12 AAC 52.697, "facility manager" means the responsible manager who serves as the supervisor or manager and is responsible for ensuring the third-party logistics provider, wholesale drug distributor, or outsourcing facility is in compliance with all state and federal laws and regulations pertaining to the operations.

Commented [TW33]: Again...this kind of language implies independent practice for an intern or tech.

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



Maiquis, Jun C (CED)

From: Carrillo, Laura N (CED)
Sent: Friday, May 15, 2020 4:39 PM
To: Regulations and Public Comment (CED sponsored)
Subject: FW: BOP Emergency Regulations
Attachments: 5.15 BOP Emergency Reg letter.pdf

Will you accept these since they weren't sent to you?

Thank you,

Laura Carrillo, MPH
Executive Administrator
Alaska Board of Pharmacy
Prescription Drug Monitoring Program
State of Alaska – DCCED – CBPL
Direct: 907-465-1073
PDMP: 907-269-8404
PDMP email: akpdmp@alaska.gov
Fax: 907-465-2974

From: Roberts, James C [mailto:jcroberts@anthc.org]
Sent: Friday, May 15, 2020 3:55 PM
To: Carrillo, Laura N (CED) <laura.carrillo@alaska.gov>
Cc: Moses, Jerry <gmoses@anthc.org>; Alaivanu, Erin <eealaivanu@anthc.org>; Biddle, Brandon B <bbiddle@anthc.org>; King, Kara <kaking@anthc.org>
Subject: BOP Emergency Regulations

Ms. Carrillo,

Please find attached an ANTHC letter transmitting our comments and recommendation regarding the proposal to make the COVID-19 Board of Pharmacy Emergency Regulations permanent. Please let us know if you should have any questions concerning our letter.

JIM R.

James C. Roberts, Senior Executive Liaison
Inter-Governmental Affairs
Alaska Native Tribal Health Consortium
4000 Ambassador Drive, 5th Floor
Anchorage, AK 99508
(907) 729-4546 Direct
(503) 347-7664 Cell



**ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM**

SUBMITTED VIA EMAIL: laura.carrillo@alaska.gov

May 15, 2020

Laura Carrillo, Executive Administrator
Alaska Board of Pharmacy
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
550 W 7th AVE, STE 1500
Anchorage, AK 99501-3567

REF: COVID-19 Board of Pharmacy Regulations

Dear Ms. Carrillo:

The Alaska Native Tribal Health Consortium (ANTHC) is a statewide tribal health organization that serves all 229 tribes and more than 177,000 Alaska Native and American Indian (AN/AI) individuals in Alaska. ANTHC and Southcentral Foundation co-manage the Alaska Native Medical Center, the tertiary care hospital for all AN/AI people in Alaska. ANTHC also provides a wide range of statewide public health, community health, environmental health and other programs and services for Alaska Native people and their communities.

I am writing to you about the proposal to make the COVID-19 Board of Pharmacy Emergency Regulations permanent. ANTHC applauds the efforts of the Board to revise the regulations in order to increase the capacity and expand pharmacy services during the COVID-19 pandemic. While we support the efforts of the Board, we also caution moving too quickly to adopt the regulations on a permanent basis, particularly in the wake of the COVID-19 pandemic.

All health providers have had to shift their primary responsibilities to focus and deal with the COVID-19 pandemic. The challenges for health providers—including pharmacists—to respond to planning and preparedness for COVID-19 have seriously disrupted, or halted normal work, and the ability to respond and analyze changes in regulations. While we have reviewed the proposed regulations, and are generally supportive of the proposed changes, we are also concerned that the accelerated rule making process did not allow for meaningful input from tribal health and pharmacy providers.

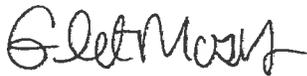
The phrase "*the devil is in the details*" is often used to describe the rule-making process, and we are concerned there could be unintended consequences that have not been fully vetted with tribal health and pharmacy providers. The emergency regulations are essential and needed to respond to the COVID-19 pandemic. Therefore, we do not feel the State should let the

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4000 Ambassador Drive, Anchorage, Alaska 99508
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emergency regulations expire without something to take their place. If the state elects to make the emergency regulations permanent, it should do so with the understanding and commitment that when the COVID-19 public health emergency is over, it will promulgate a new pharmacy regulation package to address any ambiguities and unintended consequences the regulations may create, as well as any technical corrections recommended by tribal health and pharmacy providers. This will provide a back-stop during the public health emergency and assure providers that they will have another opportunity to improve the proposed emergency regulations.

We thank you for the opportunity to provide our comment and recommendation on the proposed emergency regulation. Please do not hesitate to contact me if you should have any questions concerning our letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Gerald Moses". The signature is written in a cursive, somewhat stylized font.

Gerald Moses, Vice President
Intergovernmental Affairs

PERMANENT REGULATIONS

EMERGENCY REGULATION

Register _____, _____ 2020 **PROFESSIONAL REGULATIONS**

Chapter 52. Board of Pharmacy.

The emergency adoption of 12 AAC 52.060(d) is made permanent to read:

(d) In this section, “other disaster” includes any disaster situation which causes a pharmacy the need to move to a temporary location or results in damage to the drug or device inventory. (Eff. 1/16/98, Register 145; am 4/3/2020, Register 234)

Authority: AS 08.80.005 AS 08.80.157 AS 08.80.330
AS 08.80.030

The emergency amendment of the introductory language of 12 AAC 52.210 is made permanent to read:

12 AAC 52.210. Pharmacist duties. Except as provided in 12 AAC 52.220 and 12 AAC 52.235, the following duties may be performed only by a pharmacist:

The emergency amendment of 12 AAC 52.210(1) is made permanent to read:

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

The emergency amendment of 12 AAC 52.210(6), (7), and (8) are made permanent to read:

(6) assuming the responsibility for a filled prescription;

(7) consulting with a patient or a patient's agent regarding a prescription or information contained in the patient medication record system; and

(8) administer a prescription drug order in accordance with prescriber’s order.

(Eff. 1/16/98, Register 145; am 7/9/2017, Register 223; am 4/3/2020, Register 234)

EMERGENCY REGULATION

Register _____, _____ 2020 **PROFESSIONAL REGULATIONS**

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.330

The emergency repeal of 12 AAC 52.220(e)(3) is made permanent to read:

(3) repealed 4/3/2020;

(Eff. 1/16/98, Register 145; am 1/17/2007, Register 181; am 10/31/2019, Register 232; am 4/3/2020, Register 234)

Authority: AS 08.80.005 AS 08.80.110 AS 08.80.410
AS 08.80.030 AS 08.80.116

The emergency amendment of 12 AAC 52.230(a)(2) is made permanent to read:

(2) a supportive staff member assigned to work in the dispensing area of a pharmacy.

(Eff. 1/16/98, Register 145; am 4/4/2002, Register 162; am 1/23/2003, Register 165; am 4/3/2020, Register 234)

Authority: AS 08.80.030 AS 08.80.480

The emergency adoption of 12 AAC 52.235 is made permanent to read:

12 AAC 52.235. Pharmacy technician with national certification. (a) A pharmacy technician who holds a national certification and who works under the direct supervision of a pharmacist may

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

(A) the pharmacy uses a bar code scanning and verification system that confirms the drug selected to fill the prescription is the same as indicated on the

EMERGENCY REGULATION

Register _____, _____ 2020 **PROFESSIONAL REGULATIONS**

prescription label;

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

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

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

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

(b) Prescription drug order information clarifications under this subsection must have the following information documented on the prescription drug order

(1) the result of the clarification;

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

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

(4) the date and time of the call.

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

(d) In this section, a "bar code scanning and verification system" means any technology which scans the bar code on a manufacturer drug container to ensure the product being distributed matches the expectation of what was prescribed and input into the dispensing software. (Eff. 4/3/2020, Register 234)

EMERGENCY REGULATION

Register _____, _____ 2020 **PROFESSIONAL REGULATIONS**

Authority: AS 08.80.005 AS 08.80.030

The emergency amendment of 12 AAC 52.300(c)(3) is made permanent to read:

(3) an attestation that the applicant has met all continuing education requirements of 12 AAC 52.320 – 12 AAC 52.350;

The emergency repeal of 12 AAC 52.300(c)(4) is made permanent to read:

(4) repealed 4/3/2020. (Eff. 1/16/98, Register 145; am 2/26/2000, Register 153; am 5/5/2000, Register 154; am 5/26/2006, Register 178; am 4/3/2020, Register 234)

Authority: AS 08.01.100 AS 08.80.030 AS 08.80.157
AS 08.80.005 AS 08.80.147 AS 08.80.165

The emergency adoption of 12 AAC 52.446 is made permanent to read:

12 AAC 52.446. Shared pharmacy services during emergency. (a) Notwithstanding 12 AAC 52.445, during a disaster emergency declared by the governor, a pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in shared pharmacy services, shall do so in accordance with this section.

(b) During a disaster emergency declared by the governor, a pharmacist, pharmacist intern, or pharmacy licensed or registered under AS 08.80 may participate in shared pharmacy services as defined in 12 AAC 52.995(33) without applying for approval under 12 AAC 52.443 and 12 AAC 52.444.

(c) Except as provided in (d) of this section, if a filling pharmacy or filling pharmacist or pharmacist intern delivers a prescription medication directly to the patient or the patient's agent,

EMERGENCY REGULATION

Register _____, _____ 2020 **PROFESSIONAL REGULATIONS**

the filling pharmacy, pharmacist, or pharmacist intern shall provide, on the prescription container or on a separate sheet delivered with the prescription container the local telephone number and, if applicable, the toll-free telephone number of the filling pharmacy or filling pharmacist.

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

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

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

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

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

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

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

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

(g) Nothing in this section prevents a pharmacist who is employed by or working under a contract with the pharmacy, or prevents a licensed pharmacist intern or pharmacy technician from accessing the electronic database of that pharmacy from inside or outside the pharmacy and

EMERGENCY REGULATION

Register _____, _____ 2020 **PROFESSIONAL REGULATIONS**

processing a prescription drug order. (Eff. 4/3/2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

The emergency repeal of 12 AAC 52.470(a) is made permanent to read:

(a) Repealed 4/3/2020.

The emergency repeal of 12 AAC 52.470(b) is made permanent to read:

(b) Repealed 4/3/2020.

The emergency amendment of 12 AAC 52.470(c) is made permanent to read:

(c) Each time a prescription drug order refill is dispensed, the pharmacist or pharmacist intern shall record the quantity and date of the dispensing.

The emergency amendment of 12 AAC 52.470(d) is made permanent to read:

(d) A pharmacist or pharmacist intern may dispense any quantity of a prescription drug order so long as the

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

(2) drug is not a federal or state scheduled controlled substance.

The emergency adoption of 12 AAC 52.470(g) and (h) are made permanent to read:

(g) Under (d) of this section, if the total quantity of a drug or device to dispense on an existing, chronic, non-controlled substance prescription drug order has been exhausted and the

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pharmacist is unable to reach the practitioner, a pharmacist or pharmacist intern may continue to dispense a quantity not to exceed a 120-day supply. In this section,

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

(2) “chronic” means a drug that the patient takes regularly, for greater than three months.

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

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

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

(3) file and maintain the prescription in accordance with 12 AAC 52.450. (Eff. 1/16/98, Register 145; am 6/29/2018, Register 226; am 4/3/2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

The emergency amendment of 12 AAC 52.480(4) is made permanent to read:

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

(Eff. 1/16/98, Register 145; am 1/14/2004, Register 169; am 2/15/2006, Register 177; am 4/3/2020, Register 234)

Authority: AS 08.80.005 AS 08.80.295 AS 08.80.480
AS 08.80.030

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The emergency amendment of the introductory language of 12 AAC 52.490(a) is made permanent to read:

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

(Eff. 1/16/98, Register 145; am 11/10/2001, Register 160; am 8/12/2007, Register 183; am 4/3/2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

The emergency repeal of 12 AAC 52.500(d)(1) is made permanent to read:

(1) repealed 4/3/2020;

The emergency amendment of 12 AAC 52.500(d)(3) is made permanent to read:

(3) the pharmacist, pharmacist intern, or pharmacy technician who holds a national certification transferring the prescription drug order information shall record the following information:

(A) the name, address, and if a controlled substance, the DEA registration number of the pharmacy receiving the prescription drug order information;

(B) the name of the pharmacist, pharmacist intern, or pharmacy technician who holds national certification receiving the prescription drug order information;

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

(D) the date of the transfer;

The emergency amendment of 12 AAC 52.500(d)(4) is made permanent to read:

(4) the pharmacist, pharmacist intern, or pharmacy technician who holds a national certification receiving the transferred prescription drug order information shall record the following information:

(A) the original date of issue;

(B) the original unique identification number of the prescription;

(C) the quantity of drug or device remaining;

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

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

The emergency amendment of 12 AAC 52.500(d)(5) is made permanent to read:

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

The emergency amendment of 12 AAC 52.500(f)(2) is made permanent to read:

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(2) to ensure that the total quantity dispensed from the prescription drug order does not exceed the total quantity authorized.

(Eff. 1/16/98, Register 145; am 7/9/2017, Register 223; am 10/31/2019, Register 232; am 4/3/2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

The emergency amendment of the introductory language of 12 AAC 52.510(a) is made permanent to read:

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

The emergency amendment of 12 AAC 52.510(a)(1) is made permanent to read:

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

The emergency adoption of 12 AAC 52.510(c) is made permanent to read:

(c) Nothing in this section prohibits a patient from requesting the original trade product instead of the substituted product so long as there is nothing on the prescription drug order from the prescriber that would indicate they want only the substituted product dispensed. (Eff. 1/16/98, Register 145; am 10/9/2008, Register 188; am 6/29/2018, Register 226; am 10/31/2019, Register 232; am 4/3/2020, Register 234)

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Authority: AS 08.80.005 AS 08.80.030 AS 08.80.295

The emergency amendment of 12 AAC 52.985(a) is made permanent to read:

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

The emergency amendment of 12 AAC 52.985(b) is made permanent to read:

(b) If, as a consequence of a disaster or terrorist attack, a disaster emergency is declared by the governor of another state or territory, or a province of Canada which results in an individual being temporarily relocated to Alaska who is unable to refill an existing prescription, the board will assist in the provision of drugs, devices, and professional services to the relocated individual.

The emergency repeal of 12 AAC 52.985(c) is made permanent to read:

(c) Repealed 4/3/2020.

The emergency repeal of 12 AAC 52.985(d) is made permanent to read:

(d) Repealed 4/3/2020.

The emergency adoption of 12 AAC 52.985(f) is made permanent to read:

(f) During a disaster emergency declared by the governor of this state

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

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

(3) an application under 12 AAC 52.070, 12 AAC 52.092, 12 AAC 52.095, 12 AAC 52.120, 12 AAC 52.423, 12 AAC 52.610, 12 AAC 52.696, and 12 AAC 52.697 does not need to be notarized. (Eff. 10/31/2019, Register 232; am 4/3/2020, Register 234)

Authority: AS 08.80.005 AS 08.80.030

The emergency amendment of 12 AAC 52.992(d) is made permanent to read:

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

(Eff. 7/9/2017, Register 223; am 4/3/2020, Register 234)

Authority: AS 08.01.075 AS 08.80.168 AS 08.80.480
AS 08.80.030 AS 08.80.261

The emergency amendment of 12 AAC 52.995(a)(33) is made permanent to read:

(33) "shared pharmacy services" means a system allowing the processing by a participating pharmacist, pharmacist intern, or pharmacy technician who holds a national certification, or a pharmacy of a request from another participating pharmacist, pharmacist intern, or pharmacy technician who holds a national certification, or pharmacy to enter or review a prescription drug order, process or fill a prescription drug order, including dispensing or

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distributing, drug utilization review, claims adjudication, refill authorizations, therapeutic interventions, counseling, monitoring of drug therapy, and institutional order review;

The emergency adoption of 12 AAC 52.995(a)(38) is made permanent to read:

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

(Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 11/10/2001, Register 160; am 8/21/2002, Register 163; am 2/15/2006, Register 177; am 8/12/2007, Register 183; am 9/11/2010, Register 195; am 12/29/2011, Register 200; am 8/1/2014, Register 211; am 6/7/2018, Register 226; am 10/31/2019, Register 232; am 4/3/2020, Register 234)

Authority: AS 08.80.005 AS 08.80.159 AS 17.30.200
AS 08.80.030 AS 11.71.900 AS 17.30.900
AS 08.80.157