

August 27, 2020 - Alaska Board of Pharmacy Meeting - Day 1

Aug 27, 2020 9:00 AM - Aug 27, 2020 4:30 PM AKDT

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STATE OF ALASKA

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

ALASKA BOARD OF PHARMACY



August 27 - 28, 2020

Teleconference/Videoconference

Board Packet

PUBLIC 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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DECEMBER

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26	27	28	29	30	31	

Alaska Board of Pharmacy Roster

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



ALASKA BOARD OF PHARMACY MEETING

TENTATIVE AGENDA

AUGUST 27, 2020 – DAY 1

Call-in Number: 1-253-215-8782

Pin: 95345492737#, Code: 730209

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

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

Staff:

Laura Carrillo,
Executive
Administrator

Lisa Sherrell, *PDMP*
Program
Coordinator

Heather Noe,
Occupational
Licensing Examiner

Upcoming Zoom Meetings:

November 5 – 6

Meeting Details

Meeting Name: August 27, 2020 - Alaska Board of Pharmacy Meeting - Day 1

Meeting Start Time: 9:00 AM AKDT

Meeting Start Date: 08/27/2020

Meeting End Time: 4:30 PM AKDT

Meeting End Date: 08/27/2020

Meeting Location: Videoconference via Zoom

Meeting Registration Link: <https://zoom.us/meeting/register/tJEuc-yspzktGdOfZsQgIVQ3xzmM32gXb9FO>

Agenda

- I. Agenda Item #1 – 9:00 a.m. Roll Call/Call to Order (Chair Holt)
- II. Agenda Item #2 – 9:05 a.m. Review/Approve Agenda (Chair Holt)
- III. Agenda Item #3 – 9:10 a.m. Ethics Disclosures (Chair Holt)
- IV. Agenda Item #4 – 9:15 a.m. Review/Approve Meeting Minutes (Chair Holt)
- V. Agenda Item #5 – 9:20 a.m. PDMP Update (Lisa Sherrell/Laura Carrillo)
 - A. Registration and use summary
 - B. Grant updates
 - C. Fine assessment letter to licensees

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

Staff:

Laura Carrillo,
Executive
Administrator

Lisa Sherrell, PDMP
Program
Coordinator

Heather Noe,
Occupational
Licensing Examiner

Upcoming Zoom
Meetings:

November 5 – 6

- D. PDMP disciplinary matrix
- E. Data integrations
- VI. Agenda Item #6 – 10:00 a.m. Investigative Update (Carl Jacobs)
 - A. Investigative report
 - B. Consent agreement
- VII. Agenda Item #7 – 10:45 a.m. Board Business (Chair Holt)
 - C. Application review
 - D. Reports of theft/loss
 - E. Continuing education – acceptable completion dates
- VIII. Agenda Item #8 – 11:45 a.m. Correspondence (Chair Holt)
- IX. Agenda Item #9 – 12:00 p.m. Lunch
- X. Agenda Item #10 – 1:00 p.m. Work Groups/Subcommittee Updates (Chair Holt)
 - A. COVID-19 board chairs
 - B. Healthcare work group
 - C. Controlled Substances Advisory Subcommittee (CSAC)
 - D. Compounding subcommittee
 - E. PDMP board chairs
- XI. Agenda Item #11 – 1:30 p.m. Industry/Profession Updates
 - A. AKPhA (Molly Gray/Ashley Schaber)
 - B. DHSS (Jill Lewis/Coleman Cutchins/Erin Narus)
- XII. Agenda Item #12 – 2:15 p.m. Public Comment
- XIII. Agenda Item #13 – 2:30 p.m. Administrative Business (Laura Carrillo)
 - A. Staff and renewal update
 - B. Pharmacist statics from DOL (*Task #11; May 2020*)
 - C. Upcoming travel/conferences/workshops
 - D. Task list review
- XIV. Agenda Item #14 – 3:00 p.m. Recess until August 28 at 9:00 a.m.

Links

Board of Pharmacy Homepage: pharmacy.alaska.gov

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



ALASKA BOARD OF PHARMACY MEETING

TENTATIVE AGENDA

AUGUST 28, 2020 – DAY 2

Call-in Number: 1-253-215-8782
Pin: 96325810118#, Code: 730209

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

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

Staff:

Laura Carrillo,
Executive
Administrator

Lisa Sherrell, *PDMP*
Program
Coordinator

Heather Noe,
Occupational
Licensing Examiner

Upcoming Zoom Meetings:

November 5 – 6.

Meeting Details

Meeting Name: August 28, 2020 - Alaska Board of Pharmacy Meeting - Day 2

Meeting Start Time: 9:00 AM AKDT

Meeting Start Date: 08/28/2020

Meeting End Time: 4:30 PM AKDT

Meeting End Date: 08/28/2020

Meeting Location: Videoconference via Zoom

Meeting Registration Link: <https://zoom.us/meeting/register/tJludEYgrzsrG9ym9m-XMMfwDtv7eG4V0Ehb>

Agenda

- I. Agenda Item #1 – 9:00 a.m. Roll Call/Call to Order (Chair Holt)
- II. Agenda Item #2 – 9:05 a.m. Review/Approve Agenda (Chair Holt)
- III. Agenda Item #3 – 9:10 a.m. Ethics Disclosures (Chair Holt)
- IV. Agenda Item #4 – 9:15 a.m. Legal Opinion Reviews (Laura Carrillo)
 - A. PDMP MOUs (*July 31, 2020*)
 - B. PDMP multiple accounts (*pending*)
 - C. PDMP timeframe to register (*July 29, 2020*)
 - D. Zero reporting to PDMP (*May 20, 2020*)

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

Staff:

Laura Carrillo,
Executive
Administrator

Lisa Sherrell, PDMP
Program
Coordinator

Heather Noe,
Occupational
Licensing Examiner

Upcoming Zoom
Meetings:

November 5 – 6

E. Remote order entry (*pending*)

F. Extending CE and inspection report due dates (*July 1, 2020*)

G. Automated drug kiosk (*pending*)

V. Agenda Item #5 – 9:30 a.m. Regulations (Chair Holt)

A. Regulations workflow

B. Emergency regulations to permanent recap (*eff. August 30, 2020*)

C. PDMP regulations

D. Other regulations

VI. Agenda Item #6 – 12:00 p.m. Lunch

VII. Agenda Item #7 – 1:00 p.m. Return to Regulations (Chair Holt)

VIII. Agenda Item #8 – 2:30 p.m. Potential Statute Changes (Chair Holt)

IX. Agenda Item #9 – 4:30 p.m. Adjourn

Links

Board of Pharmacy Homepage: pharmacy.alaska.gov

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

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 Shawn Henderson, 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 Shawn Henderson, 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 Shawn Henderson, 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: Dave Donley, Deputy Commissioner

Commerce, Community & Economic Development: Amy Demboski, Assistant Commissioner

Corrections: April Wilkerson, Administrative Services Director

Education & Early Development: Bobi Jo Grimes, HR Consultant III

Environmental Conservation: Theresa Zimmerman, Human Resources Manager

Fish & Game: Samantha Gatton, Acting Admin Services Director

Health & Social Services: Kimberley King, Human Resource Manager

Labor & Workforce Development: Cathy Muñoz, Deputy Commissioner

Law: Maria Bahr, Assistant Attorney General

Military & Veterans Affairs: Stanley A. Wright, Special Assistant to the Commissioner

Natural Resources: Peter Caltagirone, Special Assistant

Public Safety: Kelly Howell, Special Assistant to the Commissioner

Revenue: Brad Ewing, Administrative Services Director

Transportation & Public Facilities:

- Facility Services: John Binder, Deputy Commissioner
- Aviation: John Binder, Deputy Commissioner
- Central Region: Wolfgang Junge, Regional Director
- Northern Region: Rob Carpenter, Regional Director
- Southcoast Region: Lance Mearig, Regional Director
- Alaska Marine Highway System: Rob Carpenter, Deputy Commissioner
- Headquarters: Rob Carpenter, Deputy Commissioner
 - Administrative Services Division
 - Division of Program Development
 - Information Systems and Services Division
 - Statewide Design and Engineering Services Division

Updated June 2020

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

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 [2019 Designated Ethics Supervisors Handbook](#) (503KB PDF), 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 269-5275.
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 Jennifer L. Williams, Paralegal, Department of Law, Opinions, Appeals & Ethics Section, 1031 W. 4th Avenue, Suite 200, Anchorage, AK, 99501, ethicsreporting@alaska.gov, fax no. 907-258-4978.

You may request ethics advice from your agency's Assistant Attorney General or from the State Ethics Attorney, Maria Bahr, at 269-5285 or maria.bahr@alaska.gov. Please direct questions about reporting procedures to Jennifer L. Williams at 269-5275 or jennifer.williams1@alaska.gov.

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

5 Alaska Board of Pharmacy
6

7 DRAFT MINUTES OF THE EMERGENCY MEETING
8

9 May 7 – 8, 2020 Videoconference
10

11 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
12 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on
13 May 7 – 8, 2020. Due to the COVID-19 pandemic, in-person attendance was not
14 available.

15
16 **These are draft minutes and have not yet been approved by the board.**

17
18 **Agenda Item 1 Call to Order/Roll Call Time: 9:07 a.m.**

19
20 The **May 7, 2020** videoconference was called to order by Chair, Rich Holt at 9:07 a.m.

21
22 Board members present, constituting a quorum:

23
24 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
25 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
26 James Henderson, RPh #PHAP1683
27 Lana Bell, RPh #PHAP893
28 Tammy Lindemuth, Public Member
29 Sharon Long, Public Member (Absent)
30 Justin Ruffridge, #PHAP1787
31

32 Division staff present:

33
34 Laura Carrillo, Executive Administrator
35 Lisa Sherrell, PDMP Manager
36 Heather Noe, Occupational Licensing Examiner
37 Carl Jacobs, Investigator
38 Marilyn Zimmerman, Paralegal
39 Sharon Walsh, Deputy Director
40

41 Members from the public present (name spelling may not be accurate):
42

43 Molly Gray, AKPhA
 44 Ashley Schaber, AKPhA
 45 Lauren Paul, CVS
 46 Jessica Adams, TelePharm
 47 Lis Houchen, NACDS
 48

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

50
 51 The board reviewed the agenda. Chair Holt reminded the board and the public that the public
 52 because the comment period on the emergency regulations were noticed for written comments
 53 only, the board could not take any oral testimony or discuss the emergency regulations at this
 54 meeting. Chair Holt indicated a letter from Senator Giessel’s office would be discussed under
 55 Agenda Item #9 for correspondence, and Ms. Carrillo indicated that a copy of the board’s
 56 strategic plan draft that Ms. Bell put together was included under Agenda Item #11. No agenda
 57 items were removed or added.
 58

59 **On a motion duly made by Leif Holm to approve the meeting agenda, seconded by**
 60 **Tammy Lindemuth, and approved unanimously, it was:**

61
 62 **RESOLVED to accept the May 7, 2020 meeting as written.**

	APPROVE	DENY	ABSTAIN	ABSENT
64 Leif Holm	x			
65 Richard Holt	x			
66 Justin Ruffridge	x			
67 Lana Bell	x			
68 Tammy Lindemuth	x			
69 James Henderson	x			
70 Sharon Long				x

71
 72
 73 The motion passed with no further discussion.
 74

75 **Agenda Item 3 Ethics** **Time: 9:13 a.m.**

76
 77 There were no ethics disclosures.
 78

79 **Agenda Item 4 Review/Approve Meeting Minutes** **Time: 9:14 a.m.**

80
 81 *Lisa Sherrell joined the room telephonically at 9:16 a.m.*
 82

83 The board reviewed the draft meeting minutes from the February 6 – 7 meeting and March 23 &
 84 27 emergency regulation meetings. Ms. Lindemuth commented that the time in which she joined

85 the February 7th meeting day wasn't documented, and suggested adding the time so it is clear she
86 was present for a vote.

87

88 **TASK 1**

89 Ms. Carrillo will correct the February 6 – 7 meeting minutes to reflect the time Ms. Lindemuth
90 joined the meeting on day 1.

91 *(Completed, the time was reflected in the roll call section, so no changes were made to these minutes.)*

92

93

	APPROVE	DENY	ABSTAIN	ABSENT
94				
95	Leif Holm	x		
96	Richard Holt	x		
97	Justin Ruffridge	x		
98	Lana Bell	x		
99	Tammy Lindemuth	x		
100	James Henderson	x		
101	Sharon Long			x

102

103 The motion passed with no further discussion.

104

105 **Agenda Item 4 PDMP Update**

Time: 9:24 a.m.

106

107 *Carl Jacobs joined the room telephonically at 10:00 a.m.*

108

109 Registration and Use Summary

110 Lisa Sherrell joined the room to provide a PDMP update to the board. Ms. Sherrell indicated that
111 among all licensees required to register, pharmacists have the highest rate of registration (84%)
112 and reviewing of patient prescription information. When accounting for pharmacists registered
113 under a federal user role, the registration compliance rate increases to 98%. Ms. Sherrell also
114 informed the board that an enhancement feature, Clinical Alerts, launched on April 30th, but that
115 some prescribers have provided feedback that some patients were being flagged when they may
116 not have actually reached a threshold, such as the 5-5-3 doctor shopper threshold (5 prescriptions
117 from 5 prescribers and 5 pharmacies over a 3-month period. The board was also informed that
118 federal investigations are picking up; there were 137 subpoenas received in all of 2019 and 243
119 already received so far in 2020.

120

121 On non-compliance data, Ms. Sherrell shared there were 263 delinquent reporters with at least 65
122 days in which no report was made to the PDMP. Trends in dangerous combination therapies of
123 concurrent opioid and benzodiazepine prescriptions appeared concerning, for example, 211
124 dentists are prescribing dangerous combinations, but only 19% of these licensees are reviewing.

125

126 Mr. Ruffridge commented that his pharmacy received a number of complaints from prescribers
127 that noticed duplication of data submitted; that prescriptions for controlled substances filled and
128 ready on the shelf, but not ever picked up that day, were being reported for the initial pick-up in
129 addition to the date the actual prescription was picked up where it is appearing as a second fill. Mr.
130 Holm inquired whether it was occurring in a particular situation as it should only upload as a
131 report initially such that there isn't a rebill, suggesting it could be a system issue. Chair Holt stated
132 his opinion that it is the pharmacy/licensee's responsibility to report and to make sure the upload
133 is accurate, that it isn't the vendor's responsibility. Mr. Holm suggested issuing a statement from
134 the board stating that reporters should make sure their reporting is accurate, to which Chair Holt
135 agreed, adding that it could be sent out through the PDMP Announcements feature. Mr.
136 Henderson and Ms. Lindemuth agreed. The board also discussed sending a delinquent reporting
137 letter out to all pharmacies. Ms. Carrillo indicated she could send a copy of a notice sent out in
138 2018 for this same purpose for Mr. Holm's review.

139

140 **TASK 2**

141 Ms. Carrillo will send out a draft notice to the board regarding accuracy of reporting data, and will
142 send this out through PMP Announcements.

143 *(Pending, Ms. Carrillo emailed Appriss Health on 05/11/2020 and 05/18/2020 to request clarification on*
144 *accuracy of instructions relating to data error corrections and whether reporters have the ability to view days in which*
145 *they are delinquent with reporting.)*

146

147 **TASK 3**

148 Ms. Carrillo will send Mr. Holm a copy of the notice sent out to all pharmacies in 2018 regarding
149 delinquent reporting for his review as a template before sending out to licensees.

150 *(Completed on 05/15/2020.)*

151

152 New BJA Grant

153 Ms. Carrillo provided an update on the new Bureau of Justice Assistance (BJA) grant, which was
154 submitted on May 5th and may provide federal funds of up to \$2,000,000, if awarded. Ms. Carrillo
155 informed the board they received letters of support from prescribing boards, state departments,
156 local organizations, and professional associations, which is great for the board and its competitive
157 application. Some prescribers have expressed concerns about what is perceived to be a degree of
158 policing by the Board of Pharmacy, which Ms. Carrillo stated is unfortunately the position the
159 board has been placed in with the PDMP being statutorily housed under their board, AS 08.80,
160 but that we have the opportunity to thoughtfully and address these concerns.

161

162 Chair Holt commented that the compliance rates of other boards are relatively low, and that the
163 Board of Pharmacy will get dinged if other boards don't take ownership, which will impact the
164 board's audit outcome. To the policing concern, Chair Holt stated that between patient, dispenser,
165 and prescriber subpoenas, these lawful requests are coming from the DEA for prescriber and
166 patient data, meaning law enforcement are far and above looking more at prescribers rather than
167 dispensers. To Ms. Carrillo's suggestion that a PDMP subcommittee be formed with
168 representatives from the Board of Pharmacy and the prescribing boards, Chair Holt volunteered

169 to participate, adding that the Monday board chairs' COVID-19 meeting could be a good
170 opportunity for an after meeting dedicated to PDMP. Ms. Lindemuth agreed, stating it is an
171 efficient use of time as these members are already in the room together.

172
173 PDMP Disciplinary Matrix
174 Chair Holt inquired to the board whether they would like to discuss other potential non-
175 compliance issues other than delayed initial registration, failure to renew, delayed reporting, and no
176 reporting or registration. Chair Holt also inquired whether the board would be interested in
177 pursuing a change to require all pharmacists to register regardless of dispensation status, as it is
178 costing money to find out which pharmacists are dispensing in Alaska and therefore required to
179 register. Ms. Carrillo reiterated the time and resource allocation spent in following up with
180 licensees to receive outstanding items for incomplete registrations and finding out dispensation
181 status.

182
183 Chair Holt then inquired about whether the additional clarification on zero reporting was given, to
184 which Ms. Carrillo indicated she has not heard further details but will follow up.

185
186 **TASK 4**
187 Ms. Carrillo will follow-up with DOL on whether the board has the authority to require zero
188 reporting.
189 *(Complete; Ms. Carrillo followed up with on email from 01/31/2020 to DOL on the inquiry relating to whether*
190 *the board can adopt regulations to require zero reporting; response provided 05/20/2020.)*

191
192 **Agenda Item 4 Review/Approve Meeting Minutes Time: 10:09 a.m.**

193
194 Returning to meeting minutes, Ms. Lindemuth commented that in the minutes, Chair Holt is
195 incorrectly referred to as Chair Holm.

196
197 **TASK 5**
198 Ms. Carrillo will fix the typo in the February minutes to correctly reflect board chair as Chair Holt.
199 *(Completed on 05/18/2020.)*

200
201 **Agenda Item 6 Investigative Update Time: 10:18 a.m.**

202
203 Investigator, Carl Jacobs, provided the board with their investigative report, which included
204 information from January 24, 2020 to April 17, 2020. During this time, 31 cases were opened and
205 14 were closed. For this meeting, investigator Jacobs indicated there was one matter to present for
206 the board related to an imposition of civil fine.

207
208 To follow-up with the board's comments and concerns expressed at their February 2020 meeting
209 relating to adequate training for pharmacy-related matters, Investigator Jacobs provided the board
210 with an update. Investigator Jacobs expressed that he is continuously appreciative of the board tin

211 helping him to explore training opportunities, but that due to the pandemic and budget issues,
212 there has been significant difficulty finding online

213
214 **On a motion duly made by Rich Holt to accept the imposition of civil fine for Geneva**
215 **Woods Infusion Pharmacy, registration #142465, case #2019-000535, and seconded by**
216 **Lana Bell, it was:**

217
218 **RESOLVED to accept the imposition of civil fine for Geneva Woods Infusion**
219 **Pharmacy.**

220

221

	APPROVE	DENY	ABSTAIN	ABSENT
222 Leif Holm	x			
223 Richard Holt	x			
224 Justin Ruffridge	x			
225 Lana Bell	x			
226 Tammy Lindemuth	x			
227 James Henderson	x			
228 Sharon Long				x

229

230 The motion passed with no further discussion.

231

232 **On a motion duly made by Rich Holt in accordance with AS 44.62.310(c)(2), and seconded**
233 **by Tammy Lindemuth, the board unanimously moved to enter executive session for the**
234 **purpose of discussing subjects that tend to prejudice the reputation and character of any**
235 **person, provided the person may request a public discussion.**

236

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

238

239 Staff members, Laura Carrillo and Marilyn Zimmerman were authorized to remain in the room.

240

241 *Off record at 10:32 a.m.*

242 *On record at 10:43 a.m.*

243

244 **Agenda Item 7 Consent Agreements Time: 10:43 a.m.**

245

246 Chair Holt clarified for the record that no motions were made under executive session.

247

248 **On a motion duly made by Lana Bell to accept the consent agreement for pharmacy**
249 **technician, Dorothy Luchansky, license #PHAC1118, case #2019-000306, and seconded by**
250 **Justin Ruffridge, it was:**

251

252 **RESOLVED to accept the consent agreement for Dorothy Luchansky.**

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

The motion passed with no further discussion.

TASK 6

Chair Holt will sign the imposition of civil fine and consent agreement for case #2019-000306 and will forward to the division.
(Completed by week of May 11, 2020).

Ms. Carrillo inquired to the board whether they would be willing to delegate review and approval of continuing education audit issues to her as the executive administrator. The board did not express opposition to this and indicated it would be efficient.

On a motion duly made by Rich Holt to delegate review and approval of outstanding continuing education audits to the executive administrator, and seconded by Justin Ruffridge, it was:

RESOLVED to delegate review and approval of CE audit to the executive administrator.

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

The motion passed with no further discussion.

Agenda Item 8 Industry Updates

Time: 10:45 a.m.

294 Alaska Pharmacists Association (AKPhA)
295 Ms. Gray provided the following updates to the board:

- 296
- 297 • UAA/ISUU doctor of pharmacy program is graduating their first class; 6 pharmacy
298 students that are in the 2020 class, was supposed to be May 2nd.
- 299 • Facilitate communication between technician and pharmacists: created a forum on the
300 AKPhA to post whatever they'd like to; two threads open right now, including one on
301 COVID-19 and the other on the advanced practice initiative.
- 302 • Alaska Pharmacy Residency Grand Round; typically in person but are hosting this now on
303 Zoom; will be presenting their information on Wednesday, May 20 from 6:00 – 8:00 PM;
304 will be accredited for continuing education; will be facilitated with USAA/ISU.
- 305 • Asking for presentations for our AKPhA academy of health systems pharmacy Fall CE
306 Conference; cautiously optimistic on September 26 in Alyeska.
- 307 • Arizona learning objective for covid-19: understand current state and federal laws for
308 ordering and administering covid-19, point of care for CLIA waived testing, collection
309 methods and referral based on test results; hoping to have accredited and up on website
310 soon
- 311 • Working with Senator Giessel on a letter that was sent out yesterday to Governor
312 Dunleavy, Dr. Zink, and Commissioner Crum, and to Pharmacy Chair, Rich Holt, and also
313 Alaska Medicaid; set the stage for regulations for pharmacists to order and administer tests
314 and also for pharmacists to provide immunizations. Working with Senator Giessel on
315 billing and reimbursement of both testing portion and vaccines hopefully in the fall.

316
317 Chair Holt and Mr. Holm thanked Ms. Gray for her updated and the AKPhA for their support as
318 they are an asset to the pharmacy community.

319
320 **Agenda Item 9 Correspondence Time: 10:55 a.m.**

321
322 AKPhA and Senator Giessel's Office Reimbursement Letters to Governor Dunleavy
323 The board reviewed the association's letter sent to Governor Dunleavy requesting, through an
324 emergency mandate or revision to DHSS' health plan, to authorize reimbursement to pharmacists
325 for testing and administration of COVID-19 tests. Senator Giessel's office also sent a similar
326 letter.

327
328 **On a motion duly made by Rich Holt to write a board letter of support to similarly request**
329 **Governor Dunleavy to allow pharmacists to be reimbursed for delivery of services related**
330 **to COVID-19, and seconded by James Henderson, it was:**

331
332 **RESOLVED to write a letter of support addressed to Governor Dunleavy**
333 **requesting pharmacists be reimbursed for COVID-19 testing services.**

334
335

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

343
344

The motion passed with additional discussion:

345

346 Mr. Ruffridge commented that these letters mention an ask to Governor Dunleavy, but it is not
347 very clear as far as the ability to administer a test and then get reimbursed for it. Mr. Ruffridge
348 inquired whether the board should be clearer on a recommendation as to how it can be
349 accomplished, e.g.: would it be a statewide collaborative practice agreement issued by Dr. Zink?
350 Chair Holt stated that in in Senator Giessel’s letter, the request is to find a way via emergency
351 mandate or DHSS’ state plan amendment, adding that Governor Dunleavy can issue an
352 emergency mandate. Mr. Ruffridge commented that the letter should expand upon the vast
353 opportunities as pharmacists that we have in that we can and are able to provide, but lack the
354 proper method to be able to be reimbursed for those services, to which Chair Holt agreed, stating
355 the letter would encompass that pharmacists have great opportunity to be able to have a positive
356 impact to communities. Ms. Robinson, lobbyist for the AKPhA commented that in Senate Bill
357 241, one of the second temporary phases is the Chief Medical Officer the authority to issue
358 standing orders for health care providers related to COVID-19, so this is where the association is
359 hoping Dr. Zink can use their authority for the emergency mandate.

360

TASK 7

362 Chair Holt will draft a letter of support and will send the letter to Ms. Carrillo to be transmitted to
363 the Office of the Governor.

364 *(Completed on May 11, 2020; the letter was sent to Angela Hull in the Governor’s Office, with a CC to John*
365 *Espindola, Special Assistant to the Governor.)*

366

367 At 11:07 a.m., Ms. Carrillo requested a roll-call prior to the public comment period for anyone on
368 the line to state their name for the record. The following individuals were present:

369

- 370 Lauren Paul, CVS
- 371 Jessica Adams (TelePharm)
- 372 Lis Houchen
- 373 Jane Conway with Senator Giessel’s Office
- 374 Ashley Schaber, AKPhA
- 375 Michelle Watts
- 376 Daniel Nelson Chief Andrew Isaac Pharmacy in Fairbanks
- 377 Dale Matheson (TelePharm)

378
 379 Outsourcing license issued prior to inspection
 380 The board reviewed correspondence inquiring to the board whether it would be possible for
 381 outsourcing facilities to submit their inspection report until after the license or registration is
 382 issued, as there may be delays in having these inspections completed by the FDA. Chair Holt
 383 reiterated that the board’s current regulations require outsourcing to have both a self-inspection
 384 report and FDA inspection report submitted prior to being issued a license. Ms. Bell and Mr.
 385 Holm reiterated what the current regulations require, and Mr. Holm further commented that the
 386 board cannot be in a rush to issue licenses without a complete application.

387
 388 **TASK 8**

389 Ms. Carrillo will follow-up with the licensee regarding the current regulations requiring both a self-
 390 inspection and FDA inspection completed prior to receiving a license per 12 AAC 52.696(b)(5)
 391 and (7).
 392 *(Completed on 05/21/2020).*

393
 394 Veterinary drug reference

395 The board then reviewed correspondence from Animal Policy Group LLC on Plumb’s Veterinary
 396 Drug Reference, which included a suggested amended to the board’s reference library to require
 397 consultation of a veterinary drug reference if dispensing veterinary prescriptions. Mr. Holm
 398 commented that he has found these useful and has referred to them for a number of years. Mr.
 399 Ruffridge stated he would be against mandating this reference, to which Chair Holt agreed, stating
 400 his opinion that the board should avoid creating library lists for licensees to have to comply with.

401
 402 **On a motion duly made by Rich Holt to not mandate the use of any veterinary guidelines**
 403 **for pharmacies, and to revisit the board’s current reference library, and seconded by Leif**
 404 **Holm, it was:**

405
 406 **RESOLVED to not mandate veterinary guidelines and to update the board’s**
 407 **current library.**

	APPROVE	DENY	ABSTAIN	ABSENT
410 Leif Holm	x			
411 Richard Holt	x			
412 Justin Ruffridge	x			
413 Lana Bell	x			
414 Tammy Lindemuth	x			
415 James Henderson	x			
416 Sharon Long				x

417
 418 The motion passed with no further discussion.
 419

420 **TASK 9**

421 Ms. Carrillo will follow-up with Animal Policy Group LLC regarding the board's decision on
422 requiring a veterinary drug reference.
423 *(Completed on 05/21/2020).*

424

425 **Agenda Item 10 Public Comment**

Time: 11:30 a.m.

426

427 Moving to public comment, Chair Holt for the board and the public that as a reminder, the
428 current regulations that are out for public comment cannot be discussed during this meeting as the
429 comment period doesn't end until May 15 at 4:30 p.m. Chair Holt indicated that the board will
430 review these comments at a later board meeting.

431

432 Jessica Adams, TelePharm

433 Ms. Adams commented on the 10-mile restriction the board discussed in February, referring to 12
434 AAC 52.423, which she stated places a significant barrier to practice; even less than within a mile,
435 patients may experience challenges to access, such as multiple methods of transportation. When a
436 patient has a disability, this mileage restriction exacerbates the access challenge. By removing this
437 restriction, access to remote pharmacies on site can help reduce barriers. Ms. Adams commented
438 that 500 people live in rural areas and less than 10-mile access to remote pharmacies. Medication
439 adherence makes it difficult with the restriction.

440

441 Dale Matheson, Genoa Healthcare

442 Mr. Matheson reiterated Ms. Adam's concerns in that the mileage restriction creates barriers to
443 access. Genoa places pharmacies in community mental health centers, but because of the mileage
444 restriction prohibiting the ability to provide telehealth services, they have not operated much in
445 Alaska. With regards to medication adherence, with being put at an inconvenience, most of our
446 patients are Medicaid and Medicare patients, so are already struggling to have access
447 Genoa's adherence rate is above 90% and so would like to expand services in Alaska, but can't be
448 cause of the mileage restriction.

449

450 Daniel Nelson, Chief Andrew Isaac Pharmacy in Fairbanks

451 Mr. Nelson expressed his appreciation to the board for their timely action in adopting emergency
452 regulations, but requested clarification on the process and protocol for how the emergency
453 regulations approval process works. Mr. Nelson also commented that we are at a point in the state
454 of Alaska with new regulations with expanded scope with techs and interns; we need to step back
455 and look more broadly at mass revision of regulations. Mr. Nelson acknowledged that it would
456 require quite a bit of work and time, but that we need to make sure everything in regulation
457 matches up with what we're allowed to do with the public. Would the board take this into
458 consideration?

459

460 Responding to the clarifying questions on the emergency regulations process, Chair Holt
461 commented that emergency regulations have to go to the regulations specialists, who collates and
462 collects them all for review at the board's next scheduled meeting. Chair Holt added that

463 regulations essentially bypass the public comment period because it is an emergency, and that they
464 will be in effect for 120 days. If the board doesn't take action to make them permanent, the
465 regulations are reverted back. Chair Holt also stated that the board had been working on their
466 emergency preparedness regulations before COVID-19, so were at an advantage in developing
467 them and quickly adopting regulations to respond to the current pandemic. The board posted a
468 notice indicating the board intends to make the emergency regulations permanent; public
469 comment ends at 4:30 on May 15th. The board will review the comments at their next meeting and
470 will decide what action to take based on comments, to make them permanent.

471
472 Molly Gray, AKPhA
473 Ms. Gray commented that she will share talking points with Ms. Carrillo and Chair Holt related to
474 letters the AKPhA and Senator Geissel's office sent out

475
476 **Agenda Item 11 Administrative Business Time: 11:46 a.m.**

477
478 License Statistics
479 Ms. Carrillo provided the following update on the board's licenses: Total active = 4,654, total in-
480 process = 320, and total waiting to be screened is 59, with a grand total of 5,033 as of
481 05/01/2020. Ms. Bell commented that the pharmacy workforce isn't growing substantially in
482 Alaska. Ms. Carrillo commented she could pull data from the Alaska Department of Labor on
483 statistics to include for the board at their next meeting.

484
485 **TASK 10**
486 Ms. Carrillo will research occupational statistics on pharmacy professions to include for the
487 board's review at their next meeting.
488 *(Completed on 05/21/2020),*

489
490 Mr. Henderson inquired about the renewal extension, to which Chair Holt indicated it would be
491 discussed under Agenda Item #13C.

492
493 Review DEA form 106
494 The board reviewed reports of thefts or loss reported to the board.

495
496 Application Review
497 The board reviewed an application for pharmacist licensure that was previously tabled for
498 discussion. Ms. Carrillo reached out to the applicant inquiring on the preference for a public or
499 private discussion; there was no response provided.

500
501 **On a motion duly made by Rich Holt in accordance with AS 44.62.310(c)(2), and seconded**
502 **by Justin Ruffridge, the board unanimously moved to enter executive session for the**
503 **purpose of discussing subjects that tend to prejudice the reputation and character of any**
504 **person, provided the person may request a public discussion.**

505

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

507

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

509

510 *Off record at 11:53 a.m.*

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

512

513 Upon return from executive session, Chair Holt clarified for the record that no motions were
514 made during executive session.

515

516 **On a motion duly made by Lana Bell to request legal consultation on the application for**
517 **pharmacist licensure for Zachary Brown prior to providing a vote and to table the vote at**
518 **this time, and seconded by Tammy Lindemuth, it was:**

519

520 **RESOLVED to request legal guidance on Zachary Brown’s application and to table**
521 **voting until such guidance is received.**

522

	APPROVE	DENY	ABSTAIN	ABSENT
523				
524	Leif Holm	x		
525	Richard Holt	x		
526	Justin Ruffridge	x		
527	Lana Bell	x		
528	Tammy Lindemuth	x		
529	James Henderson	x		
530	Sharon Long			x

531

532 The motion passed with no further discussion.

533

534 Recess at 12:40 p.m. for lunch; off record.

535 Back from lunch at 1:15; on record.

536

537 **Agenda Item 11 Administrative Business**

Time: 1:15 p.m.

538

539 Task List

540 The board reviewed the task list from their February and March 2020 meetings and reviewed the
541 new task lists thus far. Mr. Holm will draft the letter to Medicaid, addressed to Al Wall or Adam
542 Crum, and Ms. Carrillo will put this on letterhead. Ms. Bell’s strategic plan draft was also included
543 in the board packet, which will continue to be worked on by the board.

544

545 **Agenda Item 12 CSAC Update**

Time: 1:20 p.m.

546

590 September. Ms. Carrillo clarified that the renewal extension only gives licensees more time to
591 renew for an expiration date of June 30, 2022 once renewed. Mr. Ruffridge inquired whether
592 licensees can renew early, to which Ms. Carrillo stated that renewals will be available by the end of
593 May, and that licensees will have the option of renewing on a PDF paper form or online, with
594 PDMP renewal being included in the pharmacist license renewal this year.

595

596 Annual Report

597 Ms. Carrillo included a draft of the annual report, and inquired to the board what budget
598 placeholders should be included for board meeting, conference, and training travel. Conferences
599 of interested include the National Rx Abuse and Heroin Summit, NABP workshops and
600 conferences, and the National Association of Controlled Substances Authorities (NASCA)
601 conference. Ms. Lindemuth commented whether she would still be able to attend the Rx Summit
602 if her term ends in 2021, and inquired about reappointment. Chair Holt stated that Boards and
603 Commissions typically reach out to appointees a few months in advance to gauge level of interest
604 in continuing to serve as a volunteer board member, and depending on the outcome, the
605 Governor can extend or reappoint members to serve an additional term. Ms. Lindemuth was also
606 interested in attending the Spring MPJE Review Committee hosted by the NABP. Ms. Carrillo
607 then inquired to Mr. Holm whether he would be interested in attending compounding conference
608 to assist the subcommittee so that the board could budget for this.

609

610 **TASK 13**

611 Ms. Carrillo will work with Mr. Holm to identify potential conferences related to compounding so
612 it can be included in the board's budget section of the annual report.

613 *(Ongoing as of 05/15/2020; the 3rd Annual Compounding Pharmacy Compliance conference will be held*
614 *November 16 – 17, 2020 in Arlington, VA; Mr. Holm and Mr. Ruffridge availability pending confirmation).*

615

616 **TASK 14**

617 Ms. Carrillo will forward the board member traveler form to Mr. Henderson.

618 *(Completed on 05/21/2020.)*

619

620 **Agenda Item 14** Division Update

Time: 2:03 p.m.

621

622 Deputy director, Sharon Walsh, joined the board to present their division update for quarter 1
623 ending October 31st. The following information was provided: revenue = \$475,230; non-
624 investigative expenditures = \$124,158; indirect expenditures: \$197,679 (statewide costs,
625 department administrative costs, internal administrative costs); total expenditures, cumulative
626 surplus = \$269,136.

627

628 Mr. Ruffridge inquired whether the three new licenses types (non-resident wholesale drug
629 distributors, outsourcing facilities, and third-party logistics providers) were going to renew in June
630 30 as well. Ms. Carrillo Laura in indicated that as the board was drafting their emergency
631 regulations, it was discussed that this would be the intent since June 30 of even years is the only
632 renewal date currently established in regulation. Chair Holt clarified that the board tried to address

633 this in our emergency regulations to be more comprehensive, but renewal dates aren't related to
634 emergencies, so it had to be taken out. Deputy director Walsh inquired when the board would be
635 receiving another fee analysis, to which Ms. Carrillo stated there was a fee analysis relatively
636 recently prior to the new licenses going into effect on October 31, 2019. Chair Holt added that the
637 board wasn't able to anticipate the revenue with the new license types, so weren't sure whether the
638 increase or decrease fees. Ms. Carrillo stated that we didn't factor fingerprint fees with the new
639 license types, but that the plan is to conduct another fee analysis next year, and so may need to
640 assess fingerprint processing fees; other programs requiring fingerprints have their own fees in
641 regulations ranging from \$59 to \$70.

642
643 The board discussed spreading out fees, staggering license renewals, and CE broker. Deputy
644 director Walsh indicated that the division is looking into CE broker to streamline monitoring of
645 continuing education activity. Chair Holt explained his positive experience with using CE broker
646 for his Florida license, which tells providers how many CEs they've completed and whether they
647 are delinquent on CE hours for a specific topic. Mr. Henderson inquired whether the NABP has
648 this service, to which Ms. Carrillo indicated they do not.

649
650 **Agenda Item 15 Recess Time: 2:38 p.m.**

651
652 Ms. Lindemuth called for recess until 9:00 a.m. on May 8, seconded by Ms. Bell.

653
654 *Off record at 2:38 p.m.*

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676 State of Alaska
677 Department of Commerce, Community and Economic Development
678 Division of Corporations, Business and Professional Licensing
679

680 Alaska Board of Pharmacy
681

682 DRAFT MINUTES OF THE EMERGENCY MEETING
683

684 May 7 – 8, 2020 Videoconference

686 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
687 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on
688 May 7 – 8, 2020. Due to the COVID-19 pandemic, in-person attendance was not
689 available.

690
691 **These are draft minutes and have not yet been approved by the board.**
692

693 **Agenda Item 1 Call to Order/Roll Call Time: 9:04 a.m.**
694

695 The **May 8, 2020** videoconference was called to order by Chair, Rich Holt at 9:04 a.m.
696

697 Board members present, constituting a quorum:
698

699 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
700 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
701 James Henderson, RPh #PHAP1683
702 Lana Bell, RPh #PHAP893 (*Absent*)
703 Tammy Lindemuth, Public Member
704 Sharon Long, Public Member (*Absent*)
705 Justin Ruffridge, #PHAP1787
706

707 Division staff present:
708

709 Laura Carrillo, Executive Administrator
710 Heather Noe, Occupational Licensing Examiner
711

712 Members from the public present (name spelling may not be accurate):
713

714 Molly Gray, AKPhA
715 Ashley Schaber, AKPhA
716 Lauren Paul, CVS
717 Lorri Walmsley, Walgreens

718 Daniel Nelson Chief Andrew Isaac Pharmacy in Fairbanks

719

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

721

722 The board reviewed the agenda. Chair Holt again reminded the board that they would not be
723 addressing the emergency regulations and acknowledged that the emergency regulations included
724 in the board’s packet was just for the board’s recap. Ms. Carrillo also included a regulations
725 workflow document, which is standard to include when boards have active regulations projects or
726 will be discussing regulations generally.

727

728 The consent agreement discussion would need to be moved to after discussion on legal opinions.

729

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

732

RESOLVED to accept the May 8, 2020 meeting as amended.

734

	APPROVE	DENY	ABSTAIN	ABSENT
735 Leif Holm	x			
736 Richard Holt	x			
737 Justin Ruffridge	x			
738 Lana Bell				x
739 Tammy Lindemuth	x			
740 James Henderson	x			
741 Sharon Long				x

742

743 The motion passed with no further discussion.

744

745 **Agenda Item 3 Ethics** **Time: 9:11 a.m.**

746

747 There were no ethics disclosures.

748

749 **Agenda Item 4 Regulations** **Time: 9:14 a.m.**

750

751 Collaborative Practice Agreements

752 Chair Holt brought to the board’s attention the mismatch between the board’s collaborative
753 practice agreement (CPA) regulations and the State Medical Board’s corresponding regulations,
754 which are titled cooperative practice agreements. Chair Holt stated that these agreements are not
755 actually reviewed by the medical board, although it is indicated in their regulations that the medical
756 and pharmacy boards must review and approve these. Chair Holt stated that from legal
757 perspective, CPAs have to clarify the type of agreement, e.g.: could an agreement be made where a
758 pharmacist could continue to refill (not issue new prescription order) an existing prescription for
759

760 same practitioner for an OTC product or devices, such as meter dose spirometers, nebulizers,
761 spacers, etc.? The pharmacist would need an outline to guide carrying out this agreement so a
762 pharmacist wouldn't have to go back for a new prescription drug order every time. Same thing for
763 prescription devices, e.g.: meter dose spirometer nebulizer, spacer, etc.

764
765 Mr. Ruffridge stated that CPAs haven't reached pinnacle of its capabilities; that the board reduced
766 some of the waiting time but that they still have to be approved. Chair Holt commented that the
767 Department of Law indicated the board couldn't remove the language saying that CPAs will be
768 treated as checklist applications to eliminate the need for board review and approval law because
769 existing medical regulations still requires approval. Mr. Ruffridge added that it doesn't seem that a
770 CPA is maximizing pharmacists' ability to fully work within their scope, whether it's providing
771 point of care testing, providing small doses of medications such as Tamiflu, or refilling someone's
772 diabetic test strips; it limits pharmacists from having that ongoing patient care relationship. Chair
773 Holt reiterated allowable modifications or initiations of treatments have to be very clear in the
774 CPA.

775
776 The board continued to discuss CPAs, indicating they can allow for anything a prescriber could
777 do. Chair Holt stated that today, a pharmacist could find a practitioner and can say they could
778 offer an A1c CLIA test and reference the guideline to include in the collaborative practice
779 agreements. Mr. Ruffridge added that when he had collaborative practice agreements, prior to the
780 change in ability to administer vaccines, he would meet with practitioners to go over every vaccine
781 administered. Mr. Ruffridge added he still sees this verification process with providers as
782 something to remain in current regulations.

783
784 Prescriptive Authority
785 Mr. Henderson inquired where prescriptive authority stands so that pharmacists can prescribe,
786 adding that if it moves forward, he could see it nullifying a lot of collaborative practice
787 agreements. Chair Holt stated that prescriptive authority doesn't exist in statute today. The
788 association is working on potential legislation as states develop language around prescriptive
789 authority; Idaho has prescriptive authority for nicotine cessation, birth control, etc. Chair Holt
790 added that the board would need to find sponsors for changes in legislation, and that research is
791 needed to make sure the board is assessing successes and pitfalls in other states, and getting
792 support from other states. Chair Holt further recommended reaching out to prescribing boards in
793 Idaho and asking if they've seen any negative outcomes as we look at potential legislative change
794 for prescriptive authority. Chair Holt informed the board he had attempted to change the title of
795 immunization regulation because it currently says, "independent administration", because the
796 reality is that pharmacists are indeed prescribing, but are not allowed to use that term because
797 pharmacists do not have prescriptive authority. Ms. Carrillo stated it would require a statute
798 change. Mr. Ruffridge inquired as to which statute it was, to which Chair Holt stated it is "powers
799 and duties" under AS 08.80.030. Ms. Carrillo also commented that other statutes might have to be
800 changed that reference or define "prescriber", and Chair Holt indicated that any statute
801 referencing "practitioner" would need to be defined, e.g.: with the division of insurance. Mr.

802 Ruffridge commented that the board may have to be cautious with what we're asking for so a CPA
803 may be the best solution.

804
805 Morphine Milligram Equivalents (MMEs)
806 Mr. Ruffridge commented that he was in Juneau at beginning of March and had the opportunity
807 to meet with legislators to discuss the issue with opioids and its relation to PDMP and setting
808 prescribing limits. Chair Holt indicated that some boards have created in regulations some
809 restrictions around prescribing, such as limitations on supply day and MMEs. Chair Holt added
810 that when SB74 passed, there was a Joint Committee on Prescriptive Guidelines based on
811 Washington's prescriptive guidelines. This committee was comprised of representatives from each
812 board and the board of pharmacy; however, the legislature did not act on the recommendation
813 provided by the joint committee.

814
815 12 AAC 52.585 - Patient counseling
816 To be written or oral; doesn't necessarily have to be a statute change as can be a regulation. Laura:
817 is there a documentation requirement to demonstrate that pharmacists did indeed provide written
818 or oral verification of providing it. Chair Holt commented that most pharmacist document this
819 because it's what provides protection. Ms. Carrillo inquired about crafting the language to be
820 "may" instead of requiring documentation of providing patient counseling. Ms. Carrillo
821 commented that the care notes feature could be an appropriate area to document this. Care notes
822 gives the ability for providers to enter care notes to each other about a patient; however, Ms.
823 Carrillo expressed concerns about the care notes feature so is looking at issues that may not be
824 HIPAA compliant, such as the ability for providers to upload and delete documents.

825
826 **TASK 15**
827 Ms. Carrillo will send copy of documentation regarding the care notes feature (communications
828 module) to Chair Holt and Mr. Ruffridge.
829 *(Completed on 05/21/2020).*

830
831 Chair Holt inquired where the board stands on mandating the documentation of patient
832 counseling. Ms. Lindemuth and Mr. Ruffridge indicated they had no preference. Mr. Henderson
833 inquired whether it would be overly burdensome to mandate it, to which Chair Holt stated it is
834 probably already done in practice, so probably not. Chair Holt then referred to Montana's
835 language on patient counseling, which was included in the board's packet, and inquired whether
836 the board had a preference on more broad versus specific conditions. Ms. Lindemuth commented
837 that broad is clear and that specific is likely what pharmacists are already doing. Mr. Ruffridge
838 inquired whether the board is moving to require that, if dispensing an opioid drug for the first
839 time, the pharmacist has to indicate they've provided written counseling? Mr. Ruffridge added that
840 he is of the mindset that for first-time dispensing of opioids, written counseling does not
841 appropriately address the risks. The board looked at the definition of "agent"; Mr. Ruffridge
842 provided the citation, AS 13.06.050, as an "agent" could pick up a prescription. Mr. Ruffridge
843 inquired whether the board should w mandate counseling to the person other than whom the
844 prescription is for, e.g.: a neighbor.

845 Mr. Ruffridge suggested changing (a) to say, “Before dispensing ab opioid drug for the first time,
846 the pharmacist or pharmacist intern must advise the patient on potential dangers of opioid
847 prescription.” Chair Holt suggested language indicating that the pharmacist or pharmacist intern
848 can *attempt* to counsel. Mr. Ruffridge inquired whether the board could add language that indicates
849 the patient was unavailable, e.g.: “unintentional, periodic accidental violations, patient
850 unavailability.” Ms. Carrillo inquired whether technicians provide the counseling or only receive
851 the refusal? Ms. Lindemuth inquired whether it is necessary to reference pharmacy technician
852 since it’s brought up for the first time, to which Chair Holt indicated the sentence could be ended
853 after the patient or patient’s agent can refuse counseling. Mr. Ruffridge suggested, “shall make a
854 reasonable effort to verbally counsel...” Ms. Lindemuth agreed with this language.

855

856 *Break at 11:00 a.m.; off record;*

857 *Back from break at 11:07 a.m.; on record*

858

859 12 AAC 52.440 – Non-sterile compounding

860 Mr. Ruffridge pointed to the board’s *Good Compounding Practices* from 2008, which allows pharmacy
861 technicians to engage in sterile compounding. Chair Holt commented that it is interesting that
862 technician regulation, 12 AAC 52.230(f), allows 40 hours of on the job training of sterile
863 pharmaceuticals before performing tasks, and that technicians without any certification can
864 perform sterile pharmaceutical compounding, but not non-sterile. Mr. Ruffridge stated that this
865 will be looked at during the compounding subcommittee later this month and inquired whether
866 this something the board wants to look at for pharmacy technicians with national certifications.
867 Chair Holt commented that the board had this discussion three years ago, so we did have
868 compounding as a function for nationally certified technicians, and at that time, the board felt they
869 did not want to limit it to just being nationally certified, so this was taken out.

870

871 Prescription machines

872 Chair Holt moved to discussing prescription machines, indicating there are two types: storage
873 dispensing, in which a pharmacist physically fills out and mixes the prescription, then places it
874 inside a prescription machine for the patient to pick up at their leisure; and storage dispensing and
875 labeling for pick-up, or distributing. With the latter, the pharmacist is inputting prescription
876 information, and the machine has unit abuse drugs in them, e.g.: a bottle of 40 penicillin tablets;
877 for patient pick-up. Chair Holt indicated that a Wasilla urgent care has this type of machine with
878 an adjacent computer that accepts insurance card to enter in your information, then the machine
879 dispenses the product, much like a vending machine. Mr. Holm stated that under the right
880 conditions, it sounds acceptable, to which Chair Holt agreed, commenting it doesn’t affect the
881 patient care aspect, but improves patient access.

882

883 Ms. Walmsley commented that in Arizona, machines are licensed separately as a type of pharmacy
884 permit, and that they are installed at college campus, emergency rooms, etc. Chair Holt stated the
885 board would need statutory authority to license machines. Ms. Walmsley added the prescriptions
886 can be accessed through electronic prescribing or refills.

887

888 The board’s draft regulations for automated drug kiosks indicate they are available after hours. Ms.
 889 Carrillo inquired whether they would be accessible to individuals during day-time hours who are
 890 able to swing by at their convenience, but who don’t want to wait in line. Chair Holt reiterated
 891 there are different types of technology; some that do the filling, but attached remotely to a
 892 dispensing pharmacy, some that act as a standalone, and some that are only for pick-up. Chair
 893 Holt commented the board could remove restriction to access only when closed so it can be
 894 picked up at any time of day.

895
 896 **On a motion duly made by Tammy Lindemuth to send a newly created regulation titled,**
 897 **“automated dispensing kiosk for cursory review” by the Department of Law, seconded by**
 898 **Leif Holm, and approved unanimously, it was:**

899
 900 **RESOLVED to request a cursory legal review on automated dispensing kiosks.**
 901

	APPROVE	DENY	ABSTAIN	ABSENT
902 Leif Holm	x			
903 Richard Holt	x			
904 Justin Ruffridge	x			
905 Lana Bell				x
906 Tammy Lindemuth	x			
907 James Henderson	x			
908 Sharon Long				x

909
 910
 911 The motion passed with further discussion:

912
 913 Mr. Ruffridge commented that installation of these machines in non-remote pharmacy locations
 914 raises questions, such as who is operating these? Ms. Lindemuth suggested having language
 915 indicating a pharmacy may install and use kiosk within their premises. Mr. Ruffridge stated that in
 916 the remote pharmacy regulations, there are relatively strict regulations about pharmacist having to
 917 be employed by central pharmacy, but when a drug dispensing machine is introduced, it could be
 918 perceived as equivalent to a remote pharmacy. Ms. Carrillo asked for clarification as to whether
 919 Mr. Ruffridge’s concern is whether having a dispensing machine in a non-remote pharmacy is
 920 effectively providing remote pharmacy services, to which Mr. Ruffridge affirmed. Chair Holt
 921 pointed to the pharmacy statute definition in AS 08.80.480(27) for in-state, and (28) for outside of
 922 the state (28), adding that when you get to concept of remote, tele-, or automation, it opens up
 923 boundaries to what sort of scope of practice is being flexed. Chair Holt also pointed to AS
 924 08.80.400, which doesn’t prevent other prescribers in supplying a patient with any medicinal
 925 preparation within their scope, which is how the urgent care provides kiosks without our
 926 oversight.

927
 928 **TASK 16**

929 Chair Holt will send the draft regulations, including language related to automated dispensing
930 kiosks, to Ms. Carrillo, and Ms. Carrillo will send the regulations to the Department of Law for
931 cursory review.

932 *(Complete on 08/18/2020; Ms. Carrillo sent this request on 08/10/2020 and LAW provided comments on*
933 *the 18th; additional discussion from the board is needed).*

934

935 Recess at 12:05 p.m. for lunch; off record.

936 Back from lunch at 1:02; on record.

937

938 **Agenda Item 5 Resume Regulations**

Time: 1:02 p.m.

939

940 Delivery driving

941 Mr. Holm commented to the board that in his practice, they have always licensed their delivery
942 drivers as technicians just to be on the safe side, but contemplated whether licensure is necessary
943 since the technician license requirement was removed in the emergency regulations for the
944 COVID-19 response for certain support functions. Mr. Holm continued that a pharmacy was
945 utilizing taxi drivers to deliver medications during this pandemic, and so wanted the board to
946 discuss whether delivery drivers are required to be licensed as pharmacy technicians. Ms. Carrillo
947 inquired whether this would be for controlled substance prescriptions or non-controlled, to which
948 Mr. Holm stated that it wouldn't be specific, but wondering if this activity would fall under a
949 supportive staff member assigned to work in a dispensing area of a pharmacy per 12 AAC
950 52.230(2). Chair Holt stated the definition doesn't specify bagging or filling, but that technicians
951 must meet both (1) and (2), so it doesn't seem a technician license would be needed as long as
952 these are met. The board discussed AS 08.80.480(6): "deliver" or "delivery" means the actual,
953 constructive, or attempted transfer of a drug or device from one person to another, whether or
954 not for consideration. Mr. Ruffridge contemplated whether the driver's duties wouldn't be limited
955 to transporting, that they would be able to do a variety of functions physically in the pharmacy,
956 such as manipulating if they weren't ready to deliver. Chair Holt suggested writing FAQs to this.

957

958 **TASK 17**

959 Ms. Carrillo will draft an FAQ related to using delivery drivers for prescription pick-up and drop
960 off, and will post it online to pharmacy.alaska.gov.

961 *(Completed on 05/11/2020).*

962

963 Shared pharmacy services

964 The board addressed pharmacy services regulations generally, agreeing that these services are
965 inherently confusing, e.g.: what constitutes a shared service, what is the process? Mr. Holm stated
966 his understanding is it's one same-owned pharmacy from start to finish with satellite or sister
967 locations acting as vending machines. The board discussed limitations to these services, and Chair
968 Holt stated he does not see a need for limitations to address public health and safety aspects, that
969 as long as there are two licensees working together for proper patient outcome, it is sufficient.

970

971 The board inquired about how many shared pharmacy services have been approved, and Ms.

972 Carrillo indicated these applications come in infrequently; there has been three processed over the

23

973 last several years in 2019, all for CVS locations. Mr. Ruffridge requested the board reach out to
974 CVS to inquire why they sought approval for shared services. Lauren Paul from CVS happened to
975 be on the call. Ms. Paul indicated that shared pharmacy services allows central processing for
976 workload balancing, for verification of data entry, and drug utilization review. Mr. Henderson
977 asked for additional details as to how it looks in practice, to which Ms. Paul provided the
978 following scenario: pharmacy A would receive a prescription that would be data-entered into their
979 pharmacy system, and from that point, Pharmacy A could continue to input entry and perform
980 DUR, or it could go to pharmacy B, which would then do data entry verification and DUR before
981 going back to pharmacy A for final dispensing to the patient. Mr. Ruffridge stated that in practice,
982 it sounds as if it's no different than a hospital using an at-home team, who do remote order entry,
983 and then the ER pharmacy fills it. Chair Holt commented it makes sense to do this for workload
984 balance. Mr. Ruffridge inquired about how the professional liability at different locations are
985 monitored and whether it is tracked in the pharmacy software, to which Ms. Paul indicated that
986 any person who touches the process of the prescription is tracked and entered.

987

988 Transfer of prescription drug orders

989 Mr. Ruffridge pointed to 12 AAC 52.500(d)(4)(A): original date of issue and dispensing, which
990 indicates it either has to have a date written or dispensing in order for it to be transferred, and
991 stated it needs to be clarified that original prescriptions for legend drugs can be transferred as an
992 original prescription. Speaking generally, Chair Holt commented that for the emergency
993 regulations currently out for public comment, the board had to amend this regulation to allow for
994 nationally certified technicians to engage in this for balancing of workload; that nationally certified
995 technicians could complete transfers, and that the board removed "...and date of dispensing."
996 Chair Holt clarified that, technically this no longer exists, but it isn't reflected in the published
997 statutes and regulations book is because it's not yet permanent.

998

999 **Agenda Item 4 Legal Opinions**

Time: 1:55 p.m.

1000

1001 Supervision

1002 The board reviewed legal opinions received from the Department of Law, including "direct
1003 supervision" in 12 AAC 52.995(22). Chair Holt stated this definition applies only to interns; the
1004 other supervision term, "personal supervision" applies to technicians. Chair Holt presented the
1005 scenario that if a pharmacist is ill and cannot be physically present in the pharmacy, is a pharmacy
1006 technician able to sell the prescription knowing it has been verified and ready for pick up?
1007 According to DOL, this is prohibited because a pharmacy technician must be personally
1008 supervised.

1009

1010 Alternate care sites

1011 DOL says location isn't defined under 12 AAC 52.995, so the board's regulations don't preclude
1012 temporary, adjacent, expansions of a hospital bed's capacity from operating as an alternate care
1013 site without having a separate license. Chair Holt offered the following scenario: if a compounding
1014 pharmacy at a different location than the main pharmacy is considered an extension of that main
1015 pharmacy, a separate license is required. Furthermore, DOL's interpretation seems to indicate that
1016 if you have a change in location, you can use your satellite location because it's not ruled out in

24

1061 pharmacists who maybe didn't register by the statutory deadline, July 17, 2017, or after the 30-day
1062 grace period the board decided on during their March 2019 meeting. Mr. Ruffridge inquired whether
1063 the same fine amount would be assessed even for older matters that were in the pipeline with
1064 investigations to be reviewed by the board, to which Mr. Holt stated that yes, if they are not able to
1065 register by September 30, they will be fined the same amount as with new licensees who haven't
1066 registered. The board acknowledged a regulation change would be needed to clarify the timeframe
1067 to register.

1068
1069 **TASK 18**

1070 Ms. Carrillo will send out a letter on behalf of the board stating that beginning October 1st, a fine of
1071 \$250.00 will be assessed for no registration and that licensees have until September 30 to correct
1072 any registration issues.

1073 *(Complete; letter was mailed to 643 pharmacists with Alaska addresses only on 08/19/2020).*

1074
1075 Ms. Carrillo inquired as to whether the board would be inclined to specify, through regulation,
1076 whether to specify acceptable email accounts through which to access the PDMP. The board
1077 currently doesn't have in regulation that providers must access the PDMP through their employer-
1078 issued email. As an example, Ms. Carrillo stated that an individual who access the PDMP on a
1079 personal email could access the PDMP outside of their clinical practice, which could be considered
1080 inappropriate access, and that there is the risk that there may be unauthorized individuals at the
1081 home who may inadvertently see this information. Similarly, Ms. Carrillo stated that a provider at a
1082 facility who has an employer-issued email account, and accesses the PDMP through, it could
1083 potentially still access the database and see prescription information on the clinic's patient
1084 population if they leave that place of employment and the employer doesn't terminate that email
1085 account. Mr. Ruffridge stated he could see the argument for specifying email accounts and against
1086 doing so.

1087
1088 The board then moved to discussing delinquent reporting and visibility issues into pharmacies being
1089 able to see what days they were delayed or did not report data. In sending out the notices to
1090 pharmacists for the September 30 deadline, Ms. Carrillo inquired whether the letter should also
1091 address delinquent or no reporting. Chair Holt commented that Appriss should be consulted such
1092 that pharmacists know how to correct or resubmit data and so that there is clear instruction on how
1093 to do this. Ms. Carrillo commented that as required for grant deliverables, notices must be sent out
1094 identifying providers who have not reported or are delayed in doing so. Chair Holt agreed that a
1095 notice can be sent out stating that the board has identified delinquent pharmacies and to instruct
1096 them to report, including zero reports, if these had not been submitted.

1097
1098 **TASK 19**

1099 Ms. Carrillo and Ms. Sherrell will reach out to Appriss to inquire what specific details are visible to
1100 Appriss when there is missing or delinquent data.

1101 *(Pending; discussions initiated with Appriss on 05/11/2020 with subsequent follow-up on 05/19/2020; there is*
1102 *a feature that can send automated notices to providers when they missed a reporting day; last communication with*
1103 *Appriss on 08/06/2020; assessing potential negative impacts to turning this on, e.g.: lag time and alert fatigue).*

1104 **TASK 20**
1105 Ms. Carrillo will work with Mr. Holm to send out a letter to pharmacies informing them of the
1106 board’s obligation to assess delinquencies in the requirement to report prescription data, and that
1107 they must report data daily.
1108 *(Completed; 07/07/2020).*
1109

1110 **TASK 21**
1111 Ms. Carrillo will schedule a meeting for May 28 to review public comment.
1112 *(Completed; 05/11/2020).*
1113

1114 **Agenda Item 4 Adjourn Time: 4:34 p.m.**

1115
1116 The next meeting dates would be August 13 and 14, and November 5 and 6.
1117
1118

1119 Ms. Lindemuth motioned to adjourn the meeting. This was seconded by Mr. Henderson, and
1120 approved unanimously. The board adjourned at 4:34 p.m.
1121

1122
1123
1124
1125 _____
1126 Laura Carrillo, Executive Administrator Date
1127

1128
1129 _____
Richard Holt, Chair Date

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

5 Alaska Board of Pharmacy
6

7 DRAFT MINUTES OF THE EMERGENCY MEETING
8

9 May 28, 2020 Videoconference
10

11 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,
12 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on
13 May 28, 2020. Due to the COVID-19 pandemic, in-person attendance was not
14 available.

15
16 **These are draft minutes and have not yet been approved by the board.**
17

18 Agenda Item 1 Call to Order/Roll Call Time: 9:00 a.m.
19

20 The May 28, 2020 videoconference was called to order by Chair, Rich Holt at 9:00 a.m.
21

22 Board members present, constituting a quorum:
23

24 Richard Holt, PharmD #PHAP2008, MBA – *Chair*
25 Leif Holm, PharmD #PHAP1606 – *Vice Chair*
26 James Henderson, RPh #PHAP1683
27 Lana Bell, RPh #PHAP893
28 Tammy Lindemuth, Public Member
29 Sharon Long, Public Member (Absent)
30 Justin Ruffridge, #PHAP1787
31

32 Division staff present:
33

34 Laura Carrillo, Executive Administrator
35 Heather Noe, Occupational Licensing Examiner
36 Jun Maiquis, Regulations Specialist
37

38 Members from the public present (name spelling may not be accurate):
39

40 Molly Gray, AKPhA
41 Gretchen Glaspy, AKPhA
42 Ashley Schaber, AKPhA

43 Douglas Noaeill, Great Land Infusion Pharmacy
44 Jessica Adams, TelePharm
45 Lauren Paul, CVS
46

47 **Agenda Item 2 Review/Approve Agenda** **Time: 9:02 a.m.**
48

49 *Jun Maiquis joined the room at 9:05 a.m.*
50 *Tammy Lindemuth joined the room at 9:08 a.m.*
51

52 The board reviewed the agenda. Chair Holt commented for the public that these emergency
53 regulations took effect April 3, 2020 and will expire on July 31, 2020 if the board takes no action
54 on them at today’s meeting. Chair Holt provided the overview that the regulations were only to be
55 submitted in written format to the publications specialist via fax, mail, email, or through the online
56 public notice system. All comments were received prior to the May 15, 2020 4:30 p.m. cut-off
57 dates and are public record so are subject to public disclosure. Chair Holt indicated to the board
58 and the public that today’s meeting would take the following flow and structure:
59

- 60 1. Chair Holt will read each public comment, including stating the name of the commenter
61 for the record
- 62 2. Chair Holt will provide the board and the public with any background information,
63 including any previous legal opinions and board discussions
- 64 3. Chair Holt will ask the board for any input on each comment rather than waiting until the
65 end for a comprehensive discussion on the regulations generally
- 66 4. The board will then make a motion on the emergency regulations
67

68 Chair Holt recommended the board write down any thoughts, comments, or questions as each
69 comment is addressed so they can pull from these notes for any discussion during the motion-
70 making portion of the meeting.
71

72 **On a motion duly made by Lana Bell to approve the meeting agenda, seconded by Leif
73 Holm, and approved unanimously, it was:**
74

75 **RESOLVED to accept the May 28, 2020 meeting agenda as written.**
76

77	APPROVE	DENY	ABSTAIN	ABSENT
78	Leif Holm	x		
79	Richard Holt	x		
80	Justin Ruffridge	x		
81	Lana Bell	x		
82	Tammy Lindemuth	x		
83	James Henderson	x		
84	Sharon Long			x

85
86 The motion passed with no further discussion.

87
88 **Agenda Item 3 Ethics** **Time: 9:03 a.m.**

89
90 There were no ethics disclosures.

91
92 **Agenda Item 4 Review Public Comment** **Time: 9:14 a.m.**

93
94 *Laura Carrillo left the room at 10:03 a.m.*

95 *Laura Carrillo came back to the room at 10:35 a.m.*

96
97 Comment from Douglas Noaeill - 12 AAC 52.210 (pharmacist duties)

98 Chair Holt read this comment out loud and stated that drug administration exists in current statute,
99 08.80.480(30), so is not a new function, but is not clearly defined. Chair Holt also stated that the
100 board does not have statutory authority related to billing practices as that is under the purview of
101 the Division of Insurance.

102
103 Comment from Jessica Langley – 12 AAC 52.995(38) (pharmacy technicians)

104 Chair Holt read this comment out loud and stated that this needs to be updated to reflect that ICPT
105 as currently referenced in this regulation has merged with another company and is now the National
106 Healthcareer Association.

107
108 Comment from Vicki Farrel – 12 AAC 52.235 (pharmacy technicians)

109 Chair Holt read this comment out loud and stated that the board's intent original discussions was
110 to allow nationally certified pharmacy technicians to participate in the administration of
111 immunizations. The Department of Law; however, indicated the board lacked the statutory authority
112 to allow this. Quoting from AG Weigand on a March 25, 2020 opinion, Chair Holt stated that under
113 AS 08.80.480, the administration of vaccine constitutes the practice of pharmacy, which may only
114 be performed by a licensed pharmacist or pharmacist's intern, to allow any other person to allow
115 any other person to perform this function requires legislative action.

116
117 Comment from Candy Pete – 12 AAC 52.446 (shared pharmacy services/technicians)

118 Chair Holt read this comment out loud and the board engaged in discussion as to what constitutes
119 a dispensing area and therefore what constitutes a dispensing function. The board discussed the
120 benefits and consequences of allowing an unlicensed person to provide certain supportive and
121 manipulative functions. Mr. Holm and Ms. Lindemuth discussed inventory functions as being a
122 stocking function and not a dispensing function. Chair Holt commented as a reminder that AG
123 Weigand stated technicians do not have dispensing authority, so this word cannot be associated with
124 technicians. Ms. Lindemuth stated that inventory can be vague; what type of medication are they
125 putting away? Mr. Henderson stated that inventory stocking could be in the dispensing area. Mr.
126 Henderson stated he wants to make sure the board is supporting pharmacies in securing the
127 premises, to which Chair Holt stated it doesn't diminish control of the pharmacy because 12 AAC

128 52.220 states the pharmacist is responsible for the security. Ms. Bell stated that if you're handling
129 the medications while the pharmacy still owns them, you should have a license. Mr. Ruffridge stated
130 that with the proposed emergency regulations, 12 AAC 52.230, the following persons must be
131 licensed, manipulative functions, supportive staff member assigned to work on the dispensing area,
132 so Mr. Ruffridge agrees that the board should define what the dispensing area is. Mr. Ruffridge
133 stated that in an emergency, it seems completely appropriate for the cashier to not have a license,
134 but that it doesn't seem appropriate for an unlicensed person to be in a dispensing area. Ms. Bell
135 stated this is whole for diversion, to which Mr. Holm disagreed. The board continued to discuss this
136 topic and ultimately agreed dispensing functions would need to be further defined.

137
138 Mr. Ruffridge provided the following example: a cashier for example might have the duty of handing
139 out prescriptions to customers, but if a patient comes in but the prescription is not ready for pick
140 up, that creates a need for customer follow-up and may force the technician to engage in more duties
141 requiring more involvement, including potentially manipulative functions. This could also require
142 the technician to become involved being in the dispensing area as s/he assists the pharmacist in
143 rushing that prescription along. Ms. Bell agreed there could be grey area and a need for further
144 clarification as in this scenario, the technician would be handling un-dispensed inventory. Chair Holt
145 commented that in this case, a technician license would be required because it would involve
146 participation in drug and device selection. Mr. Ruffridge agreed and highlighted that a pharmacy
147 technician may initially be set out to accomplish a black and white task, but scenarios can quickly
148 become gray.

149
150 Comment from Natalie Godwin (patient consent)
151 Chair Holt read this comment on leaving a voicemail regarding a prescription, and whether it would
152 suffice for patient consent. Chair Holt also read the response provided by Ms. Carrillo. No
153 comments from the board.

154
155 Comment from Jasper Wethington (pharmacy technicians)
156 Chair Holt read this comment out loud and stated there may confusion about the functions of a
157 technicians; nowhere does it eliminate a pharmacist's responsibility or allow a pharmacy technician
158 with national certification to engage in evaluating drug interactions, DUR with allergies, disease
159 states, etc. Chair Holt stated at the November 15, 2019 meeting (p. 21 of minutes) that the board
160 discussed this; that it is still up to the pharmacist to authorize pharmacy technicians with national
161 certifications to perform these functions. Ms. Bell disagreed, stating it's not necessarily at the
162 pharmacist's discretion; it is a business model and will depend on the employer. Ms. Bell also stated
163 that the feedback she's received is that pharmacists feel victimized by the pull of employers dictating
164 the limits of their discretionary abilities. Ms. Bell also inquired if Walmart, for example, would allow
165 pharmacists to make this discretionary call, to which Chair Hot affirmed, stating pharmacists are
166 able to use their professional judgment. Ms. Bell expressed that this may not always be the case.

167
168 Chair Holt also cited meeting minutes from the November 29, 2018 meeting (p. 294 of packet),
169 where the board also took up this topic, and at which point there was a subsection drafted to state,
170 "nothing in this section requires a pharmacy technician with national certification to perform these

171 functions... a pharmacist or owner of a pharmacy shall not require a pharmacy technician with
172 national certification to perform these functions...a pharmacist must use their independent
173 judgment.” Chair Holt stated; that by their June 2019 meeting; however, this section was not
174 included, so it was decided at one point to no longer move forward with this regulation amendment.
175

176 To Ms. Bell’s point, Mr. Ruffridge commented that the language on performing a final is somewhat
177 vague. It was Mr. Ruffridge’s understanding there was language added to make it apparent a drug
178 regimen review had to have been accomplished at some point in the process, and that by stating
179 final check, the board is meaning there is no clinical assessment being made, just a check to make
180 sure the accurate information is on the label. Chair Holt indicated that was his understanding as
181 well, stating that AAG, Harriet Milks, reviewed the board’s proposed regulations and commented
182 on January 27, 2020 that the section relating to prospective drug review isn’t necessary because
183 pharmacists are statutorily required to do this anyway. Chair Holt suggesting going back to LAW
184 for additional clarification on this and that it may be necessary for the board to add their previously
185 proposed language back in.
186

187 Comment from Lauren Paul – 12 AAC 52.060 – 12 AAC 52.995

188 Chair Holt read this comment out loud. No comments from the board.
189

190 Comment from Tracy Tomlinson (pharmacy technicians)

191 Chair Holt read this comment out loud. No comments from the board.
192

193 Comment from Daniel Nelson (multiple comments on specific sections with suggested edits)

194 Chair Holt read this comment out loud. To the concern on the intern having ultimate responsibility,
195 Chair Holt stated this is not being amended during this emergency regulation; in existing 12 AAC
196 52.220 for pharmacist interns, a pharmacist supervising a pharmacist intern is responsible for the
197 intern. This language and is not being amended and will not be removing that responsibility from
198 the pharmacist. To the concern relating to pharmacy technicians, Chair Holt stated that they can
199 clarify *or* obtain missing information. Ms. Bell acknowledged this interpretation as correct. To the
200 concern on controlled substances being excluded from tech-check-tech functions, Chair Holt, cited
201 Title 21 CFR 21.13.06.21, which states that (a) a pharmacist must dispense directly a controlled
202 substance. Chair Holt also pulled AAG Megan Weigand: in Alaska, a pharmacy technician can
203 distribute but not dispense. To the concern on why pharmacy vaccines are not included, Chair Holt
204 stated that this goes back to the March 25, 2020 legal opinion from Megan Weigand indicating that
205 only a licensed pharmacist or pharmacist intern can engage in the practice of pharmacy, which also
206 excludes technicians from providing administrations. To the concern on delegating duties, Chair
207 Holt stated this goes back to the 2018 discussion indicating the pharmacist can use their professional
208 judgment to do this. To the concern on allowing pharmacists to create their own training to ensure
209 maximum competency is acquired, the existing regulations still allow this.
210

211 *Break at 10:40 a.m.*

212 *Back on record at 10:50 a.m.*
213

214 Comment from Vicky Hanson (pharmacy technicians)

215 Chair Holt read this comment out loud and stated they are not new nationally, but for Alaska they
216 are new, so understand the hesitation to allow expansion of technician duties. Ms. Bell commented
217 that the hesitation may also come from the limited job market availability for pharmacists, but with
218 a lot of opportunities for technicians.

219

220 Comment from Ashley Schaber/AKPhA (pharmacy technicians)

221 Chair Holt read this comment out loud. Ms. Schaber requested the board to consider clarification
222 in 12 AAC 52.235(a) and 12 AAC 52.220 to include a pharmacist may delegate duties to a technician
223 with national certification and obtaining or clarifying information is allowed. Ms. Schaber also
224 requested the board to clarify that the date of the last fill of a prescription transfer should be obtained
225 if available in 12 AAC 52.500(d), which relates to transfer of prescription drug orders. Ms. Bell stated
226 there definitely is an argument for expanded roles of technicians. Chair Holt stated in 2018 and 2019
227 when he and Mr. Holm presented at the AKPhA Annual Meetings, there were discussions and
228 questions around pharmacy technician expansion of duties, but he doesn't recall there being strong
229 opposition at that time. Mr. Holm commented his recollection was that the discussions were all
230 positive. Mr. Ruffridge commented that this is an opportunity to have clear language as to what can
231 be delegated; that it is best to err on the side of caution and be overly clear.

232

233 Comment from Tom Wadsworth (pharmacy technicians)

234 Chair Holt read this comment out loud. Dr. Wadsworth expressed his concerns for the entire
235 emergency regulations, requesting they be sunsetted after 120 days. In response to Dr. Wadsworth's
236 concern about drug administration, Chair Holt stated that the board has had several discussions
237 relating to drug administration because this is not further defined. Chair Holt stated that on
238 November 22nd, 2019, the board sent to LAW for cursory review statute, AS 08.80.480(1), to
239 inquire as to whether the pharmacist scope of practice allows the ability to administer beyond
240 vaccinations. AAG, Harriet Dinagar Milks stated that yes it does, with some restrictions.
241 Furthermore, in December 2019, LAW assessed the question: "can a pharmacist administer by
242 injection any prescription drug", which AAG Milks stated that it is a yes, because *administer* includes
243 injection in statute. The AAG's suggestion was for the board to consider amending 12 AAC 52.992,
244 12 AAC 52.994, and 12 AAC 52.995 to clarify that administration does include injection based on a
245 prescriber's order.

246

247 Dr. Wadsworth expressed concern about the role and expertise of the pharmacist being diminished.
248 He then also proposed changes to 12 AAC 52.220(c) to prohibit an intern from assuming
249 responsibility for filled prescriptions. Chair Holt continued to read the written comments from Dr.
250 Wadsworth.

251

252 Regarding transfer of prescriptions, 12 AAC 52.500(d)(4)(D), Mr. Ruffridge inquired about what
253 the rationale was for removing the date of last fill for the receiving pharmacist. Chair Holt stated
254 the board removed the number of valid refills remaining because pharmacies could dispense
255 whatever quantity is on the prescription, and that the insurance company would have this date from
256 the billing anyway. Mr. Ruffridge expressed his understanding that the date of the last refill served

257 as a protection to ensure it wasn't being filled too early, and so was requesting clarification on the
258 rationale. Mr. Henderson stated from his recollection, it was a suggestion by Mr. Ruffridge because
259 if it was a prescription that hadn't been filled, there wouldn't be a last refill date to provide. Chair
260 Holt confirmed this recollection in there being a concern that pharmacies were refusing to transfer
261 an original prescription because under this subsection, there wouldn't be a refill date if it wasn't
262 actually dispensed, so this can't be clarified if there was no refill date. Mr. Ruffridge stated it seems
263 to indicate a pharmacist would be breaking the law if this date isn't included, to which Mr.
264 Henderson responded it could be clarified to add, "if applicable." Chair Holt stated it wouldn't
265 impact his clinical judgment to not see this date, but has that feedback from licensees indicate it
266 could be useful for clinical knowledge purposes.

267

268 Comment from Gerald Moses

269 Chair Holt read this comment out loud and stated the board welcomes comments and takes them
270 into careful consideration when drafting regulations.

271

272 Chair Holt added the board always accepts public comments when discussing regulation changes,
273 and that the board proactively engages in regulation drafting through subcommittees. Chair Holt
274 stated that pharmacy technician regulations have been discussed for three years and appreciates
275 feedback and different perspectives. Mr. Ruffridge inquired about many particular steps needed to
276 move forward with regulation projects when there are language changes. Chair Holt stated his
277 understanding is that the board can amend the proposed regulations, but they cannot be substantive
278 changes; in that case, they would have to go back out for public comment. Mr. Maiquis stated that
279 substantive changes would mean that it's no longer precisely within the intent of the regulation; if it
280 the changes are out of scope with the public notice, they are considered substantive changes, and
281 the regulations would again need to be opened for public comment. Chair Holt stated that back in
282 2018 when the board was discussing nationally certified technicians, there was that subsection
283 describing prescriptions going through prospective drug review; and that if now, the board wanted
284 to add this back in, it would not be considered a substantive change because it's still in line with the
285 scope.

286

287 *Off record for lunch at 12:02 p.m.*

288 *Back on record at 1:01 p.m.*

289

290 Chair Holt inquired whether the board had suggestions around clarifying a prescription drug order
291 under 12 AAC 52.235(a)(3), "clarify or obtain missing information...". Chair Holt stated there were
292 some questions around why technicians can't ask clarifying questions. Mr. Holm stated there might
293 just be misinterpretation, but that the intent aligns with the general understanding of this section.
294 Chair Holt stated that the first comment was why are technicians being able to obtain omitted
295 information but not more broadly clarifying questions or concerns? Mr. Holm highlighted that the
296 language does say clarify or obtain. The board ultimately agreed it is sufficient as worded, and that
297 providers can clarify or request missing information.

298

299 Regarding continuation of therapy, Ms. Bell stated for emergency purposes, we would want to refill
300 an albuterol inhaler from an out of state patient. Chair Holt stated it wasn't the board's intent to
301 allow refilling indefinitely. Mr. Ruffridge agreed, stating as long as it doesn't conflict with the ability
302 to provide continuation of therapy.

303
304 Mr. Henderson asked for clarification on whether it is the board's intent to repeal 12 AAC 52.470(b),
305 to which Ms. Bell stated to not repeal at all; leave in place. Ms. Bell stated it's important to continue
306 allowing discretion for maintenance medications.

307
308 **On a motion duly made by Justin Ruffridge and seconded by James Henderson to adopt**
309 **add to 12 AAC 52.470(b): "a pharmacist may not dispense a refill of a prescription drug order**
310 **for a non controlled substance after one year from the date of issue of the original**
311 **prescription drug order." it was:**

312
313 **RESOLVED to add the above language to 12 AAC 52.470.**

314

	APPROVE	DENY	ABSTAIN	ABSENT
315				
316	Leif Holm	x		
317	Richard Holt	x		
318	Justin Ruffridge	x		
319	Lana Bell	x		
320	Tammy Lindemuth	x		
321	James Henderson	x		
322	Sharon Long			x

323
324 The motion passed with further discussion: Mr. Ruffridge stated this change will still allow
325 continuation of therapy because it is writing for another prescription drug order.

326
327 Chair Holt commented on 12 AAC 52.995(a), which needs to be changed from the Institute of
328 Pharmacy Technicians to National Healthcareer Association (NHA). Mr. Ruffridge inquired as to
329 what would happen if these organizations continued to change, and if it would be better to include
330 more broad language. Chair Holt stated that the board had attempted to be more general, but that
331 LAW recommended detailed language so as to inform the public what organizations are acceptable
332 to the board.

333
334 **On a motion duly made by Rich Holt to amend 12 AAC 52.995(a)(38) by changing the**
335 **referenced Institute of Pharmacy Technicians to the National Healthcareer Association**
336 **(NHA), and seconded by James Henderson, it was:**

337
338 **RESOLVED to amend 12 AAC 52.995(a)(38) to reflect the National Healthcareer**
339 **Association.**

340

	APPROVE	DENY	ABSTAIN	ABSENT
341				
342	Leif Holm	x		
343	Richard Holt	x		
344	Justin Ruffridge	x		
345	Lana Bell	x		
346	Tammy Lindemuth	x		
347	James Henderson	x		
348	Sharon Long			x

349
350 The motion passed with no further discussion:

351
352 Emergency regulations 12 AAC 52.060 – 12 AAC 52.995

353
354 In considering the emergency regulations project being made permanent, the Board
355 reviewed and considered public comments received. The Board does not expect the
356 regulations change to incur cost to private persons, or to require an increased appropriation.

357
358 On a motion duly made by Rich Holt and seconded by Lana Bell to adopt the following
359 emergency regulations as written and publicly noticed:

360
361 12 AAC 52.060(d), 12 AAC 52.210, 12 AAC 52.220(e)(3), 12 AAC 52.230(a)(2), 12 AAC
362 52.300(c)(3), 12 AAC 52.300(c)(4), 12 AAC 52.446, 12 AAC 52.470(a), 12 AAC 52.470(b), 12
363 AAC 52.470(c), 12 AAC 52.470(d), 12 AAC 52.470(g), 12 AAC 52.470(h), 12 AAC 52.480(4), 12
364 AAC 52.490(a), 12 AAC 52.500(d)(1), 12 AAC 52.500(d)(3), 12 AAC 52.500(d)(4), 12 AAC
365 52.500(d)(5), 12 AAC 52.500(f)(2), 12 AAC 52.510(a), 12 AAC 52.510(a)(1), 12 AAC 52.510(c),
366 12 AAC 52.985(a), 12 AAC 52.985(b), 12 AAC 52.985(c), 12 AAC 52.985(d), 12 AAC 52.985(f),
367 12 AAC 52.992(d), 12 AAC 52.995(a)(33);

368
369 And to adopt the following emergency regulations as further amended:

370 12 AAC 52.235 and 12 AAC 52.995(a)(38);

371
372 And to adopt a new subsection in 12 AAC 52.470(i); it was:

373
374 **RESOLVED** to adopt the aforementioned emergency regulations as permanent,
375 including those requiring further amendments and adding a new subsection.

	APPROVE	DENY	ABSTAIN	ABSENT
377				
378	Leif Holm	x		
379	Richard Holt	x		
380	Justin Ruffridge	x		
381	Lana Bell	x		

382	Tammy Lindemuth	x
383	James Henderson	x
384	Sharon Long	x

385
386 The motion passed with no further discussion.

387
388 Jun Maiquis stated that for the sections the board has made changes to, they will take effect 30 days
389 after filings while the other sections will be in effect after the 120 days (August 1st).

390
391 **TASK 1**

392 Ms. Carrillo will sign the certification and adoption order on behalf of the board of pharmacy and
393 will provide it to the regulations specialist.
394 *(Completed June 3, 2020).*

395
396 **Agenda Item 4 Adjourn Time: 1:52 p.m.**

397
398 Ms. Lindemuth motioned to adjourn with a second by Mr. Ruffridge and no opposition by the
399 board.

400 _____
401 Laura Carrillo, Executive Administrator Date

402
403
404 _____
405 Richard Holt, Chair Date

406
407
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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:

457
458 The emergency amendment of 12 AAC 52.210(1) is made permanent to read:
459 (1) receiving an oral prescription drug order from a practitioner or authorized agent of
460 a practitioner;

461
462 The emergency amendment of 12 AAC 52.210(6), (7), and (8) are made permanent to read:
463 (6) assuming the responsibility for a filled prescription;
464 (7) consulting with a patient or a patient's agent regarding a prescription or
465 information contained in the patient medication record system; and
466 (8) administer a prescription drug order in accordance with prescriber's order. (Eff.
467 1/16/98, Register 145; am 7/9/2017, Register 223; am 4/3/2020, Register 234)

468 **Authority:** AS 08.80.005 AS 08.80.030 AS 08.80.330

469
470 The emergency repeal of 12 AAC 52.220(e)(3) is made permanent to read:
471 (3) repealed 4/3/2020;
472 (Eff. 1/16/98, Register 145; am 1/17/2007, Register 181; am 10/31/2019, Register 232; am 4/3/2020,
473 Register 234)

474 **Authority:** AS 08.80.005 AS 08.80.110 AS 08.80.410
475 AS 08.80.030 AS 08.80.116

476
477 The emergency amendment of 12 AAC 52.230(a)(2) is made permanent to read:
478 (2) a supportive staff member assigned to work in the dispensing area of a pharmacy.

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

481 **Authority:** AS 08.80.030 AS 08.80.480

482

483 The emergency adoption of 12 AAC 52.235 is made permanent and that section is further amended
484 to read:

485 **12 AAC 52.235. Pharmacy technician with national certification.** (a) A pharmacy technician
486 who holds a national certification [AND WHO WORKS UNDER THE DIRECT SUPERVISION OF A
487 PHARMACIST] may, at the direction of the pharmacist on duty,

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

489 (A) the prescription drug order has previously undergone a drug
490 regimen review by a pharmacist, including determination in substitution;

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

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

498 (D) [(C)] each prescription distributed is electronically verified and the
499 date and quantity distributed is documented in the patient record;

500 (2) transfer a non-controlled substance prescription drug order as described in

501 12 AAC 52.500;

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

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

506 (1) the result of the clarification;

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

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

509 (4) the date [AND TIME] of the call.

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

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

515 4/3/2020, Register 234; am ____/____/____, Register ____)

516 **Authority:** AS 08.80.005 AS 08.80.030

517

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

519 (3) an attestation that the applicant has met all continuing education requirements of

520 12 AAC 52.320 – 12 AAC 52.350;

521

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

523 (4) repealed 4/3/2020. (Eff. 1/16/98, Register 145; am 2/26/2000, Register 153; am
524 5/5/2000, Register 154; am 5/26/2006, Register 178; am 4/3/2020, Register 234)

525 **Authority:** AS 08.01.100 AS 08.80.030 AS 08.80.157
526 AS 08.80.005 AS 08.80.147 AS 08.80.165

527

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

529 **12 AAC 52.446. Shared pharmacy services during emergency.** (a) Notwithstanding
530 12 AAC 52.445, during a disaster emergency declared by the governor, a pharmacy participating in
531 shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in
532 shared pharmacy services, shall do so in accordance with this section.

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

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

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

544 (e) A pharmacy participating in shared pharmacy services, or a pharmacist acting
545 independently of a pharmacy and participating in shared pharmacy services, shall
546 (1) maintain manual or electronic records identifying, individually for each order
547 processed, filled or dispensed

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

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

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

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

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

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

561 **Authority:** AS 08.80.005 AS 08.80.030

562

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

564 (a) Repealed 4/3/2020.

565

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

567 (b) Repealed 4/3/2020.

568

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

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

572

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

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

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

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

579

580 The emergency adoption of 12 AAC 52.470(g) is made permanent to read:

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

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

588 (2) "chronic" means a drug that the patient takes regularly, for greater than three
589 months.

590

591 The emergency adoption of 12 AAC 52.470(h) is made permanent to read:

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

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

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

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

598

599 12 AAC 52.470 is amended by adding a new subsection to read:

600 (i) A pharmacist may not dispense a refill of a prescription drug order for a noncontrolled
601 substance after one year from the date of issue of the original prescription drug order. (Eff. 1/16/98,
602 Register 145; am 6/29/2018, Register 226; am 4/3/2020, Register 234; am ___/___/____,
603 Register ____)

604 **Authority:** AS 08.80.005 AS 08.80.030

605

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

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

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

611 **Authority:** AS 08.80.005 AS 08.80.295 AS 08.80.480
612 AS 08.80.030

613
614 The emergency amendment of the introductory language of 12 AAC 52.490(a) is made permanent to
615 read:

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

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

622 **Authority:** AS 08.80.005 AS 08.80.030
623

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

625 (1) repealed 4/3/2020;
626

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

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

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

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

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

639 (D) the date of the transfer;

640

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

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

645 (A) the original date of issue;

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

647 (C) the quantity of drug or device remaining;

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

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

653

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

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

657

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

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

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

663 **Authority:** AS 08.80.005 AS 08.80.030

664

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

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

669

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

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

675

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

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

682 **Authority:** AS 08.80.005 AS 08.80.030 AS 08.80.295

683

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

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

689

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

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

695

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

697 (c) Repealed 4/3/2020.

698

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

700 (d) Repealed 4/3/2020.

701

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

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

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

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

708 (3) an application under 12 AAC 52.070, 12 AAC 52.092, 12 AAC 52.095,
709 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
710 be notarized. (Eff. 10/31/2019, Register 232; am 4/3/2020, Register 234)

711 **Authority:** AS 08.80.005 AS 08.80.030

712

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

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

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

718 **Authority:** AS 08.01.075 AS 08.80.168 AS 08.80.480

719 AS 08.80.030 AS 08.80.261

720

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

722 (33) "shared pharmacy services" means a system allowing the processing by a
723 participating pharmacist, pharmacist intern, or pharmacy technician who holds a national
724 certification, or a pharmacy of a request from another participating pharmacist, pharmacist intern, or
725 pharmacy technician who holds a national certification, or pharmacy to enter or review a prescription
726 drug order, process or fill a prescription drug order, including dispensing or distributing, drug
727 utilization review, claims adjudication, refill authorizations, therapeutic interventions, counseling,
728 monitoring of drug therapy, and institutional order review;

729

730 The emergency adoption of 12 AAC 52.995(a)(38) is made permanent and that section is further
731 amended to read:

732 (38) "pharmacy technician who holds a national certification" means a pharmacy
733 technician, licensed by the board, who obtains and maintains an active national certification through
734 the Pharmacy Technician Certification Board (PTCB) or the **National Healthcareer Association (NHA)**
735 **[INSTITUTE FOR THE CERTIFICATION OF PHARMACY TECHNICIANS (ICPT)]**.
736 (Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 11/10/2001, Register 160; am 8/21/2002,
737 Register 163; am 2/15/2006, Register 177; am 8/12/2007, Register 183; am 9/11/2010, Register 195;
738 am 12/29/2011, Register 200; am 8/1/2014, Register 211; am 6/7/2018, Register 226; am
739 10/31/2019, Register 232; am 4/3/2020, Register 234; am ____/____/____, Register ____)

740 **Authority:** AS 08.80.005 AS 08.80.159 AS 17.30.200

741	AS 08.80.030	AS 11.71.900	AS 17.30.900
742	AS 08.80.157		
743			

DRAFT



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

Notices:

- The Board of Pharmacy sent out a letter to all licensees about mandatory PDMP registration and use in July.
- License integration enhancement has gone live. This provides automatic verification of licensure status, between CBPL's licensing database, Portal, and the AWAxRxE platform. For existing users, this means providers who do not renew their professional license will be automatically deactivated in the PDMP.
- We are working with Appriss on being able to issue automatic compliance notifications to providers who directly dispense, letting them know if they miss a day of reporting.
- BJA will be announcing grant recipients by September 2020

Registration

- Number of licensed Pharmacists: 1,170
- Number registered with the PDMP: 926 (4% decrease from May 2020) During renewals, some users have requested their accounts be deactivated (non-dispensing pharmacists)
- Compliance rate: 79% (5% decrease since May 2020)
- This does not include users who are registered as VA, Military, and IHS dispensers. If those users are included the compliance rate is 90% (1,057).

Delinquent Reporters

Providers who directly dispense are required to report daily. We are currently preparing to gather this information on the renewal applications. Currently, there are 232 delinquent submitters in AWAxRxE.

Recommendations

- Encourage increased reviewing, including the use of delegates
- Encourage licensees to verify their user roles and specialties in AWAxRxE to improve the accuracy of reporting.



**PDMP Overview
 Registration**

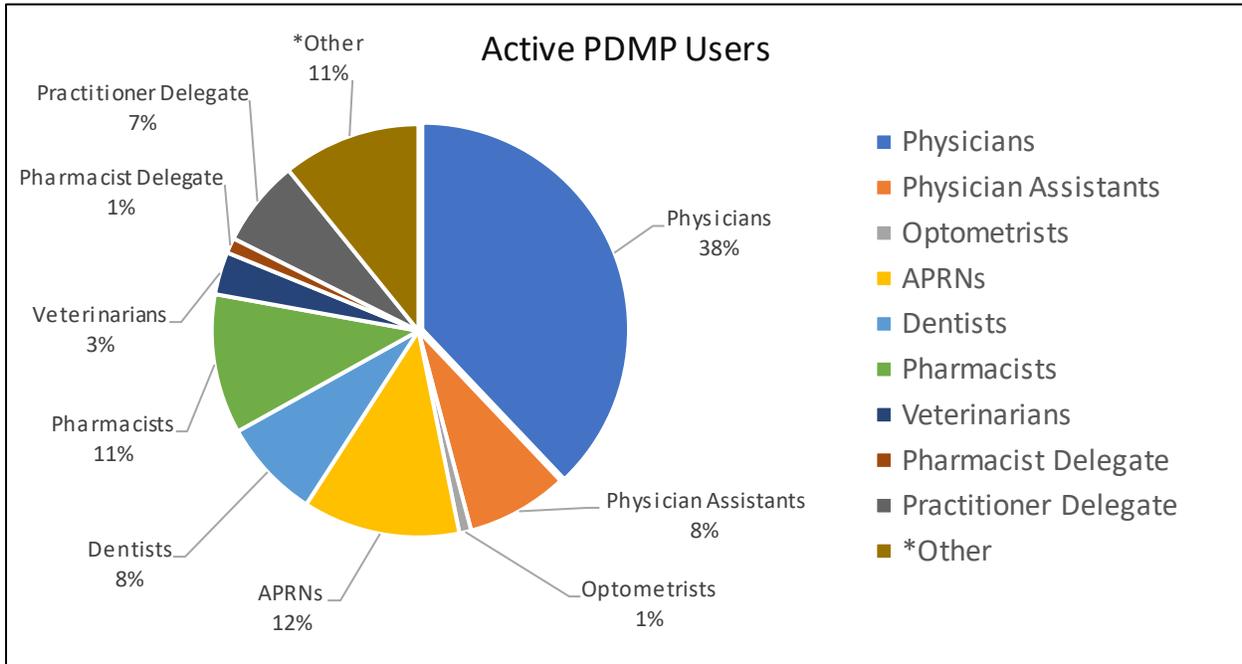


Figure 1A. Physician includes those registered as Physician, Podiatrist, and Medical Residents with Prescriptive Authority. *Other includes IHS, VA, and military prescribers and dispensers, a dmin, medical residents, coroners, and out-of-state pharmacists.

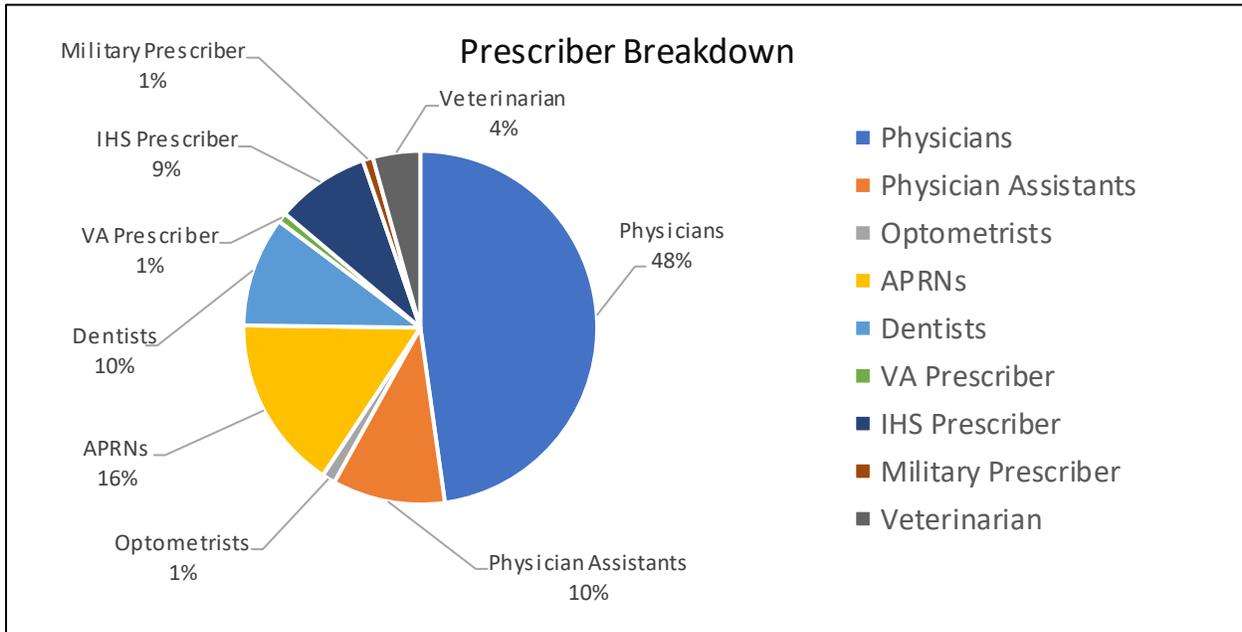


Figure 1B. This figure may be underrepresented as there are licensed prescribers inclusive in federal user role categories (IHS Prescriber, VA Prescriber, and Military Prescribers).



MME Use

October 2019 – March 2020

The CDC recommends that primary care clinicians should reassess evidence of the benefits and risks to the individual when increasing dosage to greater or equal to 50 MME/day and avoid increasing to greater or equal to 90 MME/day when possible due to an increased risk of complications. The CDC also recommends avoiding concurrent benzodiazepine and opioid prescriptions, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death.

CDC checklist for prescribing opioids -

https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_OpioidPrescribeCDC_06.2018.pdf

CDC guidelines for prescribing opioids for chronic pain -

https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_OpioidPrescribeCDCPain_2018.10.pdf

Provider Type	# Providers Prescribing at Least Once	# Providers Who Reviewed 0 Patients	# Providers Prescribing >90MME	# Providers Prescribing >120MME	Dangerous Combo	
					Benzo Opioid	Benzo Opioid Carisoprodol
NUR	493	134	73	43	316	35
DEN	408	250	37	17	229	12
MED	1781	632	496	286	1303	135
VET	158	137	6	6	14	0
OPT	5	3	0	0	0	0

Table 1. MED includes Physicians, Podiatrist, Physician Assistants, and Medical Residents with Prescriptive Authority, and excludes surgical and oncology specialties.



August 19, 2020

Name
Address
City, State Zip

License Number

Re: Mandatory PDMP registration and use

Greetings,

The Alaska Board of Pharmacy is obligated to oversee the Prescription Drug Monitoring Program (PDMP), including ensuring compliance with registration, reviewing, and reporting requirements. As part of our proactive and ongoing efforts to maximize the use of the PDMP as a supportive tool in making informed clinical decisions, this notice is being sent to all licensees who may be affected by PDMP requirements. If you are already registered and are reviewing and reporting, or do not meet the mandatory registration and use requirements, please disregard this notice. This is **not a notice of delinquency or discipline**; this notice is to serve as a reminder that:

- All prescribing practitioners who hold an active professional license under AS 08 and Drug Enforcement Administration (DEA) registration number valid to use in any state or practice location **must register**.
- All pharmacists who hold an active professional license under AS 08 and are dispensing controlled substances in Alaska **must register**.
- All prescribing practitioners **must review** prescription history in the PDMP prior to prescribing, administering, or dispensing a federally scheduled II or III controlled substance. Exemptions are listed under the Controlled Substances Act, AS 17.30.200(k). There may also be exemptions to this requirement articulated in your board's regulations.
- All prescribing practitioners and pharmacies **must report** dispensations of federally scheduled II – IV controlled substances to the PDMP daily as required by AS 17.30.200(b) and 12 AAC 52.865 unless excused by AS 17.30.200(u). There may also be exemptions to this requirement articulated in your board's regulations.

Included in this mailout is a one-page handout addressing each mandatory use component in more detail; however, for more comprehensive information, please visit pdmp.alaska.gov to review relevant statutes and regulations as well as additional instructions on these topics. Please also visit your licensing board's page for additional guidance that may be available.

Registering

If you meet the mandatory registration criteria as explained in the accompanying letter, you must register by first creating an account at alaska.pmpaware.net. You must then submit the required \$25.00 fee by credit card, check, or money order. Depending on your licensing board, you may have already paid for this fee with your license application, or you may be asked to fill out the PDMP Initial Registration form (#08-4760). Delegates licensed under AS 08 can register but are not required to pay the fee.

Maintaining your PDMP registration requires submission of the \$25.00 renewal fee. PDMP renewal coincides with the date of your professional license renewal date.

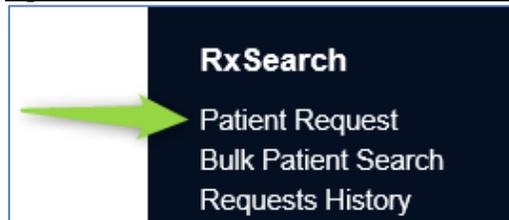
Reviewing

To review prescription history, login to the PDMP at alaska.pmpaware.net or through your practice's electronic medical or health record system. There are two ways to navigate to the review or patient request page:

Option 1: dashboard favorites upon login



Option 2: via the Menu and RxSearch at the top of the screen

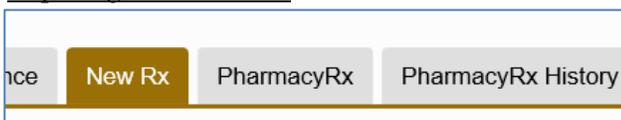


Once you arrive at the patient prescription history review page, you'll see three required fields: first name, last name, and date of birth. You may do a partial search. Date ranges are also required, but auto-populate to the last two years. If the patient is found, you will be brought to the patient's report page. Under the risk indicators section, you'll see a NarxReport, which is not required to be reviewed; it exists only to provide a snapshot of a patient's overdose risk. Guidance on interpretation is included. The section required to be reviewed is the section titled, "Rx Data". You may review other sections as needed.

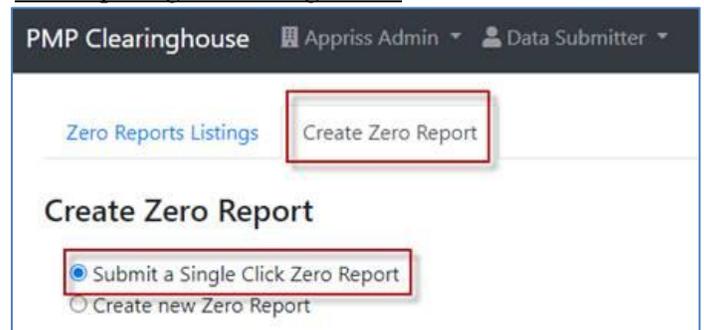
Reporting

To report directly within the PDMP at alaska.pmpaware.net, navigate to 'Menu', then 'Rx Management', then 'New Rx'. You may also report via PMP ClearingHouse. If you must submit zero reports, this can only be done through the ClearingHouse option.

Reporting in AWARxE:



Zero reporting in ClearingHouse:



The PDMP will be turning on a notification service within the database to send automatic updates when a submitter is delinquent with the daily reporting. For information on how to submit data, please review the Data Submission Dispensation Guide located at pdmp.alaska.gov. If you have questions regarding ClearingHouse, please contact Appriss Health support at 1-866-277-7477.

If you are experiencing difficulties in reporting due to lack of Internet access, you may fill out a waiver of electronic submission form found at pdmp.alaska.gov.



August 19, 2020

Name
Address
City, State, Zip

IMPORTANT NOTICE: PDMP Registration & Assessment of Civil Fine for Delayed Registration

Dear licensee,

Pursuant to AS 17.30.200(n), "A pharmacist who dispenses or a practitioner who prescribes, administers, or directly dispenses a schedule II, III, or IV controlled substance under federal law shall register with the database..."

Pursuant to AS 17.30.200(e), the Alaska Board of Pharmacy intends to pursue an initial civil fine in the amount of \$250.00 **beginning October 1, 2020** for pharmacists who are dispensing schedule II, III, or IV controlled substance under federal law BUT have not registered with the Prescription Drug Monitoring Program (PDMP):

- a) within thirty (30) days of their initial Alaska pharmacist licensure OR
- b) within thirty (30) days after beginning to dispense schedule II, III, or IV controlled substances under federal law.

For each subsequent day a pharmacist has not fulfilled the registration requirement, an additional \$25.00 will be assessed. **Please disregard this notice if**

- you do not dispense controlled substances **or**
- you have an existing and approved account at alaska.pmpaware.net **and:**
 - paid the previous PDMP fee and were issued a PDMP registration # (if licensed and dispensing controlled substances at any time between July 1, 2016 to June 30, 2018); **or**
 - became licensed for the first time any time between July 1, 2018 - present and have submitted the PDMP fee in order to be issued a PDMP registration #; **or**
 - submitted/will be submitting a pharmacist renewal application along with the current PDMP fee and previous PDMP fee, if outstanding.

All licensees who meet the mandatory criteria in AS 17.30.200(n), above, and are not yet registered must register by **September 30, 2020**. Federal pharmacists who hold a license under AS 08.80 are not exempt from the fee.

If you have already submitted your application with payment but do not see your PDMP registration reflected with a June 30, 2022 end date, DO NOT resubmit your application and payment. This will result in refund processing, which will delay the initial and renewal application process for all licensees.

Please visit pdmp.alaska.gov for additional information.

PDMP Integrations Update – 2020

I. Gateway

A. Approved (4)

- Northwind Behavioral Health
- Royal Medical Center
- Foundation Health, LLC (Collective Medical)
- PeaceHealth Ketchikan (Collective Medical)
- Anchorage Community Mental Health Services (HIE)
- Anchorage Behavioral Health (HIE)
- Akeela (HIE)

B. Pending (17)

- Providence St. Joseph Health
- Ninilchik Community Clinic
- Louisiana Children’s Medical Center
- Alaska Treatment Center
- Tufts University Health Service
- Turnagain Telehealth
- Catherine Kilby, MD, LLC
- Susan A. Bryan, DNP, APRN, PMHNP-BC
- Eagle View Family Dental
- Deborah A. Sullivan MD
- Women’s Health Care
- Interpoint Health
- Barlett Regional Hospital
- East Cooper Plastic Surgery
- HCA Healthcare eClinicalWorks
- CRx Specialty Solution Pharmacy
- Arctic Medical Center

C. Total patient requests

- December – July 2020 = 1,351,059 (36% increase)
- December – July 2019 = 869,187

II. Interstate Integrations

A. PMPi InterConnect: Approved

- Connecticut

B. PMPi InterConnect: Pending

- Hawaii

C. RxCheck: Pending

- Nebraska

C. Total patient requests

- December – July 2020 = 8,685 (50% increase)
- December – July 2019 = 4,372

III. MOAs/MOUs

A. Military (Pending; signatures sent in August)

B. Veterans Administration (Pending)

C. All pending Gateway requests



MEMORANDUM

DATE: August 17, 2020
 TO: Board of Pharmacy
 THRU: Greg Francois, Chief Investigator *SL*
 FROM: Carl Jacobs, Investigator
 RE: Investigative Report for the August 27, 2020 Meeting

The following information was compiled as an investigative report to the Board for the period of April 18, 2020 thru August 17, 2020; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegal in Juneau, regarding continuing education audits and license action resulting from those matters are not covered in this report.

OPEN - 37

<u>Case Number</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Status Date</u>
OUT OF STATE PHARMACY			
2020-000360	Violation of licensing regulation	Intake	04/13/20
2020-000361	Violation of licensing regulation	Intake	04/13/20
2020-000464	License application problem	Intake	05/15/20
2020-000532	License application problem	Intake	06/16/20
2020-000602	Violation of licensing regulation	Intake	06/26/20
2020-000721	License application problem	Intake	07/30/20
2020-000774	License application problem	Intake	08/13/20
2020-000776	License application problem	Intake	08/13/20
2020-000343	License application problem	Complaint	06/17/20
2020-000346	Violation of licensing regulation	Complaint	04/08/20
2020-000530	Violation of licensing regulation	Complaint	06/15/20

2019-001474	Falsified application	Investigation	06/03/20
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PHARMACIST

2020-000655	Unethical conduct	Intake	07/10/20
2020-000771	PDMP Violation	Intake	08/12/20
2019-001356	PDMP Violation	Complaint	12/03/19
2019-001357	PDMP Violation	Complaint	12/03/19
2019-001359	PDMP Violation	Complaint	12/03/19
2019-001360	PDMP Violation	Complaint	12/03/19
2019-001365	PDMP Violation	Complaint	12/04/19
2019-001367	PDMP Violation	Complaint	12/04/19
2019-001368	PDMP Violation	Complaint	12/04/19
2019-001369	Compliance	Complaint	01/24/20
2019-001370	PDMP Violation	Complaint	12/04/19
2019-001375	PDMP Violation	Complaint	12/05/19
2019-001376	PDMP Violation	Complaint	12/05/19
2020-000001	Violation of licensing regulation	Complaint	01/02/20
2020-000002	Violation of licensing regulation	Complaint	01/02/20
2020-000003	Violation of licensing regulation	Complaint	01/02/20
2019-000899	Contested license denial	Monitor	

PHARMACY

2018-001285	Negligence	Complaint	10/31/18
2019-000988	Negligence	Complaint	09/18/19
2020-000359	Violation of licensing regulation	Complaint	04/13/20

PHARMACY TECHNICIAN

2019-000720	Negligence	Complaint	08/22/19
2019-000721	Violation of licensing regulation	Complaint	07/23/19
2019-000936	License application problem	Complaint	12/02/19

WHOLESALE DRUG DEALER

2020-000112	License application problem	Complaint	01/28/20
2020-000347	License application problem	Complaint	04/08/20

Closed - 12

<u>Case #</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Closed</u>	<u>Closure</u>
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OUT OF STATE PHARMACY

2020-000342	License application problem	Closed-Intake	08/14/20	Review Complete
2020-000387	License application problem	Closed-Intake	08/14/20	Review Complete
2020-000432	License application problem	Closed-Intake	08/14/20	Review Complete
2020-000433	License application problem	Closed-Intake	07/09/20	Review Complete
2020-000450	License application problem	Closed-Intake	08/14/20	Review Complete
2020-000601	License application problem	Closed-Intake	08/14/20	Review Complete

PHARMACIST

2019-001277	Unprofessional conduct	Closed-Complaint	07/02/20	No Action - No Violation
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PHARMACY

2020-000341	Unprofessional conduct	Closed-Intake	06/12/20	Incomplete Complaint
2020-000533	License application problem	Closed-Intake	08/14/20	Review Complete
2019-000535	Violation of licensing regulation	Closed-Investigation	05/22/20	License Action

WHOLESALE DRUG DEALER

2020-000467	License application problem	Closed-Intake	08/14/20	Review Complete
2020-000654	License application problem	Closed-Intake	08/14/20	Review Complete

END OF REPORT



Type of Report: (check one box only) New Report Amendment Key (prior report dated): J6RYB6ZCCCH

1. Enter your DEA Registration Number: BS8204593
Name of Registrant: SAFEWAY INC
Address: 44428 STERLING HIGHWAY
City: SOLDOTNA State: AK ZIP Code: 99669
Point of Contact: MATT PARROTT
Email Address: S0548C01@SAFEWAY.COM Phone No.: 9077145460

Date of the Theft or Loss (or first discovery of theft or loss): May 20, 2020 Number of Thefts and Losses in the past 24 months: 0

Principal Business of Registrant: CHAIN PHARMACY

2. Type of theft or loss: PACKAGING DISCREPANCY:

3. Loss in Transit. (*Fill out this section only if there was a loss in transit, or hijacking of transport vehicle.)
Name of Common Carrier: _____
Telephone Number of Common Carrier: _____ Package Tracking Number: _____
Have there been losses in transit from this same carrier in the past? No Yes (If yes, how many, excluding this theft or loss?): _____
Was the package received and accepted by the consignee? No Yes (If yes, the consignee is responsible for reporting the theft or loss.)
If the package was accepted by the consignee, did it appear to be tampered with? No Yes
Name of Consignee / Supplier: _____
*Enter the Name of Consignee (if reported by the supplier), or the Name of Supplier (if the package was accepted by the consignee).
If the consignee does not have a DEA Registration Number, e.g. if this was a shipment to a patient, or a nursing home emergency kit, enter "Patient" or "Nursing Home Kit."*
DEA Registration Number of Consignee / Supplier: _____
Enter the DEA Registration Number of Consignee (if reported by the supplier), or DEA Registration Number of Supplier, (if the package was accepted by the consignee). If the controlled substances were shipped to a non-registrant, leave blank, unless a registered pharmacy shipped to an emergency kit held on site at a nursing home. In this case, the supplying pharmacy is required to report the theft or loss.

4. If this was a robbery, were any people injured? No Yes (If yes, how many?): _____ Were any people killed? No Yes (If yes, how many?): _____

5. Purchase value to Registrant of controlled substances taken?: \$ 1

6. Were any pharmaceuticals or merchandise taken? No Yes (Est. Value): _____

7. Was theft reported to Police? No Yes (If yes, fill out the following information):
Name of Police Department: _____ Police Report number: _____
Name of Responding Officer: _____ Phone No.: _____

8. Which corrective measure(s) have you taken to prevent a future theft or loss?
 Installed monitoring equipment (e.g. video camera). Provided security training to staff.
 Increased employee monitoring (e.g. random drug tests). Requested increased security patrols by Police.
 Installed metal bars or other security on doors or windows. Hired security guards for premises.
 Secured Controlled Substances within safe. Terminated employee.
 Other (Please describe on last page).



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

10. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers:

Describe any other corrective measure(s) you have taken to prevent a future theft or loss:

DOUBLE COUNT ALL PRESCRIPTIONS FOR CONTROLLED SUBSTANCES. ALL LORAZEPAM PRODUCTS HAVE BEEN MOVED TO THE LOCKED CII CABINET. MEASURES WILL BE IN PLACE FOR THREE MONTHS OR UNTIL THE CAUSE OF LOSS IS DETERMINED.

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

DUE TO THE VARIANCE DISCOVERED AND THE FREQUENCY OF DISPENSING OF THIS PRODUCT, WE HAVE NO EVIDENCE TO SUPPORT ANY OTHER EXPLANATION FOR THIS LOSS.

The foregoing information is correct to the best of my knowledge and belief: By signing my full name in the space below, I hereby certify that the foregoing information furnished on this DEA Form 107 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: MATT PARROTT

Title: PHARMACY MANAGER

Date Signed: June 05, 2020

NOTICE: In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Freedom of Information: Please prominently identify any confidential business information per 28 CFR 16.8(c) and Exemption 4 of the Freedom of Information Act (FOIA). In the event DEA receives a FOIA request to obtain such information, DEA will give written notice to the registrant to obtain such information. DEA will give written notice to the registrant to allow an opportunity to object prior to the release of information.

Privacy Act Information

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Reporting of unusual or excessive theft or loss of a Controlled Substance.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of Listed Chemicals may result in penalties under 21 U.S.C. § 842 and § 843 of the Controlled Substances Act.



Type of Report: (check one box only) New Report Amendment Key (prior report dated): 8FWH4I10184E

1. Enter your DEA Registration Number: BC2462707
Name of Registrant: CARR-GOTTSTEIN FOODS, CO.
Address: 7731 E NORTHERN LIGHTS BLVD
City: ANCHORAGE State: AK ZIP Code: 99504
Point of Contact: BEAU CRAIG
Email Address: S1807C01@ALBERTSONS.COM Phone No.: 9073391760

Date of the Theft or Loss (or first discovery of theft or loss): June 14, 2020 Number of Thefts and Losses in the past 24 months: 1

Principal Business of Registrant: CHAIN PHARMACY

2. Type of theft or loss: PACKAGING DISCREPANCY:

3. Loss in Transit. (*Fill out this section only if there was a loss in transit, or hijacking of transport vehicle.)
Name of Common Carrier: _____
Telephone Number of Common Carrier: _____ Package Tracking Number: _____
Have there been losses in transit from this same carrier in the past? No Yes (If yes, how many, excluding this theft or loss?): _____
Was the package received and accepted by the consignee? No Yes (If yes, the consignee is responsible for reporting the theft or loss.)
If the package was accepted by the consignee, did it appear to be tampered with? No Yes
Name of Consignee / Supplier: _____
*Enter the Name of Consignee (if reported by the supplier), or the Name of Supplier (if the package was accepted by the consignee).
If the consignee does not have a DEA Registration Number, e.g. if this was a shipment to a patient, or a nursing home emergency kit, enter "Patient" or "Nursing Home Kit."*
DEA Registration Number of Consignee / Supplier: _____
Enter the DEA Registration Number of Consignee (if reported by the supplier), or DEA Registration Number of Supplier, (if the package was accepted by the consignee). If the controlled substances were shipped to a non-registrant, leave blank, unless a registered pharmacy shipped to an emergency kit held on site at a nursing home. In this case, the supplying pharmacy is required to report the theft or loss.

4. If this was a robbery, were any people injured? No Yes (If yes, how many?): _____ Were any people killed? No Yes (If yes, how many?): _____

5. Purchase value to Registrant of controlled substances taken?: \$ 656

6. Were any pharmaceuticals or merchandise taken? No Yes (Est. Value): _____

7. Was theft reported to Police? No Yes (If yes, fill out the following information):
Name of Police Department: _____ Police Report number: _____
Name of Responding Officer: _____ Phone No.: _____

8. Which corrective measure(s) have you taken to prevent a future theft or loss?
 Installed monitoring equipment (e.g. video camera). Provided security training to staff.
 Increased employee monitoring (e.g. random drug tests). Requested increased security patrols by Police.
 Installed metal bars or other security on doors or windows. Hired security guards for premises.
 Secured Controlled Substances within safe. Terminated employee.
 Other (Please describe on last page).



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

10. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers:

Describe any other corrective measure(s) you have taken to prevent a future theft or loss:

THE PHARMACY WILL PERFORM A BACK COUNT ON THE MFR BOTTLE OF ARMODAFINIL 200MG AND HYDRO/POL SOLUTION 10/8-5. THE PHARMACY WILL PERFORM A DOUBLE COUNT FOR THE DISPENSED AMOUNT OF ARMODAFINIL 200MG AND HYDRO/POL SOLUTION 10/8-5. THE PHARMACY WILL PERFORM THIS FOR THE NEXT SIX MONTHS .

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

DUE TO THE VARIANCE DISCOVERED AND THE FREQUENCY OF DISPENSING OF THIS PRODUCT, WE HAVE NO EVIDENCE TO SUPPORT ANY OTHER EXPLANATION FOR THIS LOSS.

The foregoing information is correct to the best of my knowledge and belief: By signing my full name in the space below, I hereby certify that the foregoing information furnished on this DEA Form 107 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: BEAU CRAIG

Title: PHARMACIST

Date Signed: June 19, 2020

Diversion Control Division
Privacy Act Information

NOTICE: In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Freedom of Information: Please prominently identify any confidential business information per 28 CFR 16.8(c) and Exemption 4 of the Freedom of Information Act (FOIA). In the event DEA receives a FOIA request to obtain such information, DEA will give written notice to the registrant to obtain such information. DEA will give written notice to the registrant to allow an opportunity to object prior to the release of information.

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Reporting of unusual or excessive theft or loss of a Controlled Substance.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of Listed Chemicals may result in penalties under 21 U.S.C. § 842 and § 843 of the Controlled Substances Act.



Type of Report: (check one box only) New Report Amendment Key (prior report dated): 5QIG3I77MEIW

1. Enter your DEA Registration Number: BC5977953
Name of Registrant: CARR-GOTTSTEIN FOODS, CO.
Address: 301 NORTH SANTA CLAUS LANE
City: NORTH POLE State: AK ZIP Code: 99705
Point of Contact: TAMMY BEAUDREULT
Email Address: S1821C01@SAFEWAY.COM Phone No.: 9074902760

Date of the Theft or Loss (or first discovery of theft or loss): May 16, 2020 Number of Thefts and Losses in the past 24 months: 1

Principal Business of Registrant: CHAIN PHARMACY

2. Type of theft or loss: PACKAGING DISCREPANCY:

3. Loss in Transit. (*Fill out this section only if there was a loss in transit, or hijacking of transport vehicle.)
Name of Common Carrier: _____
Telephone Number of Common Carrier: _____ Package Tracking Number: _____
Have there been losses in transit from this same carrier in the past? No Yes (If yes, how many, excluding this theft or loss?): _____
Was the package received and accepted by the consignee? No Yes (If yes, the consignee is responsible for reporting the theft or loss.)
If the package was accepted by the consignee, did it appear to be tampered with? No Yes
Name of Consignee / Supplier: _____
*Enter the Name of Consignee (if reported by the supplier), or the Name of Supplier (if the package was accepted by the consignee).
If the consignee does not have a DEA Registration Number, e.g. if this was a shipment to a patient, or a nursing home emergency kit, enter "Patient" or "Nursing Home Kit."*
DEA Registration Number of Consignee / Supplier: _____
Enter the DEA Registration Number of Consignee (if reported by the supplier), or DEA Registration Number of Supplier, (if the package was accepted by the consignee). If the controlled substances were shipped to a non-registrant, leave blank, unless a registered pharmacy shipped to an emergency kit held on site at a nursing home. In this case, the supplying pharmacy is required to report the theft or loss.

4. If this was a robbery, were any people injured? No Yes (If yes, how many?): _____ Were any people killed? No Yes (If yes, how many?): _____

5. Purchase value to Registrant of controlled substances taken?: \$ 1

6. Were any pharmaceuticals or merchandise taken? No Yes (Est. Value): _____

7. Was theft reported to Police? No Yes (If yes, fill out the following information):
Name of Police Department: _____ Police Report number: _____
Name of Responding Officer: _____ Phone No.: _____

8. Which corrective measure(s) have you taken to prevent a future theft or loss?
 Installed monitoring equipment (e.g. video camera). Provided security training to staff.
 Increased employee monitoring (e.g. random drug tests). Requested increased security patrols by Police.
 Installed metal bars or other security on doors or windows. Hired security guards for premises.
 Secured Controlled Substances within safe. Terminated employee.
 Other (Please describe on last page).



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

10. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers:

Describe any other corrective measure(s) you have taken to prevent a future theft or loss:

FOR THE NEXT 6 MONTHS, ALL ALPRAZOLAM 1MG PRESCRIPTIONS WILL BE DOUBLE COUNTED BY A PHARMACIST AND ALPRAZOLAM 1MG WILL BE STORED IN OUR LOCKED CII CABINET AND COUNTED EVERY 30 DAYS ALONG WITH OUR MONTHLY CII COUNT.

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

DUE TO THE VARIANCE DISCOVERED AND THE FREQUENCY OF DISPENSING OF THIS PRODUCT, WE HAVE NO EVIDENCE TO SUPPORT ANY OTHER EXPLANATION FOR THIS LOSS.

The foregoing information is correct to the best of my knowledge and belief: By signing my full name in the space below, I hereby certify that the foregoing information furnished on this DEA Form 107 is true and correct, and understand that this constitutes an electronic signature for purposes of this reporting requirement only.

Signature: TAMMY BEAUDREULT

Title: PHARMACY MANAGER

Date Signed: June 19, 2020

NOTICE: In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Freedom of Information: Please prominently identify any confidential business information per 28 CFR 16.8(c) and Exemption 4 of the Freedom of Information Act (FOIA). In the event DEA receives a FOIA request to obtain such information, DEA will give written notice to the registrant to obtain such information. DEA will give written notice to the registrant to allow an opportunity to object prior to the release of information.

Privacy Act Information

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Reporting of unusual or excessive theft or loss of a Controlled Substance.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of Listed Chemicals may result in penalties under 21 U.S.C. § 842 and § 843 of the Controlled Substances Act.

From: [Taylor, Anita](#)
To: [Board of Pharmacy \(CED sponsored\)](#)
Subject: Petition for Clarification- Physician Compounding & Applicability of USP Standards on Physician Offices
Date: Thursday, June 4, 2020 9:25:22 AM

Dear Board of Pharmacy

I'm petitioning clarification in regards to the practice "physician compounding" of sterile drug products (mixing antibiotics, Infusion Therapies, Chemotherapy) without a pharmacist present in their medical oncology office. The request for clarification is as follows:

1. If the pharmaceutical product that is being prepared, is patient specific and will be **reconstituted** for immediate-use under the oversight of a licensed physician, will the board of pharmacy and/or medicine require a pharmacist and/or pharmacy license in this type of setting?
2. Can a Physician delegate this "Reconstitution" process to an appropriately trained agent under his/her license?
3. What is your states current definition on compounding, if not the same from the federal definition?
4. What is the current stance on USP 797/800 in regards to "Physician Compounding"? Will either the board of pharmacy and/or medicine require physicians in Clinic/Medical office settings (that are not regulated by the Board of Pharmacy) to follow USP 797 or 800?

Under section 503A, the FDA specifically defines compounding (21 USC 353a(f)): "...the term '**compounding**' does not include mixing, reconstituting, or other **such acts that are performed in accordance with directions contained in approved labeling provided by the product's manufacturer and other manufacturer directions consistent with that labeling.**"

It is our interpretation that: The practice of physicians (or their delegates) reconstituting products in accordance to the FDA approved label does not constitute "compounding" and therefore not subject to actual compounding regulations or pharmacy licensing requirements, unless otherwise stated by your state law.

If you could please advise on this matter, we would greatly appreciate it.

Thank you,

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From: [Johnson, Bianca C.](#)
To: [Board of Pharmacy \(CED sponsored\)](#)
Subject: Distribution of Samples Directly to Patients at the Physician's Request
Date: Wednesday, July 8, 2020 1:10:54 PM
Attachments: [06-09-20-Guidance.pdf](#)

Dear Sir or Madam:

On June 8, 2020, the Food and Drug Administration ("FDA") issued a guidance document (attached) entitled "Temporary Policy on Prescription Drug Marketing Act Requirements for Distribution of Drug Samples During the COVID-19 Public Health Emergency" ("Guidance"). The Guidance states that the FDA does not intend to take action against a manufacturer that delivers drug samples directly to a patient's home. It requires that the request for samples must be made in writing by the patient's prescriber, and must indicate that the patient is designated to accept the delivery.

Can you please advise whether your state is following this FDA Guidance and permitting the distribution of samples directly to patients at the physician's request in accordance with this Guidance? Samples would be delivered by the sample fulfillment vendor that would normally ship the samples to the physician's office.

Thank you in advance for your response.

Regards,

Bianca

Bianca C. Johnson

Regulatory Assistant

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100 Southgate Parkway, P.O. Box 1997 | Morristown, NJ 07962-1997

P: 973.889.4132 | F: 973.538.5146

johnson@porziols.com | porziolifesciences.com

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From: [Kate Anderson](#)
To: [Board of Pharmacy \(CED sponsored\)](#)
Subject: NPLEx Access in Alaska
Date: Tuesday, June 23, 2020 6:02:37 PM

Dear Alaska Board of Pharmacy,

Currently, federal law states that an individual can purchase 3.6 grams per day and 9 grams per 30 days of pseudoephedrine (PSE), a precursor of methamphetamine, from a pharmacy. The sale of this has to be entered into a logbook that is kept at the pharmacy for future reference. Currently, this system of manually entering a sale of PSE is flawed on many levels.

- First, the amount of time it takes to enter the sale into a logbook greatly impacts the workflow at any location. Because data is handwritten, it is not time efficient.
- Second, using a physical logbook only allows a pharmacy to track the sales of PSE to their customers. Data regarding daily/monthly sales is limited and we have no way to know how much is truly being purchased by an individual.
- Third, when entering PSE sales into a physical logbook, there is limited privacy for previous patients and the risk of a HIPAA violation is increased.
- Fourth, most computerized logbooks are outdated and inefficient. The software systems used do not usually include logbooks or are not readily available. My experience with an extraneous logbook was frustrating as they were subject to freezing and slowing down the process even more.
- Fifth, customers are aware of these flaws and can take advantage of the lack of communication between pharmacies within the state and can then exceed the federal limits.

The National Precursor Log Exchange (NPLEx) is a computerized logging system available at no cost (when there is active legislation mandating it) that can be accessed from any pharmacy, retailer, law enforcement agency, or state agency at any time to look up PSE sales anywhere in the country. In the state of Alaska, large chain store pharmacies that have locations in states where it is mandated, already have access to this system. The independent pharmacies, however, do not have free access to this data base. As of 4/7/2018, there were 26 independent pharmacies across the state of Alaska, most of which are located on the road system. An individual could, in theory, access many of these all within a 24 hour time frame.

According to the American Addiction Centers, PSE is most dangerous when it is manufactured into methamphetamine. Converting it to methamphetamine is the most common way people get high using PSE. It leads to addiction and abuse of PSE. People that consume more than a recommended amount of PSE are at a greater risk of overdose. Appriss Health, the company that will give Alaska free access to NPLEx, states that the epidemic of methamphetamine use is one of the “most significant challenges facing communities across America”.

Alaska is one of five states in the country that has not adopted legislation to mandate the electronic database. If we adopt that legislation, the NPLeX system would be available at no charge as it is funded entirely by the PSE manufacturers. Having access to this system would help us all keep better track of the sales of PSE. Independent pharmacies are at the greatest risk of overselling to an individual because there is no way to know about purchases at a different location or if individuals exceed their legal limit for the day/month. This puts individuals at risk of misuse and addiction and also communities at risk for methamphetamine clandestine labs.

In the state of Alaska, the use of methamphetamine is increasing. As a community of pharmacists we can assist in the decline of methamphetamine production by increasing the monitoring of PSE sales throughout our state. By limiting the amount of illicit PSE sales we will help improve the health of our communities throughout Alaska. In 2017, the state of Alaska Epidemiology Bulletin suggested strengthening “partnerships between all agencies and organizations in Alaska that work to address substance misuse and abuse”. We, as pharmacists, can more effectively help with this if we pass legislation to monitor the PSE sales across our state.

NPLeX also allows law enforcement to have access to information that can alert them of potential PSE abuse within the system to keep our communities healthier. NPLeX allows law enforcement agencies real-time data that can indicate PSE hot spots and help drive the efforts to eliminate methamphetamine production throughout our state. In 2016, the NPLeX program was responsible for blocking the sale of 1,420,784 boxes of medicine that contained PSE, which kept over 3.6 million grams of PSE from being abused or manufactured into methamphetamine.

I am writing for your support in creating legislation that will require all pharmacies in Alaska to use an electronic data base for PSE sales. I truly believe we are in desperate need of this system. As I mentioned earlier, by making it mandatory for all pharmacies to utilize this database, the program will be free to the pharmacies throughout all of Alaska! The programing and electronic logbook are funded by PSE manufacturers. Appriss Health is ready to help us move forward with this program and technology. I appreciate your support in this matter and hope we can make Alaska a safer, healthier place for generations to come.

More information about Appriss Health and the NPLeX program can be found at www.apprisshealth.com/who-we-help/pharmacies. Thank you for your time.

Sincerely,

Dr. Katherine Anderson, PharmD

Annaliese Enderle, PharmD candidate, ISU UAA

From: [Murray, Marianne \(CED\)](#)
To: [Carrillo, Laura N \(CED\)](#); [Derr, Lacey E \(CED\)](#); [Sherrell, Lisa D \(CED\)](#); [Jones, Alysia D \(CED\)](#)
Subject: DEA Extorsion Scam
Date: Friday, July 31, 2020 12:16:15 PM

Happy Friday All!

I wanted to share this with you just in case you have a licensee call.

[Drug Enforcement Administration \(DEA\) Warns of Extortion Scam by Special Agent Impersonators](#)

The DEA is warning the public, including the DEA registrant community of practitioners and pharmacies, of an international extortion scheme involving criminals posing as DEA special agents, DEA investigators and other law enforcement personnel. The extortion scheme consists of criminals calling victims – who in most cases had previously purchased drugs over the internet or by telephone – identifying themselves as law enforcement and informing the victims that purchasing drugs via these avenues is illegal and enforcement action will be taken against them unless they pay a fine. The DEA notes, “The public should be aware that no DEA agent will ever contact members of the public by telephone to demand money or any other form of payment.” The DEA is advising anyone that receives a telephone call from a person purporting to be a DEA special agent, DEA Investigator or other law enforcement official seeking money should refuse the demand and [report the threat](#).

Best,

Dr. Marianne Murray DNP, MSN, RN, CHSE
Executive Administrator Board of Nursing
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
State of Alaska
550 W 7th AVE, STE 1500
Anchorage, AK 99501-3567
Phone: (907) 269-8160

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June 5, 2020

Mr. Russel Vought
Director
Office of Management and Budget (OMB)
725 17th Street, NW
Washington, DC 20503

[Submitted electronically to www.reginfo.gov/public/do/PRAMain]

RE: OMB Control Number 0910-0800 (Docket No. FDA-2018-N-3065)

Dear Director Vought:

The undersigned organizations represent thousands of pharmacy compounding professionals who continue to have serious concerns with the Memorandum of Understanding Addressing Certain Distributions of Compounded Drug Products Between the [insert State] Board of Pharmacy and the U.S. Food and Drug Administration (“the MOU”). We write to you today regarding the FDA’s recent submission of the MOU to OMB for review under the Paperwork Reduction Act of 1995 (PRA).

Three of our organizations (APhA, APC *formerly* IACP, and NCPA) each commented separately on our substantive concerns about the various draft versions of the MOU and have commented jointly in July of 2019 on the most recent draft MOU that was released in September of 2018. The comments of our individual organizations to the September 2018 draft MOU, as well as the joint comment our organizations submitted to that draft are included here for your review.

The final MOU includes a few recommendations from our organizations in relation to the requirements on states (e.g., increasing the reporting threshold from 30% to 50%). However, as you will see, the main substantive concern our organizations and many other stakeholders have is that the previous draft MOU, as well as the final MOU now before you, redefine the key statutory term “distribution” to include the patient-specific “dispensing” of compounded drugs in a way that is inconsistent with the statutory language of Section 503A of the Food, Drug and Cosmetic Act (FDCA) and that will lead to serious access problems for patients who rely on out-of-state pharmacies for their compounded medications.

Today, we write to you to express concern with the fact that FDA’s analysis supporting the proposed information collection burden for the final MOU was inadequate to meet the requirements of the Paperwork Reduction Act and should therefore be rejected by OMB and sent back to FDA.

The main purpose of FDA's information collection estimate associated with the MOU was to determine the level of information collection burden on state boards of pharmacy and other state regulatory agencies that would result from the MOU's requirements for investigation, reporting and recordkeeping of adverse event reports involving pharmacies shipping compounded drugs interstate. This information is critical in the context of this particular MOU because the level of burden the MOU's requirements place on states relates directly to the number of states that will sign the MOU. States that sign the MOU will be required to finance the additional staffing needed to gather intrastate and interstate dispensing and distribution data from all compounding pharmacies in their state and evaluate that data to determine which pharmacies trigger the MOU's reporting requirements. States that sign the MOU will further be required to investigate adverse event reports, report data to the FDA, and maintain records. Pharmacies in states that are unable or unwilling to sign the MOU are statutorily prohibited from "distributing" more than five percent of their compounded drugs interstate. Because FDA has redefined the key term "distribution" to include traditional patient-specific "dispensing" of compounded drugs, patients who rely on out-of-state pharmacies in states that do not sign the MOU will see their access to the compounded medications they need greatly restricted. Therefore, it is critical that that FDA conduct a thorough, transparent and accurate assessment of the collection of information to ascertain the true burden of the MOU on each individual state, as well as a detailed and complete assessment of the likelihood that each individual state will sign.

In the MOU the FDA directs states to use "surveys, reviews of records during inspections, data submitted to an Information Sharing Network, or other mechanisms available" to determine which pharmacies in their state have distributed more than 50 percent of their compounded drugs out of state. For purposes of their proposed information collection for OMB review, it appears FDA did not survey the individual state boards of pharmacy and other state regulatory agencies that will be impacted by the MOU, but rather, chose to use anecdotal evidence gleaned from the public comments to establish hypothetical averages of the numbers of adverse event reports states will receive and the resulting reporting and recordkeeping manpower burden on the states. Our organizations have confirmed the National Association of Boards of Pharmacy (NABP) is currently in the process of surveying member Boards on the MOU with initial results expected in mid-June. At a minimum, FDA should wait to include this data in any reformulated final MOU. In addition, FDA's proposed information collection does not adequately consider the substantial manpower and resources of the MOU's inspection requirements on the states.

From this incomplete information collection estimate, FDA makes the assumption that 45 states will sign the MOU. Yet, in their comments to the draft MOU, the NABP indicated that at as many as 20 states had serious concerns with the administrative burden and unfunded mandates the MOU would create and were unlikely to sign. The final MOU makes minor changes to the previous draft, increasing to five days from the previously proposed three days states have for reporting adverse events to the FDA. This final MOU also expands from six months to one year the time states are given to consider whether to sign the MOU. FDA also cites the yet-to-be-developed "information sharing network" as an additional improvement to the previous draft. It is our understanding that this "information sharing network," which FDA has contracted with NABP to develop, has not been finalized and will not enter into beta testing until at least the fourth quarter of this year. As such, state boards of pharmacy may very well not have access to this information, on which FDA's incomplete burden analysis relies heavily, before they have to determine whether to sign the MOU.

It is highly unlikely that those minor concessions to the concerns being raised by the states will translate into 45 states signing the MOU. We believe that FDA's inaccurate assessment of the collection of information on the MOU has led to a substantial underestimation of the burden that will be placed on

states that sign and, therefore, a substantial overestimation of the number of states that will sign it. As discussed above, the likely refusal of many states to sign the MOU will have a profoundly negative impact upon patients who rely on out-of-state pharmacies for their compounded drugs. Further, FDA estimates that one state will terminate its participation in the MOU each year. If the burden to the states is as inconsequential as FDA predicts, it is unclear why FDA predicts this contraction in participation, especially given the serious penalties on pharmacies within that state and on patient access to medications if the MOU is not continued.

For these reasons, our organizations believe OMB should not approve FDA's information collection estimates under the PRA related to the MOU and require FDA to conduct a true, transparent evaluation of the collection of information that involves a detailed survey of each state that will produce accurate data for the states, pharmacy stakeholders, patients and the general public about the impact of the MOU. As the negative impact on patients served by out-of-state pharmacies in states that do not sign the MOU will be substantial, FDA should be directed to continue working with stakeholders on a final MOU that all states will commit to sign. As you will see from the enclosed joint comments submitted by our organizations in July of 2019, we suggested revisions that could be made to the requirements on states as well as an alternative definition of "distribution" for purposes of the MOU that we believe would have led to most if not all states signing the MOU, with broad stakeholder support. Unfortunately, FDA has yet to formally respond to these consensus recommendations.

Thank you in advance for your consideration of our request. Should you have questions, please do not hesitate to contact APC Legislative and Regulatory Counsel David Pore at dpore@hslawmail.com and APhA Senior Director Regulatory Policy Michael Baxter at mbaxter@aphanet.org.

Sincerely,

American Pharmacists Association
Alliance for Pharmacy Compounding
National Alliance of State Pharmacy Associations
National Community Pharmacists Association

Office of Governor
MIKE DUNLEAVY

You are here: [Home](#) / [Services](#) / [Boards and Commissions](#) / Fact Sheet

Fact Sheet

Board: Controlled Substances Advisory Committee

Board identification number: 272

Department: LAW

Authority: AS 11.71.100

Status: Active

Sunset date:

Requirements: No Legislative Confirmation or Financial Disclosure required

Prohibitions: None

Term: 4 years

Chair: The president of the Board of Pharmacy or the president's designee is the chair of the committee

Description: The committee consists of 9 members: the Attorney General or the Attorney General's designee; the Commissioner of Health and Social Services or the Commissioner's designee; the Commissioner of Public Safety or the Commissioner's designee; the President of the Board of Pharmacy or the designee of the President who shall also be a member of the Board of Pharmacy; a peace officer appointed by the Governor after consultation with the Alaska Association of Chiefs of Police; a physician appointed by the Governor; a psychiatrist appointed by the Governor; and two individuals appointed by the Governor.

Function: To evaluate the effectiveness of current programs, budget and appropriations, enforcement policies and procedures, treatment, counseling, and regulations regarding controlled substances and to further make recommendations to the Governor, Alaska Court System and Legislature based upon their findings.

Special facts: Five members of the committee constitute a quorum, except that a smaller number may adjourn a meeting in the absence of a quorum.

Compensation: Standard Travel and Per Diem

Meetings: To be held at the call of the chairman, and are required to meet at least twice a year.

For further information and to reach individual members, contact:

[Katholyn Runnels](#)

Assistant Attorney General

310 K Street, Suite 601

Anchorage, AK 99501

Phone: 907-269-6250

Fax:

[Board Roster](#)

PDMP Board Chairs – Draft Topics

Board/Code	Representative
Dental (DEN)	Dr. Dave Nielson
Medical (MED)	Dr. Richard Wein
Nursing (NUR)	Danette Schloeder
Pharmacy (PHA)	Dr. Richard Holt
Optometry (OPT)	Dr. Damien Delzer
Veterinary (VET)	Dr. Rachel Bergartt

Possible meeting days:

- Tuesday at 8am
- Tuesday at 4pm
- Wednesday at 8am
- Wednesday at 4pm

Authority			Strategy				Outcome	
Topic	Scope of Practice or Technical	Statute or Regulation	Advisory Opinion	FAQs	PDMP Announcements/ ListServ	Educational Materials	Criteria/Limit	Other (exceptions, considerations?)
Morphine Milligram Equivalents (MMEs)	Scope of practice	Regulation (MED)					50 MME/day	Healthcare specialties, chronic pain patient
Timeframe to register	Technical	Regulation					30 days (all except NUR, VET)	
Duplicate accounts	Technical	-						
Zero reporting	Both?							
Dangerous Combos	Scope of Pract.	Regulation?						

Board of Pharmacy License Updates

(As of 08/19/2020)

I. License statistics

License Category	Active	In-Process	Total (% change since last report)
Drug room	42	0	42
Remote pharmacy	1	0	1
Out-of-state pharmacy	689	65	754 (3.1%)
In-state pharmacy	136	5	141
Pharmacist	1,166	69	1,235 (3.2%)
Intern	665	7	672 (7%)
Tech	1,734	28	1762 (4.6%)
Out-of-state wholesale drug distributor	433	85	390 (33%)
Wholesale drug distributor	21	1	22
Outsourcing facility	21	5	21 (34%)
Third-party logistics provider	119	19	138 (18)
Total active & in-process	4,654	320	5,178 (4%)
Total waiting to be screened			48
TOTAL			5,226 (3.8%)

II. Number of emergency permits issued = 7

III. Number of NAPB examinations extended = 3

IV. Renewal processing

Total	# renewed	% renewed	Apprx./day	Days left
4,829	1,770	37%	42	42

Pharmacists (29-1051)

Occupation description: Dispense drugs prescribed by physicians and other health practitioners and provide information to patients about medications and their use. May advise physicians and other health practitioners on the selection, dosage, interactions, and side effects of medications.

Employment and Job Openings

	Employment			Average annual openings		
	2016 estimate	2026 projection	Percent change	Labor force exits	Occupation transfers	Total
Alaska	343	382	11.4	8	7	19
United States	312,500	329,900	5.6	7,400	6,200	15,340

Job outlook

Alaska: Alaska's employment growth is moderate with low employment opportunities. [Read more.](#)

2019 Wages ?

	Mean Wage	Wage by Percentile				
	Mean	10th	25th	Median	75th	90th
United States	60.34	42.50	53.91	61.58	71.47	78.32
Alaska	68.56	51.69	64.02	70.68	77.78	88.24
Anchorage/Mat-Su Area	69.37	58.46	65.85	71.78	78.26	88.25
Fairbanks North Star Borough	57.07	27.30	51.67	62.95	71.92	77.31
Balance of State	76.81	57.33	65.03	72.79	81.31	99.70

Labor Force Indicators

2016 Worker Characteristics

Total workers	Nonresident workers	Percent nonresident	Percent age 45 plus	Percent age 50 plus
371	73	19.7	39.4	29.7

2016 Potential Supply

Qualified but working in another occupation	72
Currently employed in a lower paid occupation	57
UI claimants previously working in occupation	2

2016 ALEXsys Employment Data

Number of registrants	23
Number of job position postings	9
Ratio of registrants to job position postings	2.6

Alaska Licensing Information

Pharmacist – [View licensing requirements and number licensed](#)
Pharmacy Intern – [View licensing requirements and number licensed](#)

Typical Entry-level Education, Experience, and/or On-the-job Training

Education: Doctoral or professional degree

Work experience: None

On-the-job training: None

Department of Labor and Workforce Development, Research and Analysis Section
P.O. Box 115501
Juneau, Alaska 99811-5501
Phone: 907.465.4500, Fax: 907.523.9654
May 21, 2020

Pharmacy Technicians (29-2052)

Occupation description: Prepare medications under the direction of a pharmacist. May measure, mix, count out, label, and record amounts and dosages of medications according to prescription orders.

Employment and Job Openings

	Employment			Average annual openings		
	2016 estimate	2026 projection	Percent change	Labor force exits	Occupation transfers	Total
Alaska	497	535	7.6	17	23	44
United States	402,500	450,100	11.8	13,800	18,900	37,460

Job outlook

Alaska: Alaska's employment growth is low with moderate employment opportunities. [Read more.](#)

2019 Wages

	Mean Wage	Wage by Percentile				
	Mean	10th	25th	Median	75th	90th
United States	16.95	11.60	13.45	16.32	19.44	23.62
Alaska	21.29	15.91	17.86	21.00	24.21	28.02
Anchorage/Mat-Su Area	21.03	15.81	17.59	20.63	24.21	27.90
Fairbanks North Star Borough	21.03	16.48	19.21	21.25	23.41	25.02
Balance of State	22.17	15.86	17.88	21.50	25.90	29.56

Labor Force Indicators

2016 Worker Characteristics

Total workers	Nonresident workers	Percent nonresident	Percent age 45 plus	Percent age 50 plus
578	39	6.7	25.2	17.6

2016 Potential Supply

Qualified but working in another occupation	180
Currently employed in a lower paid occupation	88
UI claimants previously working in occupation	38

2016 ALEXsys Employment Data

Number of registrants	361
Number of job position postings	82
Ratio of registrants to job position postings	4.4

Alaska Licensing Information

Pharmacy Technician – [View licensing requirements and number licensed](#)

Typical Entry-level Education, Experience, and/or On-the-job Training

Education: High school diploma or equivalent

Work experience: None

On-the-job training: Moderate-term on-the-job training

Training Resources

	Degree
University of Alaska Anchorage (Anchorage)	
Pharmacy Technology	CT1
Pharmacy Technology	OEC

Department of Labor and Workforce Development, Research and Analysis Section
P.O. Box 115501
Juneau, Alaska 99811-5501
Phone: 907.465.4500, Fax: 907.523.9654
May 21, 2020

How health care wages in Alaska rank

Alaska's pay first in U.S. overall, high for most occupations

By AIKO ZAGUIRRE

Health care practitioners and technicians make an average of \$98,020 a year in Alaska, making Alaska the highest-paying state for these jobs overall. (See Exhibit 1.) The national average is \$80,760.

Hawaii and California rank second and third at \$96,670 and \$96,130, and Mississippi is last at \$64,620.

By occupation, Alaska ranks in the top 10 for most of the 44 on the list in Exhibit 2 and pays the highest average wage in the U.S. for optometrists, pharmacists, dental hygienists, and general health technologists and technicians.

Alaska's highest paying health care occupations overall

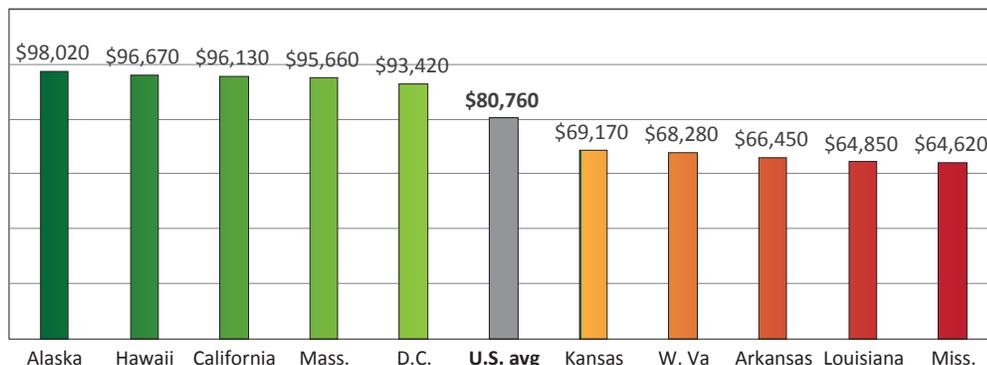
In Alaska, the occupation with the highest average wages among those studied is pediatricians at \$265,750, followed by obstetricians and gynecologists at \$261,680. The other positions that make more than \$200,000 a year are general physicians and surgeons, psychiatrists, dentists, internists, and family and general practitioners.

Earnings may be considerably higher for specialists who are considered self-employed, including partners in a medical practice who don't receive a wage or salary, and they are not included here.

Text continues on page 6

1 Overall Highest and Lowest Paying States

AVERAGE ANNUAL WAGES FOR HEALTH CARE OCCUPATIONS, MAY 2017



Source: U.S. Bureau of Labor Statistics and Alaska Department of Labor and Workforce Development, Research and Analysis Section: Occupational Employment Statistics

2

Health Care Wages by State

RANKINGS BY HEALTH CARE PRACTITIONER OR TECHNICAL OCCUPATION,* MAY 2017

Occupation	Alaska Avg Wage	AK Rank	Highest Paying State	Lowest Paying State	U.S. Avg
Optometrists	\$161,620	1st	AK	DC (\$89,640)	\$119,100
Pharmacists	\$138,020	1st	AK	UT (\$111,110)	\$121,710
Dental Hygienists	\$107,190	1st	AK	AL (\$46,290)	\$74,680
Health Technologists and Technicians, All Other	\$62,200	1st	AK	LA (\$36,010)	\$46,690
Pediatricians, General	\$265,750	2nd	MS (\$274,470)	KS (\$117,840)	\$187,540
Nurse Practitioners	\$125,140	2nd	CA (\$126,770)	TN (\$93,970)	\$107,480
Respiratory Therapists	\$73,740	2nd	CA (\$79,680)	MS (\$48,810)	\$61,810
Dietitians and Nutritionists	\$68,310	2nd	CA (\$72,130)	MS (\$49,110)	\$60,150
Clinical Laboratory Technologists and Technicians	\$66,070	2nd	RI (\$68,290)	AR (\$42,800)	\$53,230
Surgical Technologists	\$60,180	2nd	CA (\$61,240)	AL (\$36,320)	\$48,060
Medical Records and Health Information Technicians	\$54,170	2nd	NJ (\$58,080)	MS (\$33,320)	\$42,820
Physicians and Surgeons, All Other	\$256,630	3rd	NH (\$275,050)	NE (\$167,230)	\$211,390
Psychiatrists	\$248,440	3rd	CA (\$259,570)	ID (\$137,280)	\$216,090
Dentists, General	\$237,140	3rd	DE (\$257,290)	LA (\$115,050)	\$174,110
Physical Therapists	\$97,150	3rd	NV (\$102,860)	SD (\$75,850)	\$88,080
Speech-Language Pathologists	\$91,710	3rd	CT (\$93,340)	SD (\$60,030)	\$79,770
Occupational Health and Safety Specialists	\$86,080	3rd	RI (\$92,600)	SC (\$60,370)	\$73,600
Emergency Medical Technicians and Paramedics	\$48,420	3rd	WA (\$68,970)	WV (\$28,320)	\$36,700
Chiropractors	\$106,600	4th	RI (\$147,900)	UT (\$51,030)	\$83,350
Licensed Practical and Licensed Vocational Nurses	\$56,580	4th	RI & MA (\$57,800)	WV (\$36,190)	\$45,710
Dietetic Technicians	\$39,790	4th	OR (\$43,790)	MO (\$22,400)	\$29,610
Pharmacy Technicians	\$39,640	4th	WA (\$42,440)	WV (\$27,900)	\$33,060
Physician Assistants	\$116,460	6th	WA (\$120,200)	MS (\$70,190)	\$104,760
Registered Nurses	\$87,510	6th	CA (\$102,700)	SD (\$57,010)	\$73,550
Diagnostic Medical Sonographers	\$82,710	6th	CA (\$91,700)	AL (\$55,750)	\$73,200
Radiologic Technologists	\$70,960	6th	CA (\$77,650)	AL (\$47,670)	\$60,320
Ophthalmic Medical Technicians	\$42,030	7th	MN (\$48,770)	AR (\$30,310)	\$37,500
Magnetic Resonance Imaging Technologists	\$79,790	9th	CA (\$87,520)	LA (\$55,610)	\$70,490
Occupational Health and Safety Technicians	\$49,150	9th	DC (\$78,460)	IN (\$39,050)	\$53,930
Opticians, Dispensing	\$43,140	10th	MA (\$62,540)	KS (\$29,840)	\$39,070
Family and General Practitioners	\$223,090	11th	NH (\$258,670)	NM (\$160,780)	\$208,560
Obstetricians and Gynecologists	\$261,680	12th	ID (\$281,710)	MI (\$184,240)	\$235,240
Health Care Practitioners and Tech Workers, All Other	\$65,560	13th	MD (\$88,360)	AL (\$36,380)	\$60,600
Cardiovascular Technologists and Technicians	\$63,780	13th	D.C. (\$79,960)	WV (\$35,440)	\$57,250
Radiation Therapists	\$87,680	14th	CA (\$113,640)	WV (\$61,440)	\$85,190
Therapists, All Other	\$61,790	14th	NV (\$87,800)	WI (\$41,100)	\$58,290
Hearing Aid Specialists	\$56,300	15th	HI (\$79,900)	AR (\$34,610)	\$57,030
Psychiatric Technicians	\$37,260	16th	CA (\$57,080)	WV (\$23,040)	\$36,070
Nurse Anesthetists	\$184,040	18th	MT (\$252,460)	AZ (\$139,500)	\$169,450
Internists, General	\$229,820	20th	SD (\$282,980)	DC (\$122,790)	\$198,370
Health Diagnosing/Treating Practitioners, All Other	\$76,630	23rd	MD (\$123,350)	NE (\$43,620)	\$84,210
Occupational Therapists	\$82,810	24th	NV (\$103,280)	SD (\$66,990)	\$84,640
Athletic Trainers	\$46,240	27th	DC (\$67,190)	AR (\$39,040)	\$48,630
Nurse Midwives	\$83,580	34th	CA (\$132,480)	MO (\$69,450)	\$103,640

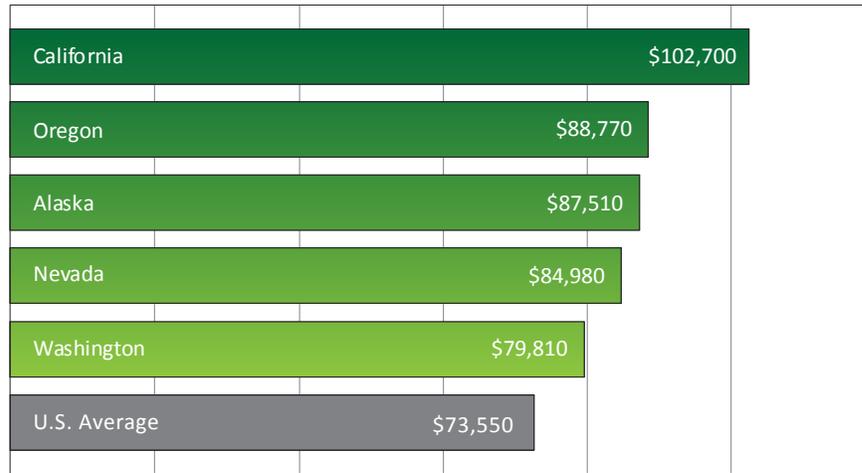
*Excludes health care support occupations and those with fewer than 30 workers in Alaska.

Source: U.S. Bureau of Labor Statistics and Alaska Department of Labor and Workforce Development, Research and Analysis Section: Occupational Employment Statistics

3

Western States Pay High Nursing Wages

REGISTERED NURSES, AVERAGE, MAY 2017



Source: U.S. Bureau of Labor Statistics and Alaska Department of Labor and Workforce Development, Research and Analysis Section: Occupational Employment Statistics

Nationally, just four occupations' average yearly wages top \$200,000. These four, in order, are obstetricians and gynecologists, psychiatrists, general physicians and surgeons, and family and general practitioners.

The highest-paying occupations aren't always where Alaska ranks highest. For example, pediatricians in Alaska rank second, and Alaska obstetricians and gynecologists rank 12th. Alaska's physicians and surgeons, psychiatrists, and dentists rank third for earnings, and family and general practitioners rank 11th.

The lowest paying occupations

The state's lower-paying health care occupations are all technicians, jobs that require less education and training than most at the higher end.

Psychiatric technicians are lowest at \$37,260 a year, followed by pharmacy and dietetic technicians at \$39,640 and \$39,790, respectively. These are also the bottom three earners nationally.

Health care is projected to be the fastest-growing industry in Alaska and in the nation over the next decade.

Alaska's wages for dietetic and pharmacy technicians are comparatively high, though, both ranking fourth nationally and paying just under \$40,000. The lowest-ranking states, Missouri and West Virginia, pay these two occupations just \$22,400 and \$27,900.

Another high-paying occupation in Alaska, internists, pays well above the national average at \$229,820, but that ranks 20th. The top ranking state, South Dakota, pays internists an average of \$282,980.

The differences between the top and bottom states can be extreme. For example, dental hygienists in Alaska, ranked first, make more than double Alabama's average wage, and Alaska optometrists make nearly double what they'd earn in bottom-ranked Washington, D.C.

Other positions show far less disparity. A pharmacist in Alaska would earn an average of \$138,020 but even the lowest state, Utah, pays only about \$28,000 less, on average.

Alaska's high rankings and where our highest-paying jobs fall

In addition to ranking first in four health care occupations, Alaska ranks second or third in another 14. (See Exhibit 2.)

Where Alaska ranks lower

Only two occupations in Alaska rank in the bottom half for average wages, and one of those two, athletic trainers, is barely below the middle at 27th. Athletic trainers in Alaska make just under the national average for that occupation, at \$46,240.

Other positions in Alaska that fall around the national average are occupational therapists at 24th, general health diagnosing and treating practitioners at 23rd, and internists at 20th.

Alaska's lowest ranking is for nurse midwives, at 34th. Nurse midwives make \$103,640 on average nationwide and just \$83,580 in Alaska. The highest-paying state is California at \$132,480, and the lowest is Missouri at \$69,450.

Pay for registered nurses, largest group by far, ranks sixth

Registered nurses stand out because of their especially high employment numbers in the state — no other health care occupation comes close. Alaska has 5,570 registered nurses, followed by 680 pharmacy technicians at a distant second.

Alaska has more RNs than workers in the next nine largest health care occupations combined. Registered nurses are also the largest health care occupation nationally.

Alaska's average pay for registered nurses ranks sixth nationally, at \$87,510. The national average is \$73,550, with pay ranging from just \$57,010 in South Dakota to \$102,700 in California.

The western states tend to pay more for nurses in general (see Exhibit 3), with California, Oregon, and Alaska all ranking higher than most central and eastern states. Hawaii's average wage is also relatively high.

Southern states' nursing wages are low, with Alabama, Mississippi, and Tennessee at the bottom.

These numbers don't include Alaska's additional 520 licensed practical and vocational nurses and 440 nurse

About the data

This article covers select health care occupations in Alaska that have at least 30 workers. It excludes health care support occupations such as home health aides, medical and dental assistants, massage therapists, and phlebotomists as well as loosely related occupations such as veterinarians.

All wages are annual, full-time estimates for May 2017, produced by the Bureau of Labor Statistics' Occupational Employment Statistics program in cooperation with the Research and Analysis Section of the Alaska Department of Labor and Workforce Development. R&A conducts a semiannual survey of employers for more than 800 occupations to determine the wages.

For detailed occupational wage data, including comparable data for the U.S. and other states, visit: <https://www.bls.gov/oes/tables.htm>.

practitioners, two occupations that are also among the largest on the list.

Nurse practitioners require considerable additional education and they perform many of the same services as doctors. The state's nurse practitioner wages rank second nationally at \$125,140, just behind California's \$126,770. Tennessee ranks last at \$93,970.

LPNs require less education and training than RNs, and their average wage in Alaska is considerably less at \$56,580, which ranks fourth among states. LPN wages range from \$36,190 in West Virginia to \$57,800 in Massachusetts and Rhode Island.

Aiko Zaguirre is a research analyst in Juneau. Reach her at (907) 465-6015 or aiko.zaguirre@alaska.gov.

Board of Pharmacy Task List
(Tasks from previous meetings: May 7 – 8 and May 28, 2020)

Number of tasks assigned	Completed	Pending
21	17	4

MAY 7, 2020 TASKS:**TASK 1**

Ms. Carrillo will correct the February 6 – 7 meeting minutes to reflect the time Ms. Lindemuth joined the meeting on day 1.

(Completed, the time was reflected in the roll call section, so no changes were made to these minutes.)

TASK 2

Ms. Carrillo will send out a draft notice to the board regarding accuracy of reporting data, and will send this out through PMP Announcements.

(Pending, Ms. Carrillo emailed Appriss Health on 05/11/2020 and 05/18/2020 to request clarification on accuracy of instructions relating to data error corrections and whether reporters have the ability to view days in which they are delinquent with reporting.)

TASK 3

Ms. Carrillo will send Mr. Holm a copy of the notice sent out to all pharmacies in 2018 regarding delinquent reporting for his review as a template before sending out to licensees.

(Completed on 05/15/2020.)

TASK 4

Ms. Carrillo will follow-up with DOL on whether the board has the authority to require zero reporting.

(Complete; Ms. Carrillo followed up with on email from 01/31/2020 to DOL on the inquiry relating to whether the board can adopt regulations to require zero reporting; response provided 05/20/2020.)

TASK 5

Ms. Carrillo will fix the typo in the February minutes to correctly reflect board chair as Chair Holt.

(Completed on 05/18/2020.)

TASK 6

Chair Holt will sign the imposition of civil fine and consent agreement for case #2019-000306 and will forward to the division.

(Completed by week of May 11, 2020.)

TASK 7

Chair Holt will draft a letter of support and will send the letter to Ms. Carrillo to be transmitted to the Office of the Governor.

(Completed on May 11, 2020; the letter was sent to Angela Hull in the Governor's Office, with a CC to John Espindola, Special Assistant to the Governor.)

TASK 8

Ms. Carrillo will follow-up with the licensee regarding the current regulations requiring both a self-inspection and FDA inspection completed prior to receiving a license per 12 AAC 52.696(b)(5) and (7).

(Completed on 05/21/2020).

TASK 9

Ms. Carrillo will follow-up with Animal Policy Group LLC regarding the board's decision on requiring a veterinary drug reference.

(Completed on 05/21/2020).

TASK 10

Ms. Carrillo will research occupational statistics on pharmacy professions to include for the board's review at their next meeting.

(Completed on 05/21/2020).

TASK 11

Rich will re-write the 2020 regulation simplification document in light of the emergency regulations, which took effect on 04/03 and now reflects further updates needing to be made.

(Ongoing.)

TASK 12

Ms. Carrillo will submit a public notice request for the compounding subcommittee meeting and will provide a call-in number to Mr. Holm and Mr. Ruffridge.

(Completed public notice request on 05/08/2020; provided call number on 05/21/2020).

TASK 13

Ms. Carrillo will work with Mr. Holm to identify potential conferences related to compounding so it can be included in the board's budget section of the annual report.

(Ongoing as of 05/15/2020; the 3rd Annual Compounding Pharmacy Compliance conference will be held November 16 – 17, 2020 in Arlington, VA; Mr. Holm and Mr. Ruffridge availability pending confirmation).

TASK 14

Ms. Carrillo will forward the board member traveler form to Mr. Henderson.

(Completed on 05/21/2020.)

MAY 8, 2020 TASKS:

TASK 15

Ms. Carrillo will send copy of documentation regarding the care notes feature (communications module) to Chair Holt and Mr. Ruffridge.

(Completed on 05/21/2020).

TASK 16

Chair Holt will send the draft regulations, including language related to automated dispensing kiosks, to Ms. Carrillo, and Ms. Carrillo will send the regulations to the Department of Law for cursory review.

(Complete on 08/18/2020; Ms. Carrillo sent this request on 08/10/2020 and LAW provided comments on the 18th; additional discussion from the board is needed).

TASK 17

Ms. Carrillo will draft an FAQ related to using delivery drivers for prescription pick-up and drop off, and will post it online to pharmacy.alaska.gov.

(Completed on 05/11/2020).

TASK 18

Ms. Carrillo will send out a letter on behalf of the board stating that beginning October 1st, a fine of \$250.00 will be assessed for no registration and that licensees have until September 30 to correct any registration issues.

(Complete; letter was mailed to 643 pharmacists with Alaska addresses only on 08/19/2020).

TASK 19

Ms. Carrillo and Ms. Sherrell will reach out to Appriss to inquire what specific details are visible to Appriss when there is missing or delinquent data.

(Pending; discussions initiated with Appriss on 05/11/2020 with subsequent follow-up on 05/19/2020; there is a feature that can send automated notices to providers when they missed a reporting day; last communication with Appriss on 08/06/2020; assessing potential negative impacts to turning this on, e.g.: lag time and alert fatigue).

TASK 20

Ms. Carrillo will work with Mr. Holm to send out a letter to pharmacies informing them of the board's obligation to assess delinquencies in the requirement to report prescription data, and that they must report data daily.

(Completed; 07/07/2020).

MAY 28, 2020 TASKS:

TASK 1

Ms. Carrillo will sign the certification and adoption order on behalf of the board of pharmacy and will provide it to the regulations specialist.

(Completed June 3, 2020).