



ALASKA BOARD OF PHARMACY MEETING

AGENDA

NOVEMBER 14, 2024

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

Meeting Details

Meeting Name: Alaska Board of Pharmacy Quarterly Meeting

Meeting Start Time: 9:00 AM

Meeting Start Date: November 14, 2024

Meeting End Time: 5:00 PM

Meeting End Date: November 14, 2024

Meeting Locations: 1. Board/Staff - Suite 1535, Atwood Building, Anchorage, AK
2. Zoom for Public Attendees (Limited In-Person Space)

Meeting Registration Link:

<https://us02web.zoom.us/join/91234567890?pwd=Zmx6M3kyL1wsyd1z6>

Dial ID: 836 7144 6832

Passcode: 833250

Links

Board of Pharmacy Homepage: pharmacy.alaska.gov

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

Board Members:

Ashley Schaber,
Pharmacist
(Chairperson)

James Henderson,
Pharmacist

Carla Hebert,
Pharmacist

Ramsey Bell,
Pharmacist

Sylvain Novion,
Pharmacist

Dylan Sanders,
Pharmacy
Technician

Sara Rasmussen,
Public Member

Staff:

Michael Bowles,
Executive
Administrator

Brigham Perez,
Records and
Licensing
Supervisor

Amy Glenn,
Licensing
Examiner

Sarah Jones,
Licensing
Examiner

Beth Harp,
Licensing
Examiner

Upcoming Meetings:

February 20, 2025
May 22, 2025

Agenda

1. Roll Call/Call to Order (9:00 - 9:02)
2. Ethics Disclosures (9:02 – 9:03)
3. Consent Agenda Items (9:03 – 9:05)
 - Review/Approve Meeting Agenda
 - Review Lost or Stolen Controlled Substances/DEA 106s
 - Review Well Being Index
4. Investigations Review (9:05 – 9:45)
 - Holly Handley, Investigator
 - Investigative Report
 - Case Reviews, Confidential - Executive Session
 - 2023-000887
 - 2024-000433
5. Division of Corporations, Business, and Professional Licensing Updates
 - Michael Bowles, Executive Administrator of the Board of Pharmacy (9:45 – 10:00)
 - NABP Verify
 - Lisa Sherrell, PDMP Manager (10:00 – 10:15)
 - PDMP Updates
 - PDMP Work Group Update
 - PDMP Disciplinary Matrix Update
6. Public Comment Period (10:15 – 10:30)
7. Board Business
 - Controlled Substance Advisory Committee Update
 - Gabapentin
 - Position Elections
 - Newsletter Discussion – Utilizing Listserv
 - Update on Information from Med Spa Workgroup
 - Update on Topics Discussed at AHHA Conference
 - Update on Topics Discussed at AKPhA Conference
 - NABP District Meeting Update

8. Industry Updates (11:00 – 11:15)
 - Brandy Seignemartin, PharmD, AKPhA Executive Director
9. Division Updates Continued (12:00 – 12:30)
 - Melissa Dumas, Administrative Operations Manager
 - Budget Report for 4th Quarter Fiscal Year 2024
 - Fee Change Process
10. Adjourn for Lunch (12:30 – 1:00)
11. Roll Call/Call to Order (1:00 – 1:05)
12. Statutes Discussion (1:05 – 1:30)
13. Public Comment Period (1:30 – 1:45)
14. Board Business Continued
 - 2024 Upcoming Conference Attendee Discussion
 - NABP Member Forum, Mount Prospect, IL - December 04-05, 2024
 - Attending Member – Ramsey Bell
 - AKPhA Annual Meeting, Anchorage, AK – February 14-16, 2025
 - Executive Administrator – Michael Bowles
 - Attending Member – TBD
 - Board of Pharmacy Presentation
 - NABP Committee on Law Enforcement/Legislation, Mount Prospect, IL – March 03-04, 2025
 - Executive Administrator – Michael Bowles
 - NABP Annual Meeting, Ft. Lauderdale, FL – May 13-16, 2025
 - Executive Administrator – Michael Bowles
 - Attending Member - TBD
 - Review Strategic Plan and Discuss Prioritization Matrix
 - Standard of Care Model Presentation (3:00 – 4:00)
 - Guest Speaker, Nicki Chopski, PharmD
Executive Officer, Idaho Boards of Medicine, Nursing, and Pharmacy
 - Guest Speaker, Jennifer L. Adams, PharmD, EdD, FAPhA, FNAP
Associate Dean for Academic Affairs | Associate Professor, Idaho State University
 - Regulations Discussion

- Tasks List Review and Update
15. Chair Final Comments (4:55 – 5:00)
- Next Quarterly Meeting – February 20, 2025
16. Adjourn (5:00)

Acronym Key:

AHHA – Alaska Hospital & Healthcare Association

AKPhA - Alaska Pharmacy Association

NABP - National Association of Boards of Pharmacy

PDMP - Prescription Drug Monitoring Program



Alaska Board of Pharmacy

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Pharmacy Roster

Board Member Name	Initial Appointment	Reappointed	Term End
Ashley Schaber, PharmD	07/01/2021	03/01/2024	03/01/2028
Sylvain Nouvion, PharmD., Ph.D.	05/31/2023		03/01/2027
James Henderson, RPh	03/01/2017	03/01/2021	03/01/2025
Ramsey Bell, RPh	03/01/2022		03/01/2026
Carla Hebert, RPh	01/05/2023	03/01/2024	03/01/2028
Sara Rasmussen, Public Member	03/01/2023		03/01/2027
Dylan Sanders, Pharmacy Technician	10/28/2024		03/01/2028

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

Alaska Board of Pharmacy

Agenda Item #2



Ethics Disclosures

Alaska Board of Pharmacy

Agenda Item #3



Consent Agenda Items



Well-being Index For Pharmacy Personnel

State Report
For State Boards of Pharmacy
NABP District Seven States

August 2024

For Every Pharmacist. For All of Pharmacy.

pharmacist.com





Distressed, Struggling, Okay, and Thriving WBI Snapshot

What is the WBI Snapshot Report?

- The WBI has introduced a new report – The WBI Snapshot Report – last year. It provides a clearer picture of the overall well-being of assessors using the Well-being Index for Pharmacy Personnel by stratifying results across four categories - Distressed, Struggling, Okay, Thriving.
- Categories are tabulated and assigned based on the assessors most recent assessment (could be either their first assessment or reassessment).
- Next slide explains each of the categories using the WBI 5 dimensions. The three slides that follow call out the additional information (represented by ⓘ) for each dimension if noted.
- Your State's snapshot for your assessors in Community Chain, Community Independent, and Hospital/Health-System follow the explanatory slides.
- As with all WBI data and reports, this categorization only applies to those who have assessed using the WBI and can NOT be extrapolated to the entire profession.
- The WBI Snapshot Report will be added to the WBI Monthly Report each August and compare the current year with the previous.

**The WBI Snapshot Report is in Beta version.*

What are the WBI Snapshot Reports Categories and Dimensions?

				
	Distressed	Struggling	Okay	Thriving
	Likelihood of the outcomes	Likelihood of the outcomes	Likelihood of the outcomes	Likelihood of the outcomes
High overall quality of life	Lowest	Lower	Higher ⓘ	Highest ⓘ
Burnout	Highest ⓘ	Higher ⓘ	Lower	Lowest
Severe Fatigue	Highest ⓘ	Higher ⓘ	Lower	Lowest
Medical Error	Highest ⓘ	Average	Lower	Lowest
Turnover	Highest ⓘ	Higher ⓘ	Lower	Lowest
Poor overall quality of life	Highest ⓘ	Average	Lower	Lowest

Individual participant assessments are assigned to one of the four indicated categories (Distressed, Struggling, Okay, Thriving) based on the relationship between WBI score and standardized measures of high overall quality of life, burnout, fatigue, medical error, turnover, suicidal ideation, poor quality of life, and other outcomes in large national samples of similar professionals as detailed in peer reviewed publications.

Distressed – Additional Information



Distressed

Likelihood of the outcomes

High overall quality of life

Lowest

Burnout

Highest



Severe Fatigue

Highest



Medical Error

Highest



Turnover

Highest



Poor overall quality of life

Highest



Burnout	Assessors with these WBI Scores have a 13.1 times higher likelihood of experiencing burnout
Severe Fatigue	Assessors with these WBI Scores have 3.3 times higher likelihood of experiencing severe fatigue.
Error	Assessors with these WBI Scores have 3 times higher likelihood of making a medical error.
Turnover	Assessors with these WBI Scores are 2.9 times more likely to leave their current position.
Poor overall QOL	Assessors with these WBI Scores have 2.9 times more likelihood of experiencing a poor overall quality of life.

Struggling – Additional Information



Struggling

Likelihood of the outcomes

High overall quality of life

Lower

Burnout

Higher



Severe Fatigue

Higher



Medical Error

Average

Turnover

Higher



Poor overall quality of life

Average



Burnout	Assessors with these WBI Scores have a 2.5 times higher likelihood of experiencing burnout
Severe Fatigue	Assessors with these WBI Scores have a 1.3 times higher likelihood of experiencing severe fatigue.
Turnover	Assessors with these WBI Scores are 1.7 times more likely to leave their current position.

Okay and Thriving – Additional Information



Okay



Thriving



High overall quality of life

Burnout

Severe Fatigue

Medical Error

Turnover

Poor overall quality of life

Likelihood of the outcomes

Higher ⓘ
Lower
Lower
Lower
Lower
Lower

Likelihood of the outcomes

Highest ⓘ
Lowest
Lowest
Lowest
Lowest
Lowest

	OKAY	THRIVING
High Overall QOL	Assessors with these WBI Scores have 1.4 times more likelihood of experiencing a high overall quality of life.	Assessors with these WBI Scores have 5 times more likelihood of experiencing a high overall quality of life.

Snapshot Report for District Seven Community: Chain

As of August 6, 2024

	Distressed		Struggling		Okay		Thriving	
	2023	2024	2023	2024	2023	2024	2023	2024
Alaska	22.22%	22.22%	33.33%	33.33%	44.44%	44.44%	0.00%	0.00%
Idaho	15.00%	19.23%	30.00%	23.08%	25.00%	15.38%	30.00%	42.31%
Montana	37.50%	21.43%	12.50%	14.29%	37.50%	35.71%	12.50%	28.57%
Oregon	29.79%	27.27%	34.04%	36.36%	14.89%	16.36%	21.28%	20.00%
Washington	31.67%	30.86%	33.33%	32.10%	21.67%	20.99%	13.33%	16.05%
Wyoming	Too Few	Too Few	Too Few	Too Few	Too Few	Too Few	Too Few	Too Few
<i>National</i>	<i>21.29%</i>	<i>32.12%</i>	<i>25.85%</i>	<i>28.32%</i>	<i>23.42%</i>	<i>19.68%</i>	<i>29.43%</i>	<i>19.88%</i>

Report percentages: All assessors using their most recent assessment.

Too Few: Less than 5 assessors in the practice setting

Chain: Includes traditional chains, mass merchants, and supermarkets

Snapshot Report for District Seven Community: Independent

As of August 6, 2024

	Distressed		Struggling		Okay		Thriving	
	2023	2024	2023	2024	2023	2024	2023	2024
Alaska	Too Few	Too Few	Too Few	Too Few	Too Few	Too Few	Too Few	Too Few
Idaho	20.00%	16.67%	10.00%	16.67%	40.00%	41.67%	30.00%	25.00%
Montana	Too Few	25.00%	Too Few	12.50%	Too Few	12.50%	Too Few	50.00%
Oregon	0.00%	0.00%	50.00%	57.14%	0.005	0.00%	50.00%	42.86%
Washington	35.71%	31.25%	28.57%	25.00%	21.43%	18.75%	14.29%	25.00%
Wyoming	Too Few	Too Few	Too Few	Too Few	Too Few	Too Few	Too Few	Too Few
<i>National</i>	21.29%	17.81%	25.85%	27.07%	23.42%	21.69%	29.43%	33.42%

Report percentages: All assessors using their most recent assessment.
Too Few: Less than 5 assessors in the practice setting

Snapshot Report for District Seven Hospital/Health-System

As of August 6, 2024

	Distressed		Struggling		Okay		Thriving	
	2023	2024	2023	2024	2023	2024	2023	2024
Alaska	5.56%	11.11%	44.44%	38.89%	27.78%	27.78%	22.22%	22.22%
Idaho	12.50%	11.11%	31.25%	27.78%	37.50%	33.33%	18.75%	27.78%
Montana	37.50%	42.86%	12.50%	28.57%	37.50%	0.00%	12.50%	28.57%
Oregon	18.18%	18.75%	9.09%	18.75%	27.27%	25.00%	45.45%	37.50%
Washington	22.50%	25.58%	30.00%	25.58%	27.50%	23.26%	20.00%	25.58%
Wyoming	28.57%	28.57%	14.29%	28.57%	14.29%	14.29%	42.86%	28.57%
<i>National</i>	<i>21.29%</i>	<i>18.96%</i>	<i>25.85%</i>	<i>27.58%</i>	<i>23.42%</i>	<i>25.39%</i>	<i>29.43%</i>	<i>28.07%</i>

Report percentages: All assessors using their most recent assessment.
Too Few: Less than 5 assessors in the practice setting

DISTRESS PERCENT CHANGES

National and District

July 2024 versus August 2024

Changes in Distress Levels

As of August 2024

State	Change in Distress % July 2024 vs August 2024	State Rank for Distress Percent August 2024	Distress Percent August 2024
Largest <i>Increase</i> in Distress Percent			
Puerto Rico	+1.16%	1	52.38%
Alaska	+0.78%	34	29.91%
West Virginia	+0.57%	5	45.31%
Oklahoma	+0.43%	20	34.68%
South Dakota	+0.29%	37	29.37%
North Dakota	-1.97%	42	28.26%
New Hampshire	-1.85%	3	47.17%
Montana	-1.28%	48	24.69%
Nevada	-1.28%	2	48.72%
Vermont	-1.22%	16	36.07%
Change in National Distress Percent			
NATIONAL	-0.18% 000020	---	31.03%



Changes in Distress Levels – District Seven

As of August 2024

	Change in Distress % Aug 2024 vs Jul 2024	Distress % Aug 2024	Distress % State Rank Aug 2024	Change in Distress % Jun 2024 vs Jul 2024	Distress % State Rank Jul 2024	Distress % State Rank Jun 2024	Distress % State Rank May 2024	Distress % State Rank Apr 2024	Distress % State Rank Jan 2024	Distress % State Rank Jul 2023	Distress % State Rank Apr 2023	Distress % State Rank May 2022	Distress % State Rank Apr 2022	Distress % State Rank Dec 2021	Distress % State Rank Apr 2021	Distress % State Rank May 2020	Distress % State Rank Apr 2020
Alaska	0.78%	29.91%	68	-0.28%	40	36 (T)	40	40	39	39	37	38	33	48	49	49	49
Idaho	-0.31%	25.84%	46	0.75%	46	47	47	45	37	35	32	22	27	31	34	40	39
Montana	-1.28%	24.69%	48	-1.06%	47	44 (T)	37 (T)	34	14	12	10	11	11	10	12	19 (T)	24
Oregon	-0.76%	35.35%	18	0.24%	17	18	19	20	17	17	17	31	29	27 (T)	28	36	37
Washington	-0.28%	39.68%	8	0.77%	8	8	8	8	6	8	7	8	9	11	11	12	13
Wyoming	No Change	30.56%	33	1.15%	33	36 (T)	37 (T)	41	41	52	51	52	52	52	51	~	~

(T) = Tied rank with another state(s). ~ = Too Few Assessors

Note: Some historic data from 2020-2024 has been removed to allow space for current month. Refer to previous months' reports or contact ashaughnessy@aphanet.org for data.

DISTRESS PERCENT MONTHLY REPORTS

State-Specific

July 2024 versus August 2024

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

AUGUST 2024

As of August 2024, the Alaska distress percent was 29.91% (ranked 34/52) with 68 assessors.

JULY 2024

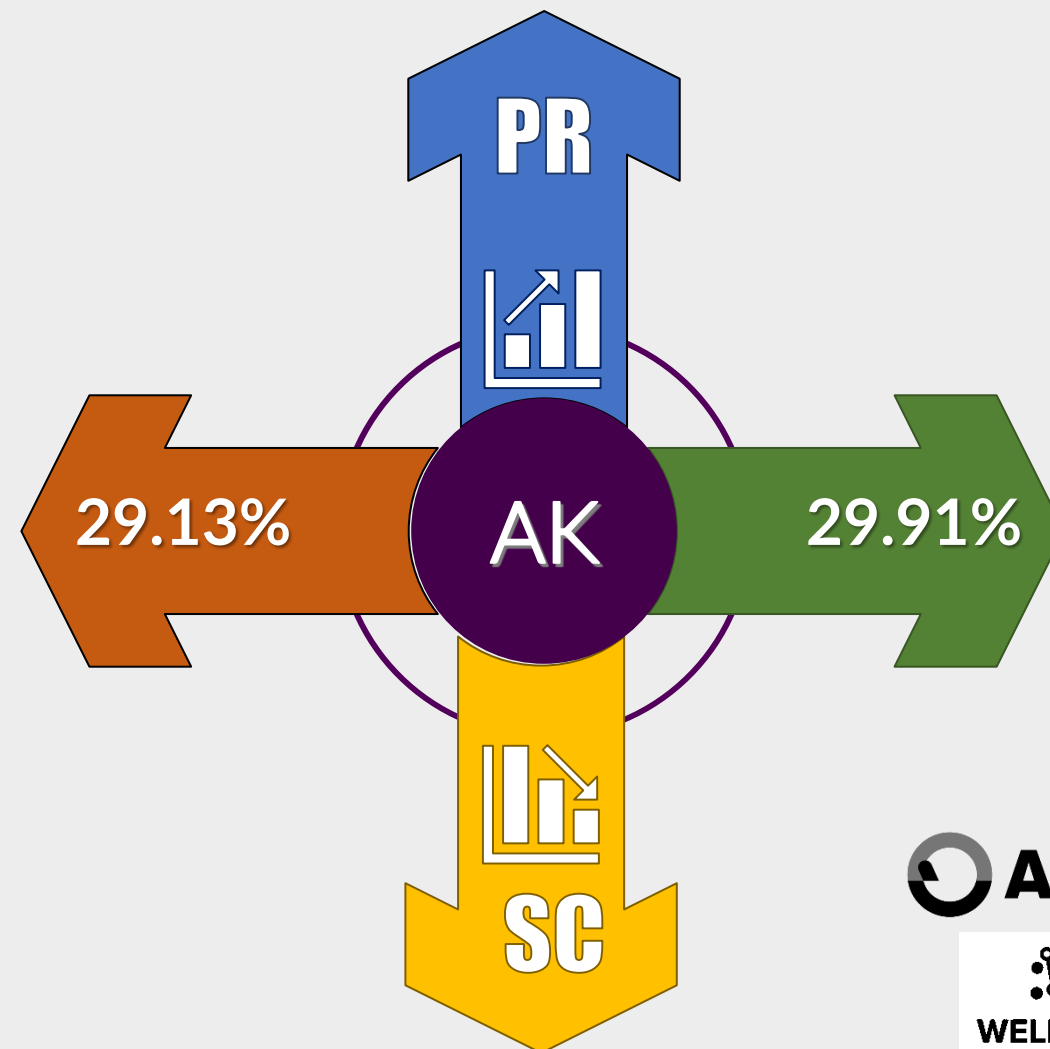
As of July 2024, the Alaska distress percent was 29.13% (ranked 40/52) with 65 assessors.

STATE COMPARISON

As of August 2024

Puerto Rico is the highest at 52.38% (n=35)

South Carolina has the lowest 21.09% (n=618)



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

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

AUGUST 2024

As August 2024, the Idaho distress percent was 25.84% (ranked 46/52) with 133 assessors.

JULY 2024

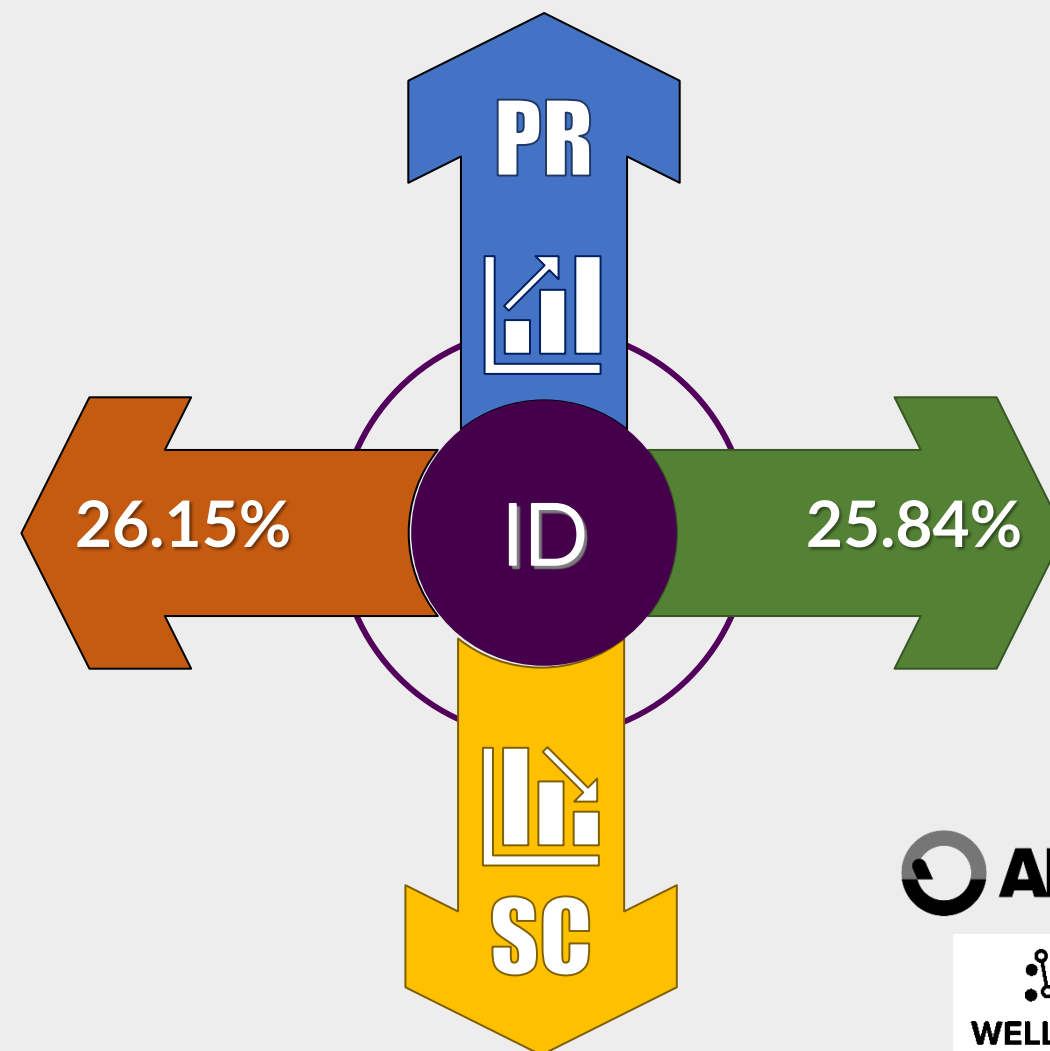
As July 2024, the Idaho distress percent was 26.15% (ranked 46/52) with 124 assessors.

STATE COMPARISON

As of August 2024

Puerto Rico is the highest at 52.38% (n=35)

South Carolina has the lowest 21.09% (n=618)



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

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

AUGUST 2024

As of August 2024, the Montana distress percent was 24.69% (ranked 48/52) with 63 assessors.

JULY 2024

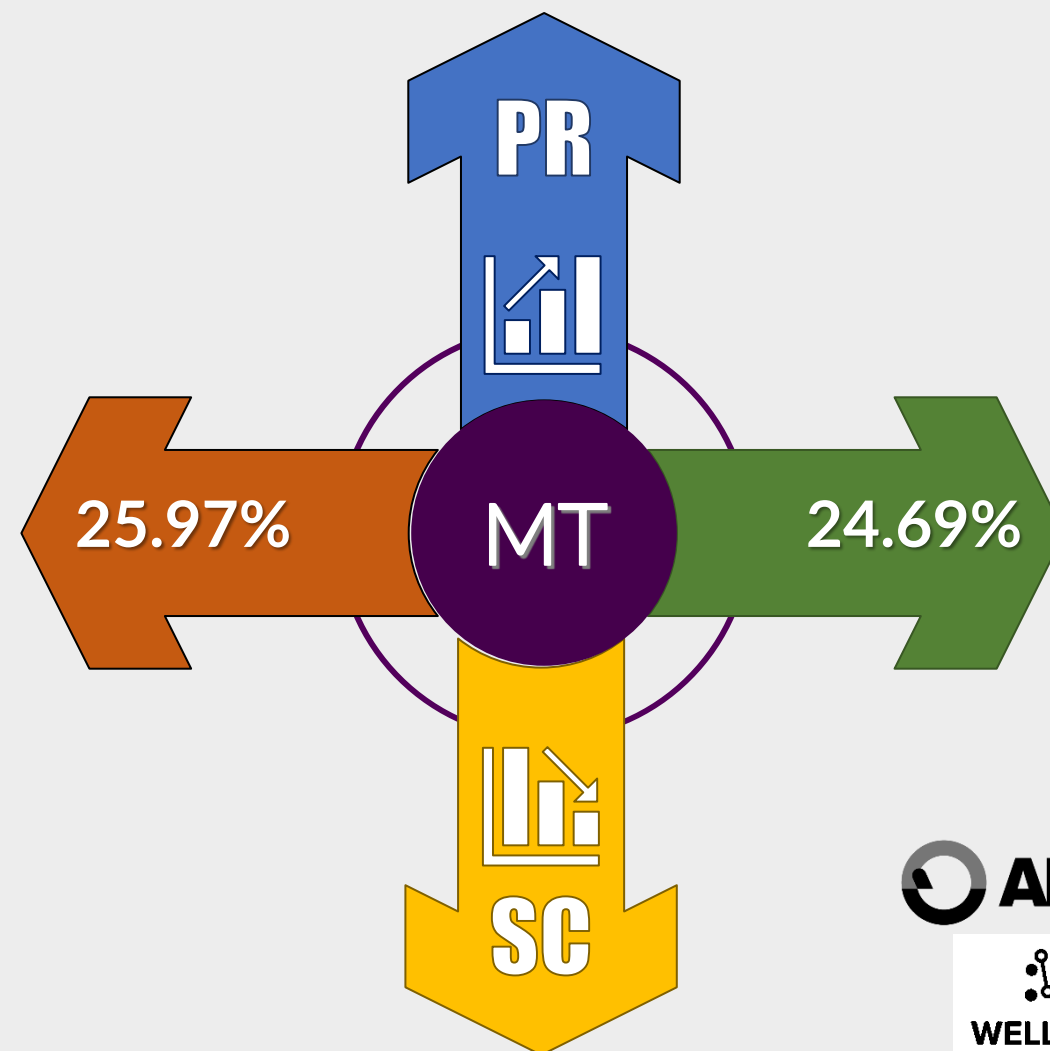
As of July 2024, the Montana distress percent was 25.97% (ranked 47/52) with 61 assessors.

STATE COMPARISON

As of August 2024

Puerto Rico is the highest at 52.38% (n=35)

South Carolina has the lowest 21.09% (n=618)



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

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

AUGUST 2024

As of August 2024, the Oregon distress percent was 35.35% (ranked 18/52) with 166 assessors.

JULY 2024

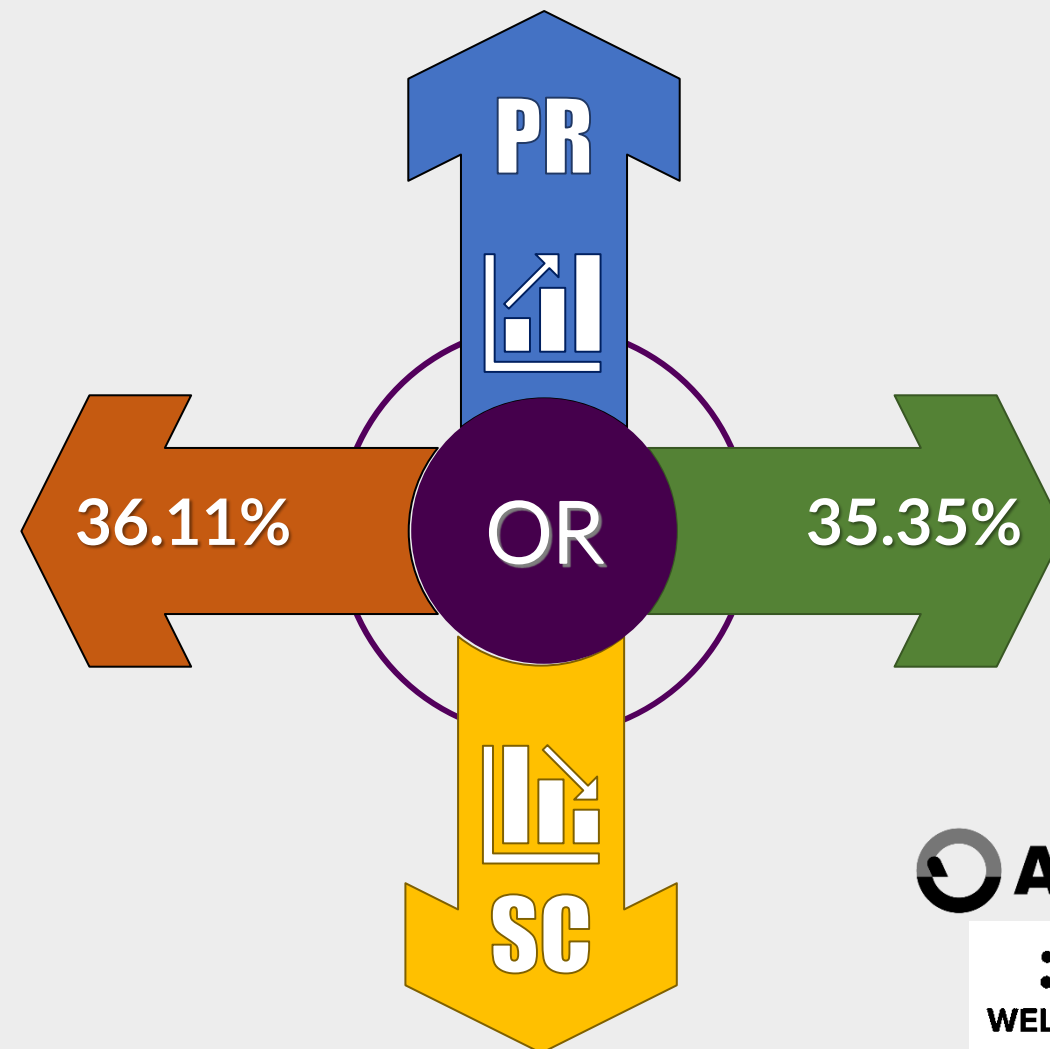
As of July 2024, the Oregon distress percent was 36.11% (ranked 17/52) with 159 assessors.

STATE COMPARISON

As of August 2024

Puerto Rico is the highest at 52.38% (n=35)

South Carolina has the lowest 21.09% (n=618)



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

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

AUGUST 2024

As of August 2024, the Washington distress percent was 39.68% (ranked 8/52) with 316 assessors.

JULY 2024

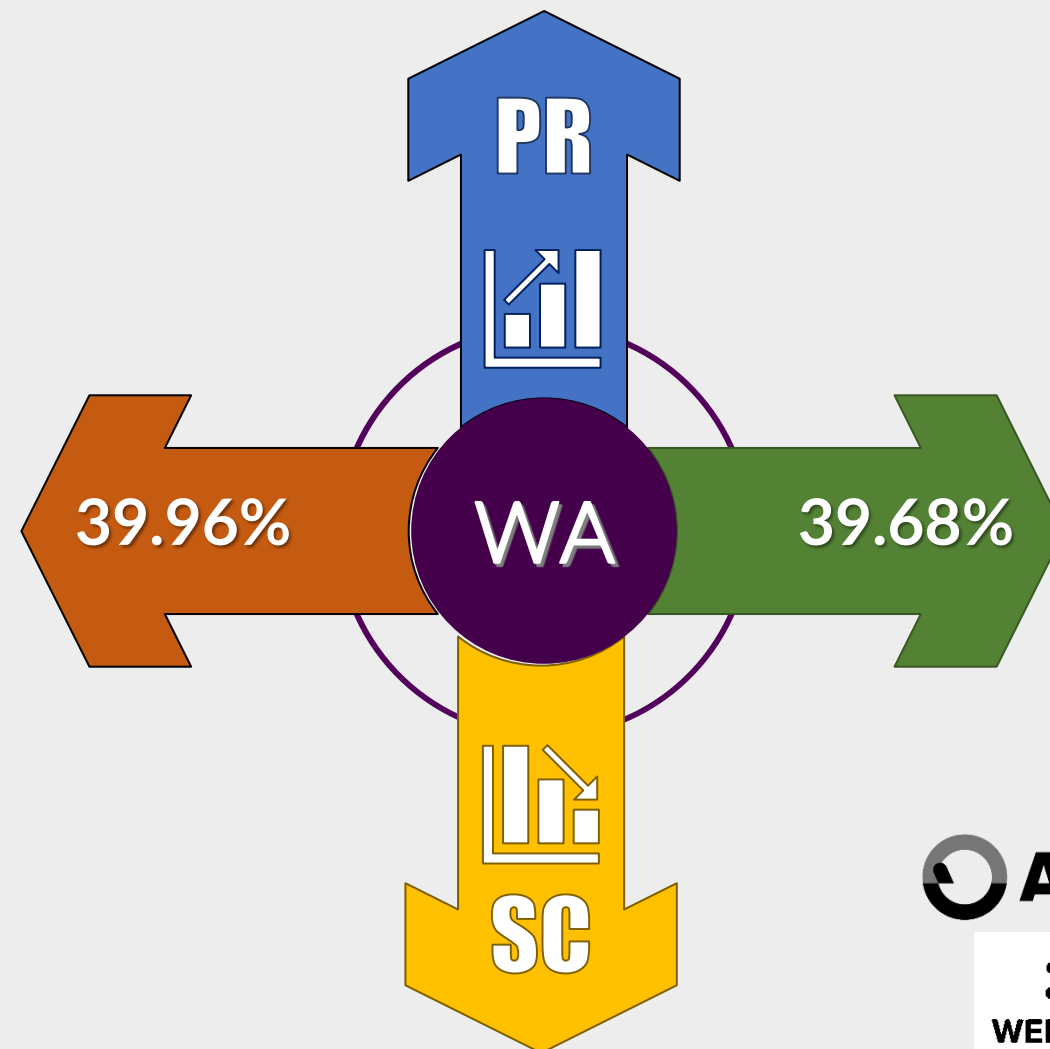
As of July 2024, the Washington distress percent was 39.96% (ranked 8/52) with 295 assessors.

STATE COMPARISON

As of August 2024

Puerto Rico is the highest at 52.38% (n=35)

South Carolina has the lowest 21.09% (n=618)



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

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

AUGUST 2024

As of August 2024, the Wyoming distress percent was 30.56% (ranked 33/52) with 22 assessors.

JULY 2024

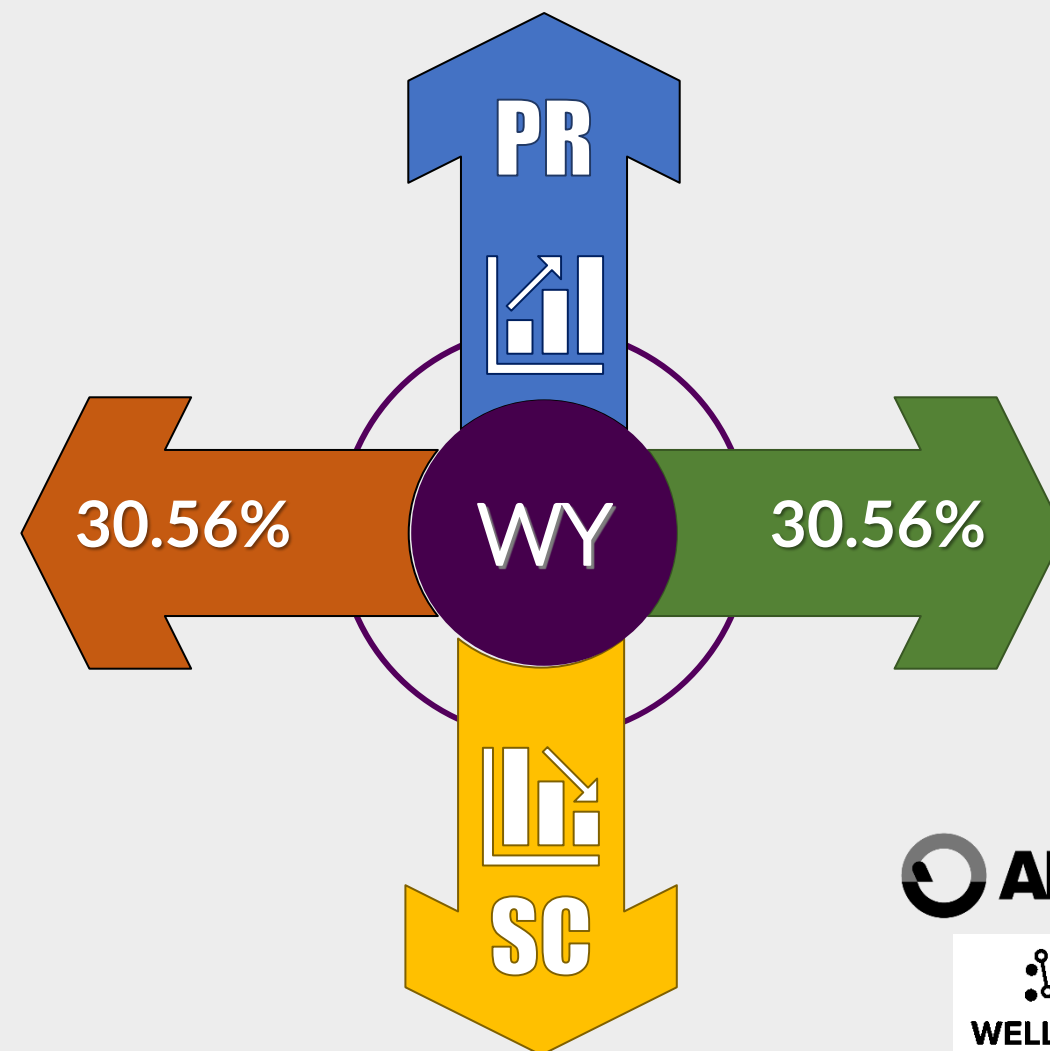
As of July 2024, the Wyoming distress percent was 30.56% (ranked 33/52) with 22 assessors.

STATE COMPARISON

As of August 2024

Puerto Rico is the highest at 52.38% (n=35)

South Carolina has the lowest 21.09% (n=618)



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

Well-being Resources Promo Slides*

For Your Use in State Social Media and Periodicals

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



Burnout is real.

Take advantage of APhA's online screening tool, invented by the Mayo Clinic, to evaluate your fatigue, depression, burnout, anxiety, and stress and assess your well-being.

It takes less than 5 minutes to answer 9 short questions.

It's 100% anonymous, free, and you do not need to be an APhA member.

Resources are available once you submit your assessment.

Well-being Index for Pharmacists, Student Pharmacists, & Pharmacy Technicians

www.pharmacist.com/wbi

Invitation Code: APhA

Or Scan



000030



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



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

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

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

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

Share the PWWR link with your colleagues!



Well-being Index For Pharmacy Personnel

State Report
For State Boards of Pharmacy
NABP District Seven States

September 2024

For Every Pharmacist. For All of Pharmacy.

pharmacist.com

DISTRESS PERCENT CHANGES

National and District

August 2024 versus September 2024

Changes in Distress Levels

As of September 2024

State	Change in Distress % August 2024 vs September 2024	State Rank for Distress Percent September 2024	Distress Percent September 2024
Largest Increase in Distress Percent			
North Dakota	+2.35%	32	30.61%
Puerto Rico	+1.11%	1	53.49%
Rhode Island	+0.81%	39	29.55%
Idaho	+0.64%	45	26.48%
Georgia	+0.56%	22	33.73%
Largest Decrease in Distress Percent			
Hawaii	-1.89%	20	34.33%
Nevada	-1.22%	2	47.50%
Montana	-1.16%	51	23.53%
Wyoming	-0.83%	36	29.73%
Illinois	-0.74%	33	30.07%
Change in National Distress Percent			
NATIONAL	-0.08%	---	30.95%

Changes in Distress Levels – District Seven

As of September 2024



	Change in Distress % Sep 2024 vs Aug 2024	Distress % Sep 2024	Distress % State Rank Sep 2024	Change in Distress % Aug 2024 vs Jul 2024	Distress % State Rank Aug 2024	Distress % State Rank Jul 2024	Distress % State Rank Jun 2024	Distress % State Rank May 2024	Distress % State Rank Apr 2024	Distress % State Rank Jul 2023	Distress % State Rank Apr 2023	Distress % State Rank May 2022	Distress % State Rank Apr 2022	Distress % State Rank Dec 2021	Distress % State Rank Apr 2021	Distress % State Rank May 2020	Distress % State Rank Apr 2020
Alaska	No Change	29.91%	34	0.78%	68	40	36 (T)	40	40	39	37	38	33	48	49	49	49
Idaho	0.64%	26.48%	140	-0.31%	46	46	47	47	45	35	32	22	27	31	34	40	39
Montana	-1.16%	23.53%	67	-1.28%	48	47	44 (T)	37 (T)	34	12	10	11	11	10	12	19 (T)	24
Oregon	-0.37%	34.98%	17	-0.76%	18	17	18	19	20	17	17	31	29	27 (T)	28	36	37
Washington	-0.49%	39.19%	8	-0.28%	8	8	8	8	8	8	7	8	9	11	11	12	13
Wyoming	-0.83%	29.73%	36	No Change	33	33	36 (T)	37 (T)	41	52	51	52	52	52	51	~	~

(T) = Tied rank with another state(s). ~ = Too Few Assessors
 Note: Some historic data from 2020-2024 has been removed to allow space for current month. Refer to previous months' reports or contact kmarciniak@aphanet.org for data.

DISTRESS PERCENT MONTHLY REPORTS

State-Specific

August 2024 versus September 2024

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

SEPTEMBER 2024

As of September 2024, the Alaska distress percent was 29.91% (ranked 34/52) with 68 assessors.

AUGUST 2024

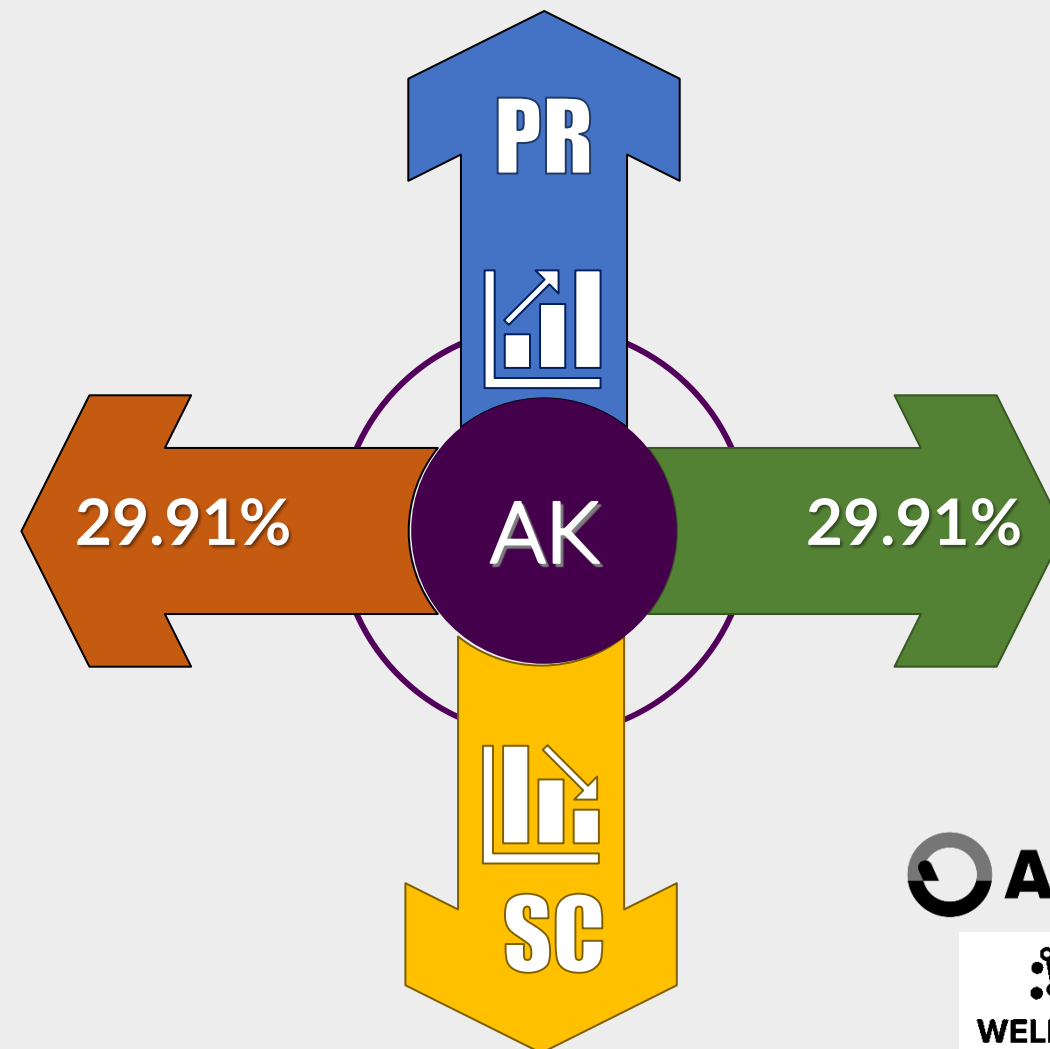
As of August 2024, the Alaska distress percent was 29.91% (ranked 34/52) with 68 assessors.

STATE COMPARISON

As of September 2024

Puerto Rico is the highest at 53.49% (n=35)

South Carolina has the lowest 21.11% (n=619)



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

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

SEPTEMBER 2024

As September 2024, the Idaho distress percent was 26.48% (ranked 45/52) with 140 assessors.

AUGUST 2024

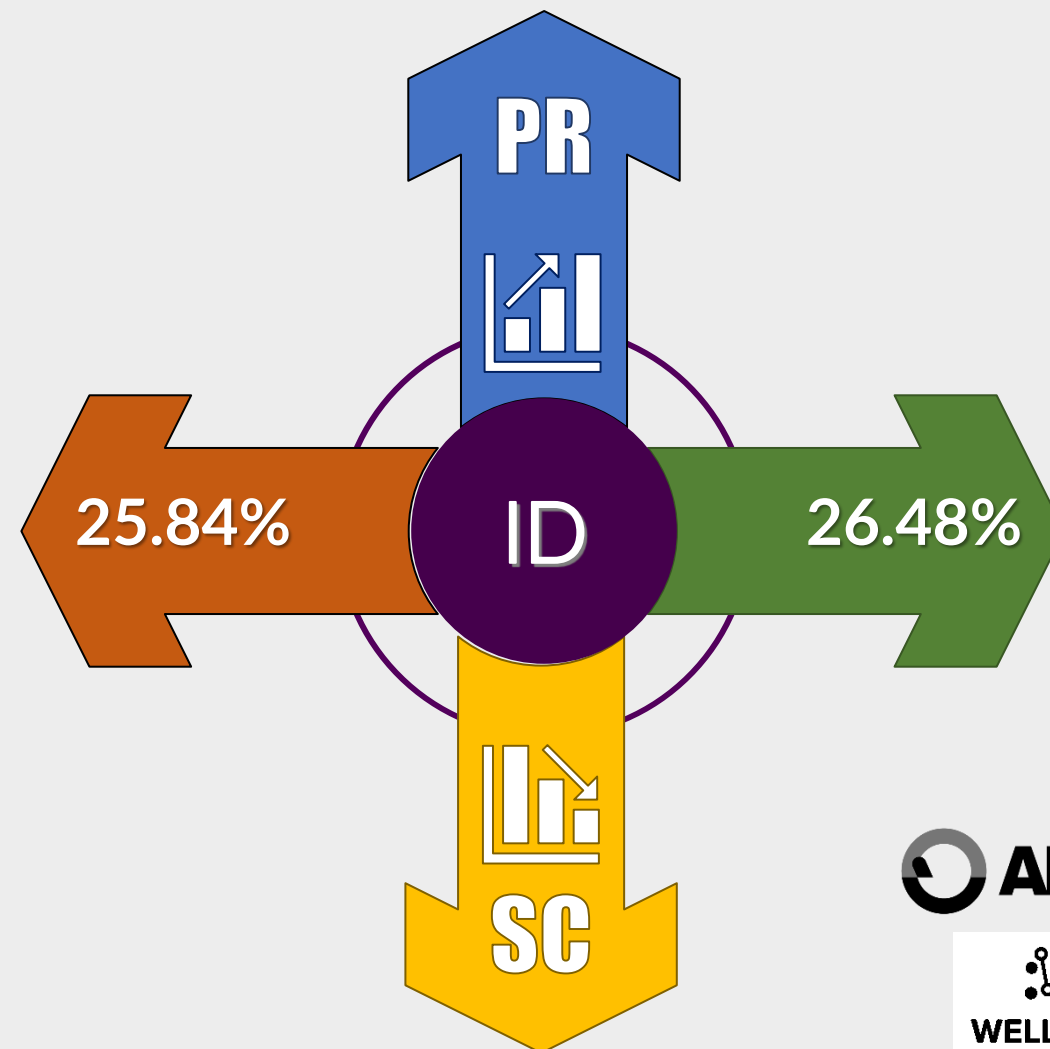
As August 2024, the Idaho distress percent was 25.84% (ranked 46/52) with 133 assessors.

STATE COMPARISON

As of September 2024

Puerto Rico is the highest at 53.49% (n=35)

South Carolina has the lowest 21.11% (n=619)



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

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

SEPTEMBER 2024

As of September 2024, the Montana distress percent was 23.53% (ranked 51/52) with 67 assessors.

AUGUST 2024

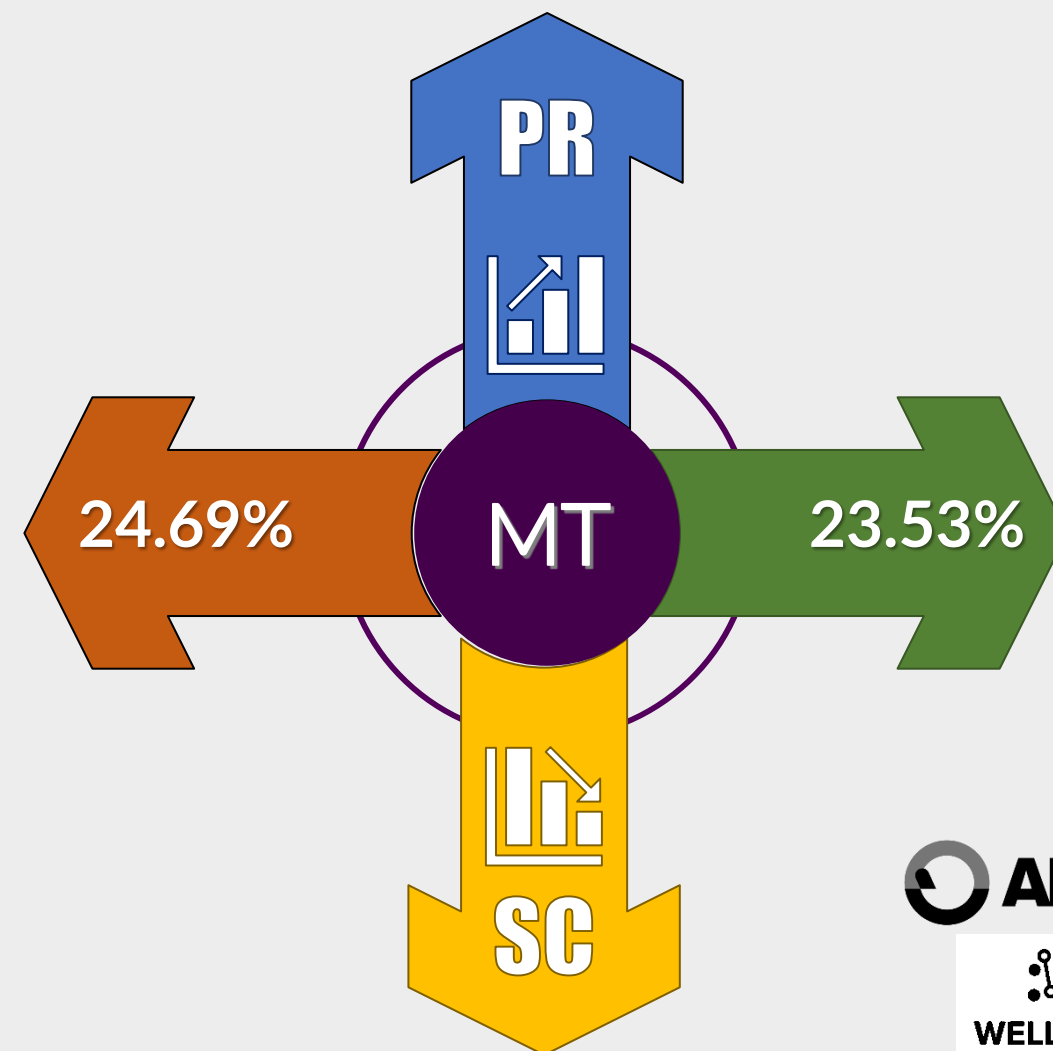
As of August 2024, the Montana distress percent was 24.69% (ranked 48/52) with 63 assessors.

STATE COMPARISON

As of September 2024

Puerto Rico is the highest at 53.49% (n=35)

South Carolina has the lowest 21.11% (n=619)



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

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

SEPTEMBER 2024

As of September 2024, the Oregon distress percent was 34.98% (ranked 17/52) with 170 assessors.

AUGUST 2024

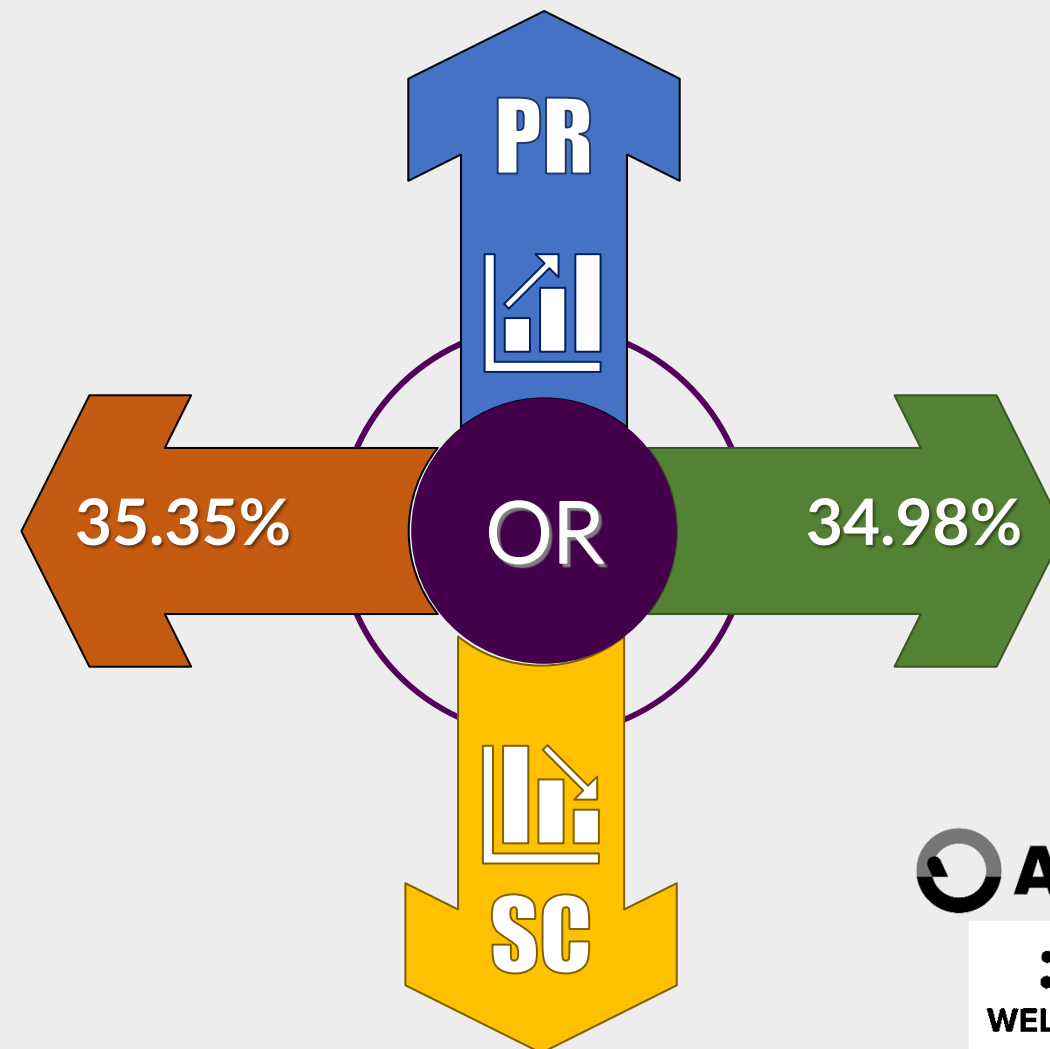
As of August 2024, the Oregon distress percent was 35.35% (ranked 18/52) with 166 assessors.

STATE COMPARISON

As of September 2024

Puerto Rico is the highest at 53.49% (n=35)

South Carolina has the lowest 21.11% (n=619)



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

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

SEPTEMBER 2024

As of September 2024, the Washington distress percent was 39.19% (ranked 8/52) with 331 assessors.

AUGUST 2024

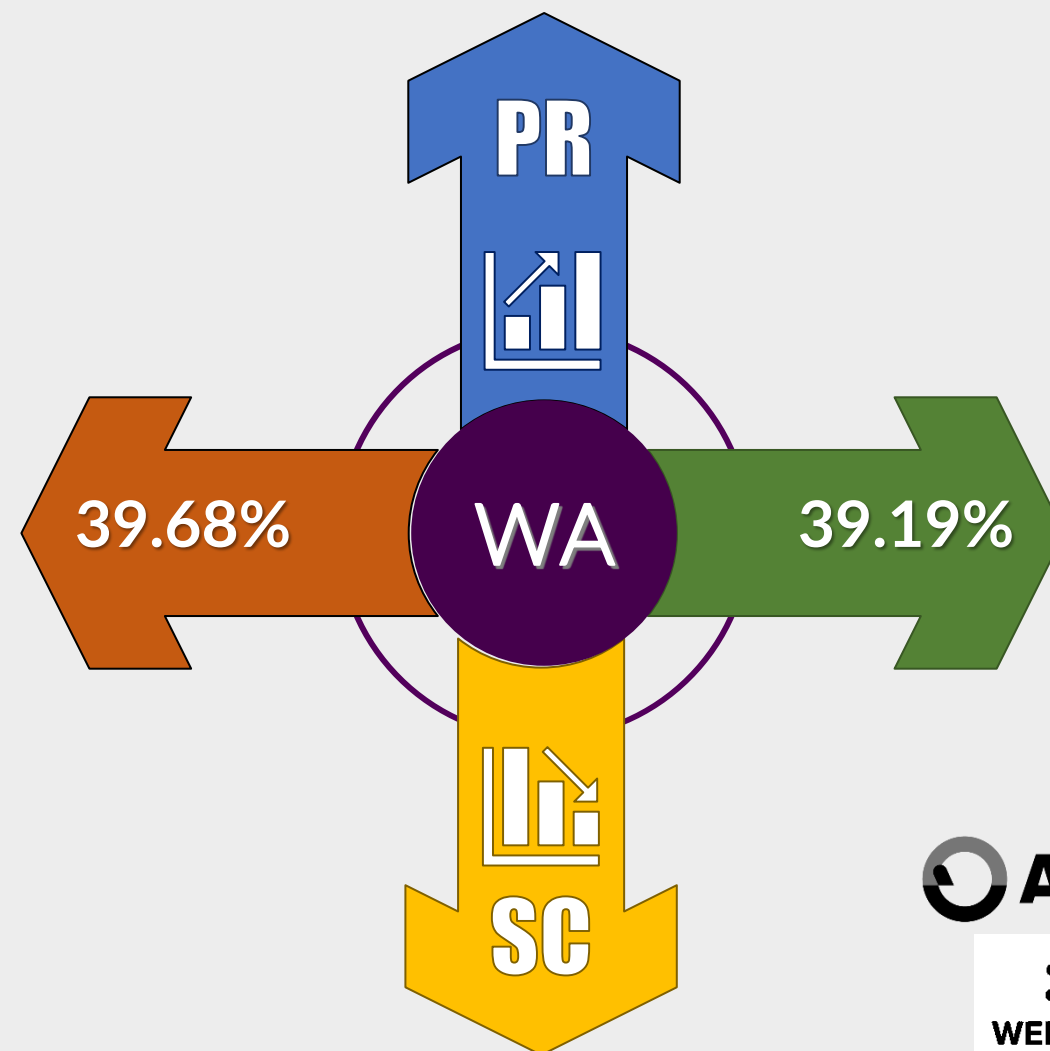
As of August 2024, the Washington distress percent was 39.68% (ranked 8/52) with 316 assessors.

STATE COMPARISON

As of September 2024

Puerto Rico is the highest at 53.49% (n=35)

South Carolina has the lowest 21.11% (n=619)



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

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

SEPTEMBER 2024

As of September 2024, the Wyoming distress percent was 29.73% (ranked 36/52) with 22 assessors.

AUGUST 2024

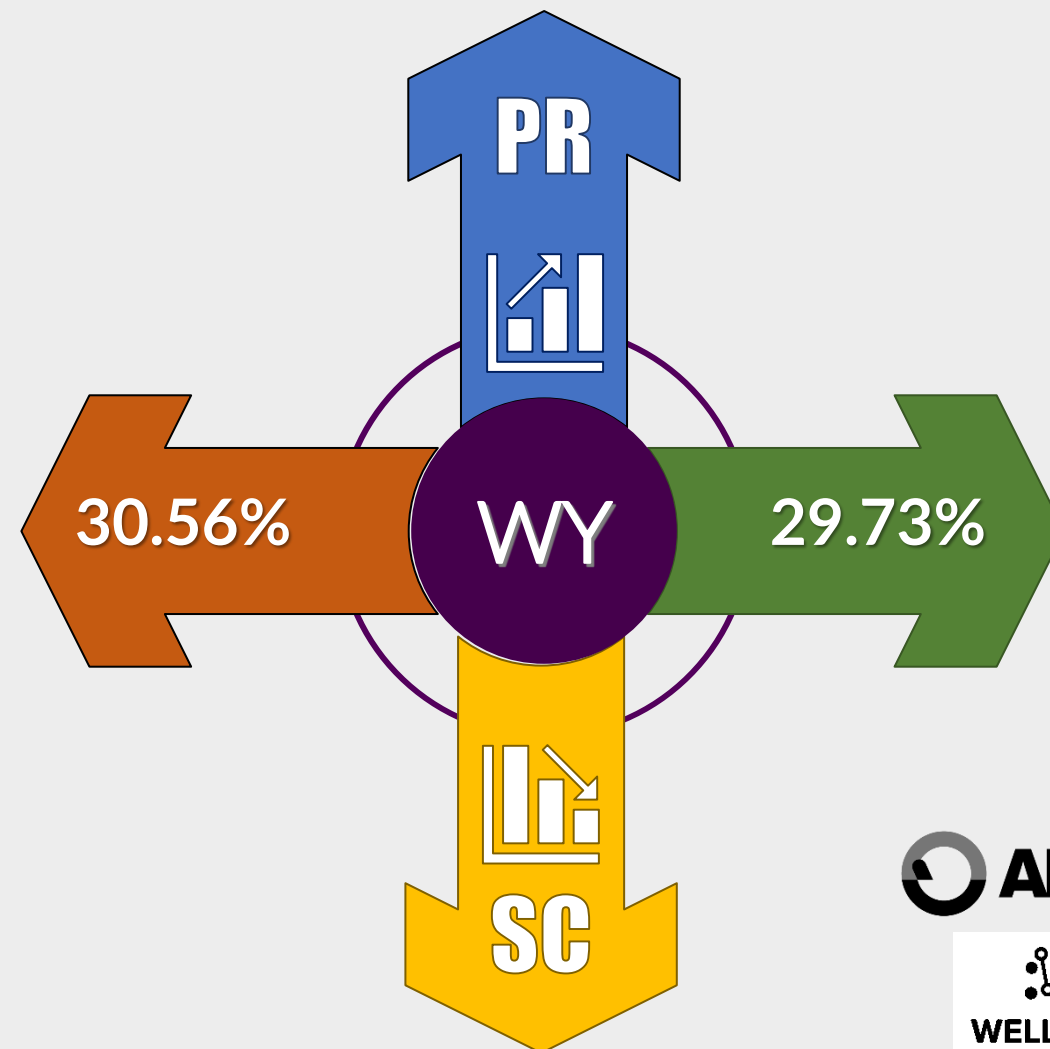
As of August 2024, the Wyoming distress percent was 30.56% (ranked 33/52) with 22 assessors.

STATE COMPARISON

As of September 2024

Puerto Rico is the highest at 53.49% (n=35)

South Carolina has the lowest 21.11% (n=619)



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

Well-being Resources Promo Slides*

For Your Use in State Social Media and Periodicals

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



Burnout is real.

Take advantage of APhA's online screening tool, invented by the Mayo Clinic, to evaluate your fatigue, depression, burnout, anxiety, and stress and assess your well-being.

It takes less than 5 minutes to answer 9 short questions.

It's 100% anonymous, free, and you do not need to be an APhA member.

Resources are available once you submit your assessment.

Well-being Index for Pharmacists, Student Pharmacists, & Pharmacy Technicians

www.pharmacist.com/wbi

Invitation Code: APhA

Or Scan



000044



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



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

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

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

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

Share the PWWR link with your colleagues!

Alaska Board of Pharmacy

Agenda Item #4



Investigations Review



THE STATE
of **ALASKA**

Department of Commerce, Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

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

MEMORANDUM

DATE: October 31, 2024
TO: Board of Pharmacy
THRU: Erika Prieksat, Chief Investigator *EP*
FROM: Holly Handley, Investigator
RE: Investigative Report for the November 14, 2024 Meeting

The following information was compiled as an investigative report to the Board for the period of August 06, 2024 thru October 31, 2024; this report includes cases, complaints, and intake matters handled since the last report.

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

OPEN - 62

<u>Case Number</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Status Date</u>
2024-000757	Violation of licensing regulation	Intake	08/23/2024
2024-000802	Unlicensed practice or activity	Intake	09/03/2024
2024-001014	Violation of Profession Statute or Regulation	Intake	10/28/2024
2024-000967	PDMP Violation: Failure to Register	Complaint	10/11/2024

OUT OF STATE PHARMACY

2023-000147	Violation of licensing regulation	Investigation	01/19/2024
2023-000616	Action in another state	Investigation	04/30/2024
2023-000887	Unlicensed practice or activity	Investigation	05/08/2024

PHARMACIST

2024-000761	Violation of Profession Statute or Regulation	Intake	08/26/2024
2024-000805	License Application Problem	Intake	09/04/2024
2024-000810	License Application Review/Referral	Intake	09/05/2024
2024-000962	License Application Review/Referral	Intake	10/08/2024
2024-000998	Standard of care	Intake	10/10/2024
2024-001022	License Application Review/Referral	Intake	10/29/2024
2024-000589	PDMP Violation: Failure to Register	Complaint	06/26/2024
2024-000645	Violation of licensing regulation	Complaint	08/01/2024
2024-000693	Violation of licensing regulation	Complaint	08/01/2024
2024-000849	PDMP Violation: Failure to Register	Complaint	09/10/2024
2024-000872	PDMP Violation: Failure to Register	Complaint	09/16/2024
2024-000873	PDMP Violation: Failure to Register	Complaint	09/16/2024
2024-000929	PDMP Violation: Failure to Register	Complaint	10/02/2024
2024-000930	PDMP Violation: Failure to Register	Complaint	10/02/2024
2024-000935	Violation of Profession Statute or Regulation	Complaint	10/11/2024
2024-000987	License Application Review/Referral	Complaint	10/24/2024
2024-001006	PDMP Violation: Failure to Register	Complaint	10/24/2024
2024-001007	PDMP Violation: Failure to Register	Complaint	10/24/2024
2024-000540	PDMP Violation: Failure to Register	Investigation	10/09/2024

PHARMACY

2024-000769	Violation of licensing regulation	Intake	08/27/2024
2024-000804	Unlicensed practice or activity	Intake	09/04/2024
2024-000813	License Application Review/Referral	Intake	09/05/2024
2024-000815	Unlicensed practice or activity	Intake	09/05/2024
2024-000816	Unlicensed practice or activity	Intake	09/05/2024
2024-000821	Unlicensed practice or activity	Intake	09/06/2024
2024-000822	Unlicensed practice or activity	Intake	09/06/2024
2024-000823	Unlicensed practice or activity	Intake	09/06/2024
2024-000939	License Action in Another State	Intake	10/01/2024
2024-000317	Violation of Profession Statute or Regulation	Complaint	10/08/2024

2024-000621	Violation of licensing regulation	Complaint	07/08/2024
2024-000852	PDMP Violation: Failure to Register	Complaint	09/10/2024
2024-000857	PDMP Violation: Failure to Register	Complaint	09/11/2024
2024-000889	Violation of licensing regulation	Complaint	09/23/2024
2024-000915		Complaint	09/30/2024
2024-000831	Compliance Inspection	Closed-Intake	

PHARMACY TECHNICIAN

2024-000878	Violation of licensing regulation	Intake	09/16/2024
2024-000647	Violation of licensing regulation	Complaint	08/01/2024
2024-000876	Violation of licensing regulation	Complaint	09/17/2024
2024-001004	License Application Review/Referral	Complaint	10/30/2024
2024-000811	Violation of licensing regulation	Investigation	10/30/2024

WHOLESALE DRUG DISTRIBUTOR

2024-000726	Violation of licensing regulation	Intake	08/14/2024
2024-000867	Violation of licensing regulation	Intake	09/12/2024
2024-000951	License Application Review/Referral	Intake	10/04/2024
2024-000553	Violation of licensing regulation	Complaint	06/18/2024
2024-000588	Violation of licensing regulation	Complaint	07/03/2024
2024-000596	Violation of licensing regulation	Complaint	07/10/2024
2024-000597	Violation of licensing regulation	Complaint	07/10/2024
2024-000624	Violation of licensing regulation	Complaint	07/10/2024
2024-000625	Violation of licensing regulation	Complaint	07/10/2024
2024-000630	Violation of licensing regulation	Complaint	07/24/2024
2024-000646	Violation of licensing regulation	Complaint	07/31/2024
2024-000950	License Application Review/Referral	Complaint	10/11/2024
2024-000971	License Application Review/Referral	Complaint	10/28/2024
2023-001010	Unlicensed practice or activity	Investigation	02/26/2024
2024-000433	Violation of licensing regulation	Investigation	08/12/2024

2024-000834	Compliance Inspection	Closed-Intake	09/11/2024	Compliance
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OUT OF STATE PHARMACY

2022-000746	Violation of licensing regulation	Closed-Investigation	08/13/2024	License Lapsed - Flagged Do Not Renew
2023-000349	Action in another state	Closed-Investigation	09/05/2024	Advisement Letter
2023-000430	Unlicensed practice or activity	Closed-Investigation	09/11/2024	License Action
2024-000197	Violation of licensing regulation	Closed-Investigation	09/11/2024	License Action
2024-000453	Violation of licensing regulation	Closed-Investigation	09/05/2024	Advisement Letter
2024-000550	Violation of licensing regulation	Closed-Investigation	10/28/2024	License Lapsed - Flagged Do Not Renew

PHARMACIST

2024-000623	Violation of licensing regulation	Closed-Intake	08/08/2024	Incomplete Complaint
2024-000638	Violation of licensing regulation	Closed-Intake	08/20/2024	Incomplete Complaint
2024-000660	Violation of licensing regulation	Closed-Intake	08/20/2024	
2024-000719	Violation of licensing regulation	Closed-Intake	09/05/2024	Review Complete
2024-000869	Violation of licensing regulation	Closed-Intake	10/28/2024	Incomplete Complaint
2024-000307	Violation of licensing regulation	Closed-Complaint	08/08/2024	No Action - No Violation
2023-000958	PDMP Violation	Closed-Investigation	08/14/2024	Advisement Letter
2023-001200	Violation of licensing regulation	Closed-Investigation	09/11/2024	License Action
2024-000122	Violation of licensing regulation	Closed-Investigation	08/20/2024	Application Denied
2024-000196	Violation of licensing regulation	Closed-Investigation	09/11/2024	License Action
2024-000222	Violation of licensing regulation	Closed-Investigation	09/11/2024	License Action
2024-000339	Violation of licensing regulation	Closed-Investigation	09/11/2024	License Action
2024-000487	PDMP Violation: Failure to Register	Closed-Investigation	09/19/2024	Advisement Letter

2024-000595	Violation of licensing regulation	Closed-Investigation	09/11/2024	Advisement Letter
2024-000648	Violation of licensing regulation	Closed-Investigation	09/16/2024	Advisement Letter
2024-000800	Violation of licensing regulation	Closed-Investigation	10/28/2024	Advisement Letter

PHARMACIST IN CHARGE

2024-000485	Violation of licensing regulation	Closed-Complaint	09/09/2024	No Action - No Violation
2024-000883	Violation of Profession Statute or Regulation	Closed-Investigation	10/28/2024	Advisement Letter

PHARMACY

2024-000622	Violation of licensing regulation	Closed-Intake	08/08/2024	Review Complete
2024-000722	Compliance Inspection	Closed-Intake	08/20/2024	
2024-000723	Compliance Inspection	Closed-Intake	08/20/2024	
2024-000724	Compliance Inspection	Closed-Intake	08/20/2024	Compliance
2024-000725	Compliance Inspection	Closed-Intake	08/20/2024	Compliance
2024-000727	Compliance Inspection	Closed-Intake	08/20/2024	Compliance
2024-000830	Compliance Inspection	Closed-Intake	09/11/2024	Compliance
2024-000832	Compliance Inspection	Closed-Intake	09/11/2024	Compliance
2024-000833	Compliance Inspection	Closed-Intake	09/11/2024	Compliance
2024-000835	Compliance Inspection	Closed-Intake	09/11/2024	Compliance
2024-000836	Compliance Inspection	Closed-Intake	09/11/2024	Compliance
2024-000839	Compliance Inspection	Closed-Intake	09/11/2024	Compliance
2024-000840	Compliance Inspection	Closed-Intake	09/11/2024	Compliance
2024-000841	Compliance Inspection	Closed-Intake	09/11/2024	Compliance
2024-000842	Compliance Inspection	Closed-Intake	09/11/2024	Compliance
2024-000922	Compliance Inspection	Closed-Intake	10/07/2024	Compliance
2024-000923	Compliance Inspection	Closed-Intake	10/07/2024	Compliance
2024-000963		Closed-Intake	10/14/2024	Compliance
2024-000964		Closed-Intake	10/14/2024	Compliance
2024-000965		Closed-Intake	10/14/2024	Compliance
2024-000966		Closed-Intake	10/14/2024	Compliance
2024-000968		Closed-Intake	10/14/2024	Compliance
2024-001002	Compliance Inspection	Closed-Intake	10/28/2024	Compliance
2024-000435	Violation of Profession Statute or Regulation	Closed-Complaint	08/08/2024	No Action - No Violation

2024-000667	Violation of licensing regulation	Closed-Complaint	10/03/2024	No Action - No Violation
2024-000572	Violation of licensing regulation	Closed-Investigation	10/24/2024	No Action - No Violation
PHARMACY TECHNICIAN				
2024-000546	Violation of licensing regulation	Closed-Complaint	09/16/2024	No Action - Minor Offense
2023-001122	Violation of licensing regulation	Closed-Investigation	09/11/2024	Application Denied
2024-000101	Unprofessional conduct	Closed-Investigation	09/11/2024	Application Denied
2024-000248	Violation of licensing regulation	Closed-Investigation	09/11/2024	Application Denied
2024-000401	Violation of licensing regulation	Closed-Investigation	10/28/2024	Application Denied
WHOLESALE DRUG DISTRIBUTOR				
2024-000547	Violation of licensing regulation	Closed-Complaint	08/23/2024	No Action - No Violation
2024-000569	Violation of licensing regulation	Closed-Complaint	10/28/2024	Advisement Letter
2024-000570	Violation of licensing regulation	Closed-Complaint	10/31/2024	Advisement Letter
2024-000571	Violation of licensing regulation	Closed-Complaint	09/27/2024	No Action - No Violation
2024-000593	Violation of licensing regulation	Closed-Complaint	10/28/2024	No Action - No Violation
2024-000598	Violation of licensing regulation	Closed-Complaint	08/20/2024	No Action - No Violation
2024-000827	Violation of Profession Statute or Regulation	Closed-Investigation	10/28/2024	Advisement Letter

END OF REPORT

Alaska Board of Pharmacy

Agenda Item #5



Division Updates

ALASKA PDMP

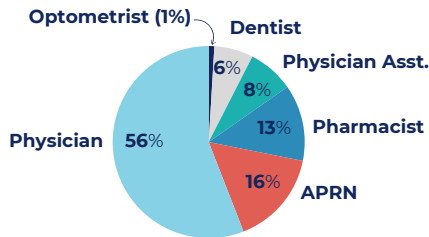
PRESCRIPTION DRUG MONITORING PROGRAM Q3 2024

78,338 PATIENTS

Alaskan patients receiving at least one controlled substance prescription.

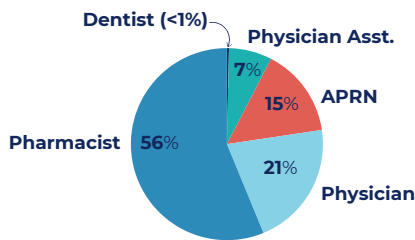
9,279 REGISTERED USERS

% registered by license type, excluding IHS, military, VA, and delegates.



258,261 SEARCHES

% of searches by user type, excluding IHS, military, VA, and delegates.



83% EHR ACCESS

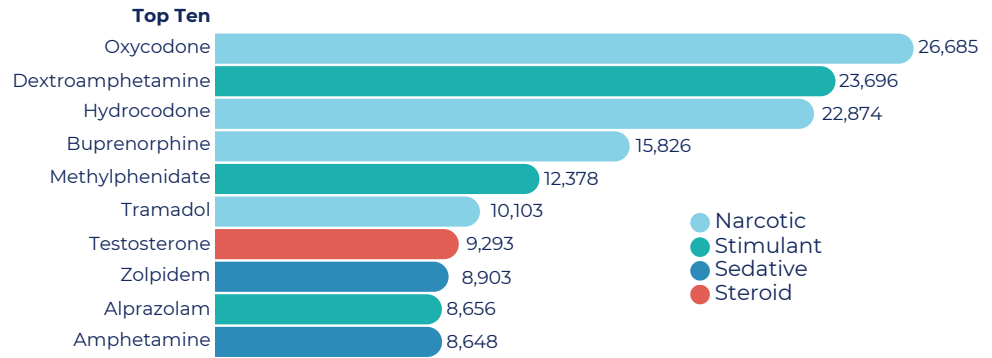
% of providers using electronic health record system (EHR) integration to search patient information within their clinical workflow.

258 DISPENSERS

Pharmacies or dispensing providers with at least one controlled substance dispensation to Alaska patients.

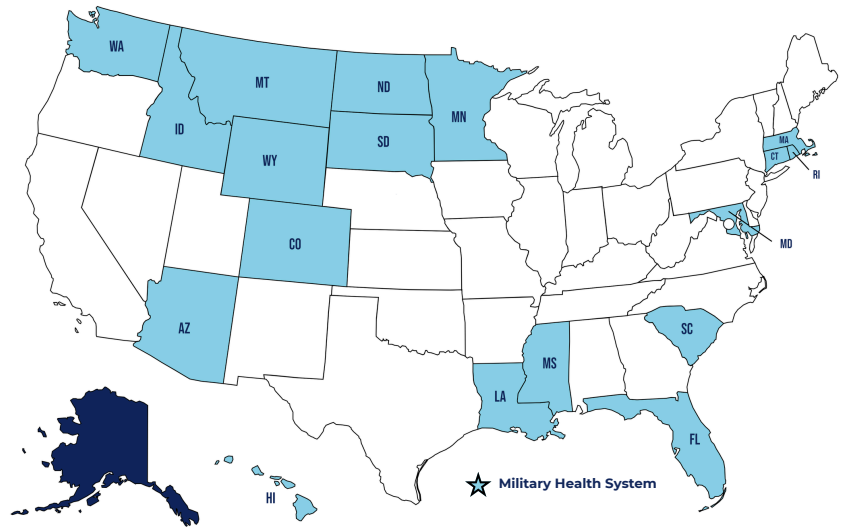
Data is presented for informational purposes only. Data represents prescription and dispensation activity reported to Alaska Prescription Drug Monitoring Program (PDMP) from July 01, 2024 to September 30, 2024. For more information, visit pdmp.alaska.gov.

192,846 CONTROLLED SUBSTANCE DISPENSATIONS

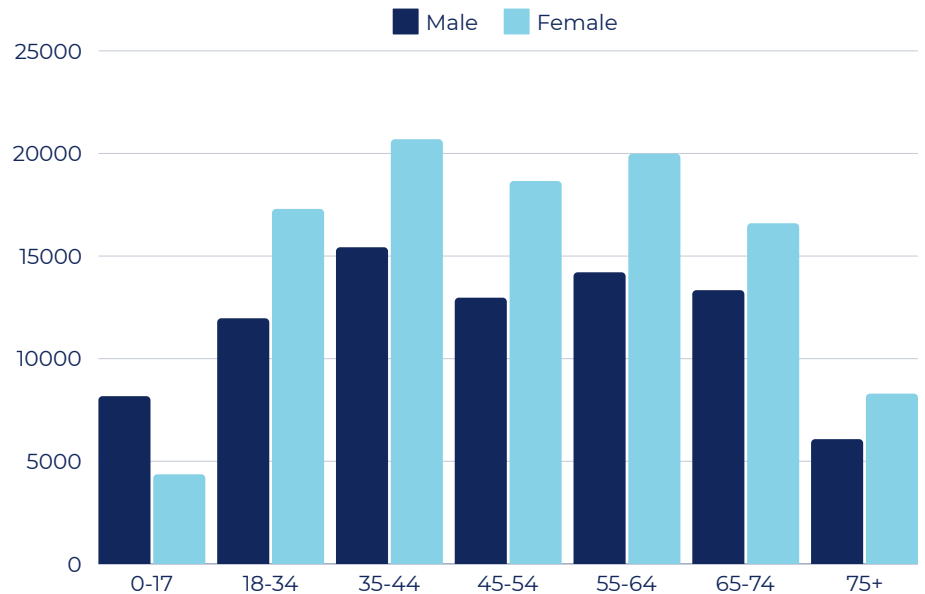


19 PARTNER STATES

Interstate data sharing including military health system.



PRESCRIPTION COUNT BY PATIENT AGE & GENDER



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

000054

Alaska Board of Pharmacy

Agenda Item #6



Public Comment Period

Alaska Board of Pharmacy

Agenda Item #7



Board Business

Alaska Board of Pharmacy

Agenda Item #8



Industry Updates



Industry Update

ALASKA PHARMACY ASSOCIATION

Industry Update



SHOTS GRANT



HB 226 & MARKET INSIGHTS



REGULATION OF PSYCHEDELIC
MEDICINES WORKGROUP

Increasing Access to Care at Pharmacies with SHOTS

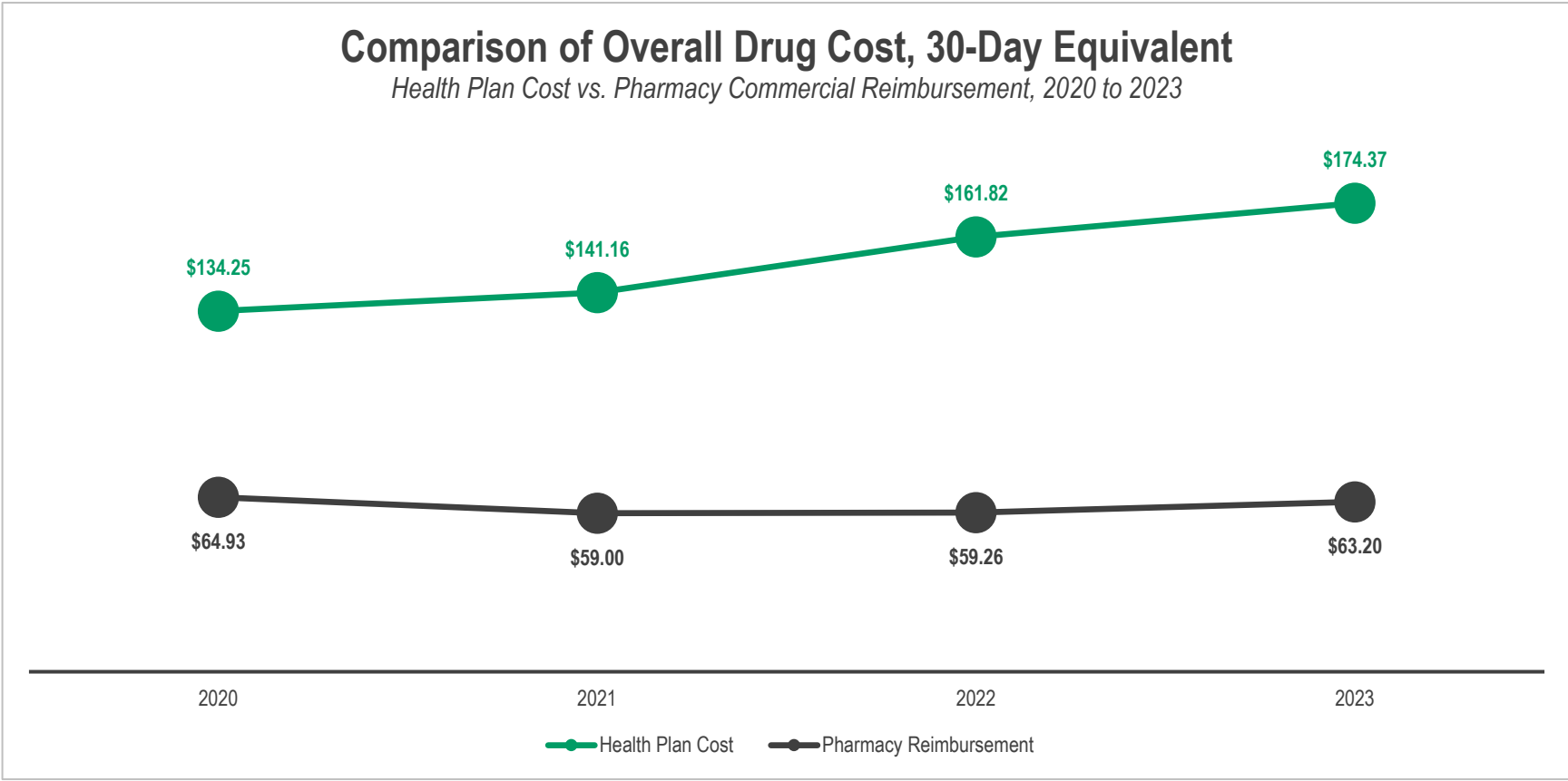
- Supported Immunizations, Healthcare Delivery, On-Site Training and Services - SHOTS Grant
- Support pharmacies in increasing services and improving patient access to care
- Partner with UAA / ISU Doctor of Pharmacy Program
- Many training and partnership opportunities for Alaska pharmacy professionals

HB 226 & Market Insights

- HB 226 covers commercial market (Approximately 15%)
 - What's left?
 - Medicare = Approx. 15%
 - Medicaid = Approx. 33%
 - All self insured plans = Approx. 37%
- Data review: [Understanding Drug Pricing from Divergent Perspectives](#)

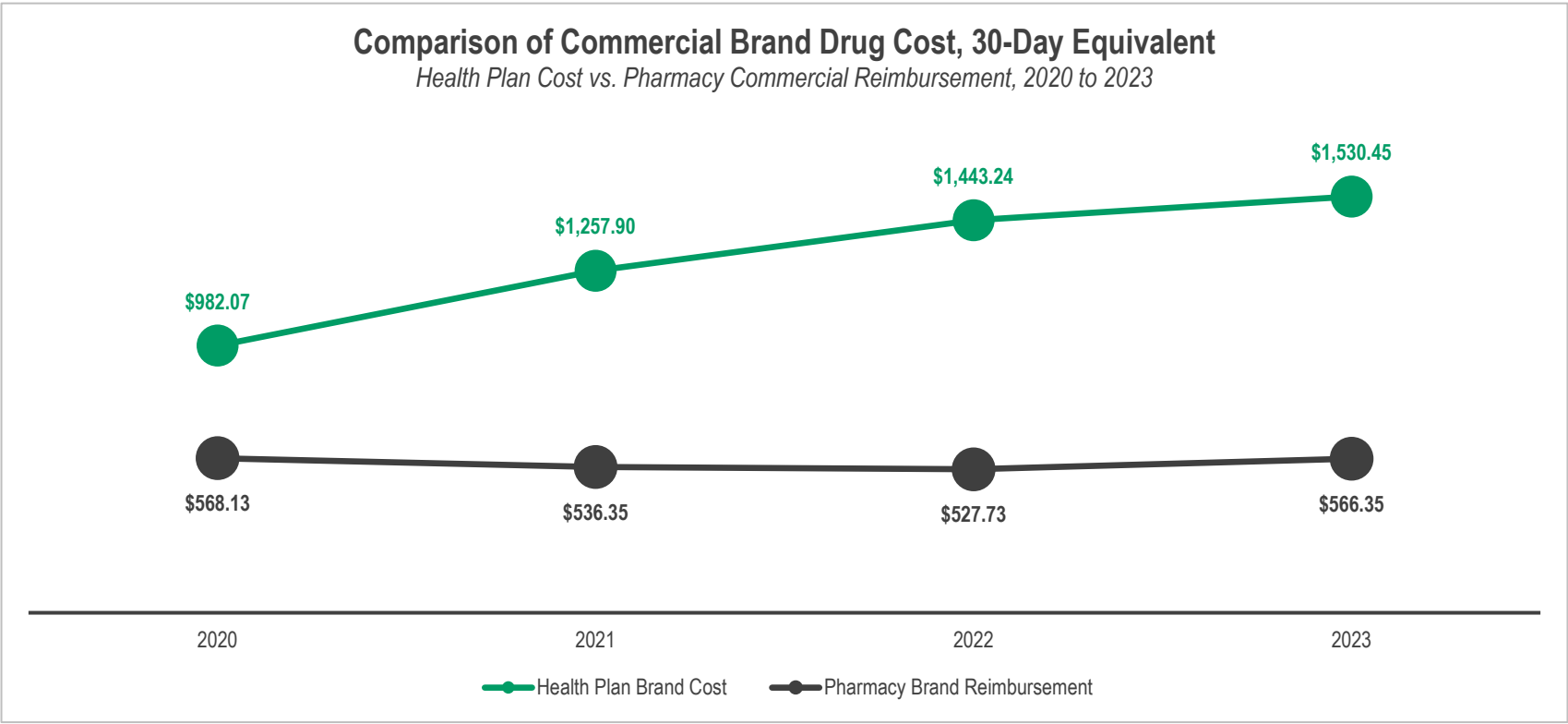
Overall commercial cost trends

- ▶ Plan sponsor costs increased 30% over the four-year period.
- ▶ Pharmacy reimbursement decreased by 3% over the same timeframe.



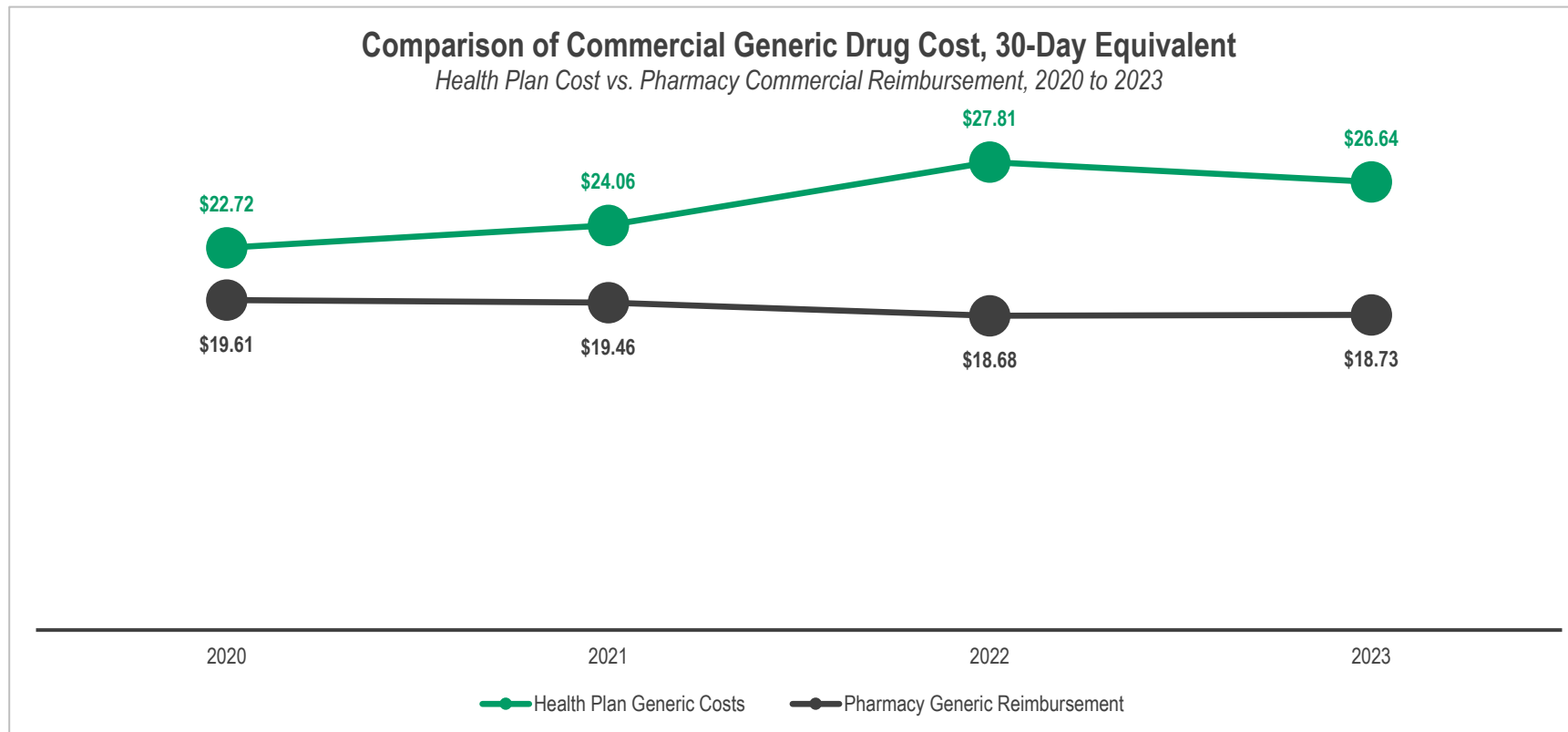
Comparison of Washington commercial brand drug costs, 2020-2023

- ▶ Health plan sponsors saw a \$548.38 increase in brand drug costs (55% increase)
- ▶ Meanwhile, pharmacies received \$1.78 less for brand drugs (0% decrease)



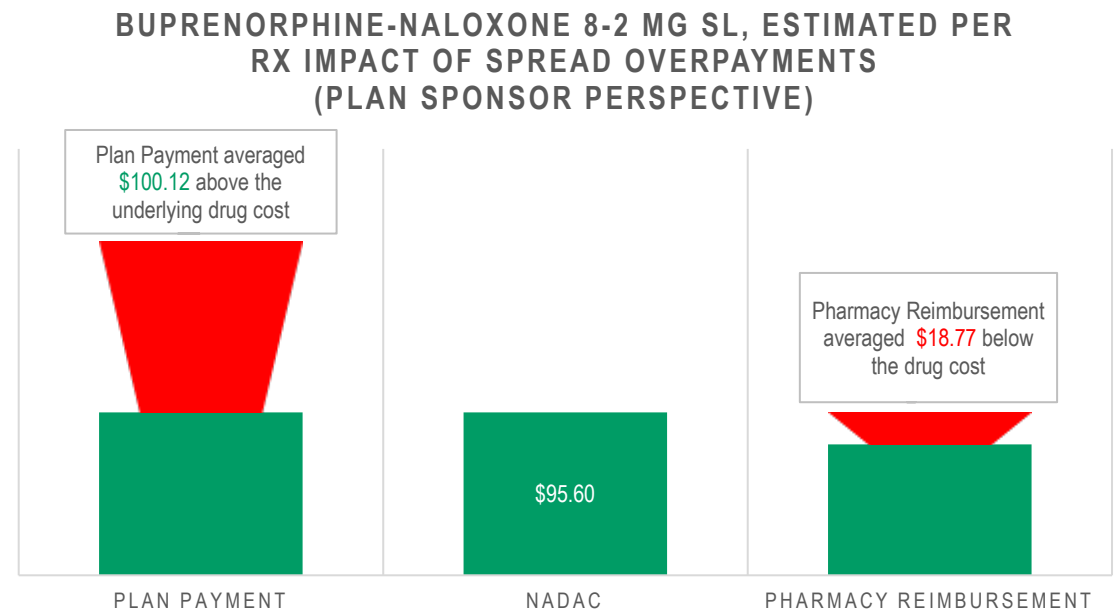
Comparison of Washington commercial generic drug costs, 2020-2023

- ▶ Health plan sponsors saw a \$3.92 increase in generic drug costs (17% increase)
- ▶ Meanwhile, pharmacies received \$0.88 less for generic drugs (4% decrease)



Spread pricing sub-analysis: Buprenorphine-naloxone estimated spread per Rx

- ▶ Certain health plan sponsors were billed \$195.73 per generic Suboxone (buprenorphine-naloxone) 8-2 MG SL prescription, equivalent to a \$100.12 health plan cost over NADAC, but adjudicated rates from matched billings from the pharmacy claims data suggest pharmacies are receiving on average of \$76.84 in reimbursement per prescription for the same claim (or -\$18.77 below NADAC).



HB 228: Task Force for the Regulation of Psychedelic Medicines

- Law named AKPhA Board to select a pharmacist representative

Alaska Board of Pharmacy

Agenda Item #9



Division Updates Continued

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

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Pharmacy	FY 18	FY 19	Biennium	FY 20	FY 21	Biennium	FY 22	FY 23	Biennium	FY 24
Revenue										
Revenue from License Fees	\$ 801,317	\$ 213,770	\$ 1,015,087	\$ 631,105	\$ 1,121,447	\$ 1,752,552	\$ 444,975	\$ 1,169,195	\$ 1,614,170	\$ 1,256,105
General Fund Received					\$ -	-	\$ 29,810	\$ 7,668	37,478	\$ 120,240
Allowable Third Party Reimbursements	210	962	1,172	\$ -	\$ -	-	\$ 1,650	\$ 1,500	3,150	\$ 1,588
TOTAL REVENUE	\$ 801,527	\$ 214,732	\$ 1,016,259	\$ 631,105	\$ 1,121,447	\$ 1,752,552	\$ 476,435	\$ 1,178,363	\$ 1,654,798	\$ 1,377,933
Expenditures										
Non Investigation Expenditures										
1000 - Personal Services	204,727	194,745	399,472	199,334	278,612	477,946	284,719	335,119	619,838	411,918
2000 - Travel	13,704	8,299	22,003	2,641	-	2,641	6,363	14,252	20,615	11,602
3000 - Services	21,960	27,781	49,741	45,283	46,180	91,463	29,584	20,174	49,758	27,965
4000 - Commodities	-	26	26	521	-	521	82	90	172	300
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	240,391	230,851	471,242	247,779	324,792	572,571	320,748	369,635	690,383	451,784
Investigation Expenditures										
1000-Personal Services	68,679	69,997	138,676	57,738	106,494	164,232	94,519	128,331	222,850	188,437
2000 - Travel	-	-	-	1,260	-	1,260	5,221	3,182	8,403	-
3023 - Expert Witness	-	-	-	-	-	-	-	-	-	-
3088 - Inter-Agency Legal	-	3,062	3,062	2,537	1,269	3,806	12,011	10,018	22,029	1,739
3094 - Inter-Agency Hearing/Mediation	-	-	-	694	152	846	1,758	68	1,826	15,943
3000 - Services other	-	400	400	269	216	485	338	545	883	675
4000 - Commodities	-	-	-	-	-	-	-	10	10	-
Total Investigation Expenditures	68,679	73,459	142,138	62,498	108,131	170,629	113,847	142,155	256,001	206,794
Total Direct Expenditures	309,070	304,310	613,380	310,277	432,923	743,200	434,595	511,790	946,384	658,578
Indirect Expenditures										
Internal Administrative Costs	150,986	155,128	306,114	164,443	191,897	356,340	182,236	190,056	372,292	204,294
Departmental Costs	78,139	81,374	159,513	58,131	75,431	133,562	76,951	76,872	153,823	102,391
Statewide Costs	30,555	27,069	57,624	33,868	52,856	86,724	47,667	50,400	98,067	58,103
Total Indirect Expenditures	259,680	263,571	523,251	256,442	320,184	576,626	306,854	317,328	624,182	364,788
TOTAL EXPENDITURES	\$ 568,750	\$ 567,881	\$ 1,136,631	\$ 566,719	\$ 753,107	\$ 1,319,826	\$ 741,449	\$ 829,118	\$ 1,570,566	\$ 1,023,366
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ 275,216	\$ 507,993		\$ 154,844	\$ 219,230		\$ 587,570	\$ 322,556		\$ 671,801
Annual Increase/(Decrease)	232,777	(353,149)		64,386	368,340		(265,014)	349,245		354,567
Ending Cumulative Surplus (Deficit)	\$ 507,993	154,844		\$ 219,230	\$ 587,570		\$ 322,556	\$ 671,801		\$ 1,026,368
Statistical Information										
Number of Licenses for Indirect calculation	5,680	6,203		5,934	6,917		6,542	6,428		6,856
Additional information: <ul style="list-style-type: none"> General fund dollars were received in FY21-FY23 to offset increases in personal services and help prevent programs from going into deficit or increase fees. Most recent fee change: New fee FY24 (retired) Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065. 										

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

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Appropriation Name (Ex)	(Multiple Items)
Sub Unit	(All)
PL Task Code	PHA1

Sum of Budgetary Expenditures	Object Type Name (Ex)				
Object Name (Ex)	1000 - Personal Services	2000 - Travel	3000 - Services	4000 - Commodities	Grand Total
1011 - Regular Compensation	312,383.05				312,383.05
1014 - Overtime	408.91				408.91
1016 - Other Premium Pay	478.92				478.92
1021 - Allowances to Employees	432.00				432.00
1023 - Leave Taken	46,459.46				46,459.46
1028 - Alaska Supplemental Benefit	22,085.53				22,085.53
1029 - Public Employee's Retirement System Defined Benefits	461.17				461.17
1030 - Public Employee's Retirement System Defined Contribution	18,904.51				18,904.51
1034 - Public Employee's Retirement System Defined Cont Health Reim	12,880.92				12,880.92
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	3,587.66				3,587.66
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	54,247.71				54,247.71
1040 - Group Health Insurance	112,963.03				112,963.03
1041 - Basic Life and Travel	34.21				34.21
1042 - Worker's Compensation Insurance	1,925.80				1,925.80
1047 - Leave Cash In Employer Charge	8,278.51				8,278.51
1048 - Terminal Leave Employer Charge	5,734.61				5,734.61
1053 - Medicare Tax	4,937.79				4,937.79
1069 - SU Business Leave Bank Contributions	112.56				112.56
1077 - ASEA Legal Trust	368.98				368.98
1079 - ASEA Injury Leave Usage	25.12				25.12
1080 - SU Legal Trst	113.91				113.91
1970 - Personal Services Transfer	(6,470.03)				(6,470.03)
2007 - In-State Non-Employee Lodging		1,014.73			1,014.73
2008 - In-State Non-Employee Meals and Incidentals		300.00			300.00
2009 - In-State Non-Employee Taxable Per Diem		96.00			96.00
2010 - In-State Non-Employee Non-Taxable Reimbursement		404.64			404.64
2012 - Out-State Employee Airfare		916.04			916.04
2013 - Out-State Employee Surface Transportation		36.00			36.00
2014 - Out-State Employee Lodging		3,370.30			3,370.30
2015 - Out-State Employee Meals and Incidentals		1,148.78			1,148.78
2016 - Out-State Employee Reimbursable Travel Costs		30.00			30.00
2017 - Out-State Non-Employee Airfare		1,520.68			1,520.68
2019 - Out-State Non-Employee Lodging		1,969.51			1,969.51
2020 - Out-State Non-Employee Meals and Incidentals		709.00			709.00
2022 - Out-State Non-Employee Non-Taxable Reimbursement		86.00			86.00
2970 - Travel Cost Transfer		(0.00)			(0.00)
3000 - Training/Conferences			4,150.00		4,150.00
3002 - Memberships			510.00		510.00
3035 - Long Distance			101.37		101.37
3036 - Local/Equipment Charges			5.46		5.46
3044 - Courier			19.38		19.38
3045 - Postage			655.17		655.17
3046 - Advertising			2,645.28		2,645.28
3085 - Inter-Agency Mail			1,357.94		1,357.94
3088 - Inter-Agency Legal			10,140.07		10,140.07
3093 - Inter-Agency Education/Training			65.00		65.00
3094 - Inter-Agency Hearing/Mediation			26,672.10		26,672.10
3970 - Contractual Transfer			-		-
4002 - Business Supplies				300.00	300.00
Grand Total	600,354.33	11,601.68	46,321.77	300.00	658,577.78

FY 2024 CBPL COST ALLOCATIONS

Name	Task Code	Direct Revenues	General Fund Received	3rd Party Reimbursement	Total Revenues	Direct Expense	Percentage of board licenses/total licensees:	Department certified transactions % by Fiscal Revenue \$	Indirect Expense (Total Non-PCN Allocated)	Percentage of program direct Personal Services:	Total Indirect Expenses	Total Expenses	2024 Annual Surplus (Deficit)
Acupuncture	ACU1	\$ 5,359		\$ -	\$ 5,359	\$ 6,651	\$ 2,954	\$ 416	\$ 3,370	1,864	\$ 5,234	\$ 11,885	\$ (6,526)
Architects, Engineer	AEL1	\$ 971,065	\$ 466	\$ 4,427	\$ 975,958	\$ 337,247	202,200	\$ 3,681	205,881	84,564	290,445	627,692	348,266
Athletic Trainers	ATH1	\$ 5,900		\$ -	\$ 5,900	\$ 1,642	1,840	\$ 261	2,101	437	2,538	4,180	1,720
Audiology and Speech Pathologists	AUD1	\$ 55,607		\$ -	\$ 55,607	\$ 41,069	26,976	\$ 1,880	28,856	12,458	41,314	82,383	(26,776)
Barbers & Hairdressers	BAH1	\$ 1,146,245	\$ 958	\$ -	\$ 1,147,203	\$ 364,706	195,618	\$ 4,252	199,870	99,546	299,416	664,122	483,081
Behavior Analysts	BEV1	\$ 4,892		\$ -	\$ 4,892	\$ 8,861	3,161	\$ 799	3,960	2,422	6,382	15,243	(10,351)
Chiropractors	CHI1	\$ 22,988	\$ 4,957	\$ -	\$ 27,945	\$ 194,286	8,500	\$ 970	9,470	37,466	46,936	241,222	(213,277)
Collection Agencies	COA1	\$ 48,065		\$ -	\$ 48,065	\$ 11,743	18,476	\$ 1,072	19,548	3,347	22,895	34,638	13,427
Concert Promoters	CPR1	\$ 2,513		\$ -	\$ 2,513	\$ 44	622	\$ 139	761	13	774	818	1,695
Construction Contractors	CON1	\$ 413,740	\$ 255	\$ -	\$ 413,995	\$ 607,170	228,891	\$ 4,012	232,903	101,040	333,943	941,113	(527,118)
Home Inspectors	HIN1	\$ 20,180		\$ -	\$ 20,180	\$ 19,253	3,006	\$ 840	3,846	5,846	9,692	28,945	(8,765)
Dental	DEN1	\$ 206,952	\$ 2,075	\$ -	\$ 209,027	\$ 350,066	60,378	\$ 3,946	64,324	92,699	157,023	507,089	(298,062)
Dietitians/Nutritionists	DTN1	\$ 28,075		\$ -	\$ 28,075	\$ 24,885	12,283	\$ 1,301	13,584	7,561	21,145	46,030	(17,955)
Direct Entry Midwife	MID1	\$ 12,949	\$ 914	\$ -	\$ 13,863	\$ 24,961	1,140	\$ 546	1,686	1,582	3,268	28,229	(14,366)
Dispensing Opticians	DOP1	\$ 9,500		\$ -	\$ 9,500	\$ 24,239	4,353	\$ 958	5,311	7,361	12,672	36,911	(27,411)
Electrical Administrator	EAD1	\$ 164,215		\$ -	\$ 164,215	\$ 96,254	25,058	\$ 2,202	27,260	18,821	46,081	142,335	21,880
Euthanasia Services	EUT1	\$ 300		\$ -	\$ 300	\$ 488	363	\$ 37	400	148	548	1,036	(736)
Geologists	GEO1	\$ 350		\$ -	\$ 350	\$ 991	285	\$ 342	627	298	925	1,916	(1,566)
Guardians/Conservators	GCO1	\$ 4,977		\$ -	\$ 4,977	\$ 6,758	622	\$ 326	948	1,933	2,881	9,639	(4,662)
Guide-Outfitters	GUI1	\$ 1,097,850	\$ 800	\$ -	\$ 1,098,650	\$ 434,101	45,244	\$ 3,449	48,693	117,814	166,507	600,608	498,042
Marine Pilots	MAR1	\$ 30,150	\$ 742	\$ -	\$ 30,892	\$ 85,392	3,498	\$ 1,500	4,998	15,288	20,286	105,678	(74,786)
Foreign Pleasure Craft	FPC1	\$ 23,440		\$ -	\$ 23,440		-	\$ 334	334		334	334	23,106
Marital & Family Therapy	MFT1	\$ 33,128		\$ -	\$ 33,128	\$ 29,916	4,250	\$ 758	5,008	8,621	13,629	43,545	(10,417)
Massage Therapists	MAS1	\$ 353,315	\$ 1,021	\$ 178	\$ 354,514	\$ 225,078	35,967	\$ 2,503	38,470	57,185	95,655	320,733	33,781
Mechanical Administrator	MEC1	\$ 109,585		\$ -	\$ 109,585	\$ 95,639	15,729	\$ 1,362	17,091	15,341	32,432	128,071	(18,486)
Medical	MED1	\$ 852,030	\$ 40,368	\$ 1,071	\$ 893,469	\$ 1,707,753	198,909	\$ 4,436	203,345	279,194	482,539	2,190,292	(1,296,823)
Mortuary Science	MOR1	\$ 2,905		\$ -	\$ 2,905	\$ 8,230	3,680	\$ 424	4,104	2,420	6,524	14,754	(11,849)
Naturopaths	NAT1	\$ 66,660		\$ -	\$ 66,660	\$ 4,147	1,322	\$ 228	1,550	1,194	2,744	6,891	59,769
Nurse Aides	NUA1	\$ 359,415	\$ 421	\$ 205	\$ 360,041	\$ 101,931	87,975	\$ 2,842	90,817	19,838	110,655	212,586	147,455
Nursing	NUR1	\$ 1,810,803	\$ 9,233	\$ 4,083	\$ 1,824,119	\$ 1,843,890	696,235	\$ 4,599	700,834	444,309	1,145,143	2,989,033	(1,164,914)
Nursing Home Administrators	NHA1	\$ 3,145		\$ -	\$ 3,145	\$ 2,044	1,399	\$ 163	1,562	13	1,575	3,619	(474)
Optometry	OPT1	\$ 26,892	\$ 15	\$ 1,500	\$ 28,407	\$ 41,753	6,452	\$ 1,272	7,724	11,689	19,413	61,166	(32,759)
Pawnbrokers	PAW1	\$ 3,350		\$ -	\$ 3,350	\$ 4,222	544	\$ 208	752	1,283	2,035	6,257	(2,907)
Pharmacy	PHA1	\$ 1,256,105	\$ 120,240	\$ 1,588	\$ 1,377,933	\$ 658,578	177,660	\$ 4,664	182,324	182,464	364,788	1,023,366	354,567
Physical/Occupational Therapy	PHY1	\$ 487,089	\$ 71	\$ 264	\$ 487,424	\$ 185,128	69,007	\$ 3,054	72,061	52,302	124,363	309,491	177,933
Prescription Drug Monitoring Program	PDMP	\$ 20		\$ 2,976	\$ 2,996	\$ 1,721	-	\$ -	-	-	-	1,721	1,275
Professional Counselors	PCO1	\$ 294,869	\$ 326	\$ -	\$ 295,195	\$ 204,504	31,536	\$ 2,988	34,524	57,157	91,681	296,185	(990)
Psychology	PSY1	\$ 33,220	\$ 553	\$ -	\$ 33,773	\$ 173,098	9,381	\$ 1,614	10,995	48,200	59,195	232,293	(198,520)
Public Accountancy	CPA1	\$ 600,898	\$ 1,154	\$ 8,980	\$ 611,032	\$ 318,407	45,711	\$ 1,953	47,664	82,926	130,590	448,997	162,035
Real Estate	REC1	\$ 639,645	\$ 4,859	\$ -	\$ 644,504	\$ 391,392	107,928	\$ 1,985	109,913	81,767	191,680	583,072	61,432
Real Estate Appraisers	APR1	\$ 75,640	\$ 111	\$ -	\$ 75,751	\$ 104,135	10,598	\$ 1,171	11,769	27,534	39,303	143,438	(67,687)
Social Workers	CSW1	\$ 428,284	\$ 413	\$ 568	\$ 429,265	\$ 197,753	37,030	\$ 3,184	40,214	57,580	97,794	295,547	133,718
Storage Tank Workers	UST1	\$ 7,730		\$ -	\$ 7,730	\$ 11,150	1,788	\$ 514	2,302	3,389	5,691	16,841	(9,111)
Veterinary	VET1	\$ 56,611	\$ 157	\$ 1,037	\$ 57,805	\$ 147,383	22,467	\$ 1,712	24,179	42,878	67,057	214,440	(156,635)
No longer existent board/commission (ie Athletic)			\$ -									-	-
Totals All Boards		\$ 11,776,651	\$ 190,109	\$ 26,877	\$ 11,993,637	\$ 9,098,659	\$ 2,411,036	\$ 74,897	\$ 2,485,933	\$ 2,089,792	\$ 4,575,725	\$ 13,674,384	\$ (1,680,747)

ABL & Corporations	DA0801005	\$ 4,372,277	\$ -	\$ 4,372,277	\$ 405,904	\$ 1,249,390	\$ 10,213	\$ 1,259,603	\$ 238,098	\$ 1,497,701	\$ 1,903,605
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DIVISION INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Business Supplies	25,873	25,788	85
Office Equipment	57,608	55,009	2,599
State Vehicles	5,220	4,594	626
Storage and Archives	16,130	13,559	2,571
Legal Support	49,391	49,391	-
Central Mail Services Postage	48,961	23,719	25,242
Software Licensing and Maintenance	117,711	117,711	-
Division Administrative Expenses - all other	311,628	307,788	3,840
Division allocated by percentage of direct personal services:	632,522	597,559	34,963
Percentage of board licenses/total licensees:			
Investigations indirect Personal Services	437,677	409,626	28,051
Division Administration Personal Services	2,828,868	1,654,796	1,174,073
Division allocated by percentage of board licenses/total licensees:	3,266,545	2,064,422	1,202,124
Total Division Indirect Expenses	3,899,067	2,661,981	1,237,087
DEPARTMENT INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Commissioner's Office	289,356	254,633	34,723
Administrative Services - Director's Office	73,527	64,704	8,823
Administrative Services - Human Resources	71,235	62,687	8,548
Administrative Services - Fiscal	102,783	90,449	12,334
Administrative Services - Budget	66,633	58,637	7,996
Administrative Services - Information Technology	322,717	283,991	38,726
Administrative Services - Information Technology - Network & Database	-	-	-
Administrative Services - Mail	13,230	11,642	1,588
Administrative Services - Facilities - Maintenance	-	-	-
Department allocated by percentage of direct personal services:	939,481	826,743	112,738
Percentage of board licenses/total licensees:			
Department administrative services support: Fiscal, IT, Procurement	393,880	346,614	47,266
Receipting transaction % by Personal Services:			
Department certified transactions % by Fiscal Revenue \$	85,110	74,897	10,213
Total DEPARTMENT INDIRECT EXPENSES	1,418,471	1,248,254	170,217
STATEWIDE INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Accounting and Payroll Systems	81,101	71,369	9,732
State Owned Building Rental (Building Leases)	258,230	227,242	30,988
State OIT Server Hosting & Storage	7,792	6,857	935
State OIT SQL	6,958	6,432	526
State Software Licensing	-	-	-
Human Resources	69,278	60,965	8,313
IT Non-Telecommunications (Core Cost)	297,578	261,869	35,709
IT Telecommunications	32,270	28,398	3,872
Risk Management	2,680	2,358	322
Statewide allocated by percentage of direct personal services:	755,887	665,490	90,397
FY24 TOTALS BY METHODOLOGY	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:	2,327,890	2,089,792	238,098
Percentage of board licenses/total licensees:	3,660,426	2,411,036	1,249,390
Receipting transaction % by Personal Services:	85,110	74,897	10,213
Grand Total	6,073,426	4,575,725	1,497,701

Alaska Board of Pharmacy

Agenda Item #10



Adjourn for Lunch

Alaska Board of Pharmacy

Agenda Item #11



Roll Call/Call to Order

Alaska Board of Pharmacy

Agenda Item #12



Statutes Discussion

2024 STATUTE PROJECT PRIORITIZATION MATRIX

Board: Pharmacy Date Updated: August 21, 2024

Part I: Types of Projects: List the various projects on the board's radar according to category. Add or edit categories or projects as needed.

	A	B	C	D	E	F
	Statutes	Applications & Fees	Exams	Committees	Enforcement	Other Initiatives
1	AS 08.80.030(b) is amended to read: (19) prohibit, limit, or provide conditions relating to the dispensing of a prescription drug that the United States Food and Drug Administration or the prescription drug's manufacturer has not approved for self-administration to ensure the effectiveness and security of a prescription drug to be administered by infusion or in a clinical setting.	None	None	Next Step – Find legislator support	Incorporate disciplinary guidelines and precedence on the matrix	
2	Statute changes to AS 08.80.337 to allow pharmacists to practice at the top of their clinical ability.	None	None	Next Step – Legislative draft	Incorporate disciplinary guidelines and precedence on the matrix	
3	Remove sections (4) and (6) from AS 08.80.145.	None	Section (6) Removes the Alaska law exam requirement	Next Step – Legislative draft	None	
4						
5						
6						
7						

Part II: Project Information: Enter crucial details about the projects to help prioritize the board's time, effort, and resources.

	Project	Authority?	Urgency to Reduce/Prevent Public Harm?	Urgency to Meet Licensee-Related Deadline?	Resources Required?	Priority Ranking and Rationale?
		Does the board have full control over this issue? If not, is another agency appropriate to lead?	Is this necessary to reduce or prevent harm to the public, such as landowners, wildlife, public land users, etc.	Is a renewal or exam coming up? HR/TAR deadlines? State or federal deadlines? Guiding seasons?	Which board member will take the lead? Is staff needed? Anticipated expenses? Other stakeholders necessary? Public engagement?	Looking at all the information, how should this rank on the timeline of board priorities? Urgent (U): Take immediate steps to complete Scheduled (S): Others more important; can happen as we get to it Postponed (P): Not our issue or not a “must have”
1A	AS 08.80.030(b) is amended to read: (19) prohibit, limit, or provide conditions relating to the dispensing of a prescription drug that the United States Food and Drug Administration or the prescription drug's manufacturer has not approved for self-administration to ensure the effectiveness and security of a prescription drug to be administered by infusion or in a clinical setting.	Yes				
2A	Statute changes to AS 08.80.337 to allow pharmacists to practice at the top of their clinical ability.	Yes				
3A	Remove section (4) from AS 08.80.145	Yes				
3B	Remove section (6) from AS 08.80.145	Yes				
4A						
5A						

Part III: Next Steps: Using the information in Part II, list the *urgent* (U) and *scheduled* (S) projects in order of priority. Include details that support timelines and accountability. Omit postponed projects until they rise to a higher priority and keep track of them above.

Code Assigned	Project	Target Effective Date of Project	Person Responsible for Project Success	Staff Needed to Help Complete Project	Additional Resources, Outreach, Elements	Next Step to Move Forward	Due Date for Next Step
<i>Example:</i>	<i>Regulation XYZ</i>	<i>11-1-23</i>	<i>Board Member A</i>	<i>Board Staff, Regs Specialist, Board Advisor</i>	<i>Additional outreach to large private landowners and native corporations</i>	<i>Board Member A will draft a letter for staff to send to stakeholders and include list of recipients. Announce public forum scheduled for 5-15-23.</i>	<i>Letter to staff by 4-1-23 Sent by 4-5-23</i>
U1							
U2							
U3							
S1							
S2							
S3							

Part IV: Project Tracker: Members responsible for the success of the project can use the tracker to organize steps to completion. Duplicate the tracker for every project.

Project:		Code:	Target Effective Date:	
Action needed	Details to complete the action	People involved	Additional resources, concerns	Deadline for action

2024 Statute Change Projects and Concepts

Concepts

- AS 08.80.030(b) is amended to read: (19) prohibit, limit, or provide conditions relating to the dispensing of a prescription drug that the United States Food and Drug Administration or the prescription drug's manufacturer has not approved for self-administration to ensure the effectiveness and security of a prescription drug to be administered by infusion or in a clinical setting.
- Statute changes to AS 08.80.337 to allow pharmacists to practice at the top of their clinical ability.
- Remove sections (4) and (6) from AS 08.80.145
- Add “sterile compounding” definitions
 - Compounded sterile preparation (CSP): A preparation intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance.
 - Compounding: The process of combining, mixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug or bulk drug substance to create a sterile medication.
 - Quality assurance (QA): A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.
 - Quality control (QC): The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met before release of the CSP.
 - Stability: The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
 - Sterility: The absence of viable microorganisms.

Alaska Board of Pharmacy

Agenda Item #13



Public Comment Period

Alaska Board of Pharmacy

Agenda Item #14



Board Business Continued



ALASKA BOARD OF PHARMACY

2024 STRATEGIC PLAN

The Alaska Board of Pharmacy endeavors to promote, preserve, and protect the public health, safety, and welfare by and through the effective control and regulation of the practice of pharmacy.

GUIDING PRINCIPLES

GOALS

STRATEGIES



COMMUNICATION

1. Engage in effective communication and promote transparency of public information.

- 1.1 Improve customer service by providing timely and informative updates to applicants and licensees.
- 1.2 Maximize communication channels through the Board of Pharmacy website and List Service.
- 1.3 Maintain accuracy of website content and ensure accessibility of up-to-date resources



ADMINISTRATION

2. Adhere to and strive for improved organizational efficiencies without compromising quality of record keeping.

- 2.1 Avoid delays in application processing by maintaining adequate staffing and exploring flexible retention strategies.
- 2.2 Maintain a proactive approach to licensing by consulting historical knowledge, researching national trends, and encouraging innovation in the planning process.
- 2.3 Automate initial licensure through online applications.
- 2.4 Exercise fiscal discipline through effective budget management.
- 2.5 Embrace innovation by exploring integration and/or delegation opportunities to support core administration functions.



LICENSURE

3. Ensure competency and qualifications prior to licensure and renewal.

- 3.1 Adhere to established licensing standards by reviewing education, experience, and examination requirements.
- 3.2 Take a proactive approach to application and form revision subsequent to regulation changes.
- 3.3 Ensure a 14 day or less processing time for licensee applications, and a 30 day or less licensing time for facility applications.



REGULATION & ENFORCEMENT

4. Grow the economy while promoting community health and safety.

- 4.1 Routinely review effectiveness of regulations that reduce barriers to licensure without compromising patient health and safety.
- 4.2 Combat the opioid crisis by effective administration of the state's Prescription Drug Monitoring Program (PDMP), including collaboration with providers and key stakeholders.
- 4.3 Advocate for legislation addressing access to pharmacies as the pharmacy profession evolves and new opportunities for improved patient safety arise.
- 4.4 Anticipate changes to the Drug Supply Chain Security Act and respond proactively. Address changes to compounding.

For more information, please visit the following resources:

Board of Pharmacy Homepage: pharmacy.alaska.gov
Prescription Drug Monitoring Program (PDMP): pdmp.alaska.gov

Email: boardofpharmacy@alaska.gov
Phone: 907-465-1073

PRIORITIZATION MATRIX

Board:

Date Updated:

Part I: Types of Projects: List the various projects on the board’s radar according to category. Add or edit categories or projects as needed.

	A	B	C	D	E	F
	Regulations	Applications & Fees	Exams	Committees	Enforcement	Other Initiatives
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Part II: Project Information: Enter crucial details about the projects to help prioritize the board’s time, effort, and resources.

	Project	Authority?	Urgency to Reduce/Prevent Public Harm?	Urgency to Meet Licensee-Related Deadline?	Resources Required?	Priority Ranking and Rationale?
		Does the board have full control over this issue? If not, is another agency appropriate to lead?	Is this necessary to reduce or prevent harm to the public?	Is a renewal or exam coming up? State or federal deadlines? Industry-related seasons?	Which board member will take the lead? Is staff needed? Anticipated expenses? Other stakeholders necessary? Public engagement?	Looking at all the information, how should this rank on the timeline of board priorities? Urgent (U): Take immediate steps to complete Scheduled (S): Others more important; can happen as we get to it Postponed (P): Not our issue or not a “must have”
1A						
2A						
1B						

2B						
1C						
2C						
1D						
1E						
1F						

Part III: Next Steps: Using the information in Part II, list the *urgent* (U) and *scheduled* (S) projects in order of priority. Include details that support timelines and accountability. Omit postponed projects until they rise to a higher priority and keep track of them above.

Code Assigned	Project	Target Effective Date of Project	Person Responsible for Project Success	Staff Needed to Help Complete Project	Additional Resources, Outreach, Elements	Next Step to Move Forward	Due Date for Next Step
<i>Example:</i>	<i>Regulation XYZ</i>	<i>11-1-23</i>	<i>Board Member A</i>	<i>Board Staff, Regs Specialist, Board Advisor</i>	<i>Additional outreach to large private landowners and native corporations</i>	<i>Board Member A will draft a letter for staff to send to stakeholders and include list of recipients. Announce public forum scheduled for 5-15-23.</i>	<i>Letter to staff by 4-1-23 Sent by 4-5-23</i>
U1							
U2							
U3							
S1							
S2							
S3							

Part IV: Project Tracker: Members responsible for the success of the project can use the tracker to organize steps to completion. Duplicate the tracker for every project.

Project:		Code:	Target Effective Date:	
Action needed	Details to complete the action	People involved	Additional resources, concerns	Deadline for action

Standard of Care – Implementing, Inspecting & Investigating

Nicole L. Chopski, PharmD, ANP
Executive Officer

Idaho State Board of Pharmacy

Nicki.Chopski@dopl.idaho.gov



Objectives

Describe roles of the pharmacist that evolved from the switch to standard of care model of regulation.

Examine the impact of standard of care model on the inspection process

Discuss the investigation process under the model of standard of care



Established Pharmacist Services

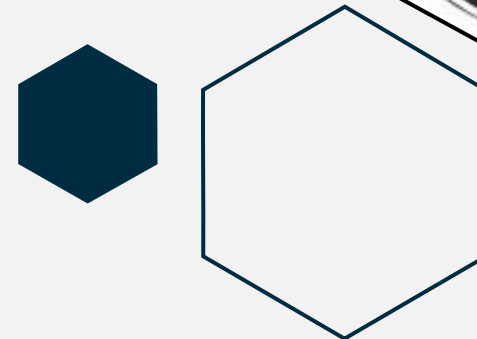
Settings Include:

Telehealth

Community

Primary care

Health System



Case 1: Telehealth Clinic

A 37-year-old female patient

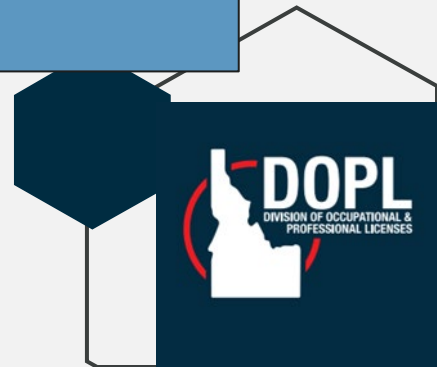
PMHx: significant for primary hypothyroidism and major depression

CC: Visiting Idaho with her spouse for a concert and forgot her regular medications at home.

Med List: Usual regimen levothyroxine 88 mcg QAM, and Bupropion SR 150 mg BID. Her last dose of each medication was this morning.

Her regular pharmacy is an independent pharmacy in her home state that does not have a location in Idaho and is closed for the day. The patient schedules a virtual visit with an independent Idaho licensed pharmacist who operates a telehealth practice. The pharmacist conducts a real time telephone visit with the patient including a clinical interview.

After assessing the patient, the pharmacist determines that there are no contraindications to continuing therapy and prescribes a 1-month refill of each medication without dose change and instructs the patient to follow up with their primary team. The pharmacist has practice experience and education with both disease states. The practice does not have a drug outlet license.



Case 1: Telehealth Clinic

Which of the following is true?

- A. The pharmacist cannot provide pharmaceutical care services outside of a licensed drug outlet
- B. The pharmacist cannot prescribe a medicine based off of a telehealth encounter
- C. The pharmacist cannot treat a patient who does not live in Idaho
- D. The pharmacist established a patient practitioner relationship appropriate for issuing a one-time refill via telehealth.



Case 2: Community Pharmacy

- A patient presents to their community pharmacy and asks the pharmacist if phenazopyridine will interact with their regular medications.
- The pharmacy provides some acute care services, including treating simple urinary tract infections, and the pharmacist offers to conduct a medical visit with the patient. Upon patient consent and confirmation of insurance, the pharmacist conducts a clinical interview and a limited exam and a CLIA waived urine dipstick and assesses the patient as having a simple UTI without contraindication for treatment with standard of care nitrofurantoin.
- The pharmacist prescribes a 5 day course of nitrofurantoin macrocrystals 100 mg BID x 5 days and provides instructions on the safe use of phenazopyridine OTC as well as monitoring and follow-up instructions.
- The pharmacy has a CLIA waiver and an Idaho drug outlet license, and the pharmacist is licensed in Idaho.

Case 2: Community Pharmacy

- Which of the following is true?
 - A. The pharmacist can only prescribe the nitrofurantoin after a non-pharmacist provider diagnoses the patient with a UTI
 - B. The pharmacist may only prescribe the nitrofurantoin if assessment and treatment of UTIs is within their individual education, training and experience and they are following the community standard of care.
 - C. The pharmacist can not prescribe nitrofurantoin unless they have completed at least a PGY-1 residency or are a Board Certified Ambulatory Care Pharmacist.
 - D. The pharmacist can not order perform and interpret a urine dipstick test

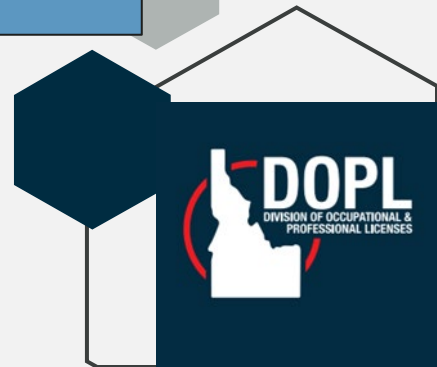
Case 3: Primary Care Clinic

A primary care clinic embedded clinical pharmacist provides post diagnostic care for common primary care medical conditions as part of a multidisciplinary care team.

A female patient of reproductive age who was referred to the pharmacist for diabetes management mentions during an encounter that they are concerned about potential unintended pregnancy while struggling to control their blood sugar levels.

After discussing the risks and benefits of available options, the patient opts for medroxyprogesterone injections. The pharmacist orders a pregnancy test that is performed by clinic laboratory staff, and upon negative results, orders and personally administers medroxyprogesterone from the clinic supply.

The pharmacist is licensed in Idaho and the clinic does not have a drug outlet license. The clinic's lab services fall under the supervision of the Medical Director and are properly licensed and registered.



Case 3: Primary Care Clinic

Which of the following is true?

- A. The pharmacist can order medroxyprogesterone if permitted by clinic policy and privileging but may not administer the medroxyprogesterone in a clinic without a drug outlet license.
- B. The pharmacist can both order and administer a medication in the clinic if permitted by clinic policy and privileging
- C. The pharmacist cannot order a laboratory test that is performed by non-pharmacy staff
- D. The pharmacist can neither order nor administer medroxyprogesterone in a clinic without a drug outlet license



Inspections:

- Data collectors guided by statute and regulation
- Pictures say a thousand words
- Consistent approach
- Supervisor/Chief Investigator reviews inspections
- Board has final determination of violation and subsequent sanction



DRUG OUTLETS: MINIMUM FACILITY STANDARDS

- A resident drug outlet that dispenses prescription drugs to patients in Idaho must meet the following minimum requirements:
- **01. Security and Privacy.** A drug outlet must be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition or use. All protected health information must be stored and maintained in accordance with HIPAA.
- **02. Controlled Substance Storage.** Drug outlets must store controlled substances in accordance with federal law.
- **03. Authorized Access to the Restricted Drug Storage Area.** Access to the restricted drug storage area must be limited to authorized personnel.
- **04. Staffing.** A drug outlet must be staffed sufficiently to allow for appropriate supervision, to otherwise operate safely and, if applicable, to remain open during the hours posted as open to the public for business.

Investigations:

- Complaint Based
- Data collectors guided by statute and regulation
- Consistent approach
- Supervisor/Chief Investigator reviews investigations
- Board has final determination of violation and subsequent sanction



Case 1: Community Pharmacy Prescribing

- Complaint: Pharmacist did not meet the standard of care in treating a patient for influenza
- Investigation found:
 - No assessment completed (no documented flu test)
 - No documentation (prescription record, PCP notification, or follow-up)
 - No label on medication
 - No payment

PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS (IDAPA 24.36.01.350)

- **01. Education.** Only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained.
- **02. Patient-Prescriber Relationship.** Only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship as defined in Section 54-1733, Idaho Code.
- **03. Patient Assessment.** Obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care and the best available evidence.
- **04. Collaboration with Other Health Care Professionals.** Recognize the limits of the pharmacist's own knowledge and experience and consult with and refer to other health care professionals as appropriate.
- **05. Documentation.** Maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan.

Case 2: Clinic Prescribing

- Complaint: Pt wife alleges provider did not manage her husband's prescription in a safe manner.
- Investigation found:
 - Respondent had seen patient three times between 2014-16
 - Respondent prescribed Ambien once in 2014 & Norco once in 2016
 - Patient sees another community provider for pain management
 - Respondent explained progress notes are typed from his handwritten notes due to difficult to read handwriting
 - Progress notes were initialed by respondent

BOM Standard of Care (Idaho Code 54-1814(7)):

- It is **grounds for medical discipline for a physician or physician assistant to provide health care that fails to meet the standard of health care** provided by other qualified physicians or physician assistants **in the same community** or similar communities....



Thank You!

What questions do you have for me?

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

BOARD OF PHARMACY

CONDENSED MINUTES OF THE MEETING HELD OCTOBER 10, 2024

Date: October 10, 2024
Time: 04:00pm – 06:00pm
Location: Online via Zoom™

Attending: Board Members: Ashley Schaber, James Henderson, and Sara Rasmussen.
Staff: Michael Bowles, Lisa Sherrell, and Alison Osborne.

Absent: Sylvain Novvion

Agenda Item #1. Roll Call/Call to Order – Board and Staff Introductions

Roll Call:

Ashley Schaber - Present
Sara Rasmussen - Present
James Henderson - Present
Sylvain Novvion – Absent

On the record at 04:02pm.

Quorum was made.

Agenda Item #2 Ethics Disclosures

Brief Discussion: Ashley Schaber disclosed she is a member of the Alaska Pharmacists Association (AKPhA) Legislative Committee.

Agenda Item #3 Regulations Discussion

The Statutes and Regulations Committee (committee) discussed eight topics. The first four topics on the agenda have been discussed with the full board, and they've been sent to the committee for the wordsmithing and finalized detail of the regulation change. The following regulation change concepts will move forward through the regulation change process after this meeting:

- Create regulations requiring national background checks for pharmacists and pharmacy technicians.
- Broaden the options for continuing education.
- Amend the language requiring reinstatement for pharmacist and pharmacy technician.
- Remove the requirements for notarization for all application types and associated documents.

The last four concepts on the agenda have been brought forward to the board since the last quarterly board meeting for consideration by the committee and have not been discussed as a full board. Anything that the board decides today on the last four agenda items will need to go back to the full board for a full board vote before moving forward through the regulation change process. The concepts discussed and moved to the November 14, 2024, quarterly meeting agenda are:

- Requiring submission of updated home state license with changes to name, location, or ownership.
- Removing 12 AAC 52.100 (a)(6) passes the Alaska pharmacy jurisprudence examination with a scaled score of 75 or above.
- Amending PDMP registration requirement to all licensed pharmacists upon licensure, remove 30-day window after first dispense of a controlled substance.
- Streamlining areas in regulatory language to incorporate the Standard of Care concept.

The committee settled on the following regulations changes to move forward through the regulations change process:

Align statutes and regulations with Pharmacist Intern vs Pharmacy Intern language. “Pharmacy Intern” is used 5 times in statute and 11 times in regulation. “Pharmacist Intern” is used 0 times in statute and 47 times in regulation.

12 AAC 52.070. APPLICATION FOR PHARMACIST LICENSE BY EXAMINATION.

- (b) An applicant for licensure under this section shall submit to the department
(7) a complete record of the applicant’s Federal Bureau of Investigation Identity History Summary that was conducted within 6 months of the date the application was submitted to the department.

12 AAC 52.095. APPLICATION FOR PHARMACIST LICENSE BY RECIPROCITY.

- (a) An applicant for a pharmacist license by reciprocity shall submit the items required in this section for review and approval by the executive administrator. An application that does not clearly demonstrate qualifications for licensure must be reviewed and approved by the board. An applicant for a pharmacist license shall submit
(5) a complete record of the applicant’s Federal Bureau of Investigation Identity History Summary that was conducted within 6 months of the date the application was submitted to the department.

12 AAC 52.100. TEMPORARY PHARMACIST LICENSE.

- (a) The board will issue a temporary pharmacist license to an applicant for licensure if the applicant
(9) submits a complete record of the applicant’s Federal Bureau of Investigation Identity History Summary that was conducted within 6 months of the date the application was submitted to the department.

12 AAC 52.110. EMERGENCY PERMIT TO PRACTICE AS A PHARMACIST, PHARMACY INTERN, OR PHARMACY TECHNICIAN.

- (a) If the board has identified an urgent situation, as defined under (j) of this section, the board may issue an emergency permit to practice as a pharmacist, pharmacy intern, or

pharmacy technician to an applicant who meets the requirements of this section if the applicant

(6) submits a complete record of the applicant's Federal Bureau of Investigation Identity History Summary that was conducted within 6 months of the date the application was submitted to the department.

12 AAC 52.120. REVIEW OF PHARMACIST INTERN LICENSE APPLICATION.

(b) A pharmacist intern license will be issued to an applicant who

(5) submits a complete record of the applicant's Federal Bureau of Investigation Identity History Summary that was conducted within 6 months of the date the application was submitted to the department.

12 AAC 52.140. PHARMACY TECHNICIAN LICENSE.

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

(6) submits a complete record of the applicant's Federal Bureau of Investigation Identity History Summary that was conducted within 6 months of the date the application was submitted to the department.

12 AAC 52.310. REINSTATEMENT OF A LAPSED PHARMACIST OR PHARMACY TECHNICIAN LICENSE.

(a) If a pharmacist's or pharmacy technician's license has lapsed for any reason, that pharmacist or pharmacy technician may not practice pharmacy until the board reinstates the license.

(b) The board will reinstate a pharmacist or pharmacy technician license that has been lapsed **[less than two years]** if the applicant submits

(1) a completed renewal application;

(2) any applicable license renewal fees required under 12 AAC 02.310; and

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

(4) a verification issued directly to the board by each licensing jurisdiction where the applicant holds, or has ever held, a license as a pharmacist or pharmacy technician during the time period in which the applicant's license was lapsed in the state that the applicant's license in the other jurisdiction was not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements.

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

(1) submits a completed application for reinstatement on a form provided by the department;

(2) pays any applicable license renewal fees required under 12 AAC 02.310 for the entire period the license has been lapsed;

(3) submits documentation that the applicant has completed all continuing education requirements under 12 AAC 52.320 - 12 AAC 52.350 within the immediate two years before applying for reinstatement;

(4) qualifies by

(A) retaking and passing the examination required under 12 AAC 52.090(a); or

(B) providing verification that the applicant has continually practiced pharmacy in another state under a license issued by the authority of that state for the period that the license has been lapsed; for purposes of AS 08.80.147 and this subparagraph, an applicant has continually practiced pharmacy if the pharmacist has actively practiced pharmacy in the other state for at least six months during each year that the license in the state was lapsed; and

(5) submits a verification issued directly to the board by each licensing jurisdiction where the applicant holds, or has ever held, a license as a pharmacist during the time period in which the applicant's license was lapsed in the state that the applicant's license in the other jurisdiction was not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements.] **REPEAL**

(d) Repealed 8/1/2014.

(e) The board will not reinstate a pharmacy technician license that has been lapsed for [two] **five** years or more.

(f) The board will not reinstate a pharmacist license that has been lapsed for five years or more.

12 AAC 52.020. PHARMACY LICENSE.

(b) An applicant for a pharmacy license shall submit

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

12 AAC 52.070. APPLICATION FOR PHARMACIST LICENSE BY EXAMINATION.

(b) An applicant for licensure under this section shall submit to the department

(1) a complete **[notarized]** application on a form provided by the department; the application must include a statement from the applicant attesting to the applicant's fluency in reading, writing, and speaking the English language;

12 AAC 52.095. APPLICATION FOR PHARMACIST LICENSE BY RECIPROCITY.

(a) An applicant for a pharmacist license by reciprocity shall submit the items required in this section for review and approval by the executive administrator. An application that does not clearly demonstrate qualifications for licensure must be reviewed and approved by the board. An applicant for a pharmacist license shall submit

(1) a complete **[notarized]** application on a form provided by the department;

12 AAC 52.120. REVIEW OF PHARMACIST INTERN LICENSE APPLICATION.

(b) A pharmacist intern license will be issued to an applicant who

- (1) submits a complete **[notarized]** application on a form provided by the department;

12 AAC 52.423. REMOTE PHARMACY LICENSE.

(a) A central pharmacy that wishes to provide pharmacy services through a remote pharmacy in the state using a telepharmacy system as provided in 12 AAC 52.425 must apply to the board for a remote pharmacy license. The central pharmacy applying under this section for a remote pharmacy license must

- (1) submit to the department a complete **[notarized]** application on a form provided by the department;

12 AAC 52.985. EMERGENCY PREPAREDNESS.

[(f) During a disaster emergency declared by the governor of this state, (3) an application under 12 AAC 52.070, 12 AAC 52.092, 12 AAC 52.095, 12 AAC 52.120, 12 AAC 52.423, 12 AAC 52.610, 12 AAC 52.696, and 12 AAC 52.697 does not need to be notarized.] REPEAL

12 AAC 52.340 APPROVED PROGRAMS.

(a) The following programs will be accepted by the board as continuing education for pharmacists and pharmacy technicians under 12 AAC 52.320 and 12 AAC 52.325:

(1) any program presented by a provider accredited by the ACPE **or ACCME** that results in a continuing education certificate showing the date of the course and the ACPE **or ACCME** Universal Activity Number associated with the program;

(2) cardiopulmonary resuscitation (CPR) courses presented by the American Red Cross or the American Heart Association that lead to CPR certification; the board will accept no more than one contact hour of continuing education credit in a 24 month period for completion of a CPR course.

(3) all advanced cardiovascular life support courses presented by the American Heart Association that lead to certification; the board will accept no more than ten contact hours for full courses or five hours for update courses.

(4) any program presented or approved by the Alaska Pharmacy Association.

(5) licensees practicing in Alaska that attend board meetings will be given one hour of continuing education for every four hours of meetings attended. Licensees must submit a written summary of the board meeting(s) attended to receive credit. Credit will be assessed by the Executive Administrator for the board.

(b) The following programs will be accepted by the board as continuing education under 12 AAC 52.325, when the subject contributes directly to the professional competency of a pharmacy technician and is directly related to pharmacy principles and practice:

[(1) any program presented or approved by the Alaska Pharmacists Association;] REPEAL

(2)] **(1)** any program presented or approved by the Pharmacy Technician Certification Board (PTCB) or the National Pharmacy Technician Association (NPTA).

(c) An individual who presents an approved continuing education program may receive credit for the time spent during the actual presentation of the program. An individual may not receive credit for the same presentation more than once during a licensing period.

12 AAC 52.350. AUDIT OF RECORDS BY THE BOARD. (e) In this section (2) "certificate of completion" means a certificate or other document that (B) contains the following information: (vi) for a pharmacist renewal, the assigned ACPE **or ACCME** universal program number.

Add ACCME to 12 AAC 52.995 (28) and (48):

(28) "accredited provider" means an individual, institution, organization, association, corporation, or agency that is recognized by the ACPE **or ACCME** as able to provide quality continuing education programs;

(48) ACCME "means" The Accreditation Council for Continuing Medical Education.

Agenda Item #4 Adjourn

Ashley Schaber moved to adjourn the meeting, asked for unanimous consent. Seconded by James Henderson.

Recorded Votes:

Unanimous consent.

It was resolved to adjourn at 5:31pm.

2024 REGULATION PROJECT PRIORITIZATION MATRIX

Board: Pharmacy Date Updated: August 21, 2024

Part I: Types of Projects: List the various projects on the board’s radar according to category. Add or edit categories or projects as needed.

	A	B	C	D	E	F
	Regulation Change	Applications & Fees	Exams	Committees	Enforcement	Other Initiatives
1	Align statutes and regulations with Pharmacist Intern vs Pharmacy Intern language. “Pharmacy Intern” is used 5 times in statute and 11 times in regulation. “Pharmacist Intern” is used 0 times in statute and 47 times in regulation.	None	None	Next Step - Statutes and Regulations committee to craft language	None	
2	Creating regulations requiring national background checks for pharmacists and pharmacy technicians.	None	None	Next Step - Statutes and Regulations committee to craft language	Review disciplinary guidelines and precedence on the matrix for non-disclosures	
3	Broadening the options in regulations for continuing education.	None	None	Next Step - Statutes and Regulations committee to craft language	None	
4	Amending the language in regulation requiring reinstatement for pharmacist and pharmacy technician language in 12 AAC 52.310	Fee change in central statute/regs will need to occur when the regulation changes goes in to effect.	None	Next Step - Statutes and Regulations committee to craft language	None	
5	Removing the requirements for notarization for all application types and associated documents.	None	None	Next Step - Statutes and Regulations committee to craft language	None	
6	Streamline regulatory language to incorporate the standard of care concept.					
7						

Part II: Project Information: Enter crucial details about the projects to help prioritize the board’s time, effort, and resources.

	Project	Authority?	Urgency to Reduce/Prevent Public Harm?	Urgency to Meet Licensee-Related Deadline?	Resources Required?	Priority Ranking and Rationale?
		Does the board have full control over this issue? If not, is another agency appropriate to lead?	Is this necessary to reduce or prevent harm to the public, such as landowners, wildlife, public land users, etc.	Is a renewal or exam coming up? HR/TAR deadlines? State or federal deadlines? Guiding seasons?	Which board member will take the lead? Is staff needed? Anticipated expenses? Other stakeholders necessary? Public engagement?	Looking at all the information, how should this rank on the timeline of board priorities? Urgent (U): Take immediate steps to complete Scheduled (S): Others more important; can happen as we get to it Postponed (P): Not our issue or not a “must have”
1A	Align statutes and regulations with Pharmacist Intern vs Pharmacy Intern language. “Pharmacy Intern” is used 5 times in statute and 11 times in regulation. “Pharmacist Intern” is used 0 times in statute and 47 times in regulation.	Yes				
2A	Creating regulations requiring national background checks for pharmacists and pharmacy technicians.	Yes				
3A	Broadening the options in regulations for continuing education.	Yes				
4A	Amending the language in regulation requiring reinstatement for pharmacist and pharmacy technician language in 12 AAC 52.310	Yes				
5A	Removing the requirements for notarization for all application types and associated documents.	Yes				
6A						

Part III: Next Steps: Using the information in Part II, list the *urgent* (U) and *scheduled* (S) projects in order of priority. Include details that support timelines and accountability. Omit postponed projects until they rise to a higher priority and keep track of them above.

Code Assigned	Project	Target Effective Date of Project	Person Responsible for Project Success	Staff Needed to Help Complete Project	Additional Resources, Outreach, Elements	Next Step to Move Forward	Due Date for Next Step
<i>Example:</i>	<i>Regulation XYZ</i>	<i>11-1-23</i>	<i>Board Member A</i>	<i>Board Staff, Regs Specialist, Board Advisor</i>	<i>Additional outreach to large private landowners and native corporations</i>	<i>Board Member A will draft a letter for staff to send to stakeholders and include list of recipients. Announce public forum scheduled for 5-15-23.</i>	<i>Letter to staff by 4-1-23 Sent by 4-5-23</i>
U1							
U2							
U3							
S1							
S2							
S3							

Part IV: Project Tracker: Members responsible for the success of the project can use the tracker to organize steps to completion. Duplicate the tracker for every project.

Project:		Code:	Target Effective Date:	
Action needed	Details to complete the action	People involved	Additional resources, concerns	Deadline for action

2024 Regulation Change Projects

In Process

- Align statutes and regulations with Pharmacist Intern vs Pharmacy Intern language. “Pharmacy Intern” is used 5 times in statute and 11 times in regulation. “Pharmacist Intern” is used 0 times in statute and 47 times in regulation.
- Broaden CEs - Accreditation for attending meetings
- Background checks
- Reinstatement fees for pharmacists
- Remove Notarization requirement for applications

Concepts

- Remove 12 AAC 52.100 (a)(6) passes the Alaska pharmacy jurisprudence examination with a scaled score of 75 or above;
- Point of Temporary License? Review line 4
- Require submission of updated home state license with changes to name, location, or ownership.
- PDMP registration issues, hard to track registration and dispensing with new language.
- Add “sterile compounding” definitions
 - Compounded sterile preparation (CSP): A preparation intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance.
 - Compounding: The process of combining, mixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug or bulk drug substance to create a sterile medication.
 - Quality assurance (QA): A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.
 - Quality control (QC): The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met before release of the CSP.
 - Stability: The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
 - Sterility: The absence of viable microorganisms.

ALASKA BOARD OF PHARMACY

TASK LIST - ACTION ITEMS

(as of 09/19/2024)

Outstanding Action Items from Previous Meetings	
	Task for Ashley Schaber to get letter in for national legislation.
	Task created for Michael Bowles to review the self-inspection form for updated regulations and bring the pharmacy inspection form into alignment with the self-inspection form.
	Task created for Michael Bowles to update all inspection forms for pharmacies and facilities.

Action Items from August 20, 2024 Meeting	
	Task created for Michael Bowles to follow up on PDMP workgroup plan and timeline as recommended by the McKinley Group assessment.
	Task created for Michael Bowles to assist Northstar in switching their pharmacies to drug rooms.
	Task created for the board to track bills that increase access to care.
	Task created for Michael Bowles to gather information for NABP Verify at the NABP district meeting in October to present to the board.
	Task created for Michael Bowles to meet with the Investigations staff to create a criterion for two-member reviews; present at the November meeting.
	Task created for Michael Bowles to send email to board members when the Medical Spa Services Workgroup meets.
	Task created for Michael Bowles to meet with the investigation team to discuss incorporating Just Culture into the investigative process; root cause analysis and CQI review.
	Task created for Carla Hebert to create a FAQ addressing CQI programs and the board's expectations.
	Task for Michael Bowles to contact Zackary Gottshall with the Alaska Commission on Human Rights and request an FAQ to post to the website for licensees in response to their letter to the board.
	Task created for Michael Bowles to add GMP inspection of physical facility to application for virtual manufacturer and to add a FAQ with an explanation.
	Task for Ashley Schaber to look into why the regulation requiring name tags for pharmacy technicians was removed in 2021.

	Not Started
	In Process
	Complete

Alaska Board of Pharmacy

Agenda Item #15



Chair Final Comments

Alaska Board of Pharmacy

Agenda Item #16



Adjourn