



ALASKA BOARD OF PHARMACY MEETING

AGENDA (DRAFT)

FEBRUARY 15, 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 Meeting
Meeting Start Time: 9:00 AM (AKST)
Meeting Start Date: February 15, 2024
Meeting End Time: 5:00 PM (AKST)
Meeting End Date: February 15, 2024
Meeting Locations: 1. Board/Staff - Suite 1560, Atwood Building, Anchorage, AK
2. Zoom for Public Attendees (Limited In-Person Space)

Meeting Registration Link:

<https://us02web.zoom.us/meeting/register/tZEtce2upz4sEtSIEtHRaUt3ipugZwQjIBH4>

Dial ID: 850 6469 5680

Passcode: 306014

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 Nouvion,
Pharmacist

Vacant, 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

Upcoming Meetings:

April 11, 2024

August 22, 2024
(Tentative)

November 14, 2024
(Tentative)

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/Approve Previous Meeting Minutes
 - Review Lost or Stolen Controlled Substances/DEA 106s
 - Review Well Being Index
 - Applicability of USP reference in Food, Drug & Cosmetic Act Email
4. Investigations Review (9:05 – 10:00)
 - Holly Handley, Investigator
 - Introduction of New Investigator, Julienne Kim
 - Investigative Report
 - Case Reviews, Confidential - Executive Session
 - Application Denial – Executive Session
5. Board Business (10:00 – 11:45)
 - Application Reviews, Confidential - Executive Session
 - Review Strategic Plan
 - Non-Punitive Addiction Treatment Assistance with Self-Referral
 - Discuss the Way Forward on Just Culture
 - Disciplinary Matrix Update Discussion
 - Reporting Disciplinary Actions
 - Delegation of Authority to Executive Administrator for Disciplinary Decisions of Late Forms
 - Discuss Letter of Concern from Providers about Opioid Prescribing in Alaska
 - Discuss Past Disciplinary Action for Applicants
 - Committee Assignments
 - 2024 Conferences - Decide on NABP Delegate and Conference Attendees
 - April 01-04, 2024 – RX and Illicit Drug Summit (Atlanta, GA)
 - Sylvain Nouvion is attending this conference.

- May 14-17, 2024 – NABP Annual Meeting (Fort Worth, TX)
 - 2 Board Members
- September 13-14, 2024 – AKPhA Fall Health System Academy Conference (Girdwood, AK)
 - 1 Board Member
- October 20-23, 2024 – NABP District 6, 7, 8 Meeting (Albuquerque, NM)
 - 1 Board Member
- Tasks List Review and Update
- 6. Public Comment Period (11:45 – 12:00)
- 7. Industry Updates (12:00 – 12:30)
 - Alaska Pharmacists Association (AKPhA) – Brandy Seignemartin, PharmD
 - Alaska Department of Health – John Boston, DO, CMD
- 8. Adjourn for Lunch (12:30 – 1:00)
- 9. Roll Call/Call to Order (1:00 – 1:05)
- 10. Division Updates (1:05 – 2:00)
 - Pacifico National Dba AmEx Pharmacy Hearing and Recommendation Review (1:05 – 1:15)
 - Michael Bowles, Executive Administrator (1:15 – 1:30)
 - Introduction of new Records and Licensing Supervisor, Brigham Perez
 - Update on NABP MPJE Process Change
 - Update of Online Applications Project
 - Application Statistics
 - Lisa Sherrell, Prescription Drug Monitoring Program (PDMP) Manager (1:30 – 2:00)
 - PDMP Updates
- 11. Public Comment Period (2:00 – 2:15)
- 12. Statutes and Regulations (2:15 – 4:50)
 - Discuss Implementing Solutions Report
 - Statute Change Addressing Score Transfers
 - Discuss Language to Update PDMP to version 5.0
 - Clarify 12 AAC 52.020(f)
 - “Ownership” (at which level)
 - Clarify 12 AAC 52.235(a)(1)(C)

- The pharmacy uses software that displays the image or graphical description of the correct drug being verified; however, if there is any deviation between the image or graphical description and the actual product being distributed, a pharmacist must review and dispense the order.
 - Consider hospital technicians involved in this process.
 - Clarify 12 AAC 52.855(b)
 - Only pharmacists dispensing controlled substances should register.
 - Bring into alignment 12 AAC 52.698 - FDA Good Manufacturing Practices
 - Language under Manufacturer regulations should be the same as Outsourcing facilities, “submits the results of the most recent Good Manufacturing Practice (GMP) inspection by the United States Food and Drug Administration.”
 - Discuss 12 AAC 52.540
 - DEA 106 requirement clarification, does the board need to review these?
 - 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.
 - Incorporation of USP 797 and 800 Into Regulation
 - Collaborative Practice Agreements
 - Should Board approval be a requirement or can these be kept at the physician/pharmacist level?
13. Chair Final Comments (4:50 – 5:00)
- Next Meeting Dates
14. Adjourn (5:00)

Alaska Board of Pharmacy

Agenda Item #1



Roll Call/Call to Order

Alaska Board of Pharmacy Roster

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

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

Alaska Board of Pharmacy

Agenda Item #2



Ethics Disclosures

Alaska Board of Pharmacy

Agenda Item #3



Consent Agenda Items

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

BOARD OF PHARMACY

CONDENSED MINUTES OF THE SPECIAL MEETING HELD DECEMBER 07, 2023

(DRAFT)

Date: December 07, 2023

Time: 4:00pm – 6:00pm

Location: Teleconference

Attending: Board Members: Ashley Schaber, Sylvain Nouvion, James Henderson, Carla Hebert
Staff: Michael Bowles, Stefanie Davis

Absent: Ramsey Bell, Sara Rasmussen

Agenda Item #1. Roll Call/Call to Order

On the record at 4:03pm.

Roll Call:

Ashley Schaber - Present
Sara Rasmussen - No Vote
James Henderson - Present
Carla Hebert - Present
Ramsey Bell – No Vote
Sylvain Nouvion - Present

Agenda Item #2 Review/Approve Agenda

Discussion: None

Motion: Carla Hebert moved to approve the agenda as written for Special Board Meeting; Sylvain Nouvion seconded the motion.

Recorded Votes:

Ashley Schaber - Yes
Sara Rasmussen - No Vote
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell – No Vote
Sylvain Nouvion – Yes

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

Agenda Item #3 Ethics Disclosures

Discussion:

- Ashley Schaber disclosed she is a member of the AKPhA Legislative Committee.

Agenda Item #4 Review and Discuss Public Comments for Proposed Regulations Changes

Discussion:

- 12 AAC 52.010 through 12 AAC 52.995
 - Carla Hebert stated more than a third of other states, approximately 19, require the Pharmacist-in-Charge (PIC) of a pharmacy located outside the state to be licensed in the state where the pharmacy sends medications.
 - Ashley Schaber stated HB112 removed the requirement for affidavits of good moral character.
 - Carla Hebert stated the person who wrote the handwritten comments seems to have just had a bad experience with getting a prescription filled.
 - Ashley Schaber and James Henderson asked if the board should respond to the concerns the person who submitted the handwritten comment had.
 - Stefanie Davis, Regulations Specialist, stated the board can respond to questions that are posed to the board after a meeting.
 - Task created to reach out to the person who submitted the handwritten comment and provide them with investigations resources.
 - James Henderson stated Carrie Urena, OTP Pharmacist with SEARHC, would be a good resource for Medication Assisted Treatment (MAT) moving forward.
 - James Henderson stated the comment submitted concerning removing the one-year requirement is an interesting idea.
 - Ashley Schaber stated we took it out, but we should not have, because it's actually statutorily required. There is an avenue for pharmacists who have engaged in the practice of pharmacy for less than a year, they could apply through examination so there is still an avenue to get licensed. It's just not through reciprocity.
 - Michael Bowles stated if a pharmacist is already practicing in another location, another jurisdiction, say for 6 months, and they also want to practice in the State of Alaska they can submit an application to become licensed through examination.
 - Carla Hebert asked what the time limit is for score transfer.
 - The board reviewed the regulations for all pharmacy application types.
 - Task created to look into the need of a statute or regulation change addressing score transfer period to ensure there is no gap that would inhibit applicants.

Motion: In considering public comments and costs to private persons, Carla Hebert moved to adopt the regulations for file 2023200336 as presented and publicly noticed, seconded by James Henderson.

Recorded Votes:

Ashley Schaber - Yes
Sara Rasmussen – No Vote
James Henderson – Yes
Carla Hebert - Yes
Ramsey Bell – No Vote
Sylvain Nouvion – Yes

It was resolved by a majority vote to adopt the regulations for file 2023200336 as presented and publicly noticed.

Agenda Item #5 Temporary or Unexpected Closures of Pharmacies

Discussion:

- Ashley Schaber stated at the November sixteenth quarterly board meeting the board had a conversation about whether we needed a regulation change to address unexpected closures of pharmacies in the community, and changes to hours that were ultimately limiting access to some prescriptions. One of the tasks from the last meeting was to look at how many other states have regulations related to pharmacy closures, things that need to be done in the event that a pharmacy is going to close or not operate during their usual hours.
- Carla Hebert stated after reviewing the material it seems there's significant precedent to require this here in Alaska. It seems there are many boards in other states making requirements making sure that patients can get their prescriptions and refills if they're closed and to provide notice to the board and address closures.
- Ashley Schaber stated company leadership was contacted for a community pharmacy to discuss closures with that company. That company stated the staffing situation should significantly improve soon. If the board makes a regulation change, we need to recognize it would not just be for one individual company - that this would be impactful for all pharmacies, all types of pharmacies.
- James Henderson stated he is not opposed to pursuing regulations addressing closures and staffing shortages.
- Ashley Schaber stated one of the new regulations just approved may help, regulations establishing continuous quality improvement processes.
- Sylvain Nouvion stated there's no way to see what the board action is to address the issues in other states.
- Sylvain Nouvion asked Michael Bowles what the process would be if the board received complaints because it's one thing to inform the board but it's another thing for the board to inform the public.
- Michael Bowles explained the complaint and investigative process to the board.
- Ashley Schaber discussed a conversation she had with another board on whether they saw improvements with added regulations. The board member stated there were still problems in the state with more prescriptive regulation. The board member said pharmacists are reluctant to fill PIC roles fearing they may be disciplined for things out of their control.
- James Henderson discussed the approach could be made through standard of practice rather than more regulation, stays in line with "right touch" regulation.
- James Henderson stated breaking down amounts of days and requirement for closures for those timelines would not be helpful.
- Michael Bowles brought up 12 AAC 52.050.
- James Henderson stated he did not think that 12 AAC 52.050 was the appropriate place to address temporary closures.
- The board discussed as a group how the language of the addition should read to keep the guidance open ended while addressing standard of practice.
- James Henderson suggested language added to 12 AC 52.060 (e) In the event of an unexpected temporary closure the pharmacy shall arrange for uninterrupted patient service.

Motion: Ashley Schaber moved to start the regulations change process to add section (e) to 12 AAC 52.060 stating, “In the event of an unexpected temporary closure the pharmacy shall arrange for continuity of patient care”, seconded by Sylvain Nouvion.

Recorded Votes:

Ashley Schaber - Yes
Sara Rasmussen – No Vote
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell – No Vote
Sylvain Nouvion – Yes

It was resolved by a majority vote to start the regulations change process to add section (e) to 12 AAC 52.060 stating, “In the event of an unexpected temporary closure the pharmacy shall arrange for continuity of patient care”.

Agenda Item #6 Guest Speakers on Just Culture

Discussion:

- Cristan McLain, Director of Quality, Alaska Hospital and Healthcare Association (AHHA)

High Reliability/Just Culture

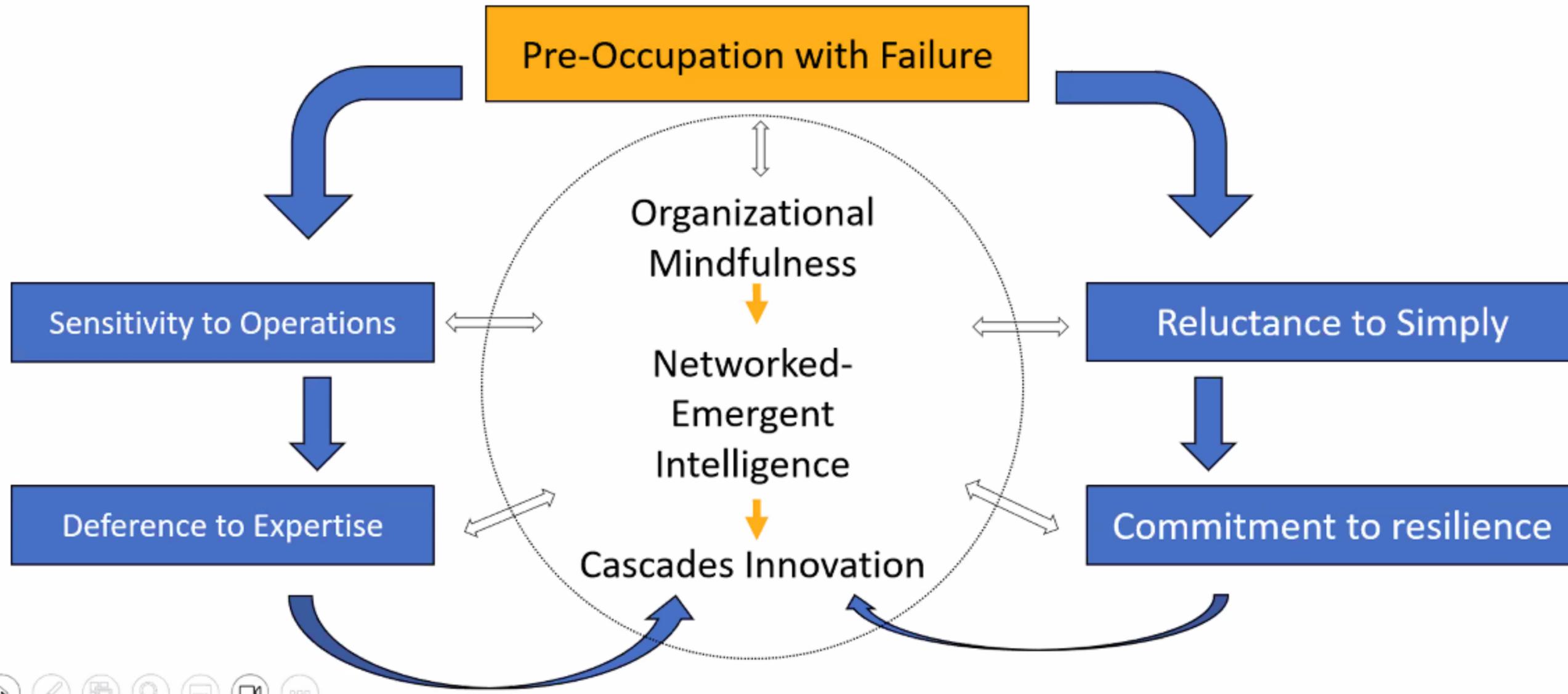
12/7/2023

Cristan McLain, RN, CPHQ
Director of Quality, AHHA

Advancing Healthcare
for Alaska



High Reliability Organizing has 5 Guiding Principles



Just Culture Principles

“A culture that balances the need for an open and fair reporting environment with the necessity for accountability in the face of human error. It recognizes that errors will occur and seeks to distinguish between human error, at-risk behavior, and reckless behavior.”

– James Reason, *Managing the Risks of Organizational Accidents*

Characteristics of a Just Culture

- Blame Differentiation
- Open Communication
- Continuous Learning

Foundational Principles



Create a SAFE environment

Psychological safety

Safe to speak up, safe to discuss errors

Risks are managed

Systems are designed with human factors in mind

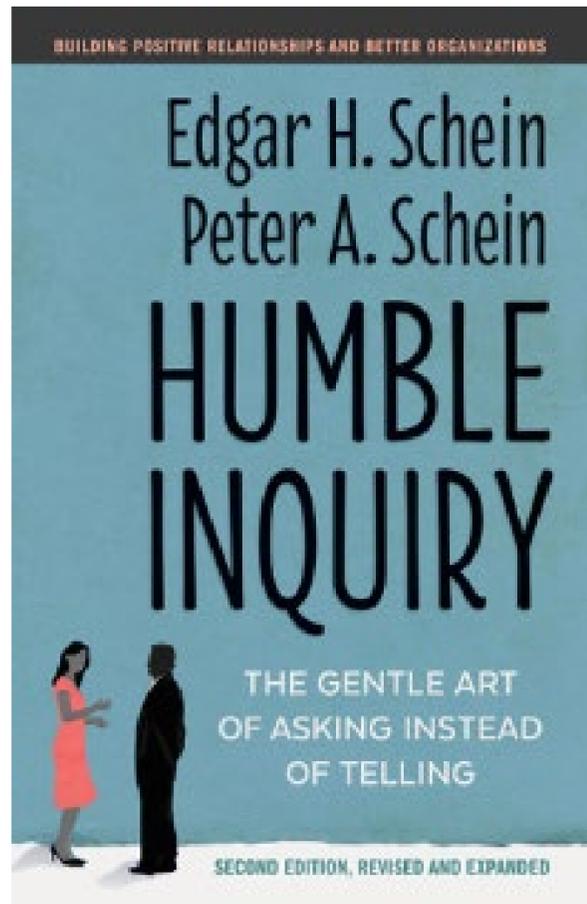
Continuous Learning environment

How to stop the error and prevent the next

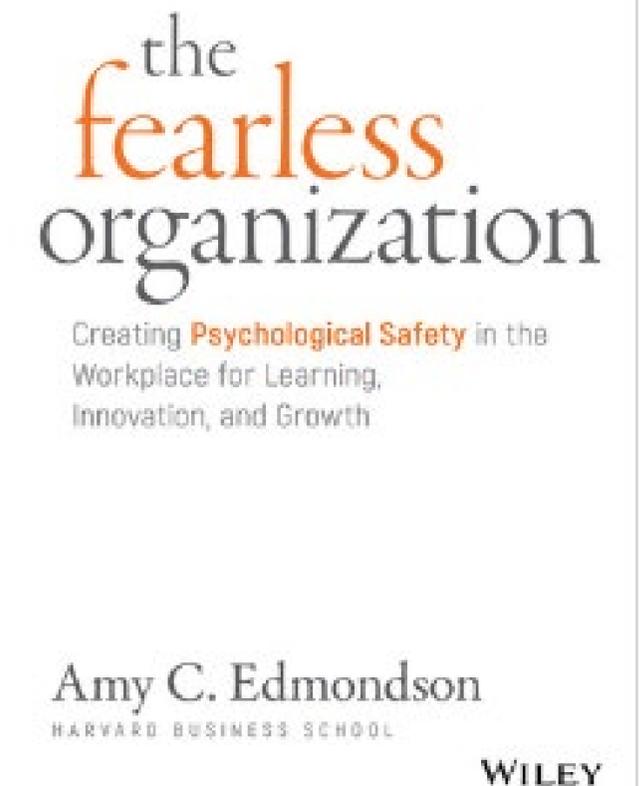
Psychological Safety



How do you foster a safe environment/culture?



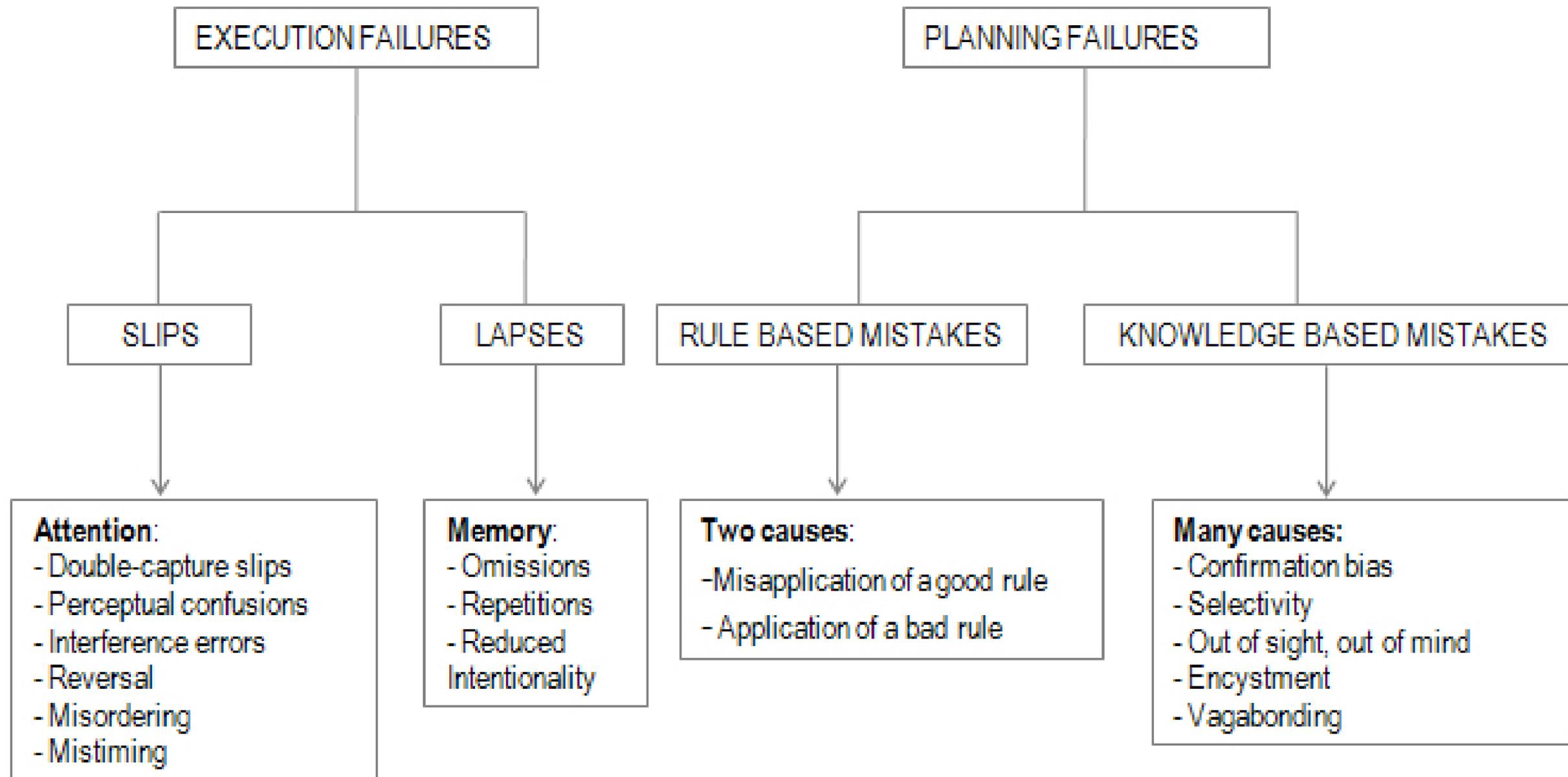
Manage power distance
Respond fairly when errors occur
non punitive response
Transparency and communication



Managing Risk



- Human error is when the mistake was not intended.
- At-risk behavior is when a person chooses to do something not knowing or not ascertaining the risk.
- Reckless behavior is substantial, non-justified and conscious disregard



Human error classification

Managing Risk



What is your organizations tolerance to risk? Are we rewarding risky behaviors?

Managing Risk



Fair and Just Accountability

System design

Transparent Communication



	With System	With Employee
Human Error (HE)	Modify system performance shaping factors	Console employee Remedial action
At-Risk Behavior (ARB)	Modify system performance shaping factors	Coach employee Remedial action
Reckless Behavior (RB)		Punitive action Remedial action

Continuous Learning Environment



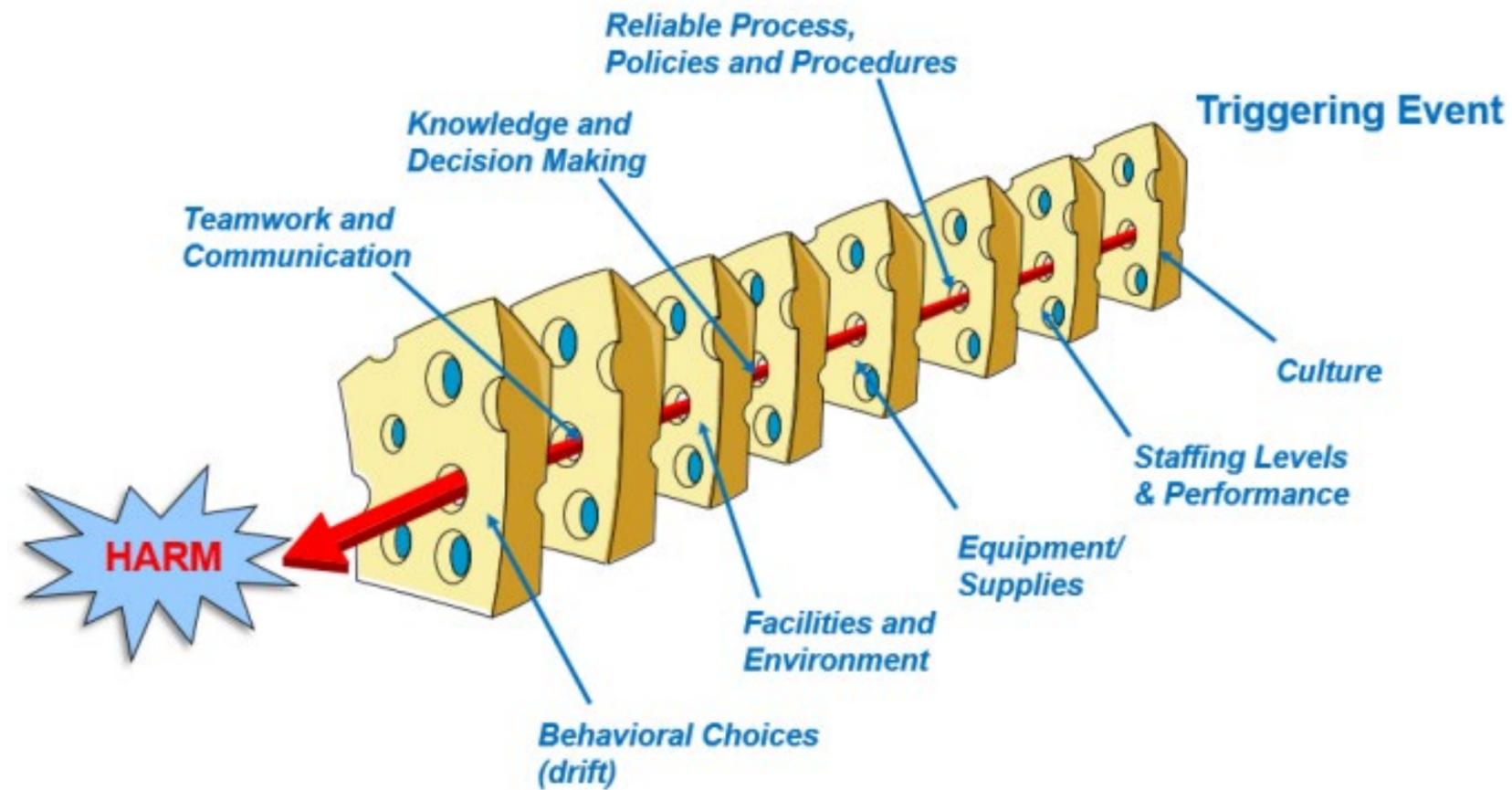
How events are reviewed

RCA process, event classification

Address both latent and active failures

Address human factors

Continuous Learning Environment



Catch errors downstream, mitigating patient harm.

Prevent or stop errors from progressing downstream

Adding a parallel element/redundancy to avoid single cause failure

Continuous Learning Environment



“Every system is perfectly designed to get the results it gets.”

Stop asking the humans to do more

Utilize human adaptation

Identify broken systems and redesign

Foundational Principles



Create a SAFE environment

Psychological safety

Safe to speak up, safe to discuss errors

Risks are managed

Systems are designed with human factors in mind

Continuous Learning environment

How to stop the error and prevent the next



ALASKA

HOSPITAL &
HEALTHCARE

ASSOCIATION

70 YEARS

alaskahha.org

- Kimberly Grinston, J.D., Executive Director, Missouri Board of Pharmacy

DRAFT

Missouri Just Culture Implementation

WHY?

Missouri Just Culture Implementation



Missouri Just Culture Implementation

▶ Safer systems = Safer Patients

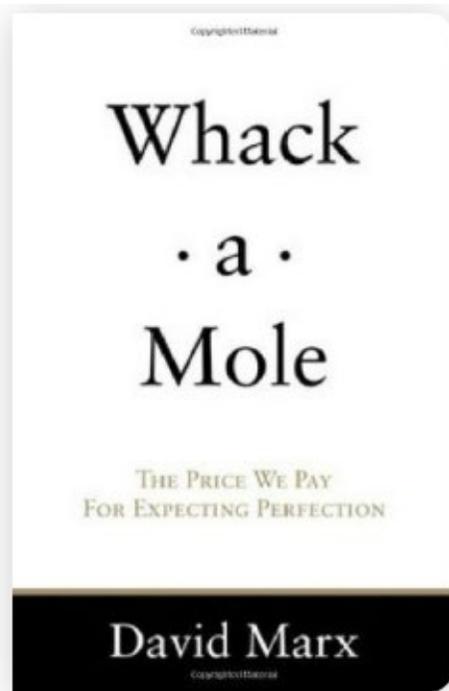
Missouri Just Culture Implementation

- ▶ Concerns
 - ▶ No Individual Discipline
 - ▶ Always blame the system
 - ▶ Can Board really make an impact?
 - ▶ Legal Authority

Missouri Just Culture Implementation

- ▶ Board Member Training
- ▶ Staff Training
- ▶ Licensee Training
- ▶ Update Investigation Procedures
- ▶ Reinforce w/ Board disciplinary review

Resources



www.justculture.com

[Youtube.com](https://www.youtube.com)



A just culture guide

49K views · 4 years ago

[NHS](#) NHS Improvement

A just culture guide helps NHS managers ensure staff involved in a p



Sidney Dekker – Just Culture short course 1

42K views · 7 years ago

[sidneydekker](#)

In Module 1 of this short course, Prof Dekker introduces Just Culture



Systems approach | Getting people to report | Successf

Licensee Education

2019 Missouri Pharmacy Patient Safety Conference



Keeping Missouri Safe,
One Patient At A Time

*Sponsored by the Missouri Board of Pharmacy
Facilitated by the Center for Patient Safety*



Register Online: <http://reg.planetReg.com/E41145314229340>
registration is free, but space is limited

Licensee Education

WHO

All Missouri Board of Pharmacy
Licensees/Registrants

DATE

May 9, 2019

TIME

8:30 am - 4:30 pm

LOCATION

Courtyard Marriott
3301 Lemone Industrial Blvd.
Columbia, MO 65101

COST

FREE for Board of Pharmacy
Licensees/Registrants

GUEST SPEAKERS



Eunice Halverson, MA, CPPS



Kathryn Wire, JD, MBA, CPPS, CPHRM

TOPICS

- 1 The Science of Safety: Creating a Patient Safety Culture
- 2 Production Pressures & Pharmacy Pitfalls
- 3 Interruptions, Distractions & Work Overload
- 4 Case Studies in Safety: Technology, Process Engineering & More
- 5 Blame vs. Accountability

Inspection/Investigation Procedures

- ▶ Move beyond “checkbox” approach
- ▶ Holistic view (Total picture)
 - ▶ Systems
 - ▶ Process
 - ▶ Procedures & ~~policies~~
 - ▶ People
- ▶ Enhanced Education

Disciplinary Procedures

- ▶ Meaningful discipline
- ▶ Address the real problem
- ▶ Examples:
 - ▶ PIC training/replacement
 - ▶ PIC focused compliance time
 - ▶ Increase/diversify mandatory system reviews
 - ▶ Staff training/re-training

- Task created for the board to pursue additional training on just culture.

Agenda Item #6 Chair Final Comments

Discussion:

- Next board meeting is February 15, 2024
- Tentative meeting dates
 - April 11, 2024, In person
 - August 22, 2024, In person
 - November 14, 2024, In person

Agenda Item #7 Adjourn

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

Recorded Votes:

Ashley Schaber – No Vote

Sara Rasmussen - No Vote

James Henderson - Yes

Carla Hebert - Yes

Ramsey Bell – No Vote

Sylvain Nouvion – Yes

It was resolved to adjourn at 5:47pm.

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

BOARD OF PHARMACY

CONDENSED MINUTES OF THE MEETING HELD NOVEMBER 16, 2023

(DRAFT COPY)

Date: November 16, 2023

Time: 09:00am – 05:00pm

Location: Online via Zoom™

Attending: Board Members: Ashley Schaber, Sara Rasmussen, Carla Hebert, Ramsey Bell, James Henderson, and Sylvain Nouvion.

Staff: Michael Bowles, Melissa Dumas, Lisa Sherrell, Amy Glenn, Sarah Jones, Brigham Perez, Billy, Homestead, Holly Handley, and Stefanie Davis.

Absent:

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

Roll Call:

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

On the record at 09:12am.

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 Consent Agenda Items

Brief Discussion:

- Review/Approve Meeting Agenda
- Review/Approve Previous Meeting Minutes
- Review Lost or Stolen Controlled Substances/DEA 106s
- Review Well Being Index

Motion: Ashley Schaber motioned to approve the consent agenda items which included the November 16, 2023, meeting agenda as written, August 10, 2023 meeting minutes, lost or stolen controlled substances/DEA 106s, and well-being index; seconded by James Henderson.

Recorded Votes:

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

It was resolved to approve the consent agenda items as written.

Agenda Item #4 Division Updates

Discussion:

- Michael Bowles, Executive Administrator
 - Introduced new Occupational Licensing Examiner, Brigham Perez.
 - Provided the board with an update of the timeline for going live with online applications.
 - Provided the board with application processing statistics.
- Lisa Sherrell, Prescription Drug Monitoring Program (PDMP) Manager
 - Provided PDMP updates.
 - Discussed grants and how the grants are being used.
 - Awarded Bureau of Justice Assistance (BJA) grant for 2024.
 - Program is fully funded.
 - Software version upgrade discussion.
 - Continue to work on statewide gateway initiative.
 - Discussed increase in queries through gateway.
 - Change to American Society for Automation in Pharmacy (ASAP) 5.0.
 - Ashley Schaber asked what the board needs to do to upgrade.
 - Lisa Sherrell explained the need of a statute and/or regulation change in order to upgrade.
 - James Henderson and Ramsey Bell asked what the cost of the upgrade would be.
 - Lisa Sherrell stated the upgrade costs either \$300 or \$500.
 - James Henderson asked if a regulation change is needed to upgrade.
 - James Henderson recommended to change the regulation versus changing statute.

Motion: On a motion made by Ashley Schaber, the board will pursue a regulation change to adapt the upgrade to ASAP 5.0 and seconded by James Henderson.

Recorded Votes:

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

It was resolved that the board will pursue a regulation change to adapt the upgrade to ASAP 5.0.

- Melissa Dumas, Administrative Operations Manager
 - FY23 Q4 budget report explained to the board.
 - Ashley Schaber asked if the surplus would enable the board to cover the NABP newsletter at approximately \$700.
 - Melissa Dumas stated the surplus would be able to cover that cost. The division also has the ability to send out information via listserv email and mailouts.

Agenda Item #5 Investigative Review

Discussion:

- Handley, Investigator and Billy Homestead, Senior Investigator
 - Investigative Report from July 28, 2023, through November 02, 2023
 - Open Cases: 67
 - Closed Cases: 39
 - License Actions: 17
 - Conducted reviews of open cases

Motion: On a motion made by Ashley Schaber in accordance with AS 44.62.310(c)(2) and seconded by Sylvain Nouvion, the board moved to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion. Ashley Schaber, Sylvain Nouvion, James Henderson, Michael Bowles, Billy Homestead, and Holly Handley were authorized to remain in the room. Cases discussed will be 2022-001035, 2023-000126, and 2023-000527.

Recorded Votes:

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

It was resolved to enter executive session in accordance with AS 44.62.310(c)(2).

Off record for executive session at 10:13am
On record from executive session at 10:22am

No motions were made during the executive session.

Motion: Ashley Schaber motioned to accept the imposition of civil fine order in the amount of \$200 for case 2022-001035 as written, seconded by Sylvain Nouvion.

Recorded Votes:

Ashley Schaber - Yes

Sara Rasmussen -
James Henderson - Yes
Carla Hebert -
Ramsey Bell – Abstain
Sylvain Nouvion – Yes

It was resolved to accept the imposition of civil fine order in the amount of \$200 for case 2022-001035.

Motion: Ashley Schaber motioned to accept the imposition of civil fine order in the amount of \$100 for case 2023-000126 as written, seconded by Sylvain Nouvion.

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

It was resolved to accept the imposition of civil fine order in the amount of \$100 for case 2023-000126.

Motion: Ashley Schaber motioned to accept the imposition of civil fine order in the amount of \$500 for case 2023-000527 as written, seconded by Sylvain Nouvion.

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

It was resolved to accept the imposition of civil fine order in the amount of \$500 for case 2023-000527.

Motion: On a motion made by Ashley Schaber in accordance with AS 44.62.310(c)(2) and seconded by James Henderson, the board moved to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion. Ramsey Bell, Ashley Schaber, Sylvain Nouvion, James Henderson, Michael Bowles, Billy Homestead, and Holly Handley were authorized to remain in the room. Cases discussed will be 2023-000161, 2023-000186, 2023-000281, and 2023-000403.

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

Ramsey Bell – Yes
Sylvain Nouvion – Yes

It was resolved to enter executive session in accordance with AS 44.62.310(c)(2).

Off record for executive session at 10:28am
On record from executive session at 10:40am

No motions were made during the executive session.

Motion: Ashley Schaber motioned to accept the imposition of civil fine order in the amount of \$200 for case 2023-000161 as written, seconded by Sylvain Nouvion.

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

It was resolved to accept the imposition of civil fine order in the amount of \$200 for case 2023-000161.

Motion: Ashley Schaber motioned to accept the imposition of civil fine order in the amount of \$300 for case 2023-000186 as written, seconded by Sylvain Nouvion.

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

It was resolved to accept the imposition of civil fine order in the amount of \$300 for case 2023-000186.

Motion: Ashley Schaber motioned to accept the imposition of civil fine order in the amount of \$300 for case 2023-000281 as written, seconded by Sylvain Nouvion.

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

It was resolved to accept the imposition of civil fine order in the amount of \$300 for case 2023-000281.

Motion: Ashley Schaber motioned to accept the imposition of civil fine order in the amount of \$300 for case 2023-000403 as written, seconded by Sylvain Nouvion.

Recorded Votes:

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

It was resolved to accept the imposition of civil fine order in the amount of \$300 for case 2023-000403.

Motion: On a motion made by Ashley Schaber in accordance with AS 44.62.310(c)(2) and seconded by Sylvain Nouvion the board moved to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion. Ramsey Bell, Ashley Schaber, Sylvain Nouvion, Michael Bowles, Billy Homestead, and Holly Handley were authorized to remain in the room. Cases discussed will be 2023-000359, and 2023-000360.

Recorded Votes:

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

It was resolved to enter executive session in accordance with AS 44.62.310(c)(2).

Off record for executive session at 10:45am

On record from executive session at 10:58am

No motions were made during the executive session.

Motion: Ashley Schaber motioned to accept the imposition of civil fine order in the amount of \$500 for case 2023-000359 as written, seconded by Ramsey Bell.

Recorded Votes:

Ashley Schaber - Y
Sara Rasmussen -
James Henderson - Abstain
Carla Hebert -

Ramsey Bell – Yes
Sylvain Nouvion – Yes

It was resolved to accept the imposition of civil fine order in the amount of \$500 for case 2023-000359.

Motion: Ashley Schaber motioned to accept the imposition of civil fine order in the amount of \$300 for case 2023-000360 as written, seconded by Ramsey Bell.

Recorded Votes:

Ashley Schaber - Yes
Sara Rasmussen -
James Henderson - Abstain
Carla Hebert -
Ramsey Bell – Yes
Sylvain Nouvion – Yes

It was resolved to accept the imposition of civil fine order in the amount of \$300 for case 2023-000360.

Agenda Item #6 Public Comment Period

Discussion:

- Gail Elliot, Kaiser Permanent of Washington, asked what the status of the annual update for out of state pharmacies. Michael Bowles explained the board cannot discuss any regulations change projects currently in public comment.
- Ballard Saul, PharmD, Clinical Manager and Residency Manager, Providence Alaska Medical Center
 - MPJE is an area of stress and delays for their residency program.
 - Discussed challenges for exam takers.
 - Employees need to be licensed 100 days prior to start date.
- Jennifer Adams, PharmD, EdD, FAPhA, FNAP
 - Supports comments made by Ballard Saul.
 - Passing an exam is not helpful and indicative of whether a licensee is going to break the law.
 - Creates barriers to practice.
 - It's a challenge for the board to keep up with all of the answers to the questions which have to be updated and modified with regulations changes.
 - Pass rate for Alaska is around 70%, a minimum competency exam really should be around 90%.
- Shawna King, Pharmacist, Preceptor for Providence Alaska Medical Center
 - Concurs with Ballard Saul and Jennifer Adams.
 - Discussed the high failure rate which is burdensome for healthcare facilities.

Agenda Item #7 Industry Updates

Discussion:

- Alaska Pharmacists Association (AKPhA) – Brittany Keener, PharmD, MPH, BCPS and Brandy Seignemartin, PharmD, AKPhA Executive Director provided an update on the following items:
 - Thanked for the board for engaging with the public.
 - Provided an update on prescriptive authority, SB 121, Federal PBM legislation SB 2973 update, Medicaid.
 - Discussed the forming of the Alaska Pharmacy Leadership Council Charter.

- Goal to have first meeting of the Charter at the February AKPhA annual meeting.
- Discussed upcoming meetings.
- See slideshow presentation below.
- University of Alaska/Idaho State University Pharmacy Program – Jennifer L. Adams, PharmD, EdD, FAPhA, FNAP, and Tom Wadsworth, PharmD, BCPS, Interim Dean UAA, provided an update on the following items:
 - Discussed UAA contract renewal.
 - Discussed leadership changes in the pharmacy program at UAA.
 - Discussed Faculty/Staff Development
 - Discussed Admissions/Enrollment
 - Discussed PharmCAS decline
 - Discussed CAPPRE
 - Discussed
 - See slideshow presentation below.

DRAFT



Industry Update

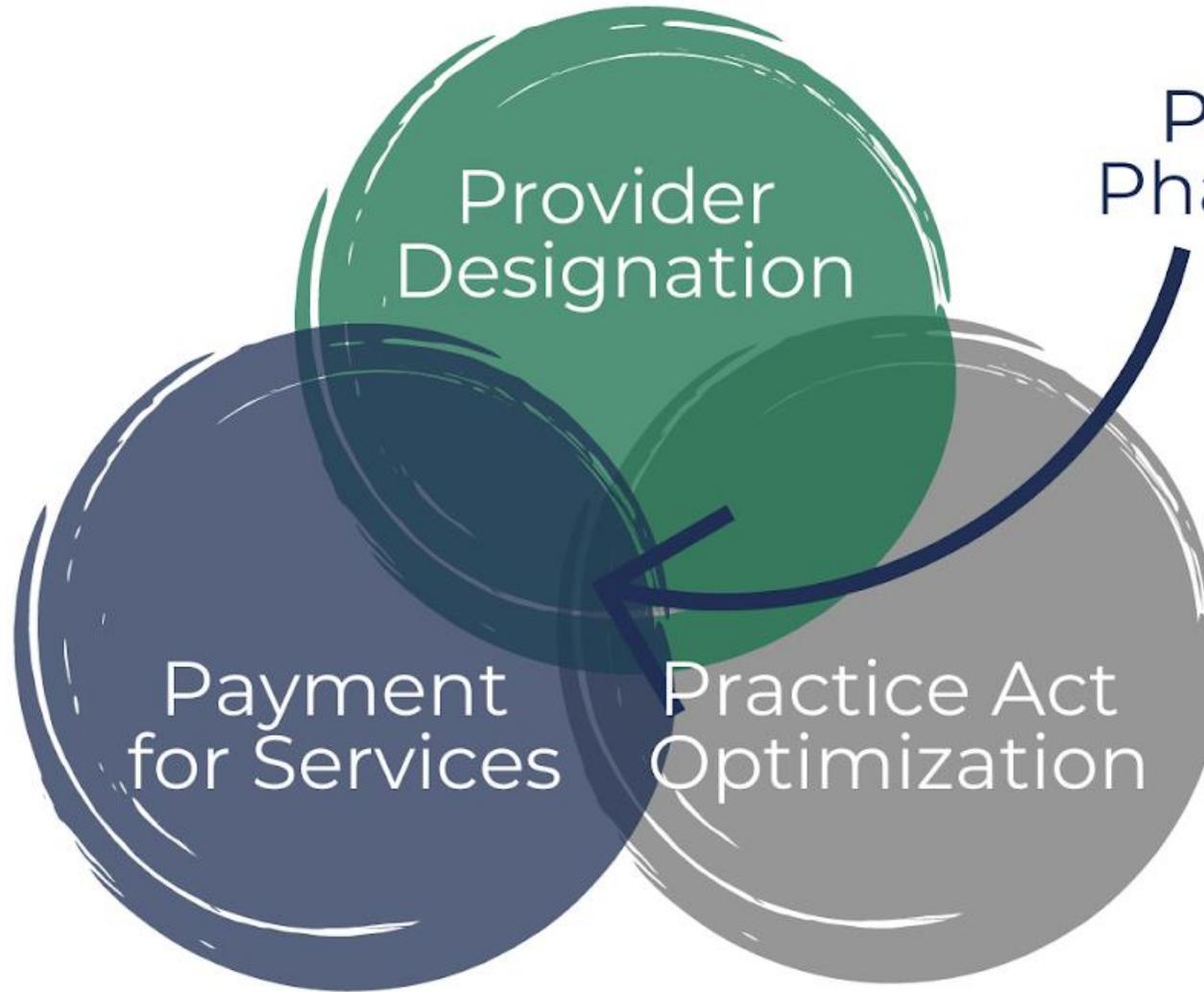
ALASKA PHARMACISTS ASSOCIATION

State of Healthcare Reform: Access to Care Effects Hospital Capacity

<u>Hospital capacity</u> Bed Type per 10k people	US	Alaska
Acute care	24	20
Psychiatric beds	2.1	1.4
Nursing home	50	9.5

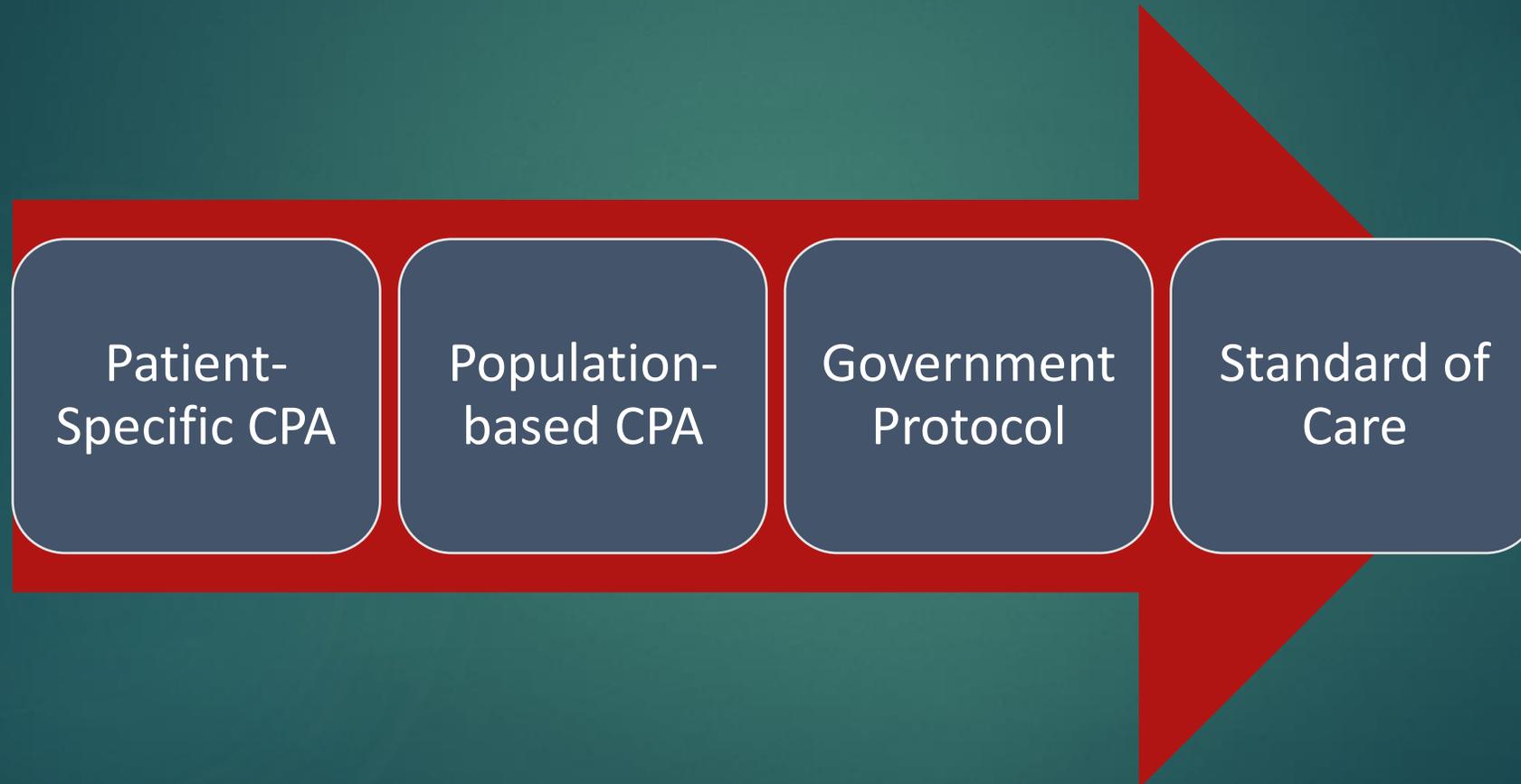
- 187 Primary care delivery sites
 - Very limited access
- *Opportunities for pharmacists to create innovative care models to improve access to primary care services. Need scope advancement in area of prescriptive authority.*

STATE PROVIDER STATUS



Patient Access to
Pharmacists' Patient
Care Services

Continuum of Pharmacist Prescriptive Authority



Application examples – planning for delivery in a community pharmacy

▶ **New Service Planning:**

- ▶ Identify authority for prescribing
- ▶ Identify scope of service
 - ▶ Conditions, types of medications that would be prescribed, determine how patient will be identified (inclusion/exclusion criteria)
- ▶ Identify training or experience gaps
 - ▶ Is there any training that may need to be provided to a pharmacist?
- ▶ Internal workflow/protocol design
 - ▶ Appropriate screening and prescribing based on clinical guidelines & process

Application examples

COMPONENTS OF A PROTOCOL

1. **PURPOSE/NEED**
 2. **STANDARD OF CARE**
 3. **SCOPE OF PRACTICE**
 4. **INCLUSION CRITERIA**
 5. **EXCLUSION CRITERIA**
 6. **PROCEDURE FOR CARE**
 7. **FOLLOW-UP CRITERIA**
- ▶ Student pharmacists are learning to develop protocols in their 2nd year of school

Example Criteria – Cold Sore Service

▶ Inclusion Criteria

- ▶ Individuals eligible to receive a prescription for cold sores include:
- ▶ Patients 12 years of age or older who report a previous history of cold sores and present with:
- ▶ Prodromal symptoms that are typical of a cold sore; or
- ▶ A lesion that is typical of a cold sore that has lasted less than 48 hours.

▶ Exclusion Criteria

- ▶ The following patients must be referred to their primary care physician or another health care provider:
 - ▶ Patients under the age of 12 years
 - ▶ Patients who report no prior history of having a cold sore
 - ▶ Patients who have one or more of the following:
 - ▶ Lesion appears excessively red, swollen or contains pus
 - ▶ Lesion appears on area other than around the mouth and lips
 - ▶ Lesions have not healed from a prior episode
 - ▶ Symptoms of systemic illness are present (fever, swollen glands, malaise)
 - ▶ Immunocompromised by medication or condition
 - ▶ Lesions have occurred more than 6 times in the past 12 months
 - ▶ Patients with known hypersensitivities to the medication that will be prescribed

Application examples – what are student pharmacists learning?

Growing recognition that pharmacists can help fill unmet public health needs through their accessibility and medication knowledge has led to the adoption of independent pharmacist prescriptive authority thus expanding the scope of pharmacy practice.

Protocols permit pharmacists with qualifying criteria to prescribe medications, medication categories or devices guided by scope-of-practice laws, *established by state legislatures* and regulated by appropriate boards.

This places pharmacists in a unique position to help address the well documented shortage of direct patient care opportunities that currently exist.

Pharmacists are Positioned to Make an Impact & Create Access Points

At Albertsons Pharmacies (examples of what can be done):

- ▶ Birth Control – AR, CA, CO, HI, ID, IL, MD, NM, NV, OR, UT, VA, and VT.
- ▶ Smoking Cessation – CA, CO, ID, IL, IN, NM, and OR.
- ▶ Urinary Tract Infection – CO and ID.
- ▶ Flu and Strep Throat – CO, ID, IL, and WA.
- ▶ Yeast Infection – CO, ID, and OR.
- ▶ Migraine – CO and ID.
- ▶ Statins (DM) – ID.
- ▶ Epi Pens – CO, ID, IL, VA, and WY.
- ▶ Prenatal Vitamins – CO, ID, and VA.
- ▶ Topical Acne – CO and ID.
- ▶ Cold Sores – CO and ID.
- ▶ Men's Hair Loss – CO and ID.
- ▶ Motion Sickness – CO and ID.
- ▶ Rescue Inhalers and Spacers – CO, ID, and IL.
- ▶ HIV Pre and Post Exposure Prophylaxis – CA, CO, DC, ID, IL, NV, OR, VA, and WA

Current Events in Pharmacy

Lack of appropriate reimbursement continues to impede patient care:

- ▶ SB 121 Interim work
- ▶ Federal PBM legislation update
- ▶ Appropriate reimbursement for provision of patient care?
 - ▶ [USA Today Article](#)
 - ▶ [ADN Article](#)

Pharmacists as Providers ~ Medicaid

- ▶ Goal is to ensure that the state plan amendment, regulations, and fee schedule fulfill the intent of [HB 145](#)
 - ▶ Coverage for costs of services provided by pharmacists. A policy, contract, or prepaid plan for individual or group health insurance issued or 23 delivered in the state that provides coverage for services within the scope of practice of a pharmacist licensed under [AS 08.80](#) must provide for coverage of and reimbursement for the services if performed by a pharmacist for a person covered under the policy, contract, or plan.
- ▶ Currently pharmacists not acknowledged as providers at FQHC/RHC, fee schedule and current regulation may not fulfill intent as well
- ▶ [See packet](#) shared with Medicaid

Alaska Pharmacy Leadership Council Charter

- ▶ Idea born at the NABP/AACP District meeting
- ▶ Charter that would formally bring together stakeholders to discuss work, ideas, and initiatives. Charter has no legal requirements.
- ▶ Participants: Board of Pharmacy members, Association leadership members, College of pharmacy members, Tribal Health members, non-tribal health system member, Independent pharmacy member, Chain pharmacy member, who else?

Joint Advocacy Fund

- ▶ [AKPhA / UAA ISU Joint Advocacy Fund](#)
- ▶ ISU UAA matches donations up to \$5000, after initial \$3000 donation.
- ▶ Funds for student advocacy training and legislative fly-in attendance
- ▶ Room for BOP involvement

Meetings

- ▶ Health System Pharmacy & Leadership Meeting Recap
 - ▶ Attendance from all health systems across the state
- ▶ Annual Convention & Tradeshow
 - ▶ Feb 16 - 18, 2024 at Anchorage Hilton
 - ▶ BOP Update CE
 - ▶ Invitation for Board of Pharmacy Members & Staff



**Idaho State
University**

**L.S. Skaggs
College of Pharmacy**



**UAA/ISU Doctor of
Pharmacy Program**
UNIVERSITY *of* ALASKA ANCHORAGE

Program Update

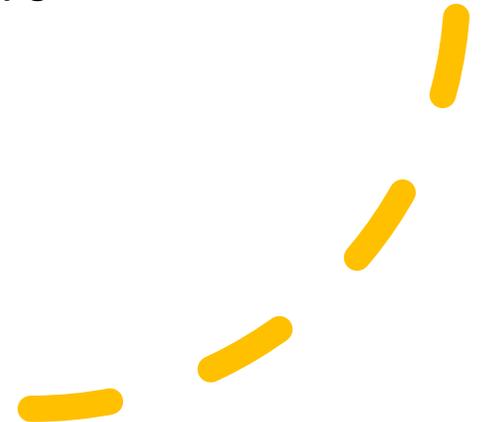
Update

[Quality Indicators Link](#)



UAA/ISU Doctor of
Pharmacy Program
UNIVERSITY *of* ALASKA ANCHORAGE

- UAA Contract Renewal
- Leadership Change
- Faculty/Staff Departures
- Admissions/Enrollment
- CAPPRE
- NAPLEX Scores



Agenda Item #8 Adjourn for Lunch (off record at 12:07)

James Henderson made a motion to adjourn for lunch, seconded by Sylvain Nouvion.

Roll Call:

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

It was resolved to adjourn for lunch.

Agenda Item #9 Roll Call/Call to Order (on record at 12:38pm)

Roll Call:

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

Sara Rasmussen joined the meeting at 1:06pm

Agenda Item #10 Public Comment Period

Discussion:

- No comments were received from the public during this period.

Agenda Item #11 Statutes and Regulations Discussion

Discussion:

- Implementing Solutions Report
 - Ashley Schaber gave an overview of the report from the June 2023 NABP Summit.
 - Ashley Schaber discussed the action items.
 - Mental Health resources provided by NABP are posted on the board website.
 - Ashley Schaber asked to create a task to update this report by February meeting.
- Independent Prescriptive Authority
 - Ashley Schaber discussed the district 6, 7, 8 NABP meeting and the presentation provided by Rob Geddes of Albertson's.
 - Ashley Schaber went through the slide presentation for the board and asked Liz Moir Director of Patient Care Service for Albertson's to provide input.
 - Ashley Schaber stated this topic is in the annual report as a subject the board wants to pursue.
 - Carla Hebert stated prescriptive authority is a valid way to expand pharmacy practice.
 - Ramsey Bell stated she agrees with the subject but until the board finds a solution to the Pharmacist shortage the focus should be on not increasing the already large workload.

- James Henderson stated the liability is an issue and is not sure insurance would cover pharmacists. Ramsey Bell agreed.
- Liz Moir stated that Albertson's pharmacists' insurance is covered by the company.
- Sylvain Nouvion asked Liz Moir to provide examples of training pharmacists went through for prescriptive authority.
- Liz Moir discussed protocols in place and more in-depth training for areas such as contraception.
- James Henderson asked Liz Moir if certifications for training on various prescriptions are required in Idaho.
- Liz Moir stated most areas do not require certifications.
- Jennifer Adams stated the language the board has been considering is enough however employers may require additional training on various products before staff can independently prescribe that product. Vaccinations for example have become commonplace and normal in pharmacies.
- Ashley Schaber stated Alaska has pharmacists in the federal and VA system that have independent prescriptive authority, but state statutes and regulations do not allow for it. Ashley Schaber would like to see the barriers removed for state licensed pharmacists.
- Carla Hebert stated the VA has been operating with independent prescriptive authority for years and agrees restriction should be removed for state licensees.
- Sara Rasmussen asked if state legislators have been involved in any conversations on independent prescriptive authority.
- Ashley Schaber stated preliminary conversations have happened. Alaska would not be the first state to pursue this. The healthcare system in general in Alaska has limited hospital beds, ER space, and other services in general; there needs to be a collaborative effort for all disciplines to practice at the top of scope.
- Sara Rasmussen stated she would support efforts to involve legislature. Gave example of pushback naturopath board experienced by legislature to not understanding the scope of practice.
- Ashley Schaber stated under the current PREP Act pharmacists can independently prescribe treatment for covid after a positive test result, but this will end at the end of the year.
- James Henderson stated the board should probably come up with a partial statute language to address areas as a framework; Representative Ruffridge has been supportive of the board in the past.
- Ashley Schaber stated there is some language already in statute, but it needs to be cleaned up and clarified.
- James Henderson agreed and stated the statute should be more open ended.
- Carla Hebert asked if Idaho has a list of medications allowed by statute or how is a new medication added to the list.
- Liz Moir stated the language is broad, similar to Colorado. Gave examples of male pattern hair loss and eyelash growth services.
- Sara Rasmussen stated a potential area of concern is abortion medications, advised the board this could be a hold up.
- Liz Moir stated most states exclude abortion medications from independent prescriptive authority.
- Jennifer Adams stated Idaho statute is broad and removed the requirement to have a list of approved items. American Legislation Exchange Council (ALEC) has model language.

- Ashley Schaber discussed the language in AS 08.80.337
- Sara Rasmussen stated she is concerned with patients receiving medical care without receiving necessary tests to diagnose such as ultrasound.
- Liz Moir stated there are some state protocols that specifically state items not allowed.
- James Henderson stated he agrees with Jennifer Adams concerning keeping statute open ended.
- Ashley Schaber stated she wants the requirement for collaborative practice to remain but open up more doors for pharmacists to provide care.
- Carla Hebert stated pharmacists are really aware of their education and the training they receive allowing them to practice and would be very aware that some things would not be in their purview.
- Liz Moir agreed with Carla Hebert and reiterated pharmacists follow scope of practice.
- James Henderson requested the language Idaho uses to address independent prescriptive authority.
- Incorporation of USP 797 into Regulation
 - Tabled until February meeting by motion and unanimous decision.
- Modifying or Removing Section 12 AAC 52.150
 - Related to Pharmacists Working for Tribal Health Programs
 - Ashley Schaber discussed the requirement to submit an exemption form to the division.
 - Michael Bowles described the process of the exemption process by staff.
 - James Henderson asked if this was even allowed.
 - Sara Rasmussen recommended getting an opinion from LAW.
- Temporary or Unexpected Closures of Pharmacies
 - Carla Hebert asked for clarification on temporary closures.
 - Ramsey Bell discussed the recent closures of Walgreens and other retail pharmacies that are closing due to staffing issues. It makes it difficult to transfer prescriptions to other pharmacies for continuity of care. A new prescription is required. Insurance companies are very hesitant to reverse claims.
 - Sara Rasmussen asked if there is any evidence that regulation helps in other jurisdictions.
 - Carla Hebert asked if the closures are happening with no notice.
 - Ramsey Bell stated it is almost always no notice.
 - Ashley Schaber stated that the pharmacy reimbursement model overall plays a role in shortages/closures. There are a lot of factors in this problem. Is a regulation change needed?
 - Ramsey Bell stated the burden on the pharmacy is less than patients that cannot get their medications.
 - Ashley Schaber asked if anyone was opposed to a regulation change, no members responded.
 - Ashley Schaber discussed other jurisdictions' language addressing temporary closures.
 - Ramsey Bell stated concerns with loopholes that would allow pharmacies to just move staff around every few days and having rolling closures.
 - James Henderson asked if any entities have reach out to pharmacy "higher ups" to find out what is being done.
 - Sylvain Nouvion stated he has worked for Walgreens since 2012 and staffing has always been an issue with the last 3 years being really bad. Better communication is important, there isn't adequate communication at this time.
 - Sara Rasmussen stated a further study of the regulation should occur.

- Rasmey Bell stated options need to be further looked into.
- Task created Michael Bowles follow up with NABP to find out what states have restrictions in place and how they have impacted closures.
- Task created for Ashley Schaber to follow up with DOH on conversations with corporate pharmacies.
- Sara Rasmussen asked if any other jurisdiction has rules about filled prescriptions and closures.
- Task for Michael to ask Sylvan Robb to invite Lori Wing-Heier, Director of the Division of Insurance, to attend December 07, 2023 special meeting.
- Modify or Remove Multistate Pharmacy Jurisprudence Examination (MPJE) Requirement with the Intent to Improve Licensing Efficiencies
 - Carla Hebert stated removal of MPJE requirement would speed up application times.
 - Sylvain Nouvion stated people that fail do not necessarily not know the law, the questions are not worded well.
 - James Henderson and Ramsey Bell stated there needs to be some sort of Alaska pharmacy law even if it is written by the board.
 - Ashley Schaber discussed the question update process. There are many edits that need to happen. Changes to statute and regulation creates problems. Ran into problems trying to access the software to update the questions. Updates to questions have been requested through NABP multiple times and the changes have not been completed. The MPJE process is a factor in licensing delays.
 - Ramsey Bell stated the board should not do away with an exam completely.
 - James Henderson suggested the board create an exam and administer the exam.
 - Ashley Schaber stated creating an internal law exam is a possibility.
 - Ramsey Bell stated concerns of lowering standards for applicants.
 - James Henderson stated he would be open to an internal exam focused on ensuring applicants understand what really needs to be known in Alaska law.
 - Carla Hebert agreed with James Henderson.
 - Michael Bowles described the licensing process and time involved with the MPJE.
 - Ashley Schaber discussed what would be required in regulation for a change.
 - Sara Rasmussen asked if licensees violated law is it dependent upon passing the MPJE. Stated the MPJE seems like a barrier and not a benefit.
 - Ramsey Bell agreed with Sara Rasmussen.
- FDA Good Manufacturing Practices language under manufacturer regulations, same as Outsourcing facilities
 - Tabled until February meeting due to running out of time.

Motion: James Henderson motioned to have Ashley Schaber pursue discussions with the Alaska legislation to pursue a statute change to AS 08.80.337 to allow pharmacists to practice at the top of their clinical ability, seconded by Sara Rasmussen.

Recorded Votes:

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

Ramsey Bell – Yes
Sylvain Nouvion – Yes

It was resolved to have Ashley Schaber pursue discussions with the Alaska legislation to pursue a statute change to AS 08.80.337 to allow pharmacists to practice at the top of their clinical ability.

Motion: Ashley Schaber moved and asked for unanimous support to table the discussion on USP 797 until a future board meeting.

It was resolved by unanimous support to table the discussion on USP 797 until a future board meeting.

Motion: James Henderson motioned to pursue a regulation change to remove 12 AAC 52.150 from the board of pharmacy regulations, seconded by Carla Hebert.

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

It was resolved to pursue a regulation change to remove 12 AAC 52.150 from the board of pharmacy regulations.

Motion: Ashley Schaber moved that the board pursue statute and regulation changes to repeal the requirement for pharmacist applicants through examination and reciprocity take and pass the MPJE as well as add an attestation to all pharmacist applications stating they have reviewed and understand Alaska law, seconded by Sara Rasmussen.

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

It was resolved that the board pursue statute and regulation changes to repeal the requirement for pharmacist applicants through examination and reciprocity take and pass the MPJE as well as add an attestation to all pharmacist applications stating they have reviewed and understand Alaska law.

Motion: Carla Hebert motioned to have the board pursue a statute and regulation change to allow for non-punitive addiction treatment, seconded by James Henderson.

Recorded Votes:

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

It was resolved to have the board pursue a statute and regulation change to allow for non-punitive addiction treatment.

Agenda Item #12 Board Business

Discussion:

- Pacifico National DBA AmEx Pharmacy Hearing and Recommendation Review
 - The board moved into deliberative session with Judge Lawrence Pederson
- Tasks List Review did not occur due to running out of time.
- Letters of Support for National Legislation
 - Moved to an OnBoard vote.
- Application Reviews – Executive Session
 - Michael Martinez – Pharmacy Technician
 - M & D Specialty Distribution, LLC – Out-of-State Wholesaler
 - Morris & Dickson Co., LLC – Out-of-State Wholesaler
 - Pope Shenouda LLC DBA First Choice Pharmacy – Out-of-State Pharmacy
- Non-Punitive Addiction Treatment Assistance with Self-Referral
 - Ashley Schaber introduced this topic to the board.
 - Pam Ventgen, Alaska Physician Health Committee Coordinator, introduced herself and discussed the program.
 - Carla Hebert stated she supports this moving forward.
 - James Henderson and Sylvain Nouvion agreed.
- Board Position Elections
 - Chairperson
 - Vice Chairperson
 - Secretary
- Disciplinary Matrix Update Discussion
 - Tabled until next quarterly meeting due to running out of time.
- Reporting Disciplinary Actions
 - Tabled until next quarterly meeting due to running out of time.
- Epinephrine Course Material
 - Moved to an OnBoard vote.
- Look Ahead at 2024 Conferences - Tabled until next quarterly meeting due to running out of time.
 - February 16-18, 2024 – AKPhA Annual Convention and Tradeshow (Anchorage, AK)
 - April 01-04, 2024 – Rx and Illicit Drug Summit (Atlanta, GA)
 - May 14-17, 2024 – NABP Annual Meeting (Fort Worth, TX)
 - September (TBD) – AKPhA Fall Health System Academy Conference (Girdwood, AK)
 - October 20-23, 2024 – NABP District 6, 7, 8 Meeting (Albuquerque, NM)
- Tasks List Update did not occur due to running out of time.

Motion: Ashley Schaber motioned to move the board into deliberative session under AS 44.62.310(d) solely to make a decision in the following adjudicatory proceeding:

In the matter of Pacifico National, Inc. dba AmEx Pharmacy, Board Case Number 2023-000289, Office of Administrative Hearings Case Number 23-0263-PHA.

The parties, their attorneys, all members of the Board's staff, and all members of the public will be excluded from the deliberative session. The administrative law judge will be invited to remain with the board during the deliberative session., seconded by James Henderson.

Recorded Votes:

Ashley Schaber - Yes

Sara Rasmussen - Yes

James Henderson - Yes

Carla Hebert - Yes

Ramsey Bell – Yes

Sylvain Nouvion – Yes

It was resolved to move the board into deliberative session under AS 44.62.310(d) solely to make a decision in the following adjudicatory proceeding:

In the matter of Pacifico National, Inc. dba AmEx Pharmacy, Board Case Number 2023-000289, Office of Administrative Hearings Case Number 23-0263-PHA.

The parties, their attorneys, all members of the Board's staff, and all members of the public will be excluded from the deliberative session. The administrative law judge will be invited to remain with the board during the deliberative session.

Off record for executive session at 3:03pm

On record from executive session at 3:20pm

No motions were made during the deliberative session.

Motion: Carla Hebert motioned pursuant to AS 44.64.060(e)(2), I move that the Board *remand* Board Case Number 2023-000289, Office of Administrative Hearings Case Number 23-0263-PHA to the administrative law judge:

To take additional evidence on ... Whether Pacifico National, Inc. dba AmEx Pharmacy has ceased its Florida operations and surrendered its Florida Pharmacy license, and if so, determine whether this case should be dismissed, seconded by Sara Rasmussen.

Recorded Votes:

Ashley Schaber - Yes

Sara Rasmussen - Yes

James Henderson - Yes

Carla Hebert - Yes
Ramsey Bell – No vote
Sylvain Nouvion – No vote

It was resolved pursuant to AS 44.64.060(e)(2), I move that the Board *remand* Board Case Number 2023-000289, Office of Administrative Hearings Case Number 23-0263-PHA to the administrative law judge:

To take additional evidence on ... Whether Pacifico National, Inc. dba AmEx Pharmacy has ceased its Florida operations and surrendered its Florida Pharmacy license, and if so, determine whether this case should be dismissed.

Motion: On a motion made by Ashley Schaber in accordance with AS 44.62.310(c)(2) and seconded by Carla Hebert the board moved to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion. Ramsey Bell, Ashley Schaber, Carla Hebert, James Henderson, Sara Rasmussen, Michael Bowles, Billy Homestead, and Holly Handley were authorized to remain in the room. Cases discussed will be 2023-000767.

Recorded Votes:
Ashley Schaber - Yes
Sara Rasmussen - Yes
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell – Yes
Sylvain Nouvion – No vote

It was resolved to enter executive session in accordance with AS 44.62.310(c)(2).

Off record for executive session at 3:31pm
On record from executive session at 3:43pm

No motions were made during the executive session.

Motion: Ashley Schaber motioned to accept the imposition of civil fine order in the amount of \$1000 for case 2023-000767 as written, seconded by James Henderson.

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

It was resolved to accept the imposition of civil fine order in the amount of \$1000 for case 2023-000767.

Motion: On a motion made by James Henderson in accordance with AS 44.62.310(c)(2) and seconded by Sylvain Nouvion the board moved to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion. Ramsey Bell, Carla Hebert, Sylvain Nouvion, James Henderson, Sara Rasmussen, Michael Bowles, Billy Homestead, and Holly Handley were authorized to remain in the room. Cases discussed will be 2023-000402.

Recorded Votes:

Ashley Schaber - Abstain
Sara Rasmussen - Yes
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell – Yes
Sylvain Nouvion – Yes

It was resolved to enter executive session in accordance with AS 44.62.310(c)(2).

Off record for executive session at 3:48pm
On record from executive session at 3:51pm

No motions were made during the executive session.

Motion: James Henderson motioned to accept the imposition of civil fine order in the amount of \$300 for case 2023-000402 as written, seconded by Carla Hebert.

Recorded Votes:

Ashley Schaber - Abstain
Sara Rasmussen - Yes
James Henderson - Yes
Carla Hebert - Yes
Ramsey Bell – Yes
Sylvain Nouvion – No vote

It was resolved to accept the imposition of civil fine order in the amount of \$300 for case 2023-000402.

Motion: On a motion made by Ashley Schaber in accordance with AS 44.62.310(c)(2) and seconded by Carla Hebert the board moved to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion. Ramsey Bell, Ashley Schaber, Carla Hebert, James Henderson, Sara Rasmussen, Sylvain Nouvion, and Michael Bowles were authorized to remain in the room. Applications discussed will be:

- Michael Martinez – Pharmacy Technician
- M & D Specialty Distribution, LLC – Out-of-State Wholesaler
- Morris & Dickson Co., LLC – Out-of-State Wholesaler
- Pope Shenouda LLC Db a First Choice Pharmacy – Out-of-State Pharmacy

Recorded Votes:

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

It was resolved to enter executive session in accordance with AS 44.62.310(c)(2).

Off record for executive session at 4:01pm
On record from executive session at 4:40pm

No motions were made during the executive session.

Motion: James Henderson motioned to approve the application for Michael Martinez with a consent agreement with a 2-year probation to disclose any criminal charges or convictions to the board within 10 days, seconded by Carla Hebert.

Recorded Votes:

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

It was resolved to approve the application for Michael Martinez with a consent agreement with a 2-year probation to disclose any criminal charges or convictions to the board within 10 days

Motion: James Henderson motioned to approve the application for M & D Specialty Distribution, LLC, seconded by Sylvain Nouvion.

Recorded Votes:

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

It was resolved to approve the application for M & D Specialty Distribution, LLC.

Motion: Ashley Schaber motioned to approve the application for Morris & Dickson Co., LLC, seconded by James Henderson.

Recorded Votes:

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

It was resolved to approve the application for Morris & Dickson Co., LLC.

Motion: James Henderson motioned to approve the application for Pope Shenouda LLC DbA First Choice Pharmacy, seconded by Carla Hebert.

Recorded Votes:

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

It was resolved to approve the application for Pope Shenouda LLC DbA First Choice Pharmacy.

Motion: James Henderson motioned to elect Ashley Schaber as the chairperson, seconded by Sara Rasmussen.

Recorded Votes:

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

It was resolved to elect Ashley Schaber as the chairperson.

Motion: Carla Hebert motioned to elect James Henderson as the vice chairperson, seconded by Sara Rasmussen.

Recorded Votes:

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

It was resolved to elect James Henderson as the vice chairperson.

Motion: Carla Hebert motioned to elect Ramsey Bell as the secretary, seconded by Sara Rasmussen.

Recorded Votes:

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

It was resolved to elect Ramsey Bell as the secretary.

Agenda Item #13 Chair Final Comments

Discussion:

- Add committee assignments to next quarterly board meeting.
- Next meeting date will be February 15, 2024

Agenda Item #14 Adjourn

Motion: Sara Rasmussen motioned to adjourn, seconded by Carla Hebert.

Recorded Votes:

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

It was resolved to adjourn at 5:48pm.



Well-being Index For Pharmacy Personnel

State Report

For State Boards of Pharmacy

NABP District Seven States

November 2023

[pharmacist.com](https://www.pharmacist.com)

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Workers Face a Mental Health Crisis

Workers Report Harassment, Burnout, and Poor Mental Health

Supportive Workplaces Can Help

MMWR CDC Vital Signs

October 24, 2023

CDC MMWR Vital Signs - Health Workers Face a Mental Health Crisis

Find Survey Report highlights [here](#). Find full survey results [here](#).

Background

- *This Vital Signs report contains an analysis from the CDC Quality of Worklife survey focused on well-being and working conditions, comparing data from 2018 to 2022 (before and after the start of the COVID-19).
- *The study also compared health workers with two other groups: essential workers and all other workers across industries. Reports of poor mental health symptoms increased more for health workers than for other worker groups.

Findings

- *More than double the number of health workers reported harassment at work in 2022 than in 2018.
- *Nearly half of health workers reported often feeling burned out in 2022, up from 32% in 2018.
- *Nearly half of health workers intended to look for a new job in 2022, up from 33% in 2018.
- *Feeling fatigue, loss, and grief at levels higher than before the pandemic.
- *More likely to report burnout, depression, and anxiety if harassed than if harassment (from patients and caregivers) was not experienced.
- *Positive working conditions were associated with less burnout and better mental health.

CDC MMWR Vital Signs - Health Workers Face a Mental Health Crisis

What Can Be Done?

Improving workplace policies and practices may also improve worker well-being.

Employers can address these issues by:

- * Improve workplace conditions that foster trust in management and prevent health worker burnout.
- * Working conditions to focus on include:
 - * Supporting adequate staff levels,
 - * Providing helpful supervision, and
 - * Preventing harassment of employees.
- * Encourage worker participation and two-way communication in decision-making.
- * Reduce stigma related to seeking help by eliminating intrusive questions for credentialing.
- * Provide and encourage use of paid leave for illness, family needs, and rest.

Supervisors and Workers can address these issues by:

- * Talk together about how to improve workplace conditions.
- * Use this CDC study to show the importance of improving these working conditions in health occupations.
- * Discuss the benefits of better workplaces for everyone's health and well-being.

CDC MMWR Vital Signs - Health Workers Face a Mental Health Crisis

This graphic illustrates the 6 steps employers can take to address health workers mental health issues as outlined in this report.



DISTRESS PERCENT CHANGES

National and District

October 2023 versus November 2023

Changes in Distress Levels

As of November 2023

State	Change in Distress % October 2023 vs November 2023	State Rank for Distress Percent November 2023	Distress Percent November 2023
Largest Increase in Distress Percent			
Wyoming	+5.37%	43	27.59%
Maine	+1.82%	51	22.37%
Arkansas	+1.06%	19	34.94%
Connecticut	+0.74%	5	45.95%
Colorado	+0.67%	29	32.07%
Largest Decrease in Distress Percent			
New Mexico	-1.40%	37	30.00%
District of Columbia	-1.15%	47	25.93%
Massachusetts	-1.14%	16	35.64%
Montana	-1.10%	13	37.14%
Nebraska	-0.66%	27	32.50%
Change in National Distress Percent			
NATIONAL	+0.09	---	31.02%



Changes in Distress Levels – District Seven

As of November 2023

	Change in Distress % Nov 2023 Vs Oct 2023	Distress % Nov 2023	Distress % State Rank Nov 2023	Change in Distress % Oct 2023 Vs Sep 2023	Distress % State Rank Oct 2023	Distress % State Rank Sep 2023	Distress % State Rank Aug 2023	Distress % State Rank Jul 2023	Distress % State Rank Apr 2023	Distress % State Rank Dec 2022	Distress % State Rank May 2022	Distress % State Rank Apr 2022	Distress % State Rank Dec 2021	Distress % State Rank Apr 2021	Distress % State Rank May 2020	Distress % State Rank Apr 2020
Alaska	0.14%	29.21%	40	-0.20%	38	37	39	39	37	35	38	33	48	49	49	49
Idaho	-0.64%	30.66%	35	-0.24%	35	34	34	35	32	27 (T)	22	27	31	34	40	39
Montana	-1.10%	37.14%	13	No Change	12	11	11	12	10	11	11	11	10	12	19 (T)	24
Oregon	-0.64%	35.56%	17	0.55%	17	16	16	17	17	24	31	29	27 (T)	28	36	37
Washington	0.36%	45.33%	6	0.76%	6	6	6	8	7	8	8	9	11	11	12	13
Wyoming	5.37%	27.59%	43	2.99%	50	51	51	52	51	51	52	52	52	51	~	~

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

Note: Some historic data from 2020/2021/2022/2023 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

October 2023 versus November 2023

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the Alaska distress percent was 29.21% (ranked 40/52) with 54 assessors.

OCTOBER 2023

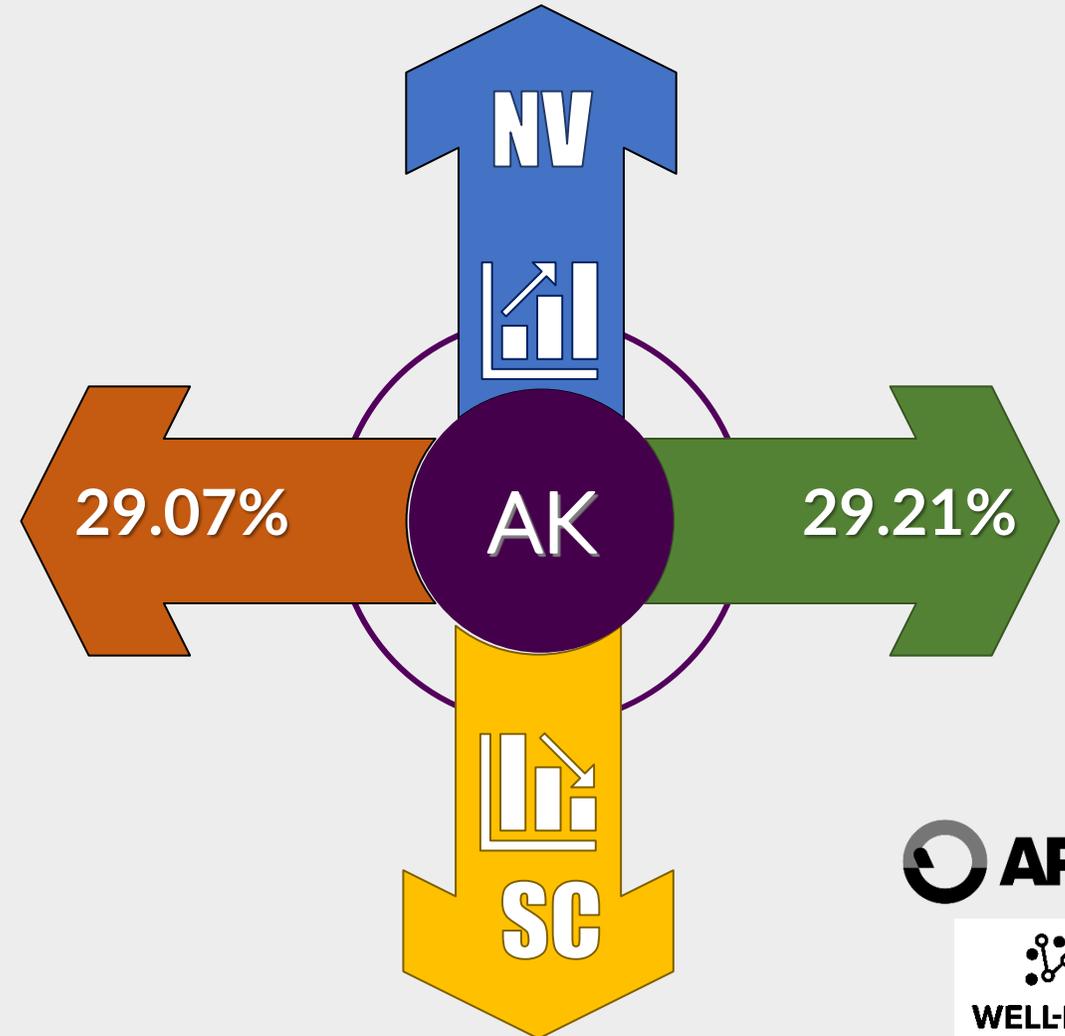
As of October 2023, the Alaska distress percent was 29.07% (ranked 38/52) with 51 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



*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*

NOVEMBER 2023

As November 2023, the Idaho distress percent was 30.66% (ranked at 35/52) with 82 assessors.

OCTOBER 2023

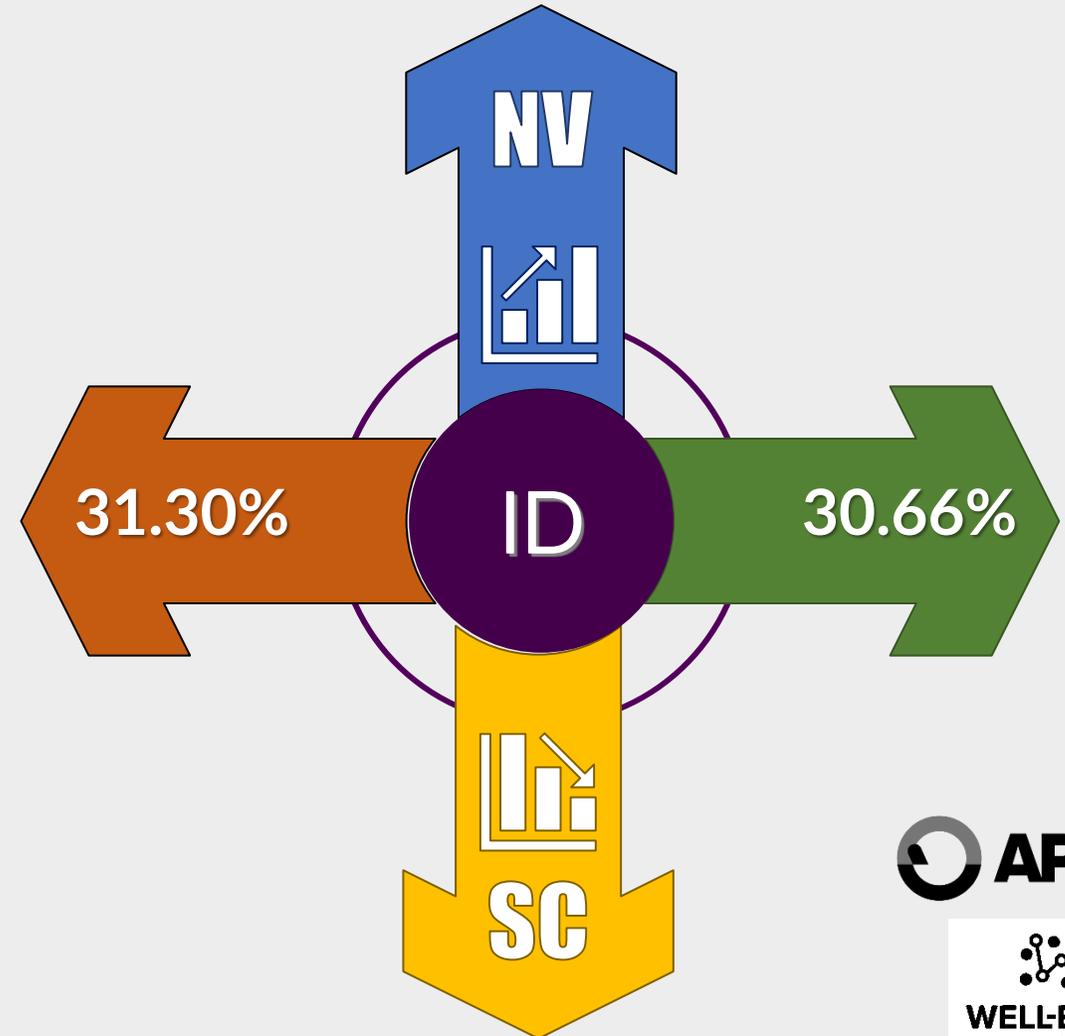
As October 2023, the Idaho distress percent was 31.30% (ranked at 35/52) with 76 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



*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*

NOVEMBER 2023

As of November 2023, the Montana distress percent was 37.14% (ranked 13/52) with 28 assessors.

OCTOBER 2023

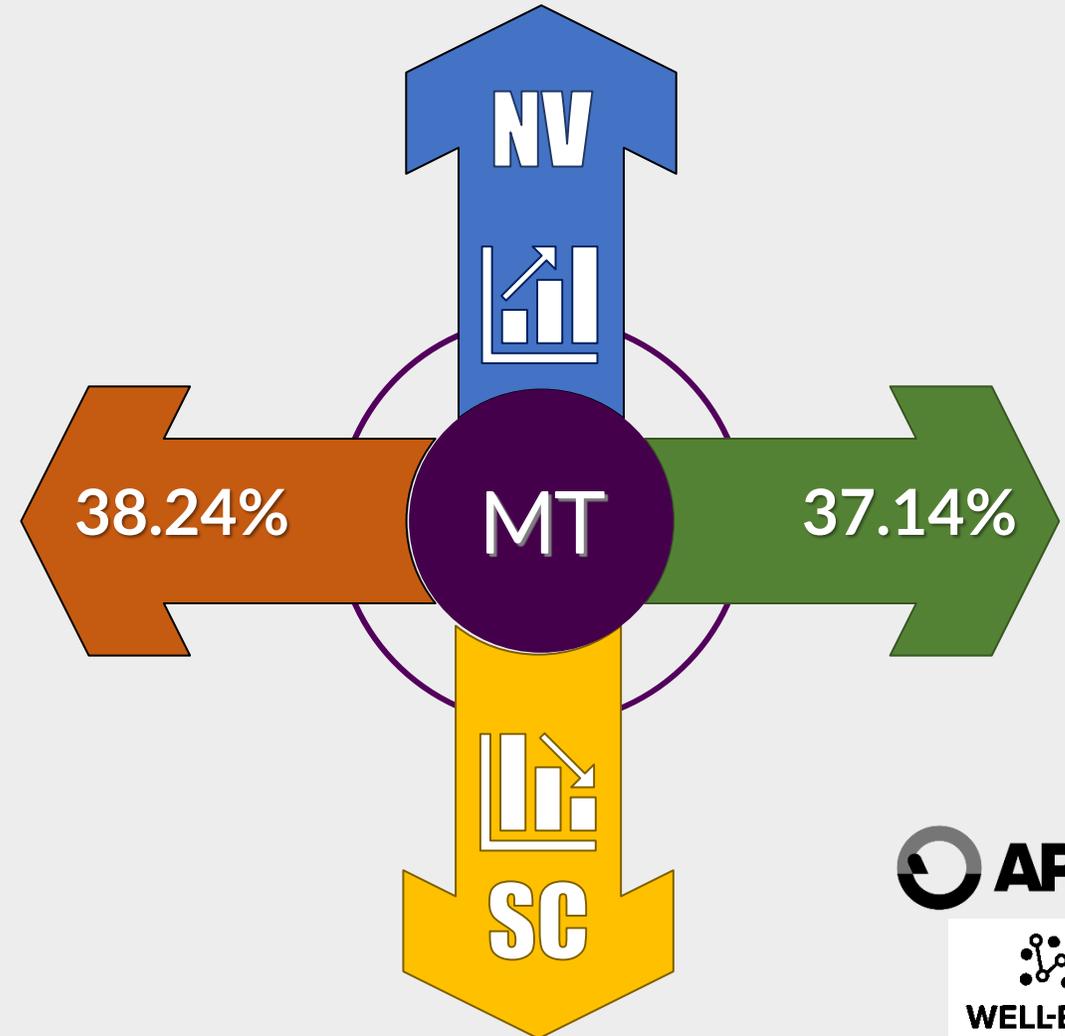
As of October 2023, the Montana distress percent was 38.24% (ranked 12/52) with 28 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the Oregon distress percent was 35.56% (ranked 17/52) with 117 assessors.

OCTOBER 2023

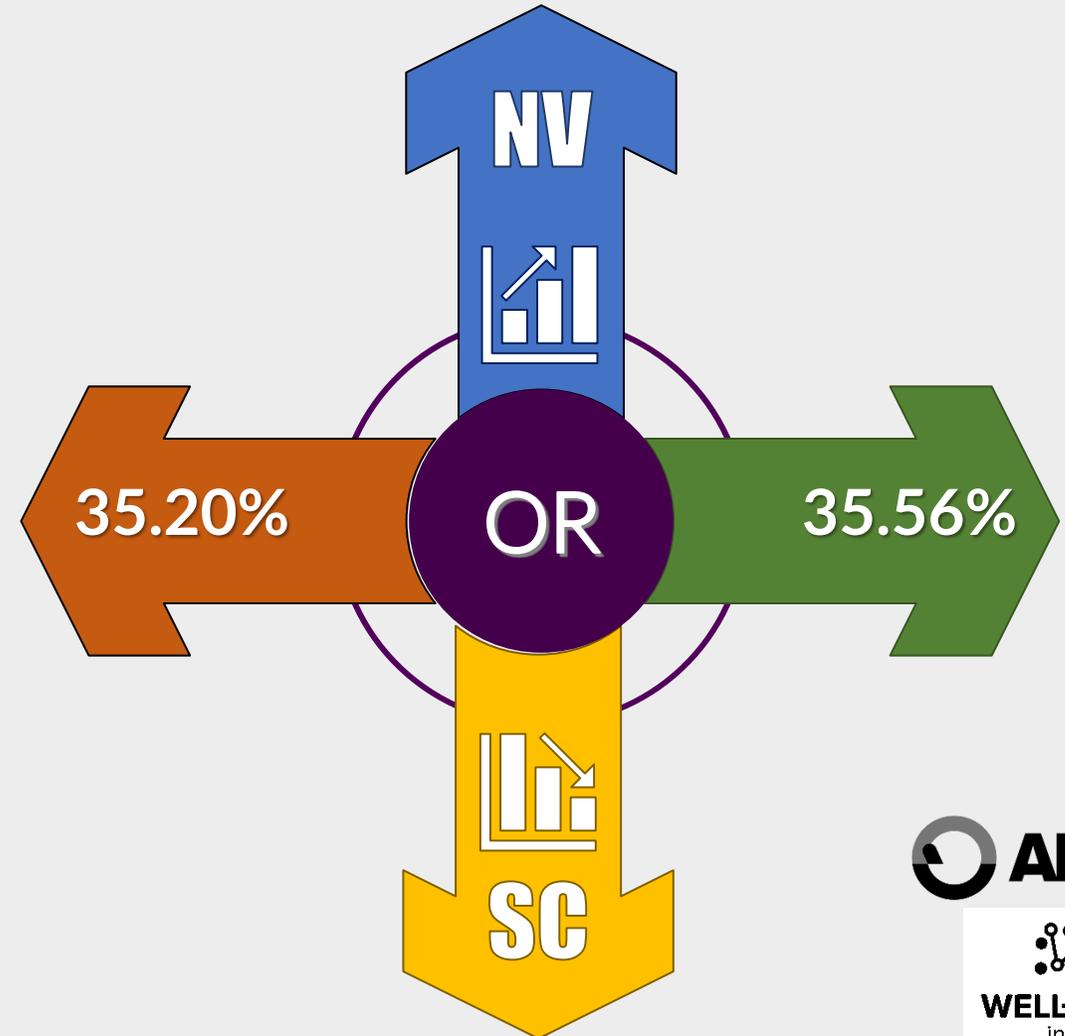
As of October 2023, the Oregon distress percent was 36.20% (ranked 17/52) with 114 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



*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*

NOVEMBER 2023

As of November 2023, the Washington distress percent was 45.33% (ranked 6/52) with 184 assessors.

OCTOBER 2023

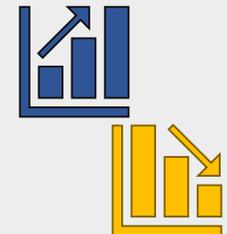
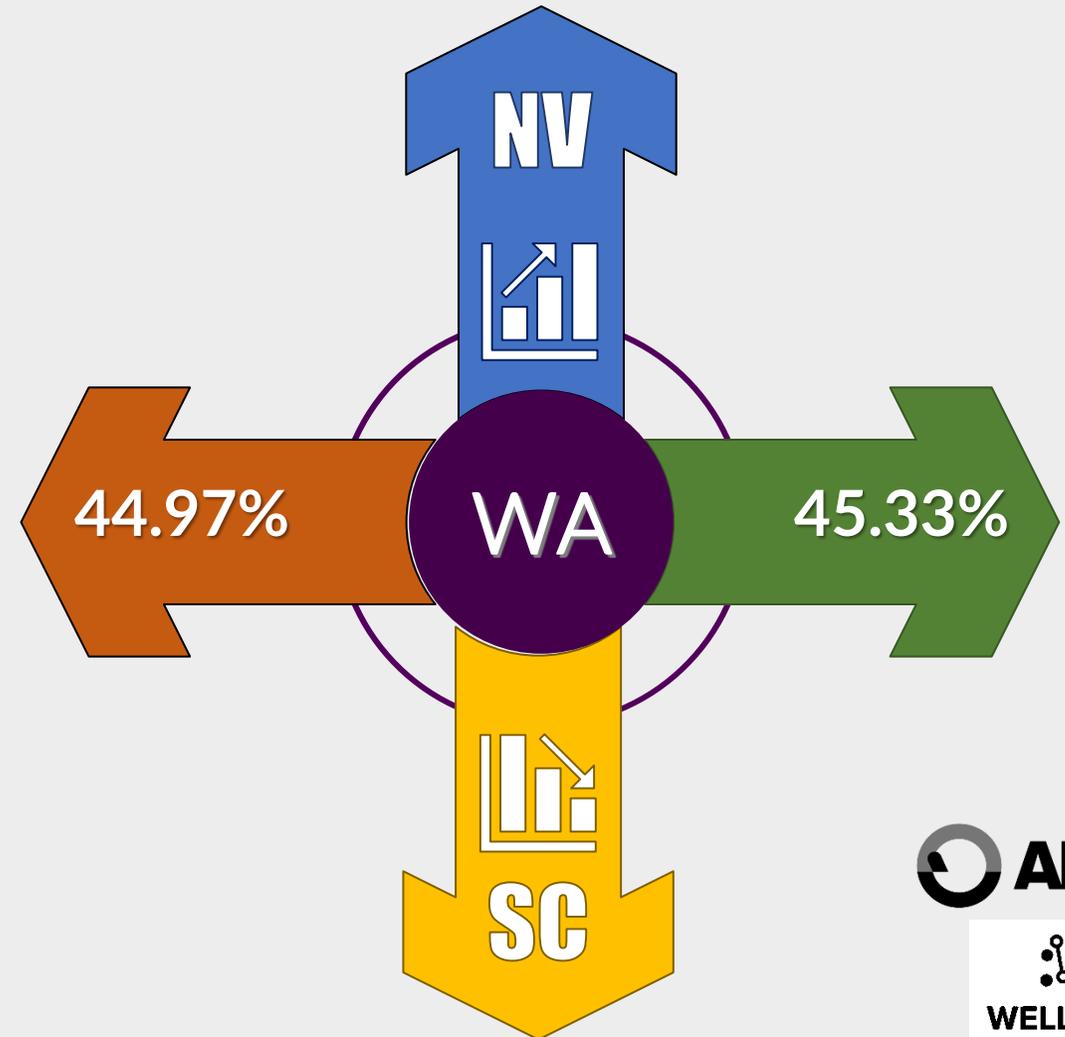
As of October 2023, the Washington distress percent was 44.97% (ranked 6/52) with 183 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the Wyoming distress percent was 27.59% (ranked 43/52) with 19 assessors.

OCTOBER 2023

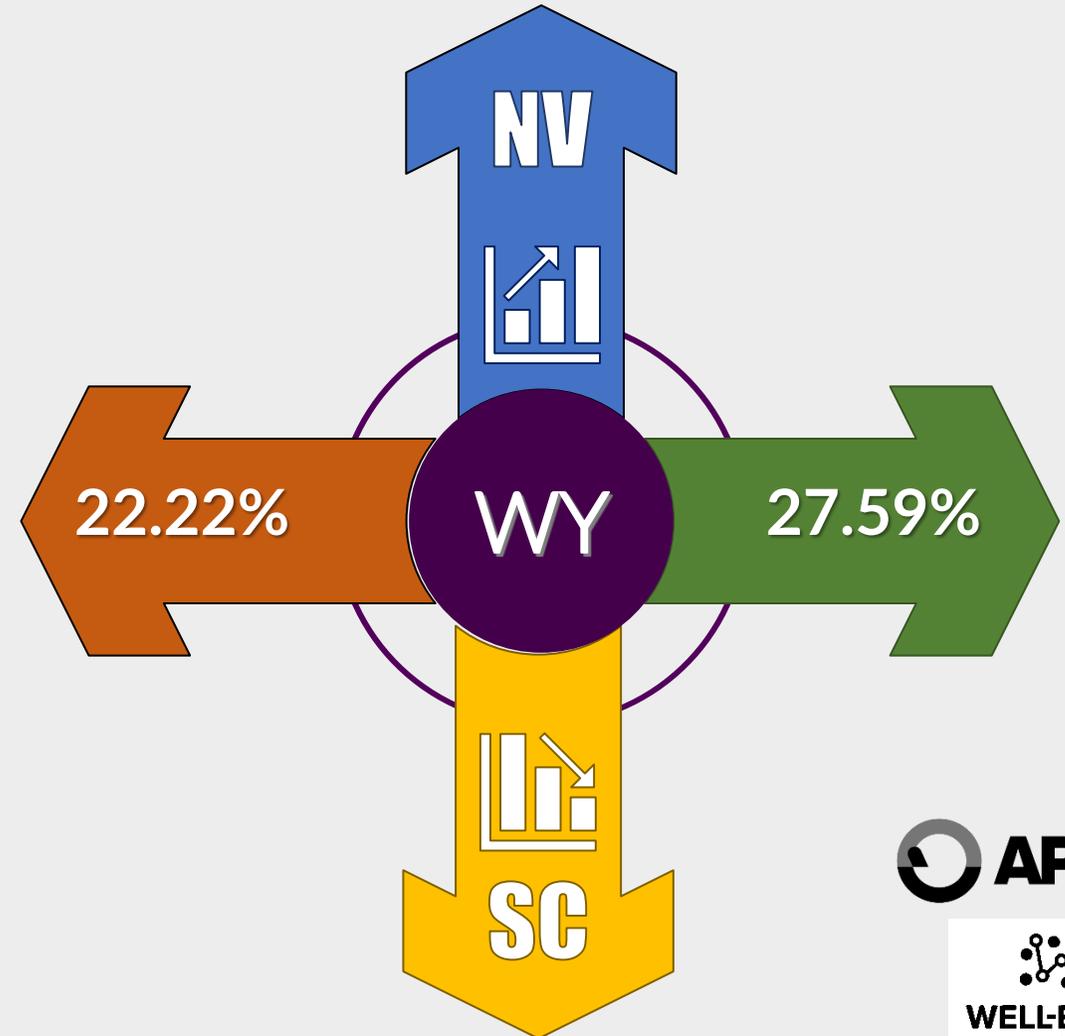
As of October 2023, the Wyoming distress percent was 22.22% (ranked 50/52) with 19 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



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www.pharmacist.com/wbi

Invitation Code: APhA

Or Scan



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www.pharmacist.com/pwvr

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

December 2023

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For Every Pharmacist. For All of Pharmacy.



*Happy Holiday Season
to You and Your Family*

DISTRESS PERCENT CHANGES

National and District

November 2023 versus December 2023

Changes in Distress Levels

As of December 2023

State	Change in Distress % November 2023 vs December 2023	State Rank for Distress Percent December 2023	Distress Percent December 2023
Largest Increase in Distress Percent			
Massachusetts	+1.78%	12	37.42%
Alaska	+0.79%	36 (T)	30.00%
Mississippi	+0.57%	9	40.38%
Nevada	+0.47%	1	57.61%
Arkansas	+0.38%	18	35.32%
Decrease in Distress Percent			
North Dakota	-1.15%	23	33.33%
Florida	-0.83%	30	31.76%
Vermont	-0.60%	31	31.48%
Indiana	-0.56%	32	31.15%
New Hampshire	-0.54%	3	48.91%
Change in National Distress Percent			
NATIONAL	-0.07	---	31.02%



Changes in Distress Levels – District Seven

As of December 2023

	Change in Distress % Dec 2023 vs Nov 2023	Distress % Dec 2023	Distress % State Rank Dec 2023	Change in Distress % Nov 2023 Vs Oct 2023	Distress % State Rank Nov 2023	Distress % State Rank Oct 2023	Distress % State Rank Sep 2023	Distress % State Rank Aug 2023	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	0.79%	30.00%	36 (T)	0.14%	40	38	37	39	39	37	38	33	48	49	49	49
Idaho	-0.23%	30.43%	35	-0.64%	35	35	34	34	35	32	22	27	31	34	40	39
Montana	No Change	37.14%	13	-1.10%	13	12	11	11	12	10	11	11	10	12	19 (T)	24
Oregon	0.12%	35.68%	17	-0.64%	17	17	16	16	17	17	31	29	27 (T)	28	36	37
Washington	-0.08%	45.25%	6	0.36%	6	6	6	6	8	7	8	9	11	11	12	13
Wyoming	No Change	27.59%	43	5.37%	43	50	51	51	52	51	52	52	52	51	~	~

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

Note: Some historic data from 2020/2021/2022/2023 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

November 2023 versus December 2023

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

DECEMBER 2023

As of December 2023, the Alaska distress percent was 30.00% (ranked tied at 36/52) with 55 assessors.

NOVEMBER 2023

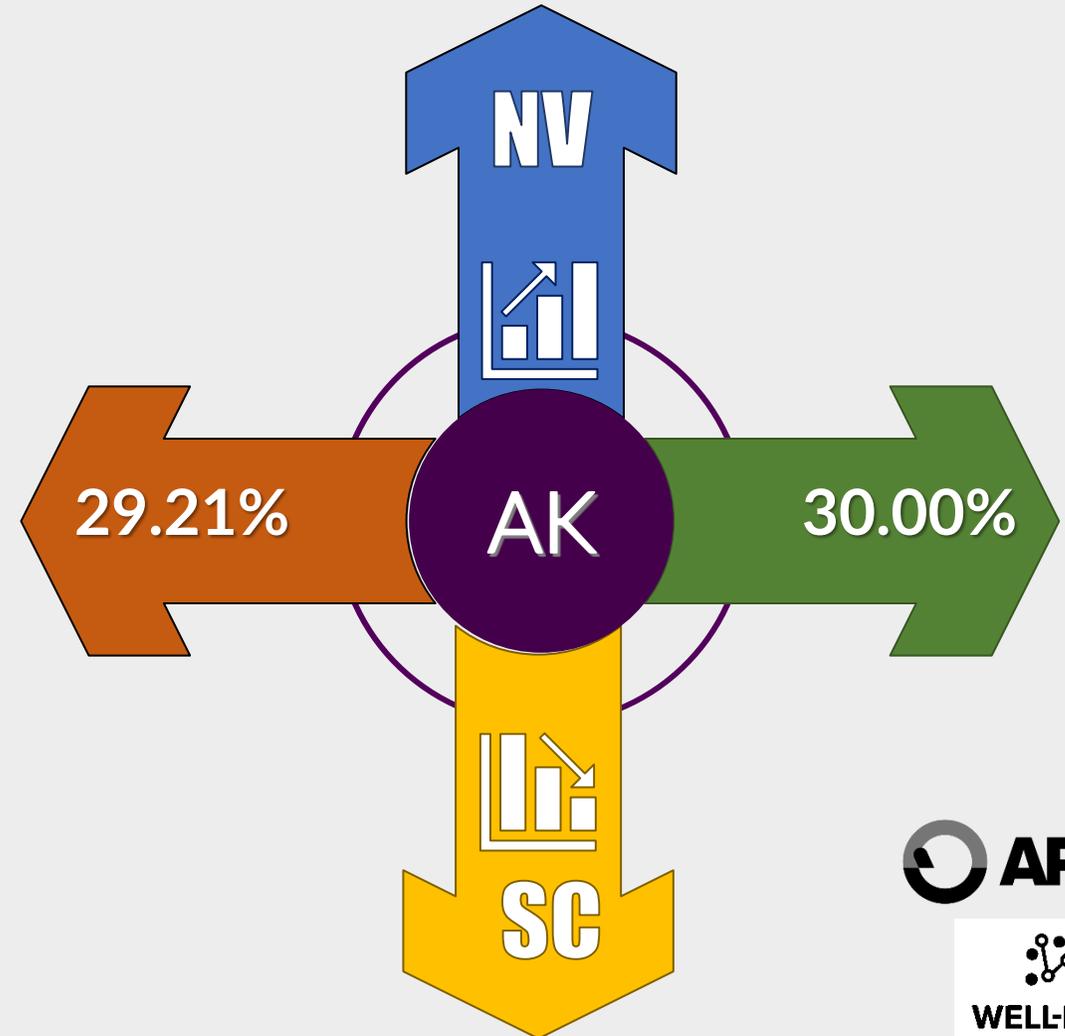
As of November 2023, the Alaska distress percent was 29.21% (ranked 40/52) with 54 assessors.

STATE COMPARISON

As of December 2023

Nevada is the highest at 57.61% (n=39)

South Carolina has the lowest 20.58% (n=589)



*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*

DECEMBER 2023

As December 2023, the Idaho distress percent was 30.43% (ranked 35/52) with 82 assessors.

NOVEMBER 2023

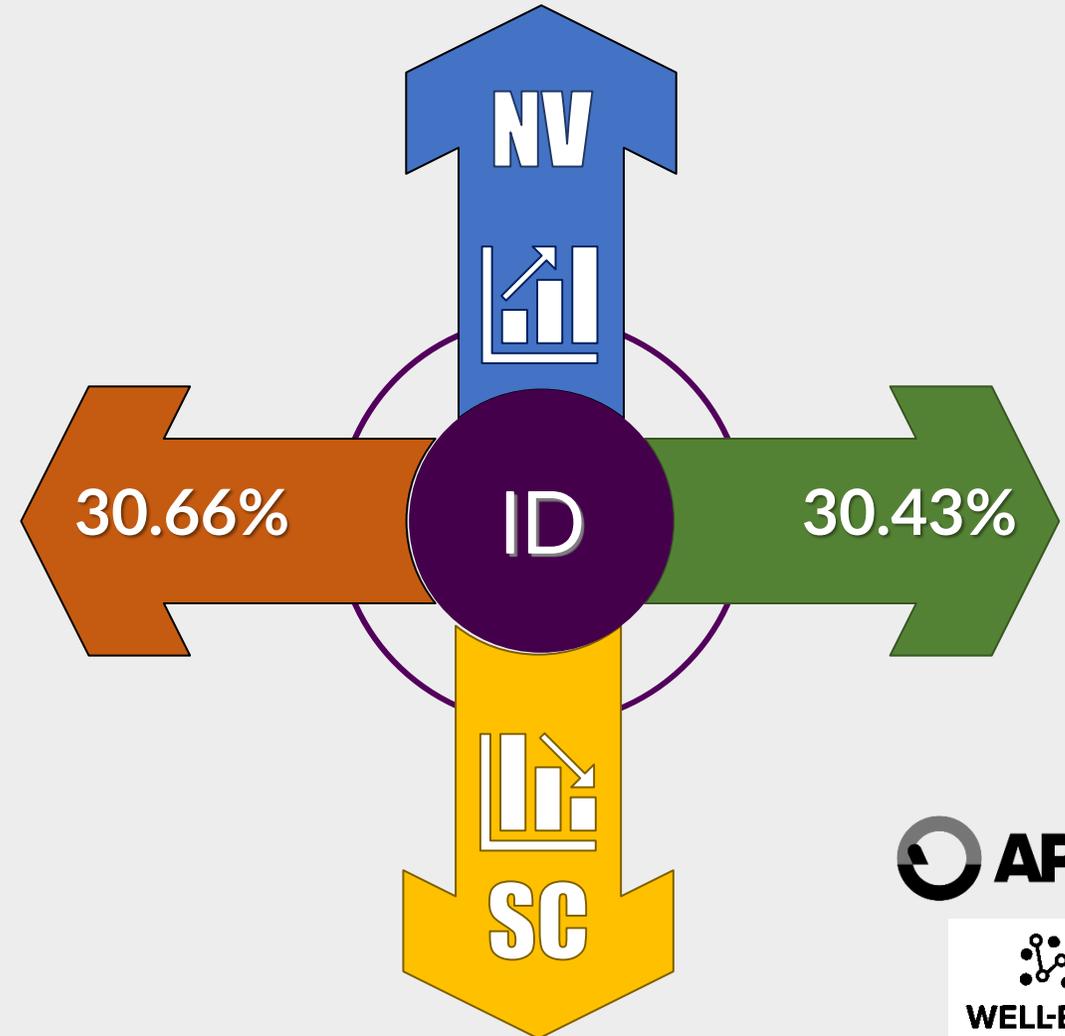
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STATE COMPARISON

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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

DECEMBER 2023

As of December 2023, the Montana distress percent was 37.14% (ranked 13/52) with 28 assessors.

NOVEMBER 2023

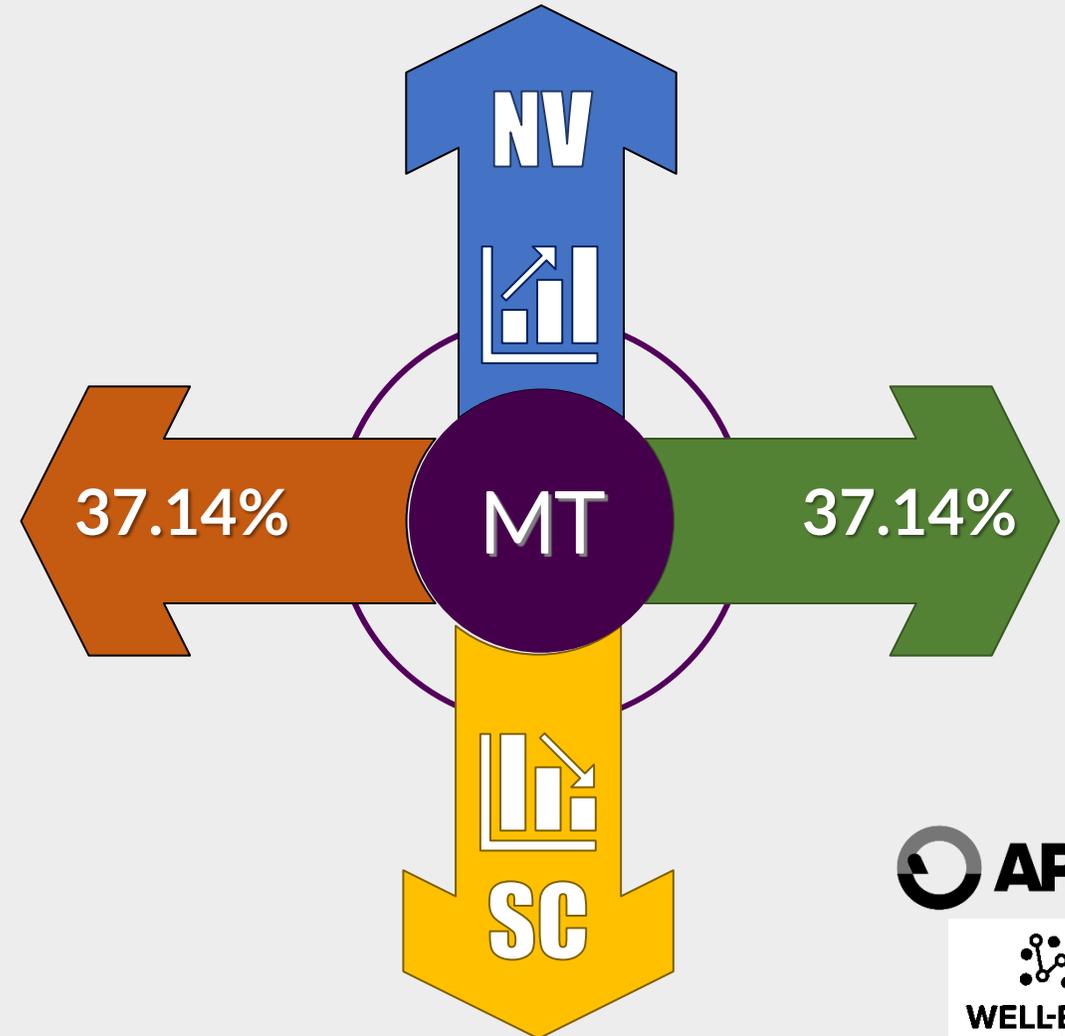
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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

DECEMBER 2023

As of December 2023, the Oregon distress percent was 35.68% (ranked 17/52) with 118 assessors.

NOVEMBER 2023

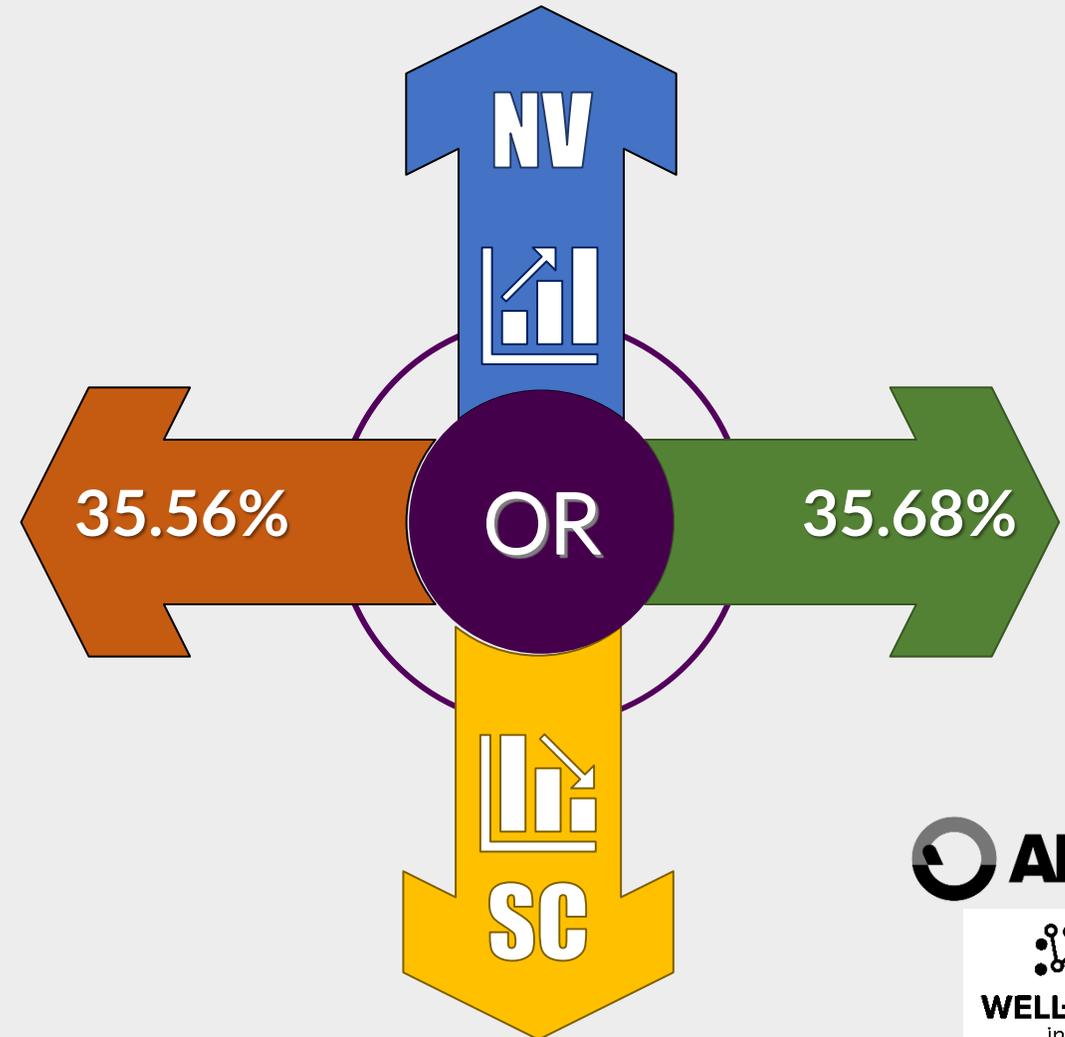
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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

DECEMBER 2023

As of December 2023, the Washington distress percent was 45.25% (ranked 6/52) with 184 assessors.

NOVEMBER 2023

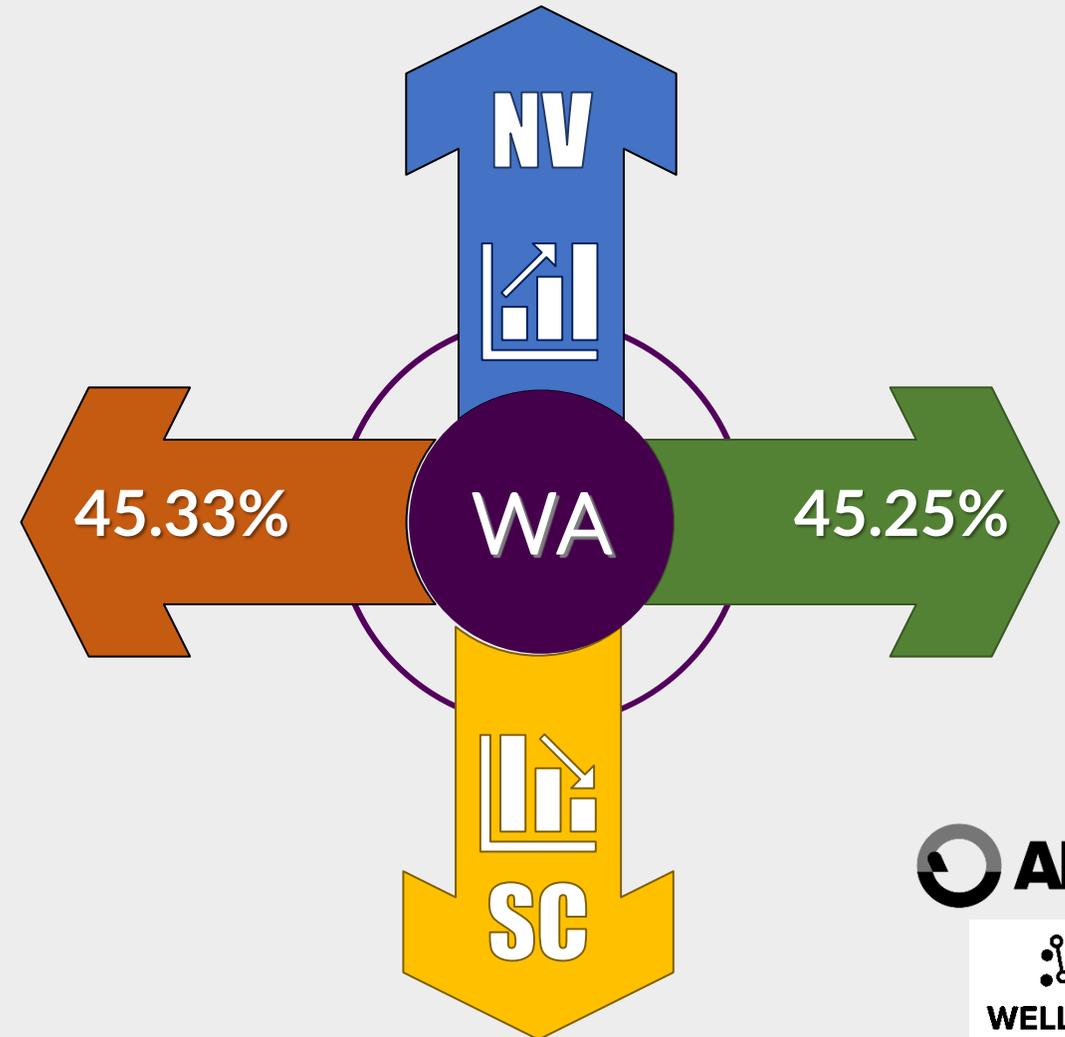
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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

DECEMBER 2023

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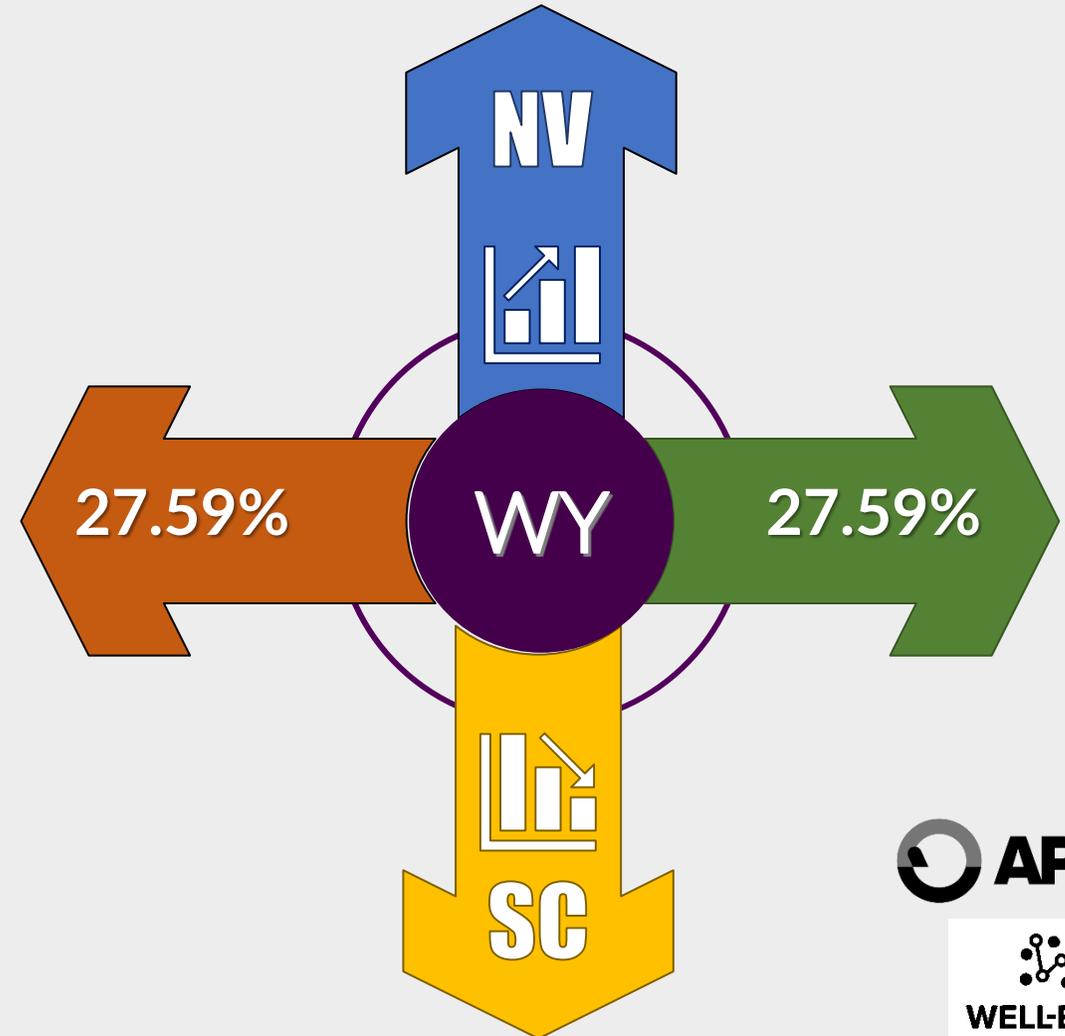
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STATE COMPARISON

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Nevada is the highest at 57.61% (n=39)

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

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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!

TO: State Boards of Pharmacy
FROM: Scott Brunner, CAE
Chief Executive Officer
Savannah Cunningham, PharmD
Director of Public Policy
DATE: November 7, 2023
SUBJECT: *Applicability of USP reference in Food, Drug & Cosmetic Act*



Recently, as state boards of pharmacy have grappled with whether to adopt some or all provisions of the revised USP Chapters <795> and <797> and enforceability of USP <800> that became effective November 1, we have received inquiries regarding the reference to USP standards in the Food, Drug & Cosmetic Act. The gist of the question is whether Section 503A of the federal FD&C Act mandates that all compounding be done in compliance with the USP chapters and thus requires states to adopt applicable USP chapters in their entirety. It's a timely question regarding the context of the reference to USP standards in the FD&C Act. The purpose of this memo is to clarify what Section 503A of FD&C actually says on the matter.

As you may know, the Alliance for Pharmacy Compounding is the voice for pharmacy compounding, representing more than 600 compounding small businesses – including compounding pharmacists and technicians in both 503A and 503B settings – as well as prescribers, educators, researchers, and suppliers.

Excerpted below is the language of Section 503A that references USP. Please note that this section is addressing bulk drug substances, known as Active Pharmaceutical Ingredients (APIs). We have underlined that reference for context.

(b) Compounded drug

(1) Licensed pharmacist and licensed physician

A drug product may be compounded under subsection (a) if the licensed pharmacist or licensed physician-

(A) compounds the drug product using bulk drug substances, as defined in regulations of the Secretary published at section 207.3(a)(4) of title 21 of the Code of Federal Regulations-

(i) that-

(I) comply with the standards of an applicable United States Pharmacopoeia or National Formulary monograph, if a monograph exists, and the United States Pharmacopoeia chapter on pharmacy compounding;

(II) if such a monograph does not exist, are drug substances that are components of drugs approved by the Secretary; or

(III) if such a monograph does not exist and the drug substance is not a component of a drug approved by the Secretary, that appear on a list developed by the Secretary through regulations issued by the Secretary under subsection (c);

(ii) that are manufactured by an establishment that is registered under section 360 of this title (including a foreign establishment that is registered under section 360(i) of this title); and

(iii) that are accompanied by valid certificates of analysis for each bulk drug substance;

In short, this reference mandates that bulk drug substances used for compounding must comply with the USP compounding chapters' references to bulk drug substances. It does not mandate that all compounding must adhere to USP chapters, nor does it bind states to adopt USP compounding chapters in their entirety.

We hope this clarification is helpful to you. If APC may assist on this or any other issue related to pharmacy compounding, please contact us at savannah@a4pc.org.

Alaska Board of Pharmacy

Agenda Item #4



Investigations Review

Alaska Board of Pharmacy

Agenda Item #5



Board Business



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 Develop a license application for manufacturers.
- 3.4 Ensure a 30 day or less processing time for licensee applications, and a 60 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 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

- (viii) The distribution of minimal quantities of product by a pharmacy to a licensed practitioner for office use.
 - (cc) Wholesale drug distributors, other than pharmacies, dispensing or distributing drugs or devices directly to patients;
 - (dd) Violations of any of the provisions of this Act or of any of the rules adopted by the board under this Act.
- (2) The board of pharmacy may deny or refuse to issue or renew a license if it determines that the issuing or renewing of such license would not be in the public interest, or as otherwise statutorily provided.
 - (3) Reinstatement of a license that has been suspended, revoked, or restricted by the board may be granted in accordance with the procedures specified by Section 401 of this Act.
 - (4) The board of pharmacy shall require complainants to identify themselves in the complaint and make themselves available for an evidentiary interview. Complainants may request that their identity remain confidential during the preliminary investigatory process. The board may take action on a complaint if the patient or complainant does not comply with the board's investigation when the board has probable cause of a violation of law. It shall be an act of unprofessional conduct for any licensee to file a false or fraudulent complaint or report to the board.
 - (5) Impaired practice licensees
 - (a) The board may defer action with regard to an impaired practice licensee who voluntarily signs an agreement, in a form satisfactory to the board, agreeing not to practice pharmacy and to enter an approved treatment and therapeutic monitoring program in accordance with this Section, provided that this Section should not apply to a licensee who has been convicted of, pleads guilty to, or enters a plea of nolo contendere to a felonious act prohibited by _____ or a conviction relating to a controlled substance in a court of law of the united states or any other state, territory, or country. A licensee who is physically or behaviorally impaired due to substance use may qualify as an impaired practice licensee and have disciplinary action deferred and ultimately waived only if the board is satisfied that such action will not endanger the public and the licensee enters into an agreement with the board for a treatment and therapeutic monitoring plan approved by the board, progresses satisfactorily in such treatment and monitoring program, complies with all terms of the agreement and all other applicable terms of subsection (2)(b). Failure to enter such agreement or to comply with the terms and make satisfactory progress in the treatment and monitoring program shall disqualify the licensee from the provisions of this Section and the board shall activate an immediate investigation and disciplinary proceedings. Upon successfully meeting the requirements of the treatment and therapeutic monitoring program in accordance with the agreement signed by the board, the licensee may apply for permission to resume the practice of pharmacy upon such conditions as the board determines necessary.
 - (b) The board may require a licensee to enter into an agreement that includes, but is not limited to, the following provisions:
 - (i) Licensee agrees to voluntarily surrender their license for a period of time to be determined by the board following commencement of the treatment and therapeutic monitoring program.

- (ii) Licensee will enroll in a treatment and monitoring program that includes substance use disorder professionals and is approved by the board.
 - (iii) Licensee agrees that failure to satisfactorily progress in such treatment and monitoring program shall be reported to the board by the treating professional, who shall be immune from any liability for such reporting made in good faith.
 - (iv) Licensee consents to the treating physician or professional of the approved treatment and therapeutic monitoring program reporting to the board on the progress of licensee at such intervals as the board deems necessary and such person making such report will not be liable when such reports are made in good faith.
- (c) The ability of an impaired practice licensee to practice shall only be restored and charges dismissed when the board is satisfied by the reports it has received from the approved treatment and therapeutic monitoring program that licensee can resume practice under a current approved treatment plan without danger to the public.
- (d) Licensee consents, in accordance with applicable law, to the release to the board of any treatment information from the approved treatment program.
- (e) Failure to enter into such agreement or to comply with the terms and make satisfactory progress in the treatment and monitoring program shall disqualify the licensee from the provisions of this Section and the board shall activate an immediate investigation and disciplinary proceedings.
- (f) Any person who has substantial evidence that a licensee has an impairment due to a substance use disorder for which the licensee is not receiving treatment under a program approved by the board pursuant to an agreement entered into under this Section, is diverting a controlled substance, or is mentally or physically incompetent to carry out their duties of licensure, shall make or cause to be made a report to the board. Any person who reports pursuant to this Section in good faith and without malice shall be immune from any civil or criminal liability arising from such reports. Failure to provide such a report within a reasonable time from receipt of knowledge may be considered grounds for disciplinary action against the licensee for failing to report.
- (6) Any person whose license to practice pharmacy in this state has been denied renewal, voluntarily surrendered, summarily suspended, suspended, or revoked pursuant to this Act, whether voluntarily or by action of the board, shall have the right, at reasonable intervals, to petition the board for reinstatement of such license.⁹⁹ Such petition shall be made as prescribed by the board. Upon investigation and hearing, the board may, at its discretion, grant or deny such petition, or it may modify its original finding to reflect any circumstances that have changed sufficiently to warrant such modifications. The board, also at its discretion, may require such person to pass an examination(s) for reentry into the practice of pharmacy.

⁹⁹ A pharmacist who is under investigation or who has been charged with a violation of the pharmacy practice act may agree to voluntarily surrender their pharmacist license. When this occurs, the board should formally enter stipulated findings and an order describing the terms and conditions of the surrender including any agreed upon time limitations. This establishes statutory grounds that would support disciplinary action and prevents a pharmacist who has surrendered a license from applying for reinstatement within a time frame unacceptable to the board.

High Reliability/Just Culture

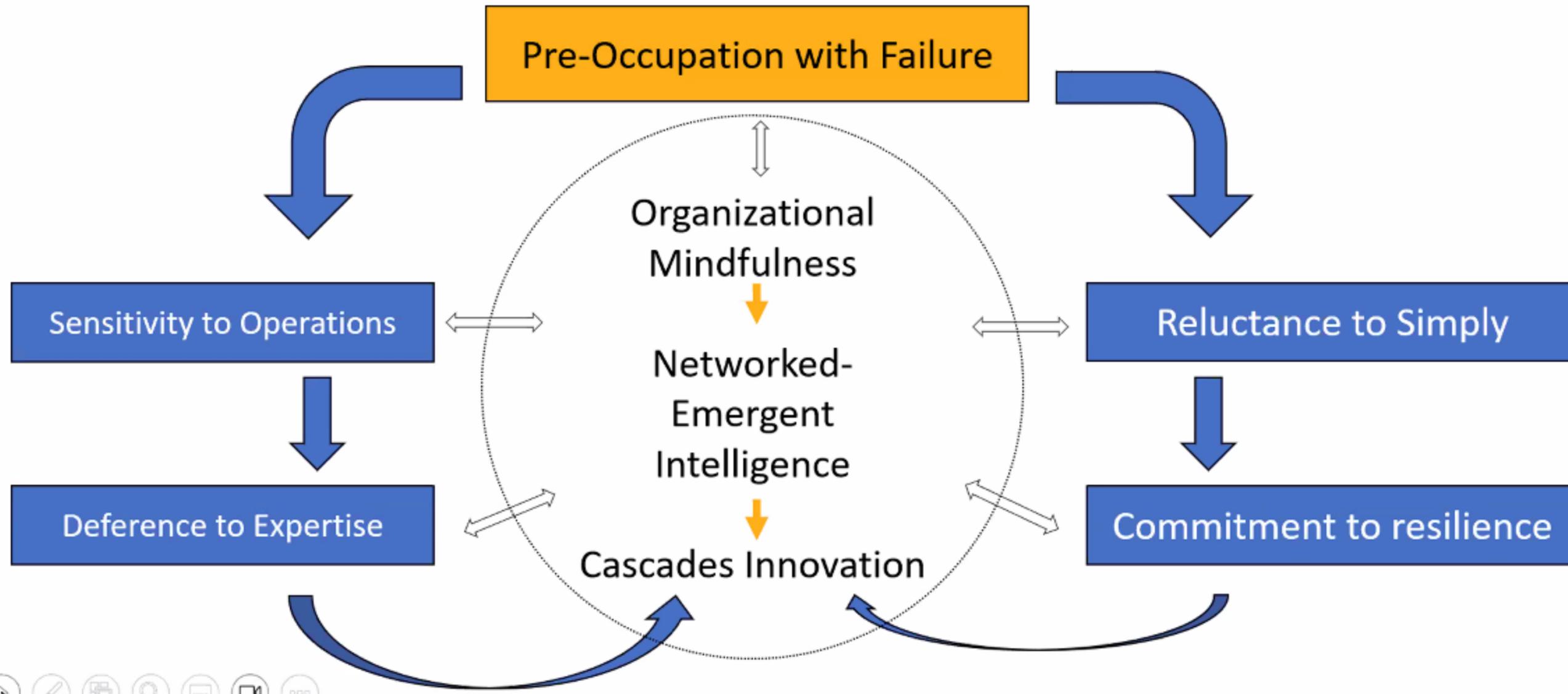
12/7/2023

Cristan McLain, RN, CPHQ
Director of Quality, AHHA

Advancing Healthcare
for Alaska



High Reliability Organizing has 5 Guiding Principles



Just Culture Principles

“A culture that balances the need for an open and fair reporting environment with the necessity for accountability in the face of human error. It recognizes that errors will occur and seeks to distinguish between human error, at-risk behavior, and reckless behavior.”

– James Reason, *Managing the Risks of Organizational Accidents*

Characteristics of a Just Culture

- Blame Differentiation
- Open Communication
- Continuous Learning

Foundational Principles



Create a SAFE environment

Psychological safety

Safe to speak up, safe to discuss errors

Risks are managed

Systems are designed with human factors in mind

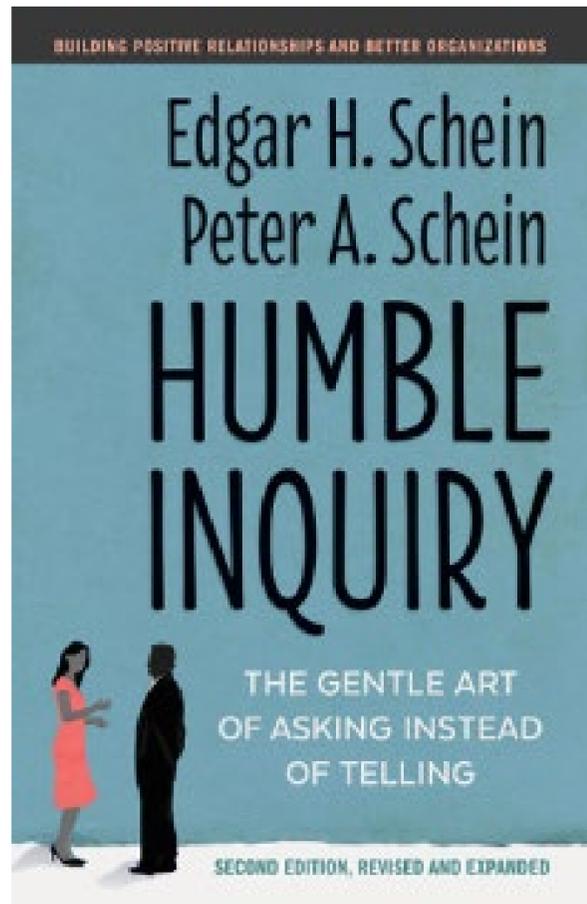
Continuous Learning environment

How to stop the error and prevent the next

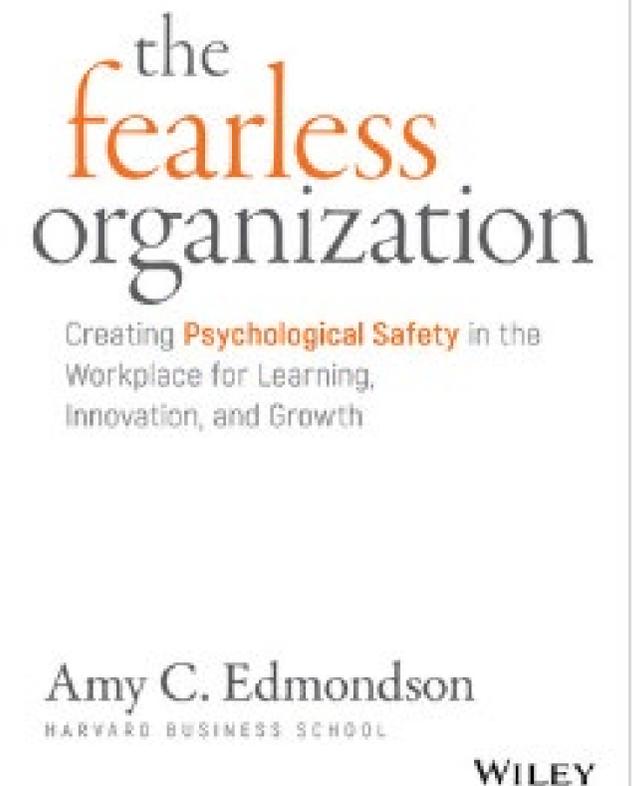
Psychological Safety



How do you foster a safe environment/culture?



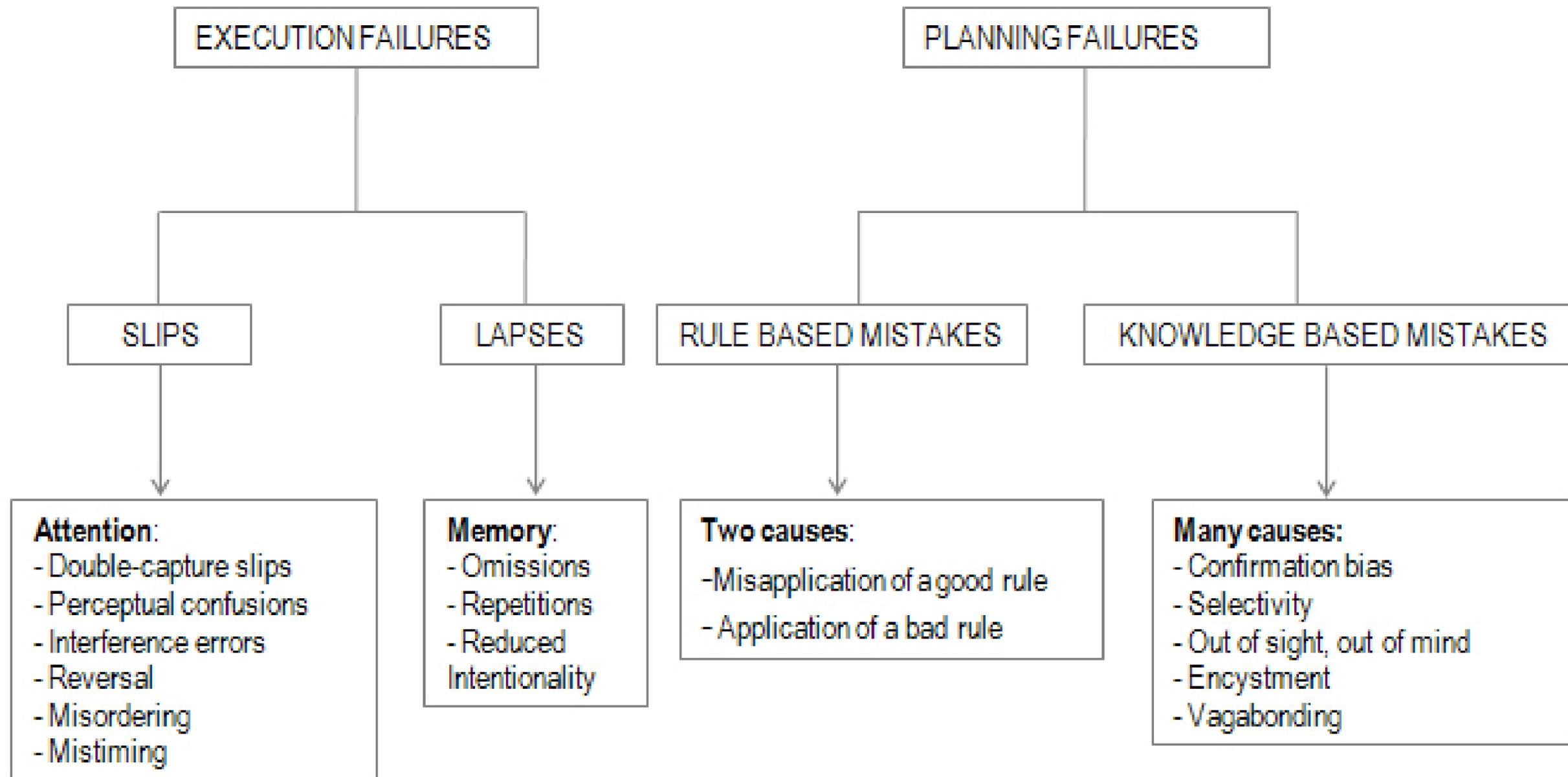
Manage power distance
Respond fairly when errors occur
non punitive response
Transparency and communication



Managing Risk



- Human error is when the mistake was not intended.
- At-risk behavior is when a person chooses to do something not knowing or not ascertaining the risk.
- Reckless behavior is substantial, non-justified and conscious disregard



Human error classification

Managing Risk



What is your organizations tolerance to risk? Are we rewarding risky behaviors?

Managing Risk



Fair and Just Accountability

System design

Transparent Communication



	With System	With Employee
Human Error (HE)	Modify system performance shaping factors	Console employee Remedial action
At-Risk Behavior (ARB)	Modify system performance shaping factors	Coach employee Remedial action
Reckless Behavior (RB)		Punitive action Remedial action

Continuous Learning Environment



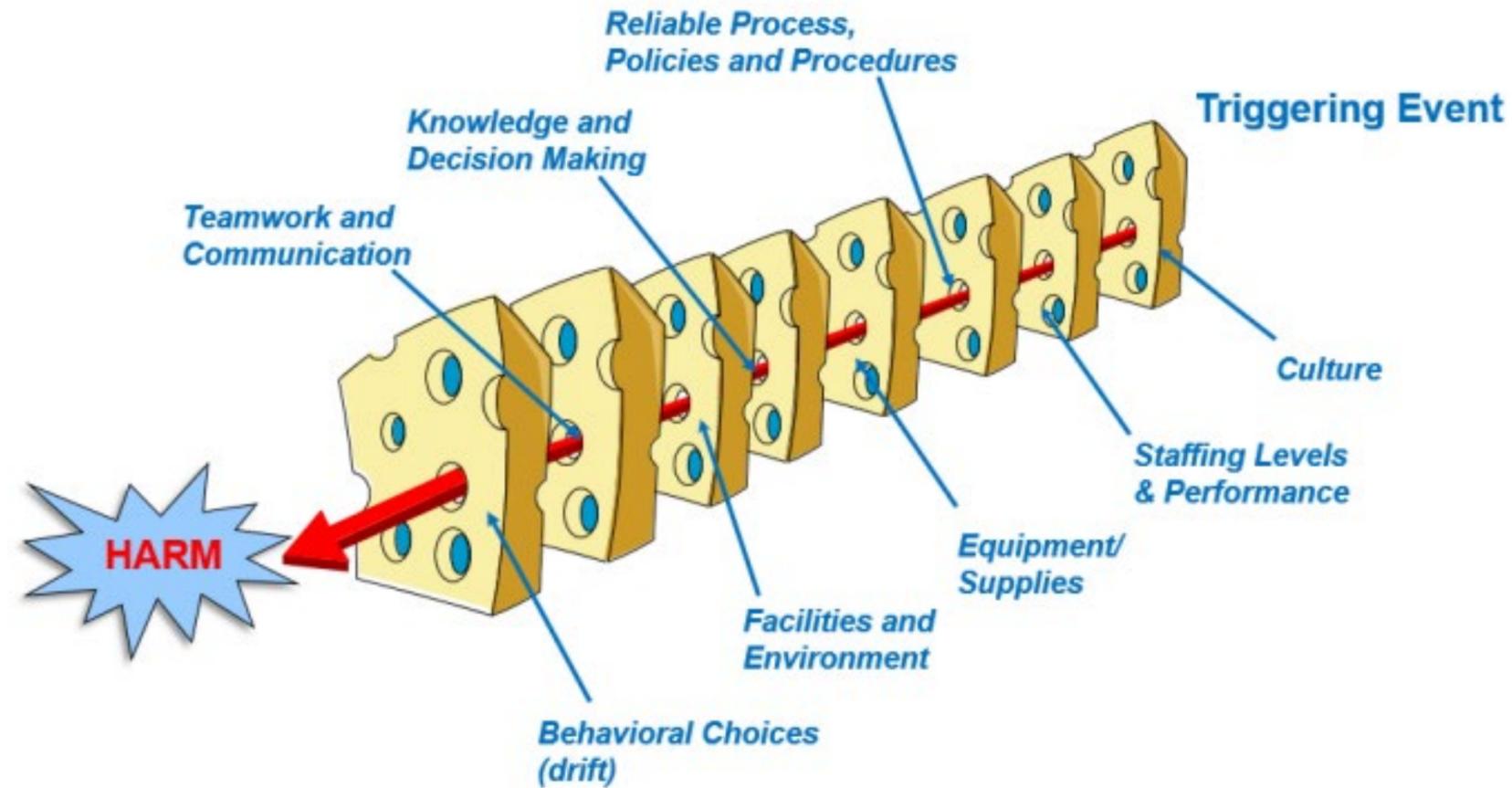
How events are reviewed

RCA process, event classification

Address both latent and active failures

Address human factors

Continuous Learning Environment



Catch errors downstream, mitigating patient harm.

Prevent or stop errors from progressing downstream

Adding a parallel element/redundancy to avoid single cause failure

Continuous Learning Environment



“Every system is perfectly designed to get the results it gets.”

Stop asking the humans to do more

Utilize human adaptation

Identify broken systems and redesign

Foundational Principles



Create a SAFE environment

Psychological safety

Safe to speak up, safe to discuss errors

Risks are managed

Systems are designed with human factors in mind

Continuous Learning environment

How to stop the error and prevent the next



ALASKA

HOSPITAL &
HEALTHCARE

ASSOCIATION

70 YEARS

alaskahha.org

CONTINUING EDUCATION DISCIPLINE MATRIX

	LICENSE ACTION: CONSENT AGREEMENT				LICENSE ACTION	NON-DISCIPLINARY	
PROGRAM	REMEDIAL CE REQUIREMENT	MANDATORY AUDIT REQUIREMENT (TWO)	REPRIMAND	FINE	Imposition of Civil Fine in some cases?	Letter of Advisement	Board ?
ACU - Acupuncturist	Yes - Licensee must make up deficiency	Yes	Yes	\$200 fine for each hour not completed timely; \$100 suspended for each hour completed remedially; plus \$500 fine for noncompliance and false/inaccurate response.	No	Yes	No
AELS - Architect, Engineer, Land Surveyor	Yes - Licensee must make up deficiency	Yes	Yes	\$2,500 for false/inaccurate response with \$2,000 of that suspended; plus \$50 unsuspended for each deficient hour, up to \$1,000 maximum.	Yes	Yes	Yes
APR - Real Estate Appraisers	Yes - Licensee must make up deficiency	Yes	No	\$100 per hour deficient, unsuspended.	No	Include in Consent Agreement	Yes
AUD - Speech Language Pathologist Assistant	Yes - Licensee must make up deficiency	Yes	Yes	\$200 fine for each hour not completed timely; \$100 suspended for each hour completed remedially; plus \$500 fine for noncompliance and false/inaccurate response.	No	Yes	No
CHI - Chiropractor	Yes - Licensee must make up deficiency	Yes	Yes	\$2,500 for false/inaccurate response (all or part of this amount may be suspended based on the gravity of the offense); plus \$200 unsuspended for each deficient hour, up to \$1,000 maximum.	Yes	No	Yes
CPA	Yes - Licensee must make up deficiency	Yes	Yes	\$3,000 for false/inaccurate response (all or part of this amount may be suspended based on the gravity of the offense); plus \$200 unsuspended for each deficient hour, up to \$2,000 maximum.	Yes	Yes	Yes
CSW - Clinical / Master / Baccalaureate Social Worker	Yes - Licensee must make up deficiency	Yes	Yes	\$100 unsuspended per deficient hour.	Yes	Yes	Yes
DEN - Dentist, Dental Hygienist	Yes - Licensee must make up deficiency	Yes	Yes	\$2,000 suspended for false/inaccurate response; plus \$200 unsuspended for each deficient hour.	Yes	No	Yes
DOP - Dispensing Optician	Yes - Licensee must make up deficiency	Yes	Yes	\$200 fine for each hour not completed timely; \$100 suspended for each hour completed remedially; plus \$500 fine for noncompliance and false/inaccurate response.	No	Yes	No
EAD - Electrical Administrator	Yes - Licensee must make up deficiency	Yes	Yes - for noncompliance and false/inaccurate response.	\$200 fine for each hour not completed timely; \$100 suspended for each hour completed remedially.	No	Yes	No
HIN - Home inspector	Yes - Licensee must make up deficiency	Yes	Yes - for noncompliance and false/inaccurate response.	\$200 fine for each hour not completed timely; \$100 suspended for each hour completed remedially.	No	Yes	No

CONTINUING EDUCATION DISCIPLINE MATRIX

PROGRAM	REMEDIAL CE REQUIREMENT	MANDATORY AUDIT REQUIREMENT (TWO)	REPRIMAND	FINE	Imposition of Civil Fine in some cases?	Letter of Advisement	Board ?
MFT - Marital and Family Therapist	Yes - Licensee must make up deficiency	Yes	Yes	\$2,000 (up to \$1,500 of this amount may be suspended based on the gravity of the offense); plus \$100 unsuspended for each deficient hour, up to a \$1,000 maximum.	No	No	Yes
MAR - Marine Pilot							Yes
MAS - Massage therapists	Yes - Licensee must make up deficiency	Yes	Yes	\$50 for each deficient hour.	No	Yes	Yes
MEC - Mechanical administrators	Yes - Licensee must make up deficiency	Yes	Yes - for noncompliance and false/inaccurate response.	\$200 fine for each hour not completed timely; \$100 suspended for each hour completed remedially.	No	Yes	No
MED - Doctor, Podiatrist, Physician Assistant, Paramedic (MICP)	Yes - Licensee must make up deficiency	Yes	Yes	\$2,500 for false/inaccurate response (all or part of this amount may be suspended based on the gravity of the offense); plus \$200 unsuspended for each deficient hour, up to \$1,000 maximum.	Yes	Yes (<i>eff 8/19/2022</i>)	Yes
MID - Midwife	Yes - Licensee must make up deficiency	Yes	Yes	\$2,500 with \$2,000 suspended.	Yes	No	Yes
NUA - Certified Nurse Aide	Yes - Licensee must make up deficiency	Yes	Yes	\$20/hour of missing CE.	No	Yes	Yes
NUR - Licensed Practical Nurse	Yes - Licensee must make up deficiency	Yes	Yes	\$50/hour of missing CE.	No	Yes	Yes
NUR - Registered nurses	Yes - Licensee must make up deficiency	Yes	Yes	\$65/hour of missing CE.	No	Yes	Yes
NUR - Advanced Practice Registered Nurse	Yes - Licensee must make up deficiency	Yes	Yes	\$80/hour of missing CE.	No	Yes	Yes
OPT - Optometrist	Yes - Licensee must make up deficiency	Yes	Yes	\$3,500 with \$3,000 suspended; plus \$100 unsuspended for each deficient hour up to \$1,000 maximum.	Yes, not to exceed \$5,000	Yes	Yes

CONTINUING EDUCATION DISCIPLINE MATRIX

PROGRAM	REMEDIAL CE REQUIREMENT	MANDATORY AUDIT REQUIREMENT (TWO)	REPRIMAND	FINE	Imposition of Civil Fine in some cases?	Letter of Advisement	Board ?
PCO - Professional Counselor	Yes - Licensee must make up deficiency	Yes	Yes	\$2,000 for false/inaccurate response (up to \$1,500 of this amount may be suspended based on the gravity of the offense); plus \$100 unsuspended for each deficient hour, up to a \$1,000 maximum.	Yes	Yes (<i>eff 6/3/2022</i>)	Yes
PHA - Pharmacist	Yes - Licensee must make up deficiency	Yes	Yes	\$500 for false/inaccurate response plus \$100/hour for each hour missed (<i>eff. 11.18.2021</i>)	Yes	No	Yes
PHA - Pharmacy Technician	Yes - Licensee must make up deficiency	Yes	Yes	\$125 for false/inaccurate response plus \$25/hour for each hour missed (<i>eff. 11.18.2021</i>)	Yes	No	Yes
PHY - Physical Therapist, Occupational Therapist, Assistants	Yes - Licensee must make up deficiency	Yes	Yes	\$2,500 for false/inaccurate response (up to \$2,000 of this amount may be suspended based on the gravity of the offense); plus \$100 unsuspended for each deficient hour.	Yes	Yes	Yes
PSY - Psychologist, Psychological Associate	Yes - Licensee must make up deficiency	Yes	Yes	\$2,500, with an amount suspended based on the gravity of the offense.	No	Yes	Yes
REC - Broker, Real Estate Salesperson	Yes - Licensee must make up deficiency	Yes	Yes	\$2,500 for false/inaccurate response (all or part of this amount may be suspended based on the gravity of the offense); plus \$50 unsuspended for each deficient hour.	Yes	No	Yes
RES - Residential Contractor Endorsement	Yes - Licensee must make up deficiency	Yes	Yes - for noncompliance and false/inaccurate response.	\$200 fine for each hour not completed timely; \$100 suspended for each hour completed remedially.	No	Yes	No
VET - Veterinarian, Veterinary Technician	Yes - Licensee must make up deficiency	Yes	Yes	\$2,500 for false/inaccurate response (all or part of this amount may be suspended based on the gravity of the offense), plus \$100 unsuspended for each deficient hour.	No	No	Yes

***Please note - these are suggested guidelines based on case precedent for the board to consider, and the board has the ultimate and final decision.**

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

Violation Type	Statute/Regulation	Precedence List	Recommended Action
Continuing Education			
<ul style="list-style-type: none"> • Failure to meet continuing education requirements • Failure to comply with mandatory continuing education audit 	AS 08.80.165, 12 AAC 02.960(e), 12 AAC 52.300, 12 AAC 52.325, 12 AAC 52.350.	<ul style="list-style-type: none"> • Civil fine of \$250 only • Consent agreement with \$200 fine, reprimand, 2 mandatory audits • Consent agreement with \$250 fine, reprimand, 2 mandatory audits • Consent agreement with \$300 fine, reprimand, 2 mandatory audits • Consent agreement with \$1,000 fine, reprimand, 2 mandatory audits • License revocation • License surrender 	<ul style="list-style-type: none"> • Pharmacists <ul style="list-style-type: none"> ○ Base fine = \$500 ○ Fine/credit hour missed = \$100 ○ Mandatory audits = 2 ○ Reprimand = yes ○ Consent Agreement = yes • Pharmacy technician <ul style="list-style-type: none"> ○ Base fine = \$125 ○ Fine/credit hour missed = \$25 ○ Mandatory audits = 2 ○ Reprimand = yes ○ Consent Agreement = yes
Falsified Application/failure to disclose – technical			
<ul style="list-style-type: none"> • <i>Examples: wrong SSN, forgot to report an aged minor criminal history (e.g.: shoplifting from 20 years ago)</i> 	AS 08.80.261(a)(1), AS08.80.261(a)(14), 12 AAC 52.920(a)(13)	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$500 only • Civil fine of \$1,000 only • Civil fine of \$2,000 only • Consent agreement with \$1,000 fine and reprimand • Consent agreement with \$3,000 fine and reprimand 	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement or civil fine of up to \$500 • Imposition of civil fine without censure or reprimand (technical violation not related to the delivery of health care); Civil Fine of \$1,000 for each violation. Discipline to be commensurate with the severity of the violation.

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

Falsified Application/failure to disclose – scope of practice			
<ul style="list-style-type: none"> • <i>Examples: not qualified for licensure (e.g.: did not really hold a license in another jurisdiction when applied via reciprocity; had license revoked in another jurisdiction and didn't report)</i> • failing to provide information or providing false or fraudulent information on an application, notification, or other document required in AS 08.80 or this chapter; (12 AAC 52.920(a)(13)) 	AS 08.80.261(a)(1), AS08.80.261(a)(14), 12 AAC 52.920(a)(13)	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$500 only • Civil fine of \$1,000 only • Civil fine of \$2,000 only • Consent agreement with \$1,000 fine and reprimand • Consent agreement with \$3,000 fine and reprimand 	<ul style="list-style-type: none"> • Civil fine beginning at \$500 and up to \$3,000 • Imposition of civil fine without censure or reprimand (technical violation not related to the delivery of health care); Civil Fine of \$1,000 for each violation. Discipline to be commensurate with the severity of the violation. • License revocation • License denial
Negligence			
<ul style="list-style-type: none"> • intentionally or negligently engaged in or permitted the performance of patient care by persons under the applicant's or licensee's supervision (AS 08.80.261(a)(5). 	12 AAC 52.230 (a)(2), AS 08.80.330(a), AS 08.80.261(a)(5)(6), 12 AAC 52.920(a)(16)	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Consent agreement with \$2,750 civil fine 	<ul style="list-style-type: none"> • Civil fine beginning at \$500 and up to \$3,000 • License revocation • License denial
<ul style="list-style-type: none"> • intentionally or negligently engages in conduct that results in a significant risk to the health or safety of a patient or injury to a patient; (revocation; 12 AAC 52.920(b)(4)) 	12 AAC 52.230 (a)(2), AS 08.80.330(a), AS 08.80.261(a)(5)(6), 12 AAC 52.920(a)(16)	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Consent agreement with \$2,750 civil fine 	<ul style="list-style-type: none"> • Civil fine beginning at \$500 and up to \$3,000 • License revocation • License denial
Unlicensed Practice			
<ul style="list-style-type: none"> • knowingly delegating any aspect of practice of pharmacy to unlicensed person inconsistent with delegation allowed in AS 08 (12 AAC 52.920(a)(16) 	AS 08.80.261(a)(14), 12 AAC 52.130 (c), 12 AAC 52.920(a)(3), AS 08.80.261(a)(1), 12 AAC 52.920(a)(13)	<ul style="list-style-type: none"> • Consent agreement with fine excused/letter of advisement • Consent agreement with \$5,000 fine 	Refer to unprofessional conduct.

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

<ul style="list-style-type: none"> Engaging in unlicensed activities defined in “practice of Pharmacy in AS 08.80.480(30), except for tribal pharmacists exempt from licensure in 12 AAC 52.150, provided they submit the required form. 		<ul style="list-style-type: none"> Consent agreement with fine excused/letter of advisement Consent agreement with \$5,000 fine 	<ul style="list-style-type: none"> Non-disciplinary letter of advisement if submitted between 31 days and 90 days Civil fine of \$250 if 91 – 120 days Civil fine of \$500 if 121 – 360 days
<ul style="list-style-type: none"> Practicing as an intern before obtaining licensure in the state 	12 AAC 52.120	<ul style="list-style-type: none"> Consent agreement with fine excused/letter of advisement Consent agreement with \$5,000 fine 	<p>Relates to delegation of duties on the part of the pharmacist; refer to unprofessional conduct.</p> <p>Consider whether it was inadvertent, a misunderstanding, unknowing misrepresentation vs. intentionally providing fraudulent information. Range of actions may be appropriate.</p>
<ul style="list-style-type: none"> Practicing as an intern without personal pharmacist supervision 	AS 08.80.480(a)(14)(A)	<ul style="list-style-type: none"> Consent agreement with fine excused/letter of advisement Consent agreement with \$5,000 fine 	<p>Consider length of time without personal supervision (e.g.: 1 hour vs. 1 month)</p> <ul style="list-style-type: none"> Fine for both (intern = \$250, pharmacist = \$500)
<ul style="list-style-type: none"> Performing manipulative, non-discretionary functions and working in the dispensing area without holding a pharmacy technician license 	12 AAC 50.230	<ul style="list-style-type: none"> Consent agreement with fine excused/letter of advisement Consent agreement with \$5,000 fine 	<p>Consider length of time without personal supervision (e.g.: 1 hour vs. 1 month)</p> <ul style="list-style-type: none"> Fine for both (tech = \$150, pharmacist = \$500)

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

<ul style="list-style-type: none"> Shipping, mailing, delivering, or advertising pharmacy services without holding an out-of-state pharmacy registration or without holding a wholesale drug distributor, third-party logistics provider, or outsourcing facility license 	AS 08.80.158(e), AS 08.80.159(a)	<ul style="list-style-type: none"> Consent agreement with fine excused/letter of advisement Consent agreement with \$5,000 fine 	<ul style="list-style-type: none"> \$25,000
<ul style="list-style-type: none"> Distributing drugs or devices directly to patients without holding a wholesaler or pharmacy license 	AS 08.80.157(h)(7)	<ul style="list-style-type: none"> Consent agreement with fine excused/letter of advisement Consent agreement with \$5,000 fine 	<ul style="list-style-type: none"> \$25,000
Unprofessional Conduct			
<ul style="list-style-type: none"> Knowingly dispenses invalid prescription 	12 AAC 52.920	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 	<ul style="list-style-type: none"> Non-disciplinary letter of advisement (1) Civil fine of \$250 (1) Civil fine of \$500 (2) Civil fine of \$1,000 (1) Probation, if repeated
<ul style="list-style-type: none"> Dispenses unsafe quantities/dosages/supply-days 	12 AAC 52.920	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 	<ul style="list-style-type: none"> Non-disciplinary letter of advisement (1) Civil fine of \$250 (1) Civil fine of \$500 (2) Civil fine of \$1,000 (1) Probation, if repeated
<ul style="list-style-type: none"> Acquiring, possessing, or attempting to possess Rx in criminal manner 	12 AAC 52.920	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 	<ul style="list-style-type: none"> License revocation License suspension for up to two years AND probation for at least two years for: willfully/repeatedly violating AS 08 or 12 AAC 52 OR for professional incompetence
<ul style="list-style-type: none"> Distributing Rx to practitioner/pharmacy outside of professional practice 	12 AAC 52.920	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

		<ul style="list-style-type: none"> • Civil fine of \$500 	<ul style="list-style-type: none"> • Civil fine of \$1,000
<ul style="list-style-type: none"> • Refusing to keep, maintain, or furnish records 	12 AAC 52.920	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 • Civil fine of \$1,000
<ul style="list-style-type: none"> • Refusing Inspection 	12 AAC 52.920	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 • Civil fine of \$1,000
<ul style="list-style-type: none"> • Making false claims for reimbursements 	12 AAC 52.920	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 	<ul style="list-style-type: none"> • Reprimand, if minimal/infrequent • License suspension • License Probation • License Revocation
<ul style="list-style-type: none"> • Operating an unsafe pharmacy 	12 AAC 52.920	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 	<ul style="list-style-type: none"> • Consider USP 797/795 • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 • Civil fine of \$1,000 • License Suspension • License Probation • License Revocation
<ul style="list-style-type: none"> • Refilling Rx > 1 year than date of issue 	12 AAC 52.920	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Probation, if repeated
<ul style="list-style-type: none"> • Violating a board order or agreement 	12 AAC 52.920	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 • Civil fine of \$1,000 • License Suspension • License Probation • License Revocation

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

<ul style="list-style-type: none"> Failing to provide information or providing false information on a form/application 	12 AAC 52.920	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 	Refer to fraud/misrepresentation or failure to report/submit.
<ul style="list-style-type: none"> Failing to establish/maintain effective controls against diversion/loss 	12 AAC 52.920	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 (non-CS) Civil fine of \$500 (non-CS) Civil fine of \$1,000 (CS)
<ul style="list-style-type: none"> Failing to use reasonable knowledge, skills, judgment 	12 AAC 52.920	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 Civil fine of \$1,000 License Suspension License Probation License Revocation
<ul style="list-style-type: none"> Knowingly delegating any aspect of practice of pharmacy to unlicensed person inconsistent with delegation allowed in AS 08 	12 AAC 52.920	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 Civil fine of \$1,000 License Suspension License Probation License Revocation
<ul style="list-style-type: none"> Failing to exercise adequate supervision 	12 AAC 52.920	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 Civil fine of \$1,000 License Suspension License Probation License Revocation
<ul style="list-style-type: none"> Violating confidentiality of records 	12 AAC 52.920	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 	<ul style="list-style-type: none"> Non-disciplinary letter of advisement Civil fine of \$250 Civil fine of \$500 Civil fine of \$1,000

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

			<ul style="list-style-type: none"> • License Suspension • License Probation • License Revocation
<ul style="list-style-type: none"> • Discrimination 	12 AAC 52.920	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 	<ul style="list-style-type: none"> • License Suspension • License Probation • License Revocation
<ul style="list-style-type: none"> • Offering, giving, soliciting, receiving compensation for patient referrals 	12 AAC 52.920	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 • Civil fine of \$1,000 • License Suspension • License Probation • License Revocation
Fraud or Misrepresentation			
<ul style="list-style-type: none"> • Secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation 	AS 08.80.261, 12 AAC 52.920	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • License surrender • Civil fine of \$3,000 	<ul style="list-style-type: none"> • Reprimand; Civil Fine of at least \$10,000; License suspension for a minimum of 30 days. Discipline to be commensurate with the severity of the violation. • License revocation • License suspension for up to two years AND probation for at least two years for willfully/repeatedly violating AS 08 or 12 AAC 52 OR for professional incompetence
<ul style="list-style-type: none"> • Engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities; 	AS 08.80.261, 12 AAC 52.920	<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • License surrender • Civil fine of \$3,000 	<ul style="list-style-type: none"> • Reprimand; Civil Fine of at least \$10,000; License suspension for a minimum of 30 days. Discipline to be commensurate with the severity of the violation. • License revocation • License suspension for up to two years AND probation for at least two years for willfully/repeatedly violating AS 08 or 12 AAC 52 OR for professional incompetence
Prohibited Advertising/Use of Symbols			

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

<ul style="list-style-type: none"> • Using the following terms without the business having a regular/continuously employing a licensed pharmacist: <ul style="list-style-type: none"> ○ Pharmacist ○ Assistant pharmacist ○ Druggist ○ Pharmacy ○ Drug store ○ Drug sundries ○ Drug 	AS 08.80.430		<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 • Civil fine of \$1,000 • License Suspension • License Probation • License Revocation
<ul style="list-style-type: none"> • Using the symbol, “Rx” in any form unless the business has a licensed pharmacist 	AS 08.80.430		<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 • Civil fine of \$1,000 • License Suspension • License Probation • License Revocation
Violation of Change Requirements			
<ul style="list-style-type: none"> • Pharmacist-in-charge change form not submitted within 10 days 	12 AAC 52.200		<ul style="list-style-type: none"> • If 1 – 3 days = grace period • 4 – 7 days = letter of advisement • 8 – 14 days = \$100 fine • 15 – 30 days = \$200 fine • 30 days ≤ than a year = \$300 fine • ≥ 1 year = \$500 fine
<ul style="list-style-type: none"> • PIC failing to submit a new initial application following a change in physical location or name or failing to submit a new application resulting from a change in ownership 	12 AAC 52.030, 12 AAC 52.040		<ul style="list-style-type: none"> • If 1 – 3 days = grace period • 4 – 7 days = letter of advisement • 8 – 14 days = \$100 fine • 15 – 30 days = \$200 fine • 30 days ≤ than a year = \$300 fine • ≥ 1 year = \$500 fine
<ul style="list-style-type: none"> • Wholesale drug distributor facility manager change form, resume, 	12 AAC 52.610		<ul style="list-style-type: none"> • If 1 – 3 days = grace period • 4 – 7 days = letter of advisement

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

fingerprints, and fee not submitted within 30 days			<ul style="list-style-type: none"> • 8 – 14 days = \$100 fine • 15 – 30 days = \$200 fine • 30 days ≤ than a year = \$300 fine • ≥ 1 year = \$500 fine
<ul style="list-style-type: none"> • Outsourcing facility or third-party logistics provider does not submit a new initial application following change of facility manager, ownership, or location within 30 days 	12 AAC 52.696, 12 AAC 52.697		<ul style="list-style-type: none"> • If 1 – 3 days = grace period • 4 – 7 days = letter of advisement • 8 – 14 days = \$100 fine • 15 – 30 days = \$200 fine • 30 days ≤ than a year = \$300 fine • ≥ 1 year = \$500 fine
Failure to Report/Submit			
<ul style="list-style-type: none"> • Pharmacist-in-charge does not submit an inspection report for a pharmacy that has changed its physical location within 14 days 	12 AAC 52.030		<ul style="list-style-type: none"> • 1 – 5 days late = letter of advisement • 6 days – 1 month late = \$250 fine • > 1 month – 6 months late = \$500 fine • > 6 months – 1 year = \$1,000 fine • ≥ 1 year = \$1,250 fine
<ul style="list-style-type: none"> • Failure to report information to the board relating to an applicant or licensee who was incapable of engaging in the practice of pharmacy 	AS 08.80.261(a)(12)		<ul style="list-style-type: none"> • Non-disciplinary letter of advisement • Civil fine of \$250 • Civil fine of \$500 • Civil fine of \$1,000 • Suspension • Revocation
<ul style="list-style-type: none"> • Failure of an intern to file a report of experience within 30 days following completion or termination of an internship 	12 AAC 52.220		<ul style="list-style-type: none"> • Non-disciplinary letter of advisement
<ul style="list-style-type: none"> • Failure to submit a copy of DEA form 106 following a theft or loss of a controlled substances 	12 AAC 52.540		<ul style="list-style-type: none"> • There is no timeframe currently required in 12 AAC 52; consider requiring the form to be submitted within 1 day consistent with DEA requirements
<ul style="list-style-type: none"> • Failure to report a disciplinary decision or felony conviction affecting the applicant's or licensee's ability to 	12 AAC 52.991(a)		<ul style="list-style-type: none"> • 1 – 5 days late = letter of advisement • 6 days – 1 month late = \$250 fine • > 1 month – 6 months late = \$500 fine • > 6 months – 1 year = \$1,000 fine

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

practice safely and competently within 30 days			<ul style="list-style-type: none"> • ≥ 1 year = \$1,250 fine • Consider severity
<ul style="list-style-type: none"> • Failure of a pharmacy or facility to report any disciplinary action to the board 	12 AAC 52.991(b)		<ul style="list-style-type: none"> • There is no timeframe currently required in 12 AAC 52; consider requiring notices to be submitted within 30 days consistent with 12 AAC 52.991(a) • 1 – 5 days late = letter of advisement • 6 days – 1 month late = \$250 fine • > 1 month – 6 months late = \$500 fine • > 6 months – 1 year = \$1,000 fine • ≥ 1 year = \$1,250 fine • Consider severity

Action/Authority	Criteria
Limitation 12 AAC 52.920	<ul style="list-style-type: none"> • Licensees who practice or attempts to practice while afflicted with a physical or mental illness, deterioration, or disability that interferes with the individual's practice of pharmacy (12 AAC 52.920(d))
Probation 12 AAC 52.930, 12 AAC 52.940, 12 AAC 52.950, 12 AAC 52.960	<ul style="list-style-type: none"> • Licensees completing a two-year suspension as a result of willfully/repeatedly violating statutes and/or regulations or for practicing incompetently and placing the public at risk (12 AAC 52.920(c)) • Terms of probation include requirements for licensees to (12 AAC 52.930): <ul style="list-style-type: none"> ○ Obey all laws relating to practice of pharmacy ○ Fully comply with probation program established by board ○ Notify board in writing of dates of departure/return if the licensee leaves state ○ Report into the board during meetings ○ Submit written reports and verifications to the board ○ Submit documentation from employer acknowledging employee's probation ○ Be employed as a pharmacist only under supervision and does not act as a supervisor • Terms of probation involving alcohol or controlled substances (12 AAC 52.940): <ul style="list-style-type: none"> ○ Physical and mental health exams ○ Participation in rehabilitative program ○ Abstain from personal use of substance ○ Submit to testing and sampling

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

	<ul style="list-style-type: none"> ○ Restricted access to controlled substances while employed ● Terms of probation for professional incompetence (12 AAC 52.950): <ul style="list-style-type: none"> ○ Successful completion of course as determined by the board before the end of probationary period or ○ 15 additional hours of appropriate continuing education ● Terms of probation for mental or physical disabilities (12 AAC 52.960; review similarities in 12 AAC 52.930): <ul style="list-style-type: none"> ○ Physical and mental health examinations ○ Completion of treatment program that includes progress reports from care provider
<p>Suspension AS 08.80.157(h), AS 08.80.158(d)</p>	<ul style="list-style-type: none"> ● Pharmacies and facilities: <ul style="list-style-type: none"> ○ Violating state or federal law ○ Felony conviction of owner of facility ○ Providing false or fraudulent information on an application related to drug/device manufacturing or distribution ○ Suspension or revocation of federal, state, or local jurisdiction ○ Obtaining remuneration by fraud or deceit ○ Dealing with drugs or devices known to have been stolen ○ Distributing drugs or devices directly to patients without holding a wholesaler or pharmacy license ○ A pharmacy failing to comply with applicable laws (AS 08.80.158(d)) ○ ● Individuals: <ul style="list-style-type: none"> ○ Felony conviction of pharmacy employee ○ Applicants/licensees for emergency permits/courtesy license
<p>Revocation 12 AAC 52.920, AS 08.80.157(h), AS 08.80.158(d)</p>	<ul style="list-style-type: none"> ● Licensees who practice or attempts to practice while afflicted with a physical or mental illness, deterioration, or disability that interferes with the individual's practice of pharmacy (12 AAC 52.920(d)) ● Pharmacies and facilities: <ul style="list-style-type: none"> ○ Violating state or federal law ○ Felony conviction of owner of facility ○ Providing false or fraudulent information on an application related to drug/device manufacturing or distribution ○ Suspension or revocation of federal, state, or local jurisdiction ○ Obtaining remuneration by fraud or deceit ○ Dealing with drugs or devices known to have been stolen ○ Distributing drugs or devices directly to patients without holding a wholesaler or pharmacy license ○ A pharmacy failing to comply with applicable laws (AS 08.80.158(d)) ● Individuals: <ul style="list-style-type: none"> ○ Felony conviction of pharmacy employee ○ Applicants/licensees for emergency permits/courtesy license

ALASKA BOARD OF PHARMACY - DISCIPLINARY MATRIX

<p>Deny AS 08.80.157(h), AS 08.80.158(d), AS 08.80.261</p>	<ul style="list-style-type: none"> • Anything listed in AS 08.80.261 • Pharmacies and facilities: <ul style="list-style-type: none"> ○ Violating state or federal law ○ Felony conviction of owner of facility ○ Providing false or fraudulent information on an application related to drug/device manufacturing or distribution ○ Suspension or revocation of federal, state, or local jurisdiction ○ Obtaining remuneration by fraud or deceit ○ Dealing with drugs or devices known to have been stolen ○ Distributing drugs or devices directly to patients without holding a wholesaler or pharmacy license ○ A pharmacy failing to comply with applicable laws (AS 08.80.158(d)) • Individuals: <ul style="list-style-type: none"> ○ Felony conviction of pharmacy employee ○ Applicants/licensees for emergency permits/courtesy license
<p>Refuse to renew AS 08.80.157(h)</p>	<ul style="list-style-type: none"> • Pharmacies and facilities: <ul style="list-style-type: none"> ○ Violating state or federal law ○ Felony conviction of owner of facility ○ Providing false or fraudulent information on an application related to drug/device manufacturing or distribution ○ Suspension or revocation of federal, state, or local jurisdiction ○ Obtaining remuneration by fraud or deceit ○ Dealing with drugs or devices known to have been stolen ○ Distributing drugs or devices directly to patients without holding a wholesaler or pharmacy license • Individuals: <ul style="list-style-type: none"> ○ Felony conviction of pharmacy employee ○ Applicants/licensees for emergency permits/courtesy license

***Please note - these are suggested guidelines based on case precedent for the board to consider, and the board has the ultimate and final decision.**

Alaska Board of Pharmacy

Agenda Item #6



Public Comment Period

Alaska Board of Pharmacy

Agenda Item #7



Industry Updates



Industry Update

ALASKA PHARMACY ASSOCIATION

Updates on Recent Work

- Advocacy:
 - SB 121 / HB 226
 - Pharmacists as rendering providers at FQHCs
 - Emergency order to waive the requirement that a pharmacy fill 75% of all Medicaid prescriptions as medi-sets in order to be reimbursed for compliance packaging
- Partnerships with Alaska Primary Care Association, Alaska Healthcare and Hospital Association, Alaska Native Health Board
- Support to the community on pharmacy closure and access to care issues
- Implementing name change – Alaska Pharmacy Association

Current Events

- Legislative Fly-in
 - 40+ appointments, health fair, participation from 13 student pharmacists
- AKPhA provided training for student pharmacists on the legislative and regulatory processes, preparing the leaders of the future
- 58th Annual Convention & Tradeshow
 - Attendees can earn up to 14.5 hour of ACPE accredited CE

Alaska Board of Pharmacy

Agenda Item #8



Adjourn for Lunch

Alaska Board of Pharmacy

Agenda Item #9



Roll Call/Call to Order

Alaska Board of Pharmacy

Agenda Item #10



Division Updates

License Type	New Licenses
Drug Room	6
Manufacturer	10
Out-Of-State Pharmacy	107
Out-Of-State Wholesale Drug Distributor	206
Pharmacist	247
Pharmacist Temporary License	2
Pharmacy	2
Pharmacy Intern	139
Pharmacy Technician	407
Remote Pharmacy	1
Third-Party Logistics Provider	52
Wholesale Drug Distributor	7
Total	1186
License Type	Renewed Licenses
Out-Of-State Pharmacy	6
Out-Of-State Wholesale Drug Distributor	3
Outsourcing Facility	1
Pharmacist	5
Pharmacy	1
Pharmacy Technician	22
Third-Party Logistics Provider	1
Wholesale Drug Distributor	1
Total	40

Alaska Board of Pharmacy

Agenda Item #11



Public Comment Period

Alaska Board of Pharmacy

Agenda Item #12



Statutes and Regulations

Actionable NABP/Boards of Pharmacy Solutions Recommended from the APhA/ASHP/NABP June 2023 Summit: “Implementing Solutions: Building a Sustainable, Healthy Pharmacy Workforce and Workplace”

NABP/Boards of Pharmacy Action	Status in Alaska	Notes/Action Needed
Practice Advancement		
Create role clarity and delineation for pharmacy technicians that allow for expanded response	Technicians with national certification have opportunity to fill advanced roles in AK including final check and distribution of non-controlled medications, transfer of non-controlled substances, clarification of prescription order, and immunizations (12 AAC 52.235 and 12 AAC 52.992). Recent changes to AS 08.80.010 now allow for a pharmacy technician to serve on the Alaska Board of Pharmacy	Clarify 12 AAC 52.235(a)(1)(C) the pharmacy uses software that displays the image or graphical description of the correct drug being verified; however, if there is any deviation between the image or graphical description and the actual product being distributed, a pharmacist must review and dispense the order;
Mental Health		
Create awareness for substance use recovery programs for pharmacists and pharmacy	Working on a non-punitive addiction treatment assistance program for Alaska pharmacists, technicians, and interns. Update to be provided at Nov 2023 Board of Pharmacy Meeting.	Pursue statute and regulations change that aligns with intent to implement avenues for self-reporting for non-disciplinary assistance with Alcohol or Opioid Use disorder (AUD/ODU).
Create a resource compendium with validated assessment instruments related to mental health, occupational burnout, and moral injury that individuals and employers can use in their	Posted information about NABP mental health resources on AK Board of Pharmacy Website 11/1/23- available to all licenses and the public for review.	Update as needed
Rules and Requirements		
Regularly review regulations to determine applicability, necessity, and level of benefit to public health, and update as needed	On-going task of the Board to ensure “right-touch regulations” Recent examples of changes or new regulations: 12 AAC 52.070: Removal of the transcript requirement for licensure 12 AAC 52.092: Delegation of examination eligibility approval to the NABP	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. Update PDMP to version 5.0.

Actionable NABP/Boards of Pharmacy Solutions Recommended from the APhA/ASHP/NABP June 2023 Summit: “Implementing Solutions: Building a Sustainable, Healthy Pharmacy Workforce and Workplace”

	<p>12 AAC 52.200: Authorizes a pharmacist-in-charge to serve as a PIC for more than one pharmacy upon a written request to the board</p> <p>12 AAC 52.095: Allows the official License Transfer Application to also serve as a license verification from the reciprocating state. Removes requirement to submit separate verifications of licensure for reciprocity applicants</p> <p>12 AAC 52.120: Expands the criteria to qualify for an internship license by recognizing recent graduates. Extends the duration of the license from 2 years to 5. Removes the affidavit of moral character requirement</p> <p>12 AAC 52.595- new section allowing for implementation of automated distribution kiosks that is accessible to the patient or the patient’s agent while the pharmacy is open or closed for the purpose of purchasing the patient's completed prescription drug orders</p>	<p>Incorporation of USP 797 and 800 into regulation.</p>
<p>Identify unnecessary regulatory burdens and workplace requirements that take time away from activities that could improve the safety of patients and the well-being of pharmacy staff</p>	<p>On-going task of the Board to ensure “right-touch regulations”</p> <p>Recent examples of regulation changes:</p> <p>12 AAC 52.230: Clarifies pharmacy technician duties and duties that do not require a technician license.</p> <p>12 AAC 52.130: Replaces the requirement for pharmacies located outside of the state to submit a certified true copy of the home jurisdiction license with a simple copy. Replaces the inspection report requirement with an attestation that an inspection was completed</p> <p>12 AAC 52.610, 52.696, 52.697: Removes the fingerprint and resume requirements for</p>	<p>12 AAC 52.540 - DEA 106 requirement clarification.</p> <p>Collaborative Practice Board approval?</p> <p>Clarify “ownership” (at which level) in 12 AAC 52.020(f).</p>

Actionable NABP/Boards of Pharmacy Solutions Recommended from the APhA/ASHP/NABP June 2023 Summit: “Implementing Solutions: Building a Sustainable, Healthy Pharmacy Workforce and Workplace”

	<p>wholesale drug distributors, outsourcing facilities, and third-party logistics providers</p> <p>12 AAC 52.610: For wholesale drug distributors, requires a copy of the home jurisdiction license only if the state requires licensure as a wholesale drug distributor</p> <p>Changes to 12 AAC 52.020, .120,.220, .250, .300, .423, .610, .696, .697, .800, and .855 to streamline licensure and processing for all license types.</p>	
<p>Work with state policymakers and boards of pharmacy to expand pharmacists’ and pharmacy technicians’ scope of practice</p>	<p>HB 145 (2021-22) expanded scope for pharmacy technicians to be able to provide immunizations. HB 112 (2023) expanded scope for pharmacists to prescribe epinephrine. Board has on-going assessment of ways to continue to expand pharmacists’ scope to expand access to care.</p>	<p>Removal of MPJE. Regulations changes in progress. AS 08.80.145(6) needs to be repealed.</p> <p>Broaden Independent prescriptive authority to allow for practice at the top of licensure and education.</p>
<p>Work with state boards of pharmacy to define an advanced-level position and career pathway for pharmacy technicians</p>	<p>Individual employers in Alaska offer advanced level positions and career pathway progression.</p>	
<p>Standardize and harmonize minimize pharmacy technician training standards</p>	<p>This happens at the employer level in Alaska- depends on practice site. Additionally 12 AAC 52.235 and 12 AAC 52.992 clarify what pharmacy technicians who are nationally certified can do.</p>	
<p>Identify and modify or remove stigmatizing and intrusive questions related to mental health and substance use in licensure applications.</p>	<p>Board of Pharmacy applications have been updated.</p>	
<p>Create awareness and increase access to pharmacist and pharmacy technician license holders about state pharmacist recovery programs</p>	<p>Working on a non-punitive addiction treatment assistance program for Alaska pharmacists, technicians, and interns. Update to be provided at Nov 2023 Board of Pharmacy Meeting.</p>	

Actionable NABP/Boards of Pharmacy Solutions Recommended from the APhA/ASHP/NABP June 2023 Summit: “Implementing Solutions: Building a Sustainable, Healthy Pharmacy Workforce and Workplace”

Standardize and harmonize continuing pharmacy education requirements	Alaska’s continuing education requirements for pharmacists and technicians appear to align with most other states.	
Develop materials to educate regulators and licensees about substance use disorders and the need to remove the stigma regarding self-reporting of such disorders	See comments above about non-punitive addiction treatment assistance. Michael- input from Division aspect?	The division staff for the boards of pharmacy, nursing, and medical board have begun collaborating on bringing the programs in alignment to support the healthcare force across all fields.
Review currently recommended shared services model laws and rules and update as appropriate, and subsequently, work with boards of pharmacy to adopt Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act) language to allow for shared services	AK statutes and regulations allow for shared pharmacy services closely aligned with the NABP Model State Pharmacy Act and Model rules language (12 AAC 52.443, 12 AAC 52.444, 12 AAC 52.445). Additional language in AK regulation clarifies shared pharmacy services during an emergency (12 AAC 52.446).	
Expand training for new executive officers to board of pharmacy chairs and new board counsel to include a review of the Model Act	AK has attended all NABP National and Regional meetings in 2022 and 2023. Goal for 2024 is for Executive Administrator and Board members to continue to attend meetings which do include discussion of the Model Act.	
Identify unnecessary regulatory burdens and workplace requirements that take time away from activities that could improve the safety of patients and the well-being of pharmacy staff	On-going task of the Board to ensure “right touch regulations” Recent examples: See changes above	
Work with boards of pharmacy to adopt a just culture framework for addressing pharmacy and medication errors	Introducing concept during November 2023 Board of Pharmacy meeting. December 7, 2023 Special Meeting of the Board of Pharmacy will include both in-state and out-of-state speakers on the just culture framework and how the board can apply it.	Same as above, the division staff for the boards of pharmacy, nursing, and medical board have begun collaborating on bringing the programs in alignment to support the healthcare force across all fields.
Review federal and state pharmacy-related reporting requirements to harmonize and streamline where possible.	Michael?- Input from Division aspect?	

Actionable NABP/Boards of Pharmacy Solutions Recommended from the APhA/ASHP/NABP June 2023 Summit: “Implementing Solutions: Building a Sustainable, Healthy Pharmacy Workforce and Workplace”

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

BOARD OF PHARMACY

CONDENSED MINUTES OF THE MEETING HELD (NOVEMBER 17-18, 2022)

Date:	November 17-18, 2022
Time:	Scheduled 9:00 a.m.
Location:	Zoom & Anchorage – Robert Atwood Building, Suite 1550, 500 W. 7 th Ave, Anchorage, AK 99501
Attending:	Board Members: Justin Ruffridge, Ashley Schaber, Ramsey Bell, Leif Holm, James Henderson (joined at 2:05 p.m.) Staff: Laura Carrillo, Lisa Sherrell, Maura Faller, Michael Bowles, Erika Prieksat, Carmen Pora, Alison Osborne, Sara Chambers
Absent:	

Topic: Roll Call Day 1	
Brief Discussion:	N/A
Motion:	N/A
Recorded as Present:	<i>Justin Ruffridge</i> <i>James Henderson</i>
	<i>Ashley Schaber</i>
	<i>Ramsey Bell</i>
	<i>Leif Holm</i>
Action Items:	N/A
Topic: Approve Agenda	
Brief Discussion:	<i>The board reviews the agenda for November 17 – day 1.</i>
Motion:	<ul style="list-style-type: none"> <i>Ashley Schaber motions to approve the agenda as written, seconded by Ramsey Bell, and approved unanimously. It is:</i> <p style="text-align: center;"><i>RESOLVED to approve November 17, 2022 agenda as written.</i></p>
Recorded Votes:	<i>Justin Ruffridge</i> <i>Ashley Schaber</i>
	<i>Leif Holm</i> <i>Ramsey Bell</i>
Action Items:	N/A
Topic: Ethics Disclosures	
Brief Discussion:	<i>Ashley Schaber: member of the AKPhA and legislative committee.</i> <i>Justin Ruffridge: representative-elect for district 7 state house</i>
Motion:	N/A

Recorded Votes:	N/A	
Action Items:	N/A	
Topic: Draft minutes		
Brief Discussion:	<i>The board reviews the draft minutes from September 22-23 and October 21, 2022.</i>	
Motion:	<ul style="list-style-type: none"> • <i>Ashley Schaber motions to approve the minutes as written, seconded by Ramsey Bell, and approved unanimously. It is:</i> <p style="text-align: center;"><i>RESOLVED to approve the September 22-23 and October 21 minutes as final.</i></p>	
Recorded Votes:	<i>Justin Ruffridge</i>	<i>James Henderson</i>
	<i>Ashley Schaber</i>	
	<i>Ramsey Bell</i>	
	<i>Leif Holm</i>	
Action Items:	<ul style="list-style-type: none"> • <i>Ms. Carrillo will request the final September and October minutes be posted on the board's website.</i> 	
Topic: INV Update		
Brief Discussion:	<p><i>Investigator Bowles provides the board's investigative report, which includes matters from September 9, 2022 through November 3, 2022. In this timeframe, 36 matters remained open and 35 matters were closed.</i></p> <p><i>Dr. Schaber and Dr. Ruffridge express concern about there being a significant amount of time that elapses between the date the division is made aware of a complaint to the date the board can take action and inquired whether there is temporary action the board can take on a license during an investigation if public safety is possibly at risk. Lead Investigator, Erika Prieksat, explained the level of evidence needed to move forward with formal complaints and clarified the board cannot take temporary action on a license during an investigation.</i></p> <p><i>The board reviews cases related to imposition of civil fine.</i></p>	
Motion:	<p><i>On a motion duly made by Ashley Schaber in accordance with AS 44.62.310(c)(2) and seconded by Ramsey Bell, the board unanimously moves to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion. It is:</i></p> <p style="text-align: center;"><i>RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2). Staff, Laura Carrillo and Michael Bowles are authorized to remain in the room.</i></p> <p><i>Off record for executive session at 9:48 a.m.</i> <i>On record from executive session at 9:58 a.m.</i></p> <p><i>No motions were made in executive session.</i></p> <ul style="list-style-type: none"> • <i>Ashley Schaber motions to accept the imposition of civil fine for 2022-000213 in the amount of \$500, seconded by Ramsey Bell with one abstention from Justin Ruffridge, it is:</i> <p style="text-align: center;"><i>RESOLVED to accept the imposition of civil fine for 2022-000213.</i></p>	

Recorded Votes:	<i>Justin Ruffridge (abstain)</i>	<i>James Henderson (absent)</i>
	<i>Ashley Schaber</i>	
	<i>Ramsey Bell</i>	
	<i>Leif Holm</i>	
Action Items:	<ul style="list-style-type: none"> • <i>Justin Ruffridge will submit the signed imposition of civil fine for case #2022-000213 to Investigator Bowles.</i> 	
Topic: Board Business		
Brief Discussion:	<p><i>The board reviews reports of lost or stolen prescriptions and correspondence relating to District 7 & 8's resolution to support a standardized renewal date. The board expresses their support for this resolution.</i></p> <p><i>The board then reviews correspondence from G.L.O. Associates related to clinical drug trials, from Kelly DiBattista related to virtual manufacturers engaged in title models with 3PLs, and from Ashley Bolyard related to tech-to-tech and final check requirements for pharmacy technicians in the institutional setting under 12 AAC 52.235. Dr. Schaber states the gap is specifically with (a)(1)(C), which refers to use of an image to verify a prescription and the process existing within retail pharmacies only. Dr. Schaber believes this should be amended to be more inclusive of other practice settings, such as in a hospital, which relies on a bar code scanning and verification system. Mr. Henderson inquires whether the regulations allow a final check by the technician without the image or if it requires a final check by the pharmacist. The board agrees the regulation should be clarified and wishes to discuss this further during its regulations agenda item.</i></p> <p><i>The board reviews the draft letter to the State Medical Board prepared by Ms. Carrillo, which requests they consider amending 12 AAC 40.983(c)(11) and (d) to better align with the board's corresponding collaborative practice regulations and improve patient care access. Dr. Ruffridge requests deleting the reference to (c)(11) since pharmacists only dispense per a physician's order. He further suggests providing an example of patient care services, e.g.: test-to-treat programs.</i></p> <p><i>Gerald Brown requests clarification relating to a surgery center owned by a physician who leases time to other physicians for its use and whether this scenario necessitates licensure. Dr. Ruffridge refers to the definition of "institutional facility" in 12 AAC 52.995(a)(15) and believes the scenario described could not fall under drug room licensure since it is not included in the definition. Dr. Ruffridge suggests the licensee contact the State Medical Board since his concerns lie primarily with physicians. Ms. Carrillo adds there are likely more sites practicing as drug rooms that are not licensed as such, referring to the NABP Model Act, which includes, for example, extended care facilities and assisted living facilities, but which are absent from the board's definition. The board wishes to discuss this further during its regulations item.</i></p> <p><i>Cassandra Sanborn inquires to the board whether immunization draw-up is permitted for pharmacy technicians. Dr. Schaber initially comments this may fall under the definition of compounding. Dr. Ruffridge states that 12 AAC 52.230 allows technicians to engage in manipulative, non-discretionary functions. Mr. Henderson agrees technicians may perform this duty as the responsibility ultimately falls to the pharmacist-in-charge to ensure technicians are properly trained on these functions.</i></p> <p><i>With nothing further on correspondence, the board reviews applications.</i></p>	

<p>Motion:</p>	<ul style="list-style-type: none"> On a motion duly made by Ashley Schaber in accordance with AS 44.62.310(c)(2) and seconded by Justin Ruffridge, the board unanimously moves to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion. It is: <p style="text-align: center;"><i>RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2). Staff, Laura Carrillo and Michael Bowles are authorized to remain in the room.</i></p> <p><i>Off record for executive session at 11:16 a.m.</i> <i>On record from executive session at 12:00 p.m.</i></p> <p><i>No motions were made in executive session.</i></p> <ul style="list-style-type: none"> Ashley Schaber motions to table the out-of-state pharmacy application for case #2022-000992 pending further direction from the Department of Law, seconded by Justin Ruffridge, and approved unanimously with a quorum of 3 per AS 08.80.070, it was: <p style="text-align: center;"><i>RESOLVED to table the out-of-state pharmacy application.</i></p>	
<p>Recorded Votes:</p>	<p><i>Justin Ruffridge</i></p>	<p><i>James Henderson (absent)</i></p>
	<p><i>Ashley Schaber</i></p>	
	<p><i>Ramsey Bell</i></p>	
	<p><i>Leif Holm (absent)</i></p>	
<p>Action Items:</p>	<ul style="list-style-type: none"> Laura Carrillo will request guidance from LAW when there are actions taken by out-of-state jurisdictions. The new EA will provide an update to the board at its February 2023 meeting. Laura Carrillo will inform the out-of-state pharmacy applicant for case #2022-000992 of the board's table vote. The new EA will reach out to Kelly DiBattista to inform her when regulations related to virtual manufacturers are released for public comment. Laura Carrillo will follow-up with Ashley Bolyard to inform her the board is working to clarify 12 AAC 52.235 related to nationally certified technicians performing a final check. Laura Carrillo will amend the board's collaborative practice letter addressed to the State Medical Board with Dr. Ruffridge's edits for the board's review/approval and will forward the final letter to EA Natalie Norberg. Laura Carrillo will reply to Gerald Brown related to surgery sites and its inclusion in 12 AAC 52.995(a)(15), drug room licensure. Laura Carrillo will provide a response to Cassandra Brown related to immunization draw up per 12 AAC 52.230, pharmacy technician duties. 	
<p>Topic: Industry Updates</p>		
<p>Brief Discussion:</p>	<p><u>AKPhA</u> <i>Dr. Brandy Seignemartin, Executive Director and Dr. Daniel Nelson, pharmacist-in-charge at Chief Andrew Isaac provide an update on the AKPhA's legislative efforts related to Patient Choice and PBMs. Their PBM bill aims to:</i></p> <ul style="list-style-type: none"> <i>guarantee freedom of patient choice in deciding where to receive their medications</i> <i>guarantees patient safety and efficient access to clinician-administered drugs by eliminating the practice of white and brown bagging</i> 	

	<ul style="list-style-type: none"> strengthen procedures for pharmacies to receive full reimbursement from PBMs. <p>The AKPhA also informs the board and the public of its February 17-18, 2023 Annual Convention.</p> <p>Ms. Carrillo suggests a joint presentation by Lisa Sherrell and Dr. Schaber as Ms. Sherrell previously provided a presentation with Chair Ruffridge in 2021. Ms. Sherrell and Dr. Schaber agree. Ms. Carrillo suggests they receive board approval on topics that will be discussed at the convention since the presentation will be on behalf of the board.</p>	
Motion:	N/A	
Recorded Votes:	Justin Ruffridge	James Henderson (joined at 2:05 p.m.)
	Ashley Schaber	
	Ramsey Bell	
	Leif Holm	
Action Items:	<ul style="list-style-type: none"> Ashley Schaber and Lisa Sherrell will put together bullet points of goals and objectives to be discussed at the AKPhA Annual Convention for board review/approval 	
Topic: Subcommittee Updates		
Brief Discussion:	<ul style="list-style-type: none"> <u>Controlled Substance Advisory Committee</u>: no updates <u>Well-Being</u>: The board reviews the District 7 Well-Being Index, which includes measures on pharmacists' stress and resiliency, relationships and work-life balance, fatigue, health behavior, and career development. Dr. Schaber states there has not yet been another meeting but expresses support in continuing to encourage pharmacists and employers to have open dialogue around these areas. <u>42 CFR Part II</u>: Lisa Sherrell provides the update that she is working the PDMP vendor and DOH stakeholders to progress this forward, adding that there could be a checkmark in the patient's record when that patient is receiving treatment. <u>Compounding</u>: no updates <u>Statutes</u>: see next section 	
Motion:	N/A	
Recorded Votes:	N/A	
Action Items:	N/A	
Topic: Statutes		
Brief Discussion:	<p>Dr. Schaber presents the board's statute chart, previously discussed at its September 22-23, 2022 meeting and developed by the statutes subcommittee. Ms. Carrillo addressed AS 08.80.159(b)(16), which states that the board may inspect wholesale drug distributors, outsourcing facilities, and third-party logistics providers outside of the state, adding that the board could delegate this to the NABP through its Supply Chain Inspection. James Henderson requests more information before moving forward.</p> <p>The board continues to deliberate proposed changes. James Henderson suggests removing the proposal related to automated prescription drug machines installed outside the premise of</p>	

	<p><i>institutional facilities as it was unclear as to what the public need for this change would be. The board decides that changes of interest include: removing the affidavit of moral character requirement for pharmacist applicants; repealing the 1,500 internship hour requirement for interns as this is a national standard; replacing one public member board seat with a nationally certified technician seat; clarifying the regulation of manufacturers as separate entities; clarifying the PDMP registration requirement for pharmacists; limit/restrict the practice of white/brown bagging; recognize retired pharmacists; expanding the list of prohibited terms in advertising by non-licensed entities; licensing versus registering out-of-state pharmacies; regulating Internet pharmacies; removing the salary range for its executive administrator; and requiring a national background check for pharmacists and pharmacy technicians.</i></p> <p><i>The board discusses which board members would lead efforts to support the board's intended changes. Dr. Schaber volunteers as the board's legislative lead and Dr. Bell volunteers as the secondary lead.</i></p>	
Motion:	N/A	
Recorded Votes:	N/A	
Action Items:	<ul style="list-style-type: none"> • <i>Laura Carrillo will reach out to the NABP for more information regarding its Supply Chain Inspection. The new EA will provide an update at the board's February 2023 meeting.</i> • <i>Ashley Schaber will share the statutes chart with the AKPhA and will work towards seeking support for the upcoming session</i> 	
Topic: Budget Report/Division Update		
Brief Discussion:	<p><i>Director Chambers provides the board its budget report. The board's current expenditures for the 4th quarter is \$741,449, including \$434,500 in total direct expenditures and \$306,000 in indirect expenditures. Direct expenditures include personal services, travel, services, and investigative expenditures. The division recommends a fee analysis.</i></p>	
Motion:	N/A	
Recorded Votes:	N/A	
Action Items:	<ul style="list-style-type: none"> • <i>The new EA will follow-up with Admin Officer, Melissa Dumas on the board's fee analysis</i> 	
Topic: Roll Call Day 2		
Brief Discussion:	N/A	
Motion:	N/A	
Recorded as Present:	<i>Justin Ruffridge</i>	<i>James Henderson</i>
	<i>Ashley Schaber</i>	
	<i>Ramsey Bell</i>	
	<i>Leif Holm</i>	
Action Items:	N/A	
Topic: Review/Approve Agenda		
Brief Discussion:	<p><i>The board reviews the agenda for November 18 – day 2. Ms. Carrillo revisits board approval for Dr. Schaber and Ms. Sherrell's list of goals and objectives for the board's AKPhA presentation.</i></p>	

Motion:	<ul style="list-style-type: none"> Ashley Schaber motions to amend the day 2 agenda by adding AKPhA presentation goals and objectives and subsection (c) under Agenda Item #8, seconded by Ramsey Bell, and approved unanimously, it is: <p style="text-align: center;"><i>RESOLVED to approve the day 2 agenda as amended.</i></p>	
Recorded Votes:	Justin Ruffridge	James Henderson
	Ashley Schaber	
	Ramsey Bell	
	Leif Holm	
Action Items:	<ul style="list-style-type: none"> Ashley Schaber and Lisa Sherrell will present at the AKPhA on behalf of the board and will provide an update at its meeting subsequent to February 9-10, 2023. 	
Topic: Ethics Disclosures		
Brief Discussion:	<p>Ashley Schaber: member of the AKPhA and legislative committee. Justin Ruffridge: representative-elect for district 7 state house</p>	
Motion:	N/A	
Recorded Votes:	N/A	
Action Items:	<ul style="list-style-type: none"> Laura Carrillo will forward the board's approved FY2023 regulations to the regulations specialist and department of law for cursory review and public comment. Laura Carrillo will work with AAG Dinegar-Milks on a draft definition for "ownership" and on revised professional fitness questions for the board's consideration. 	
Topic: Regulations #1		
Brief Discussion:	<p>Ms. Carrillo reviews correspondence with AAG Dinegar and Director Chambers related to the definition of "ownership" and "change of ownership." Ms. Carrillo provides the overview that while "ownership" is defined in statute, AS 08.80.480(21), as the brick and mortar place of business, this has been an area of conflict with regards to notification requirements and processing of applications resulting in ownership changes. Ms. Carrillo adds that the precedence is to operationalize a change of ownership as one that occurs at the direct parent-level, rather than the grandparent level or higher, and that it is consistent with business licensing but hasn't been codified in regulation. Ms. Carrillo states that clarifying definitions in regulations is doable and would not require changes to the authorizing statute. In survey of other states, including MN, TX, CA, and WI, Ms. Carrillo's proposed language addresses ownership at the individual, partnership, and corporate level, and establishes an employer's federal identification number (EIN) as the basis for an ownership change involving 50% or more of the beneficial interest.</p> <p>Ms. Carrillo seeks guidance from the board on the difference between beneficial interest, assets, stock, etc., which were included in other states' definitions, e.g.: 20% or less of a stock change. Dr. Ruffridge recommends removing reference to 20% since the proposed definition already references ≥50% and because an FEIN won't change in that circumstance.</p> <p>Ms. Carrillo inquires about whether the board should address in regulation the scenario in which a power of attorney is involved during an ownership transaction. Dr. Ruffridge states that while the power of attorney is what allows a business to remain operational during a 6 to 12-month transition period, it may be something that falls to the bar association since the filing of a change of ownership is typically the first step in the change of ownership process and isn't typically managed by boards of</p>	

pharmacy. Dr. Ruffridge expresses agreement with the proposed definitions but states the power of attorney topic can be left out. Dr. Schaber and Mr. Henderson also express support for the proposed definitions. Dr. Schaber suggests that power of attorney matters may be understood and written elsewhere; suggesting it may not need to be in regulation. Ms. Carrillo states it can become an FAQ, if needed.

Ms. Carrillo inquires whether the board would like to incorporate the ownership language suggested by Director Chambers: "the entity having day-to-day control over the operation within the physical space in which the pharmacy is located." Dr. Ruffridge understands this is an attempt to tie in the statutory definition but recommends the board avoid reference to "physical space" as it can be confusing. The board believes this may be too limiting and expresses content with Ms. Carrillo's proposed definitions.

Dr. Ruffridge inquires whether there can be a chart presented to the board so they can keep apprised of where their many regulation projects are in the regulation adoption process and requests it also be provided to the new EA. Ms. Carrillo shares her EA transition tracker, which includes a regulations section and corresponding forms update/creation section, adding that while there are 10+ steps in the adoption process, the transition tracker condenses the regulation steps into drafted, approved, public comment, adopted, and effective categories. Corresponding forms are tracked by drafted, finalized, and published categories. Ms. Carrillo states the document is hyperlinked to the corresponding regulation or form files. Dr. Schaber and Dr. Ruffridge state this is exactly what they had in mind.

The board revisits the discussion on pharmacy technicians performing a final check in the hospital setting from the previous day and discusses how the workflow differs than that of a retail setting. Ms. Schaber states there is usually a 5 rights protocol (right dose, right patient, right medication, etc.). Mr. Henderson inquires whether the tech-check-tech involves two separate technicians, citing 12 AAC 52.235, which doesn't currently specify there must be two technicians involved. Dr. Bell states that in some pharmacies, one technician enters the order into the computer to input the prescription, and from there, it goes to a pharmacist for a pre-check to ensure the entry is correct and to perform a drug regimen review. From there, it would go to the fill station where a second technician would ensure it is correctly packaged.

Mr. Henderson and Dr. Bell expresses concerns about a technician performing a final check, though understand the issue at hand is addressing when a technician pulls drugs in a dispensing cabinet and having another technician verify those medications are correct prior to filling.

Dr. Jennifer Adams from Idaho State University College of Pharmacy shares that this practice is included under delegation authority of the pharmacist, so is not spelled out in statute or regulation. Dr. Adams encourages the board to be thinking about language that is irrespective of setting that would apply to any health system (e.g.: remote pharmacy, institutional setting, telepharmacy setting, etc.). Lorri Walmsley, Director of Regulatory Affairs in Arizona, shares that this practice is called technology-assisted process verification; only products that are allowed to be processed by a technician are those involving a barcode scan.

Off record at 10:36 a.m. for break.
On record from break at 10:52 a.m.

	<i>The board continued to discuss this matter, leaning in the direction of addressing the specific workflow of institutional settings, which does not typically involve an image display but does include a barcode scan.</i>	
Motion:	<ul style="list-style-type: none"> • <i>Ashley Schaber motions to approve the proposed definitions of “ownership” and “change of ownership”, seconded by James Henderson, and approved unanimously, it is:</i> <i>RESOLVED to approve the proposed definitions for incorporation into 12 AAC 52.995.</i> • <i>Ashley Schaber motions to approve the proposed amendment to 12 AAC 52.235(a)(1)(C) by including language addressing barcode scanning, seconded by James Henderson, and approved unanimously, it is:</i> <i>RESOLVED to approve the proposed amendment to 12 AAC 52.235(a)(1)(C).</i> <p>The board wishes to see the re-keyed version for re-approval at its February 9-10, 2023 meeting.</p>	
Recorded Votes:	<i>Justin Ruffridge</i>	<i>James Henderson</i>
	<i>Ashley Schaber</i>	
	<i>Ramsey Bell</i>	
	<i>Leif Holm</i>	
Action Items:	<ul style="list-style-type: none"> • <i>Laura Carrillo will send the proposed language to 12 AAC 52.995 related to ownership, 12 AAC 52.235(a) related to pharmacy technicians with national certification, the regulations specialist and request the re-keyed version be presented to the board at its February 9-10, 2023 meeting before being released for public comment.</i> • <i>Laura Carrillo/the new EA will complete the regulation FAQs for the public comment notice</i> • <i>The new EA will provide an update on the regulations/forms tracker to the board at its February 9-10, 2023 meeting.</i> 	
Topic: Lunch		
Brief Discussion:	<i>Off record at 11:53 a.m. for lunch. On record from lunch at 1:09 p.m.</i>	
Motion:	<i>N/A</i>	
Recorded Votes:	<i>N/A</i>	
Action Items:	<i>N/A</i>	
Topic: Board Business		
Brief Discussion:	<i>The board reviews a matter related to an imposition of civil fine.</i>	
Motion:	<ul style="list-style-type: none"> • <i>On a motion duly made by Ashley Schaber in accordance with AS 44.62.310(c)(2) and seconded by James Henderson, the board unanimously moves to enter executive session for the purpose of discussing subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. No request was made for public discussion. It is:</i> <i>RESOLVED to enter into executive session in accordance with AS 44.62.310(c)(2). Staff, Laura Carrillo and Michael Bowles are authorized to remain in the room.</i> <p><i>Off record for executive session at 1:11 p.m. On record from executive session at 1:22 p.m.</i></p>	

	<p><i>No motions were made in executive session.</i></p> <ul style="list-style-type: none"> <i>James Henderson motions to accept the imposition of civil fine for 2022-000424 in the amount of \$200, seconded by Ramsey Bell, and approved with one abstention by Ashley Schaber, it is:</i> <p style="text-align: center;"><i>RESOLVED to accept the imposition of civil fine for case #2022-000424.</i></p>	
Recorded Votes:	<i>Justin Ruffridge</i>	<i>James Henderson</i>
	<i>Ashley Schaber (abstain)</i>	
	<i>Ramsey Bell</i>	
	<i>Leif Holm</i>	
Action Items:	<ul style="list-style-type: none"> <i>Justin Ruffridge will submit the signed imposition of civil fine for case #2022-000424 to Investigator Bowles.</i> 	
Topic: Regulations #2		
Brief Discussion:	<p><i>The board resumes discussion on regulations, beginning with USP sections 795 and 797. Dr. Schaber acknowledges that the compounding subcommittee is tabled until 2023, but recommends the board keep the discussion going.</i></p> <p><i>The board then reviews proposed language related to collaborative practice agreements in 12 AAC 52.240. The board previously removed the proposed amendments from its June project due to concerns related to the physical examination requirement in the State Medical Board's corresponding regulations. Ms. Carrillo clarifies the intent of the proposed changes is to remove repetitive language already in 12 AAC 40.983 and to develop a streamlined joint application rather than having two separate applications. The board supports the proposed language.</i></p> <p><i>Ms. Carrillo inquires whether the board is interested in pursuing accreditation for board meeting attendance for licensees to use towards CE requirements. Dr. Schaber expresses support for this idea, adding it would be a great way to increase participation.</i></p> <p><i>Dr. Schaber addresses temporary licensure for uniformed service members, recalling from previous discussions that this was an area brought to the board's attention following public comment around expedited military licensure. The board supports amendments to make 12 AAC 52.105 more inclusive of other uniformed service members. Mr. Henderson suggests there are more uniformed service members other than the Coast Guard or Public Health Service. Dr. Schaber pulled a comprehensive list, which includes NOAA. Dr. Ruffridge states the Space Force is also included.</i></p>	
Motion:	<ul style="list-style-type: none"> <i>Ashley Schaber motions to approve the proposed amendment to 12 AAC 52.240 related to collaborative practice agreements, seconded by James Henderson, and approved unanimously, it is:</i> <p style="text-align: center;"><i>RESOLVED to approve the proposed amendments to 12 AAC 52.240.</i></p> <ul style="list-style-type: none"> <i>Ashley Schaber motions to approve the proposed amendment to 12 AAC 52.105 expanding the temporary license application to include other uniformed services members, seconded by Ramsey Bell and approved unanimously, it is:</i> <p style="text-align: center;"><i>RESOLVED to approve the proposed amendments to 12 AAC 52.105.</i></p>	

	<ul style="list-style-type: none"> • Ashley Schaber motions to approve the proposed amendments to 12 AAC 52.995(15) to align with the institutional types listed in the NABP Model Act, seconded by James Henderson and approved unanimously, it is: <i>RESOLVED to approve the proposed amendments to 12 AAC 52.995(15).</i> 								
Action Items:	<ul style="list-style-type: none"> • Laura Carrillo will send the proposed language to 12 AAC 52.240 related to collaborative practice agreements, 12 AAC 52.105 related to expanding temporary licensure, and 12 AAC 52.995(15) related to the definition of institutional facilities to the regulations specialist. 								
Topic: Board Seat Nominations									
Brief Discussion:	<i>Dr. Ruffridge states that as Representative-Elect for District 7 State House, he will be resigning effective December 15th, which will necessitate the appointment of a new chair.</i>								
Motion:	<ul style="list-style-type: none"> • Leif Holm motions to nominate Ashley Schaber as Board Chair, seconded by James Henderson and approved unanimously, it is: <i>RESOLVED to appoint Ashley Schaber as Chair.</i> • Ashley Schaber motions to nominate James Henderson as Vice Chair, seconded by Ramsey Bell and approved unanimously, it is: <i>RESOLVED to appoint James Henderson as Vice Chair.</i> • James Henderson motions to nominate Ramsey Bell as Secretary, seconded by Ashley Schaber and approved unanimously, it is: <i>RESOLVED to appoint Ramsey Bell as Secretary.</i> <p><i>New Subcommittee Membership:</i></p> <p><i>Ashley Schaber – CSAC, Regulations, Well-Being, 42 CFR Part 2, Statutes</i> <i>James Henderson: Compounding, Regulations</i> <i>Leif Holm: Compounding</i> <i>Ramsey Bell: Statutes and Well-Being</i></p>								
Recorded Votes:	<table border="1"> <tr> <td><i>Justin Ruffridge</i></td> <td><i>James Henderson</i></td> </tr> <tr> <td><i>Ashley Schaber</i></td> <td></td> </tr> <tr> <td><i>Ramsey Bell</i></td> <td></td> </tr> <tr> <td><i>Leif Holm</i></td> <td></td> </tr> </table>	<i>Justin Ruffridge</i>	<i>James Henderson</i>	<i>Ashley Schaber</i>		<i>Ramsey Bell</i>		<i>Leif Holm</i>	
<i>Justin Ruffridge</i>	<i>James Henderson</i>								
<i>Ashley Schaber</i>									
<i>Ramsey Bell</i>									
<i>Leif Holm</i>									
Action Items:	<i>N/A</i>								
Topic: Administrative Update									
Brief Discussion:	<p><i>Dr. Schaber presents the list of goals and objectives she and Ms. Sherrell plan to present on behalf of the board at the AKPhA Annual Meeting:</i></p> <ul style="list-style-type: none"> • <i>To review the current composition and strategic plan of the Board of Pharmacy.</i> • <i>To review potential legislative action this year.</i> 								

	<ul style="list-style-type: none"> • <i>To review regulatory changes made this year.</i> • <i>To review regulatory projects that the board is currently working on.</i> • <i>PDMP Updates</i> • <i>Inspection changes</i> • <i>Describing how regulations have moved forward to align with best practices and to align with efficiency</i> • <i>Questions & Answer</i> <p><i>Ms. Carrillo provides the board an update on the renewal rate, sharing that as of 11/10/2022, 80% of the board’s licensees have renewed. Approximately 112 licensees have been randomly selected for audit of continuing education activity.</i></p> <p><i>Ms. Carrillo also shares the opportunity to integrate the licensing system, Portal, with the NABP’s e-Profile, stating the integration would result in document retrieval efficiencies for continuing education certificates, inspection reports, examination scores, etc. This is an ongoing project which has support from division leadership but may take time as the Office of Information Technology (OIT) works on other priority projects.</i></p> <p><i>Dr. Schaber inquires about the status of online initial applications for pharmacists. Ms. Carrillo shares that the publications unit is beginning to prioritize these, beginning with programs fully staffed and not in renewal. Since the Board of Pharmacy is no longer in renewal, Ms. Carrillo is hopeful they will be worked on in the coming weeks or months.</i></p>								
Motion:	<ul style="list-style-type: none"> • <i>Ashley Schaber motions to approve the topics for presentation at the AKPhA Annual Meeting, seconded by James Henderson and approved unanimously, it is:</i> <p style="text-align: center;"><i>RESOLVED to approve the topics for presentation at the AKPhA.</i></p>								
Recorded Votes:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><i>Justin Ruffridge</i></td> <td style="width: 50%; text-align: center;"><i>James Henderson</i></td> </tr> <tr> <td style="text-align: center;"><i>Ashley Schaber</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Ramsey Bell</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Leif Holm</i></td> <td></td> </tr> </table>	<i>Justin Ruffridge</i>	<i>James Henderson</i>	<i>Ashley Schaber</i>		<i>Ramsey Bell</i>		<i>Leif Holm</i>	
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<i>Ramsey Bell</i>									
<i>Leif Holm</i>									
Action Items:	<ul style="list-style-type: none"> • <i>Ashley Schaber and Lisa Sherrell will work on presentation slides for the AKPhA Annual Meeting.</i> 								

Public Comments:	HB 145 authority for flu, COVID-19, and CLIA-waived tests; pharmacy technician fee reduction and any remaining barriers to licensure
Next Meeting:	February 9-10, 2023
Adjournment:	4:32 p.m.

Alaska Board of Pharmacy

Agenda Item #13



Chair Final Comments

Alaska Board of Pharmacy

Agenda Item #14



Adjourn