

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

Alaska Board of Pharmacy

FINAL MINUTES OF THE EMERGENCY MEETING

December 3 - 4, 2020 Videoconference

By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on December 3 - 4, 2020. Due to the COVID-19 pandemic, in-person attendance was not available.

Agenda Item 1 Call to Order/Roll Call

Time: 9:06 a.m.

The day 1, **December 3, 2020** videoconference was called to order by Chair, Rich Holt at 9:06 a.m. The board welcomed new occupational licensing examiner, Bethany Carlile. Ms. Carlile will be primarily assigned to processing pharmacist, pharmacy technician, and pharmacist intern applications.

Board members present, constituting a quorum:

Richard Holt, PharmD #PHAP2008, MBA – *Chair*
Leif Holm, PharmD #PHAP1606 – *Vice Chair*
James Henderson, RPh #PHAP1683
Lana Bell, RPh #PHAP893
Tammy Lindemuth, Public Member
Sharon Long, Public Member
Justin Ruffridge, #PHAP1787

Division staff present:

Laura Carrillo, Executive Administrator
Lisa Sherrell, PDMP Manager
Heather Noe, Occupational Licensing Examiner
Bethany Carlile, Occupational Licensing Examiner

Members from the public present/registered:

Donna Northcote , Genoa Healthcare Juneau
Dan Nelson , TCC
Lauren Paul , Geneva Woods/CVS Health
Rob Geddes , Albertsons Companies
Michelle Hoyt , N/A
Jessica Adams , TelePharm a Cardinal Health Company
Molly Gray , Alaska Pharmacists Association
Ashley Schaber , Alaska Pharmacists Association/Alaska Native Medical Center
Lorri Walmsley , Walgreens
Tom Wadsworth , UAA/ISU Doctor of Pharmacy Program
Emily Haugh , Pillpack
Rob Geddes, Albertsons

Agenda Item 2 Review/Approve Agenda

Time: 9:07 a.m.

The board reviewed the agenda for day 1.

On a motion duly made by Tammy Lindemuth to approve the meeting agenda, seconded by Lana Bell, and approved unanimously, it was:

RESOLVED to accept the December 3, 2020 meeting agenda as written.

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

The motion passed with no further discussion.

Agenda Item 3 Ethics

Time: 9:09 a.m.

For transparency, Chair Holt reminded the board and the public that he currently participates in the biweekly COVID-19 board chairs meeting as well as the biweekly PDMP board chairs meeting.

Dr. Ruffridge indicated he has participated periodically with AKPhA legislative effort discussions, most recently with the PDMP bill a few years ago.

Agenda Item 4 Public Comment 1

Time: 9:11 a.m.

Chair Holt reminded the public that this public comment period was not for the emergency regulations, which must be submitted in writing to the division via the regulation specialist by 4:30 p.m. on December 29th.

Lauren Paul (Geneva Woods/ CVS Health)

Requested the board amend 12 AAC 52.230, return or exchange of drugs, which would allow repackaging of drugs (compliance packaging) for long-term care. In an email submitted to Ms. Carrillo, the suggested amendment is as follows:

12 AAC 52.530. RETURN OR EXCHANGE OF DRUGS. (a) A pharmacy or pharmacist may accept a drug for return or exchange after the drug has been taken from the premises where the drug was sold, distributed, or dispensed if

(1) the prescription was dispensed in a manner inconsistent with the original prescription drug order; or the medication was recalled by the manufacturer or the United States Food and Drug Administration; and

(2) the drug is segregated from the normal pharmacy inventory and may not be dispensed.

(b) A pharmacy serving an institutional facility may accept for return or reuse unit dose packages or full or partial

multiple dose medication cards if

(1) the pharmacist can readily determine that there has been no entry or attempt at entry to the unit dose package or blister card;

(2) in the pharmacist's professional judgment, the unit dose package or multiple dose medication card meets the standards of the United States Pharmacopoeia (1995 revision) for storage conditions, including temperature, light sensitivity, and chemical and physical stability;

~~(3) the drug has not come into the physical possession of the person for whom it was prescribed, and control of~~

~~the drug is known to the pharmacist to have been the responsibility of a person or persons licensed to prescribe,~~

~~dispense, or administer drugs; and~~

~~(4)~~ the drug labeling or packaging has not been altered or defaced, and the identity of the drug, its strength, ~~lot number~~, and expiration date are retrievable.

Authority: AS 08.80.005 AS 08.80.030

Dan Nelson (TCC)

Dr. Nelson wished to bring to the board's attention his concerns with out-of-state mail order pharmacies, acknowledging that during the COVID-19 pandemic, shopping online is becoming more common. Dr. Nelson noted Amazon is now moving into the pharmacy world, and is specifically concerned about how compliance with the patient counseling requirement is met. Dr. Nelson acknowledged patient counseling could be done via distance means, but still expressed concerns about his confidence in the competency of non-resident, mail order Internet pharmacies which may not fully understand challenges of weather conditions and issues with supply distribution/accessibility to remote Alaskan communities. Dr. Nelson continued to express that out-of-state pharmacies seem to be reaping the benefits financially, but then the smaller, local pharmacies are relied upon to service patience when there are delays or other fall outs.

Chair Holt appreciated Dr. Nelson's concerns and commented that out-of-state pharmacies are not licensed; they are registered per AS 08.80.158, so essentially are only required to register with Alaska if they are shipping prescriptions. Chair Hold added that the intent of the legislature is that the pharmacies operate within the jurisdiction in which they are licensed, which limits the board's regulatory authority over them. Ms. Carrillo commented that if Amazon is using a 3PL license, that could provide a level of oversight since it does require a license. Chair Holt referenced the statute of 3PLs, which indicates 3PLs do not own the product, so it is possible Amazon could be excluded from 3PL licensure if they are providing logistics services themselves.

Emily Haugh, who is a registered pharmacist and works for Amazon pharmacy as on the line. Ms. Haugh clarified for the record that Amazon does own and dispense the product like a traditional pharmacy.

Agenda Item 5 Regulations

Time: 9:31 a.m.

The board first addressed 12 AAC 52.020, pharmacy [facility] license. Chair Holt indicated the board looked at this a few times to accommodate different facility types, with a need to align language with actual-used terms. One of the recommended amendments is to change the self-inspection report to an attestation. Chair Holt commented the board has never used the self-inspection report as a tool or mechanism for approving or denying a license, and was not aware of any license that has been denied because of the results of the self-inspection report. For in-state pharmacies, the self-inspection report isn't required to be submitted within 14 days post-licensure, so the board never sees them.

Chair Holt also commented there are essentially zero requirements to get a pharmacy license in the state, but the board is heavy on licensing regulations for other license types, like wholesale drug distributors, outsourcing facilities, and 3PLs; they have to submitted resumes, fingerprints, and reports. Dr. Ruffridge stated he's only found the inspection reports to be helpful only to ensure you are able to check items off a list when you're opening up a new pharmacy, but stated he is sure there could be a different way to demonstrate competency in other ways that could serve the same purpose. Chair Holt inquired whether any boards were opposed to making the report an attestation.

Dr. Holm inquired as to whether it would fall to the pharmacy to ensure they have a copy of the attestation instead of the board keeping track. Dr. Holm recalled that his recollection was it was still necessary to complete the inspection report so that the board had a record of a pharmacy completing an inspection report. Ms. Bell commented there is no record of retention, but completes this at the time of renewal. Chair Holt commented that in the license renewal; doesn't indicate inspections must be submitted. Ms. Bell suggested that the self-inspection be retained and available for inspection for the duration of the licensing period.

Chair Holt addressed fingerprinting and inquired as to whether any of the board members had any comments regarding fingerprinting for in-state pharmacy licenses. Ms. Carrillo clarified that the national background check would require a statute change to AS 12.62.400 to have pharmacists added there. Dr. Holm inquired whether other boards of pharmacies fingerprint their in-state licensees, to which Chair Holt stated he was not sure.

Ms. Carrillo inquired again about inspection reports, commenting her understanding is that inspection reports would only need to be supplied in the event there is some sort of investigation, since the board doesn't conduct regular inspections of pharmacies. Chair Holt stated yes, that would be the case, but suggested a possibility of conducting random audits, but it would fall to the board to then have to define what is an acceptable audit and what isn't. Ms. Lindemuth commented she believes we should have proof that pharmacies are compliant with the laws. Ms. Bell stated the board does have pharmacy standards; we're not proposing to eliminate the requirement of the inspection but just eliminate the staff having to file those and pharmacies submit them. Dr. Ruffridge inquired whether the question was more so centered around the fact that the board doesn't have a follow-up portion to this requirement. Dr. Ruffridge added that other boards of pharmacies show up at pharmacies to ensure these things are happening, asking what the point of the attestation is if there is no cross-check mechanism. Chair Holt commented Ms. Carrillo had brought up how extensive the requirements are for 3PLs, but when you look in-state, it is a stark difference with the requirements; the latter essentially requires an application but no mechanism to validate the qualifications and competencies. Ms. Lindemuth inquired why we require more documents from out of state applicants and licensees, to which Ms. Bell reiterated is because the board doesn't have jurisdiction over them.

Ms. Carrillo commented that it is interesting "inspector" is defined in regulation as a board member or investigator under 12 AAC 52.995 since there are no regular inspections. Dr. Ruffridge stated he would like to see someone going into the pharmacies, whether it is a board member or investigator, but acknowledged travel barriers. Chair Holt inquired whether there is a mechanism to inspect. Ms. Carrillo commented she believes there is some authority since it is defined in regulation. Ms. Carrillo also commented it may be possible to create a new random audit section, informing the board there is way to generate random audits with the licensing system. Ms. Lindemuth expressed her support, saying it would elevate the pharmacy to know they are following the letter of the law. Ms. Bell stated that the previous investigator was trained on how to inspect pharmacies and that it was interesting to see how that process worked, mentioning there

was a checklist involved. Chair Holt inquired where the checklist came from, to which Ms. Bell was unsure.

TASK 1

Ms. Carrillo will contact Investigator Jacobs to obtain a copy of the inspection checklist and report, and inquire where the templates came from or what resources were using in drafting them. *(Initiated and completed 12/07/2020; Investigator Jacobs indicated there is a checklist and clarified investigations have been both complaint-driven and random. Currently, in-person inspections are suspended due to the COVID-19 pandemic. Investigator Jacobs provided a copy via email to Ms. Carrillo of the inspection checklist and report template.)*

Chair Holt reiterated that aside of needing a copy of the inspection and checklist, the board would need to:

- 1.) Create new section on inspections, outlining what processes are involved
- 2.) Address barriers to travel and assess/determine travel protocols

Ms. Carrillo commented that as part of that, the board may need to think about increasing the license fee to support travel costs. Chair Holt recalled there would need to be a fee analysis conducted soon anyway, to which Ms. Carrillo agreed, stating the board may need to revisit fingerprinting fees as well.

TASK 2

Ms. Carrillo will follow up with admin officer, Melissa Dumas, on their next fee analysis and will mention fingerprinting and possible fee increase due to inspections. *(Initiated 12/07/2020; Ms. Dumas indicated the Board of Barbers and Hairdressers and Construction Contractors program both conduct inspections through reimbursable services agreements (RSAs) with the Department of Environmental Conservation and Department of Labor, respectively. Ms. Carrillo requested a fee estimate for the 156 in-state pharmacies and wholesale drug distributors in the state.)*

Dr. Holm expressed this is an opportunity to correct issues without being disciplined, possibly avoiding jail time. Ms. Bell stated that when she was inspected, it turned into a supportive feedback opportunity that provided encouragement and confidence. Mr. Henderson commented the board would need to establish COVID-19 safety protocols for the inspectors, to which Chair Holt indicated it may be some time before the process is rolled out. Mr. Henderson commented he's sure the inspection report used by Investigator Jacobs is likely similar to what the board has on their website.

12 AAC 52.030 – Pharmacy license

Chair Holt commented on how the board can make the sections on pharmacies more cohesive as they're currently split up into several sections, e.g.: change of location or name is in a separate section than the application requirements section. Chair Holt suggested repealing 12 AAC 52.030 and 12 AAC 52.040 and readopt them into 12 AAC 52.020 so they are centralized. Ms. Carrillo

commented it would align with how the wholesaled drug distributor, outsourcing facility, and 3PL sections are currently structured.

12 AAC 52.070 – Application for pharmacist license by examination

Chair Holt commented there has been inconsistencies with notary requirements, also asking the board what their thoughts are on the value of a notary. Dr. Ruffridge commented that his understanding of the purpose of the notary is to verify the validity of the individual asking to notarize their documents. Ms. Sherrell commented that she used to be a notary; they were supposed to verify the individual's identity, but never looked at the document to see if they were accurate or valid. Ms. Lindemuth stated that is a good point, commenting one wouldn't know if the documents have been forged or not. Dr. Holm stated he sees it as a roadblock serving no valuable purpose. Ms. Noe commented that from her experience, the notary requirement worked well for verification of experience because it does make sure they are for the correct individual. Ms. Carrillo agreed with Ms. Noe, commenting the notary doesn't verify all the officers or owners, so it doesn't make sense to have a notary for those facilities or pharmacies if the purpose of the notary is to verify the individual and not the paper documents. Chair Holt believes it doesn't seem to make sense for individuals, either. Ms. Carrillo asked the board whether it made more sense for technician applications to be notarized, commenting that for pharmacists, they have to go through the verification steps with the NABP, but for technician applications, they just indicate they are 18 years old and have their GED or high school diploma.

Chair Holt called for break at 10:55 a.m.

Off record at 10:55 a.m.

On record at 11:04 a.m.

Upon return from break, Ms. Carrillo conducted a roll call. All members were present. Dr. Ruffridge commented his sentiment is that the board needs to have a general follow-up and enforcement mechanism.

Ms. Carrillo commented that part of the discussion around deregulation or right-touch regulations was looking at what is being done at the workforce level and whether it is necessary to replicate in regulation what is already being done practically. Ms. Carrillo suggested perhaps the board could require pharmacies to conduct background checks prior to hiring, but wasn't sure whether there would be any conflict with labor laws. Dr. Ruffridge stated we as a board needs to uphold their professionalism and ensure there is some sort of check. Mr. Henderson believes the notary requirement should be kept in because it is our society's legal way of certifying you are who you are, to which Dr. Ruffridge agreed.

Chair Holt then pointed to transcripts for the initial application, informing the board that pharmacist applicants must submit their transcripts to the NABP for required exam scheduling anyway. Ms. Carrillo inquired whether any of the board members recalled the requirements for photo identifications as there have been applications in the past which included this. Mr.

Henderson supported the idea of identification requirements, similar to an I-9. Dr. Holm commented back to the notary requirement, adding that there has been no public comment opposition to this or otherwise have expressed it is a barrier to licensure. Based on discussion so far, it seemed to be the consensus of the board to leave the notary requirement in.

Back to discussion on transcripts, Dr. Holm stated he would be in support of removing the transcript requirement because a pharmacy degree doesn't always translate to being a good pharmacist. Mr. Henderson agreed, stating it doesn't matter what grades you received, as long as you graduated. Ms. Lindemuth also agreed, stating it seems redundant if they are already being submitted to the NABP.

Chair Holt also pointed to the certified true copy language and Ms. Carrillo explained that this typically requires a statement indicating the document is a true copy with a signature and notary provided on the document. The consensus was that another notary was isn't necessary. Dr. Ruffridge inquired what the thought process was for removing the specification as to who can submit the verification of 1,500 hours, referring to the proposed change to remove the specification that the document must be submitted by the verifying agency as opposed to the applicant. Ms. Carrillo stated it gives the applicant control over the completeness of their application so they don't have to wait for their preceptor or other verifying agency to send the document to the board, but commented it could be a question of whether the board is fine trusting the applicant they aren't altering the document in any way. Dr. Ruffridge requested the add a notary to the verification.

Chair Holt discussed a mismatch between 12 AAC 52.080, 12 AAC 52.070, and 12 AAC 52.095 with the affidavit of experience requirement. Ms. Carrillo stated 12 AAC 52.080 has been interpreted as applying to examination applicants, to which Chair Holt disagrees as it is also mentioned in 12 AAC 52.095 for reciprocity applicants under (6)(A).

TASK 3

Ms. Carrillo will send a request to the PubTeam to include the affidavit form for reciprocity applicants.

(Initiated 12/08/2020.)

Agenda Item 6 Lunch

Time: 12:28 p.m.

Chair Holt called for lunch at 12:28 p.m.

Off record at 12:28 p.m.

Back on record at 1:13 p.m.

Agenda Item 7 Return to Regulations

Time: 1:14 p.m.

The board returned to regulation discussions upon return from lunch.

12 AAC 52.120 – Review of pharmacist intern license application

Chair Holt included a change to (b)(2) regarding fees for simplification and not substantive purposes. The jurisprudence exam requirement was still listed in (b)(7), although the board previously removed it. It was proposed to extend the term of the intern license to 5 years instead of 2, to which there was no opposition.

12 AAC 52.130 – Registration of pharmacies located outside of the state

Ms. Bell inquired whether the license can be verified within the NABP eProfile. Ms. Carrillo indicated she hadn't used the eProfile for that purpose so was unsure of whether that function was available. Mr. Henderson suggested verifications could be done through the NCPDP but not through the NABP. The board then addressed the certified true copy requirement, sharing similar opposition to why it is not valuable. The board also discussed the affidavit of moral character requirement, which can't be repealed because it is currently in statute.

Justin Ruffridge joined the room at 1:53 p.m.

The board discussed 12 AAC 52.925, grounds for disciplinary action. Ms. Carrillo indicated the board could amend this section, but that there were certain questions that were recommended to be included from the division's policies and procedures. Ms. Carrillo found that existing questions #1 and #7 come from suggested language in the policies and procedures. The board reviewed each question.

Question 1 = No opposition to keeping

Question 2 = "Have you ever been denied a certificate or the privilege of taking an exam by any state pharmacy board?" Dr. Holm recommended striking. Dr. Ruffridge commented for foreign graduates, it's possible to be denied a certificate.

Question 3 = "Have you ever been the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statutes, or law, or any violation or alleged violation of the Pharmacy Practice Act, or unprofessional or unethical conduct?" Dr. Holm commented that this question is speaking to whether someone is under investigation, not if they've been investigated.

The board contemplated including those crimes in which the individual is charged but not yet convicted. The board discussed the nuances of guilty until proven innocent and scenarios that might warrant knowing whether someone is currently under investigation, such as a pharmacist who diverted and sold controlled substances.

Question 4 = strike

Question 5 = strike

Question 6 = strike

Question 8 = Mr. Henderson said it would reflect due diligence on the board to ask this question, even though it isn't included in grounds for denial. Chair Holt also supported leaving it in.

The board continued to contemplate appropriateness of questions related to mental and physical health, referencing questions on the physician and APRN license applications.

Agenda Item 8 Public Comment 2

Time: 4:15 p.m.

There was nobody on the line to provide public comment for round 2.

Agenda Item 7 Return to Regulations

Time: 4:16 p.m.

Regarding the fitness to practice letter requirement, Ms. Lindemuth inquired about how the board would know whether we could trust the provider is providing the letter based on good judgement. Ms. Carrillo stated it would be at that provider's discretion and expertise to evaluate that competency. Ms. Carrillo stated there is no way and no current process to cross check with the practitioner to see if they have a license in good standing.

TASK 4

Ms. Carrillo will send the updated ProFit questions to PubTeam.
(Initiated 12/08/2020.)

The board recessed until Day 2, December 4th.

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Agenda Item 1 Call to Order/Roll Call

Time: 9:09 a.m.

The day 2, **December 4, 2020** videoconference was called to order by Chair, Rich Holt at 9:09 a.m.

Board members present, constituting a quorum:

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

Division staff present:

Laura Carrillo, Executive Administrator
Lisa Sherrell, PDMP Manager
Heather Noe, Occupational Licensing Examiner
Bethany Carlile, Occupational Licensing Examiner

Members from the public present/registered:

Dan Nelson, TCC
Dale Masten, Genoa Healthcare
Donna Northcote, GENOA HEALTHCARE #20242

Rob Geddes, Albertsons Companies
Jessica Adams, TelePharm a Cardinal Health Company
Molly Gray, Alaska Pharmacists Association
Ashley Schaber, Alaska Pharmacists Association/Alaska Native Medical Center
Lorri Walmsley, Walgreens
Tom Wadsworth, UAA/ISU Doctor of Pharmacy Program
Emily Haugh, PillPack
Karen Robinson, AKPhA

Agenda Item 2 Review/Approve Agenda

Time: 9:10 a.m.

Chair Holt reviewed the agenda items for Day 2 and commented to the board that related to the regulations discussion, there is a need to review the first position statement included in the packet related to unlicensed technician duties.

On a motion duly made by Justin Ruffridge to approve the meeting agenda, seconded by Lana Bell, and approved unanimously, it was:

RESOLVED to accept the December 4, 2020 meeting agenda as written.

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

The motion passed with no further discussion

Agenda Item 3 Ethics Disclosures

Time: 9:12 a.m.

Dr. Ruffridge again disclosed his involvement with the AKPhA, including attending legislative committee meetings from time to time and being a member of the association.

Chair Holt also disclosed that he is also a member and periodically participates in AKPhA discussions.

Ms. Lindemuth disclosed that she is planning to pursue discussions with a physician friend regarding the professional fitness section and the appropriateness of it.

Agenda Item 4 Public Comment 3

Time: 9:15 a.m.

Chair Holt again reminded the board that emergency regulations comments will be accepted through a separate process through the division, with the deadline being December 29, 2020 at 4:30 p.m.

Ashley Schaber (AKPhA)

Ms. Schaber inquired as to whether there is an hour amount on the immunization training requirement for pharmacy technicians or pharmacists. Chair Holt stated that no, 12 AAC 52.992(a)(1), only requires it be accredited.

Agenda Item 5 Statutes

Time: 9:17 a.m.

Chair Holt moved to discussing statutory changes that he, Ms. Lindemuth, and Dr. Ruffridge met to discuss as a subcommittee on November 18th. Chair Holt indicated the subcommittee attempted to identify what changes were most urgent and necessary rather than pursuing all statute changes that may not have a greater impact immediately. For reference, all proposed statutory changes begin on page 54 of the board packet.

AS 08.80.30 – Powers and Duties of the Board

Chair Holt stated that one of the most notable changes is to introduce the term “prescribing” as a scope of practice allowable for pharmacists, which is what is occurring in practice already; the sentiment behind introducing a statutory change to the legislature is to call out what it is that pharmacists are doing anyway. The other item was to address independently participating in and monitoring of drug therapy. Chair Holt went on to explain that the board can regulate this, but there is no clear definition of what it is the board is regulating, so there were some questions posed to the Department of Law around this topic, which was assigned to AAG Weigand.

TASK 5

Ms. Carrillo will follow-up with the legal opinion around pharmaceutical care and will forward the response to the board.

(Completed 12/08/2020; Ms. Carrillo received the response from AAG Weigand on 12/07/2020 and forwarded the board the next day.)

AS 08.80.045 – Non-Prescription Drugs (or Devices)

Chair Holt stated that the other recommendation has to do with non-prescription drugs or devices; pharmacists are already essentially prescribing an OTC drug product to a patient currently. Chair Holt continued that introducing a statutory subsection clarifying a pharmacist may prescribe and dispense a non-prescription drug or device would be highly beneficial when you think about all of the OTC products that a patient is spending time and money on, and practitioners’ time and money on, having to stop and deal with those when there is no need for them to in the first place because they’re OTCs.

551 AS 08.80.297 – Prescription Prices and Less Costly Alternatives

552 Chair Holt then moved to discussing prescription drug prices and less costly alternatives, stating
553 pharmacists aren't just discussing prices with patients all day, so there needs to be a simple fix to
554 allow the delegation of that duty.

555
556 AS 08.80.480 – Definitions

557 Changes to this statute include removing, "dosage form" from the definition of "equivalent drug
558 product" in (12). Chair Holt stated it makes sense to eliminate this from statute if looking at the
559 current statute and substitution statute, adding context in an example of if a doctor were to write a
560 prescription for amoxicillin tablets and you don't have them but have capsules, you legally don't
561 have the authority to change that prescription from that dosage form. Similarly, if you have a child
562 patient, you can't change that to a chewable tablet or liquid for, so for this to be changed would be
563 beneficial to the practice of pharmacy. Chair Holt clarified it would not be changing the route of
564 administration, but the dosage form that would be a benefit.

565
566 Chair Holt then pointed to the language relating to prescribing and dispensing to the definition of
567 "practice of pharmacy" in (30). Chair Holt noted the changes would depend on DOL's opinion so
568 the board can better understand what is meant by "pharmaceutical care." Chair Holt noted the
569 AKPhA's recommendation was to remove the word "pharmaceutical" in front of patient care
570 services and recalled that the subcommittee's discussion was that it was possible the change could
571 be denied because if you remove that term from the phrase, it means essentially that a pharmacist
572 can provide any patient care service to assist in alleviating the patient's symptoms, including
573 services that may fall under other professions like chiropractic and dental practice.

574
575 AS 08.80.155 - Emergency Permit

576 Chair Holt informed the board that we had learned during this pandemic that the board doesn't
577 have the statutory authority to issue emergency permits to facilities to wholesalers, third-party
578 logistics providers, or outsourcing facilities. The proposed change to this statute is to expand the
579 authority of the board to issue emergency permits to all license types.

580
581 AS 08.80.168 – Administration of Vaccines and Related Emergency Medications

582 The board returned to discussing prescribing and dispensing and Chair Holt reiterated the need to
583 spell this out clearly instead of dancing around the language. A new section is proposed allowing a
584 pharmacy technician, under the direction of a pharmacist who has satisfied applicable training, to
585 administer a vaccine or related emergency medication.

586
587 AS 21.36.90 – Unfair Discrimination

588 While this statute doesn't fall under the board of pharmacy, the recommendation is to add
589 pharmacists to the list of providers in this section.

590
591 Dr. Schaber from the AKPhA pointed to not removing the term, "pharmaceutical care",
592 referencing where it states, "...a pharmacist may independently participate in the monitoring of
593 drug therapy as defined in regulations by the board.." and asked whether the board was thinking

that this addition would allow a pharmacist to independently prescribe, for example, a treatment based off a test, e.g.: COVID-19 or strep, or whether the board considers that to be monitoring.

Chair Holt stated that monitoring of drug therapy is already defined in regulation, but the problem is that the way it is currently worded requires collaborative practice agreements; the board's intent is to allow this to be done independently rather than through an agreement. Dr. Ruffridge added that it was already in the CPA language that pharmacists have the ability to prescribe medications for a diagnosable issue, e.g. strep, flu, CLIA-waived, or COVID-19 tests if there was a CPA. Dr. Ruffridge clarified that what pharmacists can't currently do, or be paid to or reimbursed for, is monitor drug therapy for chronic conditions, such as for insulin treatments, so this change would allow for independent evaluation and monitoring services. Chair Holt reiterated two goals for this change: 1.) independent authority, and 2.) giving the board regulatory authority. Chair Holt added that the question to DOL is whether a modification can only occur within a CPA.

Molly Gray from the AKpHA inquired on the process going forward with legal opinions and timeframes to get legislative requests through. Chair Holt commented he would go over that process momentarily.

Chair Holt then reiterated the subcommittee's approach to looking at the proposed changes; viewing the modernization act more so as a mobilization act, including changing the registration category for non-resident pharmacies to a licensure category. Chair Holt inquired to the board whether there were any other thoughts on proposed statute changes not already addressed. Mr. Henderson had no additional thoughts. Ms. Bell commented she didn't have additional thoughts, either, but agreed it is appropriate to take steps with these changes and agreed with using the term "mobilization."

Legislative support process

Chair Holt informed the board that Ms. Carrillo had looked into how to proceed with statute changes going forward, and two responses came back from division management. Dr. Ruffridge recalled the window of opportunity for a Governor's bill was in the summer, and that a sponsor would need to be identified to support those proposed changes. Chair Holt reiterated the guidance that the Governor's bills were due in July, but that the board could work with the AKPhA to identify legislators to help sponsor the bills. Once the bill is introduced, the board could support it, and Director Chambers could seek the administration's support. The guidance from the legislative liaison stated that if the board wanted to pursue changes in the 2022 legislative session, they would need to make a final determination on exactly what they wanted to pursue by summer 2021 in order for it to be a finalized proposal. Additionally, if it's legislation the association wants but is not something the board wishes to pursue themselves, the association could meet with the Governor to ask if he'd be willing to consider introducing it, otherwise, they would also need to find a legislative sponsor.

Chair Holt stated that given the window of opportunity to pursue a Governor's bill is off the table, he asked whether the board wanted to aggressively pursue changes with legislative support now or whether the board wanted to wait until next summer to pursue changes with the Governor's support. Ms. Lindemuth expressed that it would seem to be a good idea to pursue the changes now, and if there are any issues with their efforts, they can be prepared to further pursue the Governor's support in the summer. Dr. Ruffridge agreed, stating that would be his preferred approach as well. Ms. Lindemuth commented that there would be specific legislative committees we would need to target to sponsor the board's bill, to which Dr. Ruffridge also agreed, adding there is also a committee process bills go through before they can be heard on the floor; each committee has a say as to the fate of the bills. Ms. Lindemuth inquired which committee would be most appropriate for the board's efforts. Dr. Ruffridge highlighted timeliness and the need to pursue these changes quickly. The board continued to discuss identifying potential sponsors.

Chair Holt reminded the board that it would need to be on the record as to which board member(s) would be pursuing the board's legislative efforts. Chair Holt also recalled there being a discussion with Ms. Carrillo about the time limitation with having to register as a lobbyist. Chair Holt asked Ms. Robinson for clarification on lobbying and if she had recommendations on any available legislators.

Karen Robinson stated there's a lot of unknowns, such as who might be in charge of the senate or the house; we don't know if it's going to be a democratic or republic coalition, but the bill sponsor would need to be a part of the coalition. Ms. Robinson added that when a bill is introduced, it's sent to three committees: the HSS, Labor and Commerce, and Finance. Ms. Robin added that if there's an omnibus bill, like COVID-19, it can be fast-tracked. They may also deny anyone into the legislature except the media or actual members, so most of the contact will be via telephone. Ms. Robinson stated she had made contact with several legislators, suggesting Ivy Spohnholz or Matt Claman.

Dr. Ruffridge commented that today, if at all possible, it would be helpful to get a consensus from the board as to which members would take on the legislative efforts and what sponsors might be identified. Thinking about the upcoming holidays and having to put something ready for session, Dr. Ruffridge suggested it may be necessary to schedule another meeting before February, to which Ms. Lindemuth agreed. Chair Holt stated that depending on the opinion from DOL, if responses come back that warrant further discussion by the subcommittee, it may be necessary to meet again. Ms. Lindemuth commented on the possibility of the board's changes to be attached to a COVID bill.

Dr. Schaber commented that she and the AKPhA is in support of the board's efforts and will stand by on the board's determination on how they want to move forward. Ms. Bell and Mr. Henderson expressed their confidence in the subcommittee's proposed changes thus far. **On a motion duly made by Lana Bell to approve the statutory mobilization act as presented and discussed by the board, seconded by Tammy Lindemuth, and approved unanimously, it was:**

RESOLVED to accept the proposed statutory changes in the Board of Pharmacy Mobilization Act as written.

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

The motion passed with no further discussion

On a motion duly made by Chair Holt to nominate Justin Ruffridge and Tammy Lindemuth to pursue legislative sponsorship for the board's Mobilization Act, seconded by James Henderson and approved unanimously, it was:

RESOLVED to nominate Justin Ruffridge and Tammy Lindemuth as the board's representatives in pursuing legislative support for upcoming statutory changes.

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

The motion passed with no further discussion

Chair Holt called for break at 10:12 a.m.

Off record at 10:12 a.m.

On record at 10:22 a.m.

Agenda Item 7 Return to Statutes and Regulations

Time: 9:17 a.m.

The board returned to discussing regulations.

12 AAC 52.230 – Pharmacy Technicians

Chair Holt reminded the board that they had previously discussed the de-regulation of technicians, and at the advice of AAG Dinegar-Milks, there was an opportunity to clean up some of the language around this. One of the recommendations was to eliminate the manipulative, non-discretionary language, such that it just reads, “an individual who assists in performing functions associated with the practice of pharmacy must be licensed as a pharmacy technician.” Ms. Bell commented that the board was clarifying that the only function an unlicensed person could do is take the completed prescription, bag it, and sell it to the costumer, which effectively eliminates any other activities from being performed within the pharmacy. Chair Holt stated her understanding was correct, but that they also wanted to say that bookkeepers and employees coming to deliver prescriptions would also not be required to hold a license.

The board discussed whether bagging a prescription is non-discretionary and whether taking care of inventory also constitutes the practice of pharmacy, for which a license would be required. Chair Holt also questioned whether putting something on the shelf constitutes the safe storage of drugs, which is included in the statutory definition of practice of pharmacy. Dr. Ruffridge acknowledge these gray areas, adding that they licensed everyone in the pharmacy because of those gray areas and out of the abundance of caution. The board continued to talk about technician duties and how cashier functions have been evolving over the last several years. Dr. Ruffridge added that the barrier to licensure for technicians is low, so it may seem like a good thing to require a license for cashier or bagging functions. Chair Holt reiterated the board’s consensus that a cashier is defined as an employee who takes a completed and bagged prescription drug order to complete the sale for the patient or patient’s agent.

The board continued to discuss unlicensed duties, cashier functions, dispensing areas, and other functions that may require a technician license.

Position statement: “Unlicensed Duties versus Pharmacy Technician”

The board then discussed the unlicensed technician duties position statement. Chair Holt stated that the purpose of the statement is to clarify whether cashier delivery drivers or bookkeepers are required to obtain a pharmacy technician license, and furthermore that it is the intent of the board to clarify that cashiers, prescription drug delivery drivers, and bookkeepers do not need a technician license as long as their duties are limited to specific roles and responsibilities.

Chair Holt reminded the board and the public that this topic was discussed previously, including at its emergency meeting on March 27th. With the emergency regulations being effective on April 3rd and made permanent on August 30th, there was still some gray areas on the definitions of delivery, dispensing, and the practice of pharmacy as it relates to limitations for acceptable unlicensed duties. Chair Holt added that AAG Dinegar-Milks added some advice based on statutory definitions, and it seemed reasonable to release a position statement on this matter as well as place an exclusion on who does not need a license.

Dr. Ruffridge recommended the board find a licensee, not on the board but someone who is actively engaged in practice, to read through these statements or other board website content to ensure it is making sense; alluding to the fact that it may make perfect sense to the board as they are intimately involved in the discussions, but it may be misconstrued or seen out of context by the public or licensees who aren't involved in or who know the history of the discussions. Chair Holt agreed with Dr. Ruffridge's sentiments. Dr. Ruffridge stated that Dr. Dan Nelson comes to mind as someone who may be able to offer valuable perspectives and feedback. Ms. Lindemuth commented that the history section of the position statements can be helpful. Chair Holt expressed that he was unsure of the mechanism and appropriateness of delegating reviewing tasks, but asked Ms. Gray for her perspective. Ms. Gray stated that while she's not a pharmacist, she has been listening to the board's meetings and understand their intent, and agreed the history section of the position statement can be helpful. Dr. Schaber agreed, stating the history section helps to outline what the goals are, making it easier for the licensee or public to understand.

Chair Holt added additional language to the draft, "At the board's December 4, 2020 meeting, the board's overall intent is that a bookkeeper or any person whose only function is to distribute a completed prescription drug order to a patient or patient's agent does not require a pharmacy technician license." Chair Holt asked whether after reading the history, this sentence captures what the board hopes to define? Ms. Gray suggested going further with the layman's terms and replace "physically give" instead of "distribute." Mr. Henderson suggested placing in parenthesis "distribute." Dr. Ruffridge commented he didn't like the term "physically give", so it was changed to "give."

On a motion duly made by Chair Holt to nominate Justin Ruffridge and Tammy Lindemuth to pursue legislative sponsorship for the board's Mobilization Act, seconded by James Henderson and approved unanimously, it was:

RESOLVED to nominate Justin Ruffridge and Tammy Lindemuth as the board's representatives in pursuing legislative support for upcoming statutory changes.

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

The motion passed with no further discussion

TASK 6

Ms. Noe will post the board's position statement on unlicensed technician duties to the board's website and will send it out via the ListServ.

(Completed 12/08/2020. The position statement is located on the board's new position statement page: <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofPharmacy/PositionStatements.aspx>)

12 AAC 52.230 – Pharmacy Technicians

The board returned to discussing pharmacy technician. Chair Holt pointed to removing "regularly" in existing subsection (e), since that is not defined. The board then discussed striking the 40 hour requirement in existing section (f), which is proposed to be struck; the PIC is responsible for ensuring training anyway.

12 AAC 52.095 – Application for Pharmacist License by Reciprocity

The board then addressed existing subsection (8) related to the verification of credentials in good standing, which is redundant to subsection (9); the NABP's intent of the license transfer is to verify the applicant holds a license in another jurisdiction that is in good standing. There was no opposition to striking. Chair Holt recommended adding to existing (9), "The license by which the applicant is seeking reciprocity must be in good standing." Mr. Henderson agreed and there was no further opposition. The board discussed the purpose of license verifications from all states where an applicant has ever held a license. Chair Holt pulled up the board's license verification form and Ms. Noe commented that some states don't fill these out, including California, because some boards of pharmacies expect verifications to be obtained independently online.

Agenda Item 6 Lunch

Time: 12:05 p.m.

Chair Holt called for lunch at 12:05 p.m.

Off record for lunch at 12:05 p.m.

On record from lunch at 1:07 p.m.

Agenda Item 7 Return to Statutes and Regulations

Time: 1:07 p.m.

Upon return from lunch, the board moved back into discussion regulations.

12 AAC 52.095 – Application for Pharmacist License by Reciprocity

The board returned to discussing the intent of receiving a license verification from every state where an applicant has ever held a license versus only receiving a verification from the state in which they're reciprocating from. Ms. Gray inquired about pharmacists coming up to Alaska being sponsored by certain organizations, providing the example that there may be a pharmacist who will be flown to Alaska to help vaccinate in long-term care facilities. Chair Holt commented that the emergency regulations related to COVID-19 that were filed covered this.

12 AAC 52.300 – License Renewal

Chair Holt moved to discussing renewals, commenting that outsourcing facilities, 3PLs, and wholesale drug distributors weren't included in renewal regulations so need to be added. Chair

Holt read through other proposed changes, which are similar to those discussed previously, such as the attestation instead of a completed inspection report. Looking to subsection (c)(3), this is proposed to be struck due to 12 AAC 52.310 and 12 AAC 52.325 already requiring CE criteria.

Ms. Noe also spoke to proposed changes speaking to the process of requiring new applications as a result of changes, recalling that Ms. Carrillo sought guidance from the Department of Law on the authority for accepting renewal applications and requiring new applications if there is a change of ownership, location, name, etc. Ms. Noe stated that during the renewal, many licensees reported their change on their renewal application instead of submitting a new application. The legal guidance provided that only some changes can be accepted within a certain timeframe, so Ms. Noe clarified that licensees whose changes cannot be accepted are not eligible for renewal; they cannot provide services until their new application is submitted and processed.

FAQs relating to this discussion is located at the following link:

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofPharmacy/FrequentlyAskedQuestions.aspx>

12 AAC 52.200 – Pharmacist-in-Charge

In subsection (a), Chair Holt commented that Ms. Carrillo asked whether this applies to the initial issuance of a license or a renewal, to which Chair Holt stated should be both, since you can't operate a pharmacy without a PIC. In subsection (b), it was proposed to remove, "establish policies and procedures for pharmacy operations." Ms. Bell inquired why that is being struck. Mr. Henderson recommended amending to require the PIC maintains/files the policies and procedures instead of establishing them. Chair Holt inquired to the board whether they create their own policies and procedures, to which Ms. Bell and Dr. Ruffridge affirmed. This subsection was amended to state, "ensuring adequate policies and procedures are in place for pharmacy operations;..." Chair Holt also amended existing subsection (6) to state, "ensuring effective controls against the theft or diversion of prescription drugs; and..."

Chair Holt then moved to a new subsection (d), referencing Ms. Carrillo's comment as to whether there is an opportunity to add language speaking to the ability of a PIC to be a PIC in multiple locations.

Ms. Carrillo joined the meeting at 1:44 p.m.

Ms. Lindemuth inquired whether there were any limits as to whether a PIC can be a PIC at multiple pharmacies, to which Chair Holt stated it was up to the pharmacist's discretion as to whether they wanted to be responsible for more than one location. Ms. Noe commented that outsourcing facilities, wholesale drug distributors, and third-party logistics providers often inquire whether similarly, a facility manager can be the manager in multiple locations.

12 AAC 52.540 - Notification of Theft or Significant losses

Dr. Ruffridge requested clarification on what the proposed language in (a)(1) referring to "unknown controlled substance losses" meant, to which Dr. Holt stated comes from an option on

the DEA form 106. Dr. Ruffridge stated it puts the burden on the pharmacist in charge to know the history of losses; if there is a PIC change within a 24-month period, it may be difficult to track whether the pharmacy stands on its number of losses. When submitting the form, there is a field (#9) where the PIC must indicate the number of times of a loss.

12 AAC 52.610 – Wholesale Drug Distributor License

The board returned to discussing notary requirements for wholesale drug distributors. It was determined there would not be a need to require a notary for the wholesale drug distributor type, but may be appropriate for in-state pharmacies under 12 AAC 52.020. The board then reviewed the resume requirement. Ms. Noe stated they are just placed in the file. Dr. Ruffridge and Mr. Henderson agreed resumes aren't valuable to the application. The board reviewed the attestation of a completed report in lieu of submitting a copy. There was no opposition. There was also no opposition to removing the fingerprint requirement from the application as Chair Holt reminded the board it only goes through the Alaska background check since the board doesn't have the statutory authority to conduct national background checks. There is diminished value in requiring background checks for non-resident applicants when the check is for the Alaska only. Dr. Holt commented as to why a background check would be needed for wholesale drug distributors, outsourcing facilities, and third-party logistics providers when it is not needed for the 135 in-state licensees. Ms. Lindemuth agreed the board needed to be consistent with this requirement.

12 AAC 52.696 - Outsourcing Facilities

Chair Holt walked through the proposed changes, which are similar to wholesale drug distributors and third-party logistics providers. Chair Holt walked through 12 AAC 52.697, which again mirror the other facility license types.

12 AAC 52.720 - Outpatient medications (amended from emergency room outpatient medications)

Ms. Bell recalled that when there are small supplies for outpatient care, there would be a need to hold the patient over until they are able to visit their community pharmacy. Chair Holt stated that AAG Megan Weigand indicated that if the board was going to be dispensing from an institutional location, the board would need to either expand regulation or change current regulation, which currently on states the section applies to the emergency room. Ms. Bell's suggestion was to be able to provide up to a 30-day supply of medication. Ms. Bell explained that some outpatient patients, like those who are in treatment or are being discharged from prison, are usually covered under Medicaid, but that the problem is when they are discharged from facility, paperwork for Medicaid isn't yet in order. Ms. Bell added that the goal is to try to keep recidivism low, so encouraged the board to find a way to extend the duration of their supply post-discharge.

Chair Holt walked through subsection (b). Ms. Bell revisited outpatient transition care, providing further details on an example that if you have someone who is released from prison, they may get stable on methadone within prison, but when they're going to be released but the prison system, the Medicaid paperwork isn't initiated until two months before they are supposed to be released, but it is a 6-month process. In this scenario, the corrections pharmacy would only provide up to a 30-day supply (is usually at least 10 days supply, though). Dr. Ruffridge stated he's run into this

same situation a few times; for large hospital institutions for example, they have a large pharmacy but also an emergency pharmacy to fall back on to allow the hospital pharmacy to shift the burden of resources to the in-patient pharmacy to have to dispense up to a 30-day supply.

Dr. Ruffridge stated it would seem to create a loophole where it could promote patients going to ERs to get additional supply. Ms. Bell clarified the scenario she is wanting to cover in regulation isn't related to emergencies, so was unsure whether 12 AAC 52.720 is the most appropriate section to add the language, but expressed her sentiment that she is also advocating for mental health. Chair Holt stated that institutional pharmacies should be able to function like a retail pharmacy for discharge purposes for a 30-day supply until the discharged patient is able to get to their community pharmacy.

TASK 7

Chair Holt stated he would re-draft regulations for Institutional facility outpatient medications. *(Pending.)*

12 AAC 52.585 – Mandatory Patient Counseling

Chair Holt walked through the proposed changes, including striking the list of counseling topics that may be included. Dr. Ruffridge expressed that he likes the list in (c) of what can be changed on a federally schedule II prescription and uses it to train new staff as opposed to the DEA list due its ease of finding and reading. Mr. Henderson recommended moving or incorporating the existing (e) somehow into (c).

Chair Holt walked through the proposed addition of subsection (e), which addresses using the PDMP to determine if a patient had previously been issued an opioid drug. Dr. Ruffridge requested to remove the term “addiction” and replace it with “dependency” because it implies a negative connotation. In subsection (d), Chair Holt asked the board whether a patient could refuse counseling to anyone other than a pharmacist. Dr. Ruffridge commented it doesn't say the counseling must come from just the pharmacist.

12 AAC 52.415 – Automated Drug Kiosks (new)

Chair Holt referenced AAG Weigand's legal opinion, which was included in the board's previous meeting packet. AAG Weigand indicated it is possible to regulate, though the board would need to establish regulations to ensure security of those systems, specifically to deter thefts of the kiosks. Chair Holt recalled they had previously discussed excluding controlled substance prescriptions due to risks of theft and diversion, so included in the language was the require to display a sign indicating the kiosk does not hold controlled substances. The board then discussed security of the kiosk. Ms. Bell stated that the PIC should be responsible for the kiosk just like everything else in the pharmacy and Mr. Henderson asked whether the PIC is responsible for both stocking of the kiosk and ensuring the machine is actually working. Ms. Bell affirmed, adding the PIC is responsible for the repair and maintenance and that there should be a pharmacist available to ensure it is working. Chair Holt added to the language a subsection on duties of the pharmacist on duty. Dr. Ruffridge commented the section should address pharmacies in rural areas.

Rob Geddes commented that in the lower 48 they are engaged in exactly what Dr. Ruffridge is outlining; there are multiple kiosks; pickup lockers, there are also dispensing robots that have audio-visual counseling remotely to the individual that are completed by the pharmacy that supports the kiosks. This topic was previously discussed during their November 5 – 6 meeting.

Dr. Ruffridge inquired whether we are attempting to license kiosks. Chair Holt clarified that yes, the board doesn't currently have the authority to license kiosks, they only have the ability to improve the ease of access for patients through regulations. Dr. Ruffridge stated Alaska is tailor-made for licensing of kiosk machines and encouraged the board to pursue a statute change for this.

The board also discussed displaying license certificates.

TASK 8

Chair Holt will re-draft the regulations as discussed at this meeting to be presented to the board at their next meeting.

(Pending.)

Agenda Item 8 Public Comment 4

Time: 4:15 p.m.

Dan Nelson (TCC)

Dr. Nelson commented on conducting inspections for non-resident pharmacies and expressed his strong opinion for the board to pursue a statutory change to license instead of register them. Dr. Nelson brought to the board's attention the matter of Amazon Internet pharmacies and how out-of-state pharmacies operate within the jurisdiction they are currently licensed in. It was added that the Amazon pharmacy is licensed in New Hampshire, so is following that state's laws; however, Dr. Nelson expressed his concern with the mandatory patient counseling requirement, going through scenarios where there may be issues with a medication, e.g.: insulin not being effective, and not receiving counseling on that, and how the Alaska board could go about addressing those issues.

Rob Geddes (Albertsons)

Rob Geddes, the director of pharmacy legislative and regulatory affairs for Albertsons, commended the board for their efforts, particularly around the advancements in the scope of practice for technicians to support pharmacists. Mr. Geddes informed the board he would be happy to provide comments and support to the board in their continued endeavors.

Agenda Item 9 Adjourn

Time: 4:30 p.m.

On a motion duly made by Tammy Lindemuth, seconded by Lana Bell, and approved unanimously to adjourn the meeting, the meeting was adjourned at 4:30 p.m.

1020		
1021	<u><i>Laura Carrillo</i></u>	<u>02/22/2021</u>
1022	Laura Carrillo, Executive Administrator	Date
1023		
1024	<u><i>Richard Holt</i></u>	
1025		
1026	Richard Holt, Chair	Date