

29-LS1378\N
Bruce
3/14/16

CS FOR HOUSE BILL NO. 344(HSS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE

**Offered:
Referred:**

Sponsor(s): REPRESENTATIVE SEATON

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the controlled substance prescription database; relating to the duties**
2 **of the Board of Pharmacy; relating to the prescription of opiates; relating to the practice**
3 **of dentistry; relating to the practice of medicine; relating to the practice of nursing;**
4 **relating to the practice of optometry; relating to the practice of veterinary medicine; and**
5 **providing for an effective date."**

6 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

7 *** Section 1.** AS 08.36.315 is amended to read:

8 **Sec. 08.36.315. Grounds for discipline, suspension, or revocation of license.**

9 The board may revoke or suspend the license of a dentist, or may reprimand, censure,
10 or discipline a dentist, or both, if the board finds after a hearing that the dentist

11 (1) used or knowingly cooperated in deceit, fraud, or intentional
12 misrepresentation to obtain a license;

13 (2) engaged in deceit, fraud, or intentional misrepresentation in the

1 course of providing or billing for professional dental services or engaging in
2 professional activities;

3 (3) advertised professional dental services in a false or misleading
4 manner;

5 (4) received compensation for referring a person to another dentist or
6 dental practice;

7 (5) has been convicted of a felony or other crime that affects the
8 dentist's ability to continue to practice dentistry competently and safely;

9 (6) engaged in the performance of patient care, or permitted the
10 performance of patient care by persons under the dentist's supervision, regardless of
11 whether actual injury to the patient occurred,

12 (A) that did not conform to minimum professional standards of
13 dentistry; or

14 (B) when the dentist, or a person under the supervision of the
15 dentist, did not have the permit, registration, or certificate required under
16 AS 08.32 or this chapter;

17 (7) failed to comply with this chapter, with a regulation adopted under
18 this chapter, or with an order of the board;

19 (8) continued to practice after becoming unfit due to

20 (A) professional incompetence;

21 (B) addiction or dependence on alcohol or other drugs that
22 impair the dentist's ability to practice safely;

23 (C) physical or mental disability;

24 (9) engaged in lewd or immoral conduct in connection with the
25 delivery of professional service to patients;

26 (10) permitted a dental hygienist or dental assistant who is employed
27 by the dentist or working under the dentist's supervision to perform a dental procedure
28 in violation of AS 08.32.110 or AS 08.36.346;

29 (11) failed to report to the board a death that occurred on the premises
30 used for the practice of dentistry within 48 hours;

31 (12) falsified or destroyed patient or facility records or failed to

maintain a patient or facility record for at least seven years after the date the record was created;

(13) prescribed or dispensed an opiate in excess of the maximum dosage authorized under AS 08.36.355; or

(14) procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action.

* **Sec. 2.** AS 08.36 is amended by adding a new section to read:

Sec. 08.36.355. Maximum dosage for opiate prescriptions. (a) A licensee may not issue an initial prescription for an opiate that exceeds a seven-day supply to an adult patient for outpatient use.

(b) A licensee may not issue a prescription for an opiate that exceeds a seven-day supply to a minor. At the time a licensee writes a prescription for an opiate for a minor, the licensee shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opiate use.

(c) Notwithstanding (a) and (b) of this section, a licensee may issue a prescription for an opiate that exceeds a seven-day supply to an adult or minor patient if, in the professional judgment of the licensee, more than a seven-day supply of an opiate is necessary for

(1) the patient's acute medical condition, chronic pain management, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care; the licensee may write a prescription for an opiate for the quantity needed to treat the patient's medical condition, chronic pain, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care; the licensee shall document in the patient's medical record the condition triggering the prescription of an opiate in a quantity that exceeds a seven-day supply and indicate that a non-opiate alternative was not appropriate to address the medical condition; or

(2) a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier; the licensee may write a prescription for an opiate for the quantity needed to treat the patient for the time that the patient is unable to access a practitioner; the licensee shall document in the patient's medical record the reason for the prescription of an opiate in

a quantity that exceeds a seven-day supply and indicate that a non-opiate alternative was not appropriate to address the medical condition; in this paragraph, "practitioner" has the meaning given in AS 11.71.900.

(d) In this section,

(1) "adult" means

(A) a person who has reached 18 years of age; or

(B) an emancipated minor;

(2) "emancipated minor" means a minor whose disabilities have been removed for general purposes under AS 09.55.590;

(3) "minor" means a person under 18 years of age who is not an emancipated minor.

* **Sec. 3.** AS 08.36.370 is amended by adding a new paragraph to read:

(10) "opiate" has the meaning given in AS 11.71.900.

* **Sec. 4.** AS 08.64.326(a) is amended to read:

(a) The board may impose a sanction if the board finds after a hearing that a licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation while providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted, including conviction based on a guilty plea or plea of nolo contendere, of

(A) a class A or unclassified felony or a crime in another jurisdiction with elements similar to a class A or unclassified felony in this jurisdiction;

(B) a class B or class C felony or a crime in another jurisdiction with elements similar to a class B or class C felony in this jurisdiction if the felony or other crime is substantially related to the qualifications, functions, or duties of the licensee; or

(C) a crime involving the unlawful procurement, sale,

prescription, or dispensing of drugs;

(5) has procured, sold, prescribed, or dispensed drugs in violation of a law regardless of whether there has been a criminal action;

(6) intentionally or negligently permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards even if the patient was not injured;

(7) failed to comply with this chapter, a regulation adopted under this chapter, or an order of the board;

(8) has demonstrated

(A) professional incompetence, gross negligence, or repeated negligent conduct; the board may not base a finding of professional incompetence solely on the basis that a licensee's practice is unconventional or experimental in the absence of demonstrable physical harm to a patient;

(B) addiction to, severe dependency on, or habitual overuse of alcohol or other drugs that impairs the licensee's ability to practice safely;

(C) unfitness because of physical or mental disability;

(9) engaged in unprofessional conduct, in sexual misconduct, or in lewd or immoral conduct in connection with the delivery of professional services to patients; in this paragraph, "sexual misconduct" includes sexual contact, as defined by the board in regulations adopted under this chapter, or attempted sexual contact with a patient outside the scope of generally accepted methods of examination or treatment of the patient, regardless of the patient's consent or lack of consent, during the term of the physician-patient relationship, as defined by the board in regulations adopted under this chapter, unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating, courtship, or engagement relationship with the licensee;

(10) has violated AS 18.16.010;

(11) has violated any code of ethics adopted by regulation by the board;

(12) has denied care or treatment to a patient or person seeking assistance from the physician if the only reason for the denial is the failure or refusal

of the patient to agree to arbitrate as provided in AS 09.55.535(a); [OR]

(13) has had a license or certificate to practice medicine in another state or territory of the United States, or a province or territory of Canada, denied, suspended, revoked, surrendered while under investigation for an alleged violation, restricted, limited, conditioned, or placed on probation unless the denial, suspension, revocation, or other action was caused by the failure of the licensee to pay fees to that state, territory, or province; or

(14) prescribed or dispensed an opiate in excess of the maximum dosage authorized under AS 08.64.363.

* **Sec. 5.** AS 08.64 is amended by adding a new section to article 3 to read:

Sec. 08.64.363. Maximum dosage for opiate prescriptions. (a) A licensee may not issue an initial prescription for an opiate that exceeds a seven-day supply to an adult patient for outpatient use.

(b) A licensee may not issue a prescription for an opiate that exceeds a seven-day supply to a minor. At the time a licensee writes a prescription for an opiate for a minor, the licensee shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opiate use.

(c) Notwithstanding (a) and (b) of this section, a licensee may issue a prescription for an opiate that exceeds a seven-day supply to an adult or minor patient if, in the professional medical judgment of the licensee, more than a seven-day supply of an opiate is necessary for

(1) the patient's acute medical condition, chronic pain management, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care; the licensee may write a prescription for an opiate for the quantity needed to treat the patient's medical condition, chronic pain, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care; the licensee shall document in the patient's medical record the condition triggering the prescription of an opiate in a quantity that exceeds a seven-day supply and indicate that a non-opiate alternative was not appropriate to address the medical condition; or

(2) a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier;

the licensee may write a prescription for an opiate for the quantity needed to treat the patient for the time that the patient is unable to access a practitioner; the licensee shall document in the patient's medical record the reason for the prescription of an opiate in a quantity that exceeds a seven-day supply and indicate that a non-opiate alternative was not appropriate to address the medical condition; in this paragraph, "practitioner" has the meaning given in AS 11.71.900.

(d) In this section,

(1) "adult" means

(A) a person who has reached 18 years of age; or

(B) an emancipated minor;

(2) "emancipated minor" means a minor whose disabilities have been removed for general purposes under AS 09.55.590;

(3) "minor" means a person under 18 years of age who is not an emancipated minor.

* **Sec. 6.** AS 08.64.380 is amended by adding a new paragraph to read:

(7) "opiate" has the meaning given in AS 11.71.900.

* **Sec. 7.** AS 08.68.270 is amended to read:

Sec. 08.68.270. Grounds for denial, suspension, or revocation. The board may deny, suspend, or revoke the license of a person who

(1) has obtained or attempted to obtain a license to practice nursing by fraud or deceit;

(2) has been convicted of a felony or other crime if the felony or other crime is substantially related to the qualifications, functions, or duties of the licensee;

(3) habitually abuses alcoholic beverages, or illegally uses controlled substances;

(4) has impersonated a registered or practical nurse;

(5) has intentionally or negligently engaged in conduct that has resulted in a significant risk to the health or safety of a client or in injury to a client;

(6) practices or attempts to practice nursing while afflicted with physical or mental illness, deterioration, or disability that interferes with the individual's performance of nursing functions;

(7) is guilty of unprofessional conduct as defined by regulations adopted by the board;

(8) has wilfully or repeatedly violated a provision of this chapter or regulations adopted under this chapter or AS 08.01;

(9) is professionally incompetent;

(10) denies care or treatment to a patient or person seeking assistance if the sole reason for the denial is the failure or refusal of the patient or person seeking assistance to agree to arbitrate as provided in AS 09.55.535(a);

(11) prescribed or dispensed an opiate in excess of the maximum dosage authorized under AS 08.68.705; or

(12) has procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action.

* **Sec. 8.** AS 08.68 is amended by adding a new section to article 6 to read:

Sec. 08.68.705. Maximum dosage for opiate prescriptions. (a) An advanced nurse practitioner licensed in the state may not issue an initial prescription for an opiate that exceeds a seven-day supply to an adult patient for outpatient use.

(b) An advanced nurse practitioner licensed in the state may not issue a prescription for an opiate that exceeds a seven-day supply to a minor. At the time an advanced nurse practitioner writes a prescription for an opiate for a minor, the advanced nurse practitioner shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opiate use.

(c) Notwithstanding (a) and (b) of this section, an advanced nurse practitioner licensed in the state may issue a prescription for an opiate that exceeds a seven-day supply to an adult or minor patient if, in the professional judgment of the advanced nurse practitioner, more than a seven-day supply of an opiate is necessary for

(1) the patient's acute medical condition, chronic pain management, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care; the advanced nurse practitioner may write a prescription for an opiate for the quantity needed to treat the patient's medical condition, chronic pain, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care; the advanced nurse practitioner shall document in the patient's medical

record the condition triggering the prescription of an opiate in a quantity that exceeds a seven-day supply and indicate that a non-opiate alternative was not appropriate to address the medical condition; or

(2) a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier; the advanced nurse practitioner may write a prescription for an opiate for the quantity needed to treat the patient for the time that the patient is unable to access a practitioner; the advanced nurse practitioner shall document in the patient's medical record the reason for the prescription of an opiate in a quantity that exceeds a seven-day supply and indicate that a non-opiate alternative was not appropriate to address the medical condition; in this paragraph, "practitioner" has the meaning given in AS 11.71.900.

(d) In this section,

(1) "adult" means

(A) a person who has reached 18 years of age; or

(B) an emancipated minor;

(2) "emancipated minor" means a minor whose disabilities have been removed for general purposes under AS 09.55.590;

(3) "minor" means a person under 18 years of age who is not an emancipated minor.

* **Sec. 9.** AS 08.68.850 is amended by adding a new paragraph to read:

(11) "opiate" has the meaning given in AS 11.71.900.

* **Sec. 10.** AS 08.72.240 is amended to read:

Sec. 08.72.240. Grounds for imposition of disciplinary sanctions. The board may impose disciplinary sanctions when the board finds after a hearing that a licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects the

licensee's ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision which does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or severe dependency on alcohol or other drugs which impairs the licensee's ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;

(9) failed to refer a patient to a physician after ascertaining the presence of ocular or systemic conditions requiring management by a physician;

(10) prescribed or dispensed an opiate in excess of the maximum dosage authorized under AS 08.72.277; or

(11) procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action.

* **Sec. 11.** AS 08.72 is amended by adding a new section to read:

Sec. 08.72.277. Maximum dosage for opiate prescriptions. (a) A licensed optometrist may not issue an initial prescription for an opiate that exceeds a seven-day supply to an adult patient for outpatient use.

(b) A licensed optometrist may not issue a prescription for an opiate that exceeds a seven-day supply to a minor. At the time a licensed optometrist writes a prescription for an opiate for a minor, the licensed optometrist shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opiate use.

(c) Notwithstanding (a) and (b) of this section, a licensed optometrist may issue a prescription for an opiate that exceeds a seven-day supply to an adult or minor patient if, in the professional judgment of the licensed optometrist, more than a seven-day supply of an opiate is necessary for

(1) the patient's acute medical condition, chronic pain management, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care; the licensed optometrist may write a prescription for an opiate for the quantity needed to treat the patient's condition, chronic pain, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care; the licensed optometrist shall document in the patient's medical record the condition triggering the prescription of an opiate in a quantity that exceeds a seven-day supply and indicate that a non-opiate alternative was not appropriate to address the medical condition; or

(2) a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier; the licensed optometrist may write a prescription for an opiate for the quantity needed to treat the patient for the time that the patient is unable to access a practitioner; the licensed optometrist shall document in the patient's medical record the reason for the prescription of an opiate in a quantity that exceeds a seven-day supply and indicate that a non-opiate alternative was not appropriate to address the medical condition; in this paragraph, "practitioner" has the meaning given in AS 11.71.900.

(d) In this section,

(1) "adult" means

(A) a person who has reached 18 years of age; or

(B) an emancipated minor;

(2) "emancipated minor" means a minor whose disabilities have been removed for general purposes under AS 09.55.590;

(3) "minor" means a person under 18 years of age who is not an emancipated minor.

* **Sec. 12.** AS 08.72.300 is amended by adding a new paragraph to read:

(6) "opiate" has the meaning given in AS 11.71.900.

* **Sec. 13.** AS 08.98.235 is amended to read:

Sec. 08.98.235. Grounds for imposition of disciplinary sanctions. After a hearing, the board may impose a disciplinary sanction on a person licensed under this chapter when the board finds that the person

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects the person's ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of animal care by the person's supervisees which does not conform to minimum professional standards regardless of whether actual injury to the animal occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) addiction or severe dependency on alcohol or other drugs which impairs the person's ability to practice safely;

(C) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service;

(9) procured, sold, prescribed, or dispensed drugs in violation of law, regardless of whether there has been a criminal action.

* **Sec. 14.** AS 17.30.200(a) is amended to read:

(a) The controlled substance prescription database is established in the Board of Pharmacy. The purpose of the database is to contain data as described in this section regarding every prescription for a schedule [IA, IIA, IIIA, IVA, OR VA CONTROLLED SUBSTANCE UNDER STATE LAW OR A SCHEDULE I,] II, III,

or IV [, OR V] controlled substance under federal law dispensed in the state to a person other than those administered to a patient at a health care facility. [THE DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT SHALL ASSIST THE BOARD AND PROVIDE NECESSARY STAFF AND EQUIPMENT TO IMPLEMENT THIS SECTION.]

* **Sec. 15.** AS 17.30.200(b) is amended to read:

(b) The pharmacist-in-charge of each licensed or registered pharmacy, or an agent or employee of the pharmacist-in-charge whom the pharmacist-in-charge has authorized to submit to the database on the pharmacist-in-charge's behalf, regarding each schedule [IA, IIA, IIIA, IVA, OR VA CONTROLLED SUBSTANCE UNDER STATE LAW OR A SCHEDULE I,] II, III, or IV [, OR V] controlled substance under federal law dispensed by a pharmacist under the supervision of the pharmacist-in-charge, and each practitioner who directly dispenses a schedule [IA, IIA, IIIA, IVA, OR VA CONTROLLED SUBSTANCE UNDER STATE LAW OR A SCHEDULE I,] II, III, or IV [, OR V] controlled substance under federal law or an agent or employee of the practitioner whom the practitioner has authorized to submit to the database on the practitioner's behalf, other than those administered to a patient at a health care facility, shall submit to the database at least weekly [BOARD], by a procedure and in a format established by the board, the following information [FOR INCLUSION IN THE DATABASE]:

(1) the name of the prescribing practitioner and the practitioner's federal Drug Enforcement Administration registration number or other appropriate identifier;

(2) the date of the prescription;

(3) the date the prescription was filled and the method of payment; this paragraph does not authorize the board to include individual credit card or other account numbers in the database;

(4) the name, address, and date of birth of the person for whom the prescription was written;

(5) the name and national drug code of the controlled substance;

(6) the quantity and strength of the controlled substance dispensed;

(7) the name of the drug outlet dispensing the controlled substance;
and

(8) the name of the pharmacist or practitioner dispensing the controlled substance and other appropriate identifying information.

* **Sec. 16.** AS 17.30.200(d) is amended to read:

(d) The database and the information contained within the database are confidential, are not public records, and are not subject to public disclosure. The board shall undertake to ensure the security and confidentiality of the database and the information contained within the database. The board may allow access to the database only to the following persons, and in accordance with the limitations provided and regulations of the board:

(1) personnel of the board regarding inquiries concerning licensees or registrants of the board or personnel of another board or agency concerning a practitioner under a search warrant, subpoena, or order issued by an administrative law judge or a court;

(2) authorized board personnel or contractors as required for operational and review purposes;

(3) a licensed or registered practitioner having authority to prescribe controlled substances or an agent or employee of the practitioner whom the practitioner has authorized to access the database on the practitioner's behalf, to the extent the information relates specifically to a current patient of the practitioner to whom the practitioner is prescribing or considering prescribing a controlled substance;

(4) a licensed or registered pharmacist having authority to dispense controlled substances or an agent or employee of the pharmacist whom the pharmacist has authorized to access the database on the pharmacist's behalf, to the extent the information relates specifically to a current patient to whom the pharmacist is dispensing or considering dispensing a controlled substance;

(5) federal, state, and local law enforcement authorities may receive printouts of information contained in the database under a search warrant, subpoena, or order issued by a court establishing probable cause for the access and use of the information; [AND]

(6) an individual who is the recipient of a controlled substance prescription entered into the database may receive information contained in the database concerning the individual on providing evidence satisfactory to the board that the individual requesting the information is in fact the person about whom the data entry was made and on payment of a fee set by the board under AS 37.10.050 that does not exceed \$10;

(7) a pharmacist who is responsible for administering prescription drug coverage for the medical assistance program under AS 47.07, to the extent that the information relates specifically to prescription drug coverage under the program;

(8) a person responsible for utilization review of prescription drugs for the medical assistance program under AS 47.07, to the extent that the information relates specifically to utilization review of prescription drugs under the program;

(9) the state medical examiner, to the extent that the information relates specifically to investigating the cause and manner of a person's death; and

(10) an authorized employee of the Department of Health and Social Services may receive information from the database that does not identify patients, prescribers, dispensers, or dispenser locations, for the purpose of identifying and monitoring public health issues in the state.

* Sec. 17. AS 17.30.200(e) is amended to read:

(e) The failure of a pharmacist-in-charge, pharmacist, or practitioner to register with or submit information to the database as required under this section is grounds for the board to take disciplinary action against the license or registration of the pharmacy or pharmacist or for another licensing board to take disciplinary action against a practitioner.

* Sec. 18. AS 17.30.200(h) is amended to read:

(h) An individual who has submitted information to the database in accordance with this section may not be held civilly liable for having submitted the information. [NOTHING IN THIS SECTION REQUIRES OR OBLIGATES A DISPENSER OR PRACTITIONER TO ACCESS OR CHECK THE DATABASE

BEFORE DISPENSING, PRESCRIBING, OR ADMINISTERING A MEDICATION, OR PROVIDING MEDICAL CARE TO A PERSON.] Dispensers or practitioners may not be held civilly liable for damages for accessing or failing to access the information in the database.

* **Sec. 19.** AS 17.30.200(k) is amended to read:

(k) In the regulations adopted under this section, the board shall provide

(1) that prescription information in the database shall be purged from the database after two years have elapsed from the date the prescription was dispensed;

(2) a method for an individual to challenge information in the database about the individual that the person believes is incorrect or was incorrectly entered by a dispenser;

(3) a procedure and time frame for registration with the database;

(4) that a pharmacist or practitioner shall review the information in the database to check a patient's prescription records before prescribing, dispensing, or administering to a patient a schedule II, III, or IV controlled substance under federal law; the regulations must provide that a pharmacist or practitioner is not required to review the information in the database before dispensing, prescribing, or administering a controlled substance to a person who is receiving treatment

(A) in an inpatient setting;

(B) at the scene of an emergency or in an ambulance; in this subparagraph, "ambulance" has the meaning given in AS 18.08.200;

(C) in an emergency room; or

(D) immediately before, during, or within the first 24 hours after surgery or a medical procedure;

(5) an alternate procedure and format that complies with the requirements of this section for a pharmacist or practitioner who is unable to directly access the database by electronic means because of a technological or infrastructure barrier; the board may authorize the use of the alternate procedure and format for a pharmacist or practitioner who provides evidence to

the board sufficient to establish that the pharmacist or practitioner has a technological or infrastructure barrier that prevents the pharmacist or practitioner from directly accessing the database by electronic means.

* **Sec. 20.** AS 17.30.200 is amended by adding new subsections to read:

(o) The board shall develop in the database an alert system that automatically sends an electronic notification to a pharmacist and practitioner at the time the pharmacist or practitioner enters a prescription for a patient into the database if the same patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of dosage for that controlled substance.

(p) A pharmacist who dispenses or a practitioner who prescribes, administers, or directly dispenses a schedule II, III, or IV controlled substance under federal law shall register with the database by a procedure and in a format established by the board.

(q) A pharmacist or practitioner may only delegate access to the database under (b) or (d) of this section to an employee or agent who is licensed or registered in the state.

(r) The Department of Commerce, Community, and Economic Development shall

(1) promptly notify the State Medical Board, the Board of Nursing, the Board of Dental Examiners, the Board of Veterinary Examiners, and the Board of Examiners in Optometry when a practitioner registers with the database under (p) of this section;

(2) assist the board and provide necessary staff and equipment to implement this section; and

(3) establish fees for registration with the database by a pharmacist or practitioner required to register under (p) of this section so that the total amount of fees collected by the department equals the total operational costs of the database minus all federal funds acquired for the operational costs of the database; in setting the fee levels, the department shall

(A) set the fees for registration with the database so that the

1 fees are the same for all practitioners and pharmacists required to register; and

2 (B) consult with the board to establish the fees under this
3 subsection.

4 * **Sec. 21.** The uncoded law of the State of Alaska is amended by adding a new section to
5 read:

6 TRANSITION: REGULATIONS. The Department of Commerce, Community, and
7 Economic Development, the Board of Pharmacy, the State Medical Board, the Board of
8 Nursing, the Board of Dental Examiners, the Board of Veterinary Examiners, and the Board
9 of Examiners in Optometry may adopt regulations necessary to implement the changes made
10 by secs. 14 - 20 of this Act. The regulations take effect under AS 44.62 (Administrative
11 Procedure Act), but not before the effective date of the relevant provision of secs. 14 - 20 of
12 this Act implemented by the regulation.

13 * **Sec. 22.** The uncoded law of the State of Alaska is amended by adding a new section to
14 read:

15 TRANSITION. The Board of Pharmacy shall provide necessary information and
16 training to the State Medical Board, the Board of Nursing, the Board of Dental Examiners, the
17 Board of Veterinary Examiners, and the Board of Examiners in Optometry for implementing
18 the requirements of secs. 14 - 20 of this Act.

19 * **Sec. 23.** AS 17.30.200(r), enacted by sec. 20 of this Act, takes effect September 1, 2016.

20 * **Sec. 24.** Sections 21 and 22 of this Act take effect immediately under AS 01.10.070(c).

21 * **Sec. 25.** Except as provided in secs. 23 and 24 of this Act, this Act takes effect July 1,
22 2017.