

**HOUSE BILL NO. 159**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - FIRST SESSION

BY THE HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

Introduced: 3/6/17

Referred: Health and Social Services, Finance

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to the prescription of opioids; establishing the Voluntary Nonopioid  
2 Directive Act; relating to the controlled substance prescription database; relating to the  
3 practice of dentistry; relating to the practice of medicine; relating to the practice of  
4 podiatry; relating to the practice of osteopathy; relating to the practice of nursing;  
5 relating to the practice of optometry; relating to the practice of veterinary medicine;  
6 related to the duties of the Board of Pharmacy; and providing for an effective date."

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

8 \* **Section 1.** AS 13 is amended by adding a new chapter to read:

9 **Chapter 55. Voluntary Nonopioid Directive Act.**

10 **Sec. 13.55.010. Nonopioid directive; revocation; other requirements. (a)**

11 An individual 18 years of age or older may execute a voluntary nonopioid directive in  
12 a format prescribed by the department and available in an electronic format. The  
13 instruction must state the individual's directive that the individual not be administered

1 or prescribed an opioid.

2 (b) Regulations for the implementation of the voluntary nonopioid directive  
3 under this section shall

4 (1) include verification by a health care provider and comply with the  
5 written consent requirements under 42 U.S.C. 290dd-2(b) and 42 C.F.R. Part 2;

6 (2) provide standard procedures for an individual to submit a voluntary  
7 nonopioid directive to a health care provider or hospital;

8 (3) include appropriate exemptions for emergency medical personnel;

9 (4) ensure confidentiality of a voluntary nonopioid directive;

10 (5) ensure exemptions for an opioid used for treatment of substance  
11 abuse or opioid dependence.

12 (c) An individual may revoke a voluntary nonopioid directive at any time in  
13 writing or orally. An individual's guardian, conservator, or other person appointed by  
14 the individual or a court to manage the individual's health care may revoke an  
15 individual's voluntary nonopioid directive at any time in writing or orally. An  
16 individual's guardian, conservator, or other person appointed by the individual or a  
17 court to manage the individual's health care may not execute a voluntary nonopioid  
18 directive on behalf of the individual.

19 (d) An individual may submit a voluntary nonopioid directive to a health care  
20 provider or a hospital.

21 **Sec. 13.55.020. Obligations of health care providers and hospitals.** A health  
22 care provider, a hospital, or an employee of a health care provider or hospital may not  
23 be subject to disciplinary action by the health care provider's or the employee's  
24 professional licensing board and may not be subject to civil or criminal liability for  
25 failure to administer, prescribe, or dispense an opioid to an individual who has  
26 executed a voluntary nonopioid directive.

27 **Sec. 13.55.030. Prescriptions presumed valid.** A prescription presented to a  
28 pharmacy is presumed to be valid and a pharmacist shall not be subject to discipline  
29 by the pharmacist's professional licensing board or held civilly or criminally liable for  
30 dispensing a controlled substance in contradiction to a person's voluntary nonopioid  
31 directive.

1           **Sec. 13.55.040. Effect of this chapter.** Nothing in this chapter shall be  
2 construed to

3                   (1) alter an advance health care directive under AS 13.52 (Health Care  
4 Decisions Act);

5                   (2) limit prescribing, dispensing, or administering an opioid overdose  
6 drug;

7                   (3) limit an authorized health care provider or pharmacist from  
8 prescribing, dispensing, or administering an opioid for the treatment of substance  
9 abuse or opioid dependence.

10           **Sec. 13.55.100. Definitions.** In this chapter, unless the context otherwise  
11 requires,

12                   (1) "department" means the Department of Health and Social Services;

13                   (2) "health care provider" has the meaning given in AS 09.65.340;

14                   (3) "hospital" has the meaning given in AS 13.52.268;

15                   (4) "opioid" includes the opium and opiate substances and opium and  
16 opiate derivatives listed in AS 11.71.140;

17                   (5) "opioid overdose drug" has the meaning given in AS 09.65.340.

18           **Sec. 13.55.110. Short title.** This chapter may be known as the Voluntary  
19 Nonopioid Directive Act.

20 \* **Sec. 2.** AS 08.36.070(a), as amended by sec. 5, ch. 25, SLA 2016, is amended to read:

21           (a) The board shall

22                   (1) provide for the examination of applicants and the credentialing,  
23 registration, and licensure of those applicants it finds qualified;

24                   (2) maintain a registry of licensed dentists, licensed dental hygienists,  
25 and registered dental assistants who are in good standing;

26                   (3) affiliate with the American Association of Dental Boards and pay  
27 annual dues to the association;

28                   (4) hold hearings and order the disciplinary sanction of a person who  
29 violates this chapter, AS 08.32, or a regulation of the board;

30                   (5) supply forms for applications, licenses, permits, certificates,  
31 registration documents, and other papers and records;

1 (6) enforce the provisions of this chapter and AS 08.32 and adopt or  
2 amend the regulations necessary to make the provisions of this chapter and AS 08.32  
3 effective;

4 (7) adopt regulations ensuring that renewal of a license, registration, or  
5 certificate under this chapter or a license, certificate, or endorsement under AS 08.32  
6 is contingent upon proof of continued professional competence; **regulations must**  
7 **require that a licensee receive not less than two hours of education in pain**  
8 **management and opioid use and addiction in the two years preceding an**  
9 **application for renewal of a license, unless the licensee has demonstrated to the**  
10 **satisfaction of the board that the licensee does not currently hold a valid federal**  
11 **Drug Enforcement Administration registration number;**

12 (8) at least annually, cause to be published on the Internet and in a  
13 newspaper of general circulation in each major city in the state a summary of  
14 disciplinary actions the board has taken during the preceding calendar year;

15 (9) issue permits or certificates to licensed dentists, licensed dental  
16 hygienists, and dental assistants who meet standards determined by the board for  
17 specific procedures that require specific education and training;

18 (10) require that a licensed dentist who has a federal Drug  
19 Enforcement Administration registration number register with the controlled substance  
20 prescription database under AS 17.30.200(o).

21 \* **Sec. 3.** AS 08.36.110(a) is amended to read:

22 (a) An applicant for a license to practice dentistry shall

23 (1) provide certification to the board that the applicant

24 (A) is a graduate of a dental school that, at the time of  
25 graduation, is approved by the board;

26 (B) has successfully passed a written examination approved by  
27 the board;

28 (C) has not had a license to practice dentistry revoked,  
29 suspended, or voluntarily surrendered in this state or another state;

30 (D) is not the subject of an adverse decision based upon a  
31 complaint, investigation, review procedure, or other disciplinary proceeding

1 within the five years immediately preceding application, or of an unresolved  
 2 complaint, investigation, review procedure, or other disciplinary proceeding,  
 3 undertaken by a state, territorial, local, or federal dental licensing jurisdiction;

4 (E) is not the subject of an unresolved or an adverse decision  
 5 based upon a complaint, investigation, review procedure, or other disciplinary  
 6 proceeding, undertaken by a state, territorial, local, or federal dental licensing  
 7 jurisdiction or law enforcement agency that relates to criminal or fraudulent  
 8 activity, dental malpractice, or negligent dental care and that adversely reflects  
 9 on the applicant's ability or competence to practice dentistry or on the safety or  
 10 well-being of patients;

11 (F) is not the subject of an adverse report from the National  
 12 Practitioner Data Bank or the American Association of Dental Boards  
 13 Clearinghouse for Board Actions that relates to criminal or fraudulent activity,  
 14 or dental malpractice;

15 (G) is not impaired to an extent that affects the applicant's  
 16 ability to practice dentistry;

17 (H) has not been convicted of a crime that adversely reflects on  
 18 the applicant's ability or competency to practice dentistry or that jeopardizes  
 19 the safety or well-being of a patient;

20 (2) pass, to the satisfaction of the board, written, clinical, and other  
 21 examinations administered or approved by the board; and

22 (3) meet the other qualifications for a license established by the board  
 23 by regulation, including education in pain management and opioid use and  
 24 addiction in the two years preceding the application for a license, unless the  
 25 applicant has demonstrated to the satisfaction of the board that the applicant  
 26 does not currently hold a valid federal Drug Enforcement Administration  
 27 registration number; approved education may include dental school coursework.

28 \* **Sec. 4.** AS 08.36.315 is amended to read:

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

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

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

3 (2) engaged in deceit, fraud, or intentional misrepresentation in the  
4 course of providing or billing for professional dental services or engaging in  
5 professional activities;

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

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

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

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

15 (A) that did not conform to minimum professional standards of  
16 dentistry; or

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

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

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

23 (A) professional incompetence;

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

26 (C) physical or mental disability;

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

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

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

3 (12) falsified or destroyed patient or facility records or failed to  
4 maintain a patient or facility record for at least seven years after the date the record  
5 was created;

6 **(13) prescribed or dispensed an opioid in excess of the maximum**  
7 **dosage authorized under AS 08.36.355; or**

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

10 \* **Sec. 5.** AS 08.36 is amended by adding a new section to read:

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

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

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

22 (1) the patient's chronic pain management; the licensee may write a  
23 prescription for an opioid for the quantity needed to treat the patient's medical  
24 condition or chronic pain; the licensee shall document in the patient's medical record  
25 the condition triggering the prescription of an opioid in a quantity that exceeds a  
26 seven-day supply and indicate that a nonopioid alternative was not appropriate to  
27 address the medical condition; or

28 (2) a patient who is unable to access a practitioner within the time  
29 necessary for a refill of the seven-day supply because of a logistical or travel barrier;  
30 the licensee may write a prescription for an opioid for the quantity needed to treat the  
31 patient for the time that the patient is unable to access a practitioner; the licensee shall

1 document in the patient's medical record the reason for the prescription of an opioid in  
 2 a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative  
 3 was not appropriate to address the medical condition; in this paragraph, "practitioner"  
 4 has the meaning given in AS 11.71.900.

5 (d) In this section,

6 (1) "adult" means

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

8 (B) an emancipated minor;

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

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

13 \* **Sec. 6.** AS 08.36.370 is amended by adding a new paragraph to read:

14 (10) "opioid" includes the opium and opiate substances and opium and  
 15 opiate derivatives listed in AS 11.71.140.

16 \* **Sec. 7.** AS 08.64.107 is amended to read:

17 **Sec. 08.64.107. Regulation of physician assistants and intensive care**  
 18 **paramedics.** The board shall adopt regulations regarding the licensure of physician  
 19 assistants and registration of mobile intensive care paramedics, and the medical  
 20 services that they may perform, including the

21 (1) educational and other qualifications, including education in pain  
 22 management and opioid use and addiction;

23 (2) application and registration procedures;

24 (3) scope of activities authorized; and

25 (4) responsibilities of the supervising or training physician.

26 \* **Sec. 8.** AS 08.64.200(a) is amended to read:

27 (a) Except for foreign medical graduates as specified in AS 08.64.225, each  
 28 physician applicant shall

29 (1) submit a certificate of graduation from a legally chartered medical  
 30 school accredited by the Association of American Medical Colleges and the Council  
 31 on Medical Education of the American Medical Association;



1 (2) submit a certificate from a recognized hospital or hospitals  
 2 certifying that the applicant has satisfactorily performed the duties of resident  
 3 physician or intern for a period of

4 (A) one year if the applicant graduated from medical school  
 5 before January 1, 1995, as evidenced by a certificate of completion of the first  
 6 year of postgraduate training from the facility where the applicant completed  
 7 the first year of internship or residency; and

8 (B) two years if the applicant graduated from medical school  
 9 on or after January 1, 1995, as evidenced by a certificate of completion of the  
 10 first year of postgraduate training from the facility where the applicant  
 11 completed the first year of internship or residency and a certificate of  
 12 successful completion of one additional year of postgraduate training at a  
 13 recognized hospital;

14 (3) submit a list of negotiated settlements or judgments in claims or  
 15 civil actions alleging medical malpractice against the applicant, including an  
 16 explanation of the basis for each claim or action; and

17 (4) not have a license to practice medicine in another state, country,  
 18 province, or territory that is currently suspended or revoked for disciplinary reasons;

19 **(5) receive education in pain management and opioid use and**  
 20 **addiction, unless the applicant has demonstrated to the satisfaction of the board**  
 21 **that the applicant does not currently hold a valid federal Drug Enforcement**  
 22 **Administration registration number; an applicant may include past professional**  
 23 **experience or professional education as proof of professional competence.**

24 \* **Sec. 9.** AS 08.64.205 is amended to read:

25 **Sec. 08.64.205. Qualifications for osteopath applicants.** Each osteopath  
 26 applicant shall meet the qualifications prescribed in AS 08.64.200(a)(3), **(4), and (5)**  
 27 [AND (4)] and shall

28 (1) submit a certificate of graduation from the legally chartered school  
 29 of osteopathy approved by the board;

30 (2) submit a certificate from a hospital approved by the American  
 31 Medical Association or the American Osteopathic Association that certifies that the

1 osteopath has satisfactorily completed and performed the duties of intern or resident  
2 physician for

3 (A) one year if the applicant graduated from a school of  
4 osteopathy before January 1, 1995, as evidenced by a certificate of completion  
5 of the first year of postgraduate training from the facility where the applicant  
6 completed the first year of internship or residency; or

7 (B) two years if the applicant graduated from a school of  
8 osteopathy on or after January 1, 1995, as evidenced by a certificate of  
9 completion of the first year of postgraduate training from the facility where the  
10 applicant completed the first year of internship or residency and a certificate of  
11 successful completion of one additional year of postgraduate training at a  
12 recognized hospital;

13 (3) take the examination required by AS 08.64.210 or be certified to  
14 practice by the National Board of Examiners for Osteopathic Physicians and  
15 Surgeons;

16 **(4) receive education in pain management and opioid use and**  
17 **addiction, unless the applicant has demonstrated to the satisfaction of the board**  
18 **that the applicant does not currently hold a valid federal Drug Enforcement**  
19 **Administration registration number; an applicant may include past professional**  
20 **experience or professional education as proof of professional competence.**

21 \* **Sec. 10.** AS 08.64.209(a) is amended to read:

22 (a) Each applicant who desires to practice podiatry shall meet the  
23 qualifications prescribed in AS 08.64.200(a)(3), **(4), and (5)** [AND (4)] and shall

24 (1) submit a certificate of graduation from a legally chartered school of  
25 podiatry approved by the board;

26 (2) take the examination required by AS 08.64.210; the State Medical  
27 Board shall call to its aid a podiatrist of known ability who is licensed to practice  
28 podiatry to assist in the examination and licensure of applicants for a license to  
29 practice podiatry;

30 (3) **receive education in pain management and opioid use and**  
31 **addiction, unless the applicant has demonstrated to the satisfaction of the board**

1 **that the applicant does not currently hold a valid federal Drug Enforcement**  
 2 **Administration registration number; an applicant may include past professional**  
 3 **experience or professional education as proof of professional competence;**

4 (4) meet other qualifications of experience or education which the  
 5 board may require.

6 \* **Sec. 11.** AS 08.64.225(a) is amended to read:

7 (a) Applicants who are graduates of medical colleges not accredited by the  
 8 Association of American Medical Colleges and the Council on Medical Education of  
 9 the American Medical Association shall

10 (1) meet the requirements of AS 08.64.200(a)(3), **(4), and (5)** [AND  
 11 (4)] and 08.64.255;

12 (2) have successfully completed

13 (A) three years of postgraduate training as evidenced by a  
 14 certificate of completion of the first year of postgraduate training from the  
 15 facility where the applicant completed the first year of internship or residency  
 16 and a certificate of successful completion of two additional years of  
 17 postgraduate training at a recognized hospital; or

18 (B) other requirements establishing proof of competency and  
 19 professional qualifications as the board considers necessary to ensure the  
 20 continued protection of the public adopted at the discretion of the board by  
 21 regulation, **including education in pain management and opioid use and**  
 22 **addiction, unless the applicant has demonstrated to the satisfaction of the**  
 23 **board that the applicant does not currently hold a valid federal Drug**  
 24 **Enforcement Administration registration number; an applicant may**  
 25 **include past professional experience or professional education as proof of**  
 26 **professional competence;** and

27 (3) have passed examinations as specified by the board in  
 28 regulations.

29 \* **Sec. 12.** AS 08.64.250 is amended to read:

30 **Sec. 08.64.250. License by credentials.** The board may waive the examination  
 31 requirement and license by credentials if the physician, **osteopath,** or podiatry

1 applicant meets the requirements of AS 08.64.200, 08.64.205, or 08.64.209, submits  
 2 proof of continued competence as required by regulation, pays the required fee, and  
 3 has

4 (1) an active license from a board of medical examiners established  
 5 under the laws of a state or territory of the United States or a province or territory of  
 6 Canada issued after thorough examination; or

7 (2) passed an examination as specified by the board in regulations.

8 \* **Sec. 13.** AS 08.64.250 is amended by adding a new subsection to read:

9 (b) Regulations under (a) of this section must require the applicant  
 10 demonstrate professional competence in pain management and addiction disorders; an  
 11 applicant may include past professional experience or professional education as proof  
 12 of professional competence.

13 \* **Sec. 14.** AS 08.64.312 is amended to read:

14 **Sec. 08.64.312. Continuing education requirements.** (a) The board shall  
 15 promote a high degree of competence in the practice of medicine, osteopathy, and  
 16 podiatry by requiring every licensee of medicine, osteopathy, and podiatry  
 17 [PHYSICIAN LICENSED] in the state to fulfill continuing education requirements.

18 (b) Before a license may be renewed, the licensee shall submit evidence to the  
 19 board or its designee that continuing education requirements prescribed by regulations  
 20 adopted by the board have been met, including not less than two hours of education  
 21 in pain management and opioid use and addiction for every 40 hours of  
 22 education received, unless the licensee demonstrates to the satisfaction of the  
 23 board that the licensee's practice does not include pain management and opioid  
 24 treatment or prescribing.

25 (c) The board or its designee may exempt a physician, osteopath, or  
 26 podiatrist from the requirements of (b) of this section upon an application by the  
 27 physician, osteopath, or podiatrist giving evidence satisfactory to the board or its  
 28 designee that the physician, osteopath, or podiatrist is unable to comply with the  
 29 requirements because of extenuating circumstances. However, a person may not be  
 30 exempted from more than 15 hours of continuing education in a five-year period; a  
 31 person may not be exempted from the requirement to receive at least two hours

1        **of education in pain management and opioid use and addiction, unless the person**  
 2        **has demonstrated to the satisfaction of the board that the person does not**  
 3        **currently hold a valid federal Drug Enforcement Administration registration**  
 4        **number .**

5        \* **Sec. 15.** AS 08.64.326(a) is amended to read:

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

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

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

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

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

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

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

22                                (C)    a crime involving the unlawful procurement, sale,  
 23        prescription, or dispensing of drugs;

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

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

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

31                      (8)    has demonstrated

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

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

7 (C) unfitness because of physical or mental disability;

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

18 (10) has violated AS 18.16.010;

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

21 (12) has denied care or treatment to a patient or person seeking  
 22 assistance from the physician if the only reason for the denial is the failure or refusal  
 23 of the patient to agree to arbitrate as provided in AS 09.55.535(a); [OR]

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

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

1 \* **Sec. 16.** AS 08.64 is amended by adding a new section to article 3 to read:

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

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

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

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

21 (2) a patient who is unable to access a practitioner within the time  
22 necessary for a refill of the seven-day supply because of a logistical or travel barrier;  
23 the licensee may write a prescription for an opioid for the quantity needed to treat the  
24 patient for the time that the patient is unable to access a practitioner; the licensee shall  
25 document in the patient's medical record the reason for the prescription of an opioid in  
26 a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative  
27 was not appropriate to address the medical condition; in this paragraph, "practitioner"  
28 has the meaning given in AS 11.71.900; or

29 (3) the treatment of a patient's substance abuse or opioid dependence;  
30 the licensee may write a prescription for an opioid approved for the treatment of  
31 substance abuse or opioid dependence for the quantity needed to treat the patient's

1 substance abuse or opioid dependence; the licensee shall document in the patient's  
 2 medical record the reason for the prescription of an opioid approved for the treatment  
 3 of substance abuse or opioid dependence in a quantity that exceeds a seven-day supply  
 4 and indicate that a nonopioid alternative was not appropriate for the treatment of  
 5 substance abuse or opioid dependence.

6 (d) In this section,

7 (1) "adult" means

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

9 (B) an emancipated minor;

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

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

14 \* **Sec. 17.** AS 08.64.364(c) is amended to read:

15 (c) The board may not impose disciplinary sanctions on a physician for  
 16 prescribing, dispensing, or administering a prescription drug that is a controlled  
 17 substance or botulinum toxin if the requirements under (a) of this section **and**  
 18 **AS 08.64.363** are met and the physician prescribes, dispenses, or administers the  
 19 controlled substance or botulinum toxin when an appropriate licensed health care  
 20 provider is present with the patient to assist the physician with examination, diagnosis,  
 21 and treatment.

22 \* **Sec. 18.** AS 08.64.380 is amended by adding a new paragraph to read:

23 (7) "opioid" includes the opium and opiate substances and opium and  
 24 opiate derivatives listed in AS 11.71.140.

25 \* **Sec. 19.** AS 08.68.270 is amended to read:

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

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

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



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

3 (4) has impersonated a registered or practical nurse;

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

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

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

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

13 (9) is professionally incompetent;

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

17 **(11) prescribed or dispensed an opioid in excess of the maximum**  
18 **dosage authorized under AS 08.68.705; or**

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

21 \* **Sec. 20.** AS 08.68.276 is amended to read:

22 **Sec. 08.68.276. Continuing competence required.** A license to practice  
23 nursing may not be renewed unless the nurse has complied with continuing  
24 competence requirements established by the board by regulation. **Regulations for**  
25 **renewal of a license of an advanced practice registered nurse must require a**  
26 **licensee receive not less than two hours of education in pain management and**  
27 **opioid use and addiction in the two years preceding an application for renewal of**  
28 **a license, unless the licensee has demonstrated to the satisfaction of the board**  
29 **that the licensee does not currently hold a valid federal Drug Enforcement**  
30 **Administration registration number.**

31 \* **Sec. 21.** AS 08.68 is amended by adding a new section to article 6 to read:

1           **Sec. 08.68.705. Maximum dosage for opioid prescriptions.** (a) An advanced  
2 practice registered nurse licensed in the state may not issue an initial prescription for  
3 an opioid that exceeds a seven-day supply to an adult patient for outpatient use.

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

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

14                   (1) the patient's acute medical condition, chronic pain management,  
15 pain associated with a cancer diagnosis, or pain experienced while the patient is in  
16 palliative care; the advanced practice registered nurse may write a prescription for an  
17 opioid for the quantity needed to treat the patient's medical condition, chronic pain,  
18 pain associated with a cancer diagnosis, or pain experienced while the patient is in  
19 palliative care; the advanced practice registered nurse shall document in the patient's  
20 medical record the condition triggering the prescription of an opioid in a quantity that  
21 exceeds a seven-day supply and indicate that a nonopioid alternative was not  
22 appropriate to address the medical condition; or

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

1 (e) This section does not authorize an advanced practice registered nurse to  
 2 prescribe a controlled substance if that advanced practice registered nurse is not  
 3 otherwise authorized to prescribe a controlled substance under policies, procedures, or  
 4 regulations issued or adopted by the board.

5 (f) In this section,

6 (1) "adult" means

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

8 (B) an emancipated minor;

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

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

13 \* **Sec. 22.** AS 08.68.850 is amended by adding a new paragraph to read:

14 (12) "opioid" includes the opium and opiate substances and opium and  
 15 opiate derivatives listed in AS 11.71.140.

16 \* **Sec. 23.** AS 08.72.170 is amended to read:

17 **Sec. 08.72.170. Licensure by credentials.** The board shall issue a license by  
 18 credentials to an applicant who

19 (1) is a graduate of a school or college of optometry recognized by the  
 20 board;

21 (2) has passed a written examination approved by the board that is  
 22 designed to test the applicant's knowledge of the laws of Alaska governing the practice  
 23 of optometry and the regulations adopted under those laws;

24 (3) holds a current license to practice optometry in another state or  
 25 territory of the United States or in a province of Canada that has licensure  
 26 requirements that the board determines are equivalent to those established under this  
 27 chapter;

28 (4) at some time in the past, received a license to practice optometry  
 29 from another state or territory of the United States or from a province of Canada that  
 30 required the person to have passed the National Board of Examiners in Optometry  
 31 examination to qualify for licensure;

1 (5) was engaged in the active licensed clinical practice of optometry in  
2 a state or territory of the United States or in a province of Canada for at least 3,120  
3 hours during the 36 months preceding the date of application under this section;

4 (6) has not committed an act in any jurisdiction that would have  
5 constituted a violation of this chapter or regulations adopted under this chapter at the  
6 time the act was committed; and

7 (7) has not been disciplined by an optometry licensing entity in another  
8 jurisdiction and is not the subject of a pending disciplinary proceeding conducted by  
9 an optometry licensing entity in another jurisdiction; however, the board may consider  
10 the disciplinary action and, in the board's discretion, determine if the person is  
11 qualified for licensure;

12 **(8) has received education in pain management and opioid use and**  
13 **addiction adequate for the practice of optometry, unless the applicant has**  
14 **demonstrated to the satisfaction of the board that the applicant does not**  
15 **currently hold a valid federal Drug Enforcement Administration registration**  
16 **number; an applicant may include past professional experience or professional**  
17 **education as proof of professional competence.**

18 \* Sec. 24. AS 08.72.181(d) is amended to read:

19 (d) Before a license may be renewed, the licensee shall submit to the board  
20 evidence that, in the four years preceding the application for renewal, the licensee has

21 (1) completed eight hours of continuing education, approved by the  
22 board, concerning the use and prescription of pharmaceutical agents;

23 (2) completed seven hours of continuing education, approved by the  
24 board, concerning the injection of nontopical therapeutic pharmaceutical agents;  
25 [AND]

26 (3) **completed at least two hours of education in pain management**  
27 **and opioid use and addiction, unless the applicant has demonstrated to the**  
28 **satisfaction of the board that the applicant does not currently hold a valid federal**  
29 **Drug Enforcement Administration registration number; and**

30 (4) met other continuing education requirements as may be prescribed  
31 by regulations of the board to ensure the continued protection of the public.

1 \* **Sec. 25.** AS 08.72.240 is amended to read:

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

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

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

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

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

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

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

17 (7) continued to practice after becoming unfit due to

18 (A) professional incompetence;

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

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

23 (D) physical or mental disability;

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

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

28 **(10) procured, sold, prescribed, or dispensed drugs in violation of**  
29 **a law, regardless of whether there has been a criminal action or patient harm.**

30 \* **Sec. 26.** AS 08.80.030(b), as amended by sec. 12, ch. 25, SLA 2016, is amended to read:

31 (b) In order to fulfill its responsibilities, the board has the powers necessary

1 for implementation and enforcement of this chapter, including the power to

2 (1) elect a president and secretary from its membership and adopt rules  
3 for the conduct of its business;

4 (2) license by examination or by license transfer the applicants who are  
5 qualified to engage in the practice of pharmacy;

6 (3) assist the department in inspections and investigations for  
7 violations of this chapter, or of any other state or federal statute relating to the practice  
8 of pharmacy;

9 (4) adopt regulations to carry out the purposes of this chapter;

10 (5) establish and enforce compliance with professional standards and  
11 rules of conduct for pharmacists engaged in the practice of pharmacy;

12 (6) determine standards for recognition and approval of degree  
13 programs of schools and colleges of pharmacy whose graduates shall be eligible for  
14 licensure in this state, including the specification and enforcement of requirements for  
15 practical training, including internships;

16 (7) establish for pharmacists and pharmacies minimum specifications  
17 for the physical facilities, technical equipment, personnel, and procedures for the  
18 storage, compounding, and dispensing of drugs or related devices, and for the  
19 monitoring of drug therapy;

20 (8) enforce the provisions of this chapter relating to the conduct or  
21 competence of pharmacists practicing in the state, and the suspension, revocation, or  
22 restriction of licenses to engage in the practice of pharmacy;

23 (9) license and regulate the training, qualifications, and employment of  
24 pharmacy interns and pharmacy technicians;

25 (10) issue licenses to persons engaged in the manufacture and  
26 distribution of drugs and related devices;

27 (11) establish and maintain a controlled substance prescription  
28 database as provided in AS 17.30.200;

29 (12) establish standards for the independent administration by a  
30 pharmacist of vaccines and related emergency medications under AS 08.80.168,  
31 including the completion of an immunization training program approved by the board;

1 (13) require that a licensed pharmacist [WHO HAS A FEDERAL  
2 DRUG ENFORCEMENT ADMINISTRATION REGISTRATION NUMBER]  
3 register with the controlled substance prescription database under AS 17.30.200(o).

4 \* **Sec. 27.** AS 08.80 is amended by adding a new section to read:

5 **Sec. 08.80.340. Prescription for an opioid; voluntary request for lesser**  
6 **quantity.** (a) A pharmacist filling a prescription for an opioid that is a schedule II or  
7 III controlled substance under federal law may, at the request of the individual for  
8 whom the prescription is written, dispense the prescribed substance in a lesser quantity  
9 than prescribed. The remaining quantity in excess of the quantity requested by the  
10 individual shall be void.

11 (b) A pharmacist who dispenses less than the full quantity of a prescribed  
12 substance under (a) of this section shall notify the prescribing practitioner within 72  
13 hours and submit information as to the amount of the controlled substance prescribed  
14 and the amount dispensed in the controlled substance prescription database under  
15 AS 17.30; in this section, "opioid" includes the opium and opiate substances and  
16 opium and opiate derivatives listed in AS 11.71.140.

17 (c) Nothing in this section shall be construed to prevent substitution of an  
18 equivalent drug under AS 08.80.295.

19 \* **Sec. 28.** AS 08.98.050(a) is amended to read:

20 (a) The board shall

21 (1) establish examination requirements for eligible applicants for  
22 licensure to practice veterinary medicine;

23 (2) examine, or cause to be examined, eligible applicants for licensure  
24 or registration;

25 (3) approve the issuance of licenses and student permits to qualified  
26 applicants;

27 (4) establish standards for the practice of veterinary medicine by  
28 regulation;

29 (5) conduct disciplinary proceedings in accordance with this chapter;  
30 **in addition, the board may deny, suspend, or revoke the license of a person who**  
31 **has procured, sold, prescribed, or dispensed drugs in violation of a law,**

1 **regardless of whether there has been a criminal action;**

2 (6) adopt regulations requiring proof of continued competency before a  
3 license is renewed;

4 (7) as requested by the department, monitor the standards and  
5 availability of veterinary services provided in the state and report its findings to the  
6 department;

7 (8) collect, or cause to be collected, data concerning the practice of  
8 veterinary technology by veterinary technicians in the state and submit the data to the  
9 department for maintenance;

10 (9) establish, by regulation, educational and training requirements for

11 (A) the issuance of student permits; and

12 (B) the delegation of duties by veterinarians licensed under this  
13 chapter to veterinary technicians;

14 **(10) require that a licensee who has a federal Drug Enforcement**  
15 **Administration registration number register with the controlled substance**  
16 **prescription database under AS 17.30.200(o);**

17 **(11) identify resources and develop educational materials to assist**  
18 **licensees to identify an animal owner who may be at risk for abusing or misusing**  
19 **an opioid.**

20 \* **Sec. 29.** AS 17.30.200(a) is amended to read:

21 (a) The controlled substance prescription database is established in the Board  
22 of Pharmacy. The purpose of the database is to contain data as described in this  
23 section regarding every prescription for a schedule IA, IIA, IIIA, IVA, or VA  
24 controlled substance under state law or a schedule I, II, III, IV, or V controlled  
25 substance under federal law dispensed in the state to a person other than those  
26 administered to a patient at a health care facility **or a correctional facility, except**  
27 **when prescribing opioids to an inmate at the time of the inmate's release.** The  
28 Department of Commerce, Community, and Economic Development shall assist the  
29 board and provide necessary staff and equipment to implement this section.

30 \* **Sec. 30.** AS 17.30.200(b), as amended by sec. 23, ch. 25, SLA 2016, is amended to read:

31 (b) The pharmacist-in-charge of each licensed or registered pharmacy,



1 regarding each schedule II, III, or IV controlled substance under federal law dispensed  
 2 by a pharmacist under the supervision of the pharmacist-in-charge, and each  
 3 practitioner who directly dispenses a schedule II, III, or IV controlled substance under  
 4 federal law other than those administered to a patient at a health care facility **or a**  
 5 **correctional facility, except when prescribing opioids to an inmate at the time of**  
 6 **the inmate's release**, shall submit to the board, by a procedure and in a format  
 7 established by the board, the following information for inclusion in the database on at  
 8 least a **daily** [WEEKLY] basis:

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

12 (2) the date of the prescription;

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

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

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

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

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

21 and

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

24 \* **Sec. 31.** AS 17.30.200(d), as amended by sec. 25, ch. 25, SLA 2016, is amended to read:

25 (d) The database and the information contained within the database are  
 26 confidential, **and** are not public records, and are not subject to public disclosure [,  
 27 AND MAY NOT BE SHARED WITH THE FEDERAL GOVERNMENT]. The  
 28 board shall undertake to ensure the security and confidentiality of the database and the  
 29 information contained within the database. The board may allow access to the  
 30 database only to the following persons, and in accordance with the limitations  
 31 provided and regulations of the board:

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

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

7 (3) a licensed practitioner having authority to prescribe controlled  
8 substances or an agent or employee of the practitioner whom the practitioner has  
9 authorized to access the database on the practitioner's behalf, to the extent the  
10 information relates specifically to a current patient of the practitioner to whom the  
11 practitioner is prescribing or considering prescribing a controlled substance; the agent  
12 or employee must be licensed or registered under AS 08;

13 (4) a licensed or registered pharmacist having authority to dispense  
14 controlled substances or an agent or employee of the pharmacist whom the pharmacist  
15 has authorized to access the database on the pharmacist's behalf, to the extent the  
16 information relates specifically to a current patient to whom the pharmacist is  
17 dispensing or considering dispensing a controlled substance; the agent or employee  
18 must be licensed or registered under AS 08;

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

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

29 (7) a licensed pharmacist employed by the Department of Health and  
30 Social Services who is responsible for administering prescription drug coverage for  
31 the medical assistance program under AS 47.07, to the extent that the information

1 relates specifically to prescription drug coverage under the program;

2 (8) a licensed pharmacist, licensed practitioner, or authorized  
3 employee of the Department of Health and Social Services responsible for utilization  
4 review of prescription drugs for the medical assistance program under AS 47.07, to the  
5 extent that the information relates specifically to utilization review of prescription  
6 drugs provided to recipients of medical assistance;

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

9 (10) an authorized employee of the Department of Health and Social  
10 Services may receive information from the database that does not disclose the identity  
11 of a patient, prescriber, dispenser, or dispenser location, for the purpose of identifying  
12 and monitoring public health issues in the state; however, the information provided  
13 under this paragraph may include the region of the state in which a patient, prescriber,  
14 and dispenser are located and the specialty of the prescriber; and

15 (11) a practitioner, pharmacist, or clinical staff employed by an Alaska  
16 tribal health organization, including commissioned corps officers of the United States  
17 Public Health Service employed under a memorandum of agreement; in this  
18 paragraph, "Alaska tribal health organization" has the meaning given to "tribal health  
19 program" in 25 U.S.C. 1603.

20 \* **Sec. 32.** AS 17.30.200(e) as enacted by sec. 27, ch. 25, SLA 2016, is amended to read:

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

26 \* **Sec. 33.** AS 17.30.200(p), as enacted by sec. 34, ch. 25, SLA 2016, is amended to read:

27 (p) The board shall promptly notify the State Medical Board, the Board of  
28 Nursing, the Board of Dental Examiners, [AND] the Board of Examiners in  
29 Optometry, and the Board of Veterinary Examiners when a practitioner registers  
30 with the database under (o) of this section.

31 \* **Sec. 34.** AS 17.30.200(q), as enacted by sec. 34, ch. 25, SLA 2016, is amended to read:

1 (q) The board is authorized to provide unsolicited notification to a pharmacist,  
 2 **to a practitioner's licensing board,** or practitioner if a patient has received one or  
 3 more prescriptions for controlled substances in quantities or with a frequency  
 4 inconsistent with generally recognized standards of safe practice. **An unsolicited**  
 5 **notification to a practitioner's licensing board under this section**

6 **(1) also must be provided to the practitioner;**

7 **(2) is confidential;**

8 **(3) may not disclose information confidential under this section;**

9 **(4) may be in a summary form sufficient to provide notice of the**  
 10 **basis for the unsolicited notification.**

11 \* **Sec. 35.** AS 17.30.200(r), as enacted by sec. 34, ch. 25, SLA 2016, is amended to read:

12 (r) The board shall update the database on at least a **daily** [WEEKLY] basis  
 13 with the information submitted to the board under (b) of this section.

14 \* **Sec. 36.** AS 17.30.200 is amended by adding new subsections to read:

15 (t) Notwithstanding (q) of this section, the board may issue to a practitioner  
 16 periodic unsolicited reports that detail and compare the practitioner's opioid  
 17 prescribing practice with other practitioners of the same occupation and similar  
 18 specialty. A report issued under this subsection is confidential and shall be issued only  
 19 to a practitioner. The board may adopt regulations to implement this subsection;  
 20 regulations may address the types of controlled substances to be included in an  
 21 unsolicited report, quantities dispensed, medication strength, and other factors  
 22 determined by the board.

23 (u) In this section, "opioid" includes the opium and opiate substances and  
 24 opium and opiate derivatives listed in AS 11.71.140.

25 \* **Sec. 37.** AS 18.05.040(a) is amended to read:

26 (a) The commissioner shall adopt regulations consistent with existing law for

27 (1) the time, manner, information to be reported, and persons  
 28 responsible for reporting for each disease or other condition of public health  
 29 importance on the list developed under AS 18.15.370;

30 (2) cooperation with local boards of health and health officers;

31 (3) protection and promotion of the public health and prevention of

1 disability and mortality;

2 (4) the transportation of dead bodies, except that the commissioner  
3 may not require that a dead body be embalmed unless the body is known to carry a  
4 communicable disease or embalmment is otherwise required for the protection of the  
5 public health or for compliance with federal law;

6 (5) carrying out the purposes of this chapter;

7 (6) the conduct of its business and for carrying out the provisions of  
8 laws of the United States and the state relating to public health;

9 (7) establishing the divisions and local offices and advisory groups  
10 necessary or considered expedient to carry out or assist in carrying out a duty or power  
11 assigned to it;

12 (8) the voluntary certification of laboratories to perform diagnostic,  
13 quality control, or enforcement analyses or examinations based on recognized or  
14 tentative standards of performance relating to analysis and examination of food,  
15 including seafood, milk, water, and specimens from human beings submitted by  
16 licensed physicians and nurses for analysis;

17 (9) the regulation of quality and purity of commercially compressed  
18 oxygen sold for human respiration;

19 (10) establishing confidentiality and security standards for information  
20 and records received under AS 18.15.355 - 18.15.395;

21 **(11) implementation of AS 13.55 (Voluntary Nonopioid Directive**

22 **Act).**

23 \* **Sec. 38.** Sections 52 and 73, ch. 25, SLA 2016, are repealed.

24 \* **Sec. 39.** The uncodified law of the State of Alaska is amended by adding a new section to  
25 read:

26 TRANSITION: REGULATIONS. (a) The Department of Health and Social Services  
27 and the Department of Commerce, Community, and Economic Development may adopt  
28 regulations necessary to implement the changes made by this Act. The regulations take effect  
29 under AS 44.62 (Administrative Procedure Act), but not before the effective date of the  
30 relevant provision of this Act implemented by the regulation.

31 (b) The Department of Commerce, Community, and Economic Development and the

1 board that regulates an occupation that includes a practitioner who is required to register with  
2 the controlled substance prescription database under AS 17.30.200 shall adopt regulations to  
3 implement the changes made by AS 08.98.050(a), as amended by sec. 28 of this Act. The  
4 regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the  
5 effective date of sec. 28 of this Act.

6 \* **Sec. 40.** This Act takes effect immediately under AS 01.10.070(c).