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Alaska House Bill 367

CHPA Position

CHPA is neutral on comprehensive data privacy bills, *provided* they do not interfere with federal law and requirements relating to the Controlled Substance Act (CSA).

Federal Law and Requirements

The CSA, also referred to as the Comprehensive Drug Abuse Prevention and Control Act, was enacted by Congress in 1970 with the aim of regulating the production, distribution, and utilization of controlled substances. As per 21 U.S.C. Section 830 of this Act, individuals or entities involved in transactions concerning listed chemicals (such as pharmacies selling allergy medications containing ephedrine or pseudoephedrine) are obligated to gather and retain identifiable personal records pertaining to these transactions and to share the data with law enforcement as required.

These federal recordkeeping and reporting requirements are designed to prevent the diversion of certain listed chemicals into the illicit manufacture of controlled substances. As such, retailers are required to maintain consumer transaction logs and provide access to this information to law enforcement agencies when requested.

Specific Problems with HB 367

Currently, HB 367 does not clearly exempt data collection and retention activities relating to the Controlled Substances Act. As introduced, the bill could create legal uncertainty for compliance when retailers or data brokers must comply with federal drug control laws and state consumer privacy requirements.

Exemption Inclusion Recommendation

CHPA respectfully requests that following exemption be included in **Sec. 45.48.865**.

"Personal data collected and used for purposes of the federal policy under the Controlled Substances Act Section on the Regulation of Listed Chemicals under 21 U.S.C. SEC. 830."

Conclusion

CHPA and its members are deeply committed to protecting our customers' privacy and data security. While we appreciate your focus on this important issue, the current version of this bill raises significant concerns. We remain open to constructive dialogue and collaboration to develop a more balanced approach that addresses all stakeholders' needs.

From:	Gottlieb, Darbi
To:	Rep. Andi Story
Cc:	Cherie Bowman; Tammy Smith; Kaleigh Holm
Subject:	Feedback on HB 367
Date:	Tuesday, March 17, 2026 11:33:55 AM
Attachments:	State Model Health Privacy Amendments_01_06_2023 (2).pdf

Hi Representative Story,

I hope this email finds you well. My name is Darbi Gottlieb, and I am the Senior Director of State Government and Regional Affairs for the Advanced Medical Technology Association (AdvaMed). We are the largest trade association representing medical technology innovators and manufacturers.

I'm reaching out to discuss your bill, HB 367, that has a hearing in the Judiciary Committee on Friday.

We appreciate the current exemption in the bill for HIPAA and research data. The use of medtech data differs from the use of general consumer product health data because medtech data plays a key role in patient safety, the delivery and coordination of healthcare, regulatory compliance, medical research, device improvements, and innovation.

Even with the exemptions provided, some key health data may still be subject to the bill. Particularly, some requirements like the right to delete and geolocation requirements could pose unique challenges for health care data. We respectfully recommend amendments to align the bill with existing federal and state regulations governing health data in order to avoid negatively impacting patient care, medical research, and innovation. This language has also been adopted by 21 other states.

I would appreciate the opportunity to meet with you or a staff member to discuss our feedback and proposed solutions in more detail.

Thank you in advance for your consideration.

Darbi

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PROTECTING PATIENT HEALTH DATA AND INNOVATION IN HEALTHCARE

Protected Health Information (PHI) subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)

WHY IT'S NECESSARY: Without this exemption, the covered entity may struggle to operationalize the requirements of different privacy regimes that apply to different copies of the same data.

KEY TAKEAWAY: Protects patient data while helping improve outcomes through easing coordination of care.

Patient identifying information under Federal regulations concerning Substance Use Disorder Patient Records

WHY IT'S NECESSARY: Failure to include this exemption could have the unintended consequence of compromising patient care by introducing delays and uncertainty for health care providers as to how to meet their legal obligations to their patients, particularly if information must be shared across state lines.

KEY TAKEAWAY: Protects the data of patients with substance abuse disorders and helps improve the timeliness of their care.

Identifiable private Information under federal regulations and international guidance on human subjects research

WHY IT'S NECESSARY: Without the exemption, clinical research could be irreparably compromised or invalidated, as it could be subject to a "right to know" or a "right to delete" after a researcher has taken steps in reliance on a patient's informed consent.

KEY TAKEAWAY: Helps ensure the protection and efficacy of patient data in clinical studies, while recognizing the right of patients to opt out of certain future uses of their data.

Information and documents under the Federal Health Care Quality Improvement Act of 1986

WHY IT'S NECESSARY: Without the exemption, clinical research could be irreparably compromised or invalidated, as it could be subject to a "right to know" or a "right to delete" after a researcher has taken steps in reliance on a patient's informed consent.

KEY TAKEAWAY: Helps ensure the protection and efficacy of patient data in clinical studies, while recognizing the right of patients to opt out of certain future uses of their data.

Information under Federal regulations for Patient Safety Work Product

WHY IT'S NECESSARY: This amendment makes clear that information for FDA-required reporting is exempt, mirroring HIPAA's exemptions (i.e., for public health activities).

KEY TAKEAWAY: Protects data used to reduce the risks and hazards associated with patient care.

Information De-identified in accordance with the HIPAA Privacy Rule

WHY IT'S NECESSARY: Failing to include this exemption precludes de-identified health data relating to state residents from being used in data sets that are used to drive improvements to patient care, potentially resulting in policies and procedures that do not accurately account for geographically distinct health trends.

KEY TAKEAWAY: Ensures de-identified data that is already protected by federal law can be used to help improve overall patient care.

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PROTECTING PATIENT HEALTH DATA AND INNOVATION IN HEALTHCARE

Information maintained by an entity that meets the definition of health care provider as defined under HIPAA to the extent that the information is maintained in the same manner that covered entities under HIPAA must maintain PHI

WHY IT'S NECESSARY: Failure to include this exemption could result in a data-centered model of health care delivery rather than a patient centered framework.

KEY TAKEAWAY: This exemption helps ensure that all parties who process the health information of a particular individual are subject to similar requirements.

Information used, disclosed, and maintained as Limited Data Set under HIPAA

WHY IT'S NECESSARY: Failure to include this exemption would stifle medical research by discouraging the use of limited data sets such as those produced by HHS.

KEY TAKEAWAY: Enables the sharing of protected health information used in medical research without compromising patient privacy.

Information from, and intermingled to be indistinguishable with, or information treated in the same manner that Covered Entities must maintain Protected Health Information (PHI) under HIPAA

WHY IT'S NECESSARY: Failing to adopt this exemption creates uncertainty and will result in increased cost burdens on an already distressed healthcare system.

KEY TAKEAWAY: Ensures all patient data can be held to the same HIPAA standard under state law.

Information originating from, and intermingled to be indistinguishable with, or information treated in the same manner as information maintained by a program or qualified service organization under Federal regulations for substance use disorder patient records

WHY IT'S NECESSARY: Failure to include this exemption could add friction to critically important processes needed to provide patient care.

KEY TAKEAWAY: Simplifies compliance with respect to certain sensitive, non-PHI, health-related data when that data is protected using federal standards that apply to similar data.

Information used for public health activities and purposes as described under HIPAA

WHY IT'S NECESSARY: Failure to include this exemption would compromise the ability of patients to receive potentially life-saving information regarding device and drug recalls.

KEY TAKEAWAY: Promotes public health and wellbeing through allowing well-protected, limited disclosures of patient data.

Information used only to address evidentiary requirements for coding, coverage, and reimbursement associated with Medicare and other federal health care payers

WHY IT'S NECESSARY: This helps ensure state law does not raise additional impediments to patients accessing new and innovative treatments. Aggregated health data may need to be submitted to federal, tribal, state, and private insurance payers for those payers to determine whether a particular treatment will be covered for certain patient populations. These payers may also require an individual's health data to determine whether a particular treatment may be reimbursed. These payers may also require health data to determine whether a claim was properly coded, justifying certain reimbursement levels.

KEY TAKEAWAY: Helps to improve patient access to new treatments and technologies.

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