



CITIZENS COMMISSION ON HUMAN RIGHTS

April 7, 2026

HOUSE FINANCE COMMITTEE

HB 195 - PHARMACIST PRESCRIPTION AUTHORITY

Dear Representative:

Please vote no or amend HB 195. The way HB 195 aims to expand psychiatric diagnosis through pharmacists is by making the policy decision that behavioral health diagnosis is a procedural, administrative, or billing function.

This is on top of the existing scene where psychiatric diagnosis is inherently limited by several frailties and failures. There are no objective tests to confirm these diagnoses. Instead, psychiatric labels are simply groupings of symptoms rather than identifications of underlying causes. Furthermore, diagnosis relies heavily on interpreting a person's behavior, making the process subjective and not truly objective.

Mental health systems fail to address the core challenges confronting public policy makers. The lack of positive, meaningful outcomes, which stems from the inability of current treatments to effectively resolve the individual's underlying issues. It is important to recognize that psychiatric medications do not provide cures; rather, they are used to manage symptoms without addressing the root causes of mental health conditions.

Amendment #1. Clarify that the independent authority to prescribe does not include psychiatric conditions – this is suggested language.

* Sec. __. AS 08.80.337(b) is amended by adding a new paragraph to read:

(4) A pharmacist's independent authority under this subsection does not include the diagnosis or treatment of psychiatric or behavioral health conditions.

Amendment #2. There should be no ambiguity on psychiatric prescribing under collaborative practice agreements or independent authority.

* Sec. __. AS 08.80.337 is amended by adding a new subsection to read:

(f) A pharmacist may not prescribe or initiate treatment with a drug primarily used for the management of a psychiatric or behavioral health condition, including antidepressants, antipsychotics, mood stabilizers, anxiolytics or sedative-hypnotic medications except as permitted under AS 17.20.085 or another specific statutory authority.

What individuals need is real medical care by a doctor who understands the limitations of psychiatric labels and is able to do the type of physical exam necessary to discover medical causes that can be successfully addressed.

“Many doctors don’t do physical exams before prescribing psychiatric drugs...[children] see a doctor, but the doctor does not do a physical exam or look for any health or learning problems before giving the child an ADHD diagnosis and a prescription drug. This is not how I was taught to practice medicine. In my medical education, **I was taught to do a complete history and physical exam. I was taught to consider a ‘differential diagnosis.’ To do this, one must consider all possible underlying causes of the symptoms.**” - Dr. Mary Ann Block

Please amend HB 195 to protect Alaskans. Pharmacists should not be given the power to prescribe mind-altering psychiatric drugs.

Sincerely,



Steven Pearce
Director

Attachment #1 – Alternate Amendment #3

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Amendment #3. Amendment to allow psychiatric prescribing only under strict limits under a CPA.

- * Sec. __. AS 08.80.337(a) is amended to read:

(a) A pharmacist may, under a collaborative practice agreement with a written protocol approved by a practitioner who is not a pharmacist, provide patient care services; however, a collaborative practice agreement may not authorize a pharmacist to prescribe or initiate treatment with a drug used for the management of a psychiatric or behavioral health condition unless

(1) the collaborating practitioner has personally evaluated the patient within the previous 90 days; and

(2) the collaborative practice agreement expressly identifies each drug or drug class that may be prescribed by the pharmacist.

End