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Alaska State Senate
Alaska State House of Representatives
Juneau, Alaska 99801

Subject: Support for SB147 / HB195 – Expanding Pharmacists’ Authority to Improve Access to Care & Response to Opposition Comments

Dear Members of the Alaska State Legislature,

I am writing to express strong support for **Senate Bill 147 and HB 195 (SB147 / HB195)**, which modernize Alaska’s pharmacy practice laws to allow pharmacists to provide **limited patient care services within their education, training, and experience**.

This legislation is essential to improving timely healthcare access for Alaskans, particularly in underserved and rural communities.

Unfortunately, some opponents — notably the **Alaska Board of Medicine** — have launched an aggressive misinformation campaign against SB147 / HB195. Their arguments closely mirror the outdated and protectionist tactics historically employed by the **American Medical Association (AMA)** in opposing the advancement of all non-physician healthcare professionals.

It is critical that policymakers see these objections for what they are: **a defense of professional turf, not a defense of public health**.

SB147 / HB195: What It Actually Does

These bills are carefully crafted, limited-scope reform.

It authorizes licensed pharmacists to **independently prescribe medications and devices related to minor illnesses, chronic disease management, and preventive care**, within the limits of their clinical education, training, and experience.

It does not:

- Expand pharmacists’ authority beyond services they are well trained to perform.
- Allow pharmacists to prescribe abortion-inducing medications (current Alaska law under AS 18.16.010 prohibits this and remains unchanged).

SB147 / HB195 empowers pharmacists to serve patients more fully in areas where they are already trained, while maintaining clear standards of competence and professional accountability.

Pharmacists are Highly Trained, Patient-Centered Providers

Pharmacists today are **doctoral-level healthcare providers**, completing at least six to eight years of higher education, over **1,700 hours of direct patient care training**, and frequently pursuing **postgraduate**

residencies and board certifications.^{1 2}

Pharmacists specialize in medication therapy, minor acute care, chronic disease management, preventive care, and patient counseling — areas where their clinical expertise is not only sufficient but **essential to expanding access to care**.

Notably, pharmacists played a critical role during the COVID-19 pandemic, delivering over **350 million clinical interventions** to Americans, including point-of-care testing, treatment, chronic disease management, and vaccination services.³

Physician-Centric Turf Protection is a Recurring Obstacle to Progress

The **Board of Medicine’s opposition to SB147 / HB195** is not unique.

It follows a well-worn playbook historically used by the **American Medical Association (AMA)** to **protect physician monopolies**, not patient outcomes.

Over the past century, the AMA has **opposed expanded roles for nurse practitioners, physician assistants, pharmacists, psychologists, optometrists, and nurse anesthetists**, despite overwhelming evidence that these providers improve healthcare access and quality.⁴

In fact, the AMA boasts about using its **Scope of Practice Partnership** to **defeat hundreds of bills** across the country — legislation that would have expanded access to basic healthcare services for millions of Americans.⁵ In 2022 alone, the AMA proudly reported it helped **stop more than 140 scope-of-practice expansion bills**.⁶

This obstructionist legacy is important because it shows that **today’s opposition to SB147 / HB195 is not about patient safety — it is about protecting market share**.

The **Cato Institute** and other conservative voices have rightly called this behavior a “**guild monopoly**” harmful to public health and free-market healthcare innovation.⁷

Time and again, history shows that when physicians have fought against expanding the roles of other providers, **patients have suffered the consequences** through reduced access, longer wait times, higher costs, and worse outcomes.

Protectionism Hurts Alaska’s Patients

Alaska faces serious healthcare access challenges — vast geographic distances, rural community shortages, and a growing burden of chronic disease.

Pharmacists are often the only healthcare providers accessible without delay, particularly in remote areas.⁸

Enabling pharmacists to test, treat, and manage minor conditions **will not replace physicians** — it will **complement them**, freeing doctors to focus on complex and emergent cases while pharmacists help close gaps in care.

Expanding pharmacists’ authority under SB147 / HB195 will:

- **Increase access to basic care** across rural and underserved areas
- **Relieve strain** on primary care, urgent care, and emergency departments
- **Reduce delays** in treatment for common, manageable conditions
- **Lower healthcare costs** by minimizing unnecessary doctor visits for routine issues
- **Improve health outcomes** by catching and treating illnesses earlier

These improvements are **not theoretical** — they have been documented extensively in states that have expanded pharmacist practice, without compromising patient safety.⁹

A Vision for Collaborative, Patient-Centered Healthcare

We must move beyond physician-centered turf battles and **embrace a patient-centered, team-based healthcare model.**

Pharmacists are not seeking to replace physicians or practice medicine; we are asking to **practice fully within our education and expertise** — to serve as the medication and minor illness specialists we are trained to be. As Rear Admiral Kelly J. Battese, Chief Pharmacist Officer of the U.S. Public Health Service, eloquently stated:

“We advocate for pharmacists to provide the care they are trained to provide. We do not want your scope; we want your collaboration.”¹⁰

SB147 / HB195 represents a necessary, thoughtful step forward. It prioritizes patients over protectionism, evidence over fear tactics, and healthcare access over entrenched monopolies.

Alaska cannot afford to cling to outdated models that restrict care.

For the health of our communities, for the strength of our healthcare workforce, and for the future of patient-centered innovation — we urge you to vote YES on SB147 / HB195.

Thank you for your leadership and your commitment to advancing healthcare access for all Alaskans.

Sincerely,



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Executive Director, Alaska Pharmacy Association

References

1. American Association of Colleges of Pharmacy. *Pharmacy Education Overview*. 2024.
2. National Association of Boards of Pharmacy. *Pharmacist Licensure Requirements*. 2023.
3. Grabenstein JD. Quantifying the contributions of pharmacists in COVID-19 clinical interventions. *J Am Pharm Assoc*. 2022;62(6):1929-1945.
4. Singer JA. *Medical Cartels Are Hurting Patients*. Cato Institute; 2024.
5. American Medical Association. *Scope of Practice Partnership Annual Report*. 2022.
6. American Medical Association. *AMA Advocacy Accomplishments*. 2022.
7. Singer JA. *Medical Cartels Are Hurting Patients*. Cato Institute; 2024.
8. National Community Pharmacists Association. *Pharmacists Serving Rural America*. 2023.
9. Broughel J, Amez-Droz E. *Expanding Pharmacists' Prescriptive Authority: Options for Reform*. Mercatus Center; 2021.
10. Battese KJ. *USPHS Chief Pharmacist Officer Statement on Pharmacist Scope and Collaboration*. U.S. Public Health Service; 2024.