

What Is SB 147 and HB 195?

Senate Bill 147 and **House Bill 195** are companion bills designed to allow Alaska pharmacists to provide patient care services — including prescribing and administering medications for minor and common conditions — within the "standard of care" framework.

The bills:

- Allow pharmacists to practice to the full extent of their education, training, and experience.
- Expand access to timely, safe healthcare services, especially in underserved communities.
- Align pharmacy practice with the standard of care model already used by other healthcare professionals.

What the Bills Do:

- This bill allows pharmacists to provide patient care services, including **limited** prescriptive authority, **as long as it falls within their clinical education, training, and experience**. Pharmacists would continue to operate under existing "guardrails" established in **AS 08.80.337**, which governs other pharmacist-provided patient care services.

The existing section of law outlines:

- *A pharmacist may independently provide patient care services for*
 - *(1) general health and wellness;*
 - *(2) disease prevention; or*
 - *(3) a condition that*
 - *(A) is minor and generally self limiting;*
 - *(B) has a test that is used to guide diagnosis or clinical decision-making and the test is waived under 42 U.S.C. 263a (Clinical Laboratory Improvement Amendments of 1988); or*
 - *(C) falls under a statewide standing order from the chief medical officer in the Department of Health*
- Increase healthcare access, especially for patients with limited or delayed access to primary care.
- Build on pharmacists' extensive education (Doctor of Pharmacy degree + clinical training).
- Require pharmacists to meet the same "standard of care" expectations as other healthcare providers.

What the Bills DO NOT Do:

- **Do not** give pharmacists unrestricted or unlimited prescribing authority.
- **Do not allow pharmacists to prescribe or administer abortion medication**
- **Do not** allow pharmacists to perform complex diagnostics outside of their training.
- **Do not** bypass the healthcare team — pharmacists collaborate and appropriately refer when needed.
- **Do not** mandate that all pharmacies must offer these services.

What is the "Standard of Care"?

The "standard of care" is a widely accepted legal and clinical framework that governs how healthcare services are delivered. It means that pharmacists, like physicians and nurse practitioners, are held to:

- Performing only services they are trained, educated, and competent to provide.
- Practicing safely, responsibly, and ethically.
- Following current clinical guidelines and best practices.

It ensures accountability and patient safety without requiring burdensome, one-size-fits-all lists of permitted activities.

Aren't Pharmacists Already Overworked?

Pharmacists across Alaska are essential healthcare providers, and workforce pressures are real. However:

- **Offering patient care services under SB 147/HB 195 is not required** — pharmacies can choose whether to offer expanded services based on their staffing, capacity, and community needs.
- **Flexibility is key** — not every pharmacy will provide the same services.
- **Team-based care improves efficiency** — pharmacists helping with minor and preventive care frees up physician and clinic time for more complex cases.
- Adding these authorities will **help address burnout** by enabling pharmacists to focus on meaningful clinical work, practice at the top of their education and training, and better contribute to team-based patient care.

SB 147 and HB 195 simply remove legal barriers so pharmacies that are ready and able can offer expanded services safely.

Is This New Territory?

No.

- More than a dozen other states allow pharmacists to provide direct patient care services under a standard of care model.
- Pharmacists already prescribe certain therapies in Alaska today (e.g., vaccines, COVID-19 treatments) through limited authorities.
- Studies have shown pharmacist-provided care improves patient outcomes, reduces ER visits, and increases access, especially in rural and underserved areas.
- Federal models already recognize pharmacists' prescriptive authority. Under the PREP Act, pharmacists were authorized to independently prescribe and administer COVID-19 tests, vaccines, and treatments during the public health emergency. The MAT Act further allows pharmacists to assist with prescribing medications for opioid use disorder. Additionally, pharmacists within the federal healthcare system, including the U.S. Public Health Service and the Veterans Health Administration, have been providing patient care services with prescriptive authority since 1979.

This is a **proven model** for strengthening healthcare systems, not an untested idea.

Why Is This Important for Alaska?

- Alaska faces critical healthcare workforce shortages.
- Patients often experience long delays or must travel great distances for basic care.
- Pharmacists are the most accessible healthcare professionals in many communities.
- Expanding pharmacist-provided services ensures more Alaskans can get timely, quality care closer to home.