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Governor Bill Walker
STATE OF ALASKA

March 3, 2017

The Honorable Bryce Edgmon
Speaker of the House
Alaska State Legislature
State Capitol Room 208
Juneau, AK 99801-1182

Dear Speaker Edgmon:

Under the authority of Article III, Section 18, of the Alaska Constitution, I am transmitting a bill relating to monitoring of prescriptions for opioids and relating to the controlled substance prescription database.

Alaska is in the grip of an opioid epidemic. All Alaskans, regardless of race, age, religion, or lifestyle are affected. Families are torn apart, persons suffering with addiction are frustrated and unable to reach their potential, crime has increased, and most significantly, lives are lost to this tragic epidemic. Too often the path to opioid addiction is through prescription medication. As a society, we must take steps to reduce unnecessary exposure to these addictive drugs. Fortunately, we have the tools to do that. By increasing awareness, education, and monitoring, we can take meaningful steps to address the tragedy of addiction.

First, the bill provides an option for patients to execute a Voluntary Nonopioid Directive that would allow a person for any reason to make clear the person's desire not to be administered an opioid. This confidential information would be provided to the person's health care provider or hospital. A person would be able to revoke a voluntary nonopioid directive at any time, orally or in writing, and the bill would provide for exceptions in the case of emergency treatment.

Second, the bill would require health care licensing boards for dentists, nurses, physicians, osteopaths, podiatrists, and optometrists to adopt regulations for licensure, renewal, and certification by regulation to require a licensee or potential licensee to demonstrate continuing education in pain management and opioid use and addiction.

Further, the bill would implement provisions to limit an initial prescription for an opioid to not more than a seven-day supply to an adult patient for outpatient use. For a prescription to a minor, a practitioner would be required to discuss with the parent or guardian why the prescription is needed and the risks associated with opioid abuse. These provisions would apply to licensed dentists (AS 08.36.355), physicians (AS 08.64.363), and advanced practice registered nurses (AS 08.72.170).

For veterinarians, the bill would require registration with the controlled substance prescription

The Honorable Bryce Edgmon
Transmittal Opioid Bill
March 3, 2017
Page 2

database and would require the Board of Veterinary Examiners to identify resources and develop educational materials to help licensees identify animal owners who may be at risk for abusing an opioid prescribed for a pet.

For pharmacists, the bill would require registration with the controlled substance prescription database regardless of whether the pharmacist has a federal drug enforcement administration registration number. Further, the bill would establish a statute to allow a person to request a pharmacist to dispense less than the prescribed amount of a schedule II or III controlled substance. Any remaining quantity in excess of the quantity requested by the person would be void. A pharmacist would be required to notify the prescribing practitioner of the dispensed amount. In addition, the pharmacist would need to submit information on the amount dispensed to the controlled substance prescription database.

Other sections of the bill would amend AS 17.30, the controlled substance prescription database. First, the bill would require that the database be updated daily rather than the current weekly update requirements. This would provide even more accurate information for health care practitioners when they review the database. Next, the bill would amend AS 17.30.200(e) to allow as a basis for a board disciplinary action the failure of a pharmacist-in-charge, pharmacist, or practitioner to *review* the database as required under AS 17.30.200. In addition, with veterinarians registering with the database, the Board of Veterinary Examiners would be notified when a practitioner registers with the database. Another important tool is to authorize the Board of Pharmacy to make an unsolicited confidential notification to a practitioner's licensing board in addition to the practitioner should the practitioner's subscribing practices be outside the generally recognized standards of practice. Last, the bill would authorize the Board of Pharmacy to send practitioners information on how their prescribing practices compare to other practitioners in the same specialty. These nonpunitive "report cards" will provide valuable confidential information to practitioners about how their prescribing practices compare with others.

Addressing the opioid epidemic will require a team effort among health care practitioners, patients, and caregivers across our state. We must improve communication among health care professionals, ensure that they have the training to recognize circumstances that may contribute to the risk of addiction, and address patient needs compassionately and safely. This bill is an important first step in providing patients and professionals with tools to treat patients and manage this devastating epidemic.

I urge your prompt and favorable action on this measure.

Sincerely,



Bill Walker
Governor

Enclosure