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Fisher
4/18/19

CS FOR HOUSE BILL NO. 89()

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FIRST LEGISLATURE - FIRST SESSION

BY

**Offered:
Referred:**

Sponsor(s): REPRESENTATIVES SPOHNHOLZ, Tuck, Drummond

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to prescribing and dispensing opioids; relating to the practice of
2 dentistry; relating to the practice of medicine; relating to the practice of podiatry;
3 relating to the practice of osteopathy; relating to the practice of nursing; relating to the
4 practice of optometry; and relating to the practice of pharmacy."

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 * **Section 1.** The uncoded law of the State of Alaska is amended by adding a new section
7 to read:

8 OPIOID ADDICTION: LEGISLATIVE FINDINGS. The legislature finds that

9 (1) the state has a considerable moral, public health, and financial interest in
10 reducing opioid and heroin addiction in the state;

11 (2) it is medically documented that opioid prescription drugs are addictive and
12 that opioid addiction is harmful and expensive to address;

13 (3) as of 2017, accepted evidence shows that a significant percentage of
14 people who become addicted to heroin were initially addicted to opioid prescription drugs;

(4) opioid prescription drug and heroin addiction interferes with an addict's ability to work and provide for a stable and healthy family;

(5) the state's opioid epidemic damages the health of families and children and affects the chances that a child will receive a healthy upbringing;

(6) the opioid epidemic increases crime in the state, and the presence of heroin dealers in the state poses a public safety threat;

(7) the opioid epidemic costs the state and other entities excessive amounts of money, which is especially problematic in lean budget times;

(8) policies that reduce the number of people who become addicted to opioids and heroin will better serve citizens of the state and foster healthier families;

(9) patients are not always advised of the addictive effects of opioid prescription drug use or that opioid prescription drug use may lead to opioid prescription drug and heroin addiction; and

(10) requiring medical providers to inform patients of the risks associated with opioid prescription drug use can help to reduce opioid prescription drug and heroin addictions in the state.

* **Sec. 2.** AS 08.36.070(a) is amended to read:

(a) The board shall

(1) provide for the examination of applicants and the credentialing, registration, and licensure of those applicants it finds qualified;

(2) maintain a registry of licensed dentists, licensed dental hygienists, and registered dental assistants who are in good standing;

(3) affiliate with the American Association of Dental Boards and pay annual dues to the association;

(4) hold hearings and order the disciplinary sanction of a person who violates this chapter, AS 08.32, or a regulation of the board;

(5) supply forms for applications, licenses, permits, certificates, registration documents, and other papers and records;

(6) enforce the provisions of this chapter and AS 08.32 and adopt or amend the regulations necessary to make the provisions of this chapter and AS 08.32 effective;

(7) adopt regulations ensuring that renewal of a license, registration, or certificate under this chapter or a license, certificate, or endorsement under AS 08.32 is contingent on proof of continued professional competence; the regulations must require that a licensee receive not less than two hours of education in pain management and opioid use and addiction in the two years preceding an application for renewal of a license, unless the licensee has demonstrated to the satisfaction of the board that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number;

(8) at least annually, cause to be published on the Internet and in a newspaper of general circulation in each major city in the state a summary of disciplinary actions the board has taken during the preceding calendar year;

(9) issue permits or certificates to licensed dentists, licensed dental hygienists, and dental assistants who meet standards determined by the board for specific procedures that require specific education and training;

(10) require that a licensed dentist who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o);

(11) adopt regulations requiring a licensee to advise patients, using oral and written information, before prescribing an opioid, of the potential dangers of opioid addiction, and alternatives to the opioid prescription the provider considers reasonable; the board may determine which classes of patients may be reasonably exempted from the information requirement and may allow an exemption from the requirement for violations the board considers to be unintentional, periodic accidental violations, and for good cause, including when a licensee needs to attend to the perceived immediate health care of another patient.

* Sec. 3. AS 08.64.101(a) is amended to read:

(a) The board shall

(1) except as provided in regulations adopted by the board under (b) of this section, examine and issue licenses to applicants;

(2) develop written guidelines to ensure that licensing requirements are

not unreasonably burdensome and the issuance of licenses is not unreasonably withheld or delayed;

(3) after a hearing, impose disciplinary sanctions on persons who violate this chapter or the regulations or orders of the board;

(4) adopt regulations ensuring that renewal of licenses is contingent on proof of continued competency on the part of the licensee;

(5) under regulations adopted by the board, contract with private professional organizations to establish an impaired medical professionals program to identify, confront, evaluate, and treat persons licensed under this chapter who abuse alcohol, other drugs, or other substances or are mentally ill or cognitively impaired;

(6) adopt regulations that establish guidelines for a physician who is rendering a diagnosis, providing treatment, or prescribing, dispensing, or administering a prescription drug to a person without conducting a physical examination under AS 08.64.364; the guidelines must include a nationally recognized model policy for standards of care of a patient who is at a different location than the physician;

(7) require that a licensee who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o);

(8) adopt regulations requiring a licensee to advise patients, using oral and written information, before prescribing an opioid, of the potential dangers of opioid addiction, and alternatives to the opioid prescription the provider considers reasonable; the board may determine which classes of patients may be reasonably exempted from the information requirement and may allow an exemption from the requirement for violations the board considers to be unintentional, periodic accidental violations, and for good cause, including when a licensee needs to attend to the perceived immediate health care of another patient.

* Sec. 4. AS 08.68.100(a) is amended to read:

(a) The board shall

(1) adopt regulations necessary to implement this chapter, including

regulations

(A) pertaining to practice as an advanced practice registered nurse, including requirements for an advanced practice registered nurse to practice as a certified registered nurse anesthetist, certified clinical nurse specialist, certified nurse practitioner, or certified nurse midwife; regulations for an advanced practice registered nurse who holds a valid federal Drug Enforcement Administration registration number must address training in pain management and opioid use and addiction;

(B) necessary to implement AS 08.68.331 - 08.68.336 relating to certified nurse aides in order to protect the health, safety, and welfare of clients served by nurse aides;

(C) pertaining to retired nurse status; and

(D) establishing criteria for approval of practical nurse education programs that are not accredited by a national nursing accrediting body;

(2) approve curricula and adopt standards for basic education programs that prepare persons for licensing under AS 08.68.190;

(3) provide for surveys of the basic nursing education programs in the state at the times it considers necessary;

(4) approve education programs that meet the requirements of this chapter and of the board, and deny, revoke, or suspend approval of education programs for failure to meet the requirements;

(5) examine, license, and renew the licenses of qualified applicants;

(6) prescribe requirements for competence before a former registered, advanced practice registered, or licensed practical nurse may resume the practice of nursing under this chapter;

(7) define by regulation the qualifications and duties of the executive administrator and delegate authority to the executive administrator that is necessary to conduct board business;

(8) develop reasonable and uniform standards for nursing practice;

(9) publish advisory opinions regarding whether nursing practice

procedures or policies comply with acceptable standards of nursing practice as defined under this chapter;

(10) require applicants under this chapter to submit fingerprints and the fees required by the Department of Public Safety under AS 12.62.160 for criminal justice information and a national criminal history record check; the department shall submit the fingerprints and fees to the Department of Public Safety for a report of criminal justice information under AS 12.62 and a national criminal history record check under AS 12.62.400;

(11) require that a licensed advanced practice registered nurse who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o);

(12) adopt regulations requiring a licensee to advise patients, using oral and written information, before prescribing an opioid, of the potential dangers of opioid addiction, and alternatives to the opioid prescription the provider considers reasonable; the board may determine which classes of patients may be exempted from the information requirement and may allow an exemption from the requirement for violations the board considers to be unintentional, periodic accidental violations, and for good cause, including when a licensee needs to attend to the perceived immediate health care of another patient.

* Sec. 5. AS 08.72.050 is amended to read:

Sec. 08.72.050. Regulations. The board shall adopt regulations

- (1) necessary for the proper performance of its duties;
- (2) governing the applicants and applications for licensing;
- (3) for the licensing of optometrists;
- (4) necessary to govern the practice of optometry, including the prescription and use of pharmaceutical agents for the treatment of eye disease;
- (5) prescribing requirements that a person licensed under this chapter must meet to demonstrate continued professional competency;
- (6) developing uniform standards for the practice of optometry;
- (7) requiring a licensee to advise patients, using oral and written**

information, before prescribing an opioid, of the potential dangers of opioid addiction and alternatives to the opioid prescription the provider considers reasonable; the board may determine which classes of patients may be exempted from the information requirement and may allow an exemption from the requirement for violations the board considers to be unintentional, periodic accidental violations, and for good cause, including when a licensee needs to attend to the perceived immediate health care of another patient.

* Sec. 6. AS 08.80.030(b) is amended to read:

(b) In order to fulfill its responsibilities, the board has the powers necessary for implementation and enforcement of this chapter, including the power to

(1) elect a president and secretary from its membership and adopt rules for the conduct of its business;

(2) license by examination or by license transfer the applicants who are qualified to engage in the practice of pharmacy;

(3) assist the department in inspections and investigations for violations of this chapter, or of any other state or federal statute relating to the practice of pharmacy;

(4) adopt regulations to carry out the purposes of this chapter;

(5) establish and enforce compliance with professional standards and rules of conduct for pharmacists engaged in the practice of pharmacy;

(6) determine standards for recognition and approval of degree programs of schools and colleges of pharmacy whose graduates shall be eligible for licensure in this state, including the specification and enforcement of requirements for practical training, including internships;

(7) establish for pharmacists and pharmacies minimum specifications for the physical facilities, technical equipment, personnel, and procedures for the storage, compounding, and dispensing of drugs or related devices, and for the monitoring of drug therapy;

(8) enforce the provisions of this chapter relating to the conduct or competence of pharmacists practicing in the state, and the suspension, revocation, or restriction of licenses to engage in the practice of pharmacy;

(9) license and regulate the training, qualifications, and employment of pharmacy interns and pharmacy technicians;

(10) issue licenses to persons engaged in the manufacture and distribution of drugs and related devices;

(11) establish and maintain a controlled substance prescription database as provided in AS 17.30.200;

(12) establish standards for the independent administration by a pharmacist of vaccines and related emergency medications under AS 08.80.168, including the completion of an immunization training program approved by the board;

(13) establish standards for the independent dispensing by a pharmacist of an opioid overdose drug under AS 17.20.085, including the completion of an opioid overdose training program approved by the board;

(14) require that a licensed pharmacist register with the controlled substance prescription database under AS 17.30.200(o);

(15) establish the qualifications and duties of the executive administrator and delegate authority to the executive administrator that is necessary to conduct board business;

(16) license and inspect the facilities of wholesale drug distributors, third-party logistics providers, and outsourcing facilities located outside the state under AS 08.80.159;

(17) adopt regulations requiring a licensee to advise patients, using oral and written information, before dispensing an opioid, of the potential dangers of opioid addiction; the board may determine which classes of patients may be reasonably exempted from the information requirement and may allow an exemption from the requirement for violations the board considers to be unintentional, periodic accidental violations, and for good cause, including when a licensee needs to attend to the perceived immediate health care of another patient.

* Sec. 7. AS 47.37.040 is amended by adding a new paragraph to read:

(24) post and maintain current information on the department's Internet website and provide, for purposes of patient education, a one-page, printable handout

1 in 12-point font, which may include graphics, that provides easily understandable
2 information on opioids, including the potentially addictive and harmful qualities of
3 opioids; the information must be written in plain language that can be easily translated
4 into other languages commonly spoken in the state.