

SENATE FINANCE COMMITTEE
FIRST SPECIAL SESSION
May 30, 2017
3:47 p.m.

[3:47:40 PM](#)

CALL TO ORDER

Co-Chair MacKinnon called the Senate Finance Committee meeting to order at 3:47 p.m.

MEMBERS PRESENT

Senator Lyman Hoffman, Co-Chair
Senator Anna MacKinnon, Co-Chair
Senator Click Bishop, Vice-Chair
Senator Shelley Hughes
Senator Peter Micciche
Senator Donny Olson
Senator Natasha von Imhof

MEMBERS ABSENT

None

ALSO PRESENT

Sara Chambers, Director, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community and Economic Development; Laura Cramer, Staff, Senator Anna MacKinnon; Jay Butler, Chief Medical Officer, Department of Health and Social Services.

PRESENT VIA TELECONFERENCE

Richard Holt, Vice Chair, Alaska Board of Pharmacy, Department of Commerce, Community and Economic Development; Paul Barney, Chair, Alaska Board Examiners in Optometry, Department of Commerce, Community and Economic Development.

SUMMARY

HB 159 OPIOIDS;PRESCRIPTIONS;DATABASE;LICENSES

SCS CSHB 159(FIN) was REPORTED out of committee with a "do pass" recommendation and with two

previously published fiscal notes: FN2(DHS),
FN3(CED).

#hb159

CS FOR HOUSE BILL NO. 159(FIN) am

"An Act relating to the prescription of opioids; relating to voluntary nonopioid directives; relating to the controlled substance prescription database; relating to the practice of dentistry; relating to the practice of pharmacy; relating to the practice of medicine; relating to the practice of podiatry; relating to the practice of osteopathy; relating to the practice of nursing; relating to the practice of optometry; relating to the practice of veterinary medicine; relating to the duties of the Board of Pharmacy; relating to pharmacists; providing for an effective date by repealing the effective date of sec. 73, ch. 25, SLA 2016; and providing for an effective date."

[3:48:19 PM](#)

Co-Chair MacKinnon directed attention to CSHB 159(FIN)am. She asked for an overview of the bill.

SARA CHAMBERS, DIRECTOR, DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING, DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT, introduced herself.

JAY BUTLER, CHIEF MEDICAL OFFICER, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, introduced himself.

Ms. Chambers reviewed the sectional analysis (copy on file):

Note: Sec. 1 adds legislative intent language regarding the seven-day initial prescription limit

Sec. 1: Adds language stating the intent of the legislature is for the seven-day supply limit not to be considered the minimum appropriate time for an initial prescription. The Center for Disease Control and Prevention suggests a three-day initial prescription limit and practitioners should use professional judgment in determining prescription lengths.

Note: Sec. 2 - 27 amend individual board statutes regarding: education requirements for initial licensure; continuing education requirements for licensure renewal; disciplinary authority of Board's pertaining to the maximum opioid prescription limit; sets a maximum opioid prescription limit of 7 days for the initial prescription (with exceptions); and defines opioids.

Sec. 2: Amends the Board of Dental Examiners statutes by requiring the Board to adopt regulations for renewal of licensure to include a minimum of two hours of continuing education in pain management and opioid misuse and addiction in the previous two years preceding renewal, unless the licensee has demonstrated to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number.

Sec. 3: Amends the Board of Dental Examiners statutes by requiring the Board to adopt regulations for licensure qualifications to include a minimum of two hours of education in pain management and opioid misuse and addiction in the two years preceding the application for a license, unless the applicant has demonstrated to the satisfaction of the Board that the applicant does not currently hold a valid federal DEA registration number.

Sec. 4: Amends the Board of Dental Examiners statutes for disciplinary authority. It allows the Board to discipline, revoke, suspend, reprimand or censure a license of a dentist, if the Board finds a licensee has prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.36.355, or procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action or patient harm.

Sec. 5: Adds a new section to the Board of Dental Examiners statutes limiting the dosage for an opioid prescription to a seven-day supply for an adult or minor. The dentist must discuss with the parent or guardian of a minor why the prescription is necessary and the risks associated with the opioid use. A dentist may issue a prescription for greater than a

seven-day supply to an adult or minor patient if, in the professional judgement of the dentist, more than a seven-day supply is necessary for; the chronic pain management, or a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier. The dentist must document in the patient's medical record the condition requiring the excess of a seven-day supply, and indicate a non-opioid alternative was not appropriate to treat the condition. The section defines "adult" and "minor."

Sec. 6: Amends the Board of Dental Examiner statutes by adding a definition of an "opioid."

Ms. Chambers highlighted that Sections 7 through 14 pertained to the medical board. She specified that the sections dealt with education on opioid use, addiction, and pain management for the various license types that had prescribing authority and were managed by the medical board.

Ms. Chambers continued discussing the Sectional Analysis:

Sec. 15: Amends Medical Board disciplinary authority. The Board may impose a disciplinary sanction if the Board finds that a licensee has prescribed or dispensed an opioid in excess of the maximum dosage.

Ms. Chambers explained that Section 16 provided the Medical Board the same limitation in prescribing opioids as dental examiners (a seven-day supply). There was an opportunity to exceed seven days using professional judgement or due to logistical or travel barriers, which must be codified in a patient's medical record.

Ms. Chambers relayed that Section 17 amended Medical Board statute for prescription drugs without a physical examination. She continued that the amendment harkened back to legislation from the previous year regarding telemedicine, and conformed the bill to existing session law put in place in the current year.

Ms. Chambers continued discussing the sectional analysis:

Sec. 18: Amends Medical Board statute by adding and defining "opioid" to include the opium and opiate

substances and opium and opiate derivatives listed in AS 11.71.140.

Ms. Chambers communicated that Sections 19 through 21 all pertained to education and discipline for the Board of Nursing. There were requirements for two hours of education on opioid use and addiction, as well as the ability to discipline for overprescribing by an advanced nurse practitioner.

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Ms. Chambers turned to Section 22, which limited licensees of the Board of Nursing to prescribing a seven-day supply of an opioid. The same waiver was in place - the professional judgement or logistical or travel barriers must be documented. Section 23 defined opioid and Board of Nursing statutes. Sections 24 through 26 required education for licensees of the Board of Optometry on opioid misuse, addiction, and pain management. Optometrists would be required to take two hours within the four years preceding renewal as opposed to the previous licensing period. Section 27 amended the Board of Optometry's disciplinary authority (similar to the other license types discussed) when there was overprescribing or illegal prescribing.

Ms. Chambers relayed that Sections 28 and 29 pertained to the Board of Pharmacy. Section 28 included a technical fix to conform to session law taking effect in July 2017. She detailed that pharmacists did not obtain DEA registration numbers, so it was being removed from law. Section 29 amended the Board of Pharmacy statutes to allow pharmacists to partially fill prescriptions for Schedule II or III controlled substances. She elaborated that if the individual did not want to obtain the entire prescription, they could obtain part of the prescription and go back for the remainder at a later date.

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Vice-Chair Bishop asked for verification that if a patient chose to only receive four days' worth of the seven-day prescription, they would only receive the remaining balance of the prescription if they came back at a later date.

Ms. Chambers answered in the affirmative.

Ms. Chambers continued discussing the Sectional Analysis. Section 30 pertained to the Board of Veterinary Examiners. She detailed the section would require board licensees to take educational courses that would help them to identify resources to assist them with identifying an animal owner who may be at risk for abusing or misusing an opioid. The section would also require the board to identify and develop related educational materials to provide to its licensees. The education requirement was slightly different from the other license types who were prescribing directly to a human. Section 31 provided the Board of Veterinary Examiners the opportunity to discipline a licensee who prescribed or dispensed an opioid in excess of the maximum dosage authorized under a previous section. She continued with the sectional analysis:

Sec. 32 - Establishes the Voluntary Nonopioid Directive

Sec. 32: The section allows an individual who is 18 years of age or older, an emancipated minor or a parent or legal guardian of a minor, or an individual's guardian or other person appointed by the individual or court to manage the individual health care to execute a voluntary non-opioid directive in a format prescribed by the Department of Health and Social Services. The section further provides that a licensed healthcare providers, hospitals, and employees, and pharmacists are exempt from licensing board discipline, civil and criminal liability for failure to administer, prescribe, or dispense an opioid to an individual who has executed a voluntary non-opioid directive. The directive does not limit a healthcare provider or pharmacist from prescribing, dispensing, or administering an opioid overdose drug or an opioid for the treatment of substance abuse or opioid dependence.

Note: Sec. 33-42 - Changes relating to the Prescription Drug Monitoring Program (PDMP); updating the definition of opioid; and prescriber "report cards."

Sec. 33: Amends AS 17.300.200(a) to exclude certain facilities from the requirements of the controlled substance prescription database (also known as the PDMP). This section references a section "u" of the PDMP (see section 42) where by correctional facilities

are exempt from the PDMP except when prescribing opioids to an inmate at the time of the inmate's release as in-patient pharmacies and emergency rooms are exempt if they are only prescribing less than a 24-hour supply of opioids (see also section 41).

Sec. 34: Amends AS 17.300.200(b) to exclude correctional facilities from the requirements of the controlled substance prescription database except when prescribing opioids to an inmate at the time of the inmate's release. Note: This is required due to the delayed effective dates from SB 74 and this bill.

Sec. 35: Amends AS 17.30.200(b) as amended by sec. 23, ch. 25, SLA 2016 by substituting "weekly" with "daily." The change will require the pharmacist-in-charge of a pharmacy, and each practitioner who dispenses a schedule II, III, or IV controlled substance, to submit the information to the controlled substance prescription database daily instead of weekly. (Note: This is required due to the delayed effective dates from SB 74 and this bill).

Sec. 36: Amends AS 17.30.200(d) as amended ch. 25, SLA 2016 to clarify that information contained in the PDMP can be shared with federal, state and local law enforcement that have a valid search warrant or court order.

Sec. 37: Amends AS 17.30.200(e) as amended by ch. 25, SLA 2016 to clarify that a pharmacist, the individual filling a prescription, is required to submit information into the database. It is the responsibility of the practitioner, the individual writing the prescription, to review the database.

Sec. 38: Amends AS 17.30.200(p) as amended by ch. 25, SLA 2016 to require the Board of Pharmacy shall promptly notify the Board of Veterinary Examiners when a practitioner registers with the database under (o) of the section.

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Ms. Chambers continued to discuss the sectional analysis:

Sec. 39: Amends AS 17.30.200(q) as amended by, ch. 25, SLA 2016 is amended by allowing the Board of Pharmacy to provide unsolicited notification to the practitioner's licensing board if a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of safe practice. The unsolicited notification to a practitioner's licensing board under the section must also be provided to the practitioner, is considered confidential, may not disclose confidential information under the section, and may be in a summary form sufficient to provide notice of the basis for the unsolicited notification.

Sec. 40: Amends AS 17.30.200(r) as amended by ch. 25, SLA 2016 to provide guidance so to when the Board must update the requirement that pharmacists and prescribers must comply with the database on a daily basis rather than a weekly basis.

Sec. 41: Amends AS 17.30.200(n) as amended by ch 25, SLA 2016 to update the definition of opioid to include the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140.

Sec. 42: Adds a new section (t) to AS 17.30.200, giving the Board of Pharmacy the authority to issue periodic unsolicited "report cards" with non-identifiable information comparing the practitioner's opioid prescribing practices with others in the same occupation. However, this information is confidential and cannot be released to others. Also adds a new section (u) to AS 47.17.200, giving the Board of Pharmacy the ability to exempt in-patient pharmacies and emergency rooms from the review and submission requirement of the PDMP when they are dispensing no more than a 24-hour supply of opioids upon discharge.

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Co-Chair MacKinnon asked for verification that Sections 33 and 34 exempted correctional facilities from reporting requirements. Ms. Chambers answered in the affirmative.

Co-Chair MacKinnon remarked that subsection (u) [Section 45, subsection (u)] was broader than language in Sections

33 and 34. She noted that subsection (u) pertained to a health care facility or a correctional facility. She elaborated that the 24-hour threshold was for an in-patient pharmacy like a senior home (e.g. Pioneer Homes) or emergency departments. She asked for the accuracy of her statements.

Ms. Chambers responded that the statements were accurate.

Ms. Chambers continued to review the sectional analysis:

Note: Sec. 43-45 - Relate to regulations and repeal PDMP effective dates

Sec. 43: Amends AS 18.05.040 to give authority for the Commissioner of Health & Social Services shall adopt regulations consistent with existing law for implementation of AS 13.55, Voluntary Nonopioid Directive Act.

Sec. 44: Repeals various sections from ch. 25, SLA 2016 related to the July 2018 effective dates for the PDMP in SB 74.

Sec. 45: Provides transitional authority for the Department of Commerce and Economic Development and Department of Health and Social Services to draft regulations to implement changes to the PDMP prior to the effective date of certain sections. This is a technical fix.

Note: Sec. 46-55 - Refer to Effective Dates

Sec. 46, 47, 48, 49, 50, 51, 52: Relate to the various changes to the PDMP related to the effective dates under SB 74. This is necessary because the changes to the PDMP under SB 74 are not in effect until July 18, 2017.

Sec. 53: These are the new effective dates from the PDMP (July 1, 2018).

Sec. 54: The advance directive sections of the bill (sections 32 and 43) take effect on July 1, 2019.

Sec. 55: All other provisions of the bill take effect immediately.

Co-Chair MacKinnon asked if the weekly requirement would go into effect July 2017.

Ms. Chambers agreed that the weekly requirement would take place for a period of one year and the daily requirement would be implemented in July 2018.

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Co-Chair MacKinnon asked Dr. Butler if he had any comments regarding the work draft. Dr. Butler responded in the negative.

Vice-Chair Bishop MOVED to ADOPT proposed committee substitute (CS) for CSHB 159(FIN)am, Work Draft 30-GH1021\N (Mischel/Bruce, 5/30/17).

Co-Chair MacKinnon OBJECTED for discussion. She asked her staff to review changes in the CS (version N).

LAURA CRAMER, STAFF, SENATOR ANNA MACKINNON, informed the committee that the CS incorporated several changes made in the Senate Health and Social Services committee as well as changes identified in conversations with the various boards outlined in the legislation.

Ms. Cramer discussed a document titled "Summary of Changes" (copy on file):

Page 2, lines 2-3 and lines 10-11: Conforming language to Section 28 relating to the four-day supply limit for an initial opioid prescription for the Board of Examiners in Optometry.

Page 7, line 9: Amends the definition of opioid to include Schedule IIIA controlled substances (11.71.160).

Page 15, line 20: Conforming change for the inclusion of Schedule IIIA controlled substances (11.71.160) to the definition of opioid.

Page 19, line 28: Conforming change for the inclusion of Schedule IIIA controlled substances (11.71.160) to the definition of opioid.

Page 22, line 2-10: Amends statute for the Board of Optometry removing the hour requirement for the board's education in prescription of pharmaceutical agents and injection of therapeutic pharmaceutical agents which will be handled through regulation.

Ms. Cramer elaborated on the change on page 22. She relayed the intent was to manage the number of hours through regulation, not statute.

Co-Chair MacKinnon asked the language was consistent with all or most other boards.

Ms. Cramer replied in the affirmative. She added that the educational requirement set by the Board of Optometry was already higher than the statutory requirement.

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Ms. Cramer continued to discuss the Summary of Changes:

Page 23, lines 13-14: Amends the Board of Examiners in Optometry - Grounds for imposition of disciplinary sanctions (08.72.240) stating that the Board may impose disciplinary sanctions when the board finds after a hearing that the licensee (10) prescribed or dispensed an opioid in excess of the maximum dosage authorized under Maximum dosage for opioid prescriptions (Sec. 28).

Page 23, line 18 - Page 24, line 12: Section 28 - Amends the Board of Examiners in Optometry

(1) A licensee may not issue an initial prescription for an opioid that exceeds a four-day supply to an adult

(2) For a prescription that exceeds a four day supply to a minor, requires the licensee to discuss with the parent of legal guardian why the prescription is necessary and the risks associated with opioid use

(b) Allows the Optometrist to exceed the four-day supply if the Optometrist determines it is necessary

(1) Requires the Optometrist to document the patient's medical condition or chronic pain triggering the need for the opioid in excess of four-days

(2) Allows the Optometrist to take into consideration logistical of travel barriers when writing an opioid prescription.

Page 27, lines 20-21: Amends the Board of Veterinary Examiners - Grounds for imposition of disciplinary sanctions (08.98.235) stating that the Board may impose disciplinary sanctions when the board finds after a hearing that the person (9) prescribed or dispensed an opioid in excess of the maximum dosage authorized under Maximum dosage for opioid prescriptions (Sec. 33).

Page 27, line 24 - Page 28 line 13: Section 33 - Amends the Board of Veterinary Examiners

(a) A veterinarian may not issue an initial prescription for an opioid that exceeds a seven-day supply to the owner of an animal for outpatient use

(b) Allows the veterinarian to exceed the seven-day supply if the veterinarian determines it is necessary

(1) Requires the veterinarian to document the animals condition or chronic pain triggering the need for the opioid in excess of seven-days

(2) Allows the veterinarian to take into consideration logistical or travel barriers when writing a prescription.

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Ms. Cramer continued to discuss the Summary of Changes:

Page 28, lines 16-17: Amends statute to add advance practice registered nurse and optometrist to the definition of practitioner.

Page 30, line 22: Conforming change for the inclusion of Schedule IIIA controlled substances (11.71.160) to the definition of opioid.

Page 35, line 13: Conforming change for the inclusion of Schedule IIIA controlled substances (11.71.160) to the definition of opioid.

Page 38 lines 1-5: Section 49 - Conditional effect
The intent is that Optometrists would continue to have a four-day prescribing limit for opioids and other controlled substances as they currently do.

Page 38, lines 6-8: Section 50
Immediate effective date for sections 27 and 28
relating to optometrists per Section 49 - conditional
effect.

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Co-Chair MacKinnon WITHDREW her OBJECTION. There being NO
further OBJECTION, Work Draft 30-GH1021\N was ADOPTED.

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AT EASE

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RECONVENED

Co-Chair MacKinnon relayed that the public hearing for the
Senate version of the bill had been opened and closed on an
earlier date. She relayed that there were several members
of different boards online to testify. The CS tried to
address issues brought forward to the committee. She noted
there were answers to committee member questions by the
Department of Health and Social Services dated May 26, 2016
(copy on file).

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RICHARD HOLT, VICE CHAIR, ALASKA BOARD OF PHARMACY,
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
(via teleconference), introduced himself.

Co-Chair MacKinnon mentioned a prior inquiry by Mr. Holt
pertaining to businesses needing to report. She detailed
Mr. Holt had asked whether an entity had to report its
database or to the Prescription Drug Monitoring Program
(PDMP) if its facility was closed. She asked Ms. Chambers
to address the issue.

Ms. Chambers affirmed that the law required PMDP database
entry when certain schedules of controlled substances were
dispensed. The board already had a system for a waiver in
the case that a pharmacy did not ever prescribe opioids.
The next step, if the bill became law, was for the board to
consider the exception in regulation mentioned by Co-Chair
MacKinnon. She furthered it stood to reason that if a
pharmacy was closed, it would not be dispensing scheduled

substances. It was not the goal of the legislation to create any illogical bureaucracy. She encouraged the board to outline the issue in regulation or policy. She concluded that if a business was closed it would not need to enter information into the database that day.

Mr. Holt expressed appreciation for the follow up.

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Co-Chair MacKinnon referred to testimony by Senator Cathy Giessel concerning dosage versus the duration of time. She believed the committee had chosen to follow best practices in other states. She asked Dr. Butler to address the duration versus the dosage and why the administration had chosen a seven-day period.

Dr. Butler stated that the administration had based its recommendations on best practices in other states and on determining what was pragmatic and workable. He believed the duration was the easier way to go than trying to convert to the BTU equivalent of the morphine milligram equivalence. To his knowledge, only one state had gone that route. He elaborated that the dosage would be over a set timeframe. The options provided different ways to accomplish the same goal. The administration had pursued what it believed to be the more pragmatic and simple way to communicate the law.

[4:18:04 PM](#)

Co-Chair MacKinnon asked Ms. Chambers if an issue with software had been addressed, or whether the Board of Pharmacy needed to address the issue in regulation. The committee had inquired whether internet speed would prevent a pharmacy from uploading the appropriate information to the PDMP and whether it would be a violation.

Ms. Chambers stated that the Board of Pharmacy would continue deliberating and enumerating in regulation and policy ways to assist pharmacies in reporting and circumventing some of those elements beyond their control. The goal was to be compliant and not penalize pharmacies for spotty internet access. The board already had a precedent in doing so.

Co-Chair MacKinnon asked if Ms. Chambers could relay the administration's commitment to work with the Alaska State Medical Board for concerns registered about the Board of Pharmacy's potential adoption and imposition of standards of safe prescribing.

Ms. Chambers recounted that the medical board had presented in its letter some concerns about pharmacies or individual pharmacists red flagging prescribers and potentially setting their own arbitrary standards. The PDMP was housed within the Board of Pharmacy by law and the board already set the notification standards in policy. The board would continue to set notification standards through a public process either in policy or regulation; it would not be up to the individual pharmacist or pharmacy to make the determination. She continued that as safe prescribing guidelines were developed by the boards it was the administration's hope and encouragement that the boards that were impacted and had convened the previous year on the Joint Committee on Prescriptive Guidelines would continue to work together on consensus building. The group had worked together quite easily the previous year in making sure all prescribers were at the table when and if prescribing guidelines were put into regulation.

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Senator Olson asked if the medical board was in favor of plan that had been put in place and was currently in writing.

Ms. Chambers answered that all the members (including the medical board) were in consensus that the guidelines they wanted to recommend would be the State of Washington prescribing guidelines with a lower maximum morphine equivalent dosage than what Washington prescribed.

Senator Olson asked for verification that the medical board had unanimously approved the guidelines.

Ms. Chambers stated that the previous year each board had elected a representative to come to the table for the purpose of making the recommendation to the legislature as required by law. The committee had not gone further, so there was no official guideline. However, all the boards with prescribing authority (except for veterinarians) had agreed with the thresholds. She reiterated that the

agreement was not codified or in regulation and was not disciplinable. The boards understood that their representative was speaking for them in making the recommendation to the legislature.

Senator Olson asked what it meant that the guideline recommendation was not disciplinable.

Ms. Chambers stated that the boards were unable to discipline a license if there were standards that were unwritten or uncodified. She continued that a recommendation had been made to the legislature and none of the boards had adopted the guideline as its own practice.

Senator Olson asked if the Alaska State Medical Association had weighed in on the issue.

Ms. Chambers responded that the meetings were publicly noticed and made available. She did not recall that a member of the medical association had participated.

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Senator von Imhof highlighted Section 16 of the bill, pertaining to a physician's flexibility to exceed the seven-day limit if it was thought to be justified. Under the circumstance the physician would be required to notate the amount prescribed in the patient's file. She remarked that a doctor had been concerned about having to write six separate prescriptions if they wanted a prescription to exceed the seven-day limit. She surmised that the section would allow a physician to write one prescription with the notation that a patient may exceed the seven-day limit for a specified reason.

Dr. Butler answered in the affirmative.

Senator Olson referred to Section 9, pertaining to osteopaths. He asked if there was a significant difference between osteopathic doctors versus MDs in their requirements for prescriptions.

Dr. Butler replied that there was no difference. Doctors of osteopathy and medical doctors were under the Alaska Medical Board.

Senator Olson agreed that it was much less cumbersome and more acceptable to write one prescription versus six for a patient.

[4:25:47 PM](#)

Senator Hughes discussed the bill's exemption for correctional facilities from requiring a prescriber to deal with the PDMP. She referred to the problem with drugs circulating in the prison system. She wondered about the rationale behind the exemption and asked if the Department of Corrections (DOC) had weighed in on the issue.

Dr. Butler affirmed that DOC had weighed in on the matter. The rationale was that someone who is incarcerated is similar to someone who is hospitalized or in any other type of institution. The PDMP focus was on outpatient use of controlled substances. For example, a person who was one year into a 20-year term would not be out on the streets. The administration believed it would be an excessive administrative burden and it would be up to DOC to determine how to avoid potential for drug diversion within its institutions. The statute specified that the requirement to use the PDMP would be maintained for an individual receiving a prescription at the time of their release from incarceration.

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Co-Chair MacKinnon thought it might appear as if the committee was moving quickly on the bill, however the administration had access to the Senate's version of the bill since the previous Friday. She asked for verification that the administration had been given time to thoroughly review the CS.

Ms. Chambers answered in the affirmative.

Co-Chair MacKinnon relayed that the bill used the term palliative care. She wanted to ensure that individuals suffering life-limiting illnesses and qualifying for end-of-life care through different medical programs would be treated with respect (as under palliative care) and would be allowed to access prescriptions for pain management.

Ms. Chambers responded that palliative care included end-of-life care, but it did not exclusively deal with end-of-

life care. Palliative care was a broader pain management specialty or type of care, which end-of-life care may fall under.

4:29:06 PM

Vice-Chair Bishop reviewed the two fiscal notes. The first zero fiscal note was from the Department of Health and Social Services for Public Health Administrative Services. The bill would require the adoption of regulations, but the analysis stated that no additional appropriation would be required. The second note was from the Department of Commerce, Community and Economic Development for the Division of Corporations, Business and Professional Licensing (CBPL). The cost for FY 18 was \$27,500. Passage of the bill meant the division would require the funds to cover legal costs to amend regulations and printing and postage in the first year to the referenced professional licensing programs. There was no anticipated cost to change the database from weekly to daily. Professional licensing programs within the division were funded by receipt supported services. He continued that licensing fees for each occupation were set in AS 08.01.065. The total revenue collected approximately equaled the occupation's actual regulatory cost.

Co-Chair MacKinnon restated that the \$27,500 was out of designated receipts covered by the professions. She added that the administration had received the R version of the bill. The committee had made a small amendment dealing with an issue brought forward by the Board of Optometry. She detailed the issue dealt with a two-year educational lookback.

PAUL BARNEY, CHAIR, ALASKA BOARD OF EXAMINERS IN OPTOMETRY, DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT (via teleconference), stated that he had reviewed the changes the committee had made to the bill, which addressed the issue he had previously communicated to Ms. Chambers. He was in support of the bill as written.

Co-Chair MacKinnon relayed that two references in prior versions of the bill to specific years had been removed from the CS. The two-year lookback had created clunky language for the Board of Examiners in Optometry.

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Vice-Chair Bishop MOVED to report SCS CSHB 159(FIN) out of Committee with individual recommendations and the accompanying fiscal notes. There being NO OBJECTION, it was so ordered.

SCS CSHB 159(FIN) was REPORTED out of committee with a "do pass" recommendation and with two previously published fiscal notes: FN2(DHS), FN3(CED).

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AT EASE

[4:35:17 PM](#)

RECONVENED

Co-Chair MacKinnon relayed that the committee had no other scheduled meetings at present.

#

ADJOURNMENT

[4:35:40 PM](#)

The meeting was adjourned at 4:35 p.m.