

HOUSE FINANCE COMMITTEE
March 15, 2022
9:01 a.m.

[9:01:44 AM](#)

CALL TO ORDER

Co-Chair Merrick called the House Finance Committee meeting to order at 9:01 a.m.

MEMBERS PRESENT

Representative Kelly Merrick, Co-Chair
Representative Dan Ortiz, Vice-Chair
Representative Ben Carpenter
Representative Bryce Edgmon
Representative DeLena Johnson
Representative Andy Josephson
Representative Bart LeBon
Representative Sara Rasmussen
Representative Steve Thompson
Representative Adam Wool

MEMBERS ABSENT

Representative Neal Foster, Co-Chair

ALSO PRESENT

Representative Andi Story, Sponsor; Kris Curtis, Legislative Auditor, Alaska Division of Legislative Audit; Fate Putman, Staff, Representative Louise Stutes.

PRESENT VIA TELECONFERENCE

Barry Christensen, Pharmacist, Alaska Pharmacist Association, Ketchikan; Dr. James Delker, Self, Soldotna; Renee Robinson, Self, Licensed Pharmacist, Anchorage; Ronald Wagoner, Pharmacist Intern, Anchorage; Justin Ruffridge, Chair, Board of Pharmacy, Soldotna; Pamela Kelley, Executive Director, Alzheimer's Resource of Alaska, Anchorage; Nona Safra, Member, Alaska Commission on Aging, Homer; Karol Fink, Section Chief, Division of Public Health, Department of Health and Social Services.

SUMMARY

HB 306 EXTEND BOARD OF PHARMACY

HB 306 was HEARD and HELD in committee for further consideration.

HB 308 DEMENTIA AWARENESS

HB 308 was HEARD and HELD in committee for further consideration.

Co-Chair Merrick reviewed the meeting agenda.

#hb306

HOUSE BILL NO. 306

"An Act extending the termination date of the Board of Pharmacy; and providing for an effective date."

[9:02:25 AM](#)

Co-Chair Merrick relayed that the bill had last been heard on March 11 where extensive discussion had taken place on the Prescription Drug Monitoring Program (PDMP). The bill pertained to how long to extend the Board of Pharmacy whose primary job was the regulation of pharmacists. She invited the bill sponsor to make opening comments.

REPRESENTATIVE ANDI STORY, SPONSOR, provided opening remarks and thanked the committee for hearing the bill again so quickly. She reminded the committee that the Board of Pharmacy regulated the admission into the practice of pharmacy; licensed pharmacists, pharmacy interns, and pharmacy technicians; established and enforced competency by ensuring compliance with professional standards; and adopted regulations amongst other duties. She highlighted the importance of regulating the practice for the public's health, safety, and welfare.

Representative Story appreciated the committee's discussion in the previous hearing on the bill. She remarked that the opioid epidemic and substance abuse disorders had impacted many Alaskan families greatly. She stated it was critical for the state to continue to address the issue. As noted in the audit, the Board of Pharmacy was just one regulated profession with responsibility to the PDMP and the

controlled substance prescription database. The Medical Board, Board of Nursing, Board of Dental Examiners, Board of Examiners and Optometry, and the Board of Veterinary Examiners also had responsibility to ensure the safe prescribing and distribution of controlled substances. The Department of Commerce, Community and Economic Development (DCCED) also had compliance and enforcement responsibilities. There may also be a need for additional investment in the department and the divisions that support the PDMP and the regulatory boards.

Representative Story shared that she had some conversations on the best venue and process to keep focus and drive improvements related to the PDMP and had confirmed that the [House] Labor and Commerce Committee would be holding a hearing on the program. She referenced a couple of ideas that had been suggested including a consultant to help shepherd a taskforce, a workgroup on the PDMP, and a special audit. She reminded committee members that the focus of an audit was on compliance with existing laws, not necessarily changes. She hoped they could all agree on extending the board for a reasonable time.

Co-Chair Merrick OPENED public testimony.

BARRY CHRISTENSEN, PHARMACIST, ALASKA PHARMACIST ASSOCIATION, KETCHIKAN (via teleconference), thanked Representative Story for introducing the legislation to extend the board. He provided information about his personal history and work with the association that went back to 2008. He shared that in 2008 he had worked with former Senator Lyda Green to put the PDMP legislation forward aiming to limit prescription abuse and diversion of controlled substances. He believed it had done an excellent job in helping to do so, but it was only a tool. He remarked that if he had been a layman listening to the previous hearing on HB 306, he would have perhaps concluded the PDMP was broken; however, he did not believe that was the case. He detailed that he and his staff used the database daily and he thought it worked well for what it was intended to do. He remarked there were areas that needed to be tweaked, but he did not believe shortening the sunset date would necessarily fix the issues.

Mr. Christensen believed the key was for the other prescribing boards (mentioned by Representative Story) to work with the Board of Pharmacy on putting some corrections

in place to ensure the PDMP program worked as well as possible. He remarked there had been very effective leaders and members on the Board of Pharmacy during his career, including the current chair Dr. Ruffridge. He encouraged the committee to pass the bill.

9:08:11 AM

Vice-Chair Ortiz thanked Mr. Christensen for his testimony. He addressed a question about whether the board extension should be six years or a different number. He surmised the question was not directly related to issues related to the PDMP. He stated his understanding that the Board of Pharmacy and a number of other boards and agencies were a part of the PDMP program. He asked for verification that the effectiveness of the PDMP should not necessarily tie into the Board of Pharmacy extension time.

Mr. Christensen agreed. He stated the Board of Pharmacy did many things outside of administering the PDMP. He explained that pharmacies could not exist without the board providing the necessary licensing and oversight. For example, pharmacies could not credential with insurance companies to do business without a valid pharmacy license for the State of Alaska. He characterized the functioning of the PDMP monitoring program as "a totally different animal." He believed the Board of Pharmacy had been effectively administering the PDMP since 2008. He thought the key was communication between the Board of Pharmacy and the other prescribing healthcare boards. He thought it could be done in a manner that did not impact the board's sunset date.

Representative Carpenter asked about the relationship between the other boards and the Board of Pharmacy and what may be standing in the way of better communication.

Mr. Christensen deferred the question to Dr. Ruffridge, the chair of the board. He gave an example of a frustrating experience when the pharmacy identified a patient had received a prescription from multiple providers and the pharmacy called a provider to ask if they were aware of the situation. He relayed that sometimes the provider was unaware, which meant they had not checked the PDMP. He stated it was a professional frustration.

Co-Chair Merrick noted that Dr. Ruffridge would be heard from after public testimony.

Representative Carpenter remarked that the caller had indicated that the other boards just work with the Board of Pharmacy. He was trying to get an understanding of the reason for the comment. He wondered if it meant the boards were not working with the Board of Pharmacy.

[9:12:57 AM](#)

Representative Wool referenced the comment made by the testifier about what a layman may think listening to the prior committee conversation about the PDMP. He asked if Mr. Christensen believed the layman may put undue burden on the PDMP. For example, he asked if people believed the PDMP should stop all diversionary action and severely improve the opioid crisis. He asked if there was too much burden put on the PDMP and that expectations were too high.

Mr. Christensen responded that he did not believe so. He referenced enhancements made to the database and relayed that logging in and using the database was far simpler than it had been when introduced in 2008. He remarked that the data was much improved. He thought that former Senator Green would likely be amazed by how well the data reporting worked. He did not believe it was overly burdensome. He remarked that it would be great if the database could be discontinued because patients' compliance with opiates vastly improved; however, he did not believe that had occurred yet.

Representative Josephson stated his understanding of the scenario provided by Mr. Christensen that when the pharmacy called providers to ask if they were aware a patient had received a duplicate prescription from another provider, sometimes the provider was not aware. He asked if his understanding of the situation was accurate.

Mr. Christensen confirmed the statement. He stated it was not as common presently as it had been several years back prior to the last major tweak to the PDMP in 2017 or 2018. He detailed the tweak required prescribers to register and use the PDMP prior to prescribing a controlled substance. He confirmed that it still happened.

Representative Josephson pointed out it was a lawsuit.

[9:16:14 AM](#)

DR. JAMES DELKER, SELF, SOLDOTNA (via teleconference), spoke in support of the legislation. He shared that he is a board member on the Alaska Veterinary Medical Association. He followed some of the Board of Pharmacy meetings and activities. He stated that the bill was truly about allowing the Board of Pharmacy to continue to perform its necessary duties and oversight of an ever evolving pharmacy profession. He stated that the board had an incredible number of diverse issues, not limited to licensing pharmacists and technicians, but also dealing with a daunting new world of online pharmacy sales that included dealing with illegal and not approved or safe drugs.

Mr. Delker remarked that the discussion about the bill seemed to revolve primarily around the PDMP; however, it was only a portion of what the Board of Pharmacy did. He believed there were changes needed to make the PDMP more effective in fighting the opioid epidemic. He stated it was the reason veterinarians had pushed for change through bills like HB 91 and SB 132 to allow the database to contain useable data. He believed it made little sense to shortchange the Board of Pharmacy with a two-year sunset. He suggested a six-year sunset. In terms of the PDMP issue, he suggested the formation of a much broader taskforce including legislators and all potentially impacted parties. He stated that the veterinarians had not historically been given a seat at the planning table. He was happy to offer his services going forward to provide input and insight from a veterinary perspective. He hoped members would support the bill with a reasonable sunset period.

[9:18:43 AM](#)

RENEE ROBINSON, SELF, LICENSED PHARMACIST, ANCHORAGE (via teleconference), spoke in support of the bill. She was a practicing pharmacist and spoke about the vital role the Board of Pharmacy played in current practice and practice advancement. She was a faculty member at the University of Alaska Anchorage College of Pharmacy where they relied on the Board of Pharmacy to provide licenses and support to students, new graduates, and expanding faculty members. She shared that oversight from the board was necessary to ensure standards were maintained, practice was advanced, and that patients' safety was paramount. She stated that without a strong Board of Pharmacy, the profession of pharmacy would be at risk. She stated that the practice

would be guided by individuals outside of the profession, driven by different and often conflicting agendas such as money or profit. She stated that the Board of Pharmacy had done an incredible job, especially in the past several years in keeping up with the changing healthcare landscape. She asked the committee to extend the board for six-years.

[9:20:10 AM](#)

RONALD WAGONER, PHARMACIST INTERN, ANCHORAGE (via teleconference), testified in support of the legislation. He shared that he was currently a fourth year pharmacy student. He had seen in practice the implications and barriers to care that waiting for licensing could have on practice sites. He highlighted that the longer a technician, intern, or pharmacist had to wait for their license, the more patient care was delayed, and pharmacies suffered from loss of business and productivity. He shared that graduation was quickly approaching in May and licensing was a major priority for him. He continued that a quick and efficient licensing period meant he could begin practicing as a licensed pharmacist sooner. As an intern, he was allowed to do everything a pharmacist could do with their supervision but being able to do everything without supervision sooner would be a major benefit to pharmacies and patients in Alaska.

Representative Rasmussen thanked Mr. Wagoner for testifying. She asked if he had noticed a lack of pharmacists being available. It was her understanding that nothing could be filled if a pharmacist was not present.

Mr. Wagoner confirmed Representative Rasmussen's last statement. He shared that the pharmacy had experienced some issues and had needed to call people into work who had not been working recently. He elaborated that the pharmacy almost had to close on a recent Saturday because a pharmacist had been working 12 days in a row. He stated it was an issue having to go above and beyond to recruit people to fill in as needed to keep pharmacies open.

Co-Chair Merrick CLOSED public testimony.

[9:22:46 AM](#)

AT EASE

[9:23:50 AM](#)

RECONVENED

Representative Carpenter MOVED to ADOPT conceptual Amendment 1 to reduce the sunset date from a six-year extension to a four-year extension.

Vice-Chair Ortiz OBJECTED.

Representative Carpenter explained that his desire to reduce the sunset date had more to do with continuing the conversation about other issues, not just about what the board did. He believed the board had value and needed to continue; however, he believed there was additional scrutiny required by the legislature. He thought the legislature needed to force itself to have another conversation on the topic. He thought two years was likely too soon and six years was too late.

Representative LeBon supported the amendment to set the board's renewal date at four years. He reflected on the audit recommendations that indicated the working relationship needed to be improved between the state and Board of Pharmacy.

Representative Johnson stated they would get a report back in four years. She reasoned there was a good chance some changes may or may not have been made. She thought the extension was four or five years the last time. She highlighted there had been committee discussion about the fact that some of the members already knew what the problems were. She believed it meant a management audit was likely unnecessary. She thought it would be appropriate to receive a report from the board to the committee in a year listing the existing concerns. She thought it would give a better sense that the legislature was paying attention. She stated it would be a minor cost of about \$25,000. She noted the board had that amount in its account. She thought perhaps the report could be contributed to by the other boards. She thought it would be easier to make a small budget amount for the legislature to do its due diligence. She was interested in the committee's opinion and was willing to offer a conceptual amendment.

[9:28:18 AM](#)

AT EASE

[9:29:13 AM](#)

RECONVENED

Representative Wool understood there was work to be done and that the legislature should delve into the PDMP issue and how it impacted the Board of Pharmacy and others. He highlighted the committee had received public testimony from a member of the Board of Veterinarians. He understood the Board of Veterinarians had issues with the PDMP. He noted that between 36 and 40 states did not require them to use the PDMP. He believed all of the issues needed to be brought forward. He thought shortening the Board of Pharmacy extension and yet requiring a deeper dive was cumbersome. He remarked that things in the legislature moved at a glacial pace. He considered a scenario where a taskforce was formed to perform a deeper dive, a solution had to be implemented, and an audit was then performed to make sure the solution worked. He highlighted that an audit took two years. He thought a two-year window to figure out the problem and implement change was too short. He supported a six-year extension and including language to form a taskforce made up of stakeholders, legislators, and others to analyze the problem and implement a solution. He did not support Conceptual Amendment 1.

Representative Thompson asked the state auditor if the reduction to four years would put an undue burden on the department. He highlighted the Division of Legislative Audit had numerous audits and one audit took two years to complete. He wondered if a four-year extension was feasible for the division and if the timeframe would enable the Board of Pharmacy to accomplish its work.

KRIS CURTIS, LEGISLATIVE AUDITOR, ALASKA DIVISION OF LEGISLATIVE AUDIT, estimated that the audit required about 1,000 hours and \$850,000 [she later clarified this number was \$85,000]. She addressed the two-year mark associated with an extension date and explained it was too late to assign anyone to do an audit within that timeframe; projects had already been staffed. The earliest the division could conduct an audit was next year. She relayed the division could never do less than a two-year extension presently. She confirmed the division had other priorities. She elaborated that the Legislative Budget and Audit Committee (LB&A) approved special audit requests, which the division conducted when it had available resources. She explained that the financial audits and federal compliance audits accounted for about 75 percent of the division's

time. The division then did sunset audits which were statutorily mandated, followed by special audits when resources were available. She highlighted that the division had a limited pool of auditors and audit resources, which should be considered when looking at resources to do other things. She noted that because the audit was statutorily mandated it would take precedence over other audit requests.

[9:33:09 AM](#)

Representative Thompson asked if changing the extension date from six years to four years would give the Board of Pharmacy time to accomplish its work.

Ms. Curtis answered there were 11 or 12 criteria in statute associated with conducting a sunset audit. She explained that LB&A could tell the division specifically what it wanted in regard to a special audit, which would provide a deeper dive into issues she had heard discussed by the House Finance Committee. She clarified that a sunset audit would only update information the committee already had and would not necessarily provide answers to the complex questions she had heard [voiced by committee members]. She furthered that a taskforce would require dedicated funding. She detailed that audits were expensive because they had to follow audit standards and provided a high assurance to the reader. She elaborated that a consultant did not have to comply with audit standards and was a lower level of assurance; however, it may serve the need of the committee if there were specific things it wanted to know. She noted that facilitating a taskforce was not something the division would do; it would be a different mechanism to reach some of the questions committee members may have. She observed that the Board of Pharmacy had an evolving role, and she had no problem if it was the committee's wish to have an audit in four years. She noted it would take resources away from other things.

Vice-Chair Ortiz spoke to the division's original extension recommendation of six years. He stated his understanding of Ms. Curtis's testimony that an audit in four years would be similar to the current audit and would not necessarily delve into the issues of interest discussed by the committee. He thought Ms. Curtis stated that a more specific audit would more suitably come from LB&A with a

specific direction. He asked if his understanding was accurate.

Ms. Curtis agreed. She clarified the division would update the committee on the status of the current recommendations. Additionally, the audit would use the 12 [statutory] criteria to report on how the board was doing at that moment in time. She clarified that an audit looked back and not forward. She heard committee members wanting to determine how to make changes going forward. She did not think the sunset audit was necessarily the right tool for the job.

[9:37:27 AM](#)

Vice-Chair Ortiz stated his understanding that the audit that would be performed in four years would cost \$850,000.

Ms. Curtis answered that it was her approximate estimate. She elaborated that the division had done a lot of work on the audit and had experienced numerous problems with the data. She explained the auditors had done a lot of "bunny trail chasing" to try to get their arms around what was going on to provide policy makers with the information. She was guessing the audit had taken about 1,000 hours and their standard rate was around \$85 per hour. She stated it was a significant investment into this type of review.

Representative Josephson referenced the cost of \$850,000 estimated by Ms. Curtis.

Ms. Curtis corrected that the cost for the audit was approximately \$85,000.

Representative Josephson asked for verification it was the division's team doing the work.

Ms. Curtis agreed. She elaborated that the division did an annual cost allocation plan where it determined the cost of providing its services in order to bill the federal government. The division also developed budgets for every audit. She highlighted that the audit for the Board of Pharmacy was more complex given all of the surrounding issues. She estimated the audit had taken about 1,000 hours.

Representative Josephson remarked that if he supported the amendment, it was not punitive in any way. He stated it was a system where they Board of Pharmacy was doing what it could, but there were numerous complexities and other participants.

[9:39:47 AM](#)

Representative LeBon had read many audits on banks. His conclusion from the Division of Audit's findings led him to believe that shortening the date was in the mutual best interest of the state and board. He asked if he arrived at a right conclusion. Alternatively, he wondered if he read too much into the audit conclusions that a six-year renewal was normal. He had an impression from the audit results and conclusions that told him maybe four years was more appropriate.

Ms. Curtis answered that the audit recommendation always came from the evidence gathered through the audit process. She believed six years was appropriate, but she came from a different view and respected the wisdom of the policy makers on whatever additional information members may have and how important the subjects were to their constituents. She stated that if the committee wanted to reduce the extension it was fine from her perspective. She often had a hard time when she recommended a shorter extension, and it was extended. She explained that she would not make a recommendation if she did not feel there was a need for oversight and a shorter extension. She deferred to the committee in regard to reducing the extension time.

[9:41:53 AM](#)

Representative Wool deferred to Ms. Curtis on her expertise on audits and she had recommended six years. He pointed out that the problems the committee was discussing were not only with the Board of Pharmacy, but with a tool used by the board and many others. He provided a scenario where a broad solution was agreed upon that went beyond the Board of Pharmacy. He believed Ms. Curtis had indicated an audit may not be the standard sunset audit because it may not answer the questions being asked; it would be a deeper audit that would require potentially more hours and questions. He asked if the needed changes could be done in four years. He thought Ms. Curtis had recommended six years for a reason.

Ms. Curtis replied that if there would be legislation that changed the PDMP she would wonder when it would be passed. She remarked there should be an amount of time before Legislative Audit did another audit for evaluation. She stated that the Board of Pharmacy was responsible for administering and maintaining the database, which the audit should look at. She considered how much time it would take to pass legislation and for any changes to be determined. She explained they would want some time to see how the board was doing in administering the changes. She had not thought through six years with that in mind, but it had come to mind as she was considering it.

Representative Wool supported the six-year extension. He asked if whatever problems pointed out in the audit were a threat to public health or something that just needed to be fixed immediately. Alternatively, he wondered if the database needed to be fixed to be easier to use and more effective in the future.

Ms. Curtis answered that she had strong feelings about the need to reduce the opioid crisis. She believed the law in place was imperfect and could be improved. She encouraged policymakers to look at improving the laws and database and doing everything possible to clarify the board's role in administering the database and to get other boards onboard. She recommended vigorous enforcement of laws, meaning investigative sections needed to be staffed. She stated there were many things that could be done, and the extension bill was likely not the mechanism.

[9:45:59 AM](#)

Representative Wool thought work was needed by the legislature and others separately. He thought it would take time. He supported the six-year extension.

Vice-Chair Ortiz perceived that the issues with the PDMP and the opioid crisis was a separate question from the extension time.

Ms. Curtis answered that the question relevant to her job was how well the board was implementing changes based on laws passed by the legislature.

Vice-Chair Ortiz asked for clarification that it was not just about how well the Board of Pharmacy was doing with the PDMP but other boards as well.

Ms. Curtis answered that a sunset audit had been conducted for the Board of Optometry during the current session as well. She noted the audit for the Medical Board was upcoming. She relayed that the division took the opportunity when it did the sunset audits for the other boards to do a deep dive on how well they were monitoring registration and reporting.

[9:47:57 AM](#)

Representative Edgmon stated it felt awkward because there was a board extension before the committee in addition to very important policy question in the middle that the committee was basically unable to address in the legislation. He recalled recent testimony from the department [DCCED] and he had inferred that there was an understaffing issue pertaining to the database. He stated that the audit addressed not being able to quantify the reduction of inappropriate use or prescription of controlled substances because the database did not contain related prosecutorial data regarding diversion cases. He did not believe the database was doing what was intended.

Representative Edgmon relayed that he had come into the discussion being a solid supporter of a four-year extension and may ultimately maintain his support for that timeframe. He did not know how else to keep the needed attention on the topic unless a taskforce was created, and the issue was brought to the top of other issues. He stressed the importance of the database. He underscored that the opioid crisis was every bit as challenging as it had been several years earlier. He asked what other tools the legislature had to address the issue. He believed there was a legislator who planned to take the issue on in the next legislature; however, there were no guarantees for anything. He asked how to make the issue rise to the top of the heap, albeit shortening the extension period to four-years to require the auditor to have continued focus on the issue. He directed the question to the bill sponsor.

[9:50:33 AM](#)

Representative Story reminded committee members that as the bill had been going through the process, the House Labor and Commerce Committee had been concerned about the PDMP and the chair was going to have a meeting on the topic. She did not know what would come from the meeting. She stated there were other legislators interested in delving into the important issue.

Representative Edgmon appreciated it, but it did not create the imperative the issue needed. He stressed there was not a lever to create the imperative for the legislature to act. He highlighted that the issue was thorny, and the stakeholders were vast. Additionally, there were differing viewpoints and the privacy aspect in terms of the public safety impact was multifaceted. He thought the legislature needed a mandate to address the issue.

Representative Story agreed that legislators were all concerned about the issue. She thought they should consider whether LB&A should order a special audit. She believed more money should be put into the investment personnel in DCCED. She believed it was what the department had highlighted. She thought it would take some personnel to investigate the issue. She considered funding for a special audit. She stated it was the legislature's responsibility to get a handle on the laws it wanted to have to address the opioid crisis. She understood the Board of Pharmacy housed the PDMP and if the legislature asked it to do something she believed it would be all of the involved boards contributing. She stated it was the dues collected from members for targeted needs. She appreciated the focus on the issue.

[9:53:08 AM](#)

Representative Edgmon asked if something like the idea mentioned by Representative Story could be put in a board extension bill.

Ms. Curtis answered that she had just finished a sunset audit of the Alcohol Beverage Control (ABC) Board and a special audit request to look at the ABC Board license process had been merged with the sunset, which was an efficient way of doing both separately focused requests. She explained it would involve a special request approved by LB&A that was done at the same time as the next sunset.

Representative Edgmon asked if it would be brought forward to LB&A by Ms. Curtis based on the legislature's recommendation.

Ms. Curtis replied that a legislator would have to submit a request for a special audit to LB&A. She clarified she did not have a problem with a four-year extension if it was the will of the committee. She suggested it may be a better timeline to look at an additional topic at the same time. She encouraged any legislator who may be interested in submitting a special audit request to work with her on drafting the questions to be auditable questions that specified specific criteria to measure against.

Representative Edgmon communicated he would be steadfast in his recommendation that the bill should be accompanied by some set of recommendations to do what Ms. Curtis had discussed. He did not know where the issue would go otherwise, and he did not want to be back revisiting the situation again in several years.

[9:55:13 AM](#)

AT EASE

[9:56:29 AM](#)

RECONVENED

Representative Johnson associated herself with the remarks made by Representative Edgmon. She thought his comments were spot on. She referenced page 23 of the audit requiring the board to annually report performance measures to the legislature. She pointed out that the board was specifically required to report on the CSPD [Controlled Substance Prescription Database] security and reductions. She moved to the next paragraph and remarked that it specified the board had indicated the action was not possible. She wanted standards that the board could comply with. She was not certain where to fix the problem (e.g., a via a taskforce, amendment, or other). She stated that if people were set up to fail, that is what ended up occurring.

Vice-Chair Ortiz requested to ask a question of the Board of Pharmacy chair Dr. Ruffridge. He referred to the committee's conversation about whether to extend the Board of Pharmacy for four or six years. He referenced concerns illustrated by different members about the PDMP. He asked

for comment by Dr. Ruffridge and what he viewed to be the best way to move forward.

9:59:40 AM

JUSTIN RUFFRIDGE, CHAIR, BOARD OF PHARMACY, SOLDOTNA (via teleconference), provided information about his time on the board. He was extremely appreciative for the opportunity to speak. He shared that he had joined the board two years earlier at the same time the pandemic had started. He elaborated that during his tenure on the board, they had been adapting to what the situation had been brought to their world. During the time, he had clearly seen that the PDMP was a somewhat functioning tool. He confirmed that the PDMP could function more efficiently and adeptly.

Mr. Ruffridge referenced an earlier question by Representative Carpenter about communication with other boards. He stated the answer was a "resounding yes." There was a group of board chairs mentioned in the audit report that met twice monthly for a total of three hours to discuss the PDMP. He explained it was a boots-on-the-ground, highly trained, highly motivated group with great insight on the PDMP, changes that may be needed, existing issues, and how the tool was currently used. He opined that another audit was not needed to determine the information. He believed what was needed and what he was hearing from the legislature was the need for starting support for the process of adjusting the use and access to the PDMP. He communicated that multiple board chairs were ready to have the conversation. He relayed that the board chairs communicated well with one another; however, they could only regulate and could not make any statutory changes.

Mr. Ruffridge referred to an earlier question by Representative Wool about whether the PDMP was the only source of solving the opioid crisis. He referenced testimony from multiple people including Ms. Curtis that the issue was near and dear to people's hearts. He underscored that the issue was near to the hearts of the board chairs as well. He stated they were all invested in the issue and wanted the tools to work well. He relayed that if the committee was hearing the tools were not working well, it was more of a function of needing to adapt them. He explained that just like drug diversion and drug use was adapted because people would always seek out opiates and had always done so. He remarked that the opium

trade was a huge part of the world's history. He elaborated that the state needed to be able to adapt its tools to meet the adapting, changing environment. He referred to one of the committee member's comments about the glacial pace. He stated it was true; sometimes, the state was behind what changes needed to be happening.

Mr. Ruffridge referenced Representative Edgmon's point about needing a lever. He was not certain a lever was needed, he thought teamwork was what was needed. He thought they needed people who were willing to sit in a room to determine the situation, how to get from point A to point B, and the steps needed to get there. He believed the committee had heard from Dr. Delker that there were multiple individuals standing by to have the conversation. He considered the questions of who wanted to start the conversation and when needed to be answered by the committee. From the Board of Pharmacy perspective, it was something the board held dear and believed it was doing a good job. He communicated that the board wanted to be able to do a better job if given the tools to do so. He supported a six-year extension because it would take time. He emphasized that the boards wanted to do the work, but they were unsure of the path to take to get there and needed help.

[10:04:28 AM](#)

Vice-Chair Ortiz asked if one viable idea would be to add legislative participation in the recurring meetings held by board chairs twice a month. He highlighted that ultimately any needed changes would have to take place through legislation.

Mr. Ruffridge replied, "Absolutely." He shared that in his brief tenure as board chair, the participants had discussed the need for legislative sponsorship and activity were uncertain as to how to even address that issue to begin with. He shared that the board chairs were uncertain how to find someone from the legislature willing to come to a meeting. He was incredibly grateful that the topic was coming forward because he was finding there were multiple individuals who hold the issue very seriously. He emphasized the board chairs would welcome any and all legislative participants to attend the meetings. He shared there was a meeting the current afternoon at 4:30 p.m. for

anyone interested. He provided his email address for interested parties.

[10:06:54 AM](#)

Representative Carpenter stated that he held the audits provided by Legislative Audit in high regard and he understood the board was comprised of volunteer members. He referenced Ms. Curtis's estimate that the division spent 1,000 hours on the audit and some of the time was spent going down rabbit holes. He did not know whether that meant the system was complex or there were more requirements than resources for the board to deal with, or whether they were looking at processes in place that were not effective or there were management issues. The committee had had testimony from a pharmacist there were still multiple people not doing what they should be doing in regard to checking the database.

Representative Carpenter referenced the audit report recommendation 3 specifying the failure of a pharmacist in charge or a pharmacist to register or submit information to the database as required in statute was grounds for the board to take disciplinary action. He read additional detail from the requirement. He considered the idea of a special audit and thought it could look across multiple boards and jurisdictions to determine the number of claims of failure there had been to the Board of Pharmacy. He wondered how many investigations had been conducted and how many disciplinary actions had been taken.

Representative Carpenter stressed there was a law in place and the authority rested with the board to take action. He recognized in a small state it was difficult to take disciplinary action against one's peers. He stated there was some peer pressure involved. He thought it may be part of the issue, but he did not know. He highlighted there was evidence from one testifier that the process was not working. He remarked that with all due respect to the board chair, the board had some authority it may not be using. He thought more investigation was needed, which was the reason he believed a four-year sunset was applicable. He underscored there was a serious problem with one of the audit recommendations that the legislature ought to be looking at sooner rather than later.

10:10:53 AM

Vice-Chair Ortiz referenced Dr. Christensen's earlier testimony and had understood it to be that the pharmacy had been referring to communications with doctors and other participants in the program rather than pharmacists. He asked Dr. Christensen for clarification.

Co-Chair Merrick stated they would get clarification from Dr. Christensen prior to the next meeting.

Vice-Chair Ortiz thought it was important to get clarification. He agreed with Representative Carpenter if his testimony had been referring to other pharmacists who were not complying with the program. He stated it would be a serious situation. However, he believed Dr. Christensen had been referring to conversations with other participants in the program, not necessarily pharmacists.

Co-Chair Merrick reiterated that her office would reach out to Dr. Christensen prior to the next hearing on the bill.

Ms. Curtis responded to comments made by Representative Carpenter. She relayed that the audit addressed an issue discussed by Representative Carpenter in recommendation 5. She elaborated that the occupational boards were not enforcing the requirements. She pointed to Exhibit 8 on page 18 of the audit report showing the percent of subscribers actually reviewing the database. She highlighted there was a 35 to 43 percent rate of reviewing the database prior to prescribing, dispensing, and administering medications. She stressed the number was low. She stated that the database itself had shown numerous improvements. She questioned whether it was being used and whether individual boards were monitoring licensees' requirements. She stated they were big questions.

Mr. Ruffridge replied it was an excellent point by Representative Carpenter. He stated the issue was multifaceted; however, the issue brought forward by Ms. Curtis and Dr. Christensen was one of other boards their requirement to review. He detailed that Chapter 30 clearly defined that the practitioner, prior to prescribing, had a requirement to review the PDMP. He underscored that it did not include pharmacies. He explained that the pharmacy was the reporter of the PDMP. He elaborated that pharmacies could review the PDMP if they wanted, and they did

frequently. He highlighted that pharmacies and pharmacists were the highest users of the database. He noted the information was included in the audit report. He stated that pharmacies and pharmacists had been the early adopters and early users and they promoted, protected, and preserved the PDMP.

Mr. Ruffridge addressed the question of discipline. He communicated that the Board of Pharmacy brought forward a disciplinary matrix the previous year because of its importance. Additionally, the board had mailed a strongly worded letter to licensees specifying that if they were found to have not reported on a daily basis and the board ran a report showing a licensee did not report, there would be discipline and the licensee would be referred to investigations. However, after the notice was sent out, the Board of Pharmacy received notice from its vendor that hosted the PDMP that the reporting information would not be valid and could not be pulled or used. Consequently, the board had to go back to the drawing board and were now working with a tech company to determine how to build a disciplinary matrix for a report that was useable to determine who may or may not be reporting.

Mr. Ruffridge detailed that reporting did not seem to be an issue with pharmacy, although it happened occasionally where a pharmacy had a technological glitch, and something would not be reported. He relayed that it was easy to go back and clean that up. He emphasized it was not the responsibility of the Board of Pharmacy to discipline members of the Board of Medicine, Board of Nursing, or other boards. He clarified that the Board of Pharmacy was responsible for the reporting to the PDMP and the management of the PDMP, meaning it had to work with other boards, which was the reason the twice monthly meetings were so important. He stated it was an issue and he hoped it could be addressed in collaboration with the legislature going forward.

[10:16:27 AM](#)

Representative Carpenter referenced AS 17.30.200(e) that specified a failure of a practitioner to register or review the database as required was grounds for the practitioner's licensing board. He stated that if a pharmacist was having a conversation with a prescribing doctor and there was a disconnect because the doctor was not checking the

database, it was an issue for the Medical Board to deal with. He remarked there were multiple boards with the power to enforce, but it appeared they may not be in some cases. He wondered why. He reasoned it was ultimately what another investigation, audit, or conversation amongst the boards needed to identify. Subsequently, if the legislature had to get involved, it would. He thought the boards had what they needed. He remarked that they may need additional resources and statute changes, but they were supposed to be doing the enforcement currently and it appeared that may not be the case.

Co-Chair Merrick noted that Mr. Christensen had called back into the meeting and was available online.

Vice-Chair Ortiz restated his previous question to Mr. Christensen. He referenced Mr. Christensen's testimony earlier in the meeting that he had had discussions with other participants in the PDMP program and it was clear they were not following through with reporting obligations. He asked if Mr. Christensen had been referring to interactions with other pharmacists or participants in the PDMP program outside of pharmacy.

Mr. Christensen clarified that he had been referring to other prescribers such as physicians and nurse practitioners.

[10:19:16 AM](#)

Representative Edgmon thought the discussion was really evolving and he hoped it got to a good place. He agreed with Representative Carpenter and was not disagreeing with Vice-Chair Ortiz and his line of questioning and others around the table. He considered from a broad policy goal, the legislature had created taskforces and groups for criminal justice, teacher retention and recruitment, fisheries bycatch, fiscal policy, and other. He asked if it led to political change or momentum or getting things through the legislature. He stated it was ultimately what was needed.

Representative Edgmon appreciated the informed comments by Mr. Christensen and Mr. Ruffridge; however, he underscored that teamwork was not going to get the job done. He thought a lever was needed. He stressed that they were falling short on the issue. He emphasized that the audit could not

come close to measuring the issue because it was not the objective of the audit. He did not believe the audit looked back at the intent of the bill sponsor in 2008, the changes made in 2016, adjustments in 2017, or the concern being registered by the committee.

Representative Edgmon thought the committee was speaking about two objectives including the broader goal of making the PDMP more impactful and being able to talk to other entities including the Department of Health and Social Services (DHSS), which was about to become two departments. From his perspective as the chair of the Department of Corrections [budget subcommittee], the drug problem was every bit as robust as it had been. He stated that the database was supposed to help with the problem. He elaborated that it sounded to him like the PDMP was doing its job in terms of what was required at the pharmacy level, but in terms of looking at the larger objectives, he believed if it was not falling short, the questions were still unanswered. He wanted to get the questions answered. He believed whether it was via a taskforce, special audit, or other, the committee should not leave work on the bill without identifying a vehicle to move forward that could involve LB&A or a legislator taking on legislation.

[10:21:59 AM](#)

Representative LeBon thanked Mr. Ruffridge for having a conversation prior to the meeting. He had learned there was participation by the Board of Pharmacy with outside organizations seeking best practices to do a better job for Alaskans. He suggested the board consider engaging in a process to look at itself internally. He pointed out the board was currently doing so, but he suggested formally seeking out some type of a relationship with a consultant or auditor to validate its best practices to ensure its application of practices in the arena of public health, safety, and welfare, was as effective as it could be. He recommended the board not just wait for the state auditor to determine best practices in four to six years, but also to take some ownership.

Representative Josephson thought Representative Edgmon was getting to a possible pathway. He stated that even if Exhibit 8 showed provider participation that was twice as good, he would find it inadequate. He highlighted it would mean one-third of the providers were not looking at the

PDMP, which was awful. He stated that providers would say, with some legitimacy, that they needed statutory delegates to be able to look at the PDMP. He noted he and former Senator Cathy Giessel had worked on a bill on that topic, but it had been inadequate to the task. He added he had a bill (HB 242) the previous term that was an effort to go deep on the subject and provide a resolution. He observed, with respect to the provider cohorts, that they did not seem to want to play the bad cop and have levers on their own people. He considered that perhaps he was incorrect, but the participation was wholly inadequate. He stated another audit would be helpful, but the situation was so far off the mark as it was. He thought another audit would not be sufficient to get the job done.

[10:25:24 AM](#)

Vice-Chair Ortiz reminded the committee about why they were speaking to the issue and why the conceptual amendment had been offered that would reduce the sunset from six to four years. The primary motivation was a good motivation because the committee felt they needed a lever to address issues with the PDMP. He stated it had become clear from testimony that it was not the appropriate lever. He stated it was a separate question that needed to be addressed and legislators needed to be participants in the process. He underscored that the current issue before the committee was the Board of Pharmacy extension. He stated that the amendment addressed whether the extension should be four or six years. He thought it was a different question than the problems discussed by the committee. He supported dealing with the extension and separating the PDMP question.

Co-Chair Merrick reminded the committee that Mr. Ruffridge had invited any members to participate in an upcoming meeting at 4:30 p.m.

Representative Wool agreed with Vice-Chair Ortiz. He thought they were conflating two issues. He referred to Representative Edgmon's mention of DOC and the continuing drug problem. He believed DOC had stopped allowing inmates from receiving original copies of letters from family because DOC was concerned there were drugs in the paper. He stated if it was true, it was a problem, but not a PDMP problem. He thought the committee was ascribing every existing problem to the PDMP.

Representative Wool believed the database was a necessary tool and that people had been educated on the tool. He thought the way doctors prescribed had changed significantly by knowing the PDMP was there. He referenced mention of the number of morphine milligram equivalents prescribed. He would be interested to know how the trend had been going since the implementation of the PDMP. He would also be interested to hear from DHSS on the cause of overdose. He believed the PDMP needed some tweaking, and he supported new statutes. He thought there had to be some way to ensure follow through on the issue. He did not know the answer, but he thought some solutions needed to happen and not merely the formation of a taskforce. He did not want to pick on the Board of Pharmacy, although he noted they were integral to the issue and needed to be at the table, along with other boards.

Representative Wool thought a lot of good had happened with the PDMP even though there were some problems with the database. He considered that perhaps not all of the providers were using the PDMP as they should, which was not good. He remarked that when he was standing in line at the pharmacy, he would not think everyone in line was an opioid abuser. He thought most were merely getting a prescription filled. He did not know and until more data was received, they would not know. He acknowledged a problem existed and the bill had brought up the discussion.

10:30:30 AM

Representative Carpenter shared that his wife had lost two brothers to opioid abuse. He was very sensitive to learning there were medical providers who were not following the law and using the database they should be using to help stem the problem. He did not want to wait six years to find out if recommendation 3 had been addressed. He did not want to wait two years. However, in the current political environment, he was agreeing to wait four. He WITHDREW conceptual Amendment 1. He planned to submit a written amendment when appropriate.

Co-Chair Merrick set an amendment deadline for 6:00 p.m. on March 23.

HB 306 was HEARD and HELD in committee for further consideration.

10:31:59 AM

AT EASE

10:34:57 AM

RECONVENED

#hb308

HOUSE BILL NO. 308

"An Act relating to dementia awareness."

10:35:04 AM

Co-Chair Merrick indicated Representative Stutes's staff was available to introduce HB 308.

FATE PUTMAN, STAFF, REPRESENTATIVE LOUISE STUTES, introduced the bill. The purpose of the bill was to draw awareness to dementia and Alzheimer's. He explained the bill was designed to create a public awareness campaign to educate Alaskans about the issue of Alzheimer's. He relayed there were currently no known cures for Alzheimer's or the dementia diseases; however, education and early detection could help to manage the disease and avoid medical intervention including long-term institutionalization or hospitalization. He detailed that fewer than half of Americans living with Alzheimer's disease receive a diagnosis. Additionally, due to Alaska's lack of public health infrastructure for dementia, a lower rate of Alaskans with dementia received a formal diagnosis. The bill was intended to improve the rate of diagnosis for dementia through the production and dissemination of educational material to the public.

Mr. Putman relayed that Alzheimer's was one of the ten most common types of dementia. He reported there were about 12,500 people experiencing dementia in Alaska and about 8,500 of the total were Alzheimer's patients. He stated Alaska needed to be prepared for the coming years of the "Alzheimer's tsunami" and delay the onset of dementia to help reduce the disease impacts on patients, families, and the healthcare system. The sponsor's office was working with the Department of Health and Social Services (DHSS) on the legislation to represent the interest of those suffering from Alzheimer's and dementia. He highlighted intent to change the legislation to ensure it complied with an expanded intent to look at the workforce as well as the

problem. He noted there would be a fiscal note coming from DHSS. Additionally, there was a new committee substitute (CS). He noted there were individuals online to answer questions.

10:37:38 AM

Representative Rasmussen asked about the 12,500 cases of dementia including 8,500 cases of Alzheimer's in Alaska. She asked if the number reflected known cases. She thought the number was probably low.

Mr. Putman replied that the problem with Alzheimer's is that people with the disease may not realize they have it. The number reflected the current diagnosed cases in Alaska.

Vice-Chair Ortiz MOVED to ADOPT the proposed committee substitute for HB 308, Work Draft 32-LS1397\I (Foote, 3/14/22).

Co-Chair Merrick OBJECTED for discussion.

Mr. Putman explained the changes in the CS. The CS added the words "and healthcare capacity" to the bill title. He explained the bill would look at the healthcare capacity for Alzheimer's and dementia patients in the state. There was a statutory reference to include the words "and healthcare capacity." Additionally, the word "program" had been removed and replaced with the word "campaign." In the body of the statute, the words "develop, implement" would be replaced with the word "build." After the word "dementia" the word "public" had been inserted. The reference to the [federal] BOLD Act was removed because the funds could be accessed without being referenced in statute. Sections 1 through 6 were removed and replaced with new language. Section 7 had been added to require a biannual report to the legislature about the barriers and problems with dementia preparation. He relayed an eight-year sunset had been added, which would enable the legislature to opt not to renew the program if it was deemed unnecessary. Additionally, the CS included an immediate effective date.

Co-Chair Merrick noted that Mr. Putman had been working with stakeholders, which had resulted in some of the changes. She WITHDREW her OBJECTION to the adoption of the CS.

There being NO further OBJECTION, Work Draft 32-LS1397\I was ADOPTED.

Representative LeBon asked if there was an opportunity for federal funding in the future.

Mr. Putman replied affirmatively. He highlighted the federal Building Our Largest Dementia and Alzheimer's (BOLD) Act and relayed that \$15 million had been appropriated from Congress in 2021 for informational educational purposes related to Alzheimer's awareness. There were two levels of funding including a \$350,000 grant and a \$500,000 grant depending on the level of activity of the applying agencies.

10:41:03 AM

Representative LeBon asked if the state's funding level enabled leveraging of the federal dollars. He asked if the federal dollars required a level of state support. He asked if there was a relationship the state could take advantage of with state dollars.

Mr. Putman replied affirmatively. There was a level of funding required from the state in order to apply for the federal funds. Additionally, a program needed to be up and running in order for the federal government to decide whether the level of funding would be \$350,000 or \$500,000.

Co-Chair Merrick asked to hear from invited testimony.

PAMELA KELLEY, EXECUTIVE DIRECTOR, ALZHEIMER'S RESOURCE OF ALASKA, ANCHORAGE (via teleconference), relayed that Alzheimer's Resource of Alaska was the largest dementia services organization operating in Alaska with offices in Fairbanks, Juneau, Mat-Su, and Anchorage. She was also the chair of the Alaska Dementia Action Collaborative, a workgroup comprised of more than 35 stakeholders including public, private, tribal, and nonprofit entities. She shared that the organization had assisted tens of thousands of Alaskans impacted by dementia over the past 38 years. She elaborated that individuals came to the organization after they or a family member had begun to experience memory problems or another symptom of concern. She explained at that point it was typically too late for prevention activities. The organization worked with individuals to

help slow the rate of cognitive decline and to help them plan and adapt for the future.

Ms. Kelley was certain the state should be building greater awareness about the disease and brain health to reach those whose risks could be reduced well before the worrying symptoms appeared. The work was needed in order to reduce the grim forecasted numbers. She referenced the 12,500 individuals currently diagnosed with dementia in Alaska. She reported that by 2030 the number was projected to be 23,000. She emphasized that paying attention to a person's modifiable risk factors in her 30s, 40s, or 50s could have an impact; however, in reality, most individuals were not aware of dementia during those years.

Ms. Kelley did not want to give the indication there was no public awareness work being done in Alaska. She relayed there was work being done, but at what she called the retail level including health fairs, community events, VFW halls, and through speaking engagements. The bill would a population level campaign over time, allowing dementia awareness to be taken wholesale. She communicated that messages about early lifestyle choices and the value of early detection were needed to reduce risk. The messages needed to be provided in many languages to reach those with the greatest risk. She supported the bill because she wanted to see Alaska develop better data around the extent of dementia in the state. She noted the state's prevalence rates were only estimates. She knew the Division of Public Health had the experience to operate a dementia campaign with impact and she knew there were federal dollars available to help achieve the effort. She thanked the committee.

[10:45:33 AM](#)

NONA SAFRA, MEMBER, ALASKA COMMISSION ON AGING, HOMER (via teleconference), she shared information on her work and shared she was a caregiver of a person with Alzheimer's. She read from prepared remarks:

You have all of the data on Alzheimer's as a public health crisis that's devastating to Alaska. Our workforce and our state budget will be impacted by the sheer number of Alaskans who will be diagnosed with dementia in the next decade. So, Alaska needs to address this crisis now. The fiscal note covers one

position, which can facilitate federal receipt authority to meet the crisis.

So, not passing HB 308 is a missed opportunity for every Alaskan family affected by dementia. This funding gives Alaska better access to focus on issues like increased early detection and diagnosis, risk reduction, prevention, and supporting dementia caregiving.

The Alzheimer's Impact Movement shows Medicaid cost of the disease in Alaska is at \$76 million in 2020, with \$110 million projected in 2025, which is a 44.6 percent increase and that doesn't take into account the latest research published this month in Nature that brain changes due to COVID statistically show a cognitive decline in the population, which adds to our need to have [?] awareness.

I speak because my odds for dementia are increased due to a brain injury as well as I am a caregiver and I speak for Alaskans who don't know their increased odds of getting dementia and that they can do things now to change that. I'm also a member of the Brain Injury Taskforce so I'm dealing with people with brain injury. They need HB 308 passed to learn how to avoid or delay the onset and for all the caregivers who need support. So, Alaskans are depending on you, our representatives, to do that. I urge the committee to support HB 308.

Ms. Safra noted she was currently in Nome for the finish of the Iditarod. She had been talking with people during her visit and was amazed by the number of families impacted by dementia. She thanked the committee for its time.

[10:48:21 AM](#)

Co-Chair Merrick asked the Department of Health and Social Services to review the fiscal note.

KAROL FINK, SECTION CHIEF, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES (via teleconference), relayed that the CS had changed significantly from the original bill and would change the fiscal note. The amount in the current fiscal note was based on the most basic foundational aspects of creating

and implementing a new evidence-based education campaign. She noted that the amount could be scaled. She explained the baseline amount could be reduced if there was additional funding or the state was able to secure the federal grant in the future. She explained the amount shown on the current fiscal note was the minimum required.

Representative Carpenter saw the same costs in the out years shown on the note. He asked what scalable meant.

Ms. Fink answered that scalable pertained to the reach and frequency of how the messages met individuals. She explained that a smaller budget would mean reaching fewer people with less frequency.

Representative Carpenter stated his understanding of the statement. He asked if Ms. Fink meant that if the legislature funded under \$777,000, the program would be scaled down.

Ms. Fink agreed.

[10:50:37 AM](#)

Representative LeBon referenced the sunset date of July 1, 2030. He asked if it was because the sponsor hoped to utilize federal participation and the sunset date would be extended if federal funds were received. Alternatively, he wondered if the sunset would occur if the state did not receive federal funding.

Mr. Putman answered it was the latter scenario provided by Representative LeBon. He explained the bill was designed to have funding for eight years through undesignated general funds (UGF) if necessary. He noted that the grant could be a one-time grant. He elaborated that if no new federal funds came forward, the eight-year sunset date was designed so the legislature could end the program if there was no funding or if it determined the program was no longer needed.

Representative Carpenter asked who would be doing the education of the court system, law enforcement, fire fighters, and other.

Mr. Putman answered the initial intent was to have DHSS provide the education. The CS took some of the specific

language out, but the intent remained to have the department educate first responders, firefighters, and others about what they were experiencing in dementia situations.

Representative Carpenter stated the original intent was for all training to be done by DHSS. He elaborated that the CS specified the state would continue to train. He asked for verification that some of the training would be done by DHSS and the other training would be done by an unidentified party.

Mr. Putman clarified that DHSS would be fully responsible for the training.

[10:53:04 AM](#)

Representative Carpenter looked at the sectional analysis (copy on file) indicating the new statute would require DHSS to maintain a list of state providers who diagnose, evaluate, and manage dementia. He asked what the list enabled DHSS to do. He asked if the information would enable DHSS to target its training.

Mr. Putman responded that the list was intended in the original legislation to ensure that people who may have dementia and doctors identifying a person may have dementia, to provide the list to patients in order for the patients to access a doctor. He clarified that the department would prepare the documents and provide them to medical professionals and the medical professionals would hand them out to patients.

Co-Chair Merrick thanked Mr. Putman. She set an amendment deadline for Wednesday, March 23 at 6:00 p.m.

HB 308 was HEARD and HELD in committee for further consideration.

ADJOURNMENT

[10:54:44 AM](#)

The meeting was adjourned at 10:54 a.m.