

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 23, 2023

3:04 p.m.

MEMBERS PRESENT

Representative Mike Prax, Chair
Representative Justin Ruffridge, Vice Chair
Representative Dan Saddler
Representative Jesse Sumner
Representative Zack Fields
Representative Genevieve Mina

MEMBERS ABSENT

Representative CJ McCormick

COMMITTEE CALENDAR

CONFIRMATION HEARING(S) :

Commissioner, Department of Health

Heidi Hedberg - Anchorage

CONFIRMATION(S) ADVANCED

DEPARTMENT OF HEALTH

HOUSE BILL NO. 112

"An Act relating to the Board of Pharmacy; relating to the practice of pharmacy; relating to pharmacies; relating to prescription drug manufacturers; relating to prescriptions for epinephrine; relating to the administration of epinephrine; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 60

"An Act relating to the licensing of runaway shelters; relating to advisors to the board of trustees of the Alaska Mental Health Trust Authority; relating to the sharing of confidential health information between the Department of Health and the Department of Family and Community Services; relating to the duties of the Department of Health and the Department of Family and Community Services; and providing for an effective date."

- MOVED CSHB 60 (HSS) OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: HB 112

SHORT TITLE: PROFESSION OF PHARMACY

SPONSOR(S): REPRESENTATIVE(S) RUFFRIDGE

03/13/23 (H) READ THE FIRST TIME - REFERRALS
03/13/23 (H) HSS, L&C
03/23/23 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 60

SHORT TITLE: RUNAWAYS; DFCS/DOH: DUTIES/LICENSING/INFO

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

02/03/23 (H) READ THE FIRST TIME - REFERRALS
02/03/23 (H) HSS, FIN
02/28/23 (H) HSS AT 3:00 PM DAVIS 106
02/28/23 (H) Heard & Held
02/28/23 (H) MINUTE (HSS)
03/07/23 (H) HSS AT 3:00 PM DAVIS 106
03/07/23 (H) Heard & Held
03/07/23 (H) MINUTE (HSS)
03/14/23 (H) HSS AT 3:00 PM DAVIS 106
03/14/23 (H) <Bill Hearing Canceled>
03/23/23 (H) HSS AT 3:00 PM DAVIS 106

WITNESS REGISTER

HEIDI HEDBERG, Commissioner Designee
Department of Health
Juneau, Alaska

POSITION STATEMENT: Testified as the commissioner designee for the Department of Health.

JEANNIE MONK, MPH, Senior Vice President
Alaska Hospital and Healthcare Association
Anchorage, Alaska

POSITION STATEMENT: Testified during the confirmation hearing on the governor's appointee for commissioner of the Department of Health.

ELLEN HODGES, MD, Chief of Staff
Yukon Kuskokwim Health Corporation
Bethel, Alaska

POSITION STATEMENT: Testified during the confirmation hearing on the governor's appointee for commissioner of the Department of Health.

RON MEEHAN, Manager
Policy and Advocacy
Food Bank of Alaska
Anchorage, Alaska

POSITION STATEMENT: Testified during the confirmation hearing on the governor's appointee for commissioner of the Department of Health.

NANCY MERRIMEN, CEO
Alaska Primary Care Association
Anchorage, Alaska

POSITION STATEMENT: Testified during the confirmation hearing on the governor's appointee for commissioner of the Department of Health.

ELIZABETH RIPLEY, CEO
Mat-Su Health Foundation
Wasilla, Alaska

POSITION STATEMENT: Testified during the confirmation hearing on the governor's appointee for commissioner of the Department of Health.

VERNE BOERNER, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified during the confirmation hearing on the governor's appointee for commissioner of the Department of Health.

BRAEDAN GARRET, staff
Representative Justin Ruffridge
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented the sectional analysis of HB 112, on behalf of Representative Ruffridge, prime sponsor.

ASHLEY SCHABER, Chair
Board of Pharmacy
Anchorage, Alaska

POSITION STATEMENT: Provided a PowerPoint presentation, titled "House bill 112: Profession of Pharmacy."

SYLVAN ROBB, Director
Division of Corporations, Business, and Professional Licensing

Department of Commerce, Community, and Economic Development
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 112.

RILEY NYE, Staff
Representative Mike Prax
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented the proposed committee substitute for HB 60, on behalf of the bill sponsor, House Rules by request of the governor.

HEATHER CARPENTER, Deputy Director
Department of Health
Juneau, Alaska

POSITION STATEMENT: Provided the explanation of changes for the proposed committee substitute for HB 60, on behalf of the bill sponsor, House Rules by request of the governor.

STACIE KRALY, Director
Civil Division (Anchorage)
Department of Law
Anchorage, Alaska

POSITION STATEMENT: Answered questions relating to the proposed committee substitute for HB 60.

ACTION NARRATIVE

[3:04:08 PM](#)

CHAIR MIKE PRAX called the House Health and Social Services Standing Committee meeting to order at 3:04 p.m. Representatives Ruffridge, Sumner, Fields, Mina and Prax were present at the call to order. Representative Saddler arrived as the meeting was in progress.

Commissioner, Department of Health

[3:05:26 PM](#)

CHAIR PRAX announced that the first order of business would be a confirmation hearing on the governor's appointee for commissioner of the Department of Health.

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HEIDI HEDBERG, Commissioner Designee, Department of Health (DOH), shared that she was born in Utah and raised in Seattle. She moved to Alaska in 1995 to attend Alaska Pacific University and graduated with an outdoor studies degree. She shared that her husband is from Alaska, and they have two boys. She explained that, prior to her state service, she worked 13 years in the nonprofit sector, which provided the opportunity to travel to rural communities and review the different perspectives around the healthcare system. She said that she has worked for the Division of Public Health for the past 13 years and was the director for the last four years. She explained that during the COVID-19 pandemic, she represented the department in unified command with the federal Division of Homeland Security, Emergency Management and Alaska's Department of Public Safety. She shared that being director and leading the pandemic response was one of the most fulfilling jobs. She expressed gratitude for staff and partners who helped position Alaska to fare better compared to other rural states, as there were fewer hospitalizations and fewer deaths. She pointed out that through partnerships with Tribal health organizations, Alaska was ranked number one for vaccinations per capita when the COVID-19 vaccine became available in December 2020. She stated that her vision for the next four years is to leverage public health to enable the wellbeing and self-sufficiency of Alaskans. As the chief health strategist, she said that she would address insufficient systems in public assistance, address the gaps in the behavioral health continuum of care, focus on allowing elders to age in place, and focus on timely reimbursements of Medicaid. She suggested that through these outcomes, Alaskans will be healthier, the economy more vibrant, and healthcare will be more accessible and affordable.

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MS. HEDBERG pointed out the Department of Education and Early Development's (DEED's) plan, "Healthy Alaskans 2030." She explained that this is a health improvement plan addressing prevention, as this is cheaper than treatment and a cost containment tool over time. She suggested that the Division of Public Assistance is at a "low point." She explained that this is not a reflection of the dedicated staff, but rather a reflection of the inefficient systems. She expressed the opinion that information technology (IT) systems need to be implemented. She pointed out that a workflow management tool is being leveraged, creating efficiency for staff. Through the [Department of Health and Social Services'] reorganization, she suggested that things like this are affordable. She continued

that, looking back at the state's behavioral health continuum of care, there has been a lot of progress, but more needs to be done to fill the gaps. She said that last year's passage of House Bill 172 [passed during the Thirty-Second Alaska State Legislature] addressed one of the gaps, and now over the next four years, behavioral health services need to be implemented across the state. She spoke on aging in place for elders and local resources for the disabled, as these would be other keys for having healthy families. She shared that in November advocacy groups called for an update to rate-setting methodologies, as this would increase the workforce, allowing individuals with disabilities to choose their direct services. She recognized that healthcare services touch all parts of the Medicaid program.

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MS. HEDBERG stated that she has a "great" team, who have been able to save \$370 million in general funds over past six years through Tribal reclaiming. She said that her vision is to see the governor's initiative on healthy families realized, as strong families are the foundation for a vibrant economy and community. She concluded that she would bring organizational leadership, stability, innovation, and a team approach to the role.

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REPRESENTATIVE MINA expressed appreciation for the acknowledgement of previous issues relating to the [Department of Health and Social Services]. She expressed the opinion that now the department is split, there would be more opportunities to examine workplace culture and rebuild relationships. She questioned the importance of transparency in DOH.

MS. HEDBERG answered that transparency means building relationships to inform staff of her vision and leadership style. She said that DOH has 1,500 employees, and she has reached out in town hall meetings with the Division of Public Assistance. In regard to DOH's partners, she explained that the department cannot reform healthcare on its own, so it needs to partner with Tribal health, Tribes, hospitals, health centers, and businesses.

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REPRESENTATIVE SADDLER commented on the massive size and many responsibilities of the former Department of Health and Social Services. Even with the department's reorganization, he questioned whether DOH's mission would still be too big.

MS. HEDBERG answered that DOH's mission is health, wellbeing, and self-sufficiency, and looking at the divisions within DOH, she expressed the opinion that the mission is rightly matched. She reiterated that DOH cannot do this alone and pointed out the healthcare providers who license with the Department of Commerce, Community, and Economic Development or DEED's plan to ensure school age children wellness. She stated that partnerships with the business sector are critical towards making changes in the workforce environment. She added that the mission is set for DOH, and other state agencies and stakeholders would need to be leveraged in order to move forward in creating a healthy workforce, healthy economy, with healthy people.

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REPRESENTATIVE RUFFRIDGE said he can personally attest to Commissioner Designee Hedberg's work during the pandemic, as she worked long hours and weekends during an ever-changing situation. He pointed out the reports regarding staff morale and asked about plans to help improve the working environment.

MS. HEDBERG commented that the pandemic showed that many staff in the department are exhausted. She shared that she has met with staff, as it is important to hear their concerns and for them to know there is leadership support. When it comes to staff, the areas of concern are culture, work environment, and compensation. She suggested that the consideration of these create an environment where staff want to work. She explained that having a connection with staff, examining compensation, and providing tuition reimbursement would address morale and retention.

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REPRESENTATIVE FIELDS expressed appreciation for the advancement of the Healthy Families Initiative as an organizing principal. He suggested that the focus on preparedness to read and reduce adverse childhood experiences would guide policy and budget decisions. He further thanked her for engaging with stakeholders, as this shows that DOH has listened, responded, and worked on solutions. He expressed support for Ms. Hedberg's

appointment and asked that she be honest with the legislature when there is a crisis, like with the Supplemental Nutrition Assistance Program (SNAP) benefits, so the legislature can fund the department adequately.

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REPRESENTATIVE MINA concurred with Representative Fields. She questioned whether DOH could partner with the Office of Health Savings.

MS. HEDBERG responded that the Office of Health Savings is a request within DOH's budget. She said there are a lot of ideas around healthcare reform and cost savings, and it ultimately boils down to bandwidth, in that, this request is for positions to investigate, demonstrate, and expand ideas.

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REPRESENTATIVE SADDLER, given the recent revenue shortfall forecast, questioned how DOH could run more efficiently with less cost.

MS. HEDBERG explained that this starts with having a discussion with the division directors regarding what stays in the budget, operating efficiencies, and how to leverage partnerships. She provided the example of increased obesity and hypertension. She explained that the cost of preventing these conditions would be cheaper than the treatment, and prevention could serve as a cost containment tool over time. She pointed out that the Fresh Start program is focused on treating adults with the aforementioned conditions, as well as with help to reduce smoking. She stated that over 1,000 people registered, and within the program individuals lost a total of 5,000 pounds.

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REPRESENTATIVE SUMNER questioned the federal funds spent on Fresh Start.

MS. HEDBERG expressed uncertainty.

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REPRESENTATIVE SADDLER, regarding commissioner compensation, questioned whether she is able to work at the current payrate for the next four years.

MS. HEDBERG answered yes. In response to a follow-up question, she answered that the Healthy Families Initiative has three pillars: healthy beginnings, improving access, and healthy communities. She explained that DOH needs to complete its studies around child care in order to make recommendations on how to support and sustain child care in the state. She added that having child care would allow parents to enter the workforce.

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CHAIR PRAX referred to the COVID-19 pandemic, expressing appreciation with the DOH's response. He asked what she learned from this experience.

MS. HEDBERG shared that she had received a call regarding a repatriation flight from Wuhan in January, and then later in March, the public health emergency continued to escalate; from March to May, the science behind the virus's transmission was unknown. She recounted that the governor and others wanted to ensure the economy opened as quickly as possible, so there was much effort in getting personal protective equipment and pandemic guidance. She relayed that many communities took the measures and did what was best for them at the community level while the state focused on getting the economy going. She said that Commissioner Adam Crum, Dr. Anne Zink, and herself worked with the governor and partners to assess what is known about the virus.

CHAIR PRAX commented that there was, and still is, lingering skepticism of public health and the health system in general. He inquired as to how trust could be restored.

MS. HEDBERG responded that it is about meeting people and communities and understanding concerns about public health. She explained that many listening sessions were held during the pandemic, where updates were shared, and questions were fielded. She advised that these sessions might be needed over the coming months.

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CHAIR PRAX opened public testimony on the confirmation hearing.

[3:43:03 PM](#)

JEANNIE MONK, MPH, Senior Vice President, Alaska Hospital and Healthcare Association, stated that she is testifying in support of the appointment of Ms. Hedberg. She shared that she has worked with Ms. Hedberg for the past 12 years and has seen her commitment to the health of Alaskans. She expressed appreciation for Ms. Hedberg's willingness to step forward to the new role, and as the role is new, she expressed the understanding that Ms. Hedberg is taking ownership of the problems by focusing on solutions. She suggested that success would come from her willingness to build relationships.

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REPRESENTATIVE SADDLER asked how the department could improve.

MS. MONK answered that she supports the three pillars that Ms. Hedberg discussed. She said the association is interested in having a strong healthcare system. She added that the association is also interested in innovation around the healthcare system, so that it will work better. She suggested that this has been a challenge since the pandemic, as the focus has been on keeping the health system functional. She expressed the understanding that post-pandemic, the focus will be finding ways to improve.

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ELLEN HODGES, MD, Chief of Staff, Yukon Kuskokwim Health Corporation, shared that she has been a family medicine physician in rural Western Alaska for 20 years, and she is speaking in support of the appointment. She pointed out that Ms. Hedberg has been able to find ways to promote development of community healthcare aide programs. She stated that, during the pandemic, Ms. Hedberg had been a steadfast ally and advocate for rural Alaska, and her enthusiasm never wavered. She said there is still crises in the state, with a large tuberculosis (TB) outbreak, substance misuse, and other health conditions, all of which impact rural Alaska uniquely.

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RON MEEHAN, Manager, Policy and Advocacy, Food Bank of Alaska, testified in support of the appointment of Ms. Hedberg. He said that she has kept constant communication with the Food Bank of Alaska and Alaska's anti-hunger network throughout the food security crisis. He stated that she has played an instrumental role in securing funds for the bank's immediate relief efforts

to those suffering from the SNAP backlog. He said that under her purview DOH has taken positive steps to reduce the backlog, reduce the Division of Public Assistance workload, and streamline the process for clients. He said that she and her team have been working around the clock to address the backlog.

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NANCY MERRIMEN, CEO, Alaska Primary Care Association, testified in support of Ms. Hedberg's appointment. She said the appointee has the wealth of knowledge and experience that leads to strong collaboration, focusing on results. She pointed out that federally qualified health centers are committed to primary care that can meet patients where they are. She expressed the opinion that Ms. Hedberg has the ability to improve health and wellness through affecting economic status, housing, education, and food security. She continued that Ms. Hedberg is a strong public health leader in Alaska.

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REPRESENTATIVE MINA noted that while she worked at the Alaska Primary Care Association during the COVID-19 pandemic, she had communicated many times with Ms. Hedberg. She expressed gratitude concerning Ms. Hedberg's work with community health centers during the pandemic.

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ELIZABETH RIPLEY, CEO, Mat-Su Health Foundation, stated that the foundation has worked with Ms. Hedberg in the past, and it supports her confirmation. She explained that Ms. Hedberg's work during the pandemic shows she is a proven leader. She pointed out that Ms. Hedberg has high-energy, experience, and is a dedicated public servant, who has built a solid team around her. She noted that Ms. Hedberg is also an excellent communicator, which is a key strength a commissioner needs in order to work with the many constituencies. She pointed out that, upon her taking up her role of commissioner designee, she had walked into a difficult situation around SNAP and Medicaid payments, recognized that these were priority areas, and brought resources in to improve the situation.

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VERNE QAANAAQ BOERNER, representing self, stated that she is honored to speak in support of Ms. Hedberg's appointment. She

shared that she is a second-year PhD student in epidemiology and has worked as president and CEO of the Alaska Native Health Board. At that time, she had worked with Ms. Hedberg during the COVID-19 pandemic. She stated that Ms. Hedberg had demonstrated exceptional strategic thinking, honed collaborations, and effectiveness in deploying scarce resources. She said that, during a time of great scarcity, Ms. Hedberg had acted quickly, decisively, and worked countless hours. She opined that the collective result was putting Alaska at the top of the nation in protecting its people.

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CHAIR PRAX, after ascertaining that there was no one else who wished to testify, closed public testimony.

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CHAIR PRAX stated that the House Health and Social Services Standing Committee has reviewed the qualifications of the governor's appointee and recommends that the following name be forwarded to a joint session for consideration: Heidi Hedberg, Commissioner of the Department of Health. He said that signing the report regarding appointments to boards and commissions in no way reflects an individual member's approval or disapproval of the appointee, and the nomination is merely forwarded to the full legislature for confirmation or rejection.

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The committee took an at-ease from 4:00 p.m. to 4:03 p.m.

HB 112-PROFESSION OF PHARMACY

[4:03:06 PM](#)

CHAIR PRAX announced that the next order of business would be HOUSE BILL NO. 112, "An Act relating to the Board of Pharmacy; relating to the practice of pharmacy; relating to pharmacies; relating to prescription drug manufacturers; relating to prescriptions for epinephrine; relating to the administration of epinephrine; and providing for an effective date."

[4:03:34 PM](#)

REPRESENTATIVE RUFFRIDGE, as prime sponsor of HB 112, paraphrased the sponsor statement [copy included in the

committee packet], which read as follows [original punctuation provided]:

Pharmacists and pharmacies are an integral part of Alaska's healthcare system. It is important that the Alaska statutes that guide them are updated and reflect the services provided by modern-day pharmacies.

House Bill 112 clarifies the Alaska Board of Pharmacy's powers and duties to align with the federal Drug Supply Chain and Security Act (DSCSA) related to licensing and oversight of manufacturers, out-of-state pharmacies, outsourcing facilities, and internet pharmacies who conduct business in Alaska. In doing so, these out-of-state entities will be held to the same high standard as those operating in the state of Alaska, helping to ensure Alaskans have access to medications that are safe, no matter where they originate.

HB 112 aligns Alaska's pharmacy board statutes with similar boards in other states. It allows for it to meaningfully recognize retired pharmacists and their contributions. Stressing the importance of public safety, HB 112 would allow the board to institute a national criminal background check for Alaska pharmacists and pharmacy technicians. This would align the Alaska Board of Pharmacy with the National Association of Boards and Pharmacy Model State Pharmacy Act.

The Executive Administrator plays a critical role in the smooth functioning of the board and requires a high degree of competency and understanding of the complexities of pharmacy-related regulations and issues. This bill gives Alaska's Division of Professional Licensing flexibility to hire a qualified pharmacist for this administrative role should one apply.

The changes proposed in House Bill 112 reflect a dedicated collaboration between the Alaska Board of Pharmacy and the Alaska Pharmacists Association (AKPhA) to modernize pharmacy practice statutes.

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BRAEDAN GARRET, Staff, Representative Justin Ruffridge, Alaska State Legislature, on behalf of Representative Ruffridge, prime sponsor, gave the sectional analysis for HB 112 [copy included in the committee packet], which read as follows [original punctuation provided]:

Section 1. Amends AS 08.08.010(a) Creation and membership of board; officers

Alters composition of the seven-member Board of Pharmacy by designating one member to be a licensed pharmacy technician, and one being an individual with no financial interest in the healthcare industry

Section 2. Amends AS 08.80.030 Powers and Duties of Board

(b)(10) Separates out the licensing/regulating entities relating to manufacturing and distributing of drugs and devices by use of the word "or"

(b)(12) adds an epinephrine auto-injector training program

(b)(14) Clarifies that only pharmacists who dispense federally scheduled controlled substances be required to register with the Prescription Drug Monitoring Program (PDMP)

(b)(16) Adds pharmacies and manufacturers from out-of-state to the list of entities to be licensed and inspected

(b)(17) Adds internet-based pharmacies to the list of entities to be licensed if they are servicing Alaskans

(b)(18) adds language adopting regulations pertaining to retired pharmacist status

Section 3. Amends 08.80.145 Reciprocity; license transfer

(3) removes character requirement - "of good moral character"

(4) removes internship details - this is a national standard among schools of pharmacy

Renumbering of statute items

Section 4. Amends AS 08.80.157 Licensing of facilities

(k) this adds out-of-state pharmacies and manufacturers to the list of entities that must be licensed and inspected

Section 5. Amends AS 08.80.159 Licensing and inspection of facilities outside the state

(a) Adds "distributor, pharmacy, manufacturer" to those out-of-state entities that must be licensed and

inspected, under the Drug Supply Chain and Security Act

Section 6. Amends AS 08.80.159 Licensing and inspection of facilities outside the state

(c) adds "pharmacy and manufacturer" to list that may be inspected if located outside the state

Section 7. Amends AS 08.80.160 Fees

(10) Removes the word "registration" since the bill mandates licensure of a facility

Section 8. Amends 08.80.168 and adds a new subsection - Administration of vaccines and related emergencies

(e) Allows a pharmacist to administer epinephrine to a person or prescribe epinephrine auto-injectors to someone who has completed the epinephrine auto-injector training program

Section 9. Amends AS 08.80.270 Executive administrator of the board

(a) Adds an additional salary range option for the executive administrator, allowing flexibility for the Division to select a pharmacist for the role

Section 10. Amends AS 08.80.420 Certain advertising prohibited

(a) adds the term "apothecary" to list of those that cannot be used in media or advertising unless the store employs a licensed pharmacist with regular hours

Section 11. Amends AS 12.62.400 National criminal history record check

(a)(23) adds pharmacist and pharmacy technician to list of professions where a background check is required. Aligns with State of Alaska's nursing requirements and pharmacy requirements typical in other states. This adds a national level background check

Section 12. Amends AS 17.22.010 Prescription, purchase, administration of epinephrine by a trained individual

Allows anyone over 18 to purchase or be prescribed an epinephrine auto-injector, and to administer epinephrine in an emergency to another person if they have completed an epinephrine auto-injector training program approved by the board. It removes very outdated language from this section

Section 13. Amends AS 17.22.020(a) Approval of training programs

(a) Allows the board, rather than the department, to adopt standards for the epinephrine auto-injector training program and deletes outdated language

Section 14. Amends AS 17.22.020(b) Approval of training programs

(b) Allows the board, rather than the department, to approve an epinephrine auto-injector training program that meets the board's standards

Section 15. Amends AS 17.22.030 Applicability

States that this chapter does not apply to someone currently authorized under another law to administer epinephrine, such as a nurse or doctor, or some other authorized professional

Section 16. Amends AS 17.22.040 Liability of certified individual

Outlines that a person may not be sued who administers epinephrine to another in an emergency, and in good faith, if he or she has completed the epinephrine auto-injector training program approved by the board

Section 17. Amends AS 17.22.090 Definitions

(3) defines the "board" as the Board of Pharmacy

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Section 18. Repeals AS 08.80.110(2) Qualifications for licensure by examination

- Repeals (2) furnish the board with at least two affidavits from reputable citizens that the applicant has known for at least one year attesting to the applicant's good moral character. This is not required in medical board, dental or nursing statutes.
- Repeals 08.80.158 Registration of pharmacies located outside the state since this bill would now require licensure
- Repeals AS 17.22.020(c) which is the Department's epinephrine auto-injector training program
- Repeals AS 17.22.090(1) that defines the department as the Dept of Health, since it will no longer be the approving entity of the epinephrine auto-injector training program

Section 19. TRANSITION LANGUAGE for currently registered pharmacies

A new section that would allow pharmacies previously registered to continue to ship, mail or deliver prescription drugs to its customers in Alaska until their registration expires. At that time, they will then have to apply for licensure.

Section 20. TRANSITION: REGULATIONS

Allows the Board of Pharmacy and DCCED to adopt regulations to carry out the changes laid out in this legislation.

Section 21. Section 20 has an immediate effective date under AS 01.10.070(c)

Section 22: Effective date is set to coincide with the Drug Supply Chain and Security Act that will go into effect on November 26, 2023.

[4:13:37 PM](#)

ASHLEY SCHABER, Chair, Board of Pharmacy, gave a PowerPoint presentation, titled "House bill 112: Profession of Pharmacy" [hard copy included in the committee packet]. She explained the mission of the Board of Pharmacy and its guiding principles. On slide 2, she pointed out guiding principal 4, which addresses the issues that HB 112 would effect. She stated that it would help create a routine review of the effectiveness of regulations and reduce barriers to licensure, while not compromising patient health and safety, as seen under 4.1. She pointed out under 4.4, the proposed legislation would help in advocating for legislation for the pharmacy profession as it evolves and new opportunities for improvement patient safety arise. Pointing to 4.5, she stated that the proposed legislation would help anticipate changes to the Drug Supply Chain Security Act, allowing a proactive response.

MS. SCHABER moved to slide 3, which addressed the background of HB 112. She stated that the proposed legislation is the result of a multi-year, multi-chair review of statutes and regulations to help ensure the Alaska Board of Pharmacy can continue to meet its mission. She listed what HB 112 would accomplish, as follows: streamline the licensure process while improving public safety; maintain compliance with DSCSA; help alignment the Pharmacy Board with other boards in Alaska and in other states; clarify the role of pharmacists in epinephrine access; and create a collaborative effort between the Alaska Board of Pharmacy and the Alaska Pharmacists Association

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MS. SCHABER moved to slide 4 and discussed how the proposed legislation would streamline the licensure process while improving public safety. She stated that it would eliminate unnecessary forms currently required in statute, clarify that only pharmacists who dispense controlled substances are required to register with PDMP, and add national criminal background checks.

MS. SCHABER moved to slide 5 and discussed how the proposed legislation would help with compliance with Drug Supply Chain and Security Act. She explained that DSCSA further secures the U.S. drug supply through a system to prevent harmful drugs from entering the supply chain, detect harmful drugs if they do enter, and enable rapid response when such drugs are found, and pharmacy boards play a key role through appropriate licensing of drug distributors and pharmacies. She stated that HB 112 would ensure that the Alaska Board of Pharmacy powers and duties support the DSCSA.

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MS. SCHABER moved to slide 6 and discussed how HB 112 would help align the Pharmacy Board with other boards in Alaska and in other states. It would do this by replacing one of the two public member seats with a pharmacy technician seat, allow the board to adopt language for retired pharmacist status, and clarify the executive administrator's salary, as this would allow a pharmacist to serve in this role in the future.

MS. SCHABER moved to slide 7 and discussed how HB 112 would help the role of pharmacists in epinephrine access. She stated that an epinephrine training program would be implemented, and a clarification would be made which states a pharmacist can administer epinephrine to a person or prescribe epinephrine auto injectors to someone who has completed the training program. she added that this would increase epinephrine access for Alaskans with anaphylactic emergencies.

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MS. SCHABER concluded the presentation by requesting the committee's support of HB 112, as this would allow for better public health, safety, and welfare of Alaskans by the effective control and regulation of the practice of pharmacy.

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REPRESENTATIVE FIELDS questioned whether [people on the board] would have a financial interest in the healthcare industry.

MS. SCHABER answered that it is in statute that a person who is a public member [of the board] would have no financial interest in the healthcare industry. She said that this person would bring a public consumer interest to the board.

REPRESENTATIVE FIELDS questioned the current board member requirements.

MS. SCHABER deferred the question to the [Division of Corporations, Business, and Professional Licensing]. She reiterated that this is in statute and added that the biggest change is a person having no financial interest. She said that a willingness to attend quarterly meetings and a commitment to the work is required.

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REPRESENTATIVE RUFFRIDGE added that there are currently two public member positions on the board, with only one recently filled. He stated that it has been difficult to get public members to serve because of the time commitment, as well as low willingness of the public to serve on a board for a profession they might not know much about; therefore, HB 112 would change one of the public seats to a technician position.

[4:25:06 PM](#)

REPRESENTATIVE FIELDS expressed appreciation for the idea. He questioned the board's role in supporting the training of pharmacy technicians.

REPRESENTATIVE RUFFRIDGE responded that during his time serving on the Board of Pharmacy, this was an item of interest, and regulations were passed to add a certified pharmacy technician as an individual recognized in regulatory practice. For example, he explained that certified pharmacy technicians in Alaska currently have the ability to do final checks on prescriptions, if the prescription had a drug utilization review done by a pharmacist and administer vaccinations. He stressed that there is an effort in the industry to promote pharmacy technicians as being a "middle step."

[4:26:54 PM](#)

REPRESENTATIVE SADDLER observed that if there are four pharmacists on the board right now, it would seem unnecessary to have the executive director be a pharmacist. He asked why the executive director is required to be a pharmacist.

REPRESENTATIVE RUFFRIDGE stated that he is a previous member of the board and is a pharmacist and expressed the understanding that an executive administrator of the Board of Pharmacy

performs many duties, and members are expected to have an in-depth understanding of the department's licensing duties. He pointed out that many licensing and professional questions are directed to the executive administrator. He added that in many states pharmacists serve in this role.

MS. SCHABER added that the five pharmacists on the Alaska Board of Pharmacy are all volunteers and work full time and would not have the time to address questions.

[4:30:21 PM](#)

REPRESENTATIVE MINA asked how out-of-state entities are being regulated.

REPRESENTATIVE RUFFRIDGE answered that they are not being regulated. He explained that they are required to register in the state, but if the entity is dispensing or providing services in the state, the Board of Pharmacy has no option to protect or promote the safety and wellbeing of Alaska patients because the entities are not licensed.

MS. SCHABER stated that HB 112 would give the board oversight. She explained that currently only a registration acknowledges out-of-state entities are providing services. She explained that if there was a safety concern regarding an out-of-state pharmacy, the board would have no oversight. In response to a follow-up question concerning the prevalence of out-of-state entities, she pointed out that mail-order pharmacies are an example, and some are considered compounding pharmacies that could provide either sterile or non-sterile compounds, medications, eye drops, and injections to patients in Alaska.

[4:33:01 PM](#)

REPRESENTATIVE FIELDS asked how pharmacies are adapting to fentanyl being present in adulterated drugs.

REPRESENTATIVE RUFFRIDGE answered that it is a very large concern. He explained that getting a clearer picture of what the drug supply chain looks like was one of the reasons why the Drug Supply Chain Act is at the federal level, as adulterated medications are often sent through Internet pharmacies. He said the proposed legislation would follow federal regulation.

MS. SCHABER added that the proposed legislation would address giving the board oversight of Internet pharmacies.

[4:35:33 PM](#)

REPRESENTATIVE FIELDS expressed concern that gaps in primary care could lead to expensive care for families. He asked if there are opportunities for the board to work with other primary healthcare providers in an effort to reduce such gaps.

REPRESENTATIVE RUFFRIDGE responded that there would be a more detailed answer later, as there are opportunities for pharmacists to fill gaps in care. He explained that during the pandemic, pharmacies across the state had been able to fill roles that historically they had not. He relayed that there is a nationwide push for pharmacists to be given provider status, something HB 112 would not do; however, the state has taken steps to promote this ability. He alluded to a barrier in pharmacy businesses, causing many to close across the state and country.

[4:38:53 PM](#)

REPRESENTATIVE SADDLER asked for the number of licensed pharmacists in Alaska.

MS. SCHABER deferred the question to the division. She shared that there has been a challenge in ensuring that licenses are processed quickly.

[4:40:42 PM](#)

SYLVAN ROBB, Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community, and Economic Development, answered that, as of today, there are 1,049 licensed pharmacists and 1,206 licensed pharmacy technicians. In response to a follow-up question, she expressed uncertainty about how many registered pharmacies are in the state. She offered to report back to the committee.

[4:42:18 PM](#)

REPRESENTATIVE RUFFRIDGE thanked members for hearing the bill. He said that the hearing has been a good start in promoting changes that have been worked on for a long time.

REPRESENTATIVE FIELDS acknowledged Representative Ruffridge's previous efforts. He suggested that some regulatory reforms around staffing could help address "pharmacy deserts" in the

state. He asked if other reforms would bring more pharmacies to unserved places.

REPRESENTATIVE RUFFRIDGE responded that pharmacies are closing because of the high-barrier entry, namely in payroll costs. He pointed out that some corporate pharmacies are reducing staff, even as the number of prescriptions is rising. He elaborated that many pharmacies operate as a net loss to large corporations because this margin is small. He suggested that this could be altered with the role pharmacy technicians play, as they could be more of a manager while pharmacists provide clinical oversight. He explained that tele-pharmacies allow a pharmacy to operate in an urban setting. For example, downtown Anchorage has three pharmacy technicians, as pharmacists are centrally located in a larger facility, and technology is used to remotely access the prescriptions. He explained that this option already has a statute to govern it, and this is something the board has changed to open the option now for pharmacy deserts; however, pharmacies in the state need to adopt this change.

[4:46:35 PM](#)

CHAIR PRAX announced HB 112 was held over.

[4:46:51 PM](#)

The committee took an at-ease from 4:46 p.m. to 4:49 p.m.

HB 60-RUNAWAYS; DFCS/DOH: DUTIES/LICENSING/INFO

[4:49:07 PM](#)

CHAIR PRAX announced that the final order of business would be HOUSE BILL NO. 60, "An Act relating to the licensing of runaway shelters; relating to advisors to the board of trustees of the Alaska Mental Health Trust Authority; relating to the sharing of confidential health information between the Department of Health and the Department of Family and Community Services; relating to the duties of the Department of Health and the Department of Family and Community Services; and providing for an effective date."

[4:49:54 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt the proposed committee substitute (CS) for HB 60, 33-GH1343\S, Bergerud, 3/21/23, ("Version S") as a working document.

[4:50:14 PM](#)

CHAIR PRAX objected for the purpose of discussion.

[4:50:37 PM](#)

RILEY NYE, Staff, Representative Mike Prax, Alaska State Legislature, on behalf of the bill sponsor, House Rules, by request of the governor, explained that HB 60 was originally introduced to support the reorganization of the Department of Health and Social Services into the Department of Family and Community Services (DFCS) and the Department of Health (DOH), under Executive Order 121, and Version S would implement fixes and missions to support the reorganization. This includes adding DFCS to the definition of "department" in A.S. 18.65. He explained that this would clarify the role of each department as it relates to shelters for runaways.

[4:52:32 PM](#)

HEATHER CARPENTER, Deputy Director, Office of the Commissioner, Department of Health, on behalf of the bill sponsor, House Rules, by request of the governor, paraphrased the explanation of changes for Version S [copy included in the committee packet], which read as follows [original punctuation provided]:

- | | |
|------------------------|--|
| Section 1 | This language is unchanged from section 1 of version A. |
| Section 2 | Version S includes the newly identified need to include the Department of Family and Community Services in the definition of department. |
| Section 3 | This language is unchanged from section 2 of version A. |
| Section 4 | This language is unchanged from section 3 of version A. |
| Sections 5-9 and 11-14 | Version S updates these sections to further clarify the duties of each department related to programs for runaways. |

Section 10 Version S updates the bill to include a necessary clarification related to the confidentiality of records related to shelters for runaways.

Section 15 This language is unchanged from section 10 of version A.

Section 16 Version S amends this section to replace the term "authorizing" with "applicable" from section 11 of version A. This change reflects the removal of the definition for the term "authorizing" in section 20 below.

Sections 17-18 This language is unchanged from sections 12-13 of version A.

Section 19 This language is unchanged from section 14 of version A.

Section 20 Version S amends Section 15 from version A to remove the new definition for "authorizing department" to avoid potential confusion with the duplicate definition of "applicable department."

Section 21 Version S moves the repeal of this language related to the licensure of shelters for runaways from Section 9 in version A. AS 47.32.010 was repealed and reenacted under Executive Order 121, section 79.

Section 22 This language is unchanged from section 16 of version A.

[4:55:50 PM](#)

REPRESENTATIVE SADDLER pointed out that the date of the CS is labeled March 21, and a legal opinion, also dated March 21, by Margaret Bergerud, Legislative Legal Counsel, points out the potential single subject law violations. He asked if this legal opinion applies to the CS before the committee.

[4:56:18 PM](#)

STACIE KRALY, Director, Civil Division, Department of Law, answered yes, in that, the memo relates to the CS and the overall framework of Version S. In response to a follow-up question

MS. KRALY, in response to a follow-up question, expressed disagreement with Legislative Legal Service's assessment of a single subject issue with Version S. She pointed to the title of the proposed legislation, which shows there are a number of different issues being addressed, and looking at the underlying theme, she pointed out that the bill would deal with all of the powers and duties for DOH and DFCS. She related that there was a concern raised in regard to who was going to be on the advisory council for the Alaska Mental Health Trust Authority. She continued that last year, at the advice of Legislative Legal Services, the department had picked a particular commissioner. This commissioner was picked because Legislative Legal Services advised that a member could not be added to the advisory board because of the subject change, as this is not allowed under executive order rule. She explained that the commissioner was picked with the understanding that a bill would need to be introduced this year to articulate how the two departments would interact with the Alaska Mental Health Trust Authority. She explained that there are no substantive changes to the trust's statutes in the bill, rather, it articulates that both departments need to be involved as advisory members to the board. She elaborated that every provision in the bill relates to the operations of the two departments and how they meet statutory duties. She expressed the understanding that there are no problems with the proposed legislation, as drafted.

REPRESENTATIVE SADDLER advised that these issues be resolved now, and he expressed the hope that there will be a meeting to hash this out.

5:00:20 PM

REPRESENTATIVE SUMNER read from Section 13 of the Constitution of the State of Alaska, which read as follows:

Every bill shall be confined to one subject unless it is an appropriation bill or one codifying, revising, or rearranging existing laws.

REPRESENTATIVE SUMNER offered his understanding that, through the executive order, the two departments are separated and now the legislature would be codifying this.

[5:01:18 PM](#)

MS. KRALY stated that the power to split the department is authorized by the constitution. She explained that it was conveyed last year that there would be some minor technical changes this year, and this is because an executive order cannot be amended during the process, and that Version S is a clean-up bill.

[5:02:23 PM](#)

CHAIR PRAX withdrew his objection. There being no further objection, Version S was before the committee.

[5:03:05 PM](#)

REPRESENTATIVE RUFFRIDGE moved to report CSHB 60, Version 33-GH1343\S, Bergerud, 3/21/23, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 60(HSS) was reported out of the House Health and Social Services Standing Committee.

[5:03:40 PM](#)

The committee took an at-ease from 5:03 p.m. to 5:05 p.m.

[5:05:56 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:06 p.m.