

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 15, 2025

3:30 p.m.

MEMBERS PRESENT

Senator Forrest Dunbar, Chair
Senator Cathy Giessel, Vice Chair
Senator Matt Claman
Senator Löki Tobin
Senator Shelley Hughes

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

SENATE BILL NO. 147

"An Act relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."

- HEARD & HELD

SENATE BILL NO. 134

"An Act relating to pharmacy benefits managers; relating to third-party administrators; and providing for an effective date."

- MOVED SB 134 OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: SB 147

SHORT TITLE: PHARMACIST PRESCRIPTION AUTHORITY

SPONSOR(s): SENATOR(s) GIESSEL BY REQUEST

03/26/25	(S)	READ THE FIRST TIME - REFERRALS
03/26/25	(S)	HSS, L&C
04/15/25	(S)	HSS AT 3:30 PM BUTROVICH 205

BILL: SB 134

SHORT TITLE: PHARMACY BENEFITS MANAGER;3RD PARTY ADMIN

SPONSOR(s): SENATOR(s) GIESSEL

03/18/25	(S)	READ THE FIRST TIME - REFERRALS
03/18/25	(S)	HSS, L&C
04/01/25	(S)	HSS AT 3:30 PM BUTROVICH 205
04/01/25	(S)	Heard & Held
04/01/25	(S)	MINUTE (HSS)
04/03/25	(S)	HSS AT 3:30 PM BUTROVICH 205
04/03/25	(S)	Heard & Held
04/03/25	(S)	MINUTE (HSS)
04/15/25	(S)	HSS AT 3:30 PM BUTROVICH 205

WITNESS REGISTER

JANE CONWAY, Staff
Senator Cathy Giessel
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided the sectional analysis for SB 147.

ASHLEY SCHABER, Chair
Alaska Board of Pharmacy
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 147.

BRANDY SEIGNNEMARTIN, Executive Director
Alaska Pharmacists Association
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 147.

JENNIFER ADAMS, Associate Dean
L.S. Skaggs College of Pharmacy
Idaho State University/University of Alaska Anchorage
Pocatello, Idaho

POSITION STATEMENT: Testified by invitation on SB 147.

SYLVAN ROBB, Director
Division of Corporations, Business,
and Professional Licensing
Department of Commerce, Community
and Economic Development (DCCED)
Juneau, Alaska

POSITION STATEMENT: Answered questions regarding SB 147.

ACTION NARRATIVE

[3:30:34 PM](#)

CHAIR DUNBAR called the Senate Health and Social Services Standing Committee meeting to order at 3:30 p.m. Present at the call to order were Senators Giessel, Hughes, Claman, Tobin, and Chair Dunbar.

SB 147-PHARMACIST PRESCRIPTION AUTHORITY

[3:31:14 PM](#)

CHAIR DUNBAR announced the consideration of SENATE BILL NO. 147 "An Act relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."

[3:31:34 PM](#)

SENATOR GIESSEL speaking as sponsor of SB 147 introduced the bill. SB 147 grants pharmacists prescription authority and clarifies prior legislation to allow independent prescribing within their education, training, and experience. Developed in collaboration with the Alaska Board of Pharmacy and the Alaska Pharmacy Association, SB 147 aligns with existing state standards of care and federal models, including the PREP and MAT Acts. She said the bill addresses Alaska's limited healthcare capacity, particularly in rural areas, by enabling pharmacists to provide direct care for minor conditions such as flu, strep, COVID-19, urinary tract infections, and similar ailments. Pharmacists are highly trained, hold Doctor of Pharmacy degrees, and are already regulated to ensure patient safety. She said evidence from other states shows pharmacist-provided care improves access, maintains quality, and reduces costs. Approximately 90 percent of Americans live within five miles of a community pharmacy.

[3:37:12 PM](#)

SENATOR GIESSEL stated that the study indicates that not all pharmacist-initiated treatments require testing and that many minor ailments may be effectively treated in community pharmacies based on patient-reported symptoms and examination. She said uncomplicated urinary tract infections are a common example, with evidence showing pharmacists demonstrate strong antimicrobial stewardship and appropriate antibiotic use. Results from a three-year study showed 977 patients used these services, with care outcomes comparable to emergency rooms, primary care, and urgent care settings. The analysis found significantly lower costs for pharmacist-provided care, excellent follow-up, and estimated savings of approximately \$23.5 million, demonstrating the effectiveness and cost-efficiency of pharmacy-based healthcare services.

3:41:24 PM

JANE CONWAY, Staff, Senator Cathy Giessel, Alaska State Legislature, Juneau, Alaska, provided the sectional analysis for SB 147.

[Original punctuation provided.]

Pharmacist Prescription Authority
Sectional Analysis

"An Act relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."

Section 1. Amends AS 08.80.030 (b) **Powers and duties of the board.**

to require that a licensed pharmacist who prescribes, administers, or dispenses a controlled substance under state law or federal law to a person in the state register with the controlled substance prescription database (PDMP).

Section 2. Amends AS 08.80.110 **Qualifications for licensure by examination.**

to require that a pharmacist who holds a Drug Enforcement Agency (DEA) number applying for licensure (via examination) receive education in pain management and opioid use and addiction, in alignment with other practitioners in Alaska who hold DEA numbers.

Section 3. Amends AS 08.80.145 **Reciprocity; license transfer.**

to require that a pharmacist who holds a DEA number applying for licensure (via reciprocity) receive education in pain management and opioid use and addiction, in alignment with other practitioners in Alaska who hold DEA numbers and pay the associated fees.

Section 4. Amends AS 08.80.165 **Continuing education requirements.**

to require a pharmacist who holds a DEA number and renews licensure in Alaska meet continuing education requirements including at least two hours of education in pain management and opioid use and addiction in the two years preceding license renewal, in alignment with

other practitioners in Alaska who hold DEA numbers. A pharmacist whose practice does not include pain management and opioid prescription, or administration is exempt from this requirement.

Section 5. Amends AS 08.80.337 **Other patient care services.**

(a) to clarify that a pharmacist may not provide patient care services under a collaborative agreement with another pharmacist. Sen.Cathy.Giessel@akleg.gov

Section 6. Amends AS 08.80.337 **Other patient care services.**

(d) to clarify that "patient care services" mean medical care services that include the prescription or administration of a drug or device to a patient for the purposes of curing or preventing a disease, reduction of patient symptoms or for slowing the disease progression.

Section 7. Amends and adds a new subsection to AS 08.80.337 **Other patient care services.**

(e) requiring that a pharmacist prescribing or administering a drug or device under this section recognize the limits of the pharmacist's education, training, and experience and consult with and refer to other practitioners as appropriate. This aligns with standard of care and pharmacy regulation.

Section 8. Amends AS 08.80.480 **Definitions.**

(30) to clarify that the "practice of pharmacy" includes providing patient care services in accordance with AS 08.80.337. This includes patient care services provided independently or under collaborative practice.

Section 9. Amends and adds a new paragraph to AS 08.80.480 **Definitions.**

(40) adds to the definition of opioid to include opium and opiate substances and opium and opiate derivatives

Section 10. Repeals AS 08.80.337 **Other patient care services (c)**

to align with clarifications in Section 6.

Section 11. Provides for an effective date of January 1, 2026.

MS. CONWAY noted that Section 9 was added to comply with the DA requirement and Section 10 has an error.

[3:46:08 PM](#)

ASHLEY SCHABER, Chair, Alaska Board of Pharmacy, Anchorage, Alaska, testified by invitation on SB 147. She moved to slide 2, 2024 Strategic Plan, and stated that the 2024 Alaska Board of Pharmacy Strategic Plan guides all board decisions on statutes and regulations. SB 147 aligns with the plan's fourth goal, "grow the economy while promoting economic growth, community health, and safety."

[3:47:01 PM](#)

MS. SCHABER moved to slide 3, Background of SB 147, and discussed the following:

[Original punctuation provided.]

- Result of multi-year, multi-chair Board of Pharmacy review of statutes and regulations to align Alaska pharmacists' license authority with their education, training, and experience to increase access to care.

- HB 145 (2021-2022)

- New statute added for "other patient care services"

- Clarifications needed

- SB 147 addresses changes by:

- Increasing access to care

- Incorporating established models of care

- Encouraging interdisciplinary engagement

- Collaborative effort between the Alaska Board of Pharmacy and the Alaska Pharmacy Association

[3:48:12 PM](#)

MS. SCHABER moved to slide 4, Safe Access with Interdisciplinary Engagement, and stated that SB 147 expands access to pharmacist-provided patient care services while aligning state statutes with pharmacists' education and training. The bill also promotes interdisciplinary collaboration by requiring pharmacists to recognize the limits of their scope and to consult with or refer patients to other healthcare practitioners when appropriate.

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MS. SCHABER moved to slide 5, Incorporates Established Models of Care, and stated that SB 147 grants Alaska pharmacists' statutory authority to use proven models of care under a

standard-of-care regulatory framework. This approach aligns pharmacy regulation with other health professions, supports practice within training and scope, enhances patient safety, and is consistent with recent federal legislation and established models such as those used by the Veterans Health Administration.

[3:49:58 PM](#)

MS. SCHABER moved to slide 6, Support, and asked the committee for support of SB 147.

[3:50:20 PM](#)

SENATOR CLAMAN asked how a pharmacist could respond if a patient requested an opioid prescription for pain management.

[3:50:45 PM](#)

MS. SCHABER replied that the definition of opioid is included to reflect required pharmacist training. She said the established model authorizes pharmacists to provide medications for opioid use disorder, not to prescribe opioids for pain treatment.

[3:51:20 PM](#)

SENATOR CLAMAN asked whether a pharmacist, visited by a person with a long history of pain complaints, would be expected to tell that person to go see their regular medical provider .

[3:51:40 PM](#)

MS. SCHABER replied, yes.

[3:51:42 PM](#)

SENATOR CLAMAN explained that he has a friend with a lung infection that has gone through a couple types of medications. He asked whether his friend could see a pharmacist to get the drug or would the friend need to go to a doctor.

[3:52:42 PM](#)

MS. SCHABER answered that it would be considered a complex case requiring consultation with an infectious disease specialist. Such a case is an example of when a pharmacist is expected to engage in interdisciplinary collaboration.

[3:53:03 PM](#)

SENATOR TOBIN asked for an explanation of the different scheduled drugs list in SB 147, page 2.

MS. SCHABER replied that the Drug Enforcement Agency (DEA) establishes different levels of controlled substances, known as schedules, to regulate medications based on the potential for

abuse and addiction. The numbers referenced on page 2 correspond to the DEA-controlled schedules, indicating the relative risk and regulatory requirements associated with each medication.

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CHAIR TOBIN asked whether she could describe the scope and types of substances.

[3:54:22 PM](#)

MS. SCHABER said under the test-to-treat model allowed by this legislation, commonly prescribed medications could include antivirals, while medications for opioid use disorder would likely fall under Schedule III for medication-assisted therapy.

[3:55:02 PM](#)

CHAIR DUNBAR said SB 147, Section 8, expands the definition of pharmacy practice to include patient care services. He asked what would occur if a pharmacist chose not to offer these services and whether the new definition of pharmacy practice would require them to complete additional training.

[3:55:47 PM](#)

MS. SCHABER replied that SB 147 does not require a pharmacist licensee in the state to provide these services. The decision is left to the pharmacist or pharmacy, as the bill authorizes but does not mandate participation.

CHAIR DUNBAR asked if additional educational requirements are also voluntary.

[3:56:59 PM](#)

MS. SCHABER replied that the continuing education changes in SB 147 apply only to pharmacists who prescribe medication-assisted therapy for opioid use disorder and hold a DEA registration. All other pharmacists would continue being subject to the existing requirement of 30 hours of continuing education every two years. She added that unless the Board determines through regulation that continuing education requirements should change.

[3:57:45 PM](#)

SENATOR HUGHES expressed concern that diagnosis and treatment typically rely on physical examinations, and that SB 147 appears broader than originally intended. She asked why the bill is not more narrowly defined and whether similarly broad authority exists in other states.

[3:58:56 PM](#)

MS. SCHABER replied that there are other states that do have this broad prescriptive authority. She said there are protocols in place to help guide the pharmacist.

[3:59:55 PM](#)

SENATOR HUGHES asked whether the board would establish regulations specifying which services pharmacists may provide and when referrals to other providers are required.

[4:00:33 PM](#)

MS. SCHABER replied that the Board anticipates promulgating regulations under SB 147 and would continue to rely on existing standards of care and practice. Rather than adopting rigid lists, the Board expects to maintain a flexible standard-of-care regulatory approach that can evolve with changes in pharmacy practice and clinical guidelines.

[4:01:36 PM](#)

BRANDY SEIGNNEMARTIN, Executive Director, Alaska Pharmacists Association, Anchorage, Alaska, testified by invitation on SB 147. She stated that the Alaska Pharmacy Association represents pharmacists, student pharmacists, and pharmacy technicians statewide and supports high-quality pharmacy care in local communities. Pharmacists in Alaska practice across community pharmacies, tribal health systems, hospitals, clinics, long-term care, and public health settings, providing immunizations, health screenings, medication management, patient counseling, and prevention of medication-related complications. She said SB 147 builds on this foundation by allowing pharmacists to provide limited patient care services, including prescribing, within their education, training, and experience. These roles are not new and have been safely implemented for decades in federal systems such as the Indian Health Service and the Veterans Health Administration. She said SB 147 uses a standard-of-care regulatory model, requires interdisciplinary collaboration and referrals for complex cases, and relies on evidence-based guidelines. By aligning statute with pharmacists' training, SB 147 improves access to safe, timely care, particularly in rural and underserved communities, reduces strain on the healthcare system, and helps address workforce burnout while maintaining strong patient safety safeguards.

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MS. SEIGNNEMARTIN stated that SB 147 would allow pharmacists to provide test-and-treat services for minor illnesses, preventive services such as smoking cessation and HIV prevention, treatment for minor ailments, support for medication-assisted therapy for

opioid use disorder, and collaborative management of chronic conditions. These evidence-based models, already used in other states and federal systems, improve efficiency by utilizing healthcare team members at the appropriate level of care. She noted that studies show pharmacist-provided care increases access while reducing costs, with an estimated \$4.81 return for every \$1 invested and \$277 lower cost per episode for minor illness care without compromising outcomes. SB 147 adds capacity to Alaska's strained healthcare system, improves access, especially for working patients and rural communities, maintains patient safety through standard-of-care safeguards, and represents a practical, cost-effective solution to key healthcare challenges.

[4:10:04 PM](#)

SENATOR TOBIN noted she was going to ask about disaster response and the role of Indian Health Services in protecting communities but acknowledged that it was already addressed thoroughly. She asked for an overview of pharmacists' licensure requirements, continuing education obligations, and the education and training necessary to earn a pharmacy degree.

[4:10:38 PM](#)

MS. SEIGNNEMARTIN answered that to earn a Doctor of Pharmacy (PharmD) degree, students first complete at least three years of undergraduate coursework to meet program prerequisites, though many students also earn a bachelor's degree before entering pharmacy school. The pharmacy program itself is an intensive four-year curriculum. She said during the first three years, students primarily engage in didactic, classroom-based learning, attending lectures and laboratory sessions five days a week for approximately 32 weeks each year. From the very beginning, students also participate in hands-on patient care experiences, volunteering in community settings and gaining practical exposure to pharmacy practice. Between the first and second years, they complete introductory pharmacy practice experiences, starting their clinical rotations early. She said in the final year, students dedicate themselves entirely to clinical training, completing seven six-week rotations in a variety of practice settings, which together provide more than 1,740 hours of supervised patient care. This extensive training exceeds that of many other healthcare professions, ensuring graduates are well-prepared to provide safe, competent care. She said in addition to completing the degree, graduates must pass the North American Pharmacy Licensure Examination (NAPLEX), which serves as the minimum competency standard required to obtain licensure and practice as a pharmacist in any state. This rigorous

combination of education, practical experience, and licensure ensures that pharmacists are highly trained and capable healthcare professionals.

[4:12:50 PM](#)

CHAIR TOBIN asked for more oversight of the Board of Pharmacy and if there is a bad actor what are the consequences for their actions.

[4:12:58 PM](#)

MS. SEIGNNEMARTIN replied that pharmacists are closely monitored by the Board of Pharmacy. She said the Board investigates complaints, ensures regulatory compliance, and holds licensees accountable for any patient harm or misconduct.

[4:13:35 PM](#)

SENATOR HUGHES expressed concern that while pharmacist-provided care can improve access and convenience, patients with chronic conditions like diabetes or hypertension might bypass their regular physicians, potentially weakening in-person relationships and the opportunity for physical exams. She emphasized the importance of pharmacists referring patients to appropriate practitioners when needed. She asked if the patient would be referred back to their doctor to get the prescription.

[4:15:03 PM](#)

MS. SEIGNNEMARTIN replied that maintaining a relationship with a primary care provider is crucial. SB 147 supports a standard-of-care, team-based model. Pharmacists can provide urgent or routine care, such as insulin refills or chronic disease management, while coordinating with the patient's primary care provider, often working alongside them in clinics to monitor conditions like diabetes or asthma and ensure ongoing, appropriate care.

[4:16:50 PM](#)

SENATOR HUGHES noted that integrated medical homes, like the Veterans Health Administration, allow coordinated care between pharmacists and other providers. She expressed concern that standalone pharmacies could lead patients to bypass their physicians. She asked about potential delays and longer wait times if pharmacists provide most direct care.

[4:17:47 PM](#)

MS. SEIGNNEMARTIN answered that not all pharmacies will offer these services, as many lack the capacity. She said independent

or well-equipped pharmacies could provide this care, especially where waiting times are manageable.

[4:18:17 PM](#)

SENATOR GIESSEL asked if she is aware of how many complaints have been filed with the Board related to pharmacist practice.

[4:18:38 PM](#)

MS. SEIGNNEMARTIN replied no. She stated that the Idaho board's experience with this practice model showed that implementing it did not lead to an increase in complaints or investigations.

[4:19:08 PM](#)

CHAIR DUNBAR asked if Senator Giessel would like to direct the question to Ms. Schaber.

SENATOR GIESSEL replied yes.

[4:19:20 PM](#)

MS. SCHABER responded that during her time on the board there were no known investigations or complaints regarding pharmacists practicing under collaborative agreements or their current limited prescriptive authority.

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SENATOR CLAMAN referring to federal providers and non-federal providers, in Alaska, he asked whether a veteran can receive a prescription from a VA facility pharmacist, when in the pharmacist's scope of practice, and whether non-veterans must see a doctor or other provider for the same prescription.

[4:20:22 PM](#)

MS. SEIGNNEMARTIN answered yes.

[4:21:20 PM](#)

JENNIFER ADAMS, Associate Dean, L.S. Skaggs College of Pharmacy, Idaho State University/University of Alaska Anchorage, Pocatello, Idaho, testified by invitation on SB 147. She said she is also a professor of pharmacy practice and teaches pharmacy law in both Idaho and Alaska. She is therefore familiar with statutes on pharmacy law in Alaska.

[4:23:13 PM](#)

MS. ADAMS stated that pharmacists across the U.S. receive standardized education and training accredited by the Accreditation Council for Pharmacy Education, including physical assessment, diagnosis, and independent prescribing within their

scope of practice. She said states like Idaho have full-scope authority for pharmacists, and experience there shows that pharmacists provide safe, effective, and cost-efficient care without incidents of practicing beyond their training. Services have been introduced gradually to ensure safety, increase access, and allow patients to receive timely care for minor illnesses directly in pharmacies.

[4:26:13 PM](#)

MS. ADAMS said that pharmacies are increasingly providing treatment for minor ailments such as pinkeye, uncomplicated UTIs, and cold sores, allowing patients to receive timely care. Some community pharmacies, especially in rural areas, have also begun offering these services, though it remains limited outside federal systems.

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MS. ADAMS shared a story of a patient that came to a pharmacist for help. She said in a rural community, a pharmacist began offering buprenorphine therapy after a patient approached the pharmacy, explaining that he had been purchasing the medication off the street because there were no local clinics providing this service. Out of concern for the patient's safety, the pharmacist undertook additional training and began providing supervised treatment. She said as a result, the patient now receives therapy every two weeks, is successfully staying clean, has regained stability in his personal and professional life, and is able to support his family. This pharmacy now serves over 30 patients, providing care they could not otherwise access. She said this story highlights the importance of SB 147 in expanding access to essential healthcare services, particularly for opioid use disorder, while allowing pharmacists to practice at the top of their education and training. Implementing SB 147 would help modernize pharmacy practice in Alaska, enable ISU-UA graduates to fully utilize their skills, and provide meaningful, life-changing care within their communities.

[4:31:02 PM](#)

SENATOR HUGHES asked how SB 147 is more restrictive than Idaho's statute.

MS. ADAMS replied that SB 147 places additional restrictions on the types of services pharmacists can provide, focusing on preventative care, minor, and self-limiting conditions. She said Idaho allows pharmacists to have full-scope authority for diagnosing and prescribing without such limits.

[4:32:25 PM](#)

SENATOR HUGHES stated that, "outcomes related to the cure or prevention of a disease, elimination or reduction of a patient's symptoms or resting or slowing of a disease process" seems broad. She asked for examples of something that's outside the scope.

[4:32:45 PM](#)

MS. ADAMS replied that pharmacists are limited by law and the standard of care to conditions within their training, excluding highly complex diagnoses. Pharmacists may manage common conditions like diabetes or hypertension but not rare or advanced diseases.

[4:34:10 PM](#)

SENATOR GIESSEL stated that she had a question related to the fiscal note.

[4:34:29 PM](#)

SYLVAN ROBB, Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community and Economic Development (DCCED), Juneau, Alaska, answered questions regarding SB 147.

[4:34:38 PM](#)

SENATOR GIESSEL noted that SB 147, page 2, has the unusual inclusion of \$30,000 in legal investigation costs starting in FY26 and continuing annually. She asked why investigations and complaints are assumed to occur immediately upon implementation of SB 147.

[4:35:35 PM](#)

MS. ROBB replied that that the fiscal note reflects receipt-supported authority, not a new \$30,000 appropriation, and allows spending if needed. With a significant scope-of-practice change, the division anticipates increased legal questions and potential complaints requiring Department of Law support. She said these costs are expected to taper off overtime as issues are resolved and the scope becomes settled.

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SENATOR GIESSEL asked why the \$30,000 is listed under change of revenues if it is expected to be covered by licensing fees. She noted that under the current budget constraints the fiscal note will not be supported by the legislature.

[4:37:25 PM](#)

MS. ROBB responded that all costs would be covered by licensing fees. The fiscal note reflects a change in revenue because it grants receipt authority to collect and spend additional licensing receipts, not new general fund appropriations. She said division fiscal notes always show revenues equal to projected costs.

[4:38:09 PM](#)

CHAIR DUNBAR held SB 147 in committee.

SB 134-PHARMACY BENEFITS MANAGER;3RD PARTY ADMIN

[4:38:24 PM](#)

CHAIR DUNBAR announced the consideration of SENATE BILL NO. 134 "An Act relating to pharmacy benefits managers; relating to third-party administrators; and providing for an effective date."

[4:39:12 PM](#)

CHAIR DUNBAR solicited the will of the committee.

[4:39:14 PM](#)

SENATOR GIESSEL moved to report SB 134, work order 34-LS0461\A, from committee with individual recommendations and attached fiscal note(s).

[4:39:29 PM](#)

CHAIR DUNBAR found no objection and SB 134 was reported from the Senate Health and Social Services Standing Committee.

[4:39:54 PM](#)

There being no further business to come before the committee, Chair Dunbar adjourned the Senate Health and Social Services Standing Committee meeting at 4:39 p.m.