

ALASKA STATE LEGISLATURE
SENATE LABOR AND COMMERCE STANDING COMMITTEE

May 5, 2025
1:34 p.m.

MEMBERS PRESENT

Senator Jesse Bjorkman, Chair
Senator Kelly Merrick, Vice Chair
Senator Elvi Gray-Jackson
Senator Forrest Dunbar
Senator Robert Yundt

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

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

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. 117

"An Act renaming the State Commission for Human Rights the Alaska State Commission for Civil Rights; relating to removal of commissioners of the Alaska State Commission for Civil Rights; relating to reports from the Alaska State Commission for Civil Rights; relating to the definition of 'employer' for the purposes of the Alaska State Commission for Civil Rights; and relating to local civil rights commissions."

- HEARD & HELD

SENATE BILL NO. 159

"An Act increasing contributions to the Department of Labor and Workforce Development for the State Training and Employment Program."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: SB 134

SHORT TITLE: PHARMACY BENEFITS MANAGER;3RD PARTY ADMIN

SPONSOR(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
04/15/25	(S)	Moved SB 134 Out of Committee
04/15/25	(S)	MINUTE(HSS)
04/18/25	(S)	HSS RPT 4DP
04/18/25	(S)	DP: DUNBAR, HUGHES, GIESSEL, TOBIN
04/30/25	(S)	L&C AT 1:30 PM BELTZ 105 (TSBldg)
04/30/25	(S)	Heard & Held
04/30/25	(S)	MINUTE(L&C)
05/05/25	(S)	L&C AT 1:30 PM BELTZ 105 (TSBldg)

BILL: SB 147

SHORT TITLE: PHARMACIST PRESCRIPTION AUTHORITY

SPONSOR(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
04/15/25	(S)	Heard & Held
04/15/25	(S)	MINUTE(HSS)
04/22/25	(S)	HSS AT 3:30 PM BUTROVICH 205
04/22/25	(S)	Heard & Held
04/22/25	(S)	MINUTE(HSS)
04/29/25	(S)	HSS AT 3:30 PM BUTROVICH 205
04/29/25	(S)	Moved SB 147 Out of Committee
04/29/25	(S)	MINUTE(HSS)
04/30/25	(S)	HSS RPT 4DP
04/30/25	(S)	DP: DUNBAR, CLAMAN, GIESSEL, TOBIN

05/05/25 (S) L&C AT 1:30 PM BELTZ 105 (TSBldg)

BILL: SB 117

SHORT TITLE: STATE COMMISSION FOR CIVIL RIGHTS

SPONSOR(s): STATE AFFAIRS

03/05/25 (S) READ THE FIRST TIME - REFERRALS

03/05/25 (S) L&C, FIN

05/05/25 (S) L&C AT 1:30 PM BELTZ 105 (TSBldg)

BILL: SB 159

SHORT TITLE: TRAINING & EMPLOYMENT PROG: CONTRIBUTIONS

SPONSOR(s): LABOR & COMMERCE

04/07/25 (S) READ THE FIRST TIME - REFERRALS

04/07/25 (S) L&C, FIN

05/05/25 (S) L&C AT 1:30 PM BELTZ 105 (TSBldg)

WITNESS REGISTER

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

POSITION STATEMENT: Presented a brief recap of SB 134.

DAN NELSON, Director
Tanana Chief Conference
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of SB 134.

SENATOR CATHY GIESSEL, District E
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Sponsor of SB 147.

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

POSITION STATEMENT: Provided the sectional analysis for SB 147.

ASHLEY SCHABER, Pharmacist
Alaska Native Medical Center (ANMC)
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 147.

BRANDY SEIGNEMARTIN, Executive Director
Alaska Pharmacists Association
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 147.

JEN ADAMS, Professor
L.S. Skaggs College of Pharmacy
Idaho State University (ISU)
Meridian, Idaho

POSITION STATEMENT: Testified by invitation on SB 147.

JOE HAYES, Staff
Senator Scott Kawasaki
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided the sectional analysis for SB 117.

ROBERT CORBISIER, Executive Director
Alaska State Commission for Human Rights
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 117.

LAURA ACHEE, Staff
Senator Jesse Bjorkman
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided the sectional analysis of SB 159.

PALOMA HARBOUR, Director
Division of Employment and Training Services
Department of Labor and Workforce Development (DOLWD)
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 159.

ACTION NARRATIVE

[1:34:13 PM](#)

CHAIR BJORKMAN called the Senate Labor and Commerce Standing Committee meeting to order at 1:34 p.m. Present at the call to order were Senators Merrick, Gray-Jackson, Dunbar, Yundt and Chair Bjorkman.

SB 134-PHARMACY BENEFITS MANAGER;3RD PARTY ADMIN

[1:35:14 PM](#)

CHAIR BJORKMAN reconvened the meeting and 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."

[1:35:33 PM](#)

JANE ROHR, Staff, Senator Cathy Giessel, Alaska State Legislature, Juneau, Alaska, presented a brief recap of SB 134. She said the bill requires third-party administrators and pharmacy benefit managers to be licensed in Alaska and establishes a licensing fee to cover the Division of Insurance's administrative costs.

[1:36:17 PM](#)

CHAIR BJORKMAN opened public testimony on SB 134.

[1:36:39 PM](#)

DAN NELSON, Director, Tanana Chief Conference, Fairbanks, Alaska, testified in support of SB 134 and read the following:

[Original punctuation provided.]

I'm calling in from the Fairbanks on behalf of Tanana Chief Conference calling in support of Senate bill 134. Senate Bill 134 is a common sense and non-controversial bill that is designed to ensure that the hard-fought provisions of House Bill 226 from last legislative session are secured and enforced.

Currently the Alaska Division of Insurance has a somewhat limited ability to regulate pharmacy benefit managers and third-party administrators because state statute only allows the division of insurance to require PBM and PPA registration.

Senate Bill 134 Division of Insurance will be able to be required that they've become licensed.

Unfortunately, this current lack of regulatory control by the Division of Insurance will continue to allow PBMs and PPAs to work in an under regulated environment.

It's most of the committee members are already aware. There are many concerning practices that PBM and third-party administrators follow that negatively impact Alaskans, Alaska employers, Alaska prescribers and pharmacists and pharmacies.

I urge you to support Senate Bill 134.

[1:38:12 PM](#)

CHAIR BJORKMAN closed public testimony on SB 134.

[1:38:44 PM](#)

CHAIR BJORKMAN solicited the will of the committee.

[1:38:46 PM](#)

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

[1:39:00 PM](#)

CHAIR BJORKMAN found no objection and SB 134 was reported from the Senate Labor and Commerce Standing Committee.

[1:39:13 PM](#)

At ease.

SB 147-PHARMACIST PRESCRIPTION AUTHORITY

[1:46:30 PM](#)

CHAIR BJORKMAN reconvened the meeting and 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."

[1:46:52 PM](#)

SENATOR CATHY GIESSEL, District E, Alaska State Legislature, Juneau, Alaska, as the sponsor of SB 147 she read the following:

[Original punctuation provided.]

SB 147 is a collaborative effort with the Alaska Board of Pharmacy and the Alaska Pharmacy Association.

In 2022, Alaska passed a bill that added "other patient services" to pharmacy services (AS 08.80.337).

SB 147 clarifies the intent of that legislation in regard to

- independent prescribing and
- allowing pharmacists to practice at the top of their education, training and experience.

[1:47:37 PM](#)

SENATOR GIESSEL continued with the following for SB 147:

Pharmacists are seeing an evolution

- in their role in the healthcare system and
- ability to provide direct patient care: minor and chronic ailments, especially in rural areas.

Alaska in general has a limited number of hospital beds, ER space and other healthcare services.

Utilizing every possible provider will increase timely and appropriate care.

The Alaska Board of Pharmacy already regulates pharmacists under a standard of care, which aligns with this legislation.

Expanded pharmacist services have already been established federally.

- Public Readiness and Emergency Preparedness (PREP post exposure prophylaxis for HIV) act
- Mainstreaming Addiction Treatment (MAT medication assisted treatment) Act - allows for pharmacists to prescribe treatment for opioid use.
- Aligns with federal models including care provided in the Veterans' Health Administration

Community pharmacists are among the most-trusted healthcare professionals among patients. (not first on the ranking, like nurses, but up there)

They have the education and knowledge to assess a patient's ailments and refer if needed to more acute care when needed

- Pharmacists complete a Doctor of Pharmacy degree that requires 1,170 hours of clinical training.
- 6-8 years of education in pharmacotherapy, disease management and clinical decision-making.
- Many go on to complete post-graduate residencies, fellowships and board certifications in specialty areas.

- State boards of pharmacy regulate to ensure safe care through accreditation reviews.

[1:49:21 PM](#)

SENATOR GIESSEL continued with the following for SB 147:

What kinds of services are we talking about here?

- Test to Treat if appropriate
- Prescribe remedies for flu, cold, urinary tract infections, strep throat, COVID-19, pregnancy tests and more.
- 30 states now authorize pharmacists to order and administer CLIA-waived tests such as COVID-19, strep, flu, RSV, UTI HIV, and more
- (Clinical Laboratory Improvement Amendments = CLIA)

[1:50:06 PM](#)

JANE CONWAY, Staff, Senator Cathy Giessel, Alaska State Legislature, Juneau, Alaska, provided the sectional analysis for SB 147 and read the following:

[Original punctuation provided.]

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.

[1:51:03 PM](#)

MS. CONWAY continued with the sectional analysis for SB 147:

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 requirement**

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.

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.

[1:52:35 PM](#)

MS. CONWAY continued with the sectional analysis for SB 147:

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.

[1:54:12 PM](#)

SENATOR GIESSEL clarified the acronym PDMP's meaning as Prescription Drug Monitoring Program (PDMP). All clinicians who prescribe controlled substances are required to register and maintain active records.

[1:54:38 PM](#)

CHAIR BJORKMAN announced invited testimony on SB 147.

[1:54:48 PM](#)

ASHLEY SCHABER, Pharmacist, Alaska Native Medical Center (ANMC), Anchorage, Alaska, testified by invitation on SB 147 and moved to slide 2. She spoke to the 2024 strategic plan from the Alaska Board of Pharmacy:

[Original punctuation provided.]

I have included the 2024 Alaska Board of Pharmacy Strategic Plan. Each decision our board makes regarding removing, changing, or adding statutes or regulations is filtered through the Strategic plan. SB 147 aligns with our strategic plan through Goal

number 4 which is to: grow the economy while promoting community health and safety. Specifically, to advocate for legislation addressing access to pharmacies as the pharmacy profession advances and new opportunities for improved patient safety arise.

[1:55:50 PM](#)

MS. SCHABER moved to slide 3 and read the following:

[Original punctuation provided.]

SB 147 is the result of several years spanning multiple Board of pharmacy chairs as we reviewed our statutes and regulations to align licensee authority with their education, training, and experience with the ultimate goal to increase access to care.

House Bill 145 passed the 2021-22 session and added a new section of Pharmacy statutes called "other patient care services" recognizing that pharmacists provide services other than traditional medication dispensing, both under collaborative practice agreements or independently. After this statute section was added, the Board received multiple questions from businesses and licensees, so it was determined clarification was needed, specifically in regards to pharmacist-prescribing and administering.

SB 147 increases access to care by giving statutory authority to established models of care while encouraging interdisciplinary engagement and teamwork.

[1:56:59 PM](#)

MS. SCHABER moved to slide 4 and read the following:

[Original punctuation provided.]

SB 147 increases access to pharmacist-provided patient care services, while closing the gap between state statute and pharmacist education and training.

SB 147 encourages interdisciplinary engagement between pharmacists and other healthcare practitioners. Specifically, SB 147 requires a pharmacist prescribing or administering a drug or device under this section shall recognize the limits of the pharmacist's education, training, and experience and consult with and refer to other practitioners as appropriate.

[1:57:40 PM](#)

MS. SCHABER moved to slide 5 and read the following:

[Original punctuation provided.]

SB 147 gives Alaska pharmacists statutory authority to established models of care that have been proven effective.

A standard of care regulatory model empowers pharmacists by regulating them similarly to other health professions such as nursing and medicine, providing regulatory consistency across the health care system.

Standard of Care (SOC) regulatory model supports practitioners delivering patient care within their scope of practice and clinical training. Patient safety is maintained by measuring care against other practitioners within the same practice setting while supporting practitioners practicing at the top of their clinical ability.

The changes in SB 147 align with recent federal legislation that optimize the roles of pharmacists in public health responses as well as established federal models for pharmacist-delivered care such as what is provided through the Veterans Health Administration.

[1:58:38 PM](#)

MS. SCHABER moved to slide 6 and read the following:

[Original punctuation provided.]

In conclusion, on behalf of the Alaska Board of Pharmacy, I request your support of SB 147 as it aligns with our Mission and Strategic plan.

[1:59:09 PM](#)

BRANDY SEIGNEMARTIN, Executive Director, Alaska Pharmacists Association, testified by invitation on SB 147 and read the following:

[Original punctuation provided.]

I'm Dr. Brandy Seignemartin here to speak on behalf of the **Alaska Pharmacy Association** in strong support of **Senate Bill 147**. I'm a pharmacist by training and serve as the executive director of the Alaska Pharmacy Association as well as a clinical assistant professor at our UAA ISU Doctor of Pharmacy Program.

[1:59:33 PM](#)

MS. SEIGNEMARTIN continued with her testimony of SB 147:

The Alaska Pharmacy Association represents pharmacists, student pharmacists, pharmacy technicians, and pharmacies across our state—from Ketchikan to Fairbanks and beyond. Our mission is centered on ensuring Alaskans have **access to safe, high-quality pharmacy care** in their local communities.

Let's Start by Discussing Pharmacists' Roles Across Practice Settings

Pharmacists in Alaska are already deeply embedded in patient care—whether that's in **community pharmacies, tribal health systems, hospitals, clinics, long-term care, or public health settings**. They provide immunizations, conduct health screenings, manage medications, counsel patients, and help prevent medication-related complications. Across all of these settings, pharmacists play a vital role in **keeping Alaskans healthy and informed**.

This bill builds on that foundation. SB 147 would allow pharmacists to provide a limited set of additional patient care services—including **prescribing and services within the bounds of their education, training, and experience; under the prevailing standard of care; and within the bounds already contained in AS 08.80.337** which outlines when a pharmacist may provide patient care beyond the dispensing of medications. These are services pharmacists are already well-equipped to provide.

This Isn't New— the Federal System Has Led the Way

Pharmacists in the **federal system**—including the Indian Health Service and the Veterans Health Administration—have safely provided these types of patient care services for decades. Since **1979**, federal pharmacists have been practicing at the top of their education and

training. The evidence is clear: **when pharmacists are empowered to act in patient care roles, patient outcomes improve without compromising safety.**

[2:01:26 PM](#)

MS. SEIGNEMARTIN continued with her testimony of SB 147:

I want to address a concern that's often raised—whether pharmacists have the training to provide these services. The answer is unequivocally yes and of important note, SB 147 does not allow pharmacists to do anything outside their scope of competency and requires interdisciplinary engagement while incorporating established models of care.

What's more, **SB 147 uses the standard of care model, a framework used by other licensed providers across disciplines. That means pharmacists would be responsible for practicing only within areas in which they are educated, trained, and experienced—**following evidence-based clinical guidelines and in a manner that is consistent with a reasonable and prudent healthcare provider. If a patient presents with something more complex or outside that scope, pharmacists must refer them to another provider—just like we do today.

This model ensures safety and empowers pharmacists to provide care where they are qualified and able, while maintaining strong safeguards for patients.

We also anticipate that closing the gap between our current education level and what pharmacists are allowed to do in statute will also help fight burnout because pharmacists will be empowered to serve their patients to the fullest extent of their clinical ability.

One of the most important impacts of SB 147 is that it **improves access to safe care.**

Pharmacists are **everywhere**—in small towns, on the road system, off the road system, and in communities where other healthcare providers may not be always available. Pharmacies tend to have **extended hours**, no appointment requirements, and are at times the **only or primary healthcare touchpoint for rural Alaskans.**

Furthermore, **pharmacists practicing in clinics and health systems** can help extend the overall amount of care that can be provided by the healthcare team.

[2:03:19 PM](#)

MS. SEIGNEMARTIN continued with her testimony of SB 147:

When pharmacists are allowed to provide care for minor ailments, preventive services, and chronic disease support, **patients can get care faster, closer to home, and without the delays or travel associated with limited provider availability.** That means fewer people delaying care or turning to the emergency room for non-emergent issues.

What Types of Services Could Be Provided?

Under SB 147, we could potentially see pharmacists providing established models of care, such as:

- **Test and treat for minor illnesses** like strep throat or influenza
- **preventive services** such as smoking cessation support, and pre-exposure medications for HIV prevention
- **Treatment for minor ailments** such as seasonal allergies, pink eye, cold sores or insect bites
- **Working alongside or embedded in healthcare teams** to **manage chronic conditions** like hypertension, asthma, and diabetes—by adjusting medications and monitoring labs
- **Supporting medication assisted therapy for opioid use disorder**
- **And Maximizing efficiency in health systems** by utilizing all members of the care team at the right level of care

These are all evidence-based models that pharmacists in other states— the federal system, and even around the world—are already providing.

What's the Economic Value of Pharmacist-Provided Care?

Allowing pharmacists to do more doesn't just improve access—it also saves money.

An economic evaluation of pharmacist-provided clinical services found that for every **\$1.00 invested, there**

was a return of \$4.81 in healthcare savings—through reduced hospitalizations, fewer complications, and more efficient care delivery.

[2:04:57 PM](#)

MS. SEIGNEMARTIN continued with her testimony of SB 147:

In a recent Washington State study that Senator Giessel referenced, comparing pharmacist care for minor illnesses to traditional care sites showed that pharmacy-based care **cost \$277 less per episode—with no difference in patient outcomes or return visits**. In short: **Better access, lower cost, same quality**. Additionally, **I personally worked on this study and heard firsthand from patients** who were so grateful that they didn't have to take time off work to get care for a minor issue.

This is the kind of smart investment Alaska needs. SB 147 **unlocks the value pharmacists already offer**.

In Conclusion; Mr. Chair and Members of the committee, SB 147 is a practical, evidence-based solution to some of Alaska's biggest healthcare challenges.

I want to emphasize that this bill does not replace other healthcare providers—It **adds capacity** to a strained system by letting pharmacists do more of what they are already trained—and trusted—to do. It leverages existing infrastructure, protects patient safety through standard of care guardrails, and helps address some of Alaska's most urgent healthcare access challenges.

Our Association is deeply committed to improving healthcare access in Alaska, and this legislation is a critical step forward. On behalf of our members and the patients we serve, the Alaska Pharmacy Association respectfully **urges your support of SB 147**.

[2:06:42 PM](#)

JEN ADAMS, Professor, L.S. Skaggs College of Pharmacy, Idaho State University (ISU), Meridian, Idaho, testified by invitation on SB 147. She described Idaho's experience with allowing pharmacists to provide care services, noting initial skepticism that proved unfounded. Over nearly six years, Idaho has seen no safety issues and significant improvements in access to care, especially in rural areas. She said pharmacists now practice at the top of their license, offering services such as flu testing

and treatment for minor conditions, providing convenient and effective care without the need for a doctor's visit.

2:09:26 PM

MS. ADAMS continued with her testimony of SB 147 and read the following:

[Original punctuation provided.]

National accreditation standards for the Doctor of Pharmacy degree require all colleges and schools of pharmacy to train practice-ready graduates who are prepared with the skills to diagnose and prescribe independently and provide patient-care services like those included in Senate Bill 147. This ensures that any Doctor of Pharmacy graduate from any program who may eventually practice in Alaska will have the necessary education, training, and clinical ability to safely provide these services to Alaska's residents - not just those who graduate from ISU/UAA.

Aligning pharmacists' authorized patient care services in Alaska with their education and training is a critical workforce and healthcare access solution. Pharmacists are among the most accessible healthcare providers in the state, particularly in communities with limited physician coverage. Authorizing pharmacists to provide timely, evidence-based patient care services will increase access to healthcare, reduce burden on emergency departments, and improve health outcomes across Alaska.

Our program is committed to graduating practice-ready pharmacists who are prepared to serve their communities at the highest level. Senate Bill 147 is an essential step to ensuring that Alaska's regulatory framework keeps pace with national educational standards, best practices, and the successful models we have seen implemented in other states like Idaho. Thank you for your consideration of our strong support for SB 147. We stand ready to serve as a resource and to continue preparing future pharmacists who will help meet Alaska's healthcare needs.

2:11:47 PM

CHAIR BJORKMAN asked for clarification on the repealer in Section 10, noting it relates to a change in Section 6 and

referencing AS 08.80.337(c), which concerns patient care services under a statewide standing order from the Chief Medical Officer.

[2:12:49 PM](#)

MS. SCHABER answered that the repealer in Section 10, incorrectly cites AS 08.80.337(c). The repealer is needed because Section 6, AS 08.80.37(d) clarifies that patient care services include medical services such as prescribing and administering drugs.

[2:13:41 PM](#)

CHAIR BJORKMAN asked whether Section 5, AS 08.80.337(a) excludes any practitioners from participating in collaborative agreements.

[2:13:59 PM](#)

SENATOR GIESSEL replied that the only thing Section 5 excludes is another fellow pharmacist. She said Ms. Schaber could to elaborate on Section 5.

[2:14:18 PM](#)

MS. SCHABER answered that Senator Giessel was correct; the only restriction is that the collaborating practitioner cannot be a pharmacist but may be any other medical practitioner.

[2:14:50 PM](#)

SENATOR GIESSEL highlighted a study in the materials titled "Expanding Access to Patient Care: Community Pharmacists for Minor Illnesses in Washington State." Led by Brandy Seignemartin, the study found that many emergency department visits were avoidable through pharmacist interventions, resulting in an estimated \$18 billion in annual savings, including \$4 billion for urinary tract infection treatments alone.

[2:15:43 PM](#)

CHAIR BJORKMAN held SB 147 in committee.

[2:15:50 PM](#)

At ease.

SB 117-STATE COMMISSION FOR CIVIL RIGHTS

[2:18:06 PM](#)

CHAIR BJORKMAN reconvened the meeting and announced the consideration of SENATE BILL NO. 117 "An Act renaming the State Commission for Human Rights the Alaska State Commission for

Civil Rights; relating to removal of commissioners of the Alaska State Commission for Civil Rights; relating to reports from the Alaska State Commission for Civil Rights; relating to the definition of 'employer' for the purposes of the Alaska State Commission for Civil Rights; and relating to local civil rights commissions."

2:18:28 PM

JOE HAYES, Staff, Senator Scott Kawasaki, Alaska State Legislature, Juneau, Alaska, presented the sponsor statement and provided the sectional analysis for SB 117. He read the sponsor statement for SB 117:

[Original punctuation provided.]

"An Act renaming the State Commission for Human Rights the Alaska State Commission for Civil Rights; relating to removal of commissioners of the Alaska State Commission for Civil Rights; relating to reports from the Alaska State Commission for Civil Rights; relating to the definition of 'employer' for the purposes of the Alaska State Commission for Civil Rights; and relating to local civil rights commissions."

Senate Bill 117 provides an overhaul of the Alaska State Commission on Human Rights (ASCHR, or Commission) to reflect the work and duties of the 21st century and beyond. The Commission consists of seven commissioners appointed by the governor. Their mandate is to adopt and enforce regulations related to employment discrimination because of physical and mental disabilities. A person aggrieved by an alleged discriminatory practice may file a complaint with the Commission. The Commission may investigate, hold hearings, and potentially order appropriate relief.

However, in current law this protection does not extend to workers at Alaska's many nonprofit organizations. SB117 would change the name of the State Commission for Human Rights to the Alaska State Commission for Civil Rights. SB 117 adds a requirement that the governor can only remove a commissioner for cause.

2:19:40 PM

MR. HAYES continued reading the sponsor statement for SB 117:

Cause could include incompetence, neglect, misconduct, or public or private statements that undermine the commission's work. In current law, a commissioner can be removed for any reason. SB 117 would change the timing and method of the commission's annual report to the legislature. Instead of the week before convening, the report would be due on November 15. The report could be delivered electronically instead of requiring paper copies. SB 117 would add a defense against a discrimination claim if the employer is a religious organization and the employee is hired for a religious purpose and modifies the definition of "employer" in the ASCHR statutes to include these workers.

The new provisions in SB 117 will allow the commission to perform to its highest potential and to fully assist Alaskans from both the private and non-profit sectors. As times change the need for a more robust commission is in demand. SB 117 will give the commission the leeway and latitude to fulfill its mission.

[2:20:56 PM](#)

MR. HAYES read the sectional analysis for SB 117:

[Original punctuation provided.]

Sectional Analysis

"An Act renaming the State Commission for Human Rights the Alaska State Commission for Civil Rights; relating to removal of commissioners of the Alaska State Commission for Civil Rights; relating to reports from the Alaska State Commission for Civil Rights; relating to the definition of 'employer' for the purposes of the Alaska State Commission for Civil Rights; and relating to local civil rights commissions."

[2:20:57 PM](#)

MR. HAYES continued with the sectional analysis for SB 117:

Sec. 1 Changes the name of the Commission to the Alaska State Commission for Civil Rights.

Sec. 2 Adds a new subsection to the statute governing appointments to the commission, stipulating that the governor can only remove a commissioner for cause.

Cause could include incompetence, neglect, misconduct, or public or private statements that undermine the commission's work.

Sec. 3 Changes the timing and method of the commission's annual report to the legislature. Instead of the week before convening, the report would be due on November 15. Also, the report could be delivered electronically instead of requiring paper copies.

Sec. 4 Adds a defense against a discrimination claim if the employer is a religious organization and the employee is hired for a religious purpose.

Sec. 5 Conforming language to the change in Sec. 1, allowing municipal civil rights commissions.

Sec. 6 Conforming language to the change in Sec. 1, in the definition of "commission" in the enabling statutes.

Sec. 7 Changes the definition of "employer" in the commission's enabling statutes to include all employers except for nonprofit social and fraternal organizations. The change broadens coverage to employees of other nonprofit employers.

Sec. 8 Conforming language to the change in Sec. 1, describing the role of the executive director.

Sec. 9 Conforming language to the change in Sec. 1, describing referrals from the Select Committee on Legislative Ethics to the commission.

Sec. 10 Conforming language to the change in Sec. 1, regarding the list of public officials required to make financial disclosures.

Sec. 11 Conforming language to the change in Sec. 1, regarding applicability of the Administrative Procedures Act.

[2:23:12 PM](#)

SENATOR GRAY-JACKSON asked whether the mandate addressing employment discrimination based on physical and mental disability also includes race and age.

[2:23:31 PM](#)

MR. HAYES replied that he believes it does.

[2:23:50 PM](#)

SENATOR DUNBAR asked about Section 4, AS 18.80.220(e)(1), noting it appears broader than the traditional ministerial exception. He expressed concern that, as written, it could allow religious organizations to discriminate in any position regardless of religious purpose, unlike prior practice or the narrower scope established by the U.S. Supreme Court.

[2:26:05 PM](#)

MR. HAYES answered that he didn't know, however Executive Director Corbisier could answer the question.

[2:26:23 PM](#)

MR. HAYES moved to slide 2 and read the following:

[Original punctuation provided.]

Alaska State Commission on Human Rights

- State agency that enforces the Alaska civil rights law in AS 18.80
- Seven commissioners appointed by the Governor and confirmed by the Legislature
- Small staff and office in Anchorage
- Statewide powers to accept and investigate complaints from individuals across all regions of the state

Mission Statement:

To eliminate and prevent discrimination for all Alaskans

In Alaska, it is illegal to discriminate in:

- Employment
- Places of Public Accommodation
- Sale or Rental of Real Property
- Financing and Credit
- Practices by the State or its Political Subdivisions

Because of:

- Race
- Color
- Religion
- Sex
- National Origin
- Disability

[2:27:02 PM](#)

MR. HAYES moved to slide 3 and read the following:

[Original punctuation provided.]

Background: Current Jurisdiction

- U.S. Equal Employment Opportunity Commission (EEOC) protects non-profit employees from discrimination if the employer has at least 15 employees
- Municipal commissions, like the Anchorage Equal Rights Commission (AERC) and the Juneau Human Rights Commission (JHRC), cover non-profit employees in those communities
- The State commission has no jurisdiction to accept or pursue discrimination cases brought to them by non-profit employees

(This is due to language in the definition of "employer" in the ASHRC statutes, AS 18.80.300(5))

[2:27:47 PM](#)

MR. HAYES moved to slide 4, a bar graph on nonprofit workforce and coverage. He stated that Alaska has 5,600 nonprofits employing about 35,000 people, roughly 12 percent of the state's workforce, none of whom are covered under the Alaska Non-Discrimination Employment Statute.

[2:28:09 PM](#)

MR. HAYES moved to slide 5 and read the following:

[Original punctuation provided.]

ASCHR: Annual Report

For at least the past five years, the Alaska State Commission for Human Rights (ASCHR) has stated that one of their main legislative priorities is to:

"Work with the State Legislature to add non-profits to ASCHR's jurisdiction in an effort to include protections for 44,000 currently unprotected workers"

[2:28:34 PM](#)

MR. HAYES moved to slide 6 and read the following:

[Original punctuation provided.]

What does the bill do?

1. Changes definition of "employer" to include non-profit organizations
 - The change in HB23 only applies to the State Commission for Human Rights [AS 18.80.300(5)]
 - Retains exceptions for social and fraternal organizations, and employees of religious organizations hired for a religious purpose
2. Change name of the commission to the Alaska State Commission for Civil Rights
3. New statute saying that the governor can only remove a commissioner for cause (incompetence, neglect, misconduct, etc.)
4. Change the timing of their annual report to November 15, and allow for it to be provided electronically

[2:29:34 PM](#)

SENATOR YUNDT asked if he heard correctly that 12 percent of all jobs in Alaska are direct employment of a non-profit.

[2:29:44 PM](#)

MR. HAYES answered yes.

[CHAIR BJORKMAN announced invited testimony on SB 117.]

[2:30:21 PM](#)

ROBERT CORBISIER, Executive Director, Alaska State Commission for Human Rights, Anchorage, Alaska, testified by invitation on SB 117. He said this applies to all protected classes and does not change protections in any of the five jurisdictional areas.

[2:30:47 PM](#)

SENATOR GRAY-JACKSON asked if the physical attributes are broken down in statute to specify race and age.

[2:31:10 PM](#)

MR. CORBISIER answered that the statute specifies physical and mental disabilities and cites existing laws where these protected classes apply.

[2:31:21 PM](#)

SENATOR GRAY-JACKSON asked whether state statutes break down categories like the slide or simply list "physical" disability.

[2:31:45 PM](#)

MR. CORBISIER replied that in statute it says physical or mental disability.

[2:31:51 PM](#)

SENATOR GRAY-JACKSON suggested that the statute should be broken down to list all types of attributes.

[2:32:12 PM](#)

MR. CORBISIER explained that he drafted the language to address Representative Josephson's past concern that a church janitor should be able to file a discrimination claim. SB 117 clarifies that only positions involving ecclesiastical services qualify for exemption, determined by reviewing job descriptions used in investigations.

[2:33:33 PM](#)

SENATOR DUNBAR referenced the Hosanna-Tabor (2012) and Our Lady of Guadalupe (2020) Supreme Court cases, which expanded the ministerial exception to teachers performing some religious duties. He noted concern that these rulings allow religious institutions to bypass discrimination laws, even for non-religious roles. He used Providence Hospital as an example of a religious nonprofit managed by a Catholic order of nuns. He emphasized that Alaska's language should ensure the ecclesiastical exception is narrowly applied to genuine religious work and not so broad that it removes protections for employees of religiously affiliated but non-religious nonprofits.

[2:36:42 PM](#)

MR. CORBISIER agreed that organizations like soup kitchens with a general religious mission, but no church affiliation, should not be allowed to discriminate. He noted that while Providence is a large religious nonprofit, only roles explicitly involving

religious duties, such as chapel staff, should qualify for a religious exemption, not positions like physicians.

[2:37:47 PM](#)

SENATOR DUNBAR answered that he agrees.

[2:37:54 PM](#)

CHAIR BJORKMAN asked whether churches should be allowed to consider a job applicant's faith when hiring, noting that many in the public might find restricting that ability unacceptable.

[2:39:01 PM](#)

MR. CORBISIER replied that the First Amendment and U.S. Supreme Court precedents must be respected. He said the ministerial exemption was written narrowly to protect legitimate religious roles while ensuring broader employee protections. He shared examples, such as church singers and teachers in parochial schools, where faith-based hiring is permissible due to the positions' ecclesiastical nature.

[2:40:57 PM](#)

SENATOR DUNBAR noted that most related court cases involve discrimination based on disability or age claims, not religion. He explained that while it's settled law that churches may hire based on religion for ministerial roles, the more complex issue is whether religious employers can discriminate based on race or disability, areas typically protected under other laws like the Americans with Disability Act (ADA).

[2:42:46 PM](#)

CHAIR BJORKMAN held SB 117 in committee.

[2:42:52 PM](#)

At ease.

SB 159-TRAINING & EMPLOYMENT PROG: CONTRIBUTIONS

[2:43:59 PM](#)

CHAIR BJORKMAN reconvened the meeting and announced the consideration of SENATE BILL NO. 159 "An Act increasing contributions to the Department of Labor and Workforce Development for the State Training and Employment Program."

[2:44:20 PM](#)

LAURA ACHEE, Staff, Senator Jesse Bjorkman, Alaska State Legislature, Juneau, Alaska, presented a summary on SB 159 and read the following:

[Original punctuation provided.]

Senate Bill 159 was introduced at the request of the Alaska Department of Labor to better address the need for workforce development programs in Alaska.

The bill would redirect a portion of the taxes that Alaska workers already pay into the state's unemployment trust fund to funding for technical and vocational education.

Alaska workers would not see any change in the taxes they pay, and the unemployment insurance trust fund is more than healthy enough to withstand lowering the inflow of revenue.

[2:45:28 PM](#)

PALOMA HARBOUR, Director, Division of Employment and Training Services, Department of Labor and Workforce Development (DOLWD), Anchorage, Alaska, testified by invitation on SB 159 and read the following:

[Original punctuation provided.]

SB 159 would double the State Training and Employment Program, or STEP, funding available to support eligible training grants to prepare Alaskans for high-demand high-wage occupations and help meet the need for a trained Alaskan workforce.

In the current fiscal year, FY 2025 grant cycle, the Alaska Workforce Investment Board (AWIB) received a total of \$11 million in STEP applications and was only able to award \$7.1 million. In addition, AWIB has seen in applications that costs are going up across the board for grantees, which means STEP dollars are not going as far as they used to. With so many responsive and important projects across the state, the FY2025 funding cycle resulted in some tough decisions and no applicant receiving the full amount of funding requested.

[2:46:50 PM](#)

MS. HARBOUR continued with her testimony of SB 159:

Also, in FY 2025, the Division of Employment and Training Services (DETS) received a one-time State Training and Employment Program appropriation of over \$1.3 million to support direct grants to individuals to assist in the training of Alaskans. With this increased funding we were able to grow STEP enrollments by 75 percent year to date as compared to this same timeframe last year.

With the increased STEP funding proposed in SB 159, DETS could maintain this growth in training of Alaskans.

[2:47:57 PM](#)

CHAIR BJORKMAN held SB 159 in committee.

[2:48:27 PM](#)

There being no further business to come before the committee, Chair Bjorkman adjourned the Senate Labor and Commerce Standing Committee meeting at 2:48 p.m.