

HB

31

1992 LEGISLATIVE SESSION

Revision Date: 01/22/92 Department Affected: Commerce & Economic Development
 Title: An Act relating to applicants for pharmacist BRU: Occupational Licensing
licenses. Component: Administration
 Sponsor: Rep. Koponen
 Requestor: House Rules COMPONENT SERIAL NO.

0	3	5	6
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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	0.0	0.0	0.0	0.0	0.0	0.0
SUPPLIES	0.0	0.0	0.0	0.0	0.0	0.0
EQUIPMENT	0.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS	0.0	0.0	0.0	0.0	0.0	0.0
OTHER	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

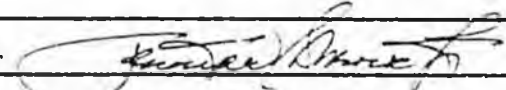
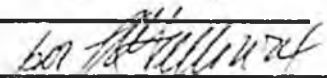
POSITIONS:

FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME	0.0	0.0	0.0	0.0	0.0	0.0
TEMPORARY	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary)

HB 31 amends pharmacy education requirements for licensure to allow foreign pharmacy graduates an opportunity to become licensed. New funds are not required to implement this bill.

Prepared By: Jennifer Strickler  Phone: 465-2144
 Division: Occupational Licensing Date: 01/22/92
 Approved by Commissioner: Glenn A. Olds  Asst. Comm.
 Agency: Department of Commerce & Economic Development Date: 1.22.92

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. HB 31

Revision Date: _____ Department Affected: Commerce & Economic Dev
 Title: An Act relating to applicants BRU: Occupational Licensing
for pharmacist licenses. Component: Administration
 Sponsor: Rep. Koponen
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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
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REVENUE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)
 HB 31 amends pharmacy education requirements for licensure to allow foreign pharmacy graduates an opportunity to become licensed. New funds are not required to implement this bill.

Prepared By: Jennifer Strickler, Administrative Officer Phone: 465-2144
 Division: Occupational Licensing Date: February 1, 1991

Approved by Commissioner: Glenn A. [Signature]
 Agency: Department of Commerce & Economic Development Date: February 1, 1991

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

STATE OF ALASKA
1992 LEGISLATIVE SESSION

FISCAL NOTE

No. 2
Bill Version: CSHB 31 (RLS)
(H) Publish Date: 1/24/92

Revision Date: 01/22/92 Department Affected: Commerce & Economic Development
Title: An Act relating to appl cants for pharmacist licenses. BRU: Occupational Licensing
Sponsor: Rep. Koponen Component: Administration
Requestor: House Rules COMPONENT SERIAL NO.

0	3	5	6
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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	0.0	0.0	0.0	0.0	0.0	0.0
SUPPLIES	0.0	0.0	0.0	0.0	0.0	0.0
EQUIPMENT	0.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS	0.0	0.0	0.0	0.0	0.0	0.0
OTHER	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

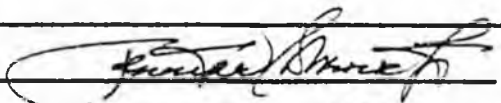
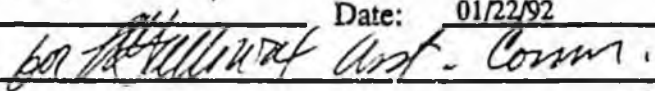
POSITIONS:

FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME	0.0	0.0	0.0	0.0	0.0	0.0
TEMPORARY	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary)

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Alaska State Legislature

SENATOR ARLISS STURGULEWSKI, Chairman
SENATOR PAUL FISCHER, Vice Chairman
SENATOR SAM COTTEN
SENATOR LYMAN HOFFMAN
SENATOR CURT MENARD



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Senate Committee on Health, Education and Social Services

MEMORANDUM

13 March 1992

TO: Members, Senate HESS Committee

FROM: Senator Arliss Sturgulewski *AS*

There have been questions raised about the provision in House Bill 31 (Page 1, line 11) changing the college accrediting organization from the American Association of Colleges of Pharmacy (AACCP) to the American Council on Pharmaceutical Education (ACPE) (or the foreign equivalent). This change was made because the AACCP is not an accrediting organization but a social/fraternal organization.

We have written testimony that this change will require pharmacy license applicants to have six years of education instead of the current five and will exacerbate a current perceived shortage of pharmacists. It has been recommended that the legislation instead allow the Board of Pharmacy to decide which colleges are recognized.

Staff has contacted the American Council on Pharmaceutical Education and information is enclosed that discusses this six year degree proposal which is not expected to be decided upon until the year 2000. In addition, the National Association of Boards of Pharmacy has said that the six-year degree requirement would not apply to anyone who graduated before the year 2000.

It is recommended that the legislation continue to name the American Council on Pharmaceutical Education as the certifying agency. Because of the continuing discussion about the pharmaceutical profession and the regular sunset review of the Board of pharmacy, there will be ample review of changes in the educational requirements of the profession before the year 2000.


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Alaska State Legislature
Representative Niilo Koponen
House District 21

119 N. Cushman, Suite 207
Fairbanks, Alaska 99701
(907) 456-8172

M E M O R A N D U M

TO: Senator Arliss Sturgulewski, Chair
Health, Education and Social Services Committee

FROM: Representative Niilo Koponen 

DATE: January 31, 1992

RE: House Bill 31, "An Act relating to applicants for pharmacist licenses; and providing for an effective date"

Please schedule a hearing for HB 31 at your earliest convenience. Attached are pertinent backup materials; if you require additional information or have any questions, please contact me or Ron Clarke of my staff. Thank you for your consideration.

encl.

cc: Senator Paul Fischer, Vice-Chair
Senator Sam Cotten
Senator Lyman Hoffman
Senator Curt Menard

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SPONSOR STATEMENT

House Bill 31
"An Act relating to applicants for pharmacist licenses"

Foreign-educated doctors, nurses, chiropractors, physical therapists, optometrists and veterinarians may practice in Alaska, provided they successfully complete Alaskan licensing examinations and fulfill all pertinent qualifications. Standard equivalency examinations insure that credentials earned outside of the United States meet American standards of academic and clinical competence.

HB 31 extends the same opportunity to pharmacists trained at non-U.S. institutions. The state would benefit from expanding the universe of trained professionals available to serve the public. At present, Alaskans may qualify for state loans to study pharmacy at non-U.S. institutions, but they may not be licensed when they return to the state. Continued exclusion of these Alaskans from practice is inconsistent with treatment of other health professionals and extends no apparent advantage to other state residents.

Section 2 of the bill is essentially a sunset. Changes made by Section 1 allow licensure of foreign-educated pharmacists. When it takes effect in July 1994, Section 2 returns the statute's licensing requirements to the qualifications presently in place.

The greater principle of licensing competent professionals in Alaska is made clear -- and urgent -- in one specific case. A constituent of mine, educated at the Sorbonne in Paris, cannot work as a pharmacist in Alaska. She and her husband, a highly-valued member of the UAF mathematics faculty, may leave the state if she is unable to secure a professional pharmacist position in Alaska. It would be an unnecessary loss to our citizens if we lost these Alaskans to the Lower 48.

I urge your affirmative vote on HB 31.



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SECTIONAL ANALYSIS

CS FOR HOUSE BILL NO. 31 (RULES)

"An Act relating to applicants for pharmacist licenses;
and providing for an effective date."

Section 1. Replaces the American Association of Colleges of Pharmacy (AAPC), a service organization for U.S. pharmacy schools, with the American Council on Pharmaceutical Education (ACPE), which accredits all U.S. schools of pharmacy, as the agency responsible for recognizing institutions from which Alaska-licensed pharmacists graduate. Allows Alaska licensing of graduates of non-U.S. institutions after applicants pass the Foreign Pharmacy Graduate Equivalency Examination, a standard test employed by a majority of other states.

Section 2. Effectively sunsets licensing of foreign-educated pharmacists; replaces Section 1 with the previous statutory language after July 1, 1994.

Section 3. Changes accreditation authority for Alaskan pregraduate intern pharmacists from AAPC to ACPE.

Section 4. Repeals obsolete definition of "recognized college of pharmacy," since it is redefined in Section 1.

Section 5. Provides an effective date for the Section 2 sunset.

PHARMACIST LICENSING FACTS

The American Council on Pharmaceutical Education (ACPE, established 1932) is the national agency for accreditation of professional degree programs in pharmacy and for approval of providers of continuing pharmaceutical education.

The ACPE presently recognizes 74 accredited professional programs in 43 states, plus the District of Columbia and Puerto Rico.

30 other states, the District of Columbia and Puerto Rico allow foreign-educated pharmacists to sit for state licensing exams if they pass the Foreign Pharmacy Graduate Equivalency Examination administered by the Foreign Pharmacy Graduate Examination Committee (FPGEC).

The FPGEC certificate is awarded only to four-year graduates with Bachelor of Science degrees scoring 550 or higher on the Test of English as a Foreign Language.

Some foreign graduates are allowed to enter accredited U.S. schools of pharmacy as advanced students. After graduation, they qualify to take state examinations.

New York and California allow some candidates to take the state examination after their credentials have been evaluated and approved by the state licensing board.

ALASKA FACTS

All pharmacists must be licensed in Alaska. Operators of pharmacy businesses must also have a license to dispense drugs and controlled substances. Applicants must be graduates of a college of pharmacy and complete at least 1,500 hours as an intern.

Application fee: \$30.00
Examination fee: \$150.00
License fee: \$180.00
Biennial renewal: \$180.00

ALASKA EMPLOYMENT

(Statistics from the Alaska Department of Labor)

Employment in 1989: 188; in 1990: 193; in 1994: 209 (predicted)

Average Annual Job Openings, 1989-1994

Due to Growth: 4; Due to Separations: 5; Total: 9

Current license holders: 489

HB31 Miscellaneous Notes

Alaska licenses the following professionals who were educated at non-U.S. institutions:

Physicians
Nurses
Optometrists
Chiropractors
Physical Therapists
Veterinarians

On 4/25/91, the chairman of the Board of Pharmacy told me (RGC) that he had five vacancies for pharmacists in his company (Carr's) alone.

This is not a one-constituent bill. One constituent brought to light the broader issue -- a statewide shortage of pharmacists, and an inability for Alaskans educated at non-U.S. institutions to work in Alaska.


Alaska State Legislature
Representative Niilo Koponen

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M E M O R A N D U M

TO: Representative Mark Hanley
FROM: Representative Niilo Koponen 
DATE: January 28, 1992

RE: HB 31, "An Act relating to applicants for pharmacist licenses"

Today, my staff spoke with Ms. Lynn Moen of the Executive Director's office at the American Council on Pharmaceutical Education (ACPE) to determine the semantic weight of the term "recognition" in regard to pharmacy schools. The ACPE's 1991 Annual Directory states:

"Annually, the ACPE publishes this Directory of Accredited Professional Programs of Colleges and Schools of Pharmacy which presents the accreditation status of the professional programs as well as the academic year of the most recent review, and the academic year for the next currently scheduled review or reconsideration of accreditation.Recognition [emphasis added] of the baccalaureate pharmacy or the doctor of pharmacy program in the Annual Directory of Accredited Professional Programs of Colleges and Schools of Pharmacy denotes overall compliance with the respective standards of the degree program."

I believe that HB 31's use of "recognition" in this sense precludes misinterpretation. I cannot think of an instance where this language would not provide sufficient protection from unintended admittance to Alaska practice by graduates of "substandard" pharmacy schools.

If you have further questions, please let me know.

encl.

cc: Jerry Luckhaupt


Alaska State Legislature
Representative Niilo Koponen

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M E M O R A N D U M

TO: House Labor and Commerce Committee Members
FROM: Representative Niilo Koponen 
DATE: April 30, 1991
RE: House Bill 31, "An Act relating to applicants for pharmacist licenses"

At the first committee hearing of the HB 31, confusion arose as to the appropriate body to recognize an Alaskan pharmacist's credentials. Here's a quick summary of the players:

- American Council on Pharmaceutical Education (ACPE): accredits all U.S. schools of pharmacy.

- National Association of Boards of Pharmacy Foundation (NABPF): examines and certifies foreign-educated pharmacists, through administration of the Foreign Pharmacy Graduate Equivalency Examination (FPGEE). Successful applicants receive a certificate from the Foreign Pharmacy Graduate Equivalency Committee (FPGEC).

- American Association of Colleges of Pharmacy (AACP): service organization for U.S. schools of pharmacy; publishes regular newsletter, etc.

Today, my staff spoke with Ms. Susan Meyer, Academic Affairs Director for the AACP. She stated unequivocally that the ACPE, not the AACP, was the appropriate body to recognize, certify or accredit U.S.-trained pharmacists, and that the NABPF/FPGEC was the appropriate body to perform the same function for foreign-educated pharmacists. She said the AACP was mostly a fraternal, "industry"-oriented group, not one concerned with professional licensing.

Therefore, the bill should stand as written, with the ACPE listed as the accrediting body.

Finally, the addition of the word "intern" to Sec. 2, Line 1, AS 08.80.116(b) is reasonable. I would accept this change in a CS for this bill.

HB 31: An Act relating to applicants for pharmacist licenses.

The Department of Commerce and Economic Development supports passage of HB 31.

The proposed legislation will address a problem of longstanding for the Board of Pharmacy (hereinafter "board") within the Division of Occupational Licensing (hereinafter "division"). Presently, the board has no provision for licensure of pharmacy graduates educated in institutions not recognized by the American Council on Pharmaceutical Education (ACPE) and located outside the United States and its territories (hereinafter "foreign graduates").

The bill amends the qualifications for pharmacy registration to recognize applicants who have received their bachelor of science degree in pharmacy or an equivalent degree from outside of the United States and its territories. Currently, when foreign graduates apply for licensure, regardless of their qualifications, the board must deny licensure.

Nationally, the National Association of Boards of Pharmacy (NABP) Foundation has responded to this problem by developing course review procedures geared towards determining whether the bachelor of science degree in pharmacy attained by a foreign graduate is substantially equivalent to the degree and learning attained by a graduate of an ACPE accredited school in the United States.

The foreign graduate who possesses an NABP Foreign Pharmacy Graduate Equivalency Committee certificate is considered equivalently educated and is, therefore, eligible for licensure (assuming compliance with other admission criteria) in any state throughout the country. HB 31 will allow foreign-trained pharmacy graduates who possess an NABP Foreign Pharmacy Graduate Equivalency Committee certificate the opportunity to become licensed in Alaska.

There exists nationwide a significant shortage of pharmacists and an acute shortage in Alaska. This legislation will enable the state to admit qualified foreign graduates and, potentially improve our ability to meet our employment needs in this area.

Therefore, the department urges passage of HB 31.



Glenn A. Olds, Commissioner

Date: February 1, 1991

MEMORANDUM

State of Alaska

TO Members of the House Labor & Commerce DATE April 26, 1991
Rep. David Finklestein, Chairman

FILE NO

TELEPHONE NO 465-2534

Ann B.
FROM Ann Boudreaux SUBJECT HB 31

This memo is a follow-up to my testimony on April 25, 1991.

Today, I received a memo from the licensing examiner who took minutes at the April 16-17 Pharmacy Board meeting held in Juneau. Quoting from that memo in regard to HB 31:

Sec. 1, AS 08.80.110(3) [American Council on Pharmaceutical Education] American Association of Colleges of Pharmacy.

Sec. 2, Line 1, AS 08.80.116(b) An applicant for license as a pregraduate intern pharmacist....

Sec. 2, AS 08.80.116(b) ...and must be enrolled in a pharmacy school recognized by [American Council on Pharmaceutical Education] American Association of Colleges of Pharmacy.

The Pharmacy Board wanted to keep the Association because the Council advocates a 6-year degree (doctor of pharmacy) and this would mean many of our applicants would not qualify as they have only the 5-year degree (registered pharmacist) that has been standard up to now.

Most states apparently have a 5-year standard. California has gone to 6-years.

One suggestion might be to have an or clause so that foreign students could have their education rated by the Council, but an American student who qualified under Association standards would not have an undue burden.

The Pharmacy Board, by a split vote, passed a resolution favoring the licensing of foreign-trained pharmacists at their meeting on November 1, 1990, in Anchorage.

By the way, the insertion of the word "intern" is to correct a typographical error in the original statute which was carried over in this bill. There is no pregraduate pharmacist; there is a pregraduate intern pharmacist and a postgraduate intern pharmacist.

es



PAY 'n SAVE DRUG STORES, INCORPORATED

4045 Delridge Way S.W. • P.O. Box 47255 • (206) 938-6500
SEATTLE, WASHINGTON 98146-7255

February 4, 1992

Senator Arliss Sturgulewski, Chairman
Health, Education and Social Services Committee
Alaska State Senate
P.O. Box V
Juneau, Alaska 99811

Re: H.B. 31 - Pharmacy Applicant Qualifications

Dear Madam Chairman:

I am writing to express Pay'n Save's opposition to H.B. 31. Pay'n Save is one of the largest employers of pharmacists in Alaska. We operate 10 full service pharmacies throughout Alaska, and employ 23 full-time and 5 part-time pharmacists.

We oppose H.B. 31 for a simple reason: it will make it more difficult to recruit pharmacists to Alaska, because it reduces the number of eligible pharmacists eligible to practice pharmacy in Alaska, for no discernible reason.

H.B. 31 reduces the number of pharmacists in two ways. First, it requires graduation from an ACPE member school, which is a more restrictive standard than present practice. Students who attend a school outside the United States, or one within the United States which is not an ACPE member, will not be eligible to practice pharmacy in Alaska.

In other states such as Washington in which the Board of Pharmacy determines eligibility to practice, the Board devises specific tests, including internships, for "non-accredited" applicants, to test their ability to practice pharmacy. In Washington and other states, then, the qualifications are thus more tailored to the individual and promote the admission of pharmacists rather than restrict admission.

Second, ACPE supports a six-year education program for pharmacists, which we and most other pharmacy chains believe is absolutely unnecessary. Enclosed are materials from NACDS, the national organization representing chain drug stores. The NACDS information indicates clearly that there is no need to substitute the six-year program for the current five-year program.

Senator Arliss Sturgulewski, Chairman
February 4, 1992
Page Two

The six-year program will increase the costs of a pharmacy education without significantly benefiting the pharmacist, the pharmacist's employer, or the pharmacist's patients. ACPE's strong stance in favor of this requirement is simply an artificial, unnecessary limitation on admission to practice, without any commensurate benefit.

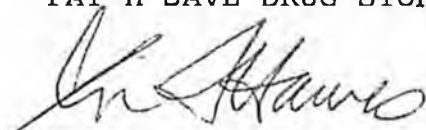
Recruiting and hiring pharmacists to work in Alaska is difficult as it is. Using ACPE as the reference for determining ability to practice in Alaska will make this situation worse, for no good reason.

H.B. 31 should not be passed out of committee. If it is, it should be amended to ensure that the qualifications for admission to pharmacy practice are established by the Alaska State Board of Pharmacy.

If you need more information from Pay'n Save, please contact me at the address above or call me at (206) 938-6474. Jerry Reinwand has been working with us on this matter and can also provide more information.

Yours very truly,

PAY'n SAVE DRUG STORES, INCORPORATED



Kinne F. Hawes
Senior Vice President
and General Counsel

KFH:kls
Enclosures (as stated)

cc: Jerry Reinwand
Rick Dortch
John Banks
Don McCumby
Stan Thompson

FACT SHEETS

On The

Pharmacy Education Debate

THE PHARMACY EDUCATION DEBATE

Pharmacists are currently prepared for professional practice through one of two academic programs. More than 85% of students receive a Bachelor of Science in Pharmacy degree after five years of college study. The remaining 15% of students receive a Doctor of Pharmacy (Pharm.D.) after six years of college study, with the last year focused on clinical training. Both the five and six year programs are referred to by the academic community as entry-level, undergraduate, professional degrees. The professional doctoral degree (Pharm.D.) can also be obtained through a two-year post-baccalaureate program. This latter program is considered an advanced graduate level education.

The American Council on Pharmaceutical Education (ACPE), the body responsible for accrediting pharmacy education programs, released its Declaration of Intent (9/89) to focus exclusively "upon a doctor of pharmacy program as the only professional degree program evaluated and accredited." ACPE is proposing that educational standards be revised and the baccalaureate and doctoral programs of pharmacy be merged into a doctoral degree program.

In 1990, the National Association of Chain Drug Stores commissioned two independent studies on aspects of the education issue, and has offered the results to the pharmacy community to assist in consideration of this important issue.

"An Assessment of Future Educational Needs for Community Pharmacists," conducted by SRI International, examines the future role of community pharmacy practitioners, their future educational needs, and manpower implications of education policies.

"A Gallup Survey of Pharmacy School Faculty," by The Gallup Organization, polled full-time pharmacy school faculty to assess their view of the pharmacy education degree issue.

An exclusive Pharm.D. program is not supportable (see Fact Sheet #1) and would:

- Inappropriately educate the majority of pharmacists (Fact Sheet #2);
- Waste millions of taxpayers' and students' dollars on an educational program with no proven benefits (Fact Sheet #3);
- Close the door on a profession that has become increasingly attractive to women and minorities as well as education costs, thereby hitting low-income students hardest (Fact Sheet #4);
- Reduce consumer access to pharmacy services (Fact Sheet #5);
- Severely exacerbate the current shortage of pharmacists (Fact Sheet #6); and
- Disregard the views of the majority of the pharmacy practitioners, educators, and employers (Fact Sheet #7).

Based upon the results of the studies, NACDS continues to support the five-year degree program as the most appropriate and responsible education for the majority of pharmacy practitioners.

EXCLUSIVE PHARM.D. EDUCATION NOT SUPPORTABLE

The critical question is whether the increased costs of educating a pharmacist would be followed by increased benefits in serving a patient.

Known and Proven Costs...

- The SRI study documents the high costs of an exclusive Pharm.D. education program to the taxpayer, student, and consumer.
- Individual educators and institutions have documented the costs of exclusive Pharm.D. programs to be four times that of a 5-year education.
- Pharm.D. education requires substantially greater investment in clinical faculty and clinical facilities and is therefore more expensive per student. Conversion to a Pharm.D. system of education therefore requires a substantial increase in budget, or a substantial reduction in enrollment.

...Unknown and Unproven Benefit

- In 1984, the Task Force on Pharmaceutical Education of the American Pharmaceutical Association concluded that if the profession moves to exclusive Pharm.D. education, "it should be based on sound, supportable reasons." The Task Force called for a study to document the comparative utility and effectiveness of the 5-year B.S. and 6-year Pharm.D. degree pharmacists in practice, with special attention to community pharmacy.
- SRI reported that there is strong evidence that pharmacists with B.S. degrees and those with Pharm.D. degrees perform equally well in community practice. They did not find any studies to the contrary.
- No data exist to show the cost effectiveness of an exclusive Pharm.D. program.
- No data exist to show that an exclusive Pharm.D. program is different from the baccalaureate program...except in length and cost of education.
- No data exist to show effective pharmaceutical services in the future will require all generalist pharmacists to be educated at the doctoral level.
- No data exist to support a policy of exclusive Pharm.D. education.

Chain Pharmacy's Perspective

An exclusive Pharm.D. education for generalist pharmacists has known and proven costs with unknown and unproven benefits. Proponents of an exclusive Pharm.D. education have yet to objectively study the cost-benefit implications of their position. The SRI study concludes that a 5-year program should be the standard for generalist pharmacy practitioners. Chain pharmacy agrees.

ONE DEGREE CANNOT FIT ALL

The many different practice settings available to tomorrow's pharmacists will provide varied opportunities for professional growth. Considerable evolution has occurred in pharmacists' professional practice which has caused some of the opportunities in different practice settings to vary to an extent that necessitates the differentiation of pharmacists' education. A single doctoral-level degree that seeks to be "all things to all people" would not appropriately meet the needs of either a pharmacy generalist or an advanced practitioner.

Generalists First, Advanced Education as Needed Later

- The community setting accounts for 70% of all pharmacy practice opportunities.
- Few advertisements for pharmacist positions list the Pharm.D. degree as a requirement. Those that do, usually seek pharmacists for specialized positions.
- According to the SRI study, the most likely future role for generalist community pharmacists is that of "drug-use counselor" to patients. High-quality educational preparation for that role can be achieved in a 5-year program, the study reports.
- SRI found that very few current Pharm.D. graduates choose to practice in the community. Rather, they choose to enter alternative practice settings, such as hospital, institutional, or long-term care pharmacy.
- The SRI study also found that in community pharmacies, the small minority of pharmacists with Pharm.D. degrees are no better prepared to provide community based services than are pharmacists with baccalaureate degrees.

Five Year Program Should Be Revised For Generalist Practice

- SRI recommended that educators should revise the 5-year professional degree curriculum to better reflect the skills required of a generalist pharmacy practitioner. A 6-year curriculum should not be adopted to avoid the difficult task of curriculum revision.
- A survey of pharmacy faculty members conducted by The Gallup Organization found that nearly two thirds (63%) believe that the preferred degree progression is a 5-year program for general practice followed by a graduate level Pharm.D. degree to prepare pharmacists for practice requiring advanced education.

Chain Pharmacy's Perspective

A single Pharm.D. degree designed to educate pharmacists for every possible career option is unrealistic, impractical, and expensive. A 5-year program with appropriate curricular revisions, is the appropriate education for general practice. Education beyond 5 years should be reserved for pharmacists who wish to pursue opportunities requiring advanced education.

TAXPAYERS AND STUDENTS WILL PICK UP TAB WHEN COST OF PHARMACY EDUCATION QUADRUPLES

. Increased Educational/Faculty Costs

- The extensive clinical training in the last professional year of a 6-year Pharm.D. program requires very low student to faculty ratios.
- The minimum increase in full-time faculty for 100 students in the last professional year of a 6-year Pharm.D. program would be 25 educators.
- The 1,500 additional faculty needed to educate the 6,000 baccalaureate degree candidates in pharmacy for an additional year would cost \$96 million per year in salaries and benefits, or about \$64,000 per educator.

. Increased Cost to Students

- The tuition and living expenses for an additional year of education would cost each student between \$5,000 and \$20,000.
- The loss of one year's pharmacist's salary would cost each student \$40,000-\$60,000.
- The total cost to 6,000 students graduating annually would be between \$300 million and \$360 million in additional tuition and lost wages if they were forced into an exclusive Pharm.D. program.

. Increased Tax and Societal Costs

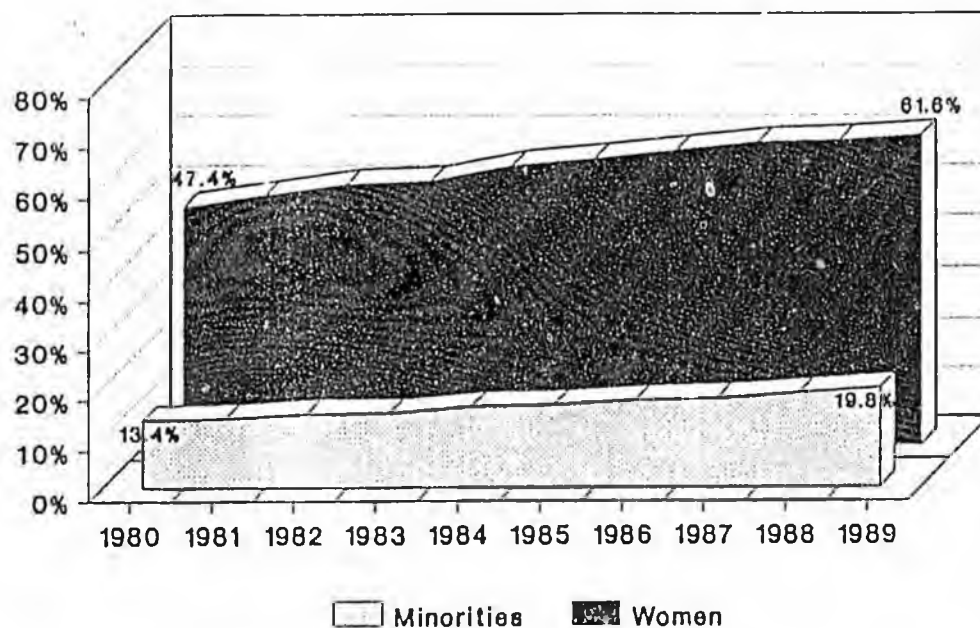
- Implementation of an exclusive 6-year Pharm.D. program would increase its educational costs by 20-40 percent in order to maintain existing class sizes.
- Given the current status of state budgets, it is unlikely that additional funding can be made available to pharmacy schools to support an exclusive Pharm.D. program. States are experiencing budget shortfalls and a number of colleges and universities are having to make mid-year cuts in school budgets.
- The alternative to higher education costs is smaller class sizes. Class sizes would have to be reduced by 25 to 40 percent, according to estimates from the academic community. This would cause the existing pharmacist shortage to become serious by the year 2000, according to SRI.

Chain Pharmacy's Perspective

An exclusive Pharm.D. policy is a costly proposition. It would either cost schools, taxpayers, and students millions of unavailable dollars, or it would cost students an opportunity to become a pharmacist. It would certainly cost pharmacy patients the convenient availability of pharmacists' services.

DOOR WOULD CLOSE TO PROFESSION INCREASINGLY ATTRACTIVE TO WOMEN AND MINORITIES

Women and Minority Pharmacy Students Percent of Total Students



- Pharmacy has become an increasingly popular career option for women. In 1980, women accounted for 47% of all students enrolled in pharmacy degree programs. By 1989, that percentage had increased to almost 62%, and it continues to grow each year.
- Pharmacy has also proved to be a popular career choice for minority students. Black, Hispanic, Indian, and Asian Americans accounted for nearly 20% of total pharmacy school enrollment in 1989.
- At a time when substantial efforts are being made to attract more women and minority students to careers in the health professions, it is illogical to decrease the opportunities available for those students to become pharmacists.

Pharmacy Won't Be Realistic Option For Low Income Students

- Students from low-income families might be prevented from studying pharmacy altogether if a more expensive, longer program is implemented in all schools. Five years of tuition and living expenses, which currently range from \$5,000 to \$20,000 per year, already present a serious burden for many pharmacy students. Scholarship and loan money for university students is increasingly scarce.
- Pharmacy students who are able to receive financial aid graduate with an average debt load of \$13,000. Lengthening the time required to receive a pharmacy degree would substantially increase the debt load of these students.

JEOPARDIZE PATIENT ACCESS TO VITAL HEALTH CARE SERVICES

Pharmacy patients consistently rank convenience and the pharmacist provider as the two most important characteristics of their pharmacy. Today, there is a shortage of pharmacists which would be severely exacerbated if students are forced into an exclusive Pharm.D. program. The pharmacist shortage threatens patient access to pharmacists and pharmacy services.

. Patients Suffer from Pharmacist Shortage

- There will be longer lines and increased waiting times at the prescription department.
- Patients will travel further for pharmacy services.
- Limited store hours, and the disappearance of 24-hour pharmacies will limit convenient and emergency access to prescriptions and pharmacy services.
- Neither technology nor techniques will solve the problems created by a pharmacist shortage.

. Limited Access to Vital Pharmacy Services Means Lower Quality and Higher Cost Health Care

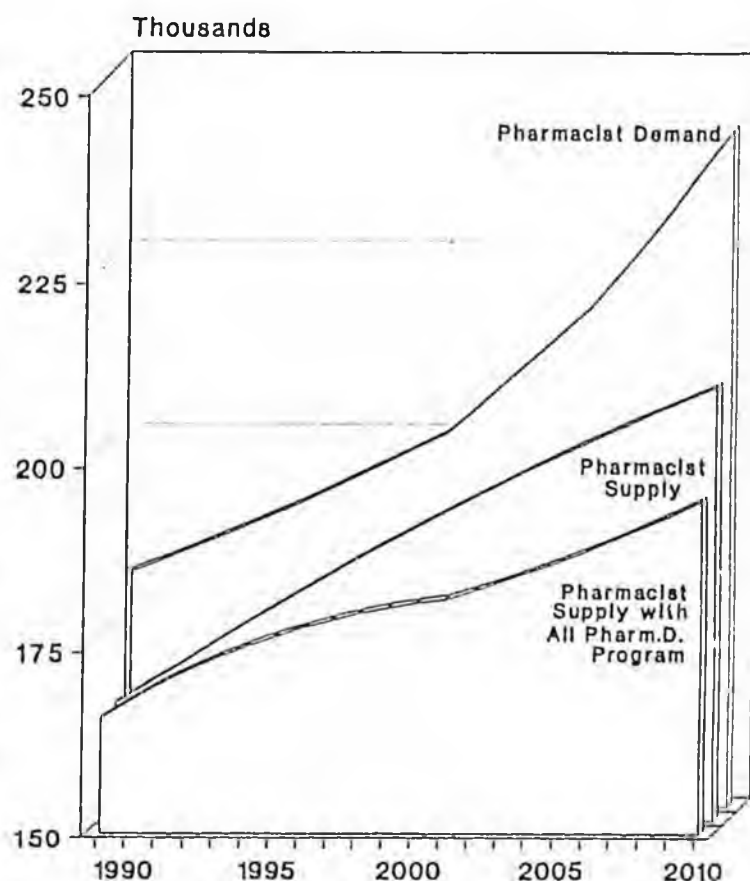
- The National Council on Patient Information and Education (NCPPIE) reports that 25% of hospital and nursing home admissions among the elderly are caused by adverse drug reactions, many of which could be prevented by proper pharmacist screening and counseling. These hospitalizations cost \$21 billion annually.
- Pharmacy patients may be forced to seek pharmacy services from more convenient sources in which there is no opportunity for direct pharmacist-patient interaction, such as dispensing physicians and mail order. This may increase the likelihood of improper medication use.
- Improper use of medications carries other significant costs as well, according to NCPPIE. These include:
 - More frequent hospitalizations and emergency room visits.
 - Otherwise unneeded diagnostic and treatment services.
 - Higher health care expenditures overall.
 - Higher insurance premiums.
 - The wasted cost of unused medicines.
- With revision, the current 5-year curriculum can effectively educate future pharmacists for the ever expanding role of drug use counsellors.

PHARMACIST SHORTAGE WILL BE MOST SEVERE WHEN BABY BOOMERS NEED PHARMACY SERVICES THE MOST

The Pharmacist Shortage is Real...

- There is a current shortage of 15,000 pharmacists nationwide, or about 8.2 percent of the total number of pharmacists needed in all practice settings.
- SRI estimates that even if there is no loss of pharmacy school graduates due to lengthening the time required to become a pharmacist, there will be a shortage of 33,000 pharmacists or 13.7 percent of the total demand for pharmacists by the year 2010.
- If pharmacy schools are forced to move exclusively to a 6 year Pharm.D. degree program, SRI's most conservative estimates predict a serious shortage of pharmacists by the year 2000 (19,000 or 9.5 percent) and a severe shortage by the year 2010 (42,000 or 17.4 percent).

Pharmacy Manpower Imbalance Supply and Demand 1989 - 2010



...and It Will Adversely Affect Patients.

- Patient access to pharmacists and their services will be severely diminished by the pharmacist shortage. Community pharmacies will not be able to continue to offer the convenience of late hours or 24-hour locations, and indeed some pharmacies will close, forcing patients to travel longer distances for pharmacy services.
- The combination of the increased need and demand for pharmacists and the shortage of pharmacists will certainly lead to increased competition among employers in all practice settings for pharmacists. This will lead to increased health care costs to patients.
- SRI contends that the impact of a serious shortage of pharmacists would result in an emphasis on short-term economic considerations (e.g. increasing the number of prescriptions filled per pharmacist) rather than encouraging professional services that improve the quality of health care and have long-term economic benefits.

PHARMACY COMMUNITY OVERWHELMING SUPPORT FOR A 5-YEAR GENERALIST DEGREE

There is broad documented support for the 5-year generalist degree program in pharmacy. The 5-year generalist approach, with an option of pursuing an advanced professional degree is supported by pharmacy practitioners, educators, and employers.

. Pharmacy Practitioner Support

- A statistically valid national survey of 677 community pharmacists conducted by SRI International found that 64 percent disapproved of the exclusive Pharm.D. program and only 30 percent approved of it.

"If curricula are continually revised and updated, then the B.S. degree will continue to serve pharmacists well as the entry-level degree."

-- *Susan Bartlemay, R.Ph., M.S., Allen Pharmacy, Allen, Texas, U.S. Pharmacist, August 1990*

"I would not choose a Pharm.D. degree today if I had to do it all over again. I am currently employed by a large chain and do not attribute my success to my degree but to my experience, perseverance and hard work."

-- *Letter to the Editor, US Pharmacist, November 1990*

"High quality programs at both the Baccalaureate and Doctor of Pharmacy levels are needed to produce pharmacists who can meet the entire spectrum of patients' pharmaceutical needs."

-- *Position Statement of American College of Clinical Pharmacy, February 9, 1991*

. Pharmacy Educator Support

- SRI reported that 59 percent of pharmacy school deans did not favor the movement to an exclusive Pharm.D. program.
- The Gallup Organization survey discovered that 63 percent of full-time pharmacy school faculty feel that the progression from a 5-year generalist degree to an advanced Pharm.D. degree for specialized pharmacy practice is preferred because it will best prepare pharmacists for various practice settings. Only 30 percent did not feel this way.

"I do not understand how people can propose the entry-level Pharm.D. as a strategy to improve the quality of health care, while at the same time acknowledge this will drastically reduce access to prescriptions."

-- *William H. Campbell, Dean, Auburn University School of Pharmacy, Presentation to State University of New York at Buffalo, June 22, 1990*

"During the general discussion held at this retreat it became apparent that realities of societal demand, educational resources required, and differentiated forms of practice were leading faculty to conclude that a uniform, doctoral level plan of study and experience for all entry-level pharmacists was neither academically rational nor cost effective."

-- *The University of Texas College of Pharmacy, January 14, 1991*

PHARMACY COMMUNITY OVERWHELMING SUPPORT FOR A 5-YEAR GENERALIST DEGREE (Con't)

.Pharmacist Employer Support

- Employers of community pharmacists do not see a difference in the performance of employee pharmacists with B.S. degrees and those with Pharm.D. degrees, according to SRI International.
- A survey of nearly 2,000 independent retail pharmacists' showed that over 60% of the pharmacists believed the period of time required to complete the first professional degree should be 5 years. Only 25% felt the initial degree should be 6 years. -- *NARD Newsletter, December 15, 1990*

Chain Pharmacy's Perspective

NACDS and the chain drug store industry strongly support a multiple degree approach to pharmacy education which includes a 5-year generalist degree as the appropriate system for pharmacy education.

CORRESPONDENCE WITH
THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION
(ACPE)

(312) 664-3575

Should be directed to:

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Executive Director
American Council on Pharmaceutical Education
311 West Superior Street
Suite 512
Chicago, IL 60610.

Please send to the attention of Laura J. Weber, Pharmacy Education Secretariat at NACDS, any correspondence to Daniel Nona.

Additionally, you may wish to copy your correspondence to the entire ACPE Board of Directors (list is on back).

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AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION



PROCEDURES AND SCHEDULE FOR THE REVISION OF
ACCREDITATION STANDARDS AND GUIDELINES
(NINTH EDITION)

January 7, 1990



PROCEDURES AND SCHEDULE FOR THE REVISION OF
ACCREDITATION STANDARDS AND GUIDELINES
(For the Ninth Edition)

1990-2000

INTRODUCTION

Since the first accreditation standards were published in 1937, these evaluative criteria have been revised periodically, approximately every six or seven years, in keeping with changes in pharmaceutical education and pharmacy practice. The current standards and associated guidelines (eighth edition) were adopted July 1, 1984, and became effective January 1, 1985. In September 1989, the American Council on Pharmaceutical Education announced its intention to initiate the next revision process.

The ACPE's view of the mission of the pharmacy practitioner and the goals of the pharmacy practitioner's services were presented along with the Council's intention to establish new programmatic accreditation standards that will reflect and respond to the mission set-forth for the pharmacy practitioner. Moreover, it was stated that this new direction may become adopted as soon as the year 2000 (cf. ACPE Declaration of Intent, September 17, 1989, copy appended). This opinion was presented to the pharmacy community and the public with the understanding that full and open discussions would be held in accord with ACPE's published policies and procedures for the revision of accreditation standards. It was indicated that the procedure for hearings and submission of written comments was to be released in 1990.

The first five years of the ten-year revision process will be primarily devoted to the formulation of proposed revisions. This will include broadly-based input regarding competencies and curricular content necessary for a generalist pharmacy practitioner. The second five years provide for open hearings and submission of written comments. The details regarding the procedure for formulation of proposed revisions as well as the schedule for the comment period are as follows:



AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

Procedure and Schedule for the
Revision of Accreditation Standards and Guidelines in the 1990's

- I. Distribution of Agenda for Development and Schedule for Hearings. Timeline: Spring 1990.

- II. Competency and Content Development: Broadly-Based and Participatory Procedures for Development of Proposed Revisions of Standards. Timeline: June 1990-June 1991.
 - A. ACPE extends an invitation to sponsoring organizations as well as to all other professional societies (e.g., JCPP membership) to:
 1. Provide key competencies or other educational outcome characteristics which the organization feels are necessary for a generalist pharmacy practitioner (i.e., community and hospital practice) to meet the societal purpose of pharmacy at present and in the future.
 2. Review and analyze current curricular standards for both professional programs accredited by ACPE (i.e., baccalaureate in pharmacy and doctor of pharmacy). The relative importance and emphasis which should be given to each curricular area to provide for future educational preparedness as a generalist pharmacy practitioner should be assessed. [A standardized format will be provided by ACPE which may be used to assist in this review and analysis.]
 3. Submit suggestions and recommendations for reduced emphasis (or deletions) and increased emphasis (or additions) which are deemed necessary for each professional program (baccalaureate in pharmacy and doctor of pharmacy) to prepare graduates as general practitioners so as to meet the societal purpose of pharmacy at present and the future, as set-forth in A-1 above. The mission of the pharmacy practitioner and the goals of the pharmacy practitioner's services as presented in the ACPE Declaration of Intent, September 18, 1989, may be used as guidance.

Recommendations and suggestions should also be included related to enhancing efficiencies in the educational process involving students as active learners and maturing professionals consistent with

program outcome goals, and emphasis on the development of problem-solving skills.

Note: While comments may be included on the programmatic framework as presented in the ACPE Declaration, the purpose of this analysis is to ascertain opinions for competencies and content.

4. Provide perspectives and recommendations for appropriate educational development of baccalaureate degreed pharmacists already in practice (e.g., non-traditional educational approaches). This input should include appropriate education and training program innovations as well as assessment processes for outcome characteristics and individualized practice patterns of pharmacists.

III. Analysis and Preliminary Formulation of Proposed Revisions of Standards. Timeline: June 1991 - June 1992.

- A. ACPE analyzes responses from the pharmacy community (e.g., frequency of comments, analysis of recommendations, weighing of opinions).
- B. ACPE formulates, as of June 1992, in appropriate accreditation/technical language, proposed revisions of standards in accord with the programmatic framework of a doctor of pharmacy program, as presented in the Declaration of Intent. (This will involve a process of merging program standards.)

IV. Preliminary Review of Proposed Revisions by Professional Societies. Timeline: June 1992 - June 1993.

ACPE appoints an ad hoc Advisory Committee on Standards Revision. The charges to this committee include:

- a) assistance in the continuing development of proposed revisions;
- b) review of and reaction to a doctor of pharmacy programmatic framework;
- c) review of and reaction to curricular and other revised standards as proposed.

Note: The member of the ad hoc committee (approximately 10-12 members) will be appointed on the nomination of sponsoring organizations and other professional and educational societies.

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V. ACPE Reviews Findings and Recommendations of ACPE ad hoc Advisory Committee on Standards Revisions. Timeline: June 1993 - June 1994.

- A. If general approval is noted, ACPE may proceed to hearing stage.
- B. If recommendations are made with regard to changes in content, curricular or other standards, the ACPE may modify, revise or refine, and then proceed to hearing stage.
- C. If the committee expresses broad countervailing sentiment regarding the revisions as proposed, including the doctor of pharmacy programmatic framework, the ACPE would reconsider the programmatic approach.

VI. Comment Period #1 (For Option A and B above). Timeline: June 1994 - June 1995.

Open hearings are to be scheduled at professional organization meetings and written comments are invited over a one-year period.

VII. ACPE Review #1. Timeline: June 1995 - January 1996.

Reactions obtained during the comment period are considered, and the modified standards are readied for subsequent comments. Or, if reconsideration of the programmatic framework is needed, the Council would modify the revision procedure as in V.(C.) above.

VIII. Comment Period #2. Timeline: January 1996 - January 1997.

Open hearings are scheduled at professional organization meetings and written comments are invited over a one-year period.

IX. ACPE Review #2. Timeline: January 1997 - June 1997.

- A. Reactions to Comment Period #2 are considered; modifications are made where indicated.
- B. Standards adopted - June 1997.
- C. Effective date to be established based upon resource development, etc., perhaps as soon as July 1, 2000.

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Note: If the proposed revision of standards is to be reconsidered as of June 1994 (cf. V.(C.) above), based upon countervailing sentiment expressed by the ad hoc Advisory Committee on Standards Revision, or subsequent to the scheduled comment periods, the information gathered to date may be utilized for purposes of standards revisions within the current programmatic framework (e.g., baccalaureate in pharmacy and doctor of pharmacy program). A revision process would need to be rescheduled but should be completed within an additional two years.

The Board of Directors of the American Council on Pharmaceutical Education, January 7, 1990.

Ellen E. Chaffee
Robert K. Chalmers
Jack L. Coffey
Jack R. Cole
Leonard J. DeMino
Harold N. Godwin
Michael E. Hart, Jr.
William J. Kinnard, Jr.
Evelyn D. Timmons
John H. Vandel



THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

311 West Superior Street • Chicago, Illinois 60610 • 312/664-3575 • FAX 312/664-4652

**Declaration of Intent: Revision of Accreditation Standards
in 1990's in Keeping with Changes in Pharmacy Practice
and Pharmaceutical Education**

The American Council on Pharmaceutical Education recognizes the changes occurring and contemplated in health care and acknowledges that the societal purpose of pharmacy dictates that it be a patient-centered practice. Hence, it is the view of ACPE that the mission of the pharmacy practitioner is to assume responsibility for providing pharmaceutical services that ensure rational drug use in the individualized care of patients.

The goals of the pharmacy practitioner's services are:

- 1) to provide drug therapy that is appropriate, safe, efficacious and cost effective;
- 2) to educate and motivate patients to assume an appropriate and active role in self-care and the management of their drug therapy as related to their particular medical conditions; and
- 3) to effect the appropriate distribution of medication to patients.

The ACPE intends to establish new programmatic accreditation standards that reflect and respond to the above mission set-forth for the pharmacy practitioner. Based upon the Council's analysis and assessment of current practice developments, future practice challenges and the corresponding educational preparedness needed, the Council foresees the time when the accreditation standards will focus upon a doctor of pharmacy program as the only professional degree program evaluated and accredited. This new direction may become adopted as soon as the year 2000.

The ACPE presents this opinion to the pharmacy community and the public. Full and open discussions are intended, including hearings and written comments regarding revision of curricular and other standards. The procedure for hearings and submission of written comments will be released in 1990.

Developed and unanimously approved by the Board of Directors of the American Council on Pharmaceutical Education, September 17, 1989.

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North Dakota State Board of Higher Education

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* Succeeded Leonard J. DeMino, Vice President of Pharmacy, National Association of Chain Drug Stores, whose term of office ended July 1, 1990.

** Succeeded Robert K. Chalmers, Head, Department of Pharmacy Practice, Purdue University School of Pharmacy and Pharmacal Sciences, whose term of office ended July 1, 1990.



Official Business

Alaska State Legislature

House of Representatives

Committee on Rules

P.O. Box V
Juneau, Alaska 99811

Phone:
(907) 465-3764
465-3765

HB 31 APPLICANTS FOR PHARMACIST LICENSING

"An Act relating to applicants for pharmacist licenses."

SPONSOR: REPRESENTATIVE KOPONEN

HB 31 Bill History

01/12/91	24	(H)	PREFILE RELEASED
01/21/91	24	(H)	READ THE FIRST TIME - REFERRAL(S)
01/21/91	24	(H)	L&C, HES
05/03/91	1115	(H)	L&C RPT 1DP 4NR
05/03/91	1115	(H)	DP-FINKELSTEIN
05/03/91	1115	(H)	NR:TAYLOR,BRUCKMAN,IVAN,PARNELL
05/03/91	1115	(H)	-ZERO FISCAL NOTE (DCED) 5/3/91
05/13/91	1300	(H)	HES RPT 4DP 2NR
05/13/91	1300	(H)	DP-LINCOLN,CARNEY,C.DAVIS,B.DAVIS
05/13/91	1300	(H)	NR-HANLEY,GONZALES
05/13/91	1300	(H)	-PREV ZERO FN (DCED) 5/3/91
05/13/91	1300	(H)	REFERRED TO RULES
01/24/92		(H)	RLS RPT CS(RLS) NEW TITLE* 7DP
01/24/92		(H)	(DP: ELLIS,GRUSSENDORF,DAVIDSON,
01/24/92		(H)	GRUENBERG,TAYLOR,MARTIN,DONLEY)
01/24/92		(H)	-ZERO FISCAL NOTE (DCED) 1/24/92
01/24/92		(H)	REFERRED TO RLS

* CS HB 31 (RLS) Attached

HB 31 - House Labor & Commerce Committee Minutes April 25, 1991

Chair Finkelstein opened discussion on HB 31.

Number 122

REPRESENTATIVE NILO KOPONEN, prime sponsor of HB 31, testified. He explained the bill, noting that he had introduced it before. By allowing pharmacists who had received their training outside the U.S. to be licensed in Alaska, HB 31 would bring the practice of pharmacy into line with other health professions, and bring Alaska into line with a majority of other states.

Number 173

Rep. Parnell asked Rep. Koponen why the bill was changing the national organization it referred to, and if the two organizations were competitive at all.

Rep. Koponen stated that they served different purposes, and both backed the idea.
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Number 173

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Rep. Koponen stated that they served different purposes, and both backed the idea.

Number 200

Ms. Boudreaux testified, stating the Department of Commerce and Economic Development (DCED) supported HB 31. She noted that the practice of allowing foreign education equivalents wasn't unusual, and that in Alaska, where a shortage of pharmacists existed, it was important to not narrow the scope of qualified applicants.

Number 218

Rep. Donley asked if the DCED had spoken with pharmacists concerning HB 31.

Ms. Boudreaux stated that the position paper on HB 31 was developed before she was hired, and she didn't know if they had been consulted.

Rep. Donley noted that several pharmacists had spoken to him with concerns about the proposed laws contained in HB 31.

Ms. Boudreaux stated that she would try to find out what their concerns were and get back to the committee. She also suggested that perhaps the requirement that the pharmacists be fluent in English had assuaged the Anchorage pharmacists concerns.

Number 264

Rep. Bruckman stated that she, too, had spoken with pharmacists and concerns had arisen. She asked Ms. Boudreaux if it would be appropriate to ask the DCED to write to the affected individuals to solicit comments.

Ms. Boudreaux stated that it wasn't the focus of the Division, and that, as professionals, pharmacists had organizational frameworks through which concerns could be expressed.

Number 294

Rep. Koponen stated that pharmacists had supported HB 31 in the past and they knew it had been introduced that session. He also noted that under current law, an Alaskan, who had gone to school in overseas to become a pharmacist, couldn't come back to Alaska and practice as a licensed pharmacist.

Rep. Bruckman asked Rep. Koponen how many states had laws similar to the ones proposed.

Rep. Koponen stated that a majority of them did.

Rep. Donley noted that those who had expressed support for HB 31 in the past weren't "rank and file" pharmacists, but managers.

Chair Finkelstein held HB 31 until Tuesday April 30.

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Chair Finkelstein opened discussion on HB 31.

Number 606

Rep. Bruckman moved HB 31 pass from committee with individual recommendations.

Chair Finkelstein asked if there was any objection to moving HB 31 from committee with individual recommendations. There being none, HB 31 passed from committee with individual recommendations.

HB 31 - House HESS Committee Minutes May 13, 1991

REP. NIILLO KOPONEN, Prime Sponsor of HB 31, joined the Committee. Rep. Koponen stated that current law went back to Territorial days, and HB 31 would correct certain inequities in those laws.

(At this point the tape recorder stopped functioning, and

the remainder of the meeting, approximately five minutes, is unrecorded; however shorthand notes are available in the Hess Committee Room, Capital 106.)

Rep. Koponen stated that HB 31 would benefit one individual, an assistant hospital pharmacist, who was working as an assistant although technically she had higher training than the pharmacist, because of that defective law; that the individual involved was from Viet Nam and had been educated and trained in Paris. He believed the objections that had been voiced were based on her sex and race, rather than her qualifications. Rep. Koponen said that HB 31 would extend the same opportunity to pharmacists trained at non-United States institutions as to those who trained in the United States and met American standards of academic and clinical competence. He noted that Alaska was the only state which did not recognize foreign education.

Number 142

Rep. Hanley asked if language in Section 2 was "clean-up" language.

Rep. Koponen replied that it was; that Section 1, part 3, commencing at page 1, line 10, was pertinent new language.

Number 143

Rep. Carney moved to pass HB 31 with fiscal note from committee with individual recommendations. There was no objection, and it was so ordered.
The meeting adjourned at 9:07 a.m.

HB 31 - House Rules Committee Minutes January 23, 1992

Chairperson Ellis called the meeting of the House Rules Committee to order at 8:08 a.m. and noted that members present were Rep. Grussendorf, Rep. Martin, Rep. Taylor and Rep. Davidson. He announced that there were two items on the calendar, HB 31, "an Act relating to applicants for pharmacists licenses; and providing for an effective date", and HB 247 "An Act relating to licensure of dentists, including licensure by credentials; relating to the Board of Dental Examiners; and providing for an effective date." Chairperson Ellis noted for the record that Rep. Gruenberg joined the Committee. Chairperson Ellis announced that the first item for discussion would be HB 31 and invited Rep. Koponen to address the Committee.

REPRESENTATIVE KOPONEN joined the Committee and explained that essentially it was a technical amendment that sunsets at the same time the Board itself would sunset. Rep. Martin inquired as to the difference between the original version and the Rules version. Rep. Koponen responded that the only difference was the sunset. He

further explained that Section 1 would allow licensure of Alaskan's who have studied in foreign schools, Section 2 sunsets after a year of operation.

Number 244

Rep. Grussendorf moved to adopt the committee substitute for HB 31 (Rules). With no objections, the CS was before the Committee for discussion. Chairperson Ellis noted that Rep. Donley joined the Committee. Rep. Gruenberg expressed some confusion as to what had been added to the bill. Chairperson Ellis explained that the committee substitute includes a sunset.

Rep. Martin moved to pass CSHB 31 (Rules) out of Committee. Hearing no objection, it was so ordered.