

HB

114

# HOUSE COMMITTEE REPORT

2/10

(9)

Date Referred: February 1, 1993

FURTHER REFERRALS:

Labor & Commerce

Date of Committee Action: 2-8-93

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 114

HOUSE BILL NO. 114

DRUG DISPENSING: ADV. NURSE PRACTITIONERS

"An Act allowing the Board of Nursing to authorize an advanced nurse practitioner to dispense medical, therapeutic, and corrective measures."

RECOMMENDATIONS: [ ] the same title  
 be replaced with \_\_\_\_\_ [ ] a new title

[ ] have attached amendments(s)

do pass

[ ] do not pass

[ ] no recommendations

[ ] individual recommendations

[ ] additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) \_\_\_\_\_

APPROVES PREVIOUS: (Dept/Date) \_\_\_\_\_


[ ] fiscal impact \_\_\_\_\_

[ ] fiscal note(s) \_\_\_\_\_

zero fiscal note \_\_\_\_\_ Commerce + Ec. Dev.

[ ] zero fiscal note(s) \_\_\_\_\_

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<del>_____</del> Kott	X				
<del>_____</del> Vezev	X				
<del>_____</del> G. Davis	X				
<del>_____</del> Bunde	X				
<del>_____</del> Foony	X				
_____ Olberg	✓				
_____ Michals	X				
Betty Davis	X				
Toni Brice	X				

  
 CO-CHAIRMAN'S SIGNATURE



# Alaska State Legislature

## House of Representatives

COMMITTEE ON HEALTH, EDUCATION  
AND SOCIAL SERVICES

DATE: FEBRUARY 8, 1993

PLACE: Capitol Room 106

### SUBJECT OF MEETING:

- \*HB 114: DRUG DISPENSING: ADV. NURSE PRACT
- \*HB 2: DRUG TESTING FOR SCHOOL BUS DRIVE
- \*HB 78: TESTIMONY OF MINORS IN CRIMINAL T
- \*HB 97: PARENTAL CARE FOR CHILD IN STATE
- \*HB 100: PROSECUTION OF JUVENILE FELONS

BILLS HELD OVER FROM PREVIOUS CALENDERS

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Komayne Karise	Dept. of Education	801 W. 10th St Juneau	99801		465-8652	Y N	Available HR 2
Peter Hakamasa	Dept of Health	A.D.B			465-3140	(Y) N	HB 114
VINCENT USERA	AGO				465-2399	Y N	if needed HB 79
KARL LUCI	DCED	Director Occupational Licensing			5-2538	Y (N)	only if needed HB 114
KARL WELTZIN	self	10014 K... JUNEAU, AK 99801			463-185	Y N	HE 150
Deborah	DFYS				465-3191	(Y) N	HB 97
						Y N	
RENA BUKOVICH					-6872	Y N	
BERRY LUCKHAFT		ELSTON BLK JUNEAU, AK 9			-2450	Y N	
						Y N	
						Y N	



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BILLS HELD OVER FROM PREVIOUS CALENDERS

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Sherrie G...	ALASKA WOMEN'S LEAGUE	P.O. Box 22156, JUNEAU	99802		463-6744	(Y) N	HB 100
Chris EADDY	DIVERSIFIED SVCS DIV	P.O. Box 20845, JUNEAU	99802		586-5865	Y (N)	HB 700
GARY BADER	DOF	801 W. 10th JUNEAU	99802		465-8650	(Y) N	HR 2
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	

\*\*\*\* ORDER SUMMARY \*\*\*\*

SPONSOR: MHES HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: TOOHEY  
PURPOSE: PUB PUBLIC HEARING BUNDE  
CONTACT: LYNN SMITH TEL#: (907)465-6625  
CHAIRING SITE: JUNEAU CAPITOL CAP106  
TOLL FREE: DIAL-UP: LID:(800)478-9908

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 5 MINUTE LIMIT

SPONSOR REMARKS(LID): BACKUP MATERIAL:N MEETING IN PROGRESS:N MAX. SITES: 5  
FOR HB 97, DIANE OLSEN, DEPT. OF LAW WILL BE IN ANCHORAGE TO TESTIFY BY INVITE  
TCN REQUESTED ON 02/08/93 AND HAS 4 UPDATES

\*\*\*\* AGENDA \*\*\*\*

- 1 HB 114 DRUG DISPENSING:ADV. NURSE PRACTITIONERS
- 2 HB 97 PARENTAL CARE FOR CHILD IN STATE CUSTODY
- 3 (BY INVITATION ONLY)

\*\*\*\* PARTICIPATING LIOS \*\*\*\*

ANC ANCHORAGE	3111 C STREET	LOCATION STAFF
BAR BARROW	COURTHOUSE #305	LOCATION STAFF
* JNU JUNEAU	CAPITOL CAP106	LOCATION STAFF
MAT MATSU	165 E PARKS HWY.	LOCATION STAFF

PARTICIPANTS IN:ANCHORAGE

ANC

- |   |                       |                  |                        |
|---|-----------------------|------------------|------------------------|
| 1 | PATRICIA HONG         | AK NURSE ASSOC   | TSFY. HB 114           |
|   | 237 E THIRD, NO 3     | ANCHORAGE        | AK 99501 (907)274-0827 |
| 2 | DARYL YOUNG           | UAA              | TSFY. HB 114           |
|   | 3211 PROVIDENCE DRIVE | ANCHORAGE        | AK 99508 (907)786-4040 |
| 3 | SUE ANNE JENKENSEN    | AK NURSE PRACTIT | TSFY. HB 114           |
|   | 237 E THIRD           | ANCHORAGE        | AK 99501 (907)274-0827 |
| 4 | GAIL MCGUILL          |                  | TSFY. HB 114           |
|   | 3601 C STREET         | ANCHORAGE        | AK 99503 (907)561-2878 |
| 5 | DIANNE OLSEN          |                  | TSFY. HB 97            |
|   | 1031 W 4TH AVE        | ANCHORAGE        | AK 99501 (907)269-5139 |
| 6 | STAN THOMPSON         |                  | OBSV. HB 114           |
|   | 1018 W 73RD           | ANCHORAGE        | AK 99518 (907)344-5149 |
| 7 | KAY LAHDENPERA        | MOA/DHHS         | TSFY. HB 114           |
|   | P.O. BOX 196650       | ANCHORAGE        | AK 99519 (907)343-4624 |

PARTICIPANTS IN:JUNEAU

JNU

- |   |              |                  |
|---|--------------|------------------|
| 1 | REP TOOHEY   | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 2 | REP BUNDE    | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 3 | REP G. DAVIS | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 4 | REP VEZEY    | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 5 | REP KOTT     | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 6 | REP OLBERG   | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 7 | REP B. DAVIS | TSFY. HB 114     |

PARTICIPANTS IN:MATSU

MAT

- |      |             |                 |                        |
|------|-------------|-----------------|------------------------|
| 1 MS | DIXIE LIGHT | IS FOR THE BILL | TSFY. HB 114           |
|      | POB 382     | HOUSTON         | AK 99694 (907)892-8804 |





Official Business

# Alaska State Legislature

## HOUSE OF REPRESENTATIVES

REPRESENTATIVE CYNTHIA D. TOOHEY

State Capitol  
Juneau, AK 99801-1182

DISTRICT 13

### SPONSOR STATEMENT

#### HOUSE BILL 114

"An Act allowing the Board of Nursing to authorize an advanced nurse practitioner to dispense medical, therapeutic, and corrective measures"

House Bill 114 would clarify in statute an advanced nurse practitioner's authority to dispense medication within the scope of practice.

Dispensing has been a common practice with ANP's for many years. Advanced nurse practitioners dispense medications for a variety of reasons. In some cases there is no access to a pharmacy and in other situations, the client may not have the resources to pay for the medications and the service of dispensing the medications better serves the immediate medical needs of that client.

In 1992 an advanced nurse practitioner requested clarification of her authority to dispense medication. The Department of Law advised that a statutory change would be necessary to clarify that authority.

Last year, a survey was distributed to ANP's across the State to ascertain the importance of having authority to dispense medications. The Board of Nursing and the Board of Pharmacy then worked together on the issue. The conclusion was the statutory change was essential.

House Bill 114 gives APN's the authority to dispense. The bill has a zero fiscal note.

The Board of Pharmacy supports this legislation.

Your support of this bill would be appreciated.

SPONSOR STATEMENT

POSITION PAPER  
HOUSE BILL 114

"An Act allowing the Board of Nursing to authorize an advanced nurse practitioner to dispense medical, therapeutic, and corrective measures."

House Bill No. 114 amends AS 08.68.410(1) by adding a provision to the definition of advanced nurse practitioner that will give these health care providers dispensing privileges.

The Division of Public Health currently employs or contracts for the services of ten advanced nurse practitioners throughout the state to provide family planning services. These services are made available through clinics that provide family planning and disease prevention education, prescribe family planning methods, and treat sexually transmitted diseases. These clinics serve persons who would not otherwise have access to these services. If these practitioners were to be denied the ability to dispense treatments, the result would be a serious impact to this underserved population in their ability to prevent unwanted pregnancies, reduce the complications of untreated sexually transmitted diseases, and stem the spread of these diseases.

The Division also provides grants to 14 rural health clinics throughout the state. These grants subsidize the operation of community clinics that provide primary medical care through the services of a mid-level practitioner (i.e. advanced nurse practitioner or physician's assistant). Eligible clinics are located in communities that are generally too small to support the services of a physician, and whose populations would not otherwise have local access to medical care. The communities receiving these grants, places such as King Cove, Galena, and Pelican, are isolated and often experience difficulties in travel and shipment of goods due to poor weather conditions. If advanced nurse practitioners are not able to dispense medications, the residents of these communities would experience a significant negative impact on their health.

HB 114 does not expand the nurse practitioner's privilege of prescribing medication, but allows them to dispense what they are currently prescribing. Nurse practitioners are required by regulation to have 15 hours of continuing education in pharmacology in order to renew their licenses. This ensures the necessary competency to allow for the action of dispensing medications. To date, the Division of Public Health has had no report of abuse or misuse of prescriptive authority or problems with medications, birth control methods, or treatments of sexually transmitted diseases by advanced nurse practitioner employees. In general, these practitioners have rigorous licensure requirements, and high professional standards.

The Department of Health & Social Services strongly supports the passage of House Bill 114.

*Peter Nakamura*  
Peter M. Nakamura, MD, MPH  
Director

2/15/93  
Date

*Theodore A. Mala, Deputy Com*  
Theodore A. Mala, MD, MPH  
Commissioner

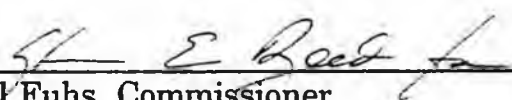
2/15/93  
Date

**HB 114: "An Act allowing the Board of Nursing to authorize an advanced nurse practitioner to dispense medical, therapeutic, and corrective measures."**

This bill is necessary to provide legal authority for advanced nurse practitioners to dispense the medications which they prescribe.

Advanced Nurse Practitioners' (ANPs) dispensing has been occurring statewide since ANPs began practicing in Alaska under regulations established in 1980 by the Board of Nursing. A July 1992 Attorney General opinion stated there is no legal authority which allows ANP dispensing. A survey of ANPs conducted by the Board of Nursing in November 1992 with a 71% response rate, revealed that 55% of ANPs working in Alaska dispense in their practice. The survey further disclosed that 25% of the ANPs were in communities without pharmacies, and 22% were in communities without physicians.

The Boards of Nursing and Pharmacy have collaborated on the statute and regulation changes necessary to grant dispensing authority within the ANP scope of practice, and endorse the statute change. Therefore, the department supports HB 114.



Paul Fuhs, Commissioner  
Department of Commerce and Economic  
Development

2-5-93

Date

dgl037PP.OL

(6) the practice of nursing by a nurse licensed in another state whose employment responsibilities include transporting patients into, out of, or through this state; however, this exception is valid for a period not to exceed 48 hours for each transport.

(b) In this section the word "nurses" includes registered and practical nurses, and "nursing" means registered and practical nursing. (art IX ch 90 SLA 1957; am § 10 ch 129 SLA 1974; am § 24 ch 14 SLA 1982; am § 14 ch 66 SLA 1987)

Effect of amendments. — The 1987 amendment added subsection (a)(6) and made related stylistic changes.

**Sec. 08.68.410. Definitions.** In this chapter,

(1) "advanced nurse practitioner" means a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription of medical, therapeutic, or corrective measures under regulations adopted by the board;

(2) "board" means the Board of Nursing;

(3) "incompetent" means that a nurse does not possess the skills, knowledge, and awareness of the nurse's limitations and abilities to safely practice nursing;

(4) "licensed practical nurse" is equivalent to the title "licensed vocational nurse" and to the name suffix abbreviations L.P.N. and L.V.N.;

(5) "licensed registered nurse" is equivalent to the common title "registered nurse" and the name suffix abbreviation R.N.;

(6) "nurse anesthetist" means a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to select and administer anesthetic and give anesthetic care under regulations adopted by the board;

(7) "practice of practical nursing" means the performance for compensation or personal profit of nursing functions that do not require the substantial specialized skill, judgment, and knowledge of a registered nurse;

(8) "practice of registered nursing" means the performance for compensation or personal profit of acts of professional service that requires substantial specialized knowledge, judgment, and skill based on the principles of biological, physiological, behavioral, and sociological sciences in assessing and responding to the health needs of individuals, families, or communities through services that include

- (A) assessment of problems, counseling, and teaching
- (i) clients to maintain health or prevent illness; and
- (ii) in the care of the ill, injured, or infirm;

(B) administration, supervision, delegation, and evaluation of nursing practice;

(C) teaching others the skills of nursing;

(D) execution of a medical regimen as prescribed by a person authorized by the state to practice medicine;

(E) performance of other acts that require education and training that are recognized by the nursing profession as properly performed by registered nurses;

(F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the board. (§ 2 ch 90 SLA 1957; am § 5 ch 37 SLA 1970; am § 3 ch 67 SLA 1973; am §§ 11, 12 ch 129 SLA 1974; am § 25 ch 14 SLA 1982)

**Chapter 70. Nursing Home Administrators.**

<b>Section</b>	<b>Section</b>
10. Board of Nursing Home Administrators	120. Examination
Intra	130. Provisional licenses
20. Board membership	140. Expired licenses
30. Election of officers	160. Fees
40. Board meetings; quorum	155. Grounds for imposition of disciplinary sanctions
50. Duties and powers of the board	170. Penalties
65. Removal of board members	175. Facilities operated by religious organizations
80. License required	180. Definitions
90. Application	
110. Licensing	

Collateral references. — Licensing and regulation of nursing or rest homes. 97 ALJ2d 1187; 63 ALR4th 689.

**Sec. 08.70.010. Board of Nursing Home Administrators.** There is established the Board of Nursing Home Administrators. (§ 1 ch 123 SLA 1975)

**Sec. 08.70.020. Board membership.** (a) The board consists of three members: one nursing home administrator licensed under this chapter and practicing in the state, a registered nurse licensed in the state and having no direct financial interest in any nursing home, and one person from the general public.

(b) [Repealed, § 49 ch 94 SLA 1987.]

(c) [Repealed, § 49 ch 94 SLA 1987.] (§ 1 ch 123 SLA 1975; am § 1 ch 77 SLA 1977; am §§ 3, 4 ch 141 SLA 1980; am § 2 ch 99 SLA 1986; am § 49 ch 94 SLA 1987)

Cross references. — For appointment and term of office, see AS 08.01.036. amendment repealed subsections (b) and (c), concerning appointment by the governor and term of office respectively.

AS 08.68.410 DEFINITION ADV. NURSE PRACT.

AS 08.68.410 DEFINITION ADV. NURSE PRACT.

A SURVEY WAS SENT TO ADVANCED NURSE PRACTITIONERS  
IN 1992 REGARDING THE "DISPENSING" ISSUE.

126 PEOPLE RESPONDED  
(71%) ANP SURVEY COMMENTS (REGARDING "DISPENSING"  
AUTHORITY)

- 001 Our clientele frequently do not have transportation to a pharmacy and occasionally do not have money to purchase medicines (we are able to bill for payment at a later date). Since beginning dispensation of medication from the clinic we enjoy much better compliance than previously. Medications are prepackaged and re-labeled, and are only dispensed by licensed providers.
- 002 It would devastate the practice as we could not provide health care services. The practice is 50% Native (ANMC) and 50% non-native. Native meds are supplied through ANMC. We could not provide services to the other half if we could not maintain some basic pharmaceuticals.
- 003 I work in a bush community, with the closest pharmacy 800 miles away. The ability to dispense prescription medication is a crucial aspect to providing health care to folks who are living in such a geographically isolating village.
- 004 Medications would have to be ordered by telephone and delivered by air. Air service is dependent upon weather conditions, therefore arrival time of the medications could be delayed by weather.
- I feel that essentially it would not be possible to practice in this location without dispensing medications. The community is too small to support a pharmacy separate from the clinic. The clients could not be treated in a timely manner and would be subjected to additional air speed pak costs.
- 005 Our clients are teens who pay for their birth control pills; pharmacies charge twice the price our clinic charges and would put make it too expensive for teenagers. SEAR has the highest teen pregnancy rate in the world; interruption of contraceptives for this group would be catastrophic.
- 006 Blank
- 007 It would mean additional cost to the patients as well as added inconvenience to have the patient leave the building to buy medications. Additionally, it would often delay initiation of treatment.
- 008 Delayed processing clients through a busy clinic. Fewer patients could be accommodated.

- 009 It would make practice in Tok almost impossible. The nearest pharmacy is at least 100 miles away. Many of our patients have traveled great distance already just to get to us. It would not be practical for them to get to a pharmacy. In many cases, it would not be possible.
- 010 No pharmacy in this very small community. During the summer, mostly acute care problems present to the small clinic. The clients would be negatively affected if I could not dispense meds--the next largest town across river does not have a pharmacy. I have not had any problems dispensing med. I work summers in a fishing community. I am employed by a larger clinic which is located across the river which supplies my meds.
- 011 I run a psychiatric aftercare medication group which the psychiatrists do not wish to do. These patients would not comply well with individual out-patient appointments for meds.
- 012 No impact. I don't do any dispensing except free samples.
- 013 It would be a great inconvenience to the office and patients alike.
- 014 We have a few kinds of meds which we most often use. We bought them from local pharmacy. We have many patients who have -0- insurance, medicaid or money. These are the people we dispense meds to. If we could not do this, there would be many very psychotic people and very depressed people in the community without Rx. API admissions would \_\_\_\_\_ suicides would \_\_\_\_\_
- 015 Could not dispense samples only. Sometimes this means client will not begin treatment until they can afford medicine or until medicaid coupons come in, delayed treatment.
- 016 We do like to give out sample oral contraceptives to teens and women that can not afford to pay for them. Same goes for other samples,--ie: antibiotics. It's good to gauge patient response to medications, ie: anti-hypertensives.
- 017 Most significant, could not begin patients on Rx needed immediately. Also, would not have Rx for charity cases.

- 018 Our STD clinic and family planning clinic meds are supplied by the state (Fairbanks Health Center). We serve low-income clients that's why they come to our clinic. The meds for STD clinic, those meds need to be supplied by us as it's in the public's best interest to provide meds for GC, Syphilis, Chlamydia.
- 019 We are a 638 contract clinic in IHS system and also student health service for state vocational school. Funds for services and supplies are extremely limited. IHS beneficiaries receive all services at one site and thus cost to system and convenience to clients. Non-beneficiary students have limited resources. Many would not be able to fill prescriptions if they had to pay retail. If no medicines dispensed at clinic, the limited funds available for pharmacy needs in the community would be stretched beyond already inadequate limits. Currently, providers write for prescriptions not stocked at the clinic, (patient fill these scripts at local pharmacy, at greater cost, retail and dispensing fee, and much inconvenience, (transportation is an issue for many of our clients). These limited funds provided to local pharmacist ALREADY are inadequate even for our "overflow" needs. It would be a tremendous hardship to our practice and to our clients if we did not continue the present economical, safe and convenient system; from which we make no profit.
- 020 If I could not dispense meds it would be impossible for me to effectively practice. Mail system can take up to 7-10 days to our bush community.
- 021 I do not dispense drugs without orders from MD
- 022 Our clientele are either medicaid, (to whom no samples are dispensed) or private pay WITHOUT insurance. Many of our patients can not even afford transportation. If we have samples and can afford the cost of a prescription we try to. This may make newer, more effective drugs available to a poorer population. Most often we give the patient's Rx's to any pharmacy in the area except Lake Otis Pharmacy, which does not SEEM to want ANP business.
- 023 We give out samples free to indigent clientele. We sell pre-packaged medications as a convenience to clientele. For years there was no close pharmacy but in the past year one has opening in our building.

- 024 Clients probably would not get medications for their problems due to cost and inconvenience. Birth control pills could not be afforded by most of the clients and that has far reaching implications.
- 025 I am employed in a satellite clinic of Governor/Government hospital in NYC. Our clinic serves 170 female shelter residents. Our clients often do not have any money, or medicaid or health insurance. Health care services and treatment are provided to shelter residents free of charge.
- 026 Blank
- 027 It would take up to one week to obtain medication. The only drugs I dispense are birth control pills and "iron". I think compliance and accessibility are important. (I only give out the first packet of pills. They get the rest from a pharmacy.)
- 028 No other source of meds.
- 029 We prescribe some very expensive medications, such as Prozac in our mental health clinic. Many of our clients have no resources. We count on having some physician's samples to defray their expenses. Other clients, on Medicaid already, sometimes need a few days supply from our "stock". If it were not available, some of them would end up back in API, a very expensive result.
- 030 Clients would have to mail order drugs or wait a long time for the PHS pharmacist to fill. The impact would be greatest on the local. It's pharmacists there are only two. Pharmacists that fill for 6 physicians, 6 villages, 2 ANP's, we relieve their dispensing burden though they are packaging for us as well as CNA's!
- 031 Clients in crisis would have to wait for days at times and weeks at others. More clients would be in crisis. PA's can dispense medications. My clients would certainly have less faith in a nurse and probably less respect if I had to refer them to a PA, (or physician).

- 032 I work in a state program, (Family Planning) which depends on ability to dispense birth control pills and other supplies.
- 033 We, NP's, dispense only pre-labeled, women's health related medications out of a box when pharmacy is closed at our evening women's health clinic. It would be inconvenient for women to wait the next day to pick up Rx, many are leaving town on early flights.
- 034 Would not impact currently.
- 035 It would be pointless to have a sub-regional health clinic and an isolated area far away and inaccessible except by air.
- 036 -0- Impact.
- 037 None
- 038 It would not be impacted to any degree. I only sample occasionally, to start a patient on a new drug - usually O.C.'s
- 039 Not a problem. Two pharmacies and hospital in community. I do need my prescriptive privileges though to practice as CNM both outpatient and in hospital. Thanks for your work in representing us.
- 040 Health Aides, (whom I train and supervise) would just dispense them for me!
- 041 Blank
- 042 We have a pharmacist in our practice- he dispenses and prepares all medications given out. There is no charge for the medication. I work in a Native corporation clinic. If our clients were charged, they could not afford thier medications.
- 043 In the villages the clients meds are dispensed by whatever health care provider is in their village. If this was not possible they wouldn't get medicines. At the hospital the pharmacy dispenses them.
- 044 Little impact however have speculated whether to offer iron tablets.
- 045 I could not use the samples from drug reps. That helps my patients with cost.

- 046 The appropriate care for clients would come to a halt. These clients would not have access to care and dispensing of medicines. There are not enough doctors to go around.
- 047 It would be devastating! Hoonah has -0- pharmacy, (White Stone Logging camp, Mt. Bear Community, Hoonah), 40 miles west of Juneau by plane/boat, costs prohibitive for many. UAJ-college community - 2500/low incomes, many without cars.
- 048 It would make it impossible at the time to function without dispensing medication since there is no other access for 150 miles. IHS, Central Warehouse is trying to pre-package everything they can. Having to send prescriptions in would cause anywhere from 3-10 day delay depending on weather and mail.
- 049 No impact at present. However, I feel that dispensing samples can be useful at times and should not be restricted for those practices that require it.
- 050 I would be unable to function without prescriptive authority.
- 051 In college health the students health care access and access to medications is important to insuring that they receive treatment.
- 052 Difficult for client who do not funds or insurance coverage.
- 053 Most of folks we see are struggling with minimal incomes or are on public assistance. If we didn't treat STD's or provide birth control pills through the clinic the STD's would probably not get treated and having to pay \$20/pr or OCP's would be a further hardship and might be impossible for some.
- 054 As an FNP doing locum temens, mostly in the bush but also in large communities, I basically would be out of a job. I seek clinics with village attitudes or work mostly in the bush and without being able to dispense from small pharmacies I would lose the job sites I enjoy the most. I do not care for private practice clinics. Dispensing mostly antibiotics and T 3 for pain my clients could not be served by me. All villages would only be open to PA's - (like the slope currently is not, closed to FNP's but for different reasons) If I could not dispense I believe I would leave the practice. We are safe, and being an RN for seven years, prior to FNP, I make very rare drug errors as opposed to others who were not taught to read, check, then read again before giving any med, be it PO, IM, or IV.

- 055 Clients could not buy meds, come to us because they can't afford private care.
- 056 Blank
- 057 We have to.
- 058 Since I work for the federal government, it is my impression that there would be no impact, as the federal government seems to make it's own regulations. The only time I dispense medications is when working with a community health aide. It is part of their job to dispense medications.
- 059 INCOMPLETE
- 060 I would expect an increase in non-compliance of use of antibiotics, birth control pills and anti-inflammatories\_\_\_\_\_ as well as hormone therapy for abnormal bleeding.
- 061 There would be lack of medical care for village women, no teen wellness clinic for teens and my labor/delivery practice would be restricted in offering pain and anti-hemorrhage meds.
- 062 I COULD NOT WORK!! I work in an emergency room during daytime hours, pharmacy is open until 5pm. Medicine dispersed from a night cabinet. My clients receive all their medication from the hospital. Giving them a script for next day filling is extremely INAPPROPRIATE in our ER setting.
- 063 My practice itself not impacted. But the system I work in would be. As health care in rural areas by Indian Health Service often depends on nurse-practitioners management - and isolated locations necessitate dispensing of medication.
- 064 High risk OB/GYN patients would be seriously jeopardized. Women ages 14 and up with limited financial and/or social resources would be penalized.
- 065 My current practice of 2 years, 3 months, is in Fairbanks i a physician's office. Other than dispensing samples to those that need it, I do not handle "pharmacy" however-; the previous 16 years I worked in a rural area where the dispensing of medications was absolutely VITAL!
- PLEASE SEE ENCLOSED COMMENTS TO USE FOR TESTIMONY IN THIS DEBATE
- 066 It would not change

- 067 There is no pharmacy in the village, approximately 2 days to fill an Rx. Filled at the hospital arrives in the village to be dispensed. Obviously, this could be potentially dangerous to a sick or injured client. In the best case, it is inconvenient and time consuming to call the pharmacy for all Rx. It would also add expense to care, but benefit Alascom.
- 068 Treatment would be delayed considerably. Particularly in bad weather when planes carrying mail often can't land for 3-4 days at a time. This would create horrible risk with children.
- 069 It would significantly increase the cost of treatment for a large percentage of patients and decrease the ability of "sampling" a patient on a medication or dosage change easily.
- 070 We give out OCP, antibiotics, hormones to try and return for check-up and Rx. More pregnancies.
- 071 Clients I see would not get prescription filled elsewhere, financial constraints or difficulty with compliance, F/U.
- 072 Well Women's Clinic at night, (when pharmacy is closed) would not be able to dispense packaged and labeled contraception and anti-infectives. Well Child Clinic dispenses tylenol, anti-infectives to waiting time.
- 073 They wouldn't get any medications!
- 074 There would be a large increase in morbidity and mortality as the delay in getting drugs from a registered pharmacy is a week or more on the best of occasions.
- 075 I do not dispense meds, however, I would like to have contact with drug company representatives who provide samples, patient education literature and the like. This would be very helpful in getting the patient started on a new medication to have a sample, with instructions. I believe, the patient builds confidence when a sample is given and the medication is jointly discussed in the office. I had planned to eventually look into this. I have been too busy to follow through.

- 076 In this practice it would currently limit dispensing of samples given to patients who may not have access to funds for meds not in our pharmacy/formulary but available in the community at large. It would put an increased burden on our institutional pharmacy as we dispense all prenatal vitamins. It has the potential for affecting Norplant or other device placement. Of great concern to those in this facility with whom I work is who travels to outlying villages, it would seriously impact their ability to function in their positions.
- 077 Medicines would not be dispensed. Villagers can not afford to travel to pharmacy (\$250- per trip). Medicines could be delivered by postal services, which is (of course) not timely.
- 078 Blank
- 079 Blank
- 080 Students may not have prescriptions filled, so patient compliance is important. Also students may not have adequate funds for Rx outside the Health Center. Pharmacy importance is COMPLIANCE.
- 081 No impact
- 082 N/A
- 083 Impossible to imagine. We take village trips to have clinics in rural Alaska, plane accessible only. We must be able to give meds out during our clinics!
- 084 The only time I "dispense" meds is evening clinic when Rx is closed or I'm in the village for a week on-site-visit. Not having meds to dispense would delay patient treatment by 24 hours or one week.
- 085 There is no other pharmacy except the clinic. Prescriptions would have to be mailed into the regional hospital, filled and mailed back to patient. It would be unreasonable, expensive and poor medical practice. Patients could wait up to 2 weeks if the weather is bad, which it frequently is. People can die from simple infections if meds aren't available. Also they couldn't get pain meds. The pharmacy board is not grounded in reality. They need to go to some villages, get sick and not have medication available.

086 Pre-packaged drugs are given only to patients -0- financial resources to pay for medications, such as teens, single working parents and under-insured or uninsured.

Dispensing needs to be available for practitioners in rural areas, including controlled substances. I would like to see a voucher from drug companies that the client could take to the pharmacy for the prescribed medicine.

087 Have no comments, work part-time, 1-2 months a year.

088 If this practice is halted, I'll have to think of another alternative. Dispensing medications is a pain in the neck, but I do it for clients who have no money or very few resources. Most of the medications I dispense are samples from the drug company representatives, for which I do not charge. I have paid for prescriptions myself, from my office funds, so that clients can get needed medications.

PS: Was a similar survey distributed Physician Practitioners?

089 Since so many of our clients are in financial straits and often transportation problems that the samples we can start them with are incredibly helpful, especially if we are just trying something out.

090 If you mean physically dispense meds to the patient from my office, neither I nor the patients would be affected in any fashion.

091 Would not impact me.

092 No impact.

093 I will try sample BCP's or other meds to see if a patient tolerates a new drug or a drug switch. If it works I then prescribe WHTI/121 Y a pharmacy for dispensing.

094 I don't dispense medications.

095 Only dispense prenatal vitamins, iron and calcium pre-packaged by our in-house pharmacy at ANMC.

096 No impact.

- 097 Since we provide health care to outlying villages without drug stores, the patients would have very limited or no access to most prescription medications. It would also destroy the Alaska Community Health Aide system.
- 098 If I could not dispense meds through our ANMC pharmacy, I would be severely limited in the services I could provide. In fact I could not see 90% of the women I see without utilizing a pharmacy service.
- 099 Our clients are low income women with the majority having no insurance. The impact would be having to close the clinic. Therefore, inexpensive birth control for low income women would not be available.
- 100 No impact.
- 101 Disaster. Without the prescriptive privileges, the patients could be assessed and a plan established, but no access to medications would be defeating the purpose of primary care from med levels. Thank you for requesting our feedback!
- 102 I would have to wait for an OK from the MD. By that time it could present a problem. Patients wants relief from pain and discomfort.
- 103 I only dispense and charge for 2 drugs. Metundaole\_\_\_\_\_ \* and that only if the patient can not afford to get a prescription. This happened two times in the last year. In patients without \_\_\_\_\_. The other drug Ovral is no longer sampled by the drug company and I use it for the morning after pill, (4 pills) at \$30- for one package, as patient would be paying \$30- and the office visit and have 17 pills left over with no use for them. I do dispense samples especially birth control pills fairly freely. Some Premarin samples, some antibiotics, and yeast medicine. We give patients with bladder infections 4 Pyridium and do not charge because I buy a bottle of #100 for \$2.50.
- 104 Individuals with acute and/or emergency health problems may have clinically significant delays in initiating pharmacological therapies. Receipt of medical/pharmacy supplies is closely tied to weather conditions, with delays of 2-14 days possible.
- 105 None would affect me if could not distribute pre-packaged samples. I use these to try to save people money.

- 106 Blank
- 107 No impact.
- 108 My practice would be severely impacted both in the village and Seward if we could not dispense meds. We get the majority of our meds pre-packaged from IHS and dispense them to the patients. If we could not do this the majority of the patients would be unable to pay for their meds as contract care funds are usually depleted by the second week of the month. Also it would be a great inconvenience for village patients. Some of them would have to pay \$500- just to go in and get meds from a pharmacy.
- 109 I don't.
- 110 Unable to give 3 month birth control pills to starter patients. Unable to give pre-natal vitamins to start OB patients.
- 111 We dispense medications to clients who have no money or insurance to cover the cost. Most of the medications we supply to clients are from samples. We do keep commonly prescribed meds in stock to vie to clients. These meds are ones for which we have no samples available to use. It is more cost effective for us to purchase the meds in stock than to pay for the clients prescription at the pharmacy which is what we previously did. We cannot financially afford to pay for clients prescriptions any longer and if we were not able to dispense samples or stock medications to clients they would not be able to obtain their needed medications and would probably be eventually hospitalized at State expense. When we dispense samples or stock medications we follow the laws for labeling and inventory exactly as stated in the regulations. The medications we dispense are in small proportion to those that we prescribe but are absolutely essential for clients without money or insurance and who do not qualify for Medicaid.
- In addition, we practice in a clinic with physicians. It would be a significant impairment to our practice and our value to the clinic if we were unable to dispense the medications that we, as Nurse Practitioners, prescribe and the physician had to come behind us and do so.

- 112 I would be unable to practice, as there are no pharmacies for 400 air miles.
- 113 1) 100-150 patients with NSU/MPC/Chlamydia seen last month and 50% claim inability to pay and no third party.
- 2) A local pharmacy quoted a price of \$4.80 per #14 dose of dory 100 mg, not including med and container to pre-packaged for us. Absolutely greedy!! Our clinic budget would suffer or patients would delay treatment.
- 114 Not at all, or very little. Sampling is for education and patient convenience/compliance only.
- 115 While I draw up and administer medications to hospitals and medivac patients, they are under standing orders from an MD. My RN license covers this type of medication administration therefore a change in Nurse Practitioner dispensing would not affect my patients.
- 116 Not a problem.
- 117 -0-
- 118 Even though the RN's at this hospital dispense meds after hours, it would require the pharmacy to extend it's hours and dispense the meds. All the nurses and nurse practitioners would be happy and pleased not to do it. We already have enough work to do.
- 119 I often start clients out on OCP's with 1-2 sample packs. If someone doesn't have insurance, will try to give antibiotic samples, if have.
- 120 It would save me time; be a major drag on my physician; cause a large percent of students to not get their meds at all, (nearest pharmacy is 1.5 miles away), cost money to our student who are currently "carried" (assuming they actually filled their Rx). Most likely it would force us to use a large percent of physician time grabbing meds rather than seeing students.
- 121 I work at the Family Planning Clinic in Kenai. Most of my patients are low-income. They either pay on a sliding fee or receive free services. It would be a great hardship to have to pay the prices at the pharmacy for birth control pills. These are usually given free, this through the state of Alaska.

- 122 Private pay clients would suffer added cost of meds. Also start up doses for patients would be decreased.
- 123 I work in pediatrics when kids are sick the whole family is usually exhausted and many times the kids are crying. If the family doesn't have to stand in line, much less get out of the care and into the store, they are very much appreciative. Plus we can give the first dose of meds in the office.
- I was with five physicians and only one physician offers this service. His patients seem to appreciate it very much and when I see his patients they usually request that service for the most part I do not offer it just because it takes more time!
- 124 Our patients are all rural. Half come from 10 to 40 miles north on Parks Highway or up in Hatcher Pass. Transportation costs are a barrier to thier use of health care. If I could not provide medication patients would have to go to Wasilla. For most this would not only inconvenient but many would simply not use our services. I believe stopping the dispensing of meds would make it impossible to keep our little rural practice going.
- 125 Through ANS, there are limited funds available on contract three local pharmacy - when they're gone, (usually by the first week of the month) nothing else is available, drugs are supplied to us by Anchorage Chugachmuit. Planned Parenthood, primarily BCP's and GYN/Women's health care meds, (antibiotics, anti-fungal creams, etc)
- If these weren't available, patients would probably go un-treated or be pregnant!
- 126 N/A.

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

NOV 17 1992

DIV. OF OCCUPATIONAL LICENSING

Sun November 8, 1992

17:21pm

Dixie L. Light ANP/FNP, M.Sc.N., PhD.  
P.O. Box 382  
Houston, Alaska 99694  
Telephone (907) 892-8804

Gail M. McGill, RN, Executive Secretary  
Alaska Board of Nursing  
Department of Commerce and Economic Development  
7th Floor Frontier Bldg.  
3601 C Street, Suite 722  
Anchorage, Alaska 99502

RECEIVED

Division of Occupational Licensing

Dear Gail,

I doubt if you remember me with all you have to do but, we met briefly at the 1991 ANP Conference in Anchorage. Looking forward to meeting you again this year at the conference.

Last week I sent you my response to your questionnaire regarding the dispensing of pharmaceuticals. The implications of being unable to provide medications in my small rural practice are fairly alarming.

I serve families along the Parks Highway from just South of Big Lake, the community of Big Lake, Houston, and again along the highway about 15 miles North of Willow, the Hatcher Pass, and fly ins from the Susitna and Yentna rivers. Our practice is small, in 14 months we have opened 480 records or which 30 are summer visitors (removal of fish hooks and small emergencies).

There is a lot of data in my charts and I am kicking myself for not having put it in a data base to be able to draw more meaning that you might find useful. People come to me because:

1. they usually don't have to wait.
2. they learn I and my husband listen (and make sure we make time to do that if it's needed).
3. we accept small portions of the office fee and charges for medications when they are short and need to pay later (about 16% of our clients).
4. they can get some basic prescription medications from us without traveling further from home.
5. 90% of my patient time is spent in health teaching. Patients have learned we will search for the health information we don't have on hand.
6. we always follow up with no charge visits or telephone calls.

Our service is very personal and focused on family needs from the family members' perception expanded by giving them my own perception. Without the availability of medications some of these people will still use our services.

LETTERS OF SUPPORT

NOV 17 1992

Many of my clients would still use us if we can't dispense, <sup>DIV. OF OCCUPATIONAL LICENSES</sup> but

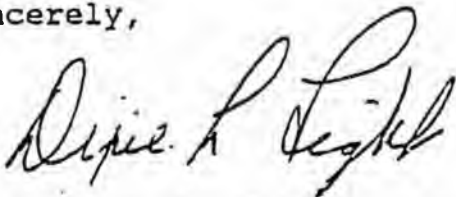
1. some won't fill their prescriptions because they lack ready cash or the other usual reasons people don't pick up or take prescribed medications or actions.
2. a large number will not use us because they would need to drive 20 to Wasilla for the prescription anyway. 80% of our clients are low income or acquire their annual income in summer to be measured out over the next 3 months. Transportation costs are a very large problem.

My husband and I run this practice. At the end of 14 months we bring in just a little more than our costs. I am having a ball working for myself and doing work we both feel is needed. My husband says he loves the work too and he has been a real help to parents with kid questions and problems.

We do not think we can maintain the practice without dispensing medications. There is no pharmacy nearby and we would lose about half of our clients. I am certain that we would have to close. We try to follow sound small business practices. We purchased most of our medical equipment used but in safe and working condition. We might be committing a "good business" error by leniency about payments but people have paid us (better than 99% of the time when they received some cash).

Last winter a man came to us with a severe burn. His wife told me she used all of the family cash reserve to pay the emergency room and ambulance. After my assessment I told the family what still needed to be done. I gave them the truth including the probability of complications. The 2nd degree burns of face, hands, and tibial skin required sterile supplies, 9 dressing changes by me, and in a later stage teaching the couple to change the dressings themselves, services for which I charged \$150. They had no money and we never expected to see any return, but this last week we got a check for everything we charged. Whatever happens I will feel we have made a difference and enjoyed doing it.

Sincerely,



Dixie L. Light PhD, ANP/FNP, MSCN.

November 5 - 1992

Nancy Schupp  
1953 Kingfisher  
Fairbanks, Alaska  
99709  
479-5207H 452 4768W

RECEIVED  
NOV 18 1992  
Division of Occupational Licensing

Gail Mc Guill, RN  
Executive Secretary  
Alaska Board of Nursing  
3601 C Street, suite 722  
Anchorage, Alaska  
99503-5986

Dear Gail,

The following is my testimony concerning the need to continue the practice of the dispensing of medicines to clients:

I strongly believe that it is absolutely necessary to certain populations of this state, that nurses continue to dispense medications and are able to with safety and provision of good patient education at that time. I also believe that anyone who dispenses medication needs to label appropriately.

Alaska is proud of its rural areas and all it stands for. Having provided a full range of health care services to the seven communities in the Yukon-Koyokuk River Subregion for 14 years, following 2 years in a remote corner of Washington State, I am acutely aware of the need for people to have access to medications without extended delays. I have worked with the pharmacists associated with that area to provide medications to individuals safely. I've enjoyed the assistance from the pharmacists in Tanana and Fairbanks in setting up automatic refill programs, prepackaging, storage, and reference advice. We have utilized patient education materials and provided instructions at the time of dispensing medication.

The nearest pharmacy, physician, and hospital had been about 200 miles away in Tanana until it closed. Fairbanks is almost 300 miles away with only airplane travel as the common mode of travel and mail. We commonly used prepackaged and labeled bottles but because of the tremendous variety of acute needs that can develop in a diverse community, we also used stock bottles to pour from into smaller bottles, label and distribute as necessary. We also provided this service for semi-emergent situations to send to individuals in the surrounding villages when a delay caused by waiting for delivery from a Fairbanks would have been detrimental to the patient. This was only done when seemed absolutely necessary.

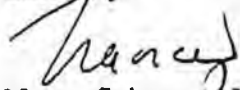
I have seen a variety of time delays in medication reaching a village or subregional community. When it all has worked out and it was obvious that there was an acute need and getting a medication to a patient was much cheaper than the 200+ dollars it can cost

to bring a patient into Fairbanks, we've been able to call the pharmacy, they would fill the prescription in Fairbanks, have a messenger take it to a private air taxi, pay the minimum freight charge, the air taxi in Galena would call the clinic who would need to send a messenger to the air port to pick it up bring it to the clinic and thatn we could pass it on to a patient all in the same day. The above is the best of situations. Smaller village clinics are one more airfne step further away. Generally it takes several days to coordinate the deliverance of a medication never mind the expense of phone calls, air frieght or express mail and worker's time. During January of 1989, it was three weeks before a plane was able to fly into the surrounding villages.

A professional nurse, nurse practitioners being some of the most trained, and most committed of them, have been drilled since school how to administer medication safely. The dispensing and labeling is one step further. But nurse practitioners are certainly capable of this step. They are also the best in patient education. I am in full agreement that they need to follow the same laws and guidelines that pharmacists must adhere to during that practice.

I have seen the need for dispension of drugs by a nurse practitioner thousands of times to prevent prolongation or exacerbation of a patients health problem. I have done it safely thousands of times and the people of those communities have only benefited.

Sincerely



Nancy Schupp, ANP

FLASH-RT	TO: Jack Heesch	FROM: M Poore	DATE: 2/4/93	TOPS 14800
	FAX #: 586-1001	FAX #: 247-0978	PHONE #: 225-4380	

Marta Poore  
P.O. Box 9396  
Ketchikan, AK 99901

Cynthia Toohey  
House HESS  
State Capital Building  
Juneau, AK 99801-1182

February 4, 1993

RE: HB 114 adding "dispense" to the statute regarding Advanced Nurse Practitioner practice.

I am an Advanced Nurse Practitioner (ANP) working with a majority of individuals who may be homeless or without access to insurance or medical services. Some are pregnant and have not yet established prenatal care. I see people both in Ketchikan and on Prince of Wales (POW) island. The individuals from POW are limited to expensive air travel or sporadic ferry service to obtain health care. Dispensing medications is crucial for prompt attention to health problems and decreases the delays and frustration of trying to get into town for treatment.

Please support HB 114.

Sincerely,



Marta Poore, Certified Nurse-Midwife  
Advanced Nurse Practitioner

cc: Jack Heesch

10640 Misty Lane  
Juneau, Alaska 99801  
February 5, 1993

Representative Cynthia Toohey  
Capitol, Room 104  
Juneau, AK 99801-1182

RE: House Bill 114

FEB 05 1993

Dear Representative Toohey,

Last year and early this year, a joint subcommittee of the Board of Pharmacy and the Board of Nursing met on several occasions to discuss a statutory change which would give advanced nurse practitioners authority "to dispense medical, therapeutic, and corrective measures under regulations adopted by the board." The joint subcommittee also agreed on regulations, which would be promulgated by the Board of Nursing upon passage of such legislation.

The subcommittee presented its recommendations to the Board of Pharmacy and on January 28, 1993, the Board voted unanimously to support such legislation.

The Board of Pharmacy, therefore, supports House Bill 114.

Sincerely,



Gerald Race, President  
Alaska State Board of Pharmacy

Office Phone: 604-4080



2-3-93 .

Cynthia Toohey  
House HESS  
State Capitol  
Juneau, Alaska  
99801-1182

Dear Cynthia Toohey,

This is a letter to support HB114 to add the word dispense to the Nurse Practitioners statute.

I have been in independent practice for 11 years and not being able to dispense would be a hardship to many of my patients.

I trust you will support HB114 so I can continue caring for patients who choose to have a Nurse Practitioner care for them.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lila McEwen".

Lila McEwen, F.N.P.  
Family Health Center  
16839 Park Place  
Eagle River, Alaska  
99577

LM/js

Post-It™ brand

Fax Transmittal Memo 7672

To	Jack Heesch	No. of Pages	1	Today's Date	2/5/93	Time	10:15 am
Company	Lobbyist	From	Joan Nugent, NM	Company	Ketchikan Public Health Center		
Location	Juneau	Location	Ketchikan	Dept. Charge			
Fax #	586-1001	Telephone #		Fax #	247-0978	Telephone #	225-4350
Comments							
Original Disposition:	<input type="checkbox"/> Destroy <input type="checkbox"/> Return <input type="checkbox"/> Call for pickup						

Attach Document At Line

# STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC HEALTH  
SECTION OF NURSING

WALTER J. HICKEL, GOVERNOR

KETCHIKAN HEALTH CENTER  
3034 FIFTH AVENUE  
KETCHIKAN, ALASKA 99901-5773  
PHONE: (907) 225-4350

January 5, 1993

Cynthia Tooley  
House HESS  
State Capitol  
Juneau, AK 99801

Dear Ms. Tooley,

I am writing to support passage of HB 114 which clarifies the intent of the nurse practitioner statute regarding dispensing of drugs. Nurse Practitioners are an essential part of the health care delivery system in Alaska, providing care primarily to the rural and indigent population in our State.

By statute Nurse Practitioners are already able to prescribe drugs according to their area of specialty. Dispensing allows the Nurse Practitioner the ability to physically give the bottle of pills to the client. The importance of adding this language to the statute is obvious. Having practitioners available to see patients, diagnose their illness but not give them the necessary medication assures an additional barrier to timely, appropriate care.

The need is greatest in those circumstances wherein the Nurse Practitioners are the primary care givers, that is in rural communities where pharmacists are not available to count and distribute medication as well as in indigent care where clients haven't the financial nor transportation resources to access a pharmacy.

HB 114 does not change the scope of practice for the Nurse Practitioner. It does not add additional rights and responsibilities. It changes the language to assure that practitioners' current practice is safeguarded by statute.

Sincerely,



Joan Nugent  
Nurse Manager

cc. Jack Heesch  
Representative Bill Williams

Phyllis Yetka  
P.O. Box 958  
Ward Cove, Ak 99928

Feb. 4, 1993

Representative Cynthia Toohey  
House HESS  
State Capitol  
Juneau, AK 99801-1182

Dear Rep. Toohey,

I am writing to voice my support of HB114. I am a pediatric nurse practitioner from Ketchikan, Ak. It is imperative that the word "dispense" be added to the State Statute regarding nurse practitioners and how we are able to best serve our patients. Being able to "dispense" medications to those who are in need of help or unable to get to a pharmacy is not only good medicine but it is economically sound. Nurse practitioners can competently provide the quality, cost-effective health care that our patients deserve. The addition of the word "dispense" to HB114 would aid us in our goal.

Thank You.

  
Phyllis Yetka R.N., C.P.N.P.

February 4, 1993

Representative Cynthia Jockey  
House HESS  
State Capitol  
Juneau, AK 99801-1182

Dear Ms Jockey,

I am a nurse practitioner in Bethel. I travel to the surrounding villages conducting 3-5 day clinics. I am writing to urge your support of HB114.

As a nurse practitioner I have been able to prescribe medications for clients since 1985. This bill will allow me to dispense those medications to the patients in the field when there are no pharmacies. This would greatly increase the efficiency & cost-effectiveness of our health care delivery system in bush Alaska.

Thank you,  
Cathy Fowler, ANP  
P.O. Box 805  
Bethel, AK 99559



# UNIVERSITY OF ALASKA ANCHORAGE

3211 Providence Drive  
Anchorage, Alaska 99506-8175

STUDENT HEALTH CENTER  
(907) 786-4040

February 5, 1993

Representative Cynthia Toohey  
Room 104  
Capital Building  
Juneau, Alaska 99801-1182

RE: HB114

Dear Representative Toohey:

On July 31, 1992, the Assistant Attorney General issued an opinion to the Division of Occupational Licensing at the request of the Pharmacy Board advising the an advanced nurse practitioner may not dispense drugs. This response has generated a great deal of concern on the part of nurse practitioners delivering primary care across the State.

Advanced nurse practitioners (ANPs) dispense medications for a variety of reasons. In some cases there is no access to a pharmacy and in other situations the client may have limited resources to pay for the medications and the service of dispensing the medications increases patient compliance.

The University of Alaska Anchorage, Student Health Center has a potential population of 8,000 students eligible for services. The clientele of the Student Health Center frequently have limited financial resources, no health insurance and diminished compliance related to attitude, and time demands. It is of primary concern that the inability to dispense medications will dramatically decrease compliance with medication treatment regimen. Frequently the illness requires prompt medication intervention. The ability to dispense the prescription drugs, explain the rationale for the prescribed treatment, and the directions for taking the medication reinforce the importance of the treatment and consequently foster improved compliance.

Even though the Student Health Center is located within the Municipality of Anchorage and not a rural setting the issue of prompt treatment, compliance and cost effective health care are unchanged. The dispensing of medications onsite contributes to prompt and effective treatment.

Any opportunity to assist patients/students in making educated decisions regarding their health care should not be overlooked. Health care providers should encourage people to be intelligent consumers of health care services.

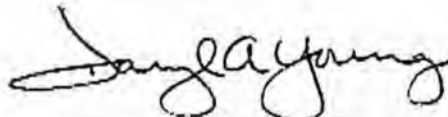
Representative Toohey  
February 5, 1993  
Page 2

Medications dispensed at the Student Health Center are prepackaged unit dose to reduce error. These packages are labeled in accordance with 12.AAC52.120 - Labeling Unit Dose Use and Prepackaged Drugs. It should be noted that we are not compounding any medications.

I applaud your proactive stance regarding the delivery of health care to the variable population in Alaska. I support the recommended statutory changes for nurse practitioners to dispense prescription medications.

Thank you for your assistance in this important health care delivery issue.

Sincerely,



Daryl A. Young, MS, RN, CS, FNP  
Manager, UAA Student Health Center

cc. Gail M. McGill, Executive Secretary  
Board of Nursing