

HB

159

<TARGET><BILL>HB 159</BILL><SUBJECT>HB
159</SUBJECT><COMM>HHSS30</COMM></TARGET>

House Bill 159 Sectional Analysis

Prepared by the Alaska Department of Health and Social Services

March 6, 2017

HB 159, "Opioids; Prescriptions; Database; Licenses"

Sectional Analysis:

Sec. 1 Adds a new Chapter 55, *Voluntary Nonopioid Directive Act*, to AS 13, *Decedents' estates, guardianships, transfers, trusts, and health care decisions*, that provides an option for patients to execute a Voluntary Nonopioid Directive that would allow a person in recovery (or for other reasons) to make clear the person's desire not to be administered an opioid. A person, guardian, conservator or other appointed person may revoke a directive at any time. The person would provide this confidential information to a health care provider or hospital on a form provided by the Department of Health of Social Services. The department would promulgate regulations on procedures, confidentiality, and exemptions for emergency or substance misuse treatment. Providers are not liable for following a directive. Prescriptions are assumed to be valid; pharmacists are not liable for dispensing a controlled substance in contradiction to a directive. The directive does not alter an advance health care directive, limit opioid overdose drugs, or limit treatment for substance abuse or opioid dependence.

Sec. 2-25 Amend AS 08, *Business and Professions*, for the Boards of Dentistry, Medicine, Nursing, and Optometry to

- Require two (2) hours of pain management and opioid misuse and addiction instruction;
- Disciplinary actions for prescribing or dispensing an opioid in excess of the maximum dosage allowed by law or violated a law related to drugs, regardless of any criminal action;
- Set the maximum dosage for initial opioid prescriptions at a seven-day supply unless, in the practitioner's professional judgment, it is necessary for chronic pain management or a patient is unable to access a practitioner in time to refill the prescription; and
- Require, for a minor under 18 years of age, the practitioner discuss with the parent or guardian why the prescription is necessary and the risks associated with opioid use.

Sec. 26-27 Amend AS 08.80 for the Board of Pharmacy to

- Register with the Prescription Drug Monitoring Database (PDMP) with or without a federal Drug Enforcement Administration registration number; and
- Allow pharmacists to dispense less than the prescribed amount of a schedule II or III controlled substance at a person's request; the pharmacists would inform the prescribing practitioner and the Prescription Drug Monitoring Database.

Sec. 28 Amends AS 08.98 for the Board of Veterinary Medicine to

- Register with the Prescription Drug Monitoring Database if the veterinarian has a federal Drug Enforcement Administration number; and
- Identify resources and educational materials for veterinarians to identify clients at risk for opioid misuse or diversion of prescribed opioids.

Sec. 29-36 Amend AS 17.30, *Controlled Substances*, to change the frequency pharmacists report to the Prescription Drug Monitoring Database from weekly to daily; remove the prohibition on sharing information with the federal government. The pharmacy board may provide a confidential unsolicited notification in summary form to a practitioner's licensing board which includes the basis for the notification. The notification must be provided to the practitioner as well.

Sec. 37 Directs the Department of Health and Social Services to draft regulations to implement the Voluntary Nonopioid Directive Act.

Sec. 38 Repeals sunset dates in sections 52 and 73 of Ch. 25, SLA 2016 (SB 74).

Sec. 39-40 Set an immediate effective date and provide an effective date for regulations.

FISCAL NOTE

STATE OF ALASKA
2017 LEGISLATIVE SESSION

Bill Version HB159
Fiscal Note Number _____
() Publish Date _____

Identifier (file name) HB159-DHSS-PHAS-3-6-17 Dept. Affected Health and Social Services
Title Opioids; Prescriptions; Database; Licenses Appropriation Public Health
Allocation Public Health Administrative Services
Sponsor Rules by Request of the Governor
Requester House HSS OMB Component Number 292

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY18 Appropriation Requested	Included in Governor's FY18 Request	Out-Year Cost Estimates				
			FY19	FY20	FY21	FY22	FY23
OPERATING EXPENDITURES	FY18	FY18	FY19	FY20	FY21	FY22	FY23
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants, Benefits							
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE (Thousands of Dollars)

1002	Federal Receipts							
1003	GF Match							
1004	GF							
1005	GF/Prgm (DGF)							
1007	I/A Rcpts (Other)							
1178	temp code (UGF)							
		0.0	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS

Full-time							
Part-time							
Temporary							

CHANGE IN REVENUES

	FY18	FY18	FY19	FY20	FY21	FY22	FY23
1004 Gen Fund (UGF)							
1178 temp code (UGF)							
TOTAL CHANGE IN REVENUES	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated **SUPPLEMENTAL (FY17) operating costs** 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated **CAPITAL (FY18) costs** 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended, or repealed? 1/1/2019 Discuss details in analysis section.

Why this fiscal note differs from previous version (if initial version, please note as such)

Not applicable; initial version.

Prepared by Jay C. Butler, MD, Chief Medical Officer/Director
Division Public Health
Approved by Shawnda O'Brien, Asst. Commissioner
Agency Health and Social Services

Phone 269-6680
Date/Time 2/23/17 12:00 AM
Date 3/6/2017

FISCAL NOTE ANALYSIS

**STATE OF ALASKA
2017 LEGISLATIVE SESSION**

BILL NO. HB159

Analysis

HB 159 addresses the opioid epidemic by improving effective use of the prescription drug monitoring database. The bill influences judicious prescribing of opioids by limiting initial prescriptions and requiring providers to receive minimum training in substance abuse and pain management. This bill also creates a revocable, confidential Voluntary Nonopioid Directive that allows someone in recovery to make clear the person's wishes not to be administered an opioid.

The Department of Health and Social Services would be tasked with implementing the Voluntary Nonopioid Directive Act, establishing regulations, and creating the directive form. A person would provide this confidential information to a health care provider or hospital on a form posted on the Department of Health of Social Services' website. No additional appropriation would be required. This is a zero fiscal note.

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Governor Bill Walker
STATE OF ALASKA

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March 3, 2017

The Honorable Bryce Edgmon
Speaker of the House
Alaska State Legislature
State Capitol Room 208
Juneau, AK 99801-1182

Dear Speaker Edgmon:

Under the authority of Article III, Section 18, of the Alaska Constitution, I am transmitting a bill relating to monitoring of prescriptions for opioids and relating to the controlled substance prescription database.

Alaska is in the grip of an opioid epidemic. All Alaskans, regardless of race, age, religion, or lifestyle are affected. Families are torn apart, persons suffering with addiction are frustrated and unable to reach their potential, crime has increased, and most significantly, lives are lost to this tragic epidemic. Too often the path to opioid addiction is through prescription medication. As a society, we must take steps to reduce unnecessary exposure to these addictive drugs. Fortunately, we have the tools to do that. By increasing awareness, education, and monitoring, we can take meaningful steps to address the tragedy of addiction.

First, the bill provides an option for patients to execute a Voluntary Nonopioid Directive that would allow a person for any reason to make clear the person's desire not to be administered an opioid. This confidential information would be provided to the person's health care provider or hospital. A person would be able to revoke a voluntary nonopioid directive at any time, orally or in writing, and the bill would provide for exceptions in the case of emergency treatment.

Second, the bill would require health care licensing boards for dentists, nurses, physicians, osteopaths, podiatrists, and optometrists to adopt regulations for licensure, renewal, and certification by regulation to require a licensee or potential licensee to demonstrate continuing education in pain management and opioid use and addiction.

Further, the bill would implement provisions to limit an initial prescription for an opioid to not more than a seven-day supply to an adult patient for outpatient use. For a prescription to a minor, a practitioner would be required to discuss with the parent or guardian why the prescription is needed and the risks associated with opioid abuse. These provisions would apply to licensed dentists (AS 08.36.355), physicians (AS 08.64.363), and advanced practice registered nurses (AS 08.72.170).

For veterinarians, the bill would require registration with the controlled substance prescription

The Honorable Bryce Edgmon
Transmittal Opioid Bill
March 3, 2017
Page 2

database and would require the Board of Veterinary Examiners to identify resources and develop educational materials to help licensees identify animal owners who may be at risk for abusing an opioid prescribed for a pet.

For pharmacists, the bill would require registration with the controlled substance prescription database regardless of whether the pharmacist has a federal drug enforcement administration registration number. Further, the bill would establish a statute to allow a person to request a pharmacist to dispense less than the prescribed amount of a schedule II or III controlled substance. Any remaining quantity in excess of the quantity requested by the person would be void. A pharmacist would be required to notify the prescribing practitioner of the dispensed amount. In addition, the pharmacist would need to submit information on the amount dispensed to the controlled substance prescription database.

Other sections of the bill would amend AS 17.30, the controlled substance prescription database. First, the bill would require that the database be updated daily rather than the current weekly update requirements. This would provide even more accurate information for health care practitioners when they review the database. Next, the bill would amend AS 17.30.200(e) to allow as a basis for a board disciplinary action the failure of a pharmacist-in-charge, pharmacist, or practitioner to *review* the database as required under AS 17.30.200. In addition, with veterinarians registering with the database, the Board of Veterinary Examiners would be notified when a practitioner registers with the database. Another important tool is to authorize the Board of Pharmacy to make an unsolicited confidential notification to a practitioner's licensing board in addition to the practitioner should the practitioner's subscribing practices be outside the generally recognized standards of practice. Last, the bill would authorize the Board of Pharmacy to send practitioners information on how their prescribing practices compare to other practitioners in the same specialty. These nonpunitive "report cards" will provide valuable confidential information to practitioners about how their prescribing practices compare with others.

Addressing the opioid epidemic will require a team effort among health care practitioners, patients, and caregivers across our state. We must improve communication among health care professionals, ensure that they have the training to recognize circumstances that may contribute to the risk of addiction, and address patient needs compassionately and safely. This bill is an important first step in providing patients and professionals with tools to treat patients and manage this devastating epidemic.

I urge your prompt and favorable action on this measure.

Sincerely,



Bill Walker
Governor

Enclosure



March 13, 2017

The Honorable Bill Walker
Governor of Alaska
PO Box 110001
Juneau, AK. 99801

Dear Governor Walker:

The Alaska Dental Society (ADS) is writing in support of HB159 and SB 79.

As the opioid public health crisis in Alaska continues, we have the opportunity to serve a key role in educating our communities and our patients about the devastation of opioids, both by reducing the number of prescriptions written and by offering non-opiate alternatives for acute dental pain.

There is a documented epidemic of opioid and heroin abuse in Alaska. The ADS has recognized the need for the responsible use and prescribing of prescription opiates by Alaskan dentists. The ADS is committed to informing our members of the latest research and to keeping you abreast of the latest findings on the efficacy of analgesics and responsible dosing. We share a special rapport with our patients allowing us to educate them about the addictive potential of prescribed opiates and change their expectations for opiate pain medications.

As ethical providers of healthcare, we have an obligation to educate ourselves about safe prescribing, about how to have a frank discussion with patients and, in the case of minors, their parents or caregivers, as well as how to identify possible abuse and recommend help. The Alaska Dental Society has developed guidelines for its members to aid in the proper prescribing of opioids and alternative pain control methods. We welcome other prescribers to utilize the guide where appropriate.

We support and thank you for proposing HB159 and SB79.

Dr. Jessica Blanco
Governmental Affairs Chair, Alaska Dental Society

Comparison of Pharmacist responsibilities in PDMP in Alaska Statute in 2008, at present and as proposed in SB 79 – prepared by Dept. of Law

AS 17.30.200 (2008) ¹	AS 17.30.200 (2016) ²	AS 17.30.200 (2017) ³	Comments
(b) pharmacist-in-charge must populate the PDMP with a myriad of data including the name of the prescribing practitioner. See (b)(1) and (b)(8)	(b) pharmacist-in-charge must populate the PDMP with a myriad of data including the name of the prescribing practitioner. See (b)(1) and (b)(8)	(b) pharmacist-in-charge must populate the PDMP with a myriad of data including the name of the prescribing practitioner. See (b)(1) and (b)(8)	No change
(c) [pharmacy] board shall maintain database for identity of practitioners who prescribe	(c) [pharmacy] board shall maintain database for identity of practitioners who prescribe	(c) [pharmacy] board shall maintain database for identity of practitioners who prescribe	No change
(e) The failure of a pharmacist-in-charge, pharmacist, or practitioner to submit information to the database as required under this section is grounds for the board to take disciplinary action against the license or registration of the pharmacy or pharmacist or for another licensing board to take disciplinary action against a practitioner.	(e) The failure of a pharmacist-in-charge, pharmacist, or practitioner to submit information to the database as required under this section is grounds for the board to take disciplinary action against the license or registration of the pharmacy or pharmacist or for another licensing board to take disciplinary action against a practitioner.	(e) The failure of the pharmacists in charge, pharmacist, or practitioner to register, review the database or submit information to the database as required under this section is grounds for the board to take disciplinary action against the license of registration of the pharmacy or pharmacist or for other licensing board to take dispensary action against the practitioner.	This change was made due to the change in SB 74 making the PDMP mandatory, rather than voluntary. These changes put practitioners (prescribers) in the same category as pharmacists who can be displaced by their respective boards for failure to comply with the PDMP. PHARMACISTS MUST SUBMIT INFORMATION PRACTITIONERS MUST REVIEW THE DATABASE
"pharmacist-in-charge" has the meaning given in AS 08.80.480.	"pharmacist-in-charge" has the meaning given in AS 08.80.480.	"pharmacist-in-charge" has the meaning given in AS 08.80.480.	No change
17.30.900(a) Unless the context clearly requires otherwise, the definitions set out in AS 11.71.900 apply to this chapter. ⁴	17.30.900(a) Unless the context clearly requires otherwise, the definitions set out in AS 11.71.900 apply to this chapter.	17.30.900(a) Unless the context clearly requires otherwise, the definitions set out in AS 11.71.900 apply to this chapter.	No change

¹ Chapter 84, SLA 2008

² Chapter 25, SLA 2016 (SB 74)

³ SB 79

⁴ 11.71.900 (19) "practitioner" means

(A) a physician, dentist, veterinarian, scientific investigator, or other person licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in the state;

(B) a pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in the state.



SB 79 & HB 159

Opioids; Prescriptions; Database; Licenses

FREQUENTLY ASKED QUESTIONS

Q: Which licensed professions are affected by this bill?

A: SB79 pertains to all licensed professions that have the authority to prescribe or dispense medication: Pharmacists, physicians, physician assistants, advanced practice registered nurses, optometrists, dentists, and veterinarians.

Q: How does the proposed 7-day supply limit on opioid prescriptions affect patients in rural communities?

A: The bill allows a practitioner to exceed the seven-day supply limit if the patient is unable to access a practitioner during that time because of a logistical or travel barrier. The practitioner must document the reason for this treatment in the patient's medical record and ensure that a nonopioid alternative was not appropriate to treat the patient's condition.

Q: How does the proposed 7-day supply limit on opioid prescriptions affect patients with chronic pain?

A: The bill defers to the practitioner's professional judgement to make this determination. The practitioner must document the reason for this treatment in the patient's medical record and ensure that a nonopioid alternative was not appropriate to treat the patient's condition.

Q: Are pharmacists required to check the PDMP prior to filling a prescription?

A: No. The PDMP was originally adopted by the legislature and signed into law in 2008. A 2016 amendment was made to clarify that practitioners (i.e., prescribers) would also be subject to disciplinary action for not reviewing the database prior to prescribing; this does not mean that pharmacists must review the database as part of their job. The critical language in AS 17.30.200(e) is "as required under this section." Thus, the "review of the database" relates to practitioners (prescribers), and the "submitting of information" refers to pharmacists (dispensers). The fact that pharmacists can be considered as practitioners in the broad sense of the word, as a matter of law they do not meet the definition of practitioners for purposes of the PDMP .

Q: Do practitioners receive a "red flag" in the PDMP when a patient attempts to fill multiple Schedule II or III prescriptions within a short window of time?

A: The system populates an alert based on the threshold established by the Board of Pharmacy. This threshold is defined as a patient recording five prescribers or five dispensers within a three-month period—sometimes referred to as 5/5/3. This alert is to raise awareness of a trend for further clinical review—not to make assumptions that a patient is "doctor shopping" or to place blame on a provider.

Q: Is a practitioner's licensing board alerted when he or she is overprescribing?

A: The Board of Pharmacy may contact a practitioner's licensing board when a licensee's prescribing practices are outside of generally recognized standards of safe practice. In addition to the proposed seven-day limit established in this bill, the Board of Pharmacy may define these standards in policy in order to implement this section. SB79 also adds a confidential feature to the PDMP that serves to inform the individual practitioner where he or she is, as a prescriber, in relationship to his or her peers in prescribing Schedule II or III drugs—much like how students' standardized scores are presented and reviewed in an educational setting.

Q: Must veterinarians review the PDMP before dispensing controlled substances to pet owners?

A: Yes. This legislative change was made in 2016. SB79 adds the requirement to the Board of Veterinary Examiners to develop educational materials to assist licensees in identifying animal owners who may be at risk for abusing or misusing an opioid and allows the board to discipline a license of a person who has procured, sold, or dispensed drugs in violation of a law. (This disciplinary provision is provided to all licensing boards that regulate professions that prescribe or dispense medication.)

This document has been prepared in collaboration with the Department of Law and the Department of Health and Social Services. Please check the bill documents at www.akleg.gov for updates. Questions about this FAQ may be directed to sara.chambers@alaska.gov.

AMENDMENT

OFFERED IN THE
TO: HB 159

BY _____

1 Page 1, line 3, following "dentistry;":

2 Insert "relating to the practice of pharmacy;"

3

4 Page 2, lines 2 - 3:

5 Delete all material and insert:

6 "(b) The commissioner shall adopt regulations to implement this chapter. The
7 regulations under this chapter shall"

8

9 Page 2, line 25, following "opioid":

10 Insert ", or for inadvertent administration of an opioid,"

11

12 Page 15, line 14:

13 Delete "a"

14 Insert "[A]"

15 Delete "diagnosis"

16 Insert "[DIAGNOSIS]"

17

18 Page 15, line 16:

19 Delete "a"

20 Insert "[A]"

21

22 Page 15, line 17:

1 Delete "diagnosis"

2 Insert "[DIAGNOSIS]"

3

4 Page 16, following line 24:

5 Insert a new bill section to read:

6 **"* Sec. 19.** AS 08.68.100(a), as amended by sec. 10, ch. 25, SLA 2016, is amended to read:

7 (a) The board shall

8 (1) adopt regulations necessary to implement this chapter, including
9 regulations

10 (A) pertaining to practice as an advanced **practice registered**
11 nurse [PRACTITIONER] and a certified registered nurse anesthetist; **regulations**
12 **for an advanced practice registered nurse who holds a valid federal Drug**
13 **Enforcement Administration registration number must address training in**
14 **pain management and opioid use and addiction;**

15 (B) necessary to implement AS 08.68.331 - 08.68.336 relating to
16 certified nurse aides in order to protect the health, safety, and welfare of clients
17 served by nurse aides;

18 (C) pertaining to retired nurse status; and

19 (D) establishing criteria for approval of practical nurse education
20 programs that are not accredited by a national nursing accrediting body;

21 (2) approve curricula and adopt standards for basic education programs
22 that prepare persons for licensing under AS 08.68.190;

23 (3) provide for surveys of the basic nursing education programs in the
24 state at the times it considers necessary;

25 (4) approve education programs that meet the requirements of this chapter
26 and of the board, and deny, revoke, or suspend approval of education programs for failure
27 to meet the requirements;

28 (5) examine, license, and renew the licenses of qualified applicants;

29 (6) prescribe requirements for competence before a former nurse may
30 resume the practice of nursing under this chapter;

31 (7) define by regulation the qualifications and duties of the executive

1 administrator and delegate authority to the executive administrator that is necessary to
2 conduct board business;

3 (8) develop reasonable and uniform standards for nursing practice;

4 (9) publish advisory opinions regarding whether nursing practice
5 procedures or policies comply with acceptable standards of nursing practice as defined
6 under this chapter;

7 (10) require applicants under this chapter to submit fingerprints and the
8 fees required by the Department of Public Safety under AS 12.62.160 for criminal justice
9 information and a national criminal history record check; the department shall submit the
10 fingerprints and fees to the Department of Public Safety for a report of criminal justice
11 information under AS 12.62 and a national criminal history record check under
12 AS 12.62.400;

13 (11) require that a licensed advanced practice registered nurse
14 [PRACTITIONER] who has a federal Drug Enforcement Administration registration
15 number register with the controlled substance prescription database under
16 AS 17.30.200(o)."

17
18 Renumber the following bill sections accordingly.

19
20 Page 18, line 15:

21 Delete "a"

22 Insert "[A]"

23 Delete "diagnosis"

24 Insert "[DIAGNOSIS]"

25
26 Page 18, line 18:

27 Delete "a"

28 Insert "[A]"

29 Delete "diagnosis"

30 Insert "[DIAGNOSIS]"

1 Page 19, following line 15:

2 Insert a new bill section to read:

3 **** Sec. 24.** AS 08.72.140 is amended to read:

4 **Sec. 08.72.140. Qualifications for licensure.** An applicant for licensure as an
5 optometrist

6 (1) shall be a graduate of a school or college of optometry recognized by
7 the board;

8 (2) may not have committed an act in any jurisdiction that would have
9 constituted a violation of this chapter or regulations adopted under this chapter at the time
10 the act was committed;

11 (3) may not have been disciplined by an optometry licensing entity in
12 another jurisdiction and may not be the subject of a pending disciplinary proceeding
13 conducted by an optometry licensing entity in another jurisdiction; however, the board
14 may consider the disciplinary action and, in the board's discretion, determine if the person
15 is qualified for licensure;

16 (4) shall have successfully completed

17 (A) the written and practical portions of an examination on ocular
18 pharmacology approved by the board that tests the licensee's or applicant's
19 knowledge of the characteristics, pharmacological effects, indications,
20 contraindications, and emergency care associated with the prescription and use of
21 pharmaceutical agents;

22 (B) a nontopical therapeutic pharmaceutical agent course of at
23 least 23 hours approved by the board or an examination approved by the board on
24 the treatment and management of ocular disease; and

25 (C) an optometry and nontopical therapeutic pharmaceutical agent
26 injection course of at least seven hours approved by the board or equivalent
27 training acceptable to the board; and

28 (5) shall meet other qualifications for licensure as established under this
29 chapter and regulations adopted by the board under AS 08.72.050 **regulations for**
30 **qualifications for licensees who hold a valid federal Drug Enforcement**
31 **Administration number must address training in pain management and opioid use**

1 and addiction."
2
3 Renumber the following bill sections accordingly.
4
5 Page 23, line 9, following "prescribed.", through line 16:
6 Delete all material.
7
8 Page 23, line 17:
9 Delete "(c)"
10 Insert "(b)"
11
12 Page 24, lines 20 - 29:
13 Delete all material and insert:
14 "* **Sec. 31.** AS 17.30.200(a), as amended by sec. 21, ch. 25, SLA 2016, is amended to read:
15 (a) The controlled substance prescription database is established in the Board of
16 Pharmacy. The purpose of the database is to contain data as described in this section
17 regarding every prescription for a schedule II, III, or IV controlled substance under
18 federal law dispensed in the state to a person other than those administered to a patient at
19 a health care facility **or a correctional facility, except when prescribing opioids to an**
20 **inmate at the time of the inmate's release.**"
21
22 Page 25, line 8:
23 Delete "**daily** [WEEKLY]"
24 Insert "weekly"
25
26 Page 25, following line 23:
27 Insert a new bill section to read:
28 "* **Sec. 33.** AS 17.30.200(b), as amended by sec. 32, of this Act, is amended to read:
29 (b) The pharmacist-in-charge of each licensed or registered pharmacy, regarding
30 each schedule II, III, or IV controlled substance under federal law dispensed by a
31 pharmacist under the supervision of the pharmacist-in-charge, and each practitioner who

1 directly dispenses a schedule II, III, or IV controlled substance under federal law other
2 than those administered to a patient at a health care facility or a correctional facility,
3 except when prescribing opioids to an inmate at the time of the inmate's release, shall
4 submit to the board, by a procedure and in a format established by the board, the
5 following information for inclusion in the database on at least a **daily** [WEEKLY] basis:

6 (1) the name of the prescribing practitioner and the practitioner's federal
7 Drug Enforcement Administration registration number or other appropriate identifier;

8 (2) the date of the prescription;

9 (3) the date the prescription was filled and the method of payment; this
10 paragraph does not authorize the board to include individual credit card or other account
11 numbers in the database;

12 (4) the name, address, and date of birth of the person for whom the
13 prescription was written;

14 (5) the name and national drug code of the controlled substance;

15 (6) the quantity and strength of the controlled substance dispensed;

16 (7) the name of the drug outlet dispensing the controlled substance; and

17 (8) the name of the pharmacist or practitioner dispensing the controlled
18 substance and other appropriate identifying information."
19

20 Renumber the following bill sections accordingly.

21
22 Page 27, lines 21 - 25:

23 Delete all material and insert:

24 "(e) The failure of a pharmacist-in-charge **or a** [,] pharmacist [, OR
25 PRACTITIONER] to register or submit information to the database as required under this
26 section is grounds for the board to take disciplinary action against the license or
27 registration of the pharmacy or pharmacist. **The failure of a practitioner to register or**
28 **review the database as required by this section is grounds for the practitioner's** [OR
29 FOR ANOTHER] licensing board to take disciplinary action against **the** [A]
30 practitioner."
31

1 Page 29, line 23:

2 Delete all material and insert:

3 **** Sec. 40.** Sections 22, 24, 26, 28, 30, 32, 52, and 73, ch. 25, SLA 2016, are repealed."
4

5 Page 29, line 27:

6 Delete "and the Department of Commerce, Community, and Economic Development"
7

8 Page 29, following line 30:

9 Insert a new subsection to read:

10 "(b) The Department of Commerce, Community, and Economic Development may adopt
11 regulations necessary to implement the changes made by this Act. The regulations take effect
12 under AS 44.62 (Administrative Procedure Act), but not before the effective date of the relevant
13 provision of this Act implemented by the regulation."
14

15 Page 29, line 31:

16 Delete "(b)"

17 Insert "(c)"
18

19 Page 30, line 3:

20 Delete "28"

21 Insert "30"
22

23 Page 30, line 5:

24 Delete "28"

25 Insert "30"
26

27 Page 30, line 6:

28 Delete all material and insert:

29 **** Sec. 43.** Section 28 of this Act takes effect on the effective date of sec. 12, ch. 25, SLA
30 2016.

31 *** Sec. 44.** Section 31 of this Act takes effect on the effective date of sec. 21, ch. 25, SLA 2016.

1 * **Sec. 45.** Section 32 of this Act takes effect on the effective date of sec. 23, ch. 25, SLA 2016.

2 * **Sec. 46.** Section 34 of this Act takes effect on the effective date of sec. 25, ch. 25, SLA 2016.

3 * **Sec. 47.** Section 35 of this Act takes effect on the effective date of sec. 27, ch. 25, SLA 2016.

4 * **Sec. 48.** Sections 36 and 37 of this Act take effect on the effective date of sec. 34, ch. 25,
5 SLA 2016.

6 * **Sec. 49.** Sections 2, 3, 7 - 14, 19, 21, 24 - 26, 33, and 38 of this Act take effect July 1, 2018.

7 * **Sec. 50.** Sections 1 and 40 of this Act take effect July 1, 2019.

8 * **Sec. 51.** Except as provided in secs. 43 - 50 of this Act, this Act takes effect immediately
9 under AS 01.10.070(c)."

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE SPOHNHOLZ

TO: CSHB 159(), Draft Version "J"

1 Page 28, lines 5 - 7:

2 Delete "those administered to a patient at a health care facility or a correctional
3 facility, except when prescribing opioids to an inmate at the time of the inmate's release"

4 Insert "under the circumstances described in (u) of this section [THOSE
5 ADMINISTERED TO A PATIENT AT A HEALTH CARE FACILITY]"

6

7 Page 28, lines 13 - 15:

8 Delete "administered to a patient at a health care facility or a correctional facility,
9 except when prescribing opioids to an inmate at the time of the inmate's release"

10 Insert "dispensed or administered under the circumstances described in (u) of this
11 section [ADMINISTERED TO A PATIENT AT A HEALTH CARE FACILITY]"

12

13 Page 29, lines 7 - 9:

14 Delete "administered to a patient at a health care facility or a correctional facility,
15 except when prescribing opioids to an inmate at the time of the inmate's release"

16 Insert "dispensed or administered under the circumstances described in (u) of this
17 section"

18

19 Page 32, line 22:

20 Delete "a new subsection"

21 Insert "new subsections"

22

23 Page 32, following line 30:

1 Insert a new subsection to read:

2 "(u) A practitioner or a pharmacist is not required to comply with the
3 requirements of (a) and (b) of this section if a controlled substance is

4 (1) administered to a patient at

5 (A) a health care facility; or

6 (B) a correctional facility;

7 (2) dispensed to a patient for an outpatient supply of 24 hours or less at

8 a hospital

9 (A) inpatient pharmacy; or

10 (B) emergency department."

11
12 Page 35, following line 11:

13 Insert a new bill section to read:

14 "* Sec. 51. Section 41 of this Act takes effect on the effective date of secs. 21 and 23, ch.
15 25, SLA 2016."

16
17 Renumber the following bill sections accordingly.

18
19 Page 35, line 15:

20 Delete "secs. 45 - 52"

21 Insert "secs. 45 - 53"

30-GH1021V
Bruce
4/6/17

CS FOR HOUSE BILL NO. 159()
IN THE LEGISLATURE OF THE STATE OF ALASKA
THIRTIETH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

A BILL
FOR AN ACT ENTITLED

1 **"An Act relating to the prescription of opioids; relating to voluntary nonopioid**
2 **directives; relating to the controlled substance prescription database; relating to the**
3 **practice of dentistry; relating to the practice of pharmacy; relating to the practice of**
4 **medicine; relating to the practice of podiatry; relating to the practice of osteopathy;**
5 **relating to the practice of nursing; relating to the practice of optometry; relating to the**
6 **practice of veterinary medicine; relating to the duties of the Board of Pharmacy;**
7 **relating to pharmacists; providing for an effective date by repealing the effective date of**
8 **sec. 73, ch. 25, SLA 2016; and providing for an effective date."**

9 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

10 *** Section 1.** AS 08.36.070(a), as amended by sec. 5, ch. 25, SLA 2016, is amended to read:

11 (a) The board shall

12 (1) provide for the examination of applicants and the credentialing,

1 registration, and licensure of those applicants it finds qualified;

2 (2) maintain a registry of licensed dentists, licensed dental hygienists,
3 and registered dental assistants who are in good standing;

4 (3) affiliate with the American Association of Dental Boards and pay
5 annual dues to the association;

6 (4) hold hearings and order the disciplinary sanction of a person who
7 violates this chapter, AS 08.32, or a regulation of the board;

8 (5) supply forms for applications, licenses, permits, certificates,
9 registration documents, and other papers and records;

10 (6) enforce the provisions of this chapter and AS 08.32 and adopt or
11 amend the regulations necessary to make the provisions of this chapter and AS 08.32
12 effective;

13 (7) adopt regulations ensuring that renewal of a license, registration, or
14 certificate under this chapter or a license, certificate, or endorsement under AS 08.32
15 is contingent on [UPON] proof of continued professional competence; the
16 regulations must require that a licensee receive not less than two hours of
17 education in pain management and opioid use and addiction in the two years
18 preceding an application for renewal of a license, unless the licensee has
19 demonstrated to the satisfaction of the board that the licensee does not currently
20 hold a valid federal Drug Enforcement Administration registration number;

21 (8) at least annually, cause to be published on the Internet and in a
22 newspaper of general circulation in each major city in the state a summary of
23 disciplinary actions the board has taken during the preceding calendar year;

24 (9) issue permits or certificates to licensed dentists, licensed dental
25 hygienists, and dental assistants who meet standards determined by the board for
26 specific procedures that require specific education and training;

27 (10) require that a licensed dentist who has a federal Drug
28 Enforcement Administration registration number register with the controlled substance
29 prescription database under AS 17.30.200(o).

30 * Sec. 2. AS 08.36.110(a) is amended to read:

31 (a) An applicant for a license to practice dentistry shall

1 (1) provide certification to the board that the applicant

2 (A) is a graduate of a dental school that, at the time of
3 graduation, is approved by the board;

4 (B) has successfully passed a written examination approved by
5 the board;

6 (C) has not had a license to practice dentistry revoked,
7 suspended, or voluntarily surrendered in this state or another state;

8 (D) is not the subject of an adverse decision based on [UPON]
9 a complaint, investigation, review procedure, or other disciplinary proceeding
10 within the five years immediately preceding application, or of an unresolved
11 complaint, investigation, review procedure, or other disciplinary proceeding,
12 undertaken by a state, territorial, local, or federal dental licensing jurisdiction;

13 (E) is not the subject of an unresolved or an adverse decision
14 based on [UPON] a complaint, investigation, review procedure, or other
15 disciplinary proceeding, undertaken by a state, territorial, local, or federal
16 dental licensing jurisdiction or law enforcement agency that relates to criminal
17 or fraudulent activity, dental malpractice, or negligent dental care and that
18 adversely reflects on the applicant's ability or competence to practice dentistry
19 or on the safety or well-being of patients;

20 (F) is not the subject of an adverse report from the National
21 Practitioner Data Bank or the American Association of Dental Boards
22 Clearinghouse for Board Actions that relates to criminal or fraudulent activity,
23 or dental malpractice;

24 (G) is not impaired to an extent that affects the applicant's
25 ability to practice dentistry;

26 (H) has not been convicted of a crime that adversely reflects on
27 the applicant's ability or competency to practice dentistry or that jeopardizes
28 the safety or well-being of a patient;

29 (2) pass, to the satisfaction of the board, written, clinical, and other
30 examinations administered or approved by the board; and

31 (3) meet the other qualifications for a license established by the board

1 by regulation, including education in pain management and opioid use and
2 addiction in the two years preceding the application for a license, unless the
3 applicant has demonstrated to the satisfaction of the board that the applicant
4 does not currently hold a valid federal Drug Enforcement Administration
5 registration number; approved education may include dental school coursework.

6 * Sec. 3. AS 08.36.315 is amended to read:

7 **Sec. 08.36.315. Grounds for discipline, suspension, or revocation of license.**

8 The board may revoke or suspend the license of a dentist, or may reprimand, censure,
9 or discipline a dentist, or both, if the board finds, after a hearing, that the dentist

10 (1) used or knowingly cooperated in deceit, fraud, or intentional
11 misrepresentation to obtain a license;

12 (2) engaged in deceit, fraud, or intentional misrepresentation in the
13 course of providing or billing for professional dental services or engaging in
14 professional activities;

15 (3) advertised professional dental services in a false or misleading
16 manner;

17 (4) received compensation for referring a person to another dentist or
18 dental practice;

19 (5) has been convicted of a felony or other crime that affects the
20 dentist's ability to continue to practice dentistry competently and safely;

21 (6) engaged in the performance of patient care, or permitted the
22 performance of patient care by persons under the dentist's supervision, regardless of
23 whether actual injury to the patient occurred,

24 (A) that did not conform to minimum professional standards of
25 dentistry; or

26 (B) when the dentist, or a person under the supervision of the
27 dentist, did not have the permit, registration, or certificate required under
28 AS 08.32 or this chapter;

29 (7) failed to comply with this chapter, with a regulation adopted under
30 this chapter, or with an order of the board;

31 (8) continued to practice after becoming unfit due to

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- (A) professional incompetence;
- (B) addiction or dependence on alcohol or other drugs that impair the dentist's ability to practice safely;
- (C) physical or mental disability;
- (9) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;
- (10) permitted a dental hygienist or dental assistant who is employed by the dentist or working under the dentist's supervision to perform a dental procedure in violation of AS 08.32.110 or AS 08.36.346;
- (11) failed to report to the board a death that occurred on the premises used for the practice of dentistry within 48 hours;
- (12) falsified or destroyed patient or facility records or failed to maintain a patient or facility record for at least seven years after the date the record was created;
- (13) prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.36.355; or**
- (14) procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action or harm to the patient.**

* Sec. 4. AS 08.36 is amended by adding a new section to read:

Sec. 08.36.355. Maximum dosage for opioid prescriptions. (a) A licensee may not issue

(1) an initial prescription for an opioid that exceeds a seven-day supply to an adult patient for outpatient use;

(2) a prescription for an opioid that exceeds a seven-day supply to a minor; at the time a licensee writes a prescription for an opioid for a minor, the licensee shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opioid use.

(b) Notwithstanding (a) of this section, a licensee may issue a prescription for an opioid that exceeds a seven-day supply to an adult or minor patient if, in the professional judgment of the licensee, more than a seven-day supply of an opioid is

1 necessary for

2 (1) the patient's chronic pain management; the licensee may write a
3 prescription for an opioid for the quantity needed to treat the patient's medical
4 condition or chronic pain; the licensee shall document in the patient's medical record
5 the condition triggering the prescription of an opioid in a quantity that exceeds a
6 seven-day supply and indicate that a nonopioid alternative was not appropriate to
7 address the medical condition; or

8 (2) a patient who is unable to access a practitioner within the time
9 necessary for a refill of the seven-day supply because of a logistical or travel barrier;
10 the licensee may write a prescription for an opioid for the quantity needed to treat the
11 patient for the time that the patient is unable to access a practitioner; the licensee shall
12 document in the patient's medical record the reason for the prescription of an opioid in
13 a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative
14 was not appropriate to address the medical condition; in this paragraph, "practitioner"
15 has the meaning given in AS 11.71.900.

16 (c) In this section,

17 (1) "adult" means

18 (A) a individual who has reached 18 years of age; or

19 (B) an emancipated minor;

20 (2) "emancipated minor" means a minor whose disabilities have been
21 removed for general purposes under AS 09.55.590;

22 (3) "minor" means an individual under 18 years of age who is not an
23 emancipated minor.

24 * **Sec. 5.** AS 08.36.370 is amended by adding a new paragraph to read:

25 (10) "opioid" includes the opium and opiate substances and opium and
26 opiate derivatives listed in AS 11.71.140.

27 * **Sec. 6.** AS 08.64.107 is amended to read:

28 **Sec. 08.64.107. Regulation of physician assistants and intensive care**
29 **paramedics.** The board shall adopt regulations regarding the licensure of physician
30 assistants and registration of mobile intensive care paramedics, and the medical
31 services that they may perform, including the

1 (1) educational and other qualifications, including education in pain
2 management and opioid use and addiction;

3 (2) application and registration procedures;

4 (3) scope of activities authorized; and

5 (4) responsibilities of the supervising or training physician.

6 * Sec. 7. AS 08.64.200(a) is amended to read:

7 (a) Except for foreign medical graduates as specified in AS 08.64.225, each
8 physician applicant shall

9 (1) submit a certificate of graduation from a legally chartered medical
10 school accredited by the Association of American Medical Colleges and the Council
11 on Medical Education of the American Medical Association;

12 (2) submit a certificate from a recognized hospital or hospitals
13 certifying that the applicant has satisfactorily performed the duties of resident
14 physician or intern for a period of

15 (A) one year if the applicant graduated from medical school
16 before January 1, 1995, as evidenced by a certificate of completion of the first
17 year of postgraduate training from the facility where the applicant completed
18 the first year of internship or residency; and

19 (B) two years if the applicant graduated from medical school
20 on or after January 1, 1995, as evidenced by a certificate of completion of the
21 first year of postgraduate training from the facility where the applicant
22 completed the first year of internship or residency and a certificate of
23 successful completion of one additional year of postgraduate training at a
24 recognized hospital;

25 (3) submit a list of negotiated settlements or judgments in claims or
26 civil actions alleging medical malpractice against the applicant, including an
27 explanation of the basis for each claim or action; [AND]

28 (4) not have a license to practice medicine in another state, country,
29 province, or territory that is currently suspended or revoked for disciplinary reasons;
30 and

31 (5) receive education in pain management and opioid use and

1 addiction, unless the applicant has demonstrated to the satisfaction of the board
 2 that the applicant does not currently hold a valid federal Drug Enforcement
 3 Administration registration number; an applicant may include past professional
 4 experience or professional education as proof of professional competence.

5 * Sec. 8. AS 08.64.205 is amended to read:

6 Sec. 08.64.205. Qualifications for osteopath applicants. Each osteopath
 7 applicant shall meet the qualifications prescribed in AS 08.64.200(a)(3) - (5)
 8 [AS 08.64.200(a)(3) AND (4)] and shall

9 (1) submit a certificate of graduation from the legally chartered school
 10 of osteopathy approved by the board;

11 (2) submit a certificate from a hospital approved by the American
 12 Medical Association or the American Osteopathic Association that certifies that the
 13 osteopath has satisfactorily completed and performed the duties of intern or resident
 14 physician for

15 (A) one year if the applicant graduated from a school of
 16 osteopathy before January 1, 1995, as evidenced by a certificate of completion
 17 of the first year of postgraduate training from the facility where the applicant
 18 completed the first year of internship or residency; or

19 (B) two years if the applicant graduated from a school of
 20 osteopathy on or after January 1, 1995, as evidenced by a certificate of
 21 completion of the first year of postgraduate training from the facility where the
 22 applicant completed the first year of internship or residency and a certificate of
 23 successful completion of one additional year of postgraduate training at a
 24 recognized hospital;

25 (3) take the examination required by AS 08.64.210 or be certified to
 26 practice by the National Board of Examiners for Osteopathic Physicians and
 27 Surgeons;

28 (4) receive education in pain management and opioid use and
 29 addiction, unless the applicant has demonstrated to the satisfaction of the board
 30 that the applicant does not currently hold a valid federal Drug Enforcement
 31 Administration registration number; an applicant may include past professional

experience or professional education as proof of professional competence.

* **Sec. 9.** AS 08.64.209(a) is amended to read:

(a) Each applicant who desires to practice podiatry shall meet the qualifications prescribed in **AS 08.64.200(a)(3) - (5)** [AS 08.64.200(a)(3) AND (4)] and shall

(1) submit a certificate of graduation from a legally chartered school of podiatry approved by the board;

(2) take the examination required by AS 08.64.210; the State Medical Board shall call to its aid a podiatrist of known ability who is licensed to practice podiatry to assist in the examination and licensure of applicants for a license to practice podiatry;

(3) **receive education in pain management and opioid use and addiction, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal Drug Enforcement Administration registration number; an applicant may include past professional experience or professional education as proof of professional competence;**

(4) meet other qualifications of experience or education which the board may require.

* **Sec. 10.** AS 08.64.225(a) is amended to read:

(a) Applicants who are graduates of medical colleges not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association shall

(1) meet the requirements of **AS 08.64.200(a)(3) - (5)** [AS 08.64.200(a)(3) AND (4)] and 08.64.255;

(2) have successfully completed

(A) three years of postgraduate training as evidenced by a certificate of completion of the first year of postgraduate training from the facility where the applicant completed the first year of internship or residency and a certificate of successful completion of two additional years of postgraduate training at a recognized hospital; or

(B) other requirements establishing proof of competency and

1 professional qualifications as the board considers necessary to ensure the
 2 continued protection of the public adopted at the discretion of the board by
 3 regulation, including education in pain management and opioid use and
 4 addiction, unless the applicant has demonstrated to the satisfaction of the
 5 board that the applicant does not currently hold a valid federal Drug
 6 Enforcement Administration registration number; an applicant may
 7 include past professional experience or professional education as proof of
 8 professional competence; and

9 (3) have passed examinations as specified by the board in regulations.

10 * **Sec. 11.** AS 08.64.250 is amended to read:

11 **Sec. 08.64.250. License by credentials.** The board may waive the examination
 12 requirement and license by credentials if the physician, osteopath, or podiatry
 13 applicant meets the requirements of AS 08.64.200, 08.64.205, or 08.64.209, submits
 14 proof of continued competence as required by regulation, pays the required fee, and
 15 has

16 (1) an active license from a board of medical examiners established
 17 under the laws of a state or territory of the United States or a province or territory of
 18 Canada issued after thorough examination; or

19 (2) passed an examination as specified by the board in regulations.

20 * **Sec. 12.** AS 08.64.250 is amended by adding a new subsection to read:

21 (b) The board shall adopt regulations under (a) of this section that require an
 22 applicant demonstrate professional competence in pain management and addiction
 23 disorders. An applicant may include past professional experience or professional
 24 education as proof of professional competence.

25 * **Sec. 13.** AS 08.64.312 is amended to read:

26 **Sec. 08.64.312. Continuing education requirements.** (a) The board shall
 27 promote a high degree of competence in the practice of medicine, osteopathy, and
 28 podiatry by requiring every licensee of medicine, osteopathy, and podiatry
 29 [PHYSICIAN LICENSED] in the state to fulfill continuing education requirements.

30 (b) Before a license may be renewed, the licensee shall submit evidence to the
 31 board or its designee that continuing education requirements prescribed by regulations

1 adopted by the board have been met. Continuing education requirements must
2 include not less than two hours of education in pain management and opioid use
3 and addiction for every 40 hours of education received, unless the licensee
4 demonstrates to the satisfaction of the board that the licensee's practice does not
5 include pain management and opioid treatment or prescribing.

6 (c) The board or its designee may exempt a physician, osteopath, or
7 podiatrist from the requirements of (b) of this section upon an application by the
8 physician, osteopath, or podiatrist giving evidence satisfactory to the board or its
9 designee that the physician, osteopath, or podiatrist is unable to comply with the
10 requirements because of extenuating circumstances. However, a person may not be
11 exempted from more than 15 hours of continuing education in a five-year period; a
12 person may not be exempted from the requirement to receive at least two hours
13 of education in pain management and opioid use and addiction unless the person
14 has demonstrated to the satisfaction of the board that the person does not
15 currently hold a valid federal Drug Enforcement Administration registration
16 number.

17 * Sec. 14. AS 08.64.326(a) is amended to read:

18 (a) The board may impose a sanction if the board finds after a hearing that a
19 licensee

20 (1) secured a license through deceit, fraud, or intentional
21 misrepresentation;

22 (2) engaged in deceit, fraud, or intentional misrepresentation while
23 providing professional services or engaging in professional activities;

24 (3) advertised professional services in a false or misleading manner;

25 (4) has been convicted, including conviction based on a guilty plea or
26 plea of nolo contendere, of

27 (A) a class A or unclassified felony or a crime in another
28 jurisdiction with elements similar to a class A or unclassified felony in this
29 jurisdiction;

30 (B) a class B or class C felony or a crime in another jurisdiction
31 with elements similar to a class B or class C felony in this jurisdiction if the

1 felony or other crime is substantially related to the qualifications, functions, or
2 duties of the licensee; or

3 (C) a crime involving the unlawful procurement, sale,
4 prescription, or dispensing of drugs;

5 (5) has procured, sold, prescribed, or dispensed drugs in violation of a
6 law regardless of whether there has been a criminal action or harm to the patient;

7 (6) intentionally or negligently permitted the performance of patient
8 care by persons under the licensee's supervision that does not conform to minimum
9 professional standards even if the patient was not injured;

10 (7) failed to comply with this chapter, a regulation adopted under this
11 chapter, or an order of the board;

12 (8) has demonstrated

13 (A) professional incompetence, gross negligence, or repeated
14 negligent conduct; the board may not base a finding of professional
15 incompetence solely on the basis that a licensee's practice is unconventional or
16 experimental in the absence of demonstrable physical harm to a patient;

17 (B) addiction to, severe dependency on, or habitual overuse of
18 alcohol or other drugs that impairs the licensee's ability to practice safely;

19 (C) unfitness because of physical or mental disability;

20 (9) engaged in unprofessional conduct, in sexual misconduct, or in
21 lewd or immoral conduct in connection with the delivery of professional services to
22 patients; in this paragraph, "sexual misconduct" includes sexual contact, as defined by
23 the board in regulations adopted under this chapter, or attempted sexual contact with a
24 patient outside the scope of generally accepted methods of examination or treatment of
25 the patient, regardless of the patient's consent or lack of consent, during the term of the
26 physician-patient relationship, as defined by the board in regulations adopted under
27 this chapter, unless the patient was the licensee's spouse at the time of the contact or,
28 immediately preceding the physician-patient relationship, was in a dating, courtship,
29 or engagement relationship with the licensee;

30 (10) has violated AS 18.16.010;

31 (11) has violated any code of ethics adopted by regulation by the

1 board;

2 (12) has denied care or treatment to a patient or person seeking
3 assistance from the physician if the only reason for the denial is the failure or refusal
4 of the patient to agree to arbitrate as provided in AS 09.55.535(a); [OR]

5 (13) has had a license or certificate to practice medicine in another
6 state or territory of the United States, or a province or territory of Canada, denied,
7 suspended, revoked, surrendered while under investigation for an alleged violation,
8 restricted, limited, conditioned, or placed on probation unless the denial, suspension,
9 revocation, or other action was caused by the failure of the licensee to pay fees to that
10 state, territory, or province; or

11 (14) prescribed or dispensed an opioid in excess of the maximum
12 dosage authorized under AS 08.64.363.

13 * **Sec. 15.** AS 08.64 is amended by adding a new section to article 3 to read:

14 **Sec. 08.64.363. Maximum dosage for opioid prescriptions.** (a) A licensee
15 may not issue

16 (1) an initial prescription for an opioid that exceeds a seven-day supply
17 to an adult patient for outpatient use;

18 (2) a prescription for an opioid that exceeds a seven-day supply to a
19 minor; at the time a licensee writes a prescription for an opioid for a minor, the
20 licensee shall discuss with the parent or guardian of the minor why the prescription is
21 necessary and the risks associated with opioid use.

22 (b) Notwithstanding (a) of this section, a licensee may issue a prescription for
23 an opioid that exceeds a seven-day supply to an adult or minor patient if, in the
24 professional medical judgment of the licensee, more than a seven-day supply of an
25 opioid is necessary for

26 (1) the patient's acute medical condition, chronic pain management,
27 pain associated with cancer, or pain experienced while the patient is in palliative care;
28 the licensee may write a prescription for an opioid for the quantity needed to treat the
29 patient's medical condition, chronic pain, pain associated with cancer, or pain
30 experienced while the patient is in palliative care; the licensee shall document in the
31 patient's medical record the condition triggering the prescription of an opioid in a

1 quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was
2 not appropriate to address the medical condition;

3 (2) a patient who is unable to access a practitioner within the time
4 necessary for a refill of the seven-day supply because of a logistical or travel barrier;
5 the licensee may write a prescription for an opioid for the quantity needed to treat the
6 patient for the time that the patient is unable to access a practitioner; the licensee shall
7 document in the patient's medical record the reason for the prescription of an opioid in
8 a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative
9 was not appropriate to address the medical condition; in this paragraph, "practitioner"
10 has the meaning given in AS 11.71.900; or

11 (3) the treatment of a patient's substance abuse or opioid dependence;
12 the licensee may write a prescription for an opioid approved for the treatment of
13 substance abuse or opioid dependence for the quantity needed to treat the patient's
14 substance abuse or opioid dependence; the licensee shall document in the patient's
15 medical record the reason for the prescription of an opioid approved for the treatment
16 of substance abuse or opioid dependence in a quantity that exceeds a seven-day supply
17 and indicate that a nonopioid alternative was not appropriate for the treatment of
18 substance abuse or opioid dependence.

19 (c) In this section,

20 (1) "adult" means

21 (A) an individual who has reached 18 years of age; or

22 (B) an emancipated minor;

23 (2) "emancipated minor" means a minor whose disabilities have been
24 removed for general purposes under AS 09.55.590;

25 (3) "minor" means a individual under 18 years of age who is not an
26 emancipated minor.

27 * **Sec. 16.** AS 08.64.364(c) is amended to read:

28 (c) The board may not impose disciplinary sanctions on a physician for
29 prescribing, dispensing, or administering a prescription drug that is a controlled
30 substance or botulinum toxin if the requirements under (a) of this section **and**
31 **AS 08.64.363** are met and the physician prescribes, dispenses, or administers the

1 controlled substance or botulinum toxin when an appropriate licensed health care
2 provider is present with the patient to assist the physician with examination, diagnosis,
3 and treatment.

4 * Sec. 17. AS 08.64.380 is amended by adding a new paragraph to read:

5 (7) "opioid" includes the opium and opiate substances and opium and
6 opiate derivatives listed in AS 11.71.140.

7 * Sec. 18. AS 08.68.100(a), as amended by sec. 10, ch. 25, SLA 2016, is amended to read:

8 (a) The board shall

9 (1) adopt regulations necessary to implement this chapter, including
10 regulations

11 (A) pertaining to practice as an advanced practice registered
12 nurse, including requirements for an advanced practice registered nurse to
13 practice as a certified registered nurse anesthetist, certified clinical nurse
14 specialist, certified nurse practitioner, or certified nurse midwife; **regulations**
15 **for an advanced practice registered nurse who holds a valid federal Drug**
16 **Enforcement Administration registration number must address training**
17 **in pain management and opioid use and addiction;**

18 (B) necessary to implement AS 08.68.331 - 08.68.336 relating
19 to certified nurse aides in order to protect the health, safety, and welfare of
20 clients served by nurse aides;

21 (C) pertaining to retired nurse status; and

22 (D) establishing criteria for approval of practical nurse
23 education programs that are not accredited by a national nursing accrediting
24 body;

25 (2) approve curricula and adopt standards for basic education programs
26 that prepare persons for licensing under AS 08.68.190;

27 (3) provide for surveys of the basic nursing education programs in the
28 state at the times it considers necessary;

29 (4) approve education programs that meet the requirements of this
30 chapter and of the board, and deny, revoke, or suspend approval of education
31 programs for failure to meet the requirements;

- 1 (5) examine, license, and renew the licenses of qualified applicants;
- 2 (6) prescribe requirements for competence before a former registered,
- 3 advanced practice registered, or licensed practical nurse may resume the practice of
- 4 nursing under this chapter;
- 5 (7) define by regulation the qualifications and duties of the executive
- 6 administrator and delegate authority to the executive administrator that is necessary to
- 7 conduct board business;
- 8 (8) develop reasonable and uniform standards for nursing practice;
- 9 (9) publish advisory opinions regarding whether nursing practice
- 10 procedures or policies comply with acceptable standards of nursing practice as defined
- 11 under this chapter;
- 12 (10) require applicants under this chapter to submit fingerprints and the
- 13 fees required by the Department of Public Safety under AS 12.62.160 for criminal
- 14 justice information and a national criminal history record check; the department shall
- 15 submit the fingerprints and fees to the Department of Public Safety for a report of
- 16 criminal justice information under AS 12.62 and a national criminal history record
- 17 check under AS 12.62.400;
- 18 (11) require that a licensed advanced practice registered nurse
- 19 [PRACTITIONER] who has a federal Drug Enforcement Administration registration
- 20 number register with the controlled substance prescription database under
- 21 AS 17.30.200(o).

22 * **Sec. 19.** AS 08.68.270 is amended to read:

23 **Sec. 08.68.270. Grounds for denial, suspension, or revocation.** The board
24 may deny, suspend, or revoke the license of a person who

- 25 (1) has obtained or attempted to obtain a license to practice nursing by
- 26 fraud or deceit;
- 27 (2) has been convicted of a felony or other crime if the felony or other
- 28 crime is substantially related to the qualifications, functions, or duties of the licensee;
- 29 (3) habitually abuses alcoholic beverages, or illegally uses controlled
- 30 substances;
- 31 (4) has impersonated a registered, advanced practice registered, or

1 practical nurse;

2 (5) has intentionally or negligently engaged in conduct that has
3 resulted in a significant risk to the health or safety of a client or in injury to a client;

4 (6) practices or attempts to practice nursing while afflicted with
5 physical or mental illness, deterioration, or disability that interferes with the
6 individual's performance of nursing functions;

7 (7) is guilty of unprofessional conduct as defined by regulations
8 adopted by the board;

9 (8) has wilfully or repeatedly violated a provision of this chapter or
10 regulations adopted under this chapter or AS 08.01;

11 (9) is professionally incompetent;

12 (10) denies care or treatment to a patient or person seeking assistance
13 if the sole reason for the denial is the failure or refusal of the patient or person seeking
14 assistance to agree to arbitrate as provided in AS 09.55.535(a);

15 **(11) has prescribed or dispensed an opioid in excess of the**
16 **maximum dosage authorized under AS 08.68.705; or**

17 **(12) has procured, sold, prescribed, or dispensed drugs in violation**
18 **of a law, regardless of whether there has been a criminal action or harm to the**
19 **patient.**

20 * Sec. 20. AS 08.68.276 is amended to read:

21 **Sec. 08.68.276. Continuing competence required.** A license to practice
22 nursing may not be renewed unless the nurse has complied with continuing
23 competence requirements established by the board by regulation. **The board shall**
24 **adopt regulations for renewal of a license of an advanced practice registered**
25 **nurse. The regulations must require that a licensee receive not less than two**
26 **hours of education in pain management and opioid use and addiction in the two**
27 **years preceding an application for renewal of a license unless the licensee has**
28 **demonstrated to the satisfaction of the board that the licensee does not currently**
29 **hold a valid federal Drug Enforcement Administration registration number.**

30 * Sec. 21. AS 08.68 is amended by adding a new section to article 6 to read:

31 **Sec. 08.68.705. Maximum dosage for opioid prescriptions.** (a) An advanced

1 practice registered nurse may not issue

2 (1) an initial prescription for an opioid that exceeds a seven-day supply
3 to an adult patient for outpatient use;

4 (2) a prescription for an opioid that exceeds a seven-day supply to a
5 minor; at the time an advanced practice registered nurse writes a prescription for an
6 opioid for a minor, the advanced practice registered nurse shall discuss with the parent
7 or guardian of the minor why the prescription is necessary and the risks associated
8 with opioid use.

9 (b) Notwithstanding (a) of this section, an advanced practice registered nurse
10 may issue a prescription for an opioid that exceeds a seven-day supply to an adult or
11 minor patient if, in the professional judgment of the advanced practice registered
12 nurse, more than a seven-day supply of an opioid is necessary for

13 (1) the patient's acute medical condition, chronic pain management,
14 pain associated with cancer, or pain experienced while the patient is in palliative care;
15 the advanced practice registered nurse may write a prescription for an opioid for the
16 quantity needed to treat the patient's medical condition, chronic pain, pain associated
17 with cancer, or pain experienced while the patient is in palliative care; the advanced
18 practice registered nurse shall document in the patient's medical record the condition
19 triggering the prescription of an opioid in a quantity that exceeds a seven-day supply
20 and indicate that a nonopioid alternative was not appropriate to address the medical
21 condition; or

22 (2) a patient who is unable to access a practitioner within the time
23 necessary for a refill of the seven-day supply because of a logistical or travel barrier;
24 the advanced practice registered nurse may write a prescription for an opioid for the
25 quantity needed to treat the patient for the time that the patient is unable to access a
26 practitioner; the advanced practice registered nurse shall document in the patient's
27 medical record the reason for the prescription of an opioid in a quantity that exceeds a
28 seven-day supply and indicate that a nonopioid alternative was not appropriate to
29 address the medical condition; in this paragraph, "practitioner" has the meaning given
30 in AS 11.71.900.

31 (c) This section does not authorize an advanced practice registered nurse to

1 prescribe a controlled substance if the advanced practice registered nurse is not
2 otherwise authorized to prescribe a controlled substance under policies, procedures, or
3 regulations issued or adopted by the board.

4 (d) In this section,

5 (1) "adult" means

6 (A) an individual who has reached 18 years of age; or

7 (B) an emancipated minor;

8 (2) "emancipated minor" means a minor whose disabilities have been
9 removed for general purposes under AS 09.55.590;

10 (3) "minor" means an individual under 18 years of age who is not an
11 emancipated minor.

12 * **Sec. 22.** AS 08.68.850 is amended by adding a new paragraph to read:

13 (12) "opioid" includes the opium and opiate substances and opium and
14 opiate derivatives listed in AS 11.71.140.

15 * **Sec. 23.** AS 08.72.140 is amended to read:

16 **Sec. 08.72.140. Qualifications for licensure.** An applicant for licensure as an
17 optometrist

18 (1) shall be a graduate of a school or college of optometry recognized
19 by the board;

20 (2) may not have committed an act in any jurisdiction that would have
21 constituted a violation of this chapter or regulations adopted under this chapter at the
22 time the act was committed;

23 (3) may not have been disciplined by an optometry licensing entity in
24 another jurisdiction and may not be the subject of a pending disciplinary proceeding
25 conducted by an optometry licensing entity in another jurisdiction; however, the board
26 may consider the disciplinary action and, in the board's discretion, determine if the
27 person is qualified for licensure;

28 (4) shall have successfully completed

29 (A) the written and practical portions of an examination on
30 ocular pharmacology approved by the board that tests the licensee's or
31 applicant's knowledge of the characteristics, pharmacological effects,

1 indications, contraindications, and emergency care associated with the
2 prescription and use of pharmaceutical agents;

3 (B) a nontopical therapeutic pharmaceutical agent course of at
4 least 23 hours approved by the board or an examination approved by the board
5 on the treatment and management of ocular disease; and

6 (C) an optometry and nontopical therapeutic pharmaceutical
7 agent injection course of at least seven hours approved by the board or
8 equivalent training acceptable to the board; and

9 (5) shall meet other qualifications for licensure as established under
10 this chapter and regulations adopted by the board under AS 08.72.050; the
11 regulations must include qualifications for licensees who hold a valid federal
12 Drug Enforcement Administration registration number that address training in
13 pain management and opioid use and addiction.

14 * Sec. 24. AS 08.72.170 is amended to read:

15 Sec. 08.72.170. Licensure by credentials. The board shall issue a license by
16 credentials to an applicant who

17 (1) is a graduate of a school or college of optometry recognized by the
18 board;

19 (2) has passed a written examination approved by the board that is
20 designed to test the applicant's knowledge of the laws of Alaska governing the practice
21 of optometry and the regulations adopted under those laws;

22 (3) holds a current license to practice optometry in another state or
23 territory of the United States or in a province of Canada that has licensure
24 requirements that the board determines are equivalent to those established under this
25 chapter;

26 (4) at some time in the past, received a license to practice optometry
27 from another state or territory of the United States or from a province of Canada that
28 required the person to have passed the National Board of Examiners in Optometry
29 examination to qualify for licensure;

30 (5) was engaged in the active licensed clinical practice of optometry in
31 a state or territory of the United States or in a province of Canada for at least 3,120

1 hours during the 36 months preceding the date of application under this section;

2 (6) has not committed an act in any jurisdiction that would have
3 constituted a violation of this chapter or regulations adopted under this chapter at the
4 time the act was committed; [AND]

5 (7) has not been disciplined by an optometry licensing entity in another
6 jurisdiction and is not the subject of a pending disciplinary proceeding conducted by
7 an optometry licensing entity in another jurisdiction; however, the board may consider
8 the disciplinary action and, in the board's discretion, determine whether [IF] the
9 person is qualified for licensure; and

10 (8) has received education in pain management and opioid use and
11 addiction adequate for the practice of optometry, unless the applicant has
12 demonstrated to the satisfaction of the board that the applicant does not
13 currently hold a valid federal Drug Enforcement Administration registration
14 number; an applicant may include past professional experience or professional
15 education as proof of professional competence.

16 * Sec. 25. AS 08.72.181(d) is amended to read:

17 (d) Before a license may be renewed, the licensee shall submit to the board
18 evidence that, in the four years preceding the application for renewal, the licensee has

19 (1) completed eight hours of continuing education, approved by the
20 board, concerning the use and prescription of pharmaceutical agents;

21 (2) completed seven hours of continuing education, approved by the
22 board, concerning the injection of nontopical therapeutic pharmaceutical agents;
23 [AND]

24 (3) completed at least two hours of education in pain management
25 and opioid use and addiction, unless the applicant has demonstrated to the
26 satisfaction of the board that the applicant does not currently hold a valid federal
27 Drug Enforcement Administration registration number; and

28 (4) met other continuing education requirements as may be prescribed
29 by regulations of the board to ensure the continued protection of the public.

30 * Sec. 26. AS 08.72.240 is amended to read:

31 **Sec. 08.72.240. Grounds for imposition of disciplinary sanctions.** The board

1 may impose disciplinary sanctions when the board finds after a hearing that a licensee

2 (1) secured a license through deceit, fraud, or intentional
3 misrepresentation;

4 (2) engaged in deceit, fraud, or intentional misrepresentation in the
5 course of providing professional services or engaging in professional activities;

6 (3) advertised professional services in a false or misleading manner;

7 (4) has been convicted of a felony or other crime that [WHICH]
8 affects the licensee's ability to continue to practice competently and safely;

9 (5) intentionally or negligently engaged in or permitted the
10 performance of patient care by persons under the licensee's supervision that [WHICH]
11 does not conform to minimum professional standards regardless of whether actual
12 injury to the patient occurred;

13 (6) failed to comply with this chapter, with a regulation adopted under
14 this chapter, or with an order of the board;

15 (7) continued to practice after becoming unfit due to

16 (A) professional incompetence;

17 (B) failure to keep informed of or use current professional
18 theories or practices;

19 (C) addiction or severe dependency on alcohol or other drugs
20 that [WHICH] impairs the licensee's ability to practice safely;

21 (D) physical or mental disability;

22 (8) engaged in lewd or immoral conduct in connection with the
23 delivery of professional service to patients;

24 (9) failed to refer a patient to a physician after ascertaining the
25 presence of ocular or systemic conditions requiring management by a physician;

26 **(10) procured, sold, prescribed, or dispensed drugs in violation of**
27 **a law, regardless of whether there has been a criminal action or harm to the**
28 **patient.**

29 * Sec. 27. AS 08.80.030(b), as amended by sec. 12, ch. 25, SLA 2016, is amended to read:

30 (b) In order to fulfill its responsibilities, the board has the powers necessary
31 for implementation and enforcement of this chapter, including the power to

1 (1) elect a president and secretary from its membership and adopt rules
2 for the conduct of its business;

3 (2) license by examination or by license transfer the applicants who are
4 qualified to engage in the practice of pharmacy;

5 (3) assist the department in inspections and investigations for
6 violations of this chapter, or of any other state or federal statute relating to the practice
7 of pharmacy;

8 (4) adopt regulations to carry out the purposes of this chapter;

9 (5) establish and enforce compliance with professional standards and
10 rules of conduct for pharmacists engaged in the practice of pharmacy;

11 (6) determine standards for recognition and approval of degree
12 programs of schools and colleges of pharmacy whose graduates shall be eligible for
13 licensure in this state, including the specification and enforcement of requirements for
14 practical training, including internships;

15 (7) establish for pharmacists and pharmacies minimum specifications
16 for the physical facilities, technical equipment, personnel, and procedures for the
17 storage, compounding, and dispensing of drugs or related devices, and for the
18 monitoring of drug therapy;

19 (8) enforce the provisions of this chapter relating to the conduct or
20 competence of pharmacists practicing in the state, and the suspension, revocation, or
21 restriction of licenses to engage in the practice of pharmacy;

22 (9) license and regulate the training, qualifications, and employment of
23 pharmacy interns and pharmacy technicians;

24 (10) issue licenses to persons engaged in the manufacture and
25 distribution of drugs and related devices;

26 (11) establish and maintain a controlled substance prescription
27 database as provided in AS 17.30.200;

28 (12) establish standards for the independent administration by a
29 pharmacist of vaccines and related emergency medications under AS 08.80.168,
30 including the completion of an immunization training program approved by the board;

31 (13) establish standards for the independent dispensing by a

1 pharmacist of an opioid overdose drug under AS 17.20.085, including the completion
2 of an opioid overdose training program approved by the board;

3 (14) require that a licensed pharmacist [WHO HAS A FEDERAL
4 DRUG ENFORCEMENT ADMINISTRATION REGISTRATION NUMBER]
5 register with the controlled substance prescription database under AS 17.30.200(o).

6 * **Sec. 28.** AS 08.80 is amended by adding a new section to article 3 to read:

7 **Sec. 08.80.345. Prescription for an opioid; voluntary request for lesser**
8 **quantity.** (a) A pharmacist filling a prescription for an opioid that is a schedule II or
9 III controlled substance under federal law may, at the request of the individual for
10 whom the prescription is written, dispense the prescribed opioid in a lesser quantity
11 than prescribed.

12 (b) Nothing in this section shall be construed to prevent substitution of an
13 equivalent drug under AS 08.80.295.

14 * **Sec. 29.** AS 08.98.050(a) is amended to read:

15 (a) The board shall

16 (1) establish examination requirements for eligible applicants for
17 licensure to practice veterinary medicine;

18 (2) examine, or cause to be examined, eligible applicants for licensure
19 or registration;

20 (3) approve the issuance of licenses and student permits to qualified
21 applicants;

22 (4) establish standards for the practice of veterinary medicine by
23 regulation;

24 (5) conduct disciplinary proceedings in accordance with this chapter;

25 (6) adopt regulations requiring proof of continued competency before a
26 license is renewed;

27 (7) as requested by the department, monitor the standards and
28 availability of veterinary services provided in the state and report its findings to the
29 department;

30 (8) collect, or cause to be collected, data concerning the practice of
31 veterinary technology by veterinary technicians in the state and submit the data to the

1 department for maintenance;

2 (9) establish, by regulation, educational and training requirements for

3 (A) the issuance of student permits; and

4 (B) the delegation of duties by veterinarians licensed under this
5 chapter to veterinary technicians;

6 **(10) require that a licensee who has a federal Drug Enforcement**
7 **Administration registration number register with the controlled substance**
8 **prescription database under AS 17.30.200(o);**

9 **(11) identify resources and develop educational materials to assist**
10 **licensees to identify an animal owner who may be at risk for abusing or misusing**
11 **an opioid.**

12 * **Sec. 30.** AS 08.98.235 is amended to read:

13 **Sec. 08.98.235. Grounds for imposition of disciplinary sanctions.** After a
14 hearing, the board may impose a disciplinary sanction on a person licensed under this
15 chapter when the board finds that the person

16 (1) secured a license through deceit, fraud, or intentional
17 misrepresentation;

18 (2) engaged in deceit, fraud, or intentional misrepresentation in the
19 course of providing professional services or engaging in professional activities;

20 (3) advertised professional services in a false or misleading manner;

21 (4) has been convicted of a felony or other crime which affects the
22 person's ability to continue to practice competently and safely;

23 (5) intentionally or negligently engaged in or permitted the
24 performance of animal care by the person's supervisees which does not conform to
25 minimum professional standards regardless of whether actual injury to the animal
26 occurred;

27 (6) failed to comply with this chapter, with a regulation adopted under
28 this chapter, or with an order of the board;

29 (7) continued to practice after becoming unfit due to

30 (A) professional incompetence;

31 (B) addiction or severe dependency on alcohol or other drugs

1 which impairs the person's ability to practice safely;

2 (C) physical or mental disability;

3 (8) engaged in lewd or immoral conduct in connection with the
4 delivery of professional service;

5 **(9) procured, sold, prescribed, or dispensed drugs in violation of a**
6 **law, regardless of whether there has been a criminal action.**

7 * Sec. 31. AS 13 is amended by adding a new chapter to read:

8 **Chapter 55. Voluntary Nonopioid Directive Act.**

9 **Sec. 13.55.010. Nonopioid directive; revocation; other requirements. (a)**

10 An individual who is 18 years of age or older may execute a voluntary nonopioid
11 directive stating that an opioid may not be administered or prescribed to the
12 individual. The directive must be in a format prescribed by the department and
13 available in an electronic format.

14 (b) The commissioner of health and social services shall adopt regulations to
15 implement this chapter. The regulations must

16 (1) include verification by a health care provider and comply with the
17 written consent requirements under 42 U.S.C. 290dd-2(b);

18 (2) provide standard procedures for an individual to submit a voluntary
19 nonopioid directive to a health care provider or hospital;

20 (3) include appropriate exemptions for emergency medical personnel;

21 (4) ensure the confidentiality of a voluntary nonopioid directive;

22 (5) ensure exemptions for an opioid used for treatment of substance
23 abuse or opioid dependence.

24 (c) An individual may revoke a voluntary nonopioid directive at any time in
25 writing or orally. An individual's guardian, conservator, or other person appointed by
26 the individual or a court to manage the individual's health care

27 (1) may revoke an individual's voluntary nonopioid directive at any
28 time, in writing or orally;

29 (2) may not execute a voluntary nonopioid directive on behalf of the
30 individual.

31 (d) An individual may submit a voluntary nonopioid directive to a health care

1 provider or a hospital.

2 **Sec. 13.55.020. Obligations of health care providers and hospitals.** A health
3 care provider, a hospital, or an employee of a health care provider or hospital may not
4 be subject to disciplinary action by the health care provider's or the employee's
5 professional licensing board or held civilly or criminally liable for failure to
6 administer, prescribe, or dispense an opioid, or for inadvertent administration of an
7 opioid, to an individual who has executed a voluntary nonopioid directive.

8 **Sec. 13.55.030. Prescriptions presumed valid.** A prescription presented to a
9 pharmacy is presumed to be valid, and a pharmacist may not be subject to disciplinary
10 action by the pharmacist's professional licensing board or held civilly or criminally
11 liable for dispensing a controlled substance in contradiction to an individual's
12 voluntary nonopioid directive.

13 **Sec. 13.55.040. Effect of this chapter.** Nothing in this chapter shall be
14 construed to

15 (1) alter an advance health care directive under AS 13.52 (Health Care
16 Decisions Act);

17 (2) limit the prescribing, dispensing, or administering of an opioid
18 overdose drug;

19 (3) limit an authorized health care provider or pharmacist from
20 prescribing, dispensing, or administering an opioid for the treatment of substance
21 abuse or opioid dependence.

22 **Sec. 13.55.100. Definitions.** In this chapter, unless the context otherwise
23 requires,

24 (1) "department" means the Department of Health and Social Services;

25 (2) "health care provider" has the meaning given in AS 09.65.340;

26 (3) "hospital" has the meaning given in AS 13.52.268;

27 (4) "opioid" includes the opium and opiate substances and opium and
28 opiate derivatives listed in AS 11.71.140;

29 (5) "opioid overdose drug" has the meaning given in AS 09.65.340.

30 **Sec. 13.55.110. Short title.** This chapter may be known as the Voluntary
31 Nonopioid Directive Act.

1 * **Sec. 32.** AS 17.30.200(a), as amended by sec. 21, ch. 25, SLA 2016, is amended to read:

2 (a) The controlled substance prescription database is established in the Board
3 of Pharmacy. The purpose of the database is to contain data as described in this
4 section regarding every prescription for a schedule II, III, or IV controlled substance
5 under federal law dispensed in the state to a person other than those administered to a
6 patient at a health care facility **or a correctional facility, except when prescribing**
7 **opioids to an inmate at the time of the inmate's release.**

8 * **Sec. 33.** AS 17.30.200(b), as amended by sec. 23, ch. 25, SLA 2016, is amended to read:

9 (b) The pharmacist-in-charge of each licensed or registered pharmacy,
10 regarding each schedule II, III, or IV controlled substance under federal law dispensed
11 by a pharmacist under the supervision of the pharmacist-in-charge, and each
12 practitioner who directly dispenses a schedule II, III, or IV controlled substance under
13 federal law other than those administered to a patient at a health care facility **or a**
14 **correctional facility, except when prescribing opioids to an inmate at the time of**
15 **the inmate's release,** shall submit to the board, by a procedure and in a format
16 established by the board, the following information for inclusion in the database on at
17 least a weekly basis:

18 (1) the name of the prescribing practitioner and the practitioner's
19 federal Drug Enforcement Administration registration number or other appropriate
20 identifier;

21 (2) the date of the prescription;

22 (3) the date the prescription was filled and the method of payment; this
23 paragraph does not authorize the board to include individual credit card or other
24 account numbers in the database;

25 (4) the name, address, and date of birth of the person for whom the
26 prescription was written;

27 (5) the name and national drug code of the controlled substance;

28 (6) the quantity and strength of the controlled substance dispensed;

29 (7) the name of the drug outlet dispensing the controlled substance;

30 and

31 (8) the name of the pharmacist or practitioner dispensing the controlled

1 substance and other appropriate identifying information.

2 * **Sec. 34.** AS 17.30.200(b), as amended by sec. 33 of this Act, is amended to read:

3 (b) The pharmacist-in-charge of each licensed or registered pharmacy,
4 regarding each schedule II, III, or IV controlled substance under federal law dispensed
5 by a pharmacist under the supervision of the pharmacist-in-charge, and each
6 practitioner who directly dispenses a schedule II, III, or IV controlled substance under
7 federal law other than those administered to a patient at a health care facility or a
8 correctional facility, except when prescribing opioids to an inmate at the time of the
9 inmate's release, shall submit to the board, by a procedure and in a format established
10 by the board, the following information for inclusion in the database on at least a daily
11 [WEEKLY] basis:

12 (1) the name of the prescribing practitioner and the practitioner's
13 federal Drug Enforcement Administration registration number or other appropriate
14 identifier;

15 (2) the date of the prescription;

16 (3) the date the prescription was filled and the method of payment; this
17 paragraph does not authorize the board to include individual credit card or other
18 account numbers in the database;

19 (4) the name, address, and date of birth of the person for whom the
20 prescription was written;

21 (5) the name and national drug code of the controlled substance;

22 (6) the quantity and strength of the controlled substance dispensed;

23 (7) the name of the drug outlet dispensing the controlled substance;

24 and

25 (8) the name of the pharmacist or practitioner dispensing the controlled
26 substance and other appropriate identifying information.

27 * **Sec. 35.** AS 17.30.200(d), as amended by sec. 25, ch. 25, SLA 2016, is amended to read:

28 (d) The database and the information contained within the database are
29 confidential, are not public records, and are not subject to public disclosure [, AND
30 MAY NOT BE SHARED WITH THE FEDERAL GOVERNMENT]. The board shall
31 undertake to ensure the security and confidentiality of the database and the

1 information contained within the database. The board may allow access to the
2 database only to the following persons, and in accordance with the limitations
3 provided and regulations of the board:

4 (1) personnel of the board regarding inquiries concerning licensees or
5 registrants of the board or personnel of another board or agency concerning a
6 practitioner under a search warrant, subpoena, or order issued by an administrative law
7 judge or a court;

8 (2) authorized board personnel or contractors as required for
9 operational and review purposes;

10 (3) a licensed practitioner having authority to prescribe controlled
11 substances or an agent or employee of the practitioner whom the practitioner has
12 authorized to access the database on the practitioner's behalf, to the extent the
13 information relates specifically to a current patient of the practitioner to whom the
14 practitioner is prescribing or considering prescribing a controlled substance; the agent
15 or employee must be licensed or registered under AS 08;

16 (4) a licensed or registered pharmacist having authority to dispense
17 controlled substances or an agent or employee of the pharmacist whom the pharmacist
18 has authorized to access the database on the pharmacist's behalf, to the extent the
19 information relates specifically to a current patient to whom the pharmacist is
20 dispensing or considering dispensing a controlled substance; the agent or employee
21 must be licensed or registered under AS 08;

22 (5) federal, state, and local law enforcement authorities may receive
23 printouts of information contained in the database under a search warrant or order
24 issued by a court establishing probable cause for the access and use of the information;

25 (6) an individual who is the recipient of a controlled substance
26 prescription entered into the database may receive information contained in the
27 database concerning the individual on providing evidence satisfactory to the board that
28 the individual requesting the information is in fact the person about whom the data
29 entry was made and on payment of a fee set by the board under AS 37.10.050 that
30 does not exceed \$10;

31 (7) a licensed pharmacist employed by the Department of Health and

1 Social Services who is responsible for administering prescription drug coverage for
2 the medical assistance program under AS 47.07, to the extent that the information
3 relates specifically to prescription drug coverage under the program;

4 (8) a licensed pharmacist, licensed practitioner, or authorized
5 employee of the Department of Health and Social Services responsible for utilization
6 review of prescription drugs for the medical assistance program under AS 47.07, to the
7 extent that the information relates specifically to utilization review of prescription
8 drugs provided to recipients of medical assistance;

9 (9) the state medical examiner, to the extent that the information
10 relates specifically to investigating the cause and manner of a person's death;

11 (10) an authorized employee of the Department of Health and Social
12 Services may receive information from the database that does not disclose the identity
13 of a patient, prescriber, dispenser, or dispenser location, for the purpose of identifying
14 and monitoring public health issues in the state; however, the information provided
15 under this paragraph may include the region of the state in which a patient, prescriber,
16 and dispenser are located and the specialty of the prescriber; and

17 (11) a practitioner, pharmacist, or clinical staff employed by an Alaska
18 tribal health organization, including commissioned corps officers of the United States
19 Public Health Service employed under a memorandum of agreement; in this
20 paragraph, "Alaska tribal health organization" has the meaning given to "tribal health
21 program" in 25 U.S.C. 1603.

22 * **Sec. 36.** AS 17.30.200(e), as amended by sec. 27, ch. 25, SLA 2016, is amended to read:

23 (e) The failure of a pharmacist-in-charge or a [,] pharmacist [, OR
24 PRACTITIONER] to register or submit information to the database as required under
25 this section is grounds for the board to take disciplinary action against the license or
26 registration of the pharmacy or pharmacist. The failure of a practitioner to register
27 or review the database as required under this section is grounds for the
28 practitioner's [OR FOR ANOTHER] licensing board to take disciplinary action
29 against the [A] practitioner.

30 * **Sec. 37.** AS 17.30.200(p), enacted by sec. 34, ch. 25, SLA 2016, is amended to read:

31 (p) The board shall promptly notify the State Medical Board, the Board of

1 Nursing, the Board of Dental Examiners, [AND] the Board of Examiners in
2 Optometry, and the Board of Veterinary Examiners when a practitioner registers
3 with the database under (o) of this section.

4 * **Sec. 38.** AS 17.30.200(q), enacted by sec. 34, ch. 25, SLA 2016, is amended to read:

5 (q) The board is authorized to provide unsolicited notification to a pharmacist,
6 practitioner's licensing board, or practitioner if a patient has received one or more
7 prescriptions for controlled substances in quantities or with a frequency inconsistent
8 with generally recognized standards of safe practice. An unsolicited notification to a
9 practitioner's licensing board under this section

10 (1) must be provided to the practitioner;

11 (2) is confidential;

12 (3) may not disclose information that is confidential under this
13 section;

14 (4) may be in a summary form sufficient to provide notice of the
15 basis for the unsolicited notification.

16 * **Sec. 39.** AS 17.30.200(r), enacted by sec. 34, ch. 25, SLA 2016, is amended to read:

17 (r) The board shall update the database on at least a daily [WEEKLY] basis
18 with the information submitted to the board under (b) of this section.

19 * **Sec. 40.** AS 17.30.200(n) is amended by adding a new paragraph to read:

20 (5) "opioid" includes the opium and opiate substances and opium and
21 opiate derivatives listed in AS 11.71.140.

22 * **Sec. 41.** AS 17.30.200 is amended by adding a new subsection to read:

23 (t) Notwithstanding (q) of this section, the board may issue to a practitioner
24 periodic unsolicited reports that detail and compare the practitioner's opioid
25 prescribing practice with other practitioners of the same occupation and similar
26 specialty. A report issued under this subsection is confidential and the board shall
27 issue the report only to a practitioner. The board may adopt regulations to implement
28 this subsection. The regulations may address the types of controlled substances to be
29 included in an unsolicited report, the quantities dispensed, the medication strength,
30 and other factors determined by the board.

31 * **Sec. 42.** AS 18.05.040(a) is amended to read:

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- (a) The commissioner shall adopt regulations consistent with existing law for
 - (1) the time, manner, information to be reported, and persons responsible for reporting for each disease or other condition of public health importance on the list developed under AS 18.15.370;
 - (2) cooperation with local boards of health and health officers;
 - (3) protection and promotion of the public health and prevention of disability and mortality;
 - (4) the transportation of dead bodies, except that the commissioner may not require that a dead body be embalmed unless the body is known to carry a communicable disease or embalment is otherwise required for the protection of the public health or for compliance with federal law;
 - (5) carrying out the purposes of this chapter;
 - (6) the conduct of its business and for carrying out the provisions of laws of the United States and the state relating to public health;
 - (7) establishing the divisions and local offices and advisory groups necessary or considered expedient to carry out or assist in carrying out a duty or power assigned to it;
 - (8) the voluntary certification of laboratories to perform diagnostic, quality control, or enforcement analyses or examinations based on recognized or tentative standards of performance relating to analysis and examination of food, including seafood, milk, water, and specimens from human beings submitted by licensed physicians and nurses for analysis;
 - (9) the regulation of quality and purity of commercially compressed oxygen sold for human respiration;
 - (10) establishing confidentiality and security standards for information and records received under AS 18.15.355 - 18.15.395;

(11) implementation of AS 13.55 (Voluntary Nonopioid Directive

Act).

* **Sec. 43.** Sections 22, 24, 26, 28, 30, 32, 52, and 73, ch. 25, SLA 2016, are repealed.

* **Sec. 44.** The uncodified law of the State of Alaska is amended by adding a new section to read:

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1 TRANSITION: REGULATIONS. (a) The Department of Health and Social Services
2 may adopt regulations necessary to implement the changes made by secs. 31 and 42 of this
3 Act. The regulations take effect under AS 44.62 (Administrative Procedure Act), but not
4 before the effective date of the relevant provision of this Act implemented by the regulation.

5 (b) The Department of Commerce, Community, and Economic Development and a
6 board that regulates an occupation that includes a practitioner required to register with the
7 controlled substance prescription database under AS 17.30.200 shall adopt regulations to
8 implement the changes made by AS 17.30.200(b), as amended by sec. 34 of this Act, and
9 AS 17.30.200(r), as amended by sec. 39 of this Act. The regulations take effect under
10 AS 44.62 (Administrative Procedure Act), but not before the effective date of the relevant
11 provision of secs. 34 and 39 of this Act implemented by the regulation. In this subsection,

12 (1) "board" has the meaning given in AS 08.01.110;

13 (2) "occupation" has the meaning given in AS 08.01.110;

14 (3) "practitioner" has the meaning given in AS 11.71.900.

15 (c) The Board of Dental Examiners may adopt regulations necessary to implement the
16 changes made by secs. 1 and 2 of this Act. The regulations take effect under AS 44.62
17 (Administrative Procedure Act), but not before the effective date of the relevant provision of
18 secs. 1 and 2 of this Act implemented by the regulation.

19 (d) The State Medical Board may adopt regulations necessary to implement the
20 changes made by secs. 6 - 13 of this Act. The regulations take effect under AS 44.62
21 (Administrative Procedure Act), but not before the effective date of the relevant provision of
22 secs. 6 - 13 of this Act implemented by the regulation.

23 (e) The Board of Nursing may adopt regulations necessary to implement the changes
24 made by secs. 18 and 20 of this Act. The regulations take effect under AS 44.62
25 (Administrative Procedure Act), but not before the effective date of the relevant provision of
26 secs. 18 and 20 of this Act implemented by the regulation.

27 (f) The Board of Examiners in Optometry may adopt regulations necessary to
28 implement the changes made by secs. 23 - 25 of this Act. The regulations take effect under
29 AS 44.62 (Administrative Procedure Act), but not before the effective date of the relevant
30 provision of secs. 23 - 25 of this Act implemented by the regulation.

31 * **Sec. 45.** Section 27 of this Act takes effect on the effective date of sec. 12, ch. 25, SLA

1 2016.

2 * **Sec. 46.** Section 32 of this Act takes effect on the effective date of sec. 21, ch. 25, SLA
3 2016.

4 * **Sec. 47.** Section 33 of this Act takes effect on the effective date of sec. 23, ch. 25, SLA
5 2016.

6 * **Sec. 48.** Section 35 of this Act takes effect on the effective date of sec. 25, ch. 25, SLA
7 2016.

8 * **Sec. 49.** Section 36 of this Act takes effect on the effective date of sec. 27, ch. 25, SLA
9 2016.

10 * **Sec. 50.** Sections 37 and 38 of this Act take effect on the effective date of sec. 34, ch. 25,
11 SLA 2016.

12 * **Sec. 51.** Section 1, 2, 6 - 13, 18, 20, 23 - 25, 34, and 39 of this Act take effect July 1,
13 2018.

14 * **Sec. 52.** Sections 31 and 42 of this Act take effect July 1, 2019.

15 * **Sec. 53.** Except as provided in secs. 45 - 52 of this Act, this Act takes effect immediately
16 under AS 01.10.070(c).

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