

SB

79

<TARGET><BILL>SB 79</BILL><SUBJECT>SB
79</SUBJECT><COMM>SHSS30</COMM></TARGET>

SENATE COMMITTEE REPORT

DATE: 4/15/17

FURTHER: Finance

DATE TURNED
IN TO OFFICE: 5/10/17

Health and Social Services Committee considered SENATE BILL NO. 79

SB 79-OPIOIDS;PRESCRIPTIONS;DATABASE;LICENSES

"An Act relating to the prescription of opioids; establishing the Voluntary Nonopioid Directive Act; relating to the controlled substance prescription database; relating to the practice of dentistry; relating to the practice of medicine; relating to the practice of podiatry; relating to the practice of osteopathy; relating to the practice of nursing; relating to the practice of optometry; relating to the practice of veterinary medicine; related to the duties of the Board of Pharmacy; and providing for an effective date."

and recommends:

- be replaced with CS SB 79 (HSS) [] Same Title [] New Title
- adopt previous CS _____ (_____) [] Same Title [] New Title
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
EED	MVA
DEC	DNR
DFG	DPS
GOV	REV
DHS	DOT
AJS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
COR			✓	1
DHS			✓	2
CED	✓			3

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	No REC	AMEND
	Begich				✓
	Van Imhof			✓	
	Giessel				✓
	McCutcheon				✓
CHAIR:	Wilson	✓			

ARTICLE 2 "STANDARDS & SCHEDULES"

SW

ADDS: AS 11.71.140
SCHEDULE IA

AS 11.71.160
SCHEDULE IIIA

30-GS1021\O.1
Bruce
5/5/17

AMENDMENT #1

OFFERED IN THE SENATE
TO: CSSB 79(L&C)

BY SENATOR GIESSEL

ADOPTED ✓

✓ 1 Page 6, line 26:
2 Delete "AS 11.71.140"
3 Insert "AS 11.71.140"
4

'and AS 11.71.160"

✓ 5 Page 15, line 6:
6 Delete "AS 11.71.140"
7 Insert "AS 11.71.140"
8

'and AS 11.71.160"

✓ 9 Page 19, line 14:
10 Delete "AS 11.71.140"
11 Insert "AS 11.71.140"
12

and AS 11.71.160"

✓ 13 Page 27, line 28:
14 Delete "AS 11.71.140"
15 Insert "AS 11.71.140"
16

and AS 11.71.160"

✓ 17 Page 32, line 20:
18 Delete "AS 11.71.140"
19 Insert "AS 11.71.140"

and AS 11.71.160"

AS 08.72.181(d)
RENEWAL OF LICENSE

ADOPTED ✓

"REDUCES FROM 4 YEARS TO 2 YEARS"

30-GS1021\O.2
Bruce
5/5/17

AMENDMENT #2

OFFERED IN THE SENATE
TO: CSSB 79(L&C)

BY SENATOR GIESSEL

- ✓
- 1 Page 21, line 18:
 - 2 Delete "four"
 - 3 Insert "two [FOUR]"

ARTICLE 4 "DEFINITIONS"

ADD "ADVANCED PRACTICE REGISTERED NURSE"

30-GS1021\O.4
Bruce
5/5/17

AMENDMENT #3

ADOPTED

OFFERED IN THE SENATE

TO: CSSB 79(L&C)

BY SENATOR GIESSEL

- ✓ 1 Page 1, line 7, following "pharmacists";
2 Insert "relating to the definition of 'practitioner';"
3

- ✓ 4 Page 26, following line 6:
5 Insert a new bill section to read:
6 ** Sec. 31. AS 11.71.900(19) is amended to read:

7 (19) "practitioner" means

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

13 (B) a pharmacy, hospital, or other institution licensed,
14 registered, or otherwise permitted to distribute, dispense, conduct research with
15 respect to, or to administer a controlled substance in the course of professional
16 practice or research in the state;"
17

18 Renumber the following bill sections accordingly.
19
20
21
22
23



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

Senate Bill 79, version O

Sectional Analysis

Prepared by the Alaska Department of Health and Social Services

April 17, 2017

HB 159, "An Act relating to the prescription of opioids; establishing the Voluntary Nonopioid Directive Act; relating to the controlled substance prescription database; relating to the practice of dentistry; relating to the practice of medicine; relating to the practice of podiatry; relating to the practice of osteopathy; relating to the practice of nursing; relating to the practice of optometry; relating to the practice of veterinary medicine; related to the duties of the Board of Pharmacy; and providing for an effective date."

Note: Sec. 1 – 26 amend individual board statutes regarding: education requirements for initial licensure; continuing education requirements for licensure renewal; disciplinary authority of Board's pertaining to the maximum opioid prescription limit; sets a maximum opioid prescription limit of 7 days for the initial prescription (with exceptions); and defines opioids.

Sec. 1: Amends the Board of Dental Examiners statutes by requiring the Board to adopt regulations for renewal of licensure to include a minimum of two hours of continuing education in pain management and opioid misuse and addiction in the previous two years preceding renewal, unless the licensee has demonstrated to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number.

Sec. 2: Amends the Board of Dental Examiners statutes by requiring the Board to adopt regulations for licensure qualifications to include a minimum of two hours of education in pain management and opioid misuse and addiction in the two years preceding the application for a license, unless the applicant has demonstrated to

the satisfaction of the Board that the applicant does not currently hold a valid federal DEA registration number.

- Sec. 3:** Amends the Board of Dental Examiners statutes for disciplinary authority. It allows the Board to discipline, revoke, suspend, reprimand or censure a license of a dentist, if the Board finds a licensee has prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.36.355, or procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action or patient harm.
- Sec. 4:** Adds a new section to the Board of Dental Examiners statutes limiting the dosage for an opioid prescription to a seven-day supply for an adult or minor. The dentist must discuss with the parent or guardian of a minor why the prescription is necessary and the risks associated with the opioid use. A dentist may issue a prescription for greater than a seven-day supply to an adult or minor patient if, in the professional judgement of the dentist, more than a seven day supply is necessary for; the chronic pain management, or a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier. The dentist must document in the patient's medical record the condition requiring the excess of a seven-day supply, and indicate a non-opioid alternative was not appropriate to treat the condition. The section defines "adult" and "minor."
- Sec. 5:** Amends the Board of Dental Examiner statutes by adding a definition of an "opioid."
- Sec. 6:** Amends the Medical Board statutes for qualifications for physician assistants. The Board shall adopt regulations for physician assistant to include education on pain management and opioid use and addiction.
- Sec. 7:** Amends the Medical Board statutes for qualifications for physicians. The additional language requires physician applicants to receive education in pain management and opioid use and addiction prior to licensure, unless the applicant has demonstrated to the satisfaction of the Board that the applicant does not currently hold a valid federal DEA registration number.
- Sec. 8:** Amends the Medical Board statutes for qualifications for osteopaths. The additional language requires osteopath applicants to receive education in pain management and opioid use and addiction prior to licensure, unless the applicant has demonstrated to the satisfaction of the Board that the applicant does not currently hold a valid federal DEA registration number. The language in this section refers to the physician applicant qualifications in section 8, and duplication in (4) of the same statute.

- Sec. 9:** Amends the Medical Board statutes for qualifications for podiatrists. The additional language requires podiatry applicants to receive education in pain management and opioid use and addiction prior to licensure, unless the applicant has demonstrated to the satisfaction of the Board that the applicant does not currently hold a valid federal DEA registration number. The language in this section refers to the physician applicant qualifications in section 8, and duplication in (3) of the same statute.
- Sec. 10:** Amends the Medical Board statutes for qualifications for foreign graduates. The additional language requires foreign graduate applicants to receive education in pain management and opioid use and addiction prior to licensure, unless the applicant has demonstrated to the satisfaction of the Board that the applicant does not currently hold a valid federal DEA registration number. The language in this section refers to the physician applicant qualifications in section 8, and duplication in (a)(2)(B) of the same statute.
- Sec. 11:** Amends the Medical Board statutes for License by credentials. The amendment includes the addition of qualifications for licensure of osteopath applicants.
- Sec. 12:** Amends the Medical Board statutes by adding a new subsection for qualifications for licensure by credentials for physicians, osteopaths and podiatrists by requiring the Board to adopt regulations for applicants to include requiring the applicant to demonstrate professional competence in pain management and addiction disorders. The professional competence may include professional experience or professional instruction as proof of professional competence.
- Sec. 13:** Amends the Medical Board statutes for continuing education requirements for renewal of a license. A licensee of medicine, osteopathy, and podiatry must receive no less than two hours of education in pain management and opioid misuse and addiction for every 40 hours of instruction received, unless the licensee demonstrates to the satisfaction of the Board that the licensee's practice does not include pain management and opioid treatment or prescribing. An applicant for renewal may not be exempted from the requirement to receive at least two hours of instruction on pain management and opioid misuse and addiction, unless the person has demonstrated to the satisfaction of the Board that the person does not currently hold a valid federal DEA registration number.
- Sec. 14:** Amends Medical Board disciplinary authority. The Board may impose a disciplinary sanction if the Board finds that a licensee has prescribed or dispensed an opioid in excess of the maximum dosage.
- Sec. 15:** Adds a new section to the Medical Board statutes limiting the dosage for an opioid prescription to a seven-day supply for an adult or minor. The licensee must discuss with the parent or guardian of a minor why the prescription is necessary

and the risks associated with the opioid use. A licensee may issue a prescription for greater than a seven-day supply to an adult or minor patient if, in the professional judgement of the licensee, more than a seven-day supply is necessary for; an acute medical condition, chronic pain management, pain associated with cancer, pain experienced while the patient is in palliative care, a patient who is unable to access a practitioner within the time necessary for a refill of the seven day supply because of a logistical or travel barrier, or treatment of a patient's substance abuse or opioid dependence. The licensee must document in the patient's medical record the medical condition requiring the excess of a seven-day supply, and indicate a non-opioid alternative was not appropriate to treat the medical condition, or the substance abuse or opioid dependence. The section defines "adult," "emancipated minor," and "minor."

- Sec. 16:** Amends Medical Board statute for prescription of drugs without a physical examination. It adds the Board may not impose disciplinary sanctions on a physician for prescribing, dispensing, or administering a controlled substance if the requirements in the new section AS 08.64.363, under Sec. 12 of this document, are met.
- Sec. 17:** Amends Medical Board statute by adding and defining "opioid" to include the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140.
- Sec. 18:** Amends the Board of Nursing to provide authority to adopt regulation to comply with new continuing education requirements.
- Sec. 19:** Amends the Board of Nursing statute by giving the Board the authority to deny, suspend, or revoke the license of a person who: prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.68.705; or has procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action or patient harm.
- Sec. 20:** Amends the Board of Nursing statute to include enforcement authority for failure to meet regarding enforcement actions for continuing competency requirements. A license may not be renewed unless the advanced practice registered nurse has completed a minimum of two hours of education in pain management and opioid misuse and addiction within the two years preceding renewal of the license, unless the licensee has demonstrated to the satisfaction of the Board that the licensee does not currently hold a valid federal DEA registration number.
- Sec. 21:** Adds a new section to article 6 of the Nursing Board statutes limiting the dosage for an opioid prescription to a seven-day supply for an adult or minor. The advance practice registered nurse must discuss with the parent or guardian of a minor why the prescription is necessary and the risks associated with the opioid use. An

advanced practice registered nurse may issue a prescription for greater than a seven-day supply to an adult or minor patient if, in the professional judgement of the advanced practice registered nurse, more than a seven-day supply is necessary for: an acute medical condition, chronic pain management, pain associated with cancer, pain experienced while the patient is in palliative care, or a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier. The advanced practice registered nurse must document in the patient's medical record the condition requiring the excess of a seven-day supply, and indicate a non-opioid alternative was not appropriate to treat the condition. The section defines "adult," "emancipated minor," and "minor."

- Sec. 22:** Amends Nursing Board statute by adding and defining "opioid" to include opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140.
- Sec 23:** Amends the Board of Optometry to require the Board to adopt regulations for advanced practice registered nurses to include education on pain management and opioid use and addiction.
- Sec. 24:** Amends the Board of Optometry statute for qualifications for licensure by credentials. The applicant must have received education in pain management and opioid misuse and addiction adequate for the practice of optometry and may include professional experience or professional education, unless the applicant has demonstrated to the satisfaction of the Board that the applicant does not currently hold a valid federal DEA registration number.
- Sec. 25:** Amends the Board of Optometry statute for continuing education requirements for renewal of a license. The optometrist must complete a minimum of two hours of education in pain management and opioid misuse and addiction in the four years preceding renewal, unless the applicant has demonstrated to the satisfaction of the Board that the applicant does not currently hold a valid federal DEA registration number.
- Sec. 26:** Amends the Board of Optometry disciplinary authority. The Board may impose disciplinary sanctions on an optometrist who has procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action or patient harm.
- Sec. 27:** Amends powers and duties of the Board of Pharmacy, 08.80.030(b)(13). The current law that takes effect July 17, 2017, will require pharmacists with a DEA Registration number, to register with the controlled substance prescription database (also known as the PDMP). Pharmacists do not obtain DEA registration numbers, only pharmacies. Therefore, this section removes the DEA Registration number requirement. (*Sec. 27 is a technical fix.*)

Sec. 28: Amends the Board of Pharmacy statutes to add a new section to allow the pharmacist filling a prescription for a schedule II or III controlled substance, to dispense a lesser quantity than prescribed at the request of the individual for whom the prescription is written.

Note: Sec. 29-30 – Relate to the Board of Veterinary Examiners: education requirements and disciplinary authority; pertaining to the maximum opioid prescription limit.

Sec. 29: Amends the Board of Veterinary Examiners statute under Powers and Duties of the Board. The Board shall require a licensee who has a federal DEA registration number to register with the controlled substance prescription database under AS 17.30.200(o). The section requires the Board to identify resources and develop educational materials to assist licensees in identifying an animal owner who may be at risk for abusing or misusing an opioid.

Sec 30: The Board may deny, suspend, or revoke the license of a person who: prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.68.705; or has procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action.

Sec. 31: *(This section is the Voluntary Non-Opioid Directive)* The section allows an individual to execute a voluntary non-opioid directive in a format prescribed by the Department of Health and Social Services. The section further provides that a licensed healthcare providers, hospitals, and employees, and pharmacists are exempt from licensing board discipline, civil and criminal liability for failure to administer, prescribe, or dispense an opioid to an individual who has executed a voluntary non-opioid directive. The directive does not limit a healthcare provider or pharmacist from prescribing, dispensing, or administering an opioid overdose drug or an opioid for the treatment of substance abuse or opioid dependence.

Note: Sec. 32-41 – Changes relating to the Prescription Drug Monitoring Program (PDMP); updating the definition of opioid; and prescriber “report cards.”

Sec. 32: Amends AS 17.300.200(a) to exclude certain facilities from the requirements of the controlled substance prescription database (also known as the PDMP). This section references a section “u” of the PDMP (see section 41) where by correctional facilities are exempt from the PDMP except when prescribing opioids to an inmate at the time of the inmate’s release as in patient pharmacies and emergency rooms are exempt if they are only prescribing less than a 24-hour supply of opioids. (See also section 41).

Sec. 33: Amends AS 17.300.200(a) to exclude correctional facilities from the requirements of the controlled substance prescription database except when prescribing opioids to

an inmate at the time of the inmate's release. *Note: This is required due to the delayed effective dates from SB 74 and this bill.*

- Sec. 34:** Amends AS 17.30.200(b) as amended by sec. 23, ch. 25, SLA 2016 by substituting "weekly" with "daily." The change will require the pharmacist-in-charge of a pharmacy, and each practitioner who dispenses a schedule II, III, or IV controlled substance, to submit the information to the controlled substance prescription database daily instead of weekly. (*Note: This is required due to the delayed effective dates from SB 74 and this bill.*)
- Sec. 35:** Amends AS 17.30.200(d) as amended ch. 25, SLA 2016 to clarify that to clarify that information contained in the PDMP can be shared with federal, state and local law enforcement that have a valid search warrant or court order.
- Sec. 36:** Amends AS 17.30.200(e) as amended by ch. 25, SLA 2016 to clarify that a pharmacist, the individual filling a prescription, is required to submit information into the database. It is the responsibility of the practitioner, the individual writing the prescription, to review the database.
- Sec. 37:** Amends AS 17.30.200(p) as amended by ch. 25, SLA 2016 to require the Board of Pharmacy shall promptly notify the Board of Veterinary Examiners when a practitioner registers with the database under (o) of the section.
- Sec. 38:** Amends AS 17.30.200(q) as amended by, ch. 25, SLA 2016 is amended by allowing the Board of Pharmacy to provide unsolicited notification to the practitioner's licensing board if a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of safe practice. The unsolicited notification to a practitioner's licensing board under the section must also be provided to the practitioner, is considered confidential, may not disclose confidential information under the section, and may be in a summary form sufficient to provide notice of the basis for the unsolicited notification.
- Sec. 39:** Amends AS 17.30.200(r) as amended by ch. 25, SLA 2016 to provide guidance so to when the Board must update the requirement that pharmacists and prescribers must comply with the database on a daily basis rather than a weekly basis.
- Sec. 40:** Amends AS 17.30.200(n) as amended by ch 25, SLA 2016 to update the definition of opioid to include the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140.
- Sec. 41:** Adds a new section (t) to AS 17.30.200, giving the Board of Pharmacy the authority to issue periodic unsolicited "report cards" with non-identifiable information comparing the practitioner's opioid prescribing practices with others in the same

occupation. (information is confidential) . Also adds a new section (u) to AS 47.17.200, giving the Board of Pharmacy the ability to exempt in-patient pharmacies and emergency rooms from the review and submission requirement of the PDMP when they are dispensing no more than a 24 hour supply of opioids upon discharge.

Sec. 42: Amends AS 18.05.040 to give authority for the Commissioner of Health & Social Services shall adopt regulations consistent with existing law for implementation of AS 13.55, Voluntary Nonopioid Directive Act.

Sec. 43: Repeals various sections from ch. 25, SLA 2016 related to the July 2018 effective dates for the PDMP in SB 74.

Sec. 44: Provides transitional authority for the Department of Commerce and Economic Development to draft regulations to implement changes to the PDMP prior to the effective date of certain sections. This is a technical fix.

Note: Sec. 45-53 – refer to Effective Dates

Sec. 45, 46, 47, 48, 49, 50: Relate to the various changes to the PDMP related to the effective dates under SB 74. This is necessary because the changes to the PDMP under SB 74 are not in effect until July 18, 2017.

Sec. 51: These are the new effective dates from the PDMP (July 1, 2018).

Sec. 52: The advance directive sections of the bill (sections 1 and 4) take effect on July 1, 2019.

Sec. 53: All other provisions of the bill, take effect immediately.



House Amendment Summary for CS SB 79(L&C), Version A to Version O

April 17, 2017

- The title was amended to include the practice of pharmacy.
- **Section 15 and 21:** amends the current bill to remove the word “diagnosis” in relation to cancer so that post-cancer diagnosis pain is exempted from maximum dosage limits identified in this bill.
- **Section 20:** adds a new section that was omitted in the original bill related to Advanced Practice Registered Nurses who have a Drug Enforcement Agency (DEA) number to have two hours of continuing medical education on addiction and pain management as part of their licensing.
- **Section 23:** adds a new section that was omitted in the original bill related to optometrists who have a DEA number to have two hours of continuing medical education on addiction and pain management as part of their licensing.
- **Section 31:** amended to remove language from the original bill that addressed the ability to partially fill a prescription. The deletion makes the provision more in line with the federal Comprehensive Addiction and Recovery Act of 2016 (CARA Act) and removes the requirement that if a patient requests a partial fill, the remainder of the prescription is void. This section was also amended to clarify that a prescriber will receive immunity for inadvertently prescribing an opioid in violation of an advanced directive.
- **Section 32:** amended to clarify that while the Department of Corrections (DOC) is not required to participate in the controlled substance prescription database (also known as the PDMP) while person is in custody, but confirms that the DOC is required to participate in the PDMP when an opioid is prescribed upon release from custody.
- **Section 36:** clarifies the respective roles of how pharmacists prescribe and the PDMP; pharmacists must register and update; prescribers must register and review prior to prescribing.
- **Section 39:** amends the bill to provide for daily compliance with the PDMP, rather than weekly.
- **Section 41:** adds a new section to the PDMP to clarify that submission of information to the PDMP by an ER or an inpatient pharmacy is required when they dispense no more than a 24-hour supply of opioids.

- **Section 42:** adds clarifying language to allow the commissioner of Department of Health and Social Services to adopt regulations related to the opioid advanced directive form/process.
- **Section 43:** repeals certain sections of chapter 25 SLA 2016 (SB 74) related to the PDMP (and the changes from weekly to daily review and submission requirements).
- **Section 44:** provides for the Department of Commerce and Economic Developments to have regulatory authority to implement changes to the PDMP prior to the effective date of certain sections. This is a technical fix.
- **Sections 45-54:** were renumbered and fixed were necessary to correctly identify the effective date changes to implement changes to the PDMP, the Nonopioid Advanced Directive Act and all other sections of the bill

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version:	SB 79
Fiscal Note Number:	3
(S) Publish Date:	3/6/2017

Identifier: DCCED-CBPL-03-03-17
 Title: OPIOIDS;PRESCRIPTIONS;DATABASE;LICENSE
 S
 Sponsor: RLS BY REQUEST OF THE GOVERNOR
 Requester: Governor

Department: Department of Commerce, Community and
 Economic Development
 Appropriation: Corporations, Business and Professional
 Licensing
 Allocation: Corporations, Business and Professional
 Licensing
 OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2018 Request	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES	FY 2018	FY 2018					
Personal Services							
Travel							
Services	27.5						
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	27.5	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

1156 Rcpt Svcs (DGF)	27.5						
Total	27.5	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

1156 Rcpt Svcs (DGF)	27.5						
Total	27.5	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 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? 07/01/18

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By:	Janey Hovenden, Director	Phone:	(907)465-2538
Division:	Corporations, Business and Professional Licensing	Date:	03/03/2017 12:00 PM
Approved By:	Catherine Reardon, Director	Date:	03/03/17
Agency:	Division of Administrative Services, DCCED		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

Analysis

This bill allows an individual over the age of 18 to execute a voluntary non-opioid directive, and provides for emergency medical situations, and revocation of the directive by the individual. Licensed healthcare providers, hospitals, and employees may not be subject to disciplinary action by a licensing board, and may not be subject to civil or criminal liability for failure to administer, prescribe, or dispense an opioid to an individual who has executed a voluntary non-opioid directive.

This bill will require the Board of Dental Examiners, Board of Optometry, Board of Veterinary Examiners, Board of Pharmacy, Board of Nursing, and Medical Board to adopt regulations for continuing education requirements for renewal to include pain management and opioid misuse and addiction. It will also require new applicants for the Board of Dental Examiners to have education in pain management and opioid misuse and addiction, requires new applicants for license by credentials for the Board of Optometry to have education in pain management and opioid misuse and addiction, and requires new applicants for a physician assistant, physician, osteopath, or podiatry license, and foreign graduates to have education in pain management and opioid misuse and addiction.

The bill gives additional disciplinary authorization to the boards of Dental Examiners, Optometry, Nursing, and Medical for prescribing more than the set dosage limit for opioids. It allows a prescription for more than the limits set in statute under certain circumstances. It also gives boards authority to discipline a licensee for not reviewing the controlled substance prescription database.

This legislation allows a pharmacist to dispense less than the prescribed amount for an opioid at a patient's request. In this case the pharmacist must notify the prescribing practitioner and enter it into the controlled substance prescription database.

The bill changes the time period for reporting to the controlled substance prescription database from weekly to daily, requires veterinarians with a Drug Enforcement Administration registration number to register with the controlled substance prescription database, and requires the Board of Veterinary Examiners to identify resources and develop educational materials to assist licensees in identifying clients who may be at risk for abusing an opioid and may use an animal in the client's care to improperly secure an opioid by prescription.

The legislation gives boards authority to discipline licensees for not registering with the controlled substance prescription database, allows sharing of information in the controlled substance prescription database with the federal government, and allows the Board of Pharmacy to provide unsolicited notification to the practitioner's licensing board if a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of safe practice. The unsolicited notification to a practitioner's licensing board under the section must also be provided to the practitioner.

If the bill passes the division will require \$27.5 to cover legal costs to amend regulations, printing, and postage in the first year for the six professional licensing programs referenced. There is no anticipated cost to change the database from weekly to daily.

Professional licensing programs within the Division of Corporations, Business and Professional Licensing are funded by Receipt Supported Services, fund source 1156 Rcpt Svcs (DGF). Licensing fees for each occupation are set per AS 08.01.065 so the total amount of revenue collected approximately equals the occupation's actual regulatory costs.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version:	SB 79
Fiscal Note Number:	2
(S) Publish Date:	3/6/2017

Identifier: DHSS-PHAS-2-24-17
 Title: OPIOIDS;PRESCRIPTIONS;DATABASE;LICENSE
 S
 Sponsor: RLS BY REQUEST OF THE GOVERNOR
 Requester: Governor

Department: Department of Health and Social Services
 Appropriation: Public Health
 Allocation: Public Health Administrative Services
 OMB Component Number: 292

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES								
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	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 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? **01/01/19**

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By:	Jay C. Butler, MD, Chief Medical Officer/Director	Phone:	(907)269-6680
Division:	Public Health	Date:	02/23/2017 12:00 PM
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	02/24/17
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

Analysis

This bill 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 and Social Services website. No additional appropriation would be required; therefore a zero fiscal note is submitted.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version:	SB 79
Fiscal Note Number:	1
(S) Publish Date:	3/6/2017

Identifier: DOC-HRDO-02-27-17
 Title: OPIOIDS;PRESCRIPTIONS;DATABASE;LICENSE
 S
 Sponsor: RLS BY REQUEST OF THE GOVERNOR
 Requester: GOVERNOR

Department: Department of Corrections
 Appropriation: Health and Rehabilitation Services
 Allocation: Health and Rehabilitation Director's Office
 OMB Component Number: 3097

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2018 Request	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES	FY 2018	FY 2018					
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 (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 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? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By:	April Wilkerson	Phone:	(907)465-3460
Division:	Administrative Services - Department of Corrections	Date:	02/27/2017 11:15 AM
Approved By:	Dean Williams, Commissioner	Date:	02/27/17
Agency:	Department of Corrections		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

Analysis

This legislation attempts to limit abuse of opioids through education requirements, awareness efforts, voluntary nonopioid directives, and through enhanced utilization of the controlled substance prescription database.

AS 08.36.070(a) would require the education and training requirements are met before an individual is issued a license, registration, or certificate or before a license, registration, or certificate can be renewed. These license's are a requirement for employment or contracting and would not be a financial obligation of the department.

AS 17.30.200(b) would require daily reporting when controlled substances under federal law are dispensed to the public. The department does not dispense pharmaceuticals to the public and would not have a change in current practice with this section.

There is no anticipated fiscal impacts to the Department of Corrections with passage of this legislation.