



# Alaska Pharmacists Association

May 10, 2019

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Dear Alaska Board of Pharmacy:

On behalf of the Alaska Pharmacists Association, we thank you for the opportunity to publicly comment on the proposal to add regulation 12 AAC 52.240. We write to you today to express our opposition to adding 12 AAC 52.240 regarding the changes to the pharmacist collaborative practice authority (CPA). Restricting the ability of a pharmacist to prescribe controlled substances under a collaborative practice agreement could have detrimental effects on the opioid epidemic in Alaska.

The Centers for Disease Control and Prevention is working to empower states to implement comprehensive strategies, including Medication Assisted Therapy (MAT), for preventing prescription-drug overdoses. Expanding access to MAT is a crucial component of combating the opioid epidemic. The addition of 12 AAC 52.240 would undermine efforts to combat the opioid epidemic in Alaska by preventing pharmacists from dispensing or administering MAT, which includes controlled substances. Additionally, this regulation would hinder pharmacists from de-escalating patients on chronic or high-risk opioid regimens. Furthermore, 12 AAC 52.240 opposes the Alaska Opioid Policy Task Force (AOPTF) efforts by preventing access to detox services, preventing improvements to the opioid treatment system in Alaska, and adding regulation with collateral consequences.

In addition, the statement “acknowledging that the authorizing practitioner will not receive any compensation from a pharmacist or pharmacy as a result of the care or treatment of any patient under the agreement” is concerning as not allowing authorizing practitioner compensation could add unnecessary barriers to increasing access to care for Alaskans and advancing the practice of pharmacy. For example: Not allowing for compensation could hinder the quality improvement, auditing process, and sustainability of programs if a physician is unable to be compensated for their time in monitoring the said pharmacist under their CPA. Also, the question arises that if a pharmacist is employed as a provider within a physician clinic could a portion of their billing that goes back to the physician owned clinic be also seen as compensation?

We appreciate your efforts and leadership on this critical issue as we work together to combat the opioid epidemic in Alaska and increase access to quality health care for Alaskans.

Sincerely,

Adele Davis, President  
Alaska Pharmacists Association

<https://www.nejm.org/doi/full/10.1056/NEJMp1402780>

<http://dhss.alaska.gov/AKOpioidTaskForce/Pages/default.aspx>

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