MISSOURI BOARD OF PHARMACY

NEWSLETTER

AUGUST 2018

CONTENTS

2018 LEGISLATIVE UPDATES

The 2018 legislative session has closed! Several pieces of pharmacy legislation were enacted this year that are summarized below. This summary is not a comprehensive review of all new legislation. Licensees should independently review statutory changes to ensure compliance. A link to the new legislation is available on the Board's website at https://pr.mo.gov/pharmacists-rules-statutes.asp

UNLESS OTHERWISE NOTED, THE FOLLOWING LEGISLATION WILL BE EFFECTIVE ON AUGUST 28, 2018

TWO-LINE PRESCRIPTION FORMAT NO LONGER REQUIRED (SB 826)

Effective August 28, 2018, the two-line prescription format will no longer be required in Missouri for written prescriptions. [§ 338.056]

What's Required Now for A Valid Prescription?

To be valid for dispensing, the prescription must include:

1) The date of prescribing;
2) The name of the patient(s), or if an animal, species and owner's name;
3) The prescriber's name, if an oral prescription, or written or electronic signature if a written, faxed, or an electronically transmitted prescription. Electronic signatures must comply with 20 CSR 2220-2.085;
4) Name, strength and dosage of drug, device or poison prescribed and the directions for use;
5) The number of refills, if applicable;
6) The quantity prescribed in weight, volume, or number of units;
7) Any change or alteration made to the prescription dispensed based on contact with the prescriber to show a clear audit trail, including, but not limited to, a change in quantity, directions, number of refills, or substitution authority; and
8) For controlled substance, the patient's address along with the prescriber's address and DEA number. [See 20 CSR 2220-2.018]

Controlled substance prescriptions must also comply with all requirements of federal and state controlled substance laws.

Several Board rules still require an indication of generic substitution (20 CSR 2220-2.017, 2.018, 2.145, 2.675 and 3.011), however, this language is preempted by the new generic substitution language in § 338.056. The Board anticipates amending the rules to incorporate the new statutory language in the future.

What About Generic Substitution?

Pharmacists who receive a prescription for a brand name drug or biological product may use their professional discretion to substitute a less expensive generic or interchangeable biological product, unless:

1) The patient requests a brand name or biological product; or
2) The prescriber indicates substitution is prohibited in some manner or writes "brand medically necessary, "dispense as written," "do not substitute", "DAW" or any similar language that indicates substitution is prohibited.

The prescriber doesn't have to expressly grant authority for pharmacists to substitute. Unless the prescriber indicates otherwise or the patient objects, pharmacists may use their discretion to substitute a generic as deemed appropriate. However, *a pharmacist may not substitute with a drug that has been rated by the FDA as inequivalent or a biological that has not been rated by the FDA as interchangeable without approval by the prescriber.*

Non-Resident Prescriptions

Section 338.196, provides *"a pharmacist may fill a prescription written by a practitioner located in a state other than Missouri according to the practitioner's direction as to generic substitution."* Generic substitution on prescriptions from another state are governed by the law of the prescriber's applicable state.

What If The Prescription Doesn't Say Generic Substitution is Allowed?

Once again, pharmacists may use their professional discretion to substitute a less expensive generic even if no direction or notation is given by the prescriber. Substitution is only prohibited if the prescriber indicates that substitution is not authorized (e.g., verbally or writes "brand medically necessary, "dispense as written," "do not substitute", "DAW" or similar language that prohibits substitution).

Are Two-Line Prescriptions Still Valid After August 28, 2018?

Yes. Two-line prescriptions that meet other rule and statutory requirements will still be valid for dispensing after August 28th, however, they are no longer required. Missouri prescribers may choose to continue using two-line prescriptions instead of purchasing new prescription pads. Two-line prescriptions may still be filled provided they meet all other state/federal requirements. Note: Prescriptions from non-Missouri prescribers must comply with the applicable state's law.

LOWER IMMUNIZATION AGE (SB 826)

Effective August 28, 2018, vaccines can now be administered by protocol to individuals seven (7) years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is higher. However, licensees should check their protocols to make sure the lower age limit is authorized. Your protocol may have different age limits and may need to be amended to match the new law. Remember, protocol amendments must be manually or electronically signed and dated by both the physician and the pharmacist before they become effective. Pharmacists can only immunize as allowed by their governing protocol. [§ 338.010.1]

SHOWMEVAX REPORTING (SB 826)

What is ShowMeVax?:

ShowMeVax is Missouri's statewide immunization registry operated by the Missouri Department of Health and Senior Services (DHSS). The registry offers health care professionals, schools and child care organizations a single location for recording immunization history and status and allows providers to monitor vaccine inventory and upcoming required doses for patients.

New Reporting Requirements:

- Section 338.010.13 has been amended to require pharmacists to report all immunizations to ShowMeVax, unless the patient opts out of reporting *(see opt-out section below).* This includes vaccines administered by medical prescription order and vaccines administered by protocol.
- Patients must be informed on a manual or electronic form that their information will be entered into the ShowMeVax system and provided an opportunity to opt-out of reporting. The patient must manually or electronically sign the form acknowledging that their information will be reported to ShowMeVax.
- A sample ShowMeVax Patient Notification Form is available on the Board's website. However, licensees should consult with legal counsel to develop the appropriate notification form for your practice setting. Notification forms should be maintained in the licensee's records as proof of compliance.

What if A Patient Opts-Out of ShowMeVax reporting?

If the patient opts-out of ShowMeVax reporting, pharmacists must provide written notification to the patient's primary health care provider (PCP) that includes the following information within fourteen (14) days of immunizing:

1) The patient's name
2) The vaccine(s) administered
3) The administration route
4) The anatomic site of administration, and
5) The administration date.

Written notifications may be transmitted electronically or by fax/e-mail. Documentation of notification is required. PCP notification is not required if the patient doesn't provide PCP information.

When Do I Have to Report to ShowMeVax?

Section 338.010.13 does not identify when vaccines have to be reported to ShowMeVax. Pending additional rulemaking,

licensees should report to ShowMeVax within fourteen (14) days after immunizing.

How Do I Report to ShowMeVax?

Information on how to register with and report to ShowMeVax is available on DHSS' website at https://health.mo.gov/showmevax/smv-providers.php. As detailed on DHSS' website, pharmacies may report to ShowMeVax:

1. By uploading vaccine data to ShowMeVax using a pharmacy technology system or reporting service that meets DHSS' Health Level Seven (HL7) reporting requirements, or
2. Online using the ShowMeVax website.

Registration is free, however, registration requirements will differ based on your reporting mechanism (pharmacy technology system vs. online).

Reporting Using A Pharmacy Technology System

Once again, pharmacies may electronically upload vaccine data to ShowMeVax by using a pharmacy technology system that meets DHSS' HL7 reporting requirements. Instructions for registering with DHSS to upload to ShowMeVax are available online at: https://health.mo.gov/atoz/mophie/. A Memorandum of Agreement with DHSS is required to register.

- Licensees should contact their software vendor to see if their current system meets DHSS' reporting requirements. If not, licensees may also use a third-party vendor that has a HL7 compliant system to report on their behalf. However, uploading data from a qualifying pharmacy technology system is not mandatory. Licensees can also report to ShowMeVax online via DHSS' website.
- Information on HL7 requirements is available on DHSS' website at https://health.mo.gov/atoz/mophie/, including, an HL7 Immunization Implementation Guide that lists specific coding/format standards.
- Questions about uploading to ShowMeVax via a pharmacy technology system/reporting vendor should be directed to the DHSS Meaningful Use Coordinator at (573) 751-6127 or MOPHIE@health.mo.gov. Please be advised DHSS cannot recommend a particular software system.
- All questions regarding ShowMeVax registration should be directed to DHSS Bureau of Immunizations at (877) 813-0933 or showmevaxsupport@health.mo.gov. The Board cannot answer ShowMeVax registration questions.

Online ShowMeVax Reporting

In lieu of uploading from a pharmacy technology system, licensees may report to ShowMeVax online. Information on registering for ShowMeVax's online reporting system is available at https://health.mo.gov/showmevax/smv-providers.php.

To register with DHSS to report online, licensees have to:

1) Complete a Memorandum of Agreement (MOA) with DHSS that is available on DHSS' website (*This MOA is different from the pharmacy technology system MOA)*, and
2) Register for DHSS Automated Secure Access Processing or "ASAP" (a web-based system that allows individuals to request access to the DHSS network and computer resources). *Note: DHSS will provide instructions for ASAP registration after the Memorandum of Agreement is completed, and*
3) All users that will be entering data into the system must complete Modules 1 & 2 of the ShowMeVax Online Training. Training is free and will take approximately 90 minutes to complete. User training can be completed before the MOA or the ASAP process is finalized, however, users will not be able to access ShowMeVax until the registration process is complete. *(User training is not required for pharmacists sending data to ShowMeVax using a pharmacy technology or reporting system that meets DHSS' HL7 reporting requirements).*

No additional software is needed if you are reporting to ShowMeVax online using DHSS' website. However, ShowMeVax only functions in Internet Explorer for Windows PC at this time *(other browsers are not officially supported)*.

ShowMeVax allows two types of online vaccine reporting: (1) An inventory report or (2) A historical report. Inventory reporting requires pharmacies to enter inventory data prior to administering a dose,while historical reporting allows users to provide vaccine information without entering inventory into ShowMeVax. Licensees may comply with § 338.010.13 using either reporting method (inventory or historical). DHSS will provide additional information on both types of reporting during the required user training.

> *The Board understands the historical report method does not contain fields for reporting the anatomic site or route of administration. The Board is in discussions with DHSS to address this issue. In the interim, historical reporting may be used to comply with § 338.010.13 and rule requirements. However, the anatomic site and route of administration must still be documented in the pharmacist's records.*

What If I Can't Report or Get Registered By August 28, 2018?

After consulting with DHSS, the Board understands licensees may not be able to complete ShowMeVax registration or arrange computer/software connectivity by August 28, 2018. The Board will not take enforcement action at this time against licensees that are unable to register with ShowMeVax by August 28, 2018. Licensees should consult with legal counsel regarding compliance.

What If The Patient Doesn't Have a Primary Care Provider?

Unless the patient opts-out, pharmacies are required to report to ShowMeVax even if the patient does not provide PCP information. If the patient opts-out of ShowMeVax reporting, the Board recognizes written notification is not possible if PCP information is not given. However, licensees should document that the patient did not provide PCP information as proof of compliance.

What About The Notifications Required by 20 CSR 2220-6.040 & 20 CSR 2220-6.050?

- 20 CSR 2220-6.040 (Administration by Medical Prescription Order): The Board anticipates amending 20 CSR 2220-6.040 to incorporate § 338.010.13. In the interim, licensees may satisfy the rule's PCP notification requirements by reporting to ShowMeVax as outlined in § 338.010.13 within fourteen (14) days after immunization. (See below for adverse event reporting).
- 20 CSR 2220-6.050 (Administration by Protocol): Once again, the Board anticipates revising this rule to incorporate § 338.010.13. In the interim, licensees may satisfy the rule's PCP vaccine notification requirements by reporting to ShowMeVax as outlined in §338.010.13 within fourteen (14) days after immunization. Licensees must also comply with any notification requirements included in your protocol-even if not required by statute/rule.
- Notification of adverse events must still be reported to the prescriber, the protocol physician and the patient's PCP within 24 hours, as required by both 20 CSR 2220-6.040 and 20 CSR 2220-6.050.

Questions?

- Questions regarding ShowMeVax registration should be addressed to the DHSS Bureau of Immunizations at (877) 813-0933 or showmevaxsupport@health.mo.gov.
- Questions regarding HL7 compliance should be addressed to the DHSS Meaningful Use Coordinator at (573) 751-6127 or MOPHIE@health.mo.gov.
- Questions regarding Board rules 20 CSR 2220-6.040 and 20 CSR 2220-6.050 may be submitted to the Board at compliance@pr.mo.gov. The Board cannot answer ShowMeVax questions.

SUICIDE PREVENTION & TRAINING (HB 1719)

Section 324.046 was amended to allow health care professionals to complete training in suicide assessment, referral, treatment and management as part of their continuing education (CE) requirements. For pharmacists, the applicable suicide training does not have to be ACPE approved/accredited. However, non-ACPE programs must be approved by the Board prior to being taken. [20 CSR 2220-7.080(4)]. CE approval forms are available on the Board's website at https://pr.mo.gov/boards/pharmacy/375-0419.pdf.

BUPRENORPHINE PRESCRIBING (SB 951)

Effective August 28, 2018, APRNs, Physician Assistants and Assistant Physicians with an authorizing collaborative practice/supervisory agreement may now prescribe up to a 30-day supply of buprenorphine for patients receiving medication assisted treatment for a substance use disorder. To prescribe, APRNs, PAs and APs must complete the required federal training for addiction and have a DEA number that begins with an "X". BNDD has issued additional guidance on the new law at https://health.mo.gov/safety/bndd/pdf/prescribing-buprenorphine.pdf. Questions regarding buprenorphine prescribing should be addressed to BNDD at bndd@health. mo.gov.

CONTROLLED SUBSTANCES (SB 826)

Section 195.010 has been amended to limit "initial prescriptions" of an opiate for acute pain to a seven (7) day supply. The statutory restriction applies to all healthcare practitioners except veterinarians.

Exemptions

The 7-day supply limit does not apply if the prescriber determines more than a 7-day supply is required to treat the patient's acute pain based on his/her medical judgment. The 7-day supply limit also doesn't apply to opioid prescription for:

- Patients currently undergoing cancer treatment
- Patients receiving palliative care
- Patients receiving hospice care from a hospice certified under Chapter 197, RSMo;
- Residents of a long-term care facility licensed under Chapter 198, RSMo; and
- Patients receiving treatment for substance abuse or opioid dependence.

What Is An "Initial Prescription"?

An "initial prescription" is defined in § 195.010(12) as a prescription:

1) Issued to a patient who has never been issued a prescription for the drug or its pharmacy equivalent; or
2) Issued to a patient who has not used or been prescribed or administered the medication within the five (5) months prior to the current prescription being issued.

The Board anticipates BNDD will issue additional guidance on this in the future. In the interim, the following examples are being provided by the Board for informational purposes:

- *Example 1:* A patient presents a tramadol prescription issued for acute pain on September 1st for a 30-day supply. The patient indicates she hates taking medication and hasn't used or been prescribed anything in over a year. Absent further information, the prescription would be considered an "initial prescription" and the 7-day supply limit would apply because the patient has not used or been prescribed/administered tramadol within the 5 months prior to the current prescription being issued.
- *Example 2*: A patient presents a hydrocodone prescription issued for acute pain on September 1st for a 30-day supply. The patient is asked and says she had a tramadol prescription filled at another pharmacy in July but has never been prescribed or used hydrocodone. Absent further information, the prescription would be considered an "initial prescription" and the 7-day supply limit would apply because the patient has not used or been prescribed/administered hydrocodone within the 5 months prior to the current prescription being issued.
- *Example 3*: A patient presents an oxycodone prescription issued on September 1st for a 30-day supply. The patient is undergoing treatment for colon cancer. Absent further information, the prescription would not be considered an "initial prescription" and the 7-day supply limit would not apply because the patient is currently undergoing cancer treatment.
- *Example 4*: A patient presents a Norco® prescription issued on September 1st for a 30-day supply. The patient is a regular customer and has a 30-day supply of Lortab® filled at the pharmacy every month. The prescription would not be considered an "initial prescription" and the 7-day supply limit would not apply because the patient has been prescribed hydrocodone within the five (5) months prior to the current prescription being issued.
- *Example 5*: A patient is prescribed hydrocodone to treat chronic pain from a back injury. The prescription would not be considered an "initial prescription" and the 7-day supply limit would not apply because the patient is being treated for chronic pain and not acute pain.

How Would I Know If The Patient Was Prescribed, Used or Administered Medication In The Last 5 Months?

The Board understands licensees may not have access to the patient's medical records to concretely determine if a prescription is an "initial prescription." However, pharmacists still have a corresponding responsibility to ensure the validity of controlled substance prescriptions.

Licensees should make a good faith effort to determine if a controlled substance prescription is limited to a 7-day supply. This may include:

- Checking the patient's dispensing records
- Talking with the patient/caregiver and asking what medication he/she has used or been prescribed within the last 5 months. Ask about medication that may have been administered in the emergency room or a doctor's office
- Contacting the prescriber
- Checking your county's or city's prescription drug monitoring program (if applicable);
- Any other action deemed appropriate in the pharmacist's professional judgment. *(This list is not exhaustive)*

Each patient should be evaluated on a case-by-case basis. Train pharmacy staff on what they should be asking. Once again, pharmacists should make a good faith effort to meet their corresponding responsibility. Licensees should document their efforts as proof of compliance.

What Is Acute Pain?

Section 195.010(1) defines acute pain as:

> *Pain, whether resulting from disease, accidental or intentional trauma, or other causes, that the practitioner reasonably expects to last only a short period of time. "Acute pain" shall not include chronic pain, pain being treated as part of cancer care, hospice or other end of life care, or medication-assisted treatment for substance use disorders;*

The 7-day supply limit only applies to opioid prescriptions for acute pain.

Prescriber Exemptions

Once again, the 7-day supply limit does not apply if the prescriber determines more than a 7-day supply is required to treat the patient's acute pain based on his/her medical judgment. Prescribers exceeding the 7-day limit are required to document in the patient's medical record the condition triggering the need for the extended supply and that a non-opioid alternative was not appropriate to address the patient's condition.

Licensees should contact the prescriber if you have questions on a prescription that exceeds the supply limits.

If the prescriber issues an initial acute pain prescription that is subject to the 7 day limitation for greater than the allowed amount, what happens to the remaining quantity?

According to BNDD, any amount in excess of the 7-day limit is void and the remaining portion cannot be dispensed. The prescriber will have to authorize any further amount.

Does the 7-day limit apply to prescriptions from out-of-state prescribers?

No (according to BNDD).

Questions

Missouri prescribers and pharmacists play a crucial role in combatting Missouri's opioid crisis. Questions regarding the new law should be addressed to BNDD at (573) 751-6321 or bndd@health.mo.gov *(e-mail is preferred)*

DRUG TAKE-BACK (SB 718, 951 & 826)

Chapter 195 has been revised to allow licensees to take back unused controlled substances for disposal. The amended law became effective on July 9, 2018. Drug disposal boxes may now be managed by pharmacies, provided licensees comply with all state and federal controlled substance collection and disposal requirements.

BNDD has issued guidance for pharmacies interested in a drug take-back/collection program that is available online at: https://health.mo.gov/safety/bndd/collection-disposal-info.php. To become a collector, licensees have to write a letter to BNDD to modify their existing controlled substance registration to become a collector. BNDD will then issue a letter of authorization at no fee. Licensees will also need to register with the DEA as an authorized collector. Additional compliance information is available on BNDD's website at https://health.mo.gov/safety/bndd/collection-disposal-info.php.

CONSOLIDATING MEDICATION (SB 826)

Section 338.202 allows pharmacists to consolidate refills of non-controlled medication, provided no more than a 90-day supply may dispensed at a time. SB 826 amended § 338.202 to provide the 90-day supply limit does not apply:

1) If the prescription is dispensed to a member of the U.S. Armed Forces serving outside of the United States, or;
2) The prescription was issued by a practitioner located in another state, provided the prescription must be issued "according to and in compliance" with federal law and the applicable state's law.

Section 338.202 applies to non-controlled prescriptions only and does not apply to controlled substances.

THIRD-PARTY LOGISTIC PROVIDERS/DRUG OUTSOURCERS (HB 1719)

Chapter 338 was amended to create two new license categories: third-party logistic providers (3PLs) and drug outsourcers (for entities registered with the FDA as 503(b) facilities). The Board will be promulgating rules to establish license requirements for the new categories. The Board anticipates the new rules will be effective in September 2018 and will begin issuing licenses after the rules are complete. Interested parties should monitor the Board's website for additional updates.

3PLs and Drug Outsourcers are currently licensed by the Board as drug distributors. Once the rules are in effect, currently licensed drug distributors who want a 3PL or Drug Outsourcer license will have the option of either:

(1) Converting their current drug distributor license to a 3PL or Drug Outsourcer license at no fee. The current drug distributor license would need to be surrendered under this option, or

(2) Keeping their current drug distributor license and applying for an additional 3PL or Drug Outsourcer license. Facilities will hold two licenses under this

option- a drug distributor license and a separate 3PL or Outsourcer license. Fees will apply for the additional license.

Forms and additional instructions will be available on the Board's website after the rules are finalized. The Board cannot issue 3PL or a Drug Outsourcer license until the new rules are complete.

BOARD OFFICERS RE-ELECTED

Christian Tadrus, PharmD

Christian Tadrus, PharmD. was re-elected President of the Board during the Board's July 2018 meeting. President Tadrus is an owner of independent, community-based pharmacies in Missouri providing general prescription services, compounding, long-term care services, hearing aids and other durable medical equipment. He received his undergraduate degree in Business Administration and Management from Boston University and both a Bachelor of Science and a Doctor of Pharmacy from the St. Louis College of Pharmacy. He is a lead developer of the Missouri Pharmacists Care Network and CPESN Missouri- a pharmacist-led, provider network facilitating adoption of innovative pharmacist care models throughout Missouri.

Douglas Lang, RPh.

Dr. Tadrus is certified to provide immunizations as well as medication therapy management and is credentialed to enter into advanced practice protocols. Dr. Tadrus previously served as an Adjunct Clinical Instructor for both the University of Missouri School of Pharmacy and the St. Louis College School of Pharmacy. He is a past-President of the Missouri Pharmacy Association, a vice-president of the National Community Pharmacy Association and an active member of other state and national pharmacy or industry organizations including the National Council on Prescription Drug Programs and the National Association of Boards of Pharmacy.

Board Member **Douglas Lang, RPh.**, was also re-elected to serve as Board Vice-President. Vice-President Lang received his Bachelor of Science degree in 1981 from the Saint Louis College of Pharmacy. He holds a pharmacist license in Arkansas, Delaware, Louisiana, Missouri, Nebraska, and Pennsylvania. Mr. Lang started his pharmacy career at Saint Louis University Medical Center serving as a staff pharmacist and Assistant Director of Pharmacy. He then practiced in home infusion pharmacy for over fifteen years and was the Pharmacy Manager of the BJC Home Infusion Program. Currently, Mr. Lang is the Vice President of Pharmacy Compliance for Express Scripts Inc., based in St. Louis, Missouri.

PHARMACIST RENEWALS

Pharmacist renewals were mailed on August 15, 2018. Renewals must be completed by October 31, 2018. A few CE reminders:

- Thirty (30) hours of continuing education (3.0 CEU) are required to renew. (20 CSR 2220-7.080). For the 2018 renewal, CE must be completed between November 1, 2016 and October 31, 2018. Although pharmacists have until October 31st to finish CE, your CE must be completed prior to renewing your license. One (1.0) continuing education unit (CEU) is the equivalent of ten clock hours of CE.
- Newly Licensed Pharmacists: Pharmacists that are licensed for the first time between November 1, 2017 and October 31, 2018 are exempt from CE for that renewal period. However, other CE requirements may still apply. For example, CE may still be required if you have a MTS certificate, are dispensing blood-clotting products or have filed a Notification of Intent to administer medication by protocol.
- To be considered, all CE must be provided by an ACPE accredited provider or approved by the Board of Pharmacy in advance. Only non-ACPE courses must be pre-approved. The Board will not approve non-ACPE classes that have already been taken.
- Continuing medical education (CME) is not eligible for CE unless pre-approved by the Board.
- Undergraduate or graduate courses taken as a post-graduate at an accredited pharmacy, medical, or dental educational institution of higher learning are eligible for CE. [20 CSR 2220-7.080]. The college credit must be related to the practice of pharmacy and must have been earned during the CE renewal period. One hour of college credit = 5 CE hours.

- What Should I Do If I Don't Have My CE? You cannot renew if you have not completed your CE. Pharmacists who have not completed their CE may choose to renew their license as inactive. Requests to go inactive must be submitted before the end of the renewal period (October 31, 2018). Pharmacists can request to return to active status once your CE is complete. However, pharmacists cannot work while inactive.
- Notifications of Intent (NOI) to administer medication by prescription order or to administer vaccines by protocol can now be renewed every two (2) years with your pharmacist license. NOIs do not have to be renewed annually any more. Once renewed, each NOI will expire on October 31 of each even numbered year (2020, 2022, etc.).
- Pharmacists are asked to refile their NOIs to take advantage of the extended October 31, 2020, expiration date. Due to system restrictions, the office is requesting that you renew your NOI(s) even if your notification(s) was submitted recently or has a current expiration date. You can renew your NOIs online at the end of the renewal process or online at https://renew.pr.mo.gov/pharmacy-notification-step1-pin.asp

SIGN-UP FOR THE BOARD'S E-ALERTS

Sign up for the Board's e-alerts for updates on regulatory changes, disciplinary actions, technician disqualifications and HB 600 (tax) suspensions. Subscribe online at https://public.govdelivery.com/accounts/MODIFP/subscribers/new?preferences=true.