

## **Report of the Task Force on Emergency Preparedness, Response, and the US Drug Distribution System**

### **Members Present:**

Carl Aron (LA), *Chair*; Michael Brimberry (TX), Ruth Conroy (CA), William Cover (IN), Michael Duteau (NY), David Flashover (NY), Judy Gardner (GA), Dennis Jones (SD), Sara St Angelo (IN), Donald Taylor (MD).

### **Ex Officio Members Present:**

Robert Giacalone, Cardinal Health, Inc; Lisa Robin, Federation of State Medical Boards; Mitch Rothholz, American Pharmacists Association; Walt Slijepceovich, Pfizer, Inc.; Joseph Whaley, Dougherty County Health Department.

### **Others Present:**

Richard A Palombo, *Executive Committee Liaison*; Carmen A. Catizone, Melissa Madigan, Charisse Johnson, Chris Siwik, Gertrude Levine, *NABP staff*.

### **Introduction:**

The Task Force on Emergency Preparedness, Response, and the US Drug Distribution System met on November 16-17, 2006. The appointment of this Task Force was in response to Resolution 102-4-06, Emergency Preparedness, Response, and the US Drug Distribution System, approved by the NABP membership at NABP's 102<sup>nd</sup> Annual Meeting in San Francisco, CA. This resolution directed NABP continue its efforts to develop a response plan to natural and man-made disasters that affect the US drug distribution system, in collaboration with government agencies, national professional associations, and industry representatives.

### **Review of the Task Force Charge:**

Task Force members reviewed their charge and accepted it as follows:

The charge of this Task Force will be to develop a "Model Emergency Disaster Preparedness and Response Plan" that will serve as a vital resource for the boards. In order to complete the Task Force charge, members will be asked to:

1. Examine the current and evolving roles of the boards of pharmacy in emergency disaster preparedness and response;
2. Develop a model disaster response plan for use by boards of pharmacy;
3. Identify how NABP can assist the boards of pharmacy in their efforts to implement a disaster response plan; and
4. Recommend ways in which the boards of pharmacy and NABP can collaborate with government, industry, and other stakeholders in emergency disaster preparedness and response efforts.

**Recommendations:**

After significant discussion of the various issues, including but not limited to the roles of local, state, and federal governments in emergency preparedness and response, the recent roles and challenges faced by the boards of pharmacy as a result of 2005’s Hurricanes Katrina and Rita, and the need for coordinated emergency preparedness and response efforts among the boards of pharmacy and the public and private sectors, the Task Force made the following recommendations to the NABP Executive Committee:

**Recommendation 1: The Task Force recommends that the NABP Executive Committee approve the Task Force’s “Emergency and Disaster Preparedness and Response Planning: A Guide for Boards of Pharmacy” for distribution to member boards of pharmacy to maximize their ability to efficiently respond to an emergency or disaster. The Task Force also recommends that the Model State Pharmacy Act and Model Rules of the National Association of Board of Pharmacy (Model Act) be amended with the following language addressing disaster or emergency situations.**

The revisions recommended by the Task Force are denoted by underlines and ~~strikethroughs~~.

# **National Association of Boards of Pharmacy Model State Pharmacy Act**

## **Article II**

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### **Section 201. Designation**

The responsibility for enforcement of the provisions of this Act is hereby vested in the Board of Pharmacy. The Board shall have all of the duties, powers, and authority specifically granted by or necessary for the enforcement of this Act, as well as such other duties, powers, and authority as it may be granted from time to time by applicable law. In the event of a declared State of Emergency, the Board may waive the requirements of this Act in order to protect the public health, safety, or welfare of its citizens and to facilitate the provision of Drugs, Devices, and Pharmacist Care services to the public.

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## **Article III**

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## **Comments**

### **Section 201. Comment**

In states where centralized prescription filling or centralized prescription processing are not permitted, states may consider allowing the performance of such activities in a declared State of Emergency.

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### **Section 303. Comment**

See NABP's Model Rules for Public Health Emergencies for language that addresses the temporary recognition of non-resident pharmacist licensure in the case of a declared State of Emergency issued due to a Public Health Emergency.

## **Model Rules for the Practice of Pharmacy**

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### **Section 2. Personnel.**

A. Duties and Responsibilities of the Pharmacist-in-Charge

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(2) The Pharmacist-in-Charge has the following responsibilities:

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- (n) Developing a procedure for the operation of the Pharmacy, to the extent that the Pharmacy can be safely and effectively operated and the Drugs contained therein can be safely stored and Dispensed, in the event of a fire, flood, pandemic or other natural or man-made disaster or emergency.
- (o) Reporting to the Board the occurrence of any fire, flood, or other natural or man-made disaster or emergency within 10 days of such occurrence.

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### **Section 2A(2)(n) Comment**

States should recognize that hospitals, in order to prepare for a disaster or emergency, may be stocking emergency supplies of medications in areas outside the licensed Pharmacy. Hospitals should be encouraged to expand the space allotted to the licensed Pharmacy area to accommodate the need to store emergency supplies.

## **Model Rules for Public Health Emergencies**

### **Section 1. Purpose and Scope**

By the provision of these rules by the Board, the primary purpose of the section is to enable Pharmacists and Pharmacies to assist in the management and containment of a Public Health Emergency or similar crisis within the confines of a regulatory framework that serves to protect the welfare and health of the public.

### **Section 2. Definitions.**

(a) "Declared Disaster Areas" are areas designated by the Governor or federal authorities as those that have been adversely affected by a natural or man-made

disaster and require extraordinary measures to provide adequate, safe and effective health care for the affected population.

- (b) “Emergency Prescription Drug Order” means a standing Prescription Drug Order issued by the State Health Officer for Pharmacists to Dispense designated Prescription Drugs during a Public Health Emergency requiring mass Dispensing to expeditiously treat or provide prophylaxis to large numbers of Patients.
- (c) “Public Health Emergency” means an imminent threat or occurrence of an illness or health condition caused by terrorism, bioterrorism, epidemic or pandemic disease, novel and highly fatal infectious agent or biological toxin, or natural or man-made disaster, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability that is beyond the capacity of local government or nongovernmental organizations to resolve.
- (d) “State of Emergency” means a governmental declaration, usually issued as a result of a Public Health Emergency, that may suspend certain normal functions of government, alert citizens to alter their normal behaviors, and/or direct government agencies to implement emergency preparedness plans.

### **Section 3. Emergency Prescription Drug Order**

- (A) For the duration of a State of Emergency issued due to a Public Health Emergency, a Pharmacist may Dispense a Prescription Drug pursuant to an Emergency Prescription Drug Order if the Pharmacist:
  - (1) performs, to the extent possible, a Prospective Drug Regimen Review and Patient Counseling in accordance with these rules;
  - (2) reduce the information to a form that may be maintained for the time required by law or rule, indicates it is an “Emergency Prescription Drug Order,” and files and maintains the record as required by state and federal law.

### **Section 4. Public Health Emergency Refill Dispensing**

- (A) For the duration of the State of Emergency issued due to a Public Health Emergency in the affected state and in other states engaged in disaster assistance pursuant to a declaration of the Governor or rule of the Board, a Pharmacist may Dispense a refill of a Prescription Drug, not to exceed a thirty (30) day supply, without Practitioner authorization if:
  - (1) in the Pharmacist’s professional judgment, the Prescription Drug is essential to the maintenance of the patient’s life or to the continuation of therapy;
  - (2) the Pharmacist makes a good faith effort to reduce the information to a form that may be maintained for the time required by law or rule, indicates it is an “Emergency Refill Prescription,” and maintains the record as required by state and federal law, as well as state and federal disaster agencies for consideration for possible reimbursement programs implemented to ensure continued provision of care during a disaster or emergency; and

- (3) the Pharmacist informs the patient or the patient's agent at the time of Dispensing that the Prescription Drug is being provided without the Prescriber's authorization and that authorization of the Practitioner is required for future refills.
- (B) For the duration of the State of Emergency, in an effort to provide patients with the best possible care in light of limited Drug availability and/or limited information on patients' current Drug therapy, a Pharmacist may initiate or modify Drug therapy and Dispense an amount of such Drug to accommodate a patient's health care needs until that patient may be seen by a Practitioner. Pharmacists performing such activities must utilize currently accepted standards of care when initiating or modifying Drug therapy. These activities may be undertaken if:
- (1) in the Pharmacist's professional judgment, the Prescription Drug is essential to the maintenance of the patient's life or to the continuation of therapy;
- (2) the Pharmacist makes a good faith effort to reduce the information to a form that may be maintained for the time required by law or rule, indicates that Drug therapy has been initiated or modified due to a disaster or emergency, and maintains the record as required by state and federal law; and
- (3) the Pharmacist informs the patient or the patient's agent at the time of Dispensing that the Prescription Drug is being provided without the Practitioner's authorization and that authorization of the Practitioner is required for future refills.
- (C) The Practitioner and Pharmacist shall not incur any liability as a result of the performance of these activities in good faith pursuant to this section.

## **Section 5. Temporary Recognition of Non-Resident Licensure**

- (A) When the Governor declares a State of Emergency due to a Public Health Emergency:
- (1) a Pharmacist not licensed in this State, but currently licensed in another state, may Dispense Prescription Drugs in areas affected by the Declared Disaster during the time that the State of Emergency exists if:
- (a) the Board can verify current licensure in good standing of the Pharmacist directly with the state or indirectly via a third-party verification system; and
- (b) the Pharmacist is engaged in a legitimate relief effort.
- (2) a Certified Pharmacy Technician, Pharmacy Technician, or Pharmacy Intern not registered or licensed in this State, but currently registered or licensed in another state, may assist the Pharmacist in Dispensing Prescription Drugs in affected Disaster Areas during the time that the State of Emergency exists if:
- (a) the Board can verify current registration or licensure in good standing of the Certified Pharmacy Technician, Pharmacy Technician, or Pharmacy

- Intern directly with the state or indirectly via a third-party verification system; and
- (b) the Certified Pharmacy Technician, Pharmacy Technician, or Pharmacy Intern is engaged in a legitimate relief effort.
- (3) a Wholesale Drug Distributor not licensed in this State, but currently licensed in another state, may Distribute Prescription Drugs in affected Disaster Areas during the time that the State of Emergency exists if:
  - (a) the Board can verify current licensure in good standing of the Wholesale Drug Distributor directly with the state or indirectly via a third-party verification system; and
  - (b) the Wholesale Drug Distributor is engaged in a legitimate relief effort.
- (4) the temporary recognition of non-resident licensure or registration shall cease with the termination of the State of Emergency.

### **Section 6. Temporary or Mobile Pharmacy Facilities**

- (A) Pharmacies located in Declared Disaster Areas, non-resident Pharmacies, and Pharmacies licensed in another state but not licensed in this State, if necessary to provide Pharmacy services during a State of Emergency, may arrange to temporarily locate or relocate to a temporary or mobile Pharmacy facility if such facility:
  - (1) is under the control and management of the Pharmacist-in Charge or designated supervising Pharmacist;
  - (2) is located within the Declared Disaster Area or affected areas;
  - (3) notifies the Board of its location;
  - (4) ceases the provision of services with the termination of the State of Emergency; and
  - (5) maintains records in accordance with laws and regulations of the state in which the disaster occurred.
- (B) The Board, in accordance with Board rules, shall have the authority to approve or disapprove temporary or mobile Pharmacy facilities and shall make arrangements for appropriate monitoring and inspection of the temporary or mobile Pharmacy facilities on a case by case basis. Approval of temporary or mobile Pharmacy facilities will be based on the need, type, and scope of Public Health Emergency, as well as the ability of the temporary or mobile Pharmacy facilities to comply with state and federal drug law.
- (C) A temporary Pharmacy facility wishing to permanently operate at its temporary site must notify the Board in accordance with Article V, Section 503 of these Rules. Mobile Pharmacy facilities may operate only during a State of Emergency and may not be permanently operated.

## **Comments**

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### **Section 1. Comment**

States may consider adding the following, more detailed language, which specifically addresses drug disposal and reporting requirements in the case of an emergency or disaster, to their emergency rules or guidelines:

### **Disposal of Prescription Drugs in Pharmacies Affected by a Certain Disasters**

1. For pharmacies that sustain flood and/or fire damage in the Prescription department, the entire Drug inventory, including Drugs awaiting pick up by patients, becomes unfit for Dispensing. In such a case, an accurate record of Prescription Drug losses should be prepared by the Pharmacy.
2. For Pharmacies that experience a loss of power for an extended period of time, the Drug inventory must be evaluated for continued product integrity using USP standards. For example, medications with Labeling requiring storage at “controlled room temperature” must be kept at between 68 degrees and 77 degrees, with brief deviations of between 56 and 86 degrees. Medication inventories found to have been stored outside of USP standards become unfit for Dispensing. In such a case, an accurate record of Prescription Drug losses should be prepared by the Pharmacy. For Pharmacies with questions on USP product integrity standards, contact USP at 800/227-8772.

### **Reporting of Theft or Loss of Controlled Substances During an Emergency or Disaster**

1. In circumstances of theft by looting, burglary, etc., where evidence or witnesses indicate the medications were taken by someone, the nearest DEA Diversion Field Office must be notified by telephone, facsimile, or brief written message of the circumstances of the theft immediately upon discovery. In addition, the Pharmacy must complete *DEA Form 106– Report of Theft or Loss of Controlled Substances*, found at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov), to formally document the actual circumstances of the theft and the quantity of controlled substances involved, once this information has been conclusively determined.
2. In circumstances of damage or where Drugs were irrevocably lost to flooding or other circumstance, such information must be reported on *DEA Form 41 – Registrants Inventory of Drugs Surrendered*, found at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov).
3. The amount stolen or lost may need to be calculated by taking the most recent controlled substances inventory, adding the amount purchased since that date, then subtracting the amount Dispensed and Distributed since that date. In the absence of a calculated amount, a best estimate should be reported.

### **Disposal of Prescription Drugs Irrevocably Lost in an Emergency or Disaster**

1. **Controlled Substances.**  
Reverse Distributors, either individually or in concert with other contractors, are equipped to dispose of controlled substances. Contact your primary Distributor for their recommendations for a reverse Distributor or contact a reverse Distributor directly.
2. **Contaminated Medical Debris**  
Non-controlled substance Prescription Drugs and Devices contaminated with flood water or other contaminants should be disposed of using a medical waste transportation, processing, and disposal system vendor. Such vendors must be licensed by the state.
3. **Hazardous Debris**

Materials are deemed hazardous if they are ignitable, corrosive, toxic, or reactive. Prescription Drugs considered hazardous include, but are not limited to, epinephrine, nicotine, nitroglycerin, physostigmine, reserpine, selenium sulfide, chloral hydrate, and many chemotherapy agents, such as cyclophosphamide, chlorambucil, and daunomycin. Other hazardous items that might be found in a Pharmacy include paints, varnishes and thinners, alcohol, batteries, mercury thermometers, and blood pressure cuffs. It is recommended that Pharmacies handle all contaminated Prescription medications as hazardous debris and dispose of it using a hazardous waste collection and disposal company. These companies must be licensed by the state.

4. Commercial Waste

Over-the-counter Drugs and other store shelf material may be disposed of in the commercial waste stream.

**Section 2(B). Comment**

Boards may consider identifying the official who has authority to issue an “Emergency Prescription Drug Order.”

**Section 3(A)(1). Comment**

Although these services are important, in times of a disaster or emergency, it may not be possible to perform a Prospective Drug Review or provide counseling on Dispensed Drugs.

**Section 4(A). Comment**

Boards may consider contacting the US Drug Enforcement Administration ahead of time to ensure these provisions are applicable to controlled substances.

**Section 4(B)(2). Comment**

Boards should be cognizant that state and federal disaster agencies, to ensure continued provision of care during disasters or emergencies, have programs that consider reimbursement requests for medication providers and may request Board assistance in the dispersal of funds. Records of dispensing will likely be needed for possible reimbursement consideration. In addition, records may also be used for post-event evaluation of care.

**Section 5(A)(1)(a). Comment**

If the information cannot be verified directly by the Board of Pharmacy in which the Non-Resident Pharmacist is licensed, NABP’s Clearinghouse may be utilized to verify that a Non-Resident Pharmacist has not had disciplinary action taken against the license.

**Section 6(A). Comment**

Boards may consider contacting the US Drug Enforcement Administration ahead of time to ensure that controlled substances may be delivered to and Dispensed from temporary or mobile Pharmacy facilities.

## **Background:**

With assistance from the US Department of Homeland Security's *Ready Business* Guide, the Georgia Pharmacy Foundation's *An Action Plan for State Pharmacy Associations to Respond to Natural or Man-Made Disaster* (March 1996), and emergency preparedness and response plans submitted by the boards of pharmacy, the Task Force developed the "Emergency and Disaster Preparedness and Response Planning: A Guide for Boards of Pharmacy" (Guide).

The Guide contains, among other items, NABP's "Recommendations for Preparing and Responding to an Emergency or Disaster," a "Model Emergency and Disaster Preparedness Response Plan," and "Model Rules for Public Health Emergencies," as well as emergency and disaster resources provided to boards by NABP.

NABP's "Recommendations for Preparing and Responding to Emergency or Disaster" provide a timeline for the boards of pharmacy to employ in preparing and responding to an event. Its "Early Preparation for an Emergency or Disaster" section directs the boards of pharmacy to work proactively to create emergency and disaster preparedness and response plans, work with the state legislature to enact emergency dispensing and other related provisions, develop rules, and develop a contact list of public and private stakeholders, with whom the board of pharmacy may work with in the case of a disaster. The "Immediate Response to an Emergency or Disaster" section provides a foundation for the board's response in the event of an impending situation, outlining when the board should activate its emergency or disaster plans, make initial contact with various stakeholders crucial to response efforts, and release important information to licensees, the general public, the media, and others. The "Short-Term Response" section addresses the board's response up to 72 hours post the event, directing the board to continue its immediate response activities, while basing further action upon up-to-date information received from, for example, state and federal agencies, or others. Finally, the "Long-Term Response" section addresses the continuing response activities, including, if necessary, efforts to restore board operations, sustain communications with important stakeholders, and provide continuous updates to licensees, the general public, the media, or others.

The "Model Emergency and Disaster Preparedness and Response Plan" consists of six comprehensive sections that form a template to develop or supplement an existing emergency or disaster preparedness and response plan. This Model Plan has sections on Emergency Planning, Maintaining Board of Pharmacy Operations, Communications, Evacuation Planning, Shelter-in-Place Planning, and Protecting Business Resources.

The "Model Rules for Public Health Emergencies," which are intended for incorporation into the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*, and which are outlined above, provide suggested statutory and/or regulatory language intended to enable pharmacists, pharmacies, and other licensees to assist in the management and containment of a public health emergency or similar crises. The provisions address emergency prescription drug orders, emergency refill dispensing, temporary recognition of non-resident licensure, and temporary or mobile pharmacy facilities.

Finally, the Guide outlines emergency and disaster resources currently provided by NABP to assist boards in their efforts. Currently, NABP offers expedited licensure transfer and verification services to allow boards to swiftly register and recognize non-resident pharmacists and pharmacy technicians. As indicated in Recommendation No. 7, it is hoped that more services can be offered in the near future.

**Recommendation 2: The Task Force recommends that the boards of pharmacy take a proactive approach in educating their licensees on statutes, regulations, and policies pertaining to emergency preparedness and response. As part of these efforts, the Task Force recommends that boards provide a means for the online verification of licensure.**

**Background:**

Task Force members found that information concerning emergency preparedness and response at the board of pharmacy level is severely lacking. Most boards of pharmacy have Web sites that relay extensive information on pharmacy laws, initial licensure and licensure renewal processes, continuing education requirements, and board meetings, but not on board requirements, policies, procedures, or other information concerning emergency or disaster preparedness. It was suggested that, in addition to the board Web site, newsletters and e-mail notifications could be utilized to convey specific policies or procedures, including those related to the licensure or recognition of non-resident licensees, emergency refill dispensing provisions, and temporary pharmacy facilities.

Task Force members emphasized that the ability to verify, online, the licensure of pharmacies, pharmacists, and other licensees, can be vital to emergency or disaster response efforts. This capability, for example, may allow a board to quickly import and assign volunteer licensees from other states to areas where services are needed. Online licensure verification services have other obvious benefits as well. They provide quick and easy information to the public, providing assurance that a pharmacy is properly licensed by the board, and to employers, allowing them to easily verify that an employee is properly licensed and without pending disciplinary actions.

**Recommendation 3: The Task Force recommends that boards of pharmacy and NABP, in concert with other national pharmacy professional organizations, work to gain and promote the designation of pharmacists as “first responders,” so that they may serve as crucial resources in emergency response efforts. As part of these efforts, the Task Force also recommends that NABP and other pharmacy organizations collaborate to educate state and federal agencies about the role of the pharmacist in emergency preparedness and response.**

**Background:**

According to Homeland Security Presidential Directive-8 (HSPD-8), “first responders” are those individuals who, in the early stages of an incident, are responsible for the protection and preservation of life, property, evidence, and the environment. First responders include emergency response providers as well as emergency management, public health, clinical care, public works, and other skilled support personnel, and state and local law enforcement, fire department, and emergency medical personnel, who provide immediate support services during prevention, response, and recovery operations. First responders are usually the first fleet of

human resources to be deployed to bioterrorism attacks, terrorist attacks, catastrophic or natural disasters, and emergencies. First responders may also need to undergo additional education and training to develop manipulative and problem solving skills necessary for the initial medical evaluation, stabilization, and treatment of victims of emergency illness or trauma.

Pharmacists, given their knowledge base, role in the delivery of medication therapy, and accessibility, are naturally an important resource to be utilized in the event of a disaster or emergency, and particularly as first responders. For example, in the event of an influenza pandemic, pharmacists are likely to be first responders in that they could be utilized in the mass dispensing of prophylactic medications to the general public. The American Pharmacists Association in conjunction with the American Society of Health-System Pharmacists and the National Association of Chain Drug Stores, have taken the initiative to develop a guidance document intended to assist pharmacists in preparing for an influenza pandemic and educate them on the training opportunities and resources, practice support, and planning for emergency medication/vaccine supply and distribution.

The pharmacist's role in emergency preparedness and response has been exemplified by recent incidents. Countless numbers of pharmacists and support personnel inundated regions of the Gulf Coast in late 2005 to provide sorely needed help. Four years prior, on September 11, 2001, pharmacists were also on site in New York City, at the Pentagon, and in rural Pennsylvania. Pharmacists serve with the Medical Reserve Corps, an organized group of medical and public health professionals who serve as volunteers to respond to natural disasters and emergencies, and are commissioned officers of the US Public Health Service. In August 2006, the International Pharmaceutical Federation (FIP) released its statement of professional standards regarding the role of the pharmacist in crises management. This document noted that pharmacists can, among other things, develop guidelines for treatment of casualties and exposed individuals, select medicines and related supplies for national and regional stockpiles; ensure proper packaging, storage, handling, labeling, and dispensing of emergency supplies of medicines, and ensure appropriate deployment of emergency supplies of medicines.

The Task Force members emphasized the need for the profession to collectively promote pharmacists as "first responders" in the interest of serving and protecting the public health. Correspondingly, the Task Force members stressed that with this designation pharmacists should, if needed, undergo additional training, obtain additional certifications (ie, CPR certification, immunization certification, etc), and possess a basic understanding of local, state, and federal emergency response systems. Additionally, first responder pharmacists may need to be appropriately vaccinated per the recommendations of the Centers for Disease Control and Prevention.

**Recommendation 4: The Task Force recommends the boards of pharmacy with assistance from NABP and other pharmacy professional organizations collaborate with their respective state emergency management agency and the gubernatorial office to provide input and direction in the development of emergency and disaster related proclamations, declarations, or emergency orders.**

**Background:**

The boards of pharmacy, with assistance from other pharmacy professional organizations, are well-equipped to advise the respective state emergency management agencies and the office of the governor on crafting government declarations, proclamations, or emergency orders that may affect the statutory and regulatory provisions of the pharmacy practice act or rules. Additionally, boards of pharmacy should proactively work with their state legislature, if necessary, to enact or revise emergency dispensing and other related provisions for future events.

**Recommendation 5: The Task Force recommends that boards of pharmacy encourage a minimum of one or two staff members directly involved in emergency and disaster response at minimum be educated on the National Incident Management System (NIMS).**

**Background:**

On February 28, 2003, President Bush issued (HSPD-5), which directed the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents. Specifically, NIMS establishes standardized incident management processes, protocols, and procedures that enable federal, state, tribal, and local responders to effectively and efficiently coordinate and conduct response actions. The Task Force members agreed that board of pharmacy staff, such as compliance/investigator staff, should have a working knowledge and understanding of NIMS.

Operated by the Federal Emergency Management Agency, the Emergency Management Institute (EMI) offers a number of independent study and distant learning programs (at no cost) specifically targeted to meet the emergency management training needs of federal, state, and local governments. For example, independent online Course IS-700 NIMS, An Introduction, takes approximately three hours to complete and explains the purpose, principles, key components, and benefits of NIMS. EMI also offers a number of other courses covering topics such as the Incident Command System, principles of emergency management and planning, effective communication, and basic disaster operations.

**Recommendation 6: The Task Force recommends that NABP work with state and federal authorities to develop a uniform pharmacist identification card (national ID) and to ensure that all necessary information is included on the card to allow pharmacists interested in servicing disaster areas access to such areas.**

**Background:**

Task Force members discussed their efforts to assist in areas affected by Hurricane Katrina. Because access to such areas was limited, some had difficulty getting to areas in need of services. It was suggested that a uniform national identification card might provide the appropriate credentials and information to allow access to affected areas.

**Recommendation 7: The Task Force recommends to the NABP Executive Committee that it strongly consider the possibility of NABP offering the following additional emergency and disaster-related services to the boards of pharmacy: emergency communications; Web site hosting; emergency declarations monitoring; secure electronic record storage and**

**retrieval; and real-time licensure/registration information maintenance and distribution. Furthermore, the Task Force recommends that if these services are provided, that the boards of pharmacy and NABP establish memorandums of understanding allowing NABP to serve as an agent of the board of pharmacy for the provision of designated services should the board be unable to provide them as a result of an emergency or disaster. The Task Force further recommends that boards forward all emergency and disaster plans to NABP.**

**Background:**

Recognizing that an emergency or disaster can render a board office inoperable, similar to the events of late 2005 when the Louisiana Board of Pharmacy found this to be the case, the Task Force recommended that the NABP Executive Committee consider expanding NABP's services to include those that may assist boards in restoring crucial board operations. Emergency communications, emergency declaration monitoring, Web site hosting, electronic data storage, and real-time licensure/registration information maintenance and distribution services can be tailored to meet the specific needs of the boards and can prove vital to quickly restoring services.

NABP, utilizing its extensive network of relationships with national organizations, could communicate information to entities on behalf of the affected board(s) of pharmacy. Communication tools could include the NABP Web site, e-mail, telephone, and other means. Realizing that a board's Web site is the primary source of information for licensees and others, and is likely to be the primary source of information to a greater extent in the event of an emergency or disaster, the Task Force recommended that NABP work toward providing services to host the affected board(s) of pharmacy Web site temporarily until the board's servers are restored or replaced. Utilizing information from the Federal Emergency Management Agency and other sources, NABP could also proactively monitor federal and state emergency declarations, executive orders, and other related information and provide that information directly to boards and others as necessary.

The Task Force members also suggested that the NABP Executive Committee consider developing an infrastructure and designate resources to collect and maintain licensure information on pharmacists, technicians, and other persons or entities licensed or registered by the boards to ultimately provide a mechanism for real-time licensure status information. As noted by the Federation of State Medical Boards in its report, *Responding in Times of Need: Katrina and Beyond*, the timely sharing of physician licensure and sanction information by all state medical boards was key in assisting the Louisiana State Medical Board in verifying non-resident licenses and documenting the licensure of Louisiana-based physicians and medical students wishing to transfer to other states. Additionally, FSMB's Federation Credentials Verification Service (FCVS) was particularly helpful. Established in September 1996, FCVS is a permanent repository providing a centralized and uniform process for state medical boards to obtain a physician's core medical credentials (medical education, postgraduate training, examination history, board action history, board certification, and identity). Also maintaining information on physician assistants, this repository of information allows a physician and/or physician assistant to establish a confidential, lifetime professional portfolio with FCVS that can be forwarded, at the physician's request, to a state medical board that has established an agreement with the FCVS, or any hospital, health care, or other entity.

The NABP Clearinghouse primarily contains pharmacist disciplinary information obtained from the boards of pharmacy. Utilized primarily to assist the boards of pharmacy in processing licensure transfer requests, the Task Force members agreed that this database could be expanded to include “real time” licensure data for pharmacists, pharmacy technicians, and pharmacy interns with information continuously obtained from the boards of pharmacy. In the event of an emergency or disaster, this information can be quickly and easily used to verify licensure of pharmacists and support staff. The enhanced Clearinghouse would also have other advantages: for example, it would provide a secondary electronic back up of licensure data at an off site location. NABP could further provide additional storage for other records as a board requests.

Ultimately, if NABP were to offer these type of services, the Task Force also recommended that the boards of pharmacy and NABP establish memorandums of understanding allowing NABP to serve as an agent for a board of pharmacy for the provision of specific, designated services should the board be unable to provide them as a result of an emergency or disaster.

Further, the Task Force recommended that all boards of pharmacy forward a copy of their emergency or disaster plans to NABP for secondary storage in the event that the plans are inadvertently destroyed.

**Recommendation 8: The Task Force recommends that NABP approach the US Drug Enforcement Administration (DEA) and urge them to develop rules to allow for the emergency dispensing of controlled substances and the shipping of controlled substances to temporary pharmacies established as a result of an emergency or disaster.**

**Background:**

In the midst of post-Hurricane Katrina, pharmacies in many states grappled with providing the needed care to victims, while at the same time, complying with various state and federal laws, including those pertaining to the dispensing of controlled substances. Although some states allowed the emergency dispensing of controlled substances, the lack of federal regulations addressing this issue was a valid concern of many pharmacies providing relief assistance. Many boards of pharmacy, also concerned about the compliance of federal laws, contacted DEA for guidance. In turn, DEA, working in conjunction with the boards of pharmacy, did allow, per a temporary policy, the emergency dispensing of controlled substances for hurricane victims. For example, information obtained from the Mississippi Board of Pharmacy Web site indicated that DEA approved dispensing of controlled substances in Schedules II through V in an emergency situation during the period September 1, 2005 through September 30, 2005, for persons displaced by the hurricane.

The Task Force agreed that it was crucial for NABP to urge and work with DEA to develop federal regulations regarding the emergency dispensing of controlled substances. Additionally, the Task Force also suggested that regulations be developed to allow controlled substances to be shipped to emergency or temporary pharmacies, to ensure that such pharmacies are able to receive shipments of controlled substances.

**Recommendation 9: Realizing the economic and reimbursement challenges often faced by pharmacies, pharmacists, wholesale distributors, and other licensed entities that assist in emergency and disaster relief efforts, the Task Force recommends that boards of pharmacy**

**and NABP request applicable state and federal agencies (such as the Federal Emergency Management Agency) to establish payment and reimbursement mechanisms to ensure prompt and expedient compensation for services provided during an emergency or disaster.**

**Background:**

The Task Force members recognized the importance of properly reimbursing pharmacies and other entities that provide emergency and disaster relief-related services. In order to mitigate the financial hardship for entities providing relief efforts, the Task Force recommended that boards of pharmacy and NABP request that applicable state and federal agencies establish mechanisms now so that payment can be provided expediently in the event of a future emergency or disaster.

Without the established payment mechanisms in place, a board of pharmacy may find itself serving as a liaison between pharmacies and other third parties. For example, pursuant to a request of the Louisiana Department of Health and Hospitals (DHH), the Louisiana Board of Pharmacy collected reimbursement claims submitted by pharmacies assisting in relief efforts in the aftermath of Hurricane Katrina. Working with DHH and FEMA, the Louisiana Board of Pharmacy served as an intermediary by swiftly creating processes and forms so that claims could be submitted to the Board, and subsequently to FEMA.

**Recommendation 10: The Task Force recommends that NABP and other national professional, industry-related, and governmental entities such as the American Pharmacists Association (APhA), the Pharmaceutical Research and Manufacturers of America (PhRMA), and the US Food and Drug Administration (FDA) consider working together to establish a process and network for the efficient and optimal distribution of drugs.**

**Background:**

Orchestrated by the Centers for Disease Control and Prevention, the Strategic National Stockpile (SNS) is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, airway maintenance supplies, and medical/surgical items. Although the SNS is primarily designed to supplement and re-supply state and local public health agencies in the event of a national emergency, those assisting in relief efforts after the hurricane found the SNS limited in its ability to meet the immediate therapeutic needs of the victims. The SNS medication repository contains medications and supplies that are largely used in treating patients affected by nerve agents, biological pathogens, and chemical agents. The needs of the hurricane victims, however, called for a broader array of medications to treat both common acute illnesses and chronic diseases such as diabetes and hypertension.

Recognizing the limitations of the SNS and the frustration expressed by pharmacies, wholesale distributors, and pharmaceutical manufacturers in ensuring that donated medications ultimately reached disaster victims, the Task Force agreed that perhaps important stakeholders such as the boards of pharmacy, NABP, FDA, APhA, and PhRMA, should work together to establish mechanisms and networks that would facilitate the distribution of medications and supplies in the event of a local or national public health emergency or disaster. Specifically, this network could delineate the coordination systems and processes that the existing drug distribution system,

in conjunction with local and state government, would utilize to efficiently and effectively donate, store, and distribute medications and supplies to targeted areas of need.

**Recommendation 11: The Task Force recommends that NABP encourage the American Association of College of Pharmacy (AACP) to proactively work with its member schools and colleges of pharmacy to ensure that existing emergency and disaster plans address concerns such as, but not limited to, communication with students and verification of student enrollment. Further, the Task Force recommends that NABP encourage states to license or register student pharmacists as recommended in the NABP Model Act.**

**Background:**

As a result of Hurricane Katrina, the University of Louisiana at Monroe College of Pharmacy and Xavier University College of Pharmacy were among the colleges of pharmacy most affected. In efforts to assist the 590 pharmacy students displaced from Xavier alone, AACP assisted in the placement of fourth-year students at alternate facilities to complete experiential requirements.

Realizing that many schools and colleges of pharmacy belong to a university system and are not private, stand-alone institutions, the Task Force agreed that NABP should encourage AACP to provide direction and guidance to schools and colleges of pharmacy so that existing emergency and disaster plans address matters such as, but not limited to, communication with students and procedures for verifying student enrollment. For example, in addition to including a Web site page dedicated entirely to emergency preparedness, Xavier University has also implemented toll-free telephone number that would, in the event of an actual emergency, be the official source of information for students, faculty, and staff.

Although the *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree* mandate the development of procedures regarding transfer credit and course-waiver policies (Standard 18), the Task Force discussed the challenges experienced by students and schools/colleges of pharmacy wishing to verify and authenticate the enrollment of students temporarily displaced by Hurricane Katrina. These students, who had hoped to continue professional degree courses at other schools of pharmacy, were unable in the immediate hurricane aftermath, to prove their matriculation into a professional degree, which presented obvious challenges to schools that were willing to temporarily accept them. Therefore, the Task Force recommended that NABP urge AACP to work with its member schools/colleges of pharmacy to develop a mechanism by which student enrollment and other information, such as course work completed, could be easily verified and authenticated in a practical time frame.

Along these lines, it was agreed that uniform licensure or registration of student pharmacists by state boards of pharmacy would complement these efforts.