NABP Partners with PTCB for National Certification of Pharmacy Technicians

Delegates at the NABP Annual Meeting in May 2000, adopted Resolution 96-1-2000 recommending that NABP review existing certification programs to determine whether the development of an NABP competence assessment program for pharmacy technicians should occur or be part of a cooperative effort with other pharmacy organizations. Following the adoption of that resolution and the decision of the NABP Executive Committee in July 2000 to implement the resolution, NABP researched the viability of partnering with the Pharmacy Technician Certification Board (PTCB).

The research focused on three critical areas identified by Resolution 96-1-2000 and the Executive Committee: 1) providing a valid and defensible mechanism to NABP's member states for assessing technicians to assist in the practice of pharmacy; 2) ensuring that the partnership offered NABP an equitable return on its investment; and 3) collaborating with other pharmacy organizations in a synergistic and non-conflict mode. The research team assembled by NABP to investigate these critical areas included members of the Executive Committee, psychometricians, accountants, and auditors.

After extensive discussion and analysis, the Executive Committee decided in late 2000 to put aside plans to develop its own technician assessment mechanism and partner with the PTCB. The decision became effective January 1, 2002, when NABP became a full partner with the American Pharmaceutical Association (APhA), American Society of Health-System Pharmacists (ASHP), Illinois Council of Hospital Pharmacists (ICHP), and Michigan Pharmacists Association (MPA) on the PTCB Board of Governors.

“Since the inception of PTCB in January 1995, PTCB has delivered a psychometrically valid and legally defensible certification program. The addition of NABP to the governance of PTCB allows PTCB to draw on the expertise of NABP and its member state boards of pharmacy,” says Melissa M. Murer, PTCB executive director.

NABP President Richard K. “Mick” Markuson agreed and added, “The pharmacy technician is a growing part of the assistance provided to the pharmacist in daily practice and an important consideration in the protection of the public health. NABP is pleased to be part of PTCB and the national certification program for pharmacy technicians it has developed and established.”

In its role as a full member of the PTCB Board of Governors, NABP will add its assistance and expertise to the development and management of the PTCB examination. It is hoped that NABP's involvement in this process will assure state boards of pharmacy that the acceptance of the PTCB certification exam as a recognized assessment tool for pharmacy technicians is a strong option for the states. NABP's involvement in this process is specifically defined in the designation of the (continued on page 51)
The National Institute for Standards in Pharmacist Credentialing (NISPC) has asked NABP to revise the Dyslipidemia Disease State Management Examination in response to the National Cholesterol Education Program’s (NCEP) updated guidelines (NCEP III) on the prevention and management of high cholesterol in adults. According to NISPC Executive Director Eleni Z. Anagnostiadis, the updated exam will be available in the fall of 2002.

The key changes in the NCEP III guidelines are:

- More aggressive cholesterol-lowering treatment and better identification of those at risk for heart attacks.
- Use of a lipoprotein profile as the first test for high cholesterol.
- A new level at which low HDL (high-density lipoprotein) becomes a major heart disease risk factor.
- A new set of “Therapeutic Lifestyle Changes.”
- A sharper focus on heart disease risk factors known as “the metabolic syndrome,” and
- Increased attention to the treatment of high triglycerides.

NISPC decided to update the dyslipidemia exam based on the results of the January 2002 survey that revealed most pharmacists want more disease-specific exams.

The four DSM exams covering asthma, diabetes, anticoagulation therapy, and dyslipidemia, are developed by NABP for NISPC’s credentialing program. Pharmacists who pass a DSM exam are credentialed by NISPC as a Certified Disease Manager (CDM) in the specific disease state.

For more information about the Disease State Management Program visit the NISPC Web site at www.nispcnet.org, or NABP’s Web site at www.nabp.net.
Pharmacist.com, the Web portal developed by NABP and the American Pharmaceutical Association (APhA) as a one-stop information source for pharmacists and others interested in the practice of pharmacy, was formally introduced March 18, 2002, at the APhA Annual Meeting in Philadelphia, Pa.

NABP Executive Director/Secretary Carmen A. Catizone told the audience, “I look forward to this collaborative effort as a means for NABP’s public health activities to help the [pharmacy] profession reach their practice goals.” Pharmacist.com offers a range of information including breaking pharmacy news, a relicensure facility for pharmacists, career information tools and job postings, online continuing education services, a drug information center, and online practice exams for the NABP-produced competency assessment examinations.

To serve the public and pharmacy community, NABP and APhA will monitor and update the site. The continuing education section is the first component scheduled for activation. Pharmacists can complete online continuing education programs and obtain real-time scoring. The online drug information center, provided by APhA, will connect pharmacists to a drug database and information about breaking drug issues.

Pharmacist.com will develop and jumpstart services currently offered by NABP and APhA to practicing pharmacists, members of the profession, and the public.

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**MPJE Announces New Passing Standards, Review Schedule, and New Participants**

**ACE, Executive Committee Accept MPJE Pass/Fail Standard**

The adoption of the new standard will most likely impact the passing rates for states and schools of pharmacy. There will be more detailed information provided soon.

During April 2001, a standard setting evaluation was conducted with members of the Multistate Pharmacy Jurisprudence Examination™ (MPJE®) Review Committee. The pass/fail standard analysis was presented, reviewed, and accepted by the Advisory Committee on Examinations (ACE) and NABP’s Executive Committee. NABP is currently developing the implementation timelines for the new MPJE pass/fail standard with the appropriate vendors.

**2002 Item-Review Meetings Scheduled**

NABP has initiated a series of state-specific item-review meetings in 2002 to better ensure the efficiency, effectiveness, and security of the MPJE program. Six states participated at a February 22-24, 2002 meeting, and two more meetings are scheduled for May 31-June 2 and September 6-8.

These reviews offer state board representatives the opportunity to assess their operational pool for accuracy and currency. “It is only through the board’s review of these items that valid defensible examinations are provided and compromise of the examination is avoided,” says NABP President Richard K. “Mick” Markuson.

Interested state boards may contact the MPJE manager at NABP at 847/698-6227.

**New MPJE Participants**

Residents of Delaware will be eligible to sit for the MPJE starting May 1, 2002. Jurisdictions currently in the process of program implementation are West Virginia, Tennessee, and the Virgin Islands.
Interesting issues can arise when licensed professionals are performing services that are, arguably, not within the scope of practice of the licensed profession. Questions may arise as to the ability of the regulatory board to render "discipline" against the licensees for these actions. These issues are especially evident in managed care decisions that will also involve the applicability of federal law.

A physician licensed by the state of Missouri acted as the medical director for Prudential Healthcare, which administered an employee benefit plan. In this capacity, the director made decisions concerning the "medical necessity" of certain treatments. Based upon these decisions, Prudential would either extend or deny coverage of medical expenses to plan participants.

In January 1999, the State Board of Registration for the Healing Arts received a complaint from a physician regarding the director's determination that a requested surgical procedure was not medically necessary. Thereafter, the board investigated the matter and eventually issued a subpoena to the director that ordered him to meet with the board's medical staff for an interview. The director failed to appear.

As required under procedural law, the board petitioned the circuit court for enforcement of the subpoena. In June 2000, the circuit court entered a final judgment ordering the director to appear before the board within 60 days. The matter was stayed affording the director an opportunity to exhaust his appeals. The matter was appealed to the Supreme Court of Missouri.

On appeal, the director cited three points of error in the judgment of the circuit court. First, he argued that the Employee Retirement Income Security Act of 1974 (ERISA) superseded and invalidated Missouri law to the extent that it authorized the board to investigate matters related to an employee benefit plan.

Second, the director argued that Missouri law did not authorize the board to investigate "utilization review" cases. Finally, the director argued that his decisions as a medical director did not involve the practice of medicine or any other conduct that could lead to administrative disciplinary actions against his medical license under the applicable practice act.

In rejecting the arguments of the director, the Supreme Court examined the issues in order. First, the court held that ERISA supersedes any and all state laws insofar as they may now or hereinafter relate to any employee benefit plan. Thus, the court framed the issue as to whether the board's investigation "relates to" the employee benefit plan. Citing a United States Supreme Court decision, the Missouri Supreme Court stated that a state law relates to an employee benefit plan when it "has a connection with or reference to such a plan."

The Missouri Supreme Court stated that the statute authorizing the board's action in the instant case did not "reference" any employee benefit plan. It noted that the statute simply grants the board the authority to subpoena witnesses and documents when conducting investigations related to the conduct of one of its state licensees. Because all related matters could be arguably referencing an employee benefit plan, the board focused on the inquiry as to whether the state action has a "connection with" the employee benefit plan.

The Missouri Supreme Court concluded that a state law
causing an indirect burden on an employee benefit plan may not trigger preemption and that historic police powers of the state include the regulation of matters of health and safety. Because the director did not simply look through a predeter- mined list of covered procedures to arrive at his conclusions, but used medical training and judgment to determine the medical necessity of surgical treatment for a particular patient, such decision making clearly fell outside the scope of plan administration. The director’s finding of medical necessity was purely a medical decision. Because the Missouri legislature has charged the Board of Registration for Healing Arts with reviewing the medical judgments of state licensees, such matter is subject to board oversight. The Missouri Supreme Court held that, while there were some preempted state laws because they may interfere with coverage decisions, it did not prevent the state from exercising its traditional police powers to review the medical judgments of one of its licensed physicians.

In rejecting the director’s second contention, the court held that the review of the exercise of licensed medical judgment in accordance with the state’s traditional police powers was legislatively granted to the board. The court rejected the director’s arguments that such authority was vested within the Department of Insurance. Based upon a close examination, the court held that the statutory scheme did not grant the Department of Insurance any authority to review medical judgments of licensed physicians who serve as medical directors.

Finally, the court rejected the director’s argument that his decision was nothing more than an initial determination that an employee benefit plan would not pre-certify benefits for the surgical procedure and was thus not the practice of medicine subjecting him to board oversight. The court rejected this position stating that the director’s decision was a purely medical decision predicated upon whether such a procedure was medically necessary. Citing Murphy v. Board of Medical Examiners, 949 P.2d 530 (Ariz. Ct.App.1997), the court held that there is no other way to characterize the director’s decision: it was a medical decision. Because such a decision involved medical judgment and was a medical decision, oversight by the board was appropriate.

Accordingly, the court affirmed the ruling of the circuit court and ordered compliance with the originally issued subpoena.

This case presents an interesting analysis of the interplay between judgments of medical plans and the state police powers for regulating licensees. The most important public protection question to address next is whether individuals placed in such decision making authority are licensed or, for that matter, required to be licensed by a regulatory board. State Board of Registration for the Healing Arts v. Fallon, 41 S.W.3d 474 (MO 2001)

Attorney Dale J. Atkinson is a partner in the law firm of Atkinson & Atkinson, counsel for NABP.
FDA Establishes Final Rule for OTC Drug Monograph System, USP Botanical Monographs Required

The US Food and Drug Administration (FDA) announced in a final regulation that over-the-counter (OTC) drugs included in the OTC drug monograph system must meet a United States Pharmacopeia and National Formulary (USP-NF) existing or proposed monograph(s) for active ingredients or botanical drug substances. The OTC drug final regulation, which became effective February 22, 2002, affects those OTC drugs initially marketed in the United States after 1972 and those that marketed only in foreign countries. Prior to the final regulation, manufacturers of such OTC drugs were required to submit a new drug application. The final regulation allows the manufacturer(s) to submit an FDA Time and Extent Application (TEA) that shows how much (amount), and for what period of time, the OTC drug has been available on the market. In addition, the final regulation permits the manufacturer to reference a current USP-NF monograph, which could help satisfy the required description of the active ingredient or botanical drug substance in the TEA.

The FDA regulation defines a botanical drug substance as a “drug substance derived from one or more plants, algae, or macroscopic fungi, but does not include a highly purified or chemically modified substance derived from such a source.” Once the OTC drug is eligible for the OTC drug monograph system, the sponsor submits safety and effectiveness data for evaluation to the FDA, which include the official or proposed USP-NF monograph. Additionally, there must be information showing that the active drug ingredient or botanical substance used in that OTC drug’s safety and effectiveness studies is consistent with a USP-NF monograph.

The new FDA rule officially recognizes USP-NF drug monographs for standards of identity, strength, quality, and purity. For additional information, see the January 23, 2002 Federal Register on the FDA Web site at www.fda.gov.

February 2002 Executive Committee Meeting Highlights

During its February 8, 2002 meeting, NABP’s Executive Committee discussed and took action on the following items.

Pharmacy Technician Certification Board (PTCB) Examination

The EC approved final preparation for NABP to partner with the PTCB.

South African Pharmacy Council for NABP Membership

The Committee on Constitution and Bylaws will present this recommendation to the delegates at the 98th Annual Meeting for formal approval.

Renewal and Application Process (RAP) Update

The RAP program is operational and available to the states.

Mississippi, Kentucky, New York, and Missouri have expressed an interest in the project. A marketing plan on the process is also being developed; the information will be available on the NABP Web site.
NABP Seeks Volunteers for Examination Review Committees

NABP is seeking volunteers to serve on review committees for the North American Pharmacist Licensure Examination™ (NAPLEX®), the Multistate Pharmacy Jurisprudence Examination™ (MPJE®), the Foreign Pharmacy Graduate Equivalency Examination™ (FPGEE®), and the Disease State Management (DSM) Examinations. Review committee members write, edit, assess potential questions for the test item pools, and help establish examination passing standards.

Members of the NAPLEX and DSM review committee are practitioners from community and hospital settings, educators, and regulators. Volunteers for the NAPLEX Review Committee must have previous experience as NAPLEX item writers. The MPJE Review Committee is seeking volunteers familiar with state and federal jurisprudence requirements. Participation is limited to individuals from those states that participate in the MPJE program. Previous experience in writing examination questions would be helpful.

The FPGEE Review Committee is recruiting individuals with experience in preclinical sciences, pharmaceutical sciences, biomedical sciences, social and behavioral sciences, and pharmaceutical services management or pharmacy administration. Previous experience in writing examination questions would be helpful.

DSM Review Committee members must also have experience in asthma, diabetes, dyslipidemia, or anticoagulation therapy, with previous experience as an item writer.

Anyone interested in serving on an examination review committee should submit a statement of interest and a current resume or curriculum vitae to NABP Executive Director/Secretary, Carmen A. Catizone, 700 Busse Highway, Park Ridge, IL 60068; fax 847/698-0124, no later than July 1, 2003.

NABP's President will make appointments to the review committees in November 2002, based on the recommendations of the Executive Committee and the Association's Advisory Committee on Examinations (ACE). Questions about participation on examination review committees should be directed to Catizone at 847/698-6227.

NABP Joins PTCB for National Certification

(continued from page 45)

NABP executive director/secretary as “Chair of the Certification Council.” The PTCB Certification Council, the body charged with development of the exam, is comprised of a group of subject-matter experts (pharmacists, certified pharmacy technicians, and technician educators drawn from various practice settings, geographical areas, and diverse backgrounds. NABP will also incorporate the use of the PTCB certification program into its Model State Pharmacy Act and Model Rules, with new language to help the states adopt this program in their own practice acts and regulations.

Since PTCB’s inception, the organization has certified more than 100,000 pharmacy technicians through its examination and certification process. More than 10,000 pharmacy technicians registered for the PTCB’s March 16, 2002 examination. The goal of the PTCB national certification program is to enable pharmacy technicians to work more effectively with pharmacists in offering safe and effective patient care and service.

NABP’s decision to partner with the PTCB on this issue brings closure to a debate that has been before the state boards of pharmacy and profession for more than 20 years. It recalls a time when even the mention of the word “technician” was prohibited in some pharmacy circles and offers hope that the move to more patient-directed services will become a reality. For NABP, the partnership compliments its six-year effort to transition regulatory philosophy and approaches to outcome-based results; away from a focus that included only dispensing and emphasized process. Some view this new partnership as an historic moment for pharmacy and the beginning of collaborative efforts among the pharmacy organizations that set aside the usual barriers that prohibited such collaborations in the past.
NABP will offer three continuing pharmaceutical education (CPE) program tracks during its 98th Annual Meeting, May 18-22, 2002, at the Pointe Hilton Tapatio Cliffs Resort in Phoenix, Ariz. Those attending the Annual Meeting may choose from programming designed for executive officers and board members, compliance officers, and for those interested in practice-based education sessions.

Executive Officer and Board Member Programming

In this technological age, personal digital assistants have become a common and often integral tool in the workplace. The first session of the executive officer and board member track, Emerging Technologies for Enhanced Patient Care, sponsored by Eli Lilly and Company, features George E. MacKinnon III, chair of the Department of Pharmacy Practice at Midwestern University’s College of Pharmacy in Glendale, Ariz. On Monday, May 20, Mr MacKinnon will discuss how these handheld devices effectively assist health care practitioners to capture patient and medication data, document clinical interventions, facilitate electronic prescribing, and provide clinical information resources.

Captain Elizabeth Hiner of the Federal and State Relations Division of the Food and Drug Administration, L. D. King of the International Academy of Compounding Pharmacists (IACP), and Ohio State Board of Pharmacy Executive Director William T. Winsley will discuss the evolving status of federal compounding regulations during the Compounding Regulation Update, sponsored by Merck & Co, Inc. On Tuesday, May 21, this session will focus on the current status of the compounding regulations, recent state efforts to regulate compounding, and present guidelines and standards of the American Pharmaceutical Association, the IACP, and the US Pharmacopea.

Compliance Officer Programming

Sponsored by Walgreen Company, the Compliance Officer track begins Monday with Best Practices for Seizing Electronic Evidence. Peter Modafferi of the New York district attorney’s office and a representative from the Financial Crimes Division of the US Secret Service (USSS) will consider the improved technology that has increased reliance on electronic information maintenance and storage techniques and equipment. The speakers will discuss technical and legal factors regarding searching and seizing electronic storage devices and media. They will discuss the best practices for seizing electronic evidence, as recommended by the International Association of Chiefs of Police and the USSS.

On Tuesday, May 21, Charles “Curt” Barr, chairman of the Nebraska Board of Pharmacy and associate professor of pharmacy practice at Creighton University in Omaha; Dan Halverson, Assistant Analysis, IsoRx; and Larry Taylor, owner of Maddock Drug and Gift and a North Dakota pharmacist, will discuss practice issues in pilot projects using long-distance communication technologies to dispense medications and provide pharmaceutical care. Howard Anderson, executive director of the North Dakota Board of Pharmacy and David E. Holmstrom, executive director of the Minnesota Board of Pharmacy will discuss the regulatory obstacles associated with these efforts. Advances in Telepharmacy is sponsored by Hoffmann-La Roche Service Corporation.

(continued on page 55)
98th Annual Meeting

May 18-22, 2002

Pointe Hilton Tapatio Cliffs Resort
Phoenix, Ariz

Friday, May 17
3 - 5 PM
Registration Desk Open

Saturday, May 18
7 AM - 7:30 PM
Registration Desk Open
1 - 3 PM
Public Board Member Session
(Subject to advance registration of at least 10 public members.)

1 - 5 PM
Presentation Area Open
1 - 5 PM
Hospitality Suite
3 - 5 PM
New Member Seminar
7 - 9 PM
President’s Welcoming Reception

Sunday, May 19
7:30 AM - 4:30 PM
Registration Desk Open
8 - 8:30 AM
Continental Breakfast
8 AM - noon
Meeting of the Nominating Committee
Meeting of Committee on Resolutions
8 - 10 AM
Executive Officer and Board Member Programming
Emerging Technologies for Enhanced Patient Care
Program #: 205-000-02-001-L04
(0.20 CEUs – 2.0 contact hours)
Compliance Officer Programming
Best Practices for Seizing Electronic Evidence
Program #: 205-000-02-002-L03
(0.20 CEUs – 2.0 contact hours)
Pharmacy Practice Programming
Diabetes Seminar: Part I: Providing Education Services for Diabetes Patient Care
Program #: 205-000-02-003-L01
(0.20 CEUs – 2.0 contact hours)
10 - 10:15 AM
Refreshment Break
10:15 AM - noon
Committee and Task Force Reports
1:30 - 7:30 PM
Annual Golf Tournament (Optional)

Tuesday, May 21
6:30 - 7:30 AM
Fun Run/ Walk
8 AM - 5 PM
Registration Desk Open
Mississippi Board Alleges Pharmacy Employees Involved in Theft

The Mississippi State Board of Pharmacy recently discovered that five employees of the same pharmacy located in the Mississippi Gulf Coast area were possibly “involved in the theft of thousands of dosage units of hydrocodone and alprazolam.”

The pharmacy owner had contacted the Mississippi Board of Pharmacy for assistance after discovering missing controlled substances. According to Mississippi law, pharmacies are required to contact the Board within 48 hours when a medication shortage is discovered. Wyatt Smith, compliance agent with the Mississippi Board says, it took the Board only a week to 10 days, through undisclosed means, to catch the employees purportedly stealing the drugs. The five employees included an eight-year employee and a minor.

Smith said that once the interviewing process started it did not take long for all five employees to admit their involvement in the possession of the drugs. The Board worked closely with the Pharmaceutical Drug Diversion Unit of the Mississippi Bureau of Narcotics and the Drug Enforcement Administration which, during its investigation, gathered statements and charged four of the five employees with felony embezzlement; the minor was released to the custody of her parents.

The drug shortages had been occurring for a while without the pharmacy owner’s knowledge. The owner had recently remodeled the pharmacy and had several camera systems set up throughout the pharmacy. Unfortunately, employees could tell by looking at a monitor in the pharmacy where he or she would be out of sight and out of view of the cameras. The employees would apparently discard the drugs in the trash, retrieve the containers at a later time, and then divide the drugs among themselves.

Smith believes the majority of the drugs stolen were for the employees’ personal use.

What Pharmacies Can Do

The Mississippi Board urges pharmacists to carefully monitor purchase and dispensing records of controlled substances and habit forming legend drugs including hydrocodone, alprazolam, carisoprodal, and others. To avoid drug shortages and other problems, routine screening of employees and background checks on potential employees should be conducted. Also, the Board’s Newsletter recommends that pharmacists contact the Board office “for previous history and valid registration before hiring pharmacy technicians,” and that the number of employees who have access to drugs in the dispensing area be limited. Further, that loitering in the dispensing area by clerks and other “non-essential” employees and delivery personnel be discouraged.

Smith goes on to suggest that pharmacists routinely check their purchase orders, “Sometimes pharmacists become lax and allow pharmacy technicians to order, receive, check-in, and place drugs into stock without a system of verification by the pharmacist. All of these activities should be closely monitored by the pharmacist.”

Smith also explains that one of the biggest problems occurs when a trusted employee is involved and no one suspects that person because of the employee’s tenure at the pharmacy. In this case, there was an eight-year employee who was apprehended and in a similar previous case in a different location a 10-year employee was involved.

In conclusion, the Board urges pharmacy owners or the pharmacist in charge to educate their employees “and make them aware that, if they take controlled substances or prescription drugs from stock without authorization, at some point they will be caught and may be subject to prosecution.”
Richard P. Penna Receives APhA 2002 Remington Honor Medal

Richard P. Penna, Executive Vice President of the American Association of Colleges of Pharmacy (AACP), was awarded the American Pharmaceutical Association’s (APhA) 2002 Remington Honor Medal. Mr Penna received this prestigious award at the APhA Annual Meeting in Philadelphia in March 2002.

New Board Members

The following individuals are now new board members.

- John E. Tilley, Member of the California State Board of Pharmacy.
- Mercedes “Betty” Bernal, Consumer Board Member for the Rhode Island Board of Pharmacy.
- Marcella F. “Marcie” Ranick, Member of the Nevada State Board of Pharmacy.
- John T. “Tom” Wilcox, Administrator of the South Carolina Department of Labor, Licensing, and Regulation–Board of Pharmacy.
- Timothy Armstrong, Member of the Kentucky Board of Pharmacy.
- Patricia Thornbury, Member of the Kentucky Board of Pharmacy.
- Gary S. Schneider, Member of the Minnesota Board of Pharmacy.

98th Annual Meeting (continued from page 52)

Pharmacy Practice Programming

Sponsored by GlaxoSmithKline and AstraZeneca LP, this year’s two-part pharmacy practice programming, Diabetes Seminar, Parts I and II, will provide an overview of the advances in diabetes research that have led to more efficient ways to manage diabetes and treat its complications. Keith Campbell of Washington State University College of Pharmacy will be the speaker for the first session and Dr John Holcombe of Eli Lilly and Company will speak for the second part of the series. Recent advances and future innovations in diabetes care, monitoring, and treatment will be discussed. The first session will be held on Monday, May 20, and the concluding session on Tuesday, May 21.

Joint CE Programming

Joy Pritts, senior counsel for the Health Privacy Project, Institute for Health Care Research and Policy at Georgetown University will discuss the new federal health care information privacy regulations, which stemmed from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), during the Joint Continuing Education Programming session, HIPAA Update: The Status of State Health Privacy Law. Sponsored by Albertson’s Inc, the session is on Tuesday, May 21.

To learn more about the 98th Annual Meeting educational programming, call the NABP Meetings Desk at 847/698-6227 or visit the Association’s Web site at www.nabp.net. NABP

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98th Annual Meeting (continued from page 52)

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NABP Meeting Dates

**Friday, May 17, 2002**
Pre-Convention Executive Committee Meeting,
Pointe Hilton Tapatio Cliffs Resort, Phoenix, Ariz

**Saturday-Wednesday, May 18-22, 2002**
NABP’s 98th Annual Meeting, Pointe Hilton Tapatio Cliffs Resort, Phoenix, Ariz

**Wednesday, May 22, 2002**
Post-Convention Executive Committee Meeting,
Pointe Hilton Tapatio Cliffs Resort, Phoenix, Ariz

**Friday-Sunday, May 31-June 2, 2002**
Multistate Pharmacy Jurisprudence Examination™ (MPJE®) State Specific Review Meeting, Embassy Suites, Rosemont, Ill

**Friday-Saturday, July 19-20, 2002**
Executive Committee Meeting,
Hyatt Regency O’Hare, Rosemont, Ill