newsletter

National Association of Boards of Pharmacy®

April 2004 / Volume 33 Number 4

aid to government
the profession
the public
1904 to 2004

This Month on www.nabp.net:

Register online for NABP's 100th Annual Meeting and Centennial Celebration in Chicago, IL. Follow the link under "Special Items" on the home page to complete the Registration Form.

Download NABP's National Specified List of Susceptible Products.

View the revised Model Rules for Licensure of Wholesale Distributors.

NABP News Release under "What's New": NABP Addresses the Danger and Ease Involved in Purchasing Prescription Medications via Online Search Engines.

Upcoming Meetings

Friday, April 23, 2004
Pre-Conference Executive Committee Meeting
The Fairmont Chicago, Chicago, IL

Saturday-Tuesday, April 24-27, 2004
NABP's 100th Annual Meeting and Centennial Celebration
The Fairmont Chicago, Chicago, IL

Wednesday, April 28, 2004
Post-Conference Executive Committee Meeting
The Fairmont Chicago, Chicago, IL

Sunday-Tuesday, August 1-3, 2004
NABP/AACP District III Meeting
Beau Rivage Resort and Casino, Biloxi, MS

Thursday-Saturday, August 12-14, 2004
NABP/AACP District V Meeting
Hilton Garden Inn, Johnston, IA

California, Florida Receive Active Member Status

NABP is pleased to announce that the California State Board of Pharmacy and the Florida Board of Pharmacy are now Active members of the Association, bringing the number of Active members to 53.The NABP Executive Committee's (EC) designation, which was made at its January 2004 meeting, gives the California and Florida boards full privileges of membership including the right to vote. The designation was made effective March 1, 2004.

The purpose clause of the NABP Constitution and Bylaws (Article II), which provides for the establishment of uniformity in the licensure process, is the lynch pin driving decisions in respect to the Constitution and Bylaws. The interpretation of this provision, and other provisions of these governing documents, has been based on facts considered in respect to the time in history of the Association. A set of facts under consideration in 1965 may lead to one decision based on the Constitution, while the same set of facts considered in 1995 could lead to another. The NABP Constitution, like the United States Constitution, has the flexibility and resilience to justifiably permit differing conclusions.

The California and Florida boards of pharmacy each use the North American Pharmacist Licensure Examination™ (NAPLEX®) exclusively and abide by the passing scores established by NABP. Florida also uses the Multistate Pharmacy Jurisprudence Examination®. Each of these boards recognizes as approved educational programs those that are accredited by the Accreditation Council for Pharmacy Education. Both the California and Florida boards are now providing mechanisms for transfer under uniform standards as provided in the licensure criteria set forth in the NABP Bylaws and as generally adhered to by other member states.

The California licensure process is based on the NAPLEX but is prospective in nature measured from January 1, 2004, forward; Florida restricts licensure transfer to those who have taken the NAPLEX in the last 12 years. The EC did not believe that these limitations, which were set by legislation and not by the boards, should block Active member

(continued on page 58)

In This Issue. . .

The NABP Newsletter (ISSN 8756-4483) is published ten times a year by the National Association of Boards of Pharmacy (NABP) to educate, to inform, and to communicate the objectives and programs of the Association and its 67 member boards of pharmacy to the profession and the public. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is $35 per year.

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FPGEE Summer Administration Approaching, Pre-FPGEE Aids Candidates

The summer administration of the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) will be held on June 26, 2004. The paper-and-pencil examination is being offered in two United States locations: Northlake (Chicago area), IL; and Hempstead (New York City area), NY.

In early March 2004, candidates accepted to sit for the June FPGEE received registration letters and information and procedure handouts that contained:

- the test day schedule,
- test center restrictions,
- examination instructions,
- policies on changes and/or cancellations, and
- result notification procedures.

Candidates who wish to prepare themselves for the examination can take the Pre-FPGEE™, a Web-based practice examination for the FPGEE that was launched by NABP on October 1, 2003.

The Pre-FPGEE consists of previously scored and calibrated FPGEE items that have subsequently been retired. Two unique forms, each with 66 questions, are available; the fee for each attempt is $50. After completing the examination, candidates receive a score report with an estimated scaled score and range. Like other practice examinations, a candidate's score on the Pre-FPGEE is similar to what he or she can expect to receive on the FPGEE, but may not be the actual score attained, nor is it a guarantee of passing the actual examination.

The practice examination is accessible at www.nabp.net and www.pre-fpgee.com.

California, Florida

(continued from page 57)

status. Other states are free to subject the licensure transfer of California and Florida applicants into their respective jurisdictions with like restrictions. Licensure transfer of eligible candidates to and from California or Florida will still occur under the uniform standards that NABP has worked throughout its history to establish. The EC has urged both California and Florida to review their laws in respect to possible changes in their respective licensure transfer programs.

Under a literal interpretation of the NABP Constitution and Bylaws, several states could be found in violation of the Association's governing documents. Such findings, however, would not be in keeping with the historical development of NABP, particularly when the activities of these "delinquent" boards do not affect and, perhaps, foster uniformity in respect to licensure and licensure transfer. A continual strict interpretation of the Constitution and Bylaws would stagnate the growth of the Association. It was based on these concepts and considerations that the EC made its decision to declare Active member status for the California and Florida boards. It did so without compromising the principles and philosophy of NABP.

More information including the legal analysis of the EC's decision will be presented at the 100th Annual Meeting and Centennial Celebration, April 24-27, 2004, at The Fairmont Chicago, Chicago, IL. The EC is also commissioning a special task force to study the membership distinctions between the Active and Associate categories and present recommendations to the EC and membership on whether or not the present requirements require revision. Anyone interested in serving on this special task force should contact NABP's Executive Office by calling 847/698-6227 or by e-mailing exec-office@nabp.net.

NABP, FDA Combine Efforts in Battle Against Counterfeit Drugs

On February 18, 2004, NABP participated in a joint news conference in Washington, DC, to discuss strategies for ensuring that the United States medication distribution system remains the most secure and protected in the world. The conference was assembled by US Department of Health and Human Services Secretary Tommy G. Thompson and Food and Drug Administration (FDA) Commissioner Mark McClellan.

In an FDA report entitled *Combating Counterfeit Drugs: A Report of the Food and Drug Administration* (the report), which was released at the news conference, FDA noted the important role states play in regulating wholesale drug distributors and supported NABP's efforts, and corresponding efforts of the states, to adopt and execute NABP's revised Model Rules for the Licensure of Wholesale Distributors, which is part of the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy.*

According to this report, ". . . the counterfeiting of medications is a particularly insidious practice. . . . Drug counterfeiters not only defraud consumers, they also deny ill patients the therapies that can alleviate suffering and save lives. . . . In recent years, . . . FDA has seen a growing evidence of efforts by increasingly well-organized counterfeiters backed by increasingly sophisticated technologies and criminal operations to profit from drug counterfeiting at the expense of American patients."

Partnership with the States

FDA strongly supports the revised Model Rules and urges the states to adopt these Model Rules. The adoption of these rules will have a strong impact on the protection of the nation's drug supply by ensuring that all persons and entities involved in the wholesale distribution of drug products meet strict licensing criteria and maintain high ethical and business standards.

FDA goes on to explain in its report, "Counterfeiting is a problem that is not isolated to one state. . . . Widespread state adoption, implementation, and enforcement of the Model Rules would help combat counterfeiting."

NABP believes that the US distribution system can retain its integrity and continue to serve as a standard by which other medication distribution systems in the world are compared through its partnership with federal and state regulators and the wholesale drug industry.

In a February 18, 2004 NABP news release, NABP President Donna S. Wall stated, ". . . [This] marks another historic achievement for FDA and NABP and a demonstration that a federal-state partnership works and provides the most effective means for combating counterfeit drugs."

Informing the Public

Both NABP and FDA will work together to educate and protect the public from counterfeit drugs.

By late 2004, NABP's Wholesale Distributor Clearinghouse will be operational. The Clearinghouse was created to accredit wholesale distributors for the state boards of pharmacy. President Wall encouraged the boards of pharmacy to recognize the Wholesale Distributor Clearinghouse as a means for developing standard licensure requirements that will prevent illicit wholesalers from operating in a state with less stringent requirements.

FDA is in the process of creating a Counterfeit Alert Network, which will link national organizations, consumer groups, and industry representatives to provide timely and effective notification to health care professionals and consumers about counterfeit events. In addition, FDA decided to use its voluntary health professional reporting program, MedWatch, to report suspect counterfeit drugs. According to *Combating Counterfeit Drugs*, FDA plans to change the instructions for the MedWatch reporting form, both paper and online, so those who report counterfeit drugs will know how and when to report suspect counterfeiters. Further, the MedWatch Web site (www.fda.gov/medwatch/) description of product problems to include suspect counterfeits will be amended.

NABP's National Specified List of Susceptible Products

On February 20, 2004, NABP released the updated Model Rules for the Licensure of Wholesale Distributors. The updated

(continued on page 64)

Bored Certified

By Dale J. Atkinson

As regulatory boards that issue generalist licenses address specialized practices, several legal issues will arise as to the authority through statute or rules to restrict "advertising" or the ability to hold oneself out as such a specialist. In several professions, licensees use varying identifiers indicating specialty knowledge or recognition. Terms and phrases such as "certified," "board certified," "specialist," and others have surfaced as a way for professionals to distinguish themselves from other professionals. Legislatures may consider enacting statutory restrictions or prohibitions on the use of certain terminology. Consider the following.

The California legislature enacted various statutes proscribing false and misleading advertising by health professionals licensed by the state. Specifically related to physicians and surgeons licensed by the Medical Board of California, the statutes allow the licensees to indicate fields of specialization, but prohibit them from representing that they are "board certified" unless the certifying organization:

1. is a member of the American Board of Medical Specialties (ABMS),
2. has requirements equivalent to those of the ABMS, as determined by the Medical Board of California, or
3. has a postgraduate training program approved by the Accreditation Council for Graduate Medical Education that provides complete training in the designated specialty.

The statute specifies that a licensed physician who is certified by an organization other than a board or association in the three referenced categories above shall not use the term "board certified." Those physicians allowed to use the "board certified" designations must, with prominence, state the full name of the certifying organization in such an advertisement.

The statute empowered the Board to adopt regulations to administer the section by adopting standards and criteria as well as procedures to be used in determining whether certifying organizations possess the necessary requirements for recognition. In 1996, the American Academy of Pain Management (Academy) applied for recognition by the Board for the authority of its members to use the "board certified" term. After conferring with a consultant, the Board held that the Academy fell far short of the equivalency criteria. In particular, the board regulations require that certifying organization examinations must be a minimum of 16 hours in length. The Academy examination consisted of 100 multiple-choice questions and took approximately two hours to complete. Further, it was determined that more than 80% of the Academy members had been grandfathered into the Academy, rather than through the examination process.

Based upon these deficiencies, the Board denied the Academy application for recognition of equivalency status. The Academy filed litigation seeking injunctive relief in federal district

court alleging that the applicable California law violated its First Amendment rights. The Academy also argued that its procedural due process rights had been violated. After an expedited hearing, the district court issued a temporary restraining order prohibiting the Board from enforcing the statute. Thereafter, a motion by the Academy for a preliminary injunction was denied and the temporary restraining order was dissolved by the district court. These procedural actions were upheld by the 9th Circuit Court of Appeals.

On these merits, the parties filed respective motions for summary judgment, and the district court ruled in favor of the Board finding that the statute did not violate the First Amendment and that the procedural due process rights of the Academy were not abridged. The Academy appealed that matter to the 9th Circuit Court of Appeals.

The Court of Appeals reviewed the history and significance behind the term "board certified" and found it to be a term of art designating a certain level of qualification among physicians. The court referenced a United States Supreme Court case that stated (referring to board certification and specialty practice) in pertinent part:

> Board certification of specialists in various branches of medicine, handled by the 23 member boards of the [ABMS,] is based upon on various requirements of education, residency, examinations and evaluation. . . . The average member of the public does not know or necessarily understand these requirements, but board certification has . . . come to be regarded as evidence of skill and proficiency of those to whom they [have] been issued. . . .

The court also recognized the significance of the term as used by the National Committee for Quality Assurance, which accredits health maintenance organizations and the Joint Commission on Accreditation of Healthcare Organizations, which accredits hospitals and other health care facilities.

Addressing the allegations of the Academy related to the First Amendment, the court identified the statute to impact commercial speech. Commercial speech is speech that is (1) admittedly advertising; (2) references a specific product; and (3) the speaker has an economic motive for engaging in the speech.

Having met all three factors, the Court of Appeals held that the district court properly recognized the speech in question as commercial speech. Because commercial speech is in question, the court entertained a four-part analysis to determine whether or not the statute restricting the use of the term "board certified" abridged the First Amendment. It examined:

1. Whether the speech concerns a lawful activity and is not misleading;
2. Whether the governmental interest is substantial;
3. Whether the statute/regulation advances the governmental interest; and
4. Whether the statute/regulation is more extensive than necessary.

The court recognized the potential for such speech to be misleading to the public and that the state had a substantial interest in protecting the public through regulating the use of the term "board certified." It also held that the legislation advanced the governmental interest and preserved the meaning of the term by screening the standards of the organizations that could issue the certification. Finally, the court held that the restriction imposed upon commercial speech

(continued on page 65)

Attorney Dale J. Atkinson is a partner in the law firm of Atkinson & Atkinson, counsel for NABP.

Increase of Prescription-to-OTC Drugs May Endanger Patients; NABP's Call for Transitional Class Revisited

Patient dissatisfaction concerning United States drug prices continues to rise and, in the search for solutions, some groups believe increasing the number of medications available over-the-counter (OTC) to be the answer. While this may increase patient access and result in the reduction of drug prices, patient safety may suffer. Concern for the public health causes NABP to reiterate its longstanding position that creation of a transitional, or "counseling," class of drugs will ensure the safety of those patients using medications that are moved from prescription status to OTC.

According to Food and Drug Administration's (FDA) fiscal year 2004 budget, the agency's goal is to increase prescription-to-OTC switches by an average of 50%. The agency stated that its goal is to become "more proactive in recommending key potential 'prescription-to-OTC' reclassification that could result in further consumer empowerment in self-medication as well as provide an expedient way to significantly reduce consumer health care costs for certain ailments; . . . and to continue efforts to finish the ongoing review of OTC drug products." In fiscal year 2004, FDA received a $650,000 increase for the OTC program, which will be used to:

- hire and train five full-time evaluators to improve OTC drug review process issues; expedite the review of prescription-to-OTC switches and plan to evaluate foreign OTC drugs as candidates for prescription-to-OTC switches in the United States; and develop and work toward finalizing standards for analgesic, antiseptic, laxative, and sunscreen drug products for OTC use;
- provide funding for consumer behavior research to identify and manage the risks associated with the use of OTC drug products; and
- initiate a process and establish timelines for completion of unfinished OTC drug monographs.

FDA's goal has caused controversy for those who envision forced prescription-to-OTC switches. However, while FDA called for a 50% increase of prescription-to-OTC switches in its 2004 budget, it also cautioned that the agency cannot control this on a year-to-year basis and, therefore, has not made it an annual performance measure.

The agency also states in its budget proposal that more resources must be available in its efforts to better understand consumer behavior. By understanding the factors that contribute to consumer behavior and identifying the best way to influence "appropriate consumer use of products," FDA says it will be able to reduce consumer error when they select OTC products and correct consumers' improper use of OTC products, both of which are conditions that contribute to the increased likelihood of adverse events.

"If prescription products can be used safely and effectively in the OTC setting, they should be made available," says Dr Charles Ganley, director, Division of Over-the-Counter Drug Products, FDA. "By making more OTC products available, costs will be lowered for consumers and there will be no need for them to see a health care provider. However," he adds, "consumers should be aware of the types of prescriptions and OTC medications they are using. Improved labeling and consumer education will help decrease the risk for drug interactions."

NABP Calls for Transitional Class

NABP has long been an advocate of a third, transitional class for drugs. In May 1995, NABP President-elect Ruth Vandever made it her goal to have legislation introduced in Congress for such a class. However, lobbying groups swayed legislators and such a bill never materialized.

In her address at the 91st Annual Meeting in 1995, Vandever said, "Former prescription drugs are hardly benign drugs; the bleeding ulcer experience of [US] Secretary of State Warren Christopher provides a vivid example of what can happen when consumers are uninformed on crossover drugs. A counseling class of drugs would provide a level of information and protection for consumers who, based on advertising or random selection, wish to take these drugs."

NABP has long been an advocate of a third, transitional class for drugs. . . . The drugs in this class could only be counseled on and distributed by persons legally authorized to prescribe and/or dispense.

At that meeting, a resolution introduced by Districts VII and VIII, which ultimately passed, called for creation of a class of drugs that does not require a prescription, but does require counseling. The drugs in this class could only be distributed and consultation provided by persons legally authorized to prescribe and/or dispense.

In her speech, Vandever used as an example a medication en route to approval to OTC status from Rx of why a counseling class of drugs is necessary. She noted that the drug interacts with more than 20 different prescription and OTC drugs. In addition, she noted that the drug could possibly impair functioning and reasoning. This symptom of confusion, she said, could mislead doctors if they were trying to diagnose the problem and did not know the patient was taking an OTC medication to treat something as simple as heartburn.

"Creating an over-the-counter label large enough to include all the information that would be required . . . would be impossible," she added. "Drug companies would, at best, provide a complex, small-print insert…[M]any people cannot read, and those who do read often do not bother to read such inserts…Pharmacists have, or could have, all the information about all the drugs the patient is presently taking – over-the-counter and prescription. A good pharmacist would likely have information about herbal medications and other health remedies as well."

(continued on page 65)

NABP, FDA Combine Efforts

(continued from page 59)

Model Rules, part of the *Model State Pharmacy Act*, were provided to assist state boards of pharmacy in maintaining the integrity of the United States medication distribution system through the regulation of wholesale distributors. The updated Model Rules are the result of a concerted effort between NABP and other representatives from the pharmacy profession, government, and the wholesale distributor industry to protect the public from the ill effects of counterfeit drugs and devices.

In addition to stricter licensing requirements such as criminal background checks and due diligence procedures prior to wholesale distribution transactions, the Model Rules mandate specific pedigree requirements for products that are particularly prone to adulteration, counterfeiting, or diversion. These products, as defined in the updated Model Rules, are designated as the "National Specified List of Susceptible Products." In an attempt to reduce redundancy and confusion as states update and adopt regulation, it is highly suggested that states adopt the National Specified List of Susceptible Products that will be developed in conjunction with FDA, NABP, and other invited industry stakeholders. By mid 2004, NABP will appoint a standing committee, the Drug Advisory Coalition. The Drug Advisory Coalition will be primarily responsible for revising the National Specified List of Susceptible Products on no less than an annual basis. The Drug Advisory Coalition will also be initially charged with drafting criteria that detail standards and guidance for the revision process.

The List, which was adapted from the Florida Statewide Pharmaceutical Services and Drug Wholesaler Advisory Council (Florida Department of Health), represents a starting point for states that have an imminent need for such direction. NABP is currently considering other additions to the List, but anticipates that the Drug Advisory Coalition will revise the List by late 2004.

The Model Rules for the Licensure of Wholesale Distributors defines the "National Specified List of Susceptible Products" as a specific list of drugs or devices to be designated by the state, or a third party approved by the state; determined to be susceptible to adulteration, counterfeiting, or diversion; and posing the potential for a greater public health risk.

NABP hopes that through its revised Model Rules, its partnership with its member state boards of pharmacy, and the help of FDA, wholesale drugs counterfeiting will become more difficult in the future and distributors will be deterred from selling them.

For a copy of FDA's report, visit www.fda.gov/oc/initiatives/counterfeit/report02_04.html.

NABP's National Specified List of Susceptible Products

The following list contains the drugs currently included in the National Specified List of Susceptible Products.

- Combivir® (lamivudine/zidovudine)
- Crixivan® (indinavir)
- Diflucan® (fluconazole)
- Epivir® (lamivudine)
- Epogen® (epoetin alfa)
- Gamimune® (globulin, immune)
- Gammagard® (globulin, immune)
- Immune globulin
- Lamisil® (terbinafine)
- Lipitor® (atorvastatin)
- Lupron® (leuprolide)
- Neupogen® (filgrastim)
- Nutropin AQ® (somatropin, E. coli derived)
- Panglobulin® (globulin, immune)
- Procrit® (epoetin alfa)
- Retrovir® (zidovudine)
- Risperdal® (risperidone)
- Rocephin® (ceftriaxone)
- Serostim® (somatropin, mannalian derived)
- Sustiva® (efavirenz)
- Trizivir® (abacavir/lamivudine/zidovudine)
- Venoglobulin® (globulin, immune)
- Videx® (didanosine)
- Viracept® (nelfinavir)
- Viramune® (nevirapine)
- Zerit® (stavudine)
- Ziagen® (abacavir)
- Zocor® (simvastatin)
- Zofran® (ondansetron)
- Zoladex® (goserelin)
- Zyprexa® (olanzapine)

List is also available online at www.nabp.net.

Prescription-to-OTC Drugs

(continued from page 63)

Today, NABP still believes that a counseling class of drugs is important to the safety of the public health, especially as more drugs become available OTC, and would serve as a beneficial adjunct to the FDA's plans to move more drugs from prescription to OTC status.

Prescription-to-OTC Switches Currently Under Review

The two types of drugs that are currently under discussion for OTC switches are the emergency contraception pill and HMG-COA reductase inhibitors (statins). Some pharmacists are concerned that allowing patients to purchase these products without the guidance of a doctor or pharmacist could lead to severe health problems.

One type of drug that is under preliminary consideration for possible OTC status is statins. Health care professionals and regulators are keeping a close watch on the United Kingdom (UK) and its study concerning OTC status for statin drugs. The UK's decision is expected in mid-2004.

> Adding a transitional, or "counseling," class would not detract from the availability of drugs, but would ensure that patients are using medications properly and would protect them from possible harm.

Currently, patients who use statins must submit to a blood test every three months to ensure that their livers are not being affected by the medication. In addition, patients must be made aware by doctors and pharmacists that statins can cause muscles to break down and, therefore, patients must immediately inform their doctor of muscle soreness or weakness. These possible side effects make patient counseling extremely important, especially if statins were to obtain OTC status. Some groups in the health care profession suggest a pharmacist counseling system similar to that required for Clozaril®, a prescription-only antipsychotic medication. Before pharmacists can dispense Clozaril, patients must present proof of doctor-ordered laboratory tests.

Emergency contraception also requires close monitoring that may not be provided if it were available as an OTC without the protections inherent to NABP's proposed transitional class. To be effective, the morning-after pill must be taken within 72 hours of unprotected sexual intercourse. In addition, there is concern that some patients may take the drug when they are one to two months pregnant in the hope of aborting the fetus. Requiring that patients be counseled by a pharmacist before obtaining the drug would prevent misuse, protecting both mother and child and allow for monitoring of the medication to ensure that it can be safely transitioned to OTC status.

Adding a transitional, or "counseling," class would not detract from the availability of drugs, but would ensure that patients are using medications properly and would protect them from possible harm. For more information on NABP's position on a third class of drugs, call the Association at 847/698-6227 or e-mail custserv@nabp.net.

Legal Briefs

(continued from page 61)

was a ". . . reasonable fit between the legislature's ends and the means chosen to accomplish those ends."

The court also rejected the arguments of the Academy that the regulations were overly broad and that its due process rights had been violated. Accordingly, the 9th Circuit Court of Appeals affirmed the summary judgment ruling in favor of the State of California and upheld the constitutionality of the statute and regulations restricting the use of the term "board certified."

This case presents interesting constitutional issues related to the authority of a legislature through statutes and a board through rule making to restrict the use of commercial speech. As pharmacy practice evolves and specializations become more prevalent, the use of identifiers will be more pronounced. Boards of pharmacy should anticipate these eventualities and the potential impact on public protection issues.

American Academy of Pain Management v Joseph, 2004 WL 19824 (9th Cir. 2004)

NABP Celebrates 100 Years of Patient Safety With a Variety of Continuing Education and Special Programming

NABP's 100th Annual Meeting and Centennial Celebration, April 24-27, 2004, at The Fairmont Chicago in Chicago, IL, offers attendees the perfect opportunity to earn up to five continuing education (CE) credits, as well as network with other board of pharmacy members.

Annual Meeting attendees will have the opportunity to earn up to five credit hours of continuing education. Over the course of two days, attendees can choose from sessions that focus on such topics as drug importation, the improvement of the practice of pharmacy for America's patients, Canadian standards for the investigation of Internet/online pharmacies, and the treatment of hypertension.

Monday, April 26

On Monday, April 26, from 8:30 to 10:30 am, attendees will have the opportunity to attend a Joint CE Programming Session panel discussion entitled Drug Importation: A Public Policy Discussion, sponsored by Merck & Co, Inc. The panel will consist of Michael J. Albano, former mayor of Springfield, Massachusetts; Joseph L. Bast, president of The Heartland Institute; Rebecca H. Deschamps, executive director of the Montana Board of Pharmacy; Ronald Guse, registrar of the Manitoba Pharmaceutical Association; Senator Chris Lauzen, R-Illinois, 25th District; and Scott McKibbin, Special Advocate for Prescription Drugs, Illinois Department for Public Aid.

Drug importation from a public policy perspective will be the focus of this panel discussion. Former Mayor Albano, who implemented a Canadian drug importation program for Springfield's employees and retirees will provide insight on his experiences with his drug importation program. Bast is the president and chief executive officer of The Heartland Institute, a nonprofit, nonpartisan center for public policy research located in Chicago, IL, which held a national symposium on drug importation in October 2003. Executive Director Deschamps recently worked to regulate online pharmacies in Montana to curb the proliferation of rogue Internet pharmacies. She also received the assistance of Food and Drug Administration (FDA) when she filed a petition for injunctive relief against proprietor Rx Depot, which eventually led to the closing of the company. Guse will provide a Canadian perspective on importation as the registrar of the Manitoba Pharmaceutical Association (MPhA). He ensures that members of the Association adhere to its mission of protecting the public interest in the area of pharmaceutical practice in Manitoba. Participants can earn 0.20 continuing education units (CEUs), or 2.0 contact hours, by attending this session.

Patient safety has always been the main concern for pharmacists. Thomas R. Clark, RPh, MHS, director of policy and advocacy for the American Society of Consultant Pharmacists, will discuss how pharmacy services for a senior citizen in a nursing home differ from pharmacy services in a traditional community pharmacy setting, the impact of the new Medicare drug benefit, and other topics during *Improving the Practice of Pharmacy for America's Patients* on Monday, April 26, from 10:45 AM to 12:15 PM. Sponsored by Cephalon, Inc, participants can earn 0.15 (CEUs), or 1.5 contact hours, by attending this session.

Also on April 26, from 10:45 AM to 12:15 PM, Executive Director Barbara A. Wells of the National Association of Pharmacy Regulatory Authorities, and Registrar Ronald Guse of the MPhA will speak on the investigation challenges, procedures, and processes for the online Canadian pharmacies; the identification of the legal challenges in developing standards and enforcement issues; and the gaps in existing standards for patient care, confidentiality of personal information, and delivery of patient care at a distance during *Canadian Standards for the Investigation of Internet/Online Pharmacies*, which is sponsored by Roche. Participants who attend this session can earn 0.15 CEUs, or 1.5 contact hours.

During the last CE session offered on April 26, also from 10:45 AM to 12:15 PM, Dr Carmita A. Coleman, assistant professor of Pharmacy Practice, Division of Clinical and Administrative Sciences at Hampton University's School of Pharmacy, will discuss new features and key messages of the recently released JNC VII Report. Topics discussed during *JNC VII Update on the Treatment of Hypertension*, which is geared for those practicing pharmacy, include the classification and management of hypertension among adults, and the identification of the pharmacist's role in

(continued on page 68)

April 24-27, 2004 The Fairmont Chicago Chicago, IL

Saturday, April 24

9 AM - 6 PM
Registration Desk Open
B1 Foyer

1 - 5 PM
Educational Presentation Area Open/Poster Session
Gold Room

1 - 5 PM
Hospitality Suite
Sponsored by Walgreen Co
Gold Room

1 - 2:30 PM
Public Board Member Session
Regal Room
(Subject to advance registration of at least 10 public members)

2:45 - 4:45 PM
New Member Seminar
Chancellor Room

7 - 10 PM
President's Welcome Reception at The Art Institute of Chicago
Sponsored by GlaxoSmithKline
Honoring NABP President Donna S. Wall
Bus will load at B-2 auto lobby, lower Lake Avenue. Buffet dinner will be served.
Dress: business attire

Sunday, April 25

7:30 AM - 4:30 PM
Registration Desk Open
Imperial Foyer

8 - 9 AM
Continental Breakfast
Gold Room

8 AM - noon
Educational Presentation Area Open/Poster Session
Gold Room

8:30 AM - noon
Meeting of the Committee on Resolutions
Regal Room

8:30 AM - noon
Meeting of the Nominating Committee
Embassy Room

1 - 1:15 PM
Welcome Remarks
Carmen A. Catizone, NABP Executive Director/Secretary
Fred T. Mahaffey, NABP Executive Director Emeritus
Imperial Ballroom

1:15 - 2 PM
Keynote Address
Donna Shalala, Former Secretary of the US Department of Health and Human Services; President of the University of Miami
Sponsored by Abbott Laboratories
Imperial Ballroom

2 - 2:15 PM
Refreshment Break
Imperial Foyer

2:15 - 6 PM
First Business Session
With featured speaker L. Daniel Jorndt, Former Chairman and Chief Executive Officer, Walgreen Co
Imperial Ballroom

4:45 - 5 PM
Refreshment Break
Imperial Foyer

6:30 - 7:30 PM
Sponsor Reception
Primavera Lounge
(By invitation only)

Evening Free

Monday, April 26

7 - 11:30 AM
Registration Desk Open
Imperial Foyer

7 - 8 AM
NABP/USP Breakfast
Sponsored by the United States Pharmacopeia, Inc
International Ballroom

8 - 8:30 AM
Second Business Session
Imperial Ballroom

8:30 - 11 AM
Meeting of Committee on Resolutions
Regent Room

8:30 - 11 AM
Meeting of the Nominating Committee
Embassy Room

8:30 - 10:30 AM
Joint CE Programming
Drug Importation: A Public Policy Discussion
Sponsored by Merck & Co, Inc
Imperial Ballroom
Program #: 205-000-04-001-L03 (0.2 CEUs – 2.0 contact hours)
Michael J. Albano, Former Mayor of Springfield, MA
Joseph L. Bast, President, The Heartland Institute
Rebecca H. Deschamps, Executive Director, Montana Board of Pharmacy
Ronald Guse, Registrar, Manitoba Pharmaceutical Association
Senator Chris Lauzen, R-Illinois, 25th District
Scott McKibbin, Special Advocate for Prescription Drugs, Illinois Department for Public Aid

10:30 - 10:45 AM
Refreshment Break
Imperial Foyer

10:45 AM - 12:15 PM
Executive Officer and Board Member Programming
Improving the Practice of Pharmacy for America's Patients
Sponsored by Cephalon, Inc
Imperial Ballroom
Program #: 205-000-04-002-L04 (0.15 CEUs – 1.5 contact hours)
Thomas R. Clark, RPh, MHS, Director of Policy and Advocacy, American Society of Consultant Pharmacists

Compliance Officer Programming
Canadian Standards for the Investigation of Internet/ Online Pharmacies
Sponsored by Roche
Crystal Room
Program #: 205-000-04-003-L03 (0.15 CEUs – 1.5 contact hours)
Barbara A. Wells, Executive Director, National Association of Pharmacy Regulatory Authorities
Ronald Guse, Registrar, Manitoba Pharmaceutical Association

Pharmacy Practice Programming

JNC VII Update on the Treatment of Hypertension

Sponsored by AstraZeneca Pharmaceuticals Group

Moulin Rouge

Program #: 205-000-04-004-L01 (0.15 CEUs – 1.5 contact hours)

Carmita A. Coleman, PharmD, Assistant Professor of Pharmacy Practice, Division of Clinical and Administrative Sciences, Hampton University, School of Pharmacy

12:15 - 12:30 PM

Refreshment Break

Imperial Foyer

12:30 - 2 PM

Third Business Session

Imperial Ballroom

2 - 2:45 PM

Special Session

FDA's Public Education Campaigns and Partnerships

Imperial Ballroom

Elaine Shapiro, BS, Director of the Division of Public Affairs, Center for Drug Evaluation and Research, FDA

Afternoon and Evening Free

Tuesday, April 27

6:30 - 7:30 AM

Fun Run/Walk

Sponsored by Pfizer US Pharmaceuticals

Bus will load at B-2 auto lobby, lower Lake Avenue.

7:30 AM - 5 PM

Registration Desk Open

Imperial Foyer

7:30 - 9 AM

Continental Breakfast

Imperial Foyer

8 - 9 AM

Past Presidents' Breakfast

Embassy Room

(By invitation only)

8 - 9 AM

Meet the Candidates Session

State Room

9 - 11:30 AM

Optional Spouse/Guest Tour: Chicago Highlights Tour

Bus will load at B-2 auto lobby, lower Lake Avenue. Bus departs at 9:15 AM.

9 - 10:30 AM

Joint CE Programming

Error Reporting Systems: New Directions

Sponsored by Medco Health Solutions, Inc

Imperial Ballroom

Program #: 205-000-04-005-L04 (0.15 CEUs – 1.5 contact hours)

Bruce L. Lambert, PhD, Associate Professor, University of Illinois at Chicago College of Pharmacy

10:30 - 11:30 AM

Open Mike Session

Imperial Ballroom

11:30 AM - 1:30 PM

Lunch Break

(On your own)

1:30 - 4:30 PM

Final Business Session

Imperial Ballroom

2:30 - 2:45 PM

Refreshment Break

Imperial Foyer

7 - 11:30 PM

Annual Awards Dinner and Dance

Imperial Ballroom

Dress: formal (black tie optional)

NABP 100 Years

(continued from page 66)

hypertension management through the use of case scenarios. This session is sponsored by AstraZeneca Pharmaceuticals Group. Attendees can earn 0.15 CEUs, or 1.5 contact hours, by attending this session.

Tuesday, April 27

Annual Meeting attendees will have another opportunity to attend a Joint CE Programming session on Tuesday, April 27, from 9 to 10:30 AM. Entitled *Error Reporting Systems: New Directions* and led by Dr Bruce L. Lambert, associate professor in the Department of Pharmacy Administration and clinical associate professor in the Department of Pharmacy Practice at the University of Illinois at Chicago College of Pharmacy, this session will include a comparison and contrast of a culture of safety with a culture of blame, the identification of the six core principles of patient safety reporting systems, and the identification of three key obstacles to the widespread adoption of non-punitive error reporting systems. Sponsored by Medco Health Solutions, Inc, participants can earn 0.15 CEUs, or 1.5 contact hours.

Special Programming

NABP has also scheduled two special programs during the meeting on both Saturday, April 24, and Monday, April 26. On Saturday, both the Public Board Member Session and the New Member Seminar are held. The Public Board Member Session, from 1 to 2:30 PM, allows for open dialogue among consumer board members where they may discuss their roles as board members (limited in attendance to consumer/public board members). Also discussed during this session will be recent issues that require NABP's consideration and support. Immediately following the Public Board Member Session will be the New Member Seminar, which is geared toward recently appointed board members or those attending their first NABP Annual Meeting. This session, held from 2:45 to 4:45 PM, will offer an overview of the Association's programs and services as well as the Annual Meeting programs, special events, and the parliamentary procedures that will be followed during the meeting's business sessions.

(continued on page 71)

NABP Executive Directors: Past and Present

NABP's long history includes 100 presidents, 100 president-elects, and 100 treasurers, but the Association has had just four executive directors.[1] In the early years of NABP, a new secretary was elected each year, but upon the Association's incorporation in 1914, the secretary position was modified to an administrative position chosen by the member boards. In recent years, the person to fill the secretary position has been determined by the NABP Executive Committee.

In celebration of the Association's 100th anniversary, this article features the accomplishments of NABP's four executive directors: Henry C. Christensen, Patrick Henry Costello; Fred T. Mahaffey, and Carmen A. Catizone. These leaders have dedicated themselves to supporting the member boards and fulfilling NABP's central mission of protecting the public health.

Henry C. Christensen

In 1914, Henry "H. C." Christensen was named NABP's first full-time administrative officer. He started the Association office in his Chicago, IL, apartment with his daughter, Vera, as the Association's first employee. Christensen's greatest contribution is considered by pharmacy historians to be the establishment of NABP's fee-based reciprocity system. Because fees are used to support the Association and fund services for its member boards instead of relying on assistance from the organized pharmacy profession, pharmacy regulators were spared the criticisms received by others in the health care profession. Christensen's other major accomplishments include chairing the pharmacy commission that planned and operated the 1933 Century of Progress World's Fair pharmacy exhibit; increasing education requirements for licensure; chairing the first Advisory Committee on Examinations (ACE) in 1913; and pushing for fundamental and scientific research on giving examinations – specifically, recognizing that examinations must improve qualitatively, not just quantitatively. Christensen's remarkable career ended in 1942 at the age of 75; he died five years later in Chicago on January 20, 1947.

Besides serving NABP, Christensen was also active in other pharmacy organizations. He was a member of the Illinois State Board of Pharmacy from 1907 to 1921 and president of the American Pharmaceutical Association[2] (APhA) from 1930 to 1931. In 1938, Christensen received the APhA's Remington Honor Medal.

Born in Union Grove, Wisconsin, on December 10, 1865, Christensen's family moved to Nebraska, where he was apprenticed as a pharmacist in Minden. He earned his PhG degree from Northwestern University College of Pharmacy (Chicago) in 1893 and then worked as a community pharmacist in Chicago until 1911.

Patrick Henry Costello

Patrick "P.H." Costello led NABP through difficult economic times during his tenure as NABP secretary. Appointed in 1942, Costello dealt with the financial hardships of the post-Depression and World War II years. NABP's early years were challenging, in part because of their vicissitude and also because of the meager financial support the Association was able to garner. By paring expenses and establishing a sound financial base, Costello enabled the Association to provide the resources necessary to meet the coming heavy demand and need for programs and services. In addition, Costello established the practice of publishing census and license data, which was and still is of material assistance to member boards, the profession, and the public.

Costello received a PhG degree from North Dakota Agricultural College School of Pharmacy in 1917 and then went on to serve as a community pharmacist from 1919 to 1942 in Cooperstown, ND. From 1938 to 1942, he served as mayor of Cooperstown. Other offices he held included president of the North Dakota Pharmaceutical Association (1924-1925), secretary of the North Dakota State Board of Pharmacy (1927-1942), and president of APhA (1935-1936). In 1952, he received the Remington Honor Medal. Costello passed away on May 23, 1971, in Lakefield, MI.

Fred T. Mahaffey

Fred T. Mahaffey became NABP's third executive director in 1962. He joined NABP in 1956 as the assistant to the executive director following a term on the Missouri Board of Pharmacy. Dr Mahaffey was charged by then-Executive Director P. H. Costello and the NABP Executive Committee with developing a national licensure examination for the state boards of pharmacy. Dr Mahaffey achieved that goal and also served as the chairman of

(continued on page 70)

[1] The executive director title was changed to executive director/secretary in 1967.

[2] The American Pharmaceutical Association renamed itself the American Pharmacists Association in 2003.

Around the Association

Boards of Pharmacy Elect New Officers

The Minnesota Board of Pharmacy elected the following officers:

- **Tom Dickson, RPh**, president
- **Gary Schneider, RPh**, vice president

The Pennsylvania State Board of Pharmacy elected the following officers:

- **Michael J. Romano, RPh**, is now chairman
- **Edward J. Bechtel, RPh**, is vice chairman

Boards Announce New Members

Paul Chase, RPh, was named a member of the Maine Board of Pharmacy on February 9, 2004. His term expires November 30, 2006.

Lee Howard was named a public member of the Oregon State Board of Pharmacy on January 1, 2004. His term will expire on June 1, 2007.

Maria V. Carrasquillo Davila, RPh, was named a member of the Puerto Rico Board of Pharmacy on November 25, 2003. Her term expires on November 25, 2007.

Irma Y. Estrada Rodriguez, RPh, was named a member of the Puerto Rico Board of Pharmacy on November 26, 2003. She holds an interim term.

Executive Directors

(continued from page 69)

ACE. During the 25 years he served as executive director/secretary, retiring in 1988, he nurtured the Association from its humble beginnings of just three staff members to a growing organization that served as the national clearinghouse for licensure transfer for the state boards of pharmacy, and successfully introduced the National Association of Boards of Pharmacy Licensure Examination (NABPLEX) in 1976. He was involved in the development of the national drug code for pharmaceutical products, implemented the NABP Number for pharmacies, led national manpower studies, introduced the Federal Drug Law Examination and the Foreign Pharmacist Graduate Equivalence Certification program, and was the relentless champion for advocating the importance of the state boards of pharmacy.

Dr Mahaffey's leadership and contributions to the pharmacy profession continued even after his retirement in 1988 and he was awarded the coveted Hugo H. Schaefer Award by APhA in 2001 for his "outstanding voluntary contribution to society, the profession of pharmacy and APhA." Mahaffey graduated from the University of Missouri at Columbia with a bachelor of arts degree in zoology and a bachelor of science in pharmacy from the University of Missouri at Kansas City in 1952. In 1973, he was awarded an honorary doctor of pharmacy degree from the Massachusetts College of Pharmacy.

Carmen A. Catizone

Carmen A. Catizone was appointed as NABP's tests and measurement director in 1985. His primary responsibilities focused on overseeing and managing the examination programs that NABP developed and provided to the state boards of pharmacy. As tests and measurement director, Dr Catizone was instrumental in the transition of the NABPLEX from a multipart to an integrated examination in 1988 and the computerization of the NABPLEX in 1997. He assumed the executive director/secretary position in 1988 and implemented the present structure and staffing that has propelled NABP to a leadership position within the regulatory community and the pharmacy professions. Together with an outstanding staff, Dr Catizone and the Executive Committee widened the scope of the NABPLEX into an international examination mechanism and renamed it the North American Pharmacist Licensure Examination™; introduced the Multistate Pharmacy Jurisprudence Examination® – an unparalleled computerized assessment mechanism of state and federal law applicable to each individual state; introduced the NABPLAW® Online program – the only computerized compilation of state pharmacy laws and regulation; introduced the Verified Internet Pharmacy Practice Sites™ program; and serves as NABP's representative to numerous national and international efforts to improve the protection of the public health.

A graduate of the University of Illinois College of Pharmacy in 1983 and the University of Illinois Graduate College in 1987, Dr Catizone has been recognized for his efforts by Food and Drug Administration, Drug Enforcement Administration, *American Druggist*, and the University of Illinois Alumni Association.

Article Sources

Information for this article was obtained from the following sources.

Gregory J. Higby, PhD, RPh, director, American Institute of the History of Pharmacy, Madison, WI

Robert A. Buerki, PhD, RPh. *The National Association of Boards of Pharmacy: The Consolidating Years, 1979-2004*. 1st ed. Chicago, IL: National Association of Boards of Pharmacy; 2004.

Melvin W. Green, PhD. *Epilogue, Prologue: From the Past Comes the Future: The First 75 Years of the National Association of Boards of Pharmacy*. 1st ed. Chicago, IL. National Association of Boards of Pharmacy; 1979.

NABP History Book Available

With the help of noted pharmacy historian Robert A. Buerki, PhD, RPh, NABP is publishing a book detailing the past 25 years of NABP's history. A companion to Melvin W. Green's *Epilogue, Prologue: From the Past Comes the Future: The First 75 Years of the National Association of Boards of Pharmacy*, published in 1979, *The National Association of Boards of Pharmacy: The Consolidating Years, 1979-2004* narrates the events and successes of the past quarter century of NABP's 100-year history.

Dr Buerki, author of *The Consolidating Years*, is a professor at Ohio State University College of Pharmacy. The author of more than 80 articles, book chapters, and books on various aspects of professional ethics and the history of pharmaceutical education, Dr Buerki has won several awards for his historical writings. Most recently, he received the American Institute of the History of Pharmacy's Edward Kremers Award (2004) for distinguished pharmaco-historical writing by an American.

The book will be available at NABP's 100th Annual Meeting and Centennial Celebration, held April 24-27, 2004, at The Fairmont Chicago, Chicago, IL. Dr Buerki will be available to sign the books on Sunday, April 25, from 11 AM to 1 PM – just before the beginning of the Welcome Remarks – in the Imperial Foyer.

Those who would like a copy of the book but are unable to attend the Annual Meeting can obtain more information by calling NABP's Customer Service Department at 847/698-6227 or e-mailing custserv@nabp.net. For more information on the 100th Annual Meeting and Centennial Celebration visit www.nabp.net.

The New Executive Officers Orientation was held on February 12-13, 2004, at NABP Headquarters in Park Ridge, Illinois. Pictured from left to right are NABP President-elect Donna M. Horn; Diana Baker, bureau manager, Division of Occupational and Professional Licensing, Utah Board of Pharmacy; Hal Wand, executive director, Arizona State Board of Pharmacy; Thomas Ryan, executive director, Wisconsin Pharmacy Examining Board; Debra Billingsley, executive director, Kansas State Board of Pharmacy; and Danna Droz, executive director, Florida Board of Pharmacy.

NABP 100 Years

(continued from page 68)

For the second year in a row, NABP is offering a special programming session. This year the topic is FDA's Public Education Campaigns and Partnerships, presented by Ellen Shapiro of FDA. This session will be held on Monday, April 26, from 1:30 to 2:15 PM. Shapiro will give an overview of FDA Center for Drug Evaluation and Research's education campaigns that are aimed at informing consumers and health care professional about the safe and effective use of medicines. The discussion will also focus on FDA's ongoing partnerships and the potential for future partnerships with the state boards of pharmacy. Education campaigns to be discussed include Importing Drugs from Outside the United States, Counterfeit Drugs, Proper use of Analgesics, Misuse of Prescription Pain Relievers, Buying Drugs Online, Generic Drugs, and Antibiotic Resistance.

To learn more about the 100th Annual Meeting and Centennial Celebration's educational programming and other events, call the NABP Meetings Desk at 847/698-6227 or visit the Association's Web site at www.nabp.net.

FDA Issues Final Rule Prohibiting the Sale of Ephedra Supplements

On February 6, 2004, Food and Drug Administration (FDA) announced the issuance of a final rule prohibiting the sale of dietary supplements containing ephedrine alkaloids (ephedra).

At the end of last year, FDA issued letters to manufacturers who market ephedra-containing supplements, informing them of the upcoming rule. FDA also urged consumers to stop using ephedra-containing dietary supplements immediately. Studies show that ephedra-containing dietary supplement have adverse effects on the cardiovascular and central nervous systems including high blood pressure, heart palpitations, tachycardia, stroke, and seizures. FDA has linked at least 155 deaths with the use of dietary supplements containing ephedra.

For more information, including a Web link to the final rule, visit the following: www.fda.gov/bbs/topics/NEWS/2004/NEW01021.html.

The final rule became enforceable on April 12, 2004. Illinois, New York, and California were the first states to ban the sale of ephedra.

DEA Issues Clarification of the Exemption of Sales of Pseudoephedrine and Phenylpropanolamine

In attempts to clarify existing laws and regulations regarding the over-the-counter (OTC) sale of pseudoephedrine and phenylpropanolamine, Drug and Enforcement Administration (DEA) issued an interpretive rule this past January. This interpretive rule does not change any of DEA's regulations, nor will it have an impact on individual retail customers of such products who have been purchasing them from retailers that have been properly following DEA's regulations.

Specifically, the interpretive rule emphasizes that sales transactions of ordinary OTC pseudoephedrine and phenylpropanolamine products ("safe harbor" products) are exempt from being regulated transactions as long as each transaction is below the 9-gram threshold to an individual for legitimate medical use. Apparently, some retail distributors have misinterpreted current DEA regulations and believe that they may sell as much "safe harbor" pseudoephedrine and phenylpropanolamine to any person for any purpose as often as that person wishes to make a purchase. The DEA interpretative rule clearly dispels that belief.

Currently, retail distributors of ordinary OTC pseudoephedrine and phenylpropanolamine products are exempt from registering with DEA as a distributor of List I chemicals and complying with the record keeping and other regulatory requirements as long as individual transactions for legitimate personal medical use remain below the 9-gram threshold (in packages of not more than 3 grams).

To obtain more information, please visit DEA's Diversion Control Program Web site, www.DEAdiversion.usdoj.gov.

Note: Although most products containing phenylpropanolamine were discontinued pursuant to the action of FDA in November 2000, there are still some commercially available products that contain phenylpropanolamine that, therefore, are subject to existing DEA regulations and this interpretive rule.

DEA Introduces Pharmacy Theft Prevention Program

In response to increasing theft and armed robberies against pharmacies, DEA's Office of Diversion Control has introduced the Pharmacy Theft Prevention Program. The program is based on a previous initiative that was developed during the late 1970s and early 1980s when there was a similar unprecedented spike in the occurrence of thefts and robberies against pharmacies.

The major intent of the program is to provide better education and increased communication to pharmacists and pharmacy staff to prevent pharmacy theft. Collaboration and participation from law enforcement, regulators including state pharmacy boards, state and federal prosecutors, the media, and the public along with the pharmacy community is essential for the program's success. The Pharmacy Theft Prevention Program will also provide a means to maximize the use of limited resources available to law enforcement to address, minimize, and eliminate pharmacy thefts in areas that experience such problems.

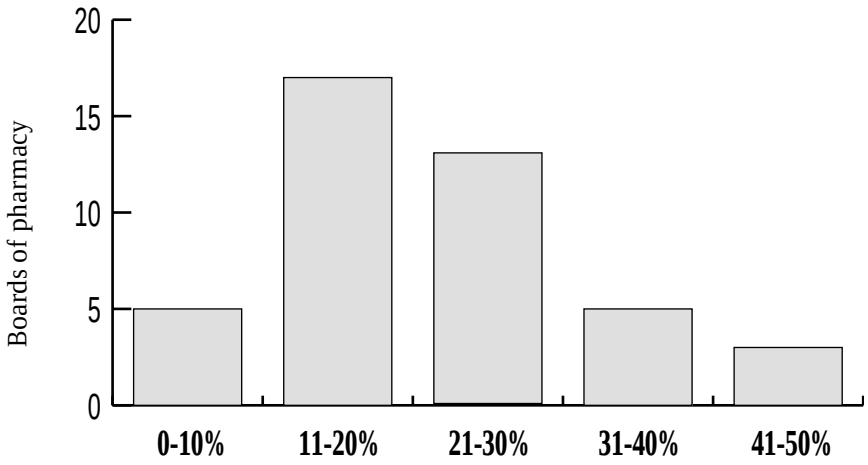
Staff members of the DEA's Office of Diversion Control have begun a series of regional meetings to promote the program to DEA Diversion field elements, state pharmacy boards, and local pharmacy associations. To implement the program in your community, or to obtain more information regarding the program and its operation, call DEA Headquarters, Office of Diversion Control, Liaison and Policy Section at 202/307-7297.

NABP Releases Results of Survey on Public Board Members

At the request of public board members who attended the 99th Annual Meeting's Public Board Member Session, on May 3, 2003, NABP surveyed state boards of pharmacy concerning their public board members.

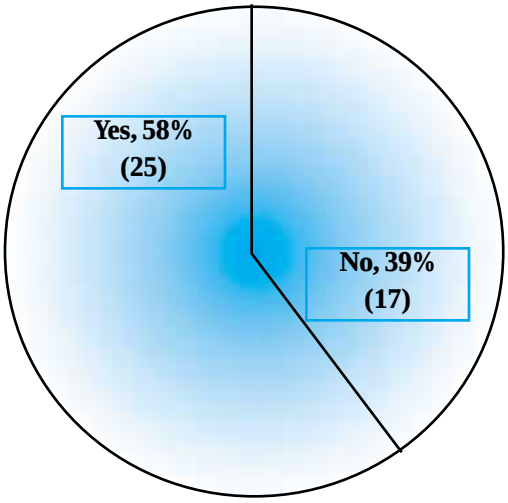
The survey found that 17 (40%) of the boards of pharmacy surveyed consists of 11%-20% public members. For 58% of the boards, public members have held board officer positions. Of those boards that had public members hold officer positions, 30% held the vice president position. Below are the complete results from the 43 boards of pharmacy that responded to the 2003 survey.

1. Public members comprise what percentage of your board?



Percentage of board members that are public members

2. Has a public member of your board ever held a board officer position?



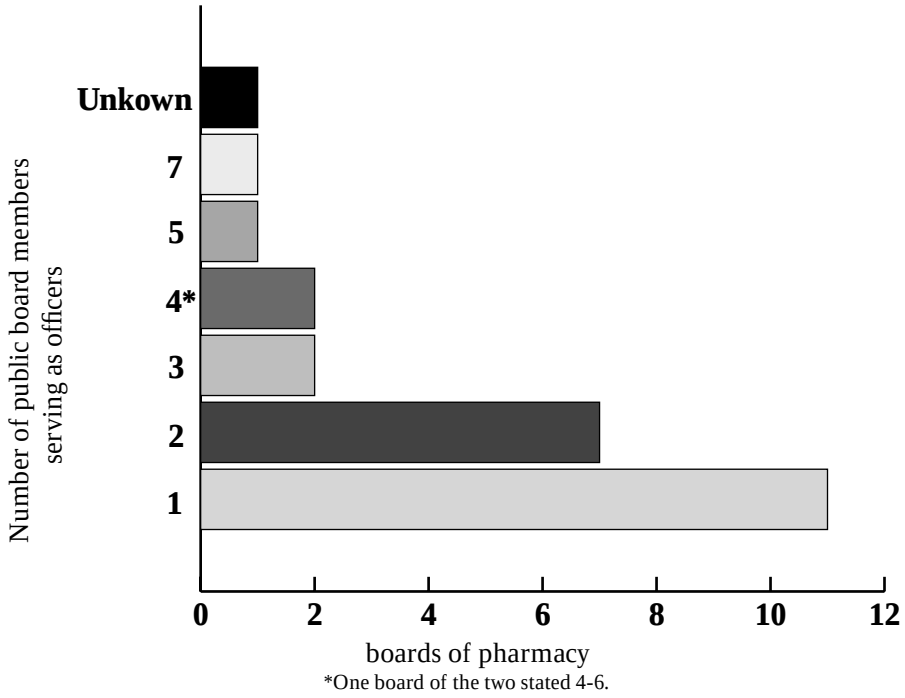
*One board did not respond.

(continued on page 74)

NABP Releases Results

(continued from page 73)

3. How many public board members have held a board officer position?



*One board of the two stated 4-6.

4. Which officer positions have been held by public board members?*

President	8
Vice president	1
Secretary	5
Treasurer	2
Chairman	5
Vice chairman	5
Complaint officer (board chair backup)	1

*Only 37 boards responded to this question.

Save the Date! NABP Announces 2004 Board Training Sessions

Come attend NABP's annual Program Review and Board Training session. The dates for the sessions have been set for Friday, August 27, 2004; Monday, August 30, 2004; and Friday, September 10, 2004. All of the sessions will be held at NABP's Headquarters in Park Ridge, IL.

The sessions feature program review and computer-training sessions for new board of pharmacy staff members. Veteran staff members are also welcome to attend to learn about any changes to NABP's programs, services, or computer systems.

More information about the training sessions will be available in the May/June 2004 issue of the *NABP Newsletter*.

NABP's IS Department: The Inner Workings of the Association

NABP's Information Services (IS) Department serves as the data hub for the state boards of pharmacy where license transfer, competency assessment, disciplinary action, and meeting registration information are gathered.

Competency Assessment

Candidates who apply for an NABP examination such as the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), the four Disease State Management (DSM) examinations, the North American Pharmacist Licensure Examination™ (NAPLEX®), or the Multistate Pharmacy Jurisprudence Examination® (MPJE®) have information entered into the NABP database system. Once eligibility is determined by the states for NAPLEX and MPJE candidates, candidates receive an Authorization to Test (ATT) number from the testing vendor and may schedule a test date. While FPGEE candidates obtain an admission ticket as well as test location from NABP, DSM candidates receive an ATT from NABP and then are able to schedule a test date with the vendor. Registration systems are supported by the Information Technology (IT) Department to communicate information electronically to state boards and candidates where possible.

ELTP

Also an integral part of the IS Department is the Electronic Licensure Transfer Program (ELTP), which processes license transfer, or reciprocity, requests. To assist the boards, IS verifies licenses in additional states and utilizes NABP's Disciplinary Clearinghouse to check for disciplinary actions reported for all ELTP applicants. Once the pharmacist's information is verified and entered into the database, a request is sent electronically to each state board where the applicant is licensed for verification. An Official Application, any Clearinghouse information, and all state board licensure verifications are forwarded to each state where the pharmacist is applying. This information is used by the board to assist in determining whether or not to accept license transfer.

Disciplinary Clearinghouse, PPAD, and HIPDB

The NABP Disciplinary Clearinghouse serves as a central location for the state boards of pharmacy to not only submit information on pharmacists, pharmacies, or pharmacy technicians, but also check on a particular action in their state, as well as in the other states. Fifty percent of the states who regularly contribute to the Clearinghouse do so at least once a year.

A subset of the Clearinghouse is the Pharmacist and Pharmacy Achievement and Discipline® (PPAD®) database that is available to the public via the NABP Web site at www.nabp.net. The PPAD database allows consumers to obtain limited disciplinary information regarding a pharmacist, intern, technician, and pharmacy, search for a DSM-certified consulting pharmacist or verify that the pharmacist achieved DSM certification, and search the database to see if a foreign pharmacy graduate received Foreign Pharmacy Graduate Equivalency Committee™ Certification.

NABP also serves as the Healthcare Integrity Practitioners Data Bank (HIPDB) reporting agent for 21 states. Under federal law, states are required to report to HIPDB information that identifies health care practitioners, providers and suppliers involved in health care fraud and abuse. Serving as reporting agent, actions reported to the NABP Disciplinary Clearinghouse are forwarded to HIPDB. A single submission of an action to NABP makes the information available to NABP to assist its member boards and assures boards of HIPDB compliance.

Other IS Duties

In addition to the host of services mentioned above, the IS Department also processes all meeting registrations for the Annual Meeting and Fall Conference. NABP is pleased to announce that online registration for the 100th Annual Meeting and Centennial Celebration was made available March 19, 2004, on NABP's Web site. The registration process captures required data and provides the option to pay fees online via credit card. Other online registration forms are being considered for 2004 implementation.

Sara A. “Mandy” Wilson (left), incoming executive director of the National Institute for Standards in Pharmacist Credentialing (NISPC), spent two days in March at NABP learning how the Association interacts with and supports NISPC’s activities. Eleni Anagnostiadis, the previous executive director of NISPC and NABP’s new patient safety senior manager, accompanied Mandy on her tour.

Reminder

NABP’s 100th Annual Meeting and Centennial Celebration is April 24-27, 2004, at The Fairmont Chicago. Walk-in registrants are welcome.

nabp newsletter

National Association of Boards of Pharmacy
700 Busse Highway
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