NABP and Senator Bond Discuss Compounding Outcomes Regulation

Senator Christopher S. Bond (R-MO) conveyed his position that “some form of batch sampling” is necessary to detect and prevent the tampering, adulteration, and misbranding of compounded products as occurred in the Robert Courtney case. Senator Bond expressed these comments in a US Food and Drug Administration (FDA) July 26 meeting at the FDA Regional Headquarters in Kansas City, KS, with NABP’s Executive Director/Secretary Carmen A. Catizone; NABP’s Professional Affairs Manager Melissa Madigan; Kevin Kinkade, executive director of the Missouri Board of Pharmacy; Susan Linn, executive director of the Kansas Board, members and inspectors of the Kansas Board; and other health care representatives of Missouri and Kansas.

The meeting allowed representatives of NABP and the boards of pharmacy to discuss Senator Bond’s recent requests filed on July 1, 2002, to the Secretary of the US Department Health and Human Services, Tommy G. Thompson. The requests called for changes in the present federal and state regulatory structure for compounding.

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Congress Seeks Disclosure on Web Sites

Representative W.J. Tauzin introduced HR 4990 attempting to prevent the illegal sale of prescription drugs on Internet Web sites while tightening federal and state oversight of such Internet sites.

If passed, the bill would amend the Federal Food, Drug and Cosmetic Act (FDCA) to require Internet pharmacies and physicians to make certain disclosures on their Web sites and to state licensing boards.

The bill also directs the Secretary of the US Department of Health and Human Services to educate the public about the dangers associated with purchasing drugs from rogue Internet sites and to recommend to Congress the coordination of Federal agencies regarding Internet sellers that operate from foreign countries with the activities of such foreign governments.

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The bill, titled “Internet Prescription Drug Sales,” would amend the FDCA to require an interstate Internet seller to post the following information in a visible and clear manner on the home page of its Web site, or on a page directly linked to the home page:

A) the street address of the interstate Internet seller’s place of business and the telephone number of such place of business;

B) each State in which the interstate Internet seller is licensed or otherwise authorized as a pharmacy, or if the interstate Internet seller is not licensed or otherwise authorized by a state as a pharmacy, each state in which the interstate Internet seller is licensed or otherwise authorized to dispense prescription drugs, and the type of state license or authorization;

C) in the case of an interstate Internet seller that makes referrals to or solicits on behalf of a prescriber, the name of each prescriber, the street address of each such prescriber’s place of business, the telephone number of such place of business, each state in which each such prescriber is licensed or otherwise authorized to prescribe prescription drugs, and the type of such licensure or authorization; and

D) a statement that the interstate Internet seller will dispense prescription drugs only upon a valid prescription.

This information must be posted by the Internet seller not later than 90 days after the effective date of this section if the Web site of the seller is in operation as of such date; or on the date of the first day of operation of such seller’s Web site if such site goes into operation after such date.

The legislation also stipulates that an interstate Internet seller cannot represent that posting disclosure information on its site signifies that the federal government has made any determination on the legitimacy of the interstate Internet seller or its business.

Of particular interest to the boards of pharmacy is the section entitled “Disclosure to State Licensing Boards,” which states that an interstate Internet seller licensed or otherwise authorized to dispense prescription drugs in accordance with applicable state law must notify each state entity that granted such licensure or authorization that it is an interstate Internet seller, the name of its business, the Internet address of its business, the street address of its place of business, and the telephone number of such place of business.

NABP President John A. Fiacco states that “the Association’s mission has always been to protect the public health and to continuously educate patients about the benefits and dangers of Internet pharmacies.” He reiterates NABP’s position that the bill will not address the serious problems of illegal and dangerous Internet sites. Programs like NABP’s Verified Internet Pharmacy Practice Sites™ (VIPPS™) Certification Program will better serve state boards and patients.

The amendments will take effect one year after the date of enactment of this Act.

For additional information about the HR 4990 visit http://thomas.loc.gov.
Thompson recently replied to Bond that the federal government was not interested in expanding the role of the federal government in an area governed by state regulation. In his response letter to Bond, Thompson stated, “I believe that FDA and the states have adequate regulatory authority to oversee every step within the commercial drug distribution chain from the manufacturing of a drug product to the point of sale to the consumer.”

NABP representatives spoke with members of Bond’s staff several times before the meeting to discuss regulatory strategies for managing situations that defy current and traditional regulation. The regulating for outcomes approach that NABP has been working with states to implement was discussed and explained. Senator Bond was receptive to the value of the regulating for outcomes approach and noted its benefits in detecting and deterring certain illegal or dangerous acts. Everyone at the round table discussion agreed, however, that no system could ever prevent or deter the type of criminal activity discovered in the Courtney case.

During the discussion, the director of the FDA regional office explained that batch sampling of compounded medications on a broad and national scale would burden the FDA laboratories and compounded medications from all of the states in his district. Senator Bond, although cognizant of the costs of his proposal, reiterated his concern that something has to be done to prevent patients from being injured.

In our exchange with Senator Bond and his staff, NABP representatives explained that the outcomes regulation approach provides the framework for pharmacists and other health care professionals to examine the patient care services provided through a quality control and monitored system. The data collected and analyzed through outcomes regulation will allow pharmacists and health care systems to learn more about their processes and patient outcomes to improve care and reduce errors. For state boards of pharmacy and other law enforcement agencies it can provide an objective, outside analysis of patient outcomes that may deter some criminal activities.

Senator Bond expressed a willingness on the part of federal officials to assist NABP in establishing outcomes regulation policies on the state level. He agreed with the suggestion that such policies may be effective in alerting concerned parties about disturbing patterns of care.
Based upon a patient’s complaint, the Wyoming Board of Medicine issued formal charges against Dr Rebecca Painter, charging her with violations of medical standards of care and inappropriate patient treatment, activities which constitute unprofessional conduct under the medical practice act. Dr Painter attended an “informal” hearing in person and her attorney participated by telephone. After the hearing, Dr Painter contacted the governor’s office complaining about the hostile and unprofessional treatment by the board. The governor suggested she request a second interview with different board members and with her attorney physically present. Before the second interview, the board issued a report finding reasonable cause that Dr Painter was impaired which, by statute, is defined as “…a person who cannot practice medicine without reasonable skill and safety…”

Subsequently, the board notified Dr Painter that she was to appear in ten (10) days for a competency examination, but failed to notify her of her right, pursuant to board rules, to designate a physician of her choice to appear at the competency hearing and to submit an independent report. The competency examination was conducted by three physicians and was attended by Dr Painter and her attorney. The board refused to give her a copy of the competency report after its issuance, relying on a statute that protects all board information, except final orders, from public disclosure or discovery.

Based on subsequent publicity in a newspaper article depicting the treatment of another patient of Dr Painter, the board amended its complaint, adding five additional counts against Dr Painter. After a three-day hearing before a hearing officer and a three-member board panel, the Wyoming Board of Medicine ordered Dr Painter to:

1. complete a four-week training course at a university located in Utah;
2. permit periodic random reviews of her patients/clients by an independent physician for a period of one year (does the Health Insurance and Portability Accountability Act apply?); and
3. pay one-half the costs of the hearing including the hearing officer’s fees, expenses, food, and lodging.

The decision was appealed to the Wyoming Supreme Court, which decided the issues as follows:

1. Notice of right to have an independent physician in attendance at the mental and medical competency examination.

The court found that rules and regulations of regulatory agencies have the force and effect of law. It ruled that the failure of the board to follow its own rules coupled with short notice of the competency hearing (10 days) violated Dr Painter’s right to due process.

2. Denying Dr Painter the report resulting from her mental and medical competency exam.

The court found that the statute protecting public disclosure or discovery of board records relates to confidentiality regarding third parties and is not applicable to the parties in a disciplinary proceeding. The refusal to release the report to Dr Painter violated her rights to due process.

3. Contacts between the prosecuting attorney at the contested case hearing and the board sitting as the decisions maker.

The court found that the board attorney:

1. Advised the board throughout the
development of the case against Dr Painter.

2. Prosecuted the case before the hearing panel, which was composed of board members.

3. Continued to advise the board during preparation of the final findings and order.

Participation by the attorney in the investigatory, prosecutory, and decision-making functions of the board violated Dr Painter’s right to due process.

4. Expert testimony regarding whether or not conduct was contrary to standards of the medical profession and, hence, violated ethical rules.

Dr Painter engaged in case studies in a manner questioned by the board. She compounded and administered “serum” of an alcohol and water mixture and prescribed and recommended treatments such as a 30-day herbal detoxification program from the Pure Body Institute, practices questioned by the board in regard to medical efficacy. The court found, however, that there was no substantial evidence in support of the board’s conclusions because the board did not introduce expert testimony substantiating its claims in regard to the above.


The board reached its decision at the administrative level in regard to Dr Painter based upon a preponderance of evidence as the standard of proof. Wyoming has a statute that establishes the standard of proof in medical disciplinary actions as the standard of proof. The court found, however, that the burden of proof in other health-related professions and non-health-related professions was “clear and convincing.” It held that requiring a lesser burden of proof for the medical profession violated the requirement of equal protection under the law. It further held that the Fourteenth Amendment to the Constitution of the United States required a standard of clear and convincing burden of proof where a license, which is a property right, is in jeopardy, and, accordingly, found that the statute requiring only a preponderance in medical disciplinary actions was unconstitutional.

6. Costs.

Finally, the court ruled that the Wyoming statute covering payment of costs did not specifically include the fees and expenses of the hearing officer. It struck, in its entirety, the board’s requirement of payment of costs by Dr Painter.

The fact situation in this litigation is very complicated, but the issues are ones that have been discussed on many occasions at NABP meetings. The case is somewhat unique in that the court has raised the standard of proof based upon constitutional requirements of due process from the statutory requirement of a preponderance of the evidence to a standard of clear and convincing proof. It is a case that would constitute a good review for attorneys representing boards of pharmacy.

Painter v. Wyoming Board of Medicine, 998 P.2d 931 (Supreme Court of Wyoming, March 3, 2000) NABP

Attorney John F. Atkinson is a partner in the law firm of Atkinson & Atkinson, counsel for NABP.
Fall Educational Conference
San Antonio Offers a Variety of Activities for NABP’s Fall Conference

Home to The Alamo, the Riverwalk, the Spanish Colonial Missions, and other historic and scenic sites, San Antonio, TX, the ninth largest city in the US, is the location for NABP’s Fall Educational Conference, November 15-17, 2002, at the Westin Riverwalk Hotel. The city’s rich history, blend of cultures, and riverfront scenery has attracted people from around the world.

San Antonio is nestled along the San Antonio River, which got its name in 1691 when a band of Spanish explorers and missionaries discovered the river on the feast day of St Anthony. The actual city of San Antonio was founded in 1718 by Father Antonio Olivares when he established Mission San Antonio de Valero, which became known in 1836 as The Alamo, when 189 defenders held the old mission against 4,000 Mexican troops for 13 days.

A Historian’s Dream
Besides The Alamo, San Antonio is full of many “must see” attractions for history lovers. La Villita, one of the original settlements for Spanish soldiers and their families, is now a community of shops, working artists, restaurants, and a post office. The Old San Antonio Exhibit located in Boliver Hall offers an art collection, artifacts, and symbols related to the city’s history.

Considered “the most beautiful building in San Antonio,” meeting attendees will want to visit the Spanish Governor’s Palace, which served as the seat of government when San Antonio was the capital of the Spanish Province of Texas.

The missions created along the San Antonio River during the 18th century serve as reminders of Spain’s attempt to extend its New World dominion northward from Mexico. The San Antonio Missions National Historical Park encompasses the historically and architecturally important missions Concepción, San José, San Juan, and Espada Mission. Mission San José is the largest and best known of the Texas missions and served as the template for Texas missions. Its “Rose Window” is considered by many to be one of the finest pieces of Spanish Colonial ornamentation in the country.

Explore the Outdoors
November temperatures in San Antonio range from an average high of 71 degrees to an average low of 48 degrees and provide perfect conditions for exploring the city.

Twenty feet below downtown the Paseo del Rio, better known as the Riverwalk, Attendees can take a leisurely stroll down cobblestone streets and browse through the business district, park-like areas, boutiques, and cafés. Two-and-a-half miles long, the Riverwalk stretches from the Municipal Auditorium and Conference Center on the north to the King William Historical District on the south. Attendees can relax and ride the Yanaguana Cruises and enjoy sightseeing and people-watching.

Other attractions include the San Antonio Botanical Gardens and Lucile Halsell Conservatory, where visitors may “walk through Texas” on a trail that recreates each region’s flora and pioneer architecture.

Transportation
The San Antonio International Airport is only 10 minutes from The Westin Riverwalk Hotel. To reach the Westin, attendees may take a cab, which costs approximately $15 one way; the San Antonio Transportation Shuttle Service (call 1-800/868-7707), which is $9 one way or $16 round trip; or, for 80 cents, a San Antonio city bus will reach the hotel in about an hour.
Fall Educational Conference  
November 15-17, 2002  
The Westin Riverwalk Hotel  
San Antonio, Texas

Program

Friday, November 15

7:15 - 8:15 AM  
Continental Breakfast

8:15 - 8:30 AM  
Welcoming Remarks

8:30 AM - noon  
Executive Officer/Board Member Seminar  
Putting Your Best Face Forward  
Program #: 205-000-02-008-L04  
(0.35 CEUs – 3.5 contact hours)  
Speaker: Marilyn Mobley, President, Acorn Consulting Group, Inc

Compliance Officer Seminar  
Inspecting for Medical Gases  
Program #: 205-000-02-009-L03  
(0.35 CEUs – 3.5 contact hours)  
Speaker: Duane S. Sylvia, Consumer Safety Officer, Division of Manufacturing and Product Quality, Food and Drug Administration

10 - 10:15 AM  
Refreshment Break

Noon - 1:15 PM  
Luncheon

1:30 - 3 PM  
Executive Officer/Board Member Seminar  
Status of Foreign Drug Importation  
Program #: 205-000-02-010-L03  
(0.15 CEUs – 1.5 contact hours)  
Speakers: Ronald Guse, BSc, Pharm, Registrar, Manitoba Pharmaceutical Association  
David J. Horowitz, Esq, Acting Director, Office of Compliance Center for Drug Evaluation and Research

Compliance Officer Seminar  
Recognizing and Addressing Counterfeit Drugs  
Program #: 205-000-02-011-L03  
(0.15 CEUs – 1.5 contact hours)  
Speaker: Benjamin L. England, JD, Regulatory Council to the Associate Commissioner for Regulatory Affairs

3 - 3:15 PM  
Refreshment Break

3:15 - 5:15 PM  
Executive Officer/Board Member Seminar  
Technician Update  
Program #: 205-000-02-012-L03  
(0.2 CEUs – 2.0 contact hours)  
Speakers: Melissa Murer, RPh, Executive Director, Pharmacy Technician Certification Board  
Larry Nesmith, BS Ed, CPhT, Pharmacy Technician Educator, Academy of Health Sciences

Compliance Officer Seminar  
Veterinary Pharmacy  
Program #: 205-000-02-013-L03  
(0.2 CEUs – 2.0 contact hours)  
Presenter: Elaine Lust, RPh, PharmD, Instructor, Creighton University School of Pharmacy and Allied Health Professionals

6:30 - 8:30 PM  
Welcoming Reception

Saturday, November 16

7:30 - 8 AM  
Continental Breakfast

8 - 10 AM  
USP Standards for Biotech Drugs  
Program #: 205-000-02-014-L03  
(0.2 CEUs – 2.0 contact hours)  
Speaker: David A. Porter, PhD, Scientist, United States Pharmacopeia, Information and Standard Development

10 - 10:15 AM  
Refreshment Break

10:15- 11:45 AM  
Clinical Use of Biotech Drugs  
Program #: 205-000-02-015-L01  
(0.15 CEUs – 1.5 contact hours)  
Speaker: Byron G. Peters, RPh, Director of Pharmacy Alvin J. Siteman Cancer Center, Division of Oncology, Washington State University

Sunday, November 17

7 - 8 AM  
Continental Breakfast

8 - 10 AM  
Compliance Officer Seminar  
Regulating for Outcomes: A Strategy for Detecting Illicit Behavior  
Program #: 205-000-02-016-L03  
(0.15 CEUs – 1.5 contact hours)  
Speakers: John D. Jones, RPh, JD, Prescription Solutions  
Kevin E. Kinkade, RPh, Executive Director, Missouri Board of Pharmacy

10 - 10:15 AM  
Refreshment Break

10:15- 11:45 AM  
Health Care Provider Exposure to Chemotherapeutic Agents  
Program #: 205-000-02-017-L04  
(0.15 CEUs – 1.5 contact hours)  
Speaker: Larry Griffin, Member, New Mexico Board of Pharmacy

11:45 AM - 12:15 PM  
Closing Remarks

Participants may earn up to 14 hours of ACPE-approved continuing education credit from NABP. Participants in continuing pharmaceutical education programs will receive credit by completing a “Statement of Continuing Pharmaceutical Education Participation,” and submitting it to the NABP office. A validated Statement will be sent as proof of participation within approximately six weeks. Full attendance and completion of a program evaluation form for each session are required to receive continuing pharmaceutical education credit and a Statement of Participation.
HHS Releases Final Privacy Rule

After several years of efforts to provide patients with a national floor of health information privacy protection, the US Department of Health and Human Services (HHS) published in the August 14, 2002 Federal Register its final health privacy regulations, scheduled to take effect April 14, 2003. Aimed at ensuring stronger privacy protections and correcting unintended consequences that had some concerned about patient access to health care, these regulations amended those released in December 2000. The revisions include the following:

- **Consent and Notice**
  The consent requirement for treatment, payment, and health care operations has been removed and replaced with an acknowledgement requirement. Providers must make a good faith effort to obtain written acknowledgement from patients of having received notice of the provider’s privacy practices. If a provider is unable to do so, he or she must document good faith efforts to obtain such acknowledgement, as well as the reason why such an acknowledgement was not obtained.

- **Marketing**
  The amended regulation requires that pharmacies, health care plans, and other covered entities obtain patient authorization prior to the mailing of marketing materials. The marketing provisions of the amended regulation, however, unlike in the original regulation, exempt third party-sponsored pharmacy patient compliance programs and pharmacy patient intervention programs from the definition of “marketing,” classifying them as provider communications with patients regarding treatment options, products, and services, and thereby allowing the use and/or disclosure by pharmacies of protected health information without patient authorization for the administration of such programs. The rule clarifies, however, that marketing includes situations where a third party pays a provider for protected health information for its own use in marketing its own products or services.

- **The Minimum Necessary Rule**
  The provision retains both the oral communication and “minimum necessary” requirements, but it would make clear that a provider could discuss a patient’s treatment with other providers involved in the patient’s care without fear of violating the rule if they are overheard. The final Rule exempts from the minimum necessary standards any uses or disclosures for which the covered entity has received an authorization.

- **File Purchases**
  The regulation clarifies that “health care operations” include the “sale, transfer, purchase, merger, consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity,” excluding the necessity for patient authorization prior to the transfer and use of health information in the purchase of pharmacy files.

Other topics HHS has addressed in the final rule include parental rights; accounting of disclosures; group health plans; disclosures for treatment, payment, or health care operations for another entity; uses and disclosures regarding FDA-regulated products and activities; the hybrid entity; and exclusion for employment records.

In October, NABP will convene a task force to address privacy regulation. Members will discuss the regulation of privacy at the state level and whether or not further action on the part of state regulatory boards is necessary.

More information is available through the HHS Web site at www.hhs.gov.
Georgia First State in Nation to Regulate PBMs

On May 22, 2002, Georgia Governor Roy Barnes signed legislation authorizing the Georgia State Board of Pharmacy to license and regulate any pharmacy benefit manager (PBM) that executes any act considered to be the practice of pharmacy. The bill, which went into effect on July 1, 2002, stipulates that any PBM providing pharmacy services must be licensed by the state and comply with the state’s rules and regulations.

According to Jeff Lurey, president of the Georgia State Board of Pharmacy, Georgia has become the first state in the United States to enact a law to regulate PBMs.

PBMs are normally hired by the payer, often an employer, to administer the payer’s prescription insurance contract for its employees. Sometimes referred to as “third-party payers,” some PBMs have been known to practice pharmacy in the state of Georgia, which is considered illegal.

Through the new legislation, the Board hopes to address such areas as the substitution of therapeutic drugs and patient counseling.

The Board, also concerned about patient counseling, wants to ensure that the patient is receiving adequate prescription counseling from his or her Georgia pharmacist.

Now that the bill has taken effect, all PBMs must register with the state to receive a pharmacy license.

Future plans may require the PBM to have a pharmacist license if he or she is practicing pharmacy, or requiring the pharmacist-in-charge to be licensed in the state of Georgia.

Florida Board Proposes Online Pharmacy Rule

On June 12, 2002, the Florida Board of Pharmacy proposed a rule that would clarify for pharmacists and pharmacy owners that a prescription based solely on an online medical questionnaire is invalid. The proposed rule was discussed at the August Board of Pharmacy meeting.

“We [the Florida Board] have taken the position that this is an invalid prescription. This practice is below the standard of care,” states John D. Taylor, executive director of the Florida Board of Pharmacy.

According to a draft of 64B16-27.832 Standards for Filling Prescriptions Generated Through the Internet:

A prescription issued by a practitioner to a patient with whom the practitioner has not established a valid physician-patient relationship is not a valid prescription. . . . A [p]harmacist who knowingly fills a prescription that has been issued not in compliance with the applicable prescriber’s standard of practice is dispensing outside the course of the professional practice of pharmacy.

Several other state boards of pharmacy, including California and West Virginia, already have specific regulations stating that pharmacists should not knowingly fill prescriptions without a patient-physician meeting.
The Joint Commission of Pharmacy Practitioners (JCPP) is celebrating 25 years as a forum where organizations representing the profession of pharmacy can discuss issues of common interest and concern. Established in June 1977, JCPP also facilitates effective representation of pharmacists on professional, educational, legislative, and regulatory issues through analysis, interpretation, and exchanges of views on relevant issues.

Some of the more significant decisions and activities of the past 25 years include:

- **Late 1970s:** Each Joint Commission member organization board adopted identical policy statements on National Health Insurance, which covered such issues as the mechanisms for health care delivery, the necessity of pharmacy services, and reimbursement policies, among others.

- **1980s:** Commission members met with federal officials and members of Congress to discuss the proposed US Food and Drug Administration patient labeling requirements; proposed recommendations to the American Association of Colleges of Pharmacy on pharmaceutical education; offered recommendations to NABP on internships and North American Pharmacist Licensure Examination™ for licensing of foreign graduates; worked with pharmaceutical manufacturers to develop uniform expiration dating for select products; and met with the American Medical Association on appropriate information for patients about prescription drugs.

  The Commission has recently addressed a variety of topics, including Health Care Reform, Federal Agencies Advisory Committees, proposed MedGuide regulations, managed care, health manpower, compounding and manufacturing, therapeutic purpose of prescriptions, and recent industry trends. JCPP members believe that much has been accomplished toward unifying the pharmacy profession at the national level through its activities and that progress can be made in the future so pharmacy practitioners can have a greater influence on professional, regulatory, and legislative issues.

**JCPP Members:**

- Academy of Managed Care Pharmacy.
- American Association of Colleges of Pharmacy.
- American College of Apothecaries.
- American College of Clinical Pharmacy.
- American Pharmaceutical Association.
- American Society of Consultant Pharmacists.
- American Society of Health-System Pharmacists.
- NABP.
- National Community Pharmacists Association, and
- National Council of State Pharmacy Association Executives. NABP
McAllister Receives Innovations in Teaching Award

Dennis K. McAllister, a member of the NABP Executive Committee and the Arizona State Board of Pharmacy, is a member of a three-person team selected to receive an American Association of Colleges of Pharmacy’s (AACP) 2002 Innovations in Teaching Award.

Recipients of the award, now in its tenth year, received a $1,200 stipend to attend the AACP Annual Meeting and present their innovation during a special session on Tuesday, July 16, 2002. McAllister is an assistant dean for pre-doctoral affairs at Midwestern University in Glendale, AZ. He and team members Raylene M. Rospond and Sandy Dirks of the Drake University College of Pharmacy developed an innovative teaching portfolio on Student Directed Experimemted Learning in a Program of Continuous Competency Assessment.

Texas Board Member Receives Fellowship in ASHP Practitioner Recognition Program

Texas State Board of Pharmacy member Roger W. Anderson, RPh, was named 2002 Fellow of the American Society of Health-System Pharmacists (ASHP) Practitioner Recognition Program at ASHP’s Summer Meeting in June.

The ASHP Practitioner Recognition Program is intended to recognize excellence in pharmacy practice and grant recognition to and promote public awareness of pharmacists who have distinguished themselves in practice.

Anderson is the head of the Division of Pharmacy at the University of Texas M.D. Anderson Cancer Center in Houston, TX. He is also a professor at the University of Houston College of Pharmacy.

Lansin Carmean Retires from Colorado Board

Chief Inspector Lansin Carmean retired from the Colorado State Board of Pharmacy after 30 years. His colleagues at the Board office remember Carmean for his “incisive mind and wide knowledge of pharmacy law and Colorado pharmacy history, [which] will be greatly missed by [everyone] who . . . worked with him.”

Arkansas Welcomes Gardner as New Assistant Director

Trey Gardner, PharmD, recently joined the Arkansas State Board of Pharmacy as its new assistant director. A graduate of the University of Arkansas for Medical Sciences (UAMS) College of Pharmacy, Gardner has been a member of the UAMS faculty since 1998, and has served as the assistant dean at the college for the past two years. He replaces Sheila Castin, who retired on June 30, 2002.

Compliance Officer W. Jerry Johnson Retires

After nearly 14 years with the Louisiana Board of Pharmacy, Compliance Officer W. Jerry Johnson retired on May 24, 2002. In its July Newsletter, the Board noted, “Johnson served both the public and the pharmacists of his territory well and with distinction. His wealth of experience will be greatly missed and we [the Board] certainly wish him well.”

Oregon’s Schulte Retires

Effective July 26, 2002, Compliance Director Steve Schulte retired after 12 years with the Oregon State Board of Pharmacy. Inspector Grace Cheung, who has been with the Board for five years, will assume the compliance director position.

The Board has also hired new investigators Gregg Hyman and Joe Ball to fill vacancies in the Compliance Section.
NABP Meeting Dates

**Friday-Monday, September 13-16, 2002**
NABP Program Review and Training for Board Staff, NABP Headquarters, Park Ridge, IL

**Monday-Tuesday, September 9-10, 2002**
Advisory Committee on Examinations Meeting, Marriott Suites, Rosemont, IL

**Thursday-Saturday, September 26-28, 2002**
NABP/AACP District I Meeting, Hotel Viking, Newport, RI

**Friday-Sunday, October 4-6, 2002**
NABP/AACP District IV Meeting, The Amway Grand Plaza Hotel, Grand Rapids, MI

**Friday-Sunday, October 11-13, 2002**
NABP/AACP Districts VII and VIII Meeting, Coeur d’Alene Resort, Coeur d’Alene, ID

**Thursday-Saturday, October 24-26, 2002**
NABP/AACP District II Meeting, Hotel Hershey, Hershey, PA

**Thursday-Saturday, October 31-November 2, 2002**
NABP/AACP District VI Meeting, Sheraton City Center Hotel, St Louis, MO

**Thursday, November 14, 2002**
Executive Committee Meeting, The Westin Riverwalk Hotel, San Antonio, TX

**Friday-Sunday, November 15-17, 2002**
Fall Educational Conference, The Westin Riverwalk Hotel, San Antonio, TX