



newsletter

National Association of Boards of Pharmacy®



Special Annual Meeting Issue 2012 / Volume 41

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the profession
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1904 to 2012

Attendees Gather to Shape the Future Direction of NABP at the 108th Annual Meeting

Honorary President

2012 Honorary President
Keith W. Macdonald, RPh

Award Winners

2011-2012 NABP President
Malcolm J. Broussard, RPh

2012 Fred T. Mahaffey Award

Oklahoma State Board of Pharmacy

2012 Henry Cade Memorial Award

Melissa Murer Corrigan, RPh

2012 John F. Atkinson Service Award

Danna E. Droz, JD, RPh

2012 Lester E. Hosto Distinguished Service Award

Patricia Flemma Donato, RPh

Approximately 450 attendees and guests representing the state boards of pharmacy, government officials, and other stakeholders, gathered in the birthplace of our Nation's freedom, Philadelphia, PA, at the NABP 108th Annual Meeting. Themed "State Boards of Pharmacy and NABP – Empowering Liberty with Knowledge and Responsibility," the Annual Meeting was held at the Sheraton Philadelphia Downtown Hotel from May 19-22, 2012, and offered attendees the opportunity to shape the future direction of NABP, earn continuing pharmacy education (CPE) credit, and network with peers.

Bylaws Amendments & Resolutions Approved

During the business sessions, voting board of pharmacy delegates elected officers and members to the

NABP Executive Committee. In addition, delegates voted upon resolutions and two amendments to the NABP Bylaws. Both amendments to the Bylaws were passed by the membership. Bylaws Amendment No. 1 changes the time requirement for when a delegate submits credentials to NABP prior to the Annual Meeting to be determined by the Executive Committee. Bylaws Amendment No. 2 clarifies terminology by changing transfer of "examination scores and licenses" to "licensure."

In addition, four proposed amendments to the Constitution were read at the Annual Meeting. In accordance with the Constitution and Bylaws, these amendments will be voted upon at the next Annual Meeting. The proposed amendments to the Constitution



included clarifying that the official delegate of an active member board is an individual currently serving as a member or as an administrative officer of such board; clarifying the role of the Executive Committee and the executive director/secretary of NABP; clarifying who may serve on NABP standing committees; and allowing the Executive Committee the flexibility to set the time frame in which resolutions may be submitted to NABP for eligibility.

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National Association of
Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL
60056
847/391-4406
www.nabp.net
custserv@nabp.net

Carmen A. Catizone
*Executive Director/
Secretary*

Larissa Doucette
*Communications
Manager*

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108th Annual Meeting

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In addition, 12 resolutions were also adopted. See page 6 for the full text of the resolutions.

Forum Overview

During their speeches to the membership, newly installed 2012-2013 NABP President Michael A. Burleson, RPh, and Executive Committee Chairperson Malcolm J. Broussard, RPh, stressed the importance of the upcoming NABP Interactive Forums, set to take place later this year at NABP Headquarters. Burleson explained that this series of meetings, one geared specifically for executive officers and one for board members, is an opportunity for attendees to discuss relevant topics of concern with their peers at a detailed and personal level.

The NABP Interactive Forum series provides attendees the chance to meet with their colleagues to discuss shared regulatory trends and challenges faced by the boards each day. Burleson urged his fellow executive officers to attend the NABP Interactive Executive Officer Forum on November 13-14, 2012. The NABP Interactive Member Forum will be held September 19-20, 2012.

Educational Sessions and Special Programs

In addition to hearing from the NABP Executive Committee and participating in business sessions, meeting attendees were also able to earn up

to nine contact hours (0.9 CEUs) of Accreditation Council for Pharmacy Education (ACPE)-accredited CPE credit. The meeting included several timely and relevant topics, such as drug shortages and quotas, online drug safety, and a point-counterpoint session on methamphetamine. Two concurrent CPE sessions were also held – one geared toward board of pharmacy executive officers and members who shared information about the Office of Inspector General, National Practitioner Data Bank, and Healthcare Integrity and Protection Data Bank, and one geared toward compliance officers on pharmacy investigations.

In addition, the Educational Poster Session, “Embracing Knowledge for Public Protection,” provided an opportunity for CPE credit. Boards of pharmacy and college of pharmacy students and faculty presented 11 posters that addressed issues on pharmacy education, pharmacy practice, and patient safety.

NABP also offered a pre-meeting CPE session, “ONDCP – National Drug Plan to Combat Prescription Drug Abuse.” This session provided a unique opportunity for attendees to hear R. Gil Kerlikowske, MA, director of the Office of National Drug Control Policy (ONDCP), share the most up-to-date information regarding how ONDCP coordinates all aspects

of federal drug control programs and implements the President’s National Drug Control Policy as it relates to combating prescription drug abuse. In addition, information was shared about NABP’s PMP InterConnectSM system and its contributions to combating prescription drug abuse.

Optional Events

Several optional programs and events provided attendees with opportunities to network and share information. The Hospitality Brunch and Educational Table Top Displays offered attendees the chance to mingle and gain knowledge while enjoying a buffet brunch. Table top displays by ACPE, Drug Enforcement Administration, Food and Drug Administration, LearnSomething, Inc, NABP, Pharmacy Technician Certification Board, and United States Pharmacopeial Convention (USP) highlighted important issues and programs from those organizations. In addition, members of the Pennsylvania State Board of Pharmacy offered their insight on current issues their Board is working on, as well as the must-see sites in Philly.

Several recently appointed state board of pharmacy members and others who were attending the Annual Meeting for the first time attended the Annual Meeting

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2012-2013 Executive Committee Inaugurated at 108th Annual Meeting

NABP delegates have elected individuals to fill the president-elect, treasurer, and open member positions on the Association's 2012-2013 Executive Committee.

The newly elected officers of the NABP Executive Committee are:

- President-elect Karen M. Ryle, MS, RPh, member, Massachusetts Board of Registration in Pharmacy
- Treasurer Joseph L. Adams, RPh, member, Louisiana Board of Pharmacy

Members elected to serve a three-year term on the NABP Executive Committee are:

- Jeanne D. Waggener, RPh, member, Texas State Board of Pharmacy
- Mark D. Johnston, RPh, executive director, Idaho State Board of Pharmacy

At the conclusion of the Annual Meeting, Michael A. Burleson, RPh, executive director of the Kentucky Board of Pharmacy, assumed the office of NABP president, and Malcolm J. Broussard, RPh, executive director of the Louisiana Board of Pharmacy, assumed the position of chairperson of the Executive Committee. In addition, the following members are continuing to fulfill their terms on the 2012-2013 NABP Executive Committee:

- James T. DeVita, RPh, member, Massachusetts Board of Registration in Pharmacy
- Edward G. McGinley, MBA, RPh, member, New Jersey State Board of Pharmacy

- Mark T. Conradi, JD, RPh, member, Alabama State Board of Pharmacy
 - William John Cover, RPh, member, Indiana Board of Pharmacy
 - Lloyd K. Jessen, JD, RPh, executive director, Iowa Board of Pharmacy
 - Hal Wand, MBA, RPh, executive director, Arizona State Board of Pharmacy
- Abbreviated biographies for the officers and members of the Association's 2012-2013 Executive Committee follow.

Chairperson: Malcolm J. Broussard, RPh



Malcolm Broussard, executive director of the Louisiana Board of Pharmacy,

automatically assumed the office of chairperson after completing a one-year term as president. Prior to his position as president, he served a one-year term as NABP president-elect, a one-year term as treasurer, and a three-year member term representing District 6 on the NABP Executive Committee. An active member of NABP, as well as state and national professional associations, Broussard has served on the NABP Nominating Committee, Committee on Resolutions, and the Committee on Law Enforcement/Legislation. He has served as a member of the Accreditation Council for Pharmacy Education's

Commission and as president of the Louisiana Pharmacists Association and the Louisiana Society of Health-System Pharmacists. He has also been a member of the House of Delegates of the American Society of Health-System Pharmacists (ASHP), and served on the ASHP Council on Legal and Public Affairs. Broussard earned his bachelor of science degree in pharmacy from Xavier University of Louisiana, College of Pharmacy.

President: Michael A. Burleson, RPh



Michael Burleson, executive director of the Kentucky Board of Pharmacy,

automatically assumed the office of president after completing a one-year term as president-elect. Prior to his position as president-elect, he served a one-year term as treasurer and a two-year member term representing District 3 on the Executive Committee. An active member of NABP, he has served on several committees including the Teller Committee for the 2007 NABP Annual Meeting. He also served as chair of the NABP Committee on Law Enforcement/Legislation, and as chair of the Resolutions Committee for the 2006 NABP Annual Meeting. Burleson has also been actively involved with local and national pharmacy associations. A member of the Kentucky

Pharmacists Association since 1974, he served two terms as a board member, and has served on various committees. He was also a member of the Tri-County Pharmacists Association and served the organization as its treasurer for 12 years. Burleson earned his bachelor of science degree in pharmacy from the University of Kentucky. In 1995, he received the Outstanding Alumnus University of Kentucky College of Pharmacy award.

President-elect: Karen M. Ryle, MS, RPh



Karen Ryle, a member of the Massachusetts Board of Registration in

Pharmacy, was elected to serve as president-elect. Prior to the election, she served a one-year term as treasurer and served four years, from 2006 to 2010, as an Executive Committee member representing District 1. An active member of NABP, Ryle has served on several Association committees such as the Advisory Committee on Examinations and the Committee on Constitution and Bylaws. She also served as chair of the Task Force to Develop Recommendations to Best Reduce Medication Errors in Community Pharmacy Practice. Ryle is the associate chief of pharmacy at Massachusetts General Hospital, and also

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Drug Czar Shares Insights at NABP Annual Meeting

Get the voice of American people in the National Drug Control Strategy, was President Obama's specific instruction to Office of National Drug Control Policy (ONDCP) Director R. Gil Kerlikowske, MA. Upon this instruction, before writing the new national drug control policy, Kerlikowske and others from the ONDCP traveled across the United States on a listening tour – meeting with members of pharmacy and medical boards, people in treatment and recovery, law enforcement, prosecutors, school administrators, and those who run grass roots prevention programs. These were the voices that were put in the National Drug Control Strategy, Kerlikowske told attendees of the NABP 108th Annual Meeting.

“Criminal justice is a huge part of [fighting prescription drug abuse],” Kerlikowske explained, “but we also wanted to make sure that we understood the public health and the public education components because it is only in a collaborative way that we can make a difference in this area.”

During the session entitled “ONDCP – National Drug Plan to Combat Prescription Drug Abuse,” which was held May 19, 2012, Kerlikowske discussed the President's National Drug Control Strategy and how it relates to the prescription drug abuse epidemic.

The plan, he said, contains three signature initiatives:

1. Prescription Drug Abuse – When Kerlikowske came on board the initiative in 2009, he was surprised to hear that overdoses driven by prescription drugs take more lives than gunshot wounds. He quickly learned that most of the general public did not know this disturbing fact, or that prescription drug abuse was such a large problem.
2. Prevention – Kerlikowske believes that in the past this component has not received the time, focus, attention, and funding

that it should. He noted that if a person can stay away from drugs and alcohol until they reach the age of 21, the chances of ever having a substance abuse problem are virtually nonexistent.

3. Drugged Driving – The Department of Transportation held a study in 2007 that for the first time tested people behind the wheel for drugs. The researchers were startled by the large number of those who tested positive or were suffering from impairment due to a wide array of drugs – illegal or prescription drugs.

Kerlikowske stressed that when creating the prescription drug strategy the team took a balanced approach to make sure that they did not “turn the clock back.” Specifically, they did not want to reduce availability of prescription drugs like painkillers because it could hurt those people who legitimately need the drugs.

The Prescription Drug Abuse Epidemic

During his presentation Kerlikowske provided an overview of the current state of the prescription drug abuse problem in the US.

- 478 million prescriptions for controlled substances were dispensed in the US in 2010
- 7 million Americans reported that they were

using prescription drugs non-medically in 2010

- One in four people using drugs for the first time in 2010 began by using a prescription drug non-medically
- Nearly 15,600 overdose deaths involved opioid painkillers in 2009 (compared to 4,000 for cocaine and 3,000 for heroin)

The number of opioid prescriptions dispensed has grown exponentially in the last few years, with hydrocodone alone accounting for more than 120 million prescriptions, he said. He also noted that in 2010, marijuana and psychotherapeutics were most often the drugs used by persons aged 12 or older who were taking drugs for the first time. Pain relievers were not far behind as the initiative drug of choice.

In 2007, emergency room visits due to misuse and abuse surpassed visits due to illicit drug use. It is not only important to address this issue in order to save lives, but it is also important for relieving valuable resources in emergency departments, Kerlikowske noted. In the high heroin and cocaine abuse years, overdoses were much lower than what is seen today with prescription drug abuse, Kerlikowske explained. In 2009, there were 28,754 deaths due to unintentional prescription drug overdose.

As he continued citing the disturbing trends in

prescription drug abuse, Kerlikowske reiterated that three years ago he was startled by the fact that there were more deaths from prescription drugs than from gunshot wounds. But today, even more disturbingly, he said, there are more deaths from prescription drug abuse than from motor vehicle accidents. Now, the number one cause of accidental deaths is drug overdoses.

Kerlikowske commented that prescription drug abuse typically starts with obtaining the medication for free from family or friends, but then as the people become frequent or chronic users and move into addiction and true abuse they seek other sources like doctor shopping, the Internet, or a drug dealer.

He also commented on the increase of violence in pharmacies, relating the details of a pharmacy robbery that occurred in New York. While he was visiting the city, a pharmacy was robbed by gang members who demanded Percocet® and OxyContin®, and a shootout with police ensued. Kerlikowske said this exemplified the danger in pharmacies, and noted that gang members are moving from dealing heroin and cocaine to dealing pharmaceuticals on the street. The threat to the safety of employees and patients puts a whole new light on the prescription drug problem, he said.

Finally, Kerlikowske discussed the economic costs of the prescription drug abuse epidemic. Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than non-abusers, he said. In his listening tour, he heard from students and deans at medical schools as well as doctors, who often comment that when they are dealing with patients who have a variety of medical problems, if the patient is also an opioid abuser it makes their health problems, and the treatment and diagnosis for other problems, even more difficult.

Finalizing the Prescription Drug Abuse Plan

After a thorough study of the issue, Kerlikowske determined that the prescription drug abuse epidemic is not just a law enforcement problem, or an education problem, or a prevention problem. He knew that he had to bring many different groups to the table for the development of the prescription drug abuse plan. The only way, he said, to have a chance to make a difference was to leverage the resources of many different departments throughout the US government.

These efforts led to a prescription drug abuse prevention plan

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Board of Pharmacy Delegates Approve 12 Resolutions During NABP 108th Annual Meeting

Delegates from the member boards of pharmacy adopted 12 resolutions during the NABP 108th Annual Meeting, held May 19-22, 2012, in Philadelphia, PA.

Resolution No. 108-1-12

Title: Uniform Outpatient Pharmacy Prescription Container Labels Designed for Patient Safety

Whereas, medication misuse has resulted in more than one million adverse drug events per year in the United States; and

Whereas, patients' best source (and often only source) of information regarding the medications they have been prescribed is on the prescription container label; and

Whereas, other written information and oral counseling should be available, the prescription container label must fulfill the professional obligations of the prescriber and pharmacist; and

Whereas, these obligations include giving the patient the most essential information needed to understand how to safely and appropriately use the medication and to adhere to the prescribed medication regimen; and

Whereas, the purpose of the prescription label is for the patient, not the regulator or auditor; as such, the only information needed on the label is information the patient needs to take the medication correctly; and

Whereas, the National Association of Boards of Pharmacy (NABP), US Pharmacopeial Convention and the Institute for Safe Medication Practices have researched, identified, and agreed upon elements that do need to be on the patient prescription container label to ensure patient safety; and

Whereas, the elimination of data elements not required for patient safety will increase readability and understanding by allocating more white space, increasing the ability to use larger font size, providing more space so as not to truncate medication names or directions, and affording space for a description of the medication on the patient's medication container label; and

Whereas, these various labeling standards could potentially create a risk for patient confusion due to various jurisdictions requiring differing label formats, thus defeating the goal of a uniform, patient centered label;

Therefore Be It Resolved that NABP support the state boards of pharmacy in their efforts to require a standardized prescription container label recommended by the 2008-2009 NABP Task Force on Uniform Prescription Labeling

Requirements, the elements of which are found in the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*.

Resolution No. 108-2-12

Title: Virtual Manufacturers and Wholesale Distributors

Whereas, a primary responsibility of the boards of pharmacy is to protect the integrity of our nation's drug supply; and

Whereas, there has been a rapid increase in the number of entities that engage in the wholesale distribution of drug products without taking physical possession of the drug including, but not limited to, brokers, whose operations may be referred to as "virtual manufacturers" and "virtual wholesale distributors," which may increase the risk of introducing counterfeit drugs into the United States drug supply chain; and

Whereas, the National Association of Boards of Pharmacy (NABP) Verified-Accredited Wholesale Distributors® (VAWD®) program has proven its value in confirming compliance with state and federal laws and regulations and established standards of practice of traditional manufacturers and wholesale distributors and, thus, deterring the introduction of counterfeit drugs into the US drug supply chain;

Therefore Be It Resolved that NABP review and revise its standards for the VAWD program to define and address virtual manufacturers and wholesale distributors and amend the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* if necessary.

Resolution No. 108-3-12

Title: Educating the Public about Pharmacist Care Services and the Pharmacists' Role in Combating Prescription Drug Misuse and Abuse

Whereas, the misuse and abuse of prescription drugs across the United States is of epidemic proportions and a serious public health concern; and

Whereas, there is an immediate concern regarding the misuse and abuse of opiates and other drugs of concern, a problem noted by federal agencies and state prescription monitoring programs; and

Whereas, regulatory boards of all health professions with prescriptive authority have a responsibility to address prescription drug abuse, including the misuse and abuse of opiates and other drugs of concern; and

Whereas, in an effort to address this problem, states continue to review and revise state laws and regulations concerning the prescribing and dispensing of drugs subject to misuse and abuse; and

Whereas, the public and other health care profes-

sionals are often unaware of the education, training, and expertise of pharmacists, the critical role pharmacists play in health care, and the contributions pharmacists make in improving public health and safety;

Therefore Be It Resolved that the National Association of Boards of Pharmacy (NABP) initiate conversations with interested stakeholders to collaborate in the development of the best regulatory, administrative, and educational practice models available to combat the misuse and abuse of prescription drugs, particularly opiates and other drugs of concern; and

Be It Further Resolved that NABP continue to utilize the AWARE[®] consumer protection program to protect the public by educating patients about the dangers of prescription drug misuse and abuse and informing health care professionals about educational resources for their patients about this issue; and

Be It Further Resolved that NABP collaborate with interested stakeholders to develop an informational program to educate the public and other health care professionals about the role of pharmacists in the health care continuum, including information on pharmacist care services such as medication therapy management, counseling on prescription drug usage and proper drug disposal, and providing immunizations.

Resolution No. 108-4-12

Title: Drug Shortages

Whereas, supply shortages of critical, lifesaving prescription medications have increased significantly; and

Whereas, supply shortages of critical, lifesaving prescription medications may increase the potential for counterfeit or adulterated drugs to enter drug distribution channels; and

Whereas, supply shortages of critical, lifesaving prescription medications may increase the potential for unscrupulous pricing and supply activities; and

Whereas, there is a need for greater transparency among all levels of the drug supply chain; and

Whereas, many of these supply shortages are related to the unannounced manufacturers' discontinuance of single-source supplied medications and not related to drug recall events; and

Whereas, supply shortages of these critical medications is affecting patient care and safety; and

Whereas, patient safety is the primary mission of the state boards of pharmacy and the National Association of Boards of Pharmacy (NABP);

Therefore Be It Resolved that NABP collaborate with the United States Food and Drug Administration, National Association of Pharmacy Regulatory Authorities, and other appropriate stakeholders to pursue means by

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Resolutions

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which to reduce or eliminate supply shortages of critical, lifesaving prescription medications and develop effective mechanisms for managing such shortages when they occur.

Resolution No. 108-5-12

Title: Evaluation of International Pharmacy Educational Programs in Consideration of Mutual Recognition

Whereas, the National Association of Boards of Pharmacy's (NABP) membership includes international jurisdictions from Australia, Canada, and New Zealand; and

Whereas, certain state boards of pharmacy recognize that graduates of Canadian Council for Accreditation of Pharmacy Programs-accredited programs demonstrate comparable competency to graduates of Accreditation Council for Pharmacy Education-accredited programs;

Therefore Be It Resolved that NABP request from its international member jurisdictions and from the accrediting agencies and the academic organizations of each of its international member jurisdictions, an opinion on the mutual recognition of educational programs for qualification of licensure; and

Be It Further Resolved that NABP review those opinions, North American Pharmacist Licensure Examination® outcome

measures, and the process for assessing international graduates through the Foreign Pharmacy Graduate Examination Committee™ program.

Resolution No. 108-6-12

Title: Regulation of Pharmacy Benefit Managers

Whereas, the activities of pharmacy benefit managers may not be specifically addressed in federal or state statutes and regulations; and

Whereas, the absence of specific federal and state regulations may leave patients without any mechanism to report concerns and problems with the activities of and pharmacy care provided by pharmacy benefit managers; and

Whereas, the audits of pharmacy records conducted by pharmacy benefit managers sometimes interpret state statutes and regulations and seek to set standards of practice without consultation with the state boards of pharmacy, sometimes in conflict with state statutes and regulations and the official interpretations of state boards of pharmacy;

Therefore Be It Resolved that the National Association of Boards of Pharmacy encourage state boards of pharmacy to consider utilizing the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* language as the basis for legislation or regulation in the states to prohibit any actions conducted by pharmacy benefit managers that contradict or contravene the

authority of state boards of pharmacy.

Resolution No. 108-7-12

Title: Prescriber Dispensing or Prescriber Drug Outlets

Whereas, state boards of pharmacy have long been, and continue to be, the sole agencies authorized by state legislatures to regulate the dispensing and distribution of drugs into and in the state by registering and licensing dispensers and dispensing drug outlets; and

Whereas, boards of pharmacy have become aware of an increase in prescribing practitioners' interest in and pursuit of dispensing prescription drugs outside the regulated pharmacy distribution channels; and

Whereas, the dispensing of drugs in the absence of a pharmacist bypasses the long-standing and traditional safeguards of drug dispensing practices routinely provided by the pharmacist and regulated by the state boards of pharmacy, including focusing on appropriate drug product selection, development of lawful procedures for acquisition, record keeping, storage, distribution and disposal of prescription medications, evaluation, confirmation and interpretation of the prescription, drug utilization review, patient counseling, prescriber consultation, and appropriate and necessary interventions, which may put the patient at significant risk of serious health consequences;

Therefore Be It Resolved that the National Association of Boards of Pharmacy (NABP) assist the state

boards of pharmacy to determine whether and to what extent these prescriber dispensing activities should be regulated or restricted; and

Be It Further Resolved that NABP review and, if necessary, propose amendments to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* to address appropriate regulation of these activities.

Resolution No. 108-8-12

Title: Repackaging Requirements for Long-Term Care Facilities

Whereas, patients residing in long-term care facilities often possess prescriptions dispensed from traditional community pharmacies in containers such as capped vials; and

Whereas, the United States Food and Drug Administration (FDA) has determined that transferring medications from these previously dispensed containers to unit dose packaging is considered manufacturing; and

Whereas, in order to safely and securely manage patient care, long-term care facilities require drugs to be packaged in unit dose containers;

Therefore Be It Resolved that the National Association of Boards of Pharmacy contact FDA to determine if transferring medications from previously dispensed containers to unit dose packaging is a violation of federal law, and if not, revise the *Model State Pharmacy Act and Model Rules of the National Association of Boards*

of Pharmacy pursuant to such determination.

Resolution No. 108-9-12

Title: Drug Return and Reuse Programs

Whereas, a number of state legislatures have enacted laws that allow for the return and reuse of previously dispensed prescriptions under certain conditions; and

Whereas, many of these laws require boards of pharmacy to adopt rules to implement these return and reuse programs; and

Whereas, many boards of pharmacy have concerns about the quality and integrity of drugs previously dispensed and returned by patients for reuse; and

Whereas, many of these return and reuse programs have not met the intended outcomes expected by the state legislatures;

Therefore Be It Resolved that the National Association of Boards of Pharmacy (NABP) study the utility, efficacy, and safety of these programs; and

Be It Further Resolved that NABP develop a position statement, model rules, or other appropriate efforts to assist the state boards of pharmacy to deal with the legislative mandated programs that require the reuse of returned prescription drugs.

Resolution No. 108-10-12

Title: Practice of Pharmacy in Virtual Environments Across Jurisdictions

Whereas, the growth of electronic data sharing, communication, and security has created the ability to practice pharmacy in virtual environ-

ments across jurisdictions and outside the walls of traditional pharmacies, and boards of pharmacy require leadership in developing compliance and safety processes to protect the patient, while embracing the changing face of pharmacy practice;

Therefore Be It Resolved that the National Association of Boards of Pharmacy take a leadership role in creating model regulations and processes for mutual recognition to embrace improving technologies while protecting patients in the growing virtual practice of pharmacy across jurisdictions.

Resolution No. 108-11-12

Title: Awareness of Public Health Hazards Related to the Use of Prescription Drugs in Non-Health Care Settings

Whereas, there is a significant increase in the use of prescription drugs in non-health care settings including, but not limited to, the medical spa industry, which has led to practices that may endanger the public such as the unlicensed administration of prescription drugs, including controlled substances; and

Whereas, some of those drugs are being dispensed from illicit sources and dispensed or administered to the public often by unlicensed and improperly trained personnel; and

Whereas, the prescription drugs used in non-health care settings including, but not limited to, the medical spa industry may be improperly stored or may be counterfeit; and

Whereas, the prescription drugs used may not be

administered using safe injection practices such as proper sterile technique;

Therefore Be It Resolved that the National Association of Boards of Pharmacy explore the extent of the use of prescription drugs in non-health care settings including, but not limited to, the medical spa industry, and alert the state boards of pharmacy about this practice.

Resolution No. 108-12-12

Title: Recognition Resolution

Whereas, the individuals listed here have made significant contributions to the National Association of Boards of Pharmacy (NABP), the protection of the public health, and the practice of pharmacy:

108th Annual Meeting

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and District Meeting Orientation, which provided a look at the events taking place and at the procedures followed during the Annual Meeting as well as a brief discussion of the NABP/American Association of Colleges of Pharmacy District Meetings and the assistance NABP can provide for these meetings.

Other special events at the 108th Annual Meeting included the President's Welcome Reception honoring 2011-2012 NABP President Malcolm J. Broussard, RPh, the NABP/USP Breakfast, the Fun Run/Walk, and the

- Marilyn M. Barron (MA)
- Robert Blair (WV)
- Leonard J. "Len" DeMino (MD)
- Sydnie Mae Durand (LA)
- Ross Holiman (AR)
- R.E. Post, Jr (TX)
- Rufus Sadler (SC)
- Joe D. Taylor (KY)

Whereas, NABP and its member boards of pharmacy are saddened by the death of these individuals;

Therefore Be It Resolved that NABP and its members formally acknowledge the leadership and contributions made by these individuals; and

Be It Further Resolved that NABP and the boards of pharmacy extend their sincere sympathies to the family and friends of these members. ☹

Philadelphia History and Architecture Optional Tour. The NABP Annual Awards Dinner recognized the 2012 Honorary President, Keith W. Macdonald, RPh; 2011-2012 NABP President Malcolm J. Broussard, RPh; Fred T. Mahaffey Award recipient, the Oklahoma State Board of Pharmacy; John F. Atkinson Service Award recipient, Danna E. Droz, JD, RPh; Henry Cade Memorial Award recipient, Melissa Murer Corrigan, RPh; and Lester E. Hosto Distinguished Service Award recipient, Patricia Flemma Donato, RPh. ☹

CPE Session Sheds Light on Questions that Remain with OIG Exclusion List, NPDB and HIPDB Reporting

As many questions still remain about the Office of Inspector General (OIG) Exclusion List, the National Practitioner Data Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB), an informative continuing pharmacy education (CPE) session held Tuesday, May 22, 2012, at the NABP 108th Annual Meeting, entitled “OIG, NPDB, and HIPDB – What Everyone Should Know,” sought to clear up some confusion on these programs. During this session geared toward board of pharmacy executive officers and members, attendees were provided information about NPDB and HIPDB reporting requirements and utilizing reporting agents. Attendees also learned how boards of pharmacy disciplinary actions relate to the OIG Exclusion List.

Understanding NPDB and HIPDB Reporting

The first half of the session, presented by Neal Watson, licensure programs manager, NABP, covered information about reporting to NPDB and HIPDB. Watson provided an overview of both programs as well as explained how both programs are being merged and will be known as the Data Bank. NPDB was intended to improve the quality of health care by encouraging

state licensing boards, hospitals, professional societies, and other health care organizations to identify, discipline, and report those who engage in unprofessional behavior. Such unprofessional behavior that is reported to NPDB includes licensure revocations, restrictions, suspensions, surrenders, censures, reprimands, probations, and summary or emergency suspensions. In addition, negative actions or findings under the state’s law is publicly available and is

rendered by a licensing or certification authority, including limitations on scope of practice, liquidations, injunctions, and forfeitures. Revisions to previously reported adverse licensure actions such as reinstatement of licensure are also reported.

Similar to the NPDB is the HIPDB, which was created to combat fraud and abuse in health insurance and health care delivery. The HIPDB is a national data collection program for the reporting and disclosure of adverse actions taken against health care practitioners, providers, and suppliers. The HIPDB collects information such as licensure and certification actions, exclusions from participation in federal and state health care programs, health care-related criminal convictions and civil judgments, and other adjudicated actions or decisions as specified in regulation.

Signed into law on March 23, 2010, the Affordable Care Act called for the elimination of duplication between the HIPDB and NPDB; therefore, the two programs will soon merge and become known as the Data Bank. The Data Bank, which is scheduled to begin full operation in 2013, will require a

transition period to cease operating the HIPDB and to transfer HIPDB data to the NPDB. In addition, reporting and querying requirements will remain the same as HIPDB operations are transitioned to the NPDB. The Data Bank has also compared publicly available disciplinary data with HIPDB data, and in some cases, requested data from state boards and agencies.

Watson noted that the goal of the Data Bank is to ensure that the reporting and querying requirements are met by all entities, thereby improving the completeness and accuracy of information.

Utilizing Reporting Agents

During his presentation Watson also explained the use of reporting agents, as well as how the boards can use NABP as a reporting agent for the Data Bank. Reporting agents enter into a formal agreement with state boards or other health care entities to carry out the required reporting and querying responsibilities of that entity. NABP currently is a reporting agent for 31 state boards of pharmacy and reports the boards' disciplinary actions taken on licensees, both individuals and facilities,

and sends them to the Data Bank.

Debuted at the 108th Annual Meeting was the Association's new technology in place for NABP's data portal, which participating boards may use to report disciplinary actions to both the NABP Clearinghouse and the Data Bank in one step. Watson announced that the boards may now access the new portal to search and find an individual's profile within the NABP Clearinghouse or create a new profile. Once the profile is either updated or created and the action has been submitted, NABP confirms the profile information and then transmits the information to the Data Bank. Actions for organizations are also reported through the portal.

Watson encouraged those state boards of pharmacy interested in using NABP as a reporting agent to visit the NABP Web site for more information at www.nabp.net/members/hipdb-reporting-agent.

OIG – Keeping Health Care Compliant

The last half of the CPE session, presented by Ned Milenkovich, PharmD, JD, chair, drug

and pharmacy practice, McDonald Hopkins LLC, shed some light on the OIG and the OIG Exclusion List. The OIG is the largest inspector general's office in the federal government that is dedicated to combating fraud, waste, and abuse (FWA), and works to improve the efficiency of Health and Human Services (HHS) programs such as Medicare and Medicaid. The majority of OIG's resources go toward the oversight of Medicare and Medicaid as they represent a significant part of the federal budget and affects the country's most vulnerable citizens. As noted by Milenkovich, there are individuals that abuse or defraud Medicare and cheat the program out of millions of dollars annually. FWA can occur in many parts of a pharmacy's operations and pharmacies should be watchful of their duties to help detect, correct, and prevent possible FWA, such as prescription drug shorting, bait and switch pricing, prescription forging or altering, and prescription refill errors, he said.

Milenkovich also provided attendees with examples of what excludes individuals and/or entities that have engaged in abuse or fraud

(continued on page 22)

Executive Committee

(continued from page 3)

teaches as an adjunct professor and an advanced pharmacy practice preceptor at the Massachusetts College of Pharmacy and Health Sciences. Ryle earned a bachelor of science degree in pharmacy and a master of science degree in drug regulatory affairs from Massachusetts College of Pharmacy and Health Sciences.

Treasurer: Joseph L. Adams, RPh



Joseph Adams, a member of the Louisiana Board of Pharmacy since 2000,

was elected to serve as treasurer. Prior to being elected, he served for three years as an Executive Committee member representing District 6. An active member of NABP, Adams served as Executive Committee liaison to the Advisory Committee on Examinations, and as a member of the NABP Committee on Law Enforcement/Legislation and the NABP Task Force on Continuous Quality Improvement, Peer Review, and Inspecting for Patient Safety. As a member of the Louisiana Board, Adams has participated in several committees including serving as chairperson of the Reinstatement Committee and the Violations Committee and as a member of the Regulations Revision Committee. In addition, he is a staff pharmacist for Walgreen Co. Adams earned

his bachelor of science degree in pharmacy from Xavier University of Louisiana College of Pharmacy.

Executive Committee Member: James T. DeVita, RPh



James DeVita, a member of the Massachusetts Board of Registration

in Pharmacy, is serving the third year of a three-year member term, representing District 1, on the Executive Committee. As a member of the Massachusetts Board, DeVita has served three terms as president and is currently president-elect of the Massachusetts Board. In addition, he is the director, quality assurance and patient safety at CVS Pharmacy in Woonsocket, RI. An active member of NABP, DeVita has served on the NABP Task Force on Pharmacy Accreditation Standards and the Task Force on Continuous Quality Improvement, Peer Review, and Inspecting for Patient Safety. He also served for two years on the Committee on Constitution and Bylaws. DeVita earned a bachelor of science degree in pharmacy, and a bachelor of science degree in chemistry from the Massachusetts College of Pharmacy and Allied Health Sciences.

Executive Committee Member: Edward G. McGinley, MBA, RPh

Edward McGinley, a member of the New Jersey State

Board of Pharmacy, is serving the third year of a three-year member term, representing District 2, on the Executive



Committee. McGinley has been on the New Jersey Board for 11 years, serving as

either president or vice president for eight of those years. In addition, McGinley is the vice president of pharmacy at Chain Drug Consortium, LLC, in Mt Laurel, NJ. An active member of NABP, McGinley has served on several task forces and committees. He served as chairperson of the NABP Committee on Constitution and Bylaws and as a member of the Task Force on Prescription Monitoring Program Standards. McGinley earned his bachelor of science degree in pharmacy from Temple University College of Pharmacy, and earned a master of business administration from Temple University Fox School of Business. He was also a fellow at The Wharton School and Leonard Davis Institute of Health Economics, University of Pennsylvania.

Executive Committee Member: Mark T. Conradi, JD, RPh



Mark Conradi, a member of the Alabama State Board of

Pharmacy, is serving the second year of a three-year member term, representing

District 3, on the Executive Committee. He also served a one-year member term on the 2010-2011 Executive Committee. Conradi has served as president of the Alabama State Board of Pharmacy. In addition, he is a pharmacist at CVS, a private attorney, and an adjunct professor of law and ethics at the Harrison School of Pharmacy. Conradi has 35 years of experience in pharmacy operations, pharmacy management, and regulatory affairs. An active member of NABP, Conradi has served on the Committee on Law Enforcement/Legislation and on the Task Force on Mail Delivery of Prescriptions. Conradi earned his bachelor of science degree in pharmacy from Auburn University and his juris doctorate from the Birmingham School of Law.

Executive Committee Member: William John Cover, RPh



William Cover, a member of the Indiana Board of Pharmacy, is serv-

ing the second year of a three-year member term, representing District 4, on the Executive Committee. Currently, he is the corporate manager of pharmacy affairs for Walgreens Pharmacy. An active member of NABP, Cover has served as a member of the Committee on Law Enforcement/Legislation and as chairperson of the Committee on Resolutions. He has also served as a member of the Multistate

Pharmacy Jurisprudence Examination® (MPJE®) Review Committee and as an item writer for the MPJE. In addition, Cover was a member of the Task Force on Emergency Preparedness, Response, and the US Drug Distribution System. As a member of the Indiana Board of Pharmacy, Cover has chaired the Board's Pharmacist Immunization Sub-Committee and Pharmacy Security Sub-Committee, and he co-chaired the Pharmacy Technology Sub-Committee. Cover earned a bachelor of science degree in pharmacy from Purdue University School of Pharmacy.

Executive Committee Member: Lloyd K. Jessen, JD, RPh



Lloyd Jessen, executive director and drug control program administrator of the Iowa Board of Pharmacy, is serving the third year of a three-year member term representing District 5. Jessen has been an active member of NABP, serving on the NABP Committee on Constitution and Bylaws, and as an Executive Committee liaison to that committee. He was also a member of the Task Force on the Development of an Equitable Degree Upgrade Mechanism and the Task Force on Electronic Transmission of Data Between Prescriber and Pharmacist. Jessen has also

served on numerous Iowa pharmacy task forces including the Iowa Prescription Monitoring Program Advisory Committee, the Iowa Drug Wholesale Advisory Task Force, and the Iowa Pharmacy Technician Working Group. Jessen received his bachelor of science degree in pharmacy from the South Dakota State University College of Pharmacy, and his doctor of jurisprudence degree from Drake University Law School.

Executive Committee Member: Jeanne D. Waggener, RPh



Jeanne Waggener, member of the Texas State Board of Pharmacy, was elected to serve a three-year member term, representing District 6, on the Executive Committee. Waggener has served as a member of the Texas State Board of Pharmacy since 2006. Currently, Waggener is a pharmacy manager for Wal-Mart Pharmacy and she has worked in the community pharmacy environment for nearly 40 years. An active member of NABP, Waggener served as chair of the Task Force on Internet Pharmacy Practice Standards, and was a member of the Task Force to Review and Recommend Revisions to the Controlled Substances Act. She also served as a member of the Task Force on Pharmacy Technician

Education and Training Programs, the Task Force to Review TOEFL iBT Score Requirements, and on the Committee on Constitution and Bylaws. Waggener has served on the Texas Medicaid Drug Utilization Review Board since 2005. She earned a bachelor of science degree in pharmacy from University of Texas, Austin.

Executive Committee Member: Mark D. Johnston, RPh



Mark Johnston, executive director of the Idaho State Board of Pharmacy, was elected to serve a three-year member term, representing District 7, on the Executive Committee. In addition to his duties with the Board, Mr Johnston is an instructor of pharmacy law at Idaho State University. He has worked as a pharmacist and as a pharmacy manager for a chain pharmacy. From 2000 to 2007, Johnston held the position of pharmacy district manager for Albertsons/SUPERVALU pharmacies headquartered in Boise, ID. Johnston has been an active leader in pharmacy professional organizations, and has served as president of the Idaho State Pharmacy Association and as a board member. He is also a member of the American Society for Pharmacy Law, American Pharmacists Association, and Idaho

Society of Health-Systems Pharmacists. Johnston earned his bachelor of science degree in pharmacy from Virginia Commonwealth University, Medical College of Virginia.

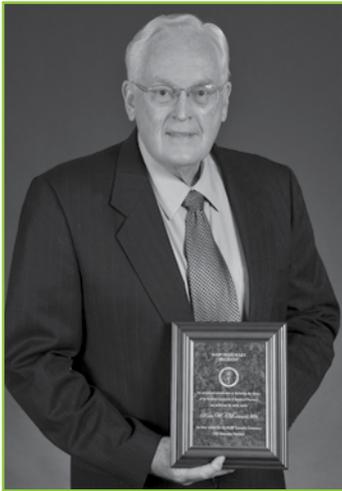
Executive Committee Member: Hal Wand, MBA, RPh



Hal Wand, executive director of the Arizona State Board of Pharmacy, is serving the second year of a three-year member term, representing District 8, on the Executive Committee. Wand began his career with the Arizona Board as a compliance officer in 1989 and then as a deputy director in 1994 before being named executive director in 2003. Prior to joining the Board, he worked as a hospital pharmacist, long-term care pharmacist, and community pharmacist. An active member of NABP, Wand participated in both meetings of the Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit Medication Therapy Management Provisions. In addition, he developed and reviewed questions for the MPJE. He earned his bachelor of science degree in pharmacy from the University of Arizona and his master of business administration degree from the University of Phoenix. ⑧

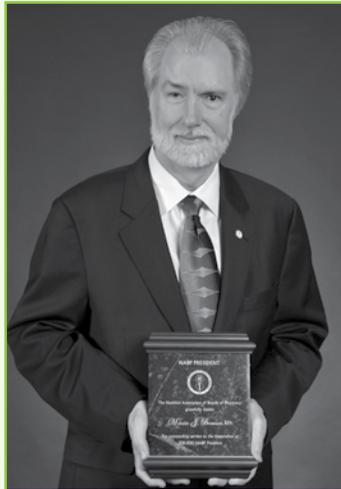
Leaders Honored for their Commitment to Public Health Protection

During the 108th Annual Meeting Awards Dinner, five individuals and one state board of pharmacy were recognized for their determination and dedication in supporting NABP's continued efforts to assist the state boards of pharmacy in protecting the public health. A biography of each award recipient is available in the May 23, 2012 NABP news release "NABP Honors Leaders at the Forefront of Public Health Protection at Association's 108th Annual Meeting." News releases may be accessed on the NABP Web site at www.nabp.net/news. 



2012 Honorary President Award

Keith W. Macdonald, RPh, pharmacist for Wal-Mart Stores, Inc. and former executive secretary and member of the Nevada State Board of Pharmacy, received the 2012 NABP Honorary President Award in recognition of his exemplary service to the public health, and his commitment to NABP, the boards of pharmacy, the practice of pharmacy, and patient care.



2011-2012 NABP President's Award

Malcolm J. Broussard, RPh, 2012-2013 chairperson of the NABP Executive Committee and executive director, Louisiana Board of Pharmacy, was presented with the NABP President's Award. Under his guidance, NABP successfully developed and implemented newly initiated programs including NABP PMP InterConnectSM, the CPE MonitorTM service, and the Pharmacist Assessment for Remediation EvaluationSM. Also, under his leadership, the Association was able to improve existing services and programs.



2012 Lester E. Hosto Distinguished Service Award

Patricia Flemma Donato, RPh, member, New York State Board of Pharmacy, was honored with the 2012 Lester E. Hosto Distinguished Service Award for her unwavering service in protecting the public health and her significant involvement with NABP, serving on many of the Association's committees and task forces. This award is the highest honor bestowed by NABP.



2012 Fred T. Mahaffey Award

The members of the **Oklahoma State Board of Pharmacy** were honored with the 2012 Fred T. Mahaffey Award in recognition of their efforts to bring awareness to the public about the growing epidemic of prescription drug abuse. Pictured front row from left to right: Dorothy Gourley, DPh, and Gordon S. Richards, DPh. Back row: Greg Adams, DPh; William "Bill" Osborn, DPh; John Lassiter, DPh; and Stephen Dudley. Richards accepted the award on the Board's behalf.



2012 John F. Atkinson Service Award

Danna E. Droz, JD, RPh, prescription monitoring program (PMP) administrator, Ohio State Board of Pharmacy, received the 2012 John F. Atkinson Service Award for her efforts in protecting the public health through her work with the Board's PMP. Ms Droz is primarily responsible for the Ohio Automated Rx Reporting System.



2012 Henry Cade Memorial Award

NABP awarded **Melissa Murer Corrigan, RPh**, vice president of development, ACT Workforce Division, with the 2012 Henry Cade Memorial Award for her dedication to supporting NABP's mission of protecting the public health. Prior to joining ACT, Ms Murer Corrigan served as the founding executive director/CEO of the Pharmacy Technician Certification Board.

Educational Table Top Displays from Federal Regulatory Agencies and Other Organizations Highlight Important Issues and Programs



Pennsylvania Board Welcomes Attendees
(Left) Pauline Montgomery, RPh, and Melanie Zimmerman, RPh, both of the Pennsylvania State Board of Pharmacy, welcomed attendees to the Annual Meeting this year.



ACPE Provides Details on Accreditation Requirements
(Right) Jennifer Baumgartner, PharmD, BCPP, from the Accreditation Council for Pharmacy Education (ACPE) shared details on ACPE accreditation requirements for the professional degree programs in pharmacy as well as details on continuing pharmacy education (CPE) and the CPE Monitor™ service.

Educational Table Top Displays

Participants included:

- Accreditation Council for Pharmacy Education
- Drug Enforcement Administration
- Food and Drug Administration
- LearnSomething, Inc
- NABP
- Pennsylvania State Board of Pharmacy
- Pharmacy Technician Certification Board
- United States Pharmacopeial Convention



PTCB Explains Technician Certification Program
(Left) Megan Sheahan, PharmD, and Everett McAllister, RPh, MPA, of the Pharmacy Technician Certification Board (PTCB) explained how PTCB's nationally accredited pharmacy technician certification and recertification program helps to support pharmacists in advancing patient safety.



FDA Focuses on Improvements to Public Health
(Right) Food and Drug Administration (FDA) representatives Catherine Yu Chew, PharmD, and Mary Kremzner, PharmD, discussed actions FDA is taking to further protect and advance public health.

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Staff Gives Overview of NABP Programs and Services

(Left) Gertrude "Gg" Levine, MS, of NABP shared the current status of NABP's application to become the official registry to operate the new .pharmacy generic Top-Level Domain. Additionally, NABP staff provided information on the NABP PMP InterConnectSM system, a communication hub that facilitates the transfer of prescription monitoring program data across state lines to authorized users; the Pharmacist Assessment for Remediation EvaluationSM, developed by NABP to serve as a multi-dimensional assessment that boards may use as an auxiliary tool when making decisions regarding pharmacist practice; and the consumer protection program, AWA_Rx_E[®].

DEA Addresses Drug Diversion Prevention

(Right) Edward Logan and Regina Spaddy of Drug Enforcement Administration (DEA) shared details of DEA's focus on preventing, detecting, and investigating the diversion of drugs.



LearnSomething Lends Support for Online CPE Data Recording

(Left) Robert Burroughs of LearnSomething, Inc, explained the process for electronically recording continuing pharmacy education (CPE) data. LearnSomething was present throughout the duration of the Annual Meeting and many attendees were able to utilize the company as a resource as they adapt to the electronic recording/tracking system for CPE.

Sponsorships and Grants Provide Support for Annual Meeting

NABP would like to thank the following companies and organizations for their generous sponsorships and grants that contributed to the success of the 108th Annual Meeting.

- Cardinal Health
- CVS Caremark
- Express Scripts
- Genentech
- GlaxoSmithKline
- Healthcare Distribution Management Association
- Humana Pharmacy Solutions
- Johnson & Johnson
- Kmart
- Long Term Care Pharmacy Alliance
- McDonald Hopkins LLC
- MTS Medication Technologies
- Omnicare, Inc
- Pearson VUE
- Pfizer Inc
- Purdue Pharma L.P.
- Rexam Prescription Products, Inc
- Rite Aid Corporation
- Teva Pharmaceuticals
- United States Pharmacopeial Convention
- Walgreen Co
- Wal-Mart Stores, Inc

Educational Sessions Explore Current Issues Affecting Pharmacy Practice

Attendees had the opportunity to earn up to nine contact hours (0.9 CEUs) of Accreditation Council for Pharmacy Education-accredited continuing pharmacy education (CPE) credit during the NABP 108th Annual Meeting. The CPE sessions addressed timely and important issues affecting the regulation of pharmacy practice and were presented by leading experts in the pharmacy profession. 



Combating Prescription Drug Abuse

(Left) During the pre-meeting CPE session “ONDCP – National Drug Plan to Combat Prescription Drug Abuse,” R. Gil Kerlikowske, MA, director, Office of National Drug Control Policy (ONDCP) (left), provided attendees with up-to-date information regarding how ONDCP coordinates all aspects of federal drug control programs and implements the President’s National Drug Control Strategy as it relates to combating prescription drug abuse. In addition, Robert T. Cowan, CPA, CAE, chief operating officer, NABP (center), shared details on the status of prescription monitoring programs among the states. Edward G. McGinley, MBA, RPh, 2012-2013 NABP Executive Committee member (right), was the session moderator.

Where Have All the Drugs Gone?

(Right) Experts shared how drug quotas are determined and enforced as well as possible causes for drug shortages and potential solutions during the joint CPE session “Where Have All the Drugs Gone? – Who’s Responsible for Drug Shortages and Quotas?” Pictured left to right are 2012-2013 NABP Treasurer and session moderator Joseph L. Adams, RPh; Cynthia Reilly, BS Pharm, director, Practice Development Division, American Society of Health-System Pharmacists; and John W. Partridge, chief, Liaison and Policy Section, Office of Diversion Control, Drug Enforcement Administration.



Advancing Online Drug Safety

(Left) Attendees learned from various public and private sectors ways in which partnerships can stop illegal operations selling medications online during the joint CPE session “Advancing Online Drug Safety: How Public-Private Partnerships Thwart Illicit Online Drug Sales.” Pictured from left to right are 2012-2013 NABP Executive Committee Member and session moderator James T. DeVita, RPh; S. Leigh Verbois, PhD, acting deputy director, Division of Supply Chain Integrity, Office of Drug Security, Integrity, and Recalls, Center for Drug Evaluation and Research, Food and Drug Administration; Timothy Ken Mackey, MAS, senior research associate and PhD student, University of California, San Diego; and John Horton, JD, president and founder, LegitScript.

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Interpreting OIG, NPDB, and HIPDB

(Right) Speakers provided information about how board of pharmacy disciplinary actions relate to the Office of Inspector General (OIG) Exclusion List as well as reporting requirements for the National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) during the executive officer and board member CPE session “OIG, NPDB, and HIPDB – What Everyone Should Know.” Pictured from left to right are Neal Watson, licensure programs manager, NABP; session moderator Hal Wand, MBA, RPh, 2012-2013 NABP Executive Committee member; and Ned Milenkovich, PharmD, JD, chair, Drug and Pharmacy Practice, McDonald Hopkins LLC.



Investigating Pharmacies

(Left) During compliance officer CPE session “CSI Philadelphia – How to Conduct a Pharmacy Investigation,” speakers shared the ins and outs of conducting a pharmacy investigation – from collecting evidence to interviewing respondents and witnesses to drafting reports and testifying at hearings. Pictured from left to right are session moderator Mark T. Conradi, JD, RPh, 2012-2013 NABP Executive Committee member; William Harvey, MBA, RPh, executive director/chief drug inspector, New Mexico Board of Pharmacy; and Joe Depczynski, board inspector/investigator, Nevada State Board of Pharmacy.

Preventing Methamphetamine Abuse – Point-Counterpoint

(Right) During the joint CPE session “Freedom for Consumers or Freedom from Meth – Point-Counterpoint,” attendees learned the pros and cons of various methods that decrease methamphetamine abuse as well as solutions for the future. Pictured from left to right are Scott M. Melville, JD, president and chief executive officer, Consumer Healthcare Products Association; Dennis A. Wichern, assistant special agent in charge, Indianapolis District Office, Drug Enforcement Administration; Judge William Skinner, JD, MSS, Hinds County court judge, District 3; and session moderator William T. Winsley, MS, RPh, 2011-2012 chairperson, NABP Executive Committee.



Continuing Pharmacy Education PowerPoint Presentations Available Online at NABP.net

PowerPoint presentations from the 108th Annual Meeting CPE sessions are available online in the Past Educational Sessions section at www.nabp.net/meetings.

108th Annual Meeting Educational Poster Session Offers Attendees Opportunity to Earn CPE Credit, Chance to Interact with Presenters



Digging at the Roots of Modern Medicine

(Left) During the Educational Poster Session, Temple University School of Pharmacy PharmD candidate Leda Ramoz explained the Temple University Health System Medicinal Garden Alliance. Ramoz shared how caution is strongly recommended during *ginkgo biloba* administration in patients with bleeding risk as well as that there are varying reports disputing the efficacy of *echinacea*.

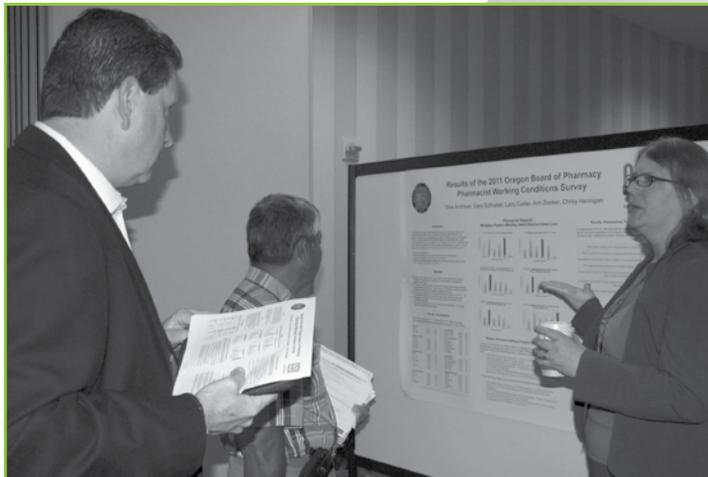
Educational Poster Session Presenters and Poster Titles

- Feik School of Pharmacy, University of the Incarnate Word:
Eli G. Phillips, Jr, PharmD, JD, Assistant Professor, was the credentialed advisor for the following poster presentation:
Effect of Generic Mandatory Legislation on Patients' Civil Remedies
Brian Hettler, PharmD Candidate
- Jefferson School of Pharmacy, Thomas Jefferson University:
Jason Schafer, PharmD, BCPS, Assistant Professor, Department of Pharmacy Practice, was the credentialed advisor for the following poster presentation:
Evaluation of a Required Medication Safety Course in a School of Pharmacy Curriculum
Maelen Ignacio, PharmD Candidate
William Truong, PharmD Candidate
- New Hampshire Board of Pharmacy and Massachusetts College of Pharmacy and Health Sciences (MCPHS):
Implementation of a Medication Safety Awareness Campaign
Margaret Clifford, RPh, Chief Compliance Investigator, New Hampshire Board
Helen Pervanas, PharmD, RPh, Commissioner, New Hampshire Board, and Assistant Professor of Pharmacy Practice, MCPHS
- North Dakota State University College of Pharmacy, Nursing, and Allied Sciences:
Bonnie Thom, RPh, President, North Dakota State Board of Pharmacy, was the credentialed advisor for the following three poster presentations:
Proper Disposal of Unused Medications
Jerad Binstock, PharmD Candidate
Ashlee Randklev, PharmD Candidate
The Best Medicine? Compliance
Adam Johnson, PharmD Candidate
Chadrick Keller, PharmD Candidate
The Social Network: Should You Join?
Tyler Schultz, PharmD Candidate
Cavan Wilhelm, PharmD Candidate
- Oregon State Board of Pharmacy and Oregon State University College of Pharmacy:
Results of the 2011 Oregon Board of Pharmacy Working Conditions Survey
Tiina Andrews, PharmD Candidate
Gary A. Schnabel, RN, RPh, Executive Director, Oregon Board
- PENN Presbyterian Medical Center:
Automation and the State Board
Dante Gravino, PharmD Candidate
Justin Kuratnick, PharmD, Pharmacy System Analyst
- Temple University School of Pharmacy:
Charles Ruchalski, PharmD, Clinical Associate Professor, Department of Pharmacy Practice, was the credentialed advisor for the following three poster presentations:
GenerationRx
Nicole Yakobitis, PharmD Candidate
Prevention Point Philadelphia: A Harm-Reduction Program
Michael Edleman, PharmD Candidate
TUHS Medicinal Garden Alliance: Digging at the Roots of Modern Medicine
Leda Ramoz, PharmD Candidate

The poster session was hosted by 2012-2013 NABP Executive Committee Members Mark T. Conradi, JD, RPh, and William John Cover, RPh.

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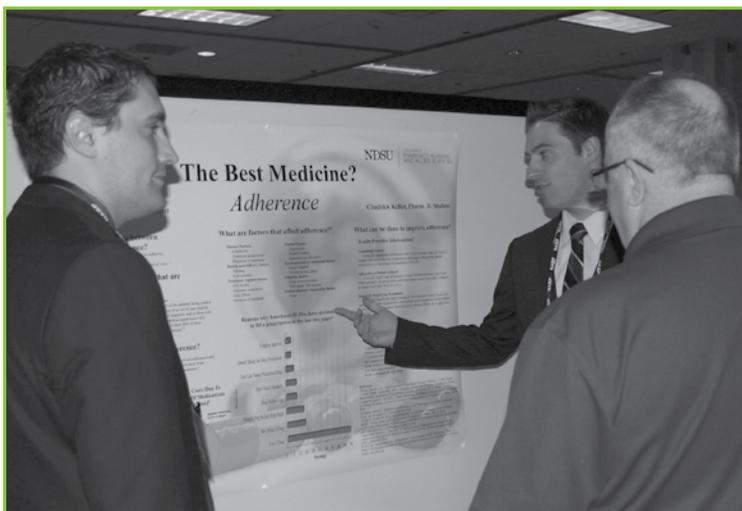


Oregon Board and OSU Share Working Conditions Survey Results

(Left) Tiina Andrews, PharmD candidate, Oregon State University (OSU) College of Pharmacy, explains pharmacists' concerns regarding factors in the workplace that influence patient safety as well as other results found from the 2011 Oregon Board of Pharmacy Working Conditions Survey.

Evaluating a Required Medication Safety Course

(Right) PharmD candidates Maelen Ignacio and William Truong, both from Jefferson School of Pharmacy, Thomas Jefferson University, shared the effects of having a required medication safety course in a school of pharmacy curriculum during their educational poster presentation.



The Best Medicine?

(Left) In their educational poster presentation, North Dakota State University College of Pharmacy, Nursing, and Allied Sciences PharmD candidates Adam Johnson and Chadrick Keller discussed techniques that health care providers and patients can use to prevent medication noncompliance. In addition, they identified common reasons and factors that affect medication adherence.

nabp newsletter

Drug Czar

(continued from page 5)

with four focus areas: education, prescription drug monitoring programs (PDMPs), proper medication disposal, and enforcement.

Kerlikowske explained that during their research they found gaps in education about pain management, addiction, and tolerance in medical and pharmacy schools that must be addressed. The plan also calls for mandatory education for prescribers on these topics, rather than voluntary. He noted that there are currently several bills on Capitol Hill addressing this.

The plan also cites PDMPs as a key component of fighting prescription drug abuse.

“You all have been great leaders on PDMPs for a host of reasons,” Kerlikowske commended.

“One, certainly for you, is interoperability. We are very pleased to tell you that, as recently as Thursday or Friday of this week, we believe we have a tentative agreement for your

“You all have been great leaders on PDMPs for a host of reasons. One, certainly for you, is interoperability.”

R. Gil Kerlikowske
ONDCP Director

interoperability system to mesh with the Department of Justice and to be strongly supportive of the Department of Justice. And I think that speaks volumes for the people like you who have been on the ground and put these programs together. Because we know that if the [PDMPs] are interoperable they are more

useful to the health care profession.”

Regarding medication disposal, Kerlikowske noted that Drug Enforcement Administration rules coming out for review soon will make it easier and provide more access for people to clean out their medicine cabinets. He also commended the success of the take-back days that have been held while the rules are under development.

Finally, Kerlikowske discussed the focus area of enforcement. He said that this issue applies to a small number of health care professionals who violate the law, but that it is still a very important component of the plan. He explained that prescription drug abuse cases are unlike the drug cases that are usually made in that prosecution is more difficult and the investigation is more labor intensive.

“I am very optimistic about what we are going to do with the prescription drug problem,” Kerlikowske concluded. “We have brought it to a level of awareness and attention in this country by a vast array of people that were not aware of the problem. It is a complex problem that doesn’t lend itself to a simple solution and it doesn’t lend itself to any one part of the government or one part of the business community solving the problem.”

Following Kerlikowske, Robert T. Cowan, CPA, CAE, chief operating officer of NABP, presented information on the NABP PMP InterConnectSM (more information on the NABP InterConnect can be found in the June-July issue of the *NABP Newsletter*) and the current state of prescription monitoring programs. Both presentations are located on the NABP Web site at www.nabp.net/meetings/past-educational-sessions. 

OIG, NPDB, and HIPDB

(continued from page 11)

from Medicare, Medicaid, or other health care programs. Milenkovich noted that there are two types of exclusions under which a health care provider may be placed on the OIG Exclusion List and removed from a government funded program: mandatory exclusions and permissive exclusions. He explained that mandatory exclusions are those that automatically remove individuals or entities from a program with

no discretion given by HHS. Such exclusions involve convictions of program related crimes or relating to patient abuse. In addition, felony convictions relating to health care fraud or relating to controlled substances are considered a mandatory exclusion.

Milenkovich noted that there are 16 types of permissive exclusions, such as those that involve conviction relating to fraud or obstruction of an investigation or audit. Other permissive examples include license revocation or suspension,

misdemeanor conviction relating to controlled substances, and exclusions or suspensions under federal or state health care programs. Permissive exclusions are given discretion and reviewed by HHS on whether they should or should not be removed from the programs.

A list of all exclusions that apply are shown in Milenkovich’s presentation, which is available on the NABP Web site located at www.nabp.net/meetings/past-educational-sessions. 

Attendees Network at Annual Meeting and District Meeting Orientation

On Saturday, May 19, 2012, board of pharmacy members who were recently appointed, new NABP Annual Meeting attendees, and others interested in learning the ins and outs of the meeting and NABP convened for the Annual Meeting and District Meeting Orientation. The program offered a look at the events taking place and the procedures followed during the Annual Meeting. In addition, an explanation of the NABP/American Association of Colleges of Pharmacy District Meetings and the importance of these meetings was covered. ☺

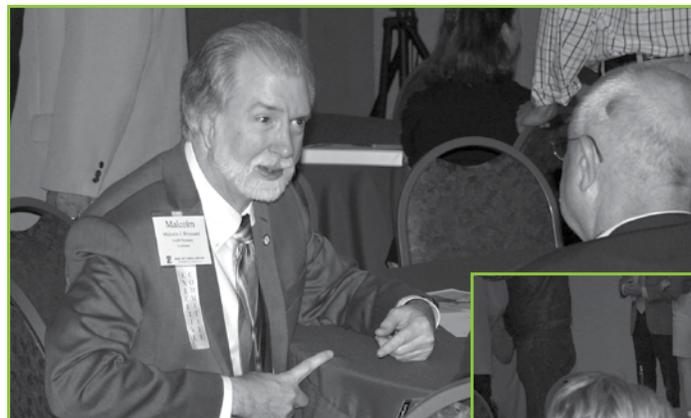


Representing District 8

(Left) In addition to offering networking opportunities with other Annual Meeting attendees, the orientation provided the chance for attendees to meet colleagues in their same districts. Pictured at left: Hal Wand, 2012-2013 NABP Executive Committee member and District 8 representative discusses board of pharmacy matters with fellow District 8 members.

Sharing Insights

(Right) John Foust, PharmD, DPh, executive director, Oklahoma State Board of Pharmacy, and John C. Kirtley, PharmD, executive director, Arkansas State Board of Pharmacy share challenges they face as board of pharmacy executive directors.



Addressing Issues of Importance

(Left) Malcolm J. Broussard, RPh, chairperson, 2012-2013 NABP Executive Committee, addresses issues of importance with a fellow colleague while at the orientation.

Discussing Common Issues

(Right) Attendees share common issues faced in the practice of pharmacy.



Annual Meeting Highlights

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Last Man Down

(Left) In his keynote address during the First Business Session, Chief Richard Picciotto shared his first-hand encounter with the 9/11 World Trade Center attacks. Chief Picciotto discussed how his experiences renewed his sense of personal values and his perspective on what is important and how hope and positivity can emerge out of tragedy and adversity. Pictured from left to right are Malcolm J. Broussard, RPh, 2012-2013 NABP Executive Committee chairperson; William T. Winsley, MS, RPh, 2011-2012 NABP Executive Committee chairperson; Karen M. Ryle, MS, RPh, 2012-2013 NABP president-elect; and Chief Picciotto.

Past Presidents Convene to Share Expertise at EPIC Subcommittee Meeting

(Right) Recent past presidents of NABP and the current NABP Executive Committee chairperson convened on Saturday, May 19, 2012, for the Ex Presidents in Collaboration (EPIC) Subcommittee meeting. Pictured from left to right are Dennis K. McAllister, RPh, FASHP; Gary A. Schnabel, RN, RPh; Oren M. Peacock, Jr, RPh; Lawrence H. "Larry" Mokhiber, MS, RPh; Rich Palombo, RPh; and William T. Winsley, MS, RPh.



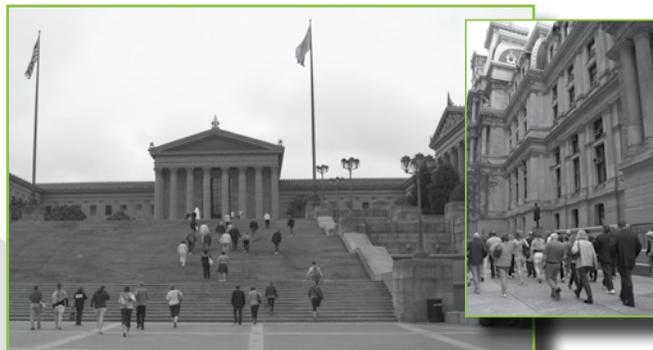
USP Representatives Provide Updates to Boards

(Left) United States Pharmacopeial Convention (USP) representatives Jeanne Sun, PharmD, assistant scientific liaison, Healthcare Quality Standards (left), and Rick Schnatz, PharmD, senior scientific liaison, Healthcare Quality Standards (center) provided an update on labeling, compounding, and other quality standards relevant to the boards of pharmacy during the NABP/USP Breakfast on Monday, May 21, 2012. Cathryn J. Lew, RPh, 2011-2012 NABP Executive Committee member, was the moderator for the breakfast session.

USP representatives were also present during the Educational Table Top Displays on Sunday, May 20, 2012, to explain how USP, as an official standards-setting authority for prescription and over-the-counter medicines sold in the US has, through the standards, helped to protect the public health.

Attendees Learn of Philly History on Optional Tour

(Right) On Monday, May 21, 2012, attendees who participated in the Optional Tour, Philadelphia History and Architecture, had the opportunity to tour City Hall (right), explore Eastern State Penitentiary, and see the Philadelphia Museum of Art, home to the famous Rocky Steps and the Rocky Statue (left).



NABP Executive Committee Officer Reports Available Online at NABP.net

The 108th Annual Meeting officer reports are available in the Members section of the NABP Web site at www.nabp.net. Posted reports include the Report of the Executive Committee, President's Address, Remarks of the Incoming President, Report of the Treasurer, and Report of Counsel. The officer reports discussed the state of the Association as well as the future goals of NABP.