NABP Purchases New Building for Association Headquarters

After 10 years at its current location in Park Ridge, IL, NABP purchased a new building in Mount Prospect, IL, to accommodate the growing Association.

The new building meets all the specifications set forth by NABP when it began searching for a new building four years ago. At a little over 57,000 square feet, the building is approximately three times larger than NABP’s current headquarters and, thus, will be able to comfortably accommodate its employees. In addition, the large building will provide enough expansion room for Association growth for years to come and will also allow for plenty of storage room for files and other materials currently stored off site. In the past few years, NABP has added new programs and services, such as the Verified Internet Pharmacy Practice Sites™ program, the Pre-NAPLEX™, and the Pre-FPGEE™ all of which require additional resources. Also, NABP has plans for two other new initiatives: Continuing Professional Development and Patient Safety.

“As a steadily growing Association, it was important for NABP to purchase a building that will house the increasing number of staff that is necessary to support existing and new services NABP provides to the state boards of pharmacy,” says NABP President Donna S. Wall. The one-story, brick building features an eight-and-a-half acre park-like setting with a pond. Other features include a large cafeteria with an outside patio, loading dock, and several meeting rooms large enough to accommodate meetings currently held off site. The location was also made desirable because of its close proximity to hotels and restaurants.

The Association anticipates moving to its new headquarters in late 2004. NABP is working with an architect to design the building’s interior to best accommodate the Association’s workflow. Construction is expected to begin in mid June.

NABP purchased this one-story brick building located in Mount Prospect, IL, on December 29, 2003. The Association expects to relocate its headquarters to this location in late 2004.

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NABP administered its second paper-and-pencil Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) on Saturday, December 6, 2003. The first administration was held on June 21, 2003. Approximately 2,050 candidates sat for the second examination in three United States locations: Brooklyn, NY; Northlake (Chicago), IL; and San Mateo (San Francisco), CA. Even with inclement weather and hazardous travel conditions in the Northeast, more than 600 candidates sat for the exam in Brooklyn.

“NABP is pleased that the second administration of the examination was successful even with adverse weather conditions in the Northeast,” says Donna S. Wall, NABP president. “I want to again acknowledge the time and dedication our FPGEE Review Committee, volunteer item writers, and NABP staff invested to ensure the integrity of the Foreign Pharmacy Graduate Examination Committee™ (FPGECC™) Certification Program.”

Candidates were able to choose from the three US locations in order of preference. Reservations were made on a first-come, first-served basis and candidates were mailed admission tickets. Security measures included:

- requiring candidates to present two forms of identification in addition to their admission ticket, which featured the candidate’s photo;
- the exclusion of large items from the testing area, such as backpacks; and
- the posting of security guards.

Candidates who sat for the December 6 administration will receive their score results by mid February. The FPGEE administration dates for 2004 are scheduled for June 26 and December 4.

NABP provides the FPGECC Certification Program as a means of documenting the educational equivalency of a candidate’s foreign pharmacy education as well as his or her license and/or registration. During the FPGECC certification process, candidates provide documents that present their educational backgrounds and licensure and/or registration to practice pharmacy. Candidates are also required to pass the FPGECC, the Test of English as a Foreign Language (TOEFL), and the Test of Spoken English (TSE). The FPGECC Certificate allows foreign graduates to partially fulfill eligibility requirements for licensure in the states that consider the certification. The FPGECC Certificate is not a license to practice pharmacy. Applicants who receive the FPGECC Certificate are qualified by the state boards of pharmacy that accept the FPGECC Certificate to continue through the licensure process and take the pharmacy licensing examination (North American Pharmacist Licensure Examination™) and other required examinations in those jurisdictions that accept this certification. To date, 49 states recognize the FPGECC Certificate.

Candidates with questions on the FPGEE or Pre-FPGEE™ may visit NABP’s Web site at www.nabp.net for updated information or e-mail the Customer Service Department at custserv@nabp.net. Individuals without Internet access may contact NABP’s Customer Service Department at 847/698-6227.
NABP Task Force on Counterfeit Drugs and Wholesale Distributors Proposes Changes to Model Act

Alarmed by the increasing incidents of counterfeit drugs and in response to a request from Food and Drug Administration (FDA), NABP’s Executive Committee commissioned a Task Force on Counterfeit Drugs and Wholesale Distributors. The Task Force recommended several modifications to NABP’s Model Rules for Licensure of Wholesale Distributors (Model Rules), which is part of the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy.

The Task Force, which met on October 29-30, 2003, in Rosemont, IL, is an outgrowth of NABP’s collaboration with FDA to update state requirements for wholesale distributor licensure.

Proposed changes to the Model Rules include two new sections added to create baselines for combating drug counterfeiting. In addition, licensure qualifications and operating procedures were made more stringent.

“NABP appreciates the hard work of the Task Force members,” says NABP President Donna S. Wall. “The suggested changes for the Model Rules for Licensure of Wholesale Distributors are an excellent baseline that state boards can utilize to help protect patients from counterfeit medications.”

The proposed rules incorporate laws and regulations enacted in Florida and include qualification and application procedures implemented in Nevada. Recommended changes include:

- Section 2 Minimum Qualifications – now calls for criminal background checks for persons who are responsible for licensure and/or engage in the wholesale distribution of drugs.

NABP Comments on ACPE Pharmacy Technician Accreditation Plan

In 2003, at the request of the Council on Credentialing in Pharmacy (CCP), the Accreditation Council for Pharmacy Education (ACPE) sought comments concerning a possible national standards and accreditation process for technician education and training from organizations and individuals in the pharmacy profession. NABP submitted comments to ACPE in December 2003.

Although the issue of technician education and training accreditation has existed for a quite a while, a survey performed by ACPE in 2000 brought to light more concrete concerns over the matter and the notion began to emerge that there is potentially a greater role for ACPE in standardizing technician education and training. The American Society of Health-System Pharmacists® does have an accreditation system in place, but it is not recognized by the United States Department of Education. ACPE, therefore, is studying the feasibility of a system of national standards comparable to the accreditation program it has for pharmacists.

Based on comments received from the pharmacy industry, ACPE is developing a draft set of competency-based standards. Once completed, ACPE will again solicit comments from the industry and revise the standards based on feedback received. The final stage of the process is anticipated in 2005, when ACPE will invite a final review of the revised standards and adopt the standards.

NABP Responds

Utilizing its Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act), NABP crafted its response to questions proposed by

(continued on page 22)
Boards of pharmacy are empowered to and enter into stipulated orders on a regular basis. These orders usually set forth the parameters to which the pharmacist and/or pharmacy must adhere in order to remain in compliance. Failure to comply with such an order can result in adverse administrative action against the licensee or their future ability to obtain licensure by the board. Certain stipulated or consent orders can contain unique requirements designed to protect the public while giving the licensee or applicant an opportunity to benefit from his or her chosen livelihood. Consider the following.

The California State Board of Pharmacy (Board) through its executive officer filed an administrative “accusation” against a pharmacist and pharmacy. The accusation alleged that the pharmacist and pharmacy violated the practice act and other applicable laws by illegally dispensing drugs through fills and refills, dispensed drugs without a valid prescription, failed to keep appropriate records, allowed unlicensed individuals to package drugs, failed to supervise pharmacy technicians as well as falsely made prescriptions for dangerous drugs and controlled substances. The pharmacy was operated by a family under a corporate format.

Based upon the complaint and after negotiations between the parties, a stipulation was agreed upon and entered into by the parties. The stipulation called for the pharmacist and pharmacy to surrender their licenses. It also contained the following paragraph.

... [I]f [the pharmacy] desires to sell its interest in the pharmacy, the surrender of its license will be stayed for 90 days from the effective date of this decision to allow for the sale of the pharmacy. Any proposed sale of [the pharmacy] must be approved by the [Board] prior to the sale. At the conclusion of the 90 days from the effective date of this decision, the surrender of [the] Pharmacy License ... will be accepted by the Board.

Following the entry of the stipulation, a family trust was created and the shares of the corporation were placed within the newly created entity. The trust was created to facilitate the operation of the pharmacy by a third party. Shortly thereafter, the board informed the trustee that the trust did not obtain prior approval from the Board before selling the shares and the trust still retained a beneficial interest in the pharmacy pursuant to a security agreement addressing the installment sale note. Based on the denial of the application, the purchaser defaulted on the installment note and the trustee commenced litigation to collect.

In mid-September 1999, the trustee sold the shares of the corporation to an individual who paid $100,000 in cash and agreed to pay $400,000 in installments over a 60-month period. On September 24, 1999, the deputy attorney general representing the board received an application for a community pharmacy permit from the purchaser. On October 5, 1999, 91 days after the effective date of the stipulation, the Board closed the pharmacy. However, in November 1999, the Board requested and was eventually provided with further documentation from the purchaser regarding the community pharmacy permit application. In January 2000, the Board denied the application, stating that the trust did not obtain prior approval from the Board before selling the shares and the trust still retained a beneficial interest in the pharmacy pursuant to a security agreement addressing the installment sale note.

Based on the denial of the application, the purchaser defaulted on the installment note and the trustee commenced litigation to collect.
That ancillary lawsuit was settled and the assets of the pharmacy were liquidated through the sale to another pharmacy. Thereafter, the pharmacist, pharmacy, and the trust (collectively referred to as the pharmacy) filed a complaint against the Board for breach of contract (the stipulation) and inverse condemnation (a taking of property by not approving the purchaser’s application). Finding only issues of law and no contested issues of fact, the trial court granted summary judgment on both counts in favor of the Board. The pharmacy appealed.

The appellate court first addressed the issue of an alleged breach of contract. The court stated that in order for the pharmacy to prevail, it must show the existence of a contract, performance by the pharmacy [plaintiff] or excuse for nonperformance, breach by the Board [defendant], and damages. In finding in favor of the Board, the appellate court held that the Board could not have breached the agreement as a matter of law because the pharmacy never sought and received from the Board pre-approval of the sale as required by the stipulation. It stated that the terms of the stipulation were “extremely clear” and that the pharmacy did not obtain Board approval prior to the sale. The court rejected arguments from the pharmacy that the application by the purchasers constituted an attempt to seek board approval because the application was submitted after the completion of the sale.

Regarding the claim for inverse condemnation, the court held that the pharmacy must allege and prove ownership of the property allegedly taken, that the Board’s actions resulted in a taking of or damage to such property, and the nature of the injury and substantial damage to the property right. Finding in favor of the Board on this count, the court held that the pharmacy could not establish ownership in the property in dispute and, thus, the Board was entitled to judgment. The court stated that the Board closed the pharmacy in October 1999 after the sale of the shares to the purchaser. In fact, it was not until the fall of 2000 in settlement of the ancillary litigation between the pharmacy and the purchaser that the shares were returned from the purchaser to the pharmacy.

Accordingly, the court held that none of the current plaintiffs (the pharmacy, the pharmacist, and the trust) owned the property at the time it was alleged to have been taken (the denial of the purchaser’s application). Such property – the pharmacy – was owned by the purchaser. Without ownership, the pharmacy’s condemnation count must fail as not satisfying a necessary element.

Finally, the court rejected the pharmacy’s argument that a taking occurred because its ability to sell the shares was damaged because it actually sold such shares in September 1999. Based upon the foregoing, the appellate court upheld the summary judgment ruling in favor of the Board.

This case presents several interesting questions addressing the parameters of a stipulation entered into by a board of pharmacy as well as the implications of treating a consent order as a contract. Can a regulatory board be held to contract status relative to a stipulation order and, thus, be responsible for allowable damages for a breach? Or would such an allegation fall with a mandamus action?

Crowley v State of California, Board of Pharmacy, unpublished opinion.

California rules of court, Rule 977(a), prohibits courts and parties from citing or relying on opinions not certified for publication or ordered published, except as specified by rule 977(b). This opinion has not been certified for publication or ordered published for purposes of Rule 977.

Attorney Dale J. Atkinson is a partner in the law firm of Atkinson & Atkinson, counsel for NABP.
ACPE. In addition, the Association took into consideration comments provided by individual members of NABP at the 99th Annual Meeting held May 3-7, 2003, in Philadelphia, PA, and the Fall Legislative Conference held September 14-16, 2003, in Washington, DC. NABP communicated to ACPE that the Association supports the development of standards for educational and training programs that prepare the Certified Pharmacy Technician (CPT) and Pharmacy Technician (as defined in NABP's Model Act) to assist in the practice of pharmacy. While NABP maintains that the state boards of pharmacy are legally responsible for determining the scope of practice for technicians, the educational requirements to be registered as a technician, and the standards and accreditation process that would be utilized to establish uniform and quality educational and training programs, the Association believes that ACPE is the most appropriate organization to create a process for developing standards and establishing an accompanying accreditation system to accept and implement standards for technician educational and training programs and an accompanying accreditation system must first be approved and accepted by the state boards of pharmacy.

NABP also responded to specific questions posed by ACPE.

Question: Is the definition of Pharmacy Technician contained in [Council on Credentialing in Pharmacy] CCP’s 2002 White Paper on Technicians appropriate and adequate? How could it be improved to better define pharmacy technicians and reflect what is happening and required in practice, both now and in the future?

Answer: NABP recommends changing the definition of Pharmacy Technician found in the CCP’s 2002 White Paper on Technicians because it includes terminology no longer used by state boards of pharmacy to describe technicians. Instead, the definition should be modified to reflect the language contained in NABP’s Model Act, which includes two distinct levels of technician: CPT and Pharmacy Technician.

Q: Should different levels of pharmacy support personnel (not including clerical, accounting, and housekeeping functions) be defined? If so, what should these be?

A: The two levels of technician defined in NABP’s Model Act differentiate a CPT from a Pharmacy Technician by delineating the tasks each level of technician can perform legally. The NABP Model Act recognizes that a CPT is authorized to assist the pharmacist in the practice of pharmacy and complete such tasks as receiving prescription transfers and new prescription orders directly from the prescriber or the prescriber’s agent and compounding drug products. NABP’s Model Act specifically notes, however, that the Pharmacy Technician is prohibited from engaging in these activities, but can assist in the pharmacy by processing medical coverage claims, cashiering, or stocking medications. The distinction made by NABP’s Model Act recognizes that the expanded scope of the CPT requires a higher level of knowledge and abilities than the scope of responsibilities for the Pharmacy Technician. The two levels of technicians defined in the Model Act allow pharmacists to maintain a staff of technicians who can perform varying functions to assist in the practice of pharmacy.

In addition, NABP’s Model Act recommends that states...
Reducing medication errors is not a new goal for pharmacists and patient safety organizations, but achieving this is not a simple matter of pharmacists being more diligent when dispensing prescriptions. There are many facets involved in reducing medication errors, and constant surveillance of errors as well as new error-reducing technology play an extensive role.

The United States Pharmacopeia (USP) recently released its fourth annual national report summarizing the most recent data collected by MEDMARXSM, the anonymous national medication error reporting database operated by USP. The report found that seniors – a population that is expected to double in size in the next 30 years – were at greater risk of receiving hospital medication errors than other groups. According to the survey, entitled Summary of Information Submitted to MEDMARX in the Year 2002: The Quest for Quality, more than one-third of medication errors reaching the patient involved a patient aged 65 or older. Other key findings include:

- The majority (55%) of fatal hospital medication errors reported involved seniors.
- Omission errors (43%), improper dose/quantity errors (18%), and unauthorized drug errors (11%) were the most common types of medication errors among seniors.

According to Diane Cousins, RPh, vice president of the Center for the Advancement of Patent Safety at USP, there has been a sizeable increase in the number of medication errors reported to the database. In 2002, 482 hospitals voluntarily reported 192,477 medication errors to MEDMARX. Now, the database contains more than 530,000 records, and USP expected that the number of reports will approach one million by this year.

Cousins notes, “This increase is a positive step toward identifying and eliminating medication errors and ensuring the safety and well-being of all hospital patients. By identifying error trends and problem areas, hospitals will be able to prevent future errors and reduce patient harm and injuries."

Of the 192,477 errors documented, the majority were corrected before causing harm to the patient. Those errors not discovered before patients were injured numbered 3,213 and resulted in the death of 20 patients. Compared with 2001 data, a smaller percentage of reported errors resulted in harm to the patient (1.7% in 2002 versus 2.4% in 2001).

Among all the errors, harmful medication errors are predominantly due to incorrect administration technique (6.2%) and occur when medications are either incorrectly prepared or administered, or both. Workplace distractions (43%) were most often cited as the cause of medication errors. Other reasons attributed to medication errors include staffing issues such as shift changes and floating staff (36%) and workload increases (22%).

USP also stressed the continued problem of errors caused by drugs with “look alike/sound alike names” – meaning that errors arise from medications that have similar names or have labeling/packaging that look the same. Conditions that exacerbated the chance for error include similarly named drugs being stored next to each other and illegible handwriting on prescriptions.

**Solving the Problem**

So how can medication errors be reduced? Many organizations, including Food and Drug Administration and The National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP), believe the answer is error reporting programs.

(continued on page 24)
“It is essential that hospitals, health care systems, and health care providers work together to encourage reporting of medication errors,” says John Combes, chair of NCC MERP. “Only through such joint efforts can the culture of blame be diminished and success be measured. We all are invested in ensuring patients receive the best care possible in the safest environment.”

Recently, NCC MERP endorsed the General Principles for Patient Safety Reporting Systems, guidelines developed by a group of nearly 100 national health care organizations. The principles denote that, for error reporting systems to be effective, they must be non-punitive, provide appropriate confidentiality and legal protections, and facilitate learning about errors and their solutions.

The United States Department of Health and Human Services (HHS) recently developed several initiatives to aid in the reduction of medical and medication errors. One program under discussion is the Electronic Health Record (EHR) System. EHR will allow patients and their doctors to access patients’ complete medical records anytime and anywhere, ultimately leading to reduced medical errors, improved patient care, and reduced health care costs.

“The system will prove invaluable in facilitating the automated exchange of clinical information needed to protect patient safety, detect emerging public health threats, better coordinate patient care and compile research data for patients participating in clinical trials.”

– Tommy G. Thompson
HHS Secretary

patient care and compile research data for patients participating in clinical trials,” says HHS Secretary Tommy G. Thompson.

HHS selected the Institute of Medicine to design a standardized model of an electronic health record and the health care standards development organization known as Health Level Seven (HL7) is currently evaluating the model. The first draft of The EHR System Functional Model Draft Standard for Trial Use (DSTU) was voted upon in September 2003, but failed. According to HL7, this result was not unexpected. What was unexpected was the voter participation: 223 votes were cast – the largest ballot response ever recorded by HL7. Currently, the DSTU is being revised according to suggestions (listed below) from all areas of the pharmaceutical industry.

- Reorganizing the hierarchy into a simpler outline with only three categories: Direct Health Care Delivery Functions, Supportive Functions, and Infrastructure Functions.
- All data elements or content elements will be removed.
- Care setting (outpatient, inpatient, etc) selection and its definitions will be specified by each participating country and will become a country-specific activity.
- Direct Health Care Delivery Functions will be specified by each participating country as Essential Immediate, Essential Future, Optional, or Not Applicable.

More specific to medication errors is FDA’s proposed rule on Safety Reporting Requirement for Human Drug and Biological Products. This rule, which is currently in final discussions following a public comment period that ended on October 14, 2003, includes a provision that requires companies to submit all reports of actual or potential medication errors within 15 days of occurrence to FDA. The new rule would also require periodic reports containing thorough analyses of interval data.
and a recommendation on actions that need to be taken based on any new information.

Another rule proposed by FDA concerns suspect adverse drug reactions. This rule would require that any companies that have contracts with manufacturers, repackers, or distributors also report adverse drug reactions and medication errors. Intended to eliminate many of the adverse reactions that go unreported, this rule is primarily focused on medication errors that do not necessarily result in an adverse event.

Yet another proposed rule under review by FDA concerns barcoding. Barcodes on prescription medication would help eliminate errors due to medication names that sound alike or labels that look alike.

No Patient Left Behind

Relying on these yet-to-be finalized rules to prevent medication errors is not the only answer, however. NABP President Donna S. Wall stressed the importance of patient counseling to protect patients during her Remarks of the Incoming President presented at the Association’s 99th Annual Meeting in May 2003. She stated that many medication errors could be prevented through meaningful counseling of patients by pharmacists.

“We have many patients who can’t comprehend what the pharmacist is telling them, perhaps because they are overloaded with other news or possibly have very real problems with literacy and language barriers,” Wall stated in her speech. “. . . Patients deserve to receive the correct medication and quality patient care services from the health professional best suited to deliver this care, the pharmacist.”

In addition, NABP believes that electronic prescriptions and specifying indications on prescriptions are vital to decreasing medication errors. While this initiative has failed in the past due to issues surrounding patient privacy and increased burdens on prescriber time, Wall said in her oration at the 99th Annual Meeting that there are solutions to problems.

“Pharmacy is not the only health profession seeking this change,” noted Wall. “Physical therapists, respiratory therapists, and speech therapists are urging that more information about a patient should be provided to them to ensure the appropriate and highest quality of care. . . . [If] boards [of pharmacy] mandate that prescriptions or drug orders include a medication indication line that must be completed by the prescriber in order for the prescription or order to be deemed legally valid, . . . the problem can be addressed effectively.”

In addition, Wall calls for the elimination of handwritten prescriptions to help reduce medication errors. She asked, “Does it seem plausible in today’s high tech and sophisticated operating system world that we allow prescribers to handwrite vital patient information in a language of codes and outdated symbols that few can remember or translate?”

Finally, NABP is taking a more proactive role with patients and, therefore, is developing a patient safety program. This initiative, which includes a dedicated staff position, focuses on educating patients about how they can work with pharmacists to ensure their own safety. Promoting pharmacist-patient interaction, such as medication counseling, is just one way this initiative can help reduce medication errors.

To review President Wall’s remarks from the 99th Annual Meeting, visit NABP’s Web site at www.nabp.net. For more information on FDA’s proposed rules, see the Federal Register online at www.accessdata.fda.gov/scripts/oc/ohrms/index.cfm.
NABP is honored to have Donna Shalala, former secretary of the United States Department of Health and Human Services (HHS), as keynote speaker at its 100th Annual Meeting and Centennial Celebration, held April 24-27, 2004, at The Fairmont Chicago. The focus of her address includes a discussion of why the department decided not to approve drug importation, as well as her opinion on the future of the HHS importation policy, along with an overview of the responsibilities of HHS.

Appointed by President Clinton in 1993, she was the longest serving HHS secretary in US history, having served eight years. During her tenure, Shalala led major reforms of the Food and Drug Administration’s drug approval process, raised child immunization rates to the highest levels in history, revitalized the National Institutes of Health, made health insurance available to an estimated 3.3 million children through the approval of all State Children’s Health Insurance Programs, and directed the welfare reform process.

Currently, Shalala is president of the University of Miami. Along with her responsibilities at the University of Miami, Shalala is a director of Gannett Co, Inc (an international news and information company), UnitedHealth Group, Inc (a diversified health and well-being enterprise), and the Lennar Corporation (a homebuilding company). She has been selected for ex officio membership in the Florida Council of 100 and Governor Jeb Bush’s Select Task Force on Healthcare Professional Liability Insurance, and is a member of the second National Commission on the Public Service and The Florida Breast Cancer Coalition Advisory Board. She also serves as a trustee of the Henry J. Kaiser Family Foundation.

Shalala has rich experience as a scholar, teacher, and administrator. She is also a professor of epidemiology and public health, political science, and education. She has held tenured professorships at Columbia University, the City University of New York, and the University of Wisconsin-Madison.

Shalala has more than three dozen honorary degrees and a host of other honors including the 2002 University of California San Francisco Medal, the 2002 Dick Enberg Award, the Boys and Girls Club Person of the Year 2002, and the National Public Service Award.

NABP’s 100th Annual Meeting Poster Session Approaching

Attention state boards of pharmacy! Reserve your spot in NABP’s Second Annual Poster Session. Share ideas about your best or most noteworthy legislative issues, policy development, or disciplinary cases. Or, present research results from studies performed by your board. The poster session will be open during NABP’s 100th Annual Meeting and Centennial Celebration on Saturday, April 24, 2004, from 1 to 5 PM, and Sunday, April 25, from 8 AM to noon, in the Educational Presentation Area of the Annual Meeting that will be held April 24-27 at The Fairmont Chicago in Chicago, IL.

To reserve space for the Poster Session, please contact the Meetings Desk by Monday, March 1, 2004, and state the topic you will be displaying.

For more information, contact the NABP Meetings Desk via e-mail at custserv@nabp.net or via phone at 847/698-6227.
100th Annual Meeting Program

April 24-27, 2004

**The Fairmont Chicago**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>2 - 2:30 PM</td>
<td>Refreshment Break</td>
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<tr>
<td>2:30 - 5 PM</td>
<td>First Business Session</td>
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<tr>
<td></td>
<td>With featured speaker L. Daniel Jomdt, Former Chairman and Chief Executive Officer, Walgreen Co</td>
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<tr>
<td><strong>Monday, April 26</strong></td>
<td>Evening Free</td>
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<tr>
<td>7 - 11:30 AM</td>
<td>Registration Desk Open</td>
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<tr>
<td>7 - 8 AM</td>
<td>NABP/USP Breakfast</td>
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<td>Sponsored by the United States Pharmacopeia, Inc</td>
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<tr>
<td>8 - 8:30 AM</td>
<td>Second Business Session</td>
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<tr>
<td>8:30 - 11 AM</td>
<td>Meeting of the Committee on Resolutions</td>
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<td>Meeting of the Nominating Committee</td>
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<tr>
<td>8:30 - 10:30 AM</td>
<td>Joint CE Programming</td>
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<td>Drug Importation: A Public Policy Discussion</td>
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<tr>
<td></td>
<td>Program #: 205-000-04-001-L03 (0.20 CEUs – 2.0 contact hours)</td>
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<tr>
<td>10:30 - 10:45 AM</td>
<td>Refreshment Break</td>
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<tr>
<td>10:45 AM</td>
<td>Executive Officer and Board Member Programming</td>
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<td>Improving the Practice of Pharmacy for America's Seniors</td>
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<td></td>
<td>Program #: 205-000-04-002-L04 (0.15 CEUs – 1.5 contact hours)</td>
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<tr>
<td>12:15 - 12:30 PM</td>
<td>Refreshment Break</td>
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<tr>
<td>12:30 - 1:30 PM</td>
<td>Third Business Session</td>
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<tr>
<td><strong>Tuesday, April 27</strong></td>
<td>Afternoon and Evening Free</td>
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<tr>
<td>6:30 - 7:30 AM</td>
<td>Fun Run/Walk</td>
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<tr>
<td>7:30 AM - 5 PM</td>
<td>Registration Desk Open</td>
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<tr>
<td>7:30 - 8 AM</td>
<td>Continental Breakfast</td>
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<tr>
<td>8 - 9 AM</td>
<td>Meet the Candidates Session</td>
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<tr>
<td>9 - 11:30 AM</td>
<td>Optional Spouse/Guest Tour: Chicago Highlights Tour</td>
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<td>9 - 10:30 AM</td>
<td>J oint CE Programming</td>
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<td>Error Reporting Systems: New Directions</td>
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<td>Program #: 205-000-04-005-L04 (0.15 CEUs – 1.5 contact hours)</td>
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<tr>
<td>10:30 - 11:30 AM</td>
<td>Open Mike Session</td>
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<tr>
<td>11:30 AM - 1:30 PM</td>
<td>Lunch Break</td>
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<tr>
<td>1:30 - 4:30 PM</td>
<td>Final Business Session</td>
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<tr>
<td>2:30 - 2:45 PM</td>
<td>Refreshment Break</td>
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<tr>
<td>7 - 11:30 PM</td>
<td>Annual Awards Dinner</td>
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<td></td>
<td>and Dance</td>
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<td>Dress: formal attire (black tie optional)</td>
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NABP and the NABP Foundation are approved by the Accreditation Council for Pharmacy Education (ACPE) as providers of continuing pharmaceutical education. ACPE provider number: 205. Participants may earn up to five 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 Registration Desk or mailing it to NABP Headquarters. 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.
Behind the Scenes of NABP’s Communications and Services Department

NABP’s Communications and Customer Service Department provides assistance and support to NABP and its member boards; its influence is seen and felt throughout the entire Association. Both sections of the department assist the Association, its members, and, in the case of Customer Service, examination candidates and the public. Both serve as communications vessels of the Association – the Customer Service Department directly provides information and assistance to the member boards, examination applicants, and the general public through phone calls and e-mails; and the Communications Department disseminates information through its publications and the NABP Web site.

Within Communications and Services also lies the Meetings Desk, which coordinates all internal and external meetings, and Professional Affairs, which focuses on continuing education programming, professional issues, handling inquiries from pharmacists and the public, and helps direct NABP task forces.

Communications

When writing, proofreading, editing, publishing, and/or researching facts is required within the Association, the other departments turn to Communications to help spread the word. NABP has recently become an authority in communicating information on the issue of Canadian importation of prescription medications with regard to safety and legality: NABP’s Communications Department has become vocal in obtaining and spreading information regarding this important issue to the pharmacy profession and the public.

One way staff disseminates information about pharmacy issues and the Association is through the NABP Newsletter. Staff research and interview to give readers current, in-depth information on the happenings of the pharmacy profession. The entire Newsletter is written and designed in-house. In fact, staff recently completed a redesign of the Newsletter that will present readers with important information in a clean, modern format. The redesign will debut for the April NABP Newsletter issue.

NABP also aids state boards of pharmacy to release pertinent information with the State Newsletter Program. Currently, 32 state boards of pharmacy participate in this program, which assists the boards in disseminating vital information to the boards’ pharmacists, pharmacy technicians, and pharmacies.

Not only does NABP offer standard print newsletters, but it Web-only state newsletters are available. NABP encourages boards to use Web-only newsletters because of the substantial cost savings. For only $580 for four issue, Web-only state newsletters are posted on NABP’s Web site as well as the boards’ Web sites. Once downloaded or printed, the Web-only newsletters look exactly like the published versions.

Promotions is also a large part of Communication’s duties. Staff are responsible for developing promotional materials. For example, staff worked with vendors to provide special stationary to commemorate NABP’s centennial and the 100th Annual Meeting and Centennial Celebration Promotional Brochure.

Customer Service

NABP’s Customer Service Department provides support and assistance in answering questions involving any of NABP’s programs and services. The Customer Service Department was created to answer questions and direct inquiries that NABP’s program managers were receiving on a regular basis; this department enables the managers to focus on the programs and services for which their departments are responsible.

- Examination Inquiries: Assists examination applicants and foreign pharmacy graduates with questions concerning NABP...
The Customer Service Department can only provide limited information such as when an application was received and the projected time the candidate should allow to receive information regarding his or her application; NABP cannot disclose test scores.

Customer Service receives on average 825 calls per week and an average of 200 e-mails per week. Most contact is requests for an application form or questions about the status of an existing application.

For general information regarding NABP's programs and services, e-mail the Customer Service Department at custserv@nabp.net. All e-mails are answered within 24 to 48 hours.

Professional Affairs
The Professional Affairs Manager has many important duties, one of which is assisting NABP’s Committees and Task Forces. This person researches issues and gathers information for preparation of meetings, assists in the preparation of reports, and reviews recommendations and resolutions.

Another important function of Professional Affairs is identifying professional regulatory issues of concern for NABP and reporting them, for example, in the Professional Affairs section of the Newsletter. This staff member also monitors and responds to inquiries from pharmacists and the public regarding legislation, regulation, and pharmacy news.

Researching and developing Accreditation Council for Pharmacy Education programming for professional meetings presented by NABP is also a duty of Professional Affairs. One other program that Professional Affairs works on is the NABPLAW® database. The Professional Affairs Manager conducts NABPLAW searches and provides input in to the maintenance and utilization of the database.

The Meetings Desk
The Meetings Desk is responsible for coordinating all aspects of NABP’s internal and external meetings. Excellent organization and coordination skills are required by staff to produce quality, smooth-running events.

Negotiation skills are also used by the Meetings Desk. Staff scouts locations for Annual and Fall Meetings and then goes on to negotiate contracts with hotels, conference venues, and restaurants to ensure NABP the best price available as well as keep costs down for participants.

NABP is seeking volunteers from its active member boards of pharmacy to serve on the Association’s 2004-2005 committees and task forces. Interested executive officers and board members are encouraged to submit a letter of interest and a current curriculum vitae to NABP Executive Director/Secretary Carmen A. Catizone by Friday, May 31, 2004.

Letters should outline the volunteer’s applicable experiences and accomplishments, along with the reasons he or she wishes to be considered for appointment to a task force or committee.

All letters and vitae will be forwarded to NABP President-elect Donna Horn, who will make the appointments following the Association’s 100th Annual Meeting and Centennial Celebration, April 24-27, 2004, in Chicago, IL at The Fairmont Chicago.
consider the certification of the Pharmacy Technician Certification Board as the most appropriate means for validating whether or not an individual possesses the necessary knowledge and abilities to be registered as a CPT.

Q: For each level of pharmacy support personnel identified above, describe the required roles, responsibilities, and competencies.

A: The definitions of CPT and Pharmacy Technician contained in the Model Act specifically note the roles and responsibilities that NABP recommends states legally assign to the two levels of technicians. The differentiation allows a CPT to assume a role exercising and requiring a higher level of knowledge and abilities than required for the Pharmacy Technician, whose allowed tasks are fundamentally and, almost exclusively, clerical in nature.

NABP believes the preferred approach to developing competencies for educational standards is to commission a national task analysis of technician activities in the practice of pharmacy in order to establish a base line for the development of competencies from which standards for education and training could be developed.

Q: For each level of pharmacy support personnel identified above, describe the required training including eligibility requirements?

A: The NABP Model Act states that, in order for an individual to qualify for registration as a CPT, the individual should have:

a. Graduated from a pharmacy technician training program approved by the state board of pharmacy, or

b. Been documented by the Pharmacist-in-Charge of the Pharmacy where the applicant is employed as having successfully completed a training program and an objective assessment mechanism prepared in accordance with any rules established by the state board of pharmacy.

The NABP Model Act similarly recognizes that, in order for an individual to qualify for registration as a Pharmacy Technician, the individual should have:

Been documented by the Pharmacist-in-Charge of the Pharmacy where the applicant is employed as having successfully completed a training program and an objective assessment mechanism prepared in accordance with the rules established by the state board of pharmacy.

However, the eligibility requirements for a CPT or Pharmacy Technician to qualify for a training program are not defined in the Model Act or in NABP policy.

Q: For the education and training of pharmacy technicians, what is/are the most appropriate system(s) of quality assurance?

A: NABP believes that when standards for technician education and training programs are developed, an accreditation process, similar to that which presently exists through ACPE for the quality assurance of educational programs for pharmacists, is the most appropriate system of quality assurance.

NABP concluded that a primary question that should be addressed is whether or not standards and an accreditation system should be developed and accepted by the state boards of pharmacy at this time. The NABP Executive Committee believes that the process to examine what standards are needed to improve the assistance provided by technicians should begin as soon as feasible, but standards and an accreditation system for technician educational and training programs should not be mandated by the state boards of pharmacy at this juncture. 

NABP Comments on ACPE Technician Accreditation Plan (continued from page 22)
Online Resources for Drug Product Shortages

In recent years, pharmacists have become accustomed to encountering drug shortages and product discontinuances. Manufacturing difficulties, raw and bulk material unavailability, voluntary recalls, manufacturer production decisions, and natural disasters have been cited as some of the principal causes of drug product shortages. These circumstances, often unanticipated, may result in prescribers and pharmacists scrambling to find therapeutic alternatives in addition to causing a significant delay in treatment. There are resources, however, that allow pharmacists to take a proactive approach in addressing current and imminent drug shortages regardless of practice setting. In 2001, the American Society of Health-System Pharmacists® (ASHP) Council on Administrative Affairs published guidelines to assist pharmacists in appropriately responding to drug shortages. The guidelines promoted the development of a contingency plan that is comprised of three key phases: the assessment phase, the preparation phase, and the contingency phase. In the assessment phase, pharmacists estimate current inventory amounts, the duration of the shortage, and the potential consequences to patient care and costs. Next, the preparation phase involves finding therapeutic alternatives and communicating with prescribers, other relevant health care professionals, and patients. Also, the pharmacist may seek other reputable supply sources. Lastly, the contingency phase consists of assessing liability and budget considerations, which are often beyond the direct control of the pharmacist.

Not only is it important for pharmacists to develop contingency plans, but they must also stay abreast of information on drug shortages and discontinuances. Currently, Food and Drug Administration (FDA) requires that manufacturers provide six-month notification only when discontinuing drugs that are "sole source products that are life-supporting, life-sustaining or for use in the prevention of a debilitating disease or condition." Because reporting of most drug shortages and product discontinuances by manufacturers to FDA is voluntary, pharmacists may find such information difficult to obtain. However, resources for such information are available.

ASHP’s Drug Product Shortages Management Resource Center is an online resource that contains information on drugs with limited availability or that are no longer available, and provides links to other online drug shortage Web sites such as FDA and the Centers for Disease Control and Prevention (CDC). The site also provides a mechanism to report drug shortages via the online Drug Product Shortages Report Form. The site’s content is developed in conjunction with the University of Utah Drug Information Service. The ASHP Drug Product Shortages Management Resource Center can be accessed via the following Web site: www.ashp.org/shortage. Another online source for drug shortage information is FDA's Center for Drug Evaluation and Research (CDER) Drug Product Shortage Web site. Like ASHP, FDA’s CDER Web site also includes information pertaining to current drug shortages, resolved drug shortages, and drug discontinuances. While this online resource primarily focuses on shortages of medically necessary products (products used to prevent or treat serious or life-threatening diseases or medical conditions for which there is no other available source of that product, alternative drug, or therapy available as designated by the (continued on page 34)
NABP Task Force on Counterfeit Drugs and Wholesale Distributors

(continued from page 19)

- **Section 3 Personnel** – now includes the position Designated Representative of the Wholesale Distributor. The person in this position serves as the “designated representative of the Wholesale Distributor with the Board who is actively involved in and aware of the actual daily operation of the Wholesale Distributor.” Information requirements for applicants are also listed.

- **Section 5 Security and Anti-Counterfeiting** – lists expanded measures to aid in the prevention of drug counterfeiting.

- **Section 8 Returned, Damaged, and Outdated Drugs** – more fully describes methods of sending mis-orders back to the manufacturer.

- **Section 10 Recordkeeping** – now includes requirements for drug Pedigrees.

- **Section 11 Prohibited Acts** – is a new section that outlines unlawful acts related to counterfeiting, recordkeeping, etc.

- **Section 12 Criminal Acts** – is a new section that imposes felony status to certain prohibited acts.

- **Section 13 Policies and Procedures** – now includes rules on destroying medications and disposing of medication packaging to prevent counterfeiting.

NABP’s full Executive Committee voted on the revised Model Rules in January 2004.

Members of the Task Force included state board of pharmacy members. Interested stakeholders participating in the information session of the Task Force meeting included wholesale distributor organizations, other pharmacy organizations, and government agencies.

For more information on NABP’s Task Force on Counterfeit Drugs and Wholesale Distributors, visit NABP’s Web site at www.nabp.net or call the Association at 847/698-6227.

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**NABP Centennial Capsule**

*Through April 2004, the NABP Newsletter will feature the “NABP Centennial Capsule” that will highlight notable events in NABP’s 100-year history.*

**1996** – NABP begins verifying licensure transfer applications through e-mail with the Electronic Licensure Transfer Program®, requiring fewer forms from state boards of pharmacy.

**1997** – The National Association of Boards of Pharmacy Licensure Examination becomes a computer-adaptive test and its name is changed to the North American Pharmacist Licensure Examination™ (NAPLEX®).

**1998** – The first Disease State Management (DSM) examinations for asthma, diabetes, and dyslipidemia are administered in Mississippi on July 8 and 9.

**1999** – NABP begins accepting Verified Internet Pharmacy Practice Sites™ (VIPPS®) applications from interested online pharmacies. The Association awards the first VIPPS Seal in September. The program was developed to provide consumers with a reliable means to identify those online pharmacies that have proven their preparedness to meet the unique challenges of the practice of pharmacy via the Internet.

Since September 2003, NABP has been in the media spotlight, speaking out against the illegal importation of prescription medications from Canada. NABP staff has been keeping track of when the Association has been mentioned in either the print media, television, radio, or Internet media regarding Canadian importation. Listed below are the articles or television broadcasts since December 2003, title of the article or segment, and source:

December 1, 2003
“Senate Mulls Oversight of Pharmacy Compounding”; Various Newspapers

December 1, 2003
“ASHP, other groups, Advise FDA About Solving Counterfeit Drug Problems”; Various Newspapers

December 8, 2003
“Court Shuts Down Rx Depot Storefronts”; Community Practice

December 8, 2003
“Rogue e-pharmacies”; Chicago Tribune

December 9, 2003
“City Looks to Get Drugs Via Canada”; Boston.com

December 9, 2003
“Report: Boston to Begin Canadian Drug Plan”; CNN.com

December 10, 2003
“Pressure on Canada’s Online Drug Sellers”; NYTimes.com

December 11, 2003
“Benson to Seek Waiver on Canadian Drug Buys”; The Union Leader

December 11, 2003
“U.S. Officials Unable to Squelch Drug Importation Businesses”; ePharmaceuticals

December 16, 2003
“Bad Medicine?”; Star-Telegram.com

December 16, 2003
“Physicians Risk Their Licenses With Online Patients;” Star-Telegram.com

December 22, 2003
“Blagojevich Wants OK to Start Buying Drugs in Canada”; Chicago Sun-Times

December 23, 2003
“FDA Official: Gov’s Idea a Gimmick”; Chicago Sun-Times

December 23, 2003
“FDA on Canada Drugs: ‘No Way’”; Chicago Sun-Times

December 23, 2003
“APhA Testifies at Senate Compounding Hearing”; USA Today

December 23, 2003
“Blago Wants to Import Cheaper Drugs”; Chicago Deadline

December 23, 2003
“States, Cities Defy U.S. In Importing Drugs”; Yahoo! News

December 23, 2003
“U.S. Forbids Drug Imports by Illinois”; The New York Times

**Chicago Facts**

Site of NABP’s 100th Annual Meeting and Centennial Celebration
April 24-27, 2004

Chicago’s Central Manufacturing District (CMD) was an important component in the industrialization of the city in the mid to late 1800s (a portion of the CMD’s logo is shown at right). While the CMD’s claim to fame is the fact that it was the first planned industrial district in the nation, it is also noteworthy for its “parent company,” the Chicago Union Stock Yards, which operated from its base at Halsted St and Exchange Ave from 1864 to 1971. The Stock Yards were demolished except for its gate, which was preserved and named a Chicago landmark this month in 1972. (Source: Brain Candy Chicago Collection – www.corsinet.com/chicago)
NABP Welcomes Visitors from Afar

NABP welcomed two visitors from Japan in November 2003. Yumi Koyama, PhD, of Nihon University and Makiko Kusama, RPh, of University of Tokyo Hospital toured the Association to learn about its programs and services. Koyama and Kusama came to the United States as part of an internship program with the Accreditation Council for Pharmacy Education (ACPE). Michael J. Rouse, ACPE assistant executive director, International and Professional Affairs, accompanied the visitors on their tour.

Professional Affairs (continued from page 31)

CDER), other products may be listed as well. FDA’s CDER Drug Product Shortage Web site can be accessed at www.fda.gov/cder/drug/shortages/default.htm. Drug shortage information may also be obtained by calling FDA at 301/827-9039. Drug shortage information pertaining to biological products, including blood and vaccines, may be obtained by contacting FDA’s Center for Biologics Evaluation and Research by calling 1-800/835-4709. Additionally, CDC’s National Immunization Program also lists childhood and adolescent vaccine drug shortage information at the following Web site: www.cdc.gov/nip/news/shortages. NABP


Errata

NABP regrets the following errors in the “NABP Centennial Capsule.” Following are the corrections.

1961 – Ralph M. Ware, Jr, of Virginia, was president of NABP during this year. Henry M. Burlage was president of the American Association of Colleges of Pharmacy.

1970 – The Directory of legally licensed pharmacies, drug stores, and pharmacy outlets was published by NABP.

1971 – NABP reached an agreement with the Pharmaceutical Card System to create a unique pharmacy identification number. This formed a basis for a pharmacy benefit payment program nationally. NABP
Wright Selected for APhA Leadership Award
Sr Margaret Wright, PhD. is the recipient of the 2004 American Pharmacists Association (APhA) Gloria Niemeyer Francke Leadership Mentor Award. She will be presented with the award at APhA’s annual meeting in March.

The award was established in 1993 and it recognizes an individual who has promoted and encouraged pharmacists to attain leadership positions through example as a role model and mentor.

Currently, Wright is a pharmacy consultant with Zane Gideon Associates, Inc. In addition, she serves as a consultant to the Illinois Department of Public Aid. A former member of the Illinois Department of Professional Regulation – State Board of Pharmacy, Wright served as Board chair for 13 of the 16 years she was on the Board. She is an active participant on NABP committees and is a former NABP honorary president.

Kentucky Names Interim Executive Director
Jeffrey L. Osman, PharmD. has been named interim executive director of the Kentucky Board of Pharmacy. He replaces Michael A. Mone, who resigned from the Board on January 7, 2004.

Osman served as the pharmacy inspections and investigations coordinator for the Board since 1996 and as a pharmacy and drug inspector since 1989. He has received several honors during his career. Most recently, Osman was the recipient of the Bluegrass Pharmacists Association “Distinguished Service Award.”

New Executive Director at Florida Board
The Florida Board of Pharmacy named Danna Droz, RPh, as its executive director effective January 2, 2004. Droz has both a pharmacy and a law degree, and was previously employed as the manager of the Kentucky Department of Public Health Enforcement and Professional Practice. In this position, she supervised pharmacists who administer and enforced the state drug laws of Kentucky. Droz also operated the Kentucky All Schedule Prescription Electronic Reporting system.

New Board Members
- Roland Nelson, RPh, was appointed to the Alabama State Board of Pharmacy on January 1, 2004. His term expires December 31, 2008.
- Ron Salem, PharmD, replaced Florida Board of Pharmacy member Mike Stamitoles on December 4, 2003. His term expires October 31, 2007.

New Board Officers
James T. DeVita, RPh, replaced Donna M. Horn as president of the Massachusetts Board of Registration in Pharmacy. Karen Ryle, RPh, is now secretary of the Board. Horn remains a member of the Board.

The Michigan Board of Pharmacy has named new officers. Roberta Armstrong, RPh, is now chairperson, and Douglas Miller, RPh, is vice chairperson.
NABP Meeting Dates

Thursday-Friday, February 12-13, 2004
New Executive Officers Orientation Program
NABP Headquarters, Park Ridge, IL

Friday, March 12, 2004
Committee on Constitution and Bylaws Meeting
NABP Headquarters, Park Ridge, IL

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

Thursday-Sunday, November 12-14, 2004
NABP/ASPL Joint Fall Conference
Renaissance Vinoy Resort and Golf Club,
St Peters burg, FL