



# newsletter

National Association of Boards of Pharmacy®



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1904 to 2014

## JCPP Focuses on Expanding Role of Pharmacists, Technicians at Quarterly Meeting

### Upcoming Events

**February 5, 2014**  
Tri-Regulator Leadership Collaborative

**February 27, 2014**  
ACE Meeting  
NABP Headquarters

**April 1-12, 2014**  
PARE Administration

**April 24, 2014**  
PCOA Forum  
NABP Headquarters

**April 28, 2014**  
FPGEE Administration

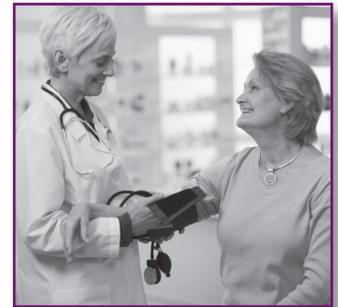
**May 17-20, 2014**  
NABP 110<sup>th</sup> Annual Meeting  
Phoenix, AZ

**August 2-5, 2014**  
NABP/AACP District 3 Meeting  
Charleston, SC

As 2015 approaches, members of the Joint Commission of Pharmacy Practitioners (JCPP) are considering revising the organization’s “Future Vision of Pharmacy Practice” statement to reflect how pharmacy practice is projected to shift through the end of the decade. JCPP brings together chief executive officers and elected officers of national pharmacy associations (including NABP) to create a forum for discussion and opportunity for collaborative work on issues and priorities of pharmacy practice. Established in 1977, the JCPP meets quarterly to focus on priority projects. JCPP has facilitated strategic planning efforts that have shaped positive change in the practice of pharmacy for more than 30 years and continues to do so through the continuing development of its 2015 Vision Statement.

In 2004, members worked together to create and adopt

the 2015 Vision Statement that foresaw pharmacists as the “health care professional responsible for providing patient care that ensures optimal medication therapy outcomes.” While some areas referenced in the 2015 Vision Statement have seen great shifts – for example, pharmacy education increasingly emphasizes patient-centered and population-based care – changes in the health care ecosystem, including new laws such as the Patient Protection and Affordable Care Act (PPACA), have created both new challenges and new opportunities for pharmacy practitioners. JCPP members engaged in a strategic planning exercise to review and update the 2015 Vision Statement during a two day retreat, July 29-30, 2013, and discussed the resulting draft and future implementation efforts at the JCPP quarterly meeting on November 7, 2013.



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If approved, a revised Vision Statement will soon replace the 2004 document.

The drafted, revised version states that, “Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare.” This draft language shifts the statement to reflect an increased emphasis on team-based health care with patients and pharmacists being a central part of a team in the new health care environment. The revised

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## JCPP Meeting

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statement has been disseminated to all JCPP members for consideration and approval.

At its December 2013 meeting, the NABP Executive Committee voted to join the majority of other JCPP organizations in supporting the revision of the Vision Statement. Going forward, NABP has the opportunity to consider and offer comments regarding the revision of the Vision Statement.

To support the previous Vision Statement, NABP implemented changes to its *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to assist states in making needed changes to their practice acts that would empower pharmacists to achieve the vision for pharmacy practice. Such changes support an environment in which pharmacists can focus more time and attention on managing medication therapy.

Even as JCPP continues to work toward consensus on the issues discussed at the meeting, over the coming months, NABP will review the *Model Act* to determine if any adjustments might be needed in light of the amended Vision Statement. Any potential changes would be subject to Executive Committee review and approval.

## Supporting the Pharmacists' Expanding Role

For decades, the role of pharmacists has been expanding to meet a growing need

for patient-centered care. To meet these needs, pharmacy education in the United States has shifted toward higher standards and requirements. The new requirements ensure that pharmacists, often cited as the most accessible health care providers, are qualified and trained to deliver patient care at the highest standard.

The growing shortage of primary care providers – a shortage that is projected to increase with the expansion of Medicaid and other forms of insurance coverage under the PPACA – has also provided expanded opportunity for pharmacists. At the same time, new laws and regulations are expanding pharmacists' scope. As of January 1, 2014, pharmacists in California may perform clinical duties such as patient assessments and referrals to other health care providers.

In the wake of such changes, many pharmacies are experiencing increasing demands on pharmacists' time and resources. Addressing this concern, JCPP members discussed several ways to support pharmacists in their expanding roles.

One strategy is to expand the role of pharmacy technician to include more of the day-to-day tasks of pharmacy practice. Relative to this issue, NABP presented at the JCPP meeting an overview of current pharmacy technician regulations along with current statistics. NABP staff noted that there are 415,993 pharmacy technicians; 43 states that either license, register, or certify pharmacy technicians; 35 states with mandatory training require-

ments; and 25 states that recognize Pharmacy Technician Certification Board (PTCB) or other national certification as of 2013.

In addition, PTCB gave an overview of its program and upcoming changes to include one hour of continuing education (CE) in medication safety, and criminal background checks effective in 2014. By 2015, PTCB will allow only pharmacy technician-targeted CE, and by 2020, PTCB will require an applicant for the exam to have successfully completed a training program accredited by the American Society of Health-System Pharmacists (ASHP).

Accreditation Council for Pharmacy Education and ASHP presented on the formation of the Pharmacy Technician Accreditation Commission, which will replace the ASHP Commission on Credentialing in providing credentials to pharmacy technician education programs by 2015.

Other presenters at the JCPP meeting identified a key obstacle to reaching full implementation of the Vision Statement as the lack of provider status for pharmacists that would allow pharmacists to bill for services in the same manner that other health care professionals do. One presentation focused on strategies to overcome these barriers, such as seeking changes to the Social Security Act that would give provider status to pharmacists in order to ensure compensation for pharmacist services.

JCPP documents are posted on the website of JCPP member National Alliance of State Pharmacy Associations at [www.naspa.us/vision.html](http://www.naspa.us/vision.html). ©

## Tri-Regulator Leadership Collaborative Adopts Position Statement; Historic Convening of Governing Boards to Take Place in February

The Tri-Regulator Leadership Collaborative met in August 2013, to review and discuss issues of mutual concern in the ongoing collaboration among the Federation of State Medical Boards (FSMB), NABP, and the National Council of State Boards of Nursing (NCSBN).

The group discussed and subsequently adopted The Tri-Regulator Collaborative Position Statement on Interprofessional, Team-based Patient Care. As stated in the position statement, “Al-

though we represent different areas within health care, our common duty to protect patients and improve the quality of health care in the United States is reflected in our foundational principles and continued support of state-based regulation.”

On February 5, 2014, the full governing boards of the Tri-Regulator Leadership Collaborative will meet for the first time. This historic meeting will continue the cooperation and collaboration on issues of mutual

concern and foster future interprofessional networking by state boards of medicine, nursing, and pharmacy.

The first ever Tri-Regulator Symposium was held in 2012. Members from FSMB, NABP, and NCSBN participated and discussed opportunities for interprofessional cooperation as well as the collective challenges faced by these groups. Planning for the 2015 Tri-Regulator Symposium is underway. More information will be forthcoming. 

## In Memoriam: Mike Swanda

NABP is sad to announce that Mike Swanda, former pharmacy inspector for the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit, passed away on Tuesday, December 31, 2013. Swanda is remembered fondly for his kindness toward others, his humble demeanor, and his devotion and many contributions to protecting the public health.

For recognition of his professional leadership and dedication to the profession, Swanda was honored by NABP with the 2013 John F. Atkinson Service Award at the Association’s 109<sup>th</sup> Annual Meeting. From 1980 to 2012, Swanda served the state of Nebraska as a pharmacy inspector, covering the western two-thirds of the

state. Respected statewide as a patient-oriented practitioner, he was known for his fair and instructive approach to enforcement, for his strong, consistent advocacy for protecting the public health, and for encouraging others in the profession to be better pharmacists.

Swanda also served in the United States Navy and Naval Reserve as a Pharmacist’s Mate Third Class for six years, and was a member of the Nebraska Board from 1974 to 1979. He was also a member of the Nebraska Pharmacists Association for over 50 years, serving as its president from 1969 to 1970. Swanda received the Cora Mae Briggs Outstanding Service to Nebraska Pharmacy Award in 1999, the highest honor as a pharmacist in the state of Nebraska, and



he was honored in the Cozad Hospital Foundation Healthcare Hall of Fame in 2005.

Swanda is survived by his wife, Donna; his three children, Vicki, Rex, and Leslie; his grandchildren Jamison and Nicholas Miles; and his sister Beth.

NABP extends its deepest sympathy to his family, friends, and colleagues. 

## Executive Committee

**Michael A. Burleson**  
*Chairperson*  
One-year term

**Karen M. Ryle**  
*President*  
One-year term

**Joseph L. Adams**  
*President-elect*  
One-year term

**Edward G. McGinley**  
*Treasurer*  
One-year term

**James T. DeVita**  
*Member, District 1*  
Serving first year of a second three-year term

**Susan Ksiazek**  
*Member, District 2*  
Serving first year of a three-year term

**Mark T. Conrad**  
*Member, District 3*  
Serving third year of a three-year term

**William John Cover**  
*Member, District 4*  
Serving third year of a three-year term

**Gary Dewhirst**  
*Member, District 5*  
Serving first year of a three-year term

**Jeanne D. Waggener**  
*Member, District 6*  
Serving second year of a three-year term

**Mark D. Johnston**  
*Member, District 7*  
Serving second year of a three-year term

**Hal Wand**  
*Member, District 8*  
Serving third year of a second three-year term

NABP Executive Committee elections are held each year at the Association’s Annual Meeting.

## Board Selects Permanent Revocation

By Dale J. Atkinson, JD

Regulatory boards are created and empowered to enforce the practice act and determine eligibility and continued eligibility of those seeking licensure. The right of boards to sanction persons found to have violated the practice act or rules is an essential power that allows the board to administratively prosecute such respondents on behalf of the state. Administrative prosecutions protect consumers and promote the public protection mission of the board. Sanctions available to the board generally include the right to refuse to issue a license, refuse to renew a license, as well as impose certain delineated sanctions upon violators of the law.

Administrative prosecutions are governed by an administrative procedures act that sets forth the rights of the prosecution and guarantees due process rights of the accused. Once wrongdoing has been established, the decision-making entity must determine the appropriate sanction. Sanction options are varied, but under certain circumstances, the board may wish to permanently remove licensure eligibility. Many jurisdictions do not have the authority to permanently “revoke” licensure and such disciplined persons are provided with an opportunity to reinstate such sanctioned license. However, a few jurisdictions have such authority to permanently revoke licensure. Consider the following.

A physician (Licensee) was originally licensed to practice medicine and surgery by the State Medical Board of Ohio (Board) in 1998. In 2006, the Licensee began self-prescribing Vicodin® and Percocet®, sometimes using fictitious patients to obtain such medications for his own use. Furthermore, the Licensee wrote prescriptions using the names and Drug Enforcement Administration (DEA) numbers of other physicians without their consent. These actions led to criminal charges and an eventual inpatient treatment program for opiate dependence.

In October 2006, the Licensee entered into a Step I Consent Agreement with the Board whereby he admitted to addiction and

the fact that his drug use impaired his ability to practice according to acceptable and prevailing standards of care. This Step I agreement called for his license to be suspended. In August 2007, the Licensee entered into a Step II Consent Agreement whereby his license to practice medicine was reinstated subject to five years of probation. The Step II agreement noted his guilty plea to felony convictions related to obtaining and possessing dangerous drugs. Based upon the guilty pleas, the criminal court filed an order of drug treatment in lieu of conviction.

The probation terms of the order from the Board called for random drug screens, regular attendance at rehabilitation meetings, quarterly probationary meetings with the Board or a Board representative, and quarterly filings with the Board regarding compliance with the Board’s monitoring program. The probation terms also called for a Board-approved physician to monitor his practice and review patient charts, compliance with all federal, state, and local laws, as well as a mandate to obey all rules governing the practice of medicine in Ohio. Finally, the Licensee was required to abstain from the use of alcohol, and from the personal use or possession of drugs, with the exception of those prescribed by a practitioner with full

knowledge of his history of chemical dependence.

In July 2011, and while the Step II agreement was still in effect, the Board issued a notice of opportunity for a hearing informing the Licensee of its intent to take disciplinary action against his medical license. Specifically, the allegations stated that the Licensee inappropriately obtained prescriptions for Vicodin and Percocet by asking resident physicians under his supervision to write or call in prescriptions for a relative of the Licensee. The accusations also noted that the Licensee engaged in felony deception to obtain dangerous drugs, violated the limitations placed upon his license, violated or assisted others in violating rules by utilizing controlled substances for a family member, and violated rules by prescribing to persons not seen by a physician.

The Licensee requested a hearing that was held in December 2011. After the hearing, the Hearing Examiner issued a 56-page report and recommendation including findings of fact and law. The findings noted that at least five residents provided prescriptions without such residents personally or physically examining the patients. In October 2012, the Board adopted the Hearing Examiner's report (with an amendment to one of the conclusions of law) and permanently revoked the Licensee's certificate to practice medicine in Ohio.

The Licensee appealed the matter to the Court of Common Pleas arguing the matter was not supported by substantial evidence, that the Board order constituted disparate treatment and violated the Americans with Disabilities Act (ADA), that the Board action constituted selective enforcement, as well as arguing certain procedural issues related to a refusal to allow certain testimony by Licensee witnesses. The Court of Common Pleas affirmed the Board order and the Licensee appealed the matter to the Court of Appeals.

On appeal, the court first addressed the standard of review noting the basis for judicial reversal is premised upon unconscionable, unreasonable, or arbitrary decisions. Following this standard, the court found the procedural arguments of the Licensee to be without merit and that the decision of the lower court was not an abuse of discretion.

The court also rejected arguments of the Licensee that the residents were "coached" by their employer on their testimony prior to the hearing. In fact, the employer was independently represented by counsel at the hearing creating an attorney client privilege. In short, the court found that the interactions between the employer and residents did not undermine the credibility of the testimony. In upholding the findings, the court emphasized the record as being replete with evidence

and containing admissions by the Licensee that "most convincingly" support the Board order.

Addressing the argument of the Licensee that the Board engaged in selective or discriminatory prosecution, the court noted the heavy burden of establishing a *prima facie* case. Those elements include:

1. that, while others similarly situated have not been proceeded against because of conduct of the type forming the basis for the charge against him, he has been singled out for prosecution; and
2. that the government's discriminatory selection of him for prosecution has been invidious or in bad faith, ie, based upon such impermissible considerations as race, religion, or the desire to prevent his exercise of constitutional rights.

In large part, the Licensee argued that the residents were not disciplined by the Board, thus establishing a defense of selective administrative prosecution. Because the residents were not similarly situated, such a defense fails. The court cited the lower court and held that the residents were only writing prescriptions under the false pretenses and deception of the Licensee that family members were in need of medication. As noted by the lower court, "... by no stretch of the imagination can one conclude the resident physicians

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

## Federal and State Agencies, and NABP, Continue Efforts to Fight Prescription Drug Abuse as Epidemic Rates Threaten Public Health

The prescription drug abuse epidemic continues largely unabated, indicate data released from the most recent National Survey on Drug Use and Health (NSDUH) – Americans are more likely to misuse “prescription-type psychotherapeutic” medications (pain relievers, tranquilizers, stimulants, and sedatives) than any other drug type except marijuana, with an estimated 6.8 million persons aged 12 and over currently misusing psychotherapeutic drugs. This abuse leads to serious public health consequences. The federal government has estimated that more than 1.2 million visits to emergency rooms involve the non-medical use of pharmaceuticals. Moreover, more than 22,000 people died from drug overdoses involving pharmaceuticals in 2010 – nearly 60% of all drug overdose deaths that year – with opioid analgesics involved in three out of four of those deaths.

Federal, state, and local lawmakers and numerous public and private entities continue various actions to try to stem the prescription drug abuse epidemic. Efforts range from implementing state prescription monitoring programs (PMPs) and increasing oversight of pain clinics, to providing disposal options for controlled substances and encouraging parents to discuss the issue with their children. While these

efforts are starting to bring about positive results, particularly on the local level, the latest national statistics demonstrate that prescription drug abuse remains at epidemic levels.

### Recent Statistics

The most recent NSDUH found that, in 2012, 2.6% of Americans had used psychotherapeutic drugs non-medically within the past month and were therefore considered “cur-

rent” users. (The survey defined “non-medical” use as “use without a prescription of the individual’s own or simply for the experience or feeling the drugs caused.”) The rate of abuse has hovered around 2.6% from 2002 to 2011, and a notable contrast to the mid-1990s. The 1996 national survey estimated that about 1.4% of the 12-and-over population was misusing psychotherapeutic drugs. The 2012 survey results indicate that, of those non-medical users of psychotherapeutics, 4.9 million were using pain relievers, 2.1 million were using tranquilizers, 1.2 million were using stimulants, and 270,000 were using sedatives.

While the overall percentage of prescription drug abusers has remained comparatively steady over roughly the past decade, the survey indicated more variation in particular age groups. Perhaps the most encouraging trend came from the 12- to 17-year-old group: non-medical use of prescription drugs had declined from 4% in 2002 and 2003, to 2.8% in 2011 and 2012. However, usage increases with age, as 1.7% of 12- to 13-year-olds, 2.5% of 14- to 15-year-olds, and 4% of 16- to 17-year-olds were reported using psychotherapeutic drugs non-medically. The Monitoring the Future survey – another frequently cited, annual

survey that studies drug use by the nation's teenagers – also found that the abuse of most prescription drugs (as well as other illicit drugs) was either holding steady or declining modestly in 2012.

According to the NSDUH, rates of prescription drug abuse showed less of an overall decline among 18- to 25-year-olds, although 2012's 5.3% was slightly lower than rates seen between 2003 and 2007. For adults aged 26 and older, 2.1% were using prescription drugs non-medically, while the rate of all illicit drug use for that age group, at 7%, was higher than most years from 2002 through 2011.

While overall the survey indicated that men were more likely than women to use illicit drugs, the difference was less pronounced for the prescription drug misuse, at 2.8% for men versus 2.4% for women. However, among 12- to 17-year-olds, females were more likely than males to be current non-medical users of psychotherapeutic drugs (3.2% versus 2.4%).

The 2013 NSDUH report also includes estimates of substance use initiation, that is, the number of people who reported having used a particular substance for the first time within 12 months prior to being interviewed. These estimates are often seen as leading indicators to assist in tracking

emerging patterns of use, assessing the volume of new users for particular drugs, and forecasting treatment needs. The survey results estimated that, in 2012, approximately 2.4 million persons aged 12 and over used psychotherapeutics non-medically for the first time, an average of about 6,700 per day. This number was similar to those estimated in most years since 2002. More specifically, for 2012 the estimated number of new non-medical users of pain relievers was 1.9 million (similar to the last couple of years, and down from most years between 2002 and 2009), for tranquilizers 1.4 million, for stimulants 676,000, and for sedatives 166,000. (See graph on page 32.)

### The Heroin Connection

While prescription drug abuse rates might be relatively flat, though still unacceptably high, for 2012, heroin abuse rates appear to be climbing rapidly, and there may be a connection to prescription painkiller misuse. Past-year initiation of heroin use rose from 106,000 in 2007 to 178,000 in 2011, and the NSDUH found that the number of people aged 12 and over who were current heroin users had risen from 136,000 in 2005 to 335,000 in 2012. As a

specific example of how this rise may be related to abuse of prescription opioids, in Kentucky, which saw a slight decrease in prescription drug overdose deaths from 2011 to 2013, there was a simultaneous 550% increase in heroin-related overdose deaths in the same time period.

Is there a connection? Prescribed opioids and heroin act on the same receptors in the brain, and “[non-medical pain reliever] use may precondition one to engage in heroin use because prescription pain relievers have a similar pharmacological effect as that of heroin, given their similarities in chemical structure,” as indicated in a study published in the August 2013 *Center for Behavioral Health Statistics and Quality Data Review*. It has been speculated that, if prescription painkillers become harder to access, users may switch to heroin because it may be cheaper or easier to obtain in some areas.

Indeed, a nationally representative study found that the past-year heroin incidence rate was 19 times higher among those who reported non-medical use of pain relievers than those who did not. In other words, while the vast number of prescription painkiller abusers did not turn to heroin, those persons who did start

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**Prescription Drug Abuse**

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using heroin were much more likely to have abused prescription painkillers first.

**State and Federal Efforts**

Both the federal and state governments have put into place laws and regulations attempting to mitigate the prescription drug abuse crisis. State PMPs seek to identify patients who may be obtaining controlled substances from a number of different practitioners, and states have been increasingly fine-tuning their PMP strategies, allowing or requiring different groups to access PMP data, for example, or

allowing information to be shared with authorized users in other states. (See page 40 for more information.)

The Centers for Disease Control and Prevention (CDC) identified seven other major types of laws states have used to address the problem. These laws:

- require a physical examination before prescribing,
- require tamper-resistant prescription forms,
- regulate pain clinics,
- set prescription drug limits,
- prohibit “doctor shopping” or obtaining prescriptions through fraud,
- require patient identification before dispensing, and
- provide either immunity from prosecution or

mitigation at sentencing for individuals seeking or providing assistance during an overdose.

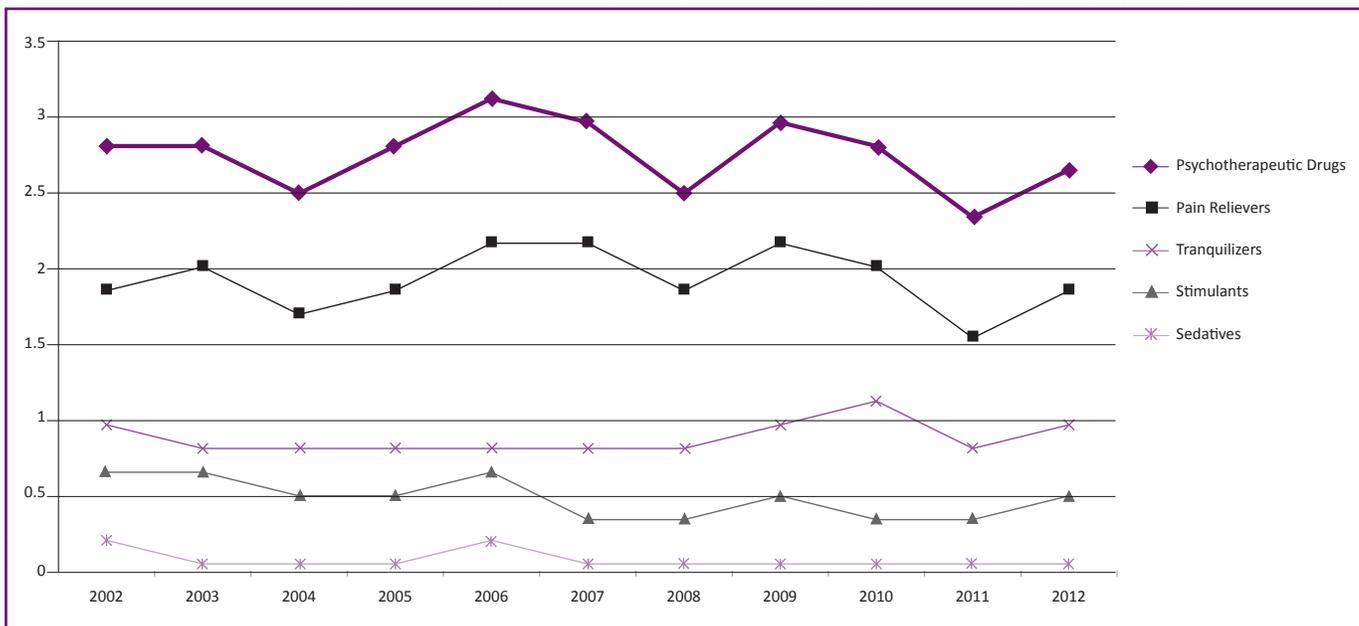
In 2013, at least 39 state legislatures considered bills aimed at preventing prescription drug abuse, and as of November 2013, at least 26 of those states had enacted one or more laws related to the issue. A number of these new laws, including in Alabama, Connecticut, Indiana, Maine, Maryland, Utah, and Vermont, deal with the states’ PMPs. Others, such as in Alabama, Georgia, and Tennessee, address the regulation of pain clinics. A few, including in Colorado, Delaware, and New Jersey, provide some element of immunity in drug overdose situations. Still oth-

ers, such as in Florida, Indiana, and Oklahoma, deal with setting prescribing limits. And apart from the law types outlined by CDC, several states, including Idaho, Utah, and Virginia, enacted laws addressing awareness or education, either for the public or for health care practitioners.

Some states have identified positive trends following their adoption of various measures intended to impact prescription drug abuse. In Kentucky, for example, the state government reported in mid-2013 a slight decrease in drug overdose deaths, the first decline in more than a decade. The state’s initiatives have included PMPs and

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**Percentage of Non-Medical Use of Psychotherapeutic Drugs Among Persons Aged 12 and Older: 2002-2012**



The above graph illustrates the trends of abuse of non-medical use of prescription-type psychotherapeutic drugs from the United States population ages 12 and older from 2002 to 2012. The graph highlights the percentage of Americans abusing the four sub-categories of psychotherapeutic drugs including pain relievers, stimulants, tranquilizers, and sedatives, and also the percentage of Americans abusing psychotherapeutic drugs as a whole. As illustrated above, in 2012, 6.8 million persons or 2.6% of the population ages 12 and older were non-medical users of psychotherapeutic drugs, including 4.9 million users (1.9%) of pain relievers, 2.1 million users (0.8%) of tranquilizers, 1.2 million users (0.5%) of stimulants, and 270,000 users (0.1%) of sedatives. Results presented above are taken from the 2012 National Survey on Drug Use and Health: Summary of National Findings prepared by the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

## Board of Pharmacy Compliance Officers and Legal Counsel Unite to Discuss Common Issues at Interactive Forum

Recognizing the amount of pertinent issues that cross-over between board of pharmacy compliance officers and legal counsel, NABP held the Interactive Compliance Officer and Legal Counsel Forum on December 3-4, 2013, at the Hilton Northbrook in Northbrook, IL. The forum, themed “Creating New Tools to Maintain and Enhance Board Authority” gathered 36 compliance officers and 22 legal counsel from 38 member boards of pharmacy and three associate member boards. This Interactive Forum reinforced the partnership among the boards of pharmacy and NABP and the shared mission to protect the public health.

To ensure that the forum focused on issues of special interest to the attendees, a survey was sent prior to the meeting asking them what current topics they would like to discuss. The meeting was divided into two days of sessions that were developed based on suggested topics and centered around “tool sets” designed to provide both groups with valuable new ideas. The forum included joint sessions where topics discussed included common issues faced by both compliance officers and legal counsel. The forum also included breakout sessions that discussed issues specific to each group’s unique position with the board.

Throughout the forum, attendees engaged in stimu-

lating discussions as they offered a variety of relevant experiences, perspectives, and information. Attendees served as panelists for the topics, except when the topic covered an NABP program.

### Two Roles, Unique Perspectives

The first day of the forum began with a greeting from Michael A. Burleson, RPh, chairperson, NABP Executive Committee, welcoming all attendees and explaining the purpose of the meeting. Burleson stressed the importance of the meeting for both groups to discuss freely and honestly with their colleagues – in closed sessions – important and timely issues related to their roles on the boards of pharmacy as well as the latest enhancements to NABP programs and services.

The first tool set – “Overview: The Interaction Between Compliance and Legal Perspectives – Roles, Desired Outcomes, and Challenges” – gathered both groups for a discussion on how compliance officers and legal counsel work and interact together to support the boards of pharmacy in their mission to protect public health. Panelists from different state boards of pharmacy shared examples of how their legal and compliance staff interact between one another.

The second tool set of the forum – “Balance Between Discipline and Education” –

featured discussions on the legalities of sharing sensitive information across state lines. In addition, panelists from different states shared their experiences on cases of discipline. Following these interactive panels were shared discussion topics. This portion of the event featured an open microphone discussion on several topics including the validity of controlled substance prescriptions and pharmacists’ corresponding responsibility to ensure validity; corporate responsibility versus pharmacists’ responsibility for practice violations; and regulating to improve patient care versus regulating dispensing. Attendees also discussed the implementation of state medical marijuana programs.

### Dividing Roles

Day two of the meeting kicked off with breakout sessions that focused on topics specific to each group’s role on the board of pharmacy. For compliance officers, the tool set – “Uniformity as a Tool” – discussed the importance of uniformity, whether it be within the state or among states, as it applies to inspections, accreditations, and pedigrees. During this session, panelists shared experiences with factors that led to variations in pharmacy inspections and ways to improve uniformity in that area. In addition, NABP accreditation staff provided

recent updates to NABP accreditation programs.

The breakout session specific to legal counsel featured the tool set – “Case Law Update and Workshop” – where panelists discussed legal cases that could have significant impact on the boards of pharmacy. Cases involving conflicts of interest for the boards of pharmacy as well as state-specific cases were shared. The breakout session also had a case scenario workshop that gave attendees time to brainstorm with peers on solutions to a case.

The second breakout session for compliance officers included a discussion on the important things that compliance officers and their boards of pharmacy need to know when dealing with compounding pharmacies during the tool set – “Compounding Blueprint.” Information on the differentiation between compliance with United States Pharmacopeia standards for nonsterile and sterile compounding were presented. In addition, NABP accreditation staff shared experiences with training compounding inspectors and developing a standard compounding inspection form.

The second breakout session for legal counsel featured discussions on innovations in pharmacy practice and how they affect

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# Interactive Forum Offers Compliance Officers and Legal Counsel Chance to Network and Discuss Crossover Issues

On December 3-4, 2013, board of pharmacy compliance officers and legal counsel convened in Northbrook, IL, for the two-day NABP Interactive Compliance Officer and Legal Counsel Forum themed, “Creating New Tools to Maintain and Enhance Board Authority.” The Interactive Forum provided a unique opportunity for attendees to share and collaborate on pertinent issues faced by both professions. Discussions were led by expert panels comprised of board of pharmacy compliance officers, legal counsel, executive officers, and NABP staff. More information on the forum is available on pages 33 and 36 in this *Newsletter*.



### Compliance Officers and Legal Counsel Interact to Protect Public Health

During the first tool set “Overview: The Interaction Between Compliance and Legal Perspectives – Roles, Desired Outcomes, and Challenges,” compliance officers and legal counsel gathered to share how both groups work and interact together to support the boards of pharmacy in their mission to protect public health. Pictured from left to right: Debra L. Billingsley, executive director, Kansas State Board of Pharmacy; session moderator Susan Ksiazek, RPh, NABP Executive Committee member; and Brenda McCrady, assistant director, Arkansas State Board of Pharmacy.

### Compliance Officers Examine the Importance of Uniformity

A portion of the Interactive Forum provided breakout sessions for both groups to discuss issues specific to their role on the board of pharmacy. The breakout session for compliance officers “Uniformity as a Tool” focused on the importance of uniformity as it applies to inspections, accreditations, and pedigrees. Pictured from left to right: session moderator Edward G. McGinley, MBA, RPh, NABP treasurer; Gary Miner, RPh, interim executive director/compliance director, Oregon State Board of Pharmacy; Nancy Tay, accreditation director, NABP; and Luis Curras, board inspector, Nevada State Board of Pharmacy.





**Panelists Discuss Information Sharing and Cases of Discipline**

During the tool set “Balance Between Discipline and Education,” compliance officers and legal counsel discussed the legalities of sharing sensitive information across state lines. In addition, panelists shared their experiences on cases of discipline. Pictured from left to right: Gary Dewhirst, RPh, NABP Executive Committee member; Jodi C. Krugman, deputy attorney general, Consumer Affairs Counseling Section, state of New Jersey Division of Law; session moderator Jeanne D. Waggener, RPh, NABP Executive Committee member; and Eric A. Griffin, compliance and enforcement supervisor, Ohio State Board of Pharmacy.

**Board Legal Counsel Interact With Peers, Find Solutions**

The breakout session for legal counsel “Case Law Update and Workshop,” featured discussions on legal cases that could have a significant impact on the boards of pharmacy. Expert panelists also led a case scenario workshop that gave attendees a chance to interact with one another on solutions to a particular case. Pictured from left to right: Dale J. Atkinson, JD, outside counsel, NABP; Cheryl Lalonde, JD, board counsel, Kentucky Board of Pharmacy; and session moderator Hal Wand, MBA, RPh, NABP Executive Committee member.



**Understanding the Trends in Pharmacy Practice Law**

Legal counsel gathered for a discussion on the innovations in pharmacy practice and how they affect state laws and regulations during their second breakout session “Legislative Update – Trends in Pharmacy Practice Law.” Pictured from left to right: Daniel Aron Kelber, JD, associate general counsel, Division of Professional Regulation, Illinois Department of Financial and Professional Regulation; Gregg Jones, RPh, CPh, accreditation compliance manager, NABP; and session moderator Mark T. Conradi, JD, RPh, NABP Executive Committee member.

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### Panelists Guide Compliance Officers through the Compounding Blueprint

During the second breakout session for compliance officers “Compounding Blueprint,” expert panelists provided important information addressing compounding pharmacies, including the differentiation between compliance with United States Pharmacopeia standards for nonsterile and sterile compounding. Pictured from left to right: session moderator Karen M. Ryle, MS, RPh, NABP president; Paul Holder, PharmD, assistant director of enforcement, Texas State Board of Pharmacy; and Denise Frank, RPh, accreditation inspection services manager, NABP.



### Taking on Pharmacy Challenges With New Programs and Services

During the last tool set of the forum “Finishing Touches – NABP Update,” NABP staff presented information on programs and services developed to assist the boards and protect public health, including NABP PMP InterConnect®, the new Verified Pharmacy Program™, and Board e-Profile Connect. Pictured from left to right: Neal Watson, BS, licensure programs manager, NABP; session moderator William John Cover, RPh, NABP Executive Committee member; Danna Droz, JD, RPh, prescription monitoring program liaison, NABP; and Josh Bolin, BA, member relations and government affairs director, NABP.

### Forum Overview

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state laws and regulations during the tool set – “Legislative Update – Trends in Pharmacy Practice Law.” During this session, panelists shared experiences with the expansion of pharmacy practice through telepharmacy and remote dispensing sites. NABP accreditation staff also provided information on virtual wholesale distributors and the updated Verified-Accredited Wholesale Distributors® program criteria.

For the last half of the day, both compliance officers and legal counsel gathered together again for additional joint sessions. During the final tool set – “Finishing Touches – NABP Update” – NABP staff presented information on NABP PMP InterConnect® as well as the new Verified Pharmacy Program™ and how it can support boards by providing inspections for nonresident pharmacies seeking licensure. Also presented during this joint session, NABP staff provided a demonstration of how boards will have access to related

inspection and disciplinary information through Board e-Profile Connect. The session closed with discussions on topics submitted through the survey before the meeting as well as those suggested during the meeting.

NABP President-elect Joseph L. Adams, RPh, closed the meeting with some additional information about NABP programs and services that are available to the attendees and a call to submit nominees for the awards to be presented at the NABP 110<sup>th</sup> Annual Meeting. Adams also provided some

information on how attendees can become involved in the Association through volunteering as a task force or committee member.

To continue to provide the boards of pharmacy with opportunities to gather and share common challenges and experiences, Interactive Forums for board members and executive officers will be held in the fall of 2014. For more information about the NABP Interactive Forums and other future meetings, visit the Meetings section of the NABP website at [www.nabp.net](http://www.nabp.net). 

## NAPLEX and MPJE Test Limit Strengthens Examination Integrity, Assists Member Boards in Making Informed Candidate Decisions

Effective March 2013, NABP began working with the state boards to review and possibly limit the number of times a candidate may take the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®).

In an effort to maintain examination integrity and security, and in keeping with the Association's mission to support the state boards of pharmacy in the protection of the public health, the Advisory Committee on Examinations (ACE) carefully considered the recommendation to implement a five-time testing limit. NABP conducted a thorough review of peer organizations' public policies. The Association also compiled and analyzed a decade's worth of records for candidates who took either examination more than once. More than 10,000 records for the NAPLEX and 15,000 records for the MPJE were analyzed in order to identify trends in passing rates

over multiple attempts at the examinations.

The result of the analysis showed that overall, the probability of achieving a passing score decreased as the number of attempts increased and the possibility of a security breach increased. After deliberating on these results, ACE recommended the new testing limits to the NABP Executive Committee. The Executive Committee reviewed and approved the recommendation in October 2012.

Effective March 1, 2013, when candidates attempt to register for a sixth examination, they are prevented from proceeding with the registration and are directed to contact NABP. The Association coordinates communication to the relevant state board of pharmacy in order to provide the candidate's number of attempts, testing dates, jurisdictions, and scores. In addition, the NABP e-Profiles of candidates who exceed the five-time limit are flagged in the Board e-Profile Connect. This information assists



the board of pharmacy in making the most informed decisions about granting eligibility to retest.

The new test limit policy has also increased awareness among the state boards of pharmacy to discuss whether or not there is a need to address state regulations concerning testing limits. NABP's member boards retain full authority to determine a candidate's eligibility to test for both examinations. Some jurisdictions have more stringent standards and require candidates to pass the NAPLEX and MPJE in less than five attempts. In these instances, NABP defers to the state's testing requirements, which overrule NABP policy. For cases in which no state rules or regulations are in place to address testing limits, state boards of pharmacy retain the authority to deny or approve testing, or to address

each request on a case-by-case basis.

Candidates who have taken the exam five or more times prior to March 1, 2013, may have one more attempt to pass the test with approval from their jurisdictions. All other candidates are now subject to state regulations or NABP policy. A more detailed summary of the testing limit policy is available in the article "NABP to Implement New Policy for Repeat Test Takers of NAPLEX and MPJE; Candidates to Be Permitted Five Attempts" published in the February 2013 *NABP Newsletter*. More information about both examinations is also available in the *NAPLEX/MPJE Bulletin*, which may be downloaded from the Programs section of the NABP website at [www.nabp.net/programs](http://www.nabp.net/programs).<sup>®</sup>



### Newly Accredited VAWD Facilities

The following facilities were accredited through the NABP Verified-Accredited Wholesale Distributors® (VAWD®) program:

**Medical Specialties Distributors, LLC**  
Hanover Park, IL  
Stoughton, MA

A full listing of more than 540 accredited VAWD facilities is available on the NABP website at [www.nabp.net](http://www.nabp.net).<sup>®</sup>

## Prescription Drug Abuse

(continued from page 32)

expanded substance abuse programs. Florida reported even more substantial gains after implementing a PMP, cracking down on pain clinic “pill mills,” and creating Drug Strike Force teams: In 2012, overall prescription drug deaths dropped by 9.9%, while deaths due to oxycodone fell by 41%. Arizona’s Prescription Drug Misuse and Abuse Initiative saw success in increasing the number of prescribers, pharmacists, and law enforcement personnel participating in the state’s PMP, and had collected several thousand pounds of unused drugs in the initiative’s first year of operation. The National Criminal Justice Association awarded the Arizona program as the best in the Western region “in terms of innovation and delivery of concrete results.”

At the federal level, senators introduced at least two different bills addressing prescription drug abuse in 2013; one would have emphasized education for practitioners and consumers, and also increased funding for state PMPs, while the other would have established a commission to coordinate law enforcement and health agency efforts to combat prescription drug abuse. Both ended in 2013 still in committee.

## Other Prevention Efforts

The dramatic increase since the 1990s in prescrip-

tion drug abuse has coincided with a large increase in the number of prescription drugs available, most notably powerful painkillers. “The unprecedented rise in overdose deaths in the US parallels a 300% increase since 1999 in the sale of [opioid pain relievers],” notes the CDC. Drug Enforcement Administration (DEA) has also noted that the ever-increasing (legal) supply of prescription narcotics, tranquilizers, and stimulants has the potential to feed the drug abuse epidemic. “[D]ata . . . indicates the amount of prescription drugs disbursed to pharmacies, hospitals, practitioners, and teaching institutions has increased steadily over the past five years, thereby rendering more of the drugs available for illegal diversion,” DEA noted in its 2013 National Drug Threat Assessment Summary.

Dispensed-but-unused medications appear to form a major source of supply for prescription drug abusers. Both the NSDUH and the Monitoring the Future survey have found that more than half of non-medical prescription drug users report obtaining their drugs from a friend or relative for free. Other sources for the drugs, in roughly descending order of importance, are as follows: obtained from one doctor, purchased from a friend or relative, took without asking from a friend or relative, bought from a drug dealer or other stranger, obtained from more than one doctor, stole from a medical facility, and purchased on the Internet.

To address the issue of unused drugs falling into the hands of drug abusers, a number of efforts have focused on removing some of those excess medications from patients’ homes. Last October, DEA held its seventh National Prescription Drug Take-Back Day, taking in 647,211 pounds of unwanted or expired medications – the second-largest collection of medications in the event’s history. The event’s 5,683 take-back sites were located in all 50 states, as well as the District of Columbia and United States territories. In total, the program has removed from circulation more than 3.4 million pounds of medications since September 2010. DEA has also published proposed rules that, when finalized, would allow more options for consumers to dispose of unused controlled substances. (See “NABP Comments in Support of DEA Proposed Rules for Disposal of Unwanted Controlled Substance Medications By Ultimate Users,” in the May 2013 *NABP Newsletter*.)

NABP continues to combat prescription drug abuse, as well. Through the Association’s AWARD<sub>X</sub>E<sup>®</sup> Consumer Protection Program, NABP has helped publicize the DEA Drug Take-Back Days, along with local drug disposal locations. The AWARD<sub>X</sub>E program consists of a variety of strategies designed to inform consumers and pharmacists about prescription drug abuse, and empower them to help combat the problem. The AWARD<sub>X</sub>E website acts as an information resource about safe medicine practices, and allows visitors to

identify local drug disposal sites. Periodic social media campaigns spread the word about events like DEA Take-Back Days. AWARD<sub>X</sub>E presents information to the public at local events, as well as to pharmacists and other stakeholders at national conferences. The program also provides materials ranging from bookmarks to Power-Point slides to individuals or groups making presentations on the topic of prescription drug safety. In addition, AWARD<sub>X</sub>E maintains a supportive relationship with other drug-safety groups, such as the National Institute on Drug Abuse.

NABP is also involved with prescription drug abuse prevention efforts through the NABP PMP InterConnect<sup>®</sup> program, which provides state PMPs with a secure communication exchange platform to share data between states. At press time, it was expected that in early 2014, approximately 30 states would be sharing data via NABP InterConnect or be in the process of establishing a memorandum of understanding with NABP to join the program.

NABP will continue to support the boards of pharmacy and other stakeholders as they continue to work to combat the prescription drug abuse epidemic. Current survey results may indicate that recent-year efforts are beginning to have an effect, but they mainly demonstrate the need for continued efforts to address this serious public health concern. 

## Registration Now Open for the April FPGEE Administration

Registration is now available for the next Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) scheduled to be administered on April 28, 2014. Qualified candidates may register up until April 14, 2014, on the NABP website. After registering, candidates will be e-mailed an Authorization to Test. They may then schedule their examination appointment at a testing center with the NABP test vendor, Pearson VUE.

The deadline to schedule with Pearson VUE is April 21, 2014. NABP encourages early registration for optimal scheduling options as certain test centers fill up quickly.

The FPGEE is one component required as part of the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification Program. NABP developed the FPGEC as a means of documenting the educa-

tional equivalency of a candidate's foreign pharmacy education and foreign license and/or registration, which assists state boards of pharmacy in qualifying candidates for licensure in the United States.

To prepare for the FPGEE, NABP recommends that candidates take the Pre-FPGEE®, the only FPGEE practice examination written and developed by NABP. This practice examination is designed to



help familiarize applicants with the FPGEE by providing actual questions that previously appeared on the examination.

Additional information on the FPGEE and the Pre-FPGEE is available at [www.nabp.net/programs](http://www.nabp.net/programs). 

## Task Force Convenes to Assess Current PBM Regulations and Related Collaborative Efforts Among States

The Task Force on the Regulation of Pharmacy Benefit Managers convened at NABP Headquarters on October 22-23, 2013, to assess the current state of pharmacy benefit manager (PBM)-related regulations and related collaborative efforts among the states. During this meeting, task force members reviewed existing current state laws and regulations addressing the regulation of PBMs; identified activities in which PBMs engage that may be construed to fall under the definition of the practice of pharmacy; and reviewed relevant *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* to address appropriate regulation of PBMs. 



Back row pictured from left to right: Steve Parker, Mississippi Board of Pharmacy; Laura Schwartzwald, RPh, Minnesota Board of Pharmacy; Buford Abeldt, Sr, RPh, Texas State Board of Pharmacy; Stuart Williams, JD, Minnesota Board of Pharmacy; Richard Palombo, DPh, RPh, New Jersey State Board of Pharmacy; Jeffrey Mesaros, PharmD, JD, Florida Board of Pharmacy; Hal Wand, MBA, RPh, NABP Executive Committee liaison; and L. Suzan Kedron, JD, Texas State Board of Pharmacy. Front row pictured from left to right: LuGina Mendez-Harper, PharmD, New Mexico Board of Pharmacy; Cindy Warriner, RPh, Virginia Board of Pharmacy; Patricia Donato, RPh, New York State Board of Pharmacy, chair; Julia Eaton, RPh, past member, Vermont Board of Pharmacy; and Brenda Warren, DPh, CHC, past member, Tennessee Board of Pharmacy.

## NABP PMP InterConnect Participation Continues to Grow; States Continue to Pilot NABP-Developed PMP Software

The Nevada Prescription Monitoring Program will soon be joining the growing number of state prescription monitoring programs (PMPs) that have gone live with NABP PMP InterConnect® with a scheduled launch date of February 2014, making interstate PMP data accessible to authorized users in 22 states.

Nevada will join PMPs in the states of Arizona, Arkansas, Colorado, Connecticut, Delaware, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia, and Wisconsin. Several other states are expected to go live with NABP InterConnect in early 2014, with some having executed a memorandum of understanding (MOU) to participate, and other states currently reviewing the MOU.

NABP InterConnect was designed by NABP to facilitate interoperability and interstate data sharing between

state PMPs. NABP InterConnect is not a PMP, but rather enhances the benefits of state PMPs by allowing participating PMPs across the United States to be linked and provide an effective means of combating drug diversion and drug abuse nationwide. NABP InterConnect provides a highly secure communications exchange platform for participating states, ensuring that each state maintains ownership and control of their PMP data and that data is accessed pursuant to each state's laws. The system does not store any data and does not inhibit the legitimate prescribing or dispensing of prescription drugs.

In February 2014, the NABP InterConnect Steering Committee will hold a telephone conference to discuss revisions to the Participant Worksheet, which provides information about authorization, access, and roles for fellow PMPs in order to assist with connectivity and interoperability. In addition, the

Steering Committee will review the NABP InterConnect console including the ability of states to allow or restrict access to third party vendors.

Composed of representatives of PMPs that participate in the NABP InterConnect program, the Steering Committee serves as the governing and advisory body as it relates to the administration and function of the program.

States that seek further information about NABP InterConnect may contact NABP Member Relations and Government Affairs staff at [GovernmentAffairs@nabp.net](mailto:GovernmentAffairs@nabp.net), or by calling 847/391-4406.

### PMP Software Update

As NABP InterConnect participation grows, five states continue efforts to pilot the new PMP software system, PMP AWAR<sub>x</sub>E™, to ensure the software meets the needs of state PMPs. Kansas, Mississippi, and Nevada have already piloted the software.



Idaho is scheduled to launch the software in mid-February 2014. North Dakota is the last state to begin testing with an anticipated launch date of March 2014. As with previous pilots, NABP is working to apply additional improvements to the software for future rollouts to other states. NABP is currently piloting the software free of charge to the aforementioned five states, and it is the ultimate goal to make this software available to all states at no cost in the future.

More information about PMP AWAR<sub>x</sub>E is highlighted in the October 2013 *NABP Newsletter*. Additional information about NABP InterConnect, including the most up-to-date information about state participation, is available on the NABP website at [www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect](http://www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect).<sup>®</sup>

### Legal Briefs

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were similarly situated to the [Licensee].”

According to the court, the Licensee failed to clearly articulate his ADA position and appeared to have comingled such a defense into his selective prosecution arguments. Because he failed to substantiate his selective prosecution elements, the

court was unconvinced of his ADA arguments. Accordingly, these defenses were found to be without merit.

Finally, the court rejected arguments by the Licensee that he was denied certain procedural rights related to subpoenas issued after the commencement of proceedings. The court noted that the Licensee failed to direct the lower court to the administrative code at issue and, thus,

the court of appeals held that there could be no error in judgment. Indeed, the lower court was not even asked to consider the issue.

As a result, the court of appeals affirmed the lower court and upheld the Board order permanently revoking the physician's license. While respondents may believe they are subject to selective prosecution, few published judicial opinions

address this interesting issue. As previously noted in this article, the burden to meet such a threshold is heavy and difficult to meet. In this case, the facts warranted a permanent revocation of licensure, a sanction not necessarily available to most boards of pharmacy.

*Brownlee v. State Medical Board of Ohio*, 2013 Ohio 4989, 2013 Ohio App. LEXIS 5194 (App. Ct. OH 2013)<sup>®</sup>

## American Astronaut, Captain Mark Kelly, Will Inspire Attendees to Succeed During NABP 110<sup>th</sup> Annual Meeting Keynote

What does it take to achieve your goals when faced with adversity? Captain Mark Kelly will inspire attendees as he relates how he overcame the toughest challenge of his life when an assassination attempt was made on his wife, former United States Congresswoman Gabrielle Giffords. Kelly will share how by combining teamwork, leadership, communication, and family in an unwavering commitment to succeed, attendees can accomplish their mission while maintaining the love and devotion to family that is the foundation of true success. He will give his keynote speech, “*Endeavour to Succeed*,” during the First Business Session of the NABP 110<sup>th</sup> Annual Meeting, to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ.

Kelly is an American astronaut, retired US Navy captain, best-selling-author, prostate cancer survivor, and an experienced naval aviator who flew combat missions

during the Gulf War. Selected as an astronaut in 1996, he flew his first of four missions in 2001 aboard Space Shuttle *Endeavour*, the same space shuttle that he commanded on its final flight in May 2011. He has also commanded Space Shuttle *Discovery* and is one of only two individuals who have visited the International Space Station on four different occasions. Kelly’s identical twin brother, Scott, is also an astronaut who served as commander of both the Space Shuttle and the International Space Station. They share the distinction of being the only siblings who have traveled in space.

With 6,000 flight hours in more than 50 different aircraft, 375 aircraft carrier landings, 39 combat missions, and more than 50 days in space, Kelly is one of our country’s most experienced pilots. He is an American hero who inspires others to be their best while remaining true to their core values. He exemplifies leadership,

the importance of teamwork, and courage under pressure.

Already a celebrated American, Kelly became the center of international attention after the January 2011 assassination attempt on his wife, Gabrielle Giffords. In their best-selling memoir, *Gabby: A Story of Courage, Love, and Resilience*, the couple shares their story of hope and resilience with the world. The inspirational memoir has topped multiple best-seller lists, including *The New York Times*, *The Wall Street Journal*, *USA Today*, and *Amazon*. Kelly and Giffords have captivated the nation with their story, appearing in an exclusive Diane Sawyer interview, and on *Nightline* and *The Daily Show*. They have also been featured on the covers of *People* and *USA Today*. In 2013, on the second anniversary of the Tucson, AZ, shooting, Kelly and Giffords launched a political action committee aimed at curbing gun violence.



Kelly was named one of *Esquire*’s 2011 “Americans of the Year,” and is also the winner of many awards, including the Legion of Merit, two Defense Superior Service Medals, and two Distinguished Flying Crosses. Kelly has written two children’s books about the space explorations of a little mouse chosen for space missions, *Mousetronaut: A Partially True Story* and *Mousetronaut Goes to Mars*.

Information about the NABP 110<sup>th</sup> Annual Meeting is available in the Meetings section of the NABP website at [www.nabp.net/meetings](http://www.nabp.net/meetings).<sup>®</sup>

## Annual Meeting Registration Available in February at NABP.net

Online registration will be available in February 2014, for the NABP 110<sup>th</sup> Annual Meeting to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. Attendees are encouraged to register early to receive reduced registration rates. In order to receive the early registration rate, attendees must register **on or before April 7, 2014**. Once available, registration may be accessed via the Meetings section of the NABP website at [www.nabp.net/meetings](http://www.nabp.net/meetings).

NABP offers attendees three payment options:

1. Using a credit card (American Express, MasterCard, or Visa)
2. Mailing in the payment
3. Paying in Phoenix

More information about the 110<sup>th</sup> Annual Meeting is also available in the Meetings section of the NABP website.<sup>®</sup>

# 110<sup>th</sup> Annual Meeting

nabp newsletter

## Meeting Program

May 17-20, 2014

Sheraton Phoenix Downtown Hotel

Phoenix, AZ

### Saturday, May 17, 2014

10 AM - 6 PM

Registration/Information Desk Open

1:30 - 3:30 PM

Pre-Meeting CPE

4 - 5 PM

From District Meeting to Annual Meeting – Learning About NABP

6 - 9 PM

President's Welcome Reception

Honoring NABP President

Karen M. Ryle, MS, RPh

*Dinner will be served*

*Dress: business casual*

### Sunday, May 18, 2014

7 AM - 4:30 PM

Registration/Information Desk Open

7:30 - 8:30 AM

NABP AWA<sub>X</sub>E Fun Run/Walk

Sponsored by Rite Aid Corporation

8:30 - 11:30 AM

Hospitality Brunch and Educational Table Top Displays

8:30 - 11:30 AM

Joint CPE

Educational Poster Session –

Partnering to Protect Public Health

Noon - 3:15 PM

First Business Session

12:30 - 1:30 PM

Keynote Address

Captain Mark Kelly

3:30 - 4:30 PM

Joint CPE

### Monday, May 19, 2014

7:30 AM - 1 PM

Registration/Information Desk Open

7:30 - 8:45 AM

NABP/USP Breakfast

Sponsored by United States

Pharmacopeial Convention

8:45 - 10:15 AM

Joint CPE

10:30 AM - Noon

Second Business Session

Noon - 12:30 PM

Informal Member/Candidate

Discussion

1:30 - 5:30 PM

Optional Tour

The Spirit of Phoenix Tour – Native

Culture and Urban Sophistication

*Reservation required*

### Tuesday, May 20, 2014

7:30 AM - 4 PM

Registration/Information Desk Open

7:45 - 8:45 AM

Continental Breakfast

8:45 - 10:15 AM

Executive Officer and Board

Member CPE

8:45 - 10:15 AM

Compliance Officer CPE

10:30 AM - Noon

Joint CPE

Noon - 1:30 PM

Lunch Break

*(On your own)*

1:30 - 4 PM

Final Business Session

5:45 - 6:45 PM

Awards Dinner Reception

7 - 10 PM

Annual Awards Dinner

*Dress: semiformal*

Note: The 110<sup>th</sup> Annual Meeting schedule is subject to change.



NABP and the NABP Foundation is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). ACPE Provider Number: 205. Participants may earn ACPE-accredited CPE credit by completing a Statement of Continuing Pharmacy Education Participation online and submitting it electronically to NABP. Full attendance and completion of the program evaluation and learning assessment for each session are required to receive CPE credit and be recorded in the CPE Monitor<sup>®</sup> system.

**Continuing Legal Education (CLE) Policy:** NABP staff will be available to assist attendees on an individual basis to apply for CLE credit for attending CPE sessions. To apply for CLE credit, attendees must initiate the program approval process in their own states by completing and submitting the appropriate application materials and forms. NABP will provide documentation as necessary.

## Network and Share Your Knowledge: 110<sup>th</sup> Annual Meeting Poster Session Participation Deadline Approaching

The deadline to reserve a spot as a presenter for the NABP Annual Educational Poster Session is Friday, March 7, 2014. Board of pharmacy members and staff as well as schools and colleges of pharmacy are invited to participate.

This year the Poster Session will focus on “Partnering to Protect the Public Health,” and will be held during the NABP 110<sup>th</sup> Annual Meeting, May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ.

The Poster Session will be held Sunday, May 18, from

8:30 to 11:30 AM, and will offer those displaying posters the opportunity to share information about their organization’s latest legislative issues, technology, policy development, and/or disciplinary cases as they relate to “Partnering to Protect the Public Health,” with other pharmacy professionals.

Participants may earn one contact hour (0.1 CEU) of Accreditation Council for Pharmacy Education-accredited continuing pharmacy education (CPE) credit for their attendance and participation. Presenters are not automatically qualified

for CPE. To earn CPE, both presenters and participants must spend at least one hour interacting with other Poster Session presenters and pass a post-session test.

Posters must coincide with the Poster Session theme, “Partnering to Protect the Public Health.” Participating boards and schools and colleges of pharmacy will be provided with one four-foot by six-foot bulletin board, which should be manned by a qualified representative, such as a registered pharmacist, during display times. Assembly time will be avail-

able on Sunday, May 18, from 7:30 to 8:15 AM. Student presenters are welcome and must be accompanied by a licensed pharmacist. Pharmacy school students will receive a free voucher valued at \$55 to take the Pre-NAPLEX®, a practice examination for students preparing for the North American Pharmacist Licensure Examination®.

Those interested in participating should contact NABP Professional Affairs Senior Manager Eileen Lewalski via e-mail at [elewalski@nabp.net](mailto:elewalski@nabp.net) by **March 7, 2014.** Ⓞ

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## Members Encouraged to Apply for Annual Meeting Travel Grant

The NABP Foundation will once again offer active member state boards of pharmacy travel grant opportunities to attend the NABP 110<sup>th</sup> Annual Meeting to be held May 17-20, 2014, at the Sheraton Phoenix Downtown Hotel in Phoenix, AZ. One grant will be awarded to a current board member or administrative officer of each active NABP member board of pharmacy, as designated by the board’s administrative officer.

In years past, the travel grant was provided only for voting delegates. Although that restriction no longer applies, in order to receive

reimbursement, active member boards of pharmacy still must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions.

The grant was established to assist boards in sending voting delegates to the Annual Meeting so they may participate in important business including discussing and voting upon resolutions and amendments to the NABP Constitution and Bylaws, electing NABP Executive Committee officers and members, and attending educational sessions regarding current

issues facing pharmacy regulators.

The NABP Annual Meeting Travel Grant program lessens the costs for qualified individuals by providing funds for travel expenses, including travel, hotel rooms, meals, taxis, parking, and tips. Eligible individuals can receive up to \$1,500 in grant monies to attend the NABP 110<sup>th</sup> Annual Meeting. The grant does not include Annual Meeting registration fees.

Grant applications may be obtained from NABP upon the direct requests of executive officers of the state boards of phar-

macy. Applications can be submitted by mail to the NABP Executive Office at NABP Headquarters or via e-mail at [exec-office@nabp.net](mailto:exec-office@nabp.net). NABP requests that applications be submitted prior to the Annual Meeting. All applicants will be informed of whether or not they have qualified for the grant. Last year, 41 state boards of pharmacy applied and were approved for the NABP 109<sup>th</sup> Annual Meeting Travel Grant.

For more information on the Annual Meeting Travel Grant, contact the NABP Executive Office at [exec-office@nabp.net](mailto:exec-office@nabp.net). Ⓞ



## AWAR<sub>x</sub>E Holiday Social Media Campaign Reaches Over 10.7 Million With Medication Safety Information

An estimated 10.7 million consumers who visited popular websites and social media channels over the holiday season had the opportunity to see prescription drug safety information from the AWAR<sub>x</sub>E<sup>®</sup> Consumer Protection Program as part of the AWAR<sub>x</sub>E “Keep the Holidays Merry – Move Your Medications” social media campaign. The campaign focused on reminding consumers to securely store medications, particularly during holiday events. The campaign encouraged patients, caregivers, and other consumers to remove prescription drugs from medicine cabinets and other easy-to-access locations in order to prevent abuse, misuse, and accidental ingestion. This timely information was shared with Internet users via a newly launched Twitter handle, a social media press release, blogger interviews, and feature articles. In addition, an audio public service announcement (PSA) on Pandora Internet Radio highlighted for listeners information about how to safely dispose of unneeded medications. Finally, Yahoo! displayed banners referring Internet users to the AWAR<sub>x</sub>E website.

As reported in the November/December 2013 issue of the *NABP Newsletter*, the campaign kicked off with a Twitter party that generated 1,646 tweets on topics such as secure storage, proper disposal, and abuse prevention of prescription drugs by 119 participants. With retweets and active participation, the hour-long event resulted in more than 123,000 people seeing at least one tweet.

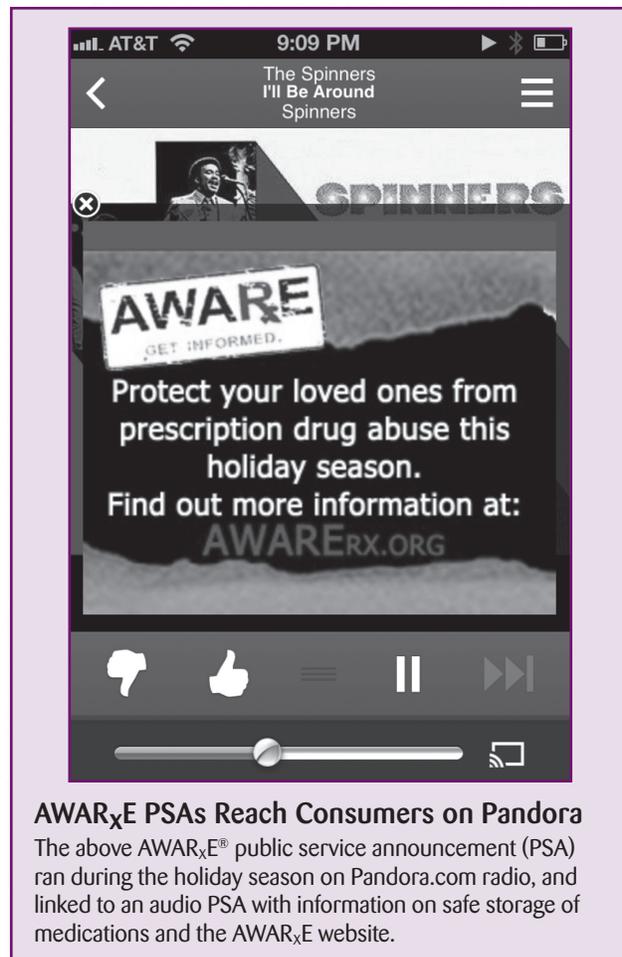
A social media press release that urged readers to take action to move and secure their medications was viewed by 1,881 readers and resulted in over 9,000 Twitter impressions. The press release also featured an AWAR<sub>x</sub>E video clip, image, and linking information for bloggers and other social media users to share.

During the campaign, AWAR<sub>x</sub>E also reached out to bloggers in an effort to prompt interviews with popular blogs that focus on parenting, senior living, and caregiving. AWAR<sub>x</sub>E was also invited to provide feature guest articles on nine blogs. Together, blog articles and related tweets and Facebook posts featuring AWAR<sub>x</sub>E content reached a potential audience of more than 212,336.

The campaign’s PSA was played 1,052,430 times on Pandora Internet radio, and Yahoo! banners had a potential audience reach of 1,098,120. The PSA and banners were available on November 26, 2013 to December 26, 2013.

AWAR<sub>x</sub>E will continue to encourage consumers to securely store their medications

in order to avoid unintentional use or misuse by family or visitors through its social media outlets, including the AWAR<sub>x</sub>E Facebook page, the @AWAR<sub>x</sub>E Twitter handle, and the AWAR<sub>x</sub>E YouTube channel. Direct links to these pages and additional information about medication storage can be found at [www.AWARERX.ORG](http://www.AWARERX.ORG).<sup>®</sup>



### AWAR<sub>x</sub>E PSAs Reach Consumers on Pandora

The above AWAR<sub>x</sub>E<sup>®</sup> public service announcement (PSA) ran during the holiday season on Pandora.com radio, and linked to an audio PSA with information on safe storage of medications and the AWAR<sub>x</sub>E website.

## FDA Recommends Schedule II Classification for Hydrocodone Combination Products

Food and Drug Administration (FDA) planned to submit a formal recommendation to the Department of Health and Human Services to reclassify hydrocodone combination products as Schedule II controlled substances by early December 2013. FDA expects the National Institute on Drug Abuse to concur with the recommendation, indicates a statement on the FDA website. FDA also indicates that while “the value of and access to these drugs has been a consistent source of public debate,” the agency has “been challenged with determining how to balance the need to ensure continued access to those patients who rely on continuous pain relief while addressing the ongoing concerns about abuse and misuse.” Drug Enforcement Administration makes the final decision about the appropriate scheduling of these drugs. In January 2013, FDA’s Drug Safety and Risk Management Advisory Committee made a recommendation that hydrocodone combination products be classified as Schedule II drugs following a 19-to-10 vote that concluded a two-day meeting during which members discussed the potential for abuse and misuse of the medications and the potential impact of rescheduling the drug

products. FDA’s statement on the recommendation is available at [www.fda.gov/Drugs/DrugSafety/ucm372089.htm](http://www.fda.gov/Drugs/DrugSafety/ucm372089.htm).

## 2013 USP Chapter <797> Compliance Survey Shows Trends Unchanged

The 2013 United States Pharmacopoeia (USP) Chapter <797> Compliance Survey, the third annual report released since 2011, shows that the overall compliance rate of 77.2% remains nearly unchanged from the 2012 rate. Budgetary restrictions and physical plant limitations were among the top challenges to compliance as indicated by survey respondents. The report also details the survey’s findings on what types of facilities are participating in compounding, and compliance rates in specific domain areas such as environmental sampling and gloved fingertip sampling. Of the survey’s 1,045 participants, 97% of the survey’s respondents said that USP Chapter <797> “has had a positive influence on patient safety.” The report notes NABP’s efforts to assist state boards of pharmacy in evaluating pharmacy compliance with USP Chapter <797> standards for sterile compounding in their states. The report also noted that those who participated in the 2011 survey had a higher compliance score than those who did

not. The survey’s authors encouraged pharmacy owners with multiple areas of noncompliance to target one or two areas to improve. They also encouraged organizations that participated in the survey to make use of the free Action Plan – generated upon completion of the survey – and other free resources to “reshape” their sterile compounding practices. The full report on the survey’s results is available in the October 2013 issue of *Pharmacy Purchasing & Products Magazine* and on the magazine’s website at [www.pppmag.com/article/1403](http://www.pppmag.com/article/1403).

## Baxter International Inc, Recalls One Lot of Nitroglycerin in 5% Dextrose Injection

In November 2013, FDA and Baxter International Inc, issued a voluntary recall of one lot of nitroglycerin in 5% dextrose injection due to the presence of particulate matter found in one vial. According to a press release, particulate matter, if infused, could lead to potential venous and/or arterial thromboembolism, inflammation (particularly in the lungs), and irritation of blood vessels. To date, there have been no adverse events associated with the use of the recalled products.

The affected medications were distributed in the US between January 17, 2013 and October 10, 2013, and are packaged in 250 mL glass containers, with

12 containers per carton. The affected product code is 1A0694, and the affected lot number is G105197. Consumers and health care providers should immediately stop using any products affected by the recall. Those affected may contact Baxter Healthcare Center for Service at 888/229-0001 between 7 AM and 6 PM, Central Time to arrange for return and replacement.

To view the full press release from Baxter International Inc, visit the FDA website at [www.fda.gov/Safety/Recalls/ucm376942.htm](http://www.fda.gov/Safety/Recalls/ucm376942.htm).

## New FDA Drug Info Rounds Training Videos Available

FDA Drug Info Rounds, a series of online videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better medication decisions. In the September 2013 and October 2013 Drug Info Rounds videos, pharmacists discuss the review and approval of new drug names and the review of marketing and advertising materials for new drugs. Drug Info Rounds is developed with contributions from pharmacists in FDA’s Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information. FDA Drug Info Rounds can be found at [www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals](http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals). 

## Around the Association

### Board Member Appointments

- **Charmell Petroff-Owens** has been appointed a public member of the Montana Board of Pharmacy. Petroff-Owens' appointment will expire July 1, 2018.
- **John Genovese, RPh**, has been appointed a member of the New Hampshire Board of Pharmacy. Genovese's appointment will expire September 6, 2018.
- **Christopher Dembny, RPh**, has been appointed a member of the Texas State Board of Pharmacy. Dembny's appointment will expire August 31, 2017.
- **Bradley Miller, PhTR**, has been appointed a member of the Texas State Board of Pharmacy. Miller's appointment will expire August 31, 2019.

### Board Member Reappointments

- **Deborah Brewer, RPh**, has been reappointed a member of the Kentucky Board of Pharmacy. Brewer's appointment will expire January 1, 2018.
- **Brian DeWire, DC**, has been reappointed a member of the Kentucky

Board of Pharmacy. DeWire's appointment will expire January 1, 2018.

- **Scott Greenwell, PharmD**, has been reappointed a member of the Kentucky Board of Pharmacy. Greenwell's appointment will expire January 1, 2018.
- **Dhafer Almaklani, RPh**, has been reappointed a member of the Michigan Board of Pharmacy. Almaklani's appointment will expire June 30, 2017.
- **Pamela Bufe-Wyett** has been reappointed a public member of the Michigan Board of Pharmacy. Bufe-Wyett's appointment will expire June 30, 2017.
- **Rebekah Matovich, CPhT**, has been reappointed a member of the Montana Board of Pharmacy. Matovich's appointment will expire July 1, 2018.
- **Charles Fanaras, RPh**, has been reappointed a member of the New Hampshire Board of Pharmacy. Fanaras' appointment will expire September 6, 2018.
- **Joe Anderson, PharmD**, has been reappointed a member of the New Mexico Board of Pharmacy. Anderson's appointment will expire July 1, 2018.

- **Amy Buesing, RPh**, has been reappointed a member of the New Mexico Board of Pharmacy. Buesing's appointment will expire July 1, 2017.
- **Leigh Briscoe-Dwyer, PharmD, BCPS, FASHP**, has been reappointed a member of the New York State Board of Pharmacy. Briscoe-Dwyer's appointment will expire July 31, 2018.
- **L. Suzan Kedron, JD**, has been reappointed a public member of the Texas State Board of Pharmacy. Kedron's appointment will expire August 31, 2019.
- **Buford Abeldt, Sr, RPh**, has been reappointed a member of the Texas State Board of Pharmacy. Abeldt's appointment will expire August 31, 2019.
- **Dennis Wiesner, RPh**, has been reappointed a member of the Texas State Board of Pharmacy. Wiesner's appointment will expire August 31, 2019.

### Board Officer Changes

The Michigan Board of Pharmacy has elected the following officers to the Board:

- **Dhafer Almaklani, RPh**, Chairperson

- **Nichole Penny, RPh**, Vice Chairperson

The Mississippi Board of Pharmacy has elected the following officers to the Board:

- **William Thompson, RPh**, President
- **Teresa McDaniel, PharmD**, Vice President

The New Hampshire Board of Pharmacy has elected the following officers to the Board:

- **Charles Fanaras, RPh**, President
- **Robert Stout, RPh**, Vice President
- **Helen Pervanas, PharmD**, Secretary
- **Michael Bullek, RPh**, Treasurer

The New Mexico Board of Pharmacy has elected the following officers to the Board:

- **Joseph "Danny" Cross, RPh**, Chairperson
- **Amy Buesing, RPh**, Vice Chairperson
- **LuGina Mendez-Harper, RPh**, Secretary

The Oklahoma State Board of Pharmacy has elected the following officers to the Board:

- **Stephen Dudley**, President
- **Greg Adams, DPh**, Vice President

## Oregon Pharmacists' May Be Authorized to Immunize During Public Health Emergencies

To better protect public health during a crisis, pharmacists in Oregon may now be authorized to administer vaccines to patients over the age of three without a prescription. Oregon's SB 167 allows the governor to extend this authorization when declaring a public health emergency. The Oregon Office of the State Public Health Director may also grant authorization in response to events such as an infectious disease outbreak. Pharmacists who immunize will be notified of such events by e-mail, phone, and/or fax messages by the Oregon State Board of Pharmacy. Public health emergency alerts and information will be provided to the Board by the Oregon Health Authority. As a part of this communication network, the Board will be able to quickly relay information that will allow pharmacists to act in an emergency by becoming a public resource, should the need arise.

Pharmacists in Oregon are encouraged to register with the Oregon Health Alert Network (HAN) in order to ensure they receive emergency notifications. More information is provided on the HAN website at [www.han.oregon.gov](http://www.han.oregon.gov).

## Louisiana Adopts New Technician Requirements

The Louisiana Board of Pharmacy has adopted new rules related to requirements for pharmacy technician registration. Portions of Chapter 9 – Pharmacy Technicians were amended and the final rule was published on July 20, 2013. Effective that day, the Board no longer approves pharmacy technician training programs. Further, an applicant for a pharmacy technician candidate registration no longer needs to demonstrate enrollment in a training program, and an applicant for a pharmacy technician certificate no longer needs to demonstrate completion of a training program. In addition, effective January 1, 2016, an applicant for a pharmacy technician certificate will need to demonstrate successful completion of a nationally accredited and Board-approved pharmacy technician training program. The delay until 2016 is intended to give training programs time to achieve national accreditation.

## South Dakota Adopts New Rules for Electronic Records

On July 12, 2013, the South Dakota State Board of Pharmacy held a rules hearing and adopted rules allowing pharmacies to electronically retain health records, including

prescription orders if the facility chooses to do so. The Board notes that the proposal would not be a mandatory requirement, and facilities could choose to retain records manually in accordance with current rules. The amendments to the rules would permit the retention of this information in an electronic format given the pharmacy meets the following requirements:

- Has the ability to provide printed copies of the prescription records from the electronic platform, to include an electronic copy of the actual prescription in a timely manner if requested by the Board.
- Has the ability to print from the electronic records a comprehensive list of all medications for a specific patient or all records over a date range that may be requested by the Board.
- Has the ability to demonstrate a backup/storage method in order to recreate all pharmacy records in the event of a computer failure.
- Implements security features to prevent unauthorized access to the records.

Two entities provided written testimony in support of the proposed amendments and one agency was present at the hearing to testify in support. There was no testimony provided in opposition to the proposed rule changes. The rules were presented to the Legisla-

tive Research Council's Interim Rules Committee on August 20, and were passed unanimously. The amendments were filed with the Secretary of State and became law on September 16, 2013.

## Ohio Rule Would Classify Synthetic Cannabinoids/Cathinones as Schedule I Substances

In conjunction with the Ohio Attorney General's Office, the Ohio State Board of Pharmacy has announced a proposed emergency rule that would classify all synthetic cannabinoids and cathinones (also known as "spice" and "bath salts") as Schedule I illicit substances. The rule would regulate these substances based on their basic "pharmacophore" backbone chemical structure, a universal feature among these types of drugs. Previously, legislation was limited to outlawing one compound by its exact chemical compound. This allowed "street" chemists to simply change one element of a side chain of these molecules to create a legal substance. The pharmacophore strategy aims to eliminate the ability to legally sell these drugs. More information is available in the October 11, 2013 news release, which can be downloaded from the Ohio State Board of Pharmacy website at <http://pharmacy.ohio.com/Pubs/NewsReleases.aspx>. 



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### Newly Accredited DMEPOS Facilities

The following facilities were accredited through the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) program:

**Crown Chemists**  
Astoria, NY

**Healthcare Network of South Florida**  
Immokalee, FL

A full listing of over 500 accredited DMEPOS companies representing nearly 27,500 facilities is available on the NABP website at [www.nabp.net](http://www.nabp.net). 



### Newly Approved e-Advertisers

The following entities were granted approved e-Advertiser status through the NABP e-Advertiser Approval<sup>CM</sup> Program:

**Innovative Men's Clinic**  
[www.innovativemen.com](http://www.innovativemen.com)

**SurePoint Medical, LLC**  
[www.surepointmedical.com](http://www.surepointmedical.com)

A full listing of NABP approved e-Advertisers is available on the NABP website at [www.nabp.net](http://www.nabp.net). 