

INNOVATIONS



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Doors,
Pose New
Regulatory
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*NABP Executive
Committee elections
are held each year at the
Association's Annual
Meeting.*

Innovations

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NABP Mission Statement

NABP is the independent, international, and impartial association that assists its member boards and jurisdictions for the purpose of protecting the public health.

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Feature News

Multiple State Boards of Pharmacy Now Use Citation and Fine Programs for Minor Violations

Register for the Annual Program Review and Training *Two-Day Event to Offer Networking, Training About NABP Programs, Services*

Is your board of pharmacy staff up to speed on how utilizing NABP programs and services can help create efficiencies in their daily responsibilities? Do you have new staff on your board who would benefit from training on NABP's systems? Designed for board of pharmacy staff at any experience level, the NABP Annual Program Review and Training will take place June 27-28, 2017, and provide instructional information and updates about NABP's examinations, licensure transfer, the Clearinghouse, accreditation programs, and more.

The event will begin with a group dinner on June 27, giving board of pharmacy staff the opportunity to network with one another and NABP representatives. On June 28, attendees will convene for the educational portion of the session.

In addition to general program updates, attendees will learn how to navigate and utilize NABP e-Profile Connect, which provides access to:

- Eligibility and examination scores for the North American Pharmacist Licensure Examination® and the Multistate Pharmacy Jurisprudence Examination®,
- Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification status,
- CPE Monitor® reports for individual licensees,
- NABP Clearinghouse/National Practitioner Data Bank reporting, and
- Verified Pharmacy Program® participant data, including inspection reports.

Overviews of the following programs will also be included.

- Electronic Licensure Transfer Program® and license verification
- The application, examination, and certification process for the FPGEC Certification Program
- How to obtain bulk continuing pharmacy education (CPE) reports/audits of licensees
- Updates on Verified Internet Pharmacy Practice Sites®; Verified-Accredited Wholesale Distributors®; durable medical equipment, prosthetics, orthotics, and supplies



Pictured above are attendees from the 2016 Annual Program Review and Training at NABP Headquarters.

(DMEPOS) accreditation; and Verified-Accredited Device Integrity Program™

- Advances in the .Pharmacy Top-Level Domain Program

In addition, representatives from the Member Relations and Government Affairs, Professional Affairs, Communications, and Marketing departments will provide an overview of resources available to board staff that will help them stay up to date on issues in pharmacy practice and regulation, as well as updates on NABP member and consumer outreach.

Still Time to Register

Invitations with details about the 2017 event were sent to board of pharmacy executive officers via email in February 2017. Interested state boards of pharmacy are encouraged to RSVP for the event, as limited spots are available. To participate in the session or for more information about future training sessions, please contact the Human Resources department at 847/391-4425 or HR@nabp.pharmacy. ■

NABP Funds Travel

To assist the boards of pharmacy with travel expenses, NABP offers to cover travel, one night's hotel accommodation, and meal expenses for one participant per board.

An Empty Chair Speaks Volumes



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

“Boards of pharmacy issue licenses based upon standards and criteria set forth in law and, where necessary, administratively sanction persons found to violate such laws.”

The rights of defendants in criminal proceedings prosecuted by the state and the rights of respondents in administrative proceedings prosecuted by boards of pharmacy have their similarities and differences. Criminal defendants are afforded “due process” rights when subjected to criminal prosecutions, as the potential penalties at stake involve life, liberty, and the basic freedoms. The standard of proof in criminal proceedings is beyond a reasonable doubt, and defendants are guaranteed a right to defense counsel even when unable to afford such representation. Criminal prosecutions protect society as a whole by penalizing persons who violate criminal laws.

Similarly, regulatory boards also protect society as a whole through enforcement of the practice acts and regulations. Boards of pharmacy issue licenses based upon standards and criteria set forth in law and, where necessary, administratively sanction persons found to violate such laws. Administrative respondents are afforded “due process” rights prior to any adverse action taken against their license, and administrative prosecutions use a preponderance of the evidence (or clear and convincing) standard. The application of due process principles may differ between criminal and administrative proceedings. Consider the following.

In 2008, the Washington Board of Osteopathic Medicine and Surgery (Board) sanctioned a physician (Licensee) for inappropriately prescribing potentially dangerous medications without conducting

the necessary patient examinations. The 2008 sanctions prohibited the Licensee from prescribing Schedule II or III controlled substances (CS) until he completed an approved residency or pain management course.

In 2012, the Board received a complaint regarding the Licensee’s treatment of a patient, and the Board undertook an investigation. An investigator requested that the Licensee provide copies of the patient’s file and prescription records and a statement in response to the complaint. The Licensee refused to produce the requested patient files and prescription records and instead asked that such requests be quashed as violative of his constitutional rights.

The investigator performed a search of the state of Washington’s prescription monitoring program (PMP) database. The search revealed that the Licensee prescribed Schedule III CS to his patients and himself during the time period when the Board order prohibiting writing of such prescriptions was in effect. The investigator again contacted the Licensee and requested medical records of patients for whom the Licensee had prescribed Schedule II and III CS since the entry of the 2008 Board order. The Licensee refused to produce the requested documents, claiming such compelled cooperation was prohibited under the Fourth and Fifth Amendments of the United States Constitution.

The Licensee filed various petitions with the Board and in state and federal court seeking declaratory rulings on constitutional grounds. All such proceedings were denied or dismissed, and the Board ultimately charged the Licensee with unprofessional conduct, alleging

violation of previous Board order and failure to cooperate with an investigation.

In June 2014, a hearing was held whereby records from the PMP database and records from the pharmacies were admitted into the record. The investigator testified and was cross-examined by the defense. Rather than testify, the Licensee asserted his right under the Fourth and Fifth Amendments of the Constitution. The presiding officer ruled that these protections against self-incrimination and search and seizure did not apply to the administrative proceedings and, thus, a negative inference could be drawn from the Licensee's refusal to testify. The prosecution directed questions to an empty witness stand, and the Licensee provided no responses.

The Board issued a final order in July 2014 and held that the Licensee committed unprofessional conduct by repeatedly violating the 2008 order and refusing to cooperate with the investigation. The Board permanently revoked the Licensee's license to practice osteopathic medicine in Washington. The Licensee's motion for reconsideration and his appeal to the Superior Court were denied, and he thereafter appealed the matter to the Court of Appeals.

On appeal, the Licensee argued that a professional disciplinary proceeding is "quasi-criminal" in nature and that his constitutional right against self-incrimination was violated by drawing a negative inference to his refusal to testify. The Court of Appeals disagreed. It held that while the administrative proceedings have a punitive

aspect, they are not criminal cases within the meaning of the state or federal constitutions. The court also cited US Supreme Court rulings holding that administrative disciplinary proceedings involving licenses are quasi-criminal for the purpose of determining whether due process protections apply to such proceedings. "However, the full protections enjoyed by criminal defendants are not necessarily available in such quasi-criminal proceedings."

While the consequence of disciplinary sanctions are unavoidably punitive, those sanctions are "not designed entirely for that purpose." Sanctions not only apply to the physicians, but also "assure the public of the adequacy of professional competence and conduct in the healing arts . . . Sanctioning unprofessional conduct serves primarily to maintain professional standards and promote public health and confidence, rather than seeking punitive goals like vengeance."

Three factors are considered when determining whether a civil action is sufficiently criminal to trigger the application of constitutional protections against self-incrimination. They include:

- (1) whether the penalty imposed has a correlation to any damages sustained by society or to the cost of enforcing the law;
- (2) whether the available sanctions include traditionally punitive penalties associated with criminal acts like imprisonment or fines; and
- (3) whether the proceedings present some danger that the subject practitioner will prejudice

himself or herself with respect to possible criminal proceedings.

On balance, the court found that administrative proceedings did not trigger constitutional protections against self-incrimination. Licensure actions protect the public, and any fines levied are remedial rather than punitive. Further, there is no general danger of prejudice with respect to future criminal proceedings. Accordingly, the court found this board proceeding to be more akin to civil actions than criminal. It found that the Board did not err in its negative inference to the Licensee's refusal to testify.

The Licensee also argued that the Board violated his rights against unreasonable search and seizure by acquiring and using information from the PMP database. The court framed the issue as an analysis of whether the Licensee had a protected privacy interest in the prescription records held by the state and, if so, whether the Board's warrantless search was constitutionally permitted.

The court noted that the Fourth Amendment protects a person's "subjective and reasonable expectation of privacy." In the arena of medicine, patients have only a limited expectation of privacy in prescription records, and any expectation of privacy must be balanced against the need for comprehensive oversight by government regarding prescription narcotic distribution and use. Based upon record keeping, retention, and production when requested, physicians, pharmacists, and patients alike should expect government oversight and, under certain circumstances, compelled disclosure.

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Evolving Pharmacy Technician Roles Open New Doors, Pose New Regulatory Challenges



For more than two decades, the pharmacy profession has seen a gradual expansion in the roles played by both pharmacists and pharmacy technicians. As pharmacists move to provide more patient care services, a number of states and provinces have begun to allow pharmacy technicians to perform technical tasks previously restricted to pharmacists.

Not coincidentally, this expansion of duties has been accompanied by an increase in state or provincial regulation of technicians and a focus on appropriate educational and certification requirements. While ideally, an expanded role for appropriately trained technicians allows for a more efficient use of resources and improved patient care, challenges have also arisen, including states' widely varying requirements and regulations addressing technicians and mixed acceptance on the part of various stakeholders.

Current Responsibilities and Requirements

Common responsibilities of pharmacy technicians across the country include “receiving prescription requests, counting tablets, labeling bottles, maintaining patient profiles, preparing insurance claim forms, and performing administrative functions such as answering phones, stocking shelves, and operating cash registers,” according to the Pharmacy Technician Certification Board (PTCB), which has been certifying technicians since its founding in 1995 (and of which NABP became a partner in 2002).

Specific responsibilities allowed by regulations and requirements vary widely from state to state, however. Regulations include a range of approaches from New York, where the state does not register or license “unlicensed persons” and does not require specific training or certification to hold these pharmacy support positions, to North Dakota, where “registered pharmacy technicians” must meet training and certification requirements and engage in continuing education.

Of the 53 United States boards of pharmacy reporting to the NABP 2017 *Survey of Pharmacy Law*, 12 states license pharmacy technicians, and 34 states register pharmacy technicians. In addition, 21 states require certification. Some states do have exceptions. For example, in Wyoming, technicians-in-training are registered until they meet the requirements for licensure. In Idaho, pharmacy technicians may register as technicians-in-training while working toward certification, whereas technicians in Oklahoma are not considered registered, but are instead issued a permit. Regarding certification, national certification is required in Rhode Island for the status of pharmacy technician II but not for pharmacy technician I. In Iowa, a one-year technician trainee registration is permitted. Also, in some states, such as Kentucky, certification is required to perform certain functions.

“Enabling another health care professional with the appropriate set of skills and competencies to ensure the maintenance of a safe and effective drug preparation and distribution system seems the logical evolution of the practice.”

Expanding Roles

While individual tasks vary depending on the pharmacy setting as well as locale, qualified technicians in some areas are taking on roles that used to be the province of pharmacists. For example, in some states, technician responsibilities may include taking medical histories in hospital emergency departments or using tech-check-tech protocols to refill floor stock or unit-dose distribution systems. Technicians might help manage inventory, communicate with prescribing physicians, or administer pharmacist-authorized tests or immunizations.

This expansion of the technician role is often seen as a natural, and probably necessary, progression, given changes in the practice of pharmacy. The theory is simple: as pharmacy technicians increasingly carry out technical services that do not require a pharmacist's professional education or professional judgment, the pharmacists themselves are freed up to provide more clinical care services. "As pharmacists' scope of practice continues to grow . . . as the demand for professional services increases . . . and as regulators place more emphasis on standards of practice and more complete patient care, there is a need to free up pharmacists from technical aspects of the drug preparation and distribution process," states Sam Lanctin, BScPharm, MBA, registrar of the New Brunswick College of

Pharmacists, which began registering pharmacy technicians as a new health professional in 2015. "But as pharmacists look to move . . . into consultation rooms with patients, the need for safe drug preparation is not lessened. Enabling another health care professional with the appropriate set of skills and competencies to ensure the maintenance of a safe and effective drug preparation and distribution system seems the logical evolution of the practice."

Diane Halvorson, RPhTech, CPHT, a six-year member (and two-time president) of the North Dakota State Board of Pharmacy, gives the analogy, shared with her by a fellow pharmacy technician, that the ideal relationship between technician and pharmacist in a pharmacy is like that between nurse and doctor in a medical practice. Each party works complementarily within his or her scope of practice, allowing overall greater efficiency and better patient care. While technician roles have been gradually expanding in some areas over the last two decades, Halvorson has noticed an increasing embrace of this concept just within the last six years, driven in part by a new generation of pharmacists. "The new PharmDs don't want to do the technical tasks, they want to do the clinical," she observes. "The technicians want to do the technical functions." This allows the pharmacy to provide optimal patient care, she feels, and is good for business as well.

Education and Certification

Ensuring that pharmacy technicians are educated and qualified for the increased responsibilities they are assuming is crucial and, indeed, forms the bedrock on which any expanded role is built. "I really support the full utilization of pharmacy technicians as long as we have validated that they have the baseline knowledge so they can do the job appropriately and effectively for patient safety," says Halvorson. "The purpose of education and certification is to show that they have that baseline knowledge." NABP members made a similar point when they passed Resolution 111-1-15 addressing pharmacy technician education at the Association's 2015 Annual Meeting. The resolution observed that "the role of the pharmacist is expanding, which necessitates pharmacy technicians to perform expanded tasks to allow pharmacists more time to provide pharmacist care services," and that "education of pharmacy technicians is critical to fostering their expanded, supporting pharmacy roles," before directing NABP to collaborate with other stakeholders in identifying potential changes in pharmacy technician education to support expanded technician roles.

In New Brunswick, ensuring that licensed pharmacy technicians

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PTCB Suspends Implementation of Planned 2020 Accredited Education Requirement for Pharmacy Technicians

The Pharmacy Technician Certification Board (PTCB) is suspending the implementation of the accredited education requirement for pharmacy technicians. In 2013, PTCB announced that the requirement would take effect in 2020, but PTCB has "determined that additional deliberation and research are needed to address stakeholder input, develop supporting policy, and conduct further study of technician roles," said Larry Wagenknecht, BPharm, chair of the PTCB Board of Governors, and chief executive officer of the Michigan Pharmacists Association, in a news release. The role

of pharmacy technicians is evolving, and PTCB is taking steps to support the pharmacy community.

PTCB recently completed a job analysis study to collect data on current roles and responsibilities of pharmacy technicians across all practice settings to update PTCB's Pharmacy Technician Certification Exam and is in the process of developing advanced certification programs. In addition, PTCB hosted an invitational conference in February 2017 where pharmacy leaders and stakeholders examined entry-level standards and provided information to help determine future plans for implementing PTCB program changes.

PTCB's news release is available at www.ptcb.org in the About PTCB section under News Room.

Expanding Pharmacy Technician Roles

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have “the appropriate set of skills and competencies” to safely carry out their increased responsibilities means that applicants must fulfill a number of requirements. These include, among others, successful completion of an approved pharmacy technician education program (usually lasting from one to two years) as well as fulfilling practical training requirements and passing a two-part qualifying exam and a jurisprudence exam.

In the US, PTCB’s mission is certifying technicians “qualified to support pharmacists and patient care teams in all practice settings.” Allowing regulators, employers, patients, and other stakeholders to identify qualified pharmacy technicians is the goal of PTCB certification, which requires applicants to pass a qualifying exam; recertification requires completion of pharmacy technician-specific and patient safety continuing education. Certification may one day also include an educational component for new applicants to fulfill an initial educational requirement; however, the organization’s plans for implementation by 2020 were recently suspended pending further research and deliberation on the topic.

Idaho, which registers technicians and is awaiting legislative approval of proposed rule changes that would expand several certified technician tasks, first laid groundwork by emphasizing certification. “We found that pharmacists are generally supportive of expanded technician roles, as long as the technician has the requisite training to perform the duty,” Idaho State Board of Pharmacy Executive Director Alex Adams, PharmD, MPH, told PTCB. He noted that as of 2016, 84% of Idaho’s pharmacy technicians

were either certified or on a path to become so, up from 39% in 2011. “Our Board was able to have these discussions because registration and certification were previously required in the state.”

Challenges

North Dakota’s Halvorson sees the great diversity in state requirements concerning pharmacy technicians to be a barrier to optimizing their broader use. “We’re reinventing the wheel,” she says, comparing the situation to the days before NABP’s North American Pharmacist Licensure Examination® was accepted by the US boards of pharmacy as the common licensure exam. “Moving forward, having standardization and [licensure] for pharmacy technicians like there is for pharmacists would enable technicians to be an asset to pharmacists. It would be a benefit for the techs, also,” she says. PTCB also advocates for a single US standard for pharmacy technician certification.

Beyond the patchwork of state regulations addressing pharmacy technicians and how those differences affect technicians’ abilities to safely take on new responsibilities, stakeholders may see other difficulties with widespread expansion of the technician role. For example, Halvorson says employers may feel economic constraints and not wish to pay more for an employee capable of performing additional tasks in the pharmacy. “A store owner may just wish to have a clerk,” she says, and not see the need for that person to have specialized education. Another concern expressed by some in the pharmacy profession, says Halvorson, reflects a potential price of success: “If we excel with certification and education, would there then be a shortage of technicians? Would it be possible to transition slowly and thoughtfully enough to avoid shortages?”

Some stakeholders do not see a large professional advantage to increasing pharmacy technicians’ roles. “Some employers, such as hospitals and some community pharmacies are clearly onboard, and are moving toward utilizing more pharmacy technicians. Many pharmacists also support the increased use of pharmacy technicians so that their time may be freed up for professional functions,” states New Brunswick’s Lanctin. “However, many employers and some pharmacists are resistant to change, wanting pharmacists to maintain all responsibility for even the technical aspects of drug preparation/distribution.”

Lanctin notes that the pharmacy profession has been, and continues to be, in a period of disruptive transition. “[R]egistering and licensing pharmacy technicians . . . will help accelerate the evolution of the practice and will result in pharmacists being able to provide improved care to their patients,” he observes. “Providing a framework that allows for increased and improved patient care serves the public interest well.” But, he adds, “Having said that, ushering in this type of significant change to the practice requires work and patience — Rome wasn’t built in a day, and neither will the next model of pharmacy practice. Education of members, owners, and other stakeholders is key, and any support that can be provided to practitioners on how to integrate this new role into their existing workflow is beneficial and appreciated.”

At the upcoming 113th Annual Meeting in Orlando, FL, members will have an opportunity to learn and discuss further about expanded scopes of technicians and pharmacists. See page 21 for more information on the session “Expanded Scopes of Practice — No More Mickey Mousing,” which will cover this topic. ■

PCOA Data Continue to Demonstrate Measurement of Student Growth in Professional Curricula

Pharmacy Curriculum Outcomes Assessment® (PCOA®) data continue to show a step progression in knowledge as students advance in their studies. PCOA score results provide valuable information about students' knowledge in subject matter representative of United States doctor of pharmacy program curricula. The PCOA is the only independent, objective, and national assessment that enables schools and colleges of pharmacy to measure their students' knowledge in pharmacy curricula and compare their results to other peer programs throughout the US. In 2016, the PCOA became a requirement for individuals nearing the completion of their didactic curriculum to meet Standard 24: Assessment Elements of the Accreditation Council for Pharmacy Education (ACPE) *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2016)*. As a result, the number of students taking the PCOA in 2016 significantly increased from the number of students taking the PCOA in 2015. However, the observed trends in score results has remained stable.

Scores Increase as Students Advance

PCOA results show that, in general, scores increase as students progress from the first year through fourth year of the professional curriculum. This step progression of performance provides evidence that results of the PCOA are a measure of the expected increase in students' knowledge in US pharmacy school curricula.

Figure A on this page shows the overall mean scaled scores for students testing in 2013-2016.

The progression and retention of student knowledge is also observed over the four content areas of the assessment (basic biomedical sciences, pharmaceutical sciences, social/behavioral/administrative pharmacy sciences, and clinical sciences). For example, PCOA data show that P1 students' scores are higher in basic biomedical sciences compared to more advanced content areas such as clinical sciences. However, as students progress in their educational experience, P3 and P4 students score higher in more advanced content areas such as clinical sciences.

Figure B on page 10 illustrates the progression and retention of student knowledge over the four content areas.

NABP surveys the schools and colleges of pharmacy after each testing window to obtain information regarding their experiences and to create dialogue regarding program improvement. To provide more flexibility with scheduling, NABP has added an additional testing window to the 2017 schedule.

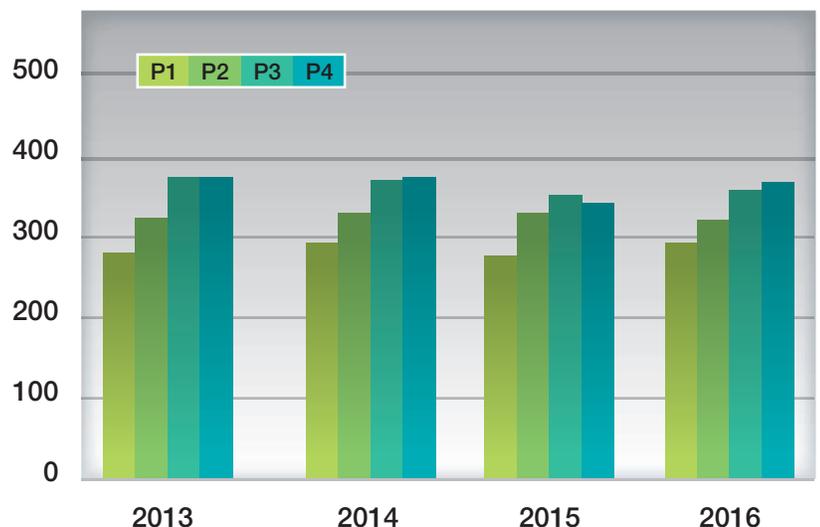


As part of a school or college of pharmacy's efforts in student and curricular strategies assessment, the PCOA may also be used to:

- Evaluate educational objectives,
- Measure the overall performance of pharmacy students and compare their scores to a representative national sample,
- Evaluate student progress in the curriculum when used with classroom assessment, portfolios, etc,
- Track scores from year to year in order to monitor student growth,
- Review student performance after curricula have been modified or updated, or
- Conduct educational research.

More information about the PCOA, including the updated PCOA Administration Highlights (PDF) document that provides additional PCOA data, is available in the Programs section of the NABP website at www.nabp.pharmacy. ■

Figure A:
Overall Mean Scaled Scores for All Students Testing 2013-2016

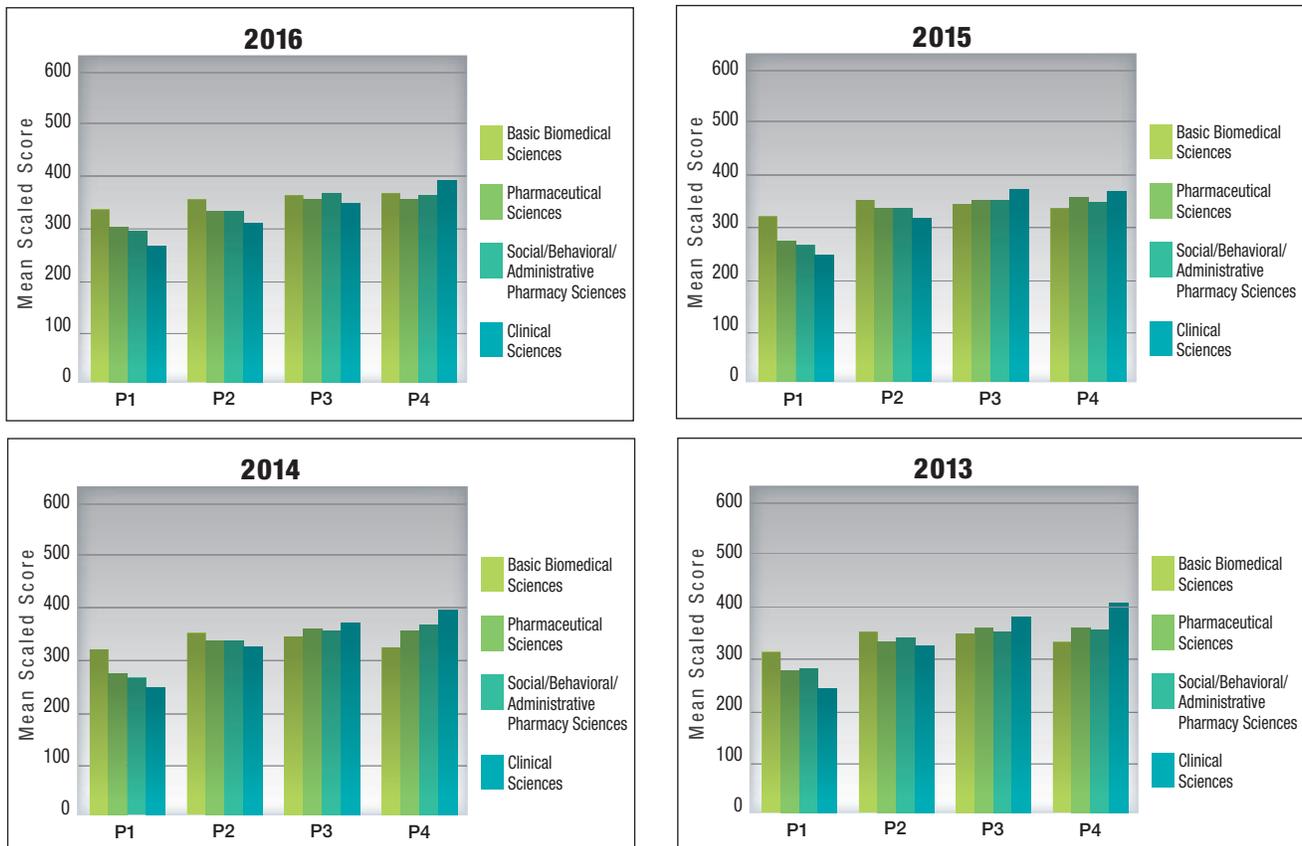


Data from 2013 to 2016 indicate that there is a progression of student scores across program years P1 through P4.

PCOA Data

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Figure B: Progression and Retention of Knowledge From 2013-2016



Data from 2013 to 2016 demonstrate progression and retention of knowledge in the four core competency areas as students progress through the professional curriculum.

Legal Briefs

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The court held that “prescription records kept under the prescription monitoring program, either by a pharmacist or as part of the state database, are not protected from all governmental examination by the Fourth Amendment . . . Records of prescriptions for scheduled controlled substances are subject to legitimate oversight by appropriate agents of the State if reasonably tailored to the enforcement of state law and if effective safeguards against unauthorized further disclosure

are present.” In this case, such requirements were met, and the acquisition and review of prescription records were appropriate.

Based upon its findings, the court upheld the permanent revocation of the Licensee’s license to practice medicine in Washington.

While administrative sanctions may appear to be punitive, such actions do not trigger the application of constitutional principles related

to self-incrimination and search and seizure. Boards of pharmacy must be cloaked with the authority to undertake investigations and administrative proceedings for the benefit of the public served. This opinion reiterates this important recognition of administrative authority.

Alsager v. Board of Osteopathic Medicine and Surgery, 196 Wn App 653 (App Ct WA 2016) ■

2017-2018 NAPLEX Review Committee Announced

NABP is pleased to announce the members of the 2017-2018 North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee, introducing two new members and commending 29 returning members.

Composed of faculty and pharmacists who are representative of the diversity of pharmacy practice, the NAPLEX Review Committee is responsible for reviewing examination questions, attending and participating in meetings, and overseeing the development of new test questions. Acting under the policy and planning guidance of the Advisory Committee on Examinations and the NABP Executive Committee, these dedicated volunteers share the task of safeguarding the integrity and validity of the Association's examination. NABP appreciates the assistance of these committee members as they evaluate examination content and ensure that it meets the specified competency assessment statements.

The following NAPLEX Review Committee members began their terms on February 1, 2017.

- **Marie Abate, PharmD, RPh**, West Virginia University
- **Jennifer Beall, PharmD, RPh, BCPS**, Samford University
- **Christopher Betz, PharmD, RPh, BCPS**, Sullivan University
- **Kristy Brittain, PharmD, RPh, BCPS, CDE**, Medical University of South Carolina
- **Michael Cockerham, MS, PharmD, RPh, BCOP, FASHP**, University of Louisiana – Monroe
- **Ariane Conrad, PharmD**, Silver Spring, MD
- **Dosha Cummins, PharmD, RPh, BCPS**, NYIT College of Osteopathic Medicine at Arkansas State University
- **Mark Decerbo, PharmD, RPh, BCPS, BCNSP**, Roseman University of Health Sciences
- **Betty Dong, PharmD, RPh**, University of California – San Francisco
- **Darla Gallo, RPh**, Philadelphia, PA
- **W. Franklin Gilmore, PhD**, professor emeritus, University of Mississippi
- **Robert P. Henderson, PharmD, RPh, BCPS**, Samford University
- **William A. Hopkins, Jr, PharmD, RPh**, Big Canoe, GA
- **Tom M. Houchens, RPh**, London, KY
- **Arthur I. Jackowitz, PharmD, RPh**, professor emeritus, West Virginia University
- **William Kehoe, Jr, MA, PharmD, RPh, BCPS**, University of the Pacific
- **Susan C. Lutz, RPh**, Altoona, IA
- **Christina “Tina” Minden, PharmD, RPh, CGP, FASCP**, Little Rock, AR
- **David W. Newton, PhD**, Shenandoah University
- **Roy Parish, PharmD, RPh, BCPS**, professor emeritus, University of Louisiana – Monroe
- **Adam Pate, PharmD, RPh, BCPS**, University of Louisiana – Monroe
- **Benjamin Prewitt, PharmD, RPh**, Lebanon, OH
- **David B. Roll, PhD**, professor emeritus, University of Utah
- **Eric F. Schneider, PharmD, BCPS**, Wingate University
- **James Scott, MEd, PharmD, RPh**, Western University of Health Sciences
- **Cynthia Sieck, PharmD, RPh**, Vancouver, WA
- **Winter Smith, PharmD, RPh, BCPS**, Texas Tech University Health Sciences Center
- **John L. Szarek, PhD**, Geisinger Commonwealth Medical College
- **Susan Cunha Villegas, PharmD, RPh**, Long Island University
- **Neal F. Walker, RPh**, Hill City, MN
- **Siu-Fun Wong, PharmD, RPh, FASHP, FCSHP**, Chapman University. ■



Purple color denotes new members

Errata

NABP regrets the following errors published in *Innovations*.

- On page 17 of the November-December 2016 issue, the hospital where Sister Margaret Wright, RSM, PhD, worked was incorrectly identified. Please note, from 1974 to 1990, Sister Margaret served as director of pharmacy services for Mercy Hospital and Medical Center.
- On page 14 of the March 2017 issue, information related to two competency assessment programs was incorrectly reported. There were 134 schools and colleges of pharmacy that participated in the 2016 Pharmacy Curriculum Outcomes Assessment®. Also, there was a decrease of 8.4% in the number of Pre-FPGEE® administrations in 2016 compared to 2015.

Multiple State Boards of Pharmacy Now Use Citation and Fine Programs for Minor Violations



Some state boards of pharmacy have explored new options for effectively enforcing their state’s regulations, while also streamlining processes and making the most efficient use of board resources. For example, three boards — Illinois, California, and Virginia — have citation or fine programs in place that can be used to help pharmacies address easily correctable violations. Such programs can be targeted to certain types of infractions as an alternative to lengthy disciplinary actions.

“Some state boards of pharmacy have explored new options for effectively enforcing their state’s regulations, while also streamlining processes and making the most efficient use of board resources.”

Illinois Pilot Program Becomes Permanent

In October 2016, the Illinois Department of Financial and Professional Regulation (IDFPR), which includes the state board of pharmacy, made permanent a pilot ticket and fine program. Since it was established in early 2016, the voluntary program replaces formal disciplinary actions taken in response to minor violations of the state’s pharmacy act and rules with monetary penalties. For example, if a pharmacy’s fridge were used to improperly store both food and medicine, the pharmacy would have the option to settle the matter by paying a fine.

In this way, the pilot program aimed to improve the state board of pharmacy’s internal productivity by allowing the IDFPR to focus resources on more severe infractions. In addition, the program was intended to ease regulatory burdens faced by pharmacies, providing them with streamlined options for resolving easily correctable issues. This streamlining of the formal disciplinary process has allowed the IDFPR to improve its turnaround time when processing these low-level infractions.

At the same time, licensees are motivated to correct infractions, thus protecting the public health. Examples of minor infractions that may be subject to a monetary penalty include failure to display a current license in a conspicuous location, having a can of soda in the work area, or having one or two unlabeled or expired medications with active stock.

The traditional system required the investigator to inform the pharmacist-in-charge (PIC) to be prepared to receive a complaint from the IDFPR about the violations. Under the new ticketing system, the investigator may now provide the PIC with a ticket, making the PIC aware of the charges against the pharmacy and the proposed fine. The PIC will be asked to sign the ticket to acknowledge that the violation and charges were explained by the investigator. This signature is not considered an admission of guilt.

From here, the pharmacy has two options:

- First, it may pay the fine, at which point the ticket and violations will be put into its IDFPR record as a nondisciplinary infraction and the matter will be considered settled.
- Second, the pharmacy may decline to pay the fine, which will revert the process back to the original system, starting with a formal complaint filed by the IDFPR against the pharmacy, followed by settlement negotiations and possibly a full, formal hearing.

The second option is likely to be more expensive than the first, especially when considering legal resources and staff time. In addition, the formal disciplinary actions will be disclosed on the IDFPR's monthly disciplinary report and attached to the pharmacy's license profile on the IDFPR website.

Although the program was not intended to be a significant source of revenue for the IDFPR, as of October 2016 the pharmacy citation program had issued 86 tickets and brought in \$23,000 in fines, as stated in a news article published in *The Washington Times*. The program is also credited with reducing the burden of legal fees for pharmacies. Officials at the IDFPR believe that making the program permanent will allow inspectors to focus on matters that are more serious threats to public health and safety.

Before the ticketing program was implemented, the IDFPR described the existing process for resolving minor infractions in its February 2016 newsletter as "exceedingly long, often lasting months, with voluminous correspondence between the pharmacy, its attorneys, and the IDFPR, often concluding with public

discipline and a small fine paid to the State." Writing reports on such infractions also consumed large amounts of staff members' time, which the IDFPR argued could be better spent in the field.

Monetary Penalties in California and Virginia

Similar citation programs are active in at least two other states, California and Virginia. Specifically, the California State Board of Pharmacy has the authority to issue citations containing fines and orders of abatement for certain violations. In this case, a citation does not necessarily preclude the California Department of Consumer Affairs from filing a disciplinary action to revoke or suspend a permit; however, as with the Illinois program, citations are typically issued for minor violations of a provision or regulation that can be easily resolved.

California's citations are served personally or by certified mail, after which the cited pharmacy typically has 30 days to pay the fine, though longer periods of time may be approved. Failure to pay the fine within the time limit is considered grounds for formal disciplinary action. While not actively publicized, information about citations and other disciplinary actions taken against a licensee may be disclosed to members of the public upon request.

In Virginia, a prescriptive list of deficiencies that are discovered during a pharmacy inspection may incur monetary penalties. For larger infractions, these penalties are levied at specific amounts based on the type of violation. For example, if pharmacy technicians are observed performing

duties on an expired license or registration, the pharmacy may be fined \$100 per individual. Examples of larger penalties include \$1,000 for a nonoperational alarm, and \$5,000 for pharmacists not documenting final verification of sterile compounding. In addition to these penalties, a list of minor violations, such as lacking a sink with hot and cold running water in the prescription department or exceeding the allowed pharmacy technician to pharmacist ratio, may also incur penalties if five or more such deficiencies are observed.

Boards of pharmacy that wish to utilize such programs may want to consider the following questions: How effective are citations and fines in enforcing the regulations? Are citation, fine, or ticket programs a good means for partnering with licensees to educate them on compliance with their state's regulations? To what extent can such programs streamline administrative processes and lead to speedier resolutions? How might such programs motivate licensees to avoid violations and minor infractions while preventing a culture that considers fines part of the cost of doing business?

NABP gave executive officers an opportunity to explore this topic at the October 2016 Interactive Executive Officer Forum during the session "Citations Are Just 'Fine' or Are They?" The Association will continue to review information about such programs and share updates in future meetings and communications as appropriate. Additional information on the IDFPR pilot program is available in the February 2016 issue of the *Illinois Department of Financial and Professional Regulation Pharmacy Newsletter*. ■

CPE Monitor Can Streamline Compliance Verification Processes for Boards Through Customized Reports

CPE Monitor® contains robust information on pharmacists' and pharmacy technicians' continuing pharmacy education (CPE) and is available for the state boards of pharmacy to verify compliance. Through NABP e-Profile Connect, participating state boards of pharmacy may access CPE Monitor data to perform searches and view reports for licensees to ensure that pharmacists and technicians have completed state-mandated CPE requirements for licensure, certification, and registration. NABP staff can also assist boards of pharmacy by generating customized reports from the CPE Monitor data — a service that is available upon request to all state boards of pharmacy.

Accessing Readily Available Licensee Data

State boards of pharmacy can rely on CPE Monitor to provide them with the latest data on licensees' CPE activities and renewal information. When pharmacists and technicians complete Accreditation Council for Pharmacy Education (ACPE)-accredited CPE, participation data is sent electronically from the provider to ACPE, then to

NABP for recording into the matching NABP e-Profile. Using a unique identifier (ie, an e-Profile ID, social security number, or license/registration number), board of pharmacy staff can search for a specific individual or facility and retrieve data for specific date ranges.

Customized CPE Data Reports

NABP has also assisted various state boards of pharmacy by providing customized reports on licensees' CPE data. In 2016, a custom report was generated for the Iowa Board of Pharmacy that included data records to show compliance with ACPE-accredited activity requirements. Specifically, the data indicated whether licensees were compliant with the state's requirement for 15 hours of CPE on drug therapy topics (eg, adverse drug reactions, over-the-counter therapeutics, substance abuse), two hours of CPE on pharmacy law, and two hours of CPE on patient or medication safety.

In addition, NABP worked with the State of Ohio Board of Pharmacy to report the CPE achievements for all



pharmacists licensed with the Board from March 2013 through September 2016 to determine CPE compliance. During this process, NABP also identified and corrected a number of pharmacists' e-Profiles with missing license information.

In the past, NABP assisted the District of Columbia Board of Pharmacy with an audit by providing a custom report of licensees' CPE data to determine compliance with the total hours requirement, the live hours requirement, and other specialized training requirements (refer to page 65 of the March 2016 issue of the *NABP Newsletter* for more details).

Contact NABP Member Relations and Government Affairs staff at GovernmentAffairs@nabp.pharmacy for additional information about customized CPE reporting. ■



Newly Accredited VAWD Facilities

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

Amatheon Animal Health, LLC
Miami, FL

Bryant Ranch Prepack
Burbank, CA

Fisher Scientific Company, LLC, dba Fisher Healthcare, Fisher Scientific
Hanover Park, IL

H. D. Smith, LLC
Pompano Beach, FL
Stratham, NH

H3 Pharmaceuticals, Inc
Indianapolis, IN

Integrated Commercialization Solutions, Inc, dba ICS
Obetz, OH

J Knipper and Company, Inc
Charlestown, IN

Medisca, Inc
Irving, TX

Medline Industries, Inc
Rogers, MN

Owens & Minor Distribution, Inc, dba Owens & Minor
Romulus, MI

Rochester Drug Cooperative, Inc, dba RDC
Fairfield, NJ
Rochester, NY

Woodfield Distribution, LLC
Sugar Land, TX

A full listing of more than 580 accredited VAWD facilities is available on the NABP website at www.nabp.pharmacy.

Boards Report More Than 5,000 Disciplinary Actions to NABP Clearinghouse in 2016

The Association's year-end data results for 2016 showed a total of 5,357 disciplinary actions reported to the NABP Clearinghouse.

Of the 5,357 actions reported in 2016:

- **2,236 (41.7%) were on pharmacists;**
- **1,716 (32%) were on pharmacies;**
- **1,100 (20.5%) were on pharmacy technicians;**
- **83 (1.5%) were on wholesalers and manufacturers;**
- **59 (1.1%) were on pharmacy interns;**
- **21 (0.4%) were on mail-order pharmacies;**
- **19 (0.3%) were on controlled substance licensees; and**
- **123 (2.3%) were on other licensees.**

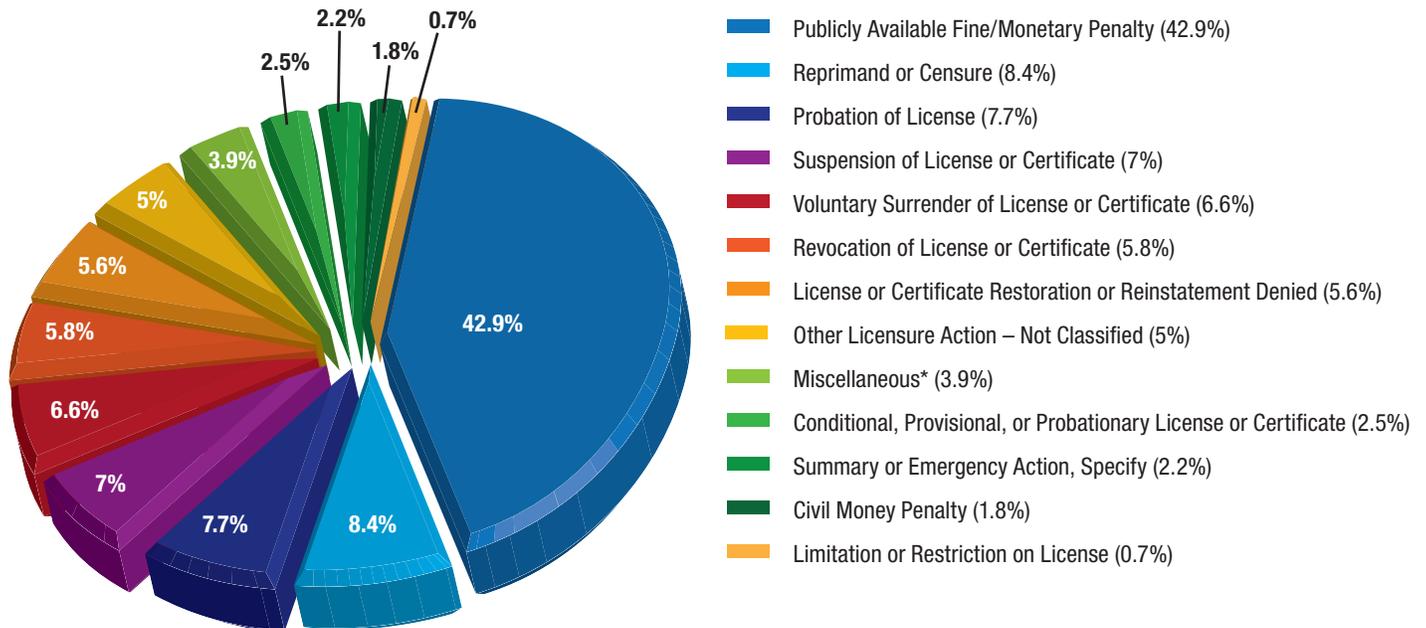
For a full breakdown of the actions taken and the bases for actions taken during 2016, see Figure A below and Figure B on page 16.

Ensuring Compliance for the Boards

As stated in the NABP Constitution and Bylaws, participation in the NABP Clearinghouse is required as part of a board of pharmacy's membership to the Association. Timely reporting to the NABP Clearinghouse is essential to maintaining the integrity of the licensure transfer program. In addition, NABP encourages all boards to designate NABP as their reporting agent to the National Practitioner Data Bank (NPDB). By doing so, boards are able to free up valuable resources and staff time to focus on other board matters. To date, 33 boards of pharmacy have designated NABP as a reporting agent, allowing the Association to transmit all required records to NPDB and provide feedback on NPDB rejected or accepted data. In addition, monthly Clearinghouse reports are available for the boards in NABP e-Profile Connect.

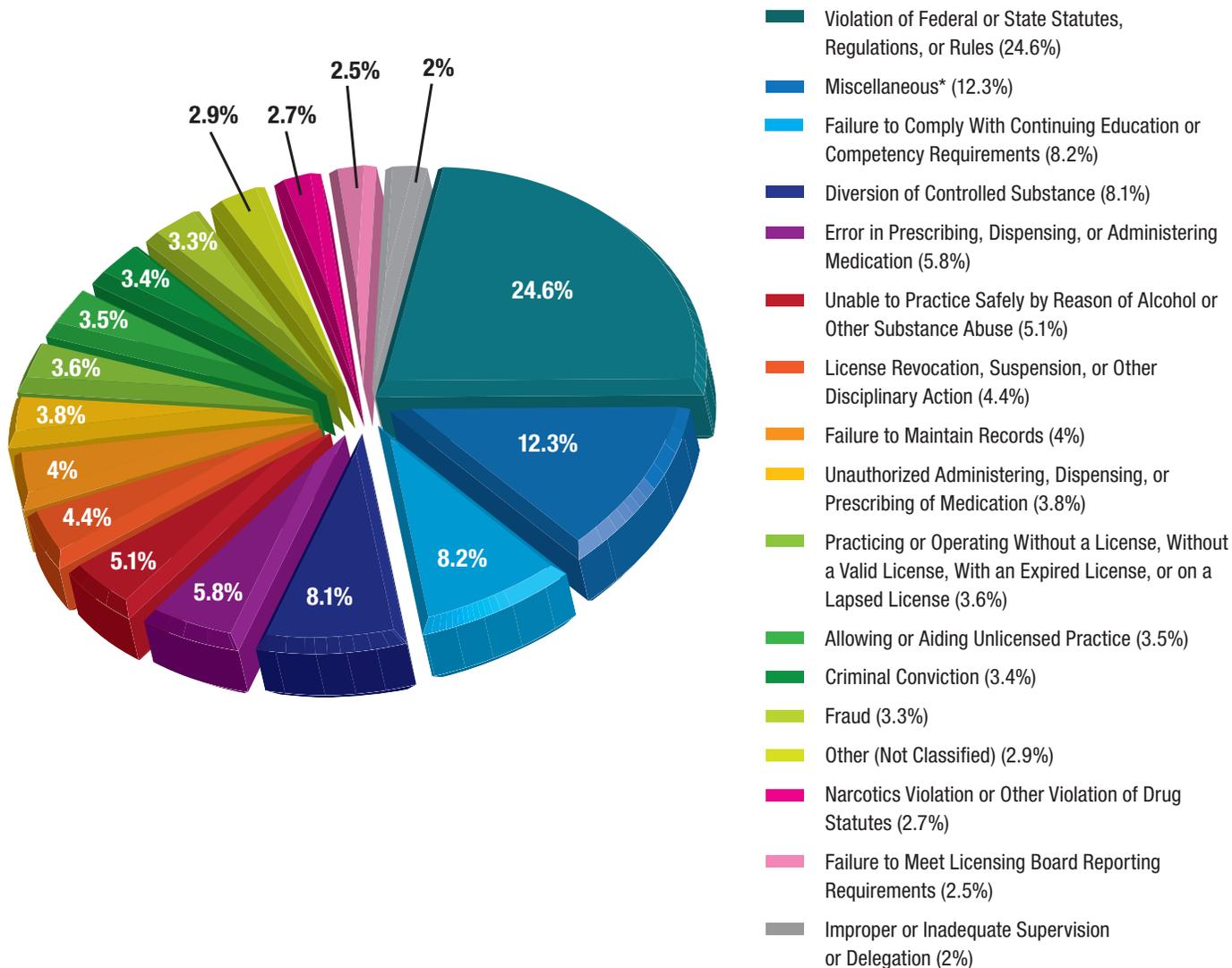
Additional information about the NABP Clearinghouse, including how to designate NABP as a reporting agent for NPDB, is available under the Member Services section on the NABP website at www.nabp.pharmacy. ■

Figure A: Disciplinary Actions Reported During 2016



*The miscellaneous category includes cease and desist; closure of facility; denial of initial license or certificate; denial of license or certificate renewal; directed in-service training; directed plan of correction; extension of previous licensure action; interim action – agreement to refrain from practice during investigation; modification of previous licensure action; on-site monitoring; publicly available negative action or finding; reduction of previous licensure action; restrictions on admissions or services; and voluntary limitation or restriction on license.

Figure B: Bases for Disciplinary Actions Reported During 2016



*The miscellaneous category includes breach of confidentiality; conduct evidencing ethical unfitnes; conduct evidencing moral unfitnes; default on health education loan or scholarship obligations; deferred adjudication; diverted conviction; drug screening violation; expired drugs in inventory; failure to comply with patient consultation requirements; failure to cooperate with board investigation; failure to maintain equipment/missing or inadequate equipment; failure to maintain supplies/missing or inadequate supplies; failure to meet the initial requirements of a license; failure to pay child support/delinquent child support; failure to provide medically reasonable and/or necessary items or services; failure to take corrective action; immediate threat to health or safety; improper or abusive billing practices; inadequate or improper infection control practices; inadequate security for controlled substances; inappropriate refusal to treat; incompetence; lack of appropriately qualified professionals; malpractice; misappropriation of patient property or other property; misbranding drug labels/lack of required labeling on drugs; misleading, false, or deceptive advertising or marketing; misrepresentation of credentials; negligence; nolo contendere plea; nonsexual dual relationship or boundary violation; operating beyond scope of license; practicing beyond the scope of practice; sexual misconduct; substandard or inadequate care; substandard or inadequate skill level; unable to practice safely; unable to practice safely by reason of physical illness or impairment; unable to practice safely due to psychological impairment or mental disorder; violation of or failure to comply with licensing board order; and violation of federal or state tax code.

Thirty-Eight States Now Live With NABP PMP InterConnect

The District of Columbia Prescription Drug Monitoring Program has deployed NABP PMP InterConnect®, bringing the total number of live participating state prescription monitoring programs (PMPs) to 38.

The District of Columbia joins PMPs in Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, and Wisconsin.

NABP continues to work with other states to facilitate their participation in the program. As of press time, Alabama, Maine, Montana, and

Pennsylvania have executed a memorandum of understanding (MOU) with the Association and plan to be connected to PMP InterConnect in 2017. In addition, Wyoming has an MOU under review. In all, approximately 45 states will either be connected to or working toward a connection to PMP InterConnect in 2017.

PMP InterConnect is a highly secure communications exchange platform that facilitates the transmission of PMP data across state lines to authorized PMP users, while ensuring that each state's data-access rules are enforced. Additional information about PMP InterConnect is available in the Initiatives section of the NABP website at www.nabp.pharmacy. ■



“The District of Columbia Prescription Drug Monitoring Program has deployed NABP PMP InterConnect®, bringing the total number of live participating state prescription monitoring programs (PMPs) to 38.”

NABP Mourns Passing of John A. Foust, PharmD, DPh, Former Executive Committee Member

NABP is sad to announce that John A. Foust, PharmD, DPh, passed away on Thursday, February 16, 2017. His contributions to NABP, state boards of pharmacy, and the protection of public health were significant.

Foust was serving the second year of a three-year member term, representing District 6, on the Executive Committee before resigning in the summer of 2016 due to health reasons. Foust demonstrated ongoing dedication to NABP by serving as the chair of the NABP Task Force on Prescription Drug Abuse in 2014, and under his leadership in 2012, the Oklahoma State Board of Pharmacy received NABP's Fred T. Mahaffey Award for

contributions to the protection of the public health and welfare.

Since 2008, Foust served as executive director of the Board until his retirement in January 2017. Prior to becoming executive director, Foust practiced pharmacy for over 30 years and was the director of pharmacy at multiple hospitals and medical facilities. Foust received the Bowl of Hygeia Award for the state of Oklahoma in 2012 and was also selected as “Pharmacist of the Year” by the Oklahoma Society of Health-System Pharmacists in 2014.

Foust earned his doctor of pharmacy degree from the University of



Oklahoma and his bachelor of science degree from Southwestern Oklahoma State University. ■

Official Voting Delegate Submissions Due by April 21

In order to vote during the Final Business Session of the NABP 113th Annual Meeting and to qualify for the travel grant, active member state boards of pharmacy must submit their signed Official Delegate Certificates by April 21, 2017.

- Administrative officers of the boards may submit the completed and signed Official Delegate Certificate to NABP Executive Office via mail to NABP Headquarters or via email to ExecOffice@nabp.pharmacy.
- Only current board of pharmacy members or chief administrative officers qualify to serve as delegates or alternate delegates.
- Only one individual may serve as the official voting delegate; however, there is no limit on how many individuals may serve as an alternate delegate.

For more information, please contact the NABP Executive Office at ExecOffice@nabp.pharmacy. ■



Important Deadlines

- Early Registration Rate – April 7
- Early Hotel Reservation Rate – April 20
- Voting Delegate Submissions – April 21

Still Time to Request a Travel Grant

Are you an active board of pharmacy member or administrative officer who is attending the NABP 113th Annual Meeting?

NABP has travel grant opportunities available for qualified individuals to cover costs for needed expenses. Eligible individuals may receive up to \$1,500 to cover the costs of travel, hotel rooms, meals, taxis, parking, and tips. The grant does not include Annual Meeting registration fees.

- 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.
- Active member boards of pharmacy must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions in order to receive reimbursement.

To obtain a grant application, board administrative officers may contact the NABP Executive Office at ExecOffice@nabp.pharmacy. ■



**Annual Meeting
Online Registration
Is Available at**

www.NABPAnnualMeeting.pharmacy



EXPLORE, DISCOVER, ACT

Imagineering the Future of Pharmacy Regulation

NABP 113th Annual Meeting
May 20 - 23, 2017
Orlando, FL



Schedule of Events

Saturday, May 20, 2017

10 AM - 5 PM
 Registration/Information Desk Open

1:30 - 3:30 PM
Pre-Meeting CPE
Expanded Scopes of Practice — No More Mickey Mousing
ACPE UANs: 0205-0000-17-001-L03-P/T (0.2 CEUs — 2 contact hours)

4 - 5 PM
From District Meeting to Annual Meeting — Learning About NABP

6 - 9 PM
President's Welcome Reception Honoring NABP President Hal Wand, MBA, RPh
 Dinner will be served.
 Dress: Business casual

Sunday, May 21, 2017

7:30 AM - 4:45 PM
 Registration/Information Desk Open

7:30 - 8:30 AM
NABP AWARxE Fun Run/Walk

8:30 - 11:30 AM
Hospitality Brunch and Educational Table Top Displays

8:30 - 11:30 AM
Joint CPE
Educational Poster Session: Imagineering for the Protection of Public Health
ACPE UANs: 0205-0000-17-002-L04-P/T (0.1 CEU — 1 contact hour)

Noon - 3:15 PM

First Business Session

- Welcome Remarks
Carmen A. Catizone, MS, RPh, DPh, NABP Executive Director/Secretary
- Presentation of Colors
- National Anthem
- Keynote Address, Howard Fineman, Global Editorial Director, Huffington Post Media Group
- Call to Order
- Greetings From the Host State
Florida Board of Pharmacy
- Report of the Executive Committee
Edward G. McGinley, MBA, RPh, DPh, Chairperson, NABP Executive Committee
- President's Address
Hal Wand, MBA, RPh, NABP President
- Report of the Treasurer
Susan Ksiazek, RPh, NABP Treasurer
- Announcement of Candidates for Open Executive Committee and Member Positions
- Open Microphone Session
(Time permitting)

3:45 - 4:45 PM
Joint CPE
Specialty Pharmacy — The Future of Pharmacist Care?
ACPE UANs: 0205-0000-17-003-L03-P/T (0.1 CEU — 1 contact hour)

Monday, May 22, 2017

7:30 AM - 12:30 PM
 Registration/Information Desk Open

7:30 - 9 AM
USP Update and Breakfast
 Plated breakfast served from 7:30 - 8 AM

9:15 - 10:15 AM
Joint CPE
Telehealth — Another Epcot Experiment?
ACPE UANs: 0205-0000-17-004-L03-P/T (0.1 CEU — 1 contact hour)

10:30 AM - Noon
Second Business Session
Presiding: Hal Wand, MBA, RPh, NABP President

- Report of the Executive Director/Secretary
Carmen A. Catizone, MS, RPh, DPh, NABP Executive Director/Secretary
- Report of the Committee on Resolutions
Jeanne D. Waggener, RPh, DPh, NABP President-Elect and Chairperson, Committee on Resolutions
– First Reading of Resolutions
- Report of the Committee on Constitution and Bylaws
L. Suzan Kedron, JD, Chairperson, Committee on Constitution and Bylaws
– Presentation of Proposed Amendments to the Constitution and Bylaws

continued on page 20



EXPLORE, DISCOVER, ACT

Imagineering the Future of Pharmacy Regulation

NABP 113th Annual Meeting

May 20 - 23, 2017
Orlando, FL



Schedule of Events

continued from page 19

- Candidate Speeches for Open Executive Committee Officer and Member Positions

Noon - 12:30 PM
Informal Member/Candidate Discussion

Free Afternoon: No programming

Tuesday, May 23, 2017

7:30 AM - 4:15 PM
Registration/Information Desk Open

7:30 - 8:30 AM
NABP Breakfast

8:30 - 10 AM
Executive Officer and Board Member CPE
Naloxone and Beyond: Can Expanded Scopes Impact the Opioid Epidemic?
ACPE UANs: 0205-0000-17-005-L03-P/T
(0.15 CEUs — 1.5 contact hours)

8:30 - 10 AM
Compliance Officer CPE
USP <800> Hazardous Drugs: It's a Small, Dangerous World
ACPE UANs: 0205-0000-17-006-L03-P/T
(0.15 CEUs — 1.5 contact hours)

10:30 AM - Noon
Expanding on Forum Discussions — The Magic of Networking on Shared Topics

Noon - 1:30 PM
Lunch Break
(On your own)

1:30 - 4:15 PM
Final Business Session
Presiding: Hal Wand, MBA, RPh, NABP President

- Election of the 2017-2018 Executive Committee Officers and Members
- Remarks of the Incoming President Jeanne D. Waggener, RPh, DPh, NABP President-Elect
- Installation of 2017-2018 Executive Committee Officers and Members
- Final Report of the Committee on Resolutions
Jeanne D. Waggener, RPh, DPh, 2017-2018 NABP President and Chairperson, Committee on Resolutions
– Discuss and Vote on Resolutions
- Final Report of the Committee on Constitution and Bylaws
L. Suzan Kedron, JD, Chairperson, Committee on Constitution and Bylaws
– Discuss and Vote on Amendments to the Constitution and Bylaws

- Invitation to the 2018 Annual Meeting in Denver, CO

6 - 6:45 PM
Awards Dinner Reception

7 - 9 PM
Annual Awards Dinner
Dress: Semiformal

Presiding: Jeanne D. Waggener, RPh, DPh, 2017-2018 NABP President

- Presentation to 2017 Honorary President
- Presentation to Hal Wand, MBA, RPh, 2017-2018 Chairperson, NABP Executive Committee
- Presentation of the 2017 Fred T. Mahaffey Award
- Presentation of the 2017 Henry Cade Memorial Award
- Presentation of the 2017 John F. Atkinson Award
- Presentation of the 2017 Lester E. Hosto Distinguished Service Award

Note: The 113th Annual Meeting schedule is subject to change. The final schedule will be posted just prior to the meeting at www.NABPAnnualMeeting.pharmacy.



The continuing pharmacy education (CPE) sessions presented at the Annual Meeting are developed specifically for the Association's member boards of pharmacy, which are composed of executive officers, board staff, board members, compliance staff, and board counsel. Sessions are also relevant to other attendees in the practice of pharmacy. By actively participating in the meeting's CPE programming, at the conclusion of the Annual Meeting participants should be able to:

- Identify the latest legislative and regulatory issues being addressed by the state boards of pharmacy.
- Explain how the changing regulatory environment impacts the state boards of pharmacy and the practice of pharmacy.
- Identify gaps in regulatory oversight and best practices for state pharmacy boards to overcome them.
- Discuss emerging roles of pharmacists and pharmacy technicians with respect to the public's access to quality health care.
- Discuss how poster session research findings further the protection of the public health.
- Describe best practices for regulating pharmacist care services in a changing health care environment.
- Analyze licensing standards between state boards of pharmacy.

Contact NABP Professional Affairs staff at 847/391-4406 or via email at Prof-Affairs@nabp.pharmacy for more details.

NABP and NABP Foundation* are accredited by the Accreditation Council for Pharmacy Education (ACPE) as providers of CPE. ACPE provider number: 0205. Learning objectives and descriptions for each CPE session are available on the CPE page at www.NABPAnnualMeeting.pharmacy. Instructions for claiming CPE credits, including continuing legal education credits, are also provided.

CPE to Address Cutting-Edge Regulatory Topics

The NABP 113th Annual Meeting offers attendees the chance to earn Accreditation Council for Pharmacy Education-accredited continuing pharmacy education (CPE) credit. The Annual Meeting's knowledge-based CPE activities are designed to address current issues affecting the regulation of pharmacy practice.

Saturday, May 20 • Pre-Meeting CPE Expanded Scopes of Practice – No More Mickey Mousing

ACPE UANs: 0205-0000-17-001-L03-P/T
(0.2 CEUs – 2 contact hours)

Years of discussion and debate have provided conceptual frameworks for expanded scopes of practice for the pharmacist and pharmacy technician; however, translating that framework into an actionable implementation blueprint has been slow to occur. This session will present for discussion and analysis specific responsibilities for the pharmacist and pharmacy technician in a changed and expanded scope of practice setting. It will also address the question, "Should regulations allow for both pharmacists and pharmacy technicians to expand their scopes of practice to their fullest capacities without listing allowed and prohibited activities?"

Sunday, May 21 • Joint CPE

Educational Poster Session: Imagineering for the Protection of Public Health

ACPE UANs: 0205-0000-17-002-L04-P/T
(0.1 CEU – 1 contact hour)

Providing the opportunity to interact with presenters and fellow attendees, the annual Educational Poster Session also offers an opportunity to earn CPE credit. Board of pharmacy and school and college of pharmacy representatives will present various poster displays related to imagineering new pharmacy practices in furtherance

of protecting the public health. CPE is earned through interactive participation with presenters for one hour during the three-hour offering and by completing a post-session test.

Joint CPE

Specialty Pharmacy – The Future of Pharmacist Care?

ACPE UANs: 0205-0000-17-003-L03-P/T
(0.1 CEU – 1 contact hour)

The practice of specialty pharmacy is exploding across the country and is garnering much attention. What is it all about? Why the need? Is this really the future of pharmacist care and of pharmacy? Participants will learn from industry experts how this trend began, the current landscape, and what the future holds.

Monday, May 22 • Joint CPE

Telehealth – Another Epcot Experiment?

ACPE UANs: 0205-0000-17-004-L03-P/T
(0.1 CEU – 1 contact hour)

The spirit of Epcot, or Experimental Prototype Community of Tomorrow, is reflected in the various telepharmacy practices that are currently under review by many boards of pharmacy. Such telepharmacy "prototypes" are proposed to address various practice settings, and boards are tasked with determining whether patient needs can be adequately met while protecting the public. Regulators of health care providers will provide participants with an in-depth discussion comparing the practice of telehealth with the practice of telepharmacy.

Tuesday, May 23 • Executive Officer and Board Member CPE

Naloxone and Beyond: Can Expanded Scopes Impact the Opioid Epidemic?

ACPE UANs: 0205-0000-17-005-L03-P/T
(0.15 CEUs – 1.5 contact hours)

Many states have enacted prescribing authority or statewide protocols for pharmacists to prescribe and dispense naloxone without a prescription to patients at risk for an opioid overdose and/or to a person in a position to assist a person at risk for experiencing an opiate-related overdose. Is this authority being utilized to its full capacity? A specialist in opioid use disorder, a board of pharmacy representative, and a pharmacist on the front lines will share with participants how pharmacists having this expanded scope of practice can help curb this national epidemic that has taken the lives of too many.

Compliance Officer CPE

USP <800> Hazardous Drugs: It's a Small, Dangerous World

ACPE UANs: 0205-0000-17-006-L03-P/T
(0.15 CEUs – 1.5 contact hours)

While the July 1, 2018 effective date for the United States Pharmacopeia (USP) General Chapter <800> Hazardous Drugs—Handling in Healthcare Settings may seem far in the future, it will be here before we know it. Are pharmacy board compliance officers prepared to inspect for these new standards? Experts in this field will provide attendees with valuable information concerning relevant provisions to ensure compliance with this new standard. ■

Learning objectives and speaker information for each CPE session, as well as requirements for obtaining CPE credit, will be available at www.NABPAnnualMeeting.pharmacy.

Delaware Amends CS Regulations

Pursuant to 16 Del. C. §4731, the Delaware Controlled Substance Advisory Committee, with the approval of the secretary, has enacted revisions to the controlled substance (CS) rules and regulations. Subsection 4.10.1 addresses the requirement that a pharmacist must verify the identification of the receiver of a CS prescription by reference to valid photographic identification. The regulation was amended to provide that federal, including military, identification meets this requirement.

In addition, Subsection 4.10.1.5 was added to provide an exemption to the photographic identification requirement where the person receiving the CS prescription is a patient at an inpatient facility or has been discharged from an inpatient facility and is obtaining the CS from the facility's outpatient pharmacy immediately upon discharge. For additional information, refer to the Delaware Controlled Substance Rules and Regulations at www.dpr.delaware.gov.

Idaho Board Announces Free Pharmacist-in-Charge Training Program

The Idaho State Board of Pharmacy has launched a free home study law continuing pharmacy education (CPE) program to assist current or future pharmacists-in-charge (PICs) in better understanding their roles and responsibilities. The program is accredited for two hours of Board-approved law CPE.

The program specifically reviews the following elements:

- Who may serve as a PIC;
- What a PIC should do as he or she begins his or her new role;
- What ongoing activities a PIC is responsible for with respect to reporting requirements, record keeping, and license maintenance for the pharmacy team;
- What to expect during a pharmacy inspection;
- How to handle an impaired employee; and
- What a PIC should do upon completion of the role.

The program may be accessed on the Board's website at <https://bop.idaho.gov>.

North Dakota Board Finalizes Rules for Prescriptive Authority for Naloxone

The North Dakota State Board of Pharmacy finalized rules (North Dakota Administrative Code 61-04-12) implementing the authority given by Senate Bill 2104, which granted prescriptive privileges for naloxone to pharmacists in North Dakota. The process for a pharmacist to prescribe naloxone and information that can be provided to patients and patients' loved ones can be located on the Board's website at www.nodakpharmacy.com/naloxone.asp. The Board will make the locations where pharmacists are prescribing naloxone available to the public for their information.

New Mexico Upgrades PMP

In October 2016, the New Mexico Board of Pharmacy went live with its upgraded prescription monitoring program (PMP) platform, PMP AWA_Rx_E, owned by Appriss, Inc. Users are now able to submit patient requests in batches instead of one by one. Users can see right on the report a morphine milligram equivalent amount for each patient. Along with the upgrade to the PMP, the Board has passed regulations regarding PMP accounts. Regulations now allow for a pharmacist to have a delegate. Pharmacist delegates must be certified pharmacy technicians or registered interns. Also, the number of delegates was increased. Practitioners and pharmacists may have up to four delegates each.

West Virginia Requires Naloxone Dispensings to Be Reported to CSMP

Pharmacies in West Virginia can dispense naloxone without a prescription from a doctor under the pharmacy's own authority per the statewide naloxone protocol. One component of that protocol, and the state statutes enabling it, is that all dispensing of naloxone, by the prescriber's prescription or by the pharmacy alone under the protocol, must be reported to the Controlled Substances Monitoring Program (CSMP). As stated in the September 2016 *West Virginia Board of Pharmacy Newsletter*, "You must work with your software provider to include naloxone as a reportable item when reporting all CS dispensed. Although naloxone is not a CS, the law requires all dispensings of it to be reported to the CSMP database." The law went into effect June 10, 2016 (passed March 12, 2016; in effect 90 days from passage). ■

Newsletters of state boards participating in the NABP State Newsletter Program are available on the NABP website. Five years worth of issues are posted on each state's page.

FDA Issues Final Guidance on Repackaging Drugs by Pharmacies and Registered Outsourcing Facilities

In January 2017, Food and Drug Administration (FDA) issued a final guidance for industry titled, “Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities.” This guidance describes the conditions under which FDA does not intend to take action for violations of certain provisions of the Federal Food, Drug, and Cosmetic Act when a state-licensed pharmacy, a federal facility, or an outsourcing facility repackages certain human drug products. The guidance is available at www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM434174.pdf.

Electronic or written comments may be submitted at any time for this final guidance following the instructions provided in the *Federal Register*, which can be found at www.federalregister.gov/documents/2017/01/13/2017-00723/repackaging-of-certain-human-drug-products-by-pharmacies-and-outsourcing-facilities-final-guidance.

CDC Publishes Resource to Foster Use of JCPP Pharmacists’ Patient Care Process

A publication intended to encourage the use of the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists’ Patient Care Process was released by the Centers for Disease Control and Prevention’s (CDC’s) Division for Heart Disease and Stroke Prevention. In *Using the Pharmacists’ Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists*, CDC calls on pharmacists and other health care providers to implement the Pharmacists’ Patient Care Process model to reduce heart disease and stroke in the United States.

Pharmacists can have a positive effect on population health by providing patient care services and participating in collaborative practice agreements and continuing education programs, notes the CDC publication. The publication is available at www.cdc.gov/dhds/pubs/docs/pharmacist-resource-guide.pdf.

NABP is a member of JCPP and endorses the Pharmacists’ Patient Care Process. In its September 2015 newsletter (page 167), NABP discusses integrating the JCPP Pharmacists’ Patient Care Process to improve medication outcomes and promote consistency in patient care service delivery. Additional information about JCPP is available at <https://jcpp.net>.

New Interactive Map Tracks Pharmacist Vaccination Laws

A new resource – an interactive 50-state map tracking pharmacist vaccination laws between 1990 and 2016 – was published by The Policy Surveillance Program, A LawAtlas Project. The map, which is available at <http://lawatlas.org/datasets/pharmacist-vaccination>, explores laws that give pharmacists authority to administer vaccines and establish requirements for third-party vaccination authorization, patient age restrictions, and specific vaccination practice requirements, such as training, reporting, record keeping, notification, malpractice insurance, and emergency exceptions. The Policy Surveillance Program is administered by Temple University Beasley School of Law. ■

Health care providers and patients are encouraged to report adverse events or quality problems to FDA’s MedWatch Safety Information and Adverse Event Reporting Program at www.fda.gov/MedWatch.

Around the Association

Executive Officer Changes

- **C. Erica White, MBA, JD**, has been appointed executive director of the Florida Board of Pharmacy, replacing Allison Dudley, JD. Prior to this position, White served as a chief prosecuting attorney for the Florida Board of Accountancy, which is located within the Florida Department of Business and Professional Regulation.

- **Agustín González-Rivera, JD**, has been appointed executive director of the Puerto Rico Board of Pharmacy, replacing Ernesto Caballero. González-Rivera is government affairs group director at Reichard & Escalera, LLC, which he joined in 1999. Prior to joining the law firm, González-Rivera held managerial positions at several multinational corporations, including Eveready Puerto Rico, Inc, Frito-Lay Snacks Caribbean, Inc, and The Procter & Gamble Commercial Co. ■



INNOVATIONS

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UPCOMING EVENTS

Committee on Constitution and Bylaws

April 12, 2017
Teleconference

FPGEE Administration

April 25, 2017

NABP 113th Annual Meeting

May 20-23, 2017
Orlando, FL

PARE Administration

June 5-16, 2017

NABP Program Review and Training

June 27-28, 2017
NABP Headquarters

PMP InterConnect Steering Committee Meeting

July 19-20, 2017
NABP Headquarters

2017 Tri-Regulator Symposium

July 25-26, 2017
Chicago, IL