

INNOVATIONS



Telepharmacy: The New Frontier of Patient Care and Professional Practice





INNOVATIONS

table of contents

EXECUTIVE COMMITTEE

Hal Wand
Chairperson

Jeanne D. Waggener
President

Susan Ksiazek
President-elect

Jack W. "Jay" Campbell
Treasurer

Timothy D. Fensky
Member, District 1

Caroline D. Juran
Member, District 2

Reginald "Reggie" Dilliard
Member, District 3

Philip P. Burgess
Member, District 4

Gary W. Dewhirst
Member, District 5

Gay Dodson
Member, District 6

Mark D. Johnston
Member, District 7

Richard B. Mazzoni
Member, District 8

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

Innovations

(ISSN 2472-6850 – print; ISSN 2472-6958 – online) is published 10 times a year by the National Association of Boards of Pharmacy® (NABP®) to educate, to inform, and to communicate the objectives and programs of the Association and its 67 member boards of pharmacy.

The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is \$70 per year.

National Association of Boards of Pharmacy

1600 Feehanville Drive, Mount Prospect, IL 60056 • 847/391-4406
www.nabp.pharmacy • help@nabp.pharmacy

Carmen A. Catizone
Executive Director/Secretary

Amy Suhajda
Communications Manager

© 2017 National Association of Boards of Pharmacy. All rights reserved. No part of this publication may be reproduced in any manner without the written permission of the executive director/secretary of the National Association of Boards of Pharmacy.

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.

4 Legal Briefs
Perception Is Reality

9 Association News
Task Force Recommends Expanding Telepharmacy Regulations

13 Satisfaction Survey Allows Members to Share Opinions of NABP Programs, Services

19 MPJE State-Specific Review to Be Completed Via Secure Website; Boards' Participation Helps Ensure Exam's Validity

22 State Board News
New Jersey Enacts Law Imposing Restrictions on Opioids and Other Schedule II Drugs

23 Professional Affairs Update
WHO Launches Global Patient Safety Challenge on Medication Safety



Feature News

Telepharmacy: The New Frontier of Patient Care and Professional Practice

2017 Special Issue Coming Soon!

The 2017 *Innovations* Special Issue will be mailing soon. The newsletter will include an overview of NABP's 113th Annual Meeting in Orlando, FL; biographies of the 2017-2018 Executive Committee officers and members; resolutions approved by member board of pharmacy delegates; and photos of the 2017 Annual Awards recipients. The Special Issue will also be available in the Publications and Reports section of the NABP website at www.nabp.pharmacy.



Interview With a Board Executive Director



Gay Dodson, RPh, DPh
Executive Director/Secretary,
Texas State Board of Pharmacy

Gay Dodson, RPh, DPh

Executive Director/Secretary, Texas State Board of Pharmacy

How long have you served as executive director/secretary of the Texas State Board of Pharmacy? What was your role prior to working with the Board?

I've been executive director since June 1997. Following school in June 1969, I worked as a pharmacist in the Dallas area, both at an independent and a chain pharmacy. In November 1982, I started to work for the Board as a field compliance officer in the Houston area, and in January 1985, I moved to the Austin office, working as a senior compliance officer. I then held different positions until November 1987, when I was promoted to director of the compliance program. I held that position until I became executive director.

What is one of the most significant challenges or issues your board addressed in the past year or so?

During the 2015 legislative session, the Texas Legislature moved our prescription monitoring program (PMP) from the Department of Public Safety to the Board of Pharmacy. This came about because of an interim study by both the House Committee on Public Health and the Senate Committee on Health and Human Services, which eventually led to a recommendation that the program be moved to the Board. They didn't feel the Department was doing what it needed to do, and the medical professions greatly supported moving it to us. Our project for the last two years basically has been getting it up and running.

What actions were taken by the Board to address the issue?

The Department of Public Safety originally had the program since 1983. Because of that department's law enforcement focus, I believe they weren't looking at it as a clinical tool that could assist pharmacists in making good decisions when dispensing controlled substances, so we took that as our focus. It still has an enforcement piece, too, but mainly it's trying to get the best care to the patients. Because the system had become stagnant under the Department of Public Safety, its usage had dropped dramatically during that time. So, we talked to other boards of pharmacy that were operating PMPs to learn what was available and what they thought was important, and then developed our bid specifications.

In early 2016, we awarded the contract for the PMP software to Appriss, Inc. One of my directors, Allison Benz, took charge of the program, got it up and running, and we went live on September 1, 2016. Since we've taken it over, we have signed agreements with about nine states using NABP PMP InterConnect®. Previously, our PMP was not sharing data with other states, and I think that's an important piece. During the first six months, we've increased the number of accounts — people who are signed up to use it — by more than a third. That sounds great, but we only have 44,000 people signed up to use it, and there are about 100,000 that can, so we've got some work to do. We're in the process of trying to get the word out to everyone who hasn't figured out what's going on. Everyone using it seems to be very pleased with the product we have.

continued on page 8

Texas State Board of Pharmacy

Number of Board Members: 7 pharmacist members, 3 public members, 1 pharmacy technician

Number of Compliance Officers/Inspectors: 21

Rules and Regulators Established by: State Board of Pharmacy

Number of Pharmacist Licensees: 32,680

Number of Pharmacies: 8,079 (in-state)

Number of Wholesale Distributors: 381

Perception Is Reality



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

“While some health professions, such as medicine, nursing, and pharmacy, may think they are ‘immune’ from deregulation, the effects of the regulatory climate will permeate all state boards.”

Regulated professions and occupations are under heightened scrutiny from various perspectives.

Based upon numerous factors, the public protection component, upon which regulating the professions is premised, has been lost in an economic-freedom, free-market approach to providing consumers with choices of products and access to services. How state government chooses to regulate may be subject to fundamental changes that contemplate consolidated boards or other regulatory structures that “share” decision-making among professions.

The aforementioned perspectives include approaches from many different interests. From an economic viewpoint, challenges to regulation are propounded that promote competitive approaches over government control, which ostensibly allow for consumer choice and, perhaps, more competitive pricing. From a legal perspective, this competitive spirit appears to be fueling increased litigation challenging the authority of state regulatory boards, using antitrust and other theories related to anticompetitive behavior. And, from a political perspective, legislative movements permeate the landscape, arguing for less regulation, consolidated boards, and, in some cases, deregulation of certain professions or occupations.

While some health professions, such as medicine, nursing, and pharmacy, may think they are “immune” from deregulation, the effects of the regulatory climate will permeate all state boards. Such effects will include added litigation as potential plaintiffs are emboldened to challenge the regulatory structure and consequences

of board decisions. Individual members of the state boards of pharmacy must be aware of and adhere to the principles of government regulation for the benefit of public health, safety, and welfare and not allow professional promotion to unduly influence decision-making.

In part responsible for the legal and political movements regarding professional regulation was the February 2015 United States Supreme Court case of *North Carolina State Board of Dental Examiners v. Federal Trade Commission*, 574 U.S. 1 (2015)¹. This important legal opinion has emboldened plaintiffs to challenge decisions of state boards under antitrust theories, resulting in numerous lawsuits challenging the actions of state boards in multiple professions. While many cases have been dismissed or resolved, several cases remain pending, especially in the arena of regulating “telepractice” of a profession, both intrastate and interstate.

More specifically, the Supreme Court opinion has stimulated potential plaintiffs or disgruntled licensees to focus legal arguments on the composition of state boards. Based upon the fact that state boards are comprised of active market participants, challenges to board actions claim that professionals are protecting professionals under the guise of government. Complainants allege that state board members engage in activities that promote the profession in an anticompetitive manner. It is also argued that board members do not or are unable to distinguish between promoting the trade from public protection.

Separation of trade from regulation is essential to the continued recognition of effective and efficient government regulation of the professions. Yet, many governors and legislatively appointed

active market participants remain unable to distinguish between trade and public protection and comingling the two. State board members recognize and, at times, are controlled by the interests of the trade which promote the interests of the profession. Professional promotion perspectives that infiltrate a regulatory board and its members contribute to the “self-regulation” perception that plagues the current regulatory system. Real and perceived professional promotion that permeate regulation in the form of “turf battles,” scope protections, and other self-serving activities are stimulating change on numerous fronts, including litigation.

It is incumbent upon boards of pharmacy to proactively and continually address the potential for this comingling of the interests of government and trade and actively separate such roles. Failure to do so will result in increased legal and political challenges to the current structure of how the practice of pharmacy is regulated. One potential result will be to populate boards of pharmacy with non-licensees to remove the perception (or reality) of self-serving interests. Such a movement will likely impede the efficiencies and effectiveness of using subject matter experts in administrative decision-making capacities. Other potential results may be to combine “related” boards in order to offset the argument that active market participants of one profession have a controlling majority in the board. These potential changes

to board structures and composition will come in the form of legislative modifications to practice or, in some cases, executive orders from the executive branch of government.

Legal challenges to boards of pharmacy activities may surface from numerous sources. Disgruntled applicants, licensees, or consumers can fashion legal arguments to challenge board decisions related to licensure denial, disciplinary actions against licenses, rulemaking, scope of practice interpretations, and other actions that affect access to practice and/or products. Such potential plaintiffs will be more likely to challenge board decisions under the current legal and political climate focusing on these self-serving, self-regulation perspectives.

In addition to individual challenges to board actions, the Federal Trade Commission (FTC) is exhibiting increased scrutiny of state boards and the potential for investigating perceived anticompetitive behavior. The FTC recently launched an Economic Liberty Task Force to examine state and local licensing requirements and their potential to threaten economic growth. The acting chairperson of the FTC recently stated, “The public health and safety rationale for regulating many of [these] occupations ranges from dubious to ridiculous.”² As emphasized by the acting FTC chairperson, “When warranted, the FTC will bring enforcement actions in appropriate

cases.”² The FTC has the authority to bring enforcement actions against state boards and is indicating its propensity to do so.

Boards of pharmacy must continue to train their members and staff on the separation of regulation from trade. As state board members and staff are subject to change, training should be ongoing. In fact, reminders of the state board’s mission should be referenced at the beginning of each board meeting and cited for the record. Such small steps can assist in emphasizing the roles of the board and board members and create a record within the board meetings’ public minutes to illustrate, remind, and stress the public protection mission. When boards and board members do not adhere to these fundamental principles separating regulation from trade, all of regulation is cast in a self-serving light. To illustrate these perceptions and realities of self-serving activities, consider the following.

Multiple licensed physical therapists along with ballet dancers who are the recipients of physical therapy services (collectively referred to as the Plaintiffs) initiated litigation (federal litigation) in US District Court against the North Carolina Acupuncture Licensing Board (Acupuncture Board), in the case of *Henry v. North Carolina Acupuncture Licensing Board*, 2017 US LEXIS 12204 (Dist Ct NC 2017). The Acupuncture Board is a state agency statutorily

continued on page 6

¹ In short, the *North Carolina State Board of Dental Examiners (NCSBDE)* case addressed the application of the state action immunity doctrine that historically insulates state boards from antitrust liability based upon enforcement of state statutes duly enacted by the legislature. The US Supreme Court held that state regulatory boards whose membership is comprised in whole or in part of “active market participants” (licensees) must meet the two-prong test that private actors are required to meet to avail themselves of the state action immunity doctrine. That two-prong test includes both a clearly articulated state policy to displace competition (likely found in the practice act) and active oversight by the state. Based upon the lack of oversight by the state of North Carolina, the findings of antitrust violations by the NCSBDE were upheld.

² https://www.ftc.gov/system/files/documents/public_statements/1098513/ohlhausen_-_advancing_economic_liberty_2-23-17.pdf (accessed March 29, 2017)

Legal Briefs

continued from page 5

created and delegated with the authority to regulate the practice of acupuncture in North Carolina. The Plaintiffs alleged that the Acupuncture Board engaged in anticompetitive and unconstitutional conduct. The physical therapist plaintiffs perform dry needling on patients and are under threat of sanctions from the Acupuncture Board under what amounts to a turf issue. The patient plaintiffs are ballet dancers who receive dry needling treatment from physical therapists and are concerned over access to such services. The defendants include not only the Acupuncture Board, but also the individual Acupuncture Board members who are licensed, actively practicing acupuncturists (collectively referred to as the Defendants).

According to the Plaintiffs, dry needling is “[a] commonly used intervention for treating myofascial trigger point pain,” whereby physical therapists insert needles into trigger points to relieve pain or dysfunction. Historically, the North Carolina Physical Therapy Board determined that dry needling fell within the scope of practice for physical therapists. Further, the North Carolina

Attorney General also concluded that the Physical Therapy Board had the authority to determine that dry needling was within the scope of practice of physical therapists. However, the Plaintiffs argue that the Acupuncture Board engaged in conduct that used government power to suppress competition by physical therapists and for the exclusive benefit of acupuncturists.

Further disconcerting, the allegations state that the North Carolina Association of Acupuncture and Oriental Medicine (referred to as the Trade Association) pressured the Acupuncture Board into using such governmental authority to protect the scope of practice of acupuncturists and prohibit physical therapists from engaging in dry needling.

The outline below is the judicial opinion responding to various motions to stay and/or dismiss the litigation. The judicial opinion and its notations to the facts in the complaint are worth emphasizing, as the allegations illustrate the brazen nature of and legal consequences to comingling trade and regulation. What is alleged paints regulation of the professions in a self-preservation light and fuels the perception that content or subject matter experts (licensees or active market participants, as coined by the US Supreme Court) are incapable of regulating the professions without engaging in self-promoting actions.

First, the Plaintiffs allege that the Acupuncture Board and the Trade Association formed a committee in June 2012 to create a position statement regarding the Acupuncture Board’s tentative stance on dry needling. The intent of the position statement was to distribute it online. At the same meeting where this committee was formed, the Acupuncture Board noted that it had not received any complaints regarding the practice of dry needling by physical therapists.

During this committee formation period, the Acupuncture Board members individually began editing the Wikipedia



page for dry needling to reflect their contention that dry needling is a form of acupuncture. The Acupuncture Board also instructed one of its individual members to continue editing the Wikipedia page to reflect the position of the Acupuncture Board that dry needling is a form of acupuncture.

In September 2012, the Acupuncture Board posted a publication titled “Dry Needling is Intramuscular Manual Therapy is Acupuncture” (Acupuncture Board publication) on its website and on various social media platforms. Further, the Acupuncture Board instructed its individual members to post the Acupuncture Board publication on other relevant websites and blogs that were under their personal control. The Acupuncture Board also continued to edit the dry needling Wikipedia page to reflect the Acupuncture Board’s conclusion that dry needling is acupuncture and included a link to the Acupuncture Board publication.

The Acupuncture Board publication not only concluded that dry needling is acupuncture, but also stated that physical therapists who perform dry needling in North Carolina were:

- “engaging in a misrepresentation of the skill set included in the scope of practice of physical therapists in North Carolina;
- confusing the public as to who may provide Acupuncture safely;
- undermining the General Assembly;
- subject to being legally enforced to discontinue these actions; and
- endangering the public.”

The allegations also state that between October 2012 and August 2013, the Trade Association and Acupuncture Board experienced a number of disagreements regarding the appropriate manner of handling “those who are guilty of dry needling.” Pursuant to the complaint, the Trade Association “persistently pressed the Acupuncture Board to take more

 **Knowledge
is power, and well-
trained state board
members will
form the basis for
continued regulation
of the professions
and occupations.** 

‘vigorous’ action, while the Acupuncture Board stressed the fact that it only had jurisdiction over ‘licensed acupuncturists’ as well as the need for jurisdiction outside ‘professional protectionism,’ citing the lack of complaints from anyone other than licensed acupuncturists.” Eventually, the Acupuncture Board “acceded” to the Trade Association and issued numerous cease and desist letters to physical therapists who advertised dry needling. The physical therapist plaintiffs were recipients of such cease and desist letters.

The letters not only ordered the recipients to cease and desist from providing dry needling services, but also included a copy of the Acupuncture Board publication and stated that dry needling may constitute illegal billing that could subject recipients of the letter to action by the North Carolina Department of Insurance and that practicing acupuncture without a license is a Class 1 misdemeanor.

Astonishingly, the court-cited challenged conduct also notes that the Trade Association’s executive director “displeased with the delay in sending the cease-and-desist letters, had two of the [Board] members replaced.”

In December 2014, the Acupuncture Board revised and republished the publication on its website and disseminated it to third parties. In January 2015, a member of the Acupuncture Board emailed her contacts and “solicited them to call CBS headquarters in New York about a television program featuring a physical therapist performing dry needling.” Also in January 2015, the Trade Association emailed all of its acupuncturist members in an attempt to raise \$25,000 for the stated goal of “[stopping] dry needling.”

Finally, in September 2015, the Acupuncture Board filed a verified complaint in Wake County Superior Court (state litigation) against the

North Carolina Physical Therapy Board, seeking a declaration that “dry needling by licensed physical therapists constitutes the unlawful practice of acupuncture.” The Acupuncture Board sought a permanent injunction requiring that the Physical Therapy Board advise its licensees that dry needling is not within the scope of physical therapy practice and that the court authorize the Acupuncture Board to issue cease and desist notices to noncomplying physical therapists. Such government versus government litigation is not only unusual, but also fuels the notions that state entities are acting in a manner under the guise of government to protect their own occupation and enhance benefits to their profession.

With concurrent federal and state court cases pending involving the overlapping issues, the Acupuncture Board filed relevant motions seeking to have the federal litigation “stayed” pending the outcome of the state litigation. The Acupuncture Board also filed motions to have the federal litigation dismissed. Under complex procedural analyses, the court in the federal litigation found that there is no basis to stay the federal case in light of the state court proceedings. Thus, the federal litigation will proceed.

Addressing the motion to dismiss, the court in the federal litigation also denied the Acupuncture Board’s request, with the exception of the Plaintiffs’ equal protection claims. In short, the court found well-pleaded facts that the actions of the Acupuncture Board and the Trade Association had a substantial effect on interstate commerce and that the Plaintiffs’ complaint adequately alleged injury in fact and antitrust injury and adequately alleged a conspiracy between the Acupuncture Board and the Trade Association.



To be clear, the referenced judicial opinion addresses various motions to stay and dismiss the case. There have been no findings on the merits of the Plaintiffs’ allegations. However, the purpose of this article is to illustrate the critical point of separation of trade from regulation. This point is not new, but is a fundamental concept that must be emphasized, understood, accepted, and respected. Knowledge is power, and well-trained state board members will form the basis for continued regulation of the professions and occupations.

It is incumbent on state boards of pharmacy and their individual members to proactively embrace public protection perspectives, in spite of the consequences to trade and commerce. Checks and balances are essential, and trade associations will continue to promote the professions and the financial and economic benefits to their individual members. However, comingling of trade and public protection issues by licensees/active market participants who serve on state boards of pharmacy will perpetuate the stigma of “self-regulation” and stimulate change. Change is on the horizon and may have far-reaching consequences for all of regulation. Be prepared. Perception is reality. ■

Annual Report on Association Legal Affairs

Strong growth continues apace at NABP in support of member boards of pharmacy and international outreach. The Legal Affairs department plays an essential role in the Association's development, with significant achievements noted below.

Educational Support for Boards

On July 19, 2016, NABP conducted a well-received, interactive, educational webinar for board of pharmacy legal counsel and compliance officers. A board investigator and attorney were featured speakers, who instructed participants on techniques and processes to investigate and prosecute board licensees who divert medications. Legal Affairs organized the educational seminar based upon feedback from board of pharmacy legal counsel.

.Pharmacy Verified Websites Program

As the .Pharmacy Verified Websites Program continues to expand to verify

international websites, Legal Affairs engages local counsel for guidance on applicable laws and partners with the .Pharmacy Program's team to evaluate international regulators for assistance with .pharmacy application review.

Amicus Brief

NABP recently filed an amicus brief explaining the Verified-Accredited Wholesale Distributors® (VAWD®) accreditation program and the decade-plus experience staff has in surveying and evaluating wholesale drug distributors. A trade association for wholesale distributors is suing a pharmacy benefit management organization, which requires its network pharmacies to acquire their medications from VAWD-accredited distributors. NABP is not a party to the lawsuit.

Litigation

A candidate for certification through the Foreign Pharmacy Graduate Examination Committee™ program is appealing the

dismissal of his federal lawsuit against NABP. The candidate claims, among other things, that NABP conspired with another testing organization to invalidate a passing score on the Test of English as a Foreign Language. The trial court dismissed the case against NABP with prejudice, meaning the candidate cannot refile the lawsuit. NABP awaits the federal appeals court decision.

Moving Forward

The Legal Affairs team is dedicated to serving and protecting the Association and furthering NABP's key services and educational programming to optimize member board of pharmacy operations and public health protection endeavors.

On November 29-30, 2017, NABP will host the biennial Interactive Compliance Officer and Legal Counsel Forum. Topical cases, regulatory updates, and group discussions are currently slated for the forum. ■

Gay Dodson

continued from page 3

What other key issues has the Board been focusing on?

Texas has a process called Sunset, and every agency is subject to a Sunset review every 12 years. If you look at our law, every section says, "Unless continued by the Legislature, this expires on September 1, 2017." This means a bill was introduced to the Legislature this session in order to continue the Board of Pharmacy and implement any recommendations that the Texas Sunset Advisory Commission made for this agency. We were very pleased with our Sunset report. The commission indicated in the report that we are a well-run agency, and we are operating as we should. They focused on some suggestions for improvement of the PMP that we were already in the process of implementing. So, our Sunset bill is very favorable. It doesn't have anything controversial in it, and I have no doubt that the Board will be continued.

What insights do you have for other states that may be facing similar challenges?

We try to do a lot of outreach to our licensees. The Board believes the great majority of pharmacists will comply with the laws and rules, if they know and understand them. One of our agency's

missions is to get out and visit programs as often as possible. We charge our compliance staff and field inspectors who are pharmacists and pharmacy technicians to do that; a number of staff members make presentations throughout the year to update pharmacists. We also publish a newsletter. We were one of the first states in the nation to have one. It's online now, and we try to educate through that. What I tell other executive directors who ask me what I do and how I figure out what's going on when facing a challenge is that I generally pick up the phone and call the executive directors who I know around the nation and ask what they did in this type of situation, if they faced it. Many times, because we're one of the bigger states, those issues hit us first. I always get good advice from my fellow executive directors and other board members. If I can't find what I need from them, I call NABP.

I'm retiring this fall, after spending half my life working at this agency. Obviously, I've loved it, or I wouldn't have stayed that long. It's been really wonderful to work with all the pharmacists around this state and our nation. They do an unbelievable service to the citizens that most people don't even see because they're behind the scenes. NABP does a good job of recognizing this. I just want to thank all the pharmacists, board members, and NABP members who have helped me out over the years. ■

Task Force Recommends Expanding Telepharmacy Regulations

Patients in both rural and urban settings can benefit from telepharmacy services, which can provide patients with quality health care that they may not otherwise receive or have difficulty accessing, concluded the Task Force on the Regulation of Telepharmacy Practice.

The task force met to discuss telepharmacy practice models and existing regulations of telepharmacy practices. The task force members made two recommendations, including amending language in *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*, and further collaborating with the boards of pharmacy regarding telepharmacy services between pharmacies and medical clinics or other facilities.

The task force members discussed the challenges presented by promulgating telepharmacy regulations based on geographical or distance-related parameters. For instance, Wyoming had to reevaluate its current telepharmacy rules to be less restrictive in order to provide the appropriate environment for the expansion of telepharmacy practices. The task force members agreed that from the practice perspective, such requirements tend to create artificial barriers; at the same time, from the regulatory perspective, monitoring and enforcement of such regulations may become difficult. In addition, the members were informed that North Dakota has seen an increase in telepharmacy permits with no decline in the number of traditional pharmacy locations.

The members reviewed existing *Model Act* language and recommended amending the



definition of telepharmacy to recognize that it is the practice of pharmacy both within and across state lines. The members also recommended adding a definition for telepharmacy technologies that is broad and encompassing of future technological developments.

Further, the task force members also recommended adding an exemption to the requirement of a face-to-face examination in instances of third-party prescribing of certain drugs. The members also agreed that the existing sections on shared pharmacy services and automated pharmacy systems remain intact and that a new section for telepharmacy be added to the *Model Act* that specifies, among other things, general requirements for licensure, staffing, supervision of delivery and storage of drugs, and the security of drugs at a remote telepharmacy location.

Members discussed technician compounding and drug dispensing that occurs under the supervision of a remote pharmacist in medical clinics and other facilities not generally regulated by the boards of pharmacy. The task force recommended that NABP collaborate with boards of pharmacy to discuss the regulation of these types of practices.

The Task Force on the Regulation of Telepharmacy Practice was established

in response to Resolution 112-5-16, which was approved by the NABP membership at the Association's 112th Annual Meeting in May 2016. Task force members included Lee Ann F. Bundrick, RPh, chair; Freeda Cathcart; Kamlesh "Kam" Gandhi, PharmD, RPh; Patty Gollner, PharmD, RP; Mark J. Hardy, PharmD, RPh; Lisa Hunt, RPh; Douglas Lang, RPh; Tamara McCants, PharmD, RPh; Robert "Joey" McLaughlin, Jr, RPh; Bradley Miller, PhTR; Penny Reher, RPh; Karen M. Ryle, MS, RPh; and Philip P. Burgess, MBA, DPh, RPh, Executive Committee liaison.

The task force met October 24-25, 2016, and its report was approved by the Executive Committee during its April 2017 meeting. The task force's recommended revisions to the *Model Act* were reviewed and amended by the Committee on Law Enforcement/Legislation in January 2017 and were reviewed by the NABP Executive Committee during its May 2017 meeting.

The approved task force report is posted in the Publications and Reports section of the website. Additional information about telepharmacy practices across various states can be found on pages 10-11 of this issue. ■

Task Force Charges

Task Force on the Regulation of Telepharmacy Practice met on October 24-25, 2016, and accepted the following charges:

1. Examine the need for the development and adoption of licensing processes that protect the public, retain board of pharmacy jurisdiction for such practices, and allow for the development of practice models that are not unnecessarily restricted.
2. Review existing state laws and regulations addressing telepharmacy and relevant *Model State Pharmacy Act* and *Model Rules of the National Association of Boards of Pharmacy (Model Act)* language.
3. Recommend revisions, if necessary, to the NABP *Model Act* addressing this issue.

Telepharmacy: The New Frontier of Patient Care and Professional Practice



With the increasing capability of pharmacists to securely access electronic patient health records and perform traditional pharmacy practice activities remotely via the internet, the implementation of telepharmacy systems has rapidly expanded to various states. Telepharmacy systems have facilitated medication order review, medication selection, and patient counseling in outpatient settings, as well as provided critical care pharmacists the opportunity to share their expertise across several hospitals' intensive care units and in hospital inpatient settings.

Currently, the use of telepharmacy is authorized in 23 states, though requirements vary. North Dakota was the first state to enact telepharmacy regulations in 2001. By 2010, Idaho, Montana, South Dakota, and Texas also enacted laws and regulations authorizing the use of telepharmacy while

Arkansas, Minnesota, Oklahoma, Utah, and Washington permitted the use of telepharmacy on a limited basis (eg, through board of pharmacy approval or pilot programs). Since that time, new state laws have been enacted and boards of pharmacy have been establishing rules and regulations regarding the practice.

“In general, applications of telepharmacy in the retail setting involve a licensed pharmacist who is at a central site and communicates through video conferencing in real time with a pharmacy technician who is at a remote site where the prescription inventory is stored.”

Beginnings of Telepharmacy

In response to an increase in closures of rural pharmacies in 2001, the North Dakota State Board of Pharmacy established Pilot Telepharmacy Rules to explore the feasibility of using telepharmacy to restore and retain pharmacy services in the state's medically underserved, remote, and rural communities. Almost 80,000 rural citizens had pharmacy services restored, retained, or established through the project. Following the Pilot's success, the Board established permanent rules in 2003 to allow telepharmacy to be practiced on a broader scale.

These permanent rules allow a retail pharmacy to open and operate in certain remote rural areas of the state without a licensed pharmacist being physically present in the store. Instead, a pharmacist in another location may supervise a certified pharmacy technician at the remote telepharmacy site using telepharmacy technology. Such arrangements are used for the purposes of dispensing prescriptions to patients, providing drug utilization review, and providing patient counseling.

Telepharmacy Across States

From state to state, laws and boards of pharmacy rules differ in their definitions, geographic restrictions, facility limitations, and staffing and education requirements for telepharmacy operations. In general, applications of telepharmacy in the retail setting involve a licensed pharmacist who is at a central site and communicates through video conferencing in real time with a pharmacy technician who is at a remote site where the prescription inventory is stored. Another retail setting model is similar to a central fill pharmacy system in which a prescription is filled at a location where a pharmacist is present, and then the medicine is delivered to a remote site for patient pickup and counseling via telepharmacy technologies. The telepharmacy model in a hospital or institutional setting involves a registered technician who prepares the medication, which is checked by a pharmacist at a different location via audio and video computer links before it is dispensed to a patient.

Geographic Restrictions

Certain states prohibit a telepharmacy site from being set up within a certain radius of existing pharmacies.

For example, in 2016, Iowa enacted legislation that states a telepharmacy site cannot be set up within 10 miles of an existing pharmacy.

The Montana Board of Pharmacy has rules for telepharmacy operations that indicate a site cannot be licensed as a remote telepharmacy site if it is located within a 20-mile radius of an existing pharmacy. This was a change from a previous rule that set the limit at 10 miles from an existing pharmacy in 2010.

The 2017 Wyoming Legislature amended the state's telepharmacy statute by changing the restriction of a 25-mile distance from a retail pharmacy to 10 miles, with no mileage restriction in two specific counties.

Applicants for a remote pharmacy site in South Dakota must demonstrate to the Board of Pharmacy that there is limited or no access to pharmacy services in the community.

In contrast, other states are much less restrictive about geographic limitations on remote pharmacy locations. Illinois, for example, does not have any geographic restrictions in its statute regarding telepharmacy.

Facility Limitations

Some states impose limitations on the types of facilities that may be used as a remote pharmacy location while others do not impose restrictions. For example, under limited circumstances, the practice of telepharmacy has been allowed in Connecticut since July 2012. Electronic technology or telepharmacy may be used at a licensed hospital and at the hospital's satellite or remote locations to allow a clinical pharmacist to supervise pharmacy technicians in preparing intravenous admixtures and dispensing sterile products.

Since 2012, Indiana Board of Pharmacy approval is required for a permit to operate a remote or mobile location. This applies to Category I (retail), Category II (institution such as hospital, clinic, health care facility,

nursing home, etc), or Category III (closed door, central fill, or other processing operations) permits. Hospitals holding a Category II permit may operate remote locations within a reasonable distance of the licensed area, as determined by the Board. The practice of telepharmacy in Indiana, whereby pharmacy technicians can process and dispense prescriptions to patients following remote supervision and approval by a pharmacist using technology, will be effective as of July 1, 2017, following the enactment of House Bill 1540.

On the other hand, Texas restricts telepharmacy facilities to rural health clinics, health centers, or health care facilities located in medically underserved areas as defined by state or federal law.

As of March 2017, the Idaho State Board of Pharmacy removed the requirement that a remote dispensing site must be located in a medical care facility. Similarly, beginning July 1, 2017, the Wyoming Legislature removed the requirement for a telepharmacy to be located in a medical clinic or community health center.

Staffing and Education Requirements

Several states have rules that impose restrictions on the supervision of remote pharmacies. In addition, state regulations vary in terms of education requirements for technicians in remote telepharmacy locations.

In 2014, the Colorado Governor signed into law the Telepharmacy Remote Pharmacy Outlet bill, which added the definition of "other outlet" to enable the operation of a remotely located telepharmacy outlet. In Colorado, an unlicensed pharmacy technician may perform tasks at a registered telepharmacy outlet without a licensed pharmacist physically present, as long as the licensed pharmacist is connected to the telepharmacy outlet via computer link, video link, and audio link, or other telecommunication equipment, and is readily available to consult with and assist the pharmacy technician in performing tasks.

The Louisiana Board of Pharmacy added new rules in 2015 by creating a new

classification of pharmacy permit that enables a telepharmacy dispensing site to be established. For a telepharmacy dispensing site in Louisiana, the minimum staffing requirement entails a Louisiana-licensed certified pharmacy technician with at least two years of experience who has demonstrated proficiency in operating the telepharmacy system. Additionally, a central pharmacy may supervise no more than two telepharmacy dispensing sites located within the state.

The Idaho State Board of pharmacy adopted updated and modernized rules regarding the practice of telepharmacy on October 31, 2016. For an outpatient telepharmacy with remote dispensing sites in Idaho, supervision does not require the pharmacist to be physically present at the remote dispensing site, but the pharmacist must supervise telepharmacy operations electronically from the supervising pharmacy. A pharmacist may neither be designated nor function as the pharmacist-in-charge of more than two remote dispensing locations at one time. The Idaho Board rules state that a remote dispensing site must be staffed by at least one certified technician with at least 2,000 hours of experience.

As of December 30, 2016, the Minnesota Board of Pharmacy's *Guidance Concerning Approval of Telepharmacies* requires remote pharmacy staff to be registered technicians certified through a Board-approved program; they must have a minimum of one year (2,080 hours) experience as a registered technician.

In South Dakota, a pharmacy technician working at a remote pharmacy must have a minimum of 2,000 hours of experience as a registered pharmacy technician and must be certified through a Board-recognized certification program. An intern working at a remote pharmacy must have a minimum of 500 hours of experience as a registered pharmacy intern.

Under Illinois law, pharmacists may electronically supervise no more than three remote sites that are simultaneously open. Additionally, Illinois's statute indicates that the pharmacy technician

continued on page 12

NABP Reappoints Michael A. Moné to ACPE Board

NABP is pleased to announce that Michael A. Moné, BSP Pharm, JD, FAPhA, member of the State of Ohio Board of Pharmacy, has been reappointed by the Association to the Accreditation Council for Pharmacy Education (ACPE) Board of Directors for a third six-year term, beginning in 2018 and ending in 2024. An active member of NABP, Moné was a member of the NABP Executive Committee from 2002 to 2005. In addition, Moné has participated on multiple NABP committees and task forces, including serving on the Multistate Pharmacy Jurisprudence Examination® Review Committee since 1998 and as chair for both the Committee on Constitution and Bylaws and the Committee on Law Enforcement/Legislation. In May 2017, Moné was named Honorary President for his commitment to protecting the public health and his involvement with NABP.

Moné has been a member of the State of Ohio Board of Pharmacy since 2010. Currently, Moné is the vice

president associate general counsel – regulatory for Cardinal Health. Prior to this position, Moné was the director of regulatory compliance at Medicine Shoppe International and a staff attorney with United States Pharmacopeial Convention. In addition, he served as executive director of the Kentucky Board of Pharmacy from 1996 to 2004.

Moné is active at several pharmacy and professional organizations, including the American Society for Pharmacy Law, the American Pharmacists Association (APhA), and the Florida Pharmacy Association. Moné earned his bachelor of science degree in pharmacy from the University of Florida College of Pharmacy and his juris doctor degree from the University of Florida College of Law.

Moné serves on the ACPE Board of Directors with two other ACPE members appointed by NABP: John Clay Kirtley, PharmD, RPh, executive



director of the Arkansas State Board of Pharmacy, whose term runs from 2014 to 2020; and LuGina Mendez-Harper, PharmD, RPh, former member of the New Mexico Board of Pharmacy, whose term runs from 2016 to 2022.

NABP, the American Association of Colleges of Pharmacy, and APhA each appoint three members to the ACPE Board of Directors. ■

Telepharmacy

continued from page 11

located at the remote dispensing site must have one year of experience and be registered as a certified pharmacy technician, or be a student pharmacist.

The Illinois Pharmacy Practice Act in 2007 established a framework for remote pharmacy and telepharmacy, which was rewritten in 2010. Five years later, amendments were adopted that adjusted the accompanying regulations to the reality of what technology was being implemented and how it was being utilized.

Future of Telepharmacy

Although telepharmacy services are expanding quickly, each state's policies and regulations on telepharmacy vary. NABP offers states both broad and specific model language for regulating the practice of telepharmacy in *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model*

Act). The *Model Act* was recently updated to include new and revised terms.

In addition, NABP established the Task Force on the Regulation of Telepharmacy Practice in response to Resolution 112-5-16, which was approved by the NABP membership at the Association's 112th Annual Meeting in May 2016. An overview of the Task Force report may be found on page 9 of this issue.

The Association continuously provides members with information on emerging rules and regulations related to telepharmacy practice. During NABP's 113th Annual Meeting, the Association offered continuing pharmacy education (CPE) on telehealth. The joint CPE titled, "Telehealth – Another Epcot Experiment?" provided pharmacists and technicians an overview of the telepharmacy practices that are currently under review by many boards of pharmacy. In addition, regulators of health care providers offered

participants an in-depth discussion comparing the practice of telehealth with the practice of telepharmacy.

At the 112th Annual Meeting, experts presented the pre-meeting CPE session "Telepractice – Smooth Sailing or Tsunami?" Discussions included an overview of telepractice systems and standards in Texas and Illinois and how medical boards are working with the benefits, challenges, and barriers of telepractice. To learn about last year's pre-meeting session, read the 2016 *Innovations* Special Issue article, "Regulators, Stakeholders Discuss Telepractice in Pharmacy and Medicine During Pre-Meeting Session," (page 12) which is available at www.nabp.pharmacy under the Publications and Reports section.

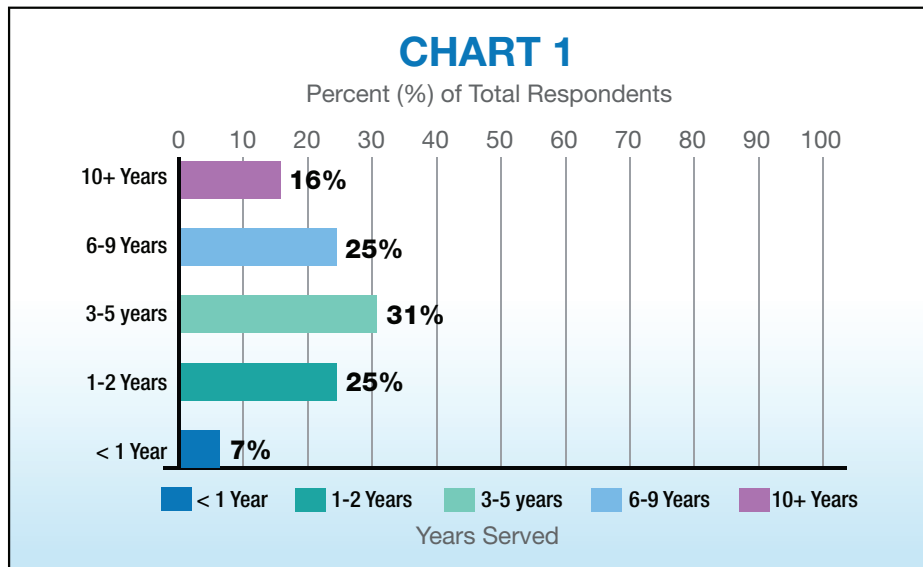
NABP will continue to keep abreast of emerging telepharmacy practices and provide updates to its members accordingly. Additionally, NABP Government Affairs and Member Services staff is available to state boards wishing to incorporate new or revise existing telepharmacy regulations. ■

Satisfaction Survey Allows Members to Share Opinions of NABP Programs, Services

NABP recently conducted a survey to collect the opinions of member boards of pharmacy on existing programs and services and to help NABP assess how well those programs and services are meeting the boards' needs at a time of rapid changes in technology and in the practice of pharmacy. While the Association seeks and receives member input through meetings and through the regular NABP-board of pharmacy interactions that take place throughout the year, the survey provided a more formal mechanism for collecting input and understanding the responses. The results will help shape NABP's efforts to assist its member boards and jurisdictions in protecting the public health.

An initiative announced by 2016-2017 NABP President Hal Wand, MBA, RPh, at the Association's 112th Annual Meeting in May 2016, the member survey consisted of several sections. Members were asked to rate NABP's programs and services

“Another general trend: Board staff indicated a greater familiarity with and utilization of almost all programs than board members, indicating that NABP needs to work on making information more accessible to members as well as staff.”



Survey respondents included individuals with a variety of experience levels (ie, number of years served on a board of pharmacy).

on four dimensions: the respondent's familiarity with each program or service, frequency of utilization, perceived importance, and the respondent's satisfaction with the program or service. Respondents also rated their satisfaction with the Association's governance and members' ability to participate in governance and policy development. Finally, respondents offered answers to open-ended questions addressing what they like best about NABP and what areas they see for improvement.

A broad cross section of NABP membership provided feedback via the survey. Responses came from boards structured in a variety of ways, including autonomous boards (57%) and boards that are part of an umbrella organization (38%). Respondents from these boards included individuals who serve in a variety of board-related roles, including board of pharmacy staff (executive directors [25%] and other staff [9%]) and members [64%]. Experience levels (ie, number of years served on the board) and practice types likewise varied widely. (See Chart 1 above on this page.) With such a wide spectrum of respondents to the survey, NABP was

able to get a clear picture of how different programs and services support the needs of different segments of its membership.

Survey Says . . .

Overall, most NABP programs received positive responses on all four metrics in the ratings section of the survey (familiarity, utilization, importance, and satisfaction). Perhaps not unexpectedly, the four areas tended to track together; for example, greater familiarity with a program often corresponded with higher ratings on the other metrics as well. Another general trend: Board staff indicated a greater familiarity with and utilization of almost all programs than board members, indicating that NABP needs to work on making information more accessible to members as well as staff.

Well-established examination programs integral to most boards' licensing decisions tended to receive higher ratings. For instance, the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy

continued on page 14

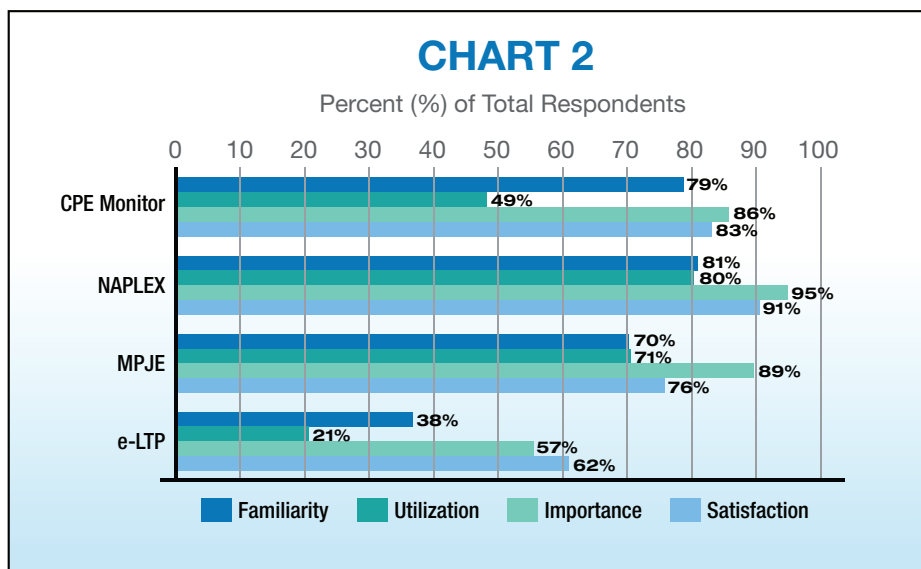
Satisfaction Survey

continued from page 13

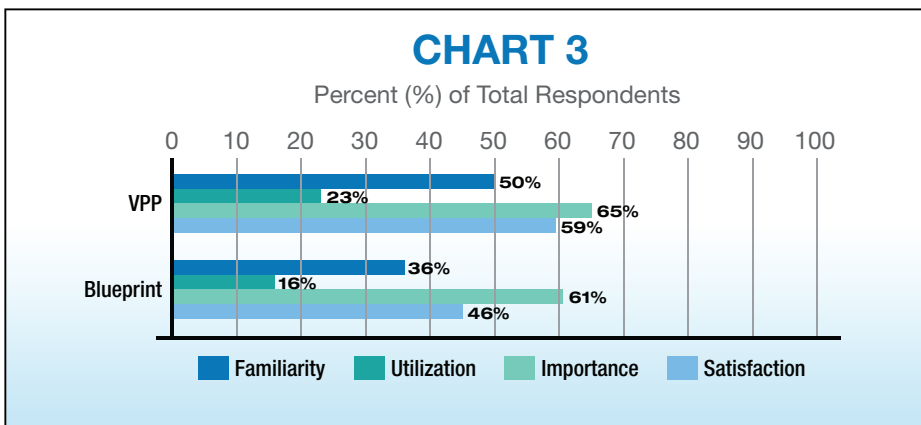
Jurisprudence Examination® (MPJE®) appear to be particularly valued, receiving universally high ratings across all four metrics among both board members and board staff. (See Chart 2 on this page.) The Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) and the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®), while not garnering ratings as high as the NAPLEX or the MPJE, also seemed to be viewed positively overall. Among non-exam programs – although still related to boards' licensure duties – the CPE Monitor® service also stood out, with high ratings across all metrics among all responders groups. Interestingly, CPE Monitor's lowest ranking came in from board staff utilization. Though, this is expected to change as audit tools for member boards are improved. The NABP PMP InterConnect® program and NABPLAW Online also came in with fairly-consistent, positive ratings.

Other programs' ratings varied more notably among types of responder, with, as noted above, board members often assessing programs differently than board staff. Indeed, this was true even among some programs directly related to licensure. The NABP Clearinghouse, for example, had notably higher familiarity and importance ratings with board staff than with board members. The Electronic Licensure Transfer Program® (e-LTP®), too, was more familiar to and utilized more frequently by staff than by board members, and staff members rated the program very high in importance and satisfaction. For the Verified Pharmacy Program® (VPP®), it too showed higher familiarity with board staff that corresponded to higher ratings.

Programs with lower ratings included newer offerings that the membership has not had as much opportunity to use, such as the recently launched Multistate Pharmacy Inspection Blueprint. The Blueprint showed low staff utilization ratings – though higher familiarity scores for staff corresponded with higher



NABP programs receiving high ratings in all areas measured include CPE Monitor®, the North American Pharmacist Licensure Examination® (NAPLEX®), and the Multistate Pharmacy Jurisprudence Examination® (MPJE®). The high ratings of satisfaction for NAPLEX and MPJE are especially important in light of their importance to the board of pharmacy. Similarly, CPE Monitor's positive ratings in importance and satisfaction are encouraging as use among boards continues to grow. The lower ratings in the areas of familiarity and utilization of the Electronic Licensure Transfer Program® (e-LTP®), a core NABP program, were impacted by lower ratings from board members who may be less familiar with the operational aspects of e-LTP. This insight provides a roadmap for NABP as it plans member outreach for the coming years.



Newer programs such as the Verified Pharmacy Program® (VPP®) (launched 2013) and the Multistate Pharmacy Inspection Blueprint Program (launched 2015) demonstrate the need for information to be more accessible to NABP members, especially board of pharmacy members. Seeing high scores in importance but low ratings in familiarity underscore that it is essential for NABP to continue to build out the Member Services section of the NABP website to provide information about how these and other new programs support the boards of pharmacy.

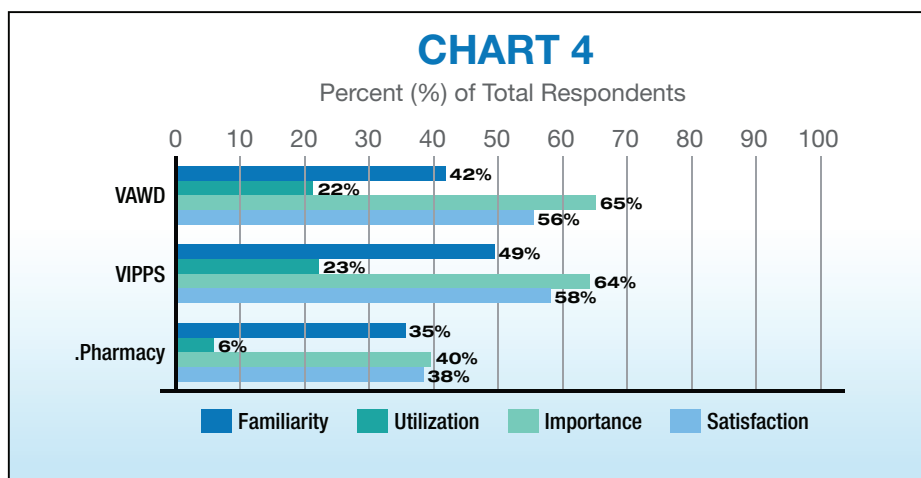
importance and satisfaction ratings. (See Chart 3 on this page.) Other programs that received some lower ratings included those that deal less directly with board licensure responsibilities and, while they may support the boards' efforts

to protect the public health, may not be as directly involved in the boards' day-to-day functions. Other low-rated programs were less board-oriented. The Pre-FPGEE, aimed at foreign pharmacists preparing for the FPGEE, also showed

low familiarity and utilization scores. The .Pharmacy Verified Websites Program and the Internet Drug Outlet Identification Program – both more directed to the general public than exclusively to the boards of pharmacy – received low utilization ratings; the e-Advertiser Approval Program^{CM} received the lowest ratings of all programs. The durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) Accreditation program, available to DMEPOS suppliers needing accreditation for maintaining Medicare billing privileges, received low ratings across most metrics, with the exception of its satisfaction rating among board staff. (Chart 4 on this page highlights responses from key accreditation programs.)

In terms of Association governance and participation, about a third of respondents indicated that they had served on an NABP committee or task force (about 7% of respondents had served on the Executive Committee), with the majority “extremely satisfied” with their participation. Respondents were somewhat less enthusiastic about the overall opportunities for board of pharmacy members and staff to become involved in NABP’s governance, although

“When asked what attributes they liked best about the Association, respondents lauded NABP for its support of the boards of pharmacy, citing its accessibility and helpfulness, as well as professionalism and transparency.”



Responses related to key accreditation programs were mainly positive. More established programs had higher ratings of importance and satisfaction when compared to new programs, such as the .Pharmacy Verified Websites Program. While utilization was ranked low, this is not unsurprising considering changes in board structure and the current regulatory climate. NABP is committed to working with the boards of pharmacy to help in their efforts to incorporate NABP accreditation programs into their rules or regulation for the protection of public health. And if this is not possible, NABP will continue to gather input from the boards of pharmacy as it continues to make these programs available.

80% placed themselves somewhere between satisfied (4 on a scale of 6) to extremely satisfied (6 on a scale of 6) on this metric. Respondents were even more positive about the level of opportunity for board of pharmacy members and staff to become involved with NABP’s policy development process through resolutions and task forces, with 88% considered satisfied or above – and 72% in the very to extremely satisfied range (5 or 6 on a scale of 6).

Open-Ended Responses

Beyond rating NABP’s programs and services, survey respondents answered several open-ended questions addressing what they liked most about NABP and its programs, and suggestions for improvements.

When asked what attributes they liked best about the Association, respondents lauded NABP for its support of the boards of pharmacy, citing its accessibility and helpfulness, as well as professionalism and transparency. Many stated that they valued the communication that NABP facilitates, not only between NABP and the boards of pharmacy, but also by providing networking opportunities

between states and helping boards to become informed about programs in other states. Respondents also praised NABP’s commitment to public safety and its role in providing leadership and acting as a national spokesman for the boards of pharmacy, including working for standardization, and heightening professionalism within the practice of pharmacy.

When asked which NABP services they find most valuable, some respondents merely stated, “All.” But overall, respondents most frequently cited the Association’s examination services, particularly the NAPLEX and the MPJE. In a further echo of the top-ranked programs from the ratings portion of the survey, many also listed CPE Monitor. PMP InterConnect and VPP also received numerous mentions. A number of respondents referenced NABP’s licensure programs, including e-LTP. Other programs that received several mentions included the NABP Clearinghouse, the Verified-Accredited Wholesale Distributors[®] (VAWD[®]) program, the Verified Internet Pharmacy Practice Sites[®]

continued on page 16

Forty-One States, One Jurisdiction Now Live With PMP InterConnect; Steering Committee to Meet in July

The Maine Prescription Monitoring Program, the Montana Prescription Drug Registry, and the Pennsylvania Prescription Drug Monitoring Program have deployed NABP PMP InterConnect®, bringing the total number of live participating state prescription monitoring programs (PMPs) to 42. Maine, Montana, and Pennsylvania join PMPs in Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, 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. To date, one more state has executed a memorandum of understanding (MOU) with the Association and plans to be connected to PMP InterConnect in 2017. Another state 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.

The PMP InterConnect Steering Committee, which is composed



exclusively of representatives of PMPs participating in the program, will meet July 19-20, 2017, at NABP headquarters in Mount Prospect, IL. Many new attendees are expected at the annual event, where they will learn about the structure of PMP InterConnect and how it functions.

Additional information about PMP InterConnect is available in the Initiatives section of the NABP website at www.nabp.pharmacy. ■

Satisfaction Survey

continued from page 15

(VIPPS®) program, and the .Pharmacy Program. Several respondents specified the networking and communication opportunities provided by NABP, and a few others mentioned the overall resources the Association provides, including acting as an expert for the boards, or offering policy guidance.

The survey also asked the Association's membership what changes they would suggest to improve NABP's programs and services. While many respondents stated "None," the suggestions offered by others fell into a few broad categories, including more opportunities for webinars and education on NABP's programs, expanded consistency of pharmacy inspections across states, and interoperability between NABP databases and state databases.

Similar issues were raised in response to the survey's request to describe any services or programs that could be developed for future assistance to the

boards in protecting the public health, and for any other suggestions for NABP to better meet its members' needs. While many respondents had no suggestions, others called for public member and pharmacy technician representation in NABP leadership, for NABP engagement in various pharmacy technician issues, and for increased information sharing between states. Several respondents requested education on various issues (notably on the medical marijuana issue).

Finally, the survey asked members if they would support NABP allowing active membership for international members. Many (though not all) respondents were open to the idea, while others expressed interest in the idea while registering concerns about differences in laws and regulations.

As President Wand noted to attendees during his address to the membership at the 113th Annual Meeting in May 2017, NABP has been busy analyzing the

member survey results, and suggestions arising from that analysis have been and will continue to be acted upon. One action already taken, for example, was to begin adding information to the Member Services section of www.nabp.pharmacy, to help better familiarize board members with NABP programs and highlight their importance.

NABP thanks those boards of pharmacy members and staff that participated in the survey, as the results have provided valuable insights for the NABP Executive Committee and staff to learn from and with which to take action. NABP will continue to use the survey results to consider ways to best serve its member boards, and will report further developments in future issues of *Innovations*. ■

Boards Report 1,523 Disciplinary Actions to NABP Clearinghouse in First Quarter 2017

During the first quarter of 2017, the state boards of pharmacy reported a total of 1,523 disciplinary actions to the NABP Clearinghouse, including actions taken against pharmacists, pharmacies, pharmacy technicians, pharmacy interns, wholesalers, manufacturers, and other licensees. Of the 1,523 actions taken the first quarter of 2017:

- **628 (41.2%) were on pharmacists;**
- **436 (28.6%) were on pharmacies;**
- **386 (25.3%) were on pharmacy technicians;**
- **26 (1.7%) were on wholesalers and manufacturers;**
- **15 (1%) were on other licensees;**
- **14 (0.9%) were on pharmacy interns;**
- **11 (0.7%) were on mail-order pharmacies; and**
- **7 (0.4%) were on controlled substance licensees.**

For a full breakdown of the actions taken and the bases for actions taken during the first quarter of 2017, see Figure A below and Figure B on page 18.

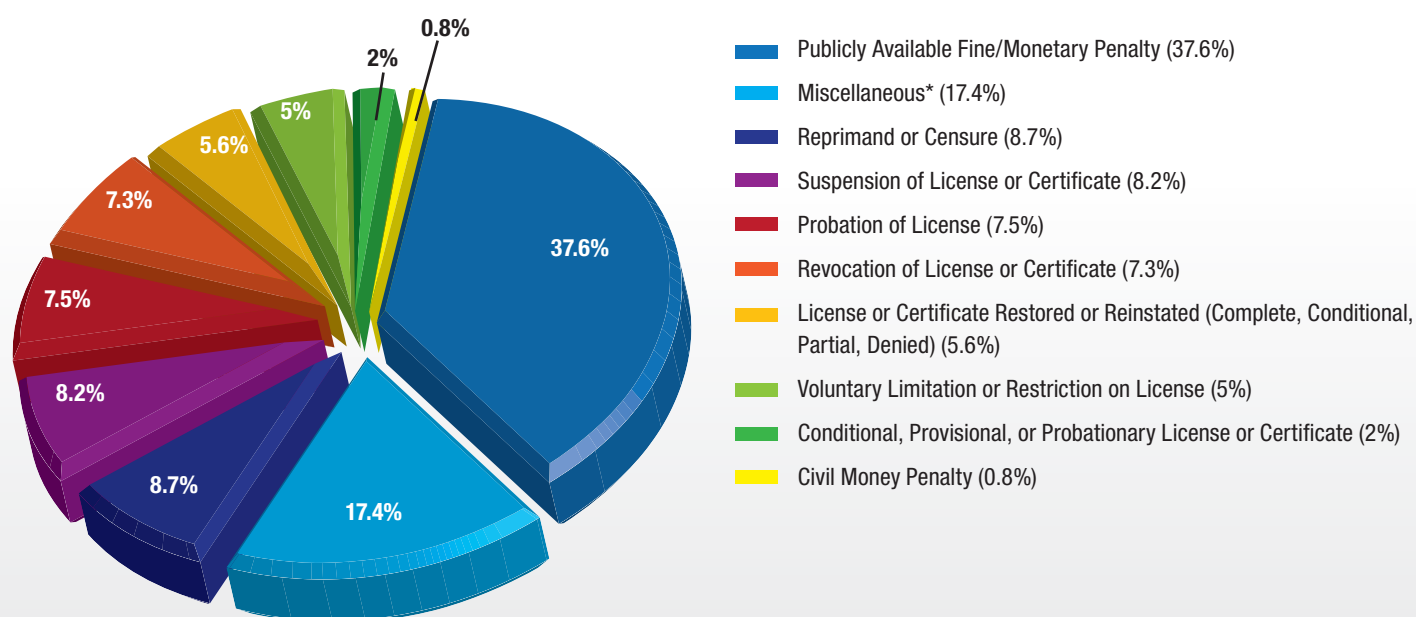
Ensuring Compliance for the Boards

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, provide feedback on NPDB rejected or accepted data, and assist the boards during compliance audits. In addition, monthly Clearinghouse reports are available for the boards in NABP e-Profile Connect.

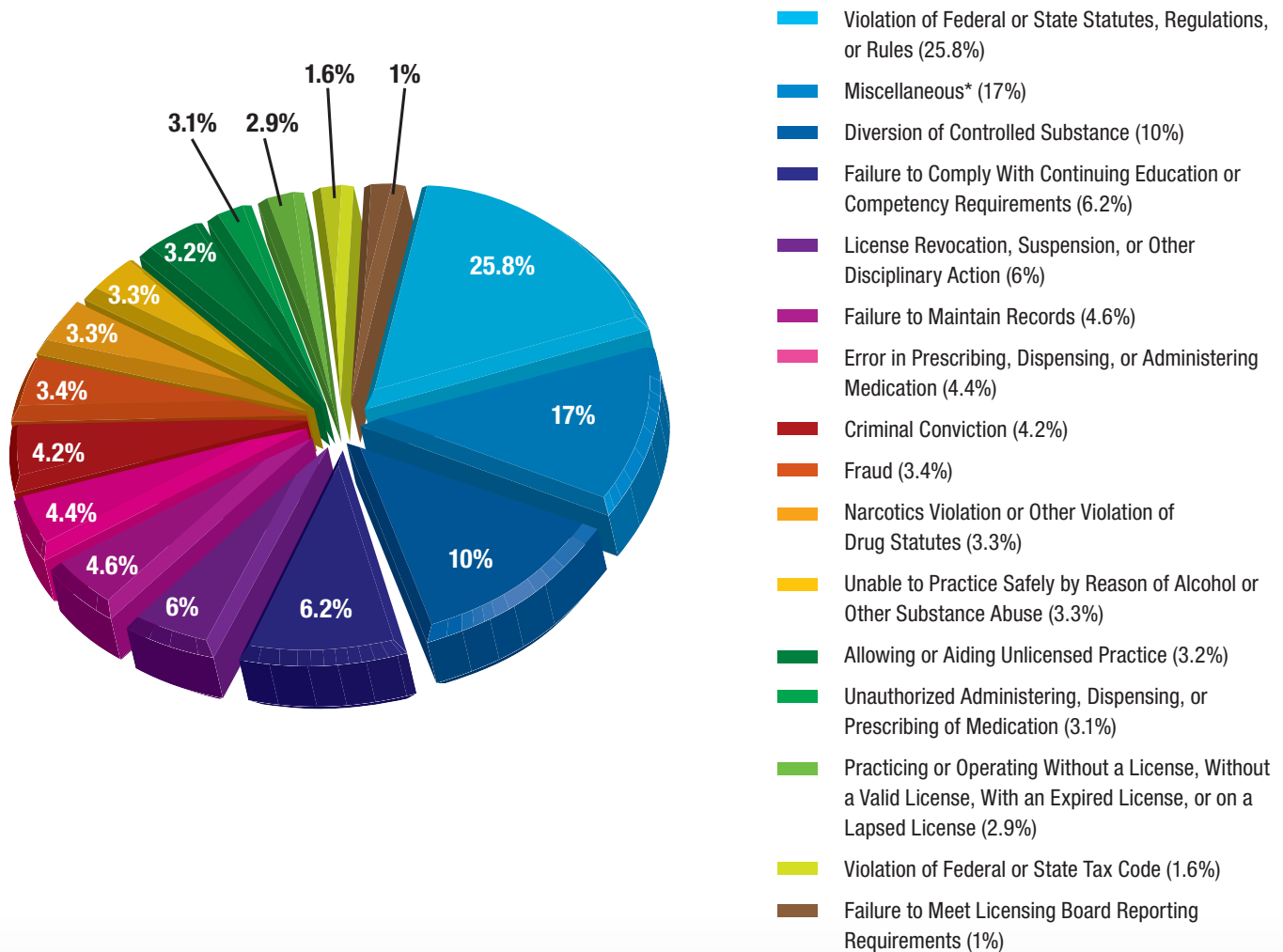
Additional information about the NABP Clearinghouse, including how to designate NABP as a reporting agent for NPDB, is available under the Member Services section on the NABP website at www.nabp.pharmacy. ■

Figure A: Disciplinary Actions Reported During First Quarter 2017



*The miscellaneous category includes cease and desist; denial of initial license or certificate; denial of license or certificate renewal; directed plan of correction; extension of previous licensure action; interim action – agreement to refrain from practice during investigation; limitation or restriction on license; modification of previous licensure action; other licensure action – not classified; publicly available negative action or finding; reduction of previous licensure action; summary or emergency limitation or restriction on license; summary or emergency suspension of license; and voluntary surrender of license or certificate.

Figure B: Bases for Disciplinary Actions Reported During First Quarter 2017



*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; disruptive conduct; drug screening violation; expired drugs in inventory; failure to comply with patient consultation requirements; failure to cooperate with board investigation; failure to maintain supplies/missing or inadequate supplies; failure to obtain informed consent; failure to pay child support/delinquent child support; failure to take corrective action; immediate threat to health or safety; improper or abusive billing practices; improper or inadequate supervision or delegation; inadequate or improper infection control practices; inadequate security for controlled substances; lack of appropriately qualified professionals; misappropriation of patient property or other property; misbranding drug labels/lack of required labeling on drugs; nolo contendere plea; operating beyond scope of license; other disciplinary action – not classified; other unprofessional conduct; practicing without a valid license; 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; and violation of or failure to comply with licensing board order.

MPJE State-Specific Review to Be Completed Via Secure Website; Boards' Participation Helps Ensure Exam's Validity

The annual Multistate Pharmacy Jurisprudence Examination® (MPJE®) State-Specific item pool review and new item selection will take place from July 31, 2017 through August 31, 2017. NABP requests that all MPJE-participating jurisdictions schedule resources and time to complete this important set of tasks. The item pool review and new item selection process will be set up through a remote, online, secure access platform.

During the MPJE State-Specific Review, the responsibility of each board is to select new items to be pre-tested for future pool and review operational (scored) item pool and previously approved items.

State board participation in the annual review is critical to ensure that the MPJE maintains the highest validity standards with the most current questions on the examinations and that the items on the MPJE are defensible. NABP will work with states throughout the year to identify any shallow or incomplete parts

of their exam item pool. State laws and regulations pertaining to the practice of pharmacy must be reviewed regularly, as changes may impact the MPJE. Such regulatory changes that may impact the MPJE item pool include:

- **Changes to the list of vaccines pharmacists are permitted to administer, or changes in the defined patient population to which pharmacists may administer vaccines;**
- **Changes to statute language, official titles, definitions, etc, that would render MPJE language invalid;**
- **Changes to initial license, renewal, or continuing education requirements;**
- **Changes to collaborative practice agreements;**
- **Changes to state drug schedules;**
- **Changes to pharmacists' right to refuse prescriptions;**
- **Changes to requirements regarding prescription expiration dates;**
- **Changes to pharmacist-to-technician ratio requirements;**
- **Changes to permissions for accessing emergency kits; and**
- **Changes to requirements for dispensing syringes.**



The MPJE State-Specific Review provides each participating board the opportunity to select and review questions applicable in their state or jurisdiction. To date, 50 boards use the MPJE and are required to participate in at least one State-Specific Review meeting each year to determine the appropriateness of items in the MPJE for candidates seeking licensure. ■

Utah to Require VPP Inspections or Blueprint Program for Nonresident Compounding Pharmacies

During the 2017 General Session, the Utah Legislature amended the Pharmacy Practice Act to require Utah-licensed nonresident compounding pharmacies to submit an inspection report conducted by either NABP's Verified Pharmacy Program® (VPP®) or a state licensing agency that is in accordance with NABP's Multistate Pharmacy Inspection Blueprint Program. This inspection report, which must be dated within the past two years, is a new prerequisite for licensure or renewal of a class D pharmacy license that engages in any type of compounding.

As part of NABP's VPP program, NABP surveyors complete an inspection and the resulting report is accessible to boards of pharmacy in the facility's profile in the NABP e-Profile Connect.

NABP established the Blueprint Program after working with the member boards of pharmacy to develop the Multistate

Pharmacy Inspection Blueprint, a living document that provides a minimum set of inspection criteria for pharmacy inspections agreed upon by a majority of state boards. The Blueprint largely focuses on general areas of pharmacy and references existing national compounding standards, such as United States Pharmacopeia Chapters <795> and <797>. As more states implement the common requirements included in the Blueprint, it is expected to assist boards by more easily identifying which resident state inspections meet their requirements as well as help them make nonresident licensure decisions.

Boards that participate in the Blueprint Program have two options for inspection forms. They may either utilize the Universal Inspection Form – Sterile Compounding Module or ask NABP to crosswalk the boards' inspection form to the Multistate Pharmacy Inspection Blueprint. ■

2017-2018 ACE Appointments Announced

NABP is pleased to announce that the following individuals have been appointed to serve on the 2017-2018 Advisory Committee on Examinations (ACE). This standing committee, established by NABP in 1912, was created to safeguard the integrity and validity of NABP examinations.

ACE oversees the development and administration of all of the Association's examination and certification programs. ACE also considers policy matters, evaluates long-range planning strategies, and recommends appropriate action to the NABP Executive Committee.

ACE typically convenes three to four times per year. The committee consists of individuals who are affiliated members of NABP, including current active board of pharmacy members and administrative officers, individuals who have served within the last five years as a member

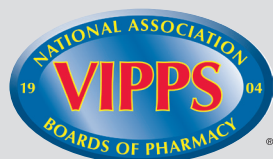
or administrative officer of a board of pharmacy, and non-affiliated individuals who are practicing pharmacists or serving as pharmacy school faculty. Members serve three-year terms and ex officio members serve one-year terms. The following members began their terms on June 1, 2017. Reginald "Reggie" Dilliard, DPh, Executive Committee member, is serving as the Executive Committee liaison.

2017-2018 ACE Members

- **Michael A. Burleson, BSPharm, RPh** • Lexington, KY
- **Mark Decerbo, PharmD, RPh, BCNSP, BCPS** • Las Vegas, NV
- **Debra Glass, BPharm, RPh** • Tallahassee, FL
- **Theresa M. Talbott, BSPharm, RPh** • Stroudsburg, PA

- **Neal F. Walker, RPh** • Hill City, MN
- **Anita Young, EdD, RPh** • Boston, MA
- **David Chikao Young, PharmD, RPh** • Salt Lake City, UT
- **Mark T. Conradi, JD, RPh** • Clanton, AL (Ex Officio Member, one-year term, Multistate Pharmacy Jurisprudence Examination® program)
- **Benjamin L. Prewitt, PharmD, RPh** • Lebanon, OH (Ex Officio Member, one-year term, North American Pharmacist Licensure Examination® program)
- **Bruce Waldrop, PhD** • Indian Springs, AL (Ex Officio Member, one-year term, Foreign Pharmacy Graduate Equivalency Examination®/Pharmacy Curriculum Outcomes Assessment® programs) ■

Orange color denotes new member



Newly Accredited VIPPS Facilities

The following internet pharmacies were accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) program:

DEGC Enterprises US, Inc, dba CCS Medical
www.ccsmed.com

Green Oaks Pharma, Inc, dba DFW Wellness Pharmacy
www.dfwwellnesspharmacy.com

Long Prairie Pharmacy, LLC
www.longprairiepharmacy.com

Senderra Rx Partners, LLC
www.senderrarx.com

The Kroger Co (14 domains)
www.bakersplus.com
www.citymarket.com
www.dillons.com

www.fredmeyer.com

www.frysfood.com

www.gerbes.com

www.jaycfoods.com

www.kingsoopers.com

www.kroger.com

www.owensmarket.com

www.pay-less.com

www.qfc.com

www.ralphs.com

www.smithsfoodanddrug.com

Your Rx Pharmacy, Inc
www.yourrxpharmacy.com

NABP Report Shows Link Between Rogue Internet Drug Outlets, Antibiotic Resistance

Released in March, NABP's *Internet Outlet Identification Program Progress Report for State and Federal Regulators: March 2017* stresses how rogue internet drug outlets contribute to the rise of antibiotic resistance by not requiring prescriptions to purchase medications.

Read the full report by visiting the Program and Committee Reports page in the Publications and Reports section of www.nabp.pharmacy.

A full listing of the accredited VIPPS pharmacy sites representing more than 12,000 pharmacies is available on the NABP website at www.nabp.pharmacy.

Around the Association

Executive Officer Changes

- **Michael D. Bullek, RPh**, has been appointed board administrator/ chief of compliance of the New Hampshire Board of Pharmacy, replacing Executive Director Michael R. Dupuis. Bullek has served as a member of the New Hampshire Board since September 2011, including most recently as vice president. He has been employed as a retail community pharmacist in Plymouth, NH, for many years and is a recipient of the Bowl of Hygieia for community service. Bullek is also an adjunct professor of health and human performance/pharmacology for undergraduate and graduate students at Plymouth State University. He graduated in 1979 from the Massachusetts College of Pharmacy and Health Sciences.

Board Member Appointments

- **Emmanuel “Eddie” Bellegarde, BS**, has been appointed a public member of the District of Columbia Board of Pharmacy. Bellegarde’s appointment will expire March 12, 2018.
- **Benjamin E. “Ben” Miles, PharmD, RPh, BCPS**, has been appointed a member of the District of Columbia Board of Pharmacy. Miles’ appointment will expire March 12, 2018.

Board Member Reappointments

- **Alan Friedman, RPh**, has been reappointed a member of the District of Columbia Board of Pharmacy. Friedman’s appointment will expire March 12, 2020.
- **Tamara McCants, PharmD, RPh**, has been reappointed a member of the District of Columbia Board of Pharmacy. McCants’ appointment will expire March 12, 2020.

Awards and Honors

- **Gay Dodson, RPh, DPh**, executive director/secretary, Texas State Board of Pharmacy and member of the NABP Executive Committee, received the 2016 Legend of Pharmacy Award from The University of Texas at Austin College of Pharmacy. The award is given to individuals whose contributions to the pharmacy profession are considered above and beyond, or “legendary;” who have demonstrated a continuing commitment to The University of Texas College of Pharmacy by volunteering, teaching, philanthropy, or precepting; who are distinguished in their chosen business, profession, or work life; who have such integrity and ability that faculty, staff, students, and alumni of the college take pride in and are inspired by their recognition; and who manifest an attitude of respect and compassion for mankind. ■

NABP Mourns Passing of Former President David R. Work



NABP is sad to announce that David R. Work, JD, RPh, passed away on April 22, 2017. His contributions to NABP, state

boards of pharmacy, and the protection of public health were significant.

Work was executive director of the North Carolina Board of Pharmacy from 1976 to 2006. He was an active member of NABP and served as president of the NABP Executive Committee from 1993-1994. Work also served as chair of the Task Force on the Development of an Equitable Degree Upgrade Mechanism and the Task Force on Mail Delivery Prescriptions, and as Executive Committee liaison of the Task Force on Therapeutic Interchange. At NABP’s 97th Annual Meeting, Work was recognized in a resolution (No. 97-6-01) for creating a historical pictorial of NABP meetings

throughout the years. In recognition of his exemplary service in protecting the public health and significant involvement with the Association, Work was awarded the NABP Lester E. Hosto Distinguished Service Award in 1986.

Work taught pharmacy law and ethics at the University of North Carolina at Chapel Hill and helped create programs to train pharmacists at Campbell University and Wingate University. Work was also a member of the International Pharmaceutical Federation.

In 2004, Work was the recipient of the Hubert Humphrey Award from the American Pharmacists Association and the M. Keith Fearing, Jr. Community Pharmacy Practice Award from the College of Pharmacy & Health Sciences at Campbell University. Work was also the recipient of the North Carolina Pharmacist of the Year Award in 1995 and the Order of the Long Leaf Pine in 1981 for his service to the state. Work earned a bachelor of science in pharmacy from the University of Iowa and a juris doctorate from the University of Denver. ■



Next FPGEE Administration Is October 10, 2017

Information about registering for and scheduling the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) is available to candidates in the Programs section of the NABP website at www.nabp.pharmacy. ■

New Jersey Enacts Law Imposing Restrictions on Opioids and Other Schedule II Drugs

On May 16, 2017, P.L. 2017, c. 28, became effective, imposing certain restrictions on how opioids and other Schedule II controlled dangerous substances (CDS) may be prescribed. In addition, the law established special requirements for the management of acute and chronic pain, including, in cases of acute pain, prohibiting a practitioner from issuing an initial prescription for an opioid drug in a quantity exceeding a five-day supply and requiring the prescription to be for the lowest effective dose of an immediate-releasing opioid drug.

Although the new law and rules will primarily impose additional responsibilities on prescribers, the following information may be useful for New Jersey pharmacists:

- The law and rules do not impose any additional requirements for pharmacists to confirm that a prescription must be limited to a five-day supply of medication. However, pharmacists are required to perform their corresponding responsibility to ensure that all prescriptions for CDS are being written for a valid medical purpose.
- Beginning with the 2019 biennial renewal of pharmacist licenses, pharmacists must complete one credit of continuing education (CE) on programs or topics concerning prescription opioid drugs, including alternatives to opioids for managing and treating pain and the risks and signs of opioid abuse, addiction, and diversion. This is not an additional CE credit requirement and will be part of the existing 30-credit CE requirement for each renewal period.
- Insurance plans issued in New Jersey will charge co-payments, coinsurance, or deductibles for an initial prescription of an opioid drug prescribed pursuant to the law that is either proportional between the cost sharing for a 30-day supply and the amount of drugs the patient was prescribed or equivalent to the cost sharing for a full 30-day supply of the opioid drug, provided that no additional cost sharing may be charged for any additional prescriptions for the remainder of the 30-day supply. Pharmacists may need to contact their insurance plans with any questions regarding how this component will be implemented.

A copy of the law is available at www.njleg.state.nj.us/2016/Bills/AL17/28_.PDF.

South Dakota 2017 Legislature Passes Bills Related to PDMP, DSCSA

The South Dakota 2017 Legislative Session resulted in two bills amending laws affecting pharmacy practice. Both bills were passed by the legislature and signed by Governor Dennis Daugaard.

Senate Bill 1 amends South Dakota Codified Laws (SDCL) Chapter 34-20E with a requirement for all individuals who hold a controlled substance registration through the South

Dakota Department of Health to register with the South Dakota Prescription Drug Monitoring Program (PDMP). It further requires pharmacies to submit dispensing data every 24 hours.

House Bill 1044 made changes affecting the wholesale drug distributor chapter, SDCL 36-11A. The South Dakota State Board of Pharmacy further amended the chapter to comply with the Drug Quality and Security Act. This entailed adding a new category of licensure, the 503B outsourcing facilities, as per the Compounding Quality Act, and also modeled the statute for the other drug distributors to match the federal law in the Drug Supply Chain Security Act (DSCSA). The Board also eliminated its licensure of third-party logistics providers and followed the DSCSA by removing reference to pedigree and changing it to transaction history, transaction information, and transaction statement.

Washington Adopts Rules for Automated Drug Dispensing Devices

The Washington State Pharmacy Quality Assurance Commission adopted proposed language regarding the use of automated drug dispensing devices (ADDDs). The adopted rules outline the requirements for installation and use of ADDDs in various facilities identified in Chapter 246-874 of the Washington Administrative Code. Additionally, the adopted rules no longer require facilities to obtain approval from the Commission before using an ADDD. The permanent rules were filed on March 7, 2017, and became effective on April 7, 2017.

Washington pharmacies and nonresident pharmacies must submit a list of physical address locations where they manage or service ADDDs on a form provided by the Washington State Department of Health. This form is available on the Commission's website at www.doh.wa.gov. Pharmacies currently approved by the Commission to use ADDDs have one year from the effective date of the rule to come into compliance with the new rule, which includes submitting the list of physical locations mentioned above.

District of Columbia PDMP Requires Patient Notification Before Running Query

Prescribers and dispensers who plan to obtain prescription monitoring information from the District of Columbia PDMP shall provide notice to the patient that a request may be made to obtain information on all covered substances dispensed to that patient. The notice may be provided by use of a conspicuous sign in an area that will be easily viewed and read by the patient. In lieu of posting a sign, the prescriber or dispenser may provide notice in written material given to the patient or may obtain written consent from the patient. ■

WHO Launches Global Patient Safety Challenge on Medication Safety

To reduce severe, avoidable medication-associated harm in all countries by 50% over the next five years, the World Health Organization (WHO) has launched a worldwide initiative, the Global Patient Safety Challenge on Medication Safety. Medication errors cause at least one death every day and injure approximately 1.3 million people every year in the United States. In addition, low- and middle-income countries are estimated to have similar rates of medication-related adverse events as high-income countries.

The Global Patient Safety Challenge on Medication Safety aims to make improvements in each stage of the medication use process including prescribing, dispensing, administering, monitoring, and use. WHO intends to provide guidance and develop strategies, in addition to plans and tools to ensure that the medication process has the safety of patients at its core in all health care facilities.

Previous WHO Global Safety Challenges have included the Clean Care is Safer Care challenge on hand hygiene in 2005 and the Safe Surgery Saves Lives challenge in 2008. Additional information is available in the WHO press release available at <http://who.int/mediacentre/news/releases/2017/medication-related-errors/en/>.

NCPDP Releases Guide to Ensure Patients Get Their Medications During a Disaster

The National Council for Prescription Drug Programs (NCPDP) released the NCPDP Emergency Preparedness Information guide to assist pharmacists and other health care providers during a declared emergency. Prepared by the NCPDP Emergency Preparedness Committee, the guide provides resource information for eligibility and claims processing affecting displaced individuals. The guide is available at www.ncdp.org/NCPDP/media/pdf/NCPDPEmergencyPreparednessInformation_v1_4.pdf. Additional information for pharmacists about emergency preparedness is available on the NCPDP website at www.ncdp.org/Resources/Emergency-Preparedness.

CPE Training on Older Adult Fall Prevention Available Online

Developed in collaboration with the Centers for Disease Control and Prevention (CDC) and the American Pharmacists Association, the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative is offering continuing pharmacy education (CPE) training for pharmacists to prevent falls in adults 65 and older. The training will provide strategies to help pharmacists screen older adults for fall risk, conduct medication review and management, and offer patient education. To participate in the free online training, “STEADI: The Pharmacist’s Role in Older Adult Fall Prevention,” visit the CDC website at www.cdc.gov/steady/training.html for more information.

FDA Presents Series of CE Webinars for Students and Clinicians

Food and Drug Administration’s (FDA’s) Division of Drug Information in the Center for Drug Evaluation and Research (CDER) presents a series of continuing education (CE) webinars targeted toward students and health care providers who wish to learn more about FDA and drug regulation. The webinars are presented by FDA staff and allow participants to interact with staff. Previous webinar topics have included an overview of FDA’s role in medication error prevention and prescription drug labeling. The webinars and presentation slides can be accessed on FDA’s website at www.fda.gov/DDIWebinars.

New FDA Training Video Addresses the Combat Methamphetamine Epidemic Act

Drug Info Rounds, a series of online videos by FDA, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better decisions. In the latest Drug Info Rounds video, “Combat Methamphetamine Epidemic Act,” pharmacists discuss the legal requirements for the sale of over-the-counter drug products that contain pseudoephedrine. Drug Info Rounds was developed with contributions from pharmacists in FDA’s CDER, Office of Communications, Division of Drug Information. All Drug Info Rounds videos can be viewed on the FDA website at www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm. ■

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.



INNOVATIONS

National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056

First Class
U.S. Postage
PAID
Permit #583
Schaumburg, IL 60173

UPCOMING EVENTS

PMP InterConnect Steering Committee Meeting

July 19-20, 2017
NABP Headquarters

2017 Tri-Regulator Symposium

July 25-26, 2017
Chicago, IL

NABP/AACP District 5 Meeting

August 3-5, 2017
Des Moines, IA

NABP/AACP District 3 Meeting

August 6-9, 2017
Louisville, KY

NABP/AACP Districts 1 & 2 Meeting

September 14-16, 2017
Groton, CT

NABP Interactive Executive Officer Forum

October 3-4, 2017
NABP Headquarters

NABP/AACP Districts 6, 7, and 8 Meeting

October 8-11, 2017
San Antonio, TX

NABP/AACP District 4 Meeting

November 1-3, 2017
Toledo, OH