

# INNOVATIONS



## Expertise, Innovation, and Collaboration *Key to Quality* NABP Programs, Services



**4** Legal Briefs:  
Cann'tabis

**6** Expertise, Innovation, and  
Collaboration Key to Quality  
NABP Programs, Services

**16** NABP to Honor Leaders at  
the Forefront of Public Health  
Protection During 112<sup>th</sup> Annual  
Meeting in San Diego



# INNOVATIONS table of contents

## EXECUTIVE COMMITTEE

**Joseph L. Adams**  
Chairperson

**Edward G. McGinley**  
President

**Hal Wand**  
President-elect

**Jeanne D. Waggener**  
Treasurer

**James T. DeVita**  
Member, District 1

**Susan Ksiazek**  
Member, District 2

**Jack W. "Jay"  
Campbell IV**  
Member, District 3

**Philip P. Burgess**  
Member, District 4

**Gary Dewhirst**  
Member, District 5

**John A. Foust**  
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

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 66 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.net](http://www.nabp.net) • [custserv@nabp.net](mailto:custserv@nabp.net)

**Carmen A. Catizone**  
Executive Director/Secretary

**Deborah Zak**  
Communications Manager

©2016 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  
Cann'tabis

**9** Association News  
Space Available for Board Staff to Attend Annual Program Review and Training in June

**11** Task Force Reviews  
Pharmacist Care in Nontraditional Settings

**22** Professional Affairs Update  
FDA Calls for Review of Opioids Policy, Announces Action Plan

**23** State Board News  
Ohio Board Announces New OARRS Rules for Pharmacists



# 6

### Feature News

Expertise, Innovation, and Collaboration Key to Quality NABP Programs, Services



# 16

### Annual Meeting

NABP to Honor Leaders at the Forefront of Public Health Protection During 112<sup>th</sup> Annual Meeting in San Diego

# Interview With Board Executive Director



**Shauna White, PharmD, RPh,  
Executive Director,  
District of Columbia  
Board of Pharmacy**

## **Shauna White, Executive Director, District of Columbia Board of Pharmacy**

### **How long have you served as executive director of the District of Columbia Board of Pharmacy? What was your role prior to working with the Board?**

I began my role as executive director in September 2015. Prior to serving as executive director, I was a pharmacist inspector for four years with the District of Columbia (DC) Department of Health, Pharmaceutical Control Division.

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

In October 2015, the Board worked diligently to respond to public comments from its pending collaborative practice regulations. The DC Board of Pharmacy and the DC Board of Medicine jointly reviewed the proposed regulations, Chapter 100 Collaborative Practice Agreements Between Physicians and Pharmacists, which permits physicians and pharmacists licensed in DC to enter into collaborative practice agreements. The Board is excited for this change, which will bring the scope of the practice of pharmacy in DC in line with current practices and trends being implemented in pharmacy.

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

Since the proposal of Chapter 100, the Board has been working together to respond to all stakeholder concerns around the new regulations and help them understand the value of this practice model and the value that pharmacists bring to the health care system.

### **What other key issues has the Board been focusing on?**

The Board has also been busy focusing on finalizing the process for pharmacy technician registration. In November 2015, the Board began requiring all pharmacy technicians and pharmacy technician trainees to be registered with the Board. The Board looks forward to accepting pharmacy technician applications.

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

As with any laws, regulations, or changes in policy, I would encourage other states to engage stakeholders early on in the process. By ensuring stakeholder involvement, many aspects of the pharmacist and physician relationship in collaborative practice agreements were addressed to ensure patients are able to receive optimum care. ■

## **District of Columbia Board of Pharmacy**

Number of Board Members: 5 pharmacist members and 2 public members

Number of Compliance Officers/Inspectors\*: 6

Rules and Regulations Made by: Board of Pharmacy and Mayor

Number of Pharmacist Licensees: 1,704

Number of Pharmacies\*: 544

Number of Wholesale Distributors\*: 352

Board Organization: Multi-agency department

*\*Facilities are regulated and inspected by the District of Columbia Pharmaceutical Control Division.*

# Cann'tabis



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

**T**he interplay between federal and state law is quite complex and may lead to inconsistent judicial rulings not only from state to state, but from federal to state jurisprudence. The legal status of and judicial rulings related to recreational and medicinal marijuana present a prime example of this interplay and potential for confusing interpretations and judicial case law. While employment cases are not often covered in this newsletter, an occasional judicial opinion related to private sector issues has relevance to NABP readers. Consider the following.

An applicant for employment had been diagnosed with HIV/AIDS, which the New Mexico Human Rights Act defines as a serious medical condition. As a result of his medical condition, the applicant for employment applied for and was accepted into the New Mexico Medical Cannabis Program, as enacted through the Compassionate Use Act (CUA) under New Mexico state law. The program sets forth statutory and regulatory criteria for participation therein, including physician recommendations, and results in the issuance of a Patient Identification Card. After receiving his card, the applicant (hereinafter referred to as employee) applied and was hired for a job as a team leader for Tractor Supply Company (Employer). During his interview, the employee disclosed his acceptance and participation in the cannabis program. Upon his hiring, the employee reported for work and submitted to a drug test that indicated a positive result for cannabis metabolites.

Based upon the positive drug test and approximately two weeks after his hire, the Employer terminated the employee. The employee filed a complaint with the New Mexico Human Rights Division, alleging unlawful discrimination by the Employer, and received a Determination of No Probable Cause letter. This determination letter is considered an exhaustion of administrative remedies thereby allowing the employee, if he wishes, to file litigation in the appropriate court.

The employee did elect to file litigation in state court against the Employer alleging that the Employer terminated him based upon a serious medical condition and his physicians' recommendation to use medical marijuana. Under certain legal arguments, the Employer successfully removed the case from state court to the United States District Court for the District of New Mexico. Thereafter, the Employer filed a motion to dismiss the litigation, arguing that the positive drug test substantiated the basis for discharge and no other disability laws protect the employee under these circumstances.

In addressing the motion to dismiss, the court narrowed the issue to whether the federal Controlled Substances Act (CSA) preempts New Mexico state law. In its analysis, the court addressed multiple other relevant laws. The court noted that Connecticut and Delaware have included within their medical marijuana laws a requirement that affirmatively mandates that employers accommodate medical marijuana cardholders. However, New Mexico does not have such a mandate under its CUA. The employee argued that the CUA promotes a public policy within New Mexico that requires employers to accommodate such conditions under

the New Mexico Human Rights Act. The Employer countered by arguing that the CUA only offers medical marijuana users immunity from state criminal prosecution and imposes no duty on employers to accommodate the use of medical marijuana.

Citing numerous cases from other jurisdictions, the court noted that such opinions held that despite concerns over a patient's medical condition, antidiscrimination laws do not extend to "shield a disabled employee from the implementation of his employer's standard policies against employee misconduct. In other words, a termination for misconduct is not converted into a termination because of a disability just because the instigating misconduct somehow relates to a disability." Additional cited cases noted that the allegations of similar complaints do not support the notion that the employees were terminated because of a disability. In the current case, the court noted that the employee was not terminated because of or on the basis of his serious illness. The use of marijuana is not a manifestation of HIV/AIDS. In short, the court agreed with the notion that the CUA does not require employers to "accommodate the use of illegal drugs."

The employee argued that certain New Mexico rulings support the notion that the use of marijuana promotes the public policy of the state. For example, a New Mexico appellate court held that the Workers' Compensation Act authorizes reimbursement for medical marijuana and, accordingly, equates to an extension of the Human Rights Act to require accommodations for medical marijuana. In support, the employee argued that the limited enforcement stance of the US Department of Justice establishes plausibility in an extension of the New Mexico Human Rights Act.

The court rejected this argument, finding instead that an enforcement policy of the US Attorney General

is not law and is subject to change from presidential administration to administration. Further, and more importantly, requiring an insurance carrier to reimburse is fundamentally different from requiring a national employer to permit and accommodate the use of a drug that is illegal under federal law. The court identified the fact that the Employer has stores in 49 states and, if it followed the employee's argument, the Employer would have to modify policies to address the numerous different states that legalize, decriminalize, and/or recognize medical marijuana. Rejecting this argument, the court held that the CUA combined with the New Mexico Human Rights Act does not provide the employee with a cause of action as medical marijuana is not an accommodation that must be provided.

**“A termination for misconduct is not converted into a termination because of a disability just because the instigating misconduct somehow relates to a disability.”**

Next, the court turned its attention to the Employer's argument that medical marijuana use conflicts with the CSA. It argued that requiring employers to accommodate employees' use of marijuana would mandate the very conduct the CSA prohibits. As noted by the court, many state courts have held that medicinal marijuana does not conflict with the CSA because state laws merely provide for limited

state law immunity from prosecution if persons' use of marijuana complies with state law. As held, "it is not impossible to comply with both the CSA's federal prohibition on marijuana and the [State's] limited state-law immunity for certain medical marijuana use . . ."

In this case, however, the Employer argued that interpreting the CUA and the New Mexico Human Rights Act to require accommodations is preempted by the CSA. Referencing an Oregon case, the court referred to the issue of whether the use of medical marijuana constituted an "illegal use of drugs" under the relevant state statute. Finding that the use of marijuana is illegal under federal law, that Oregon court concluded that an employer is not required to accommodate an employee's use of marijuana. "[T]he fact that the state may exempt medical marijuana users from the reach of the state criminal law does not mean that the state can affirmatively require employers to accommodate what federal law specifically prohibits."

Accordingly, the court granted the Employer's motion to dismiss, finding that state law does not mandate an employer to accommodate marijuana use.

This case presents an example of the interplay between state and federal law. While further complicated by the states exercising their rights to provide limited immunity from criminal prosecution, the application of the CSA, which proscribes marijuana use, preempts a state's ability to mandate activity by employers to recognize rights of employees.

*Garcia v. Tractor Supply Company*, Case 1:15-cv-00735-WJ-WPL (District Ct NM 2016). ■

## Expertise, Innovation, and Collaboration *Key to Quality* NABP Programs, Services



From telepharmacy and track-and-trace technology to expanded pharmacist roles and team-based care models, pharmacy practice is rapidly evolving. Such changes promise new benefits for patients, while bringing new challenges to boards of pharmacy tasked with ensuring the public's safety in all areas of pharmacy practice. Through NABP, board of pharmacy and stakeholder experts come together to collaborate on innovative solutions to such challenges. Drawing on 112 years of experience, NABP provides an unparalleled level of quality in its programs and services to support these collaborative efforts.

**“By staying focused on the collective mission to protect the public health, NABP ensure[s] that quality is not just an abstract goal.”**

By staying focused on the collective mission to protect the public health, NABP, member boards, and Association leadership and staff ensure that quality is not just an abstract goal. Quality means supporting the boards as they ensure that licensees are meeting qualifications needed to deliver effective and appropriate pharmacy patient care. Quality means collaborating with members to develop effective tools that support boards' inspection and licensure processes for facilities. Quality means helping to ensure the safety of medications that travel through the supply chain and are ultimately dispensed to patients and supporting the integrity of medical devices received by Medicare beneficiaries. Maintaining effective partnerships with relevant federal regulatory and law enforcement agencies and standard-setting organizations also results in a high level of quality, as does staying abreast of new and emerging developments in legislative, regulatory, and pharmacy practice – both areas in which the Association has placed high value since its founding.

### **e-LTP Sees Continued Growth**

A strong example of NABP quality, the Association's Electronic Licensure Transfer Program® (e-LTP™) has become an industry model for other highly regulated professions.

From 2010 to 2015 alone, e-LTP supported an average of over 15,000 pharmacists annually as they sought to transfer their licenses to at least one additional state. 2015 saw the highest number of e-LTP requests to date, with nearly 20,500 requests. The rise in requests is likely due to shifting employment trends from region to region, as well as numerous legislative efforts related to requirements for pharmacist licensure at nonresident pharmacies, illustrating one way that NABP programs respond to the changing regulatory landscape.

## Excellence in Competency Assessment

Further driving NABP quality, the Association continues to ensure that all of its examination and assessment programs undergo ongoing evaluations and enhancements to remain consistent with the requirements of contemporary pharmacy practice and industry best practices for high-stakes examinations. This includes assessment of the North American Pharmacist Licensure Examination® (NAPLEX®), the Multistate Pharmacy Jurisprudence Examination®, the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), the Pharmacy Curriculum Outcomes Assessment® (PCOA®), and most recently, the Pharmacist Assessment for Remediation Evaluation®.

As part of the examination maintenance and development process, NABP draws on the rich and varied background of volunteer pharmacy faculty and academicians, pharmacists in varied areas of practice, as well as board of pharmacy members. These volunteers write and review examination items during item-writing workshops or

as members of examination review committees, and seasoned volunteers are appointed to serve on the Advisory Committee on Examinations, which reviews examination standards, content, and processes. Further, Association examination program staff include dedicated psychometricians, pharmacists, and experts in examination administration and security. Their expertise and experience have contributed to the integrity of the examination programs as well as innovations unique to the Association. As a result, NABP will deploy its proprietary test assembly method in the NAPLEX beginning November 2016. The method is already being used in the FPGEE, PCOA, Pre-FPGEE®, and Pre-NAPLEX®.

## Accreditations Support Public Protection Mission

For more than a decade, the Association has continued to ensure the quality and strength of its accreditation programs to help safeguard medications in the United States supply chain, encourage use of only vetted Internet pharmacies, and help ensure that durable medical equipment and products dispensed to Medicare beneficiaries meet or exceed standards set by the Centers for Medicare & Medicaid Services.

NABP's accreditation programs are a prime example of how area-specific expertise drives NABP quality. The Association is the only entity with "feet in the street" from coast to coast, entering and inspecting pharmacies, wholesale drug distributors, and other pharmacy-related entities on a daily basis. NABP's pool of surveyors represent rich and varied experience

and expertise, from pharmacy practice to law enforcement. Their collective skills and expertise are instrumental in helping NABP to tailor its services to meet the needs and specifications of each survey conducted. Further, NABP surveyors participate in an annual training related to accreditation surveys and NABP accreditation program standards, as well as compounding inspection training.

NABP also regularly assesses each program's standards and criteria to ensure they are in accordance with current laws, regulations, and practice standards and implements program changes as appropriate. For example, with the implementation of the Drug Supply Chain Security Act (DSCSA), NABP assessed the Verified-Accredited Wholesale Distributors® (VAWD®) program criteria to evaluate consistency with the new law. The assessment determined several VAWD requirements that already encompassed DSCSA requirements, and changes to VAWD processes were made to provide further consistency with the new law. Having relationships with federal agencies, such as Food and Drug Administration, positions the Association to obtain accurate information on such regulatory matters and to effectively implement program modifications as needed. The VAWD program has also implemented changes to address emerging business models such as third-party logistics providers.

This focus on quality standards helps entities accredited by NABP stay ahead of the curve in regulatory matters and provides more safety assurances for the public. Further, this

continued on page 8

## NABP Quality

continued from page 7

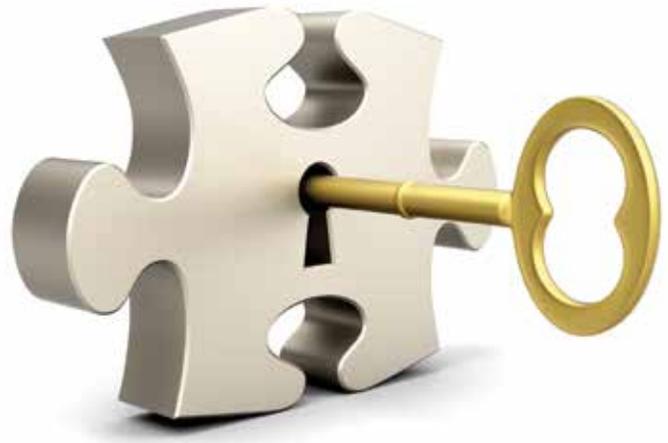
focus extends across all accreditation programs – the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) program, the Verified Internet Pharmacy Practice Sites® (VIPPS®) program, the Veterinary-VIPPS® program, and the NABP e-Advertiser Approval<sup>CM</sup> Program – all of which are also regularly reviewed to ensure program criteria address current practice and regulatory standards. For all NABP accreditation programs, standards include ongoing monitoring of accredited or approved entities to ensure that program criteria continue to be met.

Becoming the registrar for the .Pharmacy Top-Level Domain (TLD) is another example of NABP staying on the forefront of pharmacy-practice efforts to protect the public health. In order to ensure that the .pharmacy TLD was handled responsibly as a verified TLD, the Association applied to be the owner and operator. In 2014, with the support of a global coalition of pharmacy community stakeholders, NABP launched the .Pharmacy TLD Program to more effectively help consumers around the globe identify safe, legitimate Internet pharmacies. NABP continues to work closely with subject matter experts and stakeholders to advance and enhance the program. (For additional program information see “NABP Collaborates With Other Verified TLDs to Determine Best Practices for the .Pharmacy TLD Program” on page 14 of this newsletter.)

### Developing Tools to Support Boards' Licensure Processes for Facilities

The Association's expertise and experience in accreditation surveys is one building block for the tools and resources developed to support member boards in the area of inspections, licensure of facilities, and navigating new compounding regulations. Following the fungal meningitis outbreak in 2012, member boards had the opportunity to convene at the subsequent Interactive Forums to discuss related challenges and solutions. As a result of this collaboration, the Verified Pharmacy Program® (VPP®) was developed to facilitate the sharing of inspection information among boards. Through a secure information sharing network, inspection reports provided by boards of pharmacy, as well as VPP data and reports, may be accessed by authorized board staff to support board licensure decision making.

In addition, the Association and its member boards developed a Multistate Pharmacy Inspection Blueprint that assists states in ensuring that their own



inspection forms and processes cover minimum requirements agreed upon by the states. A Universal Inspection Form, which can be used by the states as a template, as well as training, are also available to member boards to assist in utilizing the Blueprint.

These tools and resources are a prime example of how the Association creates opportunity for collaboration among its members in order to provide effective services that support the protection of public health.

### Professional Affairs and Member Relations

Guided by the resolutions adopted by NABP member boards during each Annual Meeting, subject matter experts in Professional Affairs draw on their pharmacy practice, legal, and regulatory experience to conduct research and due diligence on issues that form NABP policy and positions. Staff collaborates with partners at state and federal agencies as well as standard-setting organizations to inform this work. Such research and partnerships further support NABP's ability to provide superior programs and services and to ensure that emerging statutory and regulatory issues are effectively addressed.

The efforts of NABP's Member Relations and Government Affairs department also contribute to unsurpassed value as staff liaise with boards of pharmacy to provide customized support. These relationships have advanced services provided to members such as NABP PMP InterConnect® and VPP. Member Relations also helps facilitate tailored solutions when required, such as customized inspection services or customized CPE Monitor® reporting. In short, when member boards ask for assistance, Member Relations combines innovative ideas with existing resources to create effective solutions and follows through by partnering with members to ensure successful implementation.

Collaboration, expertise, and innovation are key to delivering these quality NABP services. NABP, its member state boards of pharmacy, and those members serving as volunteers all contribute to the Association's mission to protect the public health, which is at the core of all programs and services and at the core of NABP quality. ■

## Space Available for Board Staff to Attend Annual Program Review and Training in June

Tailored for board of pharmacy staff, the NABP Annual Program Review and Training will take place June 28-29, 2016, and provide information about NABP's examinations, licensure transfer, accreditation programs, and more. New board of pharmacy staff, as well as those seeking a refresher course, are invited to attend.

### Event to Review NABP Programs and Services

The event will begin with a group dinner on June 28, giving board of pharmacy staff the opportunity to network with one another and NABP representatives. On June 29, attendees will convene for breakfast, and then begin the educational portion of the session. This portion of the event will provide attendees with an overview of the following programs and services:

- Electronic Licensure Transfer Program® (e-LTP™) and license verification
- NABP Clearinghouse/National Practitioner Data Bank
- Verified Pharmacy Program® (VPP®) and inspection sharing network
- North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®)
- Pharmacist Assessment for Remediation Evaluation® (PARE®)
- NABP e-Profile Connect: NAPLEX/MPJE eligibility; score reporting and Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification; and online reporting to candidates
- FPGEC Certification Program, including the application, examination, and certification process
- Pharmacy Curriculum Outcomes Assessment® (PCOA®) program
- Verified Internet Pharmacy Practice Sites® (VIPPS®); Veterinary-Verified Internet Pharmacy Practice Sites® (Vet-VIPPS®); Verified-Accredited Wholesale Distributors® (VAWD®); durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation; and the NABP e-Advertiser Approval<sup>CM</sup> Program
- Community Pharmacy Practice Accreditation
- Internet Drug Outlet Identification program and the .Pharmacy Top-Level Domain Program
- AWAR<sub>x</sub>E® Prescription Drug Safety Program



Pictured above are attendees from the 2015 Annual Program Review and Training at NABP Headquarters.

- CPE Monitor® service and the continuing pharmacy education (CPE) reporting tool for the boards
- NABP PMP InterConnect®
- Member Relations and Government Affairs
- Professional Affairs
- Communications

### Still Time to Register

Invitations with details about the 2016 event were sent to board of pharmacy executive officers via email in February 2016 and April 2016. Interested state boards of pharmacy are encouraged to RSVP for the event as limited spots are available.

To participate in the session or for more information about future training sessions, please contact the Customer Service department at 847/391-4406 or [custserv@nabp.net](mailto:custserv@nabp.net). ■

### Travel Assistance?

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

## Sterile Compounding Inspector Training Expands; NABP and CriticalPoint Offer Sterile Compounding Inspector Certification

NABP has partnered with CriticalPoint, LLC, to expand the Sterile Compounding Inspector Training (SCIT), providing inspectors with a more engaging, hands-on experience that will take place at the CriticalPoint training facility. The training will be offered twice this year on July 19-21, 2016, and October 18-20, 2016, at the CriticalPoint Center for Training and Research (CCRT) located in Totowa, NJ. The CCRT offers a state-of-the-art classroom as well as a functioning physical plant, which is compliant with United States Pharmacopeia (USP) Chapters <797> and <800>.

The training agenda includes all aspects of sterile compounding, such as hand hygiene and garbing; environmental sampling, aseptic technique, and first air; and bubble point and sterility testing.

In addition to Kate Douglass, MS, RN, APN, C, CRNI, and Eric S. Kastango, MBA, RPh, FASHP, past and current members of the USP Sterile Compounding Expert Committee, Patricia Kienle, MPA, RPh, FASHP, and Jim Wagner have joined the CriticalPoint faculty. Jim is the principal architect of the facility requirements for both Chapters <797> and <800>, and Patricia led the USP Hazardous Drug Subcommittee in the development of USP Chapter <800>.

The live portion of the program offers 20.5 hours of continuing pharmacy education, including six hours on hazardous drug handling, that will assist inspectors in becoming more familiar with USP Chapter <800>. Participants who complete the Sterile Compounding eLearning Series (within a year prior to the live training), attend the on-site training, and successfully pass the post-test may earn the NABP/CriticalPoint Certification in Sterile Compounding for Inspectors.

To register for CriticalPoint's Sterile Compounding eLearning Series, participants may visit [www.criticalpoint-lms.com](http://www.criticalpoint-lms.com). The eLearning Series is free of charge to board of pharmacy compliance officers. For more information, contact CriticalPoint at [sandresen@criticalpointce.com](mailto:sandresen@criticalpointce.com).

The NABP Executive Committee has approved for NABP to continue to reimburse \$1,500 per board to help defray costs associated with this valuable training. Registration is \$1,495 per person, which includes light breakfasts, snacks, and lunches, as well as shuttle transportation to and from the conference hotel and training center



and transportation back to the airport. Attendees will be responsible for their own transportation from the airport to the hotel; however, a discounted rate is available through one of CriticalPoint's vendors. A special group rate of \$155/night has been secured at a local Hilton property. ■

### Sterile Compounding Inspection Training Highlights

- Opportunity to earn certification in sterile compounding training by:
  - Completing eLearning series and on-site training
  - Passing post-test
- Registration fee may be reimbursed by NABP
- Register on the CriticalPoint website: <https://www.criticalpoint.info/shop/sterile-compounding-inspector-training-october-18-20-2016/>

### Live Training Dates

- July 19-21, 2016
- October 18-20, 2016

## Task Force Reviews Pharmacist Care in Nontraditional Settings, Recommends Amending NABP *Model Act*, Expanding Scope of Certified Technicians

Recognizing that pharmacy practice is evolving such that pharmacists are practicing outside of the traditional pharmacy and in settings not previously recognized as acceptable, the Task Force on the Regulation of Pharmacist Care Services recommended changes to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to provide language that defines such activities. The task force also recommended that NABP encourage state boards of pharmacy to expand the scope of activities that pharmacists may delegate to certified pharmacy technicians in order to increase the amount of time for pharmacists to engage in pharmacist care services. The task force met September 9-10, 2015, and also discussed and agreed that state boards of pharmacy should regulate the expanded function of and services provided by pharmacists.

The task force members recommended amending the *Model Act* by streamlining the definition of the “Practice of Pharmacy” by making it more general and relevant to the evolving practice. The task force further determined that the *Model Act* should be amended to change the definition of “Pharmacist Care” to “Pharmacist Care Services” to make pharmacist clinical services more tangible and to include more than the dispensing of prescription drugs. Furthermore, as pharmacists are beginning to provide more primary care services, the task force recommended that the boards mandate documentation of these services and

encounters to increase the accountability of pharmacists. The task force members also discussed that with the expansion of pharmacist care services, there will be added focus to patient-centered care rather than product-oriented services as is typically associated with the pharmacist role.

Since the task force members concluded that pharmacists must be given more time and the opportunity to meaningfully communicate with patients and members of their health care team, the members agreed that pharmacists should implement the guidelines of the Joint Commission of Pharmacy Practitioners Pharmacists’ Patient Care Process. In addition, the task force members discussed and agreed that

“[A]s pharmacists are beginning to provide more primary care services, the task force recommended that the boards mandate documentation of these services and encounters to increase the accountability of pharmacists.”

this expanded delegation, provided that the certified pharmacy technician is qualified, should be determined by the pharmacist and/or permit holder. As a result, the task force recommended that NABP should encourage state boards of pharmacy to expand the scope of activities that pharmacists may delegate to certified pharmacy technicians. The board of pharmacy can still hold the pharmacist and permit holder ultimately responsible for overall pharmacy operations if pharmacy personnel are delegated functions that they are ill equipped to handle, noted the task force. Task force members reiterated that boards should continue to set practice standards and education requirements for pharmacy technicians for added safeguards.

The task force discussed that although technician certification does not ensure full competence for all pharmacy technician functions such as sterile compounding, it does provide a minimum standard. Because of the ongoing problem of drug diversion by pharmacy technicians, the members discussed how pharmacy technician licensure should be made universal among states to ensure traceability of diverters.

As pharmacists begin to engage in functions beyond drug dispensing, the task force members agreed that the state boards of pharmacy should allow pharmacists to delegate more advanced functions such as the documentation associated with pharmacist care

continued on page 12

## Task Force Charge

The Task Force on the Regulation of Pharmacist Care Services met September 9-10, 2015, and accepted the following charges:

1. Review existing state laws and regulations pertaining to the provision of pharmacist care outside of the traditional pharmacy setting.
2. Review, and if necessary, recommend revisions to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to assist boards of pharmacy in the oversight and regulation of pharmacist care services outside of the traditional pharmacy setting.

## Registration Deadline Approaching for Final 2016 PCOA Testing Windows; Details Available Online

Schools and colleges of pharmacy are encouraged to register their students for the final 2016 Pharmacy Curriculum Outcomes Assessment® (PCOA®) testing windows:

- **August 22 to September 16, 2016:** Registration deadline is May 20, 2016.
- **November 14 to December 9, 2016:** Registration deadline is August 16, 2016.

With the inclusion of the PCOA requirement in the *Accreditation Standards and Key Elements for the*

*Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2016)*, NABP is providing the assessment at no cost for all students nearing the completion of their didactic curriculum. Students in this group qualify to take the PCOA one time at no cost. If the school/college chooses to schedule an additional administration, the current fee of \$75 per student will apply.

Appropriate for administration to students in all professional years, the PCOA is an excellent resource for pharmacy educators as they review pharmacy curricula, design courses,

and assess student performance.



The PCOA Registration Form for schools may be found in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net).

Schools and colleges that have questions regarding the August 22 to September 16 and/or the November 14 to December 9 testing windows are encouraged to contact the FPGEC/PCOA program manager at 847/391-4406 or via email at [PCOA@nabp.net](mailto:PCOA@nabp.net). ■



### Newly Accredited VAWD Facilities

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

**Exel, Inc**  
McDonough, GA

**Focus Health Group, Inc,**  
**dba Focus Health Group**  
Knoxville, TN

**McKesson Corporation, dba**  
**McKesson Drug Company**  
Clear Lake, IA

**Specialty Pharmaceutical Services**  
La Vergne, TN

A full listing of more than 570 accredited VAWD facilities is available on the NABP website at [www.nabp.net](http://www.nabp.net).

### Task Force

continued from page 11

services, accepting new and refill prescriptions over the telephone, and tech-check-tech verification, provided that the pharmacy technician is qualified as determined by the board. Currently, there are several states in which the regulations have evolved to allow for an extended technician role, provided additional education and training are obtained to ensure public protection.

The Task Force on the Regulation of Pharmacist Care Services was established in response to Resolution 111-6-15, which was passed at the Association's 111<sup>th</sup> Annual Meeting in May 2015, addressing the need to assist state boards of pharmacy in oversight and regulation of pharmacist care outside the traditional pharmacy setting. Task force members included Joel Thornbury, RPh, chair; Allison Benz, MS, RPh; Reginald "Reggie" Dilliard, DPh; Kamlesh "Kam" Gandhi, PharmD, RPh; John Marraffa, Jr, RPh; Dennis McAllister, RPh, FASHP; Lenora Newsome, PD; Phyllis Stine, BS;

Barbara Ellen Vick, PharmD, JD, RPh; and Hal Wand, MBA, RPh, NABP Executive Committee liaison.

The task force report was approved by the NABP Executive Committee during its December 2015 meeting and is available in the Members section of the NABP website at [www.nabp.net](http://www.nabp.net). The task force's recommended revisions to the *Model Act* were reviewed and amended by the Committee on Law Enforcement/Legislation in January 2016 and will be reviewed by the NABP Executive Committee during its May 2016 meeting. ■

## NABP Announces 2016-2017 FPGEE/PCOA Review Committee Members



NABP is pleased to announce 22 returning members and two new members of the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®)/Pharmacy Curriculum Outcomes Assessment® (PCOA®) Review Committee for 2016-2017. This group of dedicated volunteers contributes their time and expertise to review and verify the examination questions and forms and assists with the development of new test questions for the FPGEE and PCOA programs. The FPGEE/PCOA Review Committee was developed in order to ensure the integrity and validity of the examination programs and acts under the policy and planning guidance of the NABP Advisory Committee on Examinations and the NABP Executive Committee. The Committee is composed of pharmacists and academicians who are representative of the diversity of pharmacy education, including the areas of clinical science, pharmaceutical science, and basic biomedical sciences, as well as social, behavioral, and administrative pharmacy sciences. NABP appreciates the assistance of these committee members as they evaluate examination content and ensure that it meets the specified competency assessment statements, which, in essence, determine the pool of items. The FPGEE Review Committee members serve a three-year term.

### Members

**Sally A. Arif, PharmD, RPh, BCPS** •  
Midwestern University Chicago  
College of Pharmacy

**Kimberly Burns, JD, RPh** • Lake  
Erie College of Osteopathic Medicine  
School of Pharmacy

**Jean Carter, PharmD, RPh, PhD** •  
University of Montana Skaggs School  
of Pharmacy

**Carolyn Friel, PhD, RPh** •  
Massachusetts College of Pharmacy  
and Health Sciences

**Brian Hemstreet, PharmD, RPh,  
FCCP, BCPS** • Regis University  
School of Pharmacy

**Brian M. Hodges, PharmD, RPh,  
BCPS, BCNSP** • West Virginia  
University School of Pharmacy

**Sheldon G. Holstad, PharmD** •  
American College of Clinical Pharmacy

**William Kolling, PhD, RPh** •  
Southern Illinois University  
Edwardsville School of Pharmacy

**Karen Kopacek, RPh** • University of  
Wisconsin School of Pharmacy

**Kem P. Krueger, PharmD, PhD** •  
University of Wyoming College of  
Health Sciences

**Matthias Lu, PhD** • Professor  
Emeritus, University of Illinois at  
Chicago College of Pharmacy

**Holly L. Mason, PhD** • Purdue  
University College of Pharmacy

**Jennifer Mathews, MA, MS, PhD** • St  
John Fisher College Wegmans School of  
Pharmacy

**David “Dave” McCaffrey, PhD, RPh** • St  
John Fisher College Wegmans School of  
Pharmacy

**Karen Nagel-Edwards, PhD, RPh** •  
Midwestern University Chicago College  
of Pharmacy

**Philip Proteau, PhD** • Oregon State  
University College of Pharmacy

**Ana Quiñones-Boex, MS, PhD** •  
Midwestern University Chicago College  
of Pharmacy

**Ralph Raasch, PharmD, RPh, FCCP,  
BCPS** • Professor Emeritus, University of  
North Carolina at Chapel Hill Eshelman  
School of Pharmacy

**Kevin Rynn, PharmD, RPh, FCCP,  
DABAT** • Rosalind Franklin University  
College of Pharmacy

**Kelly M. Shields, PharmD, RPh** • Ohio  
Northern University Raabe College of  
Pharmacy

**Bruce Waldrop, PhD** • Samford  
University McWhorter School of  
Pharmacy

**Ronald Worthington, PhD** • Southern  
Illinois University Edwardsville School of  
Pharmacy

**Sister Margaret Wright, PhD, RPh** •  
Pharmacist Consultant, Chicago, IL

**Dale Eric Wurster, Jr, PhD** • University of  
Iowa College of Pharmacy ■

*Orange color denotes new member*

## Next PARE Testing Window to Be Held June 7-18, 2016

The next available Pharmacist Assessment for Remediation Evaluation® (PARE®) testing window is scheduled during the two-week time period of June 7-18, 2016.

Member boards of pharmacy are encouraged to take advantage of this web-based assessment that was created to assist the boards as part of their decision-making process when considering cases of remediation or brief departures from practice. To pre-register an individual for the PARE, boards of pharmacy may use the NABP Clearinghouse via

NABP e-Profile Connect or they may contact the NABP Competency Assessment department via email at [NABP\\_Comp\\_Assess@nabp.net](mailto:NABP_Comp_Assess@nabp.net).

Future PARE testing windows for 2016 will also be available on the following dates:

- **September 13-24, 2016**
- **November 29-December 10, 2016**

More information about the PARE may be found in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net). ■



## NABP Collaborates With Other Verified TLDs to Determine Best Practices for the .Pharmacy TLD Program

NABP met with the United States Intellectual Property Enforcement Coordinator and other government officials on March 15, 2016, to address the role of verified Top-Level Domains (TLDs) like NABP's .pharmacy TLD in today's evolving Internet. Verified TLDs are those that require persons or entities to satisfy certain criteria in order to register a domain name (eg, .bank, .law, and .realtor). Also in attendance were Medistry, LLC, registry operator for ".med," and fTLD Registry Services, LLC, registry operator for ".bank" and ".insurance," as well as representatives of the US Department of Commerce, US Patent and Trademark Office, US Food and Drug Administration, Federal Bureau of Investigation, Federal Trade Commission, US Department of the Treasury, National Intellectual Property Rights Coordination Center, and Office of Management and Budget.

During the meeting, NABP staff presented an overview of the .Pharmacy TLD Program and the risks of rogue Internet drug outlets. Participants also discussed the unique value and issues impacting verified TLDs, including best practices in operations, consumer awareness, and public policy.

Also on March 15, NABP participated in a roundtable discussion in Washington, DC, with the registry operators of several other verified TLDs to discuss common challenges and opportunities.

NABP has pursued collaborative opportunities with other verified TLDs on the recommendation of the .Pharmacy Executive Board at its January 2016 meeting. The idea was first raised during the August 2015 meeting of the .Pharmacy Regulator Advisory Committee, which noted that many new TLDs are becoming more active on



the Internet, and almost half are verified to some degree and screen registrants to prohibit bad actors from using their domain names. Like the .pharmacy domain name, these verified TLDs seek to ensure that their domains maintain an integrity that is suitable to their respective regulated industry. NABP hopes that by collaborating with other verified TLDs, the Association can learn from these registry operators' experiences and challenges, including how to promote initiatives with consumers and how to distinguish themselves from the ever-increasing number of open TLDs in which anyone may register a domain name of any description.

For information about the .Pharmacy TLD Program, including a list of approved .pharmacy sites, visit [www.safe.pharmacy](http://www.safe.pharmacy). ■

## VPP Continues to Provide Boards Valuable Information to Support Nonresident Licensure Processes

Through the Verified Pharmacy Program® (VPP®) secure information sharing network, authorized individuals at the state boards of pharmacy may have access to important pharmacy data, including licensure, inspection, and disciplinary action information for pharmacies that dispense prescription drugs into their states.

At press time, at least 483 pharmacies have applied to VPP and currently, or soon will, have verified data available for the boards to view. This verified data is provided to the member boards in an effort to further support them in making informed licensure decisions for their nonresident pharmacies. Of the 483 VPP pharmacies, more

than 50 have reapplied for a more current inspection, having previously been inspected through the program. Additionally, of the 483 pharmacies:

- 218 pharmacies engage in only nonsterile compounding;
- 55 pharmacies engage in only sterile compounding (one of which is also registered as an outsourcing facility);
- 151 pharmacies engage in both sterile and nonsterile compounding (three of which are also registered as outsourcing facilities);
- 57 pharmacies are general retail or mail-order pharmacies with no compounding; and
- 2 pharmacies are nuclear pharmacies.

Developed by NABP in partnership with member boards of pharmacy,



VPP facilitates the communication of important inspection and licensure information between the state boards of pharmacy and serves as an information hub that provides verified data to support boards' licensure processes for nonresident pharmacies.

For more information about VPP or the information sharing network, contact VPP staff at [vpp@nabp.net](mailto:vpp@nabp.net). Additional information is also available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net). ■

## PMP InterConnect Participation Grows; 33 States Now Live and Additional States Working Toward Connection

NABP PMP InterConnect® participation continues to grow with New York and Vermont now live and additional states working toward a connection. As of May 2016, 33 states are able to securely exchange prescription drug data between the following participating states: Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, West Virginia, and Wisconsin.

It is anticipated that 45 states will either be connected to or working toward a connection to PMP InterConnect in 2016 as four states have recently signed memorandums of understanding (MOUs), bringing the total number of states with signed MOUs to eight. In addition, four states have MOUs under review. See map below for a current participation overview.

### Steering Committee Addresses Interstate Data Sharing

In March 2016, the NABP PMP InterConnect Steering Committee met

by teleconference to discuss issues related to the administration and function of the program. Among the topics of discussion, the committee addressed its state participant worksheet – an informal and unrequired document that is used to help states facilitate data sharing. State prescription monitoring programs (PMPs) participating in PMP InterConnect were asked to complete a revised worksheet that provides basic information about their state PMP as it relates to interstate data sharing.

States will be asked to finalize the updated document at the next in-person Steering Committee meeting, which will be held July 20-21, 2016, in Northbrook, IL. This updated document will be available to all PMP InterConnect participants, so that they may use it as a guide to help make decisions on whether their PMP can share prescription drug data with another state.

Composed of representatives of PMPs that participate in the PMP InterConnect program, the Steering Committee serves as the governing body of the program. The committee meets at least once per calendar year, in person or by teleconference. Currently, there are



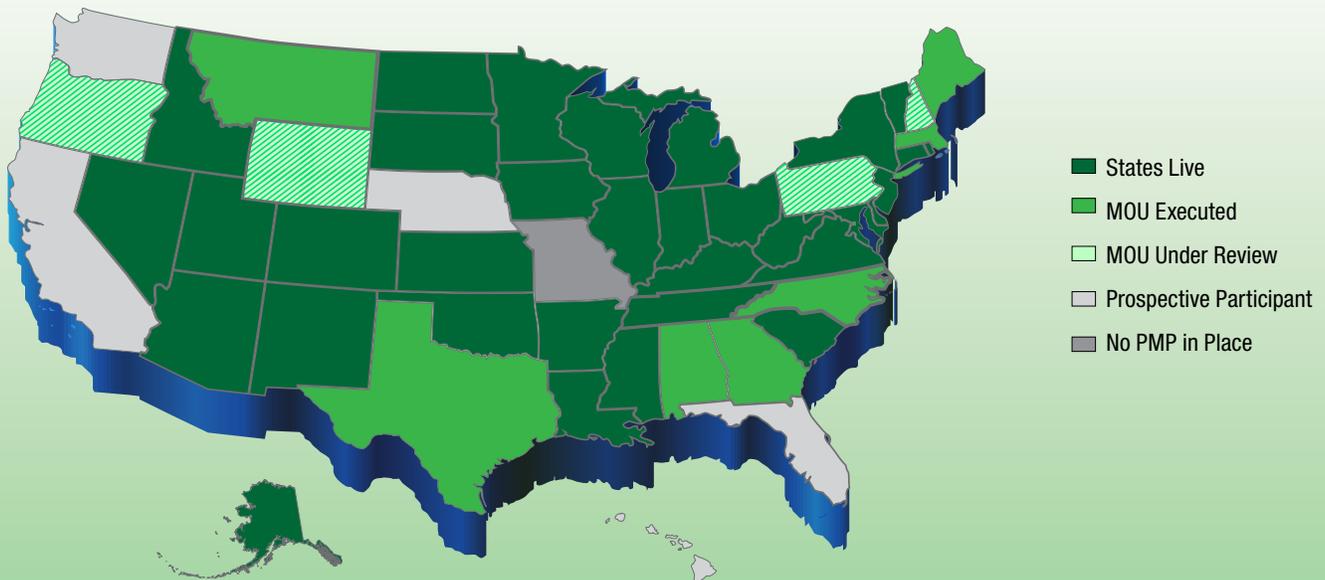
41 members on the committee, which consists of representatives from those states that have signed an MOU with NABP. Additional members will join as they execute an MOU with NABP.

### Collaboration With Stakeholder Organizations

Throughout first quarter 2016, NABP met with several stakeholder organizations to discuss information related to the PMP InterConnect program. In February 2016, NABP staff met with representatives from the United States Department of Justice – Bureau of Justice Assistance; Office of the National Coordinator for Health Information Technology; Substance Abuse and Mental Health Services Administration; and the US Senate Committee on Health, Education, Labor, and Pensions. During the meetings, NABP provided an update on PMP InterConnect.

More information about PMP InterConnect is available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net). ■

### PMP InterConnect State Participation Overview



## NABP to Honor Leaders at the Forefront of Public Health Protection During 112<sup>th</sup> Annual Meeting in San Diego



Leaders in the practice of pharmacy whose support and initiatives have furthered the Association's mission of protecting the public health will be honored during the NABP 112<sup>th</sup> Annual Meeting, which will be held May 14-17, 2016, at the Hilton San Diego Bayfront Hotel in San Diego, CA. The 2016 awards that will be presented on Tuesday, May 17 during the Annual Awards Dinner will include the NABP Lester E. Hosto Distinguished Service Award, the Honorary President Award, the Fred T. Mahaffey Award, the Henry Cade Memorial Award, and the John F. Atkinson Service Award.

### Lester E. Hosto Distinguished Service Award

The Lester E. Hosto Distinguished Service Award, which was named in honor of the late 1990-1991 NABP President Lester E. Hosto, is the highest honor bestowed by NABP. Receiving the 2016 award is **Stanley Weisser, RPh**, for his strong commitment to protecting the public

health and his successful advancement of higher standards and stronger oversight for sterile compounding pharmacies. Weisser has been a licensed pharmacist since 1963 and a member of the California State Board of Pharmacy since 2007. From 2010 to 2015 he served as Board president, during which time he promoted enhanced security of the drug supply chain through the state's electronic pedigree requirements. Recently as chair of the Senate Bill 493 Implementation Committee, Weisser led efforts to specify requirements for advanced practice pharmacist licensure in California, as well as efforts to develop three state protocols and two additional regulations to implement expanded care requirements. He has also been a strong advocate of patient-centered labels to help patients and caretakers understand medication therapy.

After opening his first pharmacy in 1969, his business eventually grew into a chain of 30 pharmacies located in southern California and Las Vegas, NV. One of his pharmacies dispensed prescriptions to over 1,000 patients in convalescent homes and over 8,000 inmates in correctional facilities in San Bernardino and Riverside counties. Weisser served as chief executive officer and president of his pharmacy chain until he retired in 2000. Weisser is very active in the pharmacy community, currently holding the position of associate clinical professor of pharmacotherapy and outcomes science at the Loma Linda University School of Pharmacy, and is also a member of the California Pharmacists Association.

Weisser is involved in many San Bernardino County philanthropic activities as well as civic, cultural, and educational programs. Among them are the Redlands Community Foundation, Federal Emergency Management Agency-sponsored Emergency Food and Shelter Program, Redlands Unified School District Citizens' Oversight Committee, San Bernardino County Committee on Schools District Organization Committee,

Redlands Theatre Festival, and Grove Charter School, for which he was the founding member and five-year chairperson. He has also been on the Redlands Community Hospital's executive committee for over 25 years, serving as chairperson for eight of those years, and is a trustee on the University of Redlands Board of Trustees.

Weisser received his bachelor of science degree in pharmacy from the University of Connecticut School of Pharmacy.

### Honorary President

**Ronald F. Guse, BScPharm**, has been named 2016 Honorary President for his commitment to protecting public health and his involvement with NABP. Guse has shown ongoing commitment to NABP by participating as a member of NABP committees and task forces such as the 2011-2012 Task Force on Internet Pharmacy Practice. Most recently, he has been actively involved in the Association's .Pharmacy Top-Level Domain (TLD) Program by serving as a member of the .Pharmacy Executive Board and the .Pharmacy Regulator Advisory Committee.

Guse began his career at the College of Pharmacists of Manitoba in 1984

as assistant registrar, and then was named registrar in 1999 and served in this position until his retirement in January 2016. As registrar, he developed effective provincial pharmacy inspection/audit procedures and standards of practice. Under his leadership, the College of Pharmacists of Manitoba received the 2004 Fred T. Mahaffey Award for its outstanding efforts in public health protection; the College is the only non-United States jurisdiction to receive this award from NABP.

Guse has safeguarded the public health for over 30 years, including serving on the Manitoba Prescribing Practices Program Advisory Committee and the Personal Health Information Act Review Steering Committee. Guse is also a board member of the Manitoba Institute for Patient Safety and a sessional lecturer of jurisprudence at the Faculty of Pharmacy, University of Manitoba.

Guse received his bachelor of science degree in pharmacy from the University of Manitoba, Winnipeg.

### Fred T. Mahaffey Award

For their contributions to the regulation of the practice of pharmacy and their efforts to combat prescription drug abuse, the members of the **Arkansas State Board of Pharmacy** will receive the 2016 Fred T. Mahaffey Award.

The Board has partnered with several organizations, such as consumer groups and law enforcement agencies, to develop a multifaceted campaign to address prescription drug abuse in Arkansas. Such efforts include a public service announcement featuring the state governor urging the use of over 100 prescription drug take-back receptacles around the state. Each year, the Board also sponsors the Arkansas Prescription Drug Abuse Summit, an event that provides the opportunity for health care professionals to earn continuing education (CE) credits during a day-long conference focused on the abuse of

and addiction to prescription drugs. The summit is funded through government and non-commercial interests, resulting in free registration and accredited CE offerings. In 2015, the Board's partnerships with the Arkansas National Guard and several law enforcement agencies resulted in more than 37,000 pounds of prescription drugs being removed from homes and destroyed responsibly to prevent abuse and misuse.

Accepting the award on the Board's behalf is Arkansas State Board of Pharmacy Executive Director John Clay Kirtley, PharmD, RPh.

### Henry Cade Memorial Award

Receiving the 2016 Henry Cade Memorial Award is the **Alliance for Safe Online Pharmacies (ASOP) – Global** for its strong commitment to supporting NABP's mission to protect the public health by regulating online pharmacy and educating consumers about the dangers of buying medicine online. Most notably, ASOP has been a key contributor to NABP's .Pharmacy TLD Program by participating in the 2015 satellite/Internet media tour that promoted the program and highlighted the dangers of illegal online drug sellers. ASOP co-authored a blog with NABP that appeared on the US Pharmacopeial Convention's *Quality Matters* website; the blog post detailed both NABP and ASOP programs that raise awareness of the dangers of rogue online pharmacies and aim to steer consumers toward safe online sources of medication. ASOP also facilitates NABP participation in meetings with international regulators, which focus on Internet pharmacy and introduce .pharmacy as a solution. ASOP was instrumental in involving NABP in a panel discussion at the 54<sup>th</sup> international public meeting of the Internet Corporation for Assigned Names and Numbers in Dublin, Ireland, in 2015. Representatives of ASOP also serve on the .Pharmacy Registrant/Supporter Advisory Committee.

ASOP is a nonprofit organization dedicated to improving patient safety on the Internet globally. Accepting this award on ASOP's behalf is ASOP Board Member John Hertig, MS, PharmD, CPPS.

### John F. Atkinson Service Award

**Frederick M. Collings** will be receiving the 2016 John F. Atkinson Service Award for his dedication to protecting the public health and his extensive involvement in anti-diversion efforts such as prescription monitoring programs (PMPs).

Collings is currently the chief investigator for the Idaho State Board of Pharmacy, a position he has held since 2000. He has been instrumental in helping the Board identify impaired professionals in addition to cases of controlled substance (CS) diversion, and he is also a strong advocate for physicians to use the state PMP if they prescribe CS.

Prior to joining the Board staff, Collings was a diversion investigator for Drug Enforcement Administration (DEA) in Salt Lake City, UT, where he enforced dispensing, prescribing, security, and record-keeping requirements of state and federal law, as well as assisted in the training of state and local agencies to better combat CS diversion. He has since contributed his expertise to DEA's Tactical Diversion Squad in Idaho, as well as to several other state regulatory boards such as the Idaho State Board of Dentistry and Idaho State Board of Medicine. In those collaborations he improved information sharing and communication, increased efficiency, and provided a more comprehensive review to those under investigation. Collings also served as a non-Morse signal intercept operator, squad leader, and platoon armorer in the US Army from 1989 to 1993.

Collings received his bachelor of science degree in criminal justice from Weber State University in Ogden, UT. ■

## Award Winners to Be Honored at NABP 112<sup>th</sup> Annual Meeting

**Lester E. Hosto Distinguished Service Award**  
Stanley Weisser, RPh

**Honorary President**  
Ronald F. Guse, BScPharm

**Fred T. Mahaffey Award**  
Arkansas State Board of Pharmacy

**Henry Cade Memorial Award**  
Alliance for Safe Online Pharmacies – Global

**John F. Atkinson Service Award**  
Frederick M. Collings



## Schedule of Events

May 14-17, 2016

Hilton San Diego Bayfront Hotel

### Saturday, May 14, 2016

10 AM - 6 PM

Registration/Information Desk Open

1:30 - 3:30 PM

Telepractice – Smooth Sailing or  
Tsunami?

ACPE #0205-0000-16-001-L03-P  
(0.2 CEUs – 2 contact hours)

4 - 5 PM

From District Meeting to Annual Meeting –  
Learning About NABP

6 - 9 PM

President's Welcome Reception  
Honoring NABP President  
Edward G. McGinley, MBA, RPh, DPh  
*Dinner will be served.*  
*Dress: business casual*

### Sunday, May 15, 2016

7:30 AM - 4:30 PM

Registration/Information Desk Open

8:30 - 11:30 AM

Hospitality Brunch and Educational  
Table Top Displays

8:30 - 11:30 AM

Educational Poster Session – Surfing the  
Web, Personal Safety Devices Required  
ACPE #0205-0000-16-002-L04-P  
(0.1 CEU – 1 contact hour)

Noon - 3:15 PM

First Business Session  
Presiding: Edward G. McGinley, MBA,  
RPh, DPh, NABP President

- Welcome Remarks  
Carmen A. Catizone, MS, RPh,  
DPh, NABP Executive Director/Secretary

- Presentation of Colors
- National Anthem
- Keynote Address, Boris Brott  
Motivational Speaker and Symphony  
Conductor
- Call to Order
- Greetings from the Host State  
Deborah Veale, RPh, Vice President,  
California State Board of Pharmacy
- Report of the Executive Committee  
Joseph L. Adams, RPh, DPh, Chairperson,  
NABP Executive Committee
- President's Address  
Edward G. McGinley, MBA, RPh, DPh,  
NABP President
- Report of the Treasurer  
Jeanne D. Waggener, RPh, DPh, NABP  
Treasurer
- Announcement of Candidates for Open  
Executive Committee Officer and Member  
Positions
- Open Microphone Session  
(*Time permitting*)

3:30 - 4:30 PM

Charting the Course of the DSCSA – State  
Updates

ACPE #0205-0000-16-003-L03-P  
(0.1 CEU – 1 contact hour)

### Monday, May 16, 2016

7:30 AM - 12:30 PM

Registration/Information Desk Open

7:30 - 9 AM

USP Update and Breakfast

*Breakfast served plated from 7:30 - 8 AM*

9:15 - 10:15 AM

Status of Pharmacy Technicians –  
First Mates or Stowaways?

ACPE #0205-0000-16-004-L03-P  
(0.1 CEU – 1 contact hour)

10:30 AM - Noon

Second Business Session  
Presiding: Edward G. McGinley,  
MBA, RPh, DPh, NABP President

- Report of the Executive Director/  
Secretary Carmen A. Catizone,  
MS, RPh, DPh, NABP Executive  
Director/Secretary
- Report of the Committee on  
Resolutions  
Hal Wand, MBA, RPh, NABP  
President-Elect and Chairperson,  
Committee on Resolutions  
- First Reading of Resolutions
- Report of the Committee on  
Constitution and Bylaws  
Lee Ann Bundrick, RPh,  
Chairperson, Committee on  
Constitution and Bylaws  
- Presentation of Proposed  
Amendment to the Constitution
- Candidate and Seconding  
Speeches for Open Executive  
Committee Officer and Member  
Positions

Noon - 12:30 PM

Informal Member/Candidate  
Discussion

Free Afternoon  
(*No programming*)

## Tuesday, May 17, 2016

7:30 AM - 4 PM

Registration/Information Desk Open

7:45 - 8:45 AM

NABP Breakfast

8:45 - 10:15 AM

Prescription Drug Abuse – Batten Down the Hatches!

ACPE #0205-0000-16-005-L03-P  
(0.15 CEUs – 1.5 contact hours)

8:45 - 10:15 AM

Networking and State Board of Pharmacy Regulatory Issues Open Discussion

10:30 AM - Noon

Sailing to New Horizons – Pharmacist Prescriptive Authority: Point-Counterpoint

ACPE #0205-0000-16-006-L03-P  
(0.15 CEUs – 1.5 contact hours)

Noon - 1:30 PM

Lunch Break  
(On your own)

1:30 - 4 PM

Final Business Session

Presiding: Edward G. McGinley, MBA, RPh, DPh, NABP President

- Election of 2016-2017 Executive Committee Officers and Members
- Remarks of the Incoming President Hal Wand, MBA, RPh, NABP President-Elect
- Installation of 2016-2017 Executive Committee Officers and Members
- Final Report of the Committee on Resolutions Hal Wand, MBA, RPh, 2016-2017 NABP President and Chairperson, Committee on Resolutions - Discuss and Vote on Resolutions
- Invitation to the 2017 Annual Meeting in Orlando, FL Allison Dudley, JD, Executive Director, Florida Board of Pharmacy

5:45 - 6:45 PM

Awards Dinner Reception

7 - 10 PM

Annual Awards Dinner

Dress: semiformal

Presiding: Hal Wand, MBA, RPh, 2016-2017 NABP President

- Presentation to 2016 Honorary President
- Presentation to Edward G. McGinley, MBA, RPh, DPh, 2016-2017 Chairperson, NABP Executive Committee
- Presentation of the 2016 Fred T. Mahaffey Award
- Presentation of the 2016 Henry Cade Memorial Award
- Presentation of the 2016 John F. Atkinson Service Award
- Presentation of the 2016 Lester E. Hosto Distinguished Service Award

Note: The 112<sup>th</sup> Annual Meeting schedule is subject to change.



NABP and the NABP Foundation® are accredited by the Accreditation Council for Pharmacy Education (ACPE) as providers of continuing pharmacy education (CPE). ACPE Provider Number: 0205. Participants may earn ACPE-accredited CPE credit by completing a Statement of Continuing Pharmacy Education® Participation online and submitting it electronically to NABP. Full attendance and completion of the program evaluation and learning assessment for each session are required to receive CPE credit and for the credit to be recorded in the CPE Monitor® system. If you do not submit your CPE claim within 60 days of the date you completed the CPE activity, you will be unable to receive credit, as this is the maximum amount of time allowed for providers to transmit CPE claims to ACPE for credit. Please submit your claim as soon as possible to ensure that you receive credit.

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

## Join Us in San Diego: Register On Site for the 112<sup>th</sup> Annual Meeting



Attendees may register on site for the NABP 112<sup>th</sup> Annual Meeting, “All Hands on Deck – Forging Ahead to a New Regulatory World,” to be held May 14-17, 2016, at the Hilton San Diego Bayfront Hotel in San Diego, CA. The schedule of events, continuing pharmacy education details, and additional information are available on the NABP 112<sup>th</sup> Annual Meeting website, which may be accessed through the Meetings section of [www.nabp.net](http://www.nabp.net). ■



### Newly Accredited DMEPOS Facility

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

**Hancock Pharmacy III, LLC**  
Bridgeport, CT

A full listing of nearly 450 accredited DMEPOS companies representing almost 28,500 facilities is available on the NABP website at [www.nabp.net](http://www.nabp.net).



### Newly Approved e-Advertisers

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

**Cristcot, LLC**  
[www.sephure.com](http://www.sephure.com)

**Longevity Centre of Houston, PA**  
[www.longevitycentres.com](http://www.longevitycentres.com)

**Nimble Pharmacy, Inc**  
[www.nimblerrx.com](http://www.nimblerrx.com)

**DePietro's Pharmacy, LLC**  
[www.newpillbox.com](http://www.newpillbox.com)

**Medminder Systems, Inc, dba  
Medminder Pharmacy**  
[www.pillsandbeyond.com](http://www.pillsandbeyond.com)

**NowRx, Inc**  
[www.nowrx.com](http://www.nowrx.com)

**Genessee Valley Group Health  
Association, dba Lifetime  
Health Medical Group**  
[www.lifetimehealth.org](http://www.lifetimehealth.org)

**MetroDrugs 3rd Ave Corp**  
[www.metrodrugs.com](http://www.metrodrugs.com)

**Ritzman Pharmacies, Inc**  
[www.ritzmanrx.com](http://www.ritzmanrx.com)

**SingleCare Services, LLC**  
[www.singlecare.com](http://www.singlecare.com)

Since 2010, NABP has offered the e-Advertiser Approval Program for Internet advertisers that offer only limited pharmacy services or other prescription drug-related services online. A full listing of NABP-approved e-Advertisers is available on the NABP website at [www.nabp.net](http://www.nabp.net).

## Around the Association

### Executive Officer Changes

- **Deena Speights-Napata, MA**, is serving as executive director of the Maryland Board of Pharmacy replacing LaVerne G. Naesea. Prior to working for the state of Maryland, she worked for the Centers for Medicare & Medicaid Services of Maryland and AARP of Maryland. Ms Speights-Napata received her bachelor of arts degree from Hampton University in Virginia and her master of arts degree from the University of Baltimore.
- **Susan Lessard-Friesen, BScPharm**, is serving as the registrar of the College of Pharmacists of Manitoba. While with the College, Ms Lessard-Friesen has also served as coordinator of the Professional Development Program and acting chair of the Interprofessional Continuing Professional Development Network for Health Professions. She has over 30 years of pharmacy practice experience, including both hospital and community pharmacy settings, as well as teaching experience with the University of Manitoba, Faculty of Pharmacy.
- **James Burgess, DDS**, has been appointed a public member of the Arkansas State Board of Pharmacy. Burgess' appointment will expire June 30, 2017.
- **Angelina Eustaquio, PharmD**, has been appointed a member of the Guam Board of Examiners for Pharmacy. Eustaquio's appointment will expire October 1, 2018.
- **Andrew Behm, PharmD, RPh**, has been appointed a member of the Minnesota Board of Pharmacy. Behm's appointment will expire January 2, 2017.
- **James Bialke** has been appointed a public member of the Minnesota Board of Pharmacy. Bialke's appointment will expire January 1, 2018.
- **Samantha Jaworski, MS**, has been appointed a public member of the Minnesota Board of Pharmacy. Jaworski's appointment will expire January 7, 2019.
- **Mary Phipps, PharmD, RPh**, has been appointed a member of the Minnesota Board of Pharmacy. Phipps' appointment will expire January 6, 2020.
- **John "JJ" Bernabei, RPh**, has been appointed a member of the West Virginia Board of Pharmacy. Bernabei's appointment will expire June 30, 2019.

- **Everett Frazier** has been appointed a public member of the West Virginia Board of Pharmacy. Frazier's appointment will expire June 30, 2019.
- **Chuck Jones** has been appointed a public member of the West Virginia Board of Pharmacy. Jones' appointment will expire June 30, 2018.
- **Kimberly Knuckles, RPh**, has been appointed a member of the West Virginia Board of Pharmacy. Knuckles' appointment will expire June 30, 2017.
- **Dennis Lewis, RPh**, has been appointed a member of the West Virginia Board of Pharmacy. Lewis' appointment will expire June 30, 2020.
- **Victoria "Vicky" Skaff, RPh**, has been appointed a member of the West Virginia Board of Pharmacy. Skaff's appointment will expire June 30, 2018.

### Board Member Appointments

- **Ralph Sorrell, RPh**, has been appointed a member of the Alabama State Board of Pharmacy. Sorrell's appointment will expire December 31, 2020.

### Board Member Reappointments

- **Joseph Stanek, PharmD, RPh**, has been reappointed a member of the Minnesota Board of Pharmacy. Stanek's appointment will expire January 6, 2020.
- **Gene Minton, RPh**, has been reappointed a member of the North Carolina Board of Pharmacy. Minton's appointment will expire April 30, 2020. ■



### Newly Accredited VIPPS Facility

The following Internet pharmacy was accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) program:

**DIVVYMED, LLC, dba DIVVYDOSE**  
[www.divvydose.com](http://www.divvydose.com)

A full listing of the accredited VIPPS pharmacy sites representing more than 12,000 pharmacies is available on the NABP website at [www.nabp.net](http://www.nabp.net).

## FDA Calls for Review of Opioids Policy, Announces Action Plan

As part of a broad national campaign to address opioid abuse, dependence, and overdose, Food and Drug Administration (FDA) Deputy Commissioner for Medical Products and Tobacco, Dr Robert Califf, along with other FDA leaders, developed a comprehensive action plan to reassess the agency's approach to opioid medications. The objective of the plan is to "focus on policies aimed at reversing the epidemic, while providing patients in pain access to effective relief," indicates the FDA news release. FDA's plan is to:

- Re-examine the risk-benefit paradigm for opioids and ensure that the agency considers their wider public health effects;
- Convene an expert advisory committee before approving any new drug application for an opioid that does not have abuse-deterrent properties;
- Assemble and consult with the Pediatric Advisory Committee regarding a framework for pediatric opioid labeling before any new labeling is approved;
- Develop changes to immediate-release opioid labeling, including additional warnings and safety information that incorporate elements similar to the extended-release/long-acting opioid analgesics labeling that is currently required;
- Update Risk Evaluation and Mitigation Strategy requirements for opioids after considering advisory committee recommendations and review of existing requirements;
- Expand access to, and encourage the development of, abuse-deterrent formulations of opioid products;
- Improve access to naloxone and medication-assisted treatment options for patients with opioid use disorders; and
- Support better pain management options, including alternative treatments.

FDA will also seek guidance from outside experts in the fields of pain management and drug abuse. The National Academies of Sciences, Engineering, and Medicine has been asked by FDA to help develop a framework for opioid review, approval, and monitoring that balances individual need for pain control with considerations of the broader public health consequences of opioid misuse and abuse. The news release is available on FDA's website at [www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm484765.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm484765.htm).

## USP Publishes Chapter on Handling Hazardous Drugs in Health Care Settings

A new general chapter, <800> *Hazardous Drugs – Handling in Healthcare Settings*, has been published as part of a suite of health care quality standards included in the *United States Pharmacopeia – National Formulary (USP–NF)* by the United States Pharmacopeial Convention (USP) to help prevent and/or limit hazardous drug exposures in health care. The standard applies to all health care personnel, such as physicians, nurses, veterinarians, pharmacists, and technicians, and all health care facilities where hazardous drugs are handled or manipulated, including their storage and distribution. Health care facilities have more than two years to conform to the new requirements and have until July 1, 2018, to implement the new standard, indicates a USP press release, which is available on [www.usp.org](http://www.usp.org) in the News section. General Chapter <800> is available in both the First Supplement to *USP 39–NF 34* and the *USP Compounding Compendium*.

## FDA Provides Training Video on MedWatch Tips and Tools

FDA Drug Info Rounds, a series of online videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better decisions. In a recent Drug Info Rounds video, "MedWatch Tips and Tools,"

pharmacists discuss reporting adverse events to FDA's MedWatch program and the resources available for health care professionals to report safety information. Drug Info Rounds is developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research, 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](http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm).

## Hospira, Inc, Recalls One Lot of Magnesium Sulfate in Water

On January 6, 2016, Hospira, Inc, recalled one lot of magnesium sulfate in water for injection (0.325 mEq Mg<sup>\*\*</sup>/mL) 40 mg/mL 2 g total, 50 mL, because a customer report confirmed an incorrect barcode on the primary bag labeling. The recall affects Lot 53-113-JT (National Drug Code 0409-6729-24; expiration date November 1, 2016), which was distributed nationwide to wholesalers, distributors, and hospitals from September 2015 to November 2015. The recalled product is packaged as a 50 mL fill in 100 mL container bags and sold 24 bags per carton. As noted in the FDA Safety Alert, the product has a barcode identifying the product contents on both the overwrap and on the primary container. It is possible that the primary container barcode is mislabeled with the barcode for heparin sodium 2000 USP units/1000 mL in 0.9% sodium chloride injection, but the barcode on the overwrap is correct. FDA recommends customers discontinue use and distribution of the recalled lot and quarantine the recalled product immediately. The safety alert is available on the agency's website at [www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm480224.htm](http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm480224.htm). ■

Health care providers and patients are encouraged to report adverse events or side effects to FDA's MedWatch Safety Information and Adverse Event Reporting Program at [www.fda.gov/MedWatch](http://www.fda.gov/MedWatch).

## Ohio Board Announces New OARRS Rules for Pharmacists

New requirements on when a pharmacist is required to review patient information in the Ohio Automated Rx Reporting System (OARRS) went into effect on February 1, 2016. The new rule, 4729-5-20, states that prior to dispensing an outpatient prescription for a reported drug, a pharmacist shall request and review an OARRS report covering at least a one-year time period, including a border state's information when the pharmacist is practicing in a county bordering another state if that state's information is available, in a variety of circumstances, which are available on the State of Ohio Board of Pharmacy's website.

To assist pharmacists in the implementation of this updated rule, the Board has put together a one-page fact sheet and pocket card that provides the circumstances in which a pharmacist will have to query OARRS. These resources may be accessed at [www.pharmacy.ohio.gov/OARRSRules](http://www.pharmacy.ohio.gov/OARRSRules).

## New Pharmacy Ticketing Pilot Program Launched in Illinois

The Illinois Department of Financial and Professional Regulation (IDFPR) began a new pilot program in order to increase internal productivity while reducing regulatory burdens placed on pharmacies. The IDFPR launched a pharmacy ticketing system that will issue non-disciplinary citations (the ticket) for minor pharmacy infractions instead of the current arduous process. The ticket is a streamlining of the formal disciplinary process, allowing IDFPR a faster turnaround time to process these low-level infractions.

The infractions covered under this ticketing system will be minor violations, reflected by modest monetary fines imposed. Issues such as having a can of soda in the work area, food in the refrigerator where drugs are stored, and one or two

unlabeled or expired medications in the active stock will all be covered by tickets. More significant infractions, such as diversion, unlicensed activities, poor record keeping, and security issues, will not be eligible for the ticketing system. A full infraction list will be published and available upon request when the program begins. The program is meant to increase IDFPR efficiency, encourage compliance with the law, and allow the IDFPR to spend more time investigating more significant violations of the Pharmacy Practice Act.

## New Regulations in Oregon Increase Pharmacist Prescriptive Authority

Oregon is the second state to pass a law granting pharmacists prescriptive authority to prescribe hormonal contraceptive patches and pills, and is the first to operationalize the process. Hundreds of pharmacists have taken the training and are certified to offer this service, providing additional safe and effective access to women seeking contraceptive care. The Oregon State Board of Pharmacy has created a web page dedicated to this program, which can be accessed at [www.oregon.gov/pharmacy/Pages/ContraceptivePrescribing.aspx](http://www.oregon.gov/pharmacy/Pages/ContraceptivePrescribing.aspx).

Oregon pharmacists gained provider status as a result of 2015 House Bill 2028. This law permits pharmacists to engage in the practice of clinical pharmacy and provide patient care services to patients. The Board promulgated rules to incorporate the definitions and concepts set forth by the law, which expand collaborative practice arrangements.

## Delaware Supports Access to Nasal Naloxone

The State of Delaware Division of Professional Regulation (DPR) and the Delaware Department of Health and Social Services support a comprehensive approach to increase access to naloxone by

persons at high risk of opioid overdose and friends or family of persons at high risk of opioid overdose. The Delaware State Board of Pharmacy reminded licensees in its February 2016 newsletter that naloxone can be prescribed by anyone with a medical license or prescriptive authority, and that naloxone for nasal administration can be dispensed by a pharmacist with a prescription for patients at risk of an opioid overdose. It is indicated for the reversal of respiratory depression or unresponsiveness caused by an opioid overdose. Some indications for naloxone might be:

1. Previous opioid intoxication or overdose
2. History of non-medical opioid use
3. Initiation or cessation of methadone or buprenorphine for opioid use disorder treatment
4. Higher-dose (>50 mg morphine equivalent/day) opioid prescription
5. Receiving any opioid prescription for pain, plus: rotated from one opioid to another because of possible incomplete cross-tolerance; smoking, chronic obstructive pulmonary disease, emphysema, asthma, sleep apnea, respiratory infection, other respiratory illness; renal dysfunction, hepatic disease, cardiac illness, HIV/AIDS; known or suspected concurrent alcohol use; concurrent benzodiazepine or other sedative prescription; concurrent antidepressant prescription
6. Patients who may have difficulty accessing emergency medical services (eg, distance, remoteness)
7. Voluntary request from patient or caregiver

Pharmacists providing opioid overdose education and naloxone to patients at risk can help save lives and reduce opioid overdose mortality. ■



# 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

### May 14-17, 2016

NABP 112<sup>th</sup> Annual Meeting  
San Diego, CA

### June 7-18, 2016

PARE Administration

### June 28-29, 2016

NABP Program Review and  
Training  
NABP Headquarters

### July 20-21, 2016

NABP PMP InterConnect  
Steering Committee Meeting  
Northbrook, IL

### August 4-6, 2016

NABP/AACP District 5 Meeting  
Lincoln, NE

### August 14-17, 2016

NABP/AACP District 3 Meeting  
Point Clear, AL