100th Annual Meeting Attracts Record Numbers of Attendees and Guests

NABP welcomed a record 609 attendees and guests representing state boards of pharmacy, industry, and government agencies to its historic 100th Annual Meeting and Centennial Celebration. The meeting, with the theme “NABP 100 Years: Building a Regulatory Foundation for Patient Safety,” was held April 24-27, 2004, at The Fairmont Chicago in Chicago, IL.

Attendees commented that the 100th Annual Meeting was well organized and addressed the most important issue: public health. In addition, participants said that the Meeting provided “excellent networking opportunities and appropriate and timely discussions on continuing education programming.”

Notable speakers at the meeting included Keynote Speaker Donna Shalala, former secretary of the United States Department of Health and Human Services (HHS) and president of the University of Miami; featured speakers Fred T. Mahaffey, NABP executive director emeritus, and L. Daniel Jorndt, former chairman and chief executive officer of Walgreen Co; and Rudolph Giuliani, former mayor of New York City. Dr. Shalala’s address focused on the political aspects of being HHS secretary as well as drug importation legislation. She noted that importation legislation was proposed during her tenure as secretary of HHS, but the department opposed the idea, as it does now, because it cannot guarantee the safety of imported drugs.

Mahaffey spoke about how NABP has changed since he was executive director (1962-1987). He noted that the relationship between NABP and the boards has grown as well as the number of programs and services the Association offers its members. Jorndt shared his view on the importance of pharmacist-patient relationships and explained methods he used in the chain pharmacy industry to instill the values needed to create a safe and error-free environment for patients. Finally, Giuliani related his experiences as mayor after the events on September 11, 2001. In addition, he stated his opposition to drug importation, noting that allowing importation creates an entryway for...
Record Numbers
(continued from page 1)
bioterrorism attacks.
His consulting company,
Giuliani and Associates, is
currently studying the issue
of drug importation.

The membership passed
the Executive Committee
amendment to the NABP
Constitution and Bylaws,
which will affect the 2005-
2006 Executive Committee
election (see full article on
page 3). Resolutions discussed
included illegal importation;
continued cooperation be-
tween Canadian and United
States pharmacy regulatory
authorities; electronic
transmission of prescriptions;
organization and operation
of boards of pharmacy; bar
code imaging technology;
medication identification;
medication indication on
the prescription; medication
error reduction and con-
tinuous quality improvement
programs; national patient
safety goals; prohibited ab-
reviations; compounding;
sterile products; recognition
of the California State Board
of Pharmacy’s Active member
status; NABP’s 100th anni-
versary; the prosecution of
entities aiding and abetting
in the illegal importation of
prescription medication; and
recognition resolutions.

Participants were able
to earn up to five hours of
Accreditation Council for
Pharmacy Education-ap-
proved continuing educa-
tion (CE) credit. Experts
in the pharmacy industry
presented CE programs
including “Improving
the Practice of Pharmacy
for America’s Patients,”
“Canadian Standards for the
Investigation of Internet/
Online Pharmacies,” “JNC
VII Update on the Treatment
of Hypertension,” “Drug
Importation: A Public Policy
Discussion,” and “Error
Reporting Systems: New
Directions.”

The second annual Poster
Session and the Educational
Presentation Area drew large
numbers of attendees. For a
list of industry presenters and
poster session participants,
see page 26 of this Newsletter.

Sessions familiar to at-
tendees of previous Annual
Meetings were the Public
Board Member Session and
the New Member Seminar.
The first session provided a
place for public and con-
sumer members to meet and
discuss topics of interest and
the second acted as a forum
for newly elected executive
officers and/or representa-
tives of the member state
boards of pharmacy to gain
a deeper understanding of
the Association’s programs
and services.

Attendees gave high
marks to the President’s
Welcome Reception at The
Art Institute of Chicago
honoring 2003-2004 NABP
President Donna S. Wall.
One attendee said, “The Art
Institute evening and meal
was fabulous. I think it was
the best we have had.”

Other special events
included the NABP/USP
Breakfast, a tour of
Chicago’s sites including
the historic Chicago Water
Tower Pumping Station
and the newly renovated
John Hancock Observatory,
and the Fun Run/Walk
along Lake Michigan.
The Association’s Annual
Awards Dinner and Dance
honored the efforts of
NABP’s president, honorary
president, and the recipients
of such prestigious awards
as NABP’s Lester E. Hosto
Distinguished Service
Award and the Fred T.
Mahaffey Award.
Amendments to NABP Constitution and Bylaws Pass, New Executive Committee Structure Affects 2005 Election

Each year, delegates at NABP’s Annual Meeting are charged with an important task: voting on amendments to the Constitution and Bylaws. While in most years changes are typically non-substantive in nature, amendments submitted by the Virginia Board of Pharmacy, the Executive Committee, and the Committee on Constitution and Bylaws proposed significant changes to the structure of the Executive Committee. The amendments were first read during NABP’s 99th Annual Meeting in May 2003 in Philadelphia, PA. During the First Business Session on Sunday, April 25, 2004, delegates passed all of the EC’s amendments to the Constitution and Bylaws.

Proposed amendments having the greatest effect on the Constitution included changes to Article IV of NABP’s Constitution, all of which considered the structure of NABP’s Executive Committee. To ensure a fair vote, a written ballot was used for the aforementioned amendments. Just prior to the ballot vote, delegates performed a standing vote on the identical non-substantive amendments proposed by the Executive Committee and Committee on Constitution and Bylaws.

The passage of the Executive Committee’s proposed amendments significantly changes the structure of NABP’s Executive Committee beginning with the 2005-2006 elections. Along with some non-substantive amendments to the Constitution as summarized later in this article, the amendments, which affect Article IV, Sections 2(a), 2(b), and 2(c); Article IV, Section 3; and Article IV, Section 4 of the Constitution, change the composition of the Executive Committee from six to eight members with one originating from each district, describe candidate eligibility requirements, modify candidate nomination procedures, eliminate the Nominating Committee, outline that election of officers and members take place at Annual Meetings and nominations of members occur at District Meetings, and move the section addressing the removal of officers. The open positions for the 2005-2006 Executive Committee elections include president-elect, treasurer, and member positions representing District I, District III, and District IV. All member terms remain three years in length. The position of treasurer continues to be a one-year term and the position of president-elect remains a three-year term – one year as president-elect, one year as president, and one year as chairman of the Executive Committee.

To pass, one of the three proposed amendments had to receive a two-thirds vote of the total number of active members of the Association. Procedures called for new ballots to be made up, and the amendment with the lowest number of votes was removed if none of the amendments achieved a two-thirds vote. This process was to be repeated until either one amendment received a two-thirds vote or none of the amendments received a two-thirds vote; in the case of the latter, the Constitution would not change. A written ballot listing the amendments in alphabetical order was used to ensure fairness to all parties.

Listed below are summaries of the non-substantive changes to the Constitution and Bylaws resulting from the passage of the Executive Committee Amendments.

- Changes the term “pharmaceutical licensure” to “pharmacist licensure” and includes other non-substantive edits. Article II and Article III, Sections 1(a) and 2 of the Constitution are affected.
- Removes South Australia from membership and from District VI. Bylaws Article IV is affected.
Leaders Honored at Annual Awards Dinner

During the Annual Awards Dinner and Dance, held April 27, 2004, NABP recognized individuals for their tireless efforts and dedication to the Association.

2003-2004 Honorary President

This past year, NABP was honored to have John D. Taylor as its honorary president. Throughout the years, Taylor has been actively involved in many NABP committees and task forces including the 2002 Task Force on Evaluation and Modification of NABP’s Constitution and Bylaws, the 2001 Task Force on Privacy and Confidentiality, and the 2000 Task Force on Drug Diversion Through Institutional Outlets, to name a few. Currently, Taylor is a drug inspector for Florida’s Bureau of Statewide Pharmaceutical Services, where he works to protect the health of Floridians. Previously in his career, Taylor served as executive director of the Florida Board of Pharmacy from 1990 to 2002. His numerous contributions have not gone unrecognized. Taylor is a two-time winner of the University of Florida College of Pharmacy’s Distinguished Service Pharmacy Alumnus Award. In addition, he was presented with the Gamma Sigma Chapter Kappa Psi Alumni Recognition Award in 2000.

2003-2004 President’s Award

During the term of President Donna S. Wall, NABP’s programs grew and expanded, defining the Association with a successful year and the introduction of new programs. She was honored this year with the 2003-2004 President’s Award. Consistent with her belief that patient safety is one of the foremost concerns for the pharmacy profession and following in her mindset that the protection and safety of the public should be NABP’s main concern, the Association has developed a new Patient Safety Initiative. Additionally, the Association has grown to include two new Active members, the California State Board of Pharmacy and the Florida Board of Pharmacy. The practice examination for the Foreign Pharmacy Graduate Equivalency Examination®, the Pre-FPGEETM, was launched with great success. A member of the Indiana Board of Pharmacy, Wall is a clinical pharmacist for the Adult Critical Care unit at Indiana University Hospital. She received a bachelor of science in pharmacy degree from Butler University College of Pharmacy and a doctor of pharmacy degree from Purdue University School of Pharmacy.

2003-2004 Lester E. Hosto Distinguished Service Awards

NABP’s Lester E. Hosto Distinguished Service Award is presented to those individuals whose contributions to the protection of the public health have, in the opinion of the Executive Committee, significantly furthered the goals and objectives of the Association. This year, two recipients were named: Elizabeth E. Hiner and Elaine M. Jones.

Hiner joined Food and Drug Administration (FDA) in 1978 and moved up the ranks until being promoted to director of Pharmacy and Drug Programs for the Division of Federal-State
Relations, Office of Regulatory Affairs, serving as FDA liaison. Since 1992, Hiner has worked side by side with NABP, embracing its mission of protecting the public health. A few of the issues and projects that Hiner has collaborated on and with NABP include importation and the Internet; pharmacy compounding; prescription drug bar coding; the Model Rules for Licensure of Wholesaler Distributors, which is part of the Model State Act Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy; counterfeit drugs and wholesalers; and the Evaluation of Written Prescription Information project. In addition, Hiner organizes the presentations, agenda, and discussions at the annual FDA/NABP meeting. She has served as an ad hoc member of the NABP Bureau of Voluntary Compliance Committee and chair of the United States Public Health Service Pharmacy Advisory Committee. Prior to joining FDA in 1978, she practiced pharmacy at the National Institutes of Health; the University of Virginia Hospital Pharmacy; and military, chain, and independent community pharmacies. She graduated from the West Virginia University School of Pharmacy and has completed postgraduate work at The Johns Hopkins University. Hiner is certified in Public Health Pharmacy by the Royal Society of Health in England, and has received numerous awards from the US Public Health Service.

Since 1996, Elaine M. Jones has served as a compliance specialist with the Ohio State Board of Pharmacy and has worked tirelessly to ensure the safety of patients in her state. As a Verified Internet Pharmacy Practice Sites™ program inspector, Jones has spent countless hours performing inspections of pharmacies that have applied for the prestigious distinction of VIPPS certification. During her time at the Ohio Board, Jones has conducted numerous investigations into drug diversion and frequently testified before grand juries and in other judicial settings. In addition, she served on the Ohio Board Rules Committee and wrote rules for new legislation regarding hospital pharmacy practice. Before joining the board of pharmacy in 1996, Jones spent many years in a variety of pharmacy director positions as well as staff pharmacist positions in the hospital setting. She received a bachelor of science in pharmacy degree from Ohio State University and a master of business administration in finance from Xavier University in Ohio.

**2004 Fred T. Mahaffey Award**

This year, NABP is pleased to announce the Manitoba Pharmaceutical Association (MPhA) as the 2004 Fred T. Mahaffey Award recipient for the Board’s dedication and commitment to assisting the US boards of pharmacy in combatting illegal importation. MPhA Registrar Ronald Guse and MPhA President Lois Cantin accepted the Award on behalf of the MPhA. The most dramatic example of its mission to protect public health was the rejection of an amendment to the Manitoba Pharmaceutical Act that may have led to...
Delegates attending NABP’s 100th Annual Meeting and Centennial Celebration elected individuals to fill the president-elect, treasurer, and open member positions on the Association’s 2004-2005 Executive Committee. At the conclusion of the Annual Meeting, President-elect Donna M. Horn, a member of the Massachusetts Board of Registration in Pharmacy, assumed the office of NABP president, and immediate Past President Donna S. Wall, a member of the Indiana Board of Pharmacy, became chairperson of the Executive Committee.

The newly elected officers of the NABP Executive Committee are President-elect Dennis K. McAllister, president of the Arizona State Board of Pharmacy, and NABP Treasurer Lawrence H. Mokhiber, executive secretary of the New York Board of Pharmacy. Charles Curtis Barr, vice chairperson of the Nebraska Board of Pharmacy, and Richard A. Palombo, member of the New Jersey Board of Pharmacy, were each elected to serve a three-year member term on the Executive Committee. The other members of the 2004-2005 NABP Executive Committee who are currently fulfilling their terms include Michael A. Moné, from Kentucky; Oren M. Peacock, Jr, vice president of the Texas State Board of Pharmacy; Gary A. Schnabel, Oregon State Board of Pharmacy executive director; and Charles R. Young, executive director of the Massachusetts Board of Registration in Pharmacy.

Below are abbreviated biographies for the officers and members of the Association’s 2004-2005 Executive Committee.

Chairperson:
Donna S. Wall

Donna S. Wall, PharmD, a member of the Indiana Board of Pharmacy (District IV), automatically assumed the office of chairperson after completing her one-year term as president. Wall is the past treasurer of the Association and also served two years as a member of the Executive Committee. She has been an active participant on various Association task forces. She is currently a clinical pharmacist for the Adult Critical Care unit at Indiana University Hospital, Clarian Health Partners. Wall received her bachelor of science degree in pharmacy from Butler University and her doctor of pharmacy degree from Purdue University.

President:
Donna M. Horn

Donna M. Horn, RPh, a member of the Massachusetts Board of Registration in Pharmacy (District I), automatically assumed the office of president after completing her one-year term as president-elect. She has served a one-year term as NABP treasurer and two three-year terms on the Executive Committee. Horn has been the Executive Committee liaison to numerous NABP committees and task forces including the Committee on Constitution and Bylaws, Task Force on Privacy, and Task Force on Standardization of Technicians’ Role and Competencies. She is the manager of regulatory affairs for Brooks Pharmacy in Warwick, RI. Horn received her bachelor of science in pharmacy degree from Massachusetts College of Pharmacy and Allied Health Sciences. At the conclusion of her year as president, she will assume the office of chairperson of the NABP Executive Committee.

President-elect:
Dennis K. McAllister

Dennis K. McAllister, RPh, FASHP, president of the Arizona State Board of Pharmacy (District VIII), was elected NABP president-elect. Prior to his election he served as NABP treasurer and was a member on the Executive Committee for two years. He has also served on NABP’s Committee on Law Enforcement/Legislation and Task Force to Examine the Quality and Standards of Internship Requirements. He is the assistant dean at Midwestern University College of Pharmacy Glendale Campus. McAllister earned a bachelor of science degree in pharmacy from the University of Minnesota.
Delegates Adopt 16 Resolutions at 100th Annual Meeting

Delegates from the member boards of pharmacy adopted 16 resolutions during NABP’s 100th Annual Meeting and Centennial Celebration. The resolutions addressed such timely issues as illegal importation; continued cooperation between Canadian and United States pharmacy regulatory authorities; electronic transmission of prescriptions; organization and operation of boards of pharmacy; bar code imaging technology; medication identification; medication indication on the prescription; medication error reduction and continuous quality improvement programs; national patient safety goals; prohibited abbreviations; compounding; sterile products; Active member status of the California State Board of Pharmacy; NABP’s 100th anniversary; the prosecution of entities aiding and abetting in the illegal importation of prescription medication; and the recognition resolutions. The resolutions have been forwarded to NABP’s Executive Committee for review.

Resolution No. 100-1-04
Title: Illegal Importation – Federal and State Enforcement of Reimportation Laws
Action: Passed

Whereas, the importation of prescription medications from Canada and other foreign sources is illegal and an imminent danger to the public health and safety and poses a serious risk to patients; and

Whereas, the illegal importation of prescription medications is different from the legal process of reimportation which allows for the importation of medications approved by the Food and Drug Administration (FDA) and manufactured in FDA registered facilities employing Good Manufacturing Practices (GMPs); and

Whereas, various state and local governments have endorsed and are seeking to direct patients enrolled in prescription medication programs funded by state and local governments to obtain prescription medications from Canada and other foreign sources; and

Whereas, FDA has been unable to engage in legal action that stops states and local governments from endorsing, promoting, and engaging in the illegal importation of prescription medications;

Therefore Be It Resolved that NABP continue to oppose the illegal importation of medications; and

Therefore Be It Further Resolved that NABP express to FDA the concerns of its member boards and strongly urge the FDA or appropriate legal authority to pursue actions against state and local governments for endorsing, promoting, or engaging in the illegal importation of medications.

Resolution No. 100-2-04
Title: Canadian-United States Cooperation
Action: Passed

Whereas, the standards of practice for pharmacy in the United States and Canada are similar; and

Whereas, the present practice emphasis for pharmacists, on both sides of the international border, should be directed at patient-centered practice and the provision of primary health care independently, or as part of the health care team; and

Whereas, the importance of converging pharmacy practice standards and competencies between Canada and the United States will support international initiatives of enhancing the patient care provided by pharmacists, and facilitate the opportunity for pharmacists to seek licensure or registration between the two countries; and

Whereas, the National Association of Boards of Pharmacy (NAPRA), the Canadian equivalent to NABP, are the two critical players in the discussions of mutual recognition and reciprocity of pharmacist licensure; and

Whereas, the ability of developing and maintaining the respective national pharmacy standards and competencies rests with the national regulatory organizations within the United States and Canada; and

Whereas, the greater efficiencies of time and resources are realized by having these and other international initiatives represent the greatest number of pharmacists;

Therefore Be It Resolved that NABP establish a policy of conducting discussions and/or development of pharmacy practice standards, competencies, and policies with NAPRA; and

Therefore Be It Further Resolved that NABP contact the Canadian provincial regulatory authorities that are NABP associate members, but choose not to belong to NAPRA, advising them of this policy and

(continued on page 20)
Report of the Executive Committee
By John A. Fiacco

Today, as I deliver my final report as NABP chairman, I can proudly say that the Association has successfully survived 100 years of challenges and obstacles, and in the close of a century, has matured into an organization that represents endurance, foresight, and dedication.

As we look to where NABP will grow in the future, we must first look back and recognize our past, the individuals and events that made NABP what it is today: an organization that first sought to create and maintain a system of licensure transfer at birth, ending its 100-year anniversary by becoming an Association that is unequal in the health professions; steadfastly assisting our member boards; and committed to protecting the health of every man, woman, and child through education and support of the regulation and legislation of the state boards of pharmacy. With the expansion of new programs and services that NABP consistently provides to the boards and in our responding to activities where there exists imminent threats to the safety of the public health, NABP’s importance, as I stated in my speech last year, continues to be at the forefront of the pharmacy profession.

The Membership of California and Florida

In order to continue in our mission in protecting the public health, it was always important to display NABP and the boards as a unified front. This becomes even more monumental with a decision recently made by the NABP Executive Committee: The membership status of the California State Board of Pharmacy and the Florida Board of Pharmacy.

The Executive Committee studied recent legislative changes in the licensure requirements of California and Florida and the effect of such changes on their current status as Associate members. In deliberating whether or not the legislative changes enacted in California and Florida support the uniform standards for licensure agreed to by the states, through recognition of the NABP Constitution and Bylaws, the Executive Committee noted that NABP’s Competency Assessment, Transfer of Licensure, and Clearinghouse programs have adapted to legislative changes in the states to remain relevant and provide valuable services to the states. Amidst all of the changes, evolutions, and revolutions in the licensure requirements of the states, the core mandate of competence-based licensure and licensure transfer among the states through NABP, uninhibited by artificial barriers, has continued in large part because of the importance of Active membership in the Association.

The legislation enacted in California and Florida implement significant changes in the licensure determinations and licensure transfer requirements of these states. Upon review by NABP legal counsel and the Executive Committee, the Executive Committee determined that in both states the legislative changes allow California and Florida to substantially comply with the requirements for qualification as Active members of NABP. In reaching this determination, the Executive Committee considered the present practices of all states regarding the use of the North American Pharmacist Licensure Examination™ (NAPLEX®), Score Transfer Program, and Transfer of Licensure Clearinghouse Program. The Executive
Committee determined that strict adherence to the specific requirements of the NABP Constitution and Bylaws varies among the states depending upon the legislative mandates in the individual states and variations among the states.

In fact, it appears that states recognize the importance of uniform standards among the states and adherence to the Constitution and Bylaws as the single most effective means to ensure that the process of license transfer remains valid and not unnecessarily encumbered. The value that states assign to Active membership in NABP is a testament to the desire for states to work together and support the system of licensure determination and licensure transfer that exists among the state boards of pharmacy through NABP.

With the onset of the California and Florida Boards of Pharmacy becoming Active members, NABP is now showcased as a portrait of cooperation, collaboration, and unity, which is even more significant as we come to the helm of celebrating 100 years. We truly can state that NABP stands unified as we step into our future to begin our second century of existence.

California and Florida will now experience the components of existing as Active members in NABP: utilizing the NABP Clearinghouse; possessing the right to be represented at the Annual Meeting and having one vote on each issue put to a vote of the members at the Annual Meeting; holding one vote on all matters that come before a District Meeting; having the opportunity to be elected or appointed to sit on the Executive Committee; being able to submit resolutions to the Association; being able to constitute a quorum at any Annual Meeting and participate in action at an Annual Meeting by a majority vote of quorum; being able to propose amendments to the Constitution and Bylaws of the Association; and having a vote on proposed amendments.

I am also excited to announce that just two weeks ago the California Board took the momentous decision to take in the NAPLEX and signed the contract that will allow candidates from California to sit for the examination.

Please join me in welcoming both California and Florida as Active members.

**NABP Involvement in Combating Counterfeit Drugs**

NABP has always maintained a strict adherence to involvement in any arena where a threat exists to the public health and safety. One growing threat exists in the realm of medication counterfeiting. Drug counterfeiters not only swindle consumers, they also deny ill patients the therapies that can alleviate suffering and save lives. In the past, a relatively comprehensive system of laws, regulations, and enforcement by federal and state authorities has kept drug counterfeiting rare, so that Americans live their lives with a high degree of confidence in the drugs they obtain through legal channels. In recent years, however, Food and Drug Administration (FDA) has seen mounting evidence of efforts by increasingly well-organized counterfeiters backed by increasingly complex technologies and criminal operations to profit from drug counterfeiting at the expense of American patients and the American system of justice and legislation.

Alarmed by these increasing incidents of counterfeit drugs, to provide assistance to the state boards of pharmacy in maintaining the integrity of the United States medication distribution system through the regulation of wholesale distributors, and in response to a request from FDA, NABP stepped in and became involved; the Executive Committee commissioned a Task Force on Counterfeit Drugs and...
President’s Address
By Donna S. Wall

Last year during NABP’s 99th Annual Meeting, I spoke of a dream that no patient would be left behind by health care systems where patient safety factors like monitoring and education are tossed aside by pharmacists who fail to assume the responsibility for the quality of care provided to their patients. This dream is becoming a reality. NABP took a huge step in furthering its mission of protecting the public health by launching two new strategic objectives: the Patient Safety Initiative and the Continuing Professional Development (CPD) program. What an honor it has been to prepare NABP for the next 100 years by launching these necessary programs.

Patient Safety – Our Mission Continues
NABP unveiled the patient safety initiative at the 2003 Fall Legislative Conference in Washington, DC, where I announced that the Executive Committee added a goal to its strategic plan: to “lead the advocacy for quality health care and patient safety.” Following those remarks, NABP developed the Patient Safety Program, signaling NABP’s commitment to this important initiative. The first order of business for the program is to work with the boards and other pharmacy and medical organizations to provide a regulatory foundation for the elimination of handwritten prescriptions and to further improve patient safety by the inclusion of indications on prescriptions.

Patient safety mandates that the transfer of vital patient-specific information between patient care professionals be clear and precise. We, as health care professionals, have an obligation to the public to use every avenue possible to increase patient safety and to reduce adverse medication events. The use of electronic and digital technology is at a point in its evolution that it is available and affordable. This initiative is aimed at fostering the movement of the health care professions to a digital environment: an environment where a prescription is mechanically or digitally produced by the prescriber, electronically transmitted to the pharmacy or given to the patient, and then automatically entered into the pharmacy’s computer without relying on human interpretation.

NABP realizes that this initiative is far reaching and affects various health care professions. As such, NABP’s Patient Safety Program is becoming a major activity area, fully staffed and supported by the Executive Committee.

Continuing Professional Development

The evolving role of the pharmacist as the patient’s medication expert demonstrates the need for a structure within the profession that supports its lifelong learning foundation. Competence, assessment of competence, and documentation of competence are controversial topics that have been hotly discussed and debated within pharmacy and the health professions for more than 30 years. Continuing Professional Development moves this debate aside and, instead, recognizes that waves of new knowledge, technology, and new expectations for contemporary practice all create continual transformation of practice environments and the priority competen-
cies required. For pharmacy, now appears to be an optimal time for all of the associations to collaborate and design a system that fosters and validates the lifelong learning needed to provide quality care to patients and define the new priority competencies.

In discussions with the other national pharmacy associations, the program was conceived to provide the venue for real planned lifelong learning with an emphasis on active, self-directed learning that fosters an ethical responsibility for maintaining and enhancing professional competence. The conceptual framework of the program made its debut at NABP’s 99th Annual Meeting last year in Philadelphia. At the meeting, members voiced support and passed Resolution 99-7-03 “to instill and perpetuate the concepts of continuing professional development in students and pharmacists” as recognition of the importance of this initiative by the state boards of pharmacy.

Central to the CPD program is a five-step process that begins with the pharmacist reflecting on his or her knowledge, skills, and practice environment. This self-appraisal process generates an educational needs assessment or personal plan that, once constructed, is implemented and documented. The documentation of his or her plan resides in a portfolio currently in the development stage. The portfolio is evaluated to determine how the pharmacist has improved his or her area of practice. Self evaluation is most difficult for most pharmacists, as they rarely receive objective feedback on their clinical performance and knowledge base.

I am pleased to announce that development of the Pharmacist Self-Assessment Mechanism™ (PSAM™) is well underway. The first PSAM item-writing workshops were held in January and April 2004, with additional workshops scheduled for July and October. During the first item-writing workshops, experts in the area of pharmacy practice started to develop the assessment questions and feedback material. On completion of the PSAM, the pharmacist will receive the answers to his or her questions along with documentation as to why the answers were right or wrong. In addition, citations to references will be provided to the pharmacist allowing for easy access to material pertaining to the competency being assessed. The Web-based PSAM will be delivered to pharmacists in any part of the world at any time. With development of the PSAM on target, NABP anticipates a late 2004 release of the mechanism.

In other activities associated with the CPD program, NABP, in conjunction with the other pharmacy associations, is working to develop a standard format for pharmacists’ portfolios of CPD materials. This could include extra courses, peer review, mentor review, and evaluation instruments that the pharmacist needs to review in order to improve his or her skills.

You have heard me say before that CPD is by far one of the most ambitious projects in which NABP is involved. This effort will span decades and, if successful, cause a monumental change in how pharmacists design and utilize continuing education programs. Ultimately, it will positively impact the care pharmacists provide to their patients. However, the success of the CPD project depends on the commitment of the other pharmacy organizations and acceptance of change by practicing pharmacists and employers.

As your president this past year, I have had the unique and awesome opportunity to observe the boards, NABP staff, and many individuals struggle with the daily responsibilities.
Remarks of the Incoming President

By Donna M. Horn

I can’t believe I am standing here in front of you today, about to become the 100th president of NABP. I am honored and excited to be your incoming president. I welcome this opportunity to expand my Association involvement, as I can contribute and generate new ideas and approaches to the common challenges facing the state boards of pharmacy. I hope that my past experience on the Executive Committee and my dedication to promoting leadership will contribute a quality expertise and a creative, motivating attitude to this Association.

As I reflect on the path that brought me here, I am reminded of the countless hours that my fellow state board of pharmacy officers and members have dedicated to protecting the public health. In just a year since we last met in Philadelphia, the boards, as well as the entire pharmacy community, have struggled with various issues that threaten the safety of our patients. By personally addressing many government agencies and also through public forums, NABP has worked tirelessly on behalf of the boards to inform patients about various dangers that threaten the safety of our patients. By personally addressing many government agencies and also through public forums, NABP has worked tirelessly on behalf of the boards to inform patients about various dangers that threaten the safety of our patients. By personally addressing many government agencies and also through public forums, NABP has worked tirelessly on behalf of the boards to inform patients about various dangers that threaten the safety of our patients. By personally addressing many government agencies and also through public forums, NABP has worked tirelessly on behalf of the boards to inform patients about various dangers that threaten the safety of our patients.

At one of our recent Board meetings in Massachusetts, I was both dismayed and embarrassed when a young couple brought forth a complaint about a pharmacist who dispensed Zantac® syrup when Zyrtec® syrup was ordered for their infant son. I was dismayed because, despite the pharmacy team’s best intentions, an error did occur and embarrassed because this is not the first time we have seen this same error occur. It is a well-documented error. And what have we done to prevent it from happening again and again throughout the country? Not enough! Since this incident, I have vowed that my efforts as president of NABP will concentrate on reducing medication errors in community pharmacy. Much has been done in other pharmacy practice settings to document and communicate errors in order to educate pharmacy teams not to repeat the mistakes of others. We need to bring this level of thinking to every drug store setting in America. I never again want to hear that someone received Zantac when Zyrtec was ordered. As regulators, we can set standards for a safe work environment that minimizes medication errors.

We must invest heavily in helping pharmacists develop error prevention and safety processes. We have an obligation to help them realize their role as being the primary health care professional who deals with medication safety. We need to bring this level of thinking to every drug store setting in America. I never again want to hear that someone received Zantac when Zyrtec was ordered. As regulators, we can set standards for a safe work environment that minimizes medication errors.

I wish to continue the strong forward thinking that my predecessors have begun. With all of these thoughts in mind, I will work with the Executive Committee and staff of NABP to implement the initiatives that resulted from the current strategic planning process and to build on our previous accomplishments in three new areas:
1. Focus on reducing medication errors in the community practice setting.
2. Include a patient safety focal point when we implement the Continuing Professional Development (CPD) program, and
3. Assist with the development of registration and accountability mechanisms for technicians to ensure that their expanded role is properly regulated.

In this manner the patient is best served, and the security of the medication distribution system will be protected.

Let me explain these initiatives in more detail.

My first initiative is to add an additional objective to the Patient Safety Program; that is, the reduction of medication errors. NABP’s historic decision to create and support a major activity center devoted to patient safety will continue during my presidency in order to see that this project is given the effort needed to be successful and effectuate change in all the states. The preliminary recommendations outlined by the Executive Committee for the new activity center include the elimination of handwritten prescriptions and the addition of medication indications on prescriptions. Both of these objectives and other subsequent objectives will seek to improve patient care by taking desired patient outcomes into consideration. I believe that patient safety is a fundamental and integral component of quality care. Therefore, an essential improvement in patient care is the reduction of medication errors. During this next year, it will be my constant endeavor to ensure that we examine ways for NABP to implement the identified patient safety objectives in the community pharmacy setting with the complementary goal of reducing medication errors.

I will also encourage NABP to extend discussions of the patient care initiative with other organizations in order to examine what measures are currently in place to address medication errors in community pharmacy practice. I would like to guide NABP in this direction, sharing common knowledge to reduce practitioner error and improve patient care. If warranted, I may commission a task force through the patient care initiative to develop recommendations on how to best reduce medication errors in community pharmacy practice.

My second initiative will be to add a patient safety focal point to our Continuing Professional Development program. The implementation of the CPD program that Donna Wall spoke about on Sunday has a multiorganizational and multidisciplinary approach. The evolving role of the pharmacist as the patient’s medication expert supports the need for a structure within our profession that validates a lifelong learning approach. The focus of the safety component of the CPD program is to provide guidance and educational assistance to each individual pharmacist in order to help him or her accept responsibility for providing safe and quality care to all their patients. Pharmacists need to understand and take responsibility for continuing their professional development, as well as provide services that benefit their patients without causing them harm. This CPD program should create the highest level of personal awareness and patient safety in all pharmacy practice settings.

The Executive Committee and I will work with NABP staff to ensure that the implementation of the CPD program includes instruction and education on the most current patient safety findings available for all practice settings including community pharmacy.

My third initiative is to support the registration and development of accountability mechanisms to properly regulate technicians. In line with the recommendations of previous task forces and...
The foundation of the Association continued to be one based on financial strength. During 2003, NABP’s revenue increased by 20%, while expenses only grew by 12%. NABP’s continued rise in revenue is the result of the Association’s hard work in the examination program area, mainly in the increased volume of candidates sitting for the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) and in the addition of four more states to the Multistate Pharmacy Jurisprudence Examination® (MPJE®) program. Participation in both these examination programs has continued to steadfastly grow, but the following numbers prove that the most visibly exciting increase is specific toward the FPGEE program that doubled in number with a record-setting 4,000 candidates sitting for the exam in 2003 compared to 1,700 in 2002. The MPJE cannot be left behind, as it, too, was consistent in its growth of the number of candidates sitting for the examination – in 2003, 14,000 took the MPJE compared to 12,000 in 2002. The total number of Foreign Pharmacy Graduate Examination Committee™ applications continued to come in steadily with 2,800 in 2003. 2003 was also a year for constant demand of the North American Pharmacist Licensure Examination™ (NAPLEX®) program, which continued solid performance just as it did in 2002; in 2003, 8,618 candidates sat for the NAPLEX compared to 8,609 in 2002. In addition, the Electronic Licensure Transfer Program® boasted a stable year, with nine more applications coming in than in 2002.

In speaking about the Association’s financial strength, let me point out that we will not have to raise our examination fees because of the way we’ve managed our programs and expenses. NABP’s financial strength has allowed us to also begin another new program that is linked directly to Continuing Professional Development and the Patient Safety Initiative: the Pharmacist Self-Assessment Mechanism™ or PSAM™. A tool that enables practicing pharmacists to choose to assess their ability to safely and competently practice pharmacy, this program will be extremely exciting to follow in the next year. We are also working on developing the Wholesale Distributor Clearinghouse. The Association’s continued financial robustness allowed
for the commencement of the Pre-FPGEE™ – the new practice examination for the FPGEE. Along with the Pre-NAPLEX™, NABP is able to develop and make accessible programs such as these Web-based, practice examinations aimed at creating opportunities for pharmacists and students to constantly and consistently improve their skills and competence, continuing in our goal of stimulating continuing professional development and focusing on patient safety. Both practice examinations performed well from a competency assessment point of view, bringing in 700 examination takers sitting for the Pre-FPGEE since its fall 2003 launch and 1,600 candidates taking the Pre-NAPLEX since its debut in May 2003.

Examination program expenses represent 68% of NABP’s 2003 program expenses. To break it down even further, 47% of all expenses are incurred just to provide the programs; 9% of the expenses maintain and update the programs through item development and review meetings, standards setting, and content analysis; and 5% of the expenses are attributable to (continued on page 16)
Report of the Treasurer
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a variety of program costs. NABP’s research and development expenditures for new programs and program enhancements are 4% of expenditures.

A major expense that NABP incurs each year is the monetary increase to the examination program reserve fund. In 2002, 10% of NABP’s expenses went to increase the exam reserve fund to $3.2 million. The NABP Executive Committee voted to again this year increase the reserve fund to $4 million to continue to protect the Association from external possible risks or losses.

Total assets increased 19% during 2003. This change in total assets was allocated between current assets, long-term investments, and segregated investments, which is the examination program reserve fund. There were only minor additions to the Association’s existing property, furniture, and equipment. In fact, after depreciation, property, furniture, and equipment show an overall decrease from the prior year. The increase in total assets will not be idle capital. Continued program growth and the addition of new programs create the need for increased expenditures in property, furniture, and equipment.

Net assets increased by 33% in 2003. We also refer to net assets as reserves; this increase is a measure of how strong the Association is and how we are more than ready to tackle current and new directions in our mission to protect the public health, in the initiative of patient safety, in our focus on assisting our member boards, and in expanding our existing programs and services and creating new ones.

I have exciting news to report this year; due to the strength of the Association’s financial situation, as I just mentioned, we were able to purchase a new home.

After 12 years at its current location in Park Ridge, IL, NABP purchased a new building in Mount Prospect, IL, to accommodate new programs and services offered to our members. The new building meets all the specifications set forth by NABP when we began searching for a new building four years ago. At a little over 57,000 square feet, the building is approximately three times larger than NABP’s current headquarters and, thus, will be able to comfortably accommodate its staff. In addition, the large building will provide enough expansion room for the Association to add new service offerings for years to come and will also allow for plenty of storage room for files and other materials currently stored off site. As a steadily growing Association, as you can clearly see from our financial numbers, it is essential for us to purchase a building that will be able to house our growth. We anticipate moving to the new headquarters in late 2004; currently, the building is being renovated to best accommodate the Association’s workflow.

Now, I’d like to direct your attention to the NABP Foundation. Both the state newsletter program and the NABPLAW® Online pharmacy law database operate within the NABP Foundation. The Foundation is the educational arm of the Association that also oversees our research and development projects. The Foundation’s net assets increased by 13%, with revenue up by 45% and expenses increased by 18%.

The strength of the Association enables the Foundation to continue to provide research and development funding. Our auditors, Scanlan and Leo, Ltd, found both NABP and the NABP Foundation to be in good financial order. They commented on the overall financial strength of both organizations and also noted that both organizations appear to be well positioned for the future. NABP is a well-managed dynamic organization that is positioned to serve our members.

A copy of this address, along with NABP’s 2004 operating budget and financial statements, will be available at the registration desk immediately following this session. If you have any questions about NABP’s financial position, please see [NABP Executive Director/Secretary] Carmen Catizone or me at any time during this meeting.

It has been an honor serving as your treasurer.

President’s Address
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bilities of the protection and safety of the public welfare. As I have watched you function, I observed firsthand that “patient safety” is not just words in your vocabulary but a commitment. Each of you as board and staff members face immense pressures from colleagues, other professionals, citizens, and various branches of government to “look the other way this time” instead of doing what is right and keeping the patient safe. It is a tough road, but you do it. I want each of you to know that I am humbled by you and your skills, talents, and knowledge. In the upcoming challenges we face, it will take each of you and all of you to keep the focus squarely centered on the patients and their safety. It has been an incredible honor to have served as president before such a group of brave people.

President’s Address
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**Treasurer:**  
**Lawrence H. Mokhiber**  
Lawrence H. Mokhiber, MS, RPh, New York Board of Pharmacy executive secretary, was elected NABP treasurer after serving a one-year term as member-at-large. Mokhiber has served as executive secretary for the New York Board (District II) since 1987. He also is the executive secretary for the New York State Board of Midwifery. Mokhiber was on NABP’s Advisory Committee on Examinations from 1992 until his appointment to the Executive Committee in 2003, serving as chair from 1993 to 1994 and again from 2001 to 2002. He also served on the National Association of Boards of Pharmacy Licensure Examination Review Committee. He earned his pharmacy degree from Albany College of Pharmacy at Union University.  

**EC Member:**  
**Charles Curtis Barr**  
Charles Curtis Barr, PharmD, vice chairman of the Nebraska Board of Pharmacy (District V), was elected to serve a three-year member term on the Executive Committee. Barr has been a member of the Nebraska Board since 1997 and has held several officer positions. Since becoming a member of NABP, he has served on many committees and task forces. He served on NABP’s Committee on Constitution and Bylaws and Task Force on Licensing of Pharmacy Benefit Managers. Barr is an associate professor of Pharmacy Practice and assistant dean for Alumni Relations for the Creighton University School of Pharmacy and Allied Health Professions. He received his doctor of pharmacy degree from the University of Nebraska College of Pharmacy.  

**EC Member:**  
**Michael A. Moné**  
Michael A. Moné, RPh, JD, from Kentucky (District III), is serving the third year of a three-year term as a member of the NABP Executive Committee. In addition to his past tenure with the Kentucky Board of Pharmacy, he was the assistant attorney general at the Florida Attorney General’s Office and a staff attorney with the United States Pharmacopeia. Moné served as the speaker of the American Pharmacists Association House of Delegates. He graduated from the University of Florida College of Law and the University of Florida College of Pharmacy.  

**EC Member:**  
**Richard A. Palombo**  
Richard A. Palombo, RPh, a member of the New Jersey Board of Pharmacy (District II), was elected to serve a three-year member term on the Executive Committee. Palombo has been an active member of NABP since 2000, serving as chair of the Committee on Law Enforcement/Legislation. He has also been a member of such task forces as the Task Force on Privacy and the Task Force to Examine the Quality and Standards of Internship Requirements. Currently, he is the director with the Pharmacy Professional Practice Group and compliance coordinator for Medco Health Solutions, Inc. Palombo holds a bachelor of science in pharmacy degree from Temple University College of Pharmacy in Philadelphia, PA.  

**EC Member:**  
**Oren M. Peacock, Jr**  
Oren M. Peacock, Jr, RPh, vice president of the Texas State Board of Pharmacy (District VI), is serving the second year of a three-year term as a member of the NABP Executive Committee. In addition to his affiliation with the Texas Board since 1999, he has also served on several NABP task forces and committees including the Committee on Resolution, Task Force on Centralized Prescription Filling, and Task Force on Evaluation and Modification of NABP’s Constitution and Bylaws (chair). Peacock earned his pharmacy degree from the University of Texas and currently serves as vice president of Pharmacy Relations at the Eckerd Drug Company.  

**EC Member:**  
**Gary A. Schnabel**  
Gary A. Schnabel, RPh, RN, Oregon State Board of Pharmacy executive director (District VII), is serving the second year of a three-year term as a member of the NABP Executive Committee. Schnabel was named executive director of the Oregon Board in 1999. Prior to that, he was the Board’s compliance director from 1994 to 1999. An active member of NABP, Schnabel has served on committees including the Committee on Constitution and Bylaws and Nominating Committee. He earned his pharmacy degree from Oregon State University.  

**EC Member:**  
**Charles R. Young**  
Charles R. Young, MS, RPh, CFE, executive director of the Massachusetts Board of Registration in Pharmacy (District I), is serving the third year of a three-year term on the Executive Committee. Young began his tenure with the Massachusetts Board in 1985 as a compliance agent. He assumed the position of executive director in 1997. He has served on NABP’s Committee on Constitution and Bylaws and Task Force on Centralized Prescription Filling. Young earned his pharmacy degree from the Massachusetts College of Pharmacy and Health Sciences.
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EC Report
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Wholesale Distributors. The Task Force, which convened in October 2003, revised and recommended changes to the Model Rules for the Licensure of Wholesale Distributors, which is part of the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy.

NABP had sought comments on the updated Model Rules from FDA and the interested stakeholders. FDA’s February 2004 Combating Counterfeit Drugs Report states that the majority of the comments overwhelmingly supported strengthening state requirements governing the licensure and oversight of wholesale distributors. Also, many comments cited the systemic weaknesses in the oversight of the wholesale drug industry and that existing inspection and due diligence processes are often insufficient to detect criminal activity. Most comments stated that the full adoption of the revised NABP Model Rules would improve security nationwide, and that stricter uniform standards were desirable across all 50 states so as not to create 50 different sets of criteria and rules for licensing. FDA also emphasized that the revised Model Rules significantly strengthened the requirements for licensure, as well as put in place or fortified requirements that will ensure and protect the integrity of drug products as they travel through the US drug supply chain from the manufacturer to the consumer. FDA has stated that adoption of the Model Rules by all states would have a significant impact on protecting the nation’s drug supply by ensuring that all persons and entities involved in the wholesale distribution of drug products meet stringent licensing criteria and maintain high ethical and business standards.


I am proud to say that the updated Model Rules are the result of a concerted effort between NABP and other representatives from pharmacy, government, and the wholesale distributor industry to protect the public from the ill effects of counterfeit drugs and devices.

Let me briefly describe the changes to the Model Rules, which include two new sections added to create base lines for combating drug counterfeiting. In addition, licensure qualifications and operating procedures were made more stringent. The Model Rules also mandate specific pedigree requirements for products that are particularly prone to adulteration, counterfeiting, or diversion. These products, as defined in the updated Model Rules, are designated as the “National Specified List of Susceptible Products.”

The Model Rules for the Licensure of Wholesale Distributors defines the List of Susceptible Products as a list of drugs or devices to be designated by the state, or a third party approved by the state; determined to be susceptible to adulteration, counterfeiting, or diversion; and posing the potential for a greater public health risk.

In attempts to reduce redundancy and confusion as states update and adopt regulation, NABP highly suggests that states adopt the List of Susceptible Products that was developed in conjunction with FDA, NABP, and other invited industry stakeholders. The List, which was adapted from the Florida Statewide Pharmaceutical Services and Drug Wholesaler Advisory Council (Florida Department of Health), represents a starting point for states that have an imminent need for such direction.

I am excited to report that by mid 2004, NABP will appoint a standing committee, the Drug Advisory Coalition . . . primarily responsible for revising the [National] Specified List of Susceptible Products on no less than an annual basis.

– John A. Fiacco 2003-2004 NABP Chairman

The Drug Advisory Coalition will also be initially charged with drafting criteria that detail standards and guidance for the revision process. The Association is currently considering other additions to the List, but anticipates that the Drug Advisory Coalition will revise the List by late 2004.

In addition, by mid 2004, NABP’s Wholesale Distributor Clearinghouse will be operational. The Clearinghouse was created to accredit wholesale distributors for the state boards of pharmacy; and will list wholesalers who receive accreditation by NABP and who have passed an inspection by their newly created inspection service, which NABP will conduct in partnership with the states. Our President, Donna Wall, has encouraged the boards of pharmacy to recognize the Wholesale Distributor (continued on next page)
Incoming President
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committees, as well as the positions adopted by the Executive Committee, NABP should continue its efforts to assist states in expanding the role of technicians, recognizing technicians, recognizing Pharmacy Technician Certification Board (PTCB), and utilizing the NABP Disciplinary Clearinghouse for Technicians. Pharmacy needs to focus on the pharmacists’ involvement with the final verification of product and interactive patient consultation. Several boards of pharmacy have noted that, had proactive patient consultation occurred before the medication was dispensed, medication errors could have been avoided. Properly trained and well-supervised technicians must be allowed to grow in job opportunities and responsibilities in order to “free up” the pharmacist to concentrate on the final verification and patient consultation. Regulatory changes will be needed to allow this change to occur. NABP supports continued profession-wide dialogue on this issue.

I am committed to help increase the appreciation and understanding of the relevance of technicians in all practice settings. I will work with the Executive Committee to encourage NABP staff to continue their efforts to work directly with states in three specific areas to:

1. Provide the states with additional information on NABP’s position statements and recommendations,
2. Work directly with states to achieve the necessary regulatory language in their practice acts, and
3. Implement an effective regulatory system that mimics the regulatory system we have in place today for pharmacists. We will encourage all states to review the advantages of accepting PTCB certification and to participate in the NABP Clearinghouse for Technicians.

In order for NABP to succeed in implementing my three presidential initiatives, I need the input and involvement of you, our members. Therefore, I am asking you to consider serving on task forces and committees. Single-issue task forces are an excellent way to examine practice issues that affect the protection of public health. On Sunday, you heard John Fiacco discuss the Task Force on Counterfeit Drugs and Wholesale Distributors. The impact of the Task Force members’ contributions had a direct influence on the recommendations that were accepted, supported, and applauded by the FDA. You, too, can have a direct impact on NABP’s influence in developing state and national policy.

In the upcoming months, I plan to name individuals to serve on both single-issue task forces and standing committees. Please contact me through NABP’s headquarters if you are interested in serving on a committee or task force.

I look forward to working on these three presidential initiatives and other important patient safety issues on your behalf and with your support and involvement.

I would like to conclude my address today by saying that I hold passion for our profession, for our Association, and for our mission to protect public safety. I will continue to work with you, the members of NABP, to be part of the evolution of pharmacy health care and safety policy as it affects our country. I am truly honored to serve as your president, and look forward to being a part of our future.

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EC Report
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Clearinghouse as a means for developing standard licensure requirements that will prevent illicit wholesalers from operating in a state with less stringent requirements.

NABP plans to collect and maintain disciplinary information regarding wholesale drug distributors, which will be accessed as an integral part of the wholesale drug distributor accreditation process. In addition, similar to the Verified Internet Pharmacy Practice Sites™ accreditation program for Internet pharmacies, NABP plans to publish information regarding wholesale drug distributors that successfully complete NABP’s accreditation program. As [NABP Executive Director/Secretary] Carmen [Catizone] has noted in interviews with the media, a successful clearinghouse program would help reinstate uniform regulations across the states and continue to ensure that the medication distribution system in the US is safe, secure, and the best in the world.

NABP is also making plans to serve as bondholder for wholesalers in order to consolidate the need to hold a bond in all states where a wholesaler may do business.

This Task Force was a key method in which NABP upheld its mission of patient safety, in that whenever a threat to patient safety became reality, NABP steps up to the plate and takes action.

In the words of Donna Wall, NABP must appreciate the tremendous work completed by the Task Force in proposing such modifications to our Model Act so the provision of an excellent base line that the state boards can utilize to protect patients from counterfeit drugs will be made available. We have shown that, once again, NABP will stand strong and face whatever challenges may obstruct our mission in protecting the health of the public.
Resolutions
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strongly encourage that they become participating members of NAPRA.

Resolution No. 100-3-04
Title: Electronic Transmission of Prescriptions
Action: Passed

Whereas, NABP and organizations such as the Institute of Medicine (IOM) and the Leapfrog Group have recommended the elimination of handwritten prescriptions and adoption of computer printed or electronic prescriptions as a means to help reduce medication errors; and

Whereas, the evolving practices of telepharmacy, the central processing of prescriptions, and remote dispensing systems impact, and are impacted by, the electronic transmission of prescriptions; and

Whereas, the Medicare Prescription Drug Improvement and Modernization Act of 2003 mandates that the Secretary of the Department of Health and Human Services develop and adopt uniform standards for electronic transmission and generation of prescription medication orders; and

Whereas, the implementation of national standards for the electronic transmission and generation of prescription medication orders is necessary to assure uniformity and accuracy among practitioners and practice settings;

Therefore Be It Resolved that NABP work with interested stakeholders involved in the electronic transmission of medication orders and replacement of handwritten medication orders with computer printed or electronic prescriptions to develop national standards which establish and encourage the use of a standardized template for the configuration of prescriptions that are computer printed or electronically transmitted; and

Therefore Be It Further Resolved that NABP revise the Model State Pharmacy Practice Act and Model Rules of the National Association of Boards of Pharmacy concerning the electronic transmission of prescriptions as a separate provision, and in consideration of the evolving practices of telepharmacy, the central processing of prescriptions, and remote dispensing.

Resolution No. 100-4-04
Title: Organization and Operation of Boards of Pharmacy
Action: Passed

Whereas, the organizational and operational models for boards of pharmacy are being changed and new models implemented to manage economic challenges and other factors facing state governments; and

Whereas, some of the newly implemented organizational and operational models negatively impact the ability of boards to effectively serve and protect the public health and welfare; and

Whereas, one of the missions of NABP is to assist member boards in protecting the health and welfare of their citizens;

Therefore Be It Resolved that NABP commission a study to evaluate the effectiveness of the various models of organization and operation of boards of pharmacy to protect the citizens’ health and welfare and consider utilizing organizations such as the Federation of Associations of Regulatory Boards (FARB) to conduct the study.

Resolution No. 100-5-04
Title: Bar Code Imaging Technology
Action: Passed

Whereas, the Food and Drug Administration’s (FDA) final rule on bar coding, Bar Code Label Requirements for Human Drug Products and Biological Products, will require bar coding on designated prescription medication and over-the-counter drugs to improve patient safety; and

Whereas, patient care studies and patient safety advocates, such as the Institute for Safe Medication Practices (ISMP), have indicated that the bar coding of medications is an effective means to reduce medication errors; and

Whereas, NABP’s Executive Committee has announced its commitment to establishing and supporting a Patient Safety Initiative as an integral part of the Association and its programs and services; and

Whereas, the safe dispensing of medications relies upon and requires the pharmacist to be ultimately responsible for the accuracy of the medication order and to complete a final verification process before any medication is dispensed to a patient; and

Whereas, imaging technology, which contributes to reducing medication errors and assisting pharmacists in the final verification process, is available; and

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Whereas, it has been reported that certain companies offering such technology limit the number of imaged drugs available using this technology;

Therefore Be It Resolved that NABP work with other interested stakeholders, including those companies which offer imaging and bar code technology, to include the identification, through imaging and bar coding for all prescription medications dispensed to patients, and to urge the manufacturers of medications to provide the digital images and related data needed to develop the identification databases.

Resolution No. 100-6-04
Title: Medication Identification
Action: Passed

Whereas, the ultimate goal of all pharmacy practice is to assure positive patient outcomes through the optimization of the correct and most appropriate medication therapy; and

Whereas, the technology presently exists whereby a pictorial representation or written description of a drug can be placed on the prescription label and/or printed patient information; and

Whereas, other states may have mandated that a pictorial representation or written description of a drug be placed on most prescription labels; and

Whereas, the use of a pictorial representation or written description of a drug on a prescription label and/or printed patient information will enhance the opportunity for pharmacists and patients to identify and prevent medication errors before the errors cause harm;

Therefore Be It Resolved that NABP work with interested stakeholders, including manufacturers who develop the digital images and/or written descriptions, to develop, promote, and encourage that all prescription labels and/or printed information contain a pictorial representation and/or written description of the medication.

Resolution No. 100-7-04
Title: Medication Indication on the Prescription
Action: Passed

Whereas, states do not currently require that indication, purpose, or diagnosis be included on the prescription, patient labels, or containers; and

Whereas, the lack of this essential patient care information impedes the delivery of pharmaceutical care and can contribute to the incidence of medication errors; and

Whereas, a number of prescription medications have more than one possible indicated use and look-alike and sound-alike prescription medication names potentially endanger patient safety because such prescription medications are often confused, resulting in medication errors and their consequent harm to patients; and

Whereas, studies have indicated that a pharmacist performing patient counseling as a component of medication management is one of the best protections to prevent medication errors from reaching a patient and a pharmacist, in providing patient counseling, would be greatly benefited by knowing the indicated use of a prescription medication, thus resulting in improved patient counseling and a safer dispensing of prescription drugs;

Therefore Be It Resolved that NABP encourage national and state medical associations and other interested parties to support legislative and regulatory efforts in the states to require prescribers to include the indication for the medication on all prescriptions and medication orders issued orally, in writing, or transmitted electronically.

Resolution No. 100-8-04
Title: Medication Error Reduction and Continuous Quality Improvement Programs
Action: Passed

Whereas, medication errors resulting in patient harm or death continue to occur; and

Whereas, the collection and analysis of medication errors and quality-related events is critical to the safe practice of pharmacy; and

Whereas, quality-related event and medication error reports need to be protected from discovery in civil proceedings in order to obtain access to these critical data for system evaluation and quality improvement;

Therefore Be It Resolved that NABP encourage the passage of legislation that provides for the collection and analysis of patient and medication data concerning medication errors and quality improvement, with appropriate protection from discovery in civil proceedings; and

Therefore Be It Further Resolved that NABP encourage and facilitate the implementation of system-based, continuous quality improvement programs and “best practices” for pharmacies.

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Resolutions
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Resolution No. 100-9-04
Title: National Patient Safety Goals: Prohibited Abbreviations
Action: Passed

Whereas, all health care professionals, especially pharmacists, have as their primary objective the provision of optimal patient care, demonstrated by improved patient outcomes, it follows that improved written communication between health care providers is necessary to achieve the objective; and

Whereas, various accrediting bodies for health systems identified potential patient safety problems related to the use of specific abbreviations, acronyms, and symbols used in written communications and developed “DO NOT USE” lists of these abbreviations, acronyms, and symbols;

Therefore Be It Resolved that NABP and the boards of pharmacy endorse and encourage communication of the prohibited lists to all appropriate health care providers and educators; and

Therefore Be It Further Resolved that NABP and the boards of pharmacy encourage, endorse, and support the efforts of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Institute for Safe Medication Practices (ISMP), and other national patient safety groups to prohibit the use of confusing abbreviations, acronyms, and symbols in communication between health care providers and educators.

Resolution No. 100-10-04
Title: Definition of Compounding
Action: Passed

Whereas, pharmacy compounding is an integral part of pharmacy practice and its use is increasing; and

Whereas, the definition of compounding is important in the regulation and enforcement of the practice of pharmacy and appropriate oversight of compounding activities; and

Whereas, the Food and Drug Administration (FDA) is seeking to clearly define the differentiation between compounding and manufacturing;

Therefore Be It Resolved that NABP and the FDA review the existing Memorandum of Understanding on Interstate Distribution of Compounded Drug Products between FDA and NABP, which defines and addresses the regulation of pharmaceutical compounding, to more clearly define the practices of compounding and manufacturing.

Resolution No. 100-11-04
Title: Sterile Products
Action: Passed

Whereas, the United States Pharmacopeia (USP) has revised the sterile products section of the USP-National Formulary (USP-NF); and

Whereas, the General Information Chapter 1206, Sterile Drug Products for Home Use, has been replaced by General Tests and Assays Chapter 797, Pharmaceutical Compounding-Sterile Preparations; and

Whereas, the revised section on sterile products is formally incorporated into the USP-NF as a standard of the USP-NF; and

Whereas, states are implementing sterile compounding regulations or laws;

Therefore Be It Resolved that NABP and the boards information concerning the USP Tests and Assays Chapter 797, Pharmaceutical Compounding–Sterile Preparations, and its integration into the Model State Pharmacy Practice Act and Model Rules of the National Association of Boards of Pharmacy.

Resolution No. 100-12-04
Title: Emergency Contraception
Action: Defeated

Whereas, the use of emergency contraception is becoming more prevalent; and

Whereas, some pharmacists are reluctant to dispense prescriptions for such products due to ethical, moral, or religious considerations; and

Whereas, patients have the right to make decisions regarding their health care;

Therefore Be It Resolved that NABP recommends that if a pharmacist refuses to fill a prescription for emergency contraception on ethical, moral, or religious grounds, it is the responsibility of that pharmacist to direct the patient to another pharmacist or pharmacy where such a prescription can be dispensed in a timely manner.
Resolution No. 100-13-04
Title: Medication Sample Vouchers Program
Action: Defeated

Whereas, the provision of pharmaceutical care by pharmacists is an essential component of optimal public health and safety; and

Whereas, the pharmacist’s legal and professional medication management responsibilities which include drug utilization, review, and patient consultation also acknowledge and respect the covenant between the pharmacist and patient; and

Whereas, indigent patients may have limited access to pharmacists, pharmaceutical care, and medication therapy and receive sample medications from practitioners other than pharmacists without the benefit of the pharmacist’s medication management and care;

Therefore Be It Resolved that programs for indigent patients, and other patient groups, which provide sample medications without the medication management and provision of pharmaceutical care of a pharmacist be eliminated and replaced with medication sample voucher programs which allow indigent patients, and other patient groups, to receive medications through the pharmacy of their choice and with the benefit of a pharmacist providing medication management and pharmaceutical care; and

Whereas, a lack of uniform minimum standards for pharmacy computer operating systems may compromise patient safety;

Therefore Be It Further Resolved that NABP promote efforts to develop appropriate minimum standards for pharmacy computer operating systems that ensure effective audit procedures and facilitate the review of required pharmacy records.

Resolution No. 100-14-04
Title: National Standards for Pharmacy Computer Systems
Action: Defeated

Whereas, the computer hardware and software utilized in pharmacy computer operating systems should provide accountability and be able to readily retrieve patient information, dispensing information, and other information necessary to serve and evaluate the needs of the patient; and

Whereas, some pharmacy computer operating systems do not provide ready access to such information and are unable to produce necessary displays or printouts in a timely manner; and

Whereas, no standardization of pharmacy computer operating systems currently exists; and

Therefore Be It Resolved that the NABP Executive Committee, NABP staff, the California Board, and California governmental officials be recognized for their efforts and congratulated for their success.

Resolution No. 100-15-04
Title: California Membership
Action: Passed

Whereas, California has adopted the North American Pharmacist Licensure Examination (NAPLEX) as a requirement for licensure; and

Whereas, the Executive Committee and staff of NABP have devoted substantial time and effort working with the California State Board of Pharmacy and California governmental officials seeking changes in the California legislation and board policy to facilitate Active Member status of the California Board; and

Whereas, NABP celebrates its 100th year anniversary during 2004; and

Therefore Be It Resolved that the jurisdictions and individual members constituting NABP congratulate the Association on reaching this historic (continued on page 24)
Resolutions
(continued from page 23)

milestone and commend NABP for its continuing leadership and efforts to assure the health and welfare of citizens served by boards of pharmacy and provincial jurisdictions within the United States, Guam, Puerto Rico and the Virgin Islands, Canada, Australia, New Zealand, and South Africa.

Resolution No. 100-17-04
Title: Prosecution of Entities Aiding and Abetting in the Illegal Importation of Prescription Medications
Action: Passed

Whereas, the solicitation for the illegal sale of prescription drugs on the Internet including controlled substances is dangerous and increasing; and

Whereas, the solicitors involved in this activity, with few exceptions, do not have the required state license or permit to distribute or dispense medications to patients and
dispense or distribute these medications without a valid prescription; and

Whereas, the dispensing of prescription medications, particularly controlled substances, without a valid prescription is illegal and constitutes a felony in some circumstances; and

Whereas, the source of this illegal distribution and dispensing may be outside of the United States and outside the jurisdiction of US law enforcement agencies; and

Whereas, this practice is an obvious danger to the public health and safety;

Therefore Be It Resolved that the NABP urge the United States Department of Justice to more vigorously investigate activities related to knowingly abetting the illegal importation of prescription medications, and where probable cause is found, prosecute individuals and entities operating or abetting Web sites, distributors, and solicitors involved in the illegal distribution and/or dispensing of prescription medications, particularly controlled substances, including but not limited to credit card companies and private shippers.

Resolution No. 100-18-04
Title: Recognition Resolutions
Action: Passed

Whereas, the individuals listed here have made significant contributions to NABP, the protection of the public health, and the profession of pharmacy:

Clifford Barnett (ID)
Eugene “Gene” P. Drake (AZ)
William H. Randall, Jr (NC)

Therefore Be It Resolved that NABP and its members formally acknowledge the leadership and contributions made by these individuals;

Therefore Be It Further Resolved that NABP and the boards of pharmacy extend their sincere sympathies to the family and friends of these members.

Resolution No. 100-19-04
Title: Recognition Resolutions
Action: Passed

Whereas, the individuals listed here have made significant contributions to NABP, the protection of the public health, and the profession of pharmacy:

Allen Pfeifle (SD)
Harold Vann Day (NC)
Ernest Wyre (NY)

Therefore Be It Resolved that NABP and its member boards of pharmacy are saddened by the death of these individuals;

Therefore Be It Resolved that NABP and its members formally acknowledge the leadership and contributions made by these individuals; and

Therefore Be It Further Resolved that NABP and the boards of pharmacy extend their sincere sympathies to the family and friends of these members.

Stevens Named 2004-2005 Honorary President

NABP is pleased to announce that William L. "Buck" Stevens, RPh, was selected as the Association’s honorary president for the year 2004-2005 at its 100th Annual Meeting and Centennial Celebration. Each year NABP’s Executive Committee selects an individual to serve as its honorary president for the coming year.

Presently, Stevens serves as the senior vice president for governmental affairs at PDX-Rx.com. Before assuming his current position, he served as executive director of the Mississippi State Board of Pharmacy from 1994 to 2002.

Over the years, Stevens has played an integral role in many of NABP’s committees and task forces including the Bureau of Voluntary Compliance Advisory Committee from 1996 to 1998 and the Task Force on Expanded Use of the Internet in Pharmacy Practice and Regulation. He has also served as a board member for several other pharmacy organizations including the National Institute for Standards in Pharmacist Credentialing; the Mississippi Pharmacists Association; the University of Mississippi School of Pharmacy; and the State of Mississippi Portal Development Task Force. Stevens was instrumental in enabling pharmacists to administer immunizations and to provide disease management services. He has been an outspoken advocate for pharmacists nationally.

With more than 30 years experience in the pharmacy profession, Stevens’ work has not gone unnoticed. In 1998, Stevens was chosen as one of the 50 most influential pharmacists by American Druggist magazine. Additionally, while Stevens was the executive director, the Mississippi State Board of Pharmacy received the 1999 Fred T. Mahaffey Award at NABP’s 95th Annual Meeting.

NABP named Stevens as its 2004-2005 honorary president for his service to the public health, for his dedication to NABP and the profession of pharmacy, and for his unshakeable integrity and unsurpassed humanity.

Awards

(continued from page 5)

pharmacists recognizing the validity of prescriptions from US doctors. This decision was made despite tremendous pressure from provincial governments, the public, and other interest groups. The MPhA is the provincial pharmacy regulatory authority and presently licenses more than 1,100 pharmacists and more than 350 pharmacies in the province.

The MPhA was the first Canadian provincial licensing authority to implement “Internet Pharmacy Standards” requiring additional standards for the provision of care and medication at a distance. Also, the MPhA was the first provincial licensing authority to identify additional license criteria and an additional fee for International Prescription Service, or IPS, pharmacies that send medication to the US. In addition to the IPS issue, the MPhA has many other activities focusing on protection of the public health. A collaborative joint statement was established with the provincial medical licensing board for “Continued Care Prescriptions.” This statement allows a pharmacist to safely continue chronic medication for his or her patients where prior approval is not possible due to the inaccessibility of the prescriber. The MPhA has also participated in organizing and funding four inter-disciplinary and international patient safety forums over the past two years.
**Educational Presenters**
- Auto Med and Telepharmacy Solutions
- Drug Enforcement Administration
- Facts and Comparisons
- Food and Drug Administration
- Gold Standard Multimedia
- INRange Management Systems
- Institute for Safe Medication Practices
- Mocorp
- Omnicell
- Optimum Technology
- PDX-NHIN-RX.com
- ScriptPro

**Poster Presenters**
- Arizona State Board of Pharmacy
- College of Pharmacists of British Columbia
- Food and Drug Administration
- Massachusetts Board of Registration in Pharmacy
- Midwestern University Chicago College of Pharmacy
- West Virginia Board of Pharmacy and West Virginia University School of Pharmacy
- School of Pharmacy, Medical University of South Carolina

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**100th Annual Meeting and Centennial Celebration Educational Presentation Area**

Food and Drug Administration shows examples of its public education campaign informing patients of the safest way to purchase drugs via the Internet (pictured left).

A representative from INRange Management Systems explains the features of the company's telepharmacy fulfillment system (pictured right).

The College of Pharmacists of British Columbia (pictured left) participates in NABP's Second Annual Poster Session and displays its research on balancing patient safety and professional development.

Mocorp demonstrates its bar coding system that utilizes the FDA's National Drug Code number (pictured right).
100th Annual Meeting and Centennial Celebration
Educational Sessions

Rebecca H. Deschamps, executive director of the Montana Board of Pharmacy, discusses the dangers of drug importation during the session “Drug Importation: A Public Policy Discussion” on April 26, 2004.

Bruce L. Lambert explains innovations in error reporting systems to attendees of the 100th Annual Meeting on Tuesday, April 27, 2004.

Former Mayor Michael J. Albano addresses “Drug Importation” session attendees about his experience in implementing a Canadian drug importation program in Springfield, MA.

Annual Meeting Educational Grants

NABP gratefully acknowledges the following pharmaceutical companies and organizations whose educational grants to the NABP Foundation have contributed to the success of the Association’s 100th Annual Meeting and Centennial Celebration.

Abbott Laboratories  Long Term Care Pharmacy Alliance
Albertson’s, Inc  Merck & Co, Inc
AstraZeneca Pharmaceuticals Group  Medco Health Solutions
Barr Laboratories  Pfizer US Pharmaceuticals
Cardinal Health  Prometric
Cephalon, Inc  Purdue Pharma
Chauncey Group International  Roche
GlaxoSmithKline  Walgreen Co