Good afternoon.
I am pleased to see that so many National Association of Boards of Pharmacy® (NABP®) members are here in Philadelphia to participate in the 108th Annual Meeting. In my final officer’s address to the NABP membership, I am looking forward to sharing with you the accomplishments and milestones of several NABP programs over the past year.

Before I do, I want to thank you, the members of the Association for your dedication to the mission of NABP . . . protecting the public health. This year’s meeting theme stresses responsibility and knowledge as keys to achieving this mission. And without your keen sense of responsibility and the steps you take to actively share your expertise and experience with fellow members, we could not accomplish our objectives. I truly appreciate your commitment to the Association’s mission, and it has been an honor to serve on the Executive Committee for the past eight years.

**Empowering the Boards and Government Affairs**

To assist the boards of pharmacy as they work to protect the public health, the NABP Government Affairs Department has continued efforts to connect with each member board directly in order to learn about the challenges they face and to connect the boards with the appropriate NABP service. Over the past year, staff has been invited to attend boards of pharmacy meetings in a number of states and jurisdictions, and has dialogued with board members to determine how NABP can assist in their work.

NABP staff maintains contact with boards on an ongoing basis, in order to be aware of important issues and areas of challenge, and to help ensure that the Association can respond quickly. In addition, since the legislative sessions began in January, Government Affairs staff has worked with a number of states to provide educational and informational assistance with particular regulatory and legislative requests.

In addition, to increase national awareness about NABP programs, Government Affairs staff continues to participate in several national and regional health care events and expositions to share information about the NABP PMP InterConnectSM, CPE MonitorTM, and the AWARxE® consumer protection program.

**NABP PMP InterConnect**

With nine state prescription monitoring programs (PMPs) now able to share PMP data across state lines, the NABP InterConnect has made interoperability among PMPs a reality. By facilitating the secure sharing of data between state PMPs, the NABP InterConnect enhances the ability of state PMPs to identify and prevent the abuse and diversion of prescription controlled substances.

Since the launch in July 2011, over 250,000 requests have been processed through NABP InterConnect. On average it takes only 7.5 seconds for authorized PMP users to obtain a consolidated multi-state PMP report.

The design, development, and successful implementation of the NABP InterConnect were achieved within nine months! Quite an amazing success story that we can all be proud of!

In addition to the nine states that have deployed the InterConnect,
two additional states plan to be connected in the spring. Another three states have executed a memorandum of understanding (MOU) with NABP to participate, and seven other states have MOUs under review. It is anticipated that more than 20 states will be sharing data using the NABP InterConnect in 2012.

As these participation details show, the NABP InterConnect is a quickly evolving program. The program’s success is also reflected in the map on the screen. The dark green states are those that are live and using the system. The lighter green-tinted states are in the process of building their system, have signed the MOU but have not yet begun implementation, or have indicated that the MOU is under review. The gray states signify those that have not committed to an MOU with NABP or do not currently have an operational PMP in place.

NABP Government Affairs staff continues to partner with participating PMPs and assists in every stage of the participation and implementation process. In addition, more information about NABP InterConnect and the participation map can be found on the NABP Web site.

As many of you know, the NABP InterConnect was developed with the input and guidance of PMP administrators and state boards of pharmacy. By integrating their needs, NABP was able to create a superior and functional service. NABP has simplified the participation process by only requiring a single MOU with NABP. The technology behind NABP InterConnect is also simplified by utilizing a single source solution.

One of the greatest benefits of NABP InterConnect: the lack of cost for participating states. NABP financed the development and deployment of the NABP InterConnect and is funding the annual operating costs of the system for at least the first five years of operation. It is the Association’s goal that participating states will never have to pay annual fees to participate.

NABP is happy to further discuss the announcement of Director Kerlikowske on the agreement that has been reached with the Bureau of Justice Assistance. NABP appreciates the support of the White House Office of National Drug Control Policy and is pleased with this progress. This agreement will immediately authorize the use of federal grant dollars toward NABP InterConnect and will allow additional PMPs to join the system and build on the success of the nine states that are already using NABP InterConnect.

NABP is now working on a solution to help increase utilization of PMPs by authorized PMP users in health care settings. NABP and the Indiana PMP, known as the INSPECT program, an InterConnect participant, have been selected as pilot participants in the National Enhancing Access to Prescription Drug Monitoring Programs Project.

Using the NABP InterConnect, and the already established connection with Indiana’s PMP, NABP is now building a connection to the Indiana Health Information Exchange. This connection will enable PMP data to be integrated directly into electronic medical records in an emergency room department at Wishard Hospital in Indianapolis, IN. The goal is to leverage the already established connection through the NABP InterConnect to enable emergency room doctors to more easily and readily access PMP data – without having to leave the patient’s electronic medical record. The pilot is currently under development and...
is scheduled to wrap up later this summer.

Results of the pilot will be reported as part of the Enhancing Access to Prescription Drug Monitoring Programs Project, a national effort initiated to determine how health information technology can be used to increase timely access to PMP data with the goal of reducing prescription drug misuse, abuse, and overdose.

**NARxCHECK**

NARxCHECK was designed to make PMP data more accessible to authorized health care providers in hospitals, pharmacies, urgent care clinics, and other health care environments. NABP is exploring the potential deployment of this system as part of the NABP InterConnect. NARxCHECK is a patent-pending software application developed to analyze PMP data on narcotics usage and to create a score that can assist authorized health care providers in making appropriate treatment or prescribing decisions. The NARxCHECK score is similar to a credit score, something with which we are all familiar, but in reverse. A low NARxCHECK score indicates to a prescriber that there is a low probability that the patient’s narcotic usage may evidence a problem, such as abuse or diversion, for example. When a higher NARxCHECK score indicates the need for caution or concern, the treating physician or prescriber can examine the PMP report on the patient in detail, along with other health records if available, in order to make a treatment or prescribing decision.

Potentially, the integration of NARxCHECK with NABP programs, including through the PMP InterConnect, could streamline the process of evaluating PMP information. This could allow physicians to concentrate their efforts on those patients whose higher scores may justify more time spent to analyze the PMP report information. It could mean that in states participating in the NABP InterConnect, PMP users in health care settings that are using NARxCHECK, could potentially obtain a score based on the most comprehensive PMP information available.

NABP is analyzing the algorithm that generates the score to determine potential opportunities for further implementation of the system on a wide-scale, national basis. NARxCHECK was presented to the NABP InterConnect Steering Committee during their March meeting and members were favorably disposed towards the possibilities.

With the successful implementation and expanding participation in the NABP InterConnect, as well as participation in the national Enhancing Access to Prescription Drug Monitoring Program Project, and the exploration of how NARxCHECK can be used, NABP is leading nationwide efforts to combat the abuse of prescription controlled substance medications. While there is much work to be done to continue to fight the prescription drug abuse epidemic, it is with pleasure that I report to you on the successful implementation of NABP InterConnect.

President Broussard, who you will hear from shortly, will be updating you on the recommendations of this year’s task forces. Malcolm is allowing me the opportunity to report on the Task Force on the Controlled Substances Act and Regulations which I chaired this past year.

**CSA Task Force**

In January, the final meeting of the Task Force to Review and Recommend Revisions to the Controlled Substances Act was held. A task force first convened on this topic in 2010, but the enormity of the assignment required that a second task force be formed. The final report of the 2010-2011 Task Force included 41 recommendations, with 21 of these calling for amendments to the Controlled Substances Act (CSA) or implementing regulations, and was approved by the Executive Committee in May 2011.

The 2011-2012 CSA task force focused on updating definitions and recommended NABP work with the appropriate entities and stakeholders to move forward with the proposed recommendations and changes to the CSA and regulations. Additionally, it was recommended that a letter be sent to Drug Enforcement Administration requesting that the agency review certain portions of the Code of Federal Regulations and consider revisions reflecting the task force’s recommended revisions to the CSA. Areas of particular importance are the
changes to electronic transfer or facsimile of prescriptions and electronic storage of all records.

The task force report is under review by the Executive Committee and will be posted on the NABP Web site soon.

Again, without your commitment, time, energy, and the sharing of your expertise, these accomplishments would not be possible.

And so it is quite a privilege to report to you on these successful NABP programs and efforts to protect the public health, as I step down from the Executive Committee this year.

Thank you for your support. It has been an honor to work with you on these NABP initiatives and to have served on the Executive Committee.

Thank you.