Good morning and thank you everyone. It is a privilege and a pleasure to be here again. My thanks to President Karen Ryle and the Executive Committee for allowing me to continue one more year as executive director, and thanks to all of you for all of your support for all that NABP does.

I also wanted to thank the Arizona State Board of Pharmacy for all that they have done to host and just be gracious to everyone here. I know many of you attend a lot of these meetings, but to get a state senator here on a Sunday, and a state senator who is knowledgeable about what you do is quite an accomplishment. And that all occurred because of the efforts of the Arizona State Board of Pharmacy. So, our thanks to Hal Wand and the Board President Jim Foy and all the individual members, many of who are commuting back and forth from the meeting, taking time out from their busy schedules. Our thanks to all of you.

Also wanted to say that we have got sort of a special connection with our past presidents that I mentioned the other day, and also our consumer members, our public members. I have had more of the public members than ever before come up to me and say, “We are learning so much from our colleagues and NABP and on our board, and it’s helping us better understand and fulfill our mission.” This is what we want: the involvement of the public members with the pharmacist members. It is something that Edie Goodmaster – who has attended so many meetings and has worked so hard to make sure the consumer members are involved – is finally beginning to see bear fruit. So, our thanks to Edie as well and all our consumer members and colleagues for being here.

Also, Bryan Potter had asked us at the beginning of the meeting how many years he had been attending. Bryan has that inner connectivity we are talking about with Arizona. Bryan started attending the Annual Meetings before Arizona was a state. But congratulations to Bryan. Lisa and Dana looked it up. Bryan has been attending the Annual Meetings for 42 years, so, our thanks to Bryan.

Also, many of you missed one of our most energetic board members, Lydia Main from West Virginia. Unfortunately, she broke her hip and could not be here, but Lydia has been here for a number of years. I think she has been a pharmacist for 50 or 60 years and mayor of her town. We miss Lydia, and we want to send our best to her. Lydia asked if all of you would keep an eye on Dave, Charlie, and Jody during the Annual Meeting because she will not be here to look out after them. So, keep an eye on those people.

During Sunday’s first session, Chairperson Burleson talked about the puzzle pieces that we have put out at each one of your places. There was a special method to our madness for those puzzle pieces, but also something interesting about you and us as pharmacists. When we were planning these sessions a few months ago, we said, “Let’s put out puzzle pieces that were the same shape as the state, and then let us ask them to put them in the back on a cork board and
see what happens. Then let’s bring it all together in one of the final presentations.” But if you remember, Captain Mark Kelly talked about the attention to detail? Pharmacists, instead of just putting those pieces on the board, this is an actual picture. You tried to recreate the map and even put the districts in place. You ruined the whole concept we were trying to get at by putting the pieces up there.

What we wanted to show and what we wanted to emphasize with these puzzle pieces is that we shared a view of regulation for a long time: 110 years. And that model was, “One patient, one pharmacy, one state.” That message served us well. And that regulation served us well. But we are seeing a big change in the world around us and in a regulatory environment that we are facing. We need that old traditional model as the basis and foundation for what we do, but the future is easing those state borders. It is no longer, “One patient, one pharmacy, one state.” We see practice occurring in multiple states. Pharmacists, pharmacies across the country practicing inside your state, practicing outside your state and sometimes, you have no idea what is happening in your state and whether those pharmacies or pharmacists are being regulated.

Now, what was interesting is many states say, “That’s not happening in my state. We have complete control of everything that’s happening.” I am not sure that is really an understanding of what is occurring. We have this new model and this new model is encroaching upon us very fast.

One way to look at this model and how it has been addressed – by both NABP and the states – is if we look at the NABP PMP InterConnect® program which NABP has built with the states – what has happened is with prescription drug abuse and diversion epidemic, most of those individuals do not use one pharmacy, one state. They use multiple prescribers and multiple pharmacies in multiple states.

So, a prescription monitoring program (PMP) that collects data on patients in just that state is not going to have the information it needs to inform prescribers and pharmacists and law enforcement about what is really going on with that individual. What PMP InterConnect has done is connect all the states. So, we have developed a state-controlled and operated national system of prescription drug information and data sharing.

Twenty-four states are operable now in the PMP InterConnect. We are hoping by the end of the year to have 30, and within the next one or two years to have almost every state in the PMP InterConnect.

We have some states that have some legislative barriers that will not allow them to share data, some states that maybe do not agree with the PMP InterConnect, but we are hoping we can bring those states along so that we have that state-controlled and operated national system.

The couple of events that Karen talked about in her presentation – one of those was the compounding tragedy. The compounding tragedy and the drug abuse and diversion have taught us that what happens in one state affects all of the other states. What we have learned is through the programs that NABP can offer – if the boards can work through and partner through NABP – together, what happens in one state can be addressed by all the other states together in one system.

Now, some people are resistant to making that change and I remember when Ralph Progar was president, he compared pharmacists to blacksmiths. He said, “The blacksmiths fought the invention of the automobile and said it would never take place. It would never progress.” There are not too many blacksmiths around anymore, and so we as pharmacists, we as regulators, have to realize that these changes are going to occur and they are occurring all around us.

The key to maintaining the current regulatory control and responsibilities in this ever-changing world is unification and uniformity across state borders through partnerships and alliances through NABP. So, our e-Profile, our .pharmacy, our PMP InterConnect and our Verified Pharmacy Program™ (VPP™), our new programs that we are introducing, that we are building.

I also know there has been some resistance to VPP. People are concerned about that. People are concerned about some of these new challenges. They are new challenges, but you have been here before: the Licensure Transfer Program founded in 1904. States said, “We need to work together. We need to
build a system where we can share information so that we can evaluate effectively, pharmacists moving into our state.” That system was built and some 100 years later, pharmacists have the greatest mobility across the United States from any other profession and that is due to your efforts. We can move an application through NABP in three to five days. Pharmacists can be in your states, once you have qualified and reviewed them, in a short time thereafter.

With the e-Profile, it is going to happen in real time. Instead of waiting for applications, we are going to be collecting information on pharmacists and pharmacies and building their electronic profiles every single day. So, when you take an action, it goes in their profile. When a pharmacist completes CE, it goes in their profile. When a pharmacist wants to change licensure from one state to another, we send you an email with their updated profile, saying, “Here is the profile and information we validated up to this point. This pharmacist is asking for clearance and approval to receive a license from your state.”

We are going to move all these systems to this unification and uniformity across the states. It happened with the North American Pharmacist Licensure Examination® (NAPLEX®). I joined NABP in 1985. I missed the battles that occurred in 1979 and prior, where states said to NABP, “If you take over the exam function from us, state boards of pharmacy will go away.” That was 1976, or 1979. I do not think you went away. I am glad you did not go away, or I would not be here today. The states, I think, got stronger.

Ed mentioned how much it would be for you to develop your own examination program. When California joined NAPLEX, they did a cost study. It would cost California $2 million a year to maintain their own licensure examination. I do not think using resources in that method, that way, would be appropriate, would be the best use of those resources for all of you. And that is why the states said, “Can we do this centrally?” to NABP. And that is why the NAPLEX, the Multistate Pharmacy Jurisprudence Examination®, the Foreign Pharmacy Graduate Equivalency Examination®, the Pharmacy Curriculum Outcomes Assessment®, all those programs are built in NABP, through your efforts, through your direction, through your approval. Everything we do comes from you and everything we do is approved by you. That is why this Annual Meeting is here. That is why the district meetings exist. That is why you elect the Executive Committee to represent what you want to be done through NABP. The VPP, it is Licensure Transfer, it is NAPLEX, it is the tool we need to deal with a practice that is no longer, “One patient, one pharmacy, one state.”

What we are asking is to partner with you, create some uniformity in the inspection of pharmacies, put that information in our central database, which we have created, and share that information with your colleagues across the country. If your state has the resources and inspectors to do those inspections, great. If you would feed and share that information with us so that those pharmacies seeking licensure in other states – that information is available to the other states – that would be tremendous. If your states do not have the resources and NABP can assist and provide those inspections for you and with you and together with you, and put that information in a database, then even those states with the resources and inspectors – who conduct their own inspections – will have access to that information and not have to conduct nonresident inspections. What we wind up with at the end of the day is Electronic Licensure Transfer Program®, NAPLEX, and a VPP based on the same principles, the same cooperation, the same control that the states have had and will always have through NABP.

Two more things I want to talk about that is impacting this model and moving this model. And one is the Affordable Care Act. There are going to be accountable care organizations, medical homes, transition-of-care teams, and interstate networks of care operating under the ACA. It is going to expand the scope of care our pharmacists can provide so there will be pharmacists in other states treating patients in your states. I do not know how we are going to deal with that with the, “One state, one patient, one pharmacy.” Some states have said, “We’re going to license any and all those pharmacists that
are going to be providing care in our state.” Not sure if that model is going to work as well for a couple reasons. One, the ACA does not restrict who can provide pharmacist care to pharmacists. I do not know if the boards of pharmacy have authority to regulate nurses and other healthcare practitioners that may be providing drug utilization reviews or medication therapy management or counseling in your state. So, if one state tries to deal with this alone, I am not sure there is going to be the authority, the scope, the recognition to deal with that situation and try and make sure that they are practicing at the same level and same standards as pharmacies. Second, we are seeing increasing pressure from the federal government and industry stakeholders to say, “That approach is overly burdensome and doesn’t provide the protection to the public that regulatory authorities are saying that is does.” So, we have to build new models to deal with that, to maintain the integrity of regulation that is so important. But at the same time, be responsive to a system that is saying, “We’ve got to find a better and innovative way, because some of the old ways may simply not be as effective.”

The other issue is .pharmacy. I know we’ve talked about .pharmacy to you and some people are familiar with it. I think using Ed’s theme we had the acronym “WIIFM.” I think when it comes to .pharmacy, the acronym that begins “w,” which was Dale’s word at the session, is probably “wtf.pharmacy.” Because I am not sure people understand the full scope of .pharmacy, because we don’t understand the full scope of .pharmacy. But here is what we see it as – I hate to be an alarmist and move people too quickly, but the “One patient, one pharmacy, one state” is moving to multistate and uniformity and unification. I am not sure how long this model is going to be in place. I know it is not going to be 110 years before the borders of countries begin to ease and we see that in everything we do.

When we order things online – Amazon.com, Alibaba, all these sites – the products come from around the world. And they come to us in days, instantaneously. The world around us is changing and we have to be sensitive to that, but we cannot give up the values that are needed to protect the public. .Pharmacy is an opportunity. It is an opportunity in two ways: one, we can learn and share information, registrations, processes, knowledge with our international colleagues. Just because we do it this way in the United States does not mean it is the best way. There are other methods, other models that we can learn from our international colleagues. Second, we have an opportunity to move that uniformity that we have created nationally – here through NABP and with the state boards of pharmacy – across the globe. It sounds ambitious, but we need to take that first step. We need to begin that journey and that is what .pharmacy is. Captain Kelly said, “We’ve got a puzzle. You need to know how these puzzle pieces fit together and we need to try and get that puzzle to make sense.” He also said that he believed in fate and I believe in fate. Fate changed the comfortable lives that he and his wife once knew. That put him into a new life and new challenges, very uncomfortable, sometimes difficult to deal with. I know people might think it is not a good comparison to say, “You’re in the same situation.” Some people may say, “That’s a very personal, very significant struggle that Captain Kelly and his wife are in,” and I agree. But when I look at what you do every single day, and the lives of individuals across the country that you impact, the millions of people that depend upon you to be safe – I think that struggle is just as significant and just as personal. And I do believe in fate and I believe that I am here for a reason and you are here for a reason. I believe there are things in my life that are there for a reason.

I think NABP is here to try and work together and bring the states together. And that is what our fate is and that is what we have to continue to do. I think the bottom line, the message that we want to send is that we want to work with you to face these challenges, to take hold of our fate. The changing events that are redefining what we do and provide you with the support and infrastructure to be both a board of pharmacy and a board of pharmacy that is part of an alliance and an allegiance with your brethren boards across the United States, unified and strengthened through your national association, NABP.

Thank you.