Good afternoon! I’m very pleased to see so many of you here for this important business session when we elect executive officers and members and vote on resolutions.

It has been a roller coaster year for the Adams family, starting with the addition to our family of our first grandchild, Thomas, and future All American Linebacker at LSU.

And I’m humbled and honored to have the opportunity to speak to you as the incoming National Association of Boards of Pharmacy® (NABP®) president. I never thought having my diapers changed on the prescription counter at my dad’s pharmacy in the French Quarter of New Orleans would lead to this.

Throughout my five years of service on the Executive Committee, I have seen the Association launch several new programs and enhance existing services. NABP grows and evolves in order to provide you with tools and support that can assist you in protecting the public health. Some may ask how NABP is able to accomplish so much. For me, the answer is easy. It is because of you, the committed and dedicated membership.

**The Pharmacist’s Evolving Role**

You probably noticed that there has been a lot of talk about our theme of rebirth in our speeches this year. It may even seem a bit dramatic to some of you. But I truly believe that we are at a point where we need to strive for a rebirth – a revitalization – of pharmacy practice and regulation. And I urge you, as leaders, to join me in bringing about this rebirth.

When I first became a pharmacist 34 years ago, my view of what a pharmacist should be was very different than it is today. I saw the role of the pharmacist as one that focused on dispensing a prescription. Interaction with patients was limited. The pharmacist was to answer a few questions here or there and provide patients with basic instructions for taking their medications.

Today when you see a media report, it is usually with the pharmacist counting on a pill tray. This image must change, or we certainly run the risk of losing our profession to alternative delivery systems.

But, as everything does, health care has evolved over the years. Use of prescription drugs in particular has seen growth, especially among older Americans.

Does anyone know what percentage of those aged 65 and over take five or more medications in a 30-day period?

Forty percent of Americans aged 65 and older take five or more medications. This is an increase of 26% since 1988.

This proves what we all know: Prescription medicine is an integral part of patients’ health care regimens. And as experts in prescription medicines, we should play a more significant role in the treatment of our patients. It is past time for significant change in the practice of pharmacy. We have made strides over the years, but we must partner together to ensure that our expertise is recognized and utilized more fully.
For many years, there has been a call for pharmacists to get out from behind the counter and engage in more clinical work. Pharmacists are looking to serve patients in new and better ways. And patients are demanding service anytime, anywhere. With these and other changes in health care, new models of pharmacy have emerged and provide new opportunities for pharmacists. To advance the practice of pharmacy and make these new models work, we need to enhance our tools and regulations. Now is the time for us, as regulators, to push for regulations that will support our goals of working closely with patients to assist them in their health care needs. We must distance ourselves from the commodity driven sector and redirect to what we are trained and educated to do – deliver information to our patients, and work toward better outcomes.

**Fighting Prescription Drug Abuse**

Over the next year I plan to focus on three critical areas.

- serious public health problems such as prescription drug abuse;
- expanding pharmacists’ interactions with patients; and
- having the tools necessary to regulate effectively.

Pharmacists have always been called upon to solve problems for patients. We are asked to adjust medication dosages, find medications that will work better for certain disease states, and, of course, recommend over-the-counter drugs. The epidemic of prescription drug abuse has also put pharmacists in a new position – we are called upon to help identify and prevent diversion and abuse through doctor shopping.

Many of us have had the experience of seeing patients who are clearly struggling with addiction problems. For some of us, prescription drug abuse has affected us personally as we have tried to help a friend or family member struggling with addiction.

The young man you see on the screen is our son Joey. We lost him 11 short weeks ago to a drug overdose.

None of us are immune from this epidemic. It is present in every state and affects everyone. It knows no race, gender, education, or income.

Recognizing that pharmacists are on the front lines of this epidemic, often the last line of defense, and that they can help protect those abusing prescription drugs with support from regulators, NABP has been working on this issue on several fronts. In 2010, NABP took the AWARE® campaign national to help educate the public about prescription drug abuse. In 2012, the NABP PMP InterConnect® program was launched to connect prescription monitoring programs (PMPs) across the country, thereby helping health care providers identify doctor shopping across state lines. Currently, 24 states have gone live with NABP InterConnect. Sensitive to the states’ individual needs, NABP created a system that adheres to authorization rules of the states’ PMPs, ensuring that individuals who should not have access to PMP data do not get it.

In addition, through the NABP Foundation™, the Association offers NARXCHECK®. This software delivers PMP data in an easy-to-use interface to pharmacists and prescribers. By viewing the NARXCHECK Score, health care providers can easily determine if they need to take a closer look at a patient’s prescription history before writing or filling a prescription. The fees from this software are intended to help support NABP InterConnect so that NABP can offer this service to the states at no charge.

Most recently, NABP has been working with a coalition of health care industry stakeholders to help ensure the delivery of responsible and effective patient care as it relates to the prescribing and dispensing of controlled substances. The 13 participating organizations, which represent physicians, pharmacists, pharmacies, regulatory boards, wholesalers, manufacturers, and government agencies, developed two consensus documents, and are in the process of developing a third.

The first document outlined issues of concern and possible solutions. The second document identified warning flags that should prompt practitioners to review the legitimacy of a controlled substance prescription or request for such a prescription. The next document in process will outline the actions stakeholder organizations will take to improve dialogue so that such warning flags are
addressed, in compliance with federal and state law, and so that practitioners are supported in delivering the most appropriate patient care.

As an outgrowth of this, the Anti Diversion Industry Working Group has created a “red flag” video series in collaboration with NABP. We think this engaging and informative production will help pharmacists and technicians recognize the key identifiers, or “red flags,” of prescription drug abuse.

Those boards that taped a personalized introduction on Saturday and Sunday will be provided with the video files soon so that they may post them for their licensees. These videos will also be posted in the Pharmacists section of the AWARXE website and promoted on the NABP website. Feel free to link to them on your websites, or if you would like to post them on your site, we can provide you with the files.

Prescription drug abuse is an epidemic in this country, with 16,000 people dying every year from opioid-related overdoses. While NABP is already doing much on this front, the Association is looking to the member boards of pharmacy to proactively participate in such programs and to review rules and regulations to support the furtherance of its activities.

Expanding Interactions With Patients

Just as pharmacists are in a position to help identify prescription drug abuse, there are many more situations where they can provide services to patients. As regulators, we need to build a framework that will empower pharmacists to take on a more clinical role. While basic dispensing and counseling services are important, pharmacists have much more to offer.

As part of my initiative, NABP will be working on ways to expand pharmacists’ interactions with patients on a national level. For example, over the years, NABP has been updating the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy to expand requirements for technician education and certification that will, in turn, improve the quality of technicians, allow technicians to better assist pharmacists in the practice of pharmacy and focus on patient-centered activities. The Association will also be offering its expertise and resources to assist boards of pharmacy to increase the range of pharmacist services on a state level.

Providing Tools to Assist Member Boards

Finally, as boards of pharmacy, we need to review what tools we need to regulate effectively. And one of the tools that you can use to enhance the regulatory landscape in your state is NABP. NABP’s systems and services have been created to support you as you work to protect public health. And during my presidency, I will be actively working to ensure that NABP provides the resources you need. I know that by working together we can achieve the things I’ve outlined today. The success of working together is exemplified in the Verified Pharmacy Program (VPP). VPP is an outgrowth of the 2012 Interactive Executive Officer Forum. As Karen mentioned on Sunday, it was during this meeting that executive officers discussed solutions for preventing future compounding-related tragedies. The results of this brainstorming was a comprehensive plan that focused on ensuring that vital information on nonresident compounding pharmacies was available to the boards of pharmacy.

At the 2013 Interactive Executive Officer Forum, NABP staff debuted VPP to the attendees and sought their comments and suggestions. The intent of VPP is to provide boards of pharmacy with a streamlined approach for licensing nonresident pharmacies. By building on the most stringent board of pharmacy requirements, NABP sought to create an inspection process that will meet the requirements of all states. The goal was to provide a service that boards of pharmacy could use in lieu of their own inspections, thereby saving time and money that could be used to support other board projects.

I am confident that NABP has the knowledge and expertise to provide your boards with exceptional inspection reports that will provide you with vital information for your nonresident licensing decisions. NABP surveyors and inspectors have a huge breadth of knowledge, as over the years they have performed inspections in 51 member board jurisdictions.
Does anyone want to take a guess as to how many inspections NABP has performed in the last 15 years? Eleven thousand inspections have been performed. I hope that you all recognize how this expertise can assist your board of pharmacy.

I would also like to remind you that VPP was not created to replace state licensure, but rather to support the states in their licensing efforts. Similar to the Electronic Licensure Transfer Program®, or e-LTP®, VPP does all the leg work for the boards, providing you with information necessary to make your decision.

Since January, NABP has received over 120 VPP applications. All of these pharmacies will have an NABP pharmacy e-Profile, which will be available to all boards of pharmacy and will include essential license and disciplinary information as well as inspection reports.

A crucial component of VPP is the inspection sharing network. Accessible through the Board e-Profile Connect by authorized board staff, this is where VPP inspection reports are uploaded and information is pushed out to the boards of pharmacy. In addition, board staff can upload state inspection reports for other states to view. We recognize that some states are not able to share their pharmacy inspection reports, so we ask that boards in that situation simply provide the inspection dates for the pharmacies licensed in their states. Even this very basic information can be helpful to boards that are receiving applications for licensure from nonresident pharmacies.

It was very encouraging to see that some boards sent inspection reports to NABP for uploading even before we provided formal training on the sharing network. We held two webinars in March and were very pleased that there were 56 participants between the two sessions.

We hope that you see the importance and value of utilizing VPP and the inspection sharing network. And we hope that you are able to work with the decision makers in your states to incorporate these services into your processes. If you are interested in getting training for your board staff, the Member Relations and Government Affairs staff is here to assist.

Before I conclude, I would like to invite those interested in getting involved with NABP to submit a letter of interest to be on a committee or task force.

All of the NABP programs and services reflect the commitment, experience, and tireless efforts of members who have devoted time to committee and task force meetings and form integral components of NABP’s strategies and support for the state boards of pharmacy. The topics addressed by the task forces and standing committees help shape the future direction of NABP. Your participation is vital for the Association to meet the mission of protecting public health. In this room we have the talent, knowledge, and experience to meet any challenge that may present itself.

Serving on a task force or committee is not only an opportunity to contribute your expertise on important regulatory issues facing the boards, but is also a valuable opportunity to collaborate with other board of pharmacy members.

Soon, I will be appointing members to task forces as well as standing committees. If you want to help shape the future of NABP, please send a brief letter of interest and a current résumé to my attention at the NABP headquarters in Mount Prospect, IL, by June 6. Or, e-mail your letter of interest and résumé to me in care of exec-office@NABP.net.

I look forward to working with the member boards and serving as your president over the coming year. Thank You.