NEWSLETTER OF THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY®

INNOVATIONS®

NABP Enhances e-Profile Connect Technology

Offers Member Boards New Method for Improved Data Sharing

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Innovations
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NABP Mission Statement
NABP is the independent, international, and impartial association that assists its member boards and jurisdictions for the purpose of protecting the public health.

2019 Special Issue Coming Soon!

The 2019 *Innovations* Special Issue will be mailing soon. The newsletter will include an overview of NABP's 115th Annual Meeting in Minneapolis, MN; biographies of the 2019-2020 Executive Committee officers and members; resolutions approved by member board of pharmacy delegates; and photos of the 2019 Annual Award recipients. The NABP 115th Annual Meeting officer reports are available in the Publications and Reports section of the NABP website at *www.nabp.pharmacy*.

Interview With a Board Executive Director

Geoffrey Christ, JD, RPh,
Executive Secretary,
Delaware State Board of Pharmacy

Geoffrey Christ, JD, RPh,

Executive Secretary, Delaware State Board of Pharmacy

How long have you served as executive secretary of the Delaware State Board of Pharmacy? What was your role prior to working with the Board?

I have been executive secretary of the Board for a year. I served as a Board member from 2007-2013. During that tenure, I was president of the Board for two years. I have also worked as a community pharmacist and an attorney.

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

When the previous director, Dave Dryden, retired, there was a statewide hiring freeze. The Board did not have an executive director for over a year. Board members had to review audits and be on call to answer staff questions. The Board liaison and Board attorney were the go-to people when the staff needed answers to technical questions. Many of the Board members stepped up and put in a lot of time for which they were not compensated to make sure the Board's back-office functions were completed, accurate, and timely.

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

As soon as Governor John Carney lifted the hiring freeze, the Board hired me. The Board has been wonderfully patient with me as I caught up on a number of things. The Board and I have been working together for a year, and I think we have a good working relationship.

What other key issues has the Board been focusing on?

The entire Division of Professional Regulation – not just the Board of Pharmacy – is paper-driven, so all applications and forms have to be printed and mailed in with checks. The only thing that is automated through our online portal is the renewal process. Everything else – applications, verifications, audits – has to be sent in. The Board submitted a request for proposal to automate the system a while before I got here, and the project build started in July 2018. The Board is going to a completely paperless, automated system where the licensees will have much more control over the process, and everything they submit can be uploaded and sent in. We are doing some statutory revisions as well. It is going to be wonderful and will help free up staff time. I think the licensees will be the most pleased and impressed because the process will be smoother, and they will have a real-time portal that will enable them to see what materials they are missing and need to send in. It is going to cut down on calls, and everyone is going to be well-informed. We anticipate going live with the system sometime in the fall. In addition, the Board has been going through our pharmacy statute section by section and, with the help of our attorney general, taking out antiquated language and things that are not done anymore in practice and including language that reflects changes in the practice, especially with all the new entities in the supply chain – virtual manufacturers and virtual wholesalers.

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

Reach out to your fellow executive directors. Being the new kid on the block, I have found that I stick with the executive directors in my neighboring states because they are close by. Everyone has been very cordial, forthcoming with

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Delaware State Board of Pharmacy

Number of Board Members: 6 pharmacist members and 3 public members
Number of Compliance Officers/Inspectors: 1
Rules and Regulations Established by: State board of pharmacy
Number of Pharmacist Licensees: 2,208
Number of Pharmacies: 1,096 (in-state)
Number of Wholesale Distributors: 809

Tracking a Moving Target

The Trajectory of the Opioid Multidistrict Litigation and Its Anticipated Impact on the State and National Epidemic Response

Matthew J. Rubin,
Faegre Baker Daniels Consulting

> **"The multidistrict litigation . . . is the mechanism by which federal courts are hoping to handle the complex national caseload regarding the impact of opioid marketing, sales, and distribution on the marked increase in rates of misuse, abuse, and overdose the country has experienced in the last two decades."**

Over the past several months, litigators, representatives from pharmaceutical manufacturers and drug distributors, patient advocates, health care providers, and related subject matter experts have all taken a keen interest in the actions of a single individual residing in Akron, OH: United States district judge for the northern district of Ohio, Dan Aaron Polster. Judge Polster, a 1976 graduate of Harvard Law School, was selected in December 2017 to lead the comprehensive effort to manage hundreds of cases consolidated into National Prescription Opiate Litigation (MDL-2804), the multidistrict litigation regarding the nation's opioid epidemic.

The multidistrict litigation, often compared to the late 1990s litigation and settlement with Big Tobacco, is the mechanism by which federal courts are hoping to handle the complex national caseload regarding the impact of opioid marketing, sales, and distribution on the marked increase in rates of misuse, abuse, and overdose the country has experienced over the last two decades. This involves cases brought by hundreds of varied parties from coast-to-coast trying to mitigate local impacts of the prescription opioid abuse epidemic and the associated socioeconomic harms.

Since his appointment to helm the MDL, Judge Polster has been an ardent proponent of an expeditious and comprehensive settlement, avoiding trial. For Judge Polster, any settlement must address three core components aimed to help mitigate the impact of the nation's opioid epidemic:

1. Reduction of the number of prescription opioids being prescribed to lessen the initiation of unnecessary opioid treatment and subsequent addiction

2. Reduction of the number of pills diverted out of the legitimate supply chain for non-medical use

3. Provision of resources for those struggling with substance use and opioid use disorders

Originally set to go to trial in March 2019, the first track of bellwether trials in the northern district of Ohio – for Cuyahoga and Summit counties – are now set to commence on October 21, 2019. Having already been delayed twice, Judge Polster has since made it clear that the trial will start in October barring a settlement.

As parties proceed toward an anticipated trial, there are four main areas of consideration around general theories of liability that are being alleged of the defendants:

- Deceptive marketing practices and misbranding of opioid products
- Overprescribing and supply to patients, which allowed for misuse, abuse, and diversion
- Improper reporting of suspicious orders
- False education and promotion by on-payroll physicians and key opinion leaders

Framing the MDL – Who's Involved and What's the Timeline

Across the more than 1,200 cases bundled within the MDL are several categories of plaintiffs and defendants

set to spar against one another later this year. Plaintiffs in MDL-2804 vary greatly in their scope and size, which includes cities, counties, states, Native American tribes, hospitals, health systems, and third-party payer groups.

Defendants are the large national and multinational organizations accused of spurring the proliferation of the epidemic across the country. These groups include pharmaceutical manufacturers and distributors, chain pharmacies, and consulting health care providers.

As noted previously, Judge Polster is adamant that the first trial proceeds in October and has all but removed the possibility for further delays. Recently, Judge Polster ordered that defendants and plaintiffs be limited to 10 experts each to testify at trial. This is a significant step to expedite the trial process as the plaintiffs disclosed 24 experts, and defendants anticipate disclosing more than 90. In an order released January 29, 2019, Judge Polster laid out the anticipated timeline and case management schedule leading to the trial start.

- **March 25, 2019** – Plaintiffs to provide expert reports and potential days for deposition.
- **May 10, 2019** – Defendants to provide expert reports and potential days for deposition.
- **September 25, 2019** – All pre-trial materials are due to the court.
- **October 15, 2019** – Final pre-trial hearing is held.
- **October 21, 2019** – Trial begins.

To help assist with the advancement of the case through discovery and toward trial, if not first achieve settlement, Judge Polster has appointed three "special masters." These individuals – David R. Cohen, Francis McGovern, and Cathy Yanni – are responsible for coordinating between the varied interests and focuses of both plaintiffs and defendants.

Concurrent State Litigation

While Judge Polster leads the charge around management of the federal cases, there are more than 300 state and local cases that are simultaneously pending. Currently, eight states have trials on the calendar with start dates set from late May through early 2020.

Most notably, Oklahoma Attorney General Michael Hunter recently reached settlement with Purdue Pharma in advance of a May 29 trial regarding the company's role in the proliferation of opioid misuse, abuse, and overdose in the state. The settlement totals more than $270 million and provides a slight glimpse into any efforts by defendants to mitigate risk and avoid the potential implications of a jury trial with the MDL set to kick off about six months later.

The $270 million settlement includes:

- a $102.5 million endowment to support the Oklahoma State University Center for Health Sciences Center for Wellness and Recovery;
- $75 million over a five-year period (2020-2025) to be distributed to local communities and municipalities to combat the opioid epidemic that will come directly from the Sackler family;
- provision of medicines indicated for the treatment of opioid addiction (valued at $20 million) between 2020 and 2025; and
- $60 million to cover legal expenditures to date.

The case proceeded in late May with the other named defendants, including pharmaceutical companies Johnson & Johnson and Teva Pharmaceutical Industries, Ltd. Several Oklahoma counties recently voiced displeasure with the state's settlement and are seeking to re-enter discussions as the remaining defendants are set to go to trial. At press time, other cases on track to begin throughout the remainder of the year include California (June 18), Washington (September 23) and South Carolina (October 14).

Comparison to the Tobacco Master Settlement Agreement

As the MDL has continued to expand and garner greater visibility on the national scale, press outlets have begun to draw similarities to the Tobacco Master Settlement Agreement ("Tobacco MSA") from November 1998. The Tobacco MSA was a settlement between the four main US tobacco companies and 46 state attorneys general around improper marketing practices and to recoup tobacco-related health care costs.

The two litigations share several core similarities, although they differ in significantly more capacities. Similarities include:

- Plaintiffs are often governmental entities that are suing product manufacturers for the harms caused by utilization of their products.

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NABP Seeks Representative for ACPE Board of Directors

NABP is currently accepting letters of interest and curricula vitae (CVs) from individuals interested in serving a six-year term as one of the Association's three representatives on the Accreditation Council for Pharmacy Education (ACPE) Board of Directors.

Interested board of pharmacy members, executive officers, or individuals who have served within the last five years as members or executive officers of an active board of pharmacy are encouraged to submit a current CV and a letter of interest to NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters or ExecOffice@nabp.pharmacy by August 2, 2019. Appointees must be available to attend two to three board meetings per year, three to four school or college of pharmacy on-site visits, an ACPE annual meeting, and an orientation program to be held in January 2020. The term will officially begin on July 1, 2020. Letters should be a short narrative, no longer than one page, highlighting relevant experiences and talents that qualify candidates for service, their views on educational and accreditation issues facing the ACPE Board of Directors, why they wish to serve, and what they would contribute as an appointee of NABP.

On June 30 of every even-numbered year, the six-year term of one NABP representative expires. A subcommittee of the NABP Executive Committee will present a recommendation for the appointee to the full Executive Committee at its August 2019 meeting for final approval.

For more information, please contact NABP Executive Office at ExecOffice@nabp.pharmacy.

Policy Perspectives

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- Allegations, at least in part, are founded on claims of misleading marketing practices that were meant to downplay risks of addiction and other health care impacts.
- A significant financial payout is expected, a portion of which will be directed toward the health care costs associated with misuse, abuse, and addiction.

The two cases differ in three main areas: 1) the number of individuals affected by tobacco (50 million smokers in 1998) and opioid use (20 million Americans diagnosed with substance use disorders); 2) the federal regulatory apparatus around product regulation (Food and Drug Administration-regulated and physician-prescribed); and 3) that cigarettes are known to cause harm even when used as intended (compared to opioid harms caused by excessive or non-medical use and introduction of illicit drugs).

What's on the Horizon?

With cases being introduced or settled at the state and federal level on a near continual basis, the national response to the opioid MDL remains steadfast and comprehensive. Funding, stemming from federal appropriations and grants through settlement dollars, is set to be disseminated quickly to improve the local, state, and national infrastructure around opioid misuse, abuse, overdose, and diversion through appropriate prevention treatment and recovery initiatives.

The outcome of the May 2019 trial in Oklahoma – which was televised –likely will set the tone for future state and federal litigation and provide further insight into the feasibility and likelihood of any additional settlements.

This article was written by Matthew J. Rubin with Faegre Baker Daniels Consulting. Please note, the opinions and views expressed by Faegre Baker Daniels Consulting do not necessarily reflect the official views, opinions, or policies of NABP or any member board unless expressly stated.

Executive Director

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information, and helpful. They have been a wonderful resource. We are all dealing with similar issues, just differently because of the dynamics of our state legislatures. Delaware is a unique state because it is so small. We can get things done a little quicker here. I am very fortunate that my supervisor – the director of the division – takes me over to the Legislative Hall every chance he gets to make sure they know who I am.

2018-2019 Annual Report on Association Legal Affairs

Significant growth, key service expansion, and enrichment of board of pharmacy educational programs were the hallmarks of an exciting year for NABP. The Legal Affairs department provided essential guidance and support for the Association and its staff each step of the way.

PMP InterConnect

The Legal Affairs department partnered with NABP staff to secure major participants in NABP PMP InterConnect®. This year marks the participation of the first federal agency. The Defense Health Agency, which operates hospitals and clinics that serve active duty military and their families, signed a memorandum of understanding (MOU) in January 2019. More than 50 prescription monitoring programs (PMPs) are actively using PMP InterConnect or have signed an MOU.

Educational Support for the Boards

Marijuana Webinar

The Legal Affairs department hosted an educational webinar for board of pharmacy attorneys on October 11, 2018. The webinar featured three speakers: a state attorney general who represents a board of pharmacy, an executive director of a board of pharmacy, and a clinical pharmacist. The attorney general and executive director reviewed their respective "sister state" disciplinary cases involving a pharmacist who tested positive for marijuana. Additionally, a pharmacist presented a clinical overview of marijuana, describing challenges when collecting samples for marijuana testing and evaluating testing results.

Upcoming Interactive Forum

NABP will host the biennial Interactive Compliance Officer and Legal Counsel Forum December 4-5, 2019. Case reviews, regulatory updates, and discussions are planned for the forum.

Litigation

NABP staff is working tirelessly to help defend the Association in two lawsuits. The earlier lawsuit, filed in August 2017, involves a testing candidate who claims NABP breached a contract with the candidate who experienced computer issues on two occasions when taking an NABP examination. The Association filed documents requesting the court to dispose of the case.

In the second lawsuit, three wholesale drug distributors sued NABP on December 14, 2018. They claim NABP is a state actor and that any Verified-Accredited Wholesale Distributors® (VAWD®) criteria that exceed federal law are preempted under the law and the United States Constitution. The distributors sought a temporary restraining order (TRO) against NABP to prohibit the Association from administering the VAWD program to the extent that program criteria exceeded federal law. On December 28, 2018, the court denied the TRO request. The distributors also seek a preliminary injunction against NABP for the reasons stated above, requesting that the court nullify the VAWD program. A hearing on the preliminary injunction was held in mid-April 2019. As of press time, it is not known when the court will issue a decision on the distributors' request regarding the VAWD program. NABP continues to operate the VAWD program as it did prior to the lawsuit.

NABP is defending itself vigorously in each case, but it is not able to comment otherwise on the pending litigation.

Bright Future

NABP is committed to providing innovative services, unwavering support, and outstanding educational programming to its member boards of pharmacy. From the e-Profile mobile app and the largest network of interconnected PMPs in the US to multifaceted, knowledge-sharing forums and expert board training, NABP continues to partner with member boards of pharmacy to create informed, streamlined services that advance public health protection goals. ■

NABP Enhances e-Profile Connect Technology, Offers Member Boards New Method for Improved Data Sharing

In January, NABP announced it would be working with several state boards of pharmacy on a pilot that would create data exchanges between the boards and NABP's e-Profile Connect system. The project is intended to ensure the data exchanged between board systems and NABP's system is up to date, complete, and more quickly accessible to the boards. Two states, West Virginia and Michigan, are now actively exchanging data with NABP, and additional boards are also working toward the same goal. In addition, the development of a new application programming interface (API) for e-Profile Connect allows participating states to automatically access NABP-provided information without involving board of pharmacy staff. Such data exchanges will eliminate most wait times for states to receive information such as testing scores and continuing pharmacy education hours, from NABP. This also opens the possibility to eliminate the data entry process at the board level and reduces the potential for data entry error that exists within the current process.

> **"More frequent, more efficient sharing of information can be a valuable resource that helps keep state licensee data clean and more likely to be free of errors such as incorrect dates or mistyped information."**

API Improves Data Exchanges

To enhance the exchange process, NABP created an API for the e-Profile system. APIs are a type of computer function that allows an automated interchange of data between systems. For example, a weather API may be used to retrieve local weather information from a database and display it through a website, or an application on your phone.

Similarly, the NABP API enables the NABP e-Profile system to share data with systems used by individual boards, and vice versa. By using the API to support data exchanges, states gain the ability to update their systems with the relevant information from NABP at any time. Boards can choose to have their system access the NABP system through a series of commands built into the licensure software, allowing on-demand updates. Or, they may choose to build an automatic update feature into their system. This option allows boards to receive updates from NABP's system at a frequency and time chosen by the board – usually overnight, on a daily basis.

Benefits to the Boards

More frequent, more efficient sharing of information can be a valuable resource that helps keep state licensee data clean and more likely to be free of errors such as incorrect dates or mistyped information. This is because states that engage with the data exchange will have provided their license data as part of the process to allow the exchanges. As a result, information

mismatched between different parties is eliminated. In addition, data is exchanged without human intervention, preventing the possibility of data entry errors.

The data exchanges may also allow states' most current information to be shared with NABP, which, in turn, ensures that other states pulling information on that individual from e-Profile Connect will have the most accurate information possible. Each request to exchange information is validated before acceptance, and transaction requests that do not validate with key information are not accepted for updates.

With this automation, more board staff time and resources are available to focus on other pressing board work.

In order to implement the data exchange system with NABP, a board of pharmacy must have the NABP e-Profile ID incorporated into its database. The e-Profile ID is the shared unique identifier required to ensure correct matching of information to licensees or licensure candidates. After initiation, NABP will work jointly with the board to develop an implementation timeline unique to that board. The process may be accomplished within a few weeks or months, depending on the board's current software capabilities. To help facilitate this transition, NABP has also been working with software vendors that will help launch these exchanges on a multistate level.

As the data exchange pilot continues, NABP anticipates that support information will be made available through a section of the NABP website. This resource is expected to be available to boards in 2020. Boards that are interested in this technology can reach out to NABP at 847/391-4406, or at GovernmentAffairs@nabp.pharmacy. Data templates and technical guides are already in place, and NABP can immediately get the process started. ■

NABP/BOARD DATA EXCHANGE BENEFITS

- **Increases valid information in both databases**
- **Decreases data inconsistencies and data errors**
- **Decreases processing time for both sides**
- **Complete, updated information in board and NABP e-Profile databases**
- **Boards making licensure transfer decisions will have access to e-Profile data reflective of boards where the licensee currently holds licenses**
- **Reduces burden on board staff time and resources, freeing up board resources for other responsibilities**
- **Increases timeliness of continuing pharmacy education (CPE) audits**

THE KEY TO A SEAMLESS DATA EXCHANGE?

THE e-PROFILE ID

Prepare for this transition by requiring pharmacists, student interns, and pharmacy technicians to include their e-Profile ID on applications for initial licensure and renewal forms. Most individuals already have an e-Profile ID as it was implemented to earn CPE in 2011.

The NABP e-Profile ID contains data that boards use as they grant licenses and ensure that licensees are maintaining professional and safety standards.

The e-Profile system provides:

- **Comprehensive Clearinghouse reports and board actions**
- **Access to Verified Pharmacy Program® and state inspection reports**
- **Ability to audit CPE compliance during renewal cycles**
- **Reinforced network and application security**

Eighteen Member Boards Have Become Blueprint States

Participation Rises and Strengthens Uniform Inspection Processes

The Indiana Board of Pharmacy and the Utah Board of Pharmacy are the latest states to join the Multistate Pharmacy Inspection Blueprint Program, bringing the total number of "Blueprint states" to 18. The other states that have signed the Multistate Pharmacy Inspection Blueprint Program Participation Agreement include Arizona, Arkansas, Kentucky, Louisiana, Michigan, Mississippi, New Jersey, North Carolina, North Dakota, Ohio, Rhode Island, South Dakota, Tennessee, Virginia, West Virginia, and Wyoming.

Member boards deemed Blueprint states share the goal of ensuring that the sterile compounding pharmacies shipping products out-of-state are routinely and consistently inspected by trained inspectors. The participating states also guarantee that the inspection reports shared on these facilities reflect the robust, uniform approach of the Blueprint Program.

Inspection Criteria and Qualified Training

Blueprint states use inspection forms and processes that cover the minimum requirements agreed upon by most member boards. These requirements focus on general areas of pharmacy and national compounding standards, primarily *United States Pharmacopeia General Chapter <797> Pharmaceutical Compounding – Sterile Preparations* and referenced chapters. To become a Blueprint state, boards may use either the Universal Inspection Form provided by NABP or their own state inspection form that has been cross-walked by NABP and deemed equivalent to the Universal Inspection Form.

Boards of pharmacy that join the Blueprint Program must ensure that the inspectors and compliance officers who conduct these inspections receive qualified training in inspecting sterile compounding facilities. Qualified training includes either the NABP and CriticalPoint Sterile Compounding Inspector Training, where inspectors earn the CriticalPoint Certification in Sterile Compounding Inspections or other training approved by NABP.

Become a Blueprint State

NABP continues to offer participating state boards a database of consistent, current inspection information to help them make informed licensure decisions for nonresident compounding pharmacies. For more details about how to become a Blueprint state or to learn more about sterile compounding training opportunities, contact the NABP Member Relations and Government Affairs department at GovernmentAffairs@nabp.pharmacy. ■

2019 Sterile Compounding Training Dates

- July 9-12, 2019
- October 29-November 1, 2019

To register or learn more, visit *www.criticalpoint.info/sterile-compounding-inspector-training*.

First Quarter 2019 NABP Clearinghouse Totals Announced

During the first quarter of 2019, the state boards of pharmacy reported actions on 1,708 pharmacy professionals and organizations to the NABP Clearinghouse. The majority of actions were taken against pharmacists, pharmacies, and pharmacy technicians.

The four actions most reported in the first quarter were publicly available fine/monetary penalty (604 actions or 35.4%); other actions not classified (170 actions or 10%); reprimand or censure (128 actions or 7.5%); and license or certificate restored or reinstated, complete, conditional, or denied (128 actions or 7.5%).

Of the 1,570 bases for actions cited in first quarter 2019, violation of federal or state statutes, regulations, rules or state health code (411 bases or 26.2%), miscellaneous (222 bases or 14.1%), and other bases not classified (182 bases or 11.6%) were the top reasons why disciplinary actions were taken during the period.

As stated in the NABP Constitution and Bylaws, participation in the Clearinghouse is required as part of a board of pharmacy's membership to the Association. Timely reporting to the Clearinghouse is essential to maintaining the integrity of the licensure transfer program. Boards may access the Clearinghouse using NABP e-Profile Connect. ■

Task Force to Develop Regulations Based on Standards of Care Examines Regulatory Alternatives for Clinical Care Services

During the Task Force to Develop Regulations Based on Standards of Care, members explored the feasibility of transitioning from prescriptive rule-based regulations to a model that defines regulation through a standard of care process. Members discussed how antiquated regulations can be a barrier to evolving pharmacy practice and, consequently, a barrier to improved patient care. As a result of that discussion, the task force recommended that NABP encourage state boards of pharmacy to review their practice acts and regulations to determine what regulations may need to be revised or eliminated while recognizing evolving pharmacy practice.

The task force also recommended that NABP encourage state boards to consider regulatory alternatives for clinical care services that require pharmacy professionals to meet the standard of care. The task force reviewed various regulatory approaches that are currently being applied by other professions such as nursing and medicine. Those various models include standards of care-based regulation, right-touch regulation, and evidence-based regulatory models. With the inclusion of pharmacists in team-based care and pharmacists' expanding scope, including prescribing authority in several states, the traditional manner of regulating pharmacy by focusing primarily on pharmacy operations may need to be reviewed.

Members of the task force also support further collaboration between NABP and states that may adopt standards of care-based regulations to identify, monitor, and disseminate outcomes. As states consider adopting standards of care-based regulation for pharmacy, the task force recommended that NABP follow this activity and collaborate with such states regarding their experiences and the impact on patient care. As part of the discussion, members questioned which tools should be used to enforce standards of care-based regulation and how licensees should be held accountable to practice such standards. It was suggested that NABP and the boards of pharmacy consult with the boards of medicine and nursing to determine effective tools for enforcement and accountability.

The task force concluded that if standards of care-based regulation is determined to maintain patient safety, NABP should develop a path forward for boards that are considering taking a similar approach to regulation. The task force realized that the path forward may not be developed for quite some time until metrics-based information, such as number of complaints, incidents of harm, and patient outcomes, becomes available.

As a result, the task force recommended that NABP include a definition of "standards of care" in the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* that states can utilize if they choose to adopt this type of regulation.

The last recommendation of the task force was that NABP monitor adoption of standards of care-based regulations and, if and when appropriate, consolidate and share information and tools obtained from professional regulatory groups and relevant stakeholders for regulating standards of care-based practice for states that wish to obtain more information.

The Task Force to Develop Regulations Based on Standards of Care was established in response to Resolution 114-4-18, which was approved by the membership at the Association's 114th Annual Meeting in May 2018. Task force members included Andrew Funk, PharmD, RPh (chair); Allison Vordenbaumen Benz, MS, RPh; Lemrey "Al" Carter, PharmD, RPh; Cindy Fain, PD; Robert A. Graves; Donna Horn, RPh, DPh; Kristina Jonas, PharmD, RPh; Donald "Donnie" Lewis, RPh; Carrie Phillips, MS, PharmD, RPh; Kristen Snair, CPhT; Edmund Taglieri, MSM, NHA, RPh; Donna S. Wall, PharmD, RPh; Stuart T. Williams, JD; and Bradley S. Hamilton, RPh, Executive Committee liaison.

Invited guests for the task force included Maureen Cahill, BSN, MSN, associate director of nursing regulation, National Council of State Boards of Nursing; Ian Marquand, ex officio member, Federation of State Medical Boards; and Daniel Robinson, PharmD, FASHP, member, American Association of Colleges of Pharmacy.

The task force report was approved by the Executive Committee during its December 2018 meeting and is available in the Publications and Reports section at *www.nabp.pharmacy*.

Task Force Charge

The Task Force to Develop Regulations Based on Standards of Care met October 9-10, 2018, and accepted the following charge:

1. Explore the feasibility of transitioning from prescriptive rule-based regulations to a model that defines regulation through a standard of care process.
2. Discuss the necessary tools (eg, peer review committees, enforcement approaches) that boards of pharmacy would need to develop and utilize to achieve this transition.

Task Force on Mutual-Recognition Licensure Recommends Retaining Current Form of e-LTP

During the Task Force on Mutual-Recognition Licensure, members explored enhancements to NABP's Electronic Licensure Transfer Program® (e-LTP™) that would provide for increased participation in interstate practice models for pharmacists and maintain boards of pharmacy jurisdiction over practices and individuals engaged in the practice of pharmacy in their jurisdictions. According to the report of the task force, members recommended that NABP should continue to operate e-LTP as it is currently structured.

Members of the task force concluded that the mobility of pharmacists' licensure, as it relates to accessibility and provision of necessary pharmacist care services, is not an issue of concern as e-LTP addresses this in an effective and efficient manner. Task force members also noted that a mutual-recognition licensure method would be difficult to operationalize in states that have densely populated cities or numerous regulations in place. Furthermore, members stressed that a mutual-recognition licensure method may create a loophole for pharmacists who have been disciplined and who may be a risk to public health, if NABP's e-LTP process is bypassed.

The task force members also recommended that NABP examine enhancements to e-LTP that will address changes in practice and retain use of the Multistate Pharmacy Jurisprudence Examination® (MPJE®). The members engaged in robust discussion about the requirement for the state-specific MPJE as a component of multistate licensure and concluded that it would be problematic to remove the MPJE requirement. Specifically, they discussed how creating a separate path for the provision of services beyond physical dispensing assumes that pharmacists will not need to know state-specific laws and rules, such as controlled substance scheduling and record-keeping requirements.

Additionally, the task force concluded that NABP should work with states to evaluate potential barriers in their licensing processes and identify opportunities for NABP to help increase efficiency at the state level through additional services, standardization, and infrastructure. The e-LTP process became completely paperless on April 2, 2018, for all stages of the licensure transfer process and NABP can often process and report applicant information to the requested state within 24 hours of receipt of the application. Delays in processing often occur during the state board review process. To assist its member boards, NABP has been working with them to streamline the licensure transfer process. This has led NABP to work collaboratively with six member boards to evaluate licensure transfer applicants for eligibility to take the MPJE for subsequent licensure transfer into those states. Keeping in mind that many boards currently face a shortage in financial and staffing resources, the task force concluded that NABP should work closely with other member boards to help further assist and streamline their licensure transfer processes.

The task force's last recommendation was for NABP to study the feasibility of supplementing e-LTP to allow for the provision of non-dispensing, cognitive patient care services remotely across state lines, with the intent that the same assurances and patient protections that currently exist with e-LTP remain in place. The task force further recommends that any supplement or approval of providing patient care or engaging in the practice of pharmacy across state lines should be managed through an NABP state-based controlled system.

The Task Force on Mutual-Recognition Licensure was established in response to Resolution 114-5-18, which was approved by the NABP membership at the Association's 114th Annual Meeting in May 2018. Task force members included Mark J. Hardy, PharmD, RPh (chair); James Bracewell, BBA; Carl "Trip" Hoffman III, PharmD, RPh; Tony King, PharmD, RPh; Mark Klang, MS, PhD, RPh, BCNSP; Deborah C. Mack, PD, RPh, CHC, CCEP; Pamela L. Marshall, RPh; Tejal J. Patel, MBA, PharmD, RPh; Laura Rang, RPh; Joanne Trifone, RPh; and Caroline D. Juran RPh, DPh, Executive Committee liaison. Alex J. Adams, PharmD, RPh, MPH, executive director, Idaho State Board of Pharmacy, also participated as an invited guest.

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Task Force Charge

The Task Force on Mutual-Recognition Licensure met September 11-12, 2018, and accepted the following charge:

1. Explore enhancements to NABP's Electronic Licensure Transfer Program® (e-LTP™) that:
   a. provide for pharmacists' increased participation in interstate practice models; and
   b. maintain boards of pharmacy jurisdiction over practices and individuals engaged in the practice of pharmacy in their jurisdictions.
2. Recommend, if necessary, amending the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* addressing this issue.

Work Group Reviews Suspicious Order Reporting of Controlled Substances, Makes Recommendations

During the Suspicious Orders Work Group, members reviewed the complexities associated with suspicious order reporting and the existing state and federal laws and regulations regarding actions wholesale distributors should take when suspicious orders for controlled substances (CS) are placed by pharmacies.

According to the report of the work group, members concluded that a definition of "suspicious order" should be added to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*, consistent with Drug Enforcement Administration (DEA) regulations and the state of Ohio's definition. The work group recommended that the *Model Act* make the act of providing inaccurate or fraudulent information about purchase orders to wholesale distributors grounds for discipline, and additionally recommended changes to the *Model Act* to designate the pharmacist-in-charge (PIC) responsible for ensuring that truthful information is submitted to wholesale distributors regarding CS purchases and receipt. These changes are intended to close any loopholes that may exist within the wholesale distributors' due diligence surveillance processes; however, the last recommended change was subsequently revised by the NABP Committee on Law Enforcement/Legislation, which moved that language from the PIC responsibilities to the unprofessional conduct section.

Further, the work group members recommended that all suspicious order reports should be routed through a centralized NABP Suspicious Orders System for state boards of pharmacy to view and monitor to ensure that all wholesale distributor drug sales reports conform to one standard and to provide states with the necessary information to make the best public health decisions. State representatives reviewed examples of suspicious order reports and noted that some wholesale distributors provide more helpful information than others.

Members additionally recommended that NABP should review the Centers for Medicare and Medicaid Services (CMS) algorithm for appropriate incorporation into state suspicious order reporting regulations. Work group members recommended that NABP research this topic more closely to explore if the CMS algorithm can be utilized by state pharmacy boards as a standardized measurement to assist in evaluating suspicious order reports.

The work group also supported the creation of model language to require wholesale distributors to submit all sales data for CS and drugs of concern to the NABP system for enhanced oversight. Work group members were mindful, however, of at-the-time pending federal bills that would mandate that CS purchase orders be reported to a central database. If the legislation had failed, work group members suggested NABP serve as a central storage hub for all CS sales records that should be reported in the Automation of Reports and Consolidated Orders System (ARCOS) format.

Notably, since that recommendation was made, the Support for Patients and Communities Act was signed into law. Among many other provisions intended to curb the opioid overdose epidemic is a requirement for DEA to enhance its ARCOS system to provide manufacturers and distributors with data about the distribution of CS from manufacturer, through the supply chain, and to the point of sale, including pharmacies. NABP will be watching the progress of this provision closely.

The work group's final recommendation was that NABP should create and maintain appropriate contacts to share with industry stakeholders for suspicious order reporting to bolster state regulatory

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Work Group Charge

The Suspicious Orders Work Group met August 29-30, 2018, and accepted the following charge:

1. Review existing state and federal laws and regulations regarding suspicious orders of controlled substances placed by pharmacies to wholesale distributors.
2. Recommend, if necessary, amending the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to include a definition of a suspicious order.
3. Examine the feasibility of developing a database that would house wholesale transaction data, analyze purchasing patterns, identify suspicious orders, and report activity to appropriate enforcement authorities.

2019-2020 ACE Appointments Announced

NABP is pleased to announce that the following individuals have been appointed to serve on the 2019-2020 Advisory Committee on Examinations (ACE). This standing committee, established by NABP in 1912, was created to safeguard the integrity and validity of NABP examinations.

ACE oversees the development and administration of all the Association's examination and certification programs. ACE also considers policy matters, evaluates long-range planning strategies, and recommends appropriate action to the NABP Executive Committee.

ACE typically convenes twice per year. The committee consists of individuals who are affiliated members of NABP, including current active board of pharmacy members and administrative officers, individuals who have served within the last five years as a member or administrative officer of a board of pharmacy, and non-affiliated individuals who are practicing pharmacists or serving as pharmacy school faculty. Members serve three-year terms and ex officio members serve one-year terms.

The following members began their terms on June 1, 2019. Bradley S. Hamilton, RPh, Executive Committee member, is serving as the Executive Committee liaison.

2019-2020 ACE Members

- **Michael A. Burleson, RPh** • Kentucky
- **Mark C. Decerbo, PharmD, RPh, BCNSP, BCPS** • Nevada
- **Debra B. Glass, RPh** • Florida
- **Maria Marzella Mantione, PharmD, RPh, BCGP, FAPhA** • New York
- **Theresa M. Talbott, RPh** • Pennsylvania
- **Neal F. Walker, RPh** • Minnesota
- **Anita M. Young, EdD, RPh** • Massachusetts
- **Mark T. Conradi, JD, RPh** • Alabama (ex officio member, one-year term, Multistate Pharmacy Jurisprudence Examination® program)
- **Benjamin L. Prewitt, PharmD, RPh** • Ohio (ex officio member, one-year term, North American Pharmacist Licensure Examination® program)
- **Bruce A. Waldrop, PhD** • Alabama (ex officio member, one-year term, Foreign Pharmacy Graduate Equivalency Examination®/Pharmacy Curriculum Outcomes Assessment® programs)

Color denotes new member

Newly Accredited VIPPS Facilities

The following internet pharmacies were accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) program:

EHT Pharmacy LLC, dba Curexa
www.curexa.com

Postmeds Inc, dba TruePill
www.truepill.com

Solara Medical Supplies, LLC
www.solaramedicalsupplies.com

A full listing of the accredited VIPPS pharmacy sites representing more than 17,800 pharmacies is available on the NABP website at *www.nabp.pharmacy*.

Suspicious Orders Work Group Report

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efforts. Industry representatives explained that they wish to comply and assist the boards in investigating suspicious orders; however, they also expressed the need for pharmacy board and DEA actions against pharmacies that they have reported as engaging in suspicious activity to be more timely. Currently, wholesale distributors that comply with reporting requirements are left to question decisions to halt sales when the pharmacy is free to purchase the CS from other distributors. Representatives also stressed that it would be helpful if some states were more responsive to their notifications about suspicious orders. States agreed that better communication is crucial. Therefore, it was determined that NABP should compile and maintain a list of direct board contacts for industry representatives to use to notify states about suspicious orders. The contact list would contain information provided by the boards to be used for this specific purpose.

The Suspicious Orders Work Group was established in response to member input. Work group members included Steven W. Schierholt, esq (chair); Jessica Baer, JD; Traci Collier, PharmD, RPh; Darren Covington, JD; Kim Gaedeke; Virginia "Giny" Herold, MS; Lisa V. Hunt, RPh, MBA-HM; and Reginald B. "Reggie" Dilliard, DPh, Executive Committee liaison.

Invited guests for the work group included Gary Cacciatore, PharmD, JD, vice president and associate regulatory counsel, Cardinal Health, Inc; Gary Davis, McKesson Corporation; George Euson, CPP, director of security and compliance, H.D. Smith; and Steve Mays, vice president, regulatory affairs, AmerisourceBergen Corporation.

The work group report was approved by the Executive Committee during its December 2018 meeting and is available in the Publications and Reports section at *www.nabp.pharmacy*.

Ensure Your State's MPJE Is Up to Date: Attend the MPJE State-Specific Review in Person or Remotely

The annual Multistate Pharmacy Jurisprudence Examination® (MPJE®) state-specific item pool review and new item selection will take place **September 12-13, 2019**. State board participation is critical to ensure that the MPJE maintains the highest validity standards with the most up-to-date questions on the examinations and that the items on the MPJE are defensible. NABP requests that all MPJE-participating jurisdictions schedule resources and time to complete this important set of tasks.

In-Person and Remote Review Are Options Available

NABP will reimburse travel expenses (travel, food, lodging) for up to two participants from each jurisdiction to attend the review in person at NABP Headquarters in Mount Prospect, IL. Space is limited for this option, and NABP may need to limit attendance from any jurisdiction to one participant if responses exceed space and resource limitations.

Boards may also perform their review remotely. If your jurisdiction chooses to conduct the review and new item selection remotely, the item pools will be available on a password-protected, secure website. NABP encourages your designated remote reviewers to schedule specific days and times to complete the review, just as if they were traveling to NABP Headquarters. NABP will send complete details, along with NABP staff contact information, to the designated remote reviewers in mid-August.

> "State laws and regulations pertaining to the practice of pharmacy must be reviewed regularly, as changes may impact the MPJE."

During the MPJE State-Specific Review, the responsibilities of each board are to:

1. select new items to be pre-tested for future pool, and
2. complete review of the current operational (scored) item pool.

The MPJE State-Specific Review provides each participating board the opportunity to approve those questions applicable in their state or jurisdiction. NABP will work with states throughout the year to identify any shallow or incomplete parts of their exam item pool.

Regulatory Changes May Impact MPJE

State laws and regulations pertaining to the practice of pharmacy must be reviewed regularly, as changes may impact the MPJE. Such regulatory changes that may impact the MPJE item pool include, but are not limited to, changes to:

- the list of vaccines that pharmacists are permitted to administer, or changes in the defined patient population to which pharmacists may administer vaccines;
- statute language, official titles, definitions, etc, that would render MPJE language invalid;
- initial license, renewal, or continuing education requirements;
- collaborative practice agreements;

(Above) State boards are encouraged to send designated reviewers to the annual Multistate Pharmacy Jurisprudence Examination® state-specific item pool review at NABP Headquarters. Individuals can also participate in the review remotely.

- state drug schedules;
- pharmacists' right to refuse prescriptions;
- requirements regarding prescription expiration dates;
- pharmacist-to-technician ratio requirements;
- permissions for accessing emergency kits; and
- changes to requirements for dispensing syringes.

New federal- and state-specific items to test the pharmacy jurisprudence knowledge of candidates seeking licensure were developed by board of pharmacy-designated item writers during the MPJE Item Development Workshop held March 13-15, 2019, at NABP Headquarters. To date, 49 boards utilize the MPJE and are asked to participate in at least one State-Specific Review meeting each year to determine the appropriateness of items in the MPJE for candidates seeking licensure. ■

.pharmacy® Newly Approved .Pharmacy Websites

The following entities were approved through the .Pharmacy Verified Websites Program in the first quarter of 2019:

America's Best Care Plus, Inc
www.americasbestcareplus.pharmacy
www.americasbestcareplus.com

A.S. Watson (Health & Beauty UK) Ltd
http://superdrug.pharmacy
www.superdrug.com

Collier Drug Stores, Inc
www.collierdrug.pharmacy
www.collierdrug.com

CSR Company, Inc
www.firstplaceequine.pharmacy
www.petsuppliesdelivered.pharmacy
www.petvetdirect.pharmacy
www.petsuppliesdelivered.com
www.petvetdirect.com
www.firstplaceequine.com

DePietro's Pharmacy
www.newpillbox.pharmacy
www.newpillbox.com

Kay Pharmacy Inc
www.kay.pharmacy
www.kaypharmacy.com

Kinney Drugs, Inc
http://kinneydrugs.pharmacy
www.kinneydrugs.com

Madame Rx LLC
www.chemistryrx.pharmacy
www.chemistryrx.com

McKesson Corporation
www.healthmart.pharmacy
www.healthmart.com

MedSavvy Inc
www.medsavvy.pharmacy
www.medsavvy.com

NABP District 1
www.nabpdistrict1.pharmacy
www.nabpdistrict1.org

NYU Langone Hospitals
www.nyusp.pharmacy
www.nyulangone.org

Pharma Buddies Corp
www.rosemontspecialtyrx.pharmacy
www.rosemontspecialtyrx.com

PrecisionMed
www.precisionmedpharmacy
.pharmacy
www.precisionmedpharmacy.com

Sullivan's Pharmacy Inc
www.sullivans.pharmacy
www.sullivanspharmacy.com

Trinity Health – Michigan
www.mercyhealth.pharmacy
www.mercyhealth.com

United Family Pharmacy
www.ufprx.pharmacy
www.ufprx.com

Universal Specialty Pharmacy, LLC
www.rxuniversal.pharmacy
www.rxuniversal.com

Upper Cumberland Rural Health PLLC
www.cookevillepharmacy.pharmacy
www.cookevillepharmacy.com

US Vet Meds LLC
www.onlyvetmeds.pharmacy
www.onlyvetmeds.com

Veterinary Internet Company
www.vic.pharmacy
www.vetinternetco.pharmacy
www.vetinternetco.com

WellEnterprises USA
www.eagle.pharmacy
www.eaglepharmacy.com

WellnessScriptRx LLC
www.wellnessscript.pharmacy
www.wellnessscript.com

Wood Dale Pharmacy LLC
www.wooddalepharmacy.pharmacy
www.wooddalepharmacy.com

A full listing of .pharmacy verified websites is available in the Find a Safe Site section at *www.safe.pharmacy*.

Mutual-Recognition Licensure

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The task force report was approved by the Executive Committee during its December 2018 meeting and is available in the Publications and Reports section at *www.nabp.pharmacy*.

In addition, the task force's recommendations were the basis for NABP President Jack W. "Jay" Campbell IV's 2019-2020 presidential initiative.

More information about his initiative is available under Officer Reports in the Publications and Reports section of the NABP website.

SAVE THE DATE

4TH BIENNIAL TRI-REGULATOR SYMPOSIUM

Proactive Regulation as a Team-based Collaborative

September 26-27, 2019
Omni Frisco Hotel
Frisco, TX

Join together with members from NABP, FSMB, and NCSBN to discuss opportunities for interprofessional cooperation and the challenges facing state medical, nursing, and pharmacy boards.

nabp.pharmacy/tri-regulator

Attendance is limited and is based on a first come, first served basis. Contact your executive director if you are interested. NABP will be represented by the NABP Executive Committee as well as additional representatives from member boards of pharmacy. Information about the opportunity to attend the symposium was provided to boards of pharmacy executive directors in the NABP electronic mailbag.

The Tri-Regulator Symposium is being sponsored by the Tri-Regulator Collaborative, which is composed of NABP, Federation of State Medical Boards, and National Council of State Boards of Nursing. While each organization is autonomous with its own constituent membership, common values about public protections through state-based licensure unite the organizations for dialogue and consensus building. The members recognize the potential benefits of collaborating to better protect the health, safety, and welfare of the public. Tri-Regulator Collaborative members also recognize the value of involving a broader constituency as issues emerge and, therefore, encourage other health care regulatory representatives to participate in relevant issues. ■

NABP Mourns Passing of Longtime Examination Committee Member Art Jacknowitz

NABP is saddened to announce that Arthur I. "Art" Jacknowitz, MS, PharmD, RPh, who was very active with NABP and several other pharmacy organizations, passed away on April 18, 2019.

A registered pharmacist in three states, Jacknowitz led a distinguished career in pharmacy education and scholarship. Most visibly, he served as a professor and distinguished chair emeritus in clinical pharmacy at West Virginia University, where he served for 38 years. He was the author or coauthor of more than 100 scientific and technical articles and abstracts and participated in as many presentations. He was also a monthly columnist for *U.S. Pharmacist* and a member of the *Drug Information Journal* Editorial Board for more than 25 years.

Jacknowitz further showed his commitment to pharmacy education, and an ongoing interest in NABP, as a longtime member of the North American Pharmacist Licensure Examination® Review Committee and by serving two terms on the Advisory Committee on Examinations. In recognition of his dedication to the Association's mission and goals, NABP named Jacknowitz a recipient of the Henry Cade Memorial Award at the Association's 104th Annual Meeting in 2008.

In addition to his work with NABP, Jacknowitz was a member of the American Pharmacists Association Drug Information Advisory Board. He was also a mentor for the American Society of Health-System Pharmacists.

Jacknowitz earned his bachelor of science degree in pharmacy from Brooklyn College of Pharmacy of Long Island University, and his master of science degree in biochemical pharmacology from State University of New York at Buffalo. He earned his doctor of pharmacy degree from the Philadelphia College of Pharmacy and Sciences. ■

NABP's Drug Disposal Locator Tool Continues to Grow With New Locations for Consumers

The AWAR$_x$E® Prescription Drug Safety Program's Drug Disposal Locator Tool currently has more than 7,000 disposal locations and is continuously adding new locations to provide consumers with a safe way to dispose of medication and help prevent misuse and abuse of prescription medication.

Meijer Inc, a chain of grocery stores based out of Grand Rapids, MI, recently installed secure, in-store kiosks that will help consumers properly dispose of unused, expired, and unwanted prescription drugs at no cost as part of its new drug take-back program. The kiosks are available in the pharmacy area of all 241 Meijer supercenters across the Midwest.

NABP has added the new kiosks to the locations already listed in the Drug Disposal Locator Tool available on the AWAR$_x$E® Prescription Drug Safety section of the NABP website at *www.nabp.pharmacy*. In addition, consumers can learn more about how to safely dispose of unwanted, unneeded, or expired medications by visiting the Dispose Safely page of the NABP website. ■

Rebecca "Becca" Mitchell, PharmD, RPh, Member
Arkansas State Board of Pharmacy

Rebecca 'Becca' Mitchell, PharmD, RPh,

Member, Arkansas State Board of Pharmacy

When were you appointed to the Board of Pharmacy? Are you a pharmacist, technician, public member, or other type of member?

I am a pharmacist and was appointed in July 2017 by Arkansas Governor Asa Hutchinson.

In your opinion, what steps should a board member take to be successful in his or her role?

I think it is important to be confident in your areas of expertise and also admit the specialties in which you may have knowledge gaps. I ask a lot of questions to make sure I fully understand the impact of my votes on the pharmacists directly affected and the patients they serve.

What are some recent policies, legislation, or regulations your Board has implemented or is currently working on?

The Arkansas State Board of Pharmacy recently updated Regulation 7, which adds the ability for pharmacy interns and technicians to participate in prescription transfers (one of the participants must be a pharmacist). We've also worked on a protocol that allows pharmacists to initiate therapy and administer and/or dispense naloxone. Other policies that have come up recently involve medication "pickup" stations and preserving patients' freedom of pharmacy choice, hospital-based infusion services, and intern hours completed in federal facilities.

Has the Board encountered any challenges to developing and/or implementing these new policies, legislation, or regulations? If so, explain.

The debate surrounding the update to Regulation 7 was interesting, with a number of groups advocating for technician-to-technician verbal prescription transfers. I have found the pickup station discussions, which primarily involve patients who are transient or have other barriers to consistent treatment, to be fascinating. On the one hand, we need to recognize the pharmacist's importance in the triad and, on the other hand, we need to allow policies to evolve so that patient care is optimized, whether in the traditional prescription dispensing role or otherwise.

What advice would you give to a new board member?

Do not be afraid to speak up. I had this plan to be quiet for the first year and just learn. That plan went by the wayside, and I am so glad it did. My intent was to be respectful, but I would have done a disservice to my colleagues if I was not fully engaged and participating. Just because your perspective is new does not minimize its importance.

Have you served as a member of any NABP task forces or committees, or attended NABP or district meetings? If so, in your experience, what are the benefits of participating in these NABP activities?

I attended a District Meeting in San Antonio, TX, in 2017, and the NABP Interactive Member Forum at NABP Headquarters last November. Both were excellent opportunities to meet other board members and see the diversity across the country. Each board has its own "personality," it seems, and the eternal student in me loves to see the varied solutions and approaches taken to resolve challenges. The Interactive Member Forum was especially helpful in learning more about NABP itself, the services and resources it provides, and the different mechanisms for getting involved.

Arkansas State Board of Pharmacy

Number of Board Members: 6 pharmacist members and 2 public members
Number of Compliance Officers/Inspectors: 5
Rules and Regulations Established by: State board of pharmacy
Number of Pharmacist Licensees: 6,169
Number of Pharmacies: 1,382 (in-state)
Number of Wholesale Distributors: 1,643

Around the Association

Executive Officer Changes

- **Donna C. Yeatman, PharmD, RPh,** has been named executive secretary of the Alabama State Board of Pharmacy, replacing Susan Alverson, DPA, MHP, RPh, who is now the Board's compliance director. Yeatman was the chain pharmacist member of the Board from January 2015 through August 2018. Since graduating from Samford University School of Pharmacy, she has practiced in institutional pharmacy settings and chain and independent community settings and has held retail pharmacy field management positions.

- **Laura Carrillo, MPH,** has been named executive administrator of the Alaska Board of Pharmacy. Prior to being named executive administrator of the Board, she was the records and licensing supervisor for the Alaska Department of Commerce, Community & Economic Development. Carrillo has a master's degree in public health from The George Washington University.

- **Jennifer Lyn Wenhold, MSW,** has been named executive director of the Florida Board of Pharmacy. Prior to this appointment, she served as executive director of the boards of Dentistry; Clinical Social Work, Marriage and Family Therapy, and Mental Health Counselors; Athletic Training; Hearing Aid Specialists; and Opticianry. Wenhold has worked in health care regulation for the past 14 years and, prior to that, as a clinical social worker. She received a master's degree in social work from Our Lady of the Lake University in 1998, is a certified public manager and a state of Florida-certified contract manager, and has been recognized as a field instructor for the Florida State University College of Social Work.

- **Nicole L. Chopski, PharmD, BCGP, ANP,** has been named executive director of the Idaho State Board of Pharmacy. Chopski is serving a three-year member term, representing District 7, on the NABP Executive Committee. She has made many contributions to the NABP/American Association of Colleges of Pharmacy District 7 meetings and currently serves as its secretary/treasurer. She has also served on many NABP committees, including as a delegate on the Committee on Resolutions in 2013, 2014, and 2016, and as a voting delegate at the NABP Annual Meetings in 2013, 2014, and 2015. Chopski has been certified as an authorized nuclear pharmacist (ANP) by the Nuclear Regulatory Commission at Purdue University for more than a decade and is a board-certified geriatric pharmacist (BCGP) through the Board of Pharmacy Specialties. She previously served as a hospital pharmacist at Portneuf Medical Center and served as a board member for the Idaho State Board of Pharmacy for 12 years. Chopski earned her doctor of pharmacy degree from Idaho State University.

- **Susan B. McCoy, RPh,** has been named executive director of the Mississippi Board of Pharmacy, replacing Frank Gammill. She brings more than 30 years of experience as a licensed pharmacist in Mississippi to the position. Most recently, McCoy served as a compliance agent for the Board for the past nine and a half years. She graduated from the University of Mississippi School of Pharmacy.

Board Member Appointments

- **Robert Maynard Colburn, RPh,** has been appointed a member of the Alabama State Board of Pharmacy. Colburn's appointment will expire December 31, 2023.

- **Chris Hiep Phung, RPh,** has been appointed a member of the Alabama State Board of Pharmacy. Phung's appointment will expire December 31, 2022.

- **Charles Kenneth Sanders, RPh,** has been appointed a member of the Alabama State Board of Pharmacy. Sanders' appointment will expire December 31, 2019.

- **Lorri Walmsley, RPh,** has been appointed a member of the Arizona State Board of Pharmacy. Walmsley's appointment will expire January 18, 2021.

- **Kristin Linder, RPh,** has been appointed a member of the Connecticut Commission of Pharmacy. Linder is serving at the discretion of the appointing body.

- **Sebastian Hamilton, MBA, PharmD, RPh,** has been appointed a member of the Massachusetts Board of Registration in Pharmacy. Hamilton's appointment will expire July 1, 2021.

- **Julie Lanza, CPhT, CSPT,** has been appointed a member of the Massachusetts Board of Registration in Pharmacy. Lanza's appointment will expire December 1, 2020.

- **Dawn Perry, MBA, JD,** has been appointed a public member of the Massachusetts Board of Registration in Pharmacy. Perry's appointment will expire November 30, 2020.

- **James Leo "Jim" Gray III, MBA, PharmD, RPh,** has been appointed a member of the Missouri Board of Pharmacy. Gray's appointment will expire June 1, 2022.

- **Colby H. Grove, PharmD, RPh,** has been appointed a member of the Missouri Board of Pharmacy. Grove's appointment will expire June 1, 2022.

- **Louise Sanscartier, ASC,** has been appointed a member of the Quebec Order of Pharmacists. Sanscartier's appointment will expire December 31, 2021.

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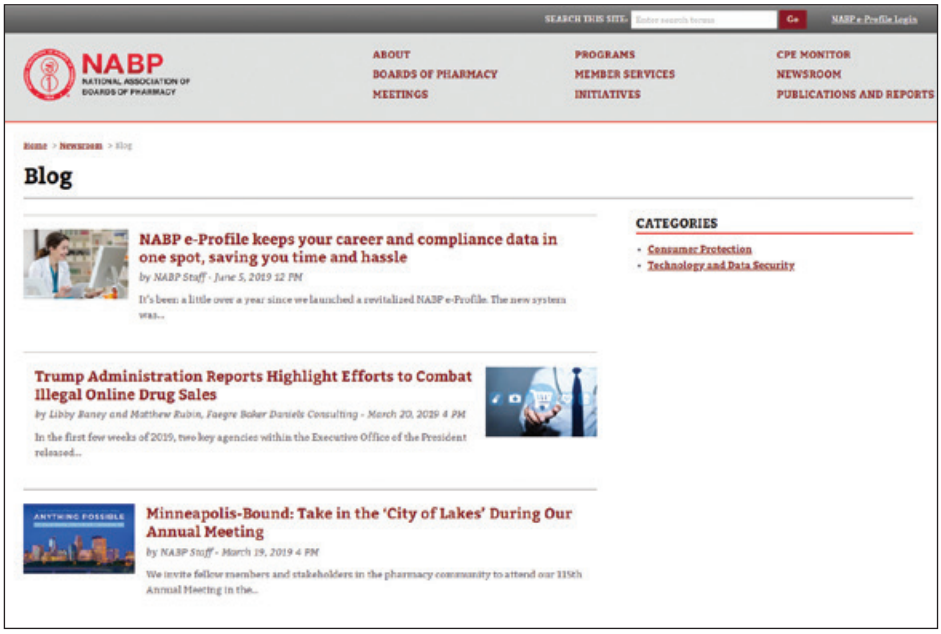
NABP Launches New Blog to Share Timely Information With Member Boards of Pharmacy

NABP is excited to announce the launch of its new blog, which was developed to help foster interactions and expand options for sharing information with members, as well as NABP customers, including pharmacists, pharmacy school administrators, pharmacy owners, pharmacy technicians, and others in the pharmacy industry.

The blog articles will have particular relevance for member boards of pharmacy, covering the protection of public health, such as state and regulatory issues, consumer protection, and pharmacy education and examinations. You can view the first few posts at *www.nabp.pharmacy/blog.*

A new blog post will be published each month. Topics for future blog posts include highlighting the importance of updating licensure and other professional information in your NABP e-Profile, and how restrictions imposed on government grants could jeopardize states' abilities to utilize the NABP PMP InterConnect® program. The blog can be accessed through the Newsroom section of the NABP website.



Members and other pharmacy stakeholders can also connect with NABP via the Association's social media accounts (Twitter, Facebook, LinkedIn, and YouTube), via the Newsroom section of the NABP website. Finally, the Newsroom section provides access to free e-newsletter subscriptions and Association news.

Is there a topic affecting member boards of pharmacy and the protection of public health that you want to hear about? Submit a topic for consideration to the Marketing department at Marketing@nabp.pharmacy. ■

Around the Association

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Board Member Reappointments

- **Leif Holm, PharmD, RPh,** has been reappointed a member of the Alaska Board of Pharmacy. Holm's appointment will expire March 1, 2023.
- **Bradley S. Hamilton, RPh,** has been reappointed a member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. Hamilton's appointment will expire November 30, 2021.
- **Sabrina Beck, PharmD, RP,** has been reappointed a member of the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit. Beck's appointment will expire November 30, 2023.
- **John R. Genovese, RPh,** has been reappointed a member of the New Hampshire Board of Pharmacy. Genovese's appointment will expire September 1, 2023.
- **Theresa M. Talbott, RPh,** has been reappointed a member of the Pennsylvania State Board of Pharmacy. Talbott's appointment will expire May 23, 2024.
- **Robert Carpenter, RPh,** has been reappointed a member of the Vermont Board of Pharmacy. Carpenter's appointment will expire December 31, 2023. ■

Arizona Changes Laws on E-Prescribing CS and Physician Assistant Prescriptive Authority

Arizona Governor Doug Ducey signed House Bill (HB) 2075 into law, which covers e-prescribing, exceptions, and deadlines. The bill, an emergency measure made retroactive to December 31, 2018, delays e-prescribing requirements for all counties until January 1, 2020. Additionally, the bill reinstates a Board-certified physician assistant's ability to issue a 30-day prescription for Schedule II, III, IV, and V controlled substances (CS) that are opioids and benzodiazepines. An outline of HB 2075's major provisions is available in the Arizona State Board of Pharmacy's April 2019 *Newsletter*, which can be accessed at *www.nabp.pharmacy/boards-of-pharmacy/Arizona*.

Arizona Updates Immunization CE Requirements

The requirement for continuing education (CE) for immunizing pharmacists has changed from five CE hours during the five-year renewal period to two CE hours every two years. The Arizona State Board of Pharmacy has also updated the CE requirement language and implemented the immunizing designation on pharmacist licenses. A separate immunizing certificate is no longer needed. Licensees in Arizona will still need to submit an application to receive certification to perform immunizations.

The Board notes that aligning the immunization certificate and CE requirement to the pharmacist license will alleviate the stress of tracking additional information and further streamline the process. The implementation of this new procedure and requirement is now in effect.

Registered Pharmacists in Nevada Can Now Collect Specimens

Registered pharmacists in Nevada are now allowed to manipulate patients to collect specimens for laboratory testing. A registered pharmacist may use a fingerstick or an oral or nasal swab to perform Clinical Laboratory Improvement Amendments-waived tests. For example, a registered pharmacist can now perform tests for blood glucose levels, the international normalized ratio, influenza, and strep throat. Registered pharmacists are not allowed to collect urine or stool specimens.

New Hampshire Organizations Partner With Pharmacists to Help Prevent and Manage Diabetes and Heart Disease

The New Hampshire Department of Health and Human Services' Division of Public Health Services, in collaboration with the New Hampshire Board of Pharmacy, the New Hampshire Pharmacists Association, and the New Hampshire Society of Health-System Pharmacists, is conducting a statewide survey of pharmacists licensed in New Hampshire.

The survey is designed to document current practices, barriers, and needs of New Hampshire pharmacists related to medication therapy management (MTM), collaborative practice agreements (CPAs), and diabetes self-management education and support (DSMES) to help improve patient outcomes for those with or at risk for diabetes and heart disease.

The information collected through this survey is anonymous and will be analyzed in aggregate to inform efforts to enhance and increase awareness of MTM, CPAs, and DSMES services, and to meet the training needs of pharmacists in New Hampshire.

Additionally, funds will be used for project implementation, which is intended to increase the number of pharmacists who provide MTM services to patients with diabetes, hypertension, and high cholesterol; and increase pharmacy-based DSMES services recognized by the American Diabetes Association or accredited by the American Association of Diabetes Educators.

The Board notes that increasing involvement of pharmacists in MTM and DSMES could lead to increased medication adherence and patient engagement in self-management, thereby improving health outcomes.

More information on the survey and the project's implementation can be found in the New Hampshire Board of Pharmacy's April 2019 *Newsletter*, available at *www.nabp.pharmacy/boards-of-pharmacy/new-hampshire*.

South Dakota Lawmakers Support New PBM Legislation

HB 1137 unanimously passed through both chambers of the South Dakota Legislature and was signed into law on March 7, 2019, by Governor Kristi Noem. This legislation addresses some of the most pressing issues facing South Dakota pharmacists, pharmacies, and patients. The bill's three major components are preventing pharmacy benefit manager (PBM) clawbacks, preventing retroactive direct and indirect remuneration (DIR) fees, and establishing 340B Drug Discount Program protections. These components garnered strong support from the Pharmaceutical Research and Manufacturers of America, pharmacists, health systems, and retailers across South Dakota.

To show the real and often debilitating monetary impact of clawbacks and DIR fees on pharmacies, and ultimately, patients, Eric Grocott, PharmD, immediate past president of the South Dakota Pharmacists Association, shared numerous examples from South Dakota pharmacies. Melissa Goff, PharmD, assistant vice president of pharmacy – retail and innovation at Avera Health, addressed the importance of the included provisions protecting the 340B programs. State Senator Wayne Steinhauer, co-chair of the Senate Health and Human Services Committee, applauded the legislation as effective and "elegantly simple."

DEA Launches Enhanced ARCOS System

In response to a provision in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), Drug Enforcement Administration (DEA) has enhanced its Automation of Reports and Consolidated Orders System (ARCOS) to provide anonymous data to drug manufacturers and distributors. ARCOS is a comprehensive drug reporting system that monitors the distribution of controlled substances from the manufacturer, through the commercial drug supply chain, and to the point of sale, including pharmacies. However, the system does not report on specific sales to consumers, DEA explained in a press release, available at *www.dea.gov/press-releases/2019/02/26/dea-announces-enhanced-tool-registered-drug-manufacturers-and*.

A version of this enhanced system was first made available in February 2018 to assist manufacturers and distributors in meeting the requirements of the Controlled Substances Act. The SUPPORT Act statutory requirements build on this existing tool, and DEA is releasing a further enhancement to its ARCOS system. Registered manufacturers and distributors can now view and download the number of distributors and the amount each distributor sold to a prospective customer in the last available six months of data.

DEA regulations require distributors to both know their customers and to develop a system to identify and report suspicious orders.

In August 2018, NABP hosted the Suspicious Orders Work Group at NABP Headquarters. A full report on the work group and its recommendations is available in the Publications and Reports section of the NABP website, and a detailed summary of the task force report is available on page 13 of this newsletter.

FDA Officials Outline 2019 Efforts to Improve Quality of Compounded Drugs

Recognizing the important roles compounded drugs can play in patient care, Food and Drug Administration (FDA) plans to continue its efforts to improve the quality of compounded drugs. According to a statement posted to the FDA website, these priorities include:

- maintaining quality manufacturing compliance,
- strengthening and refining regulations on compounding from bulk drug substances,
- finalizing the agency's memorandum of understanding with the states, and
- issuing revised draft guidance for compounding by hospital and health systems.

The statement is available at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm635182.htm.*

Contaminated Medications Lead FDA to Increase Safety Measures, Bloomberg Reports

In an effort to improve the safety of the nation's drug supply, FDA is planning to update its manufacturing guidelines. According to a report from Bloomberg, more than a dozen companies have been forced to recall commonly used blood pressure medications in recent months due to the presence of potential carcinogens found in the active pharmaceutical ingredients (APIs), and that these numbers have increased as more manufacturers turn to foreign supplies, which tend to receive fewer inspections, for their APIs.

The original Bloomberg article can be accessed at *www.bloomberg.com/news/articles/2019-03-27/tainted-generic-drugs-force-fda-to-tighten-safety-regulations*.

FDA Updates Guidance on Nonproprietary Naming of Biological Products

On March 7, 2019, FDA released updated draft guidance for the "Nonproprietary Naming of Biological Products," originally released in January 2017. In the interest of promoting public safety without inferring that biosimilars were inferior, the original guidance document described a process of adding distinguishing suffixes to the proper names of biological products, including biosimilars and originator products. The guidance also announced that the agency was considering a process to retroactively change the names of biological products already on the market to begin using the suffixes.

Recognizing the potential burdens that changing the names of legacy products would place on stakeholders, the updated guidance explains that:

- FDA no longer intends to modify proper names of biological products that are already licensed or approved under the Public Health Service Act.
- FDA does not intend to apply the naming convention to the proper names of transition biological products.
- FDA intends to designate a proper name that is a combination of the core name and the distinguishing suffix that is devoid of meaning and composed of four lowercase letters.

In addition to the updated draft guidance, FDA also issued and shared internal procedures for FDA staff to ensure consistency and provide transparency of the review process for suffixes for applicable products. In March 2020, additional products such as insulin will become eligible for biosimilar and interchangeable development. The updated draft guidance is available at *www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM632806.pdf.* ■

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UPCOMING EVENTS

PMP InterConnect Steering Committee Meeting
July 16-17, 2019
NABP Headquarters

NABP/AACP District 5 Meeting
August 7-9, 2019
Duluth, MN

NABP/AACP District 3 Meeting
August 11-14, 2019
Chattanooga, TN

NABP/AACP Districts 1 and 2 Meeting
September 19-21, 2019
Burlington, VT

2019 Tri-Regulator Symposium
September 26-27, 2019
Frisco, TX

FPGEE Administration
October 1, 2019

NABP Interactive Executive Officer Forum
October 1-2, 2019
NABP Headquarters

NABP/AACP Districts 6, 7, and 8 Meeting
October 6-9, 2019
Boise, ID

NABP/AACP District 4 Meeting
October 16-18, 2019
Indianapolis, IN

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