

# INNOVATIONS<sup>®</sup>



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## Responding to Misconduct: NABP's Security Measures Maintain Examination Integrity





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### **Innovations**

(ISSN 2472-6850 – print; ISSN 2472-6958 – online) is published 10 times a year by the National Association of Boards of Pharmacy<sup>®</sup> (NABP<sup>®</sup>) to educate, to inform, and to communicate the objectives and programs of the Association and its 65 member boards of pharmacy.

The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is \$70 per year.

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# Interview With a Board Inspector



**James 'Jay' Queenan, RPh,  
Compliance Investigator/  
Inspector, New Hampshire  
Board of Pharmacy**

## **James 'Jay' Queenan, RPh, Compliance Investigator/Inspector, New Hampshire Board of Pharmacy**

**How long have you been serving as an inspector for the Board? What was your role prior to working for the Board?**

I have been a New Hampshire Board of Pharmacy inspector since January 2014. Prior to that, I was executive secretary of the Board for five years. I have been in middle management as a pharmacy operations manager for a supermarket chain, a community pharmacist for that same chain, and an independent retail pharmacist. I started working for my dad and uncle in our family pharmacy as a teenager. Presently, my role at the Board has two major components. I, along with my colleagues, Elsa Croteau and Robert Elder, proactively inspect all in-state pharmacies annually for state and federal compliance. The second part of my

position is to investigate complaints to the Board regarding pharmacy practice. Sometimes, investigations involve drug diversion.

**In your opinion, what tools or skills are a must-have in a pharmacy inspector's toolkit?**

Certainly, a strong background in pharmacy practice and logistics of pharmacy as a business entity is necessary. A strong working knowledge of state and federal regulation is also a must. Being innately inquisitive and observant is very valuable. When I took this position, I needed to improve my writing skills. Being able to write a concise, detailed report that is easy to read and understand is challenging. It is imperative to keep good records; that is not very exciting, but it separates the good inspectors from the mediocre.

**What are some common issues that you have witnessed and addressed as an inspector with the Board?**

In the aftermath of the New England Compounding Center crisis, New Hampshire has taken an aggressive stance on inspecting sterile compounding pharmacies. Nearly all the hospital pharmacies in the state have remodeled or added new cleanrooms. The hospital directors and sterile compounders in the state have really improved their practice and policies. Huge strides in patient safety are the outcome.

When the Board implements new rules, I find myself educating the pharmacy community about the new rule and facilitating compliance. Two examples that come to mind are the mandated pharmacist break time rules and the new quality assurance program.

**In New Hampshire, do inspectors also conduct investigations for other health regulatory boards?**

The Board inspects practitioners and entities that are not licensed by the Board and, of course, those entities that are. We inspect practitioner offices, animal hospitals, veterinarians, naturopathic practitioners, methadone clinics, public

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## **New Hampshire Board of Pharmacy**

Number of Board Members: 6 pharmacist members and 1 public member

Number of Compliance Officers/Inspectors: 3

Rules and Regulations Established by: Board of pharmacy

Number of Pharmacist Licensees: 2,780

Number of Pharmacies: 314

Number of Wholesale Distributors: 1,139 (in-state and out-of-state)

# Transportation as a Barrier to Health Care Access: Medicaid Coverage of Non-Emergency Medical Transportation to Pharmacies



**Libby Baney, JD,**  
Faegre Drinker Biddle & Reath LLP



**Vincent C. Giglierano**  
Faegre Drinker Biddle & Reath LLP

**P**harmacies are accessible and convenient places for people to access critical health care services and pharmaceuticals. However, patients who lack reliable transportation may still have difficulty getting to a pharmacy, especially in rural areas.

This is especially true for vulnerable, low-income, elderly, and chronically ill individuals in the Medicaid program. Currently, all states provide Medicaid coverage for outpatient prescription drugs and other pharmacy benefits, providing life saving care to vulnerable individuals. However, a subset of the population may also need assistance with transportation to get the care they need. According to the Medicaid and CHIP Payment and Access Commission (MACPAC), in 2017, 2.1 million Medicaid enrollees reported that they had delayed care because of a lack of transportation.<sup>1</sup>

This article explores the role of non-emergency medical transportation in helping patients access pharmacies and the impact state laws have on the beneficiary access.

## Medicaid Coverage of Non-Emergency Medical Transportation

Medicaid has provided beneficiaries with transportation to necessary health care services since 1966, when Medicaid was first implemented. Federal Medicaid regulations require states to ensure that enrollees with no other means of transportation receive

necessary emergency and non-emergency medical transportation (NEMT) to and from medical services. States are also required to provide assistance with transportation to children and their families as part of the Early and Periodic Screening, Diagnostic, and Treatment benefit. NEMT is also increasingly common in other insurance, including Medicare Advantage and commercial markets. Even as Medicaid NEMT has grown in importance, some states have been slow to allow transit to pharmacies as a permissible covered service.

As Medicaid is a federal-state partnership, states have flexibility in designing and implementing the NEMT benefit to achieve the highest quality at the lowest possible cost. States implement several different models to manage the NEMT benefit, which may or may not permit transit to pharmacies despite the medical need. A popular model to provide NEMT is through third-party brokers, where states contract with a transportation broker that arranges transportation services for Medicaid beneficiaries. States may also contract with managed care organizations (MCOs) that then contract with a transportation broker to provide services. States that use a fee-for-service (FFS) model coordinate and approve trips and reimburse. It is important to understand your state Medicaid policy as states/jurisdictions vary in how they administer the benefit and may limit transportation to pharmacies based on medical necessity or utilization control.

As case studies, we will explore three states with different policies for transportation services to pharmacies.

Hyperlinks to footnoted references are available in the March 2020 *Innovations* pdf on [www.nabp.pharmacy](http://www.nabp.pharmacy).  
<sup>1</sup> MACPAC. [www.macpac.gov/wp-content/uploads/2019/05/Medicaid-Coverage-of-Non-Emergency-Medical-Transportation.pdf](http://www.macpac.gov/wp-content/uploads/2019/05/Medicaid-Coverage-of-Non-Emergency-Medical-Transportation.pdf). Accessed December 20, 2019.

## Case Study: NEMT in Virginia

Virginia has both an FFS Medicaid program and the Medallion 4.0 program, where MCOs provide services to Medicaid beneficiaries based on the terms of a state contract. Both the MCOs and the FFS Medicaid programs abide by the Virginia Medicaid Transportation Manual, which details covered transportation services for NEMT. According to the transportation manual, transportation is covered only if the pharmacy cannot or will not mail prescriptions. The policy also indicates that prescriptions should be filled at medical facilities upon leaving appointments.<sup>2</sup>

Virginia's policy on transportation services may be considered more generous than most as it does cover transportation to the pharmacy. However, Virginia imposes significant limitations for that transportation, which can both enhance and reduce program integrity.

For transportation to a retail pharmacy to be covered in Virginia:

1. the medical facility where the patient had a medical appointment cannot fill the prescription;
2. the transportation occurs on the return trip immediately following a medical appointment; and
3. the retail pharmacy cannot or will not mail the prescription.

Limitations such as these are consistent with best practices for NEMT providers, which should offer services in the least expensive, appropriate form necessary, ensuring that brokers and state Medicaid agencies have accountability of Medicaid dollars and are acting in a cost-effective manner. However,

confusion about rules and limitations of benefits often lead to program integrity issues where beneficiaries may forgo services they qualify for or receive services for which they do not qualify.

## Case Study: NEMT in Louisiana

Louisiana also has both an FFS and managed care program where it contracts with five MCOs. Louisiana is different from Virginia in that the state contracts with a transportation broker to provide services to Medicaid recipients who are eligible for managed care. Both MCOs and FFS follow the guidelines set within the Louisiana Medicaid Department of Health and Hospitals Medical Transportation Provider Manual. The manual states that transportation to and from a pharmacy is not reimbursable through the NEMT program.<sup>3</sup> This is further clarified in the state Contract Certification of Approval for Southeasterns, the state transportation broker. The contract explicitly says, "requests which are non-medical and are not covered are trips to pharmacies."<sup>4</sup>

This is an example of a state that is on the opposite side of the spectrum when it comes to providing transportation services to pharmacies. This is not to stop MCOs from offering transportation services to pharmacies as a value-added service, but that would be at the discretion of the MCO and individual MCO policies and can be difficult to track for pharmacists and beneficiaries alike. The lack of uniformity of services can leave low-income Medicaid beneficiaries responsible for transportation costs that they may not be able to pay and could cause some people to leave their prescriptions unfilled.

## Case Study: NEMT in Arizona

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care services to beneficiaries through both the FFS program and 17 contracts with MCOs. Arizona differs from the states discussed previously in that it will only reimburse for transportation to pharmacies within a certain geographic area. According to the AHCCCS Medical Policy Manual, trips to the pharmacy are only covered for patients in two counties, and travel must be less than 15 miles.<sup>5</sup> The policies within the manual apply to not only the managed care program, but the FFS program as well.

This illustrates that requirements and provisions related to transportation to pharmacies can be dictated at the county level as well as at the state level. This adds further complexity for pharmacists, physicians, and beneficiaries seeking to understand local policies.

## 'Moving' Forward

Transportation services to pharmacies vary from state to state as well as from county to county. Pharmacists and Medicaid beneficiaries who wish to know when transportation is a covered service need to learn local policies that are prone to change. This is true now more than ever as the Trump Administration is considering allowing states to develop Medicaid waivers to curtail the transportation benefit for some Medicaid recipients, which would likely limit NEMT to pharmacies. The United States Department of Health and Human Services Office of Inspector General opened a request for information in fall 2019 to "seek public input on whether

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<sup>2</sup> Virginia Medicaid, Virginia Department of Medical Assistance Services. [www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual!ut/p/z/1/04\\_Sj9CPykyssy0xPLMnMz0vMAfIjo8zivQJMHA2dDAx9DVzdDA0cJR1NXYAclwMfE\\_1wsAIDHMDRQD-KGP14FETHNz5cP4qQkoLc0AiDdEVFALarFmY!!dz/d5/L2dBISEvZ0FBIS9nQSEH/p0/IZ7\\_JP4A1B01M0EF10A3A5D01M20D3=CZ6\\_JP4A1B01M0EF10A3A5D01M20L4=LA0=Ejajax.servlet.include.path\\_info!QCPVAProviderManualsPortletView.jsp?=#Z7\\_JP4A1B01M0EF10A3A5D01M20D3](http://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual!ut/p/z/1/04_Sj9CPykyssy0xPLMnMz0vMAfIjo8zivQJMHA2dDAx9DVzdDA0cJR1NXYAclwMfE_1wsAIDHMDRQD-KGP14FETHNz5cP4qQkoLc0AiDdEVFALarFmY!!dz/d5/L2dBISEvZ0FBIS9nQSEH/p0/IZ7_JP4A1B01M0EF10A3A5D01M20D3=CZ6_JP4A1B01M0EF10A3A5D01M20L4=LA0=Ejajax.servlet.include.path_info!QCPVAProviderManualsPortletView.jsp?=#Z7_JP4A1B01M0EF10A3A5D01M20D3). Accessed December 20, 2019.

<sup>3</sup> State of Louisiana Department of Health and Hospitals. [www.lamedicaid.com/provweb1/Providermanuals/manuals/MED\\_TRANS/MED\\_TRANS.pdf](http://www.lamedicaid.com/provweb1/Providermanuals/manuals/MED_TRANS/MED_TRANS.pdf). Accessed December 20, 2019.

<sup>4</sup> Louisiana Department of Health. [http://dh.la.gov/assets/docs/BayouHealth/Contract\\_Amendments/SoutheasternContract.pdf](http://dh.la.gov/assets/docs/BayouHealth/Contract_Amendments/SoutheasternContract.pdf). Accessed December 20, 2019.

<sup>5</sup> AHCCCS. <https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB.pdf>. Accessed December 20, 2019.

## NABP Launches Compounding Pharmacy Accreditation Program

The Association began offering accreditations for compounding pharmacies in January 2020 through the NABP Compounding Pharmacy Accreditation program. The addition of this program complements inspection services offered by the Association and provides a full-service option for compounding pharmacies.

NABP was able to expedite the development of its new compounding accreditation with the purchase of certain assets of FocusScript, LLC's United Credentialing and Accreditation Program (UCAP). Customers currently accredited through UCAP have been notified that NABP will grant them immediate accreditation through NABP's new program for the remainder of their current accreditation cycle, once they agree to NABP's standards

and terms and conditions. To further assist existing UCAP customers, NABP has confirmed that certain pharmacy networks currently recognizing UCAP will accept the NABP Compounding Pharmacy Accreditation.

"We are excited to launch our new Compounding Pharmacy Accreditation program and we look forward to bringing UCAP pharmacies into the NABP accreditation family," said NABP President Jack W. "Jay" Campbell IV, JD, RPh. "The addition of this new compounding accreditation to the Association's robust compliance offerings enables NABP to provide current and prospective customers with a comprehensive set of accreditation options delivered in a streamlined and cost-effective way."



Information about NABP's new compounding accreditation is available on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). A list of accredited sites will also be posted. ■

### Interview With a Board Inspector

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health clinics, and others. Our focus is primarily on prescription medication. Should we note a violation, we forward the notification to the appropriate board for action.

It is very interesting to inspect drug wholesalers, medical gas facilities, correctional institutes, and methadone clinics. I truly love the diversity of my position. I meet so many skilled and committed professionals and learn something new daily. I have seen hypodermic needles being manufactured, watched a veterinarian perform eye surgery on a dog, taught a class at the local college of pharmacy, and represented New Hampshire at Food and Drug Administration intergovernmental working meetings. Also, I have reviewed hundreds of Multistate Pharmacy Jurisprudence Examination® questions, testified before state legislators, walked through the exercise yard at the state prison, and traveled to every corner of this beautiful state by car. Never a dull moment!

#### What advice would you give to a new board inspector?

Bring your sense of humor and your values to the job. When performing an investigation, look beyond the obvious and don't jump to conclusions. Ask questions, especially ones you think you know the answer to before asking. There are several sides (the four compass points and up and down) to every incident. Organize your time. Remember your role – patient safety through compliance. ■

### Policy Perspectives

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the Assurance of Transportation in the Medicaid program remains administratively necessary given the delivery of healthcare both in terms of technological advances and the commercial market design.<sup>6</sup> This would impact patient care and providers' – including pharmacists' – ability to treat and serve the most vulnerable in society.

Whether out of fear of stepping out of compliance with state law, hidden costs, or confusion, Medicaid beneficiaries have been known to avoid necessary care because of a lack of accessible transportation despite the availability of the benefit. This is why it is important to regularly check the provisions and policies surrounding Medicaid access to pharmacies.

As first-line providers, pharmacists are well-positioned to help their Medicaid patients know of and how to use their transportation benefits in order to access care. ■

*This article was written by Vincent C. Giglierano and Libby Baney, JD, with Faegre Drinker Biddle & Reath LLP. Please note, the opinions and views expressed by Faegre Drinker do not necessarily reflect the official views, opinions, or policies of NABP or any member board unless expressly stated.*

<sup>6</sup> Office of Management and Budget and General Services Administration. [www.reginfo.gov/public/do/AgendaViewRule?pubId=201910&RIN=0938-AT81](http://www.reginfo.gov/public/do/AgendaViewRule?pubId=201910&RIN=0938-AT81). Accessed December 20, 2019.

## NABP Reports 2019 Exam and Assessment Volume

Volume of Examination and Assessment Administrations		
	2018	2019
NAPLEX	18,089	17,974
Pre-NAPLEX	13,266	14,460
MPJE	33,897	34,123
Pre-MPJE		1,014
FPGEE	1,118	1,294
Pre-FPGEE	315	449
PCOA	19,887	18,938
Program Year 1	2,046	1,991
Program Year 2	2,635	2,506
Program Year 3	15,032	14,283
Program Year 4	174	158

In January 2020, NABP reported the total number of 2019 examinations and assessments for the following programs:

- North American Pharmacist Licensure Examination® (NAPLEX®);
- Pre-NAPLEX®;
- Multistate Pharmacy Jurisprudence Examination® (MPJE®);
- Pre-MPJE™;
- Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®);
- Pre-FPGEE®; and
- Pharmacy Curriculum Outcomes Assessment® (PCOA®).

More information about NABP examinations and assessments is located in the Programs section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■

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## Responding to Misconduct: NABP's Security Measures Maintain Examination Integrity



Formal assessments like the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®) form a foundational stone of licensure for pharmacists. Successful passage demonstrates to licensing boards a candidate's mastery of the knowledge base and cognitive skills deemed necessary to safely and effectively practice pharmacy. Due to the high stakes of professional licensure examinations, a very small percentage of candidates have been found to engage in misconduct to guarantee themselves a passing score. While the number of offenders may be relatively small, cheating on a professional licensing exam has a number of negative impacts

**“Cheating on a professional licensing exam has a number of negative impacts on the practice of pharmacy and the public at large. Most directly, cheating may result in the licensing of unqualified professionals.”**

on the practice of pharmacy and the public at large. Most directly, cheating may result in the licensing of unqualified professionals. In addition, reducing the integrity of the testing process can undermine confidence in the licensure system itself. Further, there are increased monetary costs, both to the testing organization that has to replace compromised test items and to candidates who must bear the price of increased security expenses. Therefore, in order to retain the integrity and utility of all the high-stakes pharmacist examinations NABP develops, the Association takes exam security extremely seriously. And just as cheating methods have taken advantage of technological advancements over time, exam security measures have likewise evolved to deal with emerging threats.

### Classic Cheats

Cheating on standardized tests has been occurring for many years, and old-fashioned methods are still used today. Some of these tactics were exposed with “Operation Varsity Blues,” which garnered headlines in 2019 after the United States Department of Justice uncovered an extensive US college admissions scam involving wide-scale bribery, cheating, and fraud. Taking place over a period of about eight years, the scam involved bribing college athletic coaches to designate students as recruited athletes as well as cheating on college admissions exams. Specifically, students were directed to take the exams at particular locations where test administrators and a proctor had been bribed. At least in some instances, the proctor allegedly corrected test answers after the examination was complete to achieve a desired score. The organizers also employed a private school counselor who allegedly took exams for some students and, in other cases, corrected their answers after the fact. The college admissions scandal added a more modern approach to these classic cheating methods as well: Parents allegedly obtained for

their children medical documentation of fictional learning disabilities in order to get special accommodations, including extra time to take the exam.

Other cheating techniques include seeking live assistance during the exam (such as making a phone call or meeting a person in the bathroom or outside the building during a testing break) and sneaking in notes (perhaps disguised as a beverage label on a bottle, folded up inside an item of clothing or jewelry, or hidden in a bathroom). Smart watches and other wearable technology have added a modern twist to these approaches.

The rigorous test site security measures taken by NABP and its testing vendor, Pearson VUE, address such exam misconduct attempts. The Association spells out these measures to candidates in its *NAPLEX/MPJE Candidate Application Bulletin*. Security-related requirements include presenting two

forms of identification (including a photo ID); submitting to a palm vein scan upon entering or reentering the testing room; leaving all bags and personal items outside the exam room, with limited access to items such as food, drink, or medication during breaks; and submitting items such as eyeglasses for search upon entering or reentering the testing room. Candidates may not leave the exam room without permission, and may not use cell phones or leave the test center building at any time during the exam. Test center employees monitor bathrooms and behavior throughout the center to guard against security breaches. In addition, NABP conducts “blind shopper” tests to help verify that test center personnel are enforcing security measures.

### Newer Trends

While most misconduct has historically taken place during an examination, a more recent and perhaps more

complicated security threat takes place outside the testing center: the sharing of current exam items. While test takers sharing questions is an old problem, technology and societal trends are allowing this form of misconduct to happen on a much larger scale and with greater secrecy than in the past. Such sharing commonly takes place on social media, often within closed groups. The issue affects all types of standardized tests, from high school common core assessments to professional licensing exams.

Some test item sharing schemes are blatant, such as online “classes” featuring recent exam questions or collections of test items being sold on sites like eBay. Questions are posted by test takers who memorize questions or, in some cases, even take pictures with cameras hidden in

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## Examples of NABP Exam Misconduct

The following are examples of candidate misconduct during an examination appointment outlined in the *NAPLEX/MPJE Candidate Application Bulletin*:

- Attempting to have someone else take the examination for you or having someone else take the examination for you
- Taking the examination for any purpose other than determining the eligibility for licensure, unless otherwise approved by NABP and the board(s) of pharmacy
- Accessing a cell phone or any other electronic communications devices
- Using notes, books, reference material, or other aids
- Attempting to aid an individual or receive aid to complete the examination
- Failing to follow an administrator’s instructions
- Creating a disturbance of any kind
- Bringing any materials, devices, or items to the examination appointment session that may compromise the security or validity of the administration
- Removing or attempting to remove from the test center scratch paper, note boards, writing materials, or the like
- Copying, memorizing, or removing exam content
- Tampering with the operation of the computer or attempting to use it for any function other than taking the examination
- Leaving the testing room without permission
- Leaving the testing center building for any reason
- Selling, offering, disclosing, transmitting, copying, reproducing, requesting, purchasing, receiving or utilizing without specific NABP authorization, or making available any portion or entirety of the exam content in any form ■

## FPGEC Changes Implemented to Maintain Security of FPGEE and Program Integrity

To support NABP's ongoing efforts to maintain the security and integrity of the high-stakes Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification Program, several changes are being implemented in 2020.

- The Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) dates will be offered once per year.
- FPGEC candidates will be required to take and pass the Educational Testing Services (ETS) Test of

English as a Foreign Language Internet-based Test (TOEFL iBT) **before** they will be eligible to sit for the FPGEE.

- The TOEFL iBT score validity period will be two years, which aligns with the ETS score validity policy for the exam.

As a result of these changes, the April 2, 2020 examination has been canceled. The next scheduled FPGEE will be on October 7, 2020. Candidates whose applications expire after April 2,

but before October 7, will have the opportunity to test at the later date, if the candidates have not engaged in misconduct, such as selling or gaining access to examination content without specific NABP authorization.

In addition, NABP has suspended new FPGEC applications during the first quarter of 2020. New applications reflecting the program changes are expected to be available by the end of March 2020. ■

### Examination Integrity

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eyeglasses, which is why such items are examined by test proctors. Others are more subtle, such as posting a “What should I expect at the exam?” query on a social media site. While testing candidates may not always realize that sharing exam questions is, in fact, cheating or wrong, it poses a threat to the test's integrity and violates intellectual property and copyright laws. The preparation, testing, and analysis of exam questions that make up the item pool require significant effort and expense to ensure that the exams remain valid and reliable. Widespread item sharing shortens the lifespan of questions and, like exam center cheating, threatens the validity of the exam and, ultimately, the credential or license.

Just as it takes security measures to combat test center misconduct, NABP also takes steps to address item sharing. The Association monitors the internet, responds to tips, follows up on leads, notes discrepancies

in paperwork, works closely with schools and colleges of pharmacy, and carefully maintains the item pool. In late 2016, NABP transitioned the NAPLEX to an assembly model of preassembled exams (as opposed to the computerized adaptive testing model used previously), allowing more item pool questions to be used and shortening their life cycle; this, in turn, helps counteract potential damage caused by illicit item sharing.

### Candidate Consequences

NABP, along with other assessment providers and various stakeholders, is also helping to combat exam misconduct by educating testing candidates about cheating, defining what counts as misconduct, and explaining potential consequences. NABP's testing guide spells out for candidates the many actions that can constitute misconduct, including “Selling, offering, disclosing, transmitting, copying, reproducing, requesting, purchasing, receiving or utilizing . . . or making available any portion or entirety of the

exam content in any form.” It also delineates potential consequences for misconduct, ranging from invalidation of the exam score to the initiation of civil, criminal, or administration proceedings; the Association may also provide notification to the boards of pharmacy, as well as state or federal law enforcement agencies. The Association also notifies candidates about misconduct and its potential consequences through a video prominently displayed on the relevant test website pages.

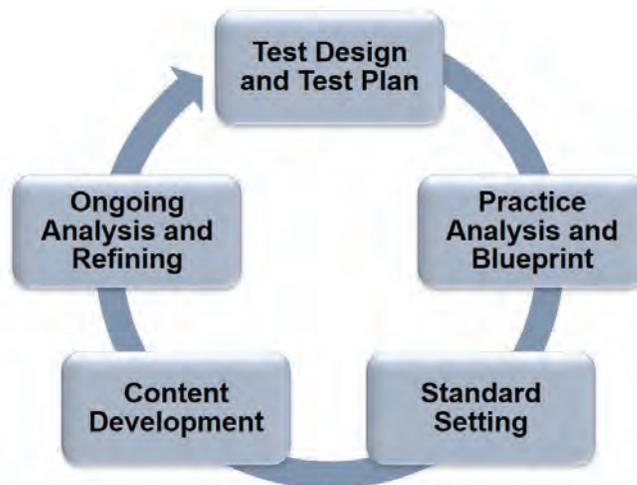
Ultimately, consequences related to exam misconduct on pharmacist licensure exams, as on other high-stakes assessments, can be severe, reflecting the damage misconduct can inflict on the practice of pharmacy and the public health. While cheating can never be eradicated, NABP will continue to combat the evolving threat of exam misconduct and protect the integrity of its assessments, ensuring that the boards of pharmacy have the solid data they need to make licensure judgments. ■

## Item Development Process Ensures Integrity of NABP Exams

The exam development process for all NABP examinations comprises the five steps shown in the illustration to the right.

As part of the content development and refinement steps, members of the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®)/Pharmacy Curriculum Outcomes Assessment® (PCOA®) Review Committee, several of whom are pictured below, convened at NABP Headquarters in January 2020 to evaluate and develop test questions for the FPGEE and PCOA programs. The FPGEE/PCOA Review Committee is composed of pharmacists and academicians who are representative of the diversity of pharmacy education and are specialists in the areas of clinical sciences, pharmaceutical sciences, and basic biomedical sciences, as well as social, behavioral, and administrative pharmacy sciences.

For more information about both programs, visit the Programs section on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■



(Above, left to right) Karen Kopacek, RPh, University of Wisconsin School of Pharmacy, and Melissa Badowski, PharmD, RPh, BCPS, University of Illinois at Chicago College of Pharmacy.

(Below, left to right) Ronald “Ron” Worthington, PhD, Southern Illinois University Edwardsville School of Pharmacy; Matthias “Matt” Lu, PhD, professor emeritus, University of Illinois at Chicago College of Pharmacy; and Philip “Phil” Proteau, PhD, Oregon State University College of Pharmacy.



## 2020-2021 MPJE Review Committee Members Announced

Introducing two new members and commending 10 returning members, NABP is pleased to announce the 2020-2021 Multistate Pharmacy Jurisprudence Examination® (MPJE®) Review Committee. The committee is composed of experts in pharmacy law and regulation authorities who are representative of the diversity of pharmacy practice. The committee shares the responsibility for developing and reviewing the items in the MPJE. Committee members, whose terms began February 1, 2020, are as follows:

- Mark Brown, MBA, RPh, Hawaii
  - Amy Mattila, PharmD, RPh, Wisconsin
  - Alan M. Shepley, RPh, Iowa
  - Katie Busroe, RPh, Kentucky Board of Pharmacy
  - Susan B. McCoy, RPh, Mississippi Board of Pharmacy
  - John D. Taylor, RPh, Florida
  - Mark T. Conradi, JD, RPh, PC, Alabama
  - Michael A. Moné, JD, RPh, Ohio
  - Dean Wright, RPh, Arizona
  - David C. Young, PharmD, RPh, Utah
  - Debra Glass, RPh, Florida
  - Beth O’Halloran, RPh, Virginia Board of Pharmacy
- Color denotes new member ■

## Task Forces, Committee Convened at NABP Headquarters to Address Current Issues Faced by the Boards of Pharmacy

The following task forces and committee convened at NABP Headquarters in fall 2019 and winter 2020: Overview Task Force on Requirements for Pharmacy Technician Education, Practice Responsibilities, and Competence Assessment, on September 11-12, 2019; Task Force on Requirements for Pharmacy Technician Education, on October 21-22, 2019; Task Force on Pharmacy Technician Competence Assessment, on October 22-23, 2019; and Committee on Law Enforcement/Legislation, on January 14-15, 2020. The task force reports will be available by summer 2020 in the Publications and Reports section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■



The Committee on Law Enforcement/Legislation met to review and comment on existing pharmacy practice legislation and rules for the legal distribution of drugs; to develop model regulations for pharmacy; and to recommend to the Executive Committee areas where model regulations are needed in pharmacy for improving the protection of the public health. Pictured are (left to right) Reginald B. “Reggie” Dilliard, DPh, Tennessee Board of Pharmacy (chairperson); Jeenu Philip, RPh, Florida Board of Pharmacy; Nicole L. Chopski, PharmD, BCGP, ANP, NABP Executive Committee liaison; Sebastian Hamilton, MBA, PharmD, RPh, Massachusetts Board of Registration in Pharmacy; Jenny Downing Yoakum, RPh, Texas State Board of Pharmacy; Gayle D. Ziegler, RPh, North Dakota State Board of Pharmacy; Deborah “Debbie” Mack, PD, RPh, Arkansas State Board of Pharmacy; Shauna White, MS, PharmD, RPh, District of Columbia Board of Pharmacy; Tony King, PharmD, RPh, Montana Board of Pharmacy; and Robert A. Graves, North Carolina Board of Pharmacy.



The Task Force on Pharmacy Technician Competence Assessment met to evaluate the recommendations of the Overview Task Force on Requirements for Pharmacy Technician Education, Practice Responsibilities, and Competence Assessment related to pharmacy technician competence assessment; evaluate the current environment for pharmacy technician competence assessment; and make recommendations to ensure that boards of pharmacy take a more active role in establishing requirements for the competence assessment of pharmacy technicians. Pictured are (front, left to right) Fred M. Weaver, RPh, State of Ohio Board of Pharmacy; Bradley A. Miller, PhTR, Texas State Board of Pharmacy; Allison Vordenbaumen Benz, MS, RPh, Texas State Board of Pharmacy; Daphne Bernard, PharmD, RPh, District of Columbia; Cynthia “Cindy” Warriner, RPh, CDE, Virginia Board of Pharmacy; Donna M. Horn, MS, RPh, DPh, Massachusetts; Kimberly A. Grinston, JD, Missouri Board of Pharmacy (chairperson); Ryan Burke, PharmD, Pharmacy Technician Certification Board; Howard C. Anderson, Jr, RPh, North Dakota State Board of Pharmacy; (back, left to right) Stuart T. Williams, JD, Minnesota Board of Pharmacy; Richard M. Indovina, Jr, MBA, RPh, Louisiana Board of Pharmacy; Shane R. Wendel, PharmD, RPh, NABP Executive Committee liaison; Joseph Leyba, PharmD, RPh, Arizona State Board of Pharmacy; Michael P. Brosnan, MBA, PharmD, RPh, Massachusetts Board of Registration in Pharmacy; Jeremy Sasser, CPhT, National Healthcareer Association; and William Schimmel, Pharmacy Technician Certification Board.



The Task Force on Requirements for Pharmacy Technician Education met to evaluate the recommendations of the Overview Task Force on Requirements for Pharmacy Technician Education, Practice Responsibilities, and Competence Assessment as related to pharmacy technician education; evaluate the current environment for pharmacy technician education requirements; and make recommendations to ensure that boards of pharmacy take a more active role in establishing requirements for the education of pharmacy technicians. Participants pictured are (front, left to right) Debbie Chisolm, RPh, Connecticut Commission of Pharmacy; Deborah Veale, RPh, California State Board of Pharmacy; Janet Silvester, MBA, PharmD, FASHP, American Society of Health-System Pharmacists; Megan E. Marchal, PharmD, RPh, State of Ohio Board of Pharmacy; Kim Tanzer, PharmD, RPh, Massachusetts Board of Registration in Pharmacy; Ryan Burke, PharmD, Pharmacy Technician Certification Board; James Bracewell, Georgia; Deena Speights-Napata, MA, Maryland Board of Pharmacy; Patricia L. Richards-Spruill, RPh, Virginia Board of Pharmacy; (back, left to right); Diane Halvorson, RPhTech, CPhT, North Dakota State Board of Pharmacy (chairperson); Kerstin Arnold, JD, Texas State Board of Pharmacy; Lenora S. Newsome, PD, NABP Executive Committee liaison; Sabrina L. Beck, PharmD, RP, Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit; Karen M. Ryle, MS, RPh, Massachusetts; William Schimmel, Pharmacy Technician Certification Board; Jeremy Sasser, CPhT, National Healthcareer Association; and Jonathan Brunswig, PharmD, RPh, Kansas State Board of Pharmacy.



The Overview Task Force on Requirements for Pharmacy Technician Education, Practice Responsibilities, and Competence Assessment met to evaluate the current environment for the regulation of pharmacy technicians and make topic recommendations for the task force subgroups. The goal is to work toward a more active role in establishing requirements for the education, practice responsibilities, and competence assessment of pharmacy technicians. Pictured are (front, left to right) Gary W. Dewhirst, RPh, DPh, Colorado; Anita Young, EdD, RPh, Massachusetts; Cindy Fain, PD, Arkansas State Board of Pharmacy; Ryan Burke, PharmD, Pharmacy Technician Certification Board; Gary J. Merchant, MBA, RPh, New Hampshire; Janet Silvester, MBA, PharmD, FASHP, American Society of Health-System Pharmacists; Donna S. Wall, PharmD, RPh, Indiana Board of Pharmacy; Kristen Snair, CPhT, Arizona State Board of Pharmacy; Jacqueline L. Hall, MBA, RPh, Louisiana Board of Pharmacy; (back, left to right) Bradley S. Hamilton, RPh, NABP Executive Committee liaison; Timothy R. Koch, PD, CHC, Arkansas; William Schimmel, Pharmacy Technician Certification Board; John R. Genovese, RPh, New Hampshire Board of Pharmacy; Jeremy Sasser, CPhT, National Healthcareer Association; Lemrey "Al" Carter, MS, PharmD, RPh, Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State Board of Pharmacy (chairperson); Jason Hansel, PharmD, RPh, Iowa Board of Pharmacy; and Eric Brichto, JD, Accrediting Bureau of Health Education Schools.

## VPP Shows Growth in Pharmacy Applicants in 2019

In January 2020, NABP reported the total number of pharmacies that applied for Verified Pharmacy Program® (VPP®) inspections in 2019 as new and renewal applicants. More information about VPP can be found in the Programs section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■

VPP Inspections*	2019	Since Inception (2013)
General Retail Pharmacy Only	46	199
General and Nonsterile Compounding Only	87	510
General and Sterile Compounding Only	55	226
General, Nonsterile, and Sterile Compounding	87	460
Nuclear	11	45

\*The totals above represent pharmacies whose inspections have already been completed in 2019 and do not include applicants who are awaiting an inspection or who recently submitted an application.

### 29 State Inspectors Earn Sterile Compounding Certification in 2019

As part of the Sterile Compounding Inspector Training program offered by CriticalPoint, LLC, credentialed inspectors from various state boards of pharmacy, health departments, and other agencies in the United States and Canada participated in informative classroom sessions and cleanroom practicums held at the US Pharmacopeia 797- and 800-compliant plant.

- July 9-12, 2019 – 15 inspectors
- October 29-November 1, 2019 – 14 inspectors

The 2020 Sterile Compounding Inspector Training program is scheduled for July 20-24, 2020. To learn more, visit [www.criticalpoint.info/sterile-compounding-inspector-training](http://www.criticalpoint.info/sterile-compounding-inspector-training).

More information about NABP’s online and site-based training is available in the Member Services section on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■

### NABP Announces First Facility to Receive OTC Medical Device Distributor Accreditation

NABP recently awarded OTC Medical Device Distributor Accreditation, formerly known as Verified-Accredited Device Integrity Program® (VDIP®), to Home Aide Diagnostics, Inc, in Deerfield Beach, FL. The first organization to receive OTC Medical Device Distributor Accreditation from NABP, Home Aide Diagnostics provides home-based medical equipment and supplies to pharmacies and durable medical equipment businesses in the United States and the US territory of Puerto Rico.

NABP created OTC Medical Device Distributor Accreditation for business entities that distribute medical devices often designated as medium to high risk by Food and Drug Administration, specifically, diagnostic over-the-counter (OTC) devices such as diabetes medical supplies eligible for reimbursement.

OTC Medical Device Distributor Accreditation is a resource for industry and regulatory bodies that establish uniform safeguards meant to protect the public health. This voluntary accreditation process requires distributors to demonstrate compliance to a comprehensive set of standards and best practices in safely distributing diagnostic OTC medical devices to pharmacies and additional organizations. These safeguards are especially needed to curb the high level of fraud, waste, and abuse for these products.

For additional information about OTC Medical Device Distributor Accreditation, please visit [www.nabp.pharmacy/programs](http://www.nabp.pharmacy/programs). ■



## Schedule of Events

### Wednesday, May 13, 2020

**3 - 5:30 PM**

Information Desk Open

### Thursday, May 14, 2020

**8 AM - 5 PM**

Information Desk Open

**8:30 - 9:30 AM**

Informal Roundtables on Annual Meeting Processes

**9:30 - 11 AM**

Networking Brunch and Educational Table Top Displays

**NOON - 3:30 PM**

#### First Business Session

- Welcome Remarks
- Presentation of Colors
- National Anthem
- Keynote Address
- Greeting From the Host State
- Report of the Executive Committee
- President's Address
- Treasurer's Report
- Announcement of Candidates for Open Executive Committee Officer and Member Positions

**3:45 - 5:15 PM**

CPE Session\*

**6 - 8 PM**

President's Welcome Reception

### Friday, May 15, 2020

**7:45 AM - 12:15 PM**

Information Desk Open

**7:45 - 8:15 AM**

NABP Breakfast (continental)

**8:30 - 10:30 AM**

#### Second Business Session

- Report of the Executive Director/Secretary
- Report of the Committee on Resolutions
- Report of the Committee on Constitution and Bylaws
- Candidate Speeches for Open Executive Committee Officer and Member Positions

**10:30 - 11 AM**

Informal Member/Candidate Discussions

**10:30 AM - 12:15 PM**

Educational Poster Session CPE\*

**12:30 - 2:15 PM**

#### Annual Awards Luncheon

**2:30 - 4 PM**

Information Desk Open

**2:30 - 4 PM**

CPE Session\*

**5 - 6 PM**

New NABP Executive Director Reception

### Saturday, May 16, 2020

**7:30 - 10:30 AM**

Information Desk Open

**7:30 - 8:15 AM**

NABP Breakfast

**8:30 - 11:30 AM**

#### Final Business Session

- Election of the 2020-2021 Executive Committee Officers and Members
- Remarks of the Incoming President
- Installation of the 2020-2021 Executive Committee Officers and Members
- Final Report of the Committee on Constitution and Bylaws
- Final Report of the Committee on Resolutions
- Invitation to the 2021 Annual Meeting

**11:30 AM**

Grab-N-Go Lunch

Note: The 116<sup>th</sup> NABP Annual Meeting schedule is subject to change. The final schedule will be posted prior to the meeting at [www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy).

\* This activity is eligible for ACPE credit; see final CPE activity announcement for specific details.



The knowledge-based continuing pharmacy education (CPE) activities presented at the Annual Meeting are developed specifically for the Association's member boards of pharmacy, which are composed of executive officers, board staff, board members, compliance staff, and board counsel. Activities are also relevant to other attendees in the practice of pharmacy. By actively participating in the meeting's CPE programming, at the conclusion of the Annual Meeting participants should be able to:

- Identify the latest legislative and regulatory issues being addressed by the state boards of pharmacy.
- Explain how the changing regulatory environment impacts the state boards of pharmacy and the practice of pharmacy.
- Identify gaps in regulatory oversight and best practices for state pharmacy boards to overcome them.
- Discuss emerging roles of pharmacists and pharmacy technicians with respect to the public's access to quality health care.
- Discuss how poster session research findings further the protection of the public health.
- Describe best practices for regulating pharmacist care services in a changing health care environment.
- Analyze licensing standards between state boards of pharmacy.

Contact NABP Professional Affairs staff at 847/391-4406 or via email at [Prof-Affairs@nabp.pharmacy](mailto:Prof-Affairs@nabp.pharmacy) for more details.

NABP and NABP Foundation\* are accredited by the Accreditation Council for Pharmacy Education (ACPE) as providers of CPE. ACPE provider number: 0205. Learning objectives and descriptions for each CPE session will be available on the CPE page at [www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy). Instructions for claiming CPE credits, including continuing legal education credits, will also be provided.



## Kris 'Tanto' Paronto to Present Keynote Address

***Inspiring Hero of the 2012 Benghazi Attack and Subject of the Book and Motion Picture, 13 Hours***

Affectionately known as “Tanto” in security contracting circles, Kris Paronto is a former Army ranger from the 2<sup>nd</sup> Battalion 75<sup>th</sup> Ranger Regiment, private security contractor, and inspiring hero of the 2012 Benghazi attack. He is also the subject of the book and major motion picture, *13 Hours: The Inside Account of What Really Happened in Benghazi*. He will share with attendees how his experience from Benghazi taught him the importance of depending on and trusting his team. The Keynote Address will take place during the First Business Session on Thursday, May 14. For more information, including a full schedule of events, visit [www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy). ■



### Important Deadlines

- **Proposed CBL Amendments – Due March 30, 2020**
- **Early Registration Rate – Ends April 10, 2020**
- **Voting Delegate Submissions – Due April 14, 2020**
- **Early Hotel Reservation Rate – Ends April 15, 2020**

## Official Voting Delegate Submissions Due April 14

In order to vote during the Final Business Session and qualify for the travel grant, active member state boards of pharmacy must submit their signed Official Delegate Certificates by April 14, 2020.

- Chief administrative officers of the boards may submit the completed and signed Official Delegate Certificate to NABP Executive Office via mail to NABP Headquarters or via email to [ExecOffice@nabp.pharmacy](mailto:ExecOffice@nabp.pharmacy).
- Only current board of pharmacy members or chief administrative officers qualify to serve as delegates or alternate delegates.
- Only one individual may serve as the official voting delegate; however, there is no limit on how many individuals may serve as alternate delegates.

For more information, contact [ExecOffice@nabp.pharmacy](mailto:ExecOffice@nabp.pharmacy). ■

## Travel Grants Still Available

Travel grant opportunities are still available. Eligible individuals may receive up to \$1,500 to cover the costs of travel, hotel rooms, meals, taxis, parking, and tips. The grant does not include Annual Meeting registration fees.

- One grant will be awarded to a current board member or administrative officer of each active NABP member board of pharmacy, as designated by the board’s administrative officer.
- Active member boards of pharmacy must have a voting delegate in attendance at the Annual Meeting to vote during all applicable business sessions in order to receive reimbursement.

To obtain a grant application, board administrative officers may contact [ExecOffice@nabp.pharmacy](mailto:ExecOffice@nabp.pharmacy). ■

## NABP Members Shape Direction of Association Through District and Annual Meeting Business Processes

District meetings provide a voice for each district to take part in the decision-making processes of the Association and, in turn, shape the business processes for the Annual Meeting.

### It All Starts at the District Meetings

Much of the foundation for issues addressed at the Annual Meeting is laid at the district level. During the district meetings, board delegates vote on candidates who decide to run for NABP Executive Committee open member positions in their district. Also, during these meetings, members may submit resolutions for consideration by their district. Resolutions are then submitted by the district to NABP and are reviewed by the Committee on Resolutions before being voted on at the Annual Meeting. These resolutions have the potential to result in NABP actions such as the development of task forces to explore or address an issue or revisions to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*, which provides the boards with model language that may be used when developing state laws or board rules. In addition, once approved by the membership, resolutions document the Association's stance on issues affecting the practice of pharmacy and public health. They can also express NABP's intention to work with other key stakeholders.

### Voting

As previously noted, most of the business conducted at the Annual Meeting starts at the district level. When there is an open NABP Executive Committee member position for a district, the district may nominate up to two candidates at its district meeting. More information about the NABP Executive Committee nomination and election process is

provided in the January 2020 issue of *Innovations*.

Amendments to the NABP Constitution and Bylaws are also voted on at the Annual Meeting. These amendments may be submitted by any active member board, the Committee on Constitution and Bylaws, or the Executive Committee within a specific time frame prior to the Annual Meeting. Although newly proposed amendments to the Constitution may be presented during any Annual Meeting business session. Discussion and voting takes place during the next succeeding Annual Meeting. By contrast, proposed amendments to the Bylaws may be presented and voted on at the same Annual Meeting.

Finally, resolutions that were submitted by the districts, active member boards, or NABP committees are discussed and voted on at the Annual Meeting. As previously noted, these resolutions have the potential to be carried out as single-issue task forces or revisions to the *Model Act*, among other activities. Last year, NABP commissioned three task forces: the Overview Task Force on Requirements for Pharmacy Technician Education, Practice Responsibilities, and Competence Assessment; the Task Force on Requirements for Pharmacy Technician Education; and the Task Force on Pharmacy Technician Competence Assessment. These task forces were established in response to a resolution voted on during the 115<sup>th</sup> Annual Meeting in Minneapolis, MN, in 2019.

### Business Sessions

So that the member boards can be provided with the opportunity to thoroughly review what the Association has accomplished and plans to accomplish for the upcoming year, business processes have been divided into three sessions at the Annual Meeting. At the First Business Session, attendees will hear the reports of

the NABP Executive Committee chairperson, president, and treasurer. Attendees are also introduced to the candidates running for the open Executive Committee officer and member positions.

During the Second Business Session, attendees will hear the report of the NABP executive director/secretary. The resolutions that were submitted by the districts, active member boards, or committees of the Association, and proposed amendments to the Constitution and Bylaws (if any) are also presented during this session. Finally, attendees hear the candidate and seconding speeches for the open Executive Committee positions. After the business session, attendees have the opportunity to interact with the candidates during the Informal Member/Candidate Discussion and share their thoughts about each candidate with their board's voting delegate.

The third session, known as the Final Business Session, is held on the last day of the Annual Meeting. This is when all voting takes place and when the new Executive Committee officers and members are elected and installed. Attendees also hear the remarks of the incoming president and the final reports of the Committee on Constitution and Bylaws and the Committee on Resolutions.

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### Orientation for Annual Meeting Attendees

Attendees have the opportunity to become more acquainted with Annual Meeting business processes and procedures during informal roundtables on **Thursday, May 14**. See the Annual Meeting website for more details.

## NABP Business Processes

### NABP/AACP District Meetings

- Board of Pharmacy delegates nominate individuals to run for the open Executive Committee positions representing their district.
- Board of Pharmacy delegates discuss and vote on proposed resolutions to be submitted to NABP for consideration by the full membership.



### Annual Meeting

#### First Business Session

- Candidates for open Executive Committee member and officer positions introduced.



#### Second Business Session

- Proposed amendments to the Constitution and Bylaws (CBL) presented.
- Proposed resolutions presented.
- Candidate speeches.



#### Final Business Session

- Board of Pharmacy delegates vote for new Executive Committee members and officers on behalf of their board.
- Members invited to discuss proposed resolutions and CBL amendments.
- Board of Pharmacy delegates vote on proposed resolutions and bylaw amendments.



### Annual Meeting Outcomes

- Newly elected officers and Executive Committee members are installed during the Final Business Session.
- Resolutions approved by the membership are posted on the NABP website and announced in *Innovations*.
- The CBL is updated on the website to reflect approved amendments, and background on the changes is provided in *Innovations*.
- Single-issue task forces may be convened, and/or potential revisions made to the NABP *Model Act*.

### AM Business Processes

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During these reports, the proposed amendments and resolutions that were read during the Second Business Session are discussed and voted on. Although only designated voting delegates from active member boards may vote, any affiliated member may

participate in the discussion portion of the Final Business Session's agenda. An affiliated member is any individual who is a current or former member or administrative officer of an active or associate member board of the Association. With important outcomes such as new Executive Committee officers and members, amendments to the NABP Constitution

and Bylaws, and adoption of policy-setting resolutions, business sessions are the primary focus of the Annual Meeting. It is through participation in these sessions that members have the opportunity to help shape the Association's actions for the coming year. ■

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**RONALD MCDONALD HOUSE**  
CHARITIES

At each NABP Annual Meeting, we collect donations for a charity chosen by the host state. This year's charity, RMHC Maryland, helps keep families together and near the care and resources they need.



**Getting Together  
& Giving Back**



Donate on the website or in person at the Annual Meeting.  
[www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy)



More information about the organization's mission can be found at [RMHCMaryland.org](http://RMHCMaryland.org)

**#NABP2020**

# Interview With a Board Member



**Lindsey Laliberte, RPh,  
Member, New Hampshire  
Board of Pharmacy**

## **Lindsey Laliberte, RPh, Member, New Hampshire 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 was appointed to the New Hampshire Board of Pharmacy in September 2017 by Governor Christopher Sununu. I am a community pharmacist.

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

I feel a board member must be engaged and stay informed to be successful. At the time I was appointed to the Board, then-Board President Gary Merchant ensured that I was up-to-date on what was happening at the Board and with legislation that impacted pharmacy. He took time to clearly answer any questions. The entire Board made sure I was comfortable enough to ask questions and that I clearly understood the process of the timeline of events. This helped me become a contributing Board member. Once a member is up-to-speed on how his or her board operates, I think it is important for that member to continue to educate himself or herself and stay informed on what is happening at the state level.

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

Over the past year, the Board has made several legislative changes, as well as worked on several rulemaking initiatives. One exciting bill that has passed and now is in rulemaking is the creation of an advanced practice pharmacy technician license. Technicians granted this license will be permitted to assist the pharmacist with tasks such as product verification. Other Board initiatives include creating rules for pharmacists to initiate and dispense oral contraceptives, and updating rules around the United States Pharmacopeia changes, inspection rules, and standards of practice.

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

While in committee, the bill for the advanced practice pharmacy technician license generated a lot of debate. Pharmacists wanted to make certain the technician is accountable for his or her actions as well as ensure that there is enough training and education to set this technician apart from a certified tech. After many discussions with stakeholders, the bill passed, and the Board will put these requirements in rules. It was interesting to learn that in 1999, NABP had a Task Force on Standardization of Technicians' Role and Competencies. Many of the same expectations of the advanced practice pharmacy technician were listed in a recommendation for pharmacist assistant requirements. I am happy that 20 years later we have been able to create a higher level of technician to assist the pharmacist in keeping the public healthy and safe.

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## **New Hampshire Board of Pharmacy**

Number of Board Members: 6 pharmacist members and 1 public member

Number of Compliance Officers/Inspectors: 3

Rules and Regulations Established by: Board of Pharmacy

Number of Pharmacist Licensees: 2,780

Number of Pharmacies: 314

Number of Wholesale Distributors: 1,139 (in-state and out-of-state)

## Interview With a Board Member

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### What advice would you give a new board member?

I would suggest that a new board member take time to read the past several months of board meeting minutes prior to his or her first meeting. This was suggested to me, and I was very thankful I took the time to do so. I read the prior year's minutes, making sure to follow up on the decisions made by the Board that were noted in subsequent minutes. It made the first several Board meetings easier to understand and allowed me to contribute to the meetings.

### 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?

These meetings are very important to understanding the role NABP has in serving the state boards of pharmacy. In the past three years, I have attended all the NABP Annual Meetings as well as two district meetings. I was also able to attend the Interactive Member Forum last year at NABP Headquarters. All of these meetings enabled me to see what issues other states are encountering, struggling with, or changing successfully. In April 2020, I will have the opportunity to serve on the NABP Committee on Constitution and Bylaws.

I found that making it a priority to attend the first couple of meetings after my appointment allowed me to have a better understanding of NABP's role and how connections with other boards can help with decision making in my state. Each past and current member has knowledge that can be a resource when making decisions. As technology allows us to move past state borders, it is important to collaborate as a national organization, so that we can best support pharmacists and technicians in order to protect the public in all areas of pharmacy. ■

## New NABP Accreditations

The following entities were recently granted NABP accreditation through the select programs noted below. Full listings of accredited durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) pharmacies; drug distributors; and over-the-counter (OTC) medical device distributors can be found in the Programs section at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■

### DMEPOS Pharmacies

#### Keystone Med LLC

Bath, PA

#### Richford Health Center, Inc, dba

#### Swanton Rexall

Swanton, VT

#### T.A. Solberg Co Inc, dba Trig's

#### Pharmacy

Tomahawk, WI

### Drug Distributors

#### A & K Distributors, PR LLC

Aguadilla, PR

#### Aurologistics LLC

East Windsor, NJ

#### Avella of Deer Valley, Inc

Phoenix, AZ

#### CK Solutions, LLC

Moorestown, NJ

#### Direct Success, Inc

Farmingdale, NJ

#### Dynasty Pharmaceuticals, Inc

Lynnwood, WA

#### Exel Inc, dba DHL Supply Chain (USA)

Manchester, PA

Southaven, MS

#### Fisher Healthcare and Fisher Scientific

Tracy, CA

#### Medline Industries, Inc

Auburndale, FL

#### PriMed Pharmaceuticals LLC

Eatontown, NJ

#### RMC Pharma Inc

Munford, TN

#### UPS Supply Chain Solutions, Inc

Buford, GA

#### Wellgistics LLC

Lakeland, FL

#### West Logistics LLC

Sturtevant, WI

#### Woodfield Distribution, LLC

Lockbourne, OH

### OTC Medical Device Distributor

#### Home Aide Diagnostics, Inc

Deerfield Beach, FL

## Iowa Allows TPV Programs in Community Pharmacies

The Iowa Board of Pharmacy adopted new rules that allow technician product verification (TPV) programs in community pharmacies. Previous programs were called tech-check-tech programs and only authorized the practice in a hospital pharmacy or community pharmacy providing care for facility patients when another licensed health care practitioner would be administering the medications.



Under the new rules, which became effective June 26, 2019, a pharmacy may establish a TPV program that is intended to redirect pharmacist time to increased clinical services (such as

medication therapy management, collaborative practice, statewide protocols, and immunizations). In a pharmacy using a TPV program, pharmacist hours shall not be reduced but shall be redistributed to clinical pharmacy services to improve patient care and health outcomes.

Additional TPV program requirements can be found in the Board's December *Newsletter*. The final rule is available on the Board's website at [www.legis.iowa.gov/docs/aco/arc/4456C.pdf](http://www.legis.iowa.gov/docs/aco/arc/4456C.pdf).

## New Mexico Amends Rules Related to Intern Training and Military Service Members

The New Mexico Board of Pharmacy has amended the New Mexico Administrative Code (NMAC) related to internship training programs and fees associated with military service members.

- 16.19.5 NMAC – Internship Training Program: the 30-semester hour requirement for licensure as a pharmacy intern has been removed. Instead, a student

will now be eligible for licensure after satisfactory completion of all first semester courses. This will allow for more patient care training with the targeted outcome of better trained pharmacists.

- 16.19.12 NMAC – Fees: New Mexico will now waive registration fees for military service members and spouses for change of duty location to New Mexico. The waiver of fees for military service members and spouses was implemented to minimize barriers to licensure and employment.

## Military Members and Spouses Eligible for Provisional Licensure in North Dakota

Legislation was enacted to allow members of the military and their spouses to be eligible for provisional occupational licenses to assist in the movement of these families to North Dakota. The legislation allows an individual licensed in another state and working under that license for at least two of the last four years to apply for provisional licensure for that occupation in North Dakota.

The North Dakota State Board of Pharmacy's proposed rules will contain changes to outline a process for provisional licensure for a pharmacist and a separate proposal to allow for provisional registration for a pharmacy technician. Fees for this license apply one year after the first renewal period (ie, upon second renewal). Additionally, it is proposed for a pharmacist applicant to have three months to pass the Multistate Pharmacy Jurisprudence Examination® upon obtaining a provisional license. Each applicant would still need to be working toward meeting the qualifications for licensure during the two-year provisional license period and go through the Electronic Licensure Transfer Program® to ensure any disciplinary action is screened.

## NABP e-Profile ID Is Now Required in Virginia

The Virginia Board of Pharmacy now requires pharmacists, pharmacy interns, and pharmacy technicians to provide an NABP e-Profile ID when applying for or renewing their license or registration. The e-Profile ID helps facilitate the exchange of information between the Board and NABP for licensure processes. ■

Newsletters of state boards that participate in the NABP State Newsletter Program are available on the NABP website. Five years' worth of issues are posted on each participating state's page.

## DEA Prescription Drug Take-Back Day Is April 25

Drug Enforcement Administration (DEA) has announced another opportunity for consumers to dispose of unneeded and expired prescription drugs during the next DEA National Prescription Drug Take-Back Day on Saturday, April 25, 2020, from 10 AM to 2 PM. On this day, thousands of collection sites will be available across the country to accept unneeded and expired prescription drugs, including controlled substances, for safe and legal disposal. Since 2010, DEA has held 18 National Take-Back Days, and has collected and disposed of a total of nearly 12.7 million pounds of these medications as well as vaping devices.

In addition to take-back day programs, there are many permanent disposal kiosks located throughout the country that can be used to dispose of unwanted prescription drugs at any time during the year. NABP's Drug Disposal Locator Tool, available on its consumer website, [www.safe.pharmacy](http://www.safe.pharmacy), is continuously updated with new locations. By entering a zip code or city and state, consumers can find the nearest disposal sites on a map. More than 8,000 disposal sites nationwide can be found within the system.

## PTCB Funds Naloxone Training for Pharmacy Technicians, Other Anti-Opioid Abuse Projects

Pharmacy associations in three states have received grant funding from the Pharmacy Technician Certification Board (PTCB) for projects that may help prevent deaths related to opioid overdoses. The three projects that received funding from PTCB include:

- Arizona Pharmacists Association's Ensuring Access to Naloxone Project, which aims to train pharmacy technicians in the use of naloxone, the overdose-reversal drug, and to create a legislative road map to allow technicians to dispense naloxone;
- Connecticut Pharmacists Association's effort to create an accredited online education module to train technicians to access the state's prescription monitoring program, which is used by health care providers to detect signs of prescription drug abuse and diversion; and
- Massachusetts Pharmacists Association's webinar series on key safety topics, such as medication-use process, high-alert medications, and error identification for technicians.

More information is available in a PTCB news release available at [www.ptcommunity.com/wire/ptcb-funds-anti-opioid-abuse-projects-including-naloxone-training-pharmacy-technicians](http://www.ptcommunity.com/wire/ptcb-funds-anti-opioid-abuse-projects-including-naloxone-training-pharmacy-technicians).

## NACDS Says Pharmacists Can Help With Substance Use Disorder

In a series of letters written to Medicaid program directors, the National Association of Chain Drug Stores (NACDS) made a case that pharmacists can be a great resource in the treatment of substance use disorders. The letters also called for action on policy recommendations designed to help prevent opioid abuse and addiction, while caring for those in pain. Specifically, pharmacists can help improve access to naloxone and reduce the risk of substance use disorder through a strategy known as screening, brief intervention, and referral to treatment, which has been used in numerous health care settings to help identify people who are misusing alcohol and other drugs, according to NACDS.

The letters were sent to 14 states and the District of Columbia, which have each received planning grants from the Centers for Medicare & Medicaid Services (CMS) to increase provider capacity and improve access to treatment for individuals suffering with substance use disorders. The grants were provided as part of the SUPPORT for Patients and Communities Act. CMS will select five of these 15 jurisdictions to run a three-year demonstration that involves enhanced federal reimbursement for increases in Medicaid spending on substance use disorder treatment and recovery services. District of Columbia has already been selected as one of the five.

More information is available in an NACDS press release at [www.nacds.org/news/substance-use-disorder-needs-pharmacists-help-nacds-says](http://www.nacds.org/news/substance-use-disorder-needs-pharmacists-help-nacds-says).

## NABP Social Media Kit Helps Boards, Providers Share Medication Safety Information

NABP encourages all health care providers to educate patients on prescription medication safety. To assist in this effort, NABP has created a series of social media posts for boards of pharmacy, board members, and other health care organizations to share with their patient provider and patient networks. Topics covered by the materials include safely purchasing medications, drug disposal, medication use, and tips on identifying and preventing prescription drug abuse. All posts include the hashtag #SafePharmacy so patients can easily find information on multiple social media platforms, and to help patients find NABP's consumer education website at [www.safe.pharmacy](http://www.safe.pharmacy). The social media posts are available at <https://safe.pharmacy/social-kit>. ■



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## UPCOMING EVENTS

### Committee on Constitution and Bylaws

April 6, 2020  
Teleconference

### 116<sup>th</sup> NABP Annual Meeting

May 14-16, 2020  
Baltimore, MD

### NABP Program Review and Training

June 16-17, 2020  
NABP Headquarters

### NABP/AACP District 5 Meeting

August 5-7, 2020  
Winnipeg, Manitoba, Canada

### NABP/AACP District 3 Meeting

August 9-12, 2020  
Hilton Head, SC

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