



# Report of the Incoming President

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## ***Presented by:***

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As I write this report, I find myself reflecting on the inspiring minds and talents that make up the NABP

membership. I feel confident that united as one, we are ready to take off on a new chapter and continue our work to protect the public health.

I am humbled to have worked with Carmen Catizone over my years serving on the Executive Committee, and to be the first president serving with our new executive director, Al Carter. This report shares my presidential initiative for the upcoming year, and please know that without your support, guidance, and expertise, my initiative can only go so far. In other words, it is not until we as members unite, that ideas ignite and become action.

I have been fortunate over the years with NABP to see such ideas take on a life of their own and become a driving force of positive change on public health protection. I think we can all agree that our efforts in combating the opioid epidemic have been crucial. During these challenging times, I have never

been more proud to be part of this profession and team of regulators that continue to push boundaries and be at the forefront of this issue.

Early on, this Association knew one of the keys to driving change in this landscape was taking a closer look at state prescription monitoring programs. For years, we as regulators have known that prescription monitoring programs (PMPs) are a vital component to improving opioid prescribing and clinical practice. But we also knew there was a piece missing from the equation – interoperability. In 2004, an effort to create a prescription drug interstate data sharing infrastructure began. It was a slow start at that point, but with all your support and hard work we developed and launched NABP PMP InterConnect® in 2010 as a way to securely share PMP data across state lines at no cost to the states. In the early stages of its development, we had two states, Indiana and Ohio, join the project. And I am amazed to say that today, just 10 years later, PMP InterConnect connects 51 out of the 54 PMPs in the United States – meaning, we have 94% of PMPs participating. That number is a true testament to all of your hard work.

Throughout this journey, we have also taken additional steps to enhance workflow with this system and make it easier for health care providers and pharmacists to access patient data more efficiently. NABP and the PMPs worked together with an outside vendor to develop a tool that would do just that. Prior to the development of this tool – called PMP Gateway – health care providers and pharmacists had to break up their workflow by leaving their health care system and logging into a separate system to query their patient's prescription drug history. So, PMP Gateway works with PMP InterConnect to integrate into health care systems and allow this information to be accessible via a single sign on. This enhancement has helped save those providers two to five minutes per patient. By making this process easier for health care providers, we are helping to ensure that our licensees take those precautionary steps to provide quality patient care.

And of course, the boards of pharmacy know that it is not just about making things easier. Sometimes it is about reviewing our rules and regulations and enforcing changes for the betterment of patients. For example, 26 states currently

“require” providers to query their state PMPs before prescribing medication to their patients, according to the 2020 *Survey of Pharmacy Law*. And those numbers are changing regularly as the boards are noticing the positive changes PMPs can bring to opioid safety.

My predecessors before me on the Executive Committee also saw the importance of building on the ways the boards of pharmacy were driving change to tackle the opioid epidemic. For example, more recently, with your support, Past President Jeanne Waggener launched a campaign to educate consumers about the steps the boards and NABP take in ensuring pharmacists and pharmacies are providing safe medication and patient services. Leveraging a variety of communication vehicles, including social media, public service announcements, video, and slide presentations, her goal was to educate pharmacists, pharmacy technicians, students, consumers, and other stakeholders on the value of pharmacy boards regulating the practice of pharmacy for safety and protection of public health.

I, too, see the important role that the boards of pharmacy play in protecting the public health from this ongoing crisis, as well as the critical role that pharmacists play.

For many of us, the opioid epidemic is not just a patient safety challenge. For some of us, it is personal. It is that personal experience that drives us to continue fighting and working toward change – putting public health protection above all else.

Every day, more than 100 families suffer the loss of a loved one to an opioid overdose. Roughly 21% to 29% of patients

who are prescribed an opioid will misuse them, and between 8% and 12% of patients will develop an opioid use disorder. These are just some of the statistics that the National Institute of Health have recently shared. Another issue surrounding these statistics is the public stigma that lies behind this disease. Some Americans feel that people who are addicted to opioids are either to blame for the addiction or that they lack self-discipline. And, unfortunately, this stigma provides a barrier to the implementation of evidence-based policies and programs to address the crisis.

We as regulators and pharmacists know that these stigmas are far from the truth. Most people with an opioid use disorder want to change, and many seek help through medication-assisted treatment (MAT). MAT combines Food and Drug Administration-approved medications like buprenorphine and naltrexone with counseling and behavioral therapy. For decades, research has shown that MAT programs can benefit patients. But lack of education combined with the public stigma connected to this disease and the political barriers and loopholes behind it have caused many Americans to be denied access to this life-saving treatment. Many MAT programs are not covered by insurance, and I have heard from some of my colleagues that MAT clinics can charge up to \$300 per visit. And quite frankly, that is not acceptable. Patients in MAT programs typically need to go to the clinic one to two times per week. These barriers, combined with the everyday challenges that these patients face in overcoming opioid withdrawal, promote a recipe for disaster.

Pharmacists are on the front lines of the opioid crisis and are the most accessible to patients, and my presidential initiative stems from this knowledge. I believe it is imperative that we eliminate these barriers for patients seeking help and expand the role of the boards of pharmacy in promoting pharmacists as vital members of teams providing MAT services.

While the stigma and political barriers still exist, there has been some progress seen on this issue. In 2018, President Donald J. Trump signed the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act). The SUPPORT Act brought a lot of focus to fighting the opioid epidemic, including the use of MAT programs. In fact, the act specifically notes that qualified professionals can prescribe or dispense medications for MAT services. We have seen the expansion of pharmacist roles improve access to health care through vaccinations, diabetes management, and education on safe medication use. Therefore, as part of my presidential initiative, I want to work with all of you on continuing to promote pharmacists as key health care providers by interacting with federal and state agency stakeholders on this issue. We must continue the discussion and highlight our profession as the key leaders in addressing the opioid epidemic, and remind those in power that pharmacists are “qualified professionals.”

As members of NABP, we have many tools at our disposal to lean on and help us find the way. As part of my initiative, I also want to continue working with

all NABP members on exploring and examining language in the *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* that may support pharmacists as key leaders in opioid safety and patient care.

NABP task forces and committees also play a very important role in helping all of us review these types of strategies and unite on common goals for driving change. I will

be appointing members to task forces and standing committees soon. If you are interested in participating on one of these teams, please send a brief letter of interest and a current resume to my attention at NABP Headquarters, by June 5. Or, email your letter of interest and resume to me in care of [ExecOffice@NABP.pharmacy](mailto:ExecOffice@NABP.pharmacy).

I encourage all of you to consider sharing your expertise by volunteering to serve on

the Association's standing committees and task forces. These opportunities ensure that your voice is part of the discussions that shape the Association's future.

My initiative only goes so far. By all of us uniting in support of this goal, new ideas will ignite and provide an opportunity for great things to come. I look forward to the year of success ahead as we continue to put public health protection above all else.