



# District of Columbia Board of Pharmacy

*Published to promote compliance of pharmacy and drug law*

899 N Capitol St NE, 2<sup>nd</sup> Floor • Washington, DC 20002

## News From the District of Columbia Board of Pharmacy

The District of Columbia Board of Pharmacy members are:

- Tamara McCants, PharmD, RPh.....Chairperson
- Allison Hill, PharmD, RPh.....Member
- Ashlee Bow, PharmD, RPh, AAHIVP.....Member
- Alan Friedman, BS, RPh.....Member
- Benjamin E. Miles, BS, PharmD, RPh, BCPS...Member
- Gregory Cendana .....Consumer Member
- Chikita Sanders.....Consumer Member
- Shauna K. White, MS, PharmD, RPh.. Executive Director

**Contact the Board!** All inquiries regarding licensure and general information should be directed to Ms Karin Barron, health licensing specialist, at [karin.barron@dc.gov](mailto:karin.barron@dc.gov).

To contact the Board directly, visit its website at [www.dchealth.dc.gov/node/185772](http://www.dchealth.dc.gov/node/185772). Should you need to contact the Pharmaceutical Control Division, its website is [www.doh.dc.gov/pcd](http://www.doh.dc.gov/pcd).

### Notice of Board Meeting Schedule

The Board holds open (public) session meetings in the even-numbered months of the year, ie, February, April, June, August, October, and December. In these months, the meetings will begin at 9:30 AM. These meetings are open to the public, including licensed pharmacists, where parties may share their comments pertaining to Board activities. All are invited to attend.

In the odd-numbered months of the year, ie, January, March, May, July, September, and November, the Board may meet in subcommittees and/or hold executive (closed) session meetings as needed. Pursuant to D.C. Official Code §2-575(b), and for the purposes set forth therein, these meetings are not open to the public.

The Board meets at 899 N Capitol Street NE, Second Floor, Washington, DC 20002.

Future open session meeting dates are:

- ◆ Thursday, June 4, 2020 – 9:30 AM
- ◆ Thursday, August 6, 2020 – 9:30 AM
- ◆ Thursday, October 1, 2020 – 9:30 AM
- ◆ Thursday, December 3, 2020 – 9:30 AM

Until further notice, all open session meetings will be held via WebEx. You may visit <https://www.open-dc.gov/public-bodies/meetings> to obtain the open session agenda and minutes.

### Board Licensees by the Numbers

Licensees as of April 20, 2020

Pharmacists	2,174
Pharmacist Vaccination & Immunization Agents	730
Pharmacy Interns	652
Pharmacy Technicians	988
Pharmacy Technician Trainees	97
Pharmacy Technician Programs	12
Pharmaceutical Detailers	529

### New Board Member Dr Allison Hill



Allison Hill, PharmD, RPh, has been a District of Columbia resident for over 15 years. She is a community pharmacist, philanthropist, and pageant enthusiast. A South Carolina native, she graduated from North Carolina State University with a bachelor’s degree in chemistry, and then pursued pharmacy at Howard University. While at Howard, she held leadership positions in several organizations, including the American Pharmacists Association, Kappa Psi Pharmaceutical Fraternity, Inc, and

# National Pharmacy Compliance News

June 2020



**NABPF**  
National Association of Boards  
of Pharmacy Foundation

The applicability of articles in the *National Pharmacy Compliance News* to a particular state or jurisdiction can only be ascertained by examining the law of such state or jurisdiction.

## **President Trump Signs Legislation Extending Schedule I Status for Fentanyl Analogues**

A law to extend the Schedule I status of fentanyl analogues for another 15 months was signed into law by President Donald J. Trump on February 6, 2020. Synthetic fentanyl analogues, often illegally manufactured, are widely believed to be fueling the “third wave” of the opioid crisis, as detailed in the October 2019 issue of *Innovations*<sup>®</sup> (pages 8-11), which can be accessed through the Publications section of the National Association of Boards of Pharmacy<sup>®</sup>'s website.

In February 2018, Drug Enforcement Administration (DEA) issued a temporary order to establish fentanyl-related substances as Schedule I. The Temporary Reauthorization and Study of the Emergency Scheduling of Fentanyl Analogues Act extends the DEA order, which was set to expire on February 6, 2020. The bill requires the Government Accountability Office to produce a report within 12 months on the public health and safety effects of controlling fentanyl-related substances, according to *Homeland Preparedness News*.

## **Drug Overdose Deaths Related to Prescription Opioids Declined by 13% in 2018**

Fatalities related to the use of prescription opioids declined by 13% in the United States during 2018, according to the 2019 National Drug Threat Assessment released by DEA. Despite this encouraging news, the report makes it clear that the opioid crisis continues at epidemic levels. Specifically, controlled prescription drugs remain a major factor in the record number of overdose deaths since 2017. Benzodiazepines and antidepressants were involved in an increasing number of overdose deaths.

Fentanyl and similar synthetic opioids also remain a major point of concern. Fentanyl maintained high availability through most of the US in 2018. Illegally manufactured versions of the powerful opioid continue to be smuggled into the US, primarily in the form of

counterfeit pills made to look like prescription opioids and powder. Fentanyl remains the “primary driver” of the current opioid crisis, according to the report.

“Illicit drugs, and the criminal organizations that traffic them, continue to represent significant threats to public health, law enforcement, and national security in the United States,” a DEA press release states. “As the National Drug Threat Assessment describes, the opioid threat continues at epidemic levels, affecting large portions of the United States.”

## **Drug-Resistant Infections Are Increasing**

A new report on antibiotic infections released by the Centers for Disease Control and Prevention (CDC) estimates more than 2.8 million antibiotic-resistant infections occur each year, and more than 35,000 Americans are dying annually as a result. While the report notes that prevention and infection control efforts in the US are working to reduce the number of infections and deaths caused by antibiotic-resistant germs, the number of people facing antibiotic resistance is still too high. “More action is needed to fully protect people,” the report states.

The report lists 18 antibiotic-resistant bacteria and fungi and places them into three categories (urgent, serious, and concerning) based on clinical impact, economic impact, incidence, 10-year projection of incidence, transmissibility, availability of effective antibiotics, and barriers to prevention. It also highlights estimated infections and deaths since the last CDC report in 2013, aggressive actions taken, and gaps that are slowing progress.

The full report is available on the [CDC website](#).

## **NASEM Report Recommends Framework for Opioid Prescribing Guidelines for Acute Pain**

Contracted by Food and Drug Administration (FDA), a December 2019 report by the National Academies of Sciences, Engineering, and Medicine (NASEM) seeks to develop evidence-based clinical practice guidelines for prescribing opioids for acute pain. The report, *Framing Opioid Prescribing Guidelines for Acute Pain*:

*Developing the Evidence*, also develops a framework to evaluate existing guidelines, and recommends indications for which new evidence-based guidelines should be recommended.

As part of its work, NASEM examined existing opioid analgesic prescribing guidelines, identified where there were gaps in evidence, and outlined the type of research that will be needed to fill these gaps. NASEM also held a series of meetings and public workshops to engage a broad range of stakeholders who contributed expert knowledge on existing guidelines, and provided emerging evidence or identified specific policy issues related to the development and availability of opioid analgesic prescribing guidelines based on their specialties.

“We recognize the critical role that health care providers play in addressing the opioid crisis – both in reducing the rate of new addiction by decreasing unnecessary or inappropriate exposure to opioid analgesics, while still providing appropriate pain treatment to patients who have medical needs for these medicines,” said Janet Woodcock, MD, director of FDA’s Center for Drug Evaluation and Research in a statement. “However, there are still too many prescriptions written for opioid analgesics for durations of use longer than are appropriate for the medical need being addressed. The FDA’s efforts to address the opioid crisis must focus on encouraging ‘right size’ prescribing of opioid pain medication as well as reducing the number of people unnecessarily exposed to opioids, while ensuring appropriate access to address the medical needs of patients experiencing pain severe enough to warrant treatment with opioids.”

FDA will next consider the recommendations included in the report as part of the agency’s efforts to implement the SUPPORT Act provision requiring the development of evidence-based opioid analgesic prescribing guidelines.

The report can be downloaded for free on the [NASEM website](#).

## ***New Research Shows Pharmacists Positively Impact Hospital Care Transitions***

Patients who received focused attention from pharmacists during hospital stays expressed higher satisfaction, according to research presented at the American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition. The study centered on the effect of pharmacists educating patients about medications as they transitioned out of hospital care. During the study, pharmacists reconciled patients’ medications before discharge, talked with patients about the medications they were taking, and contacted them by phone after discharge to discuss their care.

Of the 1,728 patients included in the study, 414 received the full transition-of-care education protocol, including a follow-up pharmacist phone call. Those patients showed a 14.7% increase in the overall average mean score, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems survey, which assesses patients’ perceptions of their care after discharge. A post hoc analysis also showed that 30-day readmission rates dropped from 17.3% to 12.4% when a post-discharge phone call was made to patients as a part of the study.

“Pharmacists play a multitude of vital roles for patients during a hospital stay, including comprehensive medication management and ensuring medication safety. Now, they can feel increasingly confident about their role in helping patients when transitioning from different levels of care. Our findings add to growing literature demonstrating that pharmacist involvement in hospital discharge improves outcomes and safety,” said Katherine L. March, PharmD, BCPS, clinical pharmacy specialist at Methodist University Hospital in Memphis, TN, in a press release.

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Phi Lambda Sigma: Pharmacy Leadership Society. Dr Hill has been a community pharmacist with CVS Pharmacy for over 10 years.

Community service is one of Dr Hill's passions and she holds memberships with the Junior League of Washington, Kappa Psi Pharmaceutical Fraternity, Inc, District of Columbia Graduate Chapter, and The Links, Inc, Metropolitan (DC) Chapter.

Dr Hill has represented and served the District of Columbia on several occasions with pageantry, including Miss District of Columbia International and Ms District of Columbia United States. Currently, she is the executive director for the Miss District of Columbia Earth Pageant.

In her free time, Dr Hill enjoys refining her cooking skills, working on her green thumb, and international travel.

### **COVID-19 Update Information**

To find the most up-to-date information on the coronavirus disease 2019 (COVID-19), visit [coronavirus.dc.gov](https://www.coronavirus.dc.gov). Information is updated regularly to provide District of Columbia residents with health guidance, answers to frequently asked questions, resources for businesses and individuals, food resources, and more. For health notices and guidance documents, visit [dchealth.dc.gov/page/health-notices](https://www.dchealth.dc.gov/page/health-notices).

### **Death With Dignity Act**

The District of Columbia Death with Dignity Act of 2016 has been applicable since June 6, 2017. This act allows terminally ill patients to legally obtain prescription

medications to voluntarily end their lives in a humane and peaceful manner. DC Health will be responsible for providing education resources for patients, physicians, and pharmacists. Pharmacists are an essential part of the death with dignity process and should be educated to recognize prescriptions that would apply to death with dignity, as well as how to counsel patients to take the medications. They are also responsible for completing the pharmacy dispensing record immediately upon dispensing the covered medication. For more information on the District of Columbia Death with Dignity Act, visit [dchealth.dc.gov/page/death-dignity-act-2016](https://www.dchealth.dc.gov/page/death-dignity-act-2016). You will be able to find sample forms and educational modules, along with patient information and safe drug disposal information.

### **DC Health Social Media Accounts**

The Board would like you to follow DC Health's social media accounts. Visit DC Health on Facebook, on Instagram @DCHEALTH, and on Twitter @\_DCHEALTH.

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