NEWSLETTER OF THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY®

# INNOVATIONS®

# Member Boards, NABP Continue to Explore Expansion of Pharmacy Technician Roles

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


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# Interview With a Board Inspector

Kevin Robertson, PharmD, PD, BCPS, Inspector/Investigator, Arkansas State Board of Pharmacy

## Kevin Robertson, PharmD, PD, BCPS,

### Inspector/Investigator, Arkansas State 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 serving as an inspector for the Board for two years. Some of my prior positions were hospital clinical pharmacist, informatics pharmacist, clinical coordinator, director of pharmacy, and pharmacy residency program director. I am also a former member of the Arkansas State Board of Pharmacy, where I represented hospital practice.

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

A broad experience base of the practices you are inspecting is a must. Also, I believe the desire to stay connected to associated professional organizations (locally, regionally, and nationally) and to continue to seek out professional learning opportunities that apply to practices and facilities for which you inspect are necessary.

**What are some common issues that you have witnessed and addressed as an inspector with the Board?** Some of the issues that I have witnessed as a board inspector include inadequate storage, accountability, and destruction processes for patient-controlled medications left in the possession of a patient's admitting inpatient facility. Inadequate sterile compounding production areas and practices were initially very concerning issues. However, this has improved significantly over the past two years. I believe these inadequacies were largely related to a lack of understanding from pharmacies on how to best apply standards in each unique patient care environment.

**In Arkansas, do inspectors also conduct investigations for the Board of Pharmacy or other health regulatory boards? If yes, what is one of the most challenging or surprising cases you have investigated? What steps or approaches did you take in the investigation? What was the outcome of the case?**

Yes, our inspectors act as the investigators for the Board of Pharmacy cases. The most surprising thing to me as an inspector is that we have seen a few pharmacists and pharmacies that have not kept up with updates to current standards of practice related to sterile compounding. With such cases, I focused on the facts with the attention to details required to ensure a solid case that would be self-explanatory. The outcome of one case was that the facility is no longer in operation and the primary practitioner is no longer practicing sterile compounding-related duties.

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

Your role is to ensure public safety through pharmacy practices. Remember to stay professional and focused on findings that truly enhance public safety. ■

### Arkansas State Board of Pharmacy

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

# Medicare Part D Is Changing – Why Regulators, Pharmacists Should Care

**Michael Adelberg,**
Faegre Baker Daniels Consulting

**David Ault, JD,**
Faegre Baker Daniels Consulting

Medicare Part D provides a voluntary outpatient prescription benefit for people with Medicare. The Part D benefit is provided through private plans that contract with the Centers for Medicare & Medicaid Services (CMS). Roughly three-fourths of the 60 million people with Medicare opt to participate in Part D, and Part D pays for about 30% of United States prescription drugs. By most measures, Part D has been a success: overall beneficiary satisfaction is high and the number of beneficiaries who voluntarily switch plans is low; plan premiums are stable; and the number of plans available is increasing.

While Part D has been a successful program, it is increasingly unable to protect the Medicare beneficiaries with the highest drug costs. Roughly 800,000 beneficiaries hit Part D's catastrophic coverage in 2016 (and this number rises steadily each year). The rate of annual increase in beneficiary costs in Part D plans is projected to double in the next decade (from an annual growth rate of 2.2% to an average growth rate of 4.6%).

To address the increasing inability of Part D to meet the needs of vulnerable seniors (and younger disabled), the Trump Administration is implementing changes to Part D. Given the size of the Part D market and the complexities of the prescription needs of senior citizens, it is important for state boards of pharmacy to remain knowledgeable of the program and its impact on pharmacists.

In this article, we discuss selected changes coming to Medicare Part D in 2020 and 2021, and suggest considerations for state boards of pharmacy for each.

## Indication-Based Formulary

Effective January 1, 2020, Part D plan sponsors will be permitted to implement indication-based formularies. This allows drug and health plans to tailor drug coverage based on specific clinical indications. While this is expected to lower the cost of providing drug benefits to Medicare beneficiaries, it introduces new complexities to filling scripts and explaining coverage decisions to pharmacy customers.

**Implications:** For the first time, two Medicare beneficiaries with the same plan and same prescription can receive different coverage or cost sharing when they seek to get their prescriptions filled. Pharmacists will need to be able to explain why this is occurring and make referrals to Part D plans for reconsiderations. Boards of pharmacy may want to help pharmacists become knowledgeable of this important policy change.

## List Price Display in Television Commercials

Based on a recent regulation, drug-makers would be required to display the list price of the drug "in a legible textual statement" in their advertisements starting in the summer of 2019. This requirement would apply to all drugs that are covered by Medicare and cost more than $35 per month or for the course of treatment. However, on July 8, 2019, a federal judge determined that the regulation exceeded the agency's authority and blocked the

regulation. The Trump Administration is now consulting with the Department of Justice to determine whether to continue its support of this policy and appeal the decision.

**Implications:** While drugmakers would be permitted to state that people with health insurance will not necessarily be responsible for paying the list price, pharmacists would likely expect questions about drug list price and confusion about the price of drugs after insurance. Pharmacists would need a way to efficiently inform consumers of their drug costs after insurance in appropriate settings that respect personal privacy.

## Real Time Drug Benefit Tools

CMS will be requiring every plan that offers a Part D benefit to offer Real Time Benefit Tools (RTBTs) by January 1, 2021. RTBTs must be capable of informing prescribers when lower-cost alternative therapies are available under the beneficiary's Part D benefit. It is expected that this will further increase utilization of less expensive prescription drugs and lower beneficiary cost sharing.

**Implications:** Current adjudication tools will need to be upgraded to allow pharmacists to continually make recommendations on lower-cost drugs. Pharmacists will need communication guidelines – when/how to recommend lower priced drugs to Medicare beneficiaries and their physicians.

## Part D Payment Modernization Model

In January 2020, CMS will launch a five-year Part D Payment Modernization model that will test the impact of financially incenting Part D sponsors to limit beneficiary out-of-pocket costs and keep them from reaching catastrophic coverage. In effect, the government will pay Part D plans extra money if they reverse the trend of more beneficiaries reaching catastrophic coverage each year.

**Implications:** Pharmacists will receive new opportunities, and potentially financial incentives, to steer Medicare beneficiaries to lower-cost drugs based on plan pricing tools. Regulators will want to make sure this occurs in a manner consistent with clinical best practices and without any improper kickbacks.

It also must be noted that the Trump Administration is far from done with its campaign to lower drug prices. While the Administration retreated from proposals to revoke the drug rebate safe harbor and a proposal to exclude certain "protected class" drugs from formularies, other proposals are likely. Congress is also considering a number of drug-related provisions that may be folded into a larger health care cost and transparency bill that may be voted on this year. The drug pricing landscape is changing; Faegre Baker Daniels Consulting is tracking the changes.

*This article was written by Michael Adelberg, and David Ault, JD, both with Faegre Baker Daniels Consulting. Please note, the opinions and views expressed by Faegre Baker Daniels Consulting do not necessarily reflect the official views, opinions, or policies of NABP or any member board unless expressly stated.* ■

## Newly Accredited DMEPOS Facilities

The following facilities were accredited through the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) program:

**HC Pharmacy LLC**
Haines City, FL

**MPBD, Inc**
Alvin, TX

**Pharmacy Care Center**
Hazard, KY

**Rara Enterprises Inc**
Northridge, CA

**Wells Specialty Pharmacy**
Winter Park, FL

A full listing of more than 250 DMEPOS-accredited companies representing almost 25,000 facilities is available on the NABP website at *www.nabp.pharmacy*.

# Member Boards, NABP Continue to Explore Expansion of Pharmacy Technician Roles

Recent years have seen an expansion in pharmacy technicians' scope of duties, and the pharmacy profession is increasingly taking note of the value added by appropriately trained and qualified technicians taking on advanced responsibilities. This shift goes hand in hand with pharmacists' increased patient care activities and the need for capable support personnel to perform technical duties related to dispensing. While state requirements and regulations related to these changing scopes of practice still vary widely, recent regulatory changes in several states reflect the trend toward consensus on uniform qualifications and educational standards for technicians to support expanded roles.

## Expanding Roles

Historically, pharmacy technician roles have involved such tasks as receiving written prescriptions and screening them for accuracy and completeness; operating cash registers; processing insurance claims; preparing medications, such as counting tablets and capsules and labeling bottles; stocking shelves; and the like. With the availability of expanded training curriculum and, when needed, enabling regulations, technicians' duties may now include such tasks as taking medication histories, delivering bedside medication, administering immunizations or other pharmacist-authorized tests, providing final product verification (tech-check-tech), managing inventory, communicating prescription information, managing patients in a medication synchronization program, and assisting with sterile and nonsterile compounding, to mention a few. Pharmacists oversee and are ultimately responsible for those activities.

> **"Proponents of the trend have continued to amass more data supporting the safety and efficacy of qualified technicians taking on tasks that traditionally fell to pharmacists or other health care professionals . . ."**

NABP's *Innovations* last covered pharmacy technicians' expanding roles in early 2017 (see "Evolving Pharmacy Technician Roles Open New Doors, Pose New Regulatory Challenges," in the April 2017 issue). In addition, NABP has highlighted pharmacy technicians' expanding roles in various meetings, including the 113th Annual Meeting, which featured a pre-meeting session that covered this very topic (see "Regulators Discuss Expanded Scopes of Practice for Pharmacists and Pharmacy Technicians During Pre-Meeting Session," in the 2017 Special Issue).

## Demonstrated Benefits of Expanded Technician Roles

Proponents of the trend have continued to amass more data supporting the safety and efficacy of qualified technicians taking on tasks that traditionally fell to pharmacists or other health care professionals, without compromising – and, indeed, often improving – the quality of patient care. For example, more than one study has looked at what happened when trained pharmacy technicians obtained medication histories from patients in the emergency department, compared

to those histories being obtained by nurses or other non-pharmacy personnel. These studies have shown significantly lower error rates for the pharmacy technician group. In one study, the nurse group made at least one error in 100% of histories taken and had an accuracy rate of 14% for the medications overall, with the most common error being a missing medication. In comparison, the pharmacy technician group made at least one error in 36% of histories taken and had an overall accuracy rate of 94.4%, with the most common error being a wrong medication frequency.

Similarly, a review of a pilot project found that pharmacy technician-completed medication histories resulted in an absolute risk reduction of errors of 50% and a relative risk reduction of errors of 77%, when compared to medication histories conducted by nonpharmacy personnel. Another study of errors in hospital admission medication histories demonstrated no significant differences of error rates between pharmacists and pharmacist-supervised technicians. In addition, the study showed that medication histories performed by either a technician or a pharmacist reduced error rates by more than 80%.

Final product verification – tech-check-tech – is another often discussed area where pharmacy technicians in some states may take over duties from pharmacists, with the idea of freeing up valuable pharmacist time for more patient care activities. According to the 2019 *Survey of Pharmacy Law*, 13 states allow advanced technicians to check the work of other technicians under certain conditions in the hospital setting. Often, this verification in institutional settings involves restocking automated dispensers or filling unit-dose batches of refills. Studies have found that the accuracy rates for technicians, particularly using bar code technology, meets or exceeds accuracy rates for pharmacists doing a visual check. Meanwhile, eight states permit tech-check-tech in a community setting, according to the 2019 *Survey*.

## Poster Presenters Share Findings of 50-State Review of Pharmacy Technician Vaccination Administration

During the NABP 115th Annual Meeting Educational Poster Session, poster presenters from Ferris State University College of Pharmacy – Deeb D. Eid, PharmD, assistant professor/experiential coordinator, Department of Pharmacy Practice; Brian Borowicz, 2020 PharmD candidate; and Joseph Osborne, 2020 PharmD candidate – shared information with meeting attendees on the expanded scopes of pharmacy technicians. Specifically, the presenters completed a 50-state review of statutes and regulations that impact pharmacy technicians' role in administering immunizations. The poster presenters found three states that recently changed laws or protocols to allow for pharmacists to delegate pharmacy technicians to administer immunizations within the past three years:

- **Idaho:** in 2017, became the first state to allow pharmacists to delegate the administration of immunizations to pharmacy technicians.
- **Rhode Island:** in late 2018, included language within their immunization rules.
- **Utah:** recently added pharmacy technicians in with their statewide vaccine protocol (did not change rules or statutes).

The poster presenters categorized all 50 states based on regulations and statutes, then took the stricter of the two and made the overall categorization for that state. The categories are not meant to be legal interpretations. Instead, they are meant to serve as an informative tool to help stakeholders in discussions on this topic. "We wanted to create a tool to raise awareness and help boards make decisions," said Eid. "By highlighting some of our data, we want to show other states that they can also be doing this and making changes to their rules or statutes."

Through their research, the poster presenters found that the majority of states prohibit delegation of vaccines to technicians (indirectly or directly via rule or statutes). Notably, poster presenters found there are opportunities in nine states that may not expressly prohibit in either regulations or statutes for the piloting or expansion of this role.

The full data set and results from the study will be submitted for publication and disseminated to interested stakeholders. For more information or questions about the study, contact DeebEid@ferris.edu. An overview on the NABP 115th Annual Meeting Educational Poster Session, will be available in the 2019 Special Issue of *Innovations*.

Iowa has been garnering attention for the state's pilot projects involving expanded roles for technicians in the community setting, including product verification. An analysis of those projects, which took place in seven community pharmacies, found no significant difference in overall errors, patient safety errors, or administrative errors, and the proportion of pharmacists' time spent in direct patient care significantly increased (from about 20% to 34.7%). In 2018, Iowa formally included technician product verification programs in the state's practice act.

Assisting with immunizations is another advanced technician role that has been drawing attention in recent years.

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## Pharmacy Technicians

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Technicians were already providing support for pharmacist-led vaccination services, including screening patients for vaccination eligibility. In 2017, Idaho became the first state to authorize appropriately trained technicians to physically administer pharmacist-authorized vaccinations. In this case, technicians considered qualified must have obtained pharmacy technician certification, completed an accredited training program specific to giving vaccinations, and completed CPR training. A pilot program in Idaho, hosted by Washington State University College of Pharmacy and Albertsons Companies, showed that in the initial six months, technicians who had completed the pilot project training administered 953 vaccinations, with no adverse events reported. Illinois approved a similar expansion of responsibilities in June 2019. More state details are available on page 7.

## Appropriately Trained and Qualified

Appropriate training is a crucial element of pharmacy technicians' successful expansion into new roles, and this is reflected in states' increasing emphasis on technician certification. According to the 2019 *Survey of Pharmacy Law*, 25 states currently require certification, up from 21 in 2017. Even if not every technician must be certified, state regulations generally differentiate between certified and non-certified technicians, in terms of permitted activities. The Idaho State Board of Pharmacy, for example, implemented a 2017 rule change allowing expanded technician tasks, which include accepting verbal prescriptions, consulting with prescribers, communicating prescription transfers, administering vaccinations, and performing accuracy checks. In advising its licensees about the update, the Board noted that, "The expanded technician duties are reserved to certified technicians – thus, they may not be delegated to a grandfathered technician or a technician-in-training. Certified technicians must be registered with the Board and maintain their national certification."

Ohio, when it implemented changes regarding pharmacy technician registration and scope of practice in 2018, specified three types of registration: certified pharmacy technician, registered pharmacy technician, and pharmacy technician trainee. Tasks limited to certified technicians include accepting new verbal prescription orders, stocking automated dispensing units or floor stock, requesting refill authorizations for dangerous drugs, communicating prescription transfers, obtaining prescriber clarification, performing diagnostic laboratory testing, and (with additional requirements) performing nonsterile and sterile drug compounding.

## PTCB Certification Standards

Certification provides a method for state boards to verify that an individual has successfully attained a given level of knowledge and skill. For more than two decades, the Pharmacy Technician Certification Board (PTCB) has offered a Certified Pharmacy Technician (CPhT) credential. NABP, which is an owner of PTCB and chairs the PTCB Certification Council, is responsible for the establishment and administration of PTCB's certification programs. To earn the credential technicians must hold a high school diploma or equivalent; provide full disclosure of any criminal or state board of pharmacy registration or licensure actions; be in compliance with all relevant PTCB certification policies; and achieve a passing score on the Pharmacy Technician Certification Exam.

Candidates must recertify every two years in order to remain current. Beginning in 2020, PTCB will also require candidates to either complete a PTCB-recognized education or training program or to have had at least 500 hours of work experience as a pharmacy technician. In addition, PTCB will be updating its CPhT certification exam, based on the organization's most recent job analysis study, which looks at current roles and tasks being performed by pharmacy technicians across the country, in every practice setting.

Pharmacy technicians may also earn certification through the National Healthcareer Association (NHA). NHA is a national accrediting organization that develops, advances, and advocates for the frontline health care worker, resulting in improved patient care. NHA's certification and technician exam, ExCPT, is recognized by almost all of the states.

As pharmacist technician roles have expanded, they have also become more specialized, increasing the desirability of relevant credentialing. In late 2017, PTCB launched its Compounded Sterile Preparation Technician (CSPT) Program, offering CPhT technicians the opportunity to earn an annual certification attesting to their specialized knowledge and skill in sterile compounding. Applicants for the CSPT must be PTCB CPhTs in good standing; either have completed a PTCB-recognized sterile compounding

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### Task Force to Explore Pharmacy Technician Practice, Education

During the NABP 115th Annual Meeting in May 2019, delegates from member boards of pharmacy voted to adopt Resolution 115-4-19, which established the Task Force on Requirements for Technician Education, Practice Responsibilities, and Competence Assessment. Information on the task force members and the report will be provided in future communications. To view the resolution in its entirety, visit the Publications and Reports section of the NABP website at *www.nabp.pharmacy*.

# Collaborate, Network This Fall/Winter at the NABP Interactive Forums

## Interactive Executive Officer Forum

**October 1-2, 2019**

## Interactive Compliance Officer and Legal Counsel Forum*

**December 4-5, 2019**

## Interactive Member Forum*

**January 28-29, 2020**

These forums provide attendees a unique opportunity to discuss today's important issues with fellow pharmacy regulation experts. Highlights of the forums include:

- **Networking with colleagues**
- **Discussing topics submitted by fellow attendees**
- **Discovering solutions for shared challenges**
- **No registration fees**
- **Travel, hotel, and meal expenses paid by NABP**

Executive officers will receive registration information for the Executive Officer Forum in August and for the Compliance Officer and Legal Counsel Forum in October.

**One compliance officer and one legal counsel per board may attend the Interactive Compliance Officer and Legal Counsel Forum at no charge. One member per board may attend the Interactive Member Forum at no charge.*

Past Interactive Forum participants shared their experiences with NABP:

- "Helpful to get viewpoints from other states and hear different opinions."
- "Perfect mix of presentations and discussions."
- "Outstanding content and interesting discussion that followed."

# NABP Grants Wishes to Two Children Through Make-A-Wish Foundation

NABP recently fulfilled the wishes of two children with critical illnesses through the Make-A-Wish Foundation. NABP staff granted the wishes of a trip to Walt Disney World to the children and their families during a Make-A-Wish send-off party at NABP Headquarters on June 14, 2019. The carnival-themed event featured food, Mickey Mouse, games, crafts, face painting, and other activities. Children of NABP employees and a representative from the Make-A-Wish® Illinois chapter were also in attendance.

NABP staff began fundraising through the Make-A-Wish Illinois chapter in March 2018, organizing monthly activities such as cookouts, car washes, bake sales, an ice cream social, gift basket raffles, and a silent auction. In addition to NABP departments organizing fundraising activities throughout the calendar year, NABP designated one day of the month as a "Make-A-Wish Day." By June 2019, NABP had raised $30,282, exceeding its goal of $15,000 and raising enough money to grant the wishes of two children.

State boards of pharmacy can get involved with the Make-A-Wish chapter in their area by visiting the Local Chapters section at *www.wish.org*.


(Above) NABP presented trips to Walt Disney World to two children with critical illnesses and their families through the Make-A-Wish Foundation during a carnival-themed event at NABP Headquarters in June 2019.

## Pharmacy Technicians

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education or training program as well as have one year of work experience in sterile compounding or have three years of work in sterile compounding; and achieve a passing score on the CSPT exam and have a qualified supervisor complete a competency attestation form within a one-year candidacy eligibility window.

In addition to the CSPT certification, PTCB is developing five new certificate programs, as well as an Advanced Certified Pharmacy Technician (CPhT-Adv) credential. The programs under development are in the areas of tech-check-tech, medication history, controlled substance diversion prevention, billing and reimbursement, and hazardous drug management.

Candidates must hold a CPhT certification and complete a PTCB-recognized education or training program in order to apply for one of the new certificates, while candidates for the CPhT-Adv designation must earn at least four of the new certificates and have worked for three years in order to be eligible for that credential. The tech-check-tech and medication history programs are the closest to completion, and PTCB anticipates them to be available later in 2019.

Continuing education (CE) is an important part of maintaining professional knowledge and competence, and is therefore a central requirement for recertification. Pharmacy technicians who have earned a CPhT through PTCB must complete at least 20 hours of pharmacy technician-specific subject matter during each two-year recertification cycle. Approved CE supports the competencies considered critical for pharmacy technician practice, as reflected in the PTCB exam blueprint. As of 2020, this will consist of four knowledge domains: medications, federal requirements, patient safety and quality assurance, and order entry and processing. The annual CSPT recertification requires at least five hours of CE in sterile compounding, though these hours can be counted toward the 20-hour CPhT CE requirement. The CPhT-Adv credential will also involve CE as a central feature of its renewal requirements.

NABP will continue to provide occasional updates on the expansion of pharmacy technician roles.

# Biennial NABP Survey Gives Insight Into Board of Pharmacy Resources and Responsibilities

The NABP 2019 Resources and Responsibilities Survey results have been compiled, providing board of pharmacy members and other stakeholders with a high-level overview of how the boards of pharmacy operate, in addition to some of their key differences. Conducted by NABP, the biennial survey also delivers insights into current trends and patterns among the Association's 54 active member boards as they continue their efforts to protect the public health.

As part of the survey, member boards of pharmacy are asked to provide information on a variety of topics, including licensure, inspections, disciplinary activity, budgets and appropriations, emergency preparedness, and support staff. This year, NABP received responses from 33 member boards, representing a 61% participation rate.

## General Structures and Responsibilities

Of the 33 responding boards, about half characterized their organization as "independent" — that is, operating independently of other professional boards, with an executive officer whose primary responsibility is to the board. An additional 13 boards indicated that they were part of an umbrella organization, with an executive officer whose primary responsibility is to the umbrella organization board rather than the board of pharmacy.

The majority of responding boards of pharmacy also indicated that they are responsible for multiple licensing and disciplinary functions, either alone or in conjunction with another agency. Of the 33 responding boards, 31 indicated that they had sole (29) or shared (2) responsibility for licensure of pharmacists, and 32 indicated that they had sole (29) or shared (3) responsibility for discipline of pharmacists. Most boards also have sole (28) or shared (2) responsibility for licensing of pharmacy technicians, and discipline of pharmacy technicians (28 sole, 2 shared). Fewer pharmacy boards reported sole (8) or shared (3) responsibility for licensure of dispensing prescribers, while only seven boards reported sole responsibility for discipline of dispensing prescribers. An additional five boards reported sharing this function with another agency.

Survey results also show that boards of pharmacy are typically responsible for handling the license, registration, or permit process for pharmacies and other entities that deal in the manufacture, dispensing, or distribution of prescription medications. As expected, the boards most frequently report having sole responsibility in this area for various types of pharmacies. Nearly 80% of responding boards have sole responsibility to license or register:

- community pharmacies (27);
- mail-order pharmacies (27);
- long-term care pharmacies (27);
- infusion or home care pharmacies (26);
- nonresident pharmacies (26);
- sterile compounding pharmacies (27); and
- nonsterile compounding pharmacies (27).

While not all states issue separate licenses to each category, some states bundle multiple types of pharmacy practice into one license category. Most boards also license or register wholesale distributors and manufacturers, as well as internet pharmacies, veterinary pharmacies, specialty pharmacies, and telepharmacies. Approximately two-thirds of responding boards are also responsible for licensing or registering nonresident wholesale distributors,

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**Board of Pharmacy Responsibilities**

| Function | Sole Responsibility of Boards | Shared Responsibility With Umbrella or Other Agency |
|---|---|---|
| Makes final determination whether law/regulation violated | 31 | 1 |
| Determines penalties | 30 | 2 |
| Holds disciplinary hearings | 28 | 4 |
| Evaluates qualifications of candidates for licensure | 28 | 4 |
| Sets practice standards | 28 | 5 |
| Rulemaking | 27 | 5 |
| Receives complaints | 26 | 4 |
| Conducts investigations | 26 | 4 |
| Issues examination scores | 19 | 4 |
| Administers examinations | 14 | 4 |
| Issues controlled substances licenses to pharmacy licensees | 14 | 3 |
| Issues controlled substances licenses to nonpharmacy licensees | 14 | 3 |
| Discipline of dispensing prescribers | 7 | 5 |

## Resources and Responsibilities Survey

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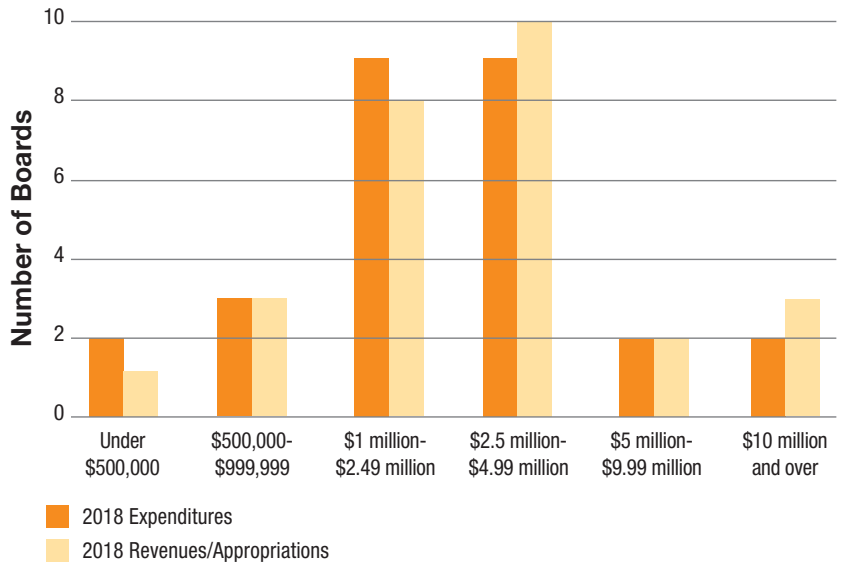
and more than half have sole responsibility for licensing or registration of reverse distributors.

Most boards also indicated that they had sole responsibility for other functions, some of which are shown in the table on page 11.

As the opioid crisis continues to be a top concern for many regulators and other stakeholders, many states are working to prevent abuse and diversion of prescription drugs. This priority can be seen in some of the other duties the boards of pharmacy report carrying out. Of the responding boards,

- 17 have sole responsibility for their state's prescription monitoring program;
- 22 boards have responsibility to enforce their state's wholesale drug distribution licensing act; and
- 13 boards enforce their state's methamphetamine precursor control act.

Figure 1. **Board of Pharmacy Fiscal Data**




Twenty-seven boards provided information on their 2018 expenditure and revenues/appropriations. Of those 27 states, the most common range was between $2.5 million and $4.99 million.

About half of responding boards (16) indicated that enforcement of the state Controlled Substances Act (CSA) fell solely under board purview. Responsibility for the federal CSA falls to fewer boards, with 13 having sole responsibility. Fourteen boards reported issuing controlled substances (CS) licenses to pharmacy licensees, and 13 boards reported processing renewals to pharmacy licensees. Fourteen boards reported issuing CS licenses to nonpharmacy licensees, as well as processing renewals.

Boards without sole responsibility for a licensing or disciplinary function often share that responsibility with an umbrella or other agency. The most commonly shared functions, according to survey respondents, include enforcement of state and federal food, drug, and cosmetic acts.

About 87% of the 31 responding boards reported having a preparedness or response plan for external events or circumstances that would keep the board from performing normal activities. Nearly 84% reported having a preparedness plan for internal disasters or emergencies that would similarly impair the board.

## Fiscal Information

Thirty-one boards provided information about fiscal functions they perform. Of the responding boards, at least 20 reported that they are responsible for one or more of the following:

- setting fines (24) and fees (22)
- collecting fines (22) and fees (22)
- making purchasing decisions (20)

Only 19 of the responding boards reported that they were responsible for developing the board of pharmacy's budget. Sixteen boards reported processing accounts payable and receivable. The remaining 14 reported those responsibilities falling to an umbrella agency, as was the case for most fiscal functions not fulfilled by the board. Some other boards report that such functions are handled jointly by both the board and another agency.

Of the 31 boards that responded to the question, all but one have the ability to impose fines for infractions of laws or regulations. The maximum fine amount the boards could levy starts at $1,000 per violation, with some states imposing no limit.

Eight respondents reported that other state agencies (such as the state department of health, state attorney's office, or drug control agency) could impose fines for infractions of pharmacy or wholesale drug distributor laws or regulations; more than 70% reported that other agencies could not impose such fines. About 63% of the 30 responding boards reported that their budget was fixed by legislative appropriation, a 9% increase from 2017; 37% reported that the budget was not fixed. Twenty-seven boards provided information on their 2018 budgeted expenditures and appropriations. Of these,

- Five boards reported budgeted expenditures under $1 million,
- 18 boards reported budgeted expenditures between $1 million and $5 million, and
- Four boards reported budgeted expenditures over $5 million.

Twenty-four states provided details on their revenue sources. Of these, 19 states reported that anywhere from 60% to 100% of their budgeted revenues derived from permit or license fees, with seven boards reporting more than 97% of their budgeted revenue came from this source. Other common revenue sources include examination and reciprocity fees, fines, and state appropriations. Of 29 responding boards, 75.9% reported that revenues were utilized by the board itself; about 10% reported that revenues were utilized by the state government or legislature.

## Board of Pharmacy and Support Staff

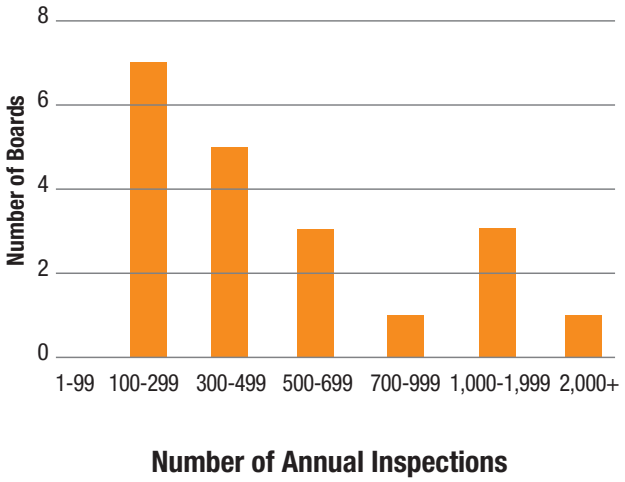
The number of support staff utilized by boards of pharmacy varies widely, with the largest support staff comprised of 97, and two support staff for the smallest. All but two boards reported having a full-time executive officer, with one board reporting an executive director assigned to the board less than full time. More than 96% of responding boards reported that they have administrative staff other than an executive officer or inspector. Of these,

- Five boards reported having between one and four full-time support staff members;
- 13 boards reported having between five and 10 full-time support staff members; and
- Eight boards reported having 11 or more full-time staff members.

Five boards indicated that at least one of these support staff serves as an information technology specialist. Of the 29 responding boards, most indicated that executive officers (29), board administrative staff (27), and inspectors (25) are eligible for some state employment benefits. Benefits are most likely to include health insurance for self and family, life insurance, and a retirement plan with both employee and (somewhat less commonly) state contributions. Disability insurance is also common, and reimbursement of traveling expenses is offered by nearly every state. Ten states indicated that inspectors have access to a state car or receive a car allowance to carry out inspections.

Of the 29 responding boards, five indicated that board of pharmacy members receive no compensation for their participation on the board. Most states provide at least some compensation to board members, most commonly in the form of per diem or per meeting payments, and in some cases travel or lodging reimbursement. Reported per diem rates vary from about $30 to $200.

Figure 2. **Inspections: Community Pharmacies**




## Inspectors and Inspections

The survey also sought details from the boards of pharmacy regarding their inspection functions. Of the 28 responding boards, 27 reported having at least one full-time or full-time equivalent (FTE) inspector:

- 29% (8) reported having between one and three full-time or FTE inspectors supporting the board of pharmacy;
- 39% (11) reported having between four and six; and
- 29% (8) reported having seven or more.

Twenty boards reported that at least some inspectors are employed directly by the board of pharmacy, 14 boards indicated that some inspectors are employed by an umbrella agency, and nine boards reported that some were employed by another state agency. In addition, nine boards said they also contract with someone else to perform inspections.

Nearly 43% of respondents reported that they are legally required to hire pharmacists as inspectors; 16 (57%) boards are not. However, 23 of 26 responding boards indicated that at least one inspector was a pharmacist.

Reflecting continuing concerns about compounding oversight, 27 of 28 responding boards indicated that their inspectors have training in pharmaceutical sterile compounding, and 25 reported their inspectors have training in pharmaceutical nonsterile compounding. Only 29% (8) of respondents reported that their inspectors have training in current Good Manufacturing Practices.

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## Resources and Responsibilities Survey

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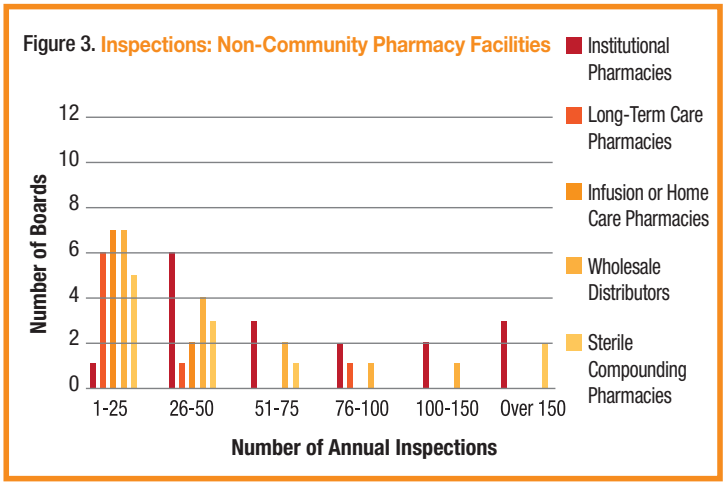
Seven boards reported that they have one or more inspectors who are commissioned peace officers. Eight boards stated that their inspectors are authorized by the state to bear arms; though only three boards indicated that any of their inspectors do so.

Twenty-four boards, or 85.7% of respondents, reported having procedures in place to monitor the effectiveness of their inspectors' field work; four boards (14.3%) do not. Monitoring methods include review of inspection reports and data, regular reports and/or quality reviews, and audits. Twenty-two boards provided details on the number of inspections performed in a typical year, though these numbers vary widely. For example, boards report performing from a low of 127 community pharmacy inspections to a high of 2,448.

Reported numbers of institutional pharmacy inspections ranged from 8 to 277, long-term care pharmacy inspections ranged from 0 to 100, and infusion or home-care pharmacy inspections ranged from 0 to 31. Boards reported that they or their agency performed 0 to 143 inspections of wholesale distributors.




A comprehensive report of the survey results will be provided to member boards of pharmacy executive officers in the third quarter of 2019. Any questions may be directed to NABP at ExecOffice@nabp.pharmacy.

## Newly Accredited VAWD Facilities

The following facilities were accredited through the NABP Verified-Accredited Wholesale Distributors® (VAWD®) program:

**Benco Dental Supply Co**
Flower Mound, TX

**Butler Animal Health Supply, LLC, dba Henry Schein Animal Health**
Colonial Heights, VA
Columbus, OH
Southaven, MS

**Concordance Healthcare Solutions LLC**
Billings, MT

**CVS Pharmacy, Inc, dba CVS Health**
Kansas City, MO

**Empire Rx, Inc**
Airmont, NY

**Exel Inc, dba DHL Supply Chain (USA)**
Las Vegas, NV

**GEM Edwards, Inc, dba Gemco Medical**
Hudson, OH

**Medline Industries, Inc**
Jeffersonville, IN

**Premier Rx Wholesale, LLC, dba Premier Rx Wholesale**
Cincinnati, OH

**R&S Solutions, LLC**
Jackson, TN

**Safeway Distributors, Inc**
Davie, FL

**UPS Supply Chain Solutions, Inc**
Carol Stream, IL

**Woodfield Distribution, LLC**
Dayton, NJ

A full listing of more than 600 accredited VAWD facilities is available on the NABP website at *www.nabp.pharmacy*.

# Association Seeks Item Writers for NABP Examinations

NABP is seeking volunteers to apply to serve as item writers for the Association's examination programs. Item writers develop test questions for NABP programs, including the North American Pharmacist Licensure Examination® (NAPLEX®), the Multistate Pharmacy Jurisprudence Examination® (MPJE®), the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), and the Pharmacy Curriculum Outcomes Assessment® (PCOA®).

## Item Writer Selection Process

The opportunity to participate as an item writer is currently available to pharmacists in all areas of practice and to faculty from schools and colleges of pharmacy. Item writers will be selected based on the specific needs of the programs. Those who are selected will be asked to attend an item development workshop and training with travel, lodging, and meal expenses paid by NABP.

Attendees will receive detailed instructions and training materials describing the item development process and content-related requirements for their designated examination program. Item writers will then engage in the development of new test items that will be considered for inclusion in NABP licensure, certification, and assessment examination programs.

## Overview of Exams

The **NAPLEX** focuses on content domains relating to the knowledge, judgment, and skills that an entry-level pharmacist is expected to demonstrate. The two competency areas of the examination:

- ensure safe and effective pharmacotherapy and health outcomes; and
- assess safe and accurate preparation, compounding, dispensing, and administration of medications.

The **MPJE** combines federal and state-specific questions that test an individual's knowledge in pharmacy jurisprudence and includes the following areas:

- legal aspects of pharmacy practice;
- licensure, registration, certification, and operational requirements; and
- regulatory structure and terms.

Writers for the MPJE are typically assigned by the participating jurisdiction; however, in some cases, individuals may be selected to participate independent of board of pharmacy affiliation.

The **FPGEE** content domains cover curricula of accredited United States pharmacy programs, including:

- basic biomedical sciences;
- pharmaceutical sciences;
- social, behavioral, and administrative pharmacy sciences; and
- clinical sciences.

The **PCOA** is required for P3 students, however, it is frequently given to students in all four professional years. The assessment follows a blueprint that is representative of curricula of accredited US pharmacy programs, including:

- basic biomedical sciences;
- pharmaceutical sciences;
- social, behavioral, and administrative pharmacy sciences; and
- clinical sciences.

## How to Apply

Interested individuals should complete the online NABP Item Writer Volunteer Interest Form located on the Meetings page of the NABP website at *www .nabp.pharmacy* and upload a current résumé or curriculum vitae.

Please note, applications are accepted on a continuous basis and kept on file for a period of five years. ■

# Volunteers Meet to Develop Exam Questions for NAPLEX

Volunteer item writers convened at NABP Headquarters in April 2019 to develop examination questions that will be considered for the North American Pharmacist Licensure Examination® (NAPLEX®). Item writers shown are, left to right, Jennifer L. Mazan, PharmD, RPh, Midwestern University College of Pharmacy; Kelly M. Shields, PharmD, RPh, Ohio Northern University College of Pharmacy; Alana Whittaker, PharmD, RPh, BCPS, BCGP, Roseman University of Health Sciences College of Pharmacy; and Erik D. Maki, PharmD, BCPS, Drake University College of Pharmacy and Health Sciences. ■

# Interview With a Board Member

Jason Hansel, PharmD, RPh,
Member, Iowa Board of Pharmacy

## Jason Hansel, PharmD, RPh,

### Member, Iowa Board of Pharmacy

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

I am currently in my fourth year as a pharmacist member and was recently elected chair of the Board.

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

I believe it is important to always stay focused on the basic function of the Board of Pharmacy to promote and protect the public health in everything we do. If we can find a way to impact those members of the community who depend on pharmacy services in a way that makes their quality of life better, we are successful. Spending time to self-improve is critical. There are many areas that we are asked to regulate that we do not typically have personal experiences with, but that we are expected to have knowledge of. Networking with others and having an open mind are good skills to have or acquire. Attending as many NABP events as possible is a very important part of the self-development process.

**What are some recent policies, legislation, or regulations the Board has implemented or is currently working on?**
Iowa has implemented mandatory electronic prescribing of all prescriptions effective January 1, 2020, and we are currently working through efficient and effective implementation. Technician product verification rules are currently about to go into effect for all pharmacy settings after a somewhat controversial rulemaking process. Within the past year, we also restructured how we regulate wholesalers implementing categories for limited distribution and third-party logistics providers (3PLs). We now require NABP's Verified-Accredited Wholesale Distributors® accreditation for all licensed wholesalers and 3PLs. The Board's legislative priorities this past year – among other things – were to implement technician-administered immunizations, to reduce the minimum age for pharmacy-administered vaccines to six years old, and to allow pharmacies to administer all Food and Drug Administration-approved vaccinations per a statewide protocol. Unfortunately, these legislative priorities did not advance, so we will regroup and try again next session.

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

The rulemaking process behind technician product verification was challenging. The Board was motivated to solicit comments from all interested parties and worked to do its best to create rules that addressed the various concerns about training requirements and supervision. While I am certain that we were not able to satisfy all interested parties, I do feel that we came to a very good middle ground that will both promote and protect the public health.

**What advice would you give to a new board member?**

I think it is important that new members keep an open mind, intently listen, and seek to understand. As the saying goes, "You have two ears and one mouth, use them in that ratio." I would also like to reiterate the importance of spending time on

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### Iowa Board of Pharmacy

**Number of Board Members:** 5 pharmacist members and 2 public members
**Number of Compliance Officers/Inspectors:** 8
**Rules and Regulations Established by:** Board of pharmacy
**Number of Pharmacist Licensees:** 11,521
**Number of Pharmacies:** 1,819 (in-state)
**Number of Wholesale Distributors:** 1,499 (includes distributors of medical gases and device, drug, and virtual manufacturers

# Around the Association

## Executive Officer Changes

- **Marty Hendrick, PharmD, DPh,** has been named executive director of the Oklahoma State Board of Pharmacy. Hendrick worked as a compliance officer for the Board from 2015-2017, serving the Central territory. His career as a pharmacist has also taken him to Nevada, MO, and Wilmington, NC. Hendrick received a doctor of pharmacy degree from the University of Oklahoma School of Pharmacy.
- **Debra Sybell, JD,** has been named executive director of the Wisconsin Pharmacy Examining Board. Sybell most recently served as product manager of Medicare Part D clinical programs at Navitus Health Solutions, LLC, and as senior regulatory compliance specialist at WPS Health Solutions. Sybell holds a bachelor of arts degree in political science and a Project Management Certificate from the University of Wisconsin-Milwaukee and a juris doctorate degree from the Hamline University School of Law.

## Board Member Appointments

- **Carrie T. Ashbee** has been appointed a consumer member of the Georgia State Board of Pharmacy. Ashbee's appointment will expire July 1, 2023.
- **Michael E. Brinson, RPh,** has been appointed a member of the Georgia State Board of Pharmacy. Brinson's appointment will expire November 1, 2022.
- **Hal Henderson, RPh,** has been appointed a member of the Georgia State Board of Pharmacy. Henderson's appointment will expire November 21, 2021.
- **Dane Nealson, CPhT,** has been appointed a member of the Iowa Board of Pharmacy. Nealson's appointment will expire April 30, 2022.
- **Kathryn Stone, PharmD, RPh,** has been appointed a member of the Iowa Board of Pharmacy. Stone's appointment will expire April 30, 2022.
- **Carmen Aponte, RPh,** has been appointed a member of the Puerto Rico Board of Pharmacy. Aponte's appointment will expire July 10, 2022.
- **Marisel de Lourdes Menchaca, RPh,** has been appointed a member of the Puerto Rico Board of Pharmacy. Menchaca's appointment will expire August 1, 2022.
- **Lauren B. Thomas, PharmD, RPh,** has been appointed a member of the South Carolina Board of Pharmacy. Thomas' appointment will expire June 30, 2023.
- **William Chatoff, RPh, BCNP,** has been appointed a member of the Vermont Board of Pharmacy. Chatoff's appointment will expire December 31, 2023.
- **John G. Weitekamp, RPh,** has been appointed a member of the Wisconsin Pharmacy Examining Board. Weitekamp's appointment will expire July 1, 2022. ■

## Interview With a Board Member

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self-development and, along the way, being confident enough to admit when you need more information in order to fully understand a topic.

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

I have attended several national and regional NABP meetings, the Interactive Member Forum a couple of times, and the Tri-Regulator Symposium. I was thankful to be able to serve on the Committee on Resolutions in 2019, representing District 5. NABP events are very important for board members for many reasons. Attending NABP meetings is the best venue to stay up to date on national initiatives, to learn about what other states are having challenges and success with, and to meet and share ideas with other members. With so many issues shared across the nation, we need to learn from each other and do our best to have consistency when possible. NABP events are also the best place to learn about all of the services that NABP has to offer member states, so we can take advantage of them and give feedback. I am confident that I am a better board member for the residents of Iowa as a result of NABP and its events. ■

## Alabama Implements Change to Supervising Pharmacist Rule

The Alabama State Board of Pharmacy has implemented changes to the Board's administrative code, including a rule concerning supervising pharmacists.

The rule now includes the following statement:

> . . . it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder.

This change was made expressly to reinforce the authoritative position of the supervising pharmacist when the permit holder (who is not the supervising pharmacist) is advising, advocating, or pressuring a supervising pharmacist to act or allow the pharmacy to act in any way that is outside of legal parameters.

## Massachusetts Requires Licenses for Pharmacy Technician Trainees

Regulation 247 Code of Massachusetts Regulations 8.03 now requires pharmacy technician trainees (PTTs) to be licensed by the Massachusetts Board of Registration in Pharmacy. No individual may work as a technician trainee without holding a valid PTT license. The Board's existing regulations impose certain qualifications for PTTs and limit the number of hours that an individual may be employed as a PTT. The license also provides prospective employers the ability to see if a trainee applicant has ever been involved in diversion or other misconduct.

Individuals may not work as a PTT for more than 1,500 hours or for more than one year, whichever period is shorter, unless the Board grants an extension.

## Massachusetts Establishes CDTM Experience Equivalency

Massachusetts law requires pharmacists to have five years of experience as a licensed pharmacist before participating in a collaborative drug therapy management (CDTM) agreement. However, the Board recently released an advisory regarding education that would be considered equivalent to five years of experience.

Pharmacists without five years of experience who wish to participate in a CDTM agreement must meet specific requirements involving certification, education, and experience.

Pharmacists not meeting these requirements who would still like to be considered for a CDTM agreement may petition the Board for consideration of other education, residency, or experience.

## Ohio Establishes a New Process for Reporting a Theft or a Significant Loss of Dangerous Drugs

Ohio Administrative Code rules now require all terminal distributors and drug distributors (manufacturers, wholesalers, third-party logistics providers, repackagers, and outsourcing facilities) to report the theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) and drug documents via the State of Ohio Board of Pharmacy's online portal.

More information is available in the Board's publication, "Reporting Theft or Loss of Dangerous Drugs and Drug Documents," which may be accessed in the Publications section of the Board's website, *www.pharmacy.ohio.gov*.

## Four Pharmacy-Related Laws Pass Utah's 2019 General Session

A record-setting 574 bills were passed by state legislators during the 2019 Utah General Session, including several bills focused on controlled substances and health care transparency. The following pharmacy practice and health care bills were among them.

- **Senate Bill 170:** Makes several changes to existing laws, including:
  - Amending the definition of a closed-door pharmacy to include pharmacies that engage exclusively in the practice of telepharmacy.
  - Amending the definition of a licensed pharmacy technician's scope of practice to allow more flexibility.
  - Adding aripiprazole lauroxil to the list of long-acting injectable medications that can be administered intramuscularly by a properly trained pharmacist.
  - Rescheduling certain Food and Drug Administration-approved drugs that contain a certain component of cannabis to reflect federal laws and Drug Enforcement Administration.
  - Adding board-certified urologists to the list of individuals who are qualified to be dispensing medical practitioners, allowing them to dispense cancer drug treatment regimens.
- **House Bill (HB) 251:** Makes knowingly failing to report known or suspected drug diversion of a significant amount a class B misdemeanor.
- **HB 370:** Amends law to create requirements for pharmacy benefits managers (PBMs) and requires the Utah Insurance Department to license entities that act as PBMs in Utah.
- **HB 449:** Reschedules tramadol from Schedule V to Schedule IV. Also allows for a list of non-controlled substances to be created by the Utah Division of Occupational and Professional Licensing in collaboration with the Utah Controlled Substance Advisory Committee.

## FDA Issues Final Rule Q&A Guidance for Compounding of 503A Bulk Drug Substances

Food and Drug Administration (FDA) has released final guidance for the industry titled *Section 503A Bulks List Final Rule Questions and Answers Guidance for Industry – Small Entity Compliance Guide*. This compliance guide, which utilizes a question-and-answer (Q&A) format, is intended to help small entities comply with the final rule establishing the list of bulk drug substances that can be used in accordance with certain compounding provisions of the Federal Food, Drug, and Cosmetic Act (FD&C Act). The small entity compliance guide follows up on the previous guidance that establishes FDA's criteria for evaluating bulk drug substances for inclusion on the list of bulk drug substances that may be used to compound drug products under section 503A of the FD&C Act, and places six substances on the list. It also identified four substances that were considered, but not included on the list. The list of bulk substances that can be used to compound drug products became effective on March 21, 2019.

## FDA Strengthens Warning Requirements for Certain Insomnia Drugs

FDA has announced requirements for a new boxed warning on three prescription insomnia drugs – eszopiclone, zaleplon, and zolpidem – to ensure patients and health care providers have the information they need when considering use of these medications. The warning follows several reports of rare, but serious, injuries and deaths resulting from various complex sleep behaviors in patients who take these medications. These behaviors include sleepwalking, sleep driving, and engaging in other activities while not fully awake, such as unsafely using a stove.

In addition to the boxed warning, FDA is also requiring the addition of a contraindication to not use these medications for patients who have experienced an episode of complex sleep behaviors after taking them.

"We have closely watched the safety profile of these drugs since they were approved. When our ongoing safety monitoring recently reflected the risk of more serious injuries and deaths from patients on these medications who experienced complex sleep behaviors, we determined there was a need to take stronger steps to inform the public," said Janet Woodcock, MD, director of FDA's Center for Drug Evaluation and Research, in an FDA press release. "We'll continue to monitor and evaluate these risks associated with insomnia medications and communicate with the public or consider further actions, as appropriate."

## Two More NECC Pharmacists Convicted for Role in 2012 Fungal Meningitis Outbreak

Two former verification pharmacists at New England Compounding Center (NECC) have been convicted of violating the FD&C Act. These convictions come as part of the fourth and final trial related to the 2012 fungal meningitis outbreak that affected over 750 individuals in 20 states and resulted in 64 deaths. The outbreak was linked to tainted steroid injections produced at NECC.

Kathy S. Chin and Michelle L. Thomas were convicted of dispensing drugs without valid prescriptions with the intent to defraud or mislead government regulators, according to a United States Attorney's Office news release. A third former NECC verification pharmacist, Alla Stepanets, was recently sentenced to one year of probation for similar charges. In 2017, Barry Cadden, the former owner and head pharmacist for NECC, was sentenced to nine years in prison and three years of supervised release after being convicted of racketeering, conspiracy, mail fraud, and introduction of misbranded drugs into interstate commerce with the intent to defraud and mislead. Glenn Chin, NECC's former supervisory pharmacist, was sentenced to eight years in prison and two years of supervised release after being convicted of 77 counts. A total of 13 NECC defendants have been convicted of 178 charges related to the outbreak.

## FDA Releases New Toolkit to Help Promote Safe Opioid Disposal

FDA has made a new resource available for consumers and health care providers to help promote and educate individuals about how to safely dispose of unused opioids. The free Safe Opioid Disposal – Remove the Risk Outreach Toolkit includes video, radio, and print public service announcements, social media graphics and posts, fact sheets, drop-in content, and website badges that health care providers and other interested individuals and organizations can use to promote the message of opioid safety. The toolkit and its resources can be accessed on the Ensuring Safe Use of Medicine section of the FDA website.

Another resource available to locate disposal kiosks is NABP's Drug Disposal Locator Tool. With more than 7,000 disposal sites in the continually updated database, consumers can enter location information to find the nearest disposal sites to them using a map. ■

Health care providers and patients are encouraged to report adverse events or quality problems to FDA's MedWatch Safety Information and Adverse Event Reporting Program at *www.fda.gov/MedWatch.*

INNOVATIONS®

National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056



## UPCOMING EVENTS

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

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

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

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

**FPGEE Administration**
October 1, 2019

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

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

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

## NEVER MISS A MINUTE. FOLLOW US ON SOCIAL.