

INNOVATIONS

Stepping Up to Pandemic Challenges:

Inspections Resume for Boards
and NABP Accreditations



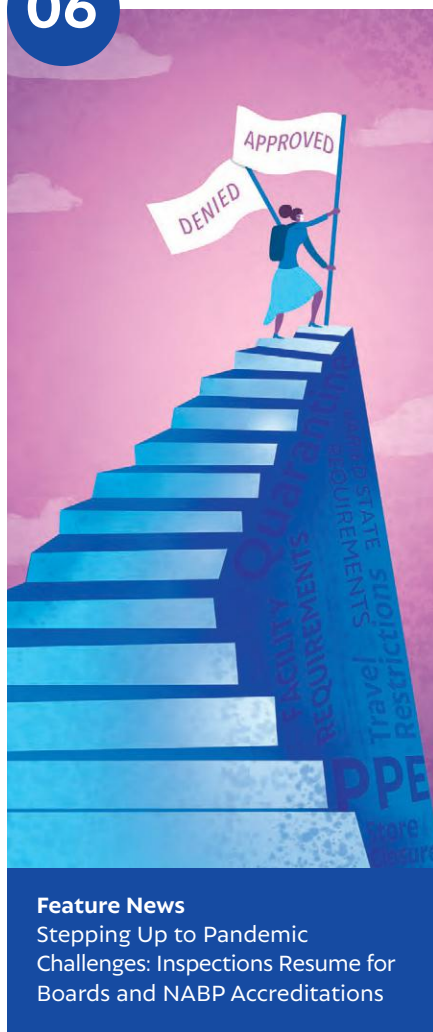
Quarantine
FACILITY REQUIREMENTS
VARIED STATE REQUIREMENTS
Travel Restrictions
PPE
store closure



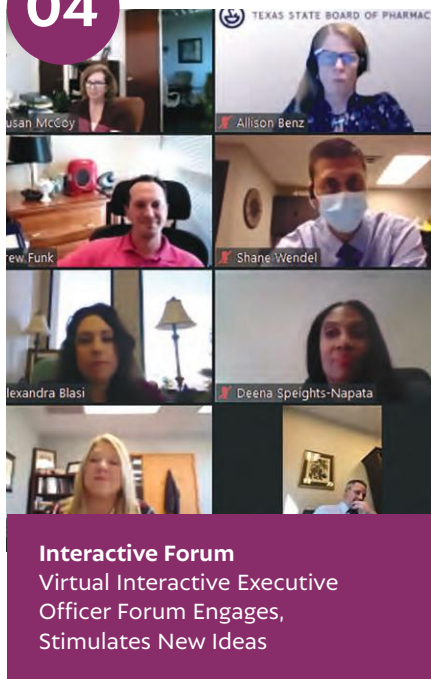
NABP

National Association of
Boards of Pharmacy

06



04



01 Interview With a Board Executive Officer

Matt Martineau,
PharmD, RPh

02 Policy Perspectives

Opioid Epidemic Worsens During Pandemic: NABP Informs Legislators on Benefits of Empowering Pharmacists and Expanding Access to MAT

09 Association News

2020-2021 Committee and Task Force Members Appointed by President Fensky

15 New Online Application Pulls From Business e-Profiles to Expedite NABP Accreditation and Inspection Processes

16 Drug Utilization Reviews, Impairment Related to Cannabis Use Addressed in NABP Model Act Updates

17 117th Annual Meeting

Submit Proposed CBL Amendments by March 29

18 Interview With a Board Member

Neil B. Leikach, RPh, FACA

20 State Board News

New Process for Storing Medications at Inpatient Hospice Facilities in Massachusetts

21 Professional Affairs Update

Pharmacists May Administer Childhood Vaccines During COVID-19 Pandemic

INNOVATIONS

(ISSN 2472-6850 — print; ISSN 2472-6958 — online) is published 10 times a year by the National Association of Boards of Pharmacy® (NABP®) 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.

National Association of Boards of Pharmacy
1600 Feehanville Drive, Mount Prospect, IL 60056
847/391-4406 | www.nabp.pharmacy
help@nabp.pharmacy

Lemrey "Al" Carter
Executive Director/Secretary

Amy Sanchez
Communications Manager

©2020 National Association of Boards of Pharmacy. All rights reserved. No part of this publication may be reproduced in any manner without the written permission of the executive director/secretary of the National Association of Boards of Pharmacy.

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.



NABP

National Association of
Boards of Pharmacy

NABP Executive Committee

Jack W. "Jay" Campbell IV
Chairperson

Timothy D. Fensky
President

Caroline D. Juran
President-elect

Reginald B. "Reggie" Dilliard
Treasurer

Bradley S. Hamilton
Member, District 1

Tejal J. Patel
Member, District 2

Jeffrey J. Mesaros
Member, District 3

Fred M. Weaver
Member, District 4

Shane R. Wendel
Member, District 5

Lenora S. Newsome
Member, District 6

Nicole L. Chopski
Member, District 7

Kamlesh "Kam" Gandhi
Member, District 8

NABP Executive Committee elections are held each year at the Association's Annual Meeting.



Matt Martineau, PharmD, RPh

Executive Director, Wyoming State Board of Pharmacy

Wyoming State Board of Pharmacy



Number of Board Members

5 pharmacist members and 4 non-pharmacist members (1 each: physician, dentist, or veterinarian, public member, and pharmacy technician)



Number of Compliance Officers/Inspectors

2



Rules & Regulations Established by State Board of Pharmacy



Number of Pharmacist Licensees

1,407



Number of Pharmacies

141



Number of Wholesale Distributors

2

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

I have served as executive director of the Board since June 2019. Prior to being appointed executive director, I served as an inspector/compliance officer for the Board, which I joined in September 2017. My career prior to joining the Board involved both community and institutional pharmacy. I have worked as a float and staff pharmacist for two national chains as well as the pharmacist-in-charge for one of them. Before working in community pharmacy, I was a staff/clinical pharmacist for a critical access hospital.

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

The Wyoming State Legislature's Opioid Addiction Task Force has worked on legislation to address the opioid epidemic in Wyoming. Statutory changes included requiring practitioners to register with the state's prescription drug monitoring program (PDMP), the Wyoming Online Prescription Database (WORx); search the database prior to prescribing controlled substances (CS); and prescribe all CS electronically beginning January 1, 2021. The Board has been working to enhance the WORx PDMP to keep up with this legislation. These efforts have included connecting with NABP PMP InterConnect® and integrating the WORx PDMP with community pharmacy software systems, as well as with institutions' and practitioners' electronic health records. One of the challenges the Board has faced is that the state statute did not allow information in the WORx PDMP to be shared with entities outside of Wyoming. Another challenge has been updating our hardware so that the WORx PDMP can handle the increased traffic

after connecting with PMP InterConnect and integrating some of Wyoming's community pharmacies.

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

The Board worked with the Opioid Addiction Task Force to update the Wyoming Controlled Substances Act to allow us to connect and share PDMP data with other states. We have also been working closely with PMP Gateway, which works in tandem with PMP InterConnect, and our PDMP vendor to ensure that we have the capability to handle the increased traffic to the WORx PDMP.

What other key issues has the Board been focusing on?

In addition to rewriting the rules on CS prescriptions to comply with the electronic prescribing mandate and provide for exceptions, the Board has been working on updating the Wyoming Pharmacy Act Rules and Regulations, with a focus on United States Pharmacopeia Chapter <797> and expanding the pharmacy technician's role to allow pharmacists greater flexibility in practicing at a higher standard.

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

In our experience, it has been most effective to form task forces and break the work down into more manageable topics. Our task forces include Board members and staff, stakeholders, and other interested parties to make sure multiple perspectives are represented. We have also found that frequent communication with Board members ensures that we are working together. Having open lines of communication with licensees also helps increase transparency and understand each other's perspectives on compliance. ●

Opioid Epidemic Worsens During Pandemic: NABP Informs Legislators on Benefits of Empowering Pharmacists and Expanding Access to MAT



Sarah-Lloyd Stevenson, MPH
Faegre Drinker Biddle & Reath LLP



Nisha K. Quasba, MPH
Faegre Drinker Biddle & Reath LLP

Boards of pharmacy and NABP have an established mission of protecting public health and a documented history of combating the opioid epidemic that has plagued the United States. Alarming, the coronavirus disease 2019 pandemic has rocked our communities against the backdrop of this ongoing public health crisis, exacerbating the epidemic and accelerating opioid overdoses and deaths. Now more than ever, patients with opioid use disorder (OUD) need access to medication-assisted treatment (MAT) to support recovery. For this reason, the initiative of NABP President Timothy D. Fensky, RPh, DPh, FACA, to combat the opioid epidemic, as announced in May 2020, has become even more important. Fensky recognizes the important role that pharmacists play in their communities, and that allowing them to prescribe MAT would create new access to treatment for people in need.

An essential pillar of this presidential initiative is ensuring that federal law does not unnecessarily hinder pharmacists from reaching and treating patients in need of MAT. Despite the overwhelming consensus that patients should have access to OUD treatment, an arbitrary and outdated federal law prohibits pharmacists – the providers who often have the most regular contact with their patients – from offering this treatment. Without fixing this federal law, pharmacists are unable to prescribe MAT despite the steps boards of pharmacy may take. NABP has thus endorsed and is actively advocating for the enactment of S 2074 and HR 2482, the Mainstreaming Addiction Treatment Act (MAT Act) to empower pharmacists to play a crucial role in providing access to MAT.

Federal Restrictions Are Tying States' and Providers' Hands

Pharmacists are on the front lines of the opioid epidemic and are often the most accessible provider to patients, with 90% of the American population living within

five miles of a pharmacy. Pharmacists have unparalleled and underutilized expertise as the health care industry's medication experts. As the opioid epidemic continues to claim American lives, medical professionals, including pharmacists, should be leveraged to expand access to lifesaving treatments like MAT. Pharmacists are capable of supporting the continuation of care, prescribing and dispensing treatments like MAT, and offering medication management therapy and counseling services.

Unfortunately, current federal law dictates that only certain qualified practitioners can obtain a special waiver, called a "DATA 2000 waiver" after the federal law that created it, or an "X waiver." To obtain a waiver, qualified practitioners must notify Substance Abuse and Mental Health Services Administration of intent to treat patients with buprenorphine, meet certain requirements, and then receive an "X-designation" from Drug Enforcement Administration (DEA). The law limits qualified practitioners to physicians, nurse practitioners, physician assistants, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse-midwives. For these providers, the waiver process laid out in law requires additional training and burdensome steps that ultimately limit patients' access to care. For providers like pharmacists, the current statute categorically prohibits them from using their medication expertise to help treat patients in need of MAT.

Since pharmacists already have a dispensing role in the provision of MAT, they could seamlessly expand their role to prescribing MAT. In fact, pharmacists in almost every state are able to enter into collaborative practice agreements with physicians to prescribe certain medications. Further, despite the restrictive federal laws that tie states' hands, several states have expanded scope of practice laws to allow pharmacists to prescribe controlled substances such as buprenorphine.

Congress Should Enact the MAT Act

The MAT Act, introduced in 2019 by Representatives Paul Tonko (D-NY), Antonio Delgado (D-NY), Ben Ray Lujan (D-NM), Ted Budd (R-NC), Elise Stefanik (R-NY), and Mike Turner (R-OH) in the US House of Representatives, and Senators Maggie Hassan (D-NH) and Lisa Murkowski (R-AK) in the US Senate, is a common sense bill with bipartisan support that would eliminate the redundant, outdated requirement that practitioners apply for a separate waiver to offer MAT to their patients. This policy change could reduce barriers to care and improve patients' access to MAT through additional mid-level practitioner prescribers, including pharmacists.

Before introduction of the MAT Act, Congress had traditionally taken slow, targeted steps to expand patients' access to MAT. The Comprehensive Addiction and Recovery Act of 2016 raised the cap on the number of patients that providers could treat with MAT and added nurse practitioners and physician assistants as qualified providers. The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018 built on that expansion by further raising the cap and adding clinical nurse specialists, certified registered nurse anesthetists, and certified nurse-midwives as qualified practitioners. These legislative changes required years of robust and sustained advocacy efforts by providers, patients, and families wishing to expand access to MAT.

However, despite these attempts at expanding eligibility and access, the National Academies of Sciences, Engineering, and Medicine have estimated that fewer than 3% of eligible providers have gone through the necessary process to obtain a DATA 2000 waiver. Alarming, in 2017 (albeit before enactment of the SUPPORT Act,

but numbers are unlikely to have changed significantly since then) 80% of people in need of OUD treatment did not receive it.

These statistics and the bureaucratic barriers that contribute to them demonstrate a significant threat to our nation's public health. During the opioid epidemic – and even more so during the current pandemic that has worsened the epidemic and further limited patients' access to care – public health advocates should join forces to ensure that unnecessary, unproven barriers to lifesaving care are removed expeditiously.

Enactment of the MAT Act can achieve three core goals:

- The MAT Act removes an unnecessary federal restriction on states, enabling state regulators and boards of pharmacy to determine the most appropriate care delivery for their communities.
- The MAT Act protects public health by expanding access to MAT broadly, removing the burdensome and bureaucratic waiver process that limits even currently eligible providers from offering MAT.
- The MAT Act paves the way for pharmacists to offer lifesaving MAT to their patients.

As of October 2020, the legislation had been referred to the relevant committees in both chambers of Congress. Those committees are the House Energy and Commerce Committee and the Senate Committee on Health, Education, Labor,

and Pensions. In March 2020, the House Energy and Commerce Committee held a hearing on “Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders.” During this meeting, the committee discussed the merits and potential challenges of the MAT Act; however, the legislation has not yet advanced out of committee to the House floor.

In 2021, Congress will enter its 117th session, and the MAT Act will need to be reintroduced. With the arrival of new members of Congress and new congressional leaders, the bill could garner even more support upon reintroduction. For information on how to advocate for reform at the federal level, contact ExecOffice@nabp.pharmacy. ●

This article was written by Sarah-Lloyd Stevenson, MPH, and Nisha K. Quasba, MPH, with Faegre Drinker Biddle & Reath LLP. Please note, the opinions and views expressed by Faegre Drinker Biddle & Reath do not necessarily reflect the official views, opinions, or policies of NABP or any member board unless expressly stated.

The Task Force on Medication-Assisted Treatment met virtually on November 17, 2020. Additional information about this task force, including its charge and members, is available on page 10 of this newsletter.

More information about the initiative of NABP President Timothy D. Fensky, RPh, DPh, FACA, to promote pharmacist-provided, medication-assisted treatment for patients diagnosed with opioid use disorder is available at www.nabp.pharmacy/about/presidential-initiative.

Virtual Interactive Executive Officer Forum Engages, Stimulates New Ideas

Online Meeting Tools Helped Boards Network and Collaborate on Pertinent Issues



Pictured are attendees from the Forum interacting through the Zoom video feature.

Discussions Virtual, Still Robust

Icebreaker topics, a virtual café, and a bingo game are just some of the unique ways in which 38 board of pharmacy executive officers connected and collaborated with fellow colleagues and peers during the NABP Interactive Executive Officer Forum on Wednesday, September 30, 2020. With the coronavirus disease 2019 (COVID-19) pandemic continuing to impact business travel and the health and safety of the public, NABP moved the traditional in-person meeting to a completely virtual format

using Zoom. Themed “Network, Exchange, Innovate,” the virtual event offered attendees an opportunity to discuss common challenges faced by the boards, as well as reinforce the partnership between the boards of pharmacy and NABP and their shared mission to protect the public health.

Pandemic-Focused Sessions

Recognizing that the COVID-19 pandemic has impacted all states on some level, several of the forum sessions focused on the related regulatory challenges currently being faced

by the boards. Executive officers, NABP staff, and a Food and Drug Administration (FDA) representative served as panelists, and members of the NABP Executive Committee served as moderators. The panelist-led sessions included topics on COVID-19 and preemption issues, virtual inspections, and supply chain schemes, as well as an update on the FDA memorandum of understanding and NABP information sharing network. NABP staff also provided an update and received member input on NABP programs and services, including NABP Passport

Congratulations to the Bingo Winner!

Congratulations to Traci Collier, PharmD, RPh, administrator/chief drug inspector, South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy, for winning the Network, Exchange, Innovate bingo game drawing. The bingo game invited attendees to mark off topics discussed during the meeting by indicating the name or state of someone who discussed the topics; completed cards were submitted to NABP for the drawing. Collier received a \$50 American Express gift card.

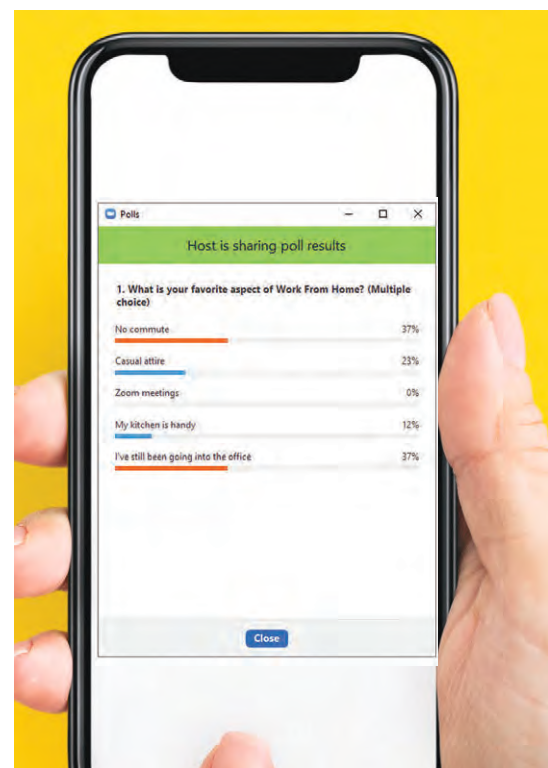
Thank You, Panelists!

NABP would like to extend special thanks to the following attendees for serving as panelists and sharing their expertise to spark discussion on topics during the forum.

- Andrew Funk, PharmD, RPh, Executive Director, Iowa Board of Pharmacy
- Caroline D. Juran, BSPHarm, DPh (Hon), NABP President-elect; Executive Director, Virginia Board of Pharmacy
- Kari Shanard-Koenders, RPh, Executive Director, South Dakota State Board of Pharmacy
- Frances “Gail” Bormel, JD, RPh, Acting Associate Director for Compounding, Office of Compliance, Center for Drug Evaluation and Research, US Food and Drug Administration

In addition, NABP thanks the following Executive Committee members for serving as moderators for the sessions.

- Nicole L. Chopski, PharmD, BCGP, ANP, Member, NABP Executive Committee
- Jeffrey J. Mesaros, PharmD, JD, RPh, Member, NABP Executive Committee
- Lenora S. Newsome, PD, Member, NABP Executive Committee
- Shane R. Wendel, PharmD, RPh, Member, NABP Executive Committee



To help break the ice and practice navigating Zoom, attendees responded to a poll question asking “What is your favorite aspect of Work From Home?” The most popular answer, with 37% of the vote, was “No commute”; however, this was tied with those indicating that they are still going into the office.

and the NABP Clearinghouse. In addition, attendees had a lively discussion on many of the shared discussion topics they submitted prior to the meeting.

Interactive Features Keep Collaboration Alive

To create an engaging experience that included as many attendee voices as possible, the forum utilized a variety of Zoom features. For example, attendees were given an opportunity to annotate on the screen to prioritize the list of shared discussion topics and the session on

pre- and post-pandemic drug supply schemes used the breakout room feature to allow for discussion in smaller groups. Attendees were extremely active on the chat feature, exchanging additional pertinent information and ideas, as well as asking questions to spark further discussion during sessions. Also, attendees were given an opportunity to network via a virtual café lunch. Attendees chose from a list of lunch “tables,” each focusing on a different topic, and the Zoom breakout room feature was used to place them at their virtual lunch tables.

Future Meetings

On January 27, 2021, board of pharmacy members will have an opportunity to connect virtually for the Interactive Member Forum. The meeting will continue with the theme, “Network, Exchange, Innovate,” and offer similar virtual opportunities for lively discussion and a unique networking setting. Invitations for the member forum were sent to the members selected by the executive officers in October 2020. ●

Stepping Up to Pandemic Challenges:

Inspections Resume for Boards
and NABP Accreditations



Quarantine
FACILITY
REQUIREMENTS
VARIED STATE
REQUIREMENTS

Travel
Restrictions

PPE

Store
closure

How can we conduct facility inspections intended to safeguard medications and drug delivery, while ensuring that pandemic safety precautions are in place? Can in-person surveys be conducted without endangering the lives of inspectors, facility staff, and those with whom they come into contact? What role can virtual inspections play? In short, how do regulators balance two objectives that share the goal of protecting the public health when one objective can unintentionally risk the success of the other objective?

Boards of pharmacy are among the regulators who have faced such questions during the coronavirus disease 2019 (COVID-19) pandemic. NABP accreditation services faced similar challenges to carrying out surveys in support of applicants as well as inspections, both services that are vital to supporting the mission of the boards of pharmacy to protect the public health. Following a pause on such services to prevent the spread of the virus, NABP stepped up to pandemic challenges to restart such services with the addition of COVID-19 prevention measures into their processes.

Early Response to COVID-19

Although COVID-19 was starting to make international headlines in late 2019, the disease quickly moved to the United States national spotlight in March 2020 when epidemiologists and other health experts observed the rapid spreading and severity of the disease across the states. Individual lives and businesses were suddenly disrupted by the state and community shelter-in-place orders that followed the World Health Organization declaration of a global pandemic and President Donald J. Trump's declaration of a national emergency. It quickly became clear that business as usual would need to change in response to the rapidly evolving pandemic, and this included pharmacy and drug distributor businesses.

For NABP's part, the Association quickly responded to the pandemic in ways that affected all departments and staff (see the September 2020 issue

Following a pause on such services to prevent the spread of the virus, NABP stepped up to pandemic challenges to restart such services with the addition of COVID-19 prevention measures into their processes.

of *Innovations* for further details). On March 19, NABP shared with its customers and its member boards of pharmacy that the Association would suspend all facility inspections and accreditation surveys until further notice. The announcement also stated that NABP would follow several guidelines before on-site visits would resume. These included all Centers for Disease Control and Prevention (CDC) guidance, state guidelines such as stay-at-home orders and mask mandates, as well as any board of pharmacy or facility safety requirements.

Similar actions were taken by federal regulators at Food and Drug Administration (FDA). In March, FDA announced it would postpone all domestic and foreign "routine surveillance facility inspections." The agency continued to provide inspections that were deemed "mission critical," for ensuring that applicable requirements for safety were being met. During this time, FDA utilized tools such as remote assessments and import alerts to continue its oversight responsibilities. The agency also adjusted certain processes and

guidance to maintain an appropriate level of review, and to ensure that products such as hand sanitizers and diagnostic tests were safe for consumers. By summer 2020, FDA began to resume prioritized domestic inspections utilizing a new risk assessment system. The COVID-19 Advisory Rating system utilizes real-time data to qualitatively assess the number of COVID-19 cases in a local area based on state and national data, which is then used to determine when and where it was safest to conduct prioritized domestic inspections. The ratings created by the system were based on the Phase of the State (as defined by White House guidelines), and statistics measured at the county level to determine the current trend and intensity of the pandemic in a given region.

FDA has also been moving away from unannounced inspections during the pandemic. Although such inspections are often useful tools for providing a realistic look at how a facility operates day-to-day, the safety of inspectors and facility staff requires preparation that can only be made by pre-announcing visits.

States Adapt Inspection Processes

At the state level, many agencies also suspended their inspections during the spring of 2020. By press time, most states were allowing at least some inspections or surveys to resume. For on-site visits, the state first lets NABP know that visits could resume. NABP then examines various trends, models, and data to ensure that COVID-19 rates are low enough to be safe for NABP inspectors and surveyors. A list of states where NABP inspections are taking place has been maintained by NABP on the Coronavirus Updates section of its website. This list continues to be updated to account for states' rate of COVID-19 infections and responses to other public health developments tied to the pandemic.

Several states also acted by modifying processes to continue pharmacy and distributor inspections during the pandemic. For example, the North Dakota State Board of Pharmacy announced that it would utilize a different process for inspections during the 2020-2021 inspection cycle. With the adjusted process, compliance officers and inspectors did not go into the field routinely (unless a specific compliance issue was identified that needed to be investigated). Instead, compliance officers would reach out to facilities by phone to finalize yearly inspections.

Mark J. Hardy, PharmD, RPh, executive director of the North Dakota State Board of Pharmacy said, "Understanding the complex nature of the pandemic and the complications it was creating for pharmacy locations, we felt like it was wise to move the inspection process to a different format this year. We were lucky enough to already have implemented an online inspection process the year prior. From that, we were able to adapt to an off-site process where the inspector would visit with the pharmacy over the phone or video conferencing to finalize the inspection."

The Minnesota Board of Pharmacy announced that it would make "every possible effort" to process applications for new licenses and registrations utilizing its usual procedure. However, the Board conceded there could be delays. Licenses for in-state facilities are not normally issued until after a facility has passed an inspection conducted by a pharmacy surveyor. Early in the pandemic, surveyors conducted opening inspections remotely, having the applicant submit photographs and videos to supplement material submitted with the application. Since inspections are best done on site and in coordination

with the facility, the Board sought and received permission to have the surveyors conduct on-site inspections. When on site at the facility, pharmacy surveyors are required to wear masks and follow each facility's COVID-19 policies and procedures. Surveyors were also allowed to contact representatives of the facilities to obtain information in advance of the on-site visit, which would allow the on-site visit to be shorter than usual.

"We learned as the pandemic evolved," said Minnesota Board of Pharmacy Executive Director Cody Wiberg, PharmD, MS, RPh. "We talked to our surveyors first, and most of them wanted to go out into the field." Wiberg noted that, in fall 2020, the Board requested and received permission to begin having surveyors return to a more routine schedule of on-site visits. The Board is carefully monitoring changes in COVID-19 infection rates so that changes can be made, if needed. (For example, if the current spike in COVID-19 continues, the Board may have to once again cut back on in-person inspections.)

Iowa's compliance officers were on hiatus from physical site inspections for several months following guidance from the Iowa Department of Public Health; the Iowa Board of Pharmacy resumed field inspections and investigations in third quarter 2020. Several policies and procedures were developed to ensure safety of compliance officers and facility staff, including contacting each location prior to visiting to inquire about the health of the facility staff and site safety precautions. On the day of each visit, officers are required to check their temperature and to fill out a form to screen for COVID-19 symptoms. To assist in contact tracing, the officers report back the time frame of their visit and provide the names of anyone they had prolonged contact with.

Executive officers of the boards of pharmacy had the opportunity to share some of their experiences related to inspections and surveys during the pandemic while attending the virtual NABP Interactive Executive Officer Forum on September 30, 2020.

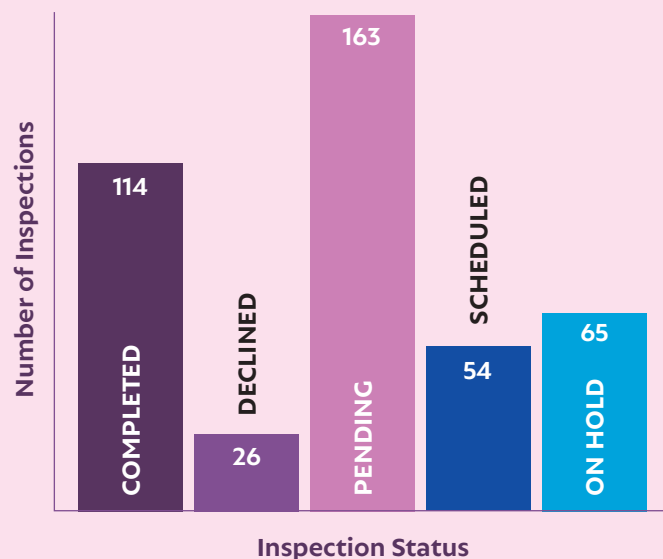
NABP Inspections and Surveys Resume, Safety Precautions Added

NABP inspections and accreditation surveys resumed on July 31, 2020. As for many states, NABP's processes had to be adapted to balance safety for NABP inspectors/surveyors as well as facilities' staff and customers. Part of these changes included following CDC, state, and facility guidelines, as NABP committed to back in March. To facilitate this commitment, NABP's revised process includes contacting facilities in locations where inspections/surveys are

The virtual portions of these inspections and surveys typically take about one to two hours, and focus on interviews with facility staff, questions about policies and procedures, and other requirements that do not require the physical presence of an inspector/surveyor.

allowed to occur and working closely with applicants with a pending inspection or accreditation survey to ensure safety. This means that a majority of NABP inspections and surveys are currently announced so that facility staff know when to expect the inspector's or surveyor's

TOTAL 2020 NABP INSPECTIONS



arrival. Additionally, a portion of inspections and surveys are now being handled remotely using conferencing software or, when a facility lacks the ability to use such software, by telephone.

The virtual portions of these inspections and surveys typically take about one to two hours, and focus on interviews with facility staff, questions about policies and procedures, and other requirements that do not require the physical presence of an inspector/surveyor. The virtual portion of the visit covers roughly 10-20% of the total inspection/survey.

With these new processes in place, NABP inspections and accreditation surveys have ramped up through the last quarter of 2020. At press time, NABP has completed 257 inspections and surveys since resuming them. At the time that on-site visits were restarted, there were 300 pending inspections/surveys that needed to be completed. By early November, more than three-quarters were completed. However, due to varying state restrictions, including required quarantines for people traveling to or from a particular state, more than 27 facility visits remain on hold. At press time, NABP was inspecting and surveying in 34 states. Many other states have been on NABP's inspections/survey list over the past four months but were removed due to an increase in COVID-19 infections. Once the number of infections decreases and become more stable and safe, NABP will resume inspections/survey in those states.

Pharmacy and distributor inspections and accreditation surveys remain an essential part of how the boards of pharmacy ensure that licensees are adequately satisfying regulatory or licensing requirements, as well as a key part of the NABP accreditation process. As such, finding capacity to continue these inspections and surveys, even as the pandemic continues, remains a high priority. As with so many aspects of this global crisis, these decisions may have long-lasting repercussions on the health care landscape.

NABP continues to carefully monitor the pandemic and other public health issues to maintain an essential balance in the interest of public health. The Association remains committed to this shared mission with its member boards of pharmacy, and accreditation and inspections staff are available to respond to questions and concerns regarding inspections and surveys. ●

2020-2021 Committee and Task Force Members Appointed by President Fensky



NABP provides guidance on current topics of interest to the state boards of pharmacy through the recommendations of commissioned, single-issue task forces. When an issue arises that requires special expertise or a commitment of time and funds, a task force is appointed to address a specific charge and to report its findings to the NABP Executive Committee. Task force and committee reports are published on the NABP website once approved.

NABP President Timothy D. Fensky, RPh, DPh, FACA, made the following appointments for task forces and standing committees for 2020-2021.

Task Forces

The **Task Force on Pharmacy Technician Practice Responsibilities** was held virtually on September 1, 2020.

The task force was charged with the following objectives:

1. Evaluate the current environment of pharmacy technician practice responsibilities, including state

laws and rules addressing pharmacy technician practice.

2. Examine the language in *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* addressing pharmacy technician practice and, if necessary, recommend amendments that allow technicians to practice in the best interest of patient care.

Chairperson of this task force was Andrew Funk, PharmD, RPh, Iowa Board of Pharmacy.

Individuals appointed to serve as members included:

- Allison Vordenbaumen Benz, MS, RPh, Texas State Board of Pharmacy
- Robert Carpenter, RPh, Vermont Board of Pharmacy
- John Colaizzi, Jr, PharmD, RPh, CCP, New Jersey State Board of Pharmacy
- Laura Forbes, RPh, Virgin Islands Board of Pharmacy

- Jillian Foster, MBA, PharmD, RPh, FACHE, FASHP, Mississippi Board of Pharmacy
- Richard Geaney, RPh, Massachusetts Board of Registration in Pharmacy
- Debra B. Glass, RPh, Florida
- Allison Hill, PharmD, RPh, District of Columbia Board of Pharmacy
- Lori Henke, PharmD, RPh, Texas State Board of Pharmacy
- Sue Mears, RPh, Iowa Board of Pharmacy
- Joanne Trifone, RPh, Massachusetts Board of Registration in Pharmacy
- Cyndi Vipperman, CPhT, Oregon State Board of Pharmacy

Michael Blaire, RPh, of the Arizona State Board of Pharmacy, and Anthony Gray, JD, of Kentucky, served as alternates. The Executive Committee liaison was Tejal J. Patel, MBA, PharmD, RPh.

The **Task Force on Medication Reuse** met virtually on October 29, 2020. The task force was established in response to Resolution No. 116-4-20, passed at the 116th NABP Annual Meeting.

The task force was charged with the following objectives:

1. Review current state laws and regulations related to the reuse of medications.
2. Review existing NABP policy on the reuse of medications.
3. Recommend the best mechanisms to enable the transfer of unused medications to persons in need of financial assistance to ensure access to lifesaving therapies.

Chairperson of this task force was Brenda McCrady, PD, Arkansas State Board of Pharmacy.

Individuals appointed to serve as members included:

- Mike Bertagnolli, MBA, RPh, FACHE, Montana Board of Pharmacy
- Katie Busroe, RPh, Kentucky Board of Pharmacy
- Kim Caldwell, RPh, Texas
- Traci Collier, PharmD, RPh, South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy
- Donna M. Horn, MS, RPh, DPh, CHC, Massachusetts
- John M. Marraffa, Jr, RPh, New York State Board of Pharmacy
- Dennis McAllister, RPh, FASHP, Arizona
- Rich Palombo, RPh, DPh, New Jersey
- Ed Taglieri, MSM, RPh, NHA, Massachusetts Board of Registration in Pharmacy
- Cynthia “Cindy” Warriner, RPh, CDE, Virginia
- Linda Witzal, RPh, New Jersey State Board of Pharmacy

Mark Mikhael, PharmD, RPh, of the Florida Board of Pharmacy, and Randy

Forbes, JD, of the Kansas State Board of Pharmacy, served as alternates. The Executive Committee liaison was Fred M. Weaver, RPh.

The **Task Force on Medication-Assisted Treatment** met virtually on November 17, 2020. The task force was established in response to President Fensky’s presidential initiative.

The task force was charged with the following objectives:

1. Review current federal and state laws and regulations related to medication-assisted treatment.
2. Examine the language in the *Model Act* and, if necessary, recommend amendments that allow pharmacists to be key leaders in opioid safety and patient care.

Chairperson of this task force was Jeanne D. Waggener, RPh, DPh, of Texas.

Individuals appointed to serve as members included:

- James “Jim” Bracewell, Georgia
- Luke Daniel, JD, Arkansas State Board of Pharmacy
- Debra Feinberg, JD, RPh, FASHP, New York State Board of Pharmacy
- Robert Giacalone, JD, RPh, Ohio
- Michael J. Godek, RPh, Massachusetts Board of Registration in Pharmacy
- Fiona Karbowicz, RPh, Oregon
- Sam Lancin, MBA, New Brunswick College of Pharmacists
- William T. “Bill” Lee, MPA, DPh, FASCP, Virginia Board of Pharmacy
- Karen M. Ryle, MS, RPh, Massachusetts
- Katy Wright, MBA, PharmD, DPh, BCPS, Tennessee Board of Pharmacy

Rhonda Toney, MBA, RPh, FASCP, of Maryland, and Cathy Winters, RPh, BCGP, of the Wisconsin Pharmacy Examining Board, served as alternates. The Executive Committee liaison was Nicole L. Chopski, PharmD, BCGP, ANP.

The **Overview Task Force on Requirements for Technician Education, Practice Responsibilities, and Competence Assessment** will be

held virtually on December 1, 2020. The task force was established in response to Resolution No. 115-4-19, passed at the 115th NABP Annual Meeting. This is the second meeting of this task force, which first met on September 11-12, 2019. The resolution states that the purpose of the task force is to evaluate the current environment and make recommendations to NABP to ensure a more active role in establishing requirements for the education, practice responsibilities, and competence assessment of pharmacy technicians.

The task force was charged with the following objectives:

1. Review the reports of the Task Force on Requirements for Pharmacy Technician Education, Task Force on Pharmacy Technician Competence Assessment, and Task Force on Pharmacy Technician Practice Responsibilities.
2. Synthesize these task forces’ recommendations into one consolidated set of recommendations.
3. Examine the language in the *Model Act* addressing all aspects of pharmacy technician regulation and recommend amendments, if necessary, that support technician education, competence assessment and practice, all in the best interest of patient care.

Chairperson of this task force will be Malcolm J. Broussard, RPh, Louisiana Board of Pharmacy.

Individuals appointed to serve as members include:

- Cindy Fain, PD, Arkansas State Board of Pharmacy
- Jacqueline L. “Jackie” Hall, MBA, RPh, Louisiana Board of Pharmacy
- Kristina Jonas, PharmD, RPh, Idaho State Board of Pharmacy

- Franklin J. “Rocky” LaDien, RPh, Wisconsin Pharmacy Examining Board
- Julie Lanza, CPhT, Massachusetts Board of Registration in Pharmacy
- Edward G. McGinley, MBA, RPh, DPh, New Jersey
- Helen Pervanas, PharmD, RPh, New Hampshire Board of Pharmacy
- Jeenu Philip, RPh, Florida Board of Pharmacy
- Kari Shanard-Koenders, RPh, South Dakota State Board of Pharmacy
- Kristen Snair, CPhT, Arizona State Board of Pharmacy
- Mitch G. Sobel, MAS, RPh, FASHP, CPGx, New Jersey State Board of Pharmacy
- Julienne Tran, PharmD, RPh, Massachusetts Board of Registration in Pharmacy

Donald “Donnie” Lewis, RPh, of the Texas State Board of Pharmacy, and Melissa Pollard, PharmD, RPh, of the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit, will serve as alternates. The Executive Committee liaison will be Bradley S. Hamilton, RPh.

Standing Committees

As authorized by the NABP Constitution and Bylaws, the Association’s standing committees annually perform specific responsibilities that are essential to the success of NABP’s programs. Once a committee has explored its assigned issues, the members submit recommendations or resolutions to the NABP Executive Committee for consideration.

The **Committee on Law Enforcement/Legislation** will be held virtually on January 13, 2021. The committee is charged with the following tasks:

- Review and comment on existing legislation and rules for the practice of pharmacy, legal distribution of drugs, and related areas within pharmacy, including impaired pharmacists.



- Develop model regulations for pharmacy as assigned by the Executive Committee or from resolutions adopted by the members of the Association, or from reports of the other committees of the Association.
- Recommend to the Executive Committee areas where model regulations are needed in pharmacy for improving the protection of the public health.

Steven W. Schierholt, Esq., State of Ohio Board of Pharmacy, will serve as the committee chairperson. Committee members include:

- Alexandra Blasi, MBA, JD, Kansas State Board of Pharmacy
- Sebastian Hamilton, MBA, PharmD, RPh, Massachusetts Board of Registration in Pharmacy
- Tony King, PharmD, RPh, Montana Board of Pharmacy
- Deborah C. “Debbie” Mack, PD, RPh, CHC, CCEP, Arkansas State Board of Pharmacy
- David Rochefort, RPh, New Hampshire Board of Pharmacy
- Kim Tanzer, PharmD, RPh, Massachusetts Board of Registration in Pharmacy
- Lorri Walmsley, RPh, FAzPA, Arizona State Board of Pharmacy
- Shauna White, MS, PharmD, RPh, District of Columbia Board of Pharmacy
- J. David Wuest, RPh, Nevada State Board of Pharmacy

- Jenny Downing Yoakum, RPh, Texas State Board of Pharmacy
- Gayle D. Ziegler, RPh, North Dakota State Board of Pharmacy

Donna Montemayor, RPh, of the Texas State Board of Pharmacy, will serve as an alternate. The Executive Committee liaison is Reginald B. “Reggie” Dilliard, DPh.

The **Committee on Constitution and Bylaws** will convene virtually on April 5, 2021. The charge of this committee, as defined by the NABP Constitution and Bylaws, is to review proposed amendments to the Constitution and Bylaws, suggest changes where appropriate, and issue a recommendation for each proposed amendment.

Tamara McCants, PharmD, RPh, chairperson, District of Columbia Board of Pharmacy, will be the committee chairperson. Committee members include:

- Paul Brand, PharmD, AE-C, Montana Board of Pharmacy
- Michael Carroll, RPh, Vermont Board of Pharmacy
- Kevin Dang, MBA, PharmD, RPh, Arizona State Board of Pharmacy
- Mark Smosna, RPh, Indiana Board of Pharmacy

David Bowyer, RPh, of the West Virginia Board of Pharmacy, and Julie Spier, RPh, of the Texas State Board of Pharmacy, will serve as alternates. The Executive Committee liaison is Kamlesh “Kam” Gandhi, PharmD, RPh. ●

Redesigned NABP Website Offers Streamlined Navigation, Engaging New Look

NABP launched its redesigned website on October 28, 2020. The site features the NABP logo and brand colors and links to information about the Association's numerous accreditation and examination programs, meetings, and resources. Enhancements include:

- Drop-down menus for easier navigation
- An enhanced Member Services section that provides boards of pharmacy staff and members with easy access to the valuable resources (*NABP State Boards of Pharmacy Member Manual*, task force reports, electronic mailbag) and vital board services (NABP Clearinghouse, data exchange via NABP e-Profile Connect, and inspection tools and services)
- An improved Boards of Pharmacy section with current contact information for each board and easy access to state newsletters
- A new Meetings section that allows users to search for events by type
- Online forms that let users request additional information about an NABP program or sign up for e-newsletters. ●

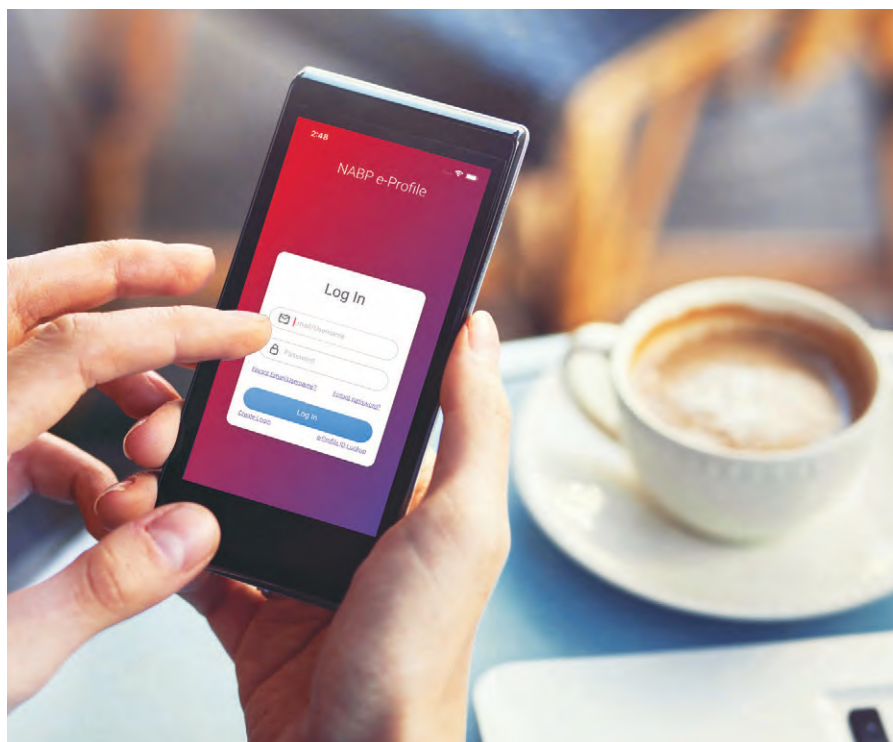


Send Your Comments!

NABP welcomes comments about its redesigned website, www.nabp.pharmacy. Feedback may be emailed to the NABP Marketing Department at Marketing@nabp.pharmacy.

The screenshot displays the NABP website's new design. At the top, a dark red header contains the NABP logo, navigation links (About, Members, Programs, Meetings, News, Resources), and utility links (e-Profile Login, Search, Help). The 'Members' dropdown menu is open, showing options like Inspection Services, Clearinghouse, PMP InterConnect, and Board Resources. The main content area features a large banner with the text: 'We partner with the boards of pharmacy to protect public health. Connect with your board, access state newsletters, and learn about our shared mission.' Below this is a red button with a magnifying glass icon and the text 'Connect with your board'. A red box highlights 'Coronavirus Updates' with a link to view more. The bottom section is a grid of four featured services: CPE Monitor, Member Services & Resources, NAPLEX, and Accreditations & Inspections, each with a brief description and a right-pointing arrow.

NABP Deploys e-Profile Improvements for Login, Security, and Overall User Experience



This technology is browser-friendly, and designed to provide a more uniform experience for users, whether they are using the standard web interface, or the NABP e-Profile mobile app.

To make it easier for users to access needed services through NABP e-Profile, the Association has launched a series of upgrades to the platform. This began in late September 2020, with the enhancements to the e-Profile login process.

Customers with multiple NABP e-Profile accounts – an individual e-Profile and a business e-Profile – will now notice a more streamlined user experience as these customers will now be able to access both accounts under one login. Prior to this upgrade, a pharmacist who wanted

to utilize accreditation and inspection services would have needed two login accounts – one to access continuing pharmacy education and other pharmacist services, and another to access the business e-Profile for the pharmacy business.

As a part of the streamlined login process, NABP has made many technical upgrades to the e-Profile system. These upgrades include the capacity for improved account security by adding a multifactor authorization – an electronic method in which a computer user is granted

access to a website or application only after successfully presenting two or more pieces of evidence to authenticate a person's identity. In addition to a password, individuals who choose to use the multifactor authorization must input a code sent to them by text message or email. When made available, multifactor authorization will make it much more difficult for bad actors to gain unauthorized access to an account and improve data privacy.

In addition, user-facing technology was upgraded to meet modern industry standards. This technology is browser-friendly, and designed to provide a more uniform experience for users, whether they are using the standard web interface, or the NABP e-Profile mobile app. Previously, the e-Profile app was limited to a few basic functions. With these improvements, mobile app users now have access to all the same options available to those using a personal computer.

Improving the customer experience with NABP e-Profile will help keep licensee data more secure. Incremental upgrades to the e-Profile system will continue to be rolled out over time. NABP will provide additional updates on these improvements as they are implemented. ●

As a part of the streamlined login process, NABP has made many technical upgrades to the e-Profile system. These upgrades include the capacity for account security by adding a multifactor authorization.

PCOA Offered Online in 2021; School Registration Open Now



Due to the coronavirus disease 2019 pandemic's impact on the schools and colleges of pharmacy, the Pharmacy Curriculum Outcomes Assessment® (PCOA®) will be offered with online proctoring for academic year 2020-2021. For online proctoring, schools select a date, (Monday through Friday) within one of the five testing windows that may be used to administer the test. The test will be offered over a three-day period.

The PCOA is a comprehensive tool developed by NABP to provide an independent, objective, and external measure of student performance in pharmacy curricula. The blueprint of the assessment is a set of competency statements with weightings that reflect the results of the 2015 United States Schools and Colleges of Pharmacy Curricular Survey and the *Accreditation Council for Pharmacy Education (ACPE) Standards* implemented in 2016. As a result of many schools and colleges of pharmacy moving portions of their classes to online formats, and due to other pandemic-related challenges, ACPE has decided to

2021 PCOA Testing Windows	
Testings	School Registration Deadline
January 11–February 19, 2021	October 12, 2020
March 29–May 21, 2021	January 4, 2021
June 14–June 25, 2021	March 15, 2021
August 16–September 10, 2021	May 24, 2021
November 8–December 10, 2021	August 16, 2021

suspend the requirement that professional year three (P3) students complete the PCOA for the current academic year.

Since the PCOA provides numerous benefits to schools and colleges of pharmacy, NABP continues to offer the assessment in an online proctored format. These benefits include providing data on students' knowledge in specific content areas and score reports with a comparison to national samples. For schools that choose to test all professional year students (P1

through P4), an additional benefit includes providing documentation of improvement in individual performance after a curriculum has been modified or updated.

School registration for the second window is open until January 4, 2021.

More information about the PCOA can be accessed through the Examinations section under Programs on the NABP website at www.nabp.pharmacy. ●

New Online Application Pulls From Business e-Profiles to Expedite NABP Accreditation and Inspection Processes

A universal application enabling pharmacies and other pharmacy-related businesses to more easily apply for multiple NABP accreditation and inspection programs is now available. Launched in October 2020, the application is available for all NABP accreditation and inspection programs except the .Pharmacy Verified Websites Program.

Previously, businesses were required to complete separate applications for each accreditation or inspection program to which they were applying and for each facility requiring NABP services. As a result, businesses applying for multiple programs and facilities often spent considerable time reentering the same information into each application. With the new universal application, relevant information is pulled from an applicant's business e-Profile to prepopulate data fields common to all accreditation and inspection applications, and then display questions relevant to the programs to which the applicant is applying appear. This makes the application process more efficient. The more complete and up to date a business' e-Profile is, the more seamless the application process is.



Currently, the universal application is available only to businesses applying for an NABP accreditation or inspection program for the first time. Those in the second and third year of their accreditation process will be contacted by NABP's Accreditation staff regarding the next steps. Application renewals and reaccreditations are expected to be available in 2021.

For more information about the universal application, read "New Streamlined Application for NABP Accreditation and Inspection Programs Offers Benefits for Businesses, Boards" in the June/July 2020 issue of *Innovations*. ●

NABP Accreditations and Verifications

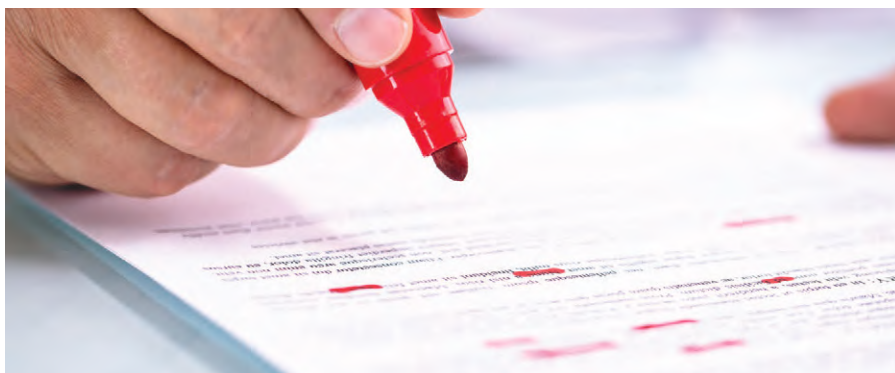
NABP awarded a total of 70 accreditations and verifications from June 1 to August 31, 2020. The breakdown by program is as follows:

- Drug Distributor Accreditation (formerly known as Verified-Accredited Wholesale Distributors®): 9
- Digital Pharmacy Accreditation (formerly known as Verified Internet Pharmacy Practice Sites®): 3
- .Pharmacy Verified Websites: 58



To see the names of businesses accredited and verified by NABP, visit the Programs section of the Association's website at www.nabp.pharmacy.

Drug Utilization Reviews, Impairment Related to Cannabis Use Addressed in NABP Model Act Updates



The recently amended *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* is now available, and includes changes to definitions, an update to the Pharmacy Care Services Prospective Drug Utilization Review section, and information about cannabis use among licensees.

The terms “good moral character” and “gross immorality” were removed throughout the *Model Act*. This change was instituted to reflect similar revisions to the NABP Constitution and Bylaws made in 2019.

In addition, language was added to the Prescription Drug Order Processing section of the *Model Act* stating that pharmacists have a corresponding responsibility to ensure that a prescription for a controlled substance is properly prescribed and dispensed. This adjustment was made pursuant to references to corresponding responsibility in state laws and rules and federal regulations. Further supporting this purpose, a footnote was added to clarify that such responsibility should not impede patients from receiving legitimately prescribed medications.

Amendments to the Pharmacy Care Services Prospective Drug Utilization Review section were also made. The amendments note that prospective drug utilization reviews may include information obtained from reviewing data found in a state’s prescription monitoring program.

The updated *Model Act* is available as a free download in the Members section of the NABP website.

Finally, footnotes were added instructing the boards to consider the issue of impairment if a registrant or licensee tested positive for substance misuse and/or abuse, as well as to consider state and federal laws when evaluating a complaint related to a positive result on a cannabinoid drug test.

The changes to the *Model Act* were incorporated as a result of the NABP Executive Committee-approved recommendations made by the 2020 Committee on Law Enforcement/Legislation. Additional recommendations made by the Task Force on Requirements for Pharmacy Technician Education and the Task Force on Pharmacy Technician Competence Assessment will be considered in 2021.

The updated *Model Act* is available as a free download in the Members section of the NABP website. ●

Coming Soon! 2021 Survey of Pharmacy Law With Updated Design, New Questions



Redesigned with a fresh, modern look, the 2021 edition of the *Survey of Pharmacy Law* will be available in late

December 2020. Published in a downloadable pdf format, the *Survey* continues to be a valuable resource for anyone looking for an overview of the laws and regulations that govern pharmacy practice in all 50 states and three jurisdictions: District of Columbia, Guam, and Puerto Rico.

The *Survey* consists of four chapters: a state-by-state overview of organization law, licensing law, drug law, and census data. The 2021 *Survey* includes three new questions addressing testing limits for the North American Pharmacist Licensure Examination® and Multistate Pharmacy Jurisprudence Examination®, and criminal history record check requirements for pharmacy technicians.

Updates for the 2021 *Survey* were graciously provided by the state boards of pharmacy.

As in previous years, all final-year pharmacy students receive the *Survey* free of charge. In addition, board of pharmacy executive directors receive a complimentary copy for their board.

The *Survey* will be available for purchase through the NABP e-Profile system.

For more information, contact help@nabp.pharmacy. ●

Save the Date!

117th NABP Annual Meeting | May 13-15, 2021



Enhancing **Networks** and Expanding **Access**
to Protect **Public Health**

Submit Proposed CBL Amendments by March 29

To be considered during the 117th Annual Meeting, proposed amendments to the NABP Constitution and Bylaws (CBL):

- must be submitted between Friday, February 12, 2021, and Monday, March 29, 2021. Per the current CBL, proposed amendments will be accepted no earlier than 90 days and no later than 45 days before the First Business Session of the Annual Meeting.
- may be proposed by any active member board of pharmacy, the NABP Executive Committee, or the Committee on Constitution and Bylaws.
- must be submitted in writing to NABP Executive Director/Secretary Lemrey “Al” Carter.
 - by email: ExecOffice@nabp.pharmacy
 - by mail:
NABP Headquarters
1600 Feehanville Dr
Mount Prospect, IL 60056



Neil B. Leikach, RPh, FACA

Member, Maryland Board of Pharmacy

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

I was appointed to the Board by Governor Larry Hogan in May 2017 to a four-year term. I am an independent pharmacist and pharmacy owner.

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

Listen to the other commissioners, staff members, and attorneys to understand each situation. Get involved if you are not already in other local, state, and national associations. Have an open eye and ear to what is happening in other states. Regulations that pass in other states may soon be in your state, but could have different guidelines depending on your Board's policies.

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

The Board has been working closely with a state delegate on an amendment to an existing law that would permit pharmacists to substitute a less expensive brand-name drug for a more expensive generic drug. Maryland law currently permits pharmacists to substitute a less expensive generic drug for a more expensive brand-name drug. The Board believes the amendment would effectuate the intent of the original statute, which is to ensure that patients always have access to the lowest cost drug option available. The bill was taken up by the Maryland Department of Health during the 2020 legislative session. Unfortunately, after a consensus bill was agreed upon by stakeholders, the session abruptly ended, effectively killing the bill for 2020. There are plans to reintroduce the 2020 consensus bill during the 2021 legislative session.

In addition, the Board is working on a proposal to introduce a bill during the 2021 session that would add a seat to the

Board, which would be filled by a registered pharmacy technician. Pharmacy technicians play an integral role in the day-to-day operations of pharmacies across the state but are, as of yet, unrepresented on the Board. Given their role in the field and their status as registrants of the Board, the Board believes that pharmacy technicians deserve to be represented on the Board in an official capacity.

What advice would you give to a new board member?

Remind yourself that you have been appointed to protect the public. The Maryland Board of Pharmacy vision states, "Setting a standard for pharmaceutical services, which ensure safety and quality health care for the citizens of Maryland." You will have colleagues call or email you with questions or comments. Do not try to solve every situation yourself. Have them reach out directly to the Board for answers. Ask seasoned commissioners if you are unsure about something that is happening. Before you know it, you will not be the new board member, but the one mentoring a new member.

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

I attended the NABP Annual Meeting in Minneapolis, MN, in 2019; the Interactive Member Forum in January 2020; and a virtual Multistate Pharmacy Jurisprudence Examination® item development meeting in March 2020. All of these events were beneficial. The NABP meetings are another way to give back to our profession and can make a difference for all practitioners for many years in the future. I have also been to numerous state and national organization conferences throughout the years. ●

Maryland Board of Pharmacy



Number of Board Members

10 pharmacist members and 2 public members



Number of Compliance Officers/Inspectors

1 compliance officer, 2 investigators, and 4 full-time and 2 part-time inspectors



Rules & Regulations Established by Board of Pharmacy



Number of Pharmacist Licensees

12,228



Number of Pharmacies

2,135



Number of Wholesale Distributors

500

Executive Officer Change

- **Christine Poleski** has been named executive director of the Wisconsin Pharmacy Examining Board. Poleski replaces Christian Albouras.

Board Member Appointments

- **Christy K. Garmon, PharmD, RPh**, has been appointed a member of the Alabama State Board of Pharmacy. Garmon's appointment will expire December 31, 2024.
- **Gail Cartwright, RPh**, has been appointed a member of the Bahamas Pharmacy Council. Cartwright is serving at the discretion of the appointing body.
- **G. Ashaini Knowles, MD**, has been appointed a member of the Bahamas Pharmacy Council. Knowles is serving at the discretion of the appointing body.
- **Vivienne Lockhart, RPh**, has been appointed a member of the Bahamas Pharmacy Council. Lockhart is serving at the discretion of the appointing body.
- **Kevia Major** has been appointed a member of the Bahamas Pharmacy Council. Major is serving at the discretion of the appointing body.
- **Pearl McMillan, MD**, has been appointed an ex-officio member of the Bahamas Pharmacy Council. McMillan is serving at the discretion of the appointing body.
- **Kevin Michael Ellis, PharmD, RPh**, has been appointed a member of the Idaho State Board of Pharmacy. Ellis' appointment will expire June 30, 2025.
- **Ian C. Doyle, PharmD, RPh**, has been appointed a member of the Oregon State Board of Pharmacy. Doyle's appointment will expire June 30, 2024.
- **Sarah T. Melton, PharmD, RPh, BCP, BCACP, CGP, FASCP**, has been appointed a member of the Virginia Board of Pharmacy. Melton's appointment will expire June 30, 2024.
- **R. Dale St Clair, Jr, PharmD, RPh**, has been appointed a member of the

Virginia Board of Pharmacy. St Clair's appointment will expire June 30, 2024.

- **Jenna Misiti, Esq, MHA, CHC**, has been appointed a public member of the West Virginia Board of Pharmacy. Misiti's appointment will expire June 30, 2023.
- **James Rucker** has been appointed a public member of the West Virginia Board of Pharmacy. Rucker's appointment will expire June 30, 2024.

Board Member Reappointments

- **Ed Sperry** has been reappointed a public member of the Idaho State Board of Pharmacy. Sperry's appointment will expire June 30, 2023.
- **Tanya L. Schmidt, PharmD, RPh**, has been reappointed a member of the North Dakota State Board of Pharmacy. Schmidt's appointment will expire May 8, 2025.
- **Janet Hart, RPh**, has been reappointed a member of the Pennsylvania State Board of Pharmacy. Hart's appointment will expire June 8, 2026. ●

NETWORK EXCHANGE INNOVATE



NABP
National Association of
Boards of Pharmacy



INTERACTIVE MEMBER FORUM

January 27, 2021 | Virtual Meeting

The NABP Interactive Member Forum will return this winter as a virtual meeting offering a variety of opportunities for dialogue on shared challenges faced by board of pharmacy members. Invitations and details for the forum will be sent to members, as designated by Board executive officers, in November 2020.

New Process for Storing Medications at Inpatient Hospice Facilities in Massachusetts

In March 2020, a circular letter was jointly issued from the Massachusetts Board of Registration in Pharmacy and the Bureau of Health Care Safety and Quality outlining a process through which an inpatient hospice facility's pharmacy provider may store certain non-patient-specific medications at the facility. With this change, hospice inpatient facilities will now have the ability to treat patient symptoms that are not life-threatening, but require medication management in a timely manner to provide prompt palliative care. A list of medications that may be stored, as well as details on the requirement to store them in an automated dispensing device (ADD), is also included in the circular letter.

The pharmacy must reconcile all medications dispensed through the ADD with prescriptions in the same manner as emergency medication kits used by long-term care facilities. The contents of the ADD, until dispensed for administration pursuant to a prescriber's prescription or order, remain the property of the pharmacy. Additional details, including a link to the circular letter, are available in the Board's August 2020 *Newsletter*.

Ohio Issues Guidance for Temporarily Moving Dangerous Drugs in the Event of an Emergency

To address emergency situations where a terminal distributor of dangerous drugs is unable to maintain the security of its drug stock, the State of Ohio Board of Pharmacy has issued guidance authorizing the temporary movement of drug stock to another in-state location.

The guidance was updated on June 1, 2020, to remind Board licensees who are also registered with United States Drug Enforcement Administration (DEA) that they must also notify the local DEA field office of any situations involving the security of controlled substances (CS) or the temporary relocation of any CS to another location.

For more information and to access the updated guidance, visit www.pharmacy.ohio.gov/TempMove.

Oregon Requires Cultural Competency CE Requirements

Registered pharmacists and certified pharmacy technicians in Oregon will soon be audited for compliance with cultural competency continuing education (CE) requirements for licensing cycles, beginning in 2021.

In 2019, House Bill 2011 was signed into law. It directed Oregon's health boards to write rules, specific to the licensees impacted and the number of hours that are to be required. In February 2020, the Oregon State Board of Pharmacy discussed the various policy items to incorporate into CE rules; however, rulemaking efforts were stalled due to the pandemic. It is anticipated that the Board will resume rulemaking efforts in late 2020 or early 2021, to be effective in alignment with the law (effective July 1, 2021). More information on the auditing process is available in the Board's August 2020 *Newsletter*.

South Carolina Legislative Updates Address Veterinary Compounding, Classification of Permits

The South Carolina Department of Labor, Licensing, & Regulation – Board of Pharmacy introduced two new regulations, which were published on June 26, 2020.

- Regulation 99-47 clarifies that pharmacists may compound office use drug preparations for veterinarians, which may be dispensed by the veterinarian in certain circumstances. Practitioners of human patients may not dispense

compounds that are intended for office use as reiterated in Policy 132 and in the Drug Quality and Security Act.

- Regulation 99-43 clarifies the classifications of permits issued by the Board and provides the minimum standards required for the issuance of such permits. The purpose of this proposed amendment is to comply with the Board's obligations under the Practice Act, to update its regulations to reflect changes in the pharmacy industry since the regulations were last amended, and to provide clarity to applicants as to what permits are required and the minimum standards necessary to obtain the permits.

More information, including the full regulations can be found on the South Carolina State Register by visiting www.scstatehouse.gov/state_register.php.

Pharmacy Technicians, Interns Allowed Access to the Utah Controlled Substance Database

In May 2020, pharmacy technicians and interns in Utah were granted independent access to the Utah Controlled Substance Database (CSD). Additional information for licensees to consider when accessing the CSD was provided in the Utah Board of Pharmacy's August 2020 *Newsletter*. To reference the Utah Controlled Substance Database Act and Rule, visit:

- <https://le.utah.gov/xcode/Title58/Chapter37/58-37.html>
- <https://rules.utah.gov/publicat/code/r156/r156-37.htm> ●

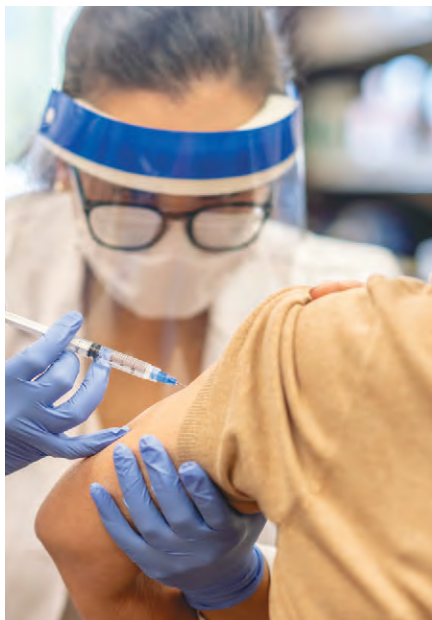


State Board News articles are selected from the newsletters of state boards that participate in the NABP State Newsletter Program. The issues are posted on the NABP website on each participating state's page.

Pharmacists May Administer Childhood Vaccines During COVID-19 Pandemic

Pharmacists may now order and administer vaccines to patients ages three through 18 years old, provided they meet certain requirements, as detailed in a United States Department of Health and Human Services (HHS) press release. In addition, pharmacy technicians and state-licensed or registered interns acting under a pharmacist's supervision may administer such vaccinations, including Food and Drug Administration (FDA)-authorized or FDA-licensed coronavirus disease 2019 (COVID-19) vaccines. According to HHS, the change was issued to increase access to childhood vaccines and to decrease the risk of disease outbreaks as children return to day care facilities and schools across the country.

This authorization came in the form of the "Third Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act (PREP Act) for Medical Countermeasures Against COVID-19," issued by HHS on August 19, 2020. The amendment also clarifies that in addition to responding to COVID-19, PREP Act-covered medical countermeasures include responses to diseases, health conditions, or



threats that may have been caused by COVID-19.

In May 2020, a Centers for Disease Control and Prevention (CDC) report found there had been a significant decline in routine childhood immunizations due to families staying home and pediatric health care practices closing or having reduced hours for in-person visits. HHS is expanding access to these vaccines in part to prevent additional strains on the health care system, and to avoid any further increase in avoidable adverse health consequences, particularly if such complications coincide with a resurgence of COVID-19.

NABP Warns Licensees of Scammers Impersonating Board Inspectors

Licensees in multiple states are receiving scam phone calls from individuals impersonating state board of pharmacy inspectors, warns NABP. Licensees should first verify the source is legitimate before giving confidential or payment information over the phone.

Scammers are claiming that pharmacists' facilities or individual licenses are under investigation for suspicious activity or drug trafficking, with some saying they work for Food and Drug Administration (FDA) or

Drug Enforcement Administration (DEA). The "investigators" say the licensee will face disciplinary action, a revoked license, and/or arrest if he or she does not immediately pay a fine over the phone. To appear authentic, many scammers even employ "spoofing," disguising the caller's phone number to mimic a legitimate source. They may also use a fake name and fraudulent inspector identification number.

If the call sounds suspicious, hang up and call the state board of pharmacy number listed on its website for more information. These sites also list current state board inspectors and investigators. Licensees should immediately report fraudulent calls to their state boards of pharmacy, the Federal Communications Commission's consumer complaint program, and FDA and DEA if they are being impersonated. NABP encourages you to share this information with other licensees.

Free Suite of Online Services Helps Patients Easily Find Pharmacies and Other Providers

Locating Health, a suite of free online services available to help patients locate health care providers who offer medications, vaccines, and other medical countermeasures, is now available. The Locating Health suite, which was developed by Boston Children's Hospital and CDC to improve access to essential health care, includes MedFinder for filling prescriptions, VaccineFinder for locating routine vaccinations for adults and children, and the forthcoming PODFinder for locating points of dispensing locations during a public health emergency. Because having timely and accurate information in these applications will be especially important during the 2020-2021 influenza season, CDC wants to ensure that pharmacies are well represented so that people can easily find them to get flu vaccines or to fill prescriptions. VaccineFinder will also be used to help patients find COVID-19 vaccines once one becomes available to the public.

Health care providers may register with Locating Health to list their organization at www.locating.health. ●

Pharmacists who are state-licensed may now order and administer vaccines to patients ages three through 18 years old, provided they meet certain requirements, as detailed in a US Department of Health and Human Services (HHS) press release.



1600 Feehanville Dr
Mount Prospect, IL 60056

Presorted First Class
U.S. Postage
PAID
Permit #583
Schaumburg, IL 60173

UPCOMING EVENTS

Committee on Law Enforcement/Legislation

January 13, 2021 | Virtual Meeting

NABP Interactive Member Forum

January 27, 2021 | Virtual Meeting

Advisory Committee on Examinations

March 31, 2021 | Virtual Meeting

Committee on Constitution and Bylaws

April 5, 2021 | Virtual Meeting

117th NABP Annual Meeting

May 13-15, 2021

Never miss a minute. Follow us on social.

