

INNOVATIONS



DEMOGRAPHIC DATA

State Board Data

LICENSE NUMBER, TYPE, AND STATUS

LICENSE ISSUE AND EXPIRATION DATES

NON-ACPE CPE

BOARD ACTIONS

NABP E-PROFILE DATA

DEMOGRAPHIC DATA

EDUCATIONAL DATA

LICENSE NUMBER, TYPE, AND STATUS

LICENSE ISSUE AND EXPIRATION DATES

EXAMINATION SCORES

CERTIFICATION FPCEC

ACPE CPE

CPE ACTIVITY

BOARD ACTIONS

Synchronous Data Exchange for Accurate Licensee Data, Automated Tools



NABP
National Association of
Boards of Pharmacy

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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.



NABP Executive Committee

- | | |
|---|---|
| Jack W. "Jay" Campbell IV
Chairperson | Fred M. Weaver
Member, District 4 |
| Timothy D. Fensky
President | Shane R. Wendel
Member, District 5 |
| Caroline D. Juran
President-elect | Lenora S. Newsome
Member, District 6 |
| Reginald B. "Reggie" Dilliard
Treasurer | Nicole L. Chopski
Member, District 7 |
| Bradley S. Hamilton
Member, District 1 | Kamlesh "Kam" Gandhi
Member, District 8 |
| Tejal J. Patel
Member, District 2 | <i>NABP Executive Committee elections are held each year at the Association's Annual Meeting.</i> |
| Jeffrey J. Mesaros
Member, District 3 | |



Susan Mangan, RPh

Pharmacy Specialist, Michigan 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 with the Michigan Board of Pharmacy for 12 years. Previously, I was a nursing home state surveyor for the Nursing Home Monitoring Division.

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

Number one, I think, would be a state pharmacist's license. Other must-haves are a clear understanding of federal laws and state regulations, experience working in the field and with the coronavirus disease 2019 (COVID-19), and computer skills for conducting virtual inspections. Report writing skills are also important. Inspectors write a lot of reports.

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

Common issues that we have been seeing in pharmacies are unlicensed pharmacy technicians, expired drugs on the pharmacy shelves, and prescription vials mislabeled with the wrong manufacturer. We have had a couple of cases where pharmacists were not wearing masks. In Michigan, we are required to wear masks in public and in the workplace due to the state's COVID-19 mandate. If pharmacists do not wear a mask during an inspection, we write that in the report. We let them know what their violations are and give them 30 days to correct them.

In Michigan, do inspectors also conduct investigations for other health regulatory boards?

Yes. Our department – the Pharmacy and Drug Monitoring Section – conducts investigations that have been approved by all of the health care regulatory boards in Michigan. The Section's primary focus is overdispensing and overprescribing, but it also

receives investigations involving “negligence” and violations of the Michigan Public Health Code and Administrative Rules.

What is one of the most challenging or surprising cases you have investigated?

I was assigned an investigation regarding an allegation that a physician was overprescribing controlled substances. During a review of the Michigan Automated Prescription System database, I found that the physician had several office locations in the metro Detroit area. I tried to interview the physician at the medical offices associated with the prescriptions, but found the offices were closed for business. A coworker and I attempted to interview the physician at his residence on record, but we were informed by the physician's neighbor that the physician was currently residing in an assisted living facility. We went to the assisted living center and interviewed the physician. After the interview, my coworker and I decided to check another medical office associated with the physician. The office was open for business with patients in the waiting room. After identifying ourselves to the office staff, a young gentleman identified himself as the physician who we just interviewed at the assisted living facility. In conclusion to the investigation, I found that many of the physician's prescriptions were authorized by the gentleman pretending to be the physician.

What advice would you give to a new board inspector?

When you are conducting an inspection or doing an investigation, always keep public safety at the top of your list. Conduct yourself in a professional manner and remain open-minded. Sometimes when you receive an allegation or complaint, it is not always what it appears to be. Also, when you write a report, paint a picture so that those reading it – your supervisor or a board member – can see the whole picture. ●

Michigan Board of Pharmacy



Number of Board Members

6 pharmacist members, 1 pharmacy technician, and 4 public members



Number of Compliance Officers/Inspectors

Centralized investigations pool



Rules & Regulations Established by

Board of Pharmacy and Department of Licensing and Regulatory Affairs



Number of Pharmacist Licensees

16,582



Number of Pharmacies

3,456 (in-state and out-of-state)



Number of Wholesale Distributors

1,655 (manufacturers and wholesale distributors)

2020 Elections and the New President and Congress

Implications for Health, Public Health, and Pharmacy



Megan S. Herber, MPH
Faegre Drinker Biddle & Reath LLP

As evidenced by both high voter turnout and the extremely close outcomes in the presidential and congressional elections, the 2020 election was polarizing but energizing to people in both major political parties in the United States. We now have President-elect Joseph R. Biden, Jr, set to be inaugurated on January 20, 2021, and a closely divided Congress. At the time of the writing of this article, the Democrats maintained control of the House, and control of the Senate is yet to be determined by two early January runoff elections in Georgia. With a potentially divided government, what are the implications for federal policymaking on health and public health issues for the next couple of years?

Different parties in control of the House, Senate, and White House means a different policymaking process than if those were all controlled by one party. President-elect Biden won the electoral college by a margin in range with the margin won by President Donald J. Trump four years ago, making it one of the more closely decided elections in recent decades. Unlike in the case of President Trump, Biden did win the majority of the popular vote, though the margin was closer than many polls leading up to the election had predicted. Similarly, the House is more evenly divided between Republicans and Democrats than it was in the last Congress.

Those numbers reflect the deep divisions in the country and are some of the challenges Biden will face to live out his pledge to be the president for one nation and not a single faction. In the Senate, we have, by the time of publication, a chamber where control will be decided by a single seat or two. If the Republicans remain in control, that means defection by one or two members of the caucus could mean Vice President Kamala D. Harris would break tie votes. The House will remain controlled by the Democrats though the margin narrowed following the November elections.

The likelihood of divided government means anticipated limits to the Biden

Administration's near-term legislative agenda. It will also mean some more tensions for Democrats who are seeking to navigate an internal divide between left-center members and progressives, akin to challenges that have impacted Republicans between the right-center and Tea Party factions.

The Implications of Divided Government

This nearly even divide between Republicans and Democrats will necessitate more bipartisan policymaking and will give more of a voice to the moderate members of both parties. If the parties in power in the House, Senate, and White House, respectively, are not interested in bipartisan policymaking and prefer to pursue more party-specific goals, we will no doubt see gridlock in Washington, DC. In health care, we see both. There are some extremely polarizing issues such as reproductive health and the Affordable Care Act (ACA), which will continue to see battles in the third branch of government, the Supreme Court. And perhaps the biggest wild card of all is the Supreme Court's upcoming decision in *California v. Texas*, which could require Congress to take up legislation to fill gaps created by the decision. The lawsuit will determine whether the ACA will continue to stand after Congress eliminated the tax penalty for not having insurance, or whether parts of or the entire law becomes unconstitutional, which would reverse countless policy changes that have been in place for up to a decade now.

But while these polarizing issues receive much of the attention and oxygen, there are plenty of health policy issues that receive less outside-the-beltway attention and for which there is bipartisan agreement. For example, both parties – as well as President Trump and President-elect Biden – have supported legislation to address issues plaguing the domestic health care system, such as the high cost of prescription drugs, improving transparency in health care pricing to prevent surprise billing for patients, reducing maternal mortality, and expanding access to

telehealth. If gridlock on big-ticket items like funding the government can be avoided, then there is a chance for advancement of bipartisan priorities such as these. One potential bright spot is the long-standing relationship between likely Senate Majority Leader Mitch McConnell (R-KY) and President-elect Biden dating back to their decades of service alongside each other in the Senate and the many negotiations that occurred during the Obama Administration when then-Vice President Biden was often tasked with negotiating with Congress.

Addressing the Pandemic

It is also worth noting that when the coronavirus disease 2019 (COVID-19) pandemic first hit last spring, Congress came together to pass four pieces of legislation to address the pandemic and provide financial relief, including the largest economic stimulus package in history, the \$2 trillion Coronavirus Aid, Relief, and Economic Security Act passed in March. Following those efforts, however, Congress has, as of press time, been unable to reach further agreement despite the need to address issues such as payment for COVID-19 testing and vaccines, liability protections for employers, and further economic relief for businesses and individuals. Immediately upon being declared the election winner in November, President-elect Biden acted to form a COVID task force to begin moving on his plans to address the pandemic, including an emphasis on relying on scientists for decision making. While at least two vaccines have been approved at the time of this writing, the reality of the pandemic means it will likely be an issue for the incoming Biden Administration and Congress to navigate this year and beyond.

The ACA and Other Priorities

President-elect Biden is also expected to use administrative and executive order authority to advance priorities that may not be bipartisan. A top expected health care priority is expanding and improving upon the ACA, namely by implementing policies that counter those of the Trump Administration. These range between

actions that can occur fairly near term – such as promoting more robust open enrollment efforts and changing administration positions on approving state work requirement policies to those that will require promulgating proposed and finalized rules, processes that can take many months to effectuate.

Beyond executive policies to support the ACA, other top overarching Biden Administration priorities addressing racial justice and climate change will also have health care implications. A Biden Administration is expected to implement policies to address health care disparities, particularly in minority populations.

Congressional Health Care Players

Changes in leadership in the new Congress will also have an impact on federal health policymaking. Although Speaker Nancy Pelosi (D-CA) is expected to remain in charge of the House, and Majority Leader McConnell in the Senate, there are leadership changes in important committees with health care jurisdiction. Senate Committee on Health, Education, Labor, and Pensions Chairman Lamar Alexander (R-TN) retired at the end of 2020, leaving a vacancy for chairmanship. Senator Richard Burr (R-NC) is a likely candidate to take on that role, and if he does not, Senator Rand Paul (R-KY) is next in line. Senator Burr has served in the Senate since 2005 and was in the House before that, though he has said he will not be seeking re-election in 2022. His health priorities over the years have focused on a range of issues including supporting medical research at the National Institutes of Health, supporting policies to accelerate approval of therapies by Food and Drug Administration, and writing the nation's pandemic preparedness laws. In contrast to Senator Paul – a medical doctor by training – tends to focus on limiting government involvement.

On the Senate Finance Committee, which oversees Medicare and Medicaid, Chairman Chuck Grassley (R-IA) has been term limited as the head of the committee, so he is moving

to chair the Senate Judiciary Committee. Senator Mike Crapo (R-ID) is expected to fill the role but has not been as active on health policy issues. Both the Finance and HELP panels will see some new faces given a mix of retirements and defeats. The House Energy and Commerce and Ways and Means Committees, both with jurisdiction over health and public health issues, will see some new members but will largely remain the same, aside from Representative Cathy McMorris-Rodgers (R-WA) taking over as Ranking Member from Representative Greg Walden (R-OR), who retired.

Moving Forward: The Federal Government and Pharmacy Issues

The NABP Federal Affairs team watches these developments closely as they have an impact on policies affecting the practice of pharmacy and state regulations. Congress and the new administration's priorities will greatly impact COVID-19 issues, including rules around who can administer vaccines and tests and federal flexibilities to allow for more virtual care. In 2021, NABP will continue to focus on President Timothy D. Fensky's initiative to combat the opioid epidemic, which includes urging the federal government to continue to pursue policies and funding to support these efforts. In particular, NABP will work with Congress to ensure the reintroduction and encourage the passage of the Mainstreaming Addiction Treatment Act, which would eliminate unnecessary federal barriers to access medication-assisted treatment. With prescription drug costs at the center of the 2020 presidential campaign, NABP will also closely monitor congressional and agency activity on drug importation and its impact on the state boards of pharmacy. ●

This article was written by Megan S. Herber, 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 noted.



Diane Halvorson, CPHT

Member, North Dakota State Board of Pharmacy

When were you appointed to the Board and as what type of member?

I was appointed to the North Dakota State Board of Pharmacy in January 2011 by the governor. I serve as the pharmacy technician member, and I am a full voting member.

What steps should a Board member take to be successful?

I am the first pharmacy technician to serve on the Board. My first year was spent acclimating myself and the Board to what the role of the pharmacy technician would be. Howard Anderson, who served as executive director at the time, not only encouraged me by affirming that my role on the Board is equal to that of all other Board members, but inspired me to get involved on the state, district, and national level.

To be a successful board member requires spending time getting to know the other board members. A cohesive board is a successful board that can focus on the role and tasks in front of it. Additionally, I found that participating in NABP functions helped me identify the multitude of current topics on the state and national level that could affect the Board.

What are some recent policies, legislation, or regulations your Board has implemented?

Our Board takes great pride in the high caliber of pharmacy technicians in our state. To work as a pharmacy technician in North Dakota, the Board requires completion of American Society of Health-System Pharmacists education and certification. Over the last few years, we updated the rules allowing pharmacy technicians to provide refill prescriptions to customers after screening with a series of open-ended questions. If at any time during this screening a red flag alerts the pharmacy technician, he or she is required to ask the pharmacist or intern to step in and provide counseling. This new process provides the pharmacy technician with a sense of accomplishment, makes him or her feel like a more integral part of the team, and frees up the pharmacist to focus on clinical duties.

Has the Board encountered any challenges to developing and/or implementing these?

The Board, at times, receives a request to address a rule change or a new rule. As we work to identify whether the request would have a positive impact on a pharmacy's daily duties, we need to follow the legal processes and determine whether the suggested change is within the Board's scope. For example, the Board was asked to consider expanding the pharmacy technician role to allow pharmacy technicians to provide immunizations. Due to current laws, this request is more challenging than those requesting it realize. Does this mean the Board will not address it? Of course not, but it is not something that will be rolled out overnight.

What advice would you give to a new board member?

Get involved at the state and national level. Also, communicate with your fellow board members and executive officer. Do not be afraid to ask questions if you do not understand something. Chances are that if you are questioning something, so are other board members.

Have you served as a member of any NABP task forces or committees, or attended NABP or district meetings?

I have served on several task forces and as chairperson of the Task Force on Requirements for Pharmacy Technician Education. Additionally, I have attended Interactive Member Forums and served as a forum panelist. I have attended numerous NABP Annual Meetings and District 5 meetings, as well as served on the Resolutions and Nominating Committee for District 5. I feel my participation has allowed me to bring the voice of North Dakota to the table as well as tailored me to be the best board member I can be. I have found the networking and wealth of knowledge obtained during NABP activities to be priceless and would encourage all board members to utilize the opportunities NABP provides. ●

North Dakota State Board of Pharmacy



Number of Board Members

5 pharmacist members, 1 pharmacy technician, and 1 public member



Number of Compliance Officers/Inspectors

4



Rules & Regulations Established by State Board of Pharmacy



Number of Pharmacist Licensees

2,336



Number of Pharmacies

935



Number of Wholesale Distributors

1,450

CMS Approves NABP's Home Infusion Therapy Pharmacy Accreditation



Centers for Medicaid & Medicare Services (CMS) approved NABP's Home Infusion Therapy Pharmacy Accreditation in October 2020. This CMS approval deems the Association as a national accrediting organization for home infusion therapy suppliers that wish to participate in the Medicare billing program.

NABP's Home Infusion Therapy Pharmacy Accreditation is designed to

meet a new requirement by CMS for suppliers billing home infusion therapy services. Starting in January 2021, CMS will require accreditation for home infusion therapy services billed to Medicare. During the CMS approval process for Home Infusion Therapy Pharmacy Accreditation, NABP underwent a thorough review of its accreditation program standards, survey, and accreditation process, which were found

to meet or exceed CMS requirements to accredit suppliers for this new accreditation. Since 2006, NABP has been a CMS-deemed durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accrediting organization for pharmacies.

"As a CMS-deemed DMEPOS accrediting organization since 2006, the inclusion of the CMS-approval for our Home Infusion Therapy Pharmacy Accreditation continues to bring value to our robust portfolio of offerings," said NABP President Timothy D. Fensky, RPh, DPh, FACA. "We appreciate the early participation of a number of our DMEPOS-accredited organizations who welcomed the opportunity to adopt this new program in anticipation of the January 2021 deadline. We look forward to seeing additional new and existing customers earn this accreditation and be recognized for the invaluable services they provide to patients relying on home infusion therapy services."

NABP's Home Infusion Therapy Pharmacy Accreditation, along with its other accreditation offerings, provides new and existing customers with a comprehensive set of accreditations delivered in a streamlined and cost-effective way. Information about NABP's Home Infusion Therapy Pharmacy Accreditation is available on the NABP website. ●

Third Quarter 2020 NABP Clearinghouse Totals Announced

During the third quarter of 2020, a total of 1,246 disciplinary records were submitted by the state boards of pharmacy on 1,120 individual and organization e-Profiles. The majority of disciplinary records submitted were for pharmacists, pharmacies, and pharmacy technicians. Please note that a disciplinary record can have multiple "actions" and "bases for actions," which explains why there will always be more actions and bases for actions than records reported.

Contained in the 1,246 disciplinary records, there were 1,553 actions reported

to the NABP Clearinghouse. Of the 1,553 actions, the three most reported actions in the third quarter were publicly available fine/monetary penalty (485 or 31.2% of all actions), other actions not classified (221 or 14.2% of all actions), and probation of license (150 or 9.7% of all actions).

Of the 1,482 bases for actions cited in third quarter 2020, violation of federal or state statutes, regulations and rules, or health and safety requirements (293 bases or 19.8%); other bases not classified (165 bases or 11.1%); and deferred adjudication (102 bases or 6.9%)

were the top reasons why disciplinary actions were taken during the quarter.

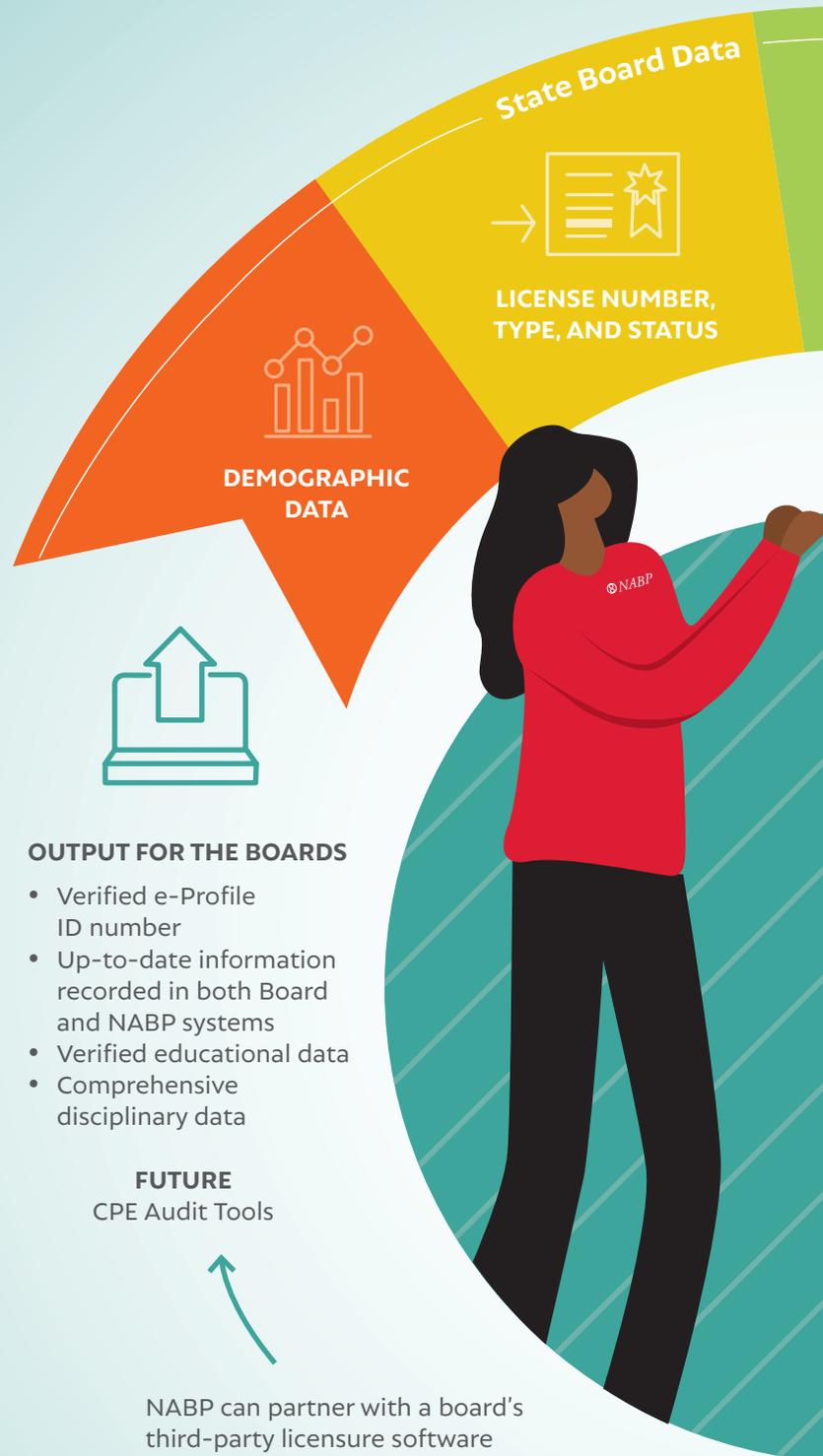
As stated in the NABP Constitution and Bylaws, participation in the Clearinghouse is required as part of a board of pharmacy's membership. Timely reporting to the Clearinghouse is essential to maintaining the integrity of the licensure transfer program. Boards may access the Clearinghouse using NABP e-Profile Connect. ●

Synchronous Data Exchange Service Provides Accurate Licensee Data, Automated Tools

More frequent, more efficient data sharing can be a valuable resource to boards of pharmacy by helping to keep state licensee information clean and free from errors. Since 2019, the Association has enhanced its NABP e-Profile Connect technology and has been working with several member boards of pharmacy on a new method for improved data sharing. The enhancements were intended to ensure that e-Profile Connect data was up to date, complete, and more quickly accessible to the boards. At press time, 13 state boards of pharmacy are participating in the data exchange and are actively sharing at least some data with NABP. Additional boards are also working toward that goal. The development of NABP's application programming interfaces (APIs) has also made it easier for the boards to submit and retrieve data from NABP and to automate certain processes, thus freeing up board staff resources for other important duties.

DATA EXCHANGE BENEFITS

- Increases valid information in both databases
- Decreases data inconsistencies, errors
- Increases timeliness of continuing pharmacy education (CPE) audits
- Easier, faster access to candidate exam information
- Eases administrative burdens by allowing reduced manual processes and assistance to board staff
- Expedites disciplinary reporting and monitoring for all state licensees
- Reduces license verification requests that require board intervention
- The more states that participate in the data exchange, the greater the benefits to all.
- NABP can act as a "backup" for data that might otherwise be lost in events such as a natural disaster.
- Data exchange participation may help states better adapt to public health crises, such as the COVID-19 pandemic.



NABP can partner with a board's third-party licensure software developer to enable the integration of the NABP data exchanges.

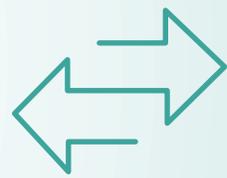
- Currently working with six companies that provide software to 26 boards of pharmacy.
- Several states have already instructed NABP to work with their software vendors to exchange data.

BOARD ACTIONS

→ 
LICENSE ISSUE AND EXPIRATION DATES


NON-ACPE CPE


BOARD ACTIONS



METHODS OF TRANSFER

File transfers, API calls, and custom collaboration with a third-party vendor

NABP E-PROFILE DATA

- DEMOGRAPHIC DATA
- EDUCATIONAL DATA
- LICENSE NUMBER, TYPE, AND STATUS
- LICENSE ISSUE AND EXPIRATION DATES
- EXAMINATION SCORES
- CERTIFICATION FPCEC
- ACPE CPE
- CPE ACTIVITY

NABP CYBERSECURITY
 Accredited security features in place
 Data backup in the NABP cloud

WHAT CAN BOARDS EXPECT?

- NABP is ready to work with licensing software providers/vendors, and/or board of pharmacy IT staff to help integrate the API.
- Technical guides are developed and available to help make implementation easier.

PARTICIPATING STATES:

Routinely sharing data through automated system:



Michigan



West Virginia

Implementing automated system:



Idaho



Maryland



Ohio



Virginia

Initial exchange and data review process:



Arkansas



Louisiana



District of Columbia



North Carolina



Iowa



North Dakota

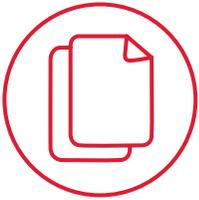


Texas

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

117th NABP Annual Meeting | Virtual, May 13-14, 2021

Proposed Resolutions Will Be Distributed in February 2021



Proposed resolutions received at NABP Headquarters by Friday, February 5, 2021, will be distributed

electronically to state boards of pharmacy on the following Thursday, February 11, 2021, for review prior to the 117th Annual Meeting. This mailing will constitute the only preconference distribution of proposed resolutions. All resolutions – those distributed for early review as well as those received after February 5 – will be presented to the voting delegates during the Second Business Session of the Annual Meeting by the chair of the Committee on Resolutions and subsequently voted on during the Final Business Session.

Any active member board, district, or committee of the Association may submit resolutions to NABP. To be considered during the Annual Meeting, resolutions must be received by Friday, April 23, 2021, in accordance with Article IV, Section 6, Part (d) of the NABP Constitution and Bylaws. Resolutions not submitted at least 20 days prior to the Annual Meeting, but submitted within a time frame that the Executive Committee deems appropriate (prior to the meeting of the Committee on Resolutions), may be presented during the Annual Meeting and will be considered for adoption by the Association upon the affirmative vote of three-fourths (3/4) of those active member boards present and constituting a quorum.

Questions regarding resolution procedures should be directed to the NABP Executive Office via email at ExecOffice@nabp.pharmacy. ●

Important Deadlines

- **February 5, 2021**
Proposed resolutions must be received at NABP Headquarters for preconference distribution to the state boards of pharmacy.
- **February 11, 2021**
Proposed resolutions are distributed electronically to state boards of pharmacy for review.
- **April 23, 2021**
Proposed resolutions must be submitted to be considered at the Annual Meeting.



117th Annual Meeting to Be Held Virtually

With coronavirus disease 2019 cases surging and widespread vaccine availability not expected until late spring, the NABP Executive Committee has once again made the difficult decision to hold the Association's Annual Meeting virtually.

The virtual 117th NABP Annual Meeting will be held over two days, May 13 and 14, 2021, and will include the NABP business sessions. Building on the success of last year's virtual meeting, NABP is expanding the program to include a keynote address and continuing pharmacy education (CPE) sessions, including a pre-meeting CPE session on May 12, 2021. Information and updates on the meeting will be available by February on the NABP Annual Meeting website (www.nabpannualmeeting.pharmacy). Registration for the meeting is expected to be made available by March 2021. ●

NABP Announces 2021-2022 Executive Committee Openings; Elections to Take Place During Annual Meeting

As of press time, NABP has received the following nominations for the open Executive Committee officer and member positions:

President-elect (one-year term)

Reginald B. "Reggie" Dilliard,
DPh, Tennessee

District 6 (three-year term)

Deborah C. Mack, RPh, CHC,
CCEP, Arkansas

Updates to the list of nominations will be posted on the Annual Meeting page in the About section of www.nabp.pharmacy.

Treasurer (one-year term)

Lenora S. Newsome, PD, Arkansas

District 7 (three-year term)

Nicole L. Chopski, PharmD,
BCGP, ANP, Idaho

Individuals interested in running for an open officer or member position must submit a letter of intent, including the expiration date for their term on the active member board, and a résumé or curriculum vitae to the NABP executive director/secretary at least 45 days prior (by March 29, 2021) to the Annual Meeting's First Business Session.

Executive Committee Nomination and Election Process

NABP/AACP District Meetings

Members are nominated by the district to run for the open Executive Committee member positions for their district.*



Annual Meeting

First Business Session

Candidates for open Executive Committee member and officer positions introduced.



Second Business Session

Candidate and seconding speeches are presented.



Final Business Session

Board of pharmacy delegates vote for new Executive Committee members and officers on behalf of their board. Newly elected officers and members are installed during the Final Business Session.

* Individuals may submit their nomination outside the district process for the open member positions. Only those individuals who have been determined by NABP to meet all qualifications for the open member positions will be placed on the ballot. More information can be found in the NABP Constitution and Bylaws, which can be accessed in the About section of the NABP website.

Candidate Qualifications

- Must be an affiliated member (administrative officer or board member) of the Association currently serving on a board of pharmacy of an active member state at the time of nomination and election
- Must not currently serve as an officer, official, or board or staff member for any national or state pharmacy organization
- Must not have a conflict of interest with the purpose, mission statement, and operation of NABP

More information about the procedures for nominating and electing Executive Committee officers and members is available in Article IV, Sections 3(b) and 3(c) of the NABP Constitution and Bylaws.

NETWORK

EXCHANGE

INNOVATE



NABP
National Association of
Boards of Pharmacy



INTERACTIVE MEMBER FORUM

January 27, 2021 | Virtual Meeting

Members designated by their executive officers were sent invitations with instructions for registering for the forum in December 2020.

Past Interactive Forum Participants Share Their Experiences

“I really enjoyed my first interactive forum and appreciated the opportunity to exchange information with other states. The meeting was interactive and very well organized.”

“It provided a robust discussion and lots of interaction.”

“It was an interesting format – the first time I’ve seen a meeting like this.”

Board Member Appointments

- **Casey Frank, MPH, JD**, has been appointed a member of the Colorado State Board of Pharmacy. Frank's appointment will expire July 1, 2023.
- **Kristen Wolf, PharmD, RPh, BCSCP**, has been appointed a member of the Colorado State Board of Pharmacy. Wolf's appointment will expire July 1, 2023.
- **Sherill Whisenand** has been appointed a member of the Iowa Board of Pharmacy. Whisenand's appointment will expire April 30, 2023.
- **Erick Axcell, PharmD, RPh**, has been appointed a member of the Kansas State Board of Pharmacy. Axcell's appointment will expire April 30, 2024.
- **Andrew Truong, PharmD, RPh**, has been appointed a member of the Kansas State Board of Pharmacy. Truong's appointment will expire April 30, 2024.
- **Nicholas Haar, PharmD, RPh**, has been appointed a member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. Haar's appointment will expire November 30, 2022.
- **John House, RPh**, has been appointed a member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. House's appointment will expire January 29, 2022.
- **Edward Kane** has been appointed a public member of the Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy. Kane's appointment will expire November 30, 2022.
- **Kyle A. McCree** has been appointed a public member of the Michigan Board of Pharmacy. McCree's appointment will expire June 30, 2021.
- **Michael A. Sleiman, PharmD, RPh**, has been appointed a member of the Michigan Board of Pharmacy. Sleiman's appointment will expire June 30, 2024.
- **Norton "Victor" Goodman, JD, PhD (Hon)**, has been appointed a public member of the State of Ohio Board of Pharmacy. Goodman's appointment will expire June 30, 2024.
- **Jason Willeford** has been appointed a public member of the Oklahoma State Board of Pharmacy. Willeford's appointment will expire January 9, 2023.
- **Christine Roussel, PharmD, RPh, BCOP, BCSCP**, has been appointed a member of the Pennsylvania State Board of Pharmacy. Roussel's appointment will expire March 23, 2024.
- **John Slagle, RPh**, has been appointed a member of the Pennsylvania State Board of Pharmacy. Slagle's appointment will expire June 23, 2026.
- **Catherine Haraden, CPhT**, has been appointed a member of the Vermont Board of Pharmacy. Haraden's appointment will expire December 31, 2023.
- **Hawkins "Hawk" DeFrance, PharmD, RPh**, has been appointed a member of the Washington State Pharmacy Quality Assurance Commission. DeFrance's appointment will expire January 19, 2024. ●

Volunteer to Serve on a Committee or Task Force



NABP is seeking volunteers from its active member boards of pharmacy to serve on its 2021-2022 committees and task forces. Executive officers and current board members, including public members, interested in serving on a committee or task force are encouraged to submit an application and an up-to-date résumé or curriculum vitae. Board of pharmacy staff interested in volunteering for NABP task forces are also encouraged to apply.

Please apply online by **Friday, June 4, 2021**. The form is available in the Members section of the NABP website under Board Resources.

All materials will be forwarded to NABP President-elect Caroline D. Juran, BSP Pharm, DPh (Hon), who will make the appointments following the 117th NABP Annual Meeting.

South Dakota Allows Pharmacists to Dispense Naloxone

Through collaboration between the South Dakota State Board of Pharmacy and the South Dakota Departments of Health and Social Services, a new standing order will now allow naloxone to be requested by patients and dispensed by pharmacists in South Dakota, without a separate prescription or protocol, to people who are either at risk of experiencing opioid-related overdoses and family and friends of those at risk of an overdose. Pharmacists in South Dakota will now play a heightened critical role in preventing opioid deaths by increasing access to naloxone. Visit the Board's website at doh.sd.gov/boards/pharmacy for more information.

South Dakota Board Promulgates Rule Changes

The South Dakota State Board of Pharmacy has moved forward with several rule changes that impact pharmacy practice. The rule changes include:

- allowing dialysate to be delivered to patient homes from a manufacturer or manufacturer's agent with a physician order;
- changing the pharmacist-to-intern ratio from 1:1 to 1:2, allowing for increased use of interns in pharmacies, more intern training sites, and workforce needs;
- authorizing pharmacists to administer immunizations other than influenza by prescription or protocol;
- authorizing interns to administer immunizations; and
- removing the requirement that the immunization must be reported to a practitioner.

Nevada to Permit Technicians to Administer Immunizations

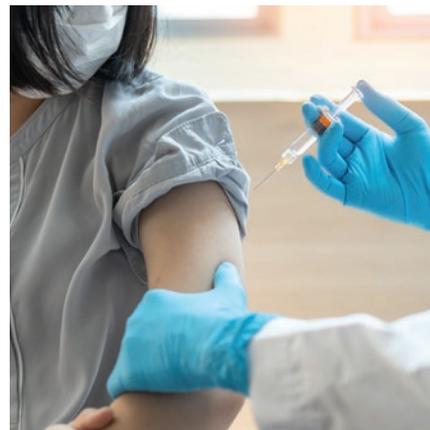
In anticipation of increased demand for vaccine services due to the coronavirus disease 2019 (COVID-19) pandemic, the Nevada State Board of Pharmacy has passed an emergency regulation permitting pharmaceutical technicians who have completed the required training to administer immunizations under the direct supervision of a pharmacist. The

Board noted that this regulation will be important to the state's ability to safely administer vaccinations on a large scale. In addition, the amendment will facilitate the administration of other lifesaving vaccines to Nevada's population.

This emergency regulation modifies the existing regulation in the following ways:

"A pharmaceutical technician under the direct and immediate supervision of a pharmacist may administer immunizations under the conditions prescribed in [Nevada Administrative Code (NAC)] 639.2971 if he or she has received the training required by NAC 639.2973 and the continuing education required by NAC 639.2974." Furthermore, "a pharmaceutical technician may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician if the pharmacist has determined, in his or her professional judgment, that the patient should be immunized. A record of each immunization administered by the pharmaceutical technician must be maintained in the manner prescribed by NAC 639.2977."

The emergency regulation was active for 120 days from the effective date of September 11, 2020. In addition to the emergency regulation, the Board is also working on adopting a regulation (Legislative Counsel Bureau File No. R142-20) allowing pharmacy technicians to perform the same activities on a permanent basis. The emergency regulation was intended to bridge the time gap for a



permanent regulation to be enacted. More information can be found on the Board's COVID-19 page at bop.nv.gov.

Washington Updates Remote Dispensing Site Policy to Expand Access to OUD Treatment

In an effort to increase access to medications for vulnerable populations with opioid use disorder (OUD), the Washington State Legislature passed Substitute Senate Bill (SSB) 6086, which allows pharmacies to extend their pharmacy licenses to include remote dispensing sites. SSB 6086 requires the Washington State Pharmacy Quality Assurance Commission to adopt rules establishing minimum standards for remote dispensing sites. While the Commission engages in rulemaking specific to remote dispensing sites, the Commission has determined that remote dispensing sites should comply with SSB 6086 as well as Washington Administrative Code (WAC) 246-945-455, except for WAC 246-945-455(1)(e) and WAC 246-945-455(2). ●



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.

DEA Publishes New Version of Pharmacist's Manual

The latest version of the *Pharmacist's Manual: An Informational Outline of the Controlled Substances Act* has been released by Drug Enforcement Administration's (DEA's) Diversion Control Division. The guide is provided to assist pharmacists in understanding the federal Controlled Substances Act and its regulations as they pertain to the pharmacy profession. This edition has been updated to include information on the Secure and Responsible Drug Disposal Act of 2010, the Comprehensive Addiction and Recovery Act of 2016, and the SUPPORT for Patients and Communities Act of 2018, and replaces all versions of the guidance previously issued by the agency. The updated manual can be accessed via the Publications & Manuals section of the DEA Diversion Control Division website, deadiversion.usdoj.gov/pubs.

New HHS Guidance Expands Vaccine Access, COVID-19 Tests

In October 2020, the United States Department of Health and Human Services (HHS) issued guidance under the Public Readiness and Emergency Preparedness Act authorizing qualified pharmacy technicians and state-authorized pharmacy interns to administer childhood vaccines, coronavirus disease 2019 (COVID-19) vaccines, and COVID-19 tests when requirements are met. This guidance authorizes qualified pharmacy technicians and pharmacy interns (when authorized by the state) to administer COVID-19 vaccines to individuals over age three and to administer Advisory Committee on Immunization Practices (ACIP)-recommended vaccines to persons ages three through 18, according to ACIP's standard immunization schedule if the requirements are satisfied.

This guidance authorizes qualified pharmacy technicians and state-authorized pharmacy interns to administer COVID-19 tests, including serology tests, that Food and Drug Administration (FDA) has approved, cleared, or authorized.



FDA Requires Label Changes for Prescription NSAIDs to Explain Pregnancy-Related Risks

FDA is requiring labeling changes for nonsteroidal, anti-inflammatory drugs (NSAIDs) to explain that those who take the medications after 20 weeks of pregnancy may cause their unborn child to develop rare but serious kidney problems, which can lead to low levels of amniotic fluid and may cause other complications in pregnancy, according to an FDA Drug Safety Communication. The agency is also recommending that use of NSAIDs should be avoided at 20 weeks or later in pregnancy because of these risks.

The changes follow FDA's review of the medical literature and cases reported to the agency about low amniotic fluid levels or kidney problems in fetuses associated with NSAID use during pregnancy. After 20 weeks, the unborn child's kidneys begin producing most of the amniotic fluid.

If a health care provider believes NSAID use is necessary between 20 and 30 weeks of pregnancy, use should be limited to the lowest effective dose and shortest duration possible. The manufacturers of over-the-counter (OTC) NSAIDs intended for adult use will also make similar updates to their Drug Facts labels.

Providers Reminded to Discuss Acetaminophen Safety

As the COVID-19 pandemic continues to affect communities throughout the US and worldwide, the Know Your Dose campaign is reminding health care providers and consumers that it is more important than ever to follow acetaminophen safety. Specifically, the campaign advises pharmacists and other health care providers to make sure patients are aware of the potential danger in taking medications that contain too much acetaminophen, particularly if patients are taking multiple medications to treat their cold, flu, or similar conditions.

Acetaminophen is found in more than 600 different OTC and prescription medications. While safe and effective when used as directed, patients who take too much are at risk for liver damage. According to FDA, patients should never take more than 4,000 mg of acetaminophen in a 24-hour period. Pharmacists can also remind patients that they are available if patients have questions or concerns about using acetaminophen.

Other resources, including free materials and a list of common medications that contain acetaminophen, are available on the Know Your Dose website, knowyourdose.org. ●



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UPCOMING EVENTS

Committee on Law Enforcement/Legislation
January 13, 2021 | Virtual Meeting

Committee on Constitution and Bylaws
April 5, 2021 | Virtual Meeting

NABP Interactive Member Forum
January 27, 2021 | Virtual Meeting

117th NABP Annual Meeting
May 13-14, 2021 | Virtual Meeting

Advisory Committee on Examinations
March 31, 2021 | Virtual Meeting

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