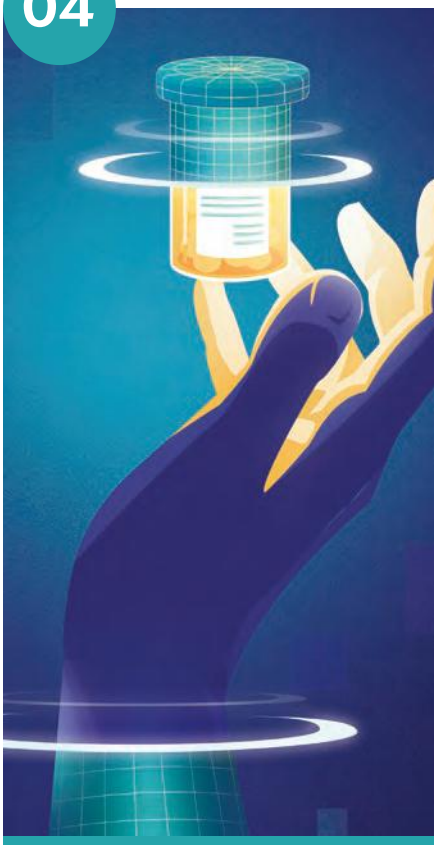
February 2021 | Volume 50 | Number 2

iNNOVATiONS

The Future of Public Health Protection in Our Hands

Artificial Intelligence Applied to Medication Data

NABP
National Association of Boards of Pharmacy



Feature News
The Future of Public Health Protection in Our Hands – Artificial Intelligence Applied to Medication Data

Feature News
Regulators Prepare for Pharmacist Involvement in COVID-19 Vaccine Rollout

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

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

Minnesota Board of Pharmacy

Number of Board Members
6 pharmacist members and 3 public members

Number of Compliance Officers/Inspectors
7

Rules & Regulations Established by
Board of Pharmacy

Number of Pharmacist Licensees
9,033

Number of Pharmacies
2,142

Number of Wholesale Distributors
261 (resident)

Cody Wiberg, PharmD, MS, RPh

Executive Director, Minnesota Board of Pharmacy

How long have you served as executive director?

I have been executive director of the Board since September 21, 2005. Between January 1999 and September 21, 2005, I was pharmacy program manager for the Minnesota Department of Human Services. Basically, my team and I served as the internal pharmacy benefits manager for Minnesota's publicly funded programs, including Medicaid and some state-funded programs. I also worked with the Minnesota Legislature, providing technical assistance on pharmacy-related issues.

What is one significant issue your Board addressed in the past year?

The coronavirus disease 2019 (COVID-19).

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

The Board issued a COVID-19 frequently asked questions (FAQs) document in mid-March and has updated it several times since then. Through the FAQs document, our Board has effectively either granted blanket variances to rules or exercised enforcement discretion by allowing licensees to do things not otherwise permitted by the statutes. For example, under Minnesota Statutes, pharmacists and pharmacy technicians cannot complete any portion of the dispensing process from home. But in order to minimize contact between pharmacy employees and the public, the Board is allowing pharmacists and pharmacy technicians to perform data entry, certification of data entry, profile reviews, and prospective drug utilization reviews from home. Board staff also worked with the Minnesota Department of Health to provide legal clarity to licensees so that pharmacists could be involved in COVID-19 testing.

What other key issues has the Board been focusing on?

We also handled some repercussions of the civil unrest that occurred after the death of George Floyd. At the height of the civil unrest, over 200 pharmacies in Minnesota were temporarily closed as a precaution. Over 20 pharmacies were either destroyed or damaged to the extent that they had to remain closed for an extended period. The Board issued a separate civil unrest FAQs document, which granted blanket variances to rules or exercised enforcement discretion. We published a document on the Board's website, in five different languages, with advice for patients on how to obtain prescriptions if their pharmacy was closed. We also worked with chain and independent pharmacies to get temporary pharmacies open at the sites of the pharmacies that had been damaged the worst.

During its 2020 session, the Minnesota Legislature enacted legislation, signed into law by Governor Tim Walz, that required the Board to work with another agency, MNsure, to develop the Minnesota Insulin Safety Net Program. The program, which has been operating since July 1, 2020, requires manufacturers to provide insulin to Minnesotans who meet certain eligibility criteria and who are having difficulty affording insulin.

The legislature also passed a law requiring the Board to work with a vendor to establish a prescription drug repository program, which became operational at the end of 2020. The vendor established a central repository and is working to establish local repositories around the state. Long-term care facilities, manufacturers, wholesalers, pharmacies, and members of the public (with certain restrictions) are able to donate drugs to the repositories. Once deemed safe by a pharmacist, the drugs are dispensed to patients who would not otherwise be able to afford the drugs.

What insights do you have for states?

The key to dealing with pandemics or with man-made or natural disasters is to have a plan in place. For COVID-19, I began preparing for the worst at least a month before the World Health Organization officially declared a pandemic, and Governor Walz declared a peacetime emergency. Consequently, we were able to give guidance to licensees shortly after the pandemic and emergency were declared. I believe that boards need to be flexible when dealing with such disasters and must be willing to relax enforcement of statutes and rules – but must do so in a way that minimizes any additional risks to patients. ●

New Year, New Government: Renewed Focus on Illegal Online Drug Sales

Matthew J. Rubin
Faegre Drinker Biddle & Reath LLP

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

Last month, the 117th Congress convened and President Joseph R. Biden began his term as president and, as such, we can expect many new policy changes at the federal level. As discussed in January's issue of *Innovations*, there are some issues that have garnered interest across the political spectrum and thus may be ripe for consideration. One of those issues, which is of great interest to the practice of pharmacy given its public health and patient safety implications, is reforming a telecommunications law – Section 230 of the Communications Decency Act (47 USC §230) – that currently provides liability immunity to online platforms that knowingly facilitate illegal or obscene content, including the sale of prescription drugs and illicit narcotics through illegal online pharmacies.

The Dangers of Illegal Online Pharmacies

NABP and its member boards of pharmacy are committed to protecting public health and ensuring the appropriate, safe practice of pharmacy, whether through brick-and-mortar storefronts or via the internet. Unfortunately, criminals are actively leveraging the internet to target unsuspecting consumers, peddling substandard, falsified, and otherwise counterfeit drugs, and posing a significant risk to those who may rely upon these medications for acute, chronic, or life-threatening conditions. Alarmingly, last year NABP found that of the nearly 22,400 surveyed "pharmacy" websites, 95% were illegal. Despite this statistic, a recent survey conducted by the Alliance for Safe Online Pharmacies (ASOP Global) found that seven in 10 Americans erroneously believe that if an online pharmacy website appears high up in search engine results, it is likely to be legitimate.

This misguided trust in online platforms and "internet pharmacies" that are incorrectly assumed to be legitimate has only been exacerbated by the proliferation of misinformation and criminality during the coronavirus disease 2019 (COVID-19) pandemic, as more patients turn to online resources for health information and services. For example, in 2017, approximately 30% of respondents to a national survey said they would order medicine online. In 2020, that number climbed to nearly 75%.

This growing interest in seeking out medications online has also impacted the national response to the opioid epidemic, a major public health issue that NABP leadership – including President Timothy D. Fensky – is prioritizing. With the available data indicating a spike in opioid-related overdose deaths, the confluence of the COVID-19 pandemic and this historic public health emergency has significantly strained resources. The internet remains a constant source of synthetic opioids and illicit narcotics, like fentanyl. With local shutdown orders in place and social isolation setting in, individuals suffering from substance use disorders have turned to unsafe and illegal websites at alarming rates. The Centers for Disease Control and Prevention found that four in 10 Americans are suffering from mental health or substance abuse issues due to the pandemic. Thirteen percent cited an initiation or increase in substance misuse and abuse, and an additional 31% cited anxiety or depression. One in 10 noted suicidal ideations.

NABP's .Pharmacy Program

NABP has led efforts to curtail illegal online pharmacies and help patients identify legitimate providers on the internet. Two programs, NABP Digital Pharmacy Accreditation and the .Pharmacy Verified Websites Program, help consumers determine which pharmacy websites are licensed and safe. Digital Pharmacy Accreditation has been recognizing legitimate websites offering pharmacy services for more than 20 years by ensuring that pharmacies with an online presence are licensed, operating in compliance with pharmacy laws and practice standards, and undergoing on-site inspections. The .Pharmacy Program was launched in 2014 to address new online business models for prescription dispensing and other pharmacy-related services. A .pharmacy verification instills confidence in patients' choices and helps ensure access to care. If a pharmacy or business offering pharmacy-related services has not been vetted through one or both of NABP's programs, it may be a rogue website offering medicines without a valid prescription, operating out of compliance with pharmacy laws and practice standards, and/or selling counterfeit or misbranded prescription drugs.

Section 230 and Federal Liability Protections

Despite the grave concerns associated with accessing illegal online pharmacies, a seemingly obscure and concise section of a decades-old telecommunications law indirectly helps protect these bad actors from

further scrutiny, particularly those platforms that facilitate the distribution of harmful content. Passed in 1996, Section 230 of the Communications Decency Act provides immunity for online publishers of third-party content published on such platforms. Specifically, the law states that "No provider or user of an interactive computer service shall be treated as the publisher or speaker of any information provided by another information content provider." Some policy experts refer to these components of Section 230 as "the 26 words that created the internet."

In practice, this provides civil liability protection to online platforms that republish or host unlawful material, including illegal online drug sales. There are targeted exceptions to the law, including a "good Samaritan" provision that allows the deletion of obscene content removed in good faith and liability exclusions when copyright or sex trafficking laws are infringed. However, unlawful content still prevails on the internet, notwithstanding illicit drug sales. In recent years, NABP and other public health stakeholders like ASOP Global have argued that Congress should take up Section 230 reform and mandate that – at minimum – interactive computer service providers proactively address the pervasive public health and patient safety threats that are caused by illegal online pharmacies.

Section 230 Policy Changes Proposed in 2020

In 2020, policymakers on both sides of the aisle issued proposals to reform Section 230 and address violative content online. Unsurprisingly, a lot of the interest in the issue was fueled by potential foreign interference in the 2020 presidential election via the internet, causing both candidates and many members of Congress to speak in favor of reform. While the existing statute has long been lauded as an important policy protecting free speech and the ability for the internet to grow and modernize, the issue of internet reform has become a political hot topic as allegations of censorship and free speech infringement emerged leading into last November's election. These activities rekindled the Section 230 debate, creating a potential opportunity for true reform. However, while decision makers in both political parties support reining in the current policy, they have not yet agreed on how to do it.

Last year, several pieces of legislation were introduced on Capitol Hill – partisan and bipartisan proposals in both chambers of Congress. While no legislation advanced in 2020, two powerful congressional committees with jurisdiction over these issues – the Senate Committee on the Judiciary and the Senate Committee on Commerce, Science, and Transportation – used the final weeks of the 116th Congress to hear testimony from the executives of major technology platforms like Twitter, Facebook, and Google on the real-world practice of Section 230 immunity. Further, the Trump Administration's Department of Justice released a comprehensive legislative framework to reform the law, while the Federal Communications Commission chief argued that the federal government has the regulatory authority to reinterpret Section 230 through rulemaking without action from Congress. Supreme Court Associate Justice Clarence Thomas also spoke of "paring back the sweeping immunity" of Section 230 in a statement issued pursuant to *MalwareBytes, Inc. v. Enigma Software Group USA, LLC*.

An outright repeal of the law may be too blunt a solution, according to the technology industry as well as leaders in Congress who are championing several competing legislative proposals to make targeted changes to the liability protections. Of note, the bills noted above were introduced in the 116th Congress and may be up for consideration or debate in the 117th.

Notable Section 230 reform bills introduced in 2020:

- *Protecting Americans from Dangerous Algorithms Act;* Representatives Tom Malinowski (D-NJ) and Anna Eshoo (D-CA)
- *See Something Say Something Online Act*; Senators Joe Manchin (D-WV) and John Cornyn (R-TX)
- *Platform Accountability and Consumer Transparency Act;* Senators John Thune (R-SD) and Brian Schatz (D-HI)
- *Online Freedom and Viewpoint Diversity Act*; Senators Roger Wicker (R-MS) and Lindsey Graham (R-SC), chairmen of Senate Commerce and Senate Judiciary Committees

Section 230, Rogue Online Pharmacies, and 2021

The first 100 days of the new administration will be a defining time during which the president and members of Congress will prioritize any number of specific policy reforms. Given the extensive attention Section 230 and illegal online activity received across Washington, DC, in 2020, this topic will certainly remain a policy of interest in the 117th Congress, and there is no shortage of proposed policy solutions to be considered. NABP will closely follow this debate as relevant policymakers on both sides of the aisle and across government look for opportunities to rein in these liability protections or propose other policies that could protect the public health by holding illegal online pharmacies accountable. ●

This article was written by Matthew J. Rubin and Sarah-Lloyd Stevenson, 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.

The Future of Public Health Protection in Our Hands

Artificial Intelligence Applied to Medication Data

“I’m sorry Dave, I’m afraid I can’t do that.”

For decades, the cool and ominous voice of HAL 9000 in *2001: A Space Odyssey* and other tropes of science fiction have been the first things that come to mind when people hear the phrase artificial intelligence (AI). Yet, as we push into the third decade of the 21st century, many professions, including pharmacy, are experiencing gradual but steady transformations driven by applications of AI in the real world. So far, AI has helped pharmacists respond to issues such as drug shortages, drug recalls, the opioid epidemic, and even the coronavirus disease 2019 (COVID-19) pandemic. As the technology improves, it seems inevitable that the pharmacy profession’s perception of AI will continue moving beyond the realm of science fiction and into the day-to-day lives of pharmacists and pharmacy regulators.

AI’s Strength Is in Mass Data Analysis

As discussed during a continuing education session at the 115th NABP Annual Meeting in 2019, AI is already becoming a part of our daily lives. For example, smartphone technology with voice assistants or cars with advanced driver-assistance technology, including parking assistance or adaptive cruise control, are already using AI. Currently, AI technology utilizes three key features: neural networks that mimic some of the human brain’s ability to analyze, natural language processing that allows machines to understand and generate human language, and the use of sensors that allow machines to see through object detection and pattern recognition.

So far, the most successful applications of these features in health care involve analysis of massive amounts of data to discover trends and flag anomalies. This is perhaps most evident in the way some hospitals are now using AI to monitor and respond to diversion of controlled substances (CS) by health care providers.

Studies indicate that hospital-based health care workers struggle with substance use disorder (SUD) at rates that are similar to that of the general population. For example, a 2014 study in the *Western Journal of Emergency Medicine* found that 10-14% of emergency physicians were affected by an SUD. A report published by Protenus in 2018 found that 18.7 million dosage units of medication were lost due to misuse and other diversion by health care employees. This has become such an important issue for health care providers that some pharmacy schools are directly teaching their students about it. For example, the University of Michigan College of Pharmacy provides seminars, community work, and course content to teach students about medication management and how they should handle drug diversion incidents.

Because AI can analyze massive data sets in short amounts of time, the technology can flag abnormalities in the management of commonly abused medications, making it easier for hospital personnel to investigate and confirm the root cause of any suspicious activity and/or behavior.

Without AI, an audit of only 5% of CS administrations normally takes several hours, according to a June 2020 article in *Pharmacy Times.* AI-backed software systems can perform a complete audit of all CS administrations in less time than it takes for staff to perform a manual audit of just 5% of CS administrations.

Similarly, current AI technology can help with supply chain management. This is particularly useful when manufacturers and dispensers need to respond to drug shortages and recalls. By analyzing large amounts of current medication and their applications, AI can actually predict how medications can be combined in new ways to create effective treatments. This can expand the options available to pharmacists and other health care providers for offering medication therapy for specific conditions. By automating the task using AI-powered technology, researchers may be able to discover new treatments more quickly.

Drug recalls have also presented significant hurdles for health care providers and patients in recent years. For example, in April 2020, Food and Drug Administration issued a recall for all ranitidine products after discovering levels of N-Nitrosodimethylamine, a probable human carcinogen, increased in potency over time. While there are a number of alternative medications for ranitidine that patients can use to treat acid reflux, the large-scale nature of the recall illustrates the challenge health care providers and patients can face when common medications are no longer available.

AI may help to manage recalls by pinpointing exactly when and where a drug was contaminated within the supply chain. This allows teams to correct the issue more efficiently than using a manual research-based process. AI also allows visibility down to each individual item. In other words, AI can track every vial and syringe in a shipment from the manufacturer all the way to the patient.

This means that when a recall is issued, affected medications can be identified and removed from the supply chain more efficiently, resulting in a smaller impact on patient care.

Skepticism and Misgivings Remain

As AI in health care becomes more prominent, the technology has become a more frequent subject of presentations and trade show discussions often held by technology companies eager to sell their latest inventions to health care providers, which continue to represent a large portion of the nation's economy. Unfortunately, many of these innovations have so far failed to cause lasting and widespread improvement in areas such as public health and patient safety, as explained by Robert Pearl, MD, in a February 2020 *Forbes* article.

"Tech companies too often set out to create AI innovations they can sell, rather than trying to understand the problems doctors and patients need solved. At many traditional med-tech conferences and trade shows, for example, talks and sales pitches focus squarely on the technology while routinely overlooking the human fears and frustrations that AI can address," Pearl wrote in the article.

Use of AI applications in pharmacy practice and the drug supply chain will likely continue to grow, perhaps bringing with them new regulatory questions.

In another article, published in the *HealthManagement.org* journal, Pearl noted the importance of separating the truth of AI technology in health care from the hype. "AI might someday radically transform diagnostic medicine to the point it can identify cancer at the single-cell level. Exciting projections like these have led many entrepreneurs and futurists to declare that machines will someday take over complex diagnoses entirely. Today, however, the most commonly used computer applications do not feature deep learning as with AI." Pearl argues that most of these technologies, while lifesaving, are not "true" AI, and that they contribute to misunderstanding and even fear of these tools.

One common misgiving about AI-driven technology is that it will be used to replace and override professional diagnosis and treatment decisions made by human health care providers. In the health care industry, however, this has not been the case. Instead, AI systems are employed as new tools that can ultimately improve the ability of health care providers to give patients the best possible information in a timely manner.

"AI is already transforming health care but will become increasingly valuable as investments in systems that can capture and manage data are made and clinical informatics entities work more collaboratively to address current data shortfalls," said Doug Zurawski, PharmD, during an interview with *Drug Topics*. Zurawski is senior vice president of clinical strategy at Kit Check, Inc, maker of radio frequency identification/AI technology for hospital pharmacies to help with medication management – a technology that is vital to applications related to tracking and analyzing inventory. "It is incumbent upon us, in this industry and in this field, to take the lead and learn more, invest in systems that support AI and machine learning, and prepare for the future with access to artificial intelligence."

The Future

AI-based technology is giving pharmacists and other health care providers more opportunities to take an active role in patient care. This is important as value-based care models continue to be an increasingly vital part of health care. Pharmacists are highly trained in patient care, and yet, they too often must act as de facto supply chain experts to keep hospitals stocked with the medications they need. With AI, pharmacists can direct more of their energy to patient care.

Use of AI applications in pharmacy practice and the drug supply chain will likely continue to grow, perhaps bringing with them new regulatory questions. For example, how may pharmacists' scope expand if more time can be devoted to patient care, or if more diagnostic tools are available across health care teams? Can diversion tools give boards of pharmacy the ability to further support pharmacists and technicians in need of recovery networks to maintain their licenses and safe practice? Can using AI to analyze mass amounts of data make recall and drug supply management more efficient, possibly alleviating some concerns with pharmacy working conditions by freeing up time for other tasks?

As AI technologies continue to emerge and develop, there have also been discussions about adequate guardrails to ensure good decision making and to protect patient privacy and health. Such discussions are vital to the continuing use of this technology as the technology must be ethical and effective, while also adhering to all existing laws and regulations for patient privacy and data security.

PMP InterConnect Is the Solution to Provider Challenges; GAO Report Examines Effectiveness of PDMPs

As the nation's only national network of prescription drug monitoring programs (PDMPs), NABP PMP InterConnect® facilitates over 1 billion patient encounters per year, connecting over 100,000 facilities and 800,000 health care providers. NABP is committed to growing this network to ensure that as many providers are connected as possible.

PDMPs have been identified by the federal government as key tools to help ensure the safe and appropriate prescribing of opioids and other controlled substances (CS), and Congress continues to make bolstering and improving PDMPs a priority. In fact, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2017 includes a provision for the United States Government Accountability Office (GAO) to study the operation of PDMPs. In response, GAO released a report, "Prescription Drug Monitoring Programs: Views on Usefulness and Challenges of Programs," that examines how effectively health care providers have used PDMPs.

In the report, GAO found, in interviews with physicians and PDMP directors in 10 states, that PDMPs are useful in preventing drug misuse and potentially dangerous drug prescribing. However, the physicians and pharmacists from the 10 states interviewed also identified issues accessing PDMP data, citing difficulty tapping into patient prescription histories across state lines and clunky systems that require clicking within several computer applications before reaching the PDMP.

PMP InterConnect Is the Solution

PDMPs originated as standalone systems in each state and territory in the country and, therefore, were not originally connected state-by-state or clinically integrated into electronic health records and other existing clinical systems. The infrastructure to solve both of those issues now exists and has, in fact, been updated in many states – it is just a matter of implementing and continually improving it.

PMP InterConnect has linked state PDMPs since 2011, and today, 52 of 54 PDMPs across the country are connected to the information-sharing hub, sharing PDMP data with one another. Even with the complexities of state laws that protect sensitive data, data sharing is possible via PMP InterConnect, due to the system enabling states to have complete control over how their data is shared. PMP InterConnect creates a network between state PDMPs and is well established with over 4.67 billion transactions in the last 12 months. All major pharmacy chains and the military health system are connected.

PMP InterConnect also provides the backbone for PMP Gateway – a third-party service that works in tandem with PMP InterConnect to facilitate a seamless integration of state PDMP data into the workflow of health care providers' electronic health information systems, including hospitals, hospital systems, and pharmacies. PMP Gateway allows a patient's prescription history to be viewed in one location, reducing provider assessment time. In fact, supporting data is available, which shows that in some states, after PMP Gateway integration, prescriber engagement with PDMP data has increased tenfold.

While the GAO report aptly recognizes the importance of PDMPs, interstate connectivity, and clinical integration, it does not tell the full story of the innovation that is already being implemented through PMP InterConnect and other tools such as PMP Gateway. The solution for PDMP connectivity across state lines already exists; improvements to clinical integration are currently under way and already working for a number of large hospital systems and pharmacies. NABP looks forward to working with Congress and the Biden Administration to bring this critical data to even more providers. ●

The full GAO report may be accessed at *www.gao.gov/assets/710/709907.pdf*. More information about the success of PDMPs using PMP InterConnect for exchanging data is available at *https://pdmpworks.org/data-sharing-and-integration*

Regulators Prepare for Pharmacist Involvement in COVID-19 Vaccine Rollout

Governments, private companies, and nonprofit enterprises around the globe pushed for the swift development of a vaccine to help impede the spread of the coronavirus disease 2019 (COVID-19), a virus that has claimed the lives of more than 2 million people, including more than 400,000 people in the United States. In the US, part of this push came through the federal Operation Warp Speed (OWS) initiative, which included a general goal of accelerating the development, production, and administration of various COVID-19 vaccines, therapeutics, and diagnostics. Though the statistics are daunting, hope seems on the horizon with the approval of two vaccines in December – one developed by Pfizer Inc and BioNTech SE and one developed by Moderna.

To advance this agenda, in October 2020, the US Department of Health and Human Services (HHS) announced more than $10 billion in funding awards divided among six different vaccine manufacturers. In addition, the National Institutes of Health established the Accelerating COVID-19 Therapeutic Interventions and Vaccines partnership to bring together various federal agencies, the private sector, and philanthropic stakeholders in order to facilitate vaccine development. US Food and Drug Administration (FDA) issued regulatory guidance to maximize safety despite the accelerated development timeline. Concurrent with vaccine development, stakeholders, including government regulators from the federal level to the boards of pharmacy, laid the groundwork for vaccine distribution and administration – a process in which pharmacists will play a prominent role.

Expanding Scope of Practice

Twenty-five years ago, pharmacists may not have been considered a crucial part of a pandemic-related vaccination campaign. But since the late 1990s, the laws have gradually changed and pharmacists have been able to increase their scope of practice to include administering vaccinations. For a number of years, all US states as well as the District of Columbia and Puerto Rico have allowed registered pharmacists to give flu vaccines to adults. While state laws have and do vary widely beyond that one generality, the trend in recent years has been toward greater empowerment of pharmacists to provide immunizations, as states have steadily reduced age restrictions, increased the number of allowed vaccine types, and expanded autonomy. Almost all jurisdictions allow trained and supervised pharmacy interns to administer vaccines as well, and a few states, including Idaho, Rhode Island, and Utah, have even passed legislation allowing qualified pharmacy technicians to administer vaccines to patients.

With this expanded scope of practice, pharmacists are now viewed as an important part of influenza immunization campaigns. According to the National Association of Chain Drug Stores, pharmacists gave flu shots to nearly one-third of adults who received the vaccine in the 2018-2019 season (about 38 million). A 2017 study examining the potential impact of retail pharmacies on influenza vaccine administration projected that, overall, the time to achieve 80% vaccination coverage nationally was reduced by up to seven weeks when retail pharmacist vaccination capacity was included in calculations, increasing national capacity to 25 million doses per week.

Pharmacies' easy accessibility and pharmacists' increasingly important role in providing influenza vaccines were two factors HHS cited in using its emergency powers last August to increase pharmacists' scope of practice on a national scale, authorizing state-licensed pharmacists to independently order and administer vaccines to children ages three through 18, subject to certain requirements. The action was one of several pharmacist scope of practice expansions HHS announced in 2020, explicitly preempting state laws while the COVID-19 public health emergency remains in effect.

HHS took the actions under the auspices of the Public Readiness and Emergency Preparedness Act (PREP Act), which authorizes the HHS secretary "to issue a Declaration to provide liability immunity to certain individuals and entities . . . against any claim of loss caused by . . . the manufacture, distribution, administration, or use of medical countermeasures . . . " Earlier in 2020, HHS had used these powers to designate licensed pharmacists as "qualified persons" under the PREP Act and gave them the authorization to independently order and administer COVID-19 tests, whether or not the state in which a pharmacist was licensed would ordinarily permit him or her to do so. In August, citing the public health threat posed by pandemic-caused drops in childhood immunization rates, the HHS secretary amended the declaration to authorize licensed pharmacists to order and administer (and qualified, supervised pharmacy interns to administer) vaccines to children ages three and up, as previously mentioned. The following month, HHS issued guidance authorizing state-licensed pharmacists to independently order and administer COVID-19 vaccines for patients ages three and older, again subject to certain requirements; supervised pharmacy interns were again included as authorized to administer the vaccines. And in October, HHS issued guidance adding "qualified pharmacy technicians" to the "covered persons" under the PREP Act, allowing them to administer childhood and COVID-19 vaccines and COVID-19 testing, again under the supervision of a licensed pharmacist and subject to certain conditions. The guidance noted that to be "qualified," pharmacy technicians must be licensed and/or registered in accordance with state requirements or, if they work in a state without licensure or registration requirements, they must have a certified pharmacy technician certification from either the Pharmacy Technician Certification Board or the National Healthcareer Association.

Pharmacies' easy accessibility and pharmacists' increasingly important role in providing influenza vaccines were two factors HHS cited in using its emergency powers last August to increase pharmacists' scope of practice on a national scale, authorizing state-licensed pharmacists to independently order and administer vaccines to children ages three through 18, subject to certain requirements.

The Trump Administration had taken additional measures to prepare for a COVID-19 vaccine rollout. In October, HHS and the US Department of Defense announced agreements with CVS and Walgreens pharmacy chains to provide and administer COVID-19 vaccines to residents of long-term care facilities (LTCFs) nationwide, at no cost to those facilities; LTCFs had a two-week sign-up window for opting into the program. In November, HHS announced an allocation program in which the federal government would be partnering with "large chain pharmacies and networks that represent independent pharmacies and regional chains." HHS stated that the COVID-19 vaccine would be administered at the partner pharmacy locations at no cost to patients.

Board of Pharmacy Actions

The boards of pharmacy addressed many pandemic-related issues in 2020, from carrying out state of emergency actions (such as enabling out-of-state licensees to provide in-state services), dealing with unexpected issues (such as establishing hand gel compounding guidelines), addressing licensure renewal issues impacted by shutdowns (such as allowing a grace period for immunizing pharmacists to renew their CPR certification), and managing day-to-day business during shutdowns and stay-at-home orders. Nonetheless, many states have also addressed the vaccine rollout as well as the federal preemption regarding vaccine administration.

Several boards of pharmacy, including those in Iowa, Texas, and Washington, have used their websites to prominently provide their licensees with information on registering to become COVID-19 vaccine providers. Nevada is offering vaccine training for pharmacists to better help in the distribution of a COVID-19 vaccine. Arkansas and Kansas, among others, have used their websites to advise their licensees about the federal actions affecting pharmacists and outlining the requirements pharmacists must meet to order and administer vaccines. Other boards, including those in North

NABP Emergency Passport Program Extended in Response to Vaccination Efforts

Federal and state programs have placed pharmacists and other pharmacy personnel on the front lines of delivering covered countermeasures of the coronavirus disease 2019 (COVID-19) pandemic. These measures have evolved throughout the pandemic, and pharmacists, pharmacy technicians, and pharmacy interns will continue to play a critical role in the COVID-19 response, including with the national vaccination effort.

In response, NABP has extended the operation of the Emergency Passport Program for pharmacists, pharmacy technicians, and pharmacy interns, which was set to expire on December 31, 2020. Passport holders for states continuing participation after December 31, 2020, continue to be active. New NABP Passport applications for participating states are currently being accepted. Applicants cannot have any current or prior board actions or discipline, with the exception of a minor continuing education infraction.

NABP Passport was created in early 2020 to provide critical licensure and disciplinary screening to assist member boards of pharmacy in safely and efficiently granting temporary emergency licensure to pharmacists, pharmacy technicians, and pharmacist interns in response to COVID-19. Authority to practice on a temporary or emergency basis is granted exclusively by the states and in accordance with state emergency orders or as otherwise determined by that state's board of pharmacy. NABP does not grant authority through the

Emergency Passport Program to practice in a state in which you do not hold a license or registration. Since the program's launch, NABP has issued nearly 55,000 passports.

Participation in the NABP Emergency Passport Program is available to any individual or member board of pharmacy at no cost. Currently, more than 15 states utilize or are preparing to utilize NABP Passport.

If your board has not previously participated in the program, please contact the NABP Member Relations and Government Affairs department at governmentaffairs@nabp.pharmacy. More information about the NABP Passport is available at *https://nabp.pharmacy/coronavirus-updates/passport.*

Carolina, Ohio, and Virginia, issued documents walking their licensees through the differences between preexisting state laws and the preemptive federal requirements and noting that pharmacists who follow the federal guidelines would not be penalized. Ohio advised licensees that federal actions had created "two processes for the administration of FDA-authorized or FDA-licensed COVID-19 vaccines by Ohio pharmacists and pharmacy interns, one authorized by section 4729.41 of the Revised Code . . . and a temporary process established by HHS in response to the COVID-19 pandemic . . . Pharmacists and pharmacy interns must comply [fully] with either the federal or state process . . ." The Massachusetts Board of Registration in Pharmacy issued a temporary policy designed to align state requirements with the HHS August amendment addressing childhood vaccines.

States and the federal government continue to plan for a widespread distribution of a COVID-19 vaccine that could help end the pandemic.

States have also taken vaccine-related action in addition to the board of pharmacy. In Montana, for example, the state's governor issued a directive suspending those parts of the public health laws that would have conflicted with the HHS preemption. The Minnesota Legislature passed a law authorizing pharmacists to administer a COVID-19 vaccine when it became available. Meanwhile, in September, the California State Assembly passed a bill allowing pharmacists to independently initiate and administer vaccines in a manner similar to the HHS directive.

States and the federal government continue to plan for a widespread distribution of a COVID-19 vaccine that could help end the pandemic. ●

NABP Receives BBB Torch Award for Marketplace Ethics

NABP received the Better Business Bureau (BBB) of Chicago and Northern Illinois's Torch Award for Marketplace Ethics on December 10, 2020. The Torch Award is the most prestigious BBB award presented to exceptional organizations for their dedication to integrity and ethical business practices. The year 2020 marked the first year this award was granted to an organization in BBB's new category for associations.

NABP's core practices demonstrate its belief in high ethical standards, which is central to the BBB's principles. The Association stands out as a leader in the pharmacy community while exercising its mission to protect the public health. Through its programs and services, NABP aims to establish trust in the marketplace while supporting public health and ensuring patient safety.

"It is gratifying to be recognized for the work that we consider to be 'the right thing to do,'" remarked NABP Executive Director/Secretary Lemrey "Al" Carter, PharmD, MS, RPh. Displaying values of cooperation and innovation not only translates to protecting public health but also permeates the culture at NABP. "We pride ourselves on being a great place to work," said Carter. NABP employees thrive in the professional, team-oriented environment that consistently demonstrates the values of respect, dedication, and innovation.

In addition, NABP takes pride in its commitment to community and actively supports local outreach efforts through fundraising and volunteer opportunities with organizations such as Feed My Starving Children, Make-A-Wish Illinois, Maryville Academy, and Mercy Home for Boys and Girls in Chicago. ●

> **"It is gratifying to be recognized for the work that we consider to be 'the right thing to do.'"**
>
> **— Lemrey "Al" Carter, PharmD, MS, RPh, NABP Executive Director/Secretary**

NABP President Fensky Promotes MAT Initiative via Association Resources, Virtual Events

NABP President Timothy D. Fensky, RPh, DPh, FACA, has worked diligently to promote his presidential initiative of expanding pharmacist-provided medication-assisted treatment (MAT) for patients diagnosed with opioid use disorder (OUD). Since he first announced his initiative at the 116th Annual Meeting, Fensky has worked closely with NABP staff, member boards of pharmacy, legislators, and other stakeholders to further this important objective during his term and beyond. Working within the current reality of "all virtual, all the time," Fensky used videos, webinars, virtual meetings, and NABP's website to disseminate his message.

NABP Initiative Efforts

Last year, NABP added a Presidential Initiative page to its website (*www.nabp.pharmacy/about/presidential-initiative*) that describes the initiative; the steps Fensky, NABP, and member boards will utilize to advance the initiative; links to MAT resources, articles, and blogs; and a video featuring Fensky discussing MAT.

Also, in October 2020, NABP held a live educational webinar titled "Medication-Assisted Treatment: Overcoming Barriers to Improve Access for Patients." Presenters addressed patients' struggles with addiction and recovery, as well as the steps that states are taking to increase MAT access. Fensky also provided an overview of his initiative. This webinar was recorded and is now available as a home study webinar eligible for Accreditation Council for Pharmacy Education-accredited continuing pharmacy education credit. More information is available in the Resources section of the NABP website under Educational Programs.

The NABP Task Force on Medication-Assisted Treatment met virtually in November 2020. The task force was charged with the following objectives:

- Reviewing current federal and state laws and regulations related to MAT
- Examining the language in the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* and, if necessary, recommending amendments that allow pharmacists to be key leaders in opioid safety and patient care.

Additional information about the task force will be provided in future communications.

Spreading the Word via Virtual Events

In addition to promoting pharmacist-provided MAT for OUD patients via NABP resources, Fensky shared information about the initiative at other industry-related and governmental events.

In August 2020, he served as a panelist for the webinar "Addressing Access and Utilization of Opioid Overdose Reversal Medications," which was hosted by the Collaborative for Effective Prescription Opioid Policies and Mothers Against Prescription Drug Abuse. Key discussion points for the webinar were reducing overdose deaths through increased naloxone access and utilization, and understanding COVID-19 implications on overdose reversal.

Fensky and NABP Executive Director/Secretary Lemrey "Al" Carter, PharmD, MS, RPh, participated in several virtual Hill days in September 2020 to discuss the Mainstreaming Addiction Treatment Act (S 2074) with committee and legislative staff. Over the course of two days, they discussed how the act would benefit patients struggling with OUD. The discussions included more than a dozen meetings with legislators and staff from US Congressional offices, including Senators Maggie Hassan (D-NH), Lisa Murkowski (R-AK), and Representative Paul Tonko (D-NY). Meetings were also held with staff from the Senate Committee on Health, Education, Labor, and Pensions and the House Committee on Energy and Commerce.

The meetings supported Fensky's initiative to improve patient access to MAT by encouraging the passage of the bill, which calls for the elimination of the requirement that practitioners apply for a separate waiver through Drug Enforcement Administration to offer MAT. If passed, the bill could reduce barriers to care and improve access to MAT through additional practitioners, including pharmacists. ●

NABP Video Highlights Pharmacists' Role in Increasing Access to MAT

The important role that pharmacists can play in improving patient access to medication-assisted treatment (MAT) is the subject of a new video as part of NABP President Fensky's MAT initiative.

Fensky educates viewers about the value and efficacy of MAT for treatment of opioid use disorder (OUD). In addition, the video explains the barriers that limit patient access to treatment, provides information on what the boards of pharmacy and NABP are doing to eliminate these barriers, and advises on what pharmacists can do in their daily practice to support patients suffering from OUD.

The video may be accessed on the Presidential Initiative page of the NABP website and on NABP's YouTube channel.

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

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

Join Your Colleagues for:

NABP Annual Business Sessions

Virtual networking opportunities

Keynote: Kris Paronto, inspiring hero of the 2012 Benghazi attack

Educational Poster Session
(Contact Prof-Affairs@nabp.pharmacy for details.)

Continuing pharmacy education (CPE) sessions, including pre-meeting CPE on May 12

Registration available in March at *www.NABPAnnualMeeting.pharmacy*

Mississippi Board of Pharmacy

Number of Board Members
7 pharmacist members

Number of Compliance Officers/Inspectors
5

Rules & Regulations Established by
Board of Pharmacy, approved by Mississippi Occupational Licensing Review Commission

Number of Pharmacist Licensees
6,357

Number of Pharmacies
1,462

Number of Wholesale Distributors
45

Todd Barrett, RPh

Secretary, Mississippi Board of Pharmacy

When were you appointed to the Board of Pharmacy? What type of member are you?

I was first licensed as a pharmacist in 1988 in Mississippi and currently hold licenses in Arkansas, Mississippi, and Tennessee. I began practicing pharmacy as a consultant pharmacist with a long-term care (LTC) pharmacy chain with facilities in these states. Most of my practice experience has been in LTC pharmacy and specialty pharmacy, with a short stint exploring sales with Eli Lilly & Co. I was appointed to the Mississippi Board of Pharmacy in 2013 and began serving on the Board in July 2013. I was fortunate to serve as president of the Board from July 2017 to June 2018.

What steps should a Board member take to be successful?

A good understanding of the charge for the board (ie, to protect the public) should always be in the forefront of every action or initiative of the board. A comprehensive grasp of every practice setting is not possible, but a general concept of the challenges in delivering patient care within a practice helps prevent introductions of unnecessary regulatory burdens. Networking with your board members and with those in other states helps one gain perspective.

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

The Board has responded to the opioid crisis in Mississippi by requiring pharmacists to become better educated on drugs of abuse. Additional continuing education requirements for pharmacists related to opioids were implemented in 2019. Other regulations that are being explored or developed address physician dispensing, telepharmacy, and drug facility licensing rules and regulations.

Additionally, the Pharmacy Benefit Prompt Pay Act of 2020 will require the Board to manage complaints from permitted facilities and licensed pharmacists regarding certain practices of pharmacy benefits managers that might potentially violate the law.

Has the Board encountered any challenges to developing and/or implementing these new policies, legislation, or regulations?

Yes. Our state legislature passed legislation in 2017 creating the Occupational Licensing Review Commission, which provides oversight for new regulations that occupational boards write. Regulations passed by occupational boards require review and approval from the Commission. With recent elections, new representation, and the coronavirus disease 2019, the Commission's ability to meet has been impacted and review of some of the regulations passed by the Board has not taken place. No new regulations are put into place until they are passed by this Commission.

What advice would you give to a new board member?

Develop your relationships with more experienced board members and continue to develop relationships with your professional network. There will be times when you will want perspective on practice specialty areas and issues that fall outside of your own experience. You can solicit perspective from your colleagues, even while maintaining the level of confidentiality that is required of board members.

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

I attend district meetings whenever possible and have had the opportunity to attend some of the NABP Annual Meetings as well. I also participated on the Task Force on Medication Synchronization in 2014. Meetings with board members from other states allowed me to better understand how NABP supports each state's board of pharmacy with model regulations and how states can offer consistency in regulatory measures. ●

Board Member Appointments

- **Tammy Lindemuth** has been appointed a public member of the Alaska Board of Pharmacy. Lindemuth's appointment will expire March 1, 2021.
- **Sharon Long** has been appointed a public member of the Alaska Board of Pharmacy. Long's appointment will expire March 1, 2022.
- **Justin Ruffridge, PharmD, RPh,** has been appointed a member of the Alaska Board of Pharmacy. Ruffridge's appointment will expire March 1, 2024.
- **Nick Goodman** has been appointed a public member of the Arizona State Board of Pharmacy. Goodman's appointment will expire January 20, 2025.
- **Cedar Ann Lahann, PharmD, RPh,** has been appointed a member of the Arizona State Board of Pharmacy. Lahann's appointment will expire January 20, 2025.
- **Theodore G. Tong, PharmD, FAPhA, RPh,** has been appointed a member of the Arizona State Board of Pharmacy. Tong's appointment will expire January 15, 2024.
- **Jeff "Troy" Menard, RPh,** has been appointed a member of the Louisiana Board of Pharmacy. Menard's appointment will expire June 30, 2025.
- **Kendra Metz, PharmD, RPh,** has been appointed a member of the Minnesota Board of Pharmacy. Metz's appointment will expire January 1, 2024.
- **Richard Tomasso** has been appointed a public member of the Nevada State Board of Pharmacy. Tomasso's appointment will expire October 31, 2022.
- **Michael K. Bedenbaugh, MS, MBA, PharmD, RPh,** has been appointed a member of the South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy. Bedenbaugh's appointment will expire June 30, 2026.
- **Archie L. McKnight, RPh,** has been appointed a member of the South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy. McKnight's appointment will expire June 30, 2025.

Board Member Reappointments

- **Lana Bell, RPh,** has been reappointed a member of the Alaska Board of Pharmacy. Bell's appointment will expire March 1, 2022.
- **Richard Holt, MBA, PharmD, RPh,** has been reappointed a member of the Alaska Board of Pharmacy. Holt's appointment will expire March 1, 2024.
- **Carl W. Aron, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. Aron's appointment will expire June 30, 2026.
- **Jacqueline L. Hall, PD, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. Hall's appointment will expire June 30, 2026.
- **Marty R. McKay, RPh,** has been reappointed a member of the Louisiana Board of Pharmacy. McKay's appointment will expire June 30, 2026.
- **Ronnie Bagwell, RPh,** has been reappointed a member of the Mississippi Board of Pharmacy. Bagwell's appointment will expire June 30, 2025.

NABP Accreditations and Verifications

NABP awarded a total of 77 accreditations and verifications from September 1 to October 31, 2020. The breakdown by program is as follows:

Drug Distributor Accreditation:
56
formerly known as Verified-Accredited Wholesale Distributors®

Digital Pharmacy Accreditation:
3
formerly known as Verified Internet Pharmacy Practice Sites®

.Pharmacy Verified Websites:
18

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

Oregon Adopts New Statewide Drug Therapy Management Protocols

The Oregon State Board of Pharmacy adopted and approved four new statewide drug therapy management protocols:

- Conditions: Vulvovaginal Candidiasis
- Preventative Care: Tobacco Cessation – NRT (Nicotine Replacement Therapy) and Non-NRT
- Preventative Care: Travel Medications
- Preventative Care: HIV Post-Exposure Prophylaxis

The new protocols were developed by Oregon's Public Health and Pharmacy Formulary Advisory Committee with assistance from subject matter experts. Each protocol utilizes a standardized patient assessment process, which includes a patient intake form, an assessment and treatment care pathway, and referral guidelines. When applying these protocols to offer services that may include the prescribing of therapy, pharmacists must comply with Board rules for pharmacist prescriptive authority, which are found in Oregon Administrative Rules 855-020.

South Carolina Amends Electronic CS Prescribing Rules, Expands Pharmacist Scope

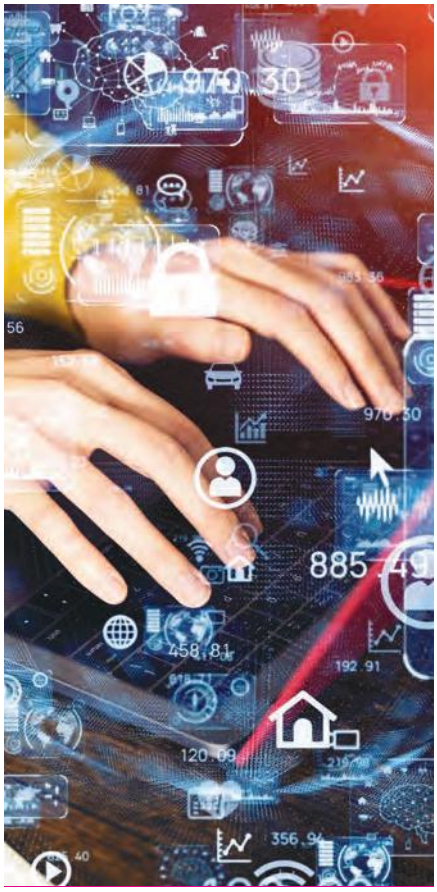
The South Carolina General Assembly passed legislation related to the electronic prescribing of controlled substances (CS) and pharmacist-administered flu vaccines. The following is a summary of the legislative changes.

- **H4938:** This act amends Act 65, which mandated practitioners electronically prescribe CS, with exceptions, by January 1, 2021. Effective January 1, 2021, the following groups have been added to the exemption list: hospice care programs, home infusion pharmacies, a patient who is receiving services from a facility established pursuant to Section 44-11-10, and a practitioner who issues an oral authorization in the case of an emergency.
- **H4663:** This act amends state law requirements to allow pharmacists to administer flu vaccines to persons under 12 pursuant to a protocol issued by the Board of Medical Examiners. The Joint Pharmacist Administered Vaccines Committee must submit recommendations to the Board of Medical Examiners no later than three months after the effective date of the act. This rule change went into effect on September 28, 2020.

Pharmacy Technicians, Interns Given Independent Access to the Utah Controlled Substance Database

The Utah Board of Pharmacy has granted pharmacy technicians and interns independent access to its Controlled Substance Database (CSD), which assists prescribers and pharmacists in providing safe, effective, and appropriate care for their patients' usage of CS. The expansion of this access to the CSD supports ongoing efforts by the Board to promote the professional development and advancement of pharmacy technicians and interns.

The Utah CSD collects information on all Schedule II-V medications dispensed in the state, including data from retail, mail-order, institutional, and outpatient pharmacy settings. It also includes information on drug-related criminal charges and hospital records related to CS misuse, including poisoning or overdose. Additional information about the Utah CSD is available in the Board's November 2020 *Newsletter*. ●



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.

Final Insanitary Conditions at Compounding Facilities Guidance Released by FDA

Continuing efforts to protect patients from exposure to poor quality compounded drugs, Food and Drug Administration (FDA) has published final guidance for compounding facilities regarding insanitary conditions. The final guidance, *Insanitary Conditions at Compounding Facilities Guidance for Industry*, provides recent examples of insanitary conditions that FDA has observed at compounding facilities and details corrective actions that facilities should take when they identify these conditions. The guidance is intended to help compounders identify and prevent such issues at their facilities.

Under federal law, a drug is considered adulterated if it is prepared, packed, or held under insanitary conditions that could cause the drug to become contaminated with filth or rendered injurious to health. While some compounders work hard to meet quality standards, FDA says its investigators continue to observe poor conditions that impact drug quality and have the potential to harm patients. These include the presence of dirt, mold, insects, trash, peeling paint, unclean exhaust vents, and dirty high-efficiency particulate air filters.

In response to the draft guidance, FDA states that it has also added recommendations for compounders to use risk management tools to develop appropriate controls to prevent insanitary conditions at facilities. The guidance also addresses the regulatory actions that FDA may take in response to these conditions.

The complete document can be located on the FDA website at *www.fda.gov/regulatory-information/search-fda-guidance-documents/insanitary-conditions-compounding-facilities-guidance-industry.*

FDA Releases List of Medicines and Medical Countermeasures to Prepare for Future Public Health Emergencies

FDA has released a list of essential medicines, medical countermeasures, and critical inputs that are medically necessary to have available at all times in preparation for the next potential public health emergency. The list includes over 200 drug and biological products and nearly 100 medical countermeasures, and was developed in collaboration with other federal partners. The goal of the list is to ensure that the public is protected against outbreaks of any emerging diseases and is part of efforts to ensure sufficient and reliable long-term domestic production of the products, minimizing the potential for shortages by not heavily relying on foreign manufacturers.

First COVID-19 Test for Self-Testing at Home Authorized

In November 2020, FDA authorized the first coronavirus disease 2019 (COVID-19) diagnostic test for self-testing at home through an emergency use authorization. The Lucira COVID-19 All-In-One Test Kit has been authorized for home use for individuals ages 14 and older who are suspected of COVID-19 by their health care providers, and is authorized for prescription use only. In addition, the test is authorized for use in point-of-care (POC) settings (eg, doctors' offices, hospitals, urgent care centers, and emergency rooms) for all ages, but samples must be collected by a health care provider when the test is used at the POC to test individuals younger than 14 years.

FDA notes that while COVID-19 diagnostic tests have been authorized for at-home collection, this authorization is a significant step forward as this is the first test that can be fully self-administered and provide results at home.

Record Participation During DEA's 19th Drug Take Back Day

Over 985,000 pounds of unused and unwanted medications were properly disposed of during Drug Enforcement Administration's (DEA's) 19th National Prescription Drug Take Back Day. On October 24, 2020, DEA and its law enforcement partners set up more than 4,500 collection sites nationwide, according to a DEA press release. The next DEA Take Back Day is expected to take place in April 2021. ●

In addition to opportunities provided by DEA Take Back Days, many locations offer medication disposal kiosks year round. More than 8,000 locations can be found by using NABP's Drug Disposal Locator Tool, available at *www.safe.pharmacy*. By entering a zip code or city and state, consumers can find the nearest drug disposal sites on a map. New locations are continuously added to the database.

NABP
National Association of Boards of Pharmacy

1600 Feehanville Dr
Mount Prospect, IL 60056

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

UPCOMING EVENTS

Advisory Committee on Examinations
March 31, 2021 | Virtual Meeting

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

Pre-Annual Meeting CPE
May 12, 2021 | Virtual Meeting

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

Never miss a minute. Follow us on social.