

INNOVATIONS

ASSOCIATION LEADERS
SHARE INSIGHTS ON

**MOVING THROUGH
THE PANDEMIC
INTO THE FUTURE
OF HEALTH CARE**



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

National Association of Boards of Pharmacy

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Lee Ann Teshima

Executive Officer, Hawaii State Board of Pharmacy

How long have you served as executive officer of the Hawaii State Board of Pharmacy?

I was assigned to the Hawaii State Board of Pharmacy in 1999. It is one of over 40 boards, commissions, and programs under the Professional and Vocational Licensing Division, Department of Commerce and Consumer Affairs. Although I have been assigned to other boards and programs over the years, I have been executive officer for the Board of Pharmacy for 21 years. Unlike some state board of pharmacy executive officers, I am not a pharmacist. Prior to my position as executive officer with the Professional and Vocational Licensing Division, I worked as a real estate specialist with the Hawaii Real Estate Commission for six years and, prior to that, as an intake specialist and field investigator for the Regulated Industries Complaints Office.

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

It would be dealing with the coronavirus disease 2019 (COVID-19) pandemic and how it has changed the way we conduct business. Working from home and holding virtual Board meetings have been challenges that we, like other boards, have had to adapt to.

Another issue was the United States Department of Health and Human Services' (HHS) guidance authorizing pharmacists to order and administer vaccines to individuals three years of age and older. Hawaii pharmacists are currently authorized to administer certain vaccines to certain age groups. The Board discussed the concerns raised by pediatricians in regard to the HHS guidance and encourages pharmacists who administer vaccines to minors to work collaboratively with each patient's primary care provider.

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

Discussion with stakeholders is important. Pharmacists should be able to practice to the full extent of the law, but also be mindful of concerns raised by other stakeholders and be able to address those concerns.

When necessary, we have also requested waivers for certain laws and rules related to the governor's emergency proclamations. For instance, one of the pharmacy practice act suspensions allows recent graduates of an accredited pharmacy school to be employed to practice pharmacy under the supervision of a registered pharmacist, with the endorsement of the employing health care facility. The other is to allow a registered pharmacist or pharmacy intern to fill, compound, or receive prescriptions by remote data entry.

What other key issues has the Board been focusing on?

We are working closely with the Hawaii Department of Health to draft a waiver for the governor's policy team to allow pharmacies to have COVID-19 vaccines that must be stored at freezing temperatures held at another facility or location that has this capability, but that is not licensed or permitted as a pharmacy or wholesale distributor specifically for COVID-19 vaccines. We also have to ensure that all record keeping and drug integrity measures are maintained through this process.

Another issue that the Board is considering is the regulation of pharmacy technicians. Because Hawaii is one of a handful of states that does not currently regulate pharmacy technicians, the Board is working with the Hawaii Pharmacists Association for the 2021 legislative session to introduce a bill or resolution to conduct a sunrise study on the regulation of pharmacy technicians. A sunrise study is required to regulate a new profession.

What insights do you have for states facing similar challenges?

Establish working relationships with other stakeholders. The Board has done that with other health care professionals, government agencies, and trade organizations. Take it one step at a time, especially if major concerns are raised. Also, be appreciative of your board members, coworkers, and staff. Our members are appointed by the governor, serve without any compensation, and take time from their work schedule to attend Board meetings. Without them, I could not do my job. ●

Hawaii State Board of Pharmacy



Number of Board Members

5 pharmacist members and 2 public members



Number of Compliance Officers/Inspectors

Centralized investigations pool



Rules & Regulations Established by

State Board of Pharmacy



Number of Pharmacist Licensees

2,451



Number of Pharmacies

277



Number of Wholesale Distributors

54

Rutledge v. Pharmaceutical Care Management Association: Implications for State Regulation of Pharmacy Benefits Managers and Drug Pricing



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In December 2020, the Supreme Court of the United States delivered a much-anticipated decision in a case concerning an Arkansas law regulating pharmacy benefits managers (PBMs), intermediaries that administer prescription drug claims and manage prescription drug costs for payers and consumers. The case was *Rutledge v. Pharmaceutical Care Management Association*, and the decision presents important implications on (i) the ability of states to regulate PBMs, specifically, and (ii) the preemptive effect of the Employee Retirement Income Security Act of 1974 (ERISA) on state regulations, generally. This article will provide a brief summary of the Arkansas law at issue and the history of the case, unpack the Supreme Court's decision, and highlight the key potential impacts of the decision on PBM regulation.

Arkansas's PBM Law

Arkansas's Act 900 (as codified at Arkansas Code Section 17-92-507, the "Act" or "Act 900")¹ was enacted in 2015 with the primary purpose of regulating the price at which pharmacies are reimbursed by PBMs for the cost of drugs covered by health and/or prescription drug plans. In practice, Act 900 requires PBMs to reimburse Arkansas pharmacies in an amount that is equal to or greater than the amount that the pharmacy paid to acquire the drug. The Act is operationalized through three different enforcement mechanisms, which are summarized below:

1. PBMs are required to update their maximum allowable cost lists within seven calendar days when drug wholesale prices increase beyond the Act's threshold, in effect synchronizing reimbursement rates and a pharmacy's acquisition cost for the drug;
2. PBMs are required to provide reasonable administrative appeal

procedures for pharmacies to challenge reimbursement rates that are less than the pharmacy's acquisition cost; and

3. Arkansas pharmacies and pharmacists are expressly permitted to decline to dispense a drug to a patient if the pharmacy or pharmacist will be paid less than the pharmacy's acquisition cost.

Importantly, Act 900 is separate from, and predates, the Arkansas Pharmacy Benefits Manager Licensure Act, which was enacted in 2018, as well as the regulations promulgated under the PBM Licensure Act.

The Pharmaceutical Care Management Association (PCMA), a national trade association representing PBMs, filed suit in the Eastern District of Arkansas challenging Act 900 on the basis that ERISA preempted the state's regulation of PBMs in this manner. Initially, PCMA received a favorable

The case was *Rutledge v. Pharmaceutical Care Management Association*, and the decision presents important implications on (i) the ability of states to regulate PBMs, specifically, and (ii) the preemptive effect of the Employee Retirement Income Security Act of 1974 (ERISA) on state regulations, generally.

ruling from the court, agreeing that ERISA preempts Act 900. This ruling was appealed to the Eighth US Circuit Court of Appeals, which upheld the lower court's ruling. The Eighth Circuit decision was then appealed by Arkansas to the Supreme Court. Arkansas's appeal was supported by a bipartisan group of 46 attorneys general.

The Court's Decision

On December 10, 2020, the Supreme Court overturned the Eighth Circuit, holding that Act 900 is not preempted by ERISA. The unanimous 8-0 decision was written by Justice Sonia Sotomayor, with Justice Amy Coney Barrett not participating in the decision. A concurring opinion was written by Justice Clarence Thomas.

In its opinion, the Supreme Court explained that ERISA preempts "any and all State laws insofar as they may now or hereafter relate to any employee benefit plan" covered by ERISA, and based on the Court's prior decisions "a state law relates to an ERISA plan if it has a connection with or reference to such a plan." The Court concluded that state reimbursement rate regulations, such as Act 900, which may have the effect of increasing health care costs or altering incentives for ERISA plans, are not necessarily preempted by ERISA unless they also force plans to adopt a particular scheme of substantive coverage. The Court also concluded that Act 900 does not contain an impermissible reference to ERISA, noting that Act 900 does not refer to ERISA at all. Rather, Act 900 applies to PBMs irrespective of whether they manage an ERISA plan, and only affects ERISA plans to the extent that a PBM may pass along higher Arkansas pharmacy rates to the plans with which they contract – nor are ERISA plans essential to Act 900's operation. The Act's reimbursement requirement does not require plans to provide any particular benefit in any particular way; it merely creates a floor for the cost of benefits that the plan chooses to provide. Additionally, the Act's appeal procedure requirement does not govern central matters of plan administration, because it is similar in effect to any contract dispute implicating the cost of a medical benefit.

Over the past several years, state legislators across the aisle have been increasingly focused on regulating PBMs and reigning in drug costs.

Implications of the Decision

Over the past several years, state legislators across the aisle have been increasingly focused on regulating PBMs and reigning in drug costs. States are already registering, licensing, and/or otherwise regulating certain PBM activities, and such regulation typically falls under the supervision of the state department of insurance. As of December 2020, 36 states had enacted some form of PBM legislation.^{2,3} However, some of these provisions do not apply to self-funded ERISA plans due to potential ERISA preemption, thus excluding a large proportion of health plans from their purview.

The key takeaway of *Rutledge* is that ERISA does not preempt the states' ability to regulate PBMs and other downstream entities merely because the law indirectly impacts ERISA plans, so long as the law is generally applicable and does not act exclusively upon ERISA plans. This provides greater clarity around states' ability to include ERISA plans within the scope of certain PBM regulations, likely paving the way for additional regulations. Another takeaway is that health care rate regulations that do not force ERISA plans to adopt any particular scheme of substantive coverage are not preempted by ERISA, even if they have the effect of increasing costs for ERISA plans (which is the case with Act 900 according to the Court). Thus, while Act 900 operates by setting a floor on drug price reimbursement, *Rutledge* also appears to sanction state rate regulations that impose reimbursement caps in an effort to constrain drug or other health care prices.

In sum, the *Rutledge* decision both clarifies the authority of states to regulate PBMs and likely eases state legislators' common concern that certain PBM regulatory legislation may be preempted by ERISA. As such, the *Rutledge* decision presumably will embolden some states to enact additional state PBM regulations and encourage those that have not enacted legislation to date to do so. Furthermore, the bipartisan group of 46 state attorneys general underscores that drug pricing and PBM regulation continue to be a focus of both political parties. ●

This article was written by Evan M. Bonnstetter, JD, and Jay W. Warmuth, JD, both 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.

¹Ark. Code Ann. § 17-92-507(c)(2), (c)(4), and (e).

²We previously described some of the different types of PBM-related legislation in an article "PBM Legislation in the States and Congress" in the April 2019 edition of *Innovations*.

³State Drug Pricing Laws: 2017–2020, National Academy for State Health Policy (December 3, 2020).

ASSOCIATION LEADERS SHARE INSIGHTS ON

MOVING THROUGH THE PANDEMIC INTO THE FUTURE OF HEALTH CARE



On an ongoing basis, NABP partners with health care regulatory and professional associations, including during public health crises such as the coronavirus disease 2019 (COVID-19) pandemic. NABP reached out to the leaders of several of these partner organizations in order to share their insights from the past year and how they see the lessons learned impacting the future of health care practice. The interviews that follow are part one of a two-part series, featuring four of these leaders discussing how the pandemic led them to shift priorities, change their meeting formats, and use technology to forge ahead.

Scott Knoer, MS, PharmD, FASHP,

Executive Vice President and Chief Executive Officer (CEO), American Pharmacists Association (APhA)



How has COVID impacted APhA?

It has impacted us on pretty much every level it could. Let's start with the staff. We have 120 full-time employees and the vast majority of them are working from home. I think the biggest challenge with this change was the early immediate switch from being in an office. But it's working – the team has responded well, and everyone is able to be productive. For me, personally, it was a little more challenging because I started working for APhA right in the midst of the pandemic. It's very difficult to get to know the team on a personal level in a remote setting. In March 2020, we had to cancel our big annual meeting. Not being able to meet our members and interact with them directly and to begin developing those relationships was a big loss. Not just for me, but for our members as well.

As far as regulatory matters, the team has been very focused on all things related to COVID-19. It's still "all COVID all the time." We have been working closely with the United States Department of Health and Human Services (HHS). Through HHS, we (along with other pharmacy organizations) were successful in getting approval for pharmacists to test and vaccinate for COVID-19. We created a website for COVID-19 information, and we offer weekly continuing education (CE) on timely, pandemic-related topics. The information changes rapidly, but we've been able to quickly adapt topics to keep our members informed on the latest developments.

While COVID-19 has impacted the organization dramatically, I think there have been bright spots. Obviously, no one wants a pandemic, but I think this is really our 9/11. Pharmacists ran toward the pandemic. They didn't have personal protective equipment, they didn't know if they were going to get the virus, they didn't have Plexiglas – but they went to take care of patients and society recognized that.

Are there any positives that APhA will take into the future when this public health emergency has subsided?

There are a lot of positive things that have come from this, and I am a benevolent opportunist. I think we are really leveraging the goodwill toward pharmacists right now. People see pharmacists in action. They understand that we're a huge part of the answer of getting people vaccinated. While we have our temporary HHS approval to administer the vaccine and perform testing, we need to make sure this remains permanent. We want the gains we have made to continue long after the public health emergency ends.

Another positive has been our ability to work remotely. This opens new opportunities to bring in more highly skilled employees without location being a barrier. We are also able to attend so many more state meetings,

About APhA

Year founded: 1852

Website: www.pharmacist.com

Headquarters location: Washington, DC

Number of meetings held each year: Two main meetings

and that brings visibility of APhA staff to more member gatherings. One morning, I was on a call in Abu Dhabi at 8 AM and then Iowa at 1 PM.

And of course, as I previously mentioned, we've been able to leverage the goodwill and show society what pharmacists are capable of, instead of just operating in the shadows and dispensing medication.

How are you keeping your members engaged at this time?

One way is by sharing all the amazing things we are seeing from our members. We have been able to highlight a lot of stories from our members in social media posts and let the world know all the great things pharmacists are doing to combat COVID-19. We also have a weekly podcast that has brought in large audiences.

Have you seen any change in your member involvement due to COVID?

We have actually seen 800 new pharmacists join APhA from 2019 to 2020. So that, to me, speaks to the fact that pharmacists are appreciating what we do in addition to the educational materials, meetings, and services we provide. Our members are incredibly engaged and have stepped up during this difficult time. The thing about pharmacists that amazes me is that they share, and we help facilitate them sharing and learning from one another. Our members have also been very engaged with advocacy and contacting their legislators, which is huge and has really helped.

How do you think this public health emergency will impact the future of pharmacy practice?

I think in a lot of ways. One is telehealth. Pharmacists can take care of patients anywhere. If I have access to your electronic health record, I can modify your medications. Also, I think we need a huge investment in public health. We were caught flat-footed as a country and really a society, so I think there will be a better investment in infrastructure for public health. A global pandemic may only happen every 100 years, but you never know. When the next one comes, we will be better prepared. I also think pharmacists' role in public health has really been highlighted during this emergency and that's a huge positive. I think the scope and impact of the pandemic was so significant that it required the removal of barriers, therefore expanding our practice.

I think what we are all realizing and seeing is that the pandemic has been so big that it really has removed a lot of barriers that expanded our practice, and we hope to sustain those going forward. ●



Humayun "Hank" Chaudhry, DO, MACP, FRCP, President and CEO, Federation of State Medical Boards (FSMB)

How has COVID-19 impacted FSMB?

Partly because of my own background in public health, FSMB created an Ad Hoc Task Force on Pandemic Preparedness, which I chaired beginning in February 2020. Within a couple of weeks of the pandemic declaration, we had about 96% of our 183 employees in Texas and in Washington, DC, transition to "work from home" status. The dynamics of this abrupt change were generally smooth and efficient, thanks to our excellent IT staff. We have been able to keep all of our services going remotely since then. The staff has been phenomenal, without exception. Our annual meeting (including our House of Delegates meeting) last year was entirely virtual. We continued to provide educational programming through webinars, which have been very popular, in the months that followed, roughly one per month. The Interstate Medical Licensure Compact, which FSMB helped create several years ago, saw more than 3,000 medical licenses issued by state medical boards since the start of the pandemic. We now have 30 states, the District of Columbia, and Guam that have adopted it, and there is heightened interest in it now from other states. Early on, we had conference calls with the HHS, the US Department of Homeland Security, and members of the White House Coronavirus Task Force, to keep them apprised of these changes and learn about what they were doing (HHS eased privacy rules and Centers for Medicare & Medicaid Services increased reimbursement for telehealth visits, for example.)

How are you keeping members engaged during this time?

We have held several Zoom conference calls with the executive directors and chairs of all of our state medical and osteopathic boards, both to share best practices and to learn about emerging issues. We have been very engaged with our member boards, even more so than usual, because everything is dynamic and there are lots of questions about how best to proceed. We have offered guidance and focused recommendations on a variety of matters (everything from temporary suspensions of licensing exams to addressing misinformation by licensees) throughout the pandemic. Some member board leaders just pick up the phone and call us, while others email or text. Many have also invited us to present to their boards, always virtually, to share what other boards are doing and what FSMB is doing to manage various challenges.

How has COVID-19 impacted member involvement?

Although we are all working virtually, engagement has definitely been greater than before the pandemic because everyone is available, both at FSMB and at our member boards. Nobody is on a plane or in a car and few are taking vacations, which is actually not good for their

Year founded: 1912

Number of members: 71 state medical boards, with more than 2,000 individuals who serve on them.

Website: www.fsmb.org

Headquarters location: Euless, TX

Number of meetings held each year: Pre-pandemic: 1, During the pandemic: monthly webinars

individual health and wellness, but does make for easy accessibility and for scheduling conference calls and meetings.

How do you think COVID-19 will impact the future of medical practice?

Nearly all of the states changed their licensure laws temporarily after their governors declared a public health emergency when the World Health Organization (WHO) announced the pandemic. That led to efforts by the states and territories to facilitate the practice of medicine by licensed doctors and physician assistants across state lines, either in person or by telemedicine. Time will tell in terms of what happens after the pandemic is over. We continue to have issues with misinformation and disinformation related to COVID-19, and some state medical boards have issued disciplinary actions; many others have issued warnings.

Are there any positives FSMB will take into the future when the public health emergency has subsided?

We learned that technology in its current state can keep many of our activities and processes going, processes which are critical for the safe delivery of health care across our country. Technology can also deliver many (but not all) types of health care. We also learned that states and territories, and our member boards, can be quite nimble and supportive of change in the face of a national emergency. That should be both comforting and reassuring to the public.

What steps are you taking, if any, to prepare for the next public health emergency?

Our Workgroup on Emergency Preparedness and Response is chaired by our FSMB chair, Cheryl Walker-McGill, MD, MBA, and includes representatives from the National Council of State Boards of Nursing and NABP. The workgroup succeeded our pandemic Task Force in May 2020 and has drafted a comprehensive interim report of recommendations for state medical boards to consider at our House of Delegates meeting in May 2021. In our next fiscal year, the workgroup will look at recommendations for other kinds of national emergencies beyond a pandemic, such as a cyberattack or a natural disaster. This past year has shown that anything can happen and we all have to be better prepared. ●



David C. Benton, RGN, PhD, FFNF, FRCN, FAAN, CEO, National Council of State Boards of Nursing (NCSBN)

How has COVID-19 impacted NCSBN?

We were fortunate that we were already capable of working virtually prior to the commencement of the lockdown. We had been renovating our office, so most people were already working from home two or three days per week. This made the transition straightforward for our staff. Like most other organizations, we had to move to virtual platforms for all our committee and conference work. This was a challenge as neither the internet nor the software was prepared to cope with such a quantum increase in this way of working. Having said that, and after a few painful experiences, we have refined our systems to operate under these new circumstances. Our core business of supporting our members and providing the licensure exam has, if anything, improved as a result of our experiences. Although, finding solutions to many challenges in real time did place staff and the organization under pressure. But our members and staff rose to the challenge, and I must admit that we have taken everything, so far, in our stride.

How are you keeping members engaged during this time? What changes, if any, have you made?

The first thing we did was to let our members know that we would be hosting regular virtual update meetings. We also added our members to our telephone emergency contact system, so now we can reach out to them directly via text and audio messaging if there is an issue we feel is critical for them to know about. The system can only be used by the president and CEO, and in gathering the necessary personal information, we committed to destroy the information once the pandemic is over. We are involving our members in “task and finish” virtual groups where a problem common to our members has been identified and a small group gets together to formulate policy positions, guidance, or other solutions. This has been very successful and has resulted in the creation of a set of resources that we have been able to share with interested stakeholders.

How has COVID-19 impacted member involvement?

This has been an incredibly challenging time for our members as not all states have the IT infrastructure in place to make remote working an efficient and effective reality. This has put tremendous pressure on our members but, despite this, we have held short, focused, weekly half-hour sessions to share important information and gather key challenges. As a result, we have been able to develop and disseminate resources that are grounded in the challenges that our members have been facing. So, I would say that these virtual sessions have brought us and our members closer together and have resulted in more productive ways of problem solving.

About NCSBN

Year founded: 1978

Number of members: Membership is 89 entities worldwide – NCSBN's membership is comprised of the nursing regulatory bodies in the 50 states, DC, and four US territories. There are three exam user members. There are also 27 associate members.

Website: ncsb.org

Headquarters location: Chicago, IL

Number of meetings held each year: 12-15

How do you think COVID-19 will impact the future of nursing practice?

The pandemic has exacerbated a range of challenges that the profession has been facing – mobility, education, exam delivery, use of technology, and working with government, to mention a few. It will be critical that we take time to learn from this and formulate solutions that will provide a basis for modernizing our regulatory future. So far, we have documented some of the legislative changes and have published this so our colleagues can work with us on these (Benton et al., 2020).

Are there any positives that NCSBN will take into the future when the public health emergency has subsided?

Absolutely! We were able to work with our exam provider and developed new ways of understanding on how we capacity plan. As a result, we delivered more exams during 2020 than we did in 2019. The pandemic has strengthened collaborative working both within the family of regulators, domestically, and internationally within nursing and across other disciplines. We were also able to pivot very quickly to deliver COVID-19 education content on our International Center for Regulatory Scholarship platform. This has provided resources to nurses worldwide and has raised our profile internationally.

What steps are you taking, if any, to prepare for the next public health emergency?

We have already started to work nationally and internationally with nursing regulators, and we are working with the WHO, which is also starting to review how professional regulation needs to change. Domestically, we are working with other disciplines as many of the issues are common to team-based models of care, and it makes absolute sense for us to leverage best practices wherever they have originated from. ●

Reference

Benton, DC, Alexander, M, Fotsch, R, Livanos, N. Lessons Learned and Insights Gained: A Regulatory Analysis of the Impacts, Challenges, and Responses to COVID-19. *OJIN: The Online Journal of Issues in Nursing*. 2020;25:3, <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-25-2020/No3-Sept-2020/Articles-Previous-Topics/Regulatory-Analysis-of-Impacts-Challenges-and-Responses-to-COVID-19.html>



William Schimmel, Executive Director and CEO, Pharmacy Technician Certification Board (PTCB)

How has COVID-19 impacted PTCB?

In early May 2020, we added online proctored delivery for all exams.

We also discounted exam fees and extended recertification deadlines by 60 days for multiple renewal periods to allow extra time for applicants to complete their CE. For stakeholder organizations, we offered free employer job postings in our Career Center and a larger discount for employers who participate in our direct billing program to pay their employees' exam fees.

Our staff shifted to fully remote work in March. We are missing the office (sometimes) and each other, but we gather regularly for virtual lunch-and-learn sessions and weekly all-staff virtual chats to share project updates as well as personal experiences.

How are you keeping your stakeholders engaged during this time? What changes, if any, have you made?

PTCB serves more than 280,000 certified pharmacy technicians (CPhTs), as well as employers, educators, regulators, and individuals within stakeholder pharmacy organizations. When it became clear the pandemic was taking hold, we knew right away it was important to expand platforms for communication among the community. We launched #CPhTStrong and invited technicians to share COVID-19 stories from their work and personal experiences. And we launched a new open social platform, PTCB Community, for open discussion among technicians, employers, educators, and others. We also mailed handwritten postcards to a large sampling of CPhTs expressing appreciation for their sacrifices.

Like the rest of the pharmacy profession, we knew that COVID-19 could not be allowed to disrupt our mission indefinitely. We rolled out three new Assessment-Based Certificate programs for pharmacy technicians in advanced or specialty roles, and added our Immunization Administration Certificate Program in February 2021 to help ensure that the technician workforce is ready to serve in the nationwide effort to immunize the public against COVID-19. All six PTCB certificate programs serve as stepping stones for CPhTs to earn their Advanced CPhT (CPhT-Adv) Certification.

Year founded: 1995

Number of technicians: PTCB serves more than 280,000 active CPhTs, CPhTs-Adv, and Certified Compounded Sterile Preparation Technicians.

Website: ptcb.org

Headquarters location: Washington, DC

Number of meetings held each year: More than 20 virtual meetings in 2020, including the PTCB Certification Council, PTCB Board of Governors, and credential development task forces.

How has COVID-19 impacted technician and stakeholder involvement?

While we miss the face-to-face interactions in offices, hotels, and conference centers, virtual conferences and frequent stakeholder conversations continue to shape our work. Our Certification Council, the expert committee that oversees our credential programs, meets more frequently in virtual sessions to address decisions about exam delivery, deadline extensions, and program adjustments as we navigate the pandemic.

In August, we were happy to host a virtual gathering for pharmacy technicians serving on state boards of pharmacy, which provided a great deal of insight about how COVID-19 was impacting their daily work and how boards of pharmacy were dealing with unique challenges that came along with the pandemic.

How do you think COVID-19 will impact the future of pharmacy technician practice?

As pharmacy workloads have increased, technicians have stepped up when provided the opportunity. Regulators, researchers, and employers should have access to large amounts of both qualitative and quantitative data on how they performed. We believe the data will show that technicians performed well, and state regulations and statutes will reflect increased trust in well-trained and highly credentialed technicians.

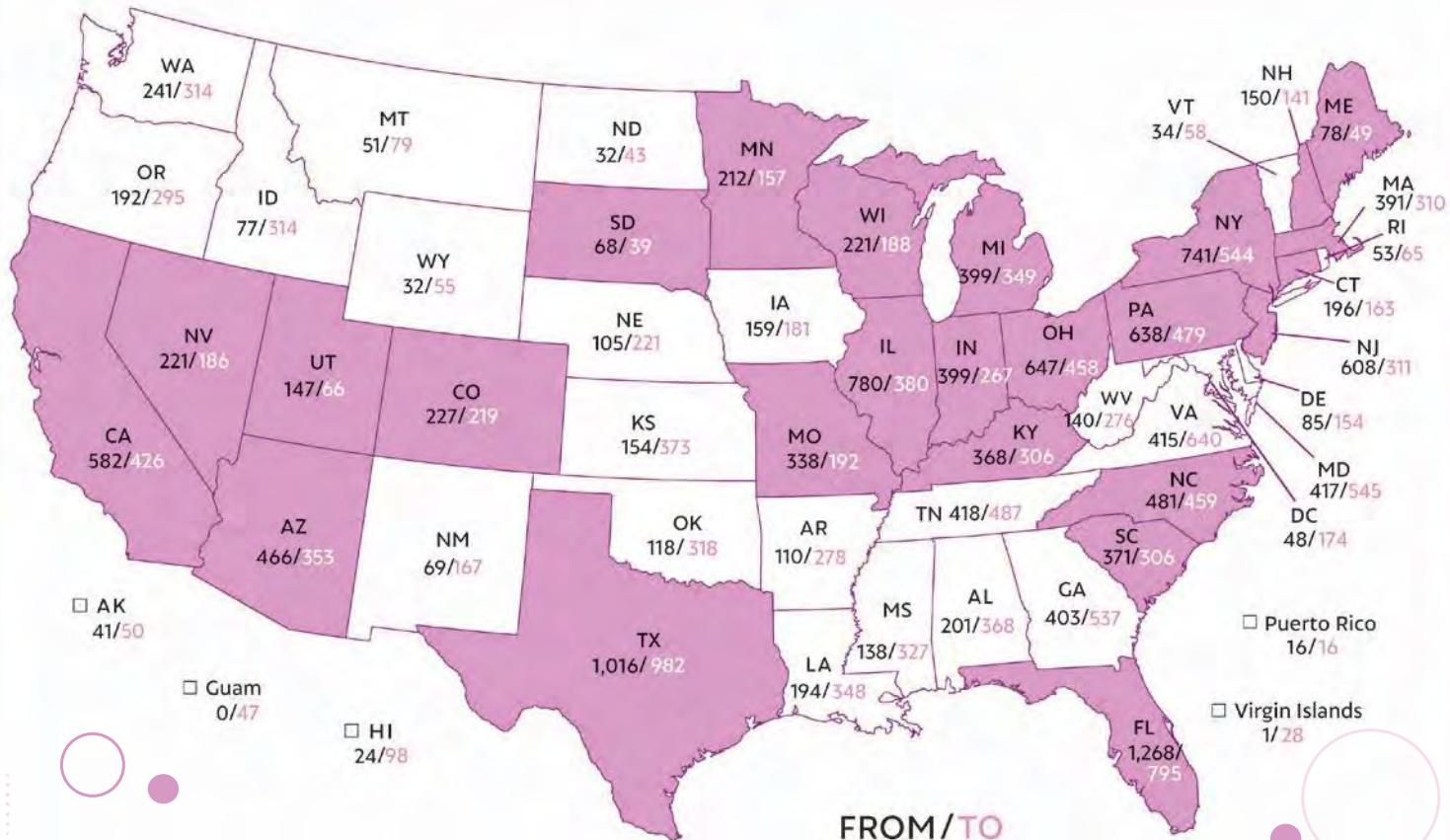
Are there any positives that PTCB has learned through this pandemic that you will take with you when the public health emergency has subsided?

We work well remotely as a staff and with our volunteers. That said, there's nothing like an in-person meeting for more collaborative work.

What steps are you taking, if any, to prepare for the next public health emergency?

We recognize that our stakeholders rely on PTCB credentials as they build trust and make delegation decisions with technician team members. We are committed to ensuring that we optimize access to our exams so that a public health emergency will not interfere with the essential process of credentialing pharmacy technicians. ●

Nearly 15,000 Licensure Transfer Requests Submitted to e-LTP in 2020



Shaded areas denote states where the number of applications for transfer from the state is greater than the number of applications requesting transfer to the state.

Licensure transfer requests submitted through the NABP Electronic Licensure Transfer Program® (e-LTP™) was nearly 15,000 in 2020. The figure represents a decrease of about 10.5% compared to the 16,740 requests submitted to NABP in 2019. The effects of the coronavirus disease 2019 (COVID-19) pandemic, including economic changes and lockdown orders in several highly populated states likely had a

strong influence on these numbers, which may account for the significant decline in the overall number of requests.

e-LTP Transfer Requests to States

Similar to past licensure trends reported by NABP, Texas continues to have the highest number of requests to transfer licensure to the state, with a total of 982 requests submitted in 2020.

Additional states with the highest number of licensure transfer requests to the state in 2020 are:

- Florida – 795 requests;
- Virginia – 640 requests;
- Maryland – 545 requests; and
- New York – 544 requests.

The five states with the highest number of licensure transfer requests in 2020 are similar



In 2020, the average processing time for e-LTP requests was two days.

to those in 2019. Several of the states with the highest number of transfer requests are states with the highest reported populations of licensed pharmacists, including Texas, Florida, and New York, according to NABP's 2021 Survey of Pharmacy Law.

Maryland's inclusion among the states with the most transfer requests is new this year; however, the number of transfer requests submitted to Maryland in 2020 is similar to what it was in 2019 (557). Maryland is also receiving a large number of license transfer requests due to Food

and Drug Administration's headquarters being located in this state, according to information provided by the state's board of pharmacy. In addition, many hospitals are located in Maryland, which may be attracting pharmacists from other parts of the country.

e-LTP Transfer Requests From States

Licensure data from 2020 show Florida, Texas, Illinois, New York, and Ohio as having the highest number of requests to transfer from states. The total number of requests to transfer licenses from these states was:

- Florida – 1,268 requests;
- Texas – 1,016 requests;
- Illinois – 780 requests;
- New York – 741 requests; and
- Ohio – 647 requests.

In 2020, the average processing time for e-LTP requests was two days. Most e-LTP requests are processed in 24 hours and sent directly to the boards. In 2020, NABP received 10,718 e-LTP applications and processed 15,085 license transfer requests. To learn more about e-LTP, visit the NABP website at www.nabp.pharmacy.

NABP Passport

During the early months of the COVID-19 pandemic, NABP launched NABP Passport as a companion to its e-LTP, providing critical licensure and board action/disciplinary screening (as determined by each state) for pharmacists, pharmacy technicians, interns, and businesses seeking temporary or emergency nonresident licensure via their NABP e-Profile. Since launching the program in 2020, NABP received nearly 9,000 applications for an NABP Passport and issued over 55,000 passports (with many applicants receiving passports for multiple jurisdictions). Additional information on the NABP Passport program is available in the August 2020 issue of *Innovations*, as well as on the NABP website. ●

REGISTRATION NOW OPEN

for the 2021 NABP Program Review and Training
JUNE 15, 2021 | VIRTUAL MEETING



Register today for the 2021 NABP Program Review and Training! This annual session for boards of pharmacy staff is now being held virtually due to the success of last year's virtual meeting, thus allowing for more board staff to participate. Participants who register before May 21, 2021, will receive a \$25 gift card to order lunch for the day of the meeting. The live, interactive training, which is led by NABP staff, will include the following topics.

NABP e-Profile Connect

- Accessing official applications from the Electronic Licensure Transfer Program®
- Reporting to NABP Clearinghouse and National Practitioner Data Bank
- Processing examination eligibility and examination scores for the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®)
- Accessing CPE Monitor® reports for licensees
- Accessing Verified Pharmacy Program® participant data, including inspection reports
- Accessing Foreign Pharmacy Graduate Examination Committee™ (FPGECA®) Certification status

NABP Programs and Services

- Competency assessment program updates, including NAPLEX, MPJE, Pharmacy Curriculum Outcomes Assessment®, Foreign Pharmacy Graduate Equivalency Examination®, and FPGECA
- Continuing pharmacy education (CPE) records: requesting batch reports for use in audits of licensees
- NABP accreditation and inspection programs for pharmacies and pharmacy-related businesses
- Resources and services available from representatives of the Member Relations and Government Affairs, Professional Affairs, Communications, and Marketing staff. ●

To Register

Contact NABP
Human Resources
Call: 847/391-4406
Email: hr@nabp.pharmacy

2021-2022 NAPLEX Review Committee Announced

NABP is pleased to announce the members of the 2021-2022 North American Pharmacist Licensure Examination® (NAPLEX®) Review Committee, introducing one new member and commending 26 returning members.

Composed of faculty and pharmacists who are representative of the diversity of pharmacy practice, the NAPLEX Review Committee is responsible for reviewing examination questions, attending and participating in meetings, and overseeing the development of new test questions. Acting under the policy and planning guidance of the Advisory Committee on Examinations and the NABP Executive Committee, these dedicated volunteers share the task of safeguarding the integrity and validity of the Association's examination. NABP appreciates the assistance of these committee members as they evaluate examination content and ensure that it meets the specified competency assessment statements. Committee members, whose terms began February 1, 2021, are as follows:



Marie Abate, PharmD, RPh,
West Virginia University

Jennifer Beall, PharmD, RPh, BCPS,
Samford University

Christopher Betz, PharmD, RPh, BCPS,
FASHP, Sullivan University

Kristy Brittain, PharmD,
RPh, BCPS, CDE,
Medical University of South Carolina

Pauline Cawley, PharmD, RPh, PGDip,
Pacific University Oregon

Michael Cockerham, MS,
PharmD, RPh, BCOP, FASHP,
University of Louisiana – Monroe

Ariane Conrad, PharmD,
Maryland

Dosha Cummins, PharmD, RPh, BCPS,
NYIT College of Osteopathic Medicine
at Arkansas State University

Mark Dekerbo, PharmD,
RPh, BCPS, BCNSP,
Roseman University of Health Sciences

Betty Dong, PharmD, RPh,
University of California – San Francisco

Darla Gallo, RPh,
Pennsylvania

Robert P. "Bob" Henderson,
PharmD, RPh, BCPS,
Alabama

William A. "Bill" Hopkins, Jr.,
PharmD, RPh,
Georgia

Tom M. Houchens, RPh,
Kentucky

William "Bill" Kehoe, Jr, MA,
PharmD, RPh, BCPS,
California

Susan C. Lutz, RPh,
Iowa

Tyler Martinson, PharmD, RPh, BCPS,
Virginia

Roy Parish, PharmD, RPh, BCPS,
professor emeritus,
University of Louisiana – Monroe

Adam Pate, PharmD, RPh, BCPS,
University of Mississippi

Benjamin "Ben" Prewitt, PharmD, RPh,
Ohio

Eric F. Schneider, PharmD, BCPS,
Wingate University

James "Jim" Scott, MEd, PharmD, RPh,
Western University of Health Sciences

Cynthia Sieck, PharmD, RPh,
Washington

Winter Smith, PharmD, RPh, BCPS,
University of Texas at Tyler

John L. Szarek, PhD,
Geisinger Commonwealth School
of Medicine

Susan Cunha Villegas, PharmD, RPh,
Long Island University

Siu-Fun Wong, PharmD,
RPh, FASHP, FCSHP,
Chapman University ●

Color denotes new member.

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

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

Important Deadlines

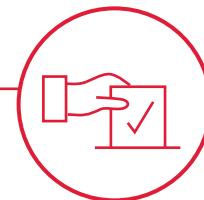
April 13, 2021 – Signed Official Delegate Certificates must be submitted to NABP

April 16, 2021 – Early Annual Meeting registration rate ends

April 23, 2021 – Proposed resolutions must be submitted to be considered at the Annual Meeting

May 7, 2021 – Deadline by which Annual Meeting registrations must be canceled to receive a refund

May 10, 2021 – Annual Meeting registration ends ●



Official Voting Delegate Submissions Due by April 13

In order to vote during the Final Business Session, active member state boards of pharmacy must submit their signed Official Delegate Certificates by April 13, 2021.

- Chief administrative officers of the boards may submit the completed and signed Official Delegate Certificate to NABP Executive Office via mail to NABP Headquarters or via email to ExecOffice@nabp.pharmacy.
- Only current board of pharmacy members or chief administrative officers qualify to serve as delegates or alternate delegates.
- Only one individual may serve as the official voting delegate and one individual may serve as an alternate delegate.

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

Online Registration Is Available at www.NABPAnnualMeeting.pharmacy

Annual Meeting CPE Activities to Cover Timely Topics

117th NABP Annual Meeting attendees will have the chance to earn six hours of Accreditation Council for Pharmacy Education (ACPE)-accredited continuing pharmacy education (CPE) credit. The Annual Meeting's knowledge-based CPE activities are designed to address current issues affecting the regulation of pharmacy practice. Learning objectives and speaker information for each CPE session, as well as requirements for obtaining CPE credit, are available on the Annual Meeting website, www.NABPAnnualMeeting.pharmacy.

Wednesday, May 12 (Pre-Meeting CPE)

Educational Poster Session: Protecting the Public Health Through Enhanced Networks and Expanded Access
ACPE UANs: 0205-0000-21-001-L04-P/T
(0.2 CEU – 2 contact hours)

1-3 PM CDT

Providing the opportunity to interact with presenters and fellow attendees, the annual Educational Poster Session also offers an opportunity to earn CPE credit. Board of pharmacy and school and college of pharmacy representatives will present various poster displays related to working together on pharmacy practices in furtherance of protecting the public health.

Thursday, May 13

Access Is Crucial for Patients With Opioid Use Disorder: Expanding Pharmacists' Role in MAT
ACPE UANs: 0205-0000-21-002-L03-P/T
(0.1 CEU – 1 contact hour)

4-5 PM CDT

Despite various efforts to tackle the opioid epidemic, it rages on and continues to claim lives. Medication-assisted treatment

(MAT) with buprenorphine has proved to be lifesaving; however, many patients encounter difficulty and are stigmatized when attempting to find treatment. Pharmacists are the most accessible health care practitioners, who can help lead the charge and provide MAT to patients through various means. Attendees will learn from pharmacy regulators and other experts how pharmacists on the front lines can provide MAT through collaborative practice and emergency use authorization to help patients suffering from opioid use disorder and address the opioid epidemic.

Friday, May 14

The Future of Drug Importation – Enhancing Networks to Safeguard Our Drug Supply Chain
ACPE UANs: 0205-0000-21-003-L03-P/T
(0.1 CEU – 1 contact hour)

8:45-9:45 AM CDT

The United States Department of Health and Human Services and US Food and Drug Administration began implementing the Safe Importation Action Plan, which allows states to submit proposals under Section 804 Importation Programs (SIPs) to help provide safe, effective, and more affordable

prescription medication to American patients. These proposals must provide safeguards to protect Americans from rogue actors intent on infiltrating our supply chain and introducing counterfeit drugs that pose a grave risk to public protection. Attendees will learn from federal and state regulators which states have submitted SIPs, where they are in the process, and what they expect in the future.

Friday, May 14

Shared Discussion Topics

ACPE UANs: 0205-0000-21-011-L03-P/T
(0.2 CEU – 2 contact hours)

10 AM - NOON CDT

This interactive session will include discussion on regulatory issues that were submitted for the most recent Interactive Executive Officer and Interactive Member Forums that have yet to be addressed or require further discussion. This format will provide participants with the unique opportunity to share insights and knowledge valuable to the boards' work and provide an environment in which attendees may work together to develop solutions to the challenges boards of pharmacy face. ●

NABP Annual Meeting CPE Overall Learning Objectives

The knowledge-based continuing pharmacy education (CPE) activities presented at the Annual Meeting are developed specifically for pharmacists and pharmacy technicians. Activities are also relevant to the Association's member boards of pharmacy, which are composed of executive officers, board staff, board members, compliance staff, and board counsel, as well as other attendees in the practice of pharmacy. By actively participating in the meeting's CPE programming, at the conclusion of the Annual Meeting, participants should be able to:

- Identify the latest legislative and regulatory issues being addressed by the state boards of pharmacy.
- Explain how the changing regulatory environment impacts the state boards of pharmacy and the practice of pharmacy.
- Identify gaps in regulatory oversight and best practices for state pharmacy boards to overcome them.
- Discuss emerging roles of pharmacists and pharmacy technicians with respect to the public's access to quality health care.
- Discuss how poster session research findings further the protection of the public health.
- Describe best practices for regulating pharmacist care services in a changing health care environment.
- Compare licensing standards between state boards of pharmacy.

Contact Professional Affairs staff at 847/391-4406 or via email at Prof-Affairs@nabp.pharmacy for more details.

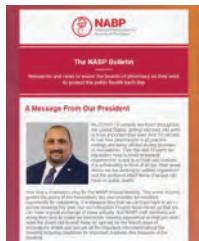


NABP and NABP Foundation® are accredited by the Accreditation Council for Pharmacy Education (ACPE) as providers of CPE. ACPE provider number: 0205.

Learning objectives, descriptions for each CPE activity, and instructions for claiming CPE credits are available on the CPE Programming page of the NABP Annual Meeting website. Speaker information and presentation handouts will also be provided.

NEW, UPDATED RESOURCES AVAILABLE

to Assist Board Members in Their Unique Role



NABP Bulletin

The *NABP Bulletin* is a new, monthly electronic newsletter that provides board of pharmacy members and staff

with important updates regarding NABP programs and services, resources, tools, news, and upcoming events. Board of pharmacy members and staff are encouraged to provide feedback and suggestions on how the *NABP Bulletin* can further provide more value to their board. For members not receiving this email communication, please contact Marketing@nabp.pharmacy.



Board Member Manual

NABP is pleased to announce the launch of its redesigned *Board of Pharmacy Member Manual*. The *Member Manual* is intended to serve as a guide to support new board members as they transition into their roles, providing an overview of the various responsibilities executed by boards of pharmacy and their members. This special member benefit introduces new members to NABP, NABP programs and services, and how they can participate in NABP activities such as task forces or committees. The *Member Manual* is also a helpful reference for continuing board members and executive directors as they meet new challenges. New board members receive a copy of the *Member Manual* in the mail as part of an NABP welcome packet. Information in the *Member Manual* also highlights:

- board member duties and responsibilities;
- board of pharmacy responsibilities, including granting licensure, understanding examination development rulemaking, issuing declaratory statements, adjudication proceedings, and understanding the investigatory process; and
- general information on board meetings, including guidance on sunshine laws, a summary of parliamentary procedure, and a sample of a typical meeting agenda.

The *Member Manual* is available for download in the Members section of the NABP website. ●

New NABP Report Explores How Pharmacists Can Safeguard Patients From Risky Dietary Supplements



The risk of tainted dietary supplements to consumers is the focus of the NABP January 2021 Rogue Rx Activity Report. Titled *Risky Dietary Supplements: How Pharmacists Can Help Protect Patients*, the report explores adulterated dietary supplements that enter the marketplace and how pharmacists are well positioned to provide consumers with information regarding the risks associated with these supplements.

Since the mid-1990s, the United States dietary supplement market has grown tenfold to a \$40 billion industry, with at least 50,000 products available for sale. The report explains that many consumers mistakenly believe Food and Drug Administration (FDA) verifies the safety of supplements prior to sale. Because supplements fall under the subcategory of food, FDA regulates these products after they enter the marketplace and have been sold to consumers. Unfortunately, this gap

provides an opportunity for bad actors to illegally sell misbranded and adulterated dietary supplements. Illegal dietary supplements can be:

- contaminated with undeclared active pharmaceutical ingredients;
- loaded with declared adulterants, such as amphetamine derivatives, steroids, or untested new drugs; and/or
- falsely marketed with claims to treat diseases.

The report references one US study that estimates 23,000 emergency department visits and 2,000 hospitalizations per year are due to adverse events related to misbranded dietary supplements. According to a 2019 study by The Pew Charitable Trusts, 70% of Americans had used dietary supplements in the previous two years.

Pharmacists play a critical role in protecting consumers from dangerous supplements. NABP supports increased

Since the mid-1990s, the United States dietary supplement market has grown tenfold to a \$40 billion industry, with at least 50,000 products available for sale.

education for pharmacists about misbranded and adulterated dietary supplements in addition to counseling for patients regarding the safety concerns associated with these products. The full report is available in the Reports section on the NABP website. ●



Helen C. Park, PharmD, RPh,

Member, Nevada State Board of Pharmacy

Nevada State Board of Pharmacy



Number of Board Members

6 pharmacist
members and 1
public member



Number of Compliance Officers/Inspectors

7 compliance officers



Rules & Regulations Established by State Board of Pharmacy



Number of Pharmacist Licensees

7,721



Number of Pharmacies

1,468



Number of Wholesale Distributors

899

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

I was appointed by Governor Steve Sisolak to the Nevada State Board of Pharmacy in November 2019. In December 2019, I was elected to serve as the Board's president. I am a pharmacist member.

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

Our primary responsibility as board members is to protect the health, safety, and welfare of the residents of Nevada through regulating the practice of pharmacy and enforcing applicable laws. As such, to be successful in our roles, it is paramount to understand that the steps or actions we take should stem from our duty in fulfilling that mission. This means board members should take active measures to study and understand the regulatory laws of their state to effectively enforce them. It means that when adjudicating matters before us, we must act independently, impartially, and neutrally with the singular goal to protect the public. It is also important to keep current on pharmacy practices.

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

In the last year, our legislation has focused on both proactive and reactive measures to protect the health and safety of Nevadans during the coronavirus disease 2019 (COVID-19) pandemic. Our most recent regulation authorizes pharmacy technicians with the appropriate training to administer immunizations under the direct supervision of a pharmacist. This regulation allows pharmacies to meet the demand for vaccine services and positions pharmacies to treat Nevada's population with available

COVID-19 vaccines. Throughout the pandemic, our Board has enacted regulations to protect Nevada's medication supply, while ensuring patient access to new therapies that have entered the supply chain.

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

The main challenge associated with implementing regulations during a global pandemic is that the Board is operating with information that changes day by day. It is a very dynamic environment that is challenging to navigate but requires swift and decisive action.

What advice would you give to a new board member?

My advice to a new board member would be to "own your space." As a board member, you have been selected to serve the people of your state. You have an important job, and you have to hit the ground running. Do not hesitate to speak up or share your perspective on matters that come before you. Regardless of how long you have served and whether you are a pharmacist or public member, your voice and vote matter just as much as those of the other board members. Know that you belong, that you have an important duty to carry out, and get to it!

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

I have not served on any NABP task forces or committees yet, but I am looking forward to serving in the future. ●

Board Member Appointments

- **Joshua Coffield, PharmD, RPh**, has been appointed a member of the Delaware State Board of Pharmacy. Coffield's appointment will expire August 12, 2023.
- **Lakeisha Cunningham** has been appointed a public member of the Delaware State Board of Pharmacy. Cunningham's appointment will expire August 12, 2023.
- **Solomon Ezembakwe, PharmD, RPh**, has been appointed a member of the Delaware State Board of Pharmacy. Ezembakwe's appointment will expire August 12, 2023.
- **Lisa Celia Flaherty, PharmD, RPh**, has been appointed a member of the Delaware State Board of Pharmacy. Flaherty's appointment will expire October 19, 2023.
- **Mark Freebery, PharmD, RPh**, has been appointed a member of the Delaware State Board of Pharmacy. Freebery's appointment will expire September 17, 2023.
- **Emery Jackson** has been appointed a public member of the Delaware State Board of Pharmacy. Jackson's appointment will expire August 12, 2023.
- **Patty Ghazvini, PharmD, RPh, BCGP**, has been appointed a member of the Florida Board of Pharmacy. Ghazvini's appointment will expire October 31, 2024.
- **Maja Gift, MHA, RPh, CPH**, has been appointed a member of the Florida Board of Pharmacy. Gift's appointment will expire October 31, 2022.
- **Dorinda Segovia, MBA, PharmD, RPh**, has been appointed a member of the Florida Board of Pharmacy. Segovia's appointment will expire October 31, 2023.
- **Caryn Belisle, MBA, RPh**, has been appointed a member of the Massachusetts Board of Registration in Pharmacy. Belisle's appointment will expire October 31, 2023.
- **Jennifer Chin, RPh, BCGP**, has been appointed a member of the Massachusetts Board of Registration in Pharmacy. Chin's appointment will expire October 31, 2023.
- **Ashley Hansen, PharmD, RPh**, has been appointed a member of the South Dakota State Board of Pharmacy. Hansen's appointment will expire October 1, 2023.

- **Geneviève Cayer, MSc, MBA**, has been appointed a member of the Quebec Order of Pharmacists. Cayer's appointment will expire June 1, 2021.

Board Member Reappointments

- **Nicholas Juliano, PharmD, RPh**, has been reappointed a member of the Delaware State Board of Pharmacy. Juliano's appointment will expire August 12, 2023.
- **Gayle MacAfee** has been reappointed a public member of the Delaware State Board of Pharmacy. MacAfee's appointment will expire August 12, 2023.
- **Brett Barker, PharmD, RPh, BCPS**, has been reappointed a member of the Iowa Board of Pharmacy. Barker's appointment will expire April 30, 2023.
- **Gayle A. Mayer, RPh**, has been reappointed a member of the Iowa Board of Pharmacy. Mayer's appointment will expire April 30, 2023.
- **Joan Skogstrom, JD**, has been reappointed a member of the Iowa Board of Pharmacy. Skogstrom's appointment will expire April 30, 2022.
- **Renee Hofman, RPh**, has been reappointed a member of the New York State Board of Pharmacy. Hofman's appointment will expire April 13, 2025.
- **Maria M. Mantione, PharmD, RPh, BCGP, FAPhA**, has been reappointed an extended member of the New York State Board of Pharmacy. Mantione's appointment will expire May 31, 2025.
- **Daniel Molino, RPh**, has been reappointed an extended member of the New York State Board of Pharmacy. Molino's appointment will expire October 31, 2025.
- **Frank Sosnowski, MS, RPh**, has been reappointed an extended member of the New York State Board of Pharmacy. Sosnowski's appointment will expire on May 31, 2025.
- **Kyle Whitehead, DPh**, has been reappointed a member of the Oklahoma State Board of Pharmacy. Whitehead's appointment will expire June 20, 2024.
- **Justin Wilson, DPh**, has been reappointed a member of the Oklahoma State Board of Pharmacy. Wilson's appointment will expire June 30, 2023.
- **Mark St Cyr, DPh**, has been reappointed a member of the Oklahoma State Board of Pharmacy. St Cyr's appointment will expire June 30, 2025.
- **Corey Duteau, RPh**, has been reappointed a member of the Vermont Board of Pharmacy. Duteau's appointment will expire December 31, 2023.
- **Kerri J. Kilgore, RPh**, has been reappointed a member of the Wyoming State Board of Pharmacy. Kilgore's appointment will expire March 1, 2025.
- **Thomas Maertens, RPh**, has been reappointed a member of the Wyoming State Board of Pharmacy. Maertens' appointment will expire March 1, 2025.
- **James Massengill, RPh**, has been reappointed a member of the Wyoming State Board of Pharmacy. Massengill's appointment will expire March 1, 2025.
- **Taggarty Norris** has been reappointed a member of the Newfoundland and Labrador Pharmacy Board. Norris' appointment will expire January 1, 2023.
- **Lynn Guscott** has been reappointed a public representative of the Nova Scotia College of Pharmacists. Guscott's appointment will expire December 31, 2022.
- **Jill Rafuse** has been reappointed a public representative of the Nova Scotia College of Pharmacists. Rafuse's appointment will expire December 31, 2022.
- **Adam Somers** has been reappointed a member of the Nova Scotia College of Pharmacists. Somers' appointment will expire December 31, 2021.
- **Bertrand Bolduc** has been reappointed a member of the Quebec Order of Pharmacists. Bolduc's appointment will expire May 31, 2023.
- **Francois Duhamel** has been reappointed a member of the Quebec Order of Pharmacists. Duhamel's appointment will expire May 31, 2023.
- **Martin Franco** has been reappointed a member of the Quebec Order of Pharmacists. Franco's appointment will expire May 31, 2023.
- **Eric Gamache** has been reappointed a member of the Quebec Order of Pharmacists. Gamache's appointment will expire May 31, 2023. ●

NABP's Drug Distributor Accreditation Reaches Milestone: 700 Actively Accredited Facilities



NABP's Drug Distributor Accreditation has reached a significant milestone of having 700 actively accredited facilities. Formerly known as Verified-Accredited Wholesale Distributors®, NABP's Drug Distributor Accreditation is a resource for industry and regulatory bodies that establishes uniform safeguards meant to protect the public health. Drug Distributor Accreditation

plays a pivotal role in preventing counterfeit drugs from entering the United States drug supply and protects the public from drugs that have been contaminated, diverted, or counterfeited.

This milestone marks the Association's largest number of actively accredited Drug Distributor facilities since the program's inception in 2005. NABP's Drug Distributor

Accreditation process requires these facilities to demonstrate ongoing compliance to a comprehensive set of regulatory standards and best practices in safely distributing prescription drugs from manufacturers to pharmacies and other institutions.

"We are very proud of customers accredited through our Drug Distributor Accreditation as they continue to demonstrate their commitment to preventing counterfeit drugs from entering the US drug supply," said NABP President Timothy D. Fensky, RPh, DPh, FACA. "Achieving this milestone of 700 actively accredited facilities highlights NABP's ongoing commitment to protecting the public health and further assists us with creating innovative accreditation and inspection programs that reward regulation adherence, best practices, and patient safety." ●

For additional information on NABP's Drug Distributor Accreditation, visit www.nabp.pharmacy/drug-distributor.

NABP Accreditations and Verifications

NABP awarded a total of 60 accreditations and verifications from November 1 to December 31, 2020.

The breakdown by program is as follows:



Drug Distributor Accreditation:

37

formerly known as Verified-Accredited Wholesale Distributors®



Digital Pharmacy Accreditation:

4

formerly known as Verified Internet Pharmacy Practice Sites®



.Pharmacy Verified Websites:

19

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



New Independent Pharmacist Prescribing Rules in Minnesota

Pharmacists in Minnesota are now able to independently prescribe self-administered hormonal contraceptives, nicotine replacement medications, and opiate antagonists. To do so, pharmacists must:

- follow a protocol developed by the Minnesota Board of Pharmacy in consultation with the Minnesota Board of Medical Practice; the Minnesota Board of Nursing; the commissioner of health; professional pharmacy associations; and professional associations of physicians, physician assistants, and advanced practice registered nurses;
- complete appropriate training programs and continuing education; and
- provide appropriate counseling to patients.

More information is provided in the prescribing protocols available on the Board's website at <https://mn.gov/boards/pharmacy>.

Oklahoma Implements New Rules for Schedule II Prescriptions

The Oklahoma State Board of Pharmacy implemented new rules that apply to Schedule II prescriptions. Changes related to the issuance of multiple Schedule II prescriptions and the partial filling of Schedule II prescriptions are outlined below.

Issuance of Multiple Prescriptions

- A single prescription for a Schedule II drug does not have a limit on quantity or days supply. Doctors can now issue multiple prescriptions on the same day to a patient provided that the prescriptions

do not exceed a total of up to a 90-day supply for a Schedule II controlled dangerous substance (CDS).

- A prescription for a Schedule II CDS becomes invalid 30 days after the earliest date on which a pharmacy may fill the prescription, with day one being the first day after the earliest date on which a pharmacy may fill the prescription.

This rule change does not affect the law for issuing two prescriptions on the same day for acute pain for seven days each for patients who have a major surgical procedure or are "confined to home" status as defined in 42 United States Code §1395n(a).

Partial Filling of Schedule II Prescriptions

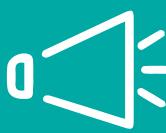
- A pharmacy can now partially fill a Schedule II CDS prescription for a patient for up to 30 days after the earliest date on which a pharmacy may fill the prescription. This would not include emergency oral prescriptions, which would have to be filled no later than 72 hours after the earliest date on which a pharmacy may fill the prescription.
- This does not affect partial filling of Schedule II CDS prescriptions for long-term care facility patients or patients

with a medical diagnosis documenting a terminal illness, which can be partially filled for up to 60 days from the issue date unless sooner terminated by discontinuance of the prescription.

More details about these rule changes are available in the Board's January 2021 *Newsletter*, which can be downloaded from the NABP website.

Washington Conducts Pharmacist Suicide Prevention Survey

The 2019 Washington State Legislature directed the Washington State Pharmacy Quality Assurance Commission to collaborate with the Safer Homes Task Force to develop and conduct a survey of all Washington State-licensed pharmacists on suicide awareness and prevention training. The survey, which included responses from 2,144 licensed pharmacists, assessed if and how pharmacists use suicide prevention training. The report's goal was to identify barriers preventing pharmacists from placing their training into practice. The survey results showed that a high percentage of pharmacists had taken the training, with nearly one in four pharmacists reporting that they had been able to use the training in their practice. Pharmacists who were able to use the training indicated that they recognized the signs of suicidal behavior in a patient or colleague and were able to help them through the crisis or refer them for professional assistance. For those who were unable to use the training, the most common reasons included time constraints, limited or no contact, and lack of resources. ●



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.

CDC Shares Reporting Requirements for COVID-19 Vaccine Providers

Are you a coronavirus disease 2019 (COVID-19) vaccine provider? The Centers for Disease Control and Prevention (CDC) is sharing a number of resources for COVID-19 vaccine providers to ensure that providers adhere to program requirements. Primarily aimed toward providers participating in the agency's COVID-19 Vaccination Program, resources include information on requirements for administration and reporting, safe immunization services practices, storage and handling, and reporting to the Vaccine Adverse Event Reporting System.

In addition, all COVID-19 vaccination providers must report COVID-19 vaccine inventory daily into VaccineFinder. Once COVID-19 vaccines are widely available, VaccineFinder will help the public search for vaccine providers near them. As more supply becomes available, providers will then have the option to make their location visible on VaccineFinder to the public, making it easier to find locations that have COVID-19 vaccines available.

Learn more about VaccineFinder at <https://vaccinefinder.org>.

20th DEA Drug Take Back Day Scheduled for April 24

The 20th National Prescription Drug Take Back Day will be Saturday, April 24, 2021. During the event, thousands of collection sites will be available across the country to accept unneeded prescription drugs, including controlled substances, for safe and legal disposal. Since 2010, Drug Enforcement Administration (DEA) has held 19 National Drug Take Back Days and has collected and disposed of nearly 7,000 tons of these medications.

In addition to take back day programs, there are many permanent disposal kiosks located throughout the country that can be used to dispose of unwanted prescription drugs throughout the year. NABP's Drug Disposal Locator Tool, available through the consumer website, www.safe.pharmacy, is continuously updated with these locations. By entering information such as a zip code, consumers can



find the nearest disposal sites on a map. More than 8,000 permanent disposal sites can be found within the system.

Do Not Shorten Dosing Intervals for COVID-19 Vaccines

The recommended dosing intervals for the second dose of the COVID-19 vaccine are 21 days for Pfizer-BioNTech's vaccine and 28 days for Moderna's vaccine.

CDC's immunization guidelines allow for a "four-day grace period," meaning that if a vaccine dose is inadvertently administered earlier than the recommended time, then that dose can still be counted as valid. However, the four-day grace period is not recommended as an option when scheduling the second dose of the vaccine.

Additional information from the Immunization Action Coalition about administering the second dose of COVID-19 vaccines is available in the News section of the NABP website under News Releases.

Opioid Overdoses Accelerating During Pandemic

CDC reported that over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number ever recorded in a 12-month period.

Deaths from overdoses had already been increasing preceding COVID-19 and have continued to accelerate. According to CDC, the primary driver of the increase in overdoses seems to be synthetic opioids (primarily illicitly manufactured fentanyl), with overdose deaths increasing 38.4% from the 12-month period leading up to June 2019.

The COVID-19 pandemic's impact on the opioid epidemic was explored by NABP in the article "When Crises Converge: COVID-19 Pandemic Intensifies Opioid Epidemic," in its October 2020 issue of *Innovations*.

NHA Creates Partnership, Path for Accredited Immunization Training for Pharmacy Technicians

National Healthcareer Association (NHA) recently announced its partnership with CEimpact, a leader in pharmacy training and education, to offer pharmacy technicians an Accreditation Council for Pharmacy Education-accredited immunization training, helping them qualify to administer COVID-19 vaccines. The immunization training is open to all state-licensed pharmacy technicians, regardless of whether they are nationally certified.

Learn more at www.nhanow.com. ●



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UPCOMING EVENTS

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

NABP Program Review and Training
June 15, 2021 | Virtual Meeting

NABP/AACP District 5 Meeting
Date TBD | Virtual Meeting

NABP/AACP District 6, 7, and 8 Meeting
August 29 – September 1, 2021 | Carefree, AZ

NABP/AACP District 1 and 2 Meeting
September 8-9, 2021 | Annapolis, MD

NABP/AACP District 3 Meeting
October 3-6, 2021 | Hilton Head Island, SC

NABP/AACP District 4 Meeting
October 20-22, 2021 | Columbus, OH

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