

# iNNOVATIONS



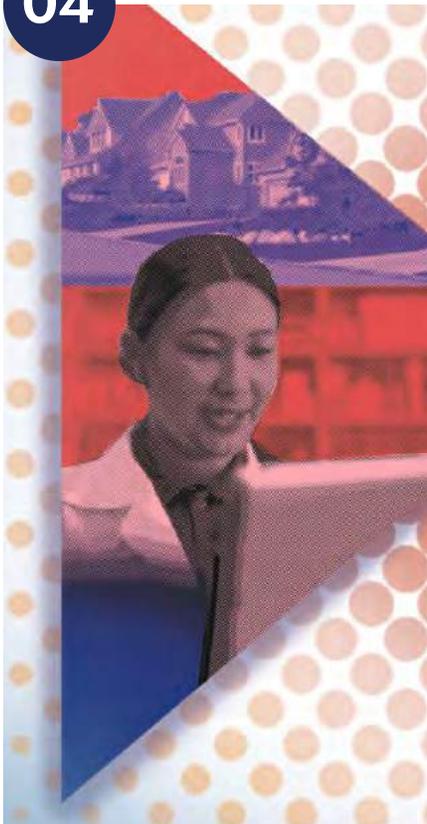
***Pandemic Presses Fast-Forward  
on Pharmacy Practice Advances***



**NABP**

National Association of  
Boards of Pharmacy

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**Feature News**

Pandemic Presses Fast-Forward on Pharmacy Practice Advances

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**Feature News**

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# INNOVATIONS

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



## NABP Executive Committee

- |                                                   |                                                                                                   |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------|
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## Katie Busroe, RPh, BCSCP

Inspections and Investigations Supervisor,  
Kentucky Board of Pharmacy

### How long have you been serving as an inspector for the Board? What was your role prior to working for the Board?

I started with the Kentucky Board of Pharmacy in 1998 as a pharmacy and drug inspector. In December 2015, I accepted the inspections and investigations supervisor position. Before joining the Board, I was a community pharmacist.

### What tools or skills are a must-have in a pharmacy inspector's toolkit?

Working as an inspector for a board of pharmacy is a unique position for a pharmacist. The requirements for the job include being able to write well, think critically, be independently motivated, communicate skillfully, and often just using common sense. It would be rare to have past career experiences that would prepare a pharmacist for every aspect of being an inspector, since the job is so diverse. An inspector is expected to understand all types of pharmacy practice settings as well as medical gas and wholesale distributor and manufacturer facilities. We are required to be familiar with not only pharmacy laws, but other laws that may impact pharmacy and drugs. It is essential for an inspector to be curious, willing to learn, and think critically. However, the most worthwhile attribute is a true desire to serve and protect the public. Keeping this mission of the board of pharmacy foremost in all actions and decisions should be the guiding factor.

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

In today's ever-changing environment, it is challenging for pharmacists to stay abreast of all the issues. The inspection staff serves as a resource. We never know what questions we are going to receive from day to day. Issues range from controlled substances (CS) to changes of ownership and everything in between. As board inspectors, we must be

familiar with all types of pharmacy practice and any setting involving drugs. Each practice setting is unique and requires a knowledge not only of the laws governing that practice setting, but the challenges facing each.

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

Our Board is structured differently from other state boards in that it does not have authority over the Controlled Substances Act. Another agency in a different division oversees CS. The pharmacists in our agencies work closely together on many issues related to law as well as investigations. Several years ago, our agencies worked a joint case that involved a small pharmacy located in eastern Kentucky. The case began when a group of drug dealers from eastern Kentucky traveled to Houston, TX, to obtain prescriptions, which they took to the pharmacy to have filled. These individuals would pay large sums of cash for the prescriptions and sell the pills obtained from the prescriptions to people in eastern Kentucky. I conducted a drug audit of the pharmacy, which identified a shortage of over 128,000 dosage units of oxycodone. In addition, the pharmacy engaged in selling drug samples provided by a physician located in the same building as the pharmacy, along with billing for undispensed prescriptions. The investigation resulted in multiple convictions across several states. And as if the case was not twisted enough, on one day of the investigation I was caught in a tornado resulting in my car being damaged beyond repair. Needless to say, this is a case I will remember for many reasons!

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

Being an inspector requires being independent, self-confident, patient, flexible, humble, inquisitive, and, above all, having a desire to serve and protect the public. ●

## Kentucky Board of Pharmacy



#### Number of Board Members

5 pharmacist members and 1 public member



#### Number of Compliance Officers/Inspectors

5



#### Rules & Regulations Established by Board of Pharmacy



#### Number of Pharmacist Licensees

10,767



#### Number of Pharmacies

2,315



#### Number of Wholesale Distributors

1,403

## The Responsibilities of Pharmacies Amid a National Vaccination Program



Vincent C. Giglierano  
Faegre Drinker Biddle & Reath LLP

The United States federal response to the coronavirus disease 2019 (COVID-19) has come a long way from a year ago. In 2020, the discussion of COVID-19 was focused on rapidly developing a COVID-19 vaccine. Since then, swift progress has been made in developing multiple vaccines and priorities have shifted to properly conducting a national vaccination program. Pharmacies and pharmacists now play a critical role in that effort and should continue to do so if national vaccination efforts are to be successful.

### Vaccine Development and Initial Distribution

In May 2020, Operation Warp Speed, a federal effort to accelerate the development of multiple COVID-19 vaccine candidates, was implemented as a partnership between the US Department of Health and Human Services and the Department of Defense, investing billions of federal dollars in science and technology to combat COVID-19. Operation Warp Speed selected six promising vaccine candidates and supported the manufacturing of those products in parallel – assuming the financial risk – while research was ongoing to determine each contender's safety and efficacy. This allowed the vaccine companies to speed up the development timeline to distribution by enabling the vaccine's development to begin while clinical trials were in progress.

As of press time, three vaccine candidates have received emergency use authorization from Food and Drug Administration, manufactured by Pfizer, Moderna, and Johnson & Johnson. Operation Warp Speed continues to work collaboratively with the remaining selected vaccine candidates as they carry out their clinical trials. Having multiple manufacturers produce vaccines using various technologies will make it easier to vaccinate more people and better address the public health emergency. As of early April 2021, the federal government

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**As the federal response to COVID-19 transitions from scientific development to a national vaccination program, pharmacists must be included within the regulatory process to ensure equal and equitable distribution of COVID-19 vaccines.**

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had delivered 243 million doses, and 100 million people in the US had received at least one dose.<sup>1</sup> This aligns with a promise made by the approved vaccine manufacturers to deliver a total of 240 million doses by the end of March. But more needs to be done.

### National Vaccine Distribution and the Role of Pharmacy

According to Johns Hopkins University, the US has experienced more than 30 million COVID-19 cases and more than 554,000 deaths.<sup>2</sup> The trend of COVID-19 infections, while decreasing, is still troublesome. As the federal response to COVID-19 transitions from scientific development to a national vaccination program, pharmacists should continue to be included within the regulatory process to ensure equal and equitable distribution of COVID-19 vaccines. States receive vaccine allocations based on their total adult populations. Each state has its own plan for how to get those vaccines out to its residents – through county health offices, hospital systems, mass vaccination sites, mobile clinics, and pharmacies.<sup>3</sup>



Allison D. Martin, MS  
Faegre Drinker Biddle & Reath LLP

On November 12, 2020, the Trump Administration announced a partnership with large chain pharmacies and networks representing independent pharmacies and regional chains, known as the Federal Retail Pharmacy Program, which allowed licensed pharmacists to order and administer COVID-19 tests.<sup>4,5</sup> Since then, the role of pharmacists has dramatically increased. On March 29, 2021, President Joseph R. Biden announced that he would more than double the number of pharmacy vaccination sites from 17,000 to nearly 40,000 pharmacies across the country.<sup>6</sup> This, paired with an announcement to speed up adult eligibility for COVID-19 vaccines nationwide, illustrates the critical role that pharmacies have within a national vaccination program and the importance of a quick and efficient delivery method.

Community pharmacists have played an essential role during COVID-19. Pharmacists are the most accessible health care providers, providing care and administering vaccines within a community setting, which increases vaccine confidence while easing physician office workload. Pharmacists also provide consultation and education to patients on misconceptions – another critical aspect of growing vaccine confidence. Americans are more willing to walk to their local pharmacist to get the vaccine than to travel to a federal vaccination site. According to four senior officials

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**Pharmacists are the most accessible health care providers, providing care and administering vaccines within a community setting, which increases vaccine confidence while easing physician office workload.**

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interviewed by *Politico*, “Federal data show the retail pharmacy program – which has signed up 21 chains and 17,000 stores – can reach far more Americans in a shorter time” than the 21 mass vaccination hubs.<sup>7</sup>

Vulnerable populations have been made a priority during the COVID-19 public health emergency. It is well known that rural communities, racial and ethnic minority groups, and people with disabilities are at increased risk of getting sick and avoiding care due to long-standing systemic health and social inequities or lack of access. Community pharmacies can help the federal government address vulnerable or underserved populations. Roughly nine out of 10 Americans live within five miles of a community pharmacy.<sup>8</sup> Pharmacists are accessible in rural and underserved areas and can provide reliable care, often without an appointment. As the federal government continues implementing the national vaccination program, pharmacists should continue to be at the table and considered in discussions for participating to work collaboratively with the federal government and provide an honest analysis of how to best address vaccine equity challenges of vulnerable and underserved populations.

The war against COVID-19 is far from over. As stated earlier, the trend of COVID-19 infections within the US is troublesome. While deaths are decreasing, the number of confirmed cases and hospitalizations have not consistently followed that trend. The federal response cannot be slowed down, especially during such a highly volatile time. Vaccine manufacturers are collecting data from clinical trials and real-world evidence daily, but there is still much to learn about the disease. The World Health Organization has identified three variants of concern first detected by the United Kingdom, South Africa, and Brazil and Japan.<sup>9</sup> These variants have been found to spread very rapidly with the potential to cause severe illness.

Furthermore, the potential impact of the variants on vaccination is still unknown, although early reports from one vaccine manufacturer, Novavax, have indicated positive data.<sup>10</sup> Also concerning, it is still

unclear how long protection from a COVID vaccine will last. A report from Pfizer suggests that people who receive both doses maintain immunity for at least six months; however, there is still much to learn on this topic.<sup>11</sup> There is a possibility that booster shots or variant vaccines will be a crucial aspect of the federal response to ensuring success in the fight against COVID-19. With the potential for ongoing nationwide vaccination efforts in the months and perhaps years to come, it is imperative that regulators continue to ensure pharmacists be included in vaccination efforts. ●

*This article was written by Vincent C. Giglierano and Allison D. Martin, MS, with Faegre Drinker Biddle & Reath LLP. Please note, the opinions and reviews expressed by Faegre Drinker Biddle & Reath do not necessarily reflect the official views, opinions, or policies of NABP or any member board unless expressly stated.*

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Hyperlinks to footnoted references are available in the May 2021 *Innovations* pdf on [www.nabp.pharmacy](http://www.nabp.pharmacy).

<sup>1</sup> <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

<sup>2</sup> <https://coronavirus.jhu.edu/>

<sup>3</sup> [www.npr.org/sections/health-shots/2021/01/28/960901166/how-is-the-covid-19-vaccination-campaign-going-in-your-state](http://www.npr.org/sections/health-shots/2021/01/28/960901166/how-is-the-covid-19-vaccination-campaign-going-in-your-state)

<sup>4</sup> [https://doh.sd.gov/boards/pharmacy/assets/AdvisoryOpinionPrepAct\\_PharmacistsCOVID-19Testing.pdf](https://doh.sd.gov/boards/pharmacy/assets/AdvisoryOpinionPrepAct_PharmacistsCOVID-19Testing.pdf)

<sup>5</sup> [www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html](http://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html)

<sup>6</sup> [www.whitehouse.gov/briefing-room/statements-releases/2021/03/29/fact-sheet-president-biden-announces-90-of-the-adult-u-s-population-will-be-eligible-for-vaccination-and-90-will-have-a-vaccination-site-within-5-miles-of-home-by-april-19/](http://www.whitehouse.gov/briefing-room/statements-releases/2021/03/29/fact-sheet-president-biden-announces-90-of-the-adult-u-s-population-will-be-eligible-for-vaccination-and-90-will-have-a-vaccination-site-within-5-miles-of-home-by-april-19/)

<sup>7</sup> [www.politico.com/news/2021/03/29/covid-vaccine-sites-478233?source=email](http://www.politico.com/news/2021/03/29/covid-vaccine-sites-478233?source=email)

<sup>8</sup> <https://drugstorenews.com/pharmacy/numbers-how-community-pharmacists-measure>

<sup>9</sup> [www.who.int/publications/m/item/weekly-epidemiological-update---16-march-2021](http://www.who.int/publications/m/item/weekly-epidemiological-update---16-march-2021)

<sup>10</sup> <https://ir.novavax.com/news-releases/news-release-details/novavax-confirms-high-levels-efficacy-against-original-and-0>

<sup>11</sup> [www.cnn.com/2021/04/04/health/covid-vaccine-protection-lasting-variants-wellness/index.html](http://www.cnn.com/2021/04/04/health/covid-vaccine-protection-lasting-variants-wellness/index.html)





# *Pandemic Presses **Fast-Forward** on Pharmacy Practice Advances*

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**More than a year has passed since the World Health Organization** declared the coronavirus disease 2019 (COVID-19) a pandemic, and with the vaccination campaign well underway, we are seeing the light at the end of the tunnel. Over the past year, the dramatic changes in the practice of pharmacy and its regulations may have begun to feel routine for some, even if only temporarily. Initial emergency measures, such as allowing a pharmacist licensed in one state to practice within another or granting licensees an extension on CPR accreditation renewal, have already or will soon expire, and the circumstances that required them should not arise again until (possibly) the next emergency. In contrast, other measures – such as those increasing vaccine administration authority or facilitating telemedicine – while put into fast-forward mode as a pandemic response, also reflect trends that were in place before COVID-19. Further, such trends may be increasingly relevant even after the crisis is over. Determining which changes will or should be permanent (and which should not) and shaping pharmacy regulations for a changed world will likely occupy regulators for some time to come.

## **Pharmacy Technicians**

The role of pharmacy technicians has steadily expanded in recent years, with technician certification and registration becoming more common and pharmacists spending more time providing patient care services. This development has created an impetus to delegate duties not requiring pharmacist judgment. The pandemic gave this trend a boost – most dramatically in the area of vaccine administration. Prior to 2020, only three states had authorized pharmacy technicians to administer vaccines. Then came COVID-19. In the latter half of 2020, as a part of its efforts to facilitate the public's access to childhood immunizations and to the then-forthcoming COVID-19 vaccines, the federal government authorized qualified pharmacy technicians who met certain requirements to administer vaccines in all 50 states, explicitly preempting state laws. While the federal preemption is temporary, made under the auspices of the Public

Readiness and Emergency Preparedness Act (PREP Act), the trend toward allowing qualified technicians to administer vaccines may continue to gain strength once emergency measures have lapsed. For example, in mid-2020, the Nevada State Board of Pharmacy passed an emergency regulation permitting trained technicians to administer immunizations under the direct supervision of a pharmacist – with the intention that the emergency measure would, as the Board informed licensees, “bridge the time gap” until a permanent regulation could be enacted.

In early 2021, meanwhile, the Colorado State Board of Pharmacy was going through the rulemaking process to permanently allow qualified pharmacy technicians to administer immunizations, bringing the state's regulations in line with federal guidance. “This decision was in response to growing COVID infection rates, vaccine availability, stakeholder demand, and newly implemented



federal guidance,” said Dmitry Kunin, senior program director of the Colorado State Board of Pharmacy. “The Board felt this was an imminent consumer protection matter and that taking action to expand the pool of qualified individuals available to provide the COVID vaccine, among others, would provide numerous benefits. Foremost among those benefits were a drop in patient administration waiting times and a reduction in an already taxing workload on pharmacists.” And Indiana in 2020 began authorizing pharmacy technicians to administer influenza immunizations, subject to rules established by the Board of Pharmacy.

In its December 2020 newsletter for licensees, the Wyoming State Board of Pharmacy ran an article lauding the new vaccination delivery credential offered by the Pharmacy Technician Certification Board in collaboration with the American Pharmacists Association, noting its potential to improve patient care while relieving workflow burdens on pharmacists; the Board has previously expressed its support for expanding technician responsibilities and its intention to address the issue in future rulemaking. “The Board is supportive of expanding practice for pharmacy technicians,” said Matthew R. Martineau, PharmD, RPh, executive director of the Wyoming Board. “The Board is concerned that when the provisions of the PREP Act expire, pharmacists will be challenged to safely manage the increased demand for vaccines in addition to their other patient care responsibilities. The Board is working with state partners to try and address this concern before a gap is created at the end of the public health emergency.”

**Pharmacists' authority to order and provide immunizations will probably continue to increase beyond pre-COVID-19 limits even as temporary authorizations expire.**

The trend – pre-dating COVID-19 – to reduce or even eliminate pharmacist-to-technician ratios also received a temporary boost due to the pandemic and appears poised to continue beyond the expiration of emergency orders. Wyoming permanently removed a pharmacist-to-technician ratio from its regulations in 2020, for example, and the Texas State Board of Pharmacy adopted rule changes increasing the ratio of pharmacy technicians and technician trainees to pharmacists. The Oklahoma State Board of Pharmacy took action in early 2021 to increase its ratio as well.

### **Pharmacists**

Beyond pharmacy technicians, the COVID-related expansion of vaccine administration in pharmacies appears to be accelerating the move to allow pharmacists (and often pharmacy interns) increased scope in the provision of immunizations overall. While pharmacists in all 50 states were permitted to provide at least some immunizations to some patients (with widely varying restrictions) prior to the pandemic, the federal PREP Act temporarily expanded that authority to include childhood and COVID-19 vaccines. Pharmacists' authority to order and provide immunizations will probably continue to increase beyond pre-COVID-19 limits even as temporary authorizations expire. Some states, like California and New Hampshire, have amended their nonemergency regulations to include COVID-19 vaccines in the list of immunizations that pharmacists are allowed to independently initiate and administer.

Others, like West Virginia, have formally expanded pharmacists' and pharmacy interns' ability to administer immunizations “including, but not limited to, the CDC's recommended immunization schedule for adults, children, and adolescents.” Krista D. Capehart, MS, PharmD, BCACP, FAPhA, AE-C, director of professional and regulatory affairs at the West Virginia Board of Pharmacy, noted that the expansion of pharmacists' and pharmacy interns' ability to administer immunizations was a decision made prior to the public health emergency. “It was a need we anticipated long before the pandemic and a direction we felt we needed to go. Fortunately, we had gotten to the point with the amount of data showing pharmacists' significant role in public health, and we were able to demonstrate the need for maintaining that role here.” Capehart further noted that the Board followed the PREP Act guidance in terms of technicians' ability to immunize. “The decision to keep technicians included after the pandemic will be left up to the legislature. I think over the next couple of years – from a regulatory standpoint – it's going to be necessary to examine why the things we were able to do while maintaining patient safety during the pandemic couldn't stay or be modified.”



South Dakota provides another example of a state that has recently updated its regulations to address all immunizations, not just the influenza vaccine it had previously included.

Beyond immunizations, the federal government's decision to grant COVID-19 testing authorization to pharmacists may have helped to advance a longer-term trend toward pharmacist-provided testing, or even test-and-treat initiatives. Proponents have noted the convenience of point-of-care testing and the potential benefits to patients for whom a pharmacy is the most accessible and cost-effective health care location. There have been some recent nonemergency regulatory moves in this direction: Florida, for example, passed a law in 2020 allowing pharmacists acting under written protocol with a physician to test for and treat several "minor, nonchronic health conditions." Pharmacist advocates have noted, however, that roadblocks to reimbursement for such services still exist; notably, the federal government still does not designate pharmacists as providers under Medicare Part B. On the other hand, an increasing number of states have granted pharmacists "provider" status, including West Virginia in 2020 and Massachusetts in 2021, improving pharmacists' opportunities to have their services reimbursed by health plans. Increasing formal recognition of pharmacists as health care providers also dovetails with what observers point to as another trend to watch: an increasing role for community pharmacists as part – and potentially the hub and/or entry point – of an integrated health care team.

### **Remote Services**

The COVID-19 pandemic massively accelerated remote services on numerous fronts, from virtual health care visits to remote pharmacy data entry to curbside or home medication delivery, among others. States moved quickly to facilitate remote options, issuing guidance based on current regulations and new emergency rules in areas as diverse as remotely supervising pharmacy technicians, increasing prescription refill limits, providing counseling to patients receiving home-delivered prescriptions, and offering telehealth consultations.

According to industry observers, at least some of these trends – telehealth appointments, electronic communication for prescription refills and reminders, drug delivery via mail or courier, longer-term refills, and the like – have proved popular with patients, and are likely to remain at increased levels compared to the pre-pandemic time period. The push to maintain increased post-pandemic access to telemedicine received an extra boost on the federal level this spring as the United States Congress considered

**Now that the scramble to facilitate new ways of doing business and protecting the public health in the midst of an evolving pandemic is dying down, state boards of pharmacy may soon have a chance to assess which measures were just temporary expedients and which will be more permanent trends.**

several bills that sought to continue Medicare's pandemic-related telehealth reimbursement as well as waive or eliminate geographic and originating site restrictions. And with the many different aspects of remote care now top of mind for patients, providers, and policymakers, boards of pharmacy may need to offer more permanent guidance or clarification to address what has rapidly become a more common way of doing business.

Now that the scramble to facilitate new ways of doing business and protecting the public health in the midst of an evolving pandemic is dying down, state boards of pharmacy may soon have a chance to assess which measures were just temporary expedients and which will be more permanent trends. One thing is certain as the world emerges from the pandemic: The pharmacy sector will continue to evolve, and regulators will do their part to keep pace. ●

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 two 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. Part one of this interview series is available in the April 2021 issue of *Innovations*.



## Lucinda L. Maine, PhD, RPh,

Executive Vice President and Chief Executive Officer (CEO), American Association of Colleges of Pharmacy (AACP)

**Year founded:** 1900

**Number of members:** 141 schools and colleges of pharmacy; approximately 3,500 individuals.

**Website:** [www.aacp.org](http://www.aacp.org)

**Headquarters location:** Arlington, VA

**Number of meetings held each year:** One annual, one interim, and one to two institutes.

### How has COVID-19 impacted AACP?

AACP was fortunate in that all our staff members were remote enabled when the mandate to work remotely was made in Virginia on March 12, 2020. No one entered the office for several weeks, and then only a few individuals would come periodically to ensure that everything remained safe and secure. Since then, all meetings have been conducted virtually and one membership meeting scheduled for May 2020 was canceled. Otherwise, we have been able to conduct all our business using a variety of digital platforms, including our July 2020 annual meeting with just under 2,400 registrants and a unique equity, diversity, and inclusion institute attended by 350 registrants virtually in January 2021.

### How are you keeping your members engaged at this time?

Our most valuable member engagement tool is AACP Connect, a Higher Logic platform that allows membership groups to share resources and ask questions. According to Higher Logic, AACP's activity on Connect is near the top of their client base! Our structure has sections and special interest groups and councils as affinity groups, and each has a Connect community. In addition, these groups host webinars quite frequently as another engagement opportunity. In terms of changes, it is all about meeting members virtually, and we have worked to identify strategies to make our virtual meetings as engaging as possible, predominantly by having short presentations followed by breakout sessions for discussion among small groups.

### How has COVID-19 impacted member involvement?

The most significant impact on member involvement is networking! Our members love being together to reconnect with friends and colleagues and meet new ones. We schedule 30-minute breaks in our live meetings simply because members want lots of networking opportunities. The most consistent feedback we received from our virtual meeting in July 2020 was that attendees missed the opportunity for this networking time. It is hard to replicate on digital platforms, but not impossible. This is what makes the dynamic AACP Connect communities so important and valuable.

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

We believe that the pandemic will have a lasting impact on pharmacy and health care. Perhaps the most striking is telehealth or telepharmacy. In addition to that, the increased authority awarded to pharmacists and pharmacy technicians provided the opportunity for the profession to demonstrate its capability to provide access to testing and vaccines that hopefully can be sustained post-pandemic. NABP will be an important partner with the practice associations in helping this come to fruition. And one other positive outcome of the pandemic is that pharmacists received an amazing amount of attention in the media and with policymakers at the local, state, and national levels. We hope there are long-lasting effects from this level of recognition.

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

At the highest level, it is the recognition that pharmacists have so much to contribute to public health emergencies, and that means that we must be involved in emergency preparedness for future emergencies. I know that our schools and colleges of pharmacy have so much to contribute to such planning.

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

I cannot say that we have been able to think ahead yet. The level of activity we have sustained throughout this emergency has been dizzying. That said, we all must make time as quickly as possible to document what we learned in the COVID-19 pandemic and create plans for our organizations and for the profession. ●



## Mariann Burnett-Atwell, PsyD,

CEO, Association of State and Provincial Psychology Boards (ASPPB)

**Year founded:** 1961

**Number of members:** 65, which includes the psychology boards of all 50 United States, the District of Columbia, the US Virgin Islands, Puerto Rico, Guam, the Northern Mariana Islands, and all 10 provinces of Canada.

**Website:** [www.asppb.net](http://www.asppb.net)

**Headquarters location:** Tyrone, GA

**Number of meetings held each year:** Two membership meetings a year. In addition, ASPPB Board of Directors and staff participate in around 65 committee, board, task force, and liaison meetings during a given year.

### How has COVID-19 impacted ASPPB?

Since the onset of COVID-19, ASPPB has become rather flexible in our day-to-day activities and how we serve our membership. In the first quarter of 2020, we pivoted from working in the office to remote work for all employees. In addition, all travel and in-person meetings were suspended and the move to virtual meetings has become the normal practice. However, with the use of technology, we have been fortunate to continue hosting the majority of our annual membership meetings and continue with the work conducted by our various committees and task forces.

### How are you keeping your members engaged at this time?

We relied on increased communication efforts and the ease of conducting meetings in a virtual manner. Specifically, we developed a COVID-19 information section on the ASPPB website. This site houses jurisdiction-specific information such as executive orders, impacts of COVID-19 on licensing requirements, requirement adjustments to the areas of continuing education, supervision, telepsychological practice, etc. In addition, this site provides links to other organizations.

To stay connected with our members and to identify ways to better serve them during the pandemic, we also increased the number of meeting opportunities for board administrators, registrars, and the leaders of licensing boards; promoted the sharing of information; and provided various levels of support for these groups.

### How has COVID-19 impacted member involvement?

Our members continue to be extremely involved with the work of ASPPB. I think they have also been faced with having to find new ways to maneuver during this challenging time. Overall, there has been an appreciation for the ongoing sharing of information via virtual meetings.

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

It would appear that the field of psychology, like many professions, has been forced to undergo somewhat of a transformation due to COVID-19. I anticipate technology will have a growing presence in the field of psychology. We have already seen an increased interest in the use of telepsychology, both within jurisdictions and across state lines. In addition, there have been adjustments made to the training and education experience for many students. One has to wonder if certain aspects of these modifications will move from being a temporary

accommodation to becoming a “new normal.” Regardless of how the profession might evolve in the future, we must not forget the need to invest in efforts to educate the general public on the regulatory practice of the profession and what one should expect as a consumer.

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

I believe we have had many successes over the past year, and this continues as we move further into 2021. It is important that we remain mission-focused in order to best serve our members, while at the same time remaining open to flexibility in our approach.

During this pandemic, we have learned more about what our members need from us, including ways in which we might better serve them. We have also learned that when faced with numerous unknowns as the result of a public health emergency, we can find solutions together.

Too often over the past year our attention has been drawn to overwhelming negatives on a day-to-day basis. The days at times felt unpredictable and troubling. However, due to the amazing tenacity and flexibility of our staff; the leadership of our Board of Directors; the need to learn more from our members in how we could assist them during this time; and the collaborative efforts we engaged in with individuals and organizations external to ASPPB, positive outcomes occurred. It is important that we remain cautious in being solely distracted by negative and disappointing events and situations, so that we do not forget to recognize the hard work of our colleagues and the sometimes-quiet successes we can have at any given moment.

### What steps are you taking to prepare for the next public health emergency?

ASPPB has taken a multidimensional approach to successfully maneuver through the pandemic. As a result, we are reviewing many areas, such as assessing our daily operational processes to include the stability and safety of our IT systems; reviewing ways to assist our staff to be productive and successful regardless of the work setting; and researching alternative processes for service delivery should a future public health emergency occur. We are also looking to our membership for feedback about how to better serve them, especially during a public health crisis. In addition, ASPPB relies on the relationships we have made across other professional fields to learn of successes and challenges and assist each other with future plans. ●



## William A. Hatherill,

CEO, Federation of State Boards of Physical Therapy (FSBPT)

**Year founded:** 1987

**Number of members:** 53 (All states and District of Columbia, Puerto Rico, and the US Virgin Islands).

**Website:** [www.fsbpt.org](http://www.fsbpt.org)

**Headquarters location:** Alexandria, VA

**Number of meetings held each year:** We hold three membership meetings every year, not including short webinars. We also hold multiple committee and volunteer meetings throughout the year.

### How has COVID-19 impacted FSBPT?

Our staff has been working remotely since March 2020 and will probably continue to work remotely through the summer of 2021. We have stayed connected with our staff and members with virtual meetings replacing our routine face-to-face meetings. Our item writers, committee members, and Board members have all been diligently working virtually throughout the COVID-19 pandemic to achieve our 2020 goals. We backed off some of our initiatives during 2020 in order to ensure that we had comprehensive input from our membership before moving forward. In 2021, we are now taking advantage of this year of learning to step up our efforts. We believe we are now better prepared to engage with our membership and stakeholders, despite still not meeting in person, by leveraging technology.

### How are you keeping your members engaged at this time?

In 2021, we are doing much more educational programming for our membership via webinars, which our Board members host on a rotating basis. We have tried to give our Board increased visibility when working with jurisdictions to make sure we have our Board members engaged in all conversations with the membership.

A few years ago, we designed a Leadership Issues Forum to bring contemporary issues before our membership for input prior to the Board taking any formal action. This approach was important to building membership trust and visibility of the organization's issues. We were not sure how to achieve this in 2020. However, in 2021, we now have the capabilities to create small breakout sessions for groups in a virtual conference to allow every participant (members and stakeholders) to have a voice.

### How has COVID-19 impacted member involvement?

In 2020, we viewed the COVID-19 effect as possibly a short-term situation to endure, but now in 2021, we have come to accept that a new reality is emerging. More of our lives are going to happen virtually, and we can no longer put things on hold. Our members have supported our adjustment to a new future and being fully engaged.

### How do you think COVID-19 will impact the future of physical therapy practice?

Telehealth is already a reality in physical therapy. My wife is a physical therapist treating kids up to age three and works every day in the virtual world treating children. Her practice is also using a team that includes different professions, which can be a holistic approach to

family-centered support. We also sense that many more states will soon join our PT Licensure Compact, allowing for better distribution of care in rural and economically challenged areas. Making care more accessible supports our society's efforts to address diversity and ensures equity to all segments of the population. Because of the conditions required to join the PT Compact, the increase in compact memberships should also strengthen our exam, licensure, and disciplinary database, which is a service to our membership.

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

To meet the various needs of our organization, our staff and members redoubled their efforts, their positive attitudes, and their commitment throughout this past year. We could arrange meetings faster and in shorter periods without needing to coordinate with airlines, hotels, venues, or audio/visual equipment specialists, saving everyone time, cost, and the inconvenience of being away from home. We were able to engage with members who could not previously participate due to jurisdiction travel restrictions. This enriched our committee and task force membership with previously unheard voices from our membership. Our educational programming opportunities have also been expanded and enriched due to the savings in travel costs and the time savings for speakers who can more easily engage for a short period.

We have been able to access speakers from countries around the globe at minimal expense, which we could never have previously afforded in a face-to-face meeting. The PT Compact has benefited in increased interest and membership. This also benefits the public by offering more accessibility to care and effectively redistributing the workforce to areas that did not have available care providers.

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

We are upgrading our technology and systems to prepare for future 10 GB capabilities and improving our remote communication systems. We are also embracing the virtual future and remaining open to lessons learned from others. Finally, we are acknowledging the rapid changes and remaining sensitive to the need to remain connected with our membership and stakeholders. ●

## Adele Fifield, OOnt, CAE, BA, BEd,

Executive Director, National Association of  
Pharmacy Regulatory Authorities (NAPRA)

**Year founded:** 1995

**Number of members:** 14 pharmacy regulatory bodies in  
Canada

**Website:** <https://napra.ca>

**Headquarters location:** Ottawa, Ontario, Canada

**Number of meetings held each year:** A couple dozen on  
average (board, annual, and committees).



### How has COVID-19 impacted NAPRA?

In March 2020, when the pandemic hit Canada, NAPRA was able to move quickly to have its team work remotely. Prior to the pandemic, NAPRA had begun implementing approaches to allow for more remote work. Team members themselves were innovative, collaborative, and supportive of each other as they worked to ensure that the programs and services for which they were responsible continued to operate without reduction in service.

All of NAPRA's meetings have also been held virtually since mid-March 2020. While we agree that we have been successful in running all of our meetings with our Board and members virtually, there is an acknowledgement that we have missed the in-depth discussions and side conversations from which our members gain so much when they are together in person.

### How are you keeping your members engaged at this time?

We have held regular virtual meetings for members to address emerging issues and to share sector information. The meetings were held often at least weekly initially, and brought the members together, sometimes with other stakeholders. These meetings provided critical opportunities for the 14 regulatory bodies to share what was taking place in each of their jurisdictions, and were an important way for NAPRA to update its members on the matters on which it was engaging with stakeholders on their behalf.

As the central point of contact with Canada's federal government for its members, NAPRA often had daily interactions with the various departments within Health Canada, and more recently with the Public Health Agency of Canada. NAPRA was the critical link with these entities on a wide range of issues including, but not limited to, regulatory changes to facilitate care, scope of practice of pharmacy professionals, drug supply and shortages, management of controlled substances, availability of products such as personal protective equipment and sanitizer, and COVID-19 testing and vaccinations.

NAPRA was also the link with other stakeholders beyond the federal government, including education organizations, associations for pharmacy professionals, the pharmaceutical industry, and associations in other countries (for example, we valued participation in weekly meetings with our friends at NABP).

A particularly critical tool that NAPRA developed and maintained was an extensive repository of information on COVID-19, focused on regulatory matters pertinent to NAPRA's members.

### How has COVID-19 impacted member involvement?

In summer 2020, NAPRA's members shared their observations on how the regulatory bodies performed during the early months of the pandemic. Initial observations identified by NAPRA's members include:

- Self-regulation enabled efficient operations and decision making during the crisis.
- Internet access has been critical to success; future discussions should address readiness for a crisis involving the reduction or elimination of internet access.
- NAPRA's members communicated more frequently with pharmacy professionals and recognized the increased burden on frontline pharmacy professionals during the pandemic.
- Efficiency in operations and decision making is important. Legislative barriers that prevented NAPRA's members from taking action were identified quickly and, where possible, were addressed in the early weeks of the pandemic.
- Liaising with stakeholders was critical.

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

Overall, when I reflect back on 2020, I am especially proud that NAPRA and its team pivoted immediately to supporting NAPRA's members in whatever way they needed, and have continued that focus ever since.

I see NAPRA's role in helping its members navigate the challenges brought by the pandemic as demonstrating the clear value of an alliance like NAPRA in times when its members face urgent and complex matters.

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

In the months and years to come, there will be opportunity for reflection by NAPRA and its members on lessons learned during the pandemic, and on the lasting impact of the pandemic on regulatory approaches. For now, our members continue to focus on emerging issues of the pandemic, including the role of pharmacy professionals and pharmacies in an unprecedented vaccination campaign. ●

## Members Return to Serve on 2021-2022 FPGEE/PCOA Review Committee

NABP is pleased to announce 27 returning members of the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®)/Pharmacy Curriculum Outcomes Assessment® (PCOA®) Review Committee for 2021-2022. This group of dedicated volunteers contributes its time and expertise to review and verify the examination questions and forms and assists with the development of new test questions for the FPGEE and PCOA programs.

### **Sally A. Arif, PharmD, RPh, BCPS**

Midwestern University Chicago  
College of Pharmacy

### **Melissa Badowski, PharmD, RPh, BCPS**

University of Illinois at Chicago  
College of Pharmacy

### **Kimberly "Kim" Burns, JD, RPh**

Lake Erie College of Osteopathic  
Medicine School of Pharmacy

### **Jean Carter, PharmD, PhD, RPh**

University of Montana Skaggs School  
of Pharmacy

### **Carolyn Friel, PhD, RPh**

MCPHS University School of Pharmacy

### **Carroll-Ann Goldsmith, DSc**

MCPHS University School of Pharmacy

### **Brian Hemstreet, PharmD,**

### **RPh, FCCP, BCPS**

University of Colorado Skaggs School  
of Pharmacy

### **Brian M. Hodges, PharmD,**

### **RPh, BCPS, BCNSP**

West Virginia University School  
of Pharmacy

### **Sheldon G. Holstad, PharmD, RPh**

American College of Clinical Pharmacy

### **Rebecca Jayakumar, PharmD, RPh**

Roseman University of Health Sciences  
College of Pharmacy

### **Lynn Kassel, PharmD, RPh**

Drake University College of Pharmacy  
& Health Sciences

### **William "Bill" Kolling, PhD, RPh**

Southern Illinois University  
Edwardsville School of Pharmacy

### **Karen Kopacek, RPh**

University of Wisconsin School  
of Pharmacy

### **Kem P. Krueger, PharmD, PhD**

University of Wyoming School  
of Pharmacy

### **Holly L. Mason, PhD**

Purdue University College of Pharmacy

### **Jennifer Mathews, PhD**

Albany College of Pharmacy and Health  
Sciences Vermont Campus

### **David "Dave" McCaffrey, PhD**

St John Fisher College Wegmans  
School of Pharmacy

### **Karen Nagel-Edwards, PhD, RPh**

Midwestern University Chicago  
College of Pharmacy

### **Sreejayan "Sree" Nair, PhD**

University of Wyoming School  
of Pharmacy

### **Philip "Phil" Proteau, PhD**

Oregon State University College  
of Pharmacy

### **Ana Quiñones-Boex, PhD**

Midwestern University Chicago  
College of Pharmacy

### **Ralph Raasch, PharmD, RPh, FCCP, BCPS**

Professor Emeritus, University of  
North Carolina at Chapel Hill Eshelman  
School of Pharmacy

### **Kevin Rynn, PharmD, RPh, FCCP, DABAT**

University of Illinois at Chicago College  
of Pharmacy Rockford Campus

### **Kelly M. Shields, PharmD, RPh**

Ohio Northern University Raabe  
College of Pharmacy

### **Bruce Waldrop, PhD**

Samford University McWhorter  
School of Pharmacy

### **Ronald "Ron" Worthington, PhD**

Southern Illinois University  
Edwardsville School of Pharmacy

### **Dale Eric Wurster, Jr, PhD**

University of Iowa College of Pharmacy

The FPGEE/PCOA Review Committee is composed of pharmacists and academicians who are representative of the diversity of pharmacy education and are specialists in the areas of clinical sciences, pharmaceutical sciences, and basic biomedical sciences, as well as social, behavioral, and administrative pharmacy sciences. The FPGEE/PCOA Review Committee members are appointed to a three-year term.

## PCOA Score Trends 2016-2020 Overview

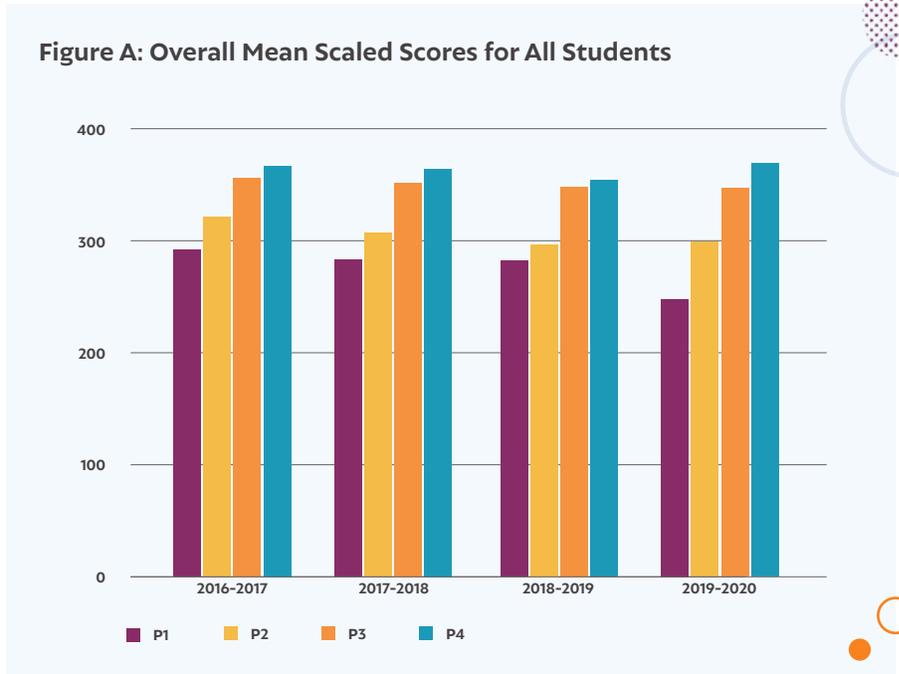
### PCOA Results Show Pharmacy Students' Knowledge Advances Over Program Years

Pharmacy Curriculum Outcomes Assessment® (PCOA®) results continue to show how students build knowledge as they advance through pharmacy school. PCOA score results provide valuable information about students' knowledge in subject matter representative of United States doctor of pharmacy program curricula. The PCOA is the only independent, objective, and national assessment that enables schools and colleges of pharmacy to measure their students' knowledge in pharmacy curricula and compare their results to previous years and other peer programs throughout the US.

#### Scores Increase as Students Advance

PCOA results show that scores generally increase gradually as students advance from the first year through the final year of their professional curriculum. This progression is evidence that PCOA results measure the expected increase in students' knowledge in US pharmacy school curricula. All data in this article are presented in academic years that span from August of one year through June of the next year.

The development and retention of student knowledge is also observed over the four content areas of the assessment, which are basic biomedical sciences, pharmaceutical sciences, social/behavioral/administrative pharmacy sciences, and clinical sciences. For



Data from 2016-2020 indicate that there is a progression of student scores across program years P1 through P4. The average scores of P1-P4 students taking the PCOA each year is shown.

example, PCOA data show that P1 students score higher in basic biomedical sciences than in clinical sciences. This is attributed to the fact that many pharmacy students have previously studied basic biomedical sciences, which are common prerequisites for entering pharmacy school, while many students do not gain clinical science experience until they

begin their doctor of pharmacy program. This is evidenced in PCOA results, which show that P3 and P4 students score higher in the advanced content areas, such as clinical sciences and social/behavioral/administrative pharmacy sciences.

NABP surveys the schools and colleges of pharmacy after each testing window

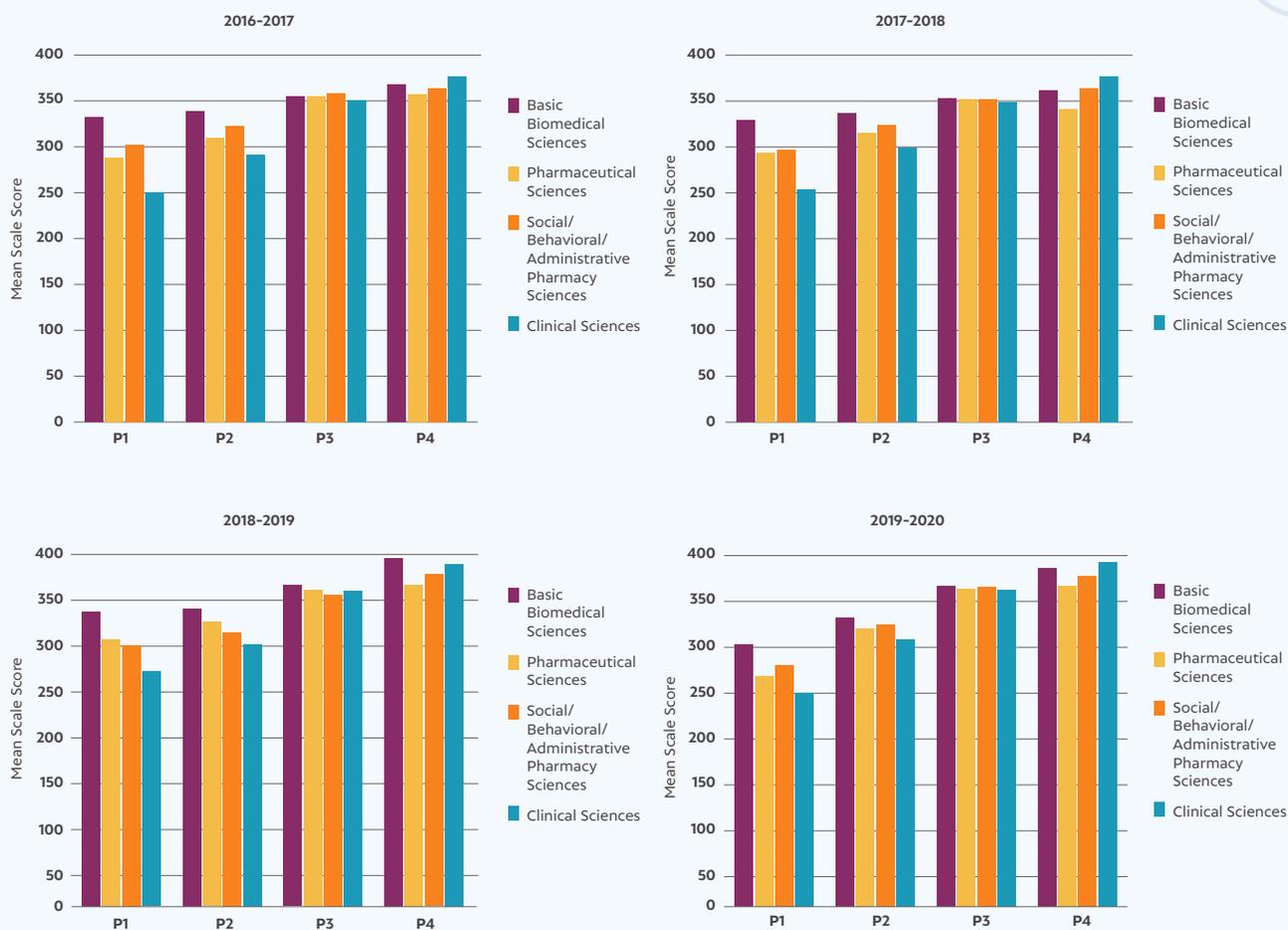


### New Report Examines 2019-2020 PCOA Outcomes

NABP has published a report that presents descriptive statistics for Pharmacy Curriculum Outcomes Assessment® (PCOA®) scores from five administration windows during the 2019-2020 academic year.

The report, *PCOA School Outcomes for Students Nearing the End of Their Didactic Curriculum: 2020*, reviews results of the 2019-2020 Accreditation Council for Pharmacy Education reporting cohorts, which consists of students from 143 schools and colleges of pharmacy who have completed their didactic coursework (typically in their third year). The report is available in the Resources section of the NABP website under Data & Research.

Figure B: Progression and Retention of Knowledge by Academic Year



Data from 2016-2020 demonstrate progression and retention of knowledge in the four core competency areas as students progress through the professional curriculum.

to gather information regarding their experiences and to create a dialogue regarding program improvement. As part of a school or college of pharmacy's efforts in student and curricular strategies assessment, the PCOA may be used to:

- evaluate educational objectives;
- measure the overall performance of pharmacy students and compare their scores to a representative national sample;
- evaluate student progress in the curriculum when used with classroom assessment, portfolios, etc;
- track scores from year to year in order to monitor student growth;

- review student performance after curricula have been modified or updated; and
- conduct educational research.

Since 2016, the PCOA has been a requirement for students nearing the completion of their didactic curriculum in order for schools to meet the Accreditation Council for Pharmacy Education's (ACPE's) *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree*. As a result of many schools and colleges of pharmacy moving portions of their classes to online formats, and due to other

pandemic-related challenges, ACPE decided to suspend the requirement that professional year three (P3) students complete the PCOA for the 2020 academic year.

In 2019-2020, there were 16,788 PCOA exams administered to students enrolled in one of the 143 ACPE-accredited schools and colleges of pharmacy. Beginning in April 2020, NABP only offered the PCOA to P3 students through the rest of the 2019-2020 academic year. NABP offered the PCOA to all P-levels again in fall 2020. ●

## Register for the Virtual Sterile Compounding Inspector Training on July 12-16

*NABP to Cover the Cost for One Inspector per Board; Space Is Limited*



NABP, in conjunction with CriticalPoint, LLC, will offer the Sterile Compounding Inspector Training (SCIT) and certification program virtually on July 12-16, 2021. Attend the training to:

- Earn live continuing education credit
- Learn about United States Pharmacopeia (USP) Chapters <797> and <800>, including best practices
- Hear from engaging and dynamic program lecturers

- Receive valuable tools that will be shared and used throughout the training

Participants who complete the Sterile Compounding eLearning Series and related posttests in a timely manner, attend the virtual or on-site training, and successfully pass a comprehensive posttest will earn the NABP/CriticalPoint Certification in Sterile Compounding for Inspectors (CISCI). NABP will cover the registration cost for each board to

send one inspector to this very valuable training; however, additional inspectors per state may register, space permitting. To receive reimbursement, participants must successfully earn the CISCI credential. For more information on this training or to register, please visit the CriticalPoint website at [www.criticalpoint.info/sterile-compounding-inspector-training](http://www.criticalpoint.info/sterile-compounding-inspector-training). ●



### Updated Requirements in Place for CISCI Recertification

NABP has received inquiries from member boards about inspectors who have completed the SCIT and need to recertify their CISCI credential. With the postponement of USP Chapter <797>, CriticalPoint and NABP have modified the CISCI recertification requirements for inspectors with certifications expiring in 2021. After successful completion of the required steps, which include completing the eLearning curriculum, an employment attestation, and the \$60 payment for recertification, their CISCI credential will be valid through December 31, 2022. For more information about recertification requirements for those with CISCI certification, visit the CriticalPoint website at [www.criticalpoint.info/cisci-certification-recertification-requirements](http://www.criticalpoint.info/cisci-certification-recertification-requirements).

For additional information, contact NABP Professional Affairs at [prof-affairs@nabp.pharmacy](mailto:prof-affairs@nabp.pharmacy).

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

117<sup>th</sup> NABP Annual Meeting | Virtual | May 13-14, 2021

### Tips for Virtual Annual Meeting Attendees

The 117<sup>th</sup> NABP Annual Meeting will take place in a virtual, interactive format that will span over two days (May 13-14), with a pre-meeting continuing pharmacy education (CPE) event on May 12. The tips below may be helpful in planning your meeting days and knowing what to expect in the virtual format.

#### Attendee Hub – A One-Stop Shop for Your Annual Meeting Experience

All registered attendees will receive an email a few days prior to the meeting with login credentials for the NABP Annual Meeting virtual attendee hub. The Annual Meeting attendee hub will be a one-stop shop for accessing all of the meeting's content, business sessions, CPE activities, and more. We encourage you to explore the attendee hub prior to the meeting if you would like to review items in advance, such as:

- Speaker presentations
- Topics for the Shared Discussion Session
- Attendee list
- Instructions and tips for using Zoom

Your attendee hub home page and the schedule page will include links to all sessions and the networking event, and the proposed resolutions will be available in the attendee hub during the meeting.

The business sessions, Shared Discussion Topics, and networking session will be held using Zoom, and the links, as well as more Zoom tips, will be accessible in the virtual attendee hub. ●



All meeting events will take place live in Central time zone; the attendee hub should automatically adjust the times to your time zone. Be sure to check the schedule of events for start and end times!



We encourage attendees to have their video on for the business sessions, Shared Discussion Topics, and networking session, which will all be conducted via Zoom. Professional or business casual attire is appropriate for all on-camera meeting functions.



All attendees will be muted during the Zoom portions of the meeting. NABP staff will unmute you when given the opportunity to speak during discussions. Feel free to utilize the chat feature at any time.



Share your experiences with colleagues who cannot attend. Use **#NABP2021** to tweet about the Annual Meeting events.

### Find Out Who Will Win an NABP Annual Award!

Attend the meeting's Final Business Session to see who wins a 2021 NABP annual award! Individuals whose dedication and contributions to the protection of public health will be honored by the Association.

Online Registration Is Available at [www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy)



YOU'RE INVITED

*virtual*

# EDUCATIONAL POSTER SESSION

*a pre-Annual Meeting event*

Protecting the Public Health Through  
Enhanced Networks and Expanded Access



During this pre-meeting event, board of pharmacy members and college of pharmacy students and faculty will present poster displays on topics related to pharmacy practice and public health protection.



*Wednesday,*

**MAY 12, 2021 | 1-3 PM CDT**



Join our pre-meeting Educational Poster Session for an opportunity to earn ACPE-accredited CPE.

*Register to attend at*  
[www.NABPAnnualMeeting.pharmacy](http://www.NABPAnnualMeeting.pharmacy)

National Association of Boards of Pharmacy®

Learn more about the event, including continuing pharmacy education (CPE) credit information and how to register on the Annual Meeting website. NABP and the NABP Foundation are accredited by the Accreditation Council for Pharmacy Education (ACPE) as providers of CPE. ACPE Provider Number: 0205.





## Richard Breeden, PharmD, BCNSP, BCPS

Member, Tennessee Board of Pharmacy

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

I was appointed to the Board in 2019, and I am a pharmacist.

### In your opinion, what steps should a board member take to be successful in their role?

I think the first step toward success as a board member is to listen. In Tennessee, the members serve a six-year term, creating a constant cycle of new members each year entering the process where a variety of issues have been and are being addressed. Listening to your board commissioner/director and fellow members can help get you up to speed quickly. Secondly, observe and ask questions. It can be intimidating to do so during the first few meetings. It is good to ask questions during the discussion process to grasp a firm understanding of the issue at hand. Third, do not be afraid to participate in meetings and speak up. Your experience is valuable to the board, and there are situations where you may have insight on a situation that differs from that of other members. The overall goal of being on the board is to protect the public. You will ultimately be successful if you keep that as your primary focus.

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

The most recent issues have been centered around United States Pharmacopeia <797>, <800>, and <795> regulations; coronavirus disease 2019 (COVID-19)-related issues; and government executive orders specific to dispensing medications, providing vaccinations, technician roles and responsibilities, and technician-to-pharmacists ratios.

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

We have not had any major challenges with the recommendations we have sent into legislation. The pandemic has delayed some of the legislative decisions, such as removing technician ratios. However, it seems our recommendations regarding COVID-19 are being included in the executive orders for the state.

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

Do not be afraid to speak up, ask questions as needed, and get involved with NABP as soon as you can.

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

I attended the NABP Interactive Member Forum in January 2020. I have participated in the North American Pharmacist Licensure Examination® item writing session and the Multistate Pharmacy Jurisprudence Examination® review. These were all great experiences as I enjoy learning more about other state board issues and solutions, as well as learning how the examination processes are evaluated and revised. I look forward to more involvement over the next few years as a Board member. ●

## Tennessee Board of Pharmacy



### Number of Board Members

6 pharmacist members and 1 public member



### Number of Compliance Officers/Inspectors

5



**Rules & Regulations Established by State board of pharmacy** (The Board promulgates, others review and approve.)



**Number of Pharmacist Licensees**  
12,556



**Number of Pharmacies**  
2,928



**Number of Wholesale Distributors**  
2,345



### California Online Registry Helps Consumers Find Pharmacist-Provided Health Care Services

The California State Board of Pharmacy is creating an online registry to help consumers find specific health care services that qualified pharmacists may provide to patients without a prescription pursuant to provisions of the Business and Professions Code.

The health services are:

- Self-administered hormonal contraception
- Emergency contraception
- Vaccinations
- Travel medications
- Nicotine replacement therapy
- Naloxone
- HIV pre-exposure prophylaxis
- HIV post-exposure prophylaxis

Pharmacists providing these services also must comply with protocols and requirements specified in Title 16 of the California Code of Regulations. Licensee participation in the registry is voluntary.

### Massachusetts Board Requires Sterile Compounding Pharmacies to Report Above Action Level Environmental Monitoring Results

Per Massachusetts Board of Registration in Pharmacy policy, all sterile compounding pharmacies licensed by the Board must report and respond to above action level environmental monitoring (EM) in ISO-classified spaces.

Policy 2019-08: Sterile Compounding Pharmacy Response to Above Action Level Environmental Monitoring Results outlines the requirements of a Board-licensed pharmacy in the event of an above action level finding. An above action level EM result is one that exceeds the United States Pharmacopeia (USP) Chapter <797> criteria for nonviable, viable, air, and surface contamination. Any EM findings that are not within USP Chapter <797> action limits in an ISO-classified environment must be reported to the Board and properly remediated.

More information is available in the Board's February 2021 *Newsletter*, which can be accessed on the NABP website.

### New Prescriber Compounding Rules in Ohio

To assist licensees in complying with a new rule chapter, which went into effect March 31, 2021, the State of Ohio Board of Pharmacy recently published a prescriber compounding inspection guide.

The inspection guide aligns with internal guidance used by Board inspectors and allows licensees to conduct self-inspections to

ensure compliance. The guide also includes links to the new rules, important definitions, and reminders of when a licensee is required to submit notification or additional information to the Board. It is available at [www.pharmacy.ohio.gov/Documents/Licensing/TDDD/InspectionGuides/Prescriber%20Compounding%20-%20Inspection%20Guide.pdf](http://www.pharmacy.ohio.gov/Documents/Licensing/TDDD/InspectionGuides/Prescriber%20Compounding%20-%20Inspection%20Guide.pdf).

### Oregon to Survey Licensees to Promote a Diverse, Culturally Responsive Workforce

The Oregon Health Authority Health Care Workforce Survey is required of Oregon licensees as part of their licensure renewal process. For all future license renewals, the survey will include more detailed questions on race, ethnicity, language, and disability (REALD). These questions are included to support state planning efforts in equitably promoting a diverse and culturally responsive workforce for communities across the state.

Additional information on REALD is provided on the Oregon Health Authority website at [www.oregon.gov/oha/OEI/Pages/REALD.aspx](http://www.oregon.gov/oha/OEI/Pages/REALD.aspx).

### Cultural Competency CE to Become Required in Oregon

In response to 2019 House Bill 2011, the Oregon State Board of Pharmacy is in a rulemaking process that will require a minimum of two hours of continuing education (CE) related to cultural competency for pharmacists, certified Oregon pharmacy technicians, and interns. This requirement will become effective July 1, 2021. Cultural competency CE hours will count toward the total hours required for licensure renewal. ●



Most articles published in State Board News 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.

### New FDA Guidance to Protect Consumers From Methanol Poisoning

Food and Drug Administration (FDA) issued a new guidance for industry, *Policy for Testing of Alcohol (Ethanol) and Isopropyl Alcohol for Methanol, Including During the Public Health Emergency (COVID-19)*. The guidance is intended to help pharmaceutical manufacturers and pharmacists who engage in drug compounding to avoid using pharmaceutical alcohol contaminated with or substituted with methanol in drug products. FDA noted that methanol is not an acceptable ingredient for any drug product and should not be used.

The guide is available on the FDA website at [www.fda.gov/media/145262/download](http://www.fda.gov/media/145262/download).

### Surgery Patients Receive More Opioids in the US Than in Other Countries

Patients in the United States are prescribed a disproportionately higher amount of opioids after surgeries compared to surgery patients in other countries, according to a new study. The study, published in the *Journal of the American College of Surgeons*, reviewed data from 2,024 surgery patients and found that 83% of US patients without pain were prescribed opioids, compared with 8.7% of non-US patients without pain. The authors concluded that US patients are prescribed more amounts of opioids at higher rates regardless of the severeness of their post-surgical pain. The authors recommend that more efforts are made toward ensuring that opioid prescriptions are tailored to patients' needs.

### FDA Alerts Health Care Professionals and Compounders of Potential Risks Associated With Remdesivir Drug Products

In October 2020, FDA approved a new drug application for Veklury® (remdesivir) for adults and pediatric patients for the treatment of the coronavirus disease 2019 (COVID-19) while in hospital settings. Veklury is an injectable drug that should be used only in health care settings or hospitals to treat COVID-19 for its approved use. The complexity related to the quality



and sourcing of remdesivir may make it challenging to compound. Using active pharmaceutical ingredients that differ from FDA-approved ingredients can affect the quality of the compounded drug.

Compounders may be interested in compounding remdesivir products; however, FDA cautions against this because compounded drugs are not FDA approved or evaluated by FDA.

The complete announcement is available on the FDA website at [www.fda.gov/drugs/human-drug-compounding/fda-alerts-health-care-professionals-and-compounders-potential-risks-associated-compounding](http://www.fda.gov/drugs/human-drug-compounding/fda-alerts-health-care-professionals-and-compounders-potential-risks-associated-compounding).

### Nationwide Recall Issued for Enoxaparin Sodium Injection Due to Mislabeling

Apotex Corporation announced in February 2021 that it is voluntarily recalling two batches of Enoxaparin Sodium Injection, USP to the consumer level, due to a packaging error that resulted in the mislabeling of syringe barrels. The packaging error resulted in some syringe barrels containing 150 mg/mL markings instead of 100 mg/mL markings on the syringe barrel and vice versa.

Apotex Corporation notified its wholesalers and warehousing chains with a recall notification letter and made arrangements for the return of all recalled products. Patients who received either of the two batches are advised to contact their pharmacy with any questions regarding the recall.

Details, including affected lot numbers and instructions for returning the recalled products, are available in a press release published on

the FDA website at [www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/apotex-corp-issues-voluntary-nationwide-recall-enoxaparin-sodium-injection-usp-due-mislabeling](http://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/apotex-corp-issues-voluntary-nationwide-recall-enoxaparin-sodium-injection-usp-due-mislabeling).

### Certified Pharmacy Technicians May Now Apply for Immunization Certification With PTCB

The Pharmacy Technician Certification Board (PTCB) has launched its Assessment-Based Certificate in Immunization Administration, which demonstrates a certified pharmacy technician's ability and qualification to safely deliver and manage immunizations, including the COVID-19 vaccine. The credential also demonstrates a Certified Pharmacy Technician's qualification to perform other related tasks, including preparation, documentation, storage, and disposal.

"Pharmacy technicians are a critical component of the health care workforce that is administering and managing COVID-19 vaccines," said PTCB Executive Director and Chief Executive Officer William Schimmel in a press release. "PTCB's Immunization Administration Certificate distinguishes the technicians who demonstrate knowledge and skill in vaccine delivery and their commitment to serving patients and communities during this health crisis."

Interested candidates must complete a PTCB-recognized immunization administration education/training program to be eligible for the new assessment. Additional information on the certification is available on the PTCB website, [www.ptcb.org/credentials](http://www.ptcb.org/credentials). ●



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## UPCOMING EVENTS

**117<sup>th</sup> NABP Annual Meeting**  
May 13-14, 2021 | Virtual Meeting

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

**NABP/AACP District 5 Meeting**  
August 6, 2021 | Virtual Meeting

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

**NABP/AACP Districts 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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