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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 in protecting the public health.



NABP Executive Committee

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



Timothy D. Fensky,
RPh, DPh, FACA
NABP Chairperson

Fellow Members,

As regulators and pharmacists, we know that the importance of supply chain security cannot be overstated. While the country has made great strides in addressing prescription drug misuse and opioid abuse in general, many prescription drugs continue to be highly sought on the black market. Further, the resurgence of opioid overdoses during the COVID-19 pandemic demonstrates the need for continued vigilance in this matter.

One vital service that the Association provides to assist its member boards in these areas is NABP PMP InterConnect®, which helps connect state prescription monitoring programs (PMPs) nationwide. This year marks the 10th anniversary of PMP InterConnect, and I am pleased to report that this program's strength has continued through the pandemic and beyond. With 52 states and jurisdictions now connected and securely exchanging data, PMP InterConnect is providing an effective means of combating drug diversion and abuse throughout the United States.

Appropriate regulation and monitoring of various entities such as wholesale distributors is another important part of keeping the drug supply chain safe and secure for patients. NABP's accreditations can play a vital role in helping state boards of pharmacy ensure patient safety. These include accreditations for drug distributors, many different types of pharmacy practice, and the .Pharmacy Verified Websites Program, which grants use of the .pharmacy domain to safe and legal websites.

One thing I have come to understand over my years with the Executive Committee is the importance of communicating high-quality, accurate information with our member boards. The Association does that through a number of channels, including the newsletter you're reading now. Another great resource for our member boards is the annual Program Review and Training session held in June. The session provides board members and staff with the opportunity to learn about NABP

programs and services and view presentations from all the Association's departments. I'd like to extend my personal thanks to those board of pharmacy staff members who were able to attend this year's session. As an unexpected but welcome side effect of holding the meeting virtually, over 100 people were able to participate. Because of this success, NABP has decided to keep a virtual format for these events moving forward. I invite any boards that are interested in learning more about the next Program Review and Training event to contact NABP. In the meantime, recordings of the training are available for anyone who missed it on the Board Resources page in the Members section of the NABP website.

As a final note, I'm pleased to share that NABP received two Association Media & Publishing EXCEL Awards. NABP received a Gold Award for its efforts with the latest redesign of the newsletter you're reading now, and a Bronze Award for its work in redesigning the NABP website, which is now looking better than ever.

Whether through NABP's publications or through services such as PMP InterConnect, quality, accuracy, and accessibility of information are extremely important to everyone at NABP. These awards help to confirm that we are delivering on those priorities. ●

Sincerely,

A handwritten signature in black ink, appearing to read 'Timothy D. Fensky'.

Timothy D. Fensky, RPh, DPh, FACA
NABP Chairperson

Federal, International Shipping Regulation Changes Paramount as Opioid Epidemic Intensifies

Over the past year, as policymakers moved with unprecedented speed to address the coronavirus disease 2019 (COVID-19) pandemic, another accelerating public health emergency also prompted congressional attention – the opioid epidemic. In 2020, the number of opioid overdose deaths not only continued to climb but markedly worsened. Consistent with recent trends, synthetic opioids, such as illicit fentanyl and fentanyl analogs, are involved in the vast majority of opioid-related deaths, with most of these illicit drugs being shipped into the United States from overseas.

According to a January 2020 Drug Enforcement Administration (DEA) report, while the origins of fentanyl coming into the US have diversified in recent years, China remains the primary source of fentanyl and fentanyl-related substances trafficked through international mail and express consignment operations. India has also recently become a source for finished fentanyl powder and fentanyl precursor chemicals, which are often shipped to clandestine laboratories in Mexico where cartels use sophisticated processing methods (ie, unregulated chemicals and industrial-size tablet presses) to produce wholesale quantities of illicit fentanyl pills. Alarming, the majority of these illicit drugs arrive in the US through the same system that most Americans use for their local mail – the US Postal Service (USPS).

Illegal Drug Sellers Exploit Vulnerabilities in USPS

According to a 2018 bipartisan congressional investigation by Senators Rob Portman (R-OH) and Tom Carper (D-DE), it is easy for Americans to purchase fentanyl from online sellers and have it shipped into the US, predominantly by way of USPS.

Using common internet search tools, subcommittee members identified dozens of websites offering to sell synthetic opioids, on both the open and dark web. Through payment information related to six of the online sellers, the subcommittee identified more than 500 financial transactions with over



Libby Baney, JD
Faegre Drinker Biddle & Reath LLP

300 US-based customers totaling \$230,000. They also found seven individuals who died from fentanyl-related overdoses after receiving packages from one of these sellers.

All of these international online sellers explicitly indicated their preference to ship purchases through Express Mail Service (EMS), a network that includes USPS, rather than through commercial operators, such as DHL International GmbH, FedEx Corporation, and UPS, Inc. A separate investigation conducted by the USPS Office of Inspector General (OIG) also found that out of 104 illicit drug websites it identified that disclosed their shipping methods, 92% indicated using USPS.

Shipping System Loopholes Allow Illegal Drugs to Enter US

To understand why illegal drug sellers prefer EMS over commercial services, it is important to understand the differences between the two and the resulting vulnerabilities.

Commercial entities, otherwise known as express consignment operators (ECOs), control letters and packages in closely integrated networks from acceptance to delivery. This means they own and operate private processing facilities and control how they screen for hazardous materials. And because ECOs are in the private sector, they enter into individual contracts with their customers, which often include terms allowing them to open and inspect mail at any time.



Jillian K. Brady, MS
Faegre Drinker Biddle & Reath LLP

EMS is an international network of each member country's postal operations, including USPS, which cooperate to ship letters and parcels internationally. Unlike ECOs, EMS is governed by the Universal Postal Union (UPU), of which all 192 members, including the US, agree to universal service obligations mandating the acceptance of packages and other mail items from other countries' postal operators. In addition to UPU service obligations, foreign postal operators are also subject to their own country's laws and regulations. USPS, for example, cannot open and inspect mail without a federal search warrant.

Regardless of the system or carrier by which they enter the US, all packages are subject to inspection by the US Customs and Border Protection (CBP). Both USPS and ECOs are required to accommodate CBP officials' requests to locate and hand over suspicious letters and packages for inspection before they enter the US mail stream. However, the following vulnerabilities in USPS have historically hampered its ability to effectively comply with CBP's requests.

1. **USPS does not require advance electronic data (AED)** – AED is information about a package provided by the shipper at the time of drop-off, including the sender name and address, recipient name and address, and a description of the package contents. This data is provided to CBP prior to

the package entering the US, thereby allowing it to identify which “suspicious packages” it would like to request to inspect in advance. US ECOs have been required to collect AED on all packages shipped into the US through their networks since the passage of the Trade Act of 2002. In contrast, according to UPU service terms, EMS members are not required to collect AED. Consequently, of the nearly 500 million packages that USPS received from foreign posts in 2017, only 36% had an associated AED.

2. **USPS package location processes inefficient and ineffective** – Since ECOs have complete control of the letters and packages that move through their system, from point of origin to destination, they generally have efficient systems for locating letters and packages. In contrast, USPS has no control of international packages at its point of origin and is obligated under the UPU service terms to accept all packages it receives from foreign posts. Further, according to a 2018 USPS OIG report, there is currently no process in place at USPS to automatically locate and redirect suspected packages in the mainstream for inspection. Almost all international mail packages shipped through EMS are received by one of five International Service Centers (ISCs) in New York, Chicago, Los Angeles, San Francisco, and Miami. And up until recently, CBP agents at ISCs would manually sort through millions of suspicious packages originating from “countries of interest” to look for illegal items.
3. **USPS receives a much higher volume of mail compared to ECOs** – There is a vast difference in the volume of packages that ECOs and USPS received annually. In 2016, USPS handled more than 275 million international packages, which is over four times the amount handled by three of the largest ECOs combined (65.7 million). In 2017, the number of international packages that USPS received almost doubled to 498.27 million. Thus, international drug sellers have had a huge advantage when shipping into the US through EMS. The sheer volume of packages

that CBP has to screen, coupled with USPS’ lack of advance information and efficient processes for locating “suspicious packages,” makes it highly unlikely that packages will be subject to inspection.

The STOP Act of 2018

Recognizing that the vast majority of illegal online drug sellers shipping drugs into the US do so by way of USPS, Congress passed the Synthetics Trafficking and Overdose Prevention (STOP) Act in 2018. The STOP Act called for USPS and CBP to issue regulations requiring AED on all international packages and shipments from foreign countries, no later than one year from the date of enactment. And to ensure that these regulations could be enforced, following passage of the STOP Act, the US Secretary of State negotiated with the UPU to secure reforms requiring foreign posts to provide AED and permitting countries to deny entry of packages that do not meet these requirements. Still, recognizing that certain countries may need time to build the capacity to collect and transmit AED information to USPS, the STOP Act allowed CBP to exclude certain “low-risk” countries. However, it required CBP to reevaluate any determination made on the exclusion of countries at least once annually.

On March 15, 2021, after several years of missed deadlines and repeated pressure from Congress, Homeland Security Secretary Alejandro Mayorkas signed an interim final rule (IFR) to promulgate regulations enabling CBP to implement the provisions required in the STOP Act.

Where CBP’s Regulations May Fall Short

The release of the IFR comes at a time when some argue that the following conditions outlined in the IFR introduce weaknesses that could be exploited by shippers of illegal medicines and illicit drugs, thus significantly diminishing the effectiveness of the STOP Act.

1. Exempting certain shipments from AED requirements

The IFR states that AED is not required for letter class mail or for packages containing documents weighing up to 7 kg. Excluding packages according to weight, shape, or contents will allow nefarious actors to circumvent CBP scrutiny not only by shipping in smaller batches, but also by declaring that their

packages contain documents. This is a near certainty as evidenced by DEA’s 2020 report, which found that seizures of fentanyl sourced from China average less than 1 kg in weight, and often test above 90% concentration of pure fentanyl.

2. Exemption of countries from AED requirements without limitations on how many countries and how long

While the IFR allows for the exclusion of certain low-risk countries that do not have the capacity to collect and transmit AED, in December 2020, USPS and CBP reported an excess of 130 countries currently on their exception list, including developed countries such as the United Kingdom. Critics rightfully contend that allowing any country to remain on the exception list for an extended period of time introduces a loophole that shippers of narcotics and illegal prescription drugs can easily exploit by transshipping.

Conclusion

Now that the public comment period has concluded, the revisions CBP makes to its regulations, if any, will dictate how effective it is in stemming the flood of illegal online drugs coming into the US via USPS. The requirements promulgated by the STOP Act, if implemented in full, would create a major roadblock for criminals who have far too long exploited weaknesses in the US postal system.

And requiring AED from foreign posts is a critical tool that will allow CBP to more effectively screen the hundreds of millions of pieces of international mail that it receives each year for illicit drugs. But allowing exemptions for certain countries and packages will undoubtedly introduce weaknesses to which international drug dealers will quickly adapt and exploit. One thing is for sure, as the opioid epidemic continues to intensify, bold action is needed to enable US law enforcement to stem the tide of synthetic opioids that continues to flow across the US border through the mail system. ●

This article was written by Libby Baney, JD, and Jillian K. Brady, MS, with Faegre Drinker Biddle & Reath LLP. Please note, the opinions and views expressed by Faegre Drinker Biddle & Reath do not necessarily reflect the official views, opinions, or policies of NABP or any member board unless expressly stated.



David Sencabaugh, RPh

Executive Director, Massachusetts Board of Registration in Pharmacy

How long have you served as executive director of the Massachusetts Board of Registration in Pharmacy?

I began my work as executive director of the Board in September 2013. Prior to this position, I worked exclusively in the chain pharmacy industry, where I held various positions in different organizations.

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

When considering the most significant challenges to our Board, nothing comes close to the impact of the coronavirus disease 2019 pandemic. For those of us working for the Massachusetts Department of Public Health, the changes involved everything from teleworking to virtual Board meetings. In addition, we all had to handle major changes in our personal lives at the same time.

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

Massachusetts Governor Charles Baker, Jr, issued an emergency declaration in March 2020 that included the approval for certain state employees to work remotely and the ability to hold Pharmacy Board meetings virtually. The Massachusetts Department of Public Health quickly gave the Board the tools necessary to work remotely and a robust plan to rotate staff. Since travel and parking were no longer an issue, we decided to have a Board meeting with our 13 volunteer members every week, so that we could react quickly to the many unprecedented issues that were evolving. Internally, our staff began to meet virtually daily to keep the lines of communication open with our stakeholders, the public, and all the agencies we work with closely. Our Board created an all-inclusive spreadsheet to track the many varied questions that were pouring in from our licensees and the public. Our staff worked practically day and night getting the answers to these questions and turning around responses quickly. When answers came

in the form of an approval or an order of the commissioner of public health, we immediately posted frequently asked questions and orders on our website.

In addition, we changed our inspection and investigation procedures to protect our inspectors and the staff members of the pharmacies we visited. We conducted some inspections virtually for a time, until we could establish protocols for our team to follow and procure the appropriate personal protective equipment.

What other key issues has the Board been focusing on?

We have been focusing on the Food and Drug Administration memorandum of understanding issue and revisions to our regulations, which are works in progress. Two other major issues that continue to challenge us are sterile compounding safety and the opioid crisis. During the pandemic, I feel it has been more important than ever to remain dedicated to those items, while always being ready for new concerns that will show up.

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

Work hard and keep **all** channels of communication open. Do not be afraid to reach out to other states or stakeholders that may offer insight and ideas not yet contemplated. Information must flow quickly and in multiple directions. Even if you do not have an answer immediately, or if your answer is not a popular one, the trust and respect you can earn by showing that you care, getting back to people quickly, and being honest will ultimately lead to success and satisfaction.

Throughout it all, we have been blessed to have a strong, knowledgeable, and focused staff dedicated to public safety. We are also blessed with a wonderful and diverse group of Board members, who graciously adjusted their schedules to accommodate the needs of the state and, as such, the public. I am so proud and honored to be associated with them. ●

Massachusetts Board of Registration in Pharmacy



Number of Board Members
8 pharmacist members
2 public members
1 pharmacy technician
1 physician
1 nurse



Number of Compliance Officers/Inspectors
1 compliance officer
and 12 inspectors



Rules & Regulations Established by Board of Registration in Pharmacy



Number of Pharmacist Licensees
13,936



Number of Pharmacies
1,124 (includes home infusion, mail-order, and nuclear pharmacies)



Number of Wholesale Distributors
37



NABP INTERACTIVE COMPLIANCE OFFICER AND LEGAL COUNSEL FORUM – Returns In Person This Fall!

November 30 – December 1, 2021 | Northbrook, IL

One compliance officer and one legal counsel from each board will be invited to join colleagues in person to network and collaborate on common regulatory issues facing the boards of pharmacy.

Board of pharmacy executive officers will select the attendees, and those selected will receive registration instructions.



No registration fees. Travel, hotel, and meals paid by NABP.

NABP's Redesigned *Innovations* and Website Honored With 2021 EXCEL Awards

NABP received two 2021 EXCEL Awards during Association Media & Publishing's (AM&P's) 41st Annual EXCEL Awards Celebration, held virtually on June 16, 2021. AM&P's prestigious EXCEL Awards program recognizes excellence and leadership in nonprofit and for-profit association media, publishing, marketing, and communications.

NABP received the following honors:

April 2020 *Innovations*
GOLD
Newsletter Redesign

NABP Website Redesign
BRONZE
Website (Redesign)

AM&P's 2021 EXCEL Awards program drew 575 entries in nine broad categories ranging from diversity and inclusion initiatives to digital publishing and magazines to books and promotional campaigns. Of those, the judges selected 240 entries to receive EXCEL Awards. During the Awards Celebration, AM&P announced the award



levels for each of the awards (Gold, Silver, and Bronze). The 2021 EXCEL Awards winners will be featured in the September/October issue of AM&P's *Signature* magazine. ●



A DECADE STRONG

PMP InterConnect Serves as Vital Tool for Providers, Regulators to Protect Public Health

At the height of the prescription drug abuse epidemic, NABP was approached by several states to develop a solution that would make it possible to share vital information from prescription monitoring programs (PMPs) across state lines.

As a culmination of this request and months of shared effort, NABP PMP InterConnect® was launched in 2011, allowing participating state PMPs throughout the United States to share PMP information. This service enhances existing PMPs and allows physicians, pharmacists, and other authorized users to better identify patients whose prescription history may indicate issues with prescription drug misuse and diversion, particularly in cases where patients are crossing state lines. Despite the coronavirus disease 2019 (COVID-19) pandemic, PMP InterConnect is now stepping into its second decade of serving the states (at no cost to them) in a position of strength. Now a comprehensive, fully integrated option for reviewing patient prescription history, PMP InterConnect is expected to soon reach the significant milestone of more than 1 million users.

Combating a Historic Epidemic

In 2011, the health care community was starting to recognize the full scope of the opioid epidemic and the role that prescription drug abuse and diversion were playing. Centers for Disease Control and Prevention (CDC) data showed that more than seven Americans per 100,000 were dying of opioid overdoses, and more than half of those overdoses (4.9 per 100,000) involved commonly prescribed opioids. An estimated 21,088 people died of opioid overdoses in 2010 alone.

Eager to find ways to fight the rapidly increasing number of overdose deaths, many states developed PMPs and passed laws that required prescribers and pharmacists to use PMPs to watch for patients who might be in danger of developing an opioid use disorder or diverting opioids. As PMP technology was developed, expectations increased. However, a significant blind spot was identified when it became clear that some of these activities were happening across state lines.

“We weren’t able to share information,” explained Mark J. Hardy, PharmD, RPh, executive director of the North Dakota State Board of Pharmacy. “That was the problem we were looking to solve. It was the height of the prescription drug abuse epidemic, and a lot of individuals we identified were moving between states. Data wasn’t flowing between practitioners in those states, and it became clear that something like PMP InterConnect was needed.”

NABP and its technology provider, Appriss, Inc, developed and deployed the necessary technology and infrastructure for PMP InterConnect in just seven months. At launch, PMPs in Ohio and Indiana had started to share data, and Connecticut, Kansas, North Dakota, South Carolina, Virginia, and

West Virginia were in the process of implementing the technology. In total, 15 states had already agreed to take the steps necessary to participate in the program.

To help govern the system and ensure responsible use and rollout of the technology, a PMP InterConnect Steering Committee was created, composed exclusively of representatives of the PMPs that were participating in the system. During the early meetings of the committee, the group engaged in many discussions about security, methods for auditing access to PMP data, and ways to integrate PMP InterConnect into clinical workflows of health care providers. As a result of these discussions, a software solution known as PMP Gateway was developed to allow PMP InterConnect integration into electronic health records (EHRs), making it possible to view PMP data without having to manually access a separate website.

“PMP InterConnect and Gateway facilitate integration – integrating the PMP into the clinical workflows through [EHR] systems and pharmacy management systems,” said Steven W. Schierholt, Esq., executive director of the State of Ohio Board of Pharmacy. “That has been huge – honestly, a game changer. Ohio was the first state in the country to provide that feature to its hospitals, doctors, and pharmacies free of charge. It has driven our use exponentially, and it was probably the biggest step in turning our PMP into an indispensable health care tool here in Ohio.”

“In 2016, Indiana started integrating PMP data directly into [electronic medical records],” said Kara Slusser, director of the Indiana Scheduled Prescription Electronic Collection and Tracking Program, Indiana’s PMP. “In 2017, we launched a statewide integration project with the added benefit of allowing practitioners to access multistate data using PMP InterConnect. This was all made possible because of NABP’s work and the PMP InterConnect system. Over the last decade, NABP has worked so diligently to develop connections with nearly all 50 states. Without that ability to view patient data from multiple states, our integration efforts would not have been as successful as they are today.”

Pandemic Surge Shows Vigilance Is Still Needed

In the decade since PMP InterConnect was introduced, PMPs have become a vital tool in helping to reduce prescription drug misuse. Although the opioid crisis continues to be an important priority for NABP and its member boards of pharmacy, overdoses related to prescription opioids have declined significantly. Similarly, dangerous pain clinics run by unscrupulous prescribers and problematic patient behaviors such as “doctor shopping” (visiting multiple prescribers to seek the same or similar controlled substances) have also declined. “I don’t think it’s a coincidence that a decrease in these metrics occurred after PMP InterConnect started to see widespread use,” Hardy commented when discussing the impact PMPs have had on the pandemic in North Dakota. “It fostered sharing between jurisdictions, addressed major problems we had 10 years ago, and made PMPs into a high-level tool. It’s been built on a lot of successes.”

“Once sharing through PMP InterConnect began we saw significant decreases in the number of people crossing state lines to obtain controlled substances as part of illegal activity,” added Joe Fontenot, RPh, assistant executive director of the Louisiana Board of Pharmacy. “To my knowledge, there was no mechanism in place to share information across state lines before PMP InterConnect.”

“Our instances of doctor shopping have fallen 93% since 2011,” said Schierholt. “That is directly attributable to our PMP, PMP InterConnect, PMP Gateway, and the prescriber community. Today, health care providers are all working diligently to be a part of the solution, and interconnectivity is a huge part of that.”

Although efforts to combat the opioid crisis have seen great strides since 2011, the COVID-19 pandemic and emergency measures taken to slow the spread of the disease may have complicated the situation. As reported in previous issues of *Innovations*, CDC and other authorities report that the opioid crisis in recent years has been driven by the proliferation of illegally manufactured fentanyl being sold through various methods. In addition, CDC has reported significant increases in overdose deaths over the last two years, and evidence suggests that this resurgence can be attributed, at least in part, to the pandemic, as detailed in the October 2020 issue of *Innovations*. In summary, increased isolation and greater economic stresses may have led to a resurgence of opioid overdoses. As the pandemic-related isolation has eased over the last year, vigilance regarding prescription opioids continues to be important. More information about the current state of the opioid crisis will be available in the October 2021 issue of *Innovations*.

Health Care Providers Benefit From PMP InterConnect Integration

As of press time, 52 states and jurisdictions are participating in PMP InterConnect. Of the nearly 1 million users of PMP InterConnect, approximately 900,000 are physicians and prescribers, and 100,000 are pharmacists. In fact, in the last five years, the volume of information requests sent through the system has increased more than 7,000%. According to Appriss, PMP InterConnect regularly delivers information to one out of every three prescribers in the US, and over 132,000 facilities have integrated PMP Gateway into their workflows.

Another important metric for PMP InterConnect is the amount of time it saves providers, particularly when fully integrated to EHR systems and health care system workflows. Appriss estimates that PMP InterConnect saves providers between two and five minutes per patient encounter. Because the system now processes over 1 billion annual patient encounters per year, PMP InterConnect is saving PMP users a minimum of 33 million hours each year.

Schierholt believes that PMP Gateway integration has been an important part of improving participation in his state’s PMP. “Seven years ago, I heard that our PMP was slow and cumbersome,” Schierholt said. “Now, it is seamless. With a click of a button, providers can get a prescription history from Ohio or any other participating state. Integration is a game changer, and we would encourage any state to work toward it. It is also helping prescribers get time back – time once used to log into a system, enter data, and make queries can be used to have more meaningful conversations with patients.”

Enhancements to PMP InterConnect continue to be developed and implemented, with several new technical improvements underway. These developments will continue to make it easier for users to monitor the system, get reports and other vital information when they need it, and enable stronger, secure connections between PMPs. The future of PMP InterConnect will also be discussed at a forthcoming Steering Committee meeting in October 2021. More information on this meeting will be provided in future communications. ●

Board Staff Learn About NABP Programs and Services at Annual Program Review and Training

One hundred and three board of pharmacy staff representing 25 boards of pharmacy attended the virtual 2021 NABP Program Review and Training session on June 15, 2021. The live, interactive session provided information about the Association's

e-Profile Connect system, licensure transfer, Clearinghouse, examinations, accreditation and inspection programs, and more.

Due to the success of last year's virtual training, NABP has made the decision to hold this annual training virtually moving

forward as it allowed for more board of pharmacy staff to attend. Information about the 2022 training, which will take place in summer 2022, will be provided in future NABP communications.

Participants' Comments on the 2021 Program Review and Training

"The information was well presented in an orderly manner. Presenters were knowledgeable at the field or area of expertise."

"I enjoyed how interactive the training was and that it included multiple polls and quizzes."

"This was my first, but hopefully not my last, Program Review and Training session. I enjoyed all the topics and presenters very much."

"I enjoyed the virtual aspect since it gave me a better opportunity to attend."

"This was a good tool for beginning users of the NABP platform and will be used to train new employees."

"I really enjoyed the training presentations. I was very impressed by how efficient and clear all the presenters were with the training being virtual."

Missed the Training? Access a Recording Online!

Did you miss the 2021 Program Review and Training, or attend but want to view a specific segment from the training again? This year's training was recorded and edited for quick and easy viewing on the NABP website at any time.

The training has been segmented into videos, each ranging in length from four minutes to 34 minutes, which cover the following NABP programs and services:

- NABP Examinations
- Examination Eligibility
- Performance Reports
- Foreign Pharmacy Graduate Examination Committee™ Certification
- Licensure Transfer
- NABP Clearinghouse
- Licensure Warehouse and Data Exchange
- Licensure Verification
- CPE Monitor®
- Pharmacy and Distributor Accreditations and Inspections
- Member Relations and Government Affairs, Federal Affairs, Professional Affairs, and Communications

To access the videos, visit the Board Resources page in the Members section of the NABP website. Each video includes an email address at the end to receive more information on the topic. ●

In Memoriam: NABP Mourns Passing of Past President and Past Honorary President

Llyn A. Lloyd

Past NABP President Llyn A. Lloyd passed away on June 13, 2021. Lloyd served as the Association’s president from 1992 to 1993. Under Lloyd’s leadership as president, NABP began the development of single-issue task forces to promptly address critical practice, licensure, and regulatory issues, and to give the state boards of pharmacy a voice in Association change. Lloyd served as executive director of the Arizona State Board of Pharmacy for more than 17 years. He was a strong advocate for recovering pharmacist treatment programs, and a recipient of the A.H. Robins Bowl of Hygeia Award.



Llyn A. Lloyd



William "Buck" Stevens

William 'Buck' Stevens

Past Honorary NABP President William "Buck" Stevens passed away on May 22, 2021. From 2004-2005, Stevens served as NABP’s honorary president. An active member of NABP, Stevens played an integral role in many of NABP’s committees and task forces, including the Bureau of Voluntary

Compliance Advisory Committee and the Task Force on the Expanded Use of the Internet in Pharmacy Practice and Regulation. Because of Stevens’ efforts while serving as executive director, the Mississippi Board of Pharmacy received the 1999 Fred T. Mahaffey Outstanding Board of Pharmacy Award at the 95th NABP Annual Meeting. Stevens

was instrumental in enabling pharmacists to administer immunizations and to provide disease management services. He was also the major force behind the Disease State Management examination program and the National Institute for Standards in Credentialing and was an outspoken advocate for pharmacists nationally. ●

NABP Accreditations and Verifications

NABP awarded a total of 76 accreditations and verifications from April 1 to May 31, 2021. The breakdown by program is as follows:



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



Jeenu Philip, RPh

Member, Florida Board of Pharmacy

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

I was appointed to the Board in 2013 as a pharmacist member and served as chair in 2018.

What steps should a board member take to be successful in their role?

Board members should be fully engaged in their committees and meetings. Identify how you are different and then be prepared to provide input relevant to your industry and perspective. In addition, to maintain your credibility, it is extremely important to be respectful of others' opinions when making any points you wish to make.

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

Recently, the Florida Board of Pharmacy worked with the Board of Medicine and the Board of Osteopathic Medicine to write rules related to collaborative practice agreements (CPAs), as well as the testing and treatment of influenza and streptococcus and other minor ailments, as a result of the passing of House Bill 389. The law change and subsequent rules create a pathway that allows pharmacists to utilize their education, skills, and abilities to improve health outcomes and reduce health care costs. The Board is also reviewing existing rules related to automated pharmacy systems to determine if rule changes are necessary.

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

Since the CPA rules required input from the Board of Medicine and the Board of Osteopathic Medicine, there needed to be a consensus within the group as to which chronic health conditions pharmacists may collaborate on utilizing a CPA. As the pharmacy profession attempts to advance health care initiatives with a focus on improving outcomes and driving down health care costs, we need to work with our partners in medicine to help them

understand the value pharmacists can bring to the health care team. During a meeting, we were able to hear from pharmacists who work in such collaborative teams and are able to make a difference in patients' lives because their understanding of drug therapy is different from that of physicians or nurses.

What advice would you give to a new board member?

Gain perspective. As someone who attends board meetings throughout the country, I find that many board members take an extremely conservative approach out of unsubstantiated fear. Many do not look at the national landscape and see what is being done safely across the country in a similar manner. As board members, our job is to protect the public. My belief is that part of that responsibility is to allow pharmacists and technicians to practice at the top of their licenses and not restrict the practice of pharmacy without evidence that such practice is unsafe. This perspective can be gained by attending national and district meetings and doing your own research on issues that are controversial in your state. Before creating a rule that restricts practice in any way, ensure that the rule has some evidence to back up a need for it. I applaud board members around the country who use evidence-based decision making.

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

I have served on a multitude of task forces and committees as well as attended every interactive forum, District 3 meeting, and NABP Annual Meeting since 2013. I have served multiple times on the Committee on Resolutions and the Committee on Law Enforcement/Legislation, which helps shape the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*. These committees and meetings help provide immense perspective and shape your thought process as well as allow you to participate in impactful changes to the practice of pharmacy. ●

Florida Board of Pharmacy



Number of Board Members

7 pharmacist members
2 public members



Number of Compliance Officers/Inspectors

18



Rules & Regulations Established by Board of Pharmacy



Number of Pharmacist Licensees

34,157



Number of Pharmacies

9,859 (in-state)



Number of Wholesale Distributors

Regulated by another state agency

California Prepares for New Electronic Data Transmission Prescription Rules

The California State Board of Pharmacy is preparing licensees for legislative changes related to electronic data transmission prescriptions. Beginning January 2022, authorized health care practitioners will have the capability to send electronic data transmission prescriptions, pharmacies will have the capability to receive the electronic data transmission prescriptions, and prescriptions used by health care practitioners will be issued as electronic data transmission prescriptions.

For more details, including exempt situations and other provisions of the law, see Business and Professions Code Section 688.

Iowa Updates PMP Reporting Requirements

The Iowa Board of Pharmacy now requires all Schedule V controlled prescriptions to be reported to the Iowa Prescription Monitoring Program (PMP). The newly adopted rulemaking also includes nonprescription sales of codeine-containing cough suppressants (eg, Robitussin AC®) as reportable transactions.

The rulemaking also requires a pharmacist to review a patient's or a client's prescription history report prior to dispensing a Schedule V medication without a prescription. For more details, see the Board's June 2021 *Newsletter*.

Kansas Implements New Registration Requirements for Virtual Distributors and Manufacturers

Recently passed legislation allows the Kansas State Board of Pharmacy to recategorize virtual distributors and virtual manufacturers as well as nonresident manufacturers in Kansas. The change is meant to alleviate several new requirements imposed on wholesale distributors in 2020, which are not applicable to virtual or manufacturing facilities. Additional details are available in the Board's June 2021 *Newsletter*.

Kentucky No Longer Requires Identification for Purchase of Hypodermic Syringes and Needles

Kentucky-licensed pharmacists are no longer required to obtain the identification of a

person who wants to purchase hypodermic syringes and needles or maintain a logbook recording the name and address of the purchaser, the quantity purchased, the date of the purchase, and the intended medical use. Pharmacists will be able to offer hypodermic syringes and needles for sale to any person who wants to purchase them if the following are made available:

- written or electronic educational materials on safe and proper disposal of hypodermic syringes and needles;
- written or electronic educational or referral information for syringe exchange service programs and substance use disorder treatment; and
- a verbal, physical, or electronic offer to provide a naloxone prescription for opioid overdose.

These three requirements do not apply if the hypodermic syringes and/or needles are dispensed pursuant to a prescription or in conjunction with a prescription medication that requires reconstitution or administration by a syringe.

New Mexico Bill Allows Health Care Providers to Prescribe for Medical Aid in Dying

Health care providers in New Mexico (doctor of medicine, doctor of osteopathic medicine, advanced practice nurse, or physician assistant) may now provide a prescription for medical aid in dying to a terminally ill adult who is mentally competent after meeting certain requirements. A prescription for medical aid in dying cannot be filled until 48 hours after the prescription is written, unless the prescribing health care provider medically confirms that the individual may die before the expiration of the aforementioned time period. The prescription must include the time and date written as well as the time

and date when it may be filled. Health care providers who object, for reasons of conscience, to participating in the provision of medical aid in dying are not required to do so and will not be subject to criminal liability, licensing sanctions, or professional disciplinary action. However, health care providers must inform the individual of their decision and refer them to a provider who is able and willing to carry out the individual's request, or to another individual or entity to assist the requesting individual in seeking medical aid in dying. The full text of the bill is available at <https://nmls.gov>.

North Dakota Expands Pharmacists' Authority

The North Dakota Legislature recently passed, and Governor Doug Burgum has signed into law, Senate Bill 2221, which expands pharmacists' authority in the following areas:

- Authorizes pharmacists to provide immunizations, injections, and other administrations to patients as young as three years of age.
- Expands the pharmacist's ability to provide "emergency pharmacy practice" dispensing. This extends the one-time emergency fill from 72 hours to a 30-day supply and allows the pharmacy to bill using the pharmacist's National Provider Identifier number.
- Gives the North Dakota State Board of Pharmacy the authority to establish statewide protocols for public health issues. The Board intends to establish statewide protocols for pharmacists' ability to provide immunizations and tobacco cessation products by drafting and implementing rules. ●



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



Study Shows Access to Naloxone Decreased During COVID-19 Pandemic

A recent study conducted by clinician researchers at Beth Israel Deaconess Medical Center showed that individuals with opioid misuse disorders may be experiencing a lack of access to naloxone due to the coronavirus disease 2019 (COVID-19) pandemic. The study, published in the *JAMA Health Forum*, analyzed naloxone prescription trends during the pandemic in the United States and compared them with trends in opioid prescriptions and overall prescriptions between May 2019 and December 2020. Researchers, who looked at data from national retail, mail-order, and specialty pharmacies, found a 25% decrease in prescriptions filled for naloxone, compared to a 9% decrease in opioid prescriptions filled and a 14% decrease in prescriptions filled overall. Researchers noted that an increase in access to naloxone could have helped reduce the number of increased opioid overdoses that occurred during the COVID-19 pandemic.

FDA Issues New Guidance to Further Enhance Security of Prescription Drug Supply Chain

To ensure that prescription drugs in the US are identified and traced properly while moving through the supply chain,

Food and Drug Administration (FDA) finalized two guidance documents regarding compliance with applicable Drug Supply Chain Security Act provisions. The two guidances are *Product Identifiers Under the Drug Supply Chain Security Act Questions and Answers*, and *Drug Supply Chain Security Act Implementation: Identification of Suspect Product and Notification*. The guidance documents lay out FDA's recommendations, including those for enhanced drug distribution security at the package level that go into effect in November 2023. More information about the guidance documents can be accessed by visiting the FDA website at www.fda.gov/regulatory-information/search-fda-guidance-documents.

Prescription Drug Misuse More Risky in Adults With Functional Impairment

New research published by the *American Journal of Preventive Medicine* suggests that adults over 50 years of age with functional impairments may be at higher risk of prescription drug misuse, including the misuse of prescription opioids and cannabis use. The Centers for Disease Control and Prevention defines functional impairments as “difficulties performing daily activities, such as bathing or getting dressed, or problems with concentration or decision making affected by physical, mental, or emotional

conditions.” The study showed that these individuals were more likely to have an impairment from opioid prescription use and misuse, medical cannabis use, and/or prescription tranquilizer/sedative use and misuse. The analyzed data is from the 2015-2019 National Survey on Drug Use and Health. Read the full press release at www.pharmacist.com/Pharmacy-News/older-adults-with-functional-impairments-at-risk-of-prescription-drug-misuse.

Pharmacists Urged by FIP to Encourage Healthier Patient Lifestyles

The International Pharmaceutical Federation (FIP) released a toolkit for pharmacists and other health care workers with steps for helping patients practice healthier lifestyles and increase physical activity. For example, pharmacists are urged to promote nutrition and weight management services. FIP states that poor diets are responsible for more deaths than any other behavioral risk factor, and approximately 5 million deaths per year could be prevented if people were more physically active.

The toolkit is designed to support pharmacists and discusses the impacts of nutrition, diseases, weight management strategies, and how physical activity is essential for optimal health and well-being. Learn more by visiting www.fip.org/news?news=newsitem&newsitem=389.

Study Explores Pharmacists' Future Role in Treating Lung Cancer Patients

Pharmacists' role in patient care is continuing to expand, including in the treatment of lung cancer. A new national study, “Molecularly Informed Lung Cancer Treatment in a Community Cancer Network: A Pragmatic Consortium,” will observe approximately 12,000 community-based patients with non-small cell lung cancer to better understand and define the role pharmacists will play as more oral therapies receive approval. Learn more by visiting www.pharmacytimes.com/view/lung-cancer-study-brings-pharmacists-to-the-forefront-of-patient-care. ●



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UPCOMING EVENTS

NABP Interactive Executive Officer Forum

September 28-29, 2021 | Northbrook, IL

NABP/AACP District 3 Meeting

October 3-6, 2021 | Hilton Head Island, SC

NABP/AACP District 4 Meeting

October 20-22, 2021 | Columbus, OH

NABP Interactive Compliance Officer and Legal Counsel Forum

November 30-December 1, 2021 | Northbrook, IL

NABP Interactive Member Forum

January 26-27, 2022 | Northbrook, IL

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