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# IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

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*newsletter to promote pharmacy and drug law compliance*

## 2024 Summary of Statute and Administrative Rule Changes

### Changes Specific to the Idaho Board of Pharmacy:

The Idaho Division of Occupational and Professional Licenses (DOPL), on behalf of the Idaho Board of Pharmacy, introduced legislation that proposed changes to both the Idaho Code in the **Uniform Controlled Substances Act** and **IDAPA 24.36.01** – the Rules of the Idaho Board of Pharmacy.

- House Bill (HB) 435 (Changes to the Uniform Controlled Substances Act) became effective March 11, 2024.
  - The changes presented in HB 435 are congruent with concerns regarding the potential misuse and addictive capacity of zipeprol, amineptine, mesocarb, methiopropamine, and eutylone, placing them in Schedule I. Additionally, methoxetamine will be moved under the hallucinogenic substances section of the Uniform Controlled Substances Act.
- Changes to **IDAPA 24.36.01** – the Rules of the Idaho Board of Pharmacy
  - Requests striking the requirement that only pharmacists may verify a compounded drug (24.36.01.301.04) and adding “delegating services and duties to appropriate support personnel” under the definition of “pharmaceutical care services.”

### General Changes That Impact the Idaho Board of Pharmacy:

#### Licensure Renewals

This legislation would stipulate that the Division update all licensure renewals biennially (unless renewal dates are already greater than two years) using the birth date of the licensee or, for entities, the anniversary of the original license date as the expiration date. The Division would have until 2028 to complete the renewal transition.



## Fingerprinting

The Division has numerous boards that require criminal background checks and fingerprinting for licensure. Some of the statutes were written to require either board-approved forms or for the forms to be returned directly to the respective board. This has resulted in unnecessary delays in licensure, increased time in mailing and

processing fingerprint cards, and the loss of fingerprint cards due to mailing errors. The Division plans to update the statutory language in all applicable chapters to provide applicants with the additional options of live scanning and utilizing fingerprinting cards from local police departments. The Division also anticipates updating the language for the Speech, Hearing and Communication Services Licensure Board, as the Idaho State Police has notified the Division that the current language is not sufficient to allow the board to run Federal Bureau of Investigation criminal background checks. As this language is the same as or similar to the statutory language for other Division boards, the Division plans to update all statutory language to address these concerns.

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## Safety in 2024

### Medication Errors Reported in the Last Year

These errors are presented for education in the purview of safe practice.

Error Synopsis		Outcome – Corrective Action Plan
<b>Medication Error – Wrong Drug</b>	The wrong drug was dispensed to a patient. Contributing to this error was the use of a return to stock bottle from another patient.	<ul style="list-style-type: none"><li>• Must scan all medication bottles if multiple will be used in filling<ul style="list-style-type: none"><li>a. If return to stock bottles, manual verification must be used</li></ul></li><li>• Must manually reverify all scanner alerts</li><li>• Improve organization by using a basket divider system</li><li>• Consider pharmacist returning used medications to stock shelves for last/final look</li></ul>

<i>Error Synopsis</i>			<i>Outcome – Corrective Action Plan</i>
<i>Medication Error – Wrong Patient</i>	Prescription was dispensed to the incorrect patient.		<ul style="list-style-type: none"> <li>• Provide a hard check of date of birth before dispensing</li> <li>• Pharmacists must be involved in the process when medications are returned to the pharmacy</li> <li>• Must quarantine medications returned to pharmacy for destruction</li> <li>• Staff must report dispensing to wrong patient in their patient medication safety reporting system</li> <li>• From previous corrective action plan               <ol style="list-style-type: none"> <li>a. Notify all patients affected by the release of their information</li> </ol> </li> </ul>
<i>Unlicensed Practice</i>	Entity was performing technician duties without being properly registered as such. From previous response to investigatory letter, it was found that the entity was working without proper registration.		<ul style="list-style-type: none"> <li>• Pay a fine of \$500 within 30 days of the date of signing the agreement</li> <li>• Ensure that new pharmacy employees have current licenses/registrations printed and in hand before allowing access to the pharmacy</li> </ul>

### **Free One Credit CPE**

The National Association of Boards of Pharmacy® recently released a memo regarding a free one-hour continuing pharmacy education (CPE) activity available to pharmacists and pharmacy technicians. The CPE activity was developed in collaboration with prescription monitoring program (PMP) administrators in 12 states and the National Association of State Controlled Substances Authorities (NASCSA). One of the PMP administrators involved in the development of the CPE activity is Wendy Muir from the Idaho DOPL.

The CPE activity can be found on the Talem Health [website](#) under the name “Data Quality in Prescription Monitoring Programs.”

The CPE activity reiterates the importance of correct data entry into PMPs while assessing the impact of incorrect data entry, the subsequent effect on medical judgment and decision making, and the effects on patient safety. The intention is to help pharmacists and pharmacy technicians realize current problems and potentiate change in their practice.

Talem Health is a continuing education provider accredited by the Accreditation Council for Continuing Medical Education, the Accreditation Council for Pharmacy Education, and the American Nurses Credentialing Center.

## **What's New?**

### ***Completion of Two Phase 3 Trials for MDMA-Assisted Therapy for PTSD***

Through the years, several Schedule I drugs – such as psilocybin and lysergic acid diethylamide (LSD) – have been tested for use in treating mental health conditions, and more trials are in process.

3,4-methylenedioxymethamphetamine (MDMA) is a Schedule I drug found under hallucinogenic substances in §37-2705 of the [Uniform Controlled Substances Act](#). A newsletter brief put out by NASCSA noted that Lykos Therapeutics has completed two phase 3 trials for MDMA-assisted therapy for post-traumatic stress disorder (PTSD). This would be the first psychedelic-assisted therapy available for treating PTSD if approved by Food and Drug Administration. More information can be found at [Lykos Therapeutics](#).

Oftentimes, the Board receives questions regarding treatments such as this and the legality of these types of drugs in Idaho. It is likely that pharmacists also receive similar questions. It is good to keep abreast of trials such as this; however, MDMA, LSD, and psilocybin remain illegal in Idaho.

### ***Continuity of Care***

Pharmacists are very important in maintaining continuity of care for their clients. Clients may experience sudden loss of treatment precipitated by their provider retiring, the closure of the clinic they go to, death of their provider, or law enforcement actions. For some clients, that sudden loss of treatment can be detrimental. Fortunately, resources are available to bridge that gap in care.

### ***ORRP Managed by the Centers for Disease Control and Prevention***

Opioid use disorder (OUD) continues to be a serious problem in Idaho as well as across the nation. The [Opioid Rapid Response Program \(ORRP\)](#) was developed with the intention of decreasing the risk of overdose for people treated for substance use disorders (SUDs) as the result of a sudden loss of treatment.

Roles of the ORRP for all 50 states and the District of Columbia (list is not exhaustive):

- “[l]everages relationships across federal and state agencies to facilitate timely communication, care coordination, risk reduction, and other overdose prevention activities.”

- Coordinators “receive notifications from federal law enforcement agents . . . and communicate potential patient risks to state health agencies.”
- Development and dissemination of information regarding OUD, monitoring states’ preparedness, training law enforcement, assisting states with risk assessment, and much more.

Roles of state health agencies (list is not exhaustive):

- Risk assessment
- Communication with partners
- Ensuring continuity of care
- Referrals
- Prevention of overdose

Idaho’s Division of Behavioral Health has also developed Idaho’s Response to the Opioid Crisis (IROC) in an effort to help those struggling with OUD. Hopefully, the development and accessibility of programs such as these will aid those with OUD, prevent OUD in others, and mitigate overdose. If you would like more information about IROC, visit the Idaho Department of Health and Welfare [website](#).

If you know of any situations where sudden loss of care has occurred, please contact the Board.

### *Do You Know?*

What are the differences between a resident drug outlet that dispenses drugs to patients without a pharmacist or prescriber and a prescriber drug outlet?

- A prescriber drug outlet is a drug outlet that is supervised by a prescriber. The prescriber **must be present** when prescription drugs or devices are dispensed directly to patients. In the case that delivery is accomplished by patient assistance program drugs, drug samples, on-site administration of drugs, or investigational drugs as permitted in [Chapter 94, Title 39 Idaho Code](#), prescriber supervision of delivery is not required.
- Drug outlets that dispense drugs to patients in Idaho without an on-site pharmacist or prescriber on site to perform or supervise pharmacy operations must comply with the following requirements:
  - 1. Security and Access.** Maintain adequate video surveillance of the facility and retain a high-quality recording for a minimum of thirty (30) days.
  - 2. Technology.** The video or audio communication system used to counsel and interact with each patient or patient’s caregiver, must be clear, secure, and HIPAA-compliant.
  - 3. Technical Limitation Closure.** The drug outlet must be, or remain, closed to the public if any component of the surveillance or video and audio

communication system is malfunctioning, until system corrections or repairs are completed.

**4. Exemption for Self-Service Systems.** A self-service Automated Dispensing and Storage that is operating as a drug outlet is exempt from the video surveillance requirement and the self-inspection requirement of this rule. In addition, if counseling is provided by an onsite prescriber or pharmacist, a self-service ADS is exempt from the video and audio communication system requirements of this rule.

- A license or a certificate of registration is required for drug outlets.

This information is being provided as the Board has received several inquiries about whether a license is needed when providing drugs to clients in a location other than a pharmacy, and if so, what the requirements would be for a prescriber drug outlet versus a drug outlet that does not require a prescriber.

### ***Board Sets 2024 Meeting Schedule***

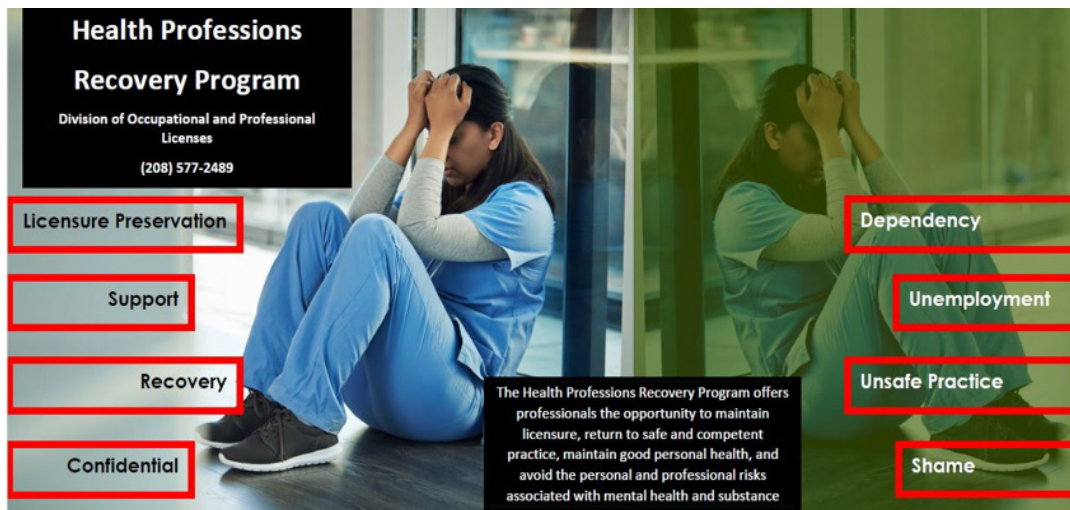
The Board will meet quarterly on the following dates:

- March 28
- June 13
- September 26
- December 19

All meetings start at 8:30 AM and are held at the Idaho Division of Occupational and Professional Licenses, 11341 W Chinden Blvd, Boise, ID 83714. Meetings may also be attended virtually. See meeting agenda for the link to attend virtually at <https://dopl.idaho.gov/calendar>.

### ***Self-care in 2024***

The shorter days and colder weather this time of year often leaves people feeling down. Some may experience cabin fever or winter blues, but for others, their mood may worsen to the extent that they struggle with daily activities, experiencing depression and a sense of hopelessness. If you or someone you know is experiencing depression and it is not improving, there are resources available. On the [Board website](#) under the tab “Wellness Resources/Health Profession Recovery Program,” there is a drop-down of “[Wellness Resources](#)” offering several links to help you find programs and/or providers that may guide you through this difficult time.



## Health Professional Recovery Program

Are you working long hours and feeling burned out?

Do you feel yourself going down the wrong path?

Are you ready to make changes?

You can choose the direction you are going and get help with substance use or mental health.

The Idaho DOPL offers a confidential, nonpunitive program. This program was created to assist medical professionals (doctors, nurses, dentists, pharmacists, etc) who have or are at risk of developing an addiction. The program's purpose is to assist professionals and their families to identify SUDs that pose a potential threat to their careers and get them the help they need.

If you answered yes to any of the questions above, let us help you preserve your license and get you on the road to recovery. For further information about this program, contact Katie Stuart.

Program Manager: Katie Stuart, CIP

Phone: 208/577-2489

Email: [Katie.Stuart@dopl.idaho.gov](mailto:Katie.Stuart@dopl.idaho.gov)

Website: [Welcome to Division of Occupational and Professional Licenses \(idaho.gov\)](https://www.idaho.gov/divisions/occupational-and-professional-licenses/)

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