

INNOVATIONS

REFRESH, RENEW

20
23

YEAR IN REVIEW



NABP

National Association of
Boards of Pharmacy

04

**Association News**

Licensure Program Enhancements
Built on 120 Years of Experience

05

**Feature News**

Refresh, Renew: 2023 in Review

- 01 Letter From the Chairperson**
- 02 Policy Perspectives**
A Rare Instance of Bipartisanship:
Congress' Unified Approach to
PBM Reform
- 08 Feature News**
More Than 12,000 State Licensure
Transfer Applications Were
Submitted to eLTP in 2023
- 11 Association News**
Three NABP Accreditation and
Inspection Programs Celebrate
Their Fifth Anniversary
- 12 120th Annual Meeting**
A Primer for the Annual Meeting
Business Processes
- 16 Professional Affairs Update**
Actions for Improving Health
Access in Rural Communities
Outlined by HHS
- 17 State Board News**
Tennessee Adds an Additional
Pharmacist Technician to Board

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**

National Association of
Boards of Pharmacy

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"Reggie" Dilliard**
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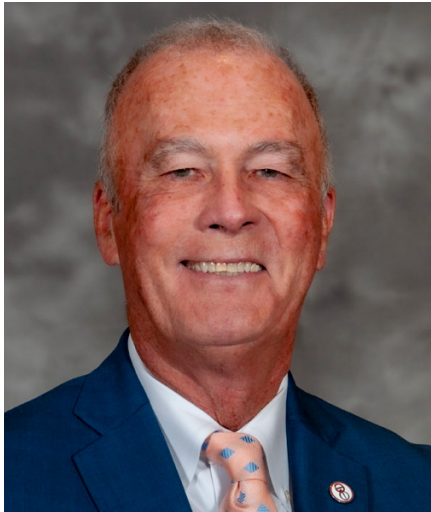
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Member, District 8

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



**Reginald B. "Reggie"
Dilliard, DPh**
NABP Chairperson

NABP Members and Friends,

If there's one theme that's been central to my time as a member of NABP's Executive Committee, it's change. It was a key part of my address at last year's Annual Meeting while reflecting on my term as NABP president; it was an important part of my decision to make the development of a new practice model the focus of my presidential initiative; and it remains central to how I think about the current state of pharmacy practice and regulation.

As I've said many times, change can be positive, and it can be negative. Sometimes, it can be both. However, it can't be ignored, especially when public health is involved. Unfortunately, vigilance takes its toll. That's one of the reasons that my friend and current NABP President Lenora Newsome set her presidential initiative to provide resources to support mental health and well-being of pharmacists and pharmacy staff.

During her address to the members of NABP last May, Lenora challenged each of us to think about what we do to recharge after a challenging situation. That challenge has also extended to NABP, where several departments have been reflecting on how they can adapt programs to best serve the member boards of pharmacy in the current environment.

In keeping with tradition, the March issue of *Innovations* is a review of the previous year's achievements and metrics. This includes updates on NABP's examination, licensure, and clearinghouse services, as well as updates on inspection and accreditation programs. The issue also reflects on NABP's commitment to monitoring and adapting to the evolving pharmacy landscape by

improving the customer experience for those applying for licensure transfer.

As we move deeper into 2024 and what will likely be another year of change, I invite you all to consider the importance of working together to address the challenges we are all facing. NABP will continue supporting the boards of pharmacy and will make sure that they have the resources they need. I encourage each member board to take advantage of these resources and stay informed and engaged.

One of the best opportunities to stay informed and engaged will be at our upcoming Annual Meeting in Fort Worth, TX, where we will be able to meet in person and discuss current events and our shared mission.

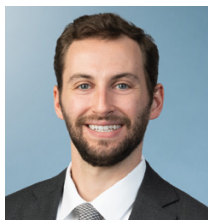
As always, thank you for your support and continuing commitment. ●

Sincerely,

A handwritten signature in dark ink, reading "Reginald Dilliard". The signature is fluid and cursive, with a large, stylized "R" and "D".

Reginald B. "Reggie" Dilliard, DPh
NABP Chairperson

A Rare Instance of Bipartisanship: Congress' Unified Approach to PBM Reform



Vincent C. Giglierano
Faegre Drinker Biddle
& Reath LLC

For pharmacists, one of the most important aspects of patient safety is ensuring access and adherence to the medications that have been prescribed. However, a significant barrier

for patients in recent years has been the costs of those medications. As intermediaries in the drug supply chain that determine formularies and influence drug pricing, pharmacy benefits managers (PBMs) have become controversial figures, often criticized for a lack of transparency and competition.

This controversy has led to bipartisan legislative focus in Congress, with lawmakers seeking to clarify and reform drug pricing. Various proposals from congressional committees in both the House of Representatives and the Senate highlight the urgency for legislative change. However, differing approaches in these proposals underline the challenge of reaching a consensus on a unified bill. This scenario presents an opportunity to delve into these legislative efforts and assess their potential impact on health care policy, particularly in enhancing patient access to essential medications and pharmacy services.

In late 2023, Congress showed significant progress in addressing the complex role of PBMs within the health care sector. However, the process of passing legislation often becomes more challenging in periods leading up to elections, when political pressures and competing interests intensify. This time frame places additional pressure on Congress to act quickly to pass reform and agree upon the direction and impacts of potential legislation. In this context, examining prominent legislation in detail, including the Lower Costs, More Transparency Act (LCMT Act) and the Modernizing and Ensuring PBM Accountability Act (MEPA Act), will be

crucial in shaping our understanding of the final unified bill and its policies.

Core themes of these pieces of legislation are increasing transparency of PBM operations and prohibitions or limitations on the use of spread pricing, a technique where PBMs could profit from the margin between what health plans are charged and what is paid to pharmacies, potentially incentivizing formularies to favor more costly drugs. However, the extent of such limitations is one major pending question. A deep dive into these significant bills will help us understand the potential landscape of PBM regulation and its far-reaching implications for the health care system.

The House was the first chamber of Congress to make great strides in the PBM debate by releasing the LCMT Act, taking provisions from the House Committee on Energy and Commerce, the House Committee on Ways and Means, and the House Committee on Education and the Workforce. Central to the legislation are robust reporting requirements and transparency provisions. Specifically, beginning in 2025, it mandates PBMs to submit detailed annual reports to plan sponsors. These reports must comprehensively disclose drug pricing, including wholesale costs, out-of-pocket expenses for beneficiaries, and the total amounts received from drug manufacturers in rebates or other remunerations. Importantly, the LCMT Act curbs the

controversial practice of spread pricing within the Medicaid program. Other provisions included within the legislation are the extension of key health care programs, such as the Community Health Center Fund, and additional price transparency policies. The legislation is bipartisan in nature, being supported by House Committee on Energy and Commerce Chair Cathy McMorris Rodgers (R-WA) and Ranking Member Frank Pallone, Jr (D-NJ). The House passed the legislation with bipartisan support in December 2023. With the House's passage of the LCMT Act, the spotlight now shifts to the Senate's response and the potential for comprehensive PBM reform to take shape in the form of a unified, bipartisan bill.

On the Senate side, the process has been more fragmented compared to the House's consolidated approach. The Senate has been working on distinct bills within various committees, including the Senate Committee on Commerce, Science, and Transportation and the Senate Committee on Health, Education, Labor and Pensions, and did not consolidate efforts into one bill by the end of 2023. Among the proposed laws, the bill from the Senate Committee on Finance, known as the MEPA Act, has emerged as a key piece of legislation. Importantly, the MEPA Act introduces a nuanced approach to reforming PBMs within Medicare Part D by establishing "bona fide service fees," enforcing transparency in PBM

Various proposals from congressional committees in both the House of Representatives and the Senate highlight the urgency for legislative change. However, differing approaches in these proposals underline the challenge of reaching a consensus on a unified bill.

As we dissect these legislative efforts, it is evident that tackling the PBM puzzle is a step toward solving the broader riddle of high drug prices. While the LCMT Act and the MEPA Act have different focal points – one on Medicaid, the other on both Medicaid and Medicare Part D – both underscore a vital shift toward accountability in drug pricing.

agreements, and demanding comprehensive reporting on drug pricing and relationships within the drug supply chain. A “bona fide service fee” is defined as a fee that reflects the fair market value for a bona fide, itemized service that must be a flat dollar amount not based on the drug’s price or other related drug price benchmarks and factors.

Similar to the LCMT Act, the MEPA Act also prevents the use of spread pricing in Medicaid but includes additional reforms specifically tailored to Medicare Part D plans as well. The MEPA Act also mandates detailed reporting of PBM activities, focusing on establishing clear, non-performance-based service fees, and ensuring that PBM contracts with Part D plan sponsors are transparent and consistently applied. This bill also uniquely addresses potential conflicts of interest in pharmacy and therapeutics committees and expands reporting requirements to include fees received from drug manufacturers, underscoring its focus on the Medicare ecosystem. In November 2023, the Senate Committee on Finance combined certain provisions of the MEPA Act with stipulated conditions to expand access to mental and behavioral health services in both Medicare and Medicaid. The MEPA Act’s robust approach within Medicare Part D contrasts with the narrower health care market scope of the LCMT Act, highlighting different strategies in PBM regulation.

A central tenet of both acts is the push for greater transparency in PBM operations. This emphasis on openness, particularly in the intricate detailing of drug pricing and rebate structures, promises to level the playing field, enabling pharmacies to navigate more equitable reimbursement practices. Both the LCMT Act and the MEPA Act take a firm stand against spread pricing, aiming to ensure fairer compensation for pharmacies, which is crucial for their financial viability. The MEPA Act’s focused reforms within Medicare Part D offer a tailored approach to supporting pharmacies in these major health care programs. Moreover, the MEPA Act’s provisions to address potential conflicts of interest could further safeguard pharmacies from biased formulary decisions and increase access to medications for patients. Collectively, these legislative measures represent a significant stride toward fortifying pharmacies, particularly the

smaller and independent ones, ensuring their ability to continue serving as crucial access points for health care across communities.

As we dissect these legislative efforts, it is evident that tackling the PBM puzzle is a step toward solving the broader riddle of high drug prices. While the LCMT Act and the MEPA Act have different focal points – one on Medicaid, the other on both Medicaid and Medicare Part D – both underscore a vital shift toward accountability in drug pricing. Both bills represent a meaningful stride toward demystifying the complex drug pricing system, potentially leading to more affordable, and thus accessible, medications for millions of Americans. ●

This article was written by Vincent C. Giglierano 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.

Collectively, these legislative measures represent a significant stride toward fortifying pharmacies.

Licensure Program Enhancements Built on 120 Years of Experience



For over a century, NABP has served a key role in providing states with applicant information for pharmacists seeking to transfer licensure from one jurisdiction to another. In fact, the desire for uniformity in the reciprocity process was one of the catalysts for the creation of NABP in 1904. Since then, NABP's unwavering commitment to refreshing the services available to member boards has kept up with the evolving practice of pharmacy itself. Before NABP, licensure transfer could be a challenging maze of inconsistent hurdles represented by different requirements, processes, and bureaucratic delays.

Today, NABP offers a fully digital, secure, and highly streamlined Electronic Licensure Transfer Program® (eLTP) that facilitates the licensure transfer process on behalf of its 54 member boards of pharmacy. The program remains necessary to enable pharmacist mobility in an ever-changing profession. More than ever, pharmacists are seeking out diverse career opportunities and NABP remains committed to assisting them and the boards in ensuring as smooth a process as possible while still maintaining a commitment to protecting public health.

Improved User Experience Delivered by eLTP

In 2024, eLTP remains a valuable resource for all 54 member board jurisdictions in the United States. The service is such a foundational part of NABP that the

Constitution and Bylaws of the Association require member boards to make use of it. Therefore, NABP consistently takes steps to improve the eLTP experience and process, making it as user-friendly and efficient as possible.

Recent enhancements are most visible to applicants as major upgrades to the online eLTP application. User experience enhancements were at the center of these improvements.

1. A refined modernized interface that aligns with NABP visual brand guidelines creates a more cohesive experience and reflects the NABP brand of being trustworthy and data driven.
2. Navigation was also improved to make it more intuitive and easier for users to access the functions and information they need. For example, important eLTP requirements are now listed throughout the new online application. In addition, all relevant NABP e-Profile® data are automatically transferred to eLTP applications for users to view, which minimizes the risk that applicants may forget to add their information.

3. To improve the quality of data and to prevent common mistakes, compliance alerts appear to users as pop-up “tool tips” that let users know if they do not meet state requirements for licensure. In addition, steps were added to assist users in identifying whether they meet state-specific license transfer requirements, are required to take a new jurisdiction's Multistate Pharmacy Jurisprudence Examination®, or if they are eligible for an armed forces discount with NABP. Providing this helpful information to applicants during the online application can also help to prevent unnecessary processing delays at NABP and the boards of pharmacy.

4. An improved photo and cropping feature has been added. The enhanced features allow users to quickly upload and edit a photo to attach as part of their eLTP application. This feature has been one of the most requested based on past surveys of states.

Boards and their staff benefit from these improvements in the form of improved data quality, fewer errors in applications, and improved processing time for licensure transfer requests.

These advancements demonstrate how NABP remains focused on providing solutions that empower pharmacists and the boards of pharmacy by streamlining the licensure transfer process.

Looking ahead, NABP will continue to adapt its licensure transfer service and other offerings to fit the pharmacy landscape through continuous collaboration with its member boards, pharmacists, and other stakeholders. To learn more about eLTP, visit the Licensure section of the NABP website. ●



TAKE OUR READER POLL.

How many times have you transferred your license?

- a) 0 b) 1-2 c) 3-5 d) More than 5

Polls results will be shared with members through the Innovations eblasts.



REFRESH, RENEW

20
23

YEAR IN REVIEW

With an increasing role in prescribing certain medications, performing common medical tests, and administering essential vaccines, pharmacists are playing a bigger role in patients' lives than ever before. This increase in the responsibilities and expectations placed on pharmacists has taken a toll. Along with the lingering effects of the COVID-19 pandemic, pharmacists have been experiencing distressingly high levels of stress, fatigue, and burnout. Many have left the profession entirely. Meanwhile, enrollment in pharmacy programs has declined, meaning fewer new pharmacists are entering the workforce. This trend, in turn, puts a greater burden on those pharmacy personnel who remain.

These conditions are not sustainable and are the focus of the initiative of NABP President Lenora S. Newsome, PD, who convened a task force and a summit to gather information and propose solutions to improve the pharmacy work environment and culture. The initiative also aims to include mental health and well-being considerations in NABP accreditation programs and to provide resources and tools for pharmacy professionals on the NABP website. The outcomes and recommendations of this initiative will be presented at the upcoming 120th NABP Annual Meeting. President Newsome's initiative acknowledges that change is necessary to sustain safe pharmacy practice, or, in other words, we cannot maintain the status quo. We need a

refresh so that new directions can be determined. And new directions lead to much needed renewal, from practice models to the regulations that help pharmacists ensure they are protecting public health.

Refresh and renew is a theme that can also be seen across NABP's programs and services in 2023. Many programs saw technological and process enhancements, gained additional participation from boards, or continued trending toward pre-pandemic volume. This issue of *Innovations* reports on these developments and achievements and other NABP actions initiated in the previous year. This includes reports on the NABP Clearinghouse, licensure transfer, examination, accreditation, and inspection programs.

2023 Exam and Practice Exam Volume

The table below provides the volume of 2023 administrations for NABP’s examinations and practice exams. Boards of pharmacy may also find the following exam statistics of interest:

- All 50 states, and the member jurisdictions – the District of Columbia, Guam, Puerto Rico, and the United States Virgin Islands – require the North American Pharmacist Licensure Examination® (NAPLEX®).
- 12,971 candidates took the NAPLEX for the first time in 2023, while 4,509 repeated the exam.
- The Multistate Pharmacy Jurisprudence Examination® (MPJE®) is required by 47 jurisdictions.
- 25,120 candidates took the MPJE for the first time in 2023, while 6,869 repeated an MPJE.
- NABP confirms exam eligibility for the following jurisdictions: Alaska, Arizona, Colorado, District of Columbia, Kentucky, Louisiana, Maine, Michigan, Nebraska, North Carolina, Oregon, Rhode Island, Utah, and Wisconsin. All states use this service for both NAPLEX and MPJE, except for Michigan, which only requires NAPLEX.
- In 2023, 86.3% of candidates passed the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®). ●



Volume of Examinations and Practice Exam Administrations		
	2022	2023
NAPLEX	18,466	17,480
Pre-NAPLEX	13,326	13,472
MPJE	34,672	31,989
Pre-MPJE	10,260	9,568
FPGEE	447	344
Pre-FPGEE	317	276

Note: The Pharmacy Curriculum Outcomes Assessment® was retired in 2023.





NABP Clearinghouse Update – 2023

The Association's year-end data results for 2023 showed that a total of 6,156 disciplinary records were submitted to the NABP Clearinghouse by state boards of pharmacy on 5,120 individual and business NABP e-Profile® accounts.

A disciplinary record can have multiple "actions" and "bases" for actions, which explains why there will always be more actions and bases for actions than records.

Of the 6,156 actions reported in 2023:

- 2,380 (38.7%) were on pharmacists;
- 1,804 (29.3%) were on pharmacies;
- 1,526 (24.8%) were on pharmacy technicians;
- 200 (3.2%) were on wholesalers, manufacturers, and distributors;
- 95 (1.5%) were on pharmacy interns;
- 66 (1.1%) were on other licensees;
- 62 (1.0%) were on other individuals;
- 18 (0.3%) were on controlled substance licenses; and
- 5 (0.1%) were on Drug Enforcement Administration and Food and Drug Administration registrations. ●



ACTION CODE CATEGORIES INDIVIDUALS

	COUNT	%		COUNT	%
Publicly Available Fine/Monetary Penalty	1,721	32.1%	License/Certificate Restored or Reinstated, Complete, Conditional, Partial, or Denied	263	4.9%
Other Licensure Actions — Not Classified	877	16.4%	Denial of Initial License or Renewal License/Certificate	171	3.2%
Reprimand of Censure	581	10.8%	Summary or Emergency Action, Limitation, Suspension, or Restriction on License Renewal License/Certificate	131	2.4%
Probation of License	464	8.7%	Reduction, Modification, or Extension of Previous Licensure Action	80	1.5%
Revocation of License/Certificate	382	7.1%	License	58	1.1%
Suspension of License/Certificate	357	6.7%			
Voluntary Surrender of License/Certificate	274	5.1%			

TOTAL 5,359

ACTION CODE CATEGORIES BUSINESSES

	COUNT	%		COUNT	%
Publicly Available Fine/Monetary Penalty	1,562	60.5%	Revocation of License/Certificate	53	2.1%
Reprimand or Censure	508	19.7%	Suspension of License/Certificate	23	0.9%
Probation of License	141	5.5%	Monitoring, Closure, or Other Operational Business Modification	21	0.8%
Other Licensure Actions — Not Classified	110	4.3%	Denial of Initial License or Renewal License/Certificate	18	0.7%
License/Certificate Restored or Reinstated, Complete, Conditional, Partial, or Denied	72	2.8%	Reduction, Modification, or Extension of Previous Licensure Action	10	0.4%
Voluntary Surrender of License/Certificate	62	2.4%			

TOTAL 2,580

BASES CODE CATEGORIES INDIVIDUALS

	COUNT	%		COUNT	%
Noncompliance With Requirements	2,678	55.1%	Fraud, Deception, or Misrepresentation	169	3.5%
Improper Prescribing, Dispensing, Administering Medication/Drug Violation	789	16.2%	Unsafe Practice or Substandard Care	152	3.1%
Other	558	11.5%	Improper Supervision or Allowing Unlicensed Practice	105	2.2%
Criminal Conviction or Adjudication	308	6.3%	Misconduct or Abuse	52	1.1%
			Confidentiality, Consent, or Disclosure Violations	48	1%

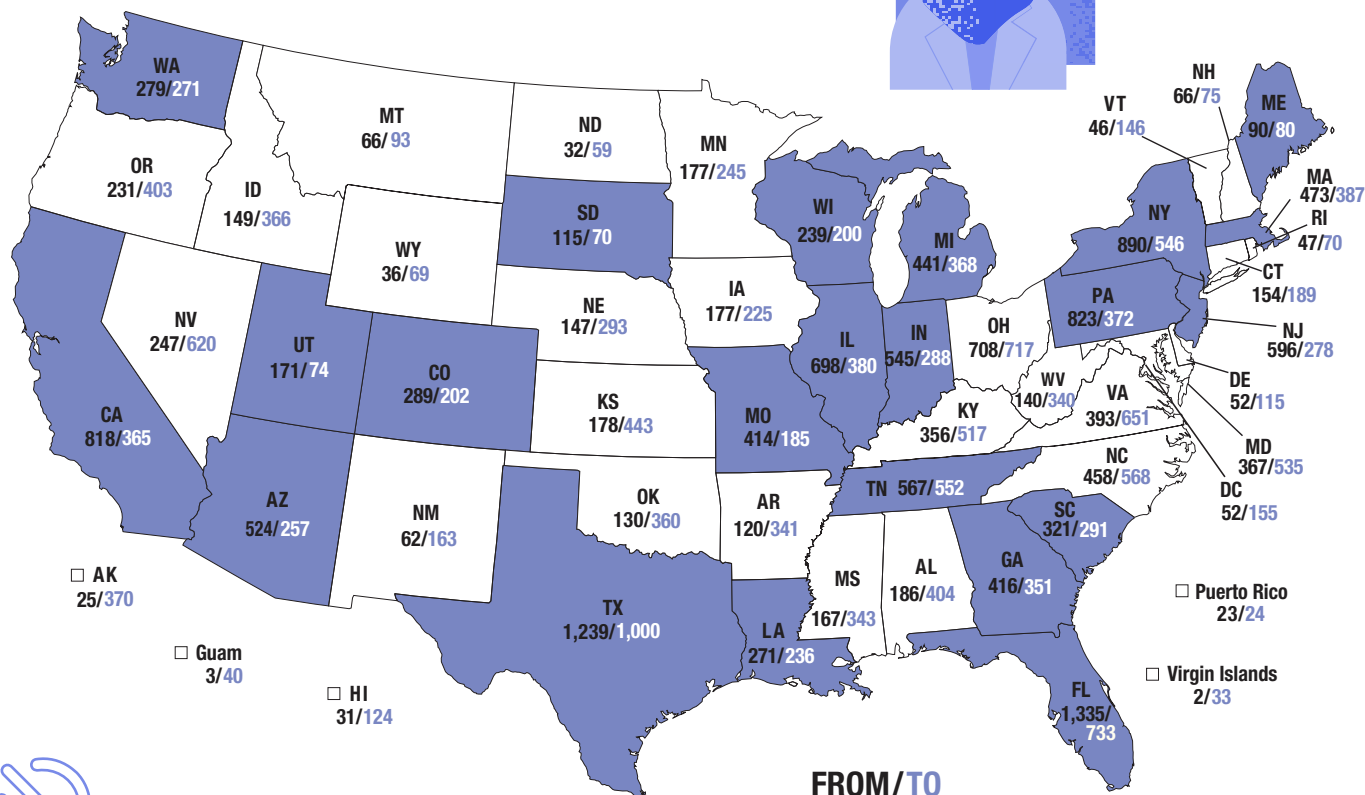
TOTAL 4,859

BASES CODE CATEGORIES BUSINESSES

	COUNT	%		COUNT	%
Noncompliance With Requirements	1,857	74.9%	Fraud, Deception, or Misrepresentation	42	1.7%
Improper Prescribing, Dispensing, Administering Medication/Drug Violation	246	9.9%	Confidentiality, Consent, or Disclosure Violations	20	0.8%
Other	185	7.5%	Criminal Conviction or Adjudication	7	0.3%
Improper Supervision or Allowing Unlicensed Practice	120	4.8%	Unsafe Practice or Substandard Care	3	0.1%

TOTAL 2,480

More Than 12,000 State Licensure Transfer Applications Were Submitted to eLTP in 2023



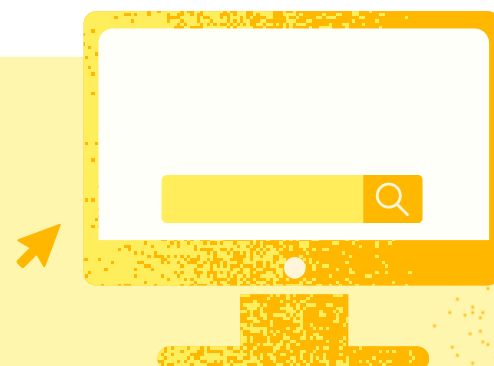
Shaded areas denote states where the number of applications for transfer from the state is greater than the number of applications requesting transfer to the state.

Representing a slight decline from the previous year, a total of 12,253 licensure transfer applications were submitted through NABP's Electronic Licensure Transfer Program® (eLTP) in 2023. When accounting for applications that include requests for

transfer to multiple states, NABP processed 16,582 total requests. The previous year, NABP received about 12,865 applications (representing 17,692 requests), which indicates a decrease of approximately 6% from 2022 to 2023. Several factors have

contributed to this decrease, including a lower student enrollment in pharmacy schools, a reduced pharmacist work force, a change in requirements for military licensure transfer, and state regulatory changes.

Supply Chain Inspection Continues Strong in 2023



Since NABP's Supply Chain Inspection launched in 2019, NABP has conducted 618 on-site inspections to date. The Supply Chain Inspection numbers started to dramatically increase due to NABP Drug Distributor and OTC Medical Device Distributor accreditations no longer including an on-site visit, effective January 2022. Instead, all new and reaccreditation applicants must have completed a Supply Chain Inspection as a prerequisite prior to application. During 2023, NABP completed 293 supply chain inspections, which is an estimated 12% increase in the total number of supply chain inspections compared to the previous year (261). In early January 2024, 47 inspections had already been scheduled out of the 297 inspections anticipated for this year.

NABP's Supply Chain Inspection program is best suited for participants in the medical supply chain that store, handle, and ship prescription drugs and/or prescription devices or that own title to a prescription drug or prescription device while using a third party to store, handle, and ship on the facility's behalf. More information about the program can be found in the Programs section of the NABP website. ●

Supply Chain Inspections	2023	Since Inception (2019)
Total Inspections	293	618

eLTP Transfer Requests to States

In 2023, Texas was the state with the highest number of requests to transfer licensure to the state, with a total of 1,000 requests submitted over the year. Nevada had been the state with the most transfer requests for the last few years, but dropped to the fifth most requests in 2023. The increase over the last two years was likely due to regulatory changes related to the way Nevada licenses nonresident pharmacists.

The states with the highest number of licensure transfer requests to the state in 2023 were:

- Texas – 1,000 requests;
- Florida – 733 requests;
- Ohio – 717 requests;
- Virginia – 651 requests; and
- Nevada – 620 requests.

These five states were also the states with the most licensure transfer requests in 2020, though the order has changed. As in previous years, many states with the highest

number of transfer requests are states with the highest reported populations of licensed pharmacists, including Texas, Florida, and Virginia, according to NABP's 2024 *Survey of Pharmacy Law*.

eLTP Transfer Requests From States

Data from 2023 showed that Florida had the highest number of pharmacists transferring from the state among all jurisdictions. The five states with the most requests to transfer licenses from their state were:

- Florida – 1,335 requests;
- Texas – 1,239 requests;
- New York – 890 requests;
- Pennsylvania – 823 requests; and
- California – 818 requests.

The states represented in this category are similar to those with the most "transfer from" requests in 2022. One noteworthy exception is California, which replaced Ohio with the fifth highest number of requests.

In 2023, the average processing time for eLTP requests was reduced to about 1.2 days. While NABP asks applicants to allow for at least two days, most eLTP requests are processed in one day and are sent directly to the boards. To learn more about eLTP, visit the licensure section of the NABP website, www.nabp.pharmacy. ●





Accreditation Programs Remain Strong in 2023

Drug Distributor Accreditation

A total of 733 facilities held Drug Distributor Accreditation by the end of 2023. This figure includes 44 new accreditations and 126 reaccreditations awarded in 2023.

DMEPOS Pharmacy Accreditation

DMEPOS Pharmacy Accreditation continues to receive a steady number of applications, resulting in 19 new accreditations and 14 reaccreditations in 2023. Currently, 164 companies representing almost 25,000 facilities are accredited by NABP for DMEPOS Pharmacy.

Digital Pharmacy Accreditation

Digital Pharmacy Accreditation awarded five new accreditations

and 12 reaccreditations by the end of 2023. Eighty-five businesses, which account for tens of thousands of pharmacies across the United States, were accredited, and overall participation in Digital Pharmacy Accreditation has steadily increased since the program's inception in 1999.

Compounding Pharmacy Accreditation

In 2020, NABP launched the Compounding Pharmacy Accreditation for facilities wishing to demonstrate compliance with US Pharmacopeia standards for Chapters <795>, <797>, and <800>. As of the end of 2023, eight new accreditations were awarded, bringing the total number of pharmacies that have received this three-year accreditation since the program launched to 57.

Healthcare Merchant Accreditation

A total of 352 accreditations and reaccreditations were awarded by Healthcare Merchant Accreditation in 2023. This figure includes 97 new accreditations and 255 reaccreditations.

Newest Accreditations

Several of the Association's other accreditations demonstrated success in 2023. As of the end of 2023, there were more than 21,000 pharmacies accredited through Community Pharmacy Accreditation, 13 pharmacies accredited through Specialty Pharmacy Accreditation, and three pharmacies accredited through Home Infusion Therapy Pharmacy Accreditation. ●



VPP Now Aligns With Revised USP Chapters

NABP's Verified Pharmacy Program® (VPP®) continues to be a valuable service for pharmacies through professionalism, careful reviews, a thorough report, and, as of November 1, 2023, alignment with the revised United States Pharmacopeia (USP) chapters for Nonsterile Compounding, Sterile Compounding, Hazardous Drug Compounding, and Nuclear/Radiopharmaceutical Preparation, Compounding, Dispensing, and Repackaging.

VPP is the most widely recognized multistate, uniform inspection program accepted by the state boards of pharmacy. The program is ideal for pharmacies that need a resident or nonresident pharmacy inspection required by a board of pharmacy for renewing or obtaining licensure or for those wanting to pursue NABP's Compounding Pharmacy Accreditation, for which VPP is a prerequisite. More information about VPP can be found in the Programs section of the NABP website. ●

VPP Inspections*	2023	Since Inception (2013)
General Retail Pharmacy Only	72	484
General and Nonsterile Compounding Only	103	763
General and Sterile Compounding Only	31	398
General, Nonsterile, and Sterile Compounding	68	757
(New) Hazardous Drug Compounding	40	40
Nuclear	29	125

**The totals above represent facilities whose inspections were completed in 2023 and do not include applicants who are awaiting an inspection or who recently submitted an application.*



Three NABP Accreditation and Inspection Programs Celebrate Their Fifth Anniversary



NABP's Community Pharmacy Accreditation, Specialty Pharmacy Accreditation, and Supply Chain Inspection programs are celebrating their fifth anniversaries. Accreditations help to ensure quality and safety while demonstrating NABP's knowledge of pharmacy and distributor operations, as inspections help ensure compliance, safety, and quality patient care from pharmacies and businesses engaged in prescription drug and prescription medical device distribution operations.

NABP allows pharmacy accreditation and inspection programs to be bundled together at a reduced cost for a comprehensive, streamlined compliance solution to pharmacies' needs. No matter how many programs are bundled, there is just one on-site visit to ensure that additional time will not be taken from the pharmacy's day-to-day operations.

Community Pharmacy Accreditation: An Essential Add-On for Pharmacies With DMEPOS Pharmacy Accreditation

This year, NABP's Community Pharmacy Accreditation is celebrating its fifth anniversary. The three-year accreditation is best suited for community pharmacies providing an advanced level of patient care services, quality, and safety to demonstrate compliance to a comprehensive set of practice standards and to exhibit consistency in delivering optimal patient care programs and services.

The Community Pharmacy Accreditation program is an essential add-on for pharmacies

that provide durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), an important benefit that they can market to Medicare beneficiaries and customers who visit the pharmacy.

To apply for NABP accreditation, basic eligibility requirements must be met.

Specialty Pharmacy Accreditation: Pharmacies That Want Recognition for Demonstrating Quality Patient Care That Meets NABP's Accreditation Standards

NABP's Specialty Pharmacy Accreditation is celebrating its fifth anniversary in 2024. The three-year accreditation is for pharmacies that provide an advanced level of pharmacy services and disease management for patients taking medications that require special handling, storage, and dispensing. To demonstrate the success of a pharmacy's outcome-based patient care programs and services, NABP reviews patient management, drug quality management, and regulatory compliance.

In 2022, the Specialty Pharmacy Accreditation earned recognition from Optum Rx's Specialty Pharmacy Network, deeming NABP as an approved accrediting organization for pharmacies seeking specialty accreditation to qualify for participation in the Optum Rx Specialty Pharmacy Network.

The Specialty Pharmacy Accreditation is the fourth NABP accreditation to be utilized by Optum Rx, joining

NABP's Digital Pharmacy Accreditation, Compounding Pharmacy Accreditation, and Drug Distributor Accreditation.

To apply for NABP accreditation, businesses must meet and maintain basic eligibility requirements.

Supply Chain Inspection Program: Protecting the Public Health Against Threats to the Nation's Drug Supply Chain

NABP's Supply Chain Inspection program is celebrating its fifth anniversary this year. To protect the public health against ongoing threats to the nation's drug supply chain, the program allows state boards of pharmacy and state regulators to access important data like verified facility licensure details, inspection reports, and inspection responses through a secure information sharing network to make informed licensing decisions with timely information.

In January 2022, the NABP Drug Distributor Accreditation and OTC Medical Device Distributor Accreditation programs inverted the on-site visit portion of the process, requiring all new and reaccreditation applicants to have completed a Supply Chain Inspection as a prerequisite prior to application. Having an inspection may satisfy state licensure requirements and serve as distributor accreditation requirements. Qualified supply chain experts conduct efficient and effective inspections of facilities that are operational and store, handle, and ship prescription drugs and devices or own title to a prescription drug or device while using a third party to store, handle, and ship on the facility's behalf with minimal interruption to businesses.

For NABP to conduct and complete a supply chain inspection, there are eligibility and operational requirements. To learn more about all NABP programs, visit the Association's website. ●

A Primer for the Annual Meeting Business Processes

Much of the foundation for issues addressed at the NABP Annual Meeting is laid at the district level. District meetings provide a voice for each district to take part in the decision-making processes of NABP and, in turn, shape the business processes for the Annual Meeting.

It All Starts at the District Meetings

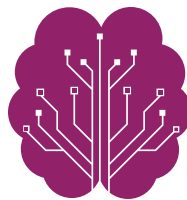
During the district meetings, board delegates vote on candidates seeking nomination for NABP Executive Committee open member positions in their district. Also during these meetings, members may submit resolutions for consideration by their district. Resolutions passed at the district meetings are then submitted to NABP to be reviewed by the Committee on Resolutions before being voted on at the Annual Meeting. Approved resolutions have the potential to result in NABP actions, such as the development of task forces to explore or address an issue or revisions to the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*, which provides the boards with model language that may be used when developing state laws or board rules. In addition, once approved by the membership, resolutions document the Association's stance on issues affecting the practice of pharmacy and public health. They can also express NABP's intention to collaborate with other key stakeholders.

Voting

When there is an open NABP Executive Committee member position for a district, the district may nominate up to two candidates at its district meeting. After the district meeting, there is also an opportunity for individuals to be nominated outside the district process. Nominees for the Executive Committee officer positions of president-elect and treasurer submit their interest and qualifications for these positions directly

to NABP. The Association then determines if they meet the criteria to be candidates. At the Annual Meeting, the membership votes on the slate of candidates, including the open member positions and officer positions of president-elect and treasurer. The president and chairperson positions are progressively assumed.

Amendments to the NABP Constitution and Bylaws are also voted on at the Annual Meeting. These amendments may be submitted by any active member board, the Committee on Constitution and Bylaws, or the Executive Committee within a specific time frame prior to the Annual Meeting. Although newly proposed amendments to the Constitution may be presented during any Annual Meeting business session, they may not be discussed and voted on until the next succeeding Annual Meeting. By contrast, proposed amendments to the Bylaws may be presented and voted on at the same Annual Meeting. Finally, resolutions that were submitted by the districts, active member boards, or NABP committees are discussed and voted on at the current year's Annual Meeting.



Business Sessions

So that the member boards can be provided with the opportunity to thoroughly review what the Association has accomplished and plans to accomplish for the upcoming year, this year's business processes have been divided into **three** sessions during the Annual Meeting. At the First Business Session, candidates for the open Executive Committee officer and member positions will be introduced.

Attendees will hear reports of the NABP Executive Committee chairperson and president. Recipients of the 2024 NABP Leadership Awards will also be announced.

During the Second Business Session, attendees will hear the reports of the treasurer and the NABP executive director/secretary. Proposed resolutions, which were submitted by the districts, active member boards, or committees of the Association, and proposed amendments to the Constitution and Bylaws (if any) are also read during this session. Finally, attendees will hear the candidate and seconding speeches for the open Executive Committee positions.

During the Final Business Session, elections will take place for the open Executive Committee officer and member positions. Attendees will also hear the remarks of the incoming president. Election results will then be announced, followed by the installation of the new 2024-2025 Executive Committee. The final reports of the Committee on Constitution and Bylaws and the Committee on Resolutions are presented. During these reports, the proposed amendments to the Constitution and Bylaws, if applicable, and proposed resolutions that were read during the Second Business Session are discussed and voted on. Although only designated voting delegates from active member boards may vote, any affiliated member may participate in the discussion portion of the Final Business Session's agenda. An affiliated member is any individual who is a current or former member or administrative officer of an active or associate member board of the Association. With important outcomes such as new Executive Committee officers and members, amendments to the NABP Constitution and Bylaws, and adoption of policy-setting resolutions, attendees can see the significance of the business sessions to the NABP member boards. It is through participation in these sessions that members have the opportunity to help shape the Association's actions for the coming year. ●



Register online at www.NABPAnnualMeeting.pharmacy.

NABP Business Session Processes

NABP/AACP District Meetings

- Board of Pharmacy districts nominate individuals to run for the open Executive Committee positions in their district.
- Board of Pharmacy districts discuss and vote on proposed resolutions to be submitted to NABP for consideration by the full membership.



Annual Meeting

First Business Session

- Candidates for open Executive Committee officer and member positions are introduced.



Second Business Session

- Proposed amendments to the NABP Constitution and Bylaws are presented.
- Proposed resolutions are presented.
- Candidate and seconding speeches are heard.



Final Business Session

- Board of Pharmacy delegates vote for new Executive Committee officers and members on behalf of their board.
- Board of Pharmacy delegates vote on proposed constitutional and bylaw amendments, if applicable, and resolutions.
- Board of Pharmacy delegates vote on proposed constitutional and bylaw amendments, if applicable, and resolutions.
- Single-issue task forces may be convened, and/or potential revisions made to the NABP *Model Act*.

Annual Meeting Outcomes

- Newly elected Executive Committee officers and members are installed during the Final Business Session.
- The NABP Constitution and Bylaws is updated on the website to reflect approved amendments, if any, and background on the changes is provided in *Innovations*.
- Resolutions approved by the membership are posted on the NABP website and announced in *Innovations*.
- Single-issue task forces may be convened, and/or potential revisions made to the NABP *Model Act*.

Learn More About the 120th NABP Annual Meeting Charity – Susan G. Komen



In recognition of our shared mission of protecting public health, NABP holds a fundraiser each year for the selected charity of the board of pharmacy in the state where the Annual Meeting is being held. As this year's host, the Texas State Board of Pharmacy chose Susan G. Komen for the 120th NABP Annual Meeting.

In 1982, the Susan G. Komen organization was created from \$200 and a shoebox of potential donor names after Nancy G. Brinker promised her dying sister, Susan, that she would do everything in her power to end the cancer that was taking her life. It has since developed into the world's largest nonprofit source

of funding to fight breast cancer. Susan G. Komen has invested \$3.6 billion in research, community outreach, advocacy, and programs in more than 60 countries. Breast cancer deaths have been reduced by 43% since 1989.

In the United States, one in eight women will be impacted by breast cancer in their lifetime, which is why the Texas Board and NABP have joined together to support the Susan G. Komen organization's goals to save lives and end breast cancer forever.

To donate and make a difference, visit www.info-komen.org/goto/TexasBOP_NABP. ●



Energize Your Final Meeting Day With the Educational Poster Session

Friday, May 17, 2024, from 8:30–10 AM

Start your Friday morning by fueling up at the Networking Café. Enjoy coffee, tea, and a breakfast buffet, as well as conversation with your fellow attendees.

As breakfast winds down, the Educational Poster Session presenters will be available to share information about their posters and how they relate to this year's poster session theme, **"Evolving Pharmacy Practice to Protect the Public Health."** The poster session also gives attendees the opportunity to earn continuing pharmacy education credit and interact with fellow colleagues.

Following these interactive events, the Final Business Session will begin and includes the open Executive Committee officer and member positions election, the incoming president's remarks, the installation of the 2024-2025 Executive Committee, voting on proposed resolutions and (if applicable) proposed amendments to the Constitution and Bylaws, and an invitation to the 121st NABP Annual Meeting.

NABPAnnualMeeting.pharmacy →

Official Voting Delegate Submissions Due by April 15, 2024

To vote during the Final Business Session and qualify for the Annual Meeting travel grant, active member state boards of pharmacy must submit their signed Official Delegate Certificates by April 15, 2024.

- Chief administrative officers of the boards may submit the completed and signed Official Delegate Certificate to NABP Executive Office via mail to NABP Headquarters or via email to ExecOffice@nabp.pharmacy.
- Only current board of pharmacy members or chief administrative officers qualify to serve as delegates or alternate delegates.
- Only one individual may serve as the official voting delegate, but there is no limit on how many individuals may serve as alternate delegates.

For more information, contact the NABP Executive Office at ExecOffice@nabp.pharmacy.

Important Deadlines

- **Proposed Constitution and Bylaws Amendments**
Due March 31, 2024
- **Early Annual Meeting Registration Rate**
Ends April 14, 2024
- **Voting Delegate Submissions**
Due April 15, 2024
- **Hotel Group Reservation Rate**
Ends April 19, 2024
- **Proposed Resolutions**
Due April 25, 2024
- **Annual Meeting Registration Refund**
Ends April 25, 2024
- **Annual Meeting Registration**
Closes May 3, 2024

Veterans Health Administration Joins Pulse by NABP

The Veterans Health Administration (VHA) has joined Pulse by NABP™, NABP's digital platform that will bring visibility to the drug supply chain and protect patients from counterfeit or substandard prescription medications. VHA will utilize Pulse to assist with Drug Supply Chain Security Act (DSCSA) compliance and help ensure that its prescription medication suppliers are appropriately licensed.

DSCSA is a federal law that was enacted in 2013 to improve the safety of the pharmaceutical supply chain and prevent counterfeit drugs from entering the market. The law requires all members of the pharmaceutical supply chain to ensure they are doing business with trading

partners that are authorized in accordance with federal law.

To that end, VHA will require all current and future vendors (trading partners) that provide prescription products within the Veterans Affairs (VA) health system to register with Pulse. As a public service, NABP is providing free registration on the Pulse platform for any member of the prescription drug supply chain. Pulse will help ensure that only legitimate and authorized trading partners are able to provide medications to our nation's veterans.

"VHA is committed to protecting the health and safety of our nation's veterans," said the leadership of the VHA Pharmacy Benefits Management.

"Requiring our vendors to register in Pulse will provide the VA with additional tools to help us to ensure that the medications our veterans receive are safe and authentic. We are grateful that NABP is providing free registration for all members of the supply chain."

"We are pleased to welcome VHA to Pulse," said Lemrey "Al" Carter, PharmD, MS, RPh, executive director/secretary of NABP. "VHA's participation in Pulse will help to strengthen the security of the pharmaceutical supply chain and protect our nation's veterans from counterfeit drugs."

Learn more about Pulse and DSCSA compliance at <https://pulse.pharmacy>.



Actions for Improving Health Access in Rural Communities Outlined by HHS

With more than 150 rural hospitals closing or no longer offering inpatient hospital services since 2010, the United States Department of Health and Human Services (HHS) is working on improving access to high-quality health care services for individuals living in rural communities. The actions that the agency plans to implement include supporting eligible hospitals (critical access hospitals) by converting them into Rural Emergency Hospitals that will continue to provide emergency and outpatient care in their communities. Health care workers will also be encouraged and trained to work in rural communities, and HHS will provide technical assistance to states on how to expand health care services via telehealth. Further details of HHS's action plan are available on the HHS website.

Developing Hybrid Care Models for Chronic Pain and SUD Treatment Focus of NAM Agenda

The National Academy of Medicine (NAM) has published a discussion paper that outlines an action agenda for combining telehealth and in-person care practices to address the various needs of chronic pain and substance use disorder (SUD) management and treatment. The agenda highlights four areas of opportunity: centering the lived experiences of patients and caregivers, enhancing workforce support and infrastructure capacity, focusing on safety and quality of care, and aligning regulations and payment policies with evidence-based care. Each opportunity identifies specific challenges and limitations associated with developing hybrid care models. The comprehensive agenda is accessible on NAM's website.

LAPPA Prepares Employers to Be Recovery-Ready Workplaces in Recently Published Model Law

The Legislative Analysis and Public Policy Association (LAPPA) has published model legislation to prepare employers to become recovery-ready participants or certified as recovery-ready workplaces. The *Model Recovery Ready Workplaces Act* outlines policies and

practices that organizations can implement in order to establish an environment that supports substance use recovery, such as by creating a culture that values healthy working environments and provides opportunities for employee recovery and retention; reducing occupational injuries and work-related stressors that may contribute to substance misuse; encouraging the hiring of qualified individuals in recovery, including those who have been involved with the criminal justice system; eliminating obstacles for employees seeking treatment; and helping employees in maintaining recovery, wellness, safety, and productivity. Besides improving the workplace environment for employees, LAPPA notes that recovery-ready workplaces have also benefited employers by reducing employee turnover and related costs, increasing productivity, and more. Additional information about the model law can be found on LAPPA's website.

Challenges With Pharmacist Credentialing Discussed in NCPDP Executive Summary

The National Council for Prescription Drug Programs (NCPDP) has released an executive summary proposing methods to improve pharmacists' credentialing process. The organization notes that some disease-focused services and health plans require pharmacists to meet supplemental requirements in addition to their licensure and continuing education requirements. Specifically, the NCPDP suggests designing continuous professional development programs that are relevant and affordable, developing a digital platform for documentation that would help streamline the credentialing process, establishing standardized criteria and qualifications across jurisdictions to minimize barriers for pharmacists working in multiple locations, and more. The executive summary is available on the NCPDP website.



Despite Pharmacists Supporting Self-Care Activities, Barriers Hinder Their Contributions

Based on 238 survey responses, nearly 90% of pharmacists agreed that pharmacists should be actively supporting and promoting patients' self-care practices, according to an International Pharmaceutical Federation (FIP) report. The *Community pharmacy insights: Supporting the need for self-care* comprehensive report provides findings from 238 participants from 55

countries and recounts responses from short interviews. The report also presents a literature review. The study aimed to determine pharmacists' perceptions of self-care activities (including digital self-care tools). FIP also shared factors that may hinder pharmacists from guiding patients in managing their health and well-being, such as limited funding and lack of access to patient records. The report can be downloaded from FIP's website. ●

STATE BOARD NEWS

Several states have approved laws and rules that expand areas of pharmacy, from adding additional members to the boards of pharmacy to allowing pharmacists to perform certain pharmacy tasks outside of a permitted pharmacy.

Tennessee Adds an Additional Pharmacist Technician to Board

As the 2023 legislative session came to an end, several bills were passed directly or indirectly that impacted the Tennessee Board of Pharmacy. Notably, two additional seats were added to the Board: an additional pharmacist and a pharmacy technician.

Permanent Rule Allows Alabama Pharmacists to Perform Tasks Outside Permitted Facility

The Alabama State Board of Pharmacy's emergency rule 680-x-2-.49-.01ER Remote Work by Pharmacists expired on October 29, 2023, but the permanent rule went into effect on November 13, 2023. Both the emergency rule and permanent rule allow pharmacists to perform certain pharmacy tasks outside of a permitted pharmacy/facility if certain criteria are met. Additional information about the rule can be found on the Board's website. The Board also voted to repeal and replace 680-X-2-.18 Institutional Pharmacies to change the approval process for placing automated dispensing systems in institutional pharmacies, which will lead to quicker access to care for patients in a licensed health care facility. This went into effect on November 13, 2023.

West Virginia Approves Emergency Rules Regarding Prescription Processing and Governing Pharmacy Permits

The §15-14 Centralized Prescription Processing and §15-15 Regulations Governing Pharmacy Permits have been filed and approved as emergency rules with the West Virginia Secretary of State and are effective now. In §15-14 Centralized Prescription Processing, additional rules were added to clarify who is allowed to use an electronic database and what can be completed with prescription processing while not in a pharmacy, under specific conditions.

North Carolina Authorizes the Use of DTP Dispensing Systems in Certain Circumstances

The North Carolina Board of Pharmacy completed its rulemaking on the authorization for and regulation of the use of direct-to-patient (DTP) dispensing systems. New Rule 21 North Carolina Administrative Code (NCAC) 46.1821 provides that authorization and the standards that apply to the use of DTP systems. Some of the requirements that pharmacies will need to meet in order to operate a DTP system are having a pharmacy permit issued by the Board pursuant to General Statutes 90-85.21 or 90-85.21A; positioning the DTP system within 60 miles of the home pharmacy; and maintaining continuous recorded surveillance of the DTP system and any individual using or accessing the DTP system.

Amended Rule 21 NCAC 46.1616 authorizes limited service permits to be issued for operation of a DTP system when the system is not located at the site of the home pharmacy.

Texas Adopts Amendments Outlining Procedures for Licensing and Registration of Military Service Members

The Texas State Board of Pharmacy adopted and proposed several amendments to rules during its November Board Meeting. Among the rules adopted are procedures outlined in §283.12 regarding Licenses for Military Service Members, Military Veterans, and Military Spouses. They establish procedures for a military service member who is currently licensed in good standing to obtain an interim pharmacist license. Furthermore, the Board adopted amendments to §297.10 regarding Registration for Military Service Members, Military Veterans, and Military Spouses to create a procedure for a military service member to obtain an interim pharmacy technician registration. ●



1600 Feehanville Dr
Mount Prospect, IL 60056

UPCOMING EVENTS

Advisory Committee on Examinations

March 20, 2024 | NABP
Headquarters

Committee on Constitution and Bylaws

April 8, 2024 | Virtual Meeting

120th NABP Annual Meeting

May 14-17, 2024 | Fort Worth, TX

NABP Program Review and Training

June 20-21, 2024 | Virtual Meeting

NABP/AACP District 5 Meeting

July 31-August 2, 2024 | Omaha, NE

NABP/AACP District 3 Meeting

August 11-14, 2024 | Mobile, AL

NABP/AACP District 4 Meeting

September 18-20, 2024 | Detroit, MI

NABP/AACP Districts 1 and 2 Meeting

October 7-9, 2024 | Everett, MA

NABP/AACP Districts 6, 7, and 8 Meeting

October 20-24, 2024 |
Albuquerque, NM

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