DC | HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

899 NORTH CAPITOL STREET, NE
2ND FLOOR
WASHINGTON, DC 20002

April 4, 2024

Time: 9:30 am

OPEN SESSION AGENDA
(WEBEX MEETING)

Board of Pharmacy Mission Statement:
"To protect and improve the public health through the efficient and effective regulation of the practice of Pharmacy and Pharmaceutical Detailing; through the licensure of Pharmacists, Pharmaceutical Detailers, Pharmacy Interns, and Pharmacy Technicians."

CALL TO ORDER:

PRESIDING:

BOARD MEMBERSHIP/ATTENDANCE:

BOARD MEMBERS:		
	DR. TAMARA MCCANTS, PHARM.D. R.PH CHAIRPERSON	
	MR. ALAN FRIEDMAN, R.PH, VICE CHAIRPERSON	
	DR. BENJAMIN MILES, PHARM.D. R.PH	
	DR. ASHLEE BOW, PHARM.D. R.PH	
	DR. ALLISON HILL, PHARM.D. R.PH	
STAFF:	DR. JUSTIN ORTIQUE, EXECUTIVE DIRECTOR	
	KARIN BARRON, HEALTH LICENSING SPECIALIST	
	LUANNE GREENAWAY, PROGRAM SPECIALIST	
	COUNTEE GILLIAM, BOARD INVESTIGATOR	
LEGAL STAFF:	CARLA WILLIAMS, SENIOR ASSISTANT GENERAL COUNSEL	
	ANGEL CRUZ, ASSISTANT GENERAL COUNSEL	
VISITORS:		

Open Session Agenda

Quorum:

Introduction:		
0404-O-01	**Approval of the Open Session Meeting Minutes for:** • January 4, 2024, Open Session Meeting Minutes • February 1, 2024, Open Session Meeting Minutes	
Consent Agenda	**None**	
Chairperson Report		Dr. Tamara McCants
Office of Government Relations (OGR) Report Updates	**Health Occupations Revision Act (HORA) Update:** ▪ DC Health worked on a significant revision of the HORA. This would be the first significant revision in seventeen years. ▪ The revised HORA received Mayoral approval and has been introduced in the Council as the *Health Occupations Revision General Amendment Act of 2023* (B25-0545). ▪ This legislation received a hearing on December 7th. Over 80 witnesses, many of whom were healthcare professionals, signed up to provide testimony. DC Health's Associate Director of Health Professional Licensing Boards provided testimony in support and answered questions from the Council. ▪ A mark-up was held on March 21st, 2024. The legislation will now go to the Committee of the Whole for a First and Second Reading. **DC Health Fiscal Year 2025 Budget Oversight** ▪ DC Health will have its Fiscal Year 2025 Budget Oversight hearing in early April. This hearing offers an opportunity for the Committee on Health to review DC Health's proposed budget for the 2025 Fiscal Year. ▪ There will be two hearings, one on April 1st for public witnesses and one on April 4th for representatives from DC Health.	Ms. Kera Johnson
Executive Director Report	▪ **Statistical Report on Pharmacy Professionals in the District of Columbia** ▪ **Prescription Drug Monitoring Program Updates** ▪ **DCRx (DC Center for Rational Prescribing)** ▪ **Board of Pharmacy Vacancies**	Dr. Justin Ortique

	If you are interested in becoming a consumer member, you can apply through the following link: https://motaboards.theresumator.com/apply/1L8k6Q/Board-Of-Pharmacy	
Senior Assistant General Counsel Report		
0404-O-02	None	Ms. Carla Williams
Subcommittee Reports		
0404-O-03	**Legislative and Regulatory Subcommittee Report** (a) Draft 22-B DCMR § 1901 D.C. Mun. Regs. Subt. 22-B, § 1901 1901. GENERAL OPERATING STANDARDS (b) Draft 22-B DCMR § 1920 D.C. Mun. Regs. Subt. 22-B, § 1920 1920. PHARMACIST-IN-CHARGE (c) Draft 22-B DCMR § 1999 D.C. Mun. Regs. Subt. 22-B, § 1999 1999. DEFINITIONS	Mr. Alan Friedman
0404-O-04	**Communications Subcommittee Report**	Dr. Allison Hill
NABP E-Newsletter	**March 20, 2024** NAM Collaborative Announces March 18 as Annual, National Health Workforce Well-Being Day CDC Prepares Health Care Providers for Possible Tetanus Shot Shortage This Summer FDA Proposes Criteria for Drugs That Qualify for DDC Lists FDA Discusses AI in Recent Paper FDA's Advisory Committee Recommends Trivalent Seasonal Influenza Vaccines for 2024-2025 Innovations: Let's Talk About Speech vs. Conduct ISMP Publishes 2024-2025 Best Practice Recommendations for Hospitals **March 27, 2024** NABP Launches Examination Preparation Videos to Assist Candidates	Dr. Tamara McCants

	CDC Issues Health Advisory with Recommendations for Measles Prevention as Cases Increase in the US and Globally White House Introduces New Challenge to Save Lives from Overdose HRSA Allocates $50 Million to Rural Opioid Treatment and Recovery Initiative HRSA Allocates $50 Million to Rural Opioid Treatment and Recovery Initiative Note to the Public: To receive weekly updates from NABP, please sign up by using the following link: https://nabp.pharmacy/newsroom/news/.	
Comments from the Public		
Motion to Adjourn the Open Session	"Madam Board Chair, I move that the Board close the Open Public session portion of the meeting and move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the following purposes: to discuss disciplinary matters pursuant to § 2-575(b)(9); to seek the advice of counsel to the board, to preserve the attorney-client privilege, or to approve settlement agreements pursuant to § 2-575(b)(4); and to plan, discuss, or hear reports concerning ongoing or planned investigations pursuant to § 2-575(b)(14)." ROLL CALL VOTE	

This concludes the Public Open Session of the meeting. The Board will now move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the reasons set forth in the motion.

Open Session Meeting Adjourned at _:__am

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.

DC | HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

899 NORTH CAPITOL ST. NE – 2ND FLOOR.
WASHINGTON, DC 20002

January 4, 2024

9:30 am

OPEN SESSION MINUTES
(WEBEX MEETING)

Board of Pharmacy Mission Statement:
"To protect and improve the public health through the efficient and effective regulation of the practice of Pharmacy and Pharmaceutical Detailing; through the licensure of Pharmacists, Pharmaceutical Detailers, Pharmacy Interns, and Pharmacy Technicians."

CALL TO ORDER: 9:30 am

PRESIDING: Dr. Tamara McCants

BOARD MEMBERSHIP/ATTENDANCE:

BOARD MEMBERS:		
	DR . TAMARA MCCANTS, PHARM.D. R.PH CHAIRPERSON	PRESENT
	DR. BENJAMIN MILES, PHARM.D. R.PH	PRESENT
	MR. ALAN FRIEDMAN, R.PH	PRESENT
	DR. ASHLEE BOW, PHARM.D. R.PH	PRESENT
	DR. ALLISON HILL, PHARM.D.R.PH.	PRESENT
STAFF:	DR. REGINAL BELLAMY, PHARMD.R.PH., SUPERVISORY PHARMACIST	PRESENT
	KARIN BARRON, HEALTH LICENSING SPECIALIST	PRESENT
	LUANNE GREENAWAY, HEALTH LICENSING SPECIALIST	ABSENT
	COUNTEE GILLIAM, BOARD INVESTIGATOR	PRESENT
LEGAL STAFF:	CARLA WILLIAMS, SENIOR ASSISTANT GENERAL COUNSEL	PRESENT
	ANGEL CRUZ, ASSISTANT GENERAL COUNSEL	PRESENT
VISITORS:	NONE	

Open Session Agenda

Quorum:

Introduction:		
Motion to Adjourn the Open Session	**Motion**: "Madam Chair, I Mr. Alan Friedman move that the Board close the Open Public session portion of the meeting and move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the following purposes: to discuss disciplinary matters pursuant to § 2-575(b)(9); to seek the advice of counsel to the board, to preserve the attorney-client privilege, or to approve settlement agreements pursuant to § 2-575(b)(4); and to plan, discuss, or hear reports concerning ongoing or planned investigations pursuant to § 2-575(b)(14)." **Seconded by:** Dr. Allison Hill Vice Chair, Alan Friedman: In favor of the motion. Board Member, Dr. Benjamin Miles: In favor of the motion. Board Member: Ashlee Bow: In favor of the motion. Board Member: Allison Hill: in favor of the motion. **The motion carried.**	

This concludes the Public Open Session of the meeting. The Board will now move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the reasons set forth in the motion.

Open Session Meeting Adjourned at 9:33 am

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.

DC | HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

899 NORTH CAPITOL STREET, NE
2ND FLOOR
WASHINGTON, DC 20002

February 1, 2024

Time: 9:30 am

OPEN SESSION MINUTES
(IN-PERSON AND WEBEX)

Board of Pharmacy Mission Statement:
"To protect and improve the public health through the efficient and effective regulation of the practice of Pharmacy and Pharmaceutical Detailing; through the licensure of Pharmacists, Pharmaceutical Detailers, Pharmacy Interns, and Pharmacy Technicians."

CALL TO ORDER: 9:44 am

PRESIDING: Dr. Tamara McCants

BOARD MEMBERSHIP/ATTENDANCE:

BOARD MEMBERS:		
	DR. TAMARA MCCANTS, PHARM.D. R.PH CHAIRPERSON	PRESENT
	MR. ALAN FRIEDMAN, R.PH, VICE CHAIRPERSON	PRESENT
	DR. BENJAMIN MILES, PHARM.D. R.PH	PRESENT
	DR. ASHLEE BOW, PHARM.D. R.PH	PRESENT
	DR. ALLISON HILL, PHARM.D. R.PH	PRESENT
STAFF:	DR. JUSTIN ORTIQUE, EXECUTIVE DIRECTOR	PRESENT
	KARIN BARRON, HEALTH LICENSING SPECIALIST	PRESENT
	LUANNE GREENAWAY, PROGRAM SPECIALIST	ABSENT
	COUNTEE GILLIAM, BOARD INVESTIGATOR	PRESENT
	REGINAL BELLAMY, SUPERVISORY PHARMACIST	PRESENT
	DR. KERA JOHNSON, MPH. POLICY ANALYST FOR THE OFFICE OF GOVERNMENT RELATIONS	PRESENT
LEGAL STAFF:	CARLA WILLIAMS, SENIOR ASSISTANT GENERAL COUNSEL	PRESENT
	ANGEL CRUZ, ASSISTANT GENERAL COUNSEL	PRESENT
VISITORS:	KARLA EVANS, MEDSTAR	
	ZARIA COMER, PUBLIC	
	MAKAYLA ROBINSON, HOWARD COLLEGE OF PHARMACY	
	SELINA DAVIS, HOWARD COLLEGE OF PHARMACY	
	CHRISTOPHER BRATCHER, HOWARD COLLEGE OF PHARMACY	
	AYANNA MCINTOSH, HOWARD COLLEGE OF PHARMACY	
	DON ZOWADER, PUBLIC	
	GAIL ELLIOTT	
	JOANNE DIAL	
	CHARLENE FAIRFAX	
	VINAY ARORA	
	K. LITTLE	
	NICHOLAS WEIL	
	CHRISTINE HILLARD	
	SHEMS ALKHATIB	
	SCOTT TOMERLIN	
	MARIA YOUNG	

Open Session Minutes

Quorum: Yes

Introduction:		
0201-O-01	**Approval of the Open Session Meeting Minutes for:** • December 7, 2023, Open Session Meeting Minutes **Motion**: Vice Chairman, Mr. Alan Friedman moved that the Board approve the December 7, 2023, open session meeting minutes. **Seconded by**: Board Member, Dr. Allison Hill **Motion Carried** • January 4, 2024, Open Session Meeting Minutes The approval of January 4, 2024, open session meeting minutes will be tabled until the April 2024 open session meeting.	
Consent Agenda	**None**	
Chairperson Report	Dr. Tamara McCants announced that she is very pleased with the amended DC HORA language submitted to the DC Council and that it was accepted and presented during an open hearing. Dr. McCants further acknowledged all of the hard work of the members of the DC Board of Pharmacy, the legislative subcommittee, and also any members of the public who submitted any feedback to the Board or helped to craft the language. Dr. McCants reported on the upcoming National Association of Boards of Pharmacy (NABP) Annual Meeting. The annual meeting will be held from May 14th- May 17th in Fort Worth, TX. Dr. McCants encouraged any or all DC Board of Pharmacy members to attend the annual meeting. This year's theme for the meeting is "Driving Pharmacy Practice Evolution Together."	Dr. Tamara McCants
Office of Government Relations (OGR) Report Updates	**Prescription Drug Monitoring Program Amendment Act of 2023** Chairman, Mendelson, at the request of the Mayor, introduced the Prescription Drug Monitoring Program Amendment Act of 2023 (B25-0244), on April 11, 2023. This legislation seeks to make changes to the disclosure of information through the District's Prescription Drug Monitoring Program (PDMP). These changes would give DC Health the authority to release additional	Dr. Kera Johnson, MPH. of Government Relations

deidentified information for the purposes of statistical analysis, research, education, or grant applications.

The bill passed unanimously on both first reading and on final reading on December 5th. It was signed by the Mayor on December 21st and will now need to undergo Congressional Review.

Clean Hands Certification Economic Expansion and Revitalization Amendment Act

Council Member, McDuffie introduced the Clean Hands Certification Economic Expansion and Revitalization Amendment Act of 2023 (B25-0619) on December 16, 2023. This legislation would remove the Clean Hands requirement from several occupational and professional licenses including any health professional license issued through DC Health.

This bill is not scheduled for a hearing at the current time.

Health Occupations Revision Act (HORA) Update

DC Health worked on a significant revision of the HORA. This would be the first significant revision in seventeen years. The revised HORA received Mayoral approval and has been introduced in the Council as the Health Occupations Revision General Amendment Act of 2023 (B25-0545).

This legislation received a hearing on December 7th. Over 80 witnesses, many of whom were healthcare professionals, signed up to provide testimony. DC Health's Associate Director of Health Professional Licensing Boards provided testimony in support and answered questions from the Council. This bill will likely be marked up in the Committee in March, before which DC Health will work closely with the Council on any potential changes.

Health Professional Licensing Boards Residency Requirement Amendment Act of 2023

Councilmembers Henderson and Parker introduced the Health Professional Licensing Boards Residency Requirement Amendment Act of 2023 (B25-0312) on June 2, 2023. This legislation would permit non-district residents to serve on health professional licensing boards.

There would be restrictions, including that the Board Chair and Consumer Members would continue to need to be District residents and no more than 50% of the Board could be made up of non-District residents.

This bill received a hearing on July 13, 2023. DC Health testified during this hearing and expressed support for the need for innovative solutions to fill board vacancies and offered some changes to the bill. It then passed on final reading on November 7th and was signed by the Mayor

	on November 21st. It is now undergoing Congressional Review and is expected to become law in early February of 2024.	
Executive Director Report	▪ **Statistical Report on Pharmacy Professionals in the District of Columbia** **PHARMACEUTICAL DETAILERS** 874 **PHARMACISTS** 2,183 **PHARMACY INTERNS** 371 **PHARMACY TECHNICIANS** 1,149 **PHARMACY TECHNICIAN TRAINEES** 114 **PHARMACISTS WITH VAC AUTHORITY** 818 **PHARMACY TECHNICIAN TRAINING PROGRAMS** 13 ▪ **Prescription Drug Monitoring Program Updates** Dr. Ortique reported that all DC pharmacists are required to register with the DC Prescription Drug Monitoring Program (PDMP) within 90 days from the issue date of licensure. Notices to register within the DC PDMP are transmitted to individuals nearly licensed monthly. Dr. Ortique further reported that the District of Columbia Prescription Drug Monitoring Program Advisory Committee has recently expanded the number of members to (12) twelve from the previous (7) seven members. ▪ **DCRx (DC Center for Rational Prescribing)** Dr. Ortique reported that every year, four (4) modules are produced on topics that are required for licensed DC Health Professionals and DCRx will provide surveys to obtain the interest of the individuals who are utilizing the program. Dr. Ortique further reported that the next module topic will be on medication-assisted treatment for opioid addiction. ▪ **Board of Pharmacy Vacancies** Dr. Ortique encourages individuals who would like to serve on the DC Board of Pharmacy, please apply through the following link: **https://motaboards.theresumator.com/apply/1L8k6Q/Board-Of-Pharmacy** • **DC Pharmaceutical Detailer Renewal** Dr. Ortique reported that the Board is undergoing the DC Pharmaceutical Detailer license renewals, and will have until February 29th, 2024, to apply for the renewal of their license without a late fee.	Dr. Justin Ortique

	Dr. Ortique further reported that our office must obtain the licensee's criminal background check results to move forward with the renewal of licensure. This shall delay the renewal process by at least 5—7 business days. Dr. Ortique encourages all Pharmaceutical Detailers who are eligible to renew their license, to submit the online license renewal application so as soon as possible.	
Senior Assistant General Counsel Report		
0201-O-02	**Notice of Final Rulemaking** **Notice of Final Rulemaking to Allow Pharmacists to Administer RSV Vaccinations** Ms. Willams reported that the Department has issued a notice of emergency and proposed regulation to permit pharmacists to administer the RSV vaccine prior to being placed on ACIP's standard immunization schedule. Ms. Williams further reported that the emergency rulemaking did expire at the end of last month (January) and has yet to move forward to final rulemaking. Currently, the rulemaking is pending the final review approval process. Once the final approval process is completed, the Department will be able to publish the final rulemaking. No comments were received, and no changes were made to the rulemaking. Ms. Williams therefore anticipates that the department will obtain the final rulemaking and that Pharmacists will still have the ability to provide the RSV vaccine.	Ms. Carla Williams
Matters For Consideration		
0201-O-03	**17-DCMR Pharmacy Technicians § 9906 Registration for Pharmacy Technician Trainees** Dr. Belamy gave a presentation to the Board recommending the following changes to the regulations: • 9906.1 A person shall register with the Board as a pharmacy technician trainee within thirty (30) days after beginning an employer-based pharmacy technician program recognized by the Board. • 9906.2 Individuals enrolled in a non-employer-based pharmacy technician training program shall register with the Board as a pharmacy technician trainee prior to performing duties of a pharmacy technician trainee in a pharmacy. Recommended change:	Dr. Reginal Bellamy

	"Individuals enrolled in a non-employer-based or employer-based pharmacy technician training shall register and obtain an active registration with the Board as a pharmacy technician trainee prior to performing duties of a pharmacy technician trainee in a pharmacy." In addition, Dr. Bellamy recommends the following: • The Board reviews the DC Board Approved Technician Training Program requirements criteria to ensure alignment with National Standards (PTCB). 1. Course criteria 2. Examination 3. Psychometrically Validity • Draft a Self-Evaluation for Program Renewal Requirement. • Establish fees for changes in the Program. • Review of the Coolidge High School Proposal to become a Pharmacy Technician Training Program. (They're proposing regulation updates to allow a pharmacy technician trainee to have the capacity to register their upper-level high school students and the approval as a pharmacy technician trainee although the students are not high school graduates.) **Motion 1**: Board Member, Dr. Benjamin Miles moved that the Board remove the language in Chapter 99 sections 9906.1 and 9906.2, and replace it with the recommended language to read as follows: "Individuals enrolled in a non-employer-based or employer-based pharmacy technician training shall register and obtain an active registration with the Board as a pharmacy technician trainee prior to performing duties of a pharmacy technician trainee in a pharmacy." **Seconded by**: Board Member, Dr. Allison Hill **Motion Carried** **Motion 2:** Board Member, Dr. Allison Hill moved that the Board propose a task force of at least two (2) board members and one (1) staff member to examine the requirements for the pharmacy technician training programs. **Seconded by:** Vice Chair, Mr. Alan Friedman **Motion Carried** **Motion 3:** Board Member, Dr. Allison Hill moved that the Board refer the Calvin Coolidge High School Pharmacy Technician Program Proposal to the Credentialing Task Force and reply with a response by the April 2024 Open Session meeting. **Seconded by:** Vice Chair, Mr. Alan Friedman	

	Motion Carried **Motion 4:** Board Member, Dr. Benjamin Miles moved that the Board discuss the matter regarding the "Stocking or loading automated dispensing devices or other devices used in the dispensing process" section of the Chapter 99 regulation at the next regulatory legislative subcommittee. **Seconded by**: Board Member, Dr. Ashlee Bow **Motion Carried**	
0201-O-04	**Self-administered Hormonal Contraceptive Pamphlet Final Edits** Chairperson, Dr. McCants recommended including acknowledgment of Howard University, College of Pharmacy on the pamphlet. Board Member, Dr. Hill requested that I have one other suggestion to place a QR code on the pamphlet to obtain an electronic copy. The audience attendee requested to amend the language of the pamphlet to read as "pregnancy should be a choice" instead of "pregnancy is a choice".	Dr. Justin Ortique
Subcommittee Reports		
0201-O-05	**Legislative and Regulatory Subcommittee Report** Legislative and Regulatory Subcommittee Meetings Vice Chair, Mr. Friedman reported that the Legislative and Regulatory Subcommittee decided to meet publicly on the fourth Wednesday of every month from 3:00 pm to 4:45 pm. Mr. Friedman further reported this is subject to change based on the availability of the committee members, but if all goes as planned, that will be the standing date and time each month. Notice of Final Rulemaking Self-Administered Hormonal Contraceptive Prescriptions Mr. Friedman reported that the public comments were received, and the Board took the time to review all the comments submitted for consideration. Mr. Friedman further reported that the Board also provided a documented response to the DC Board of Medicine. It was the DC Board of Pharmacy's determination that no changes are needed at this time to the regulations that were published and would like to see the rulemaking move forward. Ms. Carla Williams reported that she and Dr. Justin Ortique met with the	Mr. Alan Friedman

	Board attorney and Executive Director for the DC Board of Medicine they were able to review every comment received by both the DC Board of Pharmacy and DC Board of Medicine Committee. Both parties reached the same agreement. **Motion**: Mr. Alan Friedman moved that the Board approve the Self-Administered Hormonal Contraceptive Prescriptions regulations as last published and to move to final rulemaking. Note: A formal recommendation from a committee does not require a second. **Motion Carried.**	
0201-O-06	**<u>Communications Subcommittee Report</u>** Board Member, Dr. Bow reported that the communication subcommittee is working on the next DC Board of Pharmacy newsletter which will be sent to the National Association Boards of Pharmacy (NABP) for publication by Friday, February 9, 2024. Dr. Bow further reported that the next newsletter will be sent in March of this year and if there are ever any topics of interest, please let her know. Board Member, Dr. Allison Hill reported that she submitted an award nomination to the National Association Boards of Pharmacy (NABP) for all the hard work that the DC Board of Pharmacy "Board" has done over the course of last year (2023).	Dr. Ashlee Bow
NABP E-Newsletter	**January 17, 2024** ▪ FDA Issues Draft Interim Guidance Documents on Bulk Drug Substances in Compounding Under Sections 503A and 503B of FD&C Act ▪ HHS and GSA Update Guidelines to Include Opioid Reversal Agents and Hemorrhagic Control Kits in Safety Station Programs ▪ NABP's Recent Blog Post Explains Impact of Diabetes Drug Shortages and Fake Ozempic on Patients and Pharmacies ▪ FDA Approved New Drugs in 2023 for Infectious Diseases ▪ Opioid Prescribing Decreased in Past Year, But Overdose Deaths Continue to Climb, According to AMA Report ▪ Pharmacists' Intervention Is Associated with Lowering Patients' Blood Glucose Levels **January 24, 2024** • VHA Joins Pulse by NABP • Pharmacy Organizations Call Attention to Florida's Drug Importation Program	Dr. Tamara McCants

	• Pharmacists Ranked Third Most Trusted Medical Professionals in Gallup's 2023 Survey • DEA's Diversion Control Division Introduces Redesigned User-Friendly Website • FIP Report Examines Case Studies of Countries Implementing and Expanding Pharmacy-Based Vaccination Practices Note to the Public: To receive weekly updates from NABP, please sign up by using the following link: https://nabp.pharmacy/newsroom/news/.	
Comments from the Public	A member of the public asked the following: "Has the DC Board considered Tech Check Tech Pharmacy programs?" Board Chair, Dr. McCants reported that the Board attended the NABP Annual meeting last year on that very topic and she believes that the Board should look at how it would fit in the District of Columbia for expansion of the role of pharmacy technicians. Dr. McCants further mentioned that establishing a Credentialing Task force to review the pharmacy technician training requirements is a good start. Vice Chair, Mr. Friedman reported that there are states that have Check Tech programs which are typically seen in an institution setting, but there is interest in the retail community pharmacy world as well. Mr. Friedmans further reported that Virginia introduced legislation which is in the General Assembly right now. If it passes, the VA Board of Pharmacy will be forming a work group with interested stakeholders from the community and representation from associations to look at the possible expansion of the role of the technicians. Furthermore, Mr. Friedman believes that the Maryland Board of Pharmacy has already passed legislation potentially expanding the scope of pharmacy technicians. Howard College of Pharmacy 4th Year Student, Ms. Ayanna McIntosh recommended considering adding the caveat to the Municipal Regulations for DC Pharmacy Technicians which will allow a student to produce proof of enrollment in high school and proof of maintaining courses to graduation. Further. Ms. McIntosh inquired about the possibility of a high school student paying the $1,500.00 application fee. Lastly, Ms. McIntosh recommended updating the wording of the Self-administered Hormonal Contraceptive Pamphlet mentioning that "pregnancy is a choice" due to its sensitive matter. Supervisory Pharmacist, Dr. Reginal Bellamy reported that the $1500.00 fee only applies to the DC Pharmacy Technician Program and not the	

	DC Pharmacy Technician or Pharmacy Technician Trainees applicants. The DC Pharmacy Technician Trainee registration is free; however, the applicant must complete a $50.00 criminal background check fee. Dr. Ortique further mentioned that being that Calvin Coolidge High is a DC Public school, the DC Board of Pharmacy would not charge them the $1500.00 fee.	
Motion to Adjourn the Open Session	**Motion**: "Madam Board Chair, I Dr. Allison Hilll move that the Board close the Open Public session portion of the meeting and move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the following purposes: to discuss disciplinary matters pursuant to § 2-575(b)(9); to seek the advice of counsel to the board, to preserve the attorney-client privilege, or to approve settlement agreements pursuant to § 2-575(b)(4); and to plan, discuss, or hear reports concerning ongoing or planned investigations pursuant to § 2-575(b)(14)." **Seconded by**: Board Member, Dr. Ashlee Bow **Roll Call Vote**: Vice Chairman, Mr. Allan Friedman in favor of the motion. Board Member, Dr. Benjamin Miles in favor of the motion. Board Member, Dr. Ashlee Bow in favor of the motion. Board Member, Dr. Allison Hill in favor of the motion. **Motion Carried.**	

This concludes the Public Open Session of the meeting. The Board will now move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the reasons set forth in the motion.

Open Session Meeting Adjourned at 11:41 am

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.

22-B DCMR § 1901
D.C. Mun. Regs. Subt. 22-B, § 1901
1901. GENERAL OPERATING STANDARDS

1901.1 A pharmacy shall be managed ~~operated~~ only by the pharmacist-in-charge or the director of pharmacy in an institutional pharmacy, holding a valid license in the District of Columbia to practice pharmacy or, if a non-resident pharmacy, a valid license in the state in which the pharmacy is physically located.

1901.2 A licensed pharmacist shall be on duty at all times that a pharmacy is open for business. In a pharmacy staffed by (2) or more pharmacists, the pharmacists shall stagger breaks so that at least one pharmacist shall remain on duty during all business hours. Where only one pharmacist is on duty, the pharmacy shall be closed for business during the pharmacist's meal period and breaks. An inpatient institutional pharmacy or an onsite pharmacy in a clinic or institutional facility as defined in § 1999.1 may seek a waiver from the Director to not close the pharmacy.

1901.3 A pharmacist, pharmacy intern, pharmacy technician, or pharmacy technician trainee shall not be required to work longer than twelve (12) continuous hours and shall be allowed at least eight (8) hours of off-time between consecutive shifts, inclusive of the breaks required in § 1901.4. A pharmacist may volunteer to work longer than twelve (12) continuous hours.

1901.4 A pharmacist, pharmacy intern, pharmacy technician, or pharmacy technician trainee working longer than six (6) continuous hours shall take an uninterrupted thirty (30) minute break.

1901.5 Where only one pharmacist is on duty and the pharmacy must close for business during the pharmacist's meal period and breaks pursuant to § 1901.2, the pharmacist shall:

(a) Close and secure the pharmacy;

(b) Remove all pharmacy interns, pharmacy technicians, and pharmacy technician trainees from the pharmacy during the pharmacist's absence; and

(c) Post a sign that is visible to the public stating the pharmacist is on a break and the time the pharmacist shall return from the break.

1901.6 Where a pharmacy closes for a meal period and breaks pursuant to § 1901.2, a pharmacist-in-charge or the director of pharmacy in an institutional pharmacy shall create policies and procedures for how pharmacy staff shall handle the closing and reopening of the pharmacy. The meal period and breaks shall occur at the same time each day, and the pharmacy shall provide a fourteen (14) day notice to the public if the daily meal period and break time for the pharmacy changes.

1901.7 To provide a safe working environment in a pharmacy a pharmacist-in-charge shall:

(a) Provide adequate time for a pharmacist to complete professional duties and responsibilities, including:

DRAFT

1. Drug utilization review;

2. Immunization;

3. Patient counseling;

4. Dispensing of prescriptions;

5. Patient testing; and

6. All other duties of pharmacists as authorized in this Chapter; and

(b) Ensure sufficient personnel are scheduled to work at all times in order to prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety. Staffing levels shall not be solely based on prescription volume but shall consider any other requirements of pharmacy personnel.

1901.8 A pharmacy license holder shall not establish any productivity or production quotas relating to ancillary services, and shall develop and implement organizational policies that do not override the judgment or control of the pharmacist-in-charge, director of pharmacy in an institutional pharmacy, or pharmacist on duty regarding the following:

(a) A pharmacist-in-charge or director of pharmacy's scheduling and staffing decisions;

(b) A pharmacist on duty's decision not to administer or supervise immunizations or provide other ancillary services if, in the pharmacist's professional judgment, providing the ancillary services cannot be provided safely or may negatively impact patient access to medications. The pharmacy may offer to make an appointment for the patient or may refer the patient to another location offering the ancillary services; and

(c) A pharmacist's decision to limit pharmacy access points if, in the pharmacist's professional judgment, limiting access points shall prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety. Limiting access points shall not interfere with a patient's ability to drop off or receive dispensed prescriptions during the pharmacy's posted hours of operation.

1901.9~~3~~ The following items shall be posted conspicuously in the vicinity of the pharmacy practice area:

(a) Certificate of Occupancy Permit (where applicable);

(b) Pharmacy license;

(c) Federal and District of Columbia Controlled Substances Registrations;

(d) Professional licenses of pharmacists on duty;

DRAFT

(e) Certificates of registration of pharmacy interns; ~~and~~

(f) The hours that the pharmacy is open for business; and

(g) The hours the pharmacy will be closed for meal period and breaks.

1901.104 ~~4~~ A pharmacy shall stock, maintain, sell, compound, dispense, and distribute only FDA registered drugs, medical devices, and chemicals for compounding.

1901.115 ~~5~~ A pharmacy shall sell, dispense, or otherwise distribute only drugs and medical devices that are safe for their intended purposes, and that are neither misbranded nor adulterated.

1901.126 ~~6~~ Drugs and medical devices with expired dating, or that are otherwise misbranded or adulterated, shall not be stored with currently dated products or those that are safe for their intended purposes, but shall be separated from active stock and so identified.

1901.137 ~~7~~ A pharmacy shall only obtain a drug or medical device from a pharmacy, manufacturer, distributor, or wholesaler that is registered or exempted from registration in the District of Columbia pursuant to § 302 (c) of the Uniform Controlled Substances Act or, if a non-resident pharmacy, be registered or exempted from registration by the federal government or the state in which the pharmacy, manufacturer, distributor, or wholesaler is located.

1901.148 ~~8~~ Burglaries, thefts, suspected diversions, significant losses of drug inventory or the inability to account for such inventory, and damage to a pharmacy or its inventory by fire, flood, or other causes shall be reported by the licensee or agent of the licensee to the Director within forty-eight (48) hours after discovery and shall conduct a new inventory of the affected drugs within seventy-two (72) hours after discovery.

1901.159 ~~9~~ Neither drugs nor other merchandise shall be dispensed, sold, held for sale, or given away in any pharmacy damaged by fire, flood, or other causes until the Director or designee has determined that the merchandise is not adulterated or otherwise unfit for sale, use, or consumption. Damaged premises shall be inspected by the Director or designee to determine their continued suitability for pharmacy operations.

1901.16 As part of a pharmacy's record keeping requirements under § 1913, a pharmacy shall maintain documentation demonstrating their compliance with this Section. -

1901.1710 ~~10~~ Chapter 65 (Pharmacists) of Title 17 DCMR and Chapter 13 of Title 22 DCMR supplement this chapter.

Credits

SOURCE: Adopted at 38 DCR 6734 Nov. 8, 1991; Amended at 55 DCR 270 Jan. 11, 2008. Amended Nov. 12, 2010.

Current through District of Columbia Register, Volume 71, Number 4, dated January 26, 2024.
22-B DCMR § 1901, 22-B DC ADC § 1901

DRAFT

22-B DCMR § 1920
D.C. Mun. Regs. Subt. 22-B, § 1920
1920. PHARMACIST-IN-CHARGE
Currentness

1920.1 A retail/community pharmacy, special or limited use pharmacy, or non-resident pharmacy shall be managed by a pharmacist (hereafter referred to as "pharmacist-in-charge"). ~~The pharmacist-in-charge shall be licensed to practice pharmacy in the District of Columbia, except that the pharmacist-in-charge of a non-resident pharmacy shall be licensed in the state in which the pharmacy is located.~~

~~1920.2 A pharmacist may not serve as a pharmacist-in-charge unless he is physically present in the pharmacy a sufficient amount of time to provide supervision and control. A pharmacist may not serve as a pharmacist-in-charge for more than one (1) pharmacy at a time except upon obtaining written permission from the Director.~~

1920.2 A retail/community pharmacy, special or limited use pharmacy, or non-resident pharmacy shall not operate without an eligible pharmacist-in-charge. Operation of the pharmacy without an eligible pharmacist-in-charge is a violation of the law and each day so operated shall be a separate offense.

1920.3 To be eligible to serve as a pharmacist-in-charge, a pharmacist shall:

(a) Be licensed, in good standing, to practice pharmacy in the District of Columbia, except that the pharmacist-in-charge of a non-resident pharmacy shall be licensed, in good standing, in the state in which the pharmacy is located;

(b) Have not less than two years of active pharmacist practice experience in the United States, except that the Board of Pharmacy may grant an exception to the minimum number of years of experience required for good cause shown;

(c) Be physically present in the pharmacy a minimum of thirty-two (32) hours per week;

(d) Not serve as the pharmacist-in-charge for more than one (1) pharmacy at a time except upon obtaining written permission from the Director; and

(e) Complete the affidavit of responsibilities and duties attesting to understanding and accepting the duties and responsibilities of a pharmacist-in-charge as set forth in this Chapter.

1920.4 If the pharmacist-in-charge shall be absent from the pharmacy or on leave for more than thirty (30) days, a new pharmacist-in-charge shall be designated and the Director shall be notified.

1920.5~~3~~ In addition to any other responsibilities set forth under this Title, the pharmacist-in-charge ~~or proprietor of a pharmacy~~ shall have the following duties and responsibilities:

(a) To supervise all of the professional employees of the pharmacy;

(b) To ensure~~Ensuring~~ that all persons working in the pharmacy, including those participating in an internship, residency, fellowship, or pharmacy technician training program at the pharmacy are appropriately licensed or registered with the Board of Pharmacy;

DRAFT

(c) To supervise all employees of the pharmacy regarding any duties related to the procurement, sale, or storage of drugs;

(d) To establish and supervise the method and manner for the storing and safekeeping of drugs;

(e) To establish and supervise the record keeping system for the purchase, sale, possession, storage, safekeeping and return of drugs;

(f) Establishing or ensuring that quality assurance programs are in place for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems. Quality assurance programs shall be designed to prevent and detect drug diversion and to decrease and monitor prescription errors;

(~~g~~b) Developing or adopting, implementing, and maintaining a training manual and program for the training of all individuals employed in the pharmacy who are legally authorized to assist in the practice of pharmacy. The pharmacist-in-charge shall be responsible for supervising the training program;

(~~h~~e) Establishing or ~~Developing or ensuring the establishment of policies~~developing policies and procedures for the procurement, storage, compounding, dispensing, security, and disposition of drugs and devices, and for ensuring the provision of the required information to the public in relation to drug therapies beyond the offer to counsel such as package inserts;

(~~i~~d) Developing or ensuring the establishment of policies and procedures for the provision of pharmacy services;

(~~j~~e) Ensuring that the automated pharmacy system is in good working order and accurately dispenses the correct strength, dosage form, and quantity of the drug prescribed while maintaining appropriate recordkeeping and security safeguards;

(~~k~~f) Implementing an ongoing quality assurance program that monitors performance of the automated pharmacy system, which is evidenced by written policies and procedures;

~~(g) Ensuring that all pharmacists employed at the pharmacy are currently licensed in the District of Columbia, or if it is a non-resident pharmacy, in the state in which the pharmacy is located;~~

~~(h) Ensuring that all pharmacy interns employed at the pharmacy are currently registered in the District of Columbia;~~

(~~l~~i) Ensuring the making or filing any reports required by federal or District of Columbia laws or regulations, which shall include but not be limited to, notifying the Director of the occurrence of any of the following:

(1) Permanent closing;

(2) Change of proprietorship, management, location, or pharmacist-in-charge;

DRAFT

(3) Any theft or loss of prescription drugs or medical devices;

(4) Conviction of any employee of any federal, state, or District of Columbia drug laws;

(5) Disasters, accidents, or any theft, destruction, or loss of records required to be maintained by federal or District of Columbia law or regulation;

(6) Occurrences of significant adverse drug reactions;

(7) Illegal use or disclosure of protected patient health information;

(mj) Developing or ensuring the establishment of policies and procedures for preventing the illegal use or disclosure of protected health information, or verifying the existences thereof and ensuring that all employees of the pharmacy read, sign, and comply with the established policies and procedures; and

(nk) Developing or ensuring the establishment of a procedure for proper management of drug recalls which may include, where appropriate, contacting patients to whom the recalled drug product(s) have been dispensed.

1920.6 The pharmacist-in-charge shall ensure the timely completion of the biennial inventory. The pharmacist-in-charge or another licensed pharmacist shall conduct the biennial inventory of all controlled substances and shall sign the biennial inventory upon its completion. This requirement applies whether the inventory is conducted by the pharmacist-in-charge or another licensed pharmacist.

1920.7 Whenever there is a change of a pharmacist-in-charge of a pharmacy:

(a) The outgoing pharmacist-in-charge shall conduct an inventory of all controlled substances in the pharmacy before leaving the position; and

(b) The incoming pharmacist-in-charge shall conduct an inventory of all controlled substances in the pharmacy within seventy-two (72) hours after beginning to function as the pharmacist-in-charge.

1920.8 If the outgoing pharmacist-in-charge is unable to perform the inventory required by § 1920.6, the pharmacy license holder shall designate an alternative pharmacist, other than the incoming pharmacist-in-charge, to perform the inventory in the outgoing pharmacist-in-charge's place.

1920.94 The pharmacist-in-charge shallmay be assisted by a sufficient number of pharmacists, pharmacy interns, and pharmacy technicians, and pharmacy technician trainees, as may be required to competently and safely provide pharmacy services in keeping with the size, scope, and complexity of the pharmaceutical services provided by the pharmacy.

1920.105 The pharmacist-in-charge or proprietor of a pharmacy shall assure the development and implementation of written policies and procedures to specify the duties to be performed by pharmacy interns, and pharmacy technicians, and pharmacy technician trainees. The duties and responsibilities of these personnel shall be consistent with their training and experience. These policies and procedures shall, at a minimum:

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(a) Specify that pharmacy interns, ~~and~~ pharmacy technicians, and pharmacy technician trainees, are to be personally and directly supervised by a pharmacist stationed within the same work area who has the ability to control and who is responsible for the activities of the pharmacy interns, ~~and~~ pharmacy technicians, and pharmacy technician trainees; ~~and~~

(b) Specify the duties that can be performed by ~~at pharmacy interns and~~ pharmacy technicians and pharmacy technician trainees pursuant to Chapter 99 (Pharmacy Technicians) of Title 17 DCMR; and

(c) Specify the duties that shall only be performed by a pharmacist and not be assigned to a pharmacy intern ~~duties that may be performed only by a pharmacist~~, which shall include but not be limited to:

(1) Drug utilization review;

(2) Clinical conflict resolution;

~~(3) Prescriber contact concerning prescription drug order clarification;~~

~~(4) Patient counseling on prescription, over-the-counter, and herbal products;~~

(3~~5~~) Dispensing process validation;

(4) Providing transition-of-care services;

(5) Administering anticoagulation therapy;

(6) Extending prescriptions as medically necessary, excluding controlled substances or specialized medications; and

(7) Initiation of Pre Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) for the prevention of HIV/Aids pursuant to a protocol.

~~(6) Receiving new oral prescription drug orders, or refill authorizations;~~

~~(7) Prescription transfers; and~~

~~(8) Independent compounding.~~

1920.11 The pharmacy license holder shall not subvert or impede the authority and ability of the pharmacist-in-charge to manage the pharmacy in compliance with federal and District of Columbia pharmacy laws and regulations.

DRAFT

22-B DCMR § 1999
D.C. Mun. Regs. Subt. 22-B, § 1999
1999. DEFINITIONS

Subsection 1999.1 is amended as follows:

The following terms with the ascribed meanings are added to appear in alphabetical order:

Ancillary Services – Services performed by pharmacy staff that are not part of the dispensation process for prescriptions. Examples of ancillary services include, but are not limited to, immunizations, medication therapy management, disease state management, and refill reminders.

Institutional Facility - means any organization whose primary purpose is to provide a physical environment for patients to obtain health care services, including a(n):

(1) Hospital;

(2) Convalescent home;

(3) Nursing home;

(4) Extended care facility;

(5) Mental health facility;

(6) Rehabilitation center;

(7) Psychiatric center;

(8) Developmental disability center;

(9) Drug abuse treatment center;

(10) Family planning clinic;

(11) Penal institution;

(12) Hospice;

(13) Public health facility;

(14) Athletic facility;

(15) Urgent care clinic.

Quota – a fixed number or formula related to the duties of pharmacy staff, against which the pharmacy or its agent measures or evaluates the number of times either an individual performs tasks or provides services while on duty. Quota does not mean: a measurement of the revenue earned by a pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by pharmacy staff; any evaluation or measurement of the competence, performance, or quality of care provided to patients of pharmacy staff if the evaluation does not use quotas; and any performance metric required by District of Columbia or federal laws.

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CDC Prepares Vaccination Providers for Possible Tetanus Shot Shortage This Summer

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NAM Collaborative Announces March 18 as Annual, National Health Workforce Well-Being Day

The National Academy of Medicine (NAM) Collaborative and over 90 founding partners have announced March 18 as the annual, national **Health Workforce Well-Being (HWWB) Day**. March 18 is the anniversary of the Dr. Lorna Breen Health Care Provider Protection Act being signed into law, which aims to reduce and prevent suicide, burnout, and mental and behavioral health conditions among health professionals. HWWB Day focuses on acknowledging the importance of protecting health workers' well-being as more and more people experience heavy workloads, administrative burdens, and technological challenges. These challenges can direct their time away from providing high-quality, personalized, and respectful care for their patients. Additionally, HWWB Day serves as a day of action for learning about ways to change health care systems to improve health care worker well-being. For one week, from March 11 through March 18, the NAM Collaborative hosted a series of events to discuss the impact of the ongoing initiatives that have expanded and diversified the public health workforce.

NABP joined the NAM Change Maker Campaign this winter to strengthen health workforce well-being. The Change Maker Campaign coincides with NABP President Lenora S. Newsome's 2023-2024 **presidential initiative** to promote well-being and mental health for pharmacy staff.

Find Out More

CDC Prepares Health Care Providers for Possible Tetanus Shot Shortage This Summer

Centers for Disease Control and Prevention (CDC) is advising health care providers to preserve the tetanus and diphtheria (Td) vaccine as the agency anticipates a potential shortage this summer. The manufacturers of TdVax™, MassBiologics, have discontinued production of its Td

vaccine. The distributor for **TdVax**, Grifols**,** is expected to have products available through approximately June 2024. While Sanofi prepares to increase production of its Td vaccine, Tenivac®, CDC recommends that vaccination providers transition to administering the diphtheria, tetanus, and acellular pertussis (Tdap) vaccine as an alternative for the Td vaccine whenever possible. The Tdap vaccine is considered an acceptable substitute for the Td vaccine, but the Tdap vaccine should not be administered to people who have a **specific contraindication to pertussis-containing vaccines**.

View CDC's Guidance

FDA Proposes Criteria for Drugs That Qualify for DDC Lists

As published in today's *Federal Register*, Food and Drug Administration (FDA) is proposing to establish criteria for the lists of drug products or categories of drug products that present demonstrable difficulties for compounding (Demonstrable Difficulties for Compounding Lists or DDC Lists) under certain sections of the Federal Food, Drug, and Cosmetic Act. Additionally, the Agency is proposing to identify the first three categories of drug products on both DDC Lists. Drug products or categories of drug products that appear on the DDC Lists cannot qualify for certain statutory exemptions, and therefore may not be compounded under either Section 503A or Section 503B. Electronic comments on the proposed rule need to be submitted by June 18, 2024.

Read More

FDA Discusses AI in Recent Paper

FDA has published a paper discussing how its medical product centers are developing and using artificial intelligence (AI) across the medical product life cycle to foster responsible product innovation while safeguarding public health. Specifically, the *Artificial Intelligence & Medical Products: How CBER, CDER, CDRH, and OCP are Working Together* paper focuses on four areas: "foster collaboration to safeguard public health," "advance the development of regulatory approaches that support innovation," "promote the development of harmonized standards, guidelines, best practices, and tools," and "support research related to the evaluation and monitoring of AI performance." FDA's Center for Biologics Evaluation and Research (CBER), Center for Drug Evaluation and Research (CDER), Center for Devices and Radiological Health (CDRH), and the Office of Combination Products (OCP) will tailor their regulatory approaches for using AI in medical products and modify them as AI evolves.

Learn More

FDA's Advisory Committee Recommends Trivalent Seasonal Influenza Vaccines for 2024-2025

FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) is recommending that all 2024-2025 United States flu vaccines be trivalent (three-component) vaccines that contain two influenza A viruses (H1N1 and H3N2) and one influenza B/Victoria lineage virus. Furthermore, FDA is proposing that influenza vaccine manufacturers remove the B/Yamagata lineage virus from seasonal influenza vaccines in the US for the 2024-2025 influenza season. The decision was reached during **FDA's VRBPAC meeting** on March 5, 2024, when the advisory committee reviewed surveillance data related to

epidemiology and antigenic characteristics of recent influenza isolates and serological responses to 2023-2024 vaccines.

Read FDA's Announcement

Innovations: Let's Talk About Speech vs. Conduct

In the realm of professional regulation, one of the most addressed legal issues in recent times relates to the First Amendment and speech versus conduct. Numerous cases have been litigated related to mental health services, veterinary practice, dietitians, and more, each challenging activity that was alleged to constitute limitations on speech. Free speech is a fundamental right in the US protected by the First Amendment of the Constitution. When the government interjects itself into regulation and attempts to limit the rights of a licensee to speak, the First Amendment may be at issue if the statute in question is challenged. But what distinguishes speech from conduct?

Find out in this examination of a case involving a lawsuit between a Missouri-licensed pharmacist and the Missouri Board of Pharmacy, which you can read more about in the February 2024 issue of *Innovations*®.

Learn More

ISMP Publishes 2024-2025 Best Practice Recommendations for Hospitals

The Institute for Safe Medication Practices (ISMP) has published its *Targeted Medication Safety Best Practices for Hospitals* guide

addressing specific medication safety issues that cause fatal and harmful errors in patients. The list of best practices includes dispensing vincristine and other vinca alkaloids only by the intravenous route, applying a weekly dosage regimen default for oral methotrexate in electronic systems when medication orders are entered, and more. ISMP encourages hospitals to implement the ISMP *Targeted Medication Safety Best Practices for Hospitals* in addition to its new *Best Practices* for 2024-2025.

Explore ISMP's Best Practices for Hospitals

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NABP Launches Examination Preparation Videos to Assist Candidates

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NABP Launches Examination Preparation Videos to Assist Candidates

NABP has released three new educational videos designed to enhance candidates' understanding of the North American Pharmacist Licensure Examination® (NAPLEX®), the Multistate Pharmacy Jurisprudence Examination® (MPJE®), and the Foreign Pharmacy Graduate Equivalency Examination®. NABP remains steadfast in its commitment to support candidates by providing information and resources to help them apply and prepare for the exams. The newly released videos include:

1. ***NABP's 5 Essential Tips for Test Day:*** This video guides candidates on optimal preparation strategies for test day, emphasizing the importance of the testing policies and procedures found in the *NAPLEX/MPJE Candidate Application Bulletin*.
2. ***Avoid Misconduct for NABP Exams:*** Aimed at educating candidates on the definition of misconduct and its ramifications, this video reinforces NABP's dedication to the integrity of its examinations.
3. ***Performance Report Overview:*** In the event of an unsuccessful NAPLEX and/or MPJE attempt, candidates will receive a Performance Report. This video will help candidates learn how to access and interpret their Performance Report. Candidates will also better understand each section of the report and assess performance by competency area to support their study efforts for their next exam attempt.

Learn More

CDC Issues Health Advisory With Recommendations for Measles Prevention as Cases Increase in the US and Globally

Centers for Disease Control and Prevention (CDC) has issued an official health advisory with recommendations for health care providers on measles prevention for children. Measles cases continue to increase in the United States and worldwide. According to CDC, among the 58 cases reported in 2024, 54 cases were linked to international travel and most cases reported were among children ages 12 months and older who did not receive the measles-mumps-rubella (MMR) vaccine. CDC is recommending that:

- Children who are six months and older who are expected to travel internationally and do not have evidence of immunity should receive the MMR vaccine prior to departure.
- Children who are not traveling internationally should receive their first dose of MMR at ages 12 to 15 months and their second dose at four to six years.

After international travel, caregivers should watch for signs and symptoms of measles for three weeks after returning to the US.

Read CDC's Recommendations

White House Introduces New Challenge to Save Lives From Overdose

The White House is asking organizations across all sectors to commit to the new White House Challenge to Save Lives from Overdose. The initiative is a nationwide call to action to encourage leaders to implement steps such as increasing employee training on opioid overdose reversal medications, keeping opioid reversal medications in first aid kits, and distributing the medications to employees and customers to reduce opioid deaths. Several businesses and organizations in the air travel, hospitality, and entertainment industries, as well as labor worksites, state and local transit systems, and schools and other places of learning have started to equip their workplaces with naloxone and offer trainings for

their employees on responding to an overdose. Organizations interested in committing to the challenge can fill out this **form** and share **stories** on how their efforts saved a life on the White House website.

Join the White House Challenge

HRSA Allocates $50 Million to Rural Opioid Treatment and Recovery Initiative

The US Department of Health and Human Services' Health Resources and Services Administration (HRSA) has allocated nearly $50 million for its Rural Opioid Treatment and Recovery initiative. The funding will go toward establishing and expanding comprehensive substance use disorder treatment and recovery services in rural communities. Specifically, HRSA plans to fund mobile units providing medication for opioid use disorder (OUD), integration of medication for OUD prescribing and support into primary care settings, and support services, including food access, housing support, employment training, and transportation to treatment appointments for individuals in recovery.

Find Out More

FIP Publishes Report on Pharmacists' Role in Managing MSK Pain

Pharmacists can be instrumental in guiding patients with musculoskeletal (MSK) conditions on safe uses of medication for chronic pain and other comorbidities related to mood, sleep, substance use, and substance use disorders, according to an International Pharmaceutical Federation (FIP)

report. Community pharmacists, policy experts, and researchers from several countries shared their insights on pharmacological and non-pharmacological approaches to managing pain. Additionally, the report highlights the lack of education and support materials for pharmacists and points out that developing trainings and guidance materials are key to enabling pharmacists to offer timely and well-informed interventions on controlling pain.

Learn More

FIP Announces World Pharmacists Day 2024 Theme

FIP has announced the theme, “Pharmacists: Meeting global health needs,” for World Pharmacists Day. Held on September 25, 2024, the campaign celebrates the work and dedication of pharmacy professionals protecting public health across the globe.

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