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

June 6, 2019

9:44 AM – 12:00 PM

OPEN SESSION MINUTES

Full meeting minutes shall be posted on the next meeting date of the DC Board of Pharmacy.

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: Mr. James Appleby, Vice Chairperson

BOARD MEMBERSHIP/ATTENDANCE:

BOARD MEMBERS:		
	DR .DAPHNE B. BERNARD, PHARM.D. R.PH CHAIRPERSON	ABSENT UNTIL 10:55 AM
	MR. JAMES APPLEBY, R.PH VICE CHAIR	PRESENT
	DR. BENJAMIN MILES, PHARM.D. R.PH	PRESENT
	MR. ALAN FRIEDMAN, R.PH	PRESENT
	DR. TAMARA MCCANTS, PHARM.D. R.PH	PRESENT
	CHIKITA SANDERS, CONSUMER BOARD MEMBER	ABSENT
STAFF:	SHAUNA WHITE, EXECUTIVE DIRECTOR	PRESENT
	KARIN BARRON, HEALTH LICENSING SPECIALIST	PRESENT
	LUANNE GREENAWAY, PROGRAM SPECIALIST	PRESENT
	HIEU HUONG, PHARMACIST INTERN	PRESENT
LEGAL STAFF:	CARLA WILLIAMS, ASSISTANT GENERAL COUNSEL	PRESENT
	BRANDON CAPECE, LEGAL INTERN	PRESENT
VISITORS:	Jennifer Thomas, Qlarant	
	Kevin Maher, PhD, Public	
	Don Zowaden, Public	
	Lisa LeGette, Express Scripts	
	Andrew Lam, Pharmacy Student/Intern	
	Kirsten Brown, Public	
	Marissa Tabile, Public	
	Monet Stanford, Kaiser Permanente	
	Deidre Payne, Walmart	
	Kim Greenwood, DC Health	
	Mary Eva Candon, Public	
	Dr. Nate Jolo Roberts, Public	

Open Session Agenda

Quorum:

Introduction:		
0606-O-01	**Approval of the Open Session Meeting Minutes** May 2, 2019 **Motion**: Board Member Dr. Benjamin Miles moves the Board to approves the May 2, 2019 open session minutes **Seconded by**: Mr. Alan Friedman **Abstentions**: Dr. McCants **Motion Carried.** **Approval of the Open Session Meeting Minutes** April 4, 2019 **Motion**: Board Member Dr. Tamara McCants moves the Board to approves the April 4, 2019 open session minutes **Seconded by** Dr.Benjamin Miles **Abstentions**: None. **Motion Carried.**	
Consent Agenda	**None**	
Executive Director Report	**Licensing Report** **Statistical Report on pharmacy professionals in the District of Columbia** ➢ Pharmacists: 2,026 ➢ Pharmacists with Vaccination and Immunization Authority: 617 ➢ Pharmacy Interns: 682 ➢ Pharmacy Technicians: 851 ➢ Pharmacy Technician Trainees: 125 ➢ Pharmacy Technician Training Programs: 11 ➢ Pharmaceutical Detailers: 799 **Prescription Drug Monitoring Program (PDMP)** ➢ Licensed pharmacists in the District of Columbia were notified, via email, of the mandatory registration for the *Prescription Drug Monitoring Program*. ➢ Information regarding the program was disseminated during the 2019 licensure renewal period, via newsletter at nabp.pharmacy, and via dchealth.dc.gov. ➢ Forty percent (40%) of the District's licensed pharmacists have registered for the program. In the near future, information on the program will be mailed to the pharmacy public, and continued communication will encourage pharmacists to comply with the program's mandate by the deadline date of July 31, 2019.	

	Opioid Strategic Plan ➢ The Opioid Strategic Plan will remain as a standing item on the DC Board of Pharmacy's agenda, as we are in an opioid crisis. ➢ The conversation on opioid abuse will continue until all iniatives of the plan are discussed. ➢ For further information and insight of the plan, and for information on the mayor's priorities, the community partners of the plan, etc., go to the Live.Long.DC | DMH. In response to Dr. McCant's question: "With regard to the strategic plan, is there anything specifically that pharmacists should pay attention to or should do," Dr. White states that pharmacists' registration in the program is part of the strategic plan and is therefore, important. In response to Mr. Appleby's question: "Is there a penalty for pharmacists who do not comply; and is there a penalty for employers of pharmacists who do not comply," Dr. White states that employer penalty is not a consideration at this time because employers are not registered with the DC Board of Pharmacy. However, a penalty for non-compliance is currently being discussed as regulations are reviewed. The DC Board of Pharmacy will continue to communicate and encourage pharmacists to register July 31, 2019. **NABP Updates** None.
Assistant General Counsel Report	
0606-O-02	Drafted Cardiopulmonary Resuscitation (CPR) Training Policy Statement This matter is brought before the Board to make an official vote. (a) Drafted Policy A drafted CPR Training Policy Statement was presented to the Board at the April monthly meeting, but was not approved. Assistant General Counsel, Ms. Williams, reintroduces this matter for review and approval by the Board as follows: Requirements in the regulations [mandate] that pharmacists certified to administer vaccinations and immunizations will maintain active certification in cardiopulmonary resuscitation (CPR) for healthcare providers. Earlier this year, the DC Board of Pharmacy received requests to accept CPR certifications that [were offered via online modalities by entrepreneurs offering this certification solely online]. While that may be helpful to a lay person to [aide] in saving family members [and/or] friends, licensed, healthcare providers are held to a higher standard. Should a pharmacist who completed the online course not know how to [perform] CPR, [he/she is at risk for] legal liability. The policy statement is [therefore] to clarify that the DC Board of Pharmacy is not accepting of online CPR certification. This

matter is, [therefore], brought back before the Board for discussion.

Discussion:

Board Member Dr. Miles responds by stating that he "would like to amend the policy statement," which states:

> "The DC Board of Pharmacy would not accept a CPR course that is completed, in whole or in part.

Per Dr. Miles' dissent, members of the Board may all agree that there are hybrid programs where there is a didactic portion online, but a practical session where one [demonstrates] the skill.

Ms. Williams asks the Board if the language should then be changed to say:

> "The DC Board of Pharmacy will not accept a CPR course that is completed solely online."

Board Member Dr. Miles agrees.

In response to Mr. Appleby's question: "How do we distinguish between the physical/behavioral elements of CPR versus some of the knowledge points about [the subject matter]? Is there a way to word that?'

Board Member, Dr. McCants responds by stating that "[the Board] can say there has to be a live demonstration; that the participant can review the didactic portion online, with a live demonstration."

Board Member, Dr. Miles states that [the live demonstration] is called a skills assessment [and should therefore read as] "with a live skills assessment."

Assistant General Counsel, Ms. Williams, responds to the request by asking that the Board accommodate or reject the following change of language:

> "The Board will not accept a CPR course that is completely [or] solely online. The CPR course must include a live skills assessment."

Chairperson, Mr. James Appleby requests that Ms. Williams informs the Board of how the statement would read. Ms. Williams yields to state the following:

> "The Third paragraph [would read]: "This policy statement clarifies that the certification in Cardiopulmonary Resuscitation (CPR) for healthcare providers [ ] must be met through [demonstration] of a live course. The Board will not accept a CPR course that is completed solely online. The CPR course must [include] a live skills assessment."

Dr. Benjamin Miles enters the following motion:

	Motion: Board Member Dr. Benjamin Miles moves that the Board amends the language of the *Cardiopulmonary Resuscitation (CPR) Training Policy Statement* to read as follows: "This policy statement clarifies that the certification in Cardiopulmonary Resuscitation (CPR) for healthcare providers must be met through [demonstration] of a live course. The Board will not accept a CPR course that is completed solely online. The CPR course must [include] a live skills assessment." **Seconded by** Mr. Alan Friedman **Abstentions**: None. **Motion Carried.**	
0606-O-03	Clinical Lab Practitioner Advisory Committee Updates **Presented by Ms. Carla Williams and Dr. Kevin Maher.** Dr. Maher introduces himself to The Board as follows: ➢ Board Certified Laboratory Director. ➢ Currently employed by the Food and Drug Administration (FDA). ➢ Holds the position of Supervisory Medical Technologist Member of the Clinical Lab Practitioner Advisory Committee ("The Committee"). Dr. Maher informs the Board of Pharmacy that the Clinical Lab Practitioner Advisory Committee has had four (4) meetings to discuss and review the clinical laboratory practitioner legislation – particularly the licensure and continuing education [requirements]. The Committee has identified several acceptable qualifying examinations as prerequisites for licensure, [as well as] several acceptable CE providers. In addition, the Committee has agreed upon annual CEU requirements – the number of credits required, concerns regarding the legislation, and recommendations to update the language. [Of particular importance] is the omission of the provisions that indicated that the position of Laboratory Director could be [occupied] by a board certified Ph.D. [Because] the current language [reads without this clause], The Committee has recommended that this requirement be [included] and corrected in the legislation. With regard to exemptions, The Committee debated, significantly, about what the exemptions meant, and decided that the language should be clarified. Overall, The Committee thinks these amendments to the law are [necessary], so that the law is more consistent with the actual practiced profession. Ms. Williams adds that The Committee is recommending that the Board of Pharmacy makes changes to the law before moving forward with regulations. [A draft of the current law suggests] that the professions have [evolved], or the law is erred as a draft. Therefore, The Committee is recommending that The Board votes to have The Committee draft legislation to amend the law [in preparation of] the enactment process via the City Council. Ms. Williams recommends that The Board [should consider this matter] as an emergency amendment, because [Clinical Laboratory] professionals need to be licensed and regulated as soon as possible. Ms. Williams points	

to the following amendments to be made:

1. Because it is common in a clinical laboratory that mid to high level testing is performed by non-clinical laboratory practitioners, The Board must make clear the time at which a licensed professional is needed. An [existing] provision seems to weigh health professionals, who have licenses – such as physicians and nurses – from needing to be licensed or registered in these categories. However, while some tests are reasonable for these professionals to perform, others are complex. The *Exemption of Licensure for Select Clinical Laboratory Practitioners* was drafted to intend that a licensed physician or nurse could work in a laboratory and thereby perform various duties as a laboratory professional, without needing a specific license; and that the practice may be appropriate for some tests, but not others. Therefore, The Board needs to clarify this exemption, which is a blanket waiver and may be inappropriate.

In response to Mr. Friedman's inquiry regarding the current law, Ms. Williams responds that the request from The Committee is that The Board votes in favor of The Committee drafting the amendments to the current law.

2. Because it is common that Ph.D. professionals are [considered for the role of] Laboratory Directors, [The Board must clarify the required educational level for Laboratory Directors]. Per current law], the types of certifications that qualify a candidate as eligible for the position, indicate that [the candidate must have attained an educational level equivalent to a Ph.D.]. Dr. Maher confirms that ["Per 1(A)(iii) of ~~§~~3-12-7.63, "Laboratory Director" means a physician or dentist who is qualified and eligible to supervise and direct the technical and scientific operation of a medical laboratory by possessing the following]:
    - Certification by the American Board of Medical Microbiology, the American Board of Clinical Chemistry, the American Board of Bioanalysts, or another national accrediting board in at least one of the laboratory specialties.

These certifications are specifically intended for the Ph.D." Therefore, there was a portion that directed us towards the Ph.D. qualification, but was "sort of" omitted in the description.

Ms. Williams states that if this language is not revised, then [neither] various laboratory directors [nor] physicians would be able to hold the position of laboratory director.

A draft of the legislation will be prepared for The Board's review at the August, 2019 meeting.

Motion: Board Member Mr. Alan Friedman moves that the Board directs the Clinical Lab Practitioner Advisory Committee to draft legislation amending *DC Law 20-272: the Clinical Laboratory Practitioners Amendment Act of 2014*, as needed, for consistency with current clinical [laboratory] practice.

	Seconded by: Dr. Benjamin Miles **Abstentions**: None. **Motion Carried.**	
Subcommittee Report		
	Legislative and Regulatory	
0606-O-04	Defending Access to Women's Health Care Services Amendment Act of 2017 Mr. Alan Friedman informs The Board of the following: ➢ The subcommittee is awaiting a draft of the algorithm from the Board of Medicine. ➢ The Board of Pharmacy has drafted the patient self-assessment and the referral form for the subcommittee's review. These documents can be considered as the final articles of the project. ➢ Educational materials will follow all approvals. ➢ Once the Board of Medicine shares the draft of the algorithm, the subcommittee will reconvene to approve the algorithm, which will then be brought before the Boards of Medicine and Pharmacy for approval. ➢ All the subcommittee's recommendations for approval will then move the process forward. In response to Mr. Appleby's question, "Can the Board of Pharmacy or staff members assist or provide any help to move this to the next stage of the process," Mr. Friedman responds that when the subcommittee met, the members agreed to divide the responsibilities, which are now completed. While the Board of Pharmacy has completed its requirement, the subcommittee is awaiting the Board of Medicine's completed algorithm. Mr. Friedman will send an email to the executive director and the physicians who are working on the project to request a deadline for submission to the subcommittee. He states that if the email were to address the committee as a whole, and not just the administrative persons in the background, then the committee would be overtly aware that it is awaiting the algorithm to move forward, and persons drafting the algorithm should be held accountable. In summation, an email from a committee member would be taken more seriously than one from persons in the background. **Motion**: None entered.	Alan Friedman
0606-O-05	(1) Collaborative Practice **Dr. Benjamin Miles recuses himself from this matter.** Mr. Friedman states that the conversation does not come out of the entirety of the legislative and regulatory subcommittee. There has been conversation about the current regulation related to collaborative practice in the District of Columbia and it asks from, specifically, the institution community that we go back and review the training requirements,	

[because] what we have in place may be prohibitive for pharmacists to participate in collaborative practice. From The Board's perspective, we might look at the landscape in its entirety, [that is, all sections; not just the section regarding institutions]; and changing one [requirement] may result in changing the other. There are clauses that are specific to institutions but [overall], the requirements in both sections are the same.

The recommendation is to insert an "and" or an "or" to the clauses. The "and' means that all requirements must be achieved, whereas the "or" means a choice can be made on what must be accomplished – considering the "or" may broaden possibilities for individuals who have had the appropriate training to participate without having to go through all of the checklists.

Mr. Friedman states that there is a motion that The Board can make, if the board wants to support the change. The motion would then be published in the DC Register, and go through a formal comment period. The Board would then consider the comments that were submitted and decide if the amended legislation should be further amended, approved, or rejected, all of which will determine The Board's decision to amend the legislation again, republish it, or present it with no further amendments.

Because the original legislation requires that the Boards of Medicine and Pharmacy work collaboratively on drafting the regulations, The Board must submit its draft to the Board of Medicine for that Board's input, before any publication.

Per Ms. Williams: Section 10001.7 of the *Requirements for Participation in a Collaborative Practice Agreement* of the *District of Columbia Municipal Regulations:*

To be eligible to participate in a collaborative practice agreement, a pharmacist:

(a) Shall possess relevant advanced training as indicated by one of the following:

(1) Certification as a specialist by:
(A) The Board of Pharmaceutical Specialties;
(B) The Commission for Certification in Geriatric Pharmacy; or
(C) Another credentialing body approved by the Board of Pharmacy; or

(2) Successful completion of:
(A) A residency accredited by the American Society of Health-Systems Pharmacists, a body approved by the Board of Pharmacy or offered by a body accredited by the Accreditation Council for Pharmacy Education; or

(B) A certificate program approved by the Board of Pharmacy; **and**

(b) Shall have successfully completed:

(1) A minimum of three (3) years of relevant clinical experience, if the pharmacist holds an academic degree of Doctor of Pharmacy; or

(2) A minimum of five (5) years of relevant clinical experience, if the pharmacist holds an academic degree of Bachelor of Science in Pharmacy; and

(c) Shall have documented training related to the area of practice covered by the collaborative practice agreement.

Item (a) would remain the same:

"Relevant advanced training as indicated by one of the following…"

The question is with (b), there is currently [another] requirement that must be satisfied because of the use of the word "and." Therefore, [a change in the regulation would mean that] instead of saying a [pharmacist must satisfy requirements] (a) **and** (b), a change in the regulation [would mean that a pharmacist must satisfy requirement] (a) **or** (b). The requirement would now be that a pharmacist must have the certification or successful completion of the programs identified; **or** have successfully completed a minimum of three (3) to five (5) years ["of relevant clinical experience…"].

In response to Dr. McCants' question: "It is the [relevant] advanced training **or** the [successful completion of a minimum of] three to five years," Ms. Williams agrees by answering "correct."

Chairperson Mr. James Appleby requests the presence of Dr. Benjamin Miles to further discuss this matter, which is neither a discussion on the Collaborative Practice certificate program of Sibley Memorial hospital nor a matter of conflict of interest for Dr. Miles.

Mr. Friedman discloses his review of Maryland's Collaborative Practice Agreement to determine how that state's regulation may or may not align with that of the District of Columbia. Per his review, Mr. Friedman states that the Maryland regulation states "relevant advanced training as indicated by certification **or** successful completion of the residency certificate program via national association credentialing." He continues by saying the the regulation further states that a pharmacist "shall have successfully completed:

(a) 1,000 hours of relevant clinical experience; or

(b) (b) 320 hours in a structured experience program approved by the Board of Pharmacy; **and**

(6) Shall document training related to the disease state specified in the protocol.

Mr. Friedman explains that, while Maryland's Collaborative Practice Agreement is not exactly like the District's, the regulations are written such that a pharmacist must fulfill two primary requirements to validate the contract. Comparison of the regulations reflect that they are consistent, with a minor difference in the experience factor. Whereas the state of Maryland expects:

(a) 1,000 hours of relevant clinical experience; or

(b) (b) 320 hours in a structured experience program approved by the Board of Pharmacy,

[This language] does not explicitly state the following, as is written in the District's regulation:

(1) A minimum of three (3) years of relevant clinical experience, if the pharmacist holds an academic degree of Doctor of Pharmacy; or

(2) A minimum of five (5) years of relevant clinical experience, if the pharmacist holds an academic degree of Bachelor of Science in Pharmacy.

In response to Dr. McCant's remarks on the inexplicit language regarding experience as used by the state of Maryland, and the implication, by Maryland's agreement, that a pharmacist cannot participate in a Collaborative Practice Agreement unless formally trained, Dr. Miles adds that a doctorate in Pharmacy is also required. Mr. Friedman agrees but states that the Maryland regulation also states the following:

> "Shall possess a Doctor of Pharmacy degree or equivalent training as established in §B of this regulation,"

Where several requirements to satisfy ~~2~~B follow.

Dr. McCants clarifies for the public record that the DC Board of Pharmacy's original intent regarding Collaborative Practice Agreements was to account for a pharmacist's years of experience, and not only the pharmacist's years of residency training or certificate. Therefore, The Board's need for amending the regulation concerning Collaborative Practice Agreements is best explained as accounting for a pharmacist's years of experience.

Dr. Miles adds that the District's regulation requires:

Successful completion of:

(A) A residency accredited by the American Society of Health Systems Pharmacists, a body approved by the Board of Pharmacy or offered by a body accredited by the Accreditation Council for Pharmacy Education; **or**

(B) A certificate program approved by the Board of Pharmacy; **and**

(b) Shall have successfully completed:

(1) A minimum of three (3) years of relevant clinical experience, if the pharmacist holds an academic degree of Doctor of Pharmacy; **or**

(2) A minimum of five (5) years of relevant clinical experience, if the pharmacist holds an academic degree of Bachelor of Science in Pharmacy;

Per Dr. Miles, through residency training, particularly in a hospital setting, the pharmacist receives training in various subject matters, which are covered by collaborative practice agreements. Therefore, it would be futile for the pharmacist to complete residency training yet be unable to perform the duties that he or she learned over the year. Also, to sit for a board examination by the District of Columbia Board of Pharmacy, specialties consider a residency equivalent to three years of experience with documented clinical time/experience. Therefore, the regulation must be more aligned with the Board of Pharmacy's stance regarding collaborative practice agreements.

Mr. Friedman follows with a question: [Does the DC Board of Pharmacy support the thought] that the educational requirement, the competencies, and [the] preparedness to oversee a collaborative practice agreement will be satisfied by virtue of completing a residency as well as an institutional residency?

Dr. McCants responds by stating yes, and that all residencies, especially accredited residencies, community practice residencies and managed care residencies – (PGY1s) – engage in a minimum of sixty-six percent (66%) training in direct patient care. Therefore, training as defined in residency programs will qualify a [pharmacist] to administer direct patient care.

Mr. Friedman follows with another question: By adding the "or," is The Board not requiring certification or any special training related to [a specific] clinic versus [say] a diabetes clinic; [and] will the [associated] resident still be required to complete specialized training? In essence, does deleting "and" from the regulation mean that residents can automatically participate [in collaborative practice agreements]?

Dr. McCants responds by stating no, [because] the regulation [lists requirement C as the following, which is an additional requirement to be completed]:

> "Shall have documented training related to the area of practice covered by the collaborative practice agreement."

The language does not state that the program must be specific – [whether or not it is] an in-house program. The Board, therefore, may decide whether or not the training is sufficient. We must also remember that it is still a

collaborative practice agreement with a physician. Therefore, the physician must be [secure in the working relationship with] the pharmacist and it is the physician's responsibility to ensure that the delegated pharmacist is able to perform the duties [outlined in the collaborative practice agreement].

In essence, the "and' suggests that training, specific to a protocol is still a requirement.

Mr. Friedman asks: "If The Board were to approve the change [in regulation],and it is published, is the public's common period only for this change, or can the public comment on any other change that it may want The Board to consider at the time?'

Ms. Williams responds by stating that the public is able to comment on what is published.

Dr. McCants concludes that to ensure that facilities function during the regulation amendment stage, the regulations should be referred back to the Legislative and Regulatory Subcommittee, so that when prepared, The Board will move on one/[final] amendment.

Motion: Board Member Dr. Tamara McCants moves that the board refers the collaborative practice agreement regulations back to the Legislative and Regulatory Subcommittee for review.
Seconded by: Mr. Alan Friedman
Abstentions: None.
Motion Carried.

Discussion:

Mr. Alan Friedman states that the subcommittee should be careful in looking at what is critical in this matter, and then publish it. However, if the subcommittee concludes that there are no recommended changes, then the subcommittee will have [made its decision after] examin[ing] the regulation. The subcommittee will consider a change or changes to regulation only.

(2) Collaborative Practice Agreements

Dr. Benjamin Miles recuses himself from this matter.

22-B DCMR Chapter 10006 requires the Board of Pharmacy and Medicine to approve Collaborative Practice Agreements if a physician and a pharmacist intend to manage or treat a condition or disease state for which, there is not a protocol that is generally accepted as the clinical standard of care, then the physician and pharmacist shall apply for approval. The Boards shall receive and review the proposed treatment protocol and jointly approve or disapprove.

Sibley Memorial Hospital Johns Hopkins Medicine (Sibley) is submitting for the Board's review and approval their medical staffed-approved, institution-based certificate programs used in the training and authorization of clinical pharmacists to practice in the following areas:

1. Warfarin Management
2. Parenteral Nutrition Management
3. Vancomycin (Injection) Management
4. Aminoglycoside (Injection) Management
    (a) Sibley Memorial Hospital Materials
    (b) Title 17 DCMR Chapter 100 Collaborative Practice Agreements Between Physicians and Pharmacists

Executive Director, Dr. Shauna White addresses The Board regarding receipt of a request from Sibley Memorial Hospital Johns Hopkins Medicine (Sibley). Sibley is seeking approval of its program for in-house pharmacists who have not been practicing through a residency program, but have been engaging in the above-listed management programs. The hospital's goal is to document its pharmacists as qualified/trained through completion of its training program.

Sibley has submitted its certificate programs for consideration in accordance with Section 10009.9(a)(2)(A), which states:

(A) A residency accredited by the American Society of Health Systems Pharmacists, a body approved by the Board of Pharmacy or offered by a body accredited by the Accreditation Council for Pharmacy Education; or

(B) A certificate program approved by the Board of Pharmacy

The Board of Medicine yields to the Board of Pharmacy for approval of the above-mentioned programs.

Motion: Board Member Dr. Tamara McCants moves that the Board approves the training materials as submitted by Sibley Memorial Hospital Johns Hopkins Medicine (Sibley).
Seconded by: Mr. Alan Friedman.
Abstentions: None.
Motion Carried.

Discussion:

Dr. McCants states that while she is generally in favor of approving Sibley's training materials, she would like The Board to formalize the process [in accordance with the steps taken to approve] programs that are more extensive, such as programs to qualify CEU programs, pharmaceutical detailers programs as well as pharmacy technician training programs. Dr. McCants remarks that The Board ought to have a more objective process with a checklist of requirements.

In response to Mr. Friedman's question, "[Is it that your thoughts on a formal process include] training programs that will need approval from The Board," Dr. McCants states that that assessment is correct. She expects that The Board would construct the criteria in formalizing the process, especially because the language [of the regulations] and the law are inexplicit.

Dr. McCants emphasizes the need for a formal process and offers to construct the criteria and present a checklist of requirements to The Board. She requests that The Board discuss the matter during the executive session of the June monthly meeting, and come to a consensus of the necessary components for a Board-approved program. For example, Dr. McCants expects that a presentation of a training package includes recent publications or references, as well as the most current information. What is not necessarily expected is the inclusion of an exam or an assessment associated with the training. Dr. McCants ends her argument by stating that she is of the opinion that the important factor of a training [package] is current information.

In response to Vice Chairman, Mr. Appleby's remarks on the time needed to establish an approval process, Dr. McCants states that she agrees that the requesting party should be granted an informal approval pending formal review.

Mr. Friedman remarks that he agrees with Dr. McCants that a consistent process must be established (1) so that [all requesting parties] are treated fairly and equally; and (2) to assure that these programs are [what they report]. He ends his argument by stating that he is in favor of taking time to ensure The Board's approval process is correct.

Ms. Williams poses the following question to Dr. McCants:

(1) In review of the material submitted by Sibley, and if a checklist of requirements were created, are there requirements you anticipate on the checklist that are not in the package you reviewed?"

Dr. McCants responds that this is exactly what she is trying to determine, and based on her primary review, she is unable to identify the sources used to create the training materials. This is a concern to her because a reference page was not included in the training materials.

Ms. Williams summarizes the process as:

- Step One: Create a checklist
- Step Two: {Review] Sibley's material [against] the checklist, and if there are items/requirements that are not met, then Sibley must submit [documents that satisfy the unmet requirements].
- Step Three: When all requirements are met, The Board will review and approve the training materials.

Dr. McCants asks that this matter be tabled in light of her second review, where she discovers the reference page.

	DR. MCCANTS WITHDRAWS THE INITIAL MOTION. **THE BOARD ENTERS A SECOND MOTION:** **Motion**: Board Member Dr. Tamara McCants moves that The Board create a checklist [and] review process for approving documented training [pertaining to] the area of practice [under] Collaborative Practice Agreements. **Seconded by**: Mr. Alan Friedman **Abstentions**: None. **Motion Carried.** **THE BOARD ENTERS A MOTION REGARDING TRAINING MATERIALS:** **Motion**: Board Member Mr. Alan Friedman moves that the Board delegates Dr. McCants as the review and approval authority for certification material to meet regulatory requirements regarding training [under] collaborative practice. **Seconded by**: Dr. Tamara McCants. **Abstentions**: None. **Motion Carried.**	
	(Dr. Daphne Bernard assumes position as Chairperson of the monthly meeting)	
0606-O-06	**Communications Subcommittee Report** Thanks to Dr. White, we were able to complete a newsletter and submit it to NABP for publication. To view the letter, which will be published in, or at the end of June, go to the NABP newsletter page at www.nabp.com. **Announcements:** NABP's 116th Annual Meeting is scheduled to be held in Baltimore, Maryland from May 14 – 16, 2020. Board members interested in attending next year's meeting should contact Dr. Shauna White for further information. NABP's Districts 1 and 2 Regional Meetings will be held in Vermont from September 19 – 21, 2019. Speakers as well as continuing education (CE) topics have been identified. Information on this meeting will be available at https://nabp.pharmacy/meetings-categories/district-meetings/ on or around June 15, 2019.	Dr. Daphne Bernard
Intern Presentation		
0606-O-07	**NABP News Presentation**	Hieu Hoang
NABP E - Newsletter	**May 8 2019** FDA Strengthens Warning Requirements for Insomnia Drugs Eszopiclone,	

	Zaleplon, and Zolpidem Two More NECC Pharmacists Convicted by Federal Jury for Role in 2012 Fungal Meningitis Outbreak Sagent Pharmaceuticals Issues Voluntary Recall of Ketorolac Tromethamine Injection Due to Lack of Sterility Assurance Alabama State Board of Pharmacy Extends 3:1 Ratio Requirements to Nonresident Pharmacies Five Pharmaceutical Executives Found Guilty of Racketeering in Connection to Opioid Marketing **May 16, 2019** DEA Reports Strong Turnout for Recent Prescription Drug Take-Back Day Policy Perspectives: PBM Legislation in the States and Congress Iowa Board of Pharmacy Warns Licensees About Multiple Prescription Scam Attempts Next FDA Drug Topics Webinar was held on May 21, 2019. NABP's 115th Annual Meeting was held in Minneapolis, Minnesota from May 16 – 18, 2019. Chairperson, Dr. Daphne Bernard and Executive Director, Dr. Shauna White represented the District of Columbia Board of Pharmacy. *Technology and Pharmacy*, *Advancement of Patient Care Using Technology*, (i.e. Telemedicine), and *Patient Centered Practice Standards* (i.e. the regulatory standards of patient centered care) were topics of interest at the meeting.	
Matters for Board Consideration		
0606-O-08	**Military Spousal Licensure for Pharmacist** An active duty member of the US Air Force is requesting that the DC Board of Pharmacy consider discussing with state legislators making licensure easier for military spouses maintain employment opportunities upon a service member's permanent change of station (PCS). This matter is brought before the Board to make an official vote. (a) Emailed Request for Consideration (b) Informational Paper-Military Spousal Employment, Licensure Issues General Counsel Ms. Williams discloses to the Board that this matter is already under consideration for legislation by the District of Columbia's City Council.	

	Chairperson, Dr. Bernard raises the following questions to The Board for consideration: (1) [Should] a Military Spouse, employed by a government agency, be granted reciprocity without submitting to the formal application and examination process (i.e. a licensee who is licensed in one state [should be considered] licensed in all states, if the licensee is employed by a government agency)? (2) Should a Military Spouse be granted permission to practice pharmacy, without a license, for the first six months of moving into a new jurisdiction (state), while he or she engages in the formal application process to become licensed in the new jurisdiction (state)? Mr. Appleby states that this matter is [a matter] for a legislative body, [considering] it is a regulatory [matter]. Given the entity of military/Department of Defense [and its presence] in the DC area, it is appropriate that the City Council is addressing this matter. Chairperson, Dr. Bernard requests guidance from Assistant Counsel, Ms. Williams because this matter has been reintroduced to The Board for a vote. Ms. Williams states that the military spouse is requesting advocacy to the City Council regarding this matter. Because this matter is already being addressed by the City Council, Ms. Williams considers it as moot before the District of Columbia's Board of Pharmacy. While the military spouse/requestor may already be aware of the City Council's actions regarding this matter, current information should be communicated to him so that this matter may be closed before The Board. Ms. Williams will research the appropriate committee within the City Council addressing this matter and redirect the requestor to that committee for updates on his request. **Motion**: None entered.	
0606-O-09	**Howard University-Request for Exemption/Exception for International Students that Participate in a Shadowing Opportunity** (a) Letter of Request **Drs. Bernard and McCants recuse themselves from this matter.** **Vice Chairperson, Mr. James Appleby presides over this matter.** Vice Chairperson, Mr. James Appleby introduces this matter as such: In a letter directed to Executive Director, Dr. Shauna White, Howard	

University requests exemption of requirements for visiting or international students participating in activities in a pharmacy setting.

Dr. White adds the following:

This request stems from a discussion regarding visiting or international students, in particular, their classification as pharmacy interns and the nature of their practice [in a pharmacy setting]. [National] students coming into the District from out-of-state universities to a practice site are considered interns, and are required to register with the DC Board of Pharmacy.

Howard University is therefore asking The Board to consider a policy for students that are enrolled in pharmacy schools of foreign countries but coming to the District of Columbia to work with Howard University or trying to gain experience in facilities [in partnerships] with the university's [pharmacy] program. [The questions are:] What is The Board's policy? What would [be] The Board's [classification of these students]? [Should they be considered as] shadowing or interns?

The Board's feedback is required for a response to the university regarding this matter.

Dr. Miles states that generally, international students are not familiar with the names of drugs in a U.S. pharmaceutical setting, [and are therefore] not able to do "hands-on" [assignments]. The students engage mostly in a shadowing experience and should not need registration with The Board, especially if their activity is short-term.

Mr. Friedman remarks that the request is that the students be given an exemption from the intern requirements, but agrees with Dr. Mile's [standpoint regarding this issue]. He dissents as follows:

> "If they are considered as interns, why would they be exempt from [fulfilling the requirements of an intern and registering with The Board] versus anyone else? An intern has obligations and responsibilities. The question is, if they are not considered as interns, does The Board have oversight? If they are in a pharmacy setting to observe – and not billing or dispensing or using judgement, or contacting patients, or using the register, or performing pharmacy technician or intern duties – then what needs to be waived? If the request is to waive the intern requirements for international students, but they are not performing in the capacity of a pharmacy intern, then is there anything to be waive for them?"

In response to Mr. Appleby's question: "Are all the students international students and visiting, but not enrolling in Howard University's pharmacy program," Dr. White responds that that is correct. The students, who are pharmacy students in their respective home countries, are visiting Howard University as participants in either an exchange program, or a program

focused on pharmacy practice in the U.S.

Mr. Friedman raises a question on an international pharmacy school's interpretation of its student's participation in Howard University's program as an opportunity to gain external rotation hours.

Dr. Miles responds that the matter before The Board is referring to students who visit Howard University, not with the intent of completing a 4-5 week rotation, but to observe [pharmacy practice in the U.S.]. [Through the program] students are not performing intern duties, but observing [practice in a pharmacy setting].

Dr. White remarks that, in the letter, Howard University states that "the students are moving from site to site after one or two weeks," which is indicative of rotations, versus a visit of 1-2 weeks to observe [practice in a pharmacy setting]. Site to site implies the process is continuous.

Dr. Miles responds to Dr. White's remark with an example of his participation in a similar program as the host. He stresses that the idea of the program is [to show the students how the practice works].

Mr. Friedman states his concerns as:

(1) The students seem to go through a formal enrollment period,
(2) Per Howard University's request, the students will not be doing certain criteria for more than seventy percent (70%) of the time, but the request does not explain what will be done thirty percent (30%) of the time.
(3) The request does not explain what the students will do as participants of the program.

The question is: Are the international students interns or not? If they are not interns, then there is no need for a waiver.

Dr. White raises the question: Are [the international students] receiving credit for their [participation in this program]?

Mr. Friedman states that he is concerned that by the nature of its request, Howard University [considers the students] as interns, because the university is requesting an exemption from the intern requirements.

Ms. Williams states that it is not clear what Howard University is asking. Therefore, a more detailed discussion is need for The Board to make a decision.

Motion: Board Member Mr. Alan Friedman moves that the Board invites the Dean/Professor of Howard University's College of Pharmacy to the DC Board of Pharmacy's August Monthly Meeting to discuss its Exemption/Exception request for International Students.
Seconded by: Dr. Benjamin Miles.
Abstentions: None.

	Motion Carried. **Drs. Bernard and McCants have returned to the meeting.**	
Addendum	**New Requirements in Continuing Education for Health Care Professionals** Executive Director, Dr. Shauna White, reintroduces subject matter from the April Monthly Meeting, where new requirements in continuing education were discussed, with an emphasis on public health sector credits. Per Dr. White, all health care professionals will be required to choose from a list of continuing education credits, which will be equivalent to ten percent (10%) or four (4) credit hours. Therefore, while the current continuing education credits of *Patient Safety* and *HIV Training* are required, these credits may be replaced, as health care professionals will be required to select and complete four (4) hours of the continuing education from a public health priority list of continuing education credits. DC Health will develop the list and continuing education requirements on the subject of cultural competency for the LGBTQ population will remain as a statutory requirement. This matter is brought before The Board for a decision to keep the required continuing education credits in *Patient Safety* and *HIV Training*, or use the public health priority list for continuing education. For clarification, Ms. Williams explains that The Board will vet many credits from the public health priority list. However, what will be <u>required</u> of The Board is the selection of the four (4) credit hours from the public health priorities list. Licensees will still be required to complete forty (40) continuing education credits, but within the forty (40) credits, four (4) credit hours will be designated as public health priority credits. The remaining thirty-six (36) credits will be based on The Board's decision, including keeping *Patient Safety* and *HIV Training* as mandatory credits. Every five years or less frequently, the Director of DC Health will determine the subject matter of the continuing education credits for the public health priority list. The information will be disseminated to the licensees via electronic communication, thereby allowing them to choose relevant credits, according to their practice. While the public health priority list is still in development, the regulations are moving forward. These regulations will stay within the Boards purview for a decision on the date [of commencement]. Notice of the subject matter will be published in the public register, and via every publication on the dchealth.dc.gov website. Ms. Williams requests of The Board, answers on the following two questions which will be instrumental in drafting [The Board of Pharmacy's] regulations for this matter: (1) At the time of implementation, will The Board require that licensees	

select and complete four (4) CEUs from the public health priority list only, OR will The Board require that licensees select and complete four (4) CEUs from the public health priority list IN ADDITION TO completing the CEUs in Patient Safety AND *HIV Training*?

(2) Is The Board requesting that this regulation be implemented with the 2023 renewal cycle, or the 2021 renewal cycle?

Motion: Board Member Mr. James Appleby moves that:

(1) The Board's preference will be that the new mandate be implemented with the renewal cycle of 2023, (i.e. the CEU cycle beginning March 1, 2021).

(2) Consistent with this timeline, The Board will eliminate the CEU requirements of *Patient Safety* (2 hours) AND *HIV [Training]* (2 hours).

Seconded by: Dr. Benjamin Miles
Abstentions: None.
Motion Carried.

Discussion:

Dr. Bernard cautions The Board on the removal of board-approved CEU requirements, which may indicate to the public that, if not inclusive of the public health priority list, these issues are no longer important to, and in the District.

Mr. Friedman inquires on DC Health's inclusion of recommendations from the Boards regarding subject matter for the public health priority list. He also suggests that through rulemaking, The Board should be allowed to add requirements or remove them, periodically.

Mr. Appleby explains his reasoning for the motion above as such:

- If The Board continues to dictate the credits that must be completed by the practitioner, then it may be delivering a curriculum to the practitioner. Therefore, detailed requirements could become burdensome and one must hope that the professional is able to exercise his or her own judgment on what he or she is able to do.

In support of Mr. Appleby's argument, Executive Director, Dr. Shauna White states that:

(1) She is accepting of suggestions from The Board regarding this matter.

(2) The list may or may not capture the key requirements of *Patient Safety* and *HIV Training*.

(3) Choosing CEUs should be liberal to the practitioner so that he or she focuses on subject matter that is [beneficial] to him or her.

Ms. Williams restates that what she is asking of The Board is the information that must be inclusive of its regulations, which will be drafted

	and submitted to the Department of Health. To clarify, the draft will state the this regulation will be effective 2023, which means that after a licensee renews his or her license in 2021, he or she will begin fulfilling the requirements of the new regulation. Dr. McCants requests that The Board retains the CEU in *Patient Safety* as a mandatory requirement for pharmacy practitioners. Mr. Friedman suggests that The Board of Pharmacy should be included in the decision-making process of what is included on the public health priority list. Dr. White informs him that he may submit his suggestions to her for further discussion with the Department of Health. **MR. APPLEBY WITHDRAWS THE INITIAL MOTION**. **THE BOARD ENTERS A SECOND MOTION:** **Motion**: Board Member Mr. James Appleby moves that: (1) The Board's preference will be that the new mandate be implemented with the renewal cycle of 2023, (i.e. the CEU cycle beginning March 1, 2021). (2) Consistent with this timeline, The Board will eliminate the CEU requirement of *HIV [Training]* (2 hours), but retain the CEU regarding *Patient Safety* (2 hours). (3) The Board will recommend topics for possible inclusion on the Director's [public health priority] list. **Seconded by**: Mr. Alan Friedman **Abstentions**: None. **Motion Carried.** **<u>Discussion:</u>** Dr. Miles expresses concerns over the prescribed eight (8) hours of CEUs for practitioners through the following: (1) CEUs regarding *Patient Safety* (Medication Errors) – 2 Hours. (2) CEUs regarding *Cultural Competency for the LGBTQ Community* – 2 Hours. (3) CEUs from the public health priority list – 4 Hours. Dr. McCants states that suggestions should be made to the Director of the Department of Health that the public health priority list focus more on disease states than [professional] practice.	
<u>Public Comments</u>	None.	
Motion to Adjourn the Open Session	**Chairperson, Dr. Bernard presides over this matter.** **Board member, Mr. James Appleby moves as follows:**	

	"Madam 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)." **Seconded by**: Board Member, Dr. Benjamin Miles. **Roll Call Vote:** Dr. Daphne Bernard: Votes in favor of the motion. Mr. James Appleby: Votes in favor of the motion. Mr. Alan Friedman: Votes in favor of the motion. Dr. Tamara McCants: Votes in favor of the motion. Dr. Benjamin Miles: Votes in favor of the motion. **Abstentions**: None **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 12:00 PM