

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

October 3, 2019

9:30 AM – 10:49 AM

OPEN SESSION MEETING MINUTES

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.”

DRAFT

Open Session Agenda

Quorum:

Introduction:	None	
1003-O-01	<p><u>Approval of the Open Session Meeting Minutes</u> September 5, 2019 Motion: Board Member Dr. Benjamin Miles moves the Board to approves the August 1, 2019 open session minutes. Seconded by: Dr. Ashlee Bow. Abstentions: None. Motion Carried.</p> <p><u>Approval of the Open Session Meeting Minutes</u> August 1, 2019 Motion: Board Member Dr. Benjamin Miles moves the Board to approves the August 1, 2019 open session minutes Seconded by: Dr. Ashlee Bow. Abstentions: Mr. Alan Friedman Motion Carried.</p>	
<u>Consent Agenda</u>	None	
<u>Executive Director Report</u>	<p><u>Licensing Report</u></p> <p><u>Statistical Report on pharmacy professionals in the District of Columbia</u></p> <ul style="list-style-type: none"> ➤ Pharmacists: 2,096 ➤ Pharmacists with Vaccination and Immunization Authority: 662 ➤ Pharmacy Interns: 524 ➤ Pharmacy Technicians: 902 ➤ Pharmacy Technician Trainees: 79 ➤ Pharmacy Technician Training Programs: 11 ➤ Pharmaceutical Detailers: 862 <p>Prescription Monitoring Program Update</p> <ul style="list-style-type: none"> ➤ Licensed pharmacists in the District of Columbia are encouraged to observe the mandatory registration for the <i>Prescription Drug Monitoring Program</i>. ➤ Executive Director, Dr. Shauna Whites requests the public’s assistance in encouraging practicing pharmacists to register for the program. ➤ The next step of the program is to encourage pharmacists, working in a clinical or dispensing capacity, to use the system when appropriate to practice. <p>Opioid Strategic Plan</p> <ul style="list-style-type: none"> ➤ https://livelong.dc.gov/page/about-live-long-dc, which is the designated website regarding the District of Columbia’s opioid 	

crisis, has been updated. For current information on the District's stance regarding the crisis, the program, the strategic plan, and community partners, go to the website.

NABP Updates

- The NABP presented three (3) CEUs at the District 1 and 2 meeting this year:
 - i. *Innovations in State Regulations.*
 - ii. *Involving Roles of Pharmacists in Changing the Health Care System*, specifically value based care models.
 - iii. *Compounding.*
- For further information, please go to <https://nabp.pharmacy/>

DC Board of Pharmacy CE Audit Update

- During the August 2019 meeting, the District of Columbia Board of Pharmacy voted to initiate practitioner audits of licensed Pharmacists, Pharmaceutical Detailers and Pharmacy Technicians.
- To streamline the process, Executive Director Dr. White will invite The Board to conduct the audit upon receipt of CEU transcripts.

DEA Take Back Day

- To view information on *DEA's Take Back Day* scheduled for October 26, 2019, please go to <https://takebackday.dea.gov/>.

DC Health's NARCAN Pilot

- NARCAN is now available at pharmacies throughout the District of Columbia. This medication does not require a prescription and is dispensed to the customer at no cost.
- The pharmacies participating in the pilot program are:

Morgan Pharmacy	3001 P Street NW Washington, DC 20007
Grubbs Pharmacy	326 East Capitol Street NE Washington, DC 20003
Grubbs Pharmacy	1800 Martin Luther King, Jr. Avenue SE Washington, DC 20020
Grubbs Pharmacy	1517 17 th Street NW Washington, DC 20036
Kalorama Pharmacy	1841 Columbia Road NW Washington, DC 20009
Good Care Pharmacy	2910 Martin Luther King Jr. Avenue SE Washington, DC 20032
Excel Pharmacy	3923 South Capitol Street SW Washington, DC 20032
CVS Pharmacy, #22	320 40 th Street NE Washington, DC 20019
CVS Pharmacy, #1340	845 Bladensburg Road NE Washington, DC 20019

CVS Pharmacy, #1360	2834 Alabama Avenue SE Washington, DC 20020
CVS Pharmacy, #1364	6514 Georgia Avenue NW Washington, DC 20012
CVS Pharmacy, #1354	2601 Connecticut Avenue NW Washington, DC 20008
CVS Pharmacy, #2834	3031 14 th Street NW Washington, DC 20009
Safeway Pharmacy, #1445	2845 Alabama Avenue SE Washington, DC 20020
Walgreens Pharmacy, #15360	801 7 th Street NW Washington, DC 20001
Walgreens Pharmacy, #16049	Howard University Location 2041 Georgia Avenue NW Washington, DC 20060
Giant Pharmacy, #384	1535 Alabama Avenue SE Washington, DC 20032

- The pilot program will be evaluated after a year.

**Assistant General
Counsel Report**

Carla
Williams

1003-O-02

Clinical Lab Practitioner Advisory Committee Updates

(a) Clinical Laboratory Practitioners Amendment Act of 2014 B20-0289

- During the June 2019 meeting, The Board moved to direct 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.
- A draft of the amended *DC Law 20-272 the Clinical Laboratory Practitioners Amendment Act of 2014* was presented at the October 2019 meeting, with suggestions and recommendation for amendments to the law, and by extension, legislation.
- Consequently, regulations will authorize the District to license and regulate clinical laboratory practitioners.
- The proposed amendments are as follows:
 - i. Add in the qualifications to serve as the Clinical Laboratory Director.
 - ii. Add in language for accuracy and definition regarding the various clinical laboratory practices.
 - iii. Modify language for clarification of regulations regarding clinical laboratory practices.
 - iv. Add in language that expresses "The Board may consult the Advisory Committee on Clinical Laboratory Practitioners concerning matters pertaining to clinical laboratory practitioners."
 - v. Delete language regarding exemption from licensure for select clinical laboratory practitioners.

	<p>Motion: Board Member Mr. Alan Friedman moves that The Board approves amendments to the District of Columbia's <i>Health Occupations Revision Act of 1985</i> relative to <i>DC Law 20-272: the Clinical Laboratory Practitioners Amendment Act of 2014</i>.</p> <p>Seconded by: Dr. Benjamin Miles.</p> <p>Abstentions: None.</p> <p>Motion Carried.</p>	
<u>Subcommittee Report</u>		
	<u>Legislative and Regulatory</u>	
1003-O-03	<p>Defending Access to Women's Health Care Services Amendment Act of 2017</p> <ul style="list-style-type: none"> ➤ The Board of Medicine approved the materials and regulations to reflect the Board of Pharmacy's approvals of the Act, which was reported at the August 2019 meeting. ➤ Executive Director, Dr. Shauna White, will present the updated Act during the Open Session of the December 2019 Board of Pharmacy Meeting. 	Dr. Shauna White and Mr. Alan Friedman
<u>Addendum</u>		
	<p>Collaborative Practice Agreement Regulations</p> <p>Section 10001.7 of the <i>Requirements for Participation in a Collaborative Practice Agreement</i> of the <i>District of Columbia Municipal Regulations</i> states the following educational requirement:</p> <p>A Pharmacist participating in a collaborative practice agreement is required to have obtained:</p> <ul style="list-style-type: none"> (1) A minimum of three (3) years of relevant clinical experience, if the pharmacist holds an academic degree of Doctor of Pharmacy; <u>or</u> (2) A minimum of five (5) years of relevant clinical experience, if the pharmacist holds an academic degree of Bachelor of Science in Pharmacy; <u>and</u> <ul style="list-style-type: none"> (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; <u>or</u> (B) A certificate program approved by the Board of Pharmacy. <p>The Legislative and Regulatory Subcommittee proposes a change in this requirement to reflect the following:</p>	

- (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; or
- (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 Subcommittee proposes the change because it recognizes that the current regulation prohibits professionals who have completed residencies; to participate in collaborative practice agreements. The Subcommittee dissents that the regulation limits professionals in the community setting, who may be qualified to engage in a collaborative practice agreement. The proposed change would allow the professionals who have not completed a residency but have had adequate work experience to engage in a collaborative practice agreement in a hospital setting as well as a community setting.

Motion: Board Member Dr. Benjamin Miles moves that The Board approves a change to the training requirements set forth in Section 10001.7 of the *Requirements for Participation in a Collaborative Practice Agreement* of the *District of Columbia Municipal Regulations*, from and to or in subsections 10009.9(a)(2)(B) and 10001.7 (a)(2)(B) thereby allowing certification or residency or experience [as acceptable qualification to engage in collaborative practice agreements].

Seconded by: Mr. Alan Friedman.

Abstentions: None.

Motion Carried.

Collaborative Practice Agreement Regulations

During the August 2019 Board of Pharmacy meeting, the following was discussed:

The Board of Medicine reviewed the findings from the Collaborative Practice Subcommittee at its June 2019 meeting, and voted to approve the following categories as not needing approval by the Boards:

- a. Parenteral Nutrition
- b. Vancomycin
- c. Aminoglycosides
- d. Phenytoin
- e. Anticoagulation/Warfarin
- f. Renal Dose Adjustments

	<p>For the other categories identified below, the Board of Medicine voted to continue discussion and research on the topics.</p> <ul style="list-style-type: none"> a. Pain Management (e.g., management of medication dosing) b. HIV c. Diabetes d. Hypertension e. Hyperlipidemia f. Depression <p>Additional suggestion [was disclosed] for consideration is Smoking Cessation.</p> <p>Mr. Alan Friedman questions the recommendations proposed by the Board of Medicine disease states where the Board of Medicine agrees that there is no requirement to satisfy in establishing a collaborative practice agreement. Mr. Friedman also notes that for other disease states, the Board of Medicine considers approval or no approval to establish a collaborative practice agreement. However, collaborative practice regulations were written and approved expressly stating that there are no requirements for either Board to approve collaborative practice agreements that are deemed “standard of care.” The “standard of care” is also defined in the regulations. If the intent of the Board of Medicine is to further consider disease states for approval or non-approval, then a regulatory change is necessary.</p> <p>Assistant General Counsel suggests that Executive Director, Dr. Shauna White, must discuss this matter with the Board of Medicine to determine the intent of that Board.</p> <p>No motion entered.</p>	
	<p>Collaborative Practice Agreements.</p> <p>The Legislative and Regulatory Subcommittee would like to explore review of regulations of pharmacies and pharmacists as the Board of Pharmacy has oversight of the [pharmacists, pharmacy technicians and pharmaceutical detailers]. The Subcommittee suggests updating the regulations, to include a methodical process and propose updates for the public’s consideration.</p> <p>Motion: Board Member Mr. Alan Friedman moves that The Board tasks the Legislative and Regulatory Subcommittee with reviewing current chapters of regulation that provide broad oversight of pharmacists, pharmacy technicians, pharmaceutical detailers and collaborative practice agreements; and that the committee will make recommendations to The Board for possible amendments.</p> <p>Seconded by: Dr. Ashlee Bow.</p> <p>Abstentions: None.</p> <p>Motion Carried.</p>	

1003-O-04	<u>Communications Subcommittee Report</u>	
NABP E-Newsletter	<p><u>September 11, 2019</u></p> <p>NABP Launches New Consumer Website</p> <p>Missouri Board of Pharmacy Accepting Applications for CS Drug Take Back Program</p> <p>CDC Awards New Funds to Reduce Opioid Overdose Deaths</p> <p>Plastikon Healthcare Recalls Milk of Magnesia Oral Suspension Due to Microbial Contamination</p> <p><u>June 19, 2019</u></p> <p>Hurricane Dorian Prompts State of Emergency in Five States (Florida, Georgia, North Carolina, South Carolina, and Virginia)</p> <p>NABP Model Act Updated to Address Suspicious Orders, PMP Reporting for Veterinarians, and More</p> <p>DEA Announces Steps to Improve Access to Marijuana Research</p> <p>Forty-One People Face Charges for Diversion of Prescription Medication Press Release: https://www.justice.gov</p> <p>Note to the Public: To receive weekly updates from NABP, please sign up by using the following link: https://nabp.pharmacy/newsroom/news/</p>	Dr. Shauna White
<u>Matters for Board Consideration</u>		
1003-o-05	<p>Access to Biosimilars Amendment Act of 2019</p> <p>This legislation was developed by the Medical Society of the District of Columbia. The bill will amend the District of Columbia Prescription Drug Price Information Act to authorize licensed pharmacists to dispense interchangeable biological products, and to require notifications to physicians when such interchangeable biological products are dispensed.</p> <p>This information is brought before The Board for review and feedback.</p> <ul style="list-style-type: none"> ➤ Mr. Alan Friedman suggests that the language, including the notification requirements and in particular, the language regarding interoperable systems, is standard across many states of the nation. ➤ Mr. Friedman poses the following questions to The Board for consideration: <ol style="list-style-type: none"> 1. With regard to the definition of interchangeable biological product: Why the reference to the FDA's orange book versus its purple book, where the purple book is related to biologicals and biosimilars? 	

	<ol style="list-style-type: none"> 2. With regard to the patient notification requirements: if the idea behind interchangeabilities of biosimilars is no different from those of brand generic, conceptually all is the same. Why [then], would we have to notify the physician, when we currently do not to the same for brand generic? 3. While the narrative on interoperability is acceptable, electronic communication and more documentation between pharmacy systems and medical records will cause a problem where no system exists. Patient notifications to the physicians therefore, would demand a manual process. Pharmacies that are systematically connected to providers would not need to notify a physician. However, for pharmacies outside of the network, how would they remember to notify a provider? The [inconsistency] then, may create a gap and would therefore, bring into question the compliance of the pharmacies that are not systematically connected to providers. <p>Assistant General Counsel, Ms. Carla Williams informs The Board that this bill was introduced for legislation on September 17, 2019.</p> <p>Mr. Friedman suggests the following actions by The Board:</p> <ol style="list-style-type: none"> 1. Research the technicalities between [the FDA's] purple book versus its orange book. 2. Determine the feasibility of patient notification compliance. <p>Executive Director, Dr. Shauna White requests that board members submit all suggestions regarding this bill by Monday, October 7, 2019.</p> <p>With regard to maintaining a link on the websites of the Boards of medicine and pharmacy, which discloses the current list of biological products determined by the FDA to be interchangeable with a specific biological product: the Board of Pharmacy does not currently publish a list and pharmacists in practice consult references wherever needed.</p> <p>No motion entered.</p>	
<p>1003-O-06</p>	<p>License Examination Testing Accommodation Policy</p> <p>The DC Board of Pharmacy is interested in establishing guidelines for candidates that are requesting for exam testing accommodations.</p> <p>The Board thought it would be beneficial to contact the Virginia Board of Pharmacy for guidelines in establishing a policy regarding this matter.</p> <p>Virginia's Regulation regarding testing accommodations:</p> <p>18VAC110-20-60</p> <p>F. If an applicant requests a testing accommodation for either examination based on a physical or mental impairment that substantially limits one or</p>	

	<p>more major life activities, subject to the Americans with Disabilities Act, the board may approve a reasonable accommodation that does not compromise the security or integrity of the examination.</p> <p>1. Supporting documentation shall be provided by the applicant to include the following to be considered for review: a. A letter of request from the candidate that specifies the testing accommodation requested;</p> <p>b. A written report of an evaluation (educational, psychological, or physical) within the preceding two years from a qualified professional that states a diagnosis of the disability, describes the disability, recommends specific accommodations, and provides justification that the accommodation is appropriate and necessary for the diagnosed disability. If the comprehensive evaluation was done more than two years ago and the condition is one that is not subject to change, the original evaluation report may be submitted along with a current letter from the qualified professional stating that there has been no change in the condition since the time of the evaluation; and</p> <p>c. A written statement from the appropriate person at the applicant's school of pharmacy that describes any testing accommodations made while the student was enrolled, if applicable.</p> <p>3. The applicant will be notified in writing of the decision. If the request for accommodation is granted, the approval information will be forwarded to the examination contractor and the form of the accommodation will be coordinated with the contractor.</p> <p>In recognition of the Americans with Disabilities Act (ADA), Executive Director, Dr. Shauna White states that a drafted policy will be presented at the December 2019 Board of Pharmacy monthly meeting.</p> <p>No motion entered.</p>	
<p><u>Public Comments</u></p>	<p><u>Dr. Tiffany Taylor, Pharmacy Resident, Walgreens (Howard University Location)</u></p> <p>Dr. Taylor informs The Board of the success of the NARCAN Pilot Program as follows:</p> <ul style="list-style-type: none"> ➤ As a participant in the NARCAN Pilot Program, the Walgreens Pharmacy at Howard University is receiving great feedback on the program. ➤ Overall, patients are welcoming and appreciative of the information on the program as well as the dispensing of medication. ➤ The Walgreens Pharmacy at Howard University has already dispensed eight (8) NARCAN kits for the month of October. ➤ Dr. Taylor will submit a more detailed data report on the NARCAN Pilot Program specific to the Walgreens Pharmacy at Howard University during the Open Session of the December 2019 Board of Pharmacy meeting. 	

<p>Motion to Adjourn the Open Session</p>	<p>Board member, Dr. Benjamin Miles moves as follows:</p> <p>“Mr. Chairperson, 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)</p> <p>Seconded by: Board Member, Mr. Alan Friedman.</p> <p>Roll Call Vote: Dr. Benjamin Miles: Votes in favor of the motion. Mr. Alan Friedman: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Mr. James Appleby: Votes in favor of the motion. Abstentions: None Motion Carried</p>	
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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 10:49 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.