

Nevada State Board of Pharmacy

BIENNIAL REPORT

July 1, 2012 – June 30, 2014

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INTRODUCTION

NRS 639.060 BIENNIAL REPORT TO GOVERNOR.

Before September 1 of each even-numbered year, for the biennium ending June 30 of that year, the Board shall report to the Governor upon the condition of pharmacy in the State of Nevada. The report must contain:

1. A summary of the proceedings of the Board for the year.
2. The names of all pharmacists registered under this chapter.
3. A complete statement of all fees received.
[Part 7:286:1913; A 1951, 290; 1953, 588]— (NRS A 1965, 62; 1967, 1643; 1969, 1459; 1983, 1505)

The Nevada State Board of Pharmacy serves and protects Nevada's citizens by promoting safe and effective prescription drug practices through vigorous and effective regulation of Nevada's pharmacists, pharmaceutical technicians, intern pharmacists, dispensing and prescribing practitioners, physician's assistants, nurse practitioners, pharmacies, hospitals, ambulatory surgical centers, wholesalers, providers and wholesalers of medical devices, equipment, or gases, manufacturers, and warehouses that store prescription drugs. Basically, anything that touches on prescription drugs and their use, sale, or handling, is monitored and regulated by the Board.

The Board is made up of six pharmacists and one public member. To accommodate the public and affected licensees, the Board meets eight times a year. The Board meets approximately every 6 weeks alternating between Las Vegas and Reno. The Board meets in Las Vegas in January, April, July, October, and in Reno in March, June, September and December. The Board meetings are usually two days long; the first day being dedicated to disciplinary matters, and the second day being dedicated to the remaining Board business such as regulatory hearings, licensing matters, and presentations from law enforcement and the pharmacy industry. The Board prides itself on maintaining good and useful relations with the pharmacy industry, pharmacist associations, trade organizations, schools of pharmacy, and other state and federal agencies.

2012-2014 Biennium

- ❖ The 2012-2014 biennium saw continued growth in the Board's various categories of registration and licensure. The number of licensees and registrants increased 7.2% in the last biennium.
 - Controlled substances registrants are largely physicians, but also include dentists, veterinarians, physician assistants, and nurse practitioners.
 - Dispensing practitioners are licensed to dispense medications to their own patients. The practitioner is required to meet all record keeping, counseling and labeling requirements that a pharmacy must follow.

- Ambulatory Surgery Centers are licensed under the institutional classification along with hospitals. The data on the number of Hospitals and Ambulatory Surgery centers is included as part of the pharmacy count total.
- ❖ The table below shows the change in the number of licensees and registrants for all regulated categories, by category, since the last biennium, 2012-2014.

License or Registration Category	Change (number)	Percent Change
Controlled Substances Registrations	1204	13%
Dispensing Practitioners	-42	-12.9%
Dispensing Technicians and Trainees	152	43.1%
Interns	42	6.1%
Manufacturers	0	0.0%
MDEG (Medical Devices/Equipment and Gases)	54	7.6%
Pharmaceutical Technicians & Pharmaceutical Technicians-in Training	283	5.1%
Pharmacies (Includes Institutional Hospitals and Ambulatory Surgery Centers)	221	18.8%
Pharmacists	60	0.7%
Prescribing Practitioners (APN's and PA's)	-95	-29.1%
Veterinary Drug Supplier	8	1.60%
Warehouses	0	0.0%
Wholesalers	74	10.4%
TOTALS	1,961	7.2%

This Biennial Report, mandated by NRS 639.060, will be a brief overview of the significant developments and activities of the Board from July 1, 2012 through June 30, 2014.

ACCOMPLISHMENTS FOR 2012-2014 BIENNIUM

While the 2012-2014 biennium contained two busy years for the Board, accomplishments in several important areas are worth mentioning.

ADMINISTRATIVE ACCOMPLISHMENTS

BOARD STAFF CHANGES

- ❖ The Board wishes to thank the following individuals for their contributions to and focus on protection of the public.

- **Jeri Walter**

- Jeri retired at the end of December 2012.
- Jeri worked for the Board of Pharmacy for 17 years and 3 months.
- Jeri's background includes working for four years at the National Judicial College as course administrator handling national judicial education programs and grants. Prior to the National Judicial College, Jeri worked for IBM in assets and administration and Bally Systems as an Executive Secretary.

- **Carolyn Cramer, J.D**

- Carolyn retired after the January 2013 pharmacy board hearing held January 16th and 17th in Las Vegas.
- Carolyn started her career with the Board on October 13, 2008.
- Carolyn's background prior to working as the Board of Pharmacy General Counsel included working for the Reno City Attorney's office, the Nevada Attorney General's office and the Nevada Public Service Commission.
- Carolyn's background includes working in both regulatory administrative discipline and criminal prosecution for the various agencies noted.

❖ The Board wishes to welcome the following individuals to the Board staff.

- **J. David Wuest**

- Dave began his service with the Board as Deputy Executive Secretary January 15, 2013.
- Dave's background includes extensive management experience in both hospital and retail pharmacy.
- Dave's background also includes work at Carson Tahoe Health as Pharmacy Operations Supervisor, Clinical Account Manager at Provider Synergies, Pharmacy Management Consultant at First Health Services, General Manager at Arlington Clinical, Scolari's Food and Drug and Jewish Hospital in Cincinnati, Ohio.

- **S. Paul Edwards**

- Paul began his service with the Board January 2, 2013.

- Paul's background includes Senior Associate at Lewis and Roca, LLP focusing on contract negotiations and commercial litigation, Nevada State Board of Osteopathic Medicine as the consumer member of the Board, Law Clerk to the Supreme Court of the State of Nevada, and prior as a Law Clerk for Lee and Isseerlis, P.S., Attorneys at Law.
- Prior to his law career Paul worked at Zion's First National Bank analyzing financial information and reviewed language and terms of legal documents.

The Board also wants to thank and acknowledge the Board staff for sharing their knowledge and time in the training of the new staff members. The dedication of each staff member has made the transition efficient and transparent.

LICENSURE REPORT

The Board issues and regulates the following license or registration categories. The Board's total licensure counts at the end of the 2012-2014 biennium (as of July 1, 2014) are shown in the following table.

License or Registration Category	In State	Out of State	Total
Controlled Substances Registrations	10,013	61	10,074
Dispensing Practitioners	327	0	327
Dispensing Technicians and Trainees	551	0	551
Interns	475	260	735
Manufacturers	3	0	3
Medical Devices, Equipment, & Gases	197	550	747
Pharmaceutical Technicians & Technicians in Training	5,478	403	5,881
Pharmacies (Includes Institutional Hospitals and Ambulatory Surgery Centers)	598	800	1398
Pharmacists	2,238	5,942	8,180
Prescribing Practitioners	223	8	231
Veterinary Drug Supplier	13	0	13
Warehouses	6	0	6
Wholesalers	29	754	783
TOTALS	20,151	8,778	28,929

HEARINGS – LICENSES GRANTED DURING THE BIENNIUM

License Type	In State	Out of State
Controlled Substance	3	NA
Intern	2	NA
Manufacturer *	0	0
MDEG (Medical Devices/Equipment and Gases) *	31	138
Pharmacy Technician and Trainees	0	NA
Pharmacist	6	NA
Pharmacy *	76	331
Practitioner Dispensing *	3	NA
Prescribing Practitioners (APN's and PA's) **	0	NA
Technician Dispensing & Trainees	4	NA
Veterinary Drug Supplier *	0	0
Warehouse *	0	0
Wholesaler *	1	212

Note the number of licenses granted for each license type may be different than the number of changes in total licensed facilities due to closures, change of address, and other related issues or out of state facilities during the biennium.

*All Nevada licenses noted with an asterisk were approved pending a positive site inspection by the Board staff.

** Prescribing Practitioners (APRN's and PA's) - APRN's and PA's are required to pass a Nevada Pharmacy Law test prior to licensure to prescribe controlled substances. The APRN test is administered by the Nursing Board and the PA test is administered by the Pharmacy Board.

Out of state pharmacies compounding sterile products must provide a favorable inspection report by the state the pharmacy is licensed in, fill out the Nevada Sterile Compounding Addendum found in the institutional inspection report, and provide the current certifications identifying that all ISO areas passed certification to the ISO level required for that sterile area. These certifications must contain testing and passing of viable particle testing in addition to non-viable particle.

HEARINGS – DISCIPLINE

License Type	Other Discipline (see note)	Revocations	Denied Application	Suspension	Probation or Conditions	Reinstated	Denial of Reinstatement	Surrender of Registration
MDEG					1			
Pharmacy	12				2			1
Pharmacist	21	3			4		1	2
Intern	1							
Technician/ Technician in Training	2	20	1		1		1	2
	Your Success Rx (see Your Success Rx)			1				
Other Discipline numbers are noted only once per entity or person. Administrative orders may have other discipline components as part of the order. If discipline is noted in a specific classification in this chart, the discipline is not noted in the category "other discipline". If a pharmacist was ordered by the Board to complete Your Success Rx, discipline is noted both in this chart and separately under Your Success Rx.								
Practitioner's Licenses	Dispensing Application Denied	Controlled Substance Restricted	Controlled Substance Probation	Controlled Substance License Revoked	Controlled Substance Application Denied	Controlled Substance Surrendered		
	1	1		1	1	1		

COMPREHENSIVE REVIEW OF REGULATIONS

- ❖ Pursuant to Governor Sandoval's Executive Order (2011-01) to complete a comprehensive review of the regulations of the State Board of Pharmacy with respect to the protection of the public's health, safety and welfare without discouraging economic growth, we offer the following report:
 - In December 2011, Executive Secretary Larry Pinson submitted a comprehensive list of all administrative codes in which Executive Secretary Pinson identified each code as to the following:
 - Value to the public
 - Is the regulation necessary
 - Could/Do other regulations address the same problem
 - Is the regulation clearly written
 - Cost of the Regulation to the agency/state
 - Time and money
 - Adverse impact of regulation and cost to business
 - Time and money
 - As a general statement, the Board of Pharmacy feels that the regulations subject to our enforcement has been, is, and always will be a non-static "working" set of regulations that have

been constantly and appropriately amended to reflect the ever changing realm and technological advances within our scope. The world of medicine and the utilization of medications therein, are in a constant state of flux and most often for the better. The Board of Pharmacy takes its regulatory responsibility seriously, and continuously reviews all of its regulations, oftentimes at the request of industry who needs regulatory change to progress their businesses. Many times a balance must be sought between the good and the evil of drug therapy, as is evidenced by our country's alarming epidemic of prescription drug abuse. Regardless of our ever changing environment, the Board of Pharmacy takes pride in being one of the most efficient licensing boards in the nation with respect to swiftly, accurately and safely processing new applications for any of our 17 different licensing categories, including the licensing of new business entities in Nevada (i.e., pharmacies, wholesalers, manufacturers, medical device & gas companies). We are often complemented on our efficiency and willingness to work with new businesses to get them licensed.

- As technology has moved forward, the Board of Pharmacy has been responsive, but always with public safety in mind. Accuracy in our field is paramount given the nature of many of our new and potent medications. The primary regulatory concern identified by the development of this report is the need for a complete overhaul of our institutional regulations. Present institution regulations do not reflect the modern practice of medicine in today's hospitals and correctional institutions. Present regulations were implemented over twenty years ago and apply to both hospitals and correctional facilities, which in today's world, have only one similarity, that being the number of beds. It is anticipated that changes are necessary in all practice acts regulated by the Board and will require a regulatory overhaul that will take several years and a ton of work. We cannot say what the final product will look like, however, this agency will not compromise the safety of the public, the health of Nevada's citizens, our public trust, or the respect of the pharmacists and pharmacies that we regulate. We will continue to make regulatory changes in the future to meet the demands of both the Legislature and the public we serve, but feel that the regulatory challenge of updating institutional regulations should be our focus.

REGULATIONS UNDER ENFORCEMENT BY OUR BOARD INCLUDE THE FOLLOWING:

❖ Chapter 453 — CONTROLLED SUBSTANCES

- This chapter (controlled substances) is probably the most active with respect to revision, primarily due to its subject matter. Consequently, it has been continually reviewed and revised as is evidenced by our regulatory preparation for electronic prescribing; the strengthening of Nevada's Prescription Monitoring Program (PMP); methamphetamine abuse and the role that over-the-counter products have played as precursors (pseudoephedrine); and finally, the scheduling of synthetic cannabinoids ("Spice") and "bath salts" or "synthetic cocaine". We will continue to monitor the world of drug abuse and regulate accordingly for the protection of the public and in particular, our youth.

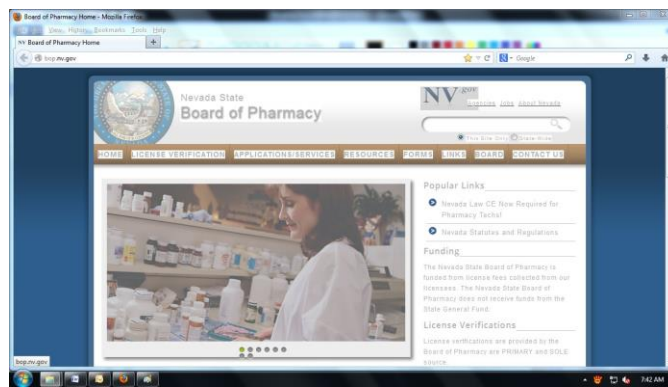
- ❖ Chapter 453A – MEDICAL USE OF MARIJUANA
- ❖ Chapter 453B – DRUG DONATION PROGRAMS
- ❖ Chapter 454 — POISONS, DANGEROUS DRUGS, HYPODERMICS AND DEVICES
 - This chapter regulates the authority to possess and administer or use dangerous drugs and devices which obviously affects other licensing boards and has been statutorily updated as the need has arisen (i.e., "medical assistants").
- ❖ Chapter 457 — CANCER
 - Although not usually one of our regulatory chapters, the Board of Pharmacy was mandated by the legislature to develop regulations for a "Cancer Drug Donation Program" this past year. That process has been completed, and there are currently two pharmacies that have agreed to participate.
- ❖ CHAPTER 585 – FOOD, DRUGS AND COSMETICS: ADULTERATION; LABELS; BRANDS
- ❖ Chapter 639 — PHARMACISTS AND PHARMACY
 - Chapter 639 is the heart of the Board’s regulatory responsibility, and again, is continually updated as health care moves forward. An example of our progressive regulatory activities is the relatively new immunization by pharmacist’s initiative which has proven quite effective. The impact of the availability of immunizations of all kinds through pharmacies by pharmacists appears to be significant. Nevada being one of the "worst immunized" states in the nation illustrates the importance of our efforts and its impact on public health.

VERSA LICENSING AND ENFORCEMENT PROGRAM

- ❖ VERSA –coming enhancements
 - Ability to email certificates.
 - The system will ask licensees a series of questions on business licenses and military information so the online system will be able to accommodate questions allowing the licensee to renew online based on the answers to the questions. Previously, the ability to renew online was dependent on the response to the questions asked.
 - All around enhancements to VERSA will be implemented in the near future with a system upgrade.
- ❖ VERSA has enhanced capabilities for online registration and license renewal.

- ❖ Percent of renewals online-
 - 2009 Pharmacists 50%.
 - 2010 All other categories of licensees and registrants totals only/not broken down by category 6052 (15131) 40%.
 - 2011 Pharmacists – 6440 renewals (8063) on line 80%.
 - 2012 All other categories of licensees and registrants 12,515 (16004) 78.2%.
 - 2013 6430 (7855) 81.9%.
- ❖ VERSA provides enhanced versatility allowing Board staff to control various functions, reports, etc.
 - VERSA includes an investigation module to streamline investigations and allow real time monitoring of investigations.
 - VERSA also has enhanced management of cash (licensing fees) features.

BOARD WEBSITE



- ❖ The Board of Pharmacy website was completely redesigned per Governor Brian Sandoval’s direction to make all state websites consistent in design, look and feel. After closely working with the State Department of Information, the new website was activated in July 2012.
- ❖ The Board staff, working closely with DoIT staff, has continued to make the website more informative and user friendly.
- ❖ Agendas provided by Board staff to Board members for future meetings and the latest version of regulations being considered are now available in portable document format (PDF) for viewing, download and printing. The minutes of previous meetings are also posted on the site.
- ❖ The inspection forms for all registrants are now available on the Board website.
- ❖ A [Red Flag video](#) about Prescription Drug Abuse prevention has been added to the home page and resources page. The “Red Flag Video” was taped in conjunction with NABP as an educational resource for pharmacists and techs on doctor shopping.

INSPECTIONS

- ❖ A cover letter is now sent to registrants informing the registrant that the registrant needs to print and fill out the appropriate registrant self assessment form. The form is available on the Board website.
- ❖ The Board of Pharmacy continues to focus on medical safety education in the Board's Inspecting for Safety presentations and when inspectors conduct their annual inspections of registrants.
- ❖ There were a total of 1,448 annual inspections scheduled in Southern Nevada, and 640 annual inspections scheduled in Northern Nevada from July 1, 2012 to June 30, 2014.
 - In addition to annual inspections, Board inspectors conduct pre-opening inspections for all registrants that are approved by the Board for licensure including Dispensing Doctors, Hospitals, Ambulatory Surgery Centers, Pharmacies, MDEG providers, Manufacturers and Wholesalers.

PHARMACEUTICAL TECHNICIAN ADVISORY COMMITTEE

- ❖ The Board approved creation of this committee in July, 2008. The committee meets quarterly.
- ❖ Issues addressed during the biennium included technician diversion. Other topics include: technician school programs; technician school drug screening; CE for technicians; national certification of technicians; housekeeping in pharmacies; ASHP standards for technician schools; technician reciprocity; subpoenaing technicians for hearings; and accuracy of CS Task Force data (order entry issues).

MDEG (MEDICAL DEVICES, EQUIPMENT AND GASES) ADVISORY COMMITTEE

- ❖ The Board created this committee in 2002. The committee meets on a quarterly basis.
- ❖ The committee's purpose is to provide recommendations on regulations needed to protect and improve patient safety.
- ❖ Issues discussed during the biennium included MDEG dispensing license; warehousing & storage of MDEG products; out-of-state oxygen providers; display of Rx MDEG items accessible to the general public; non-patient specific complaints; polysomnography techs; rental equipment in hotels (scooters); sleep labs.

CONTROLLED SUBSTANCE ABUSE PREVENTION TASK FORCE

The Task Force database changed software vendors 12/4/13. The new vendor is Appriss. The product name is PMP AWA Rx E.

- ❖ The Task Force completed 180 total interventions during the biennium.
- ❖ The Task Force moved their office from Carson City to Reno, April 2011.

- ❖ The Task Force provided de-identified data to UNR for a grant funded study with Reno PD to analyze controlled substance prescription trends.
- ❖ The Task Force entered in to an agreement with a research company, Abt. Associates, a Massachusetts based company, to analyze if unsolicited reports, which are sent to alert prescribers and dispensers of patients who are “doctor shopping”, reduce medical costs.
- ❖ The Task Force began receiving controlled substance prescription data from some Indian Health Service facilities in Nevada.
- ❖ NABP PMP InterConnect
 - The NABP PMP InterConnect facilitates the transfer of prescription monitoring program (PMP) data across state lines to authorized users. It allows participating state PMPs across the United States to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide. As of July 17, 2014, AZ, CO, ID, IL, IN, KS, MI, MN, NM, OH, UT, WV and Nevada participate.
 - Through NABP InterConnect, users of participating PMPs are able to securely exchange prescription data between certain states.
- ❖ The biggest initiative with NABP is the VPP Inspection Sharing Network, which has morphed out of the NECC compounding fiasco. This network works as follows: any participating board who inspects a compounding pharmacy in their state uploads that inspection to the VPP network, who then notifies all the other states that license that pharmacy; hence an "inspection sharing network". This inspection provides valuable information to an out of state board trying to decide whether to grant a license or not, and is all coordinated by NABP.

CONTINUOUS FOCUS ON PATIENT SAFETY

A continuing important part of the inspection and compliance process is the focus of the board on educating and inspecting for Quality and Safety.

- ❖ The Board website has a link to a free online option for registrants to complete the required 1 hour of Nevada law through Pharmacist’s Letter.
- ❖ The Board encourages pharmacy managers to focus technician and technician in training continuing education on prevention of medication errors and other continuing education that is relevant to and applicable within the technician and technician in trainings’ scope of practice.
- ❖ The Board inspection forms include ISMP (Institute for Safe Medicine Practices) recommendations on how to improve an individual’s practice to improve patient safety.
 - The *Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change* is now live on the ISMP website. The document can be found at: www.ismp.org/communityRx/aroc. The community pharmacy tools can be found at: www.ismp.org/tools/communitySafetyProgram.asp.

- ❖ The Board of Pharmacy continues to reach out to practitioners in a number of ways such as through articles in professional publications; soft education through its inspection efforts (i.e., educating practitioners about what is expected of them and reviewing the regulations that control their practices); the disciplinary process to try and curb professionals whose conduct violates Board statutes and regulations; and in some cases intervention by law enforcement when appropriate. The Board will continue its efforts to work with practitioners to bring their medical practices into compliance in its effort to protect the public.

INVESTIGATIONS

- ❖ Investigators Daniel J. Garcia and Ken Scheuber in Southern Nevada, and Dave Wuest, Joe Depczynski and Jenine Davis in Northern Nevada, investigate complaints received by the Board and provide the results of their investigations to the Board of Pharmacy discipline review committee for possible administrative hearing.

MULTI-STATE JURISPRUDENCE EXAMINATION (MPJE)

- ❖ Inspector Curras is the new Nevada representative on the National Association of Boards of Pharmacy (NABP) law review committee. Inspector Curras will work with Office Manager/Inspector Seidlinger in reviewing current exam questions and answers each year to ensure that the questions and answers are still valid under Nevada NRS and NAC. Inspector Curras will also work with Office Manager/Inspector Seidlinger writing new Nevada pharmacy law exam questions and answers for the MPJE examination.
- ❖ The MPJE combines federal and state specific questions to test the pharmacy jurisprudence knowledge of prospective pharmacists. It serves as the pharmacy law examination in participating jurisdictions.

NEVADA LAW EXAMS FOR PHYSICIAN ASSISTANTS AND ADVANCED NURSE PRACTITIONERS -

- ❖ The Board offices in Northern and Southern Nevada administer a pharmacy law exam to all Physician Assistants who wish to practice in Nevada. Investigator Daniel J. Garcia administers the law test in Southern Nevada by appointment, and in Northern Nevada, the test is also given by appointment only. The Advanced Nurse Practitioner's law test is administered by the Nursing Board.

DRUG ABUSE

- ❖ Rural Methamphetamine Abuse - Inspector/Investigator Depczynski represents the Board of Pharmacy on a national committee on rural methamphetamine abuse.
- ❖ The Board of Pharmacy in cooperation with the Medical and Osteopathic Boards, through the Legislative Committee on Healthcare, is addressing the growing issue of prescription drug abuse in Nevada.

PHARMACY STUDENT ROTATIONS

- ❖ The Board of Pharmacy is one of the few Boards of Pharmacy nationwide that offers rotations to senior Pharmacy Students.

- ❖ The fourth year students are exposed to pharmacy law from the regulatory perspective. The students do research projects, take part in staff meetings, and attend Board of Pharmacy hearings.
- ❖ The Board office provides a regulatory rotation for pharmacy schools who have students interested in completing a regulation rotation with the Board:
 - The Board office in Reno will host a rotation for a student from Chicago University in February of 2015.
 - In the past the Board has hosted students from North Dakota State University, Idaho State University and Creighton University.

LEGISLATIVE ACCOMPLISHMENTS

The Board did not have any bills presented in the 2013 Legislature. It has always been the Board's intent to maintain excellent working relations with the Legislature. The Board is often asked to assist the Legislature with technical advice, regulations, and implementation of other important programs that came from the 2011 Legislature.

THE FOLLOWING NEVADA REVISED STATUTES WERE AMENDED IN THE 2013 LEGISLATIVE SESSION:

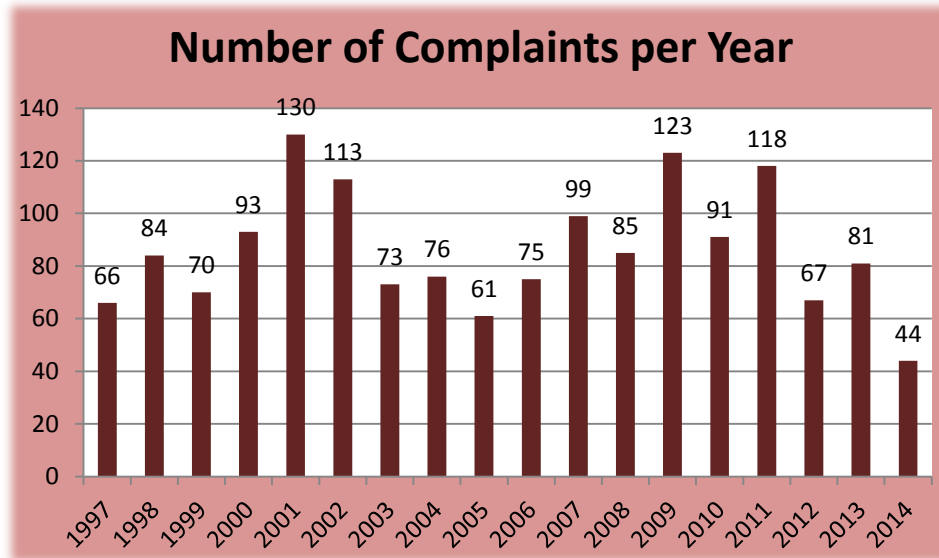
- ❖ NRS 639.0151 defines a remote site pharmacy.
- ❖ NRS 639.0153 defines a satellite consultation site where a site only dispenses prescriptions delivered to the site and consultation occurs on the prescriptions.
- ❖ NRS 639.0154 defines telepharmacy.
- ❖ NRS 639.0727 Board is to adopt regulations related to remote sites, satellite consultation sites and telepharmacies.
- ❖ NRS 639.100 defines who may manufacture, engage in wholesale distribution, compound, sell or dispense or permit to be manufactured, distributed at wholesale, compounded, sold or dispensed, any drug poison, medicine or chemical, or to dispense or compound, or permit to be dispensed or compounded any prescription of a practitioner.
- ❖ NRS 639.23277 additional requirements for remote site or consultation sites including location.
- ❖ NRS 639.235 defines who may write or prescribe a prescription and responsibilities of the pharmacist in verifying and documenting a bona fide practitioner/patient relationship and the minimal information that must be recorded manually on the prescription or in the Pharmacy computer system.
- ❖ NRS 639.2392 allows electronic documentation by a pharmacist of refills.
- ❖ NRS 639.2396 establishes criteria and allows a pharmacist to use professional judgment in filling up to a 90 day supply of a medication when the practitioner writes refills and indicates on the prescription to dispense less than a 90 day supply. This statute excludes controlled substances.

SUPPORT OF LAW ENFORCEMENT

- ❖ The Board staff actively supported the various law enforcement agencies in their efforts to lower drug amounts available for trafficking.
 - Task Force on Unlicensed Health Care and Scope of Practice issues.
 - The Task Force on Unlicensed Health Care has completed its mission, which was culminated during the last legislative session in a law that grants health care boards "cite and fine" authority against unlicensed health care activity. The Board has used this authority in cases involving pharmacists and intern pharmacists who have failed to renew their licenses or simply did not get licensed as well as against some of the medi-spa activity that the Board has investigated.
 - A major focus of the task force is the unlicensed health care individuals who are preying on low income and the immigrant population in Nevada.
- ❖ Executive Secretary Larry Pinson, Deputy Secretary J. David Wuest and General Counsel Paul Edwards are active participants in the Legislative Committee group, "Industry Coalition on Prescription Drug Abuse", and are all actively participating with Mr. Wuest usually attending meetings in person.
 - The Committee is studying the abuse of prescription narcotic drugs, the monitoring of usage by patients, and developing methods to address and prevent prescription drug abuse.

COMPLAINTS, INVESTIGATIONS, AND DISCIPLINE

Investigating and prosecuting consumer complaints is one of the Board's primary missions. The following table shows the number of investigations of complaints conducted by the Board for all the years for which data is available:



Note: the figure for 2014 is the number of complaints made through June 30, 2014.

In addition to investigating written complaints, the investigators spend a significant amount of time supporting other Board investigators with onsite visits and on complaints that need to be investigated, but do not reach the stage of assigning a Nevada Board of Pharmacy case number.

Each complaint the Board receives is reviewed by Executive Secretary Larry Pinson or Deputy Secretary J. David Wuest. Based on review, a case number may be assigned to the complaint or an investigator may be asked to follow up on the complaint, to gather more information. If there is verifiable evidence or information to warrant assigning a case number for an investigation, a case number will be assigned.

REGULATORY DEVELOPMENTS

Regulations are a necessary response to an ever-changing practice like pharmacy, and the Board prides itself on its ability to respond quickly with pertinent regulations to keep current with the latest developments in the practice of pharmacy. The Board's most noteworthy regulatory developments for this biennium demonstrate the Board's cooperation with members of its regulated community and the Board's responsiveness to its fast changing environment.

- ❖ NAC 453 new LCB file R097-13 (3/28/14) establishes requirements for real-time stop-sale system concerning the sale or transfer of certain products that are precursors to methamphetamine.
- ❖ NAC 453.510 (2-20-13 and 10/23/13) added synthetic cannabinoids to schedule I controlled substances.
- ❖ NAC 639.010 639.250 639.391 639.392 639.393 639.394 639.395 639.396 639.397 639.398 639.399 639.742 639.744 639.752 639.918 639.924 639.945 (3/28/14) revises provisions relating to

telepharmacies, remote sites and satellite consultation sites; revising provisions governing unprofessional conduct by the holder of a license, certificate or registration issued by the State Board of Pharmacy; and providing other matters properly relating thereto.

- ❖ NAC 639.050 (12-23-13) changes the requirements for destruction of controlled substances to allow practitioners and pharmacists to destroy the medications.
- ❖ NAC 639.240 (2-20-13) allows for E-Prescribing of schedule II controlled substances.
- ❖ NAC 639.240 (2-20-13) requires a pharmacy technician that attended a technician training school out of state that does not require an externship to have 240 verifiable hours of employment in a pharmacy.
- ❖ NAC 639.262 (3/28/14) Increases the state requirement of 1,500 hours for intern pharmacists to 1,740 hours to match the national standard.
- ❖ NAC 639.7105 (3/28/14) allows a pharmacist who receives an electronic prescription to keep a paper or electronic copy of the prescription at the pharmacy in a manner that is readily accessible for inspection by the Board, rather than requiring the pharmacist to print and keep on hand a paper copy of the electronic prescription.
- ❖ NAC 639.725 (2-20-13) requires a pharmacist to fill mechanical devices and maintain records for two years including the date which the pharmacist placed the medication in the device.
- ❖ NAC 639.7425 (3/28/14) requires dispensing technicians to complete certain requirements for in-service training; and provides other matters properly relating thereto.
- ❖ NAC 639.753 (10/4/13) declination to fill a prescription defines the conditions for a pharmacist to decline to fill a prescription.
- ❖ NAC 639.850 639.854 639.870 639.879 639.892 (3/28/14) replaces the term “advanced practitioner of nursing” with “advanced practice registered nurse”, and make various other changes to the provisions relating to the advanced practice of nursing.
- ❖ NAC 639.926 (3/28/14) establishes certain data fields for controlled substance information transmitted to the PMP.

IMMUNIZATION (NAC 639.297 - NAC 639.2978)

- ❖ Nevada remains one of least immunized states in the nation.
- ❖ The [Annual Immunization Report April 1, 2013 – March 31, 2014](#) – Immunizations by Pharmacists plus past reports are available on the Board of Pharmacy website.

YOUR SUCCESS RX

- ❖ As of 2013, the founder of (a professional remedial development program) Your Success Rx, Inc. has retired from providing assessment of pharmacy/pharmacist practices. Her program has been replaced in part by Affiliated Monitors, a national company.
- ❖ In collaboration with Your Success Rx, Inc., a Carson City company, the Board has previously referred pharmacies and pharmacists to an intensive program (usually three days long) by which

the pharmacies and pharmacists are assessed as they practice. The results have been positive to both the Board, which can now get problem pharmacies and pharmacists some specific and direct assistance, and to the assessed pharmacies and pharmacists.

- ❖ The first referral to Your Success Rx was in January of 2006.

Clients Assessed	2012-2014 Biennium	Jan 2006 July 2014
Pharmacists		
Retail	3	31
Hospital/Infusion		4
Total		32
Retail	1	9
Hospital/Infusion		2
Total		10

- ❖ The Your Success RX training program consisted of one-on-one time with the pharmacist and focused on the specific systems and operations of their current practice site and how they interact and affect those systems. Your Success Rx reviewed safe practice behaviors and error prevention, as well as discussed patient counseling techniques, the handling of medication errors and customer service excellence. Your Success Rx also provided several workplace personality tests which help the individual assess their strengths and weaknesses within their practice. Several weeks later, Your Success Rx would make an on-site visit to assess areas for focus and/or make suggestions for implementing new systems or improving systems currently in use. During the on-site visits, Your Success Rx assessed the systems and operations of the specific practice location. The assessments varied depending upon the type of pharmacy practice; however, the assessment typically consisted of an in-depth look at the current policies and procedures, systems of communication, training manuals, operations, etc., of each location. Written reports which include suggestions for improving efficiency and effectiveness of current operations were provided to the pharmacist and facility.

PRESCRIPTION CONTROLLED SUBSTANCE ABUSE PREVENTION TASK FORCE

Created in 1997, the Nevada Prescription Controlled Substance Abuse Prevention Task Force (the Task Force or PMP – prescription monitoring program) is administered by the Board. The Task Force consists of participants from SAPTA, NDI, and health licensing boards, Medicaid, professional organizations, pain management practitioners, impaired professional help groups and industry. The panel meets once or twice a year to set policy and to discuss the operation of the program.

The Task Force's first-in-the-nation Pre-Criminal Intervention Program has become a model for the nation. The program identifies patients who appear to be misusing and abusing prescription controlled substances, and intervenes with these patients through a Pre-Criminal Intervention Officer who directs the patients into treatment and monitors their progress. The intent of the program, and it seems to be working, is to treat a person's addiction rather than to put the person into the already overburdened criminal justice system.

In August of 2008, the Task Force hired a part-time intervention officer for Northern Nevada. This position was federally grant funded. The federal grant ended June 30, 2012.

The Task Force has been able to successfully intervene with over 160 patients in Northern Nevada, with a part-time intervention officer. Most of the patients have succeeded in ending their destructive cycles of prescription controlled substance addiction.

This biennium, the Task Force began full implementation of online practitioner access to the data. The Task Force has online 24/7 access to registered users of the system. This has worked effectively for the practitioners because they are getting their data online, often within minutes of their request and while the patient is still in their office, rather than receiving the data three or four days later.

❖ What is the PMP?

- Database with thresholds and a goal of identifying potential "doctor shoppers" (a felony) and referring the shopper for treatment.
- States are working towards data sharing of PMP information.

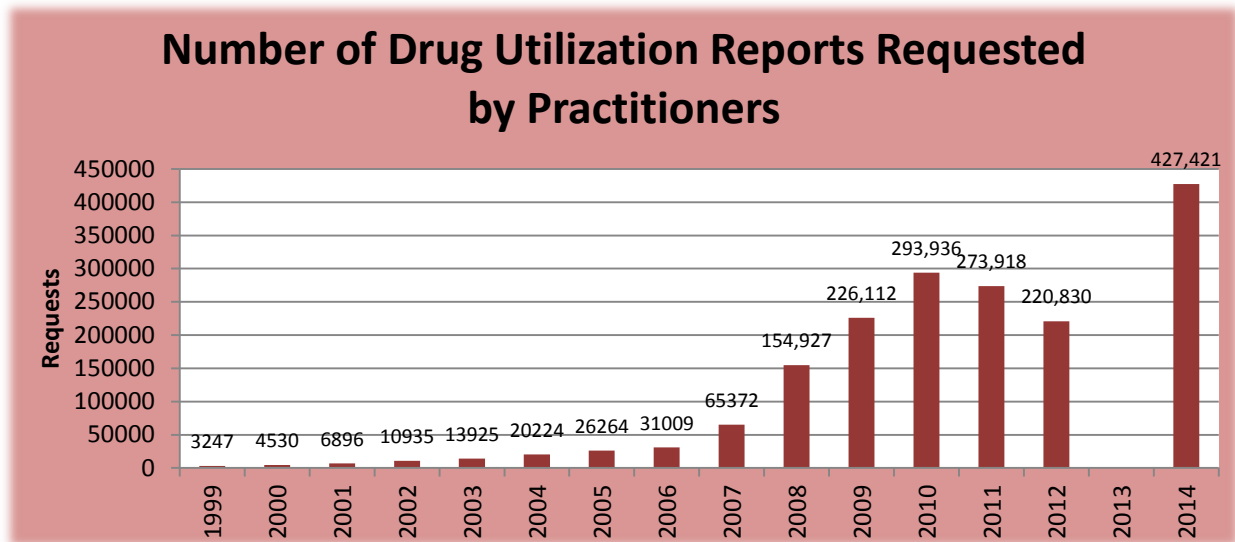
❖ How does it work?

- Pharmacies and dispensing practitioners must report their controlled substance prescriptions at least once weekly.
- Staff filters the data submitted for warning signs of abuse, such as multiple doctors or multiple pharmacies.
- If a patient sets off enough "red flags", the task force generates an "unsolicited report".
- The report is sent to each practitioner and each pharmacy that the patient has visited.
- It is then up to each of these professionals to determine how to best handle their patient.
- The PMP is not for law enforcement "fishing".
- The Board employs one intervention officer with a case load of about 30 patients to help the patient get into treatment.
- Impact:
 - Only 21% of licensed prescribers and 14% of licensed dispensers are registered to use PMP.

- With intervention:
 - The average number of prescriptions per patient drops from 150 to 46 per year.
 - The average number of practitioner visits drops around 37%.
 - The average number of dosage units obtained drops 43%.
- ❖ Executive Secretary Larry Pinson continues to give presentations to various practitioner groups on the “cultural problem” of prescription drug abuse and use in the United States. These efforts are paying off by educating the medical community on the widespread use/abuse of controlled substances. Executive Secretary Larry Pinson’s work with the state dental community has made great strides in educating the dental community on use and abuse.
 - Americans comprise approximately 6% of the world population.
 - Americans consume 60% of all manufactured drugs.
 - Americans consume 80% of the world’s supply of opiates.
 - Americans consume 75% of the world’s supply of oxycodone.
 - Americans consume 99% of the world’s supply of hydrocodone.
 - Nevada:
 - #2 for hydrocodone
 - #2 for oxycodone
 - #4 for methadone
 - #7 for codeine
 - #17 for meperidine
 - 5% of practitioners prescribe 88% of the controlled substances.

CONTROLLED SUBSTANCE TASK FORCE DATABASE UTILIZATION

Practitioner usage of the Task Force is shown in the following chart:



Note: the figure for 2012 and 2014 is the number of requests through June 30, 2014.

Data for the 2nd half of 2012 and the data for 2013 are unavailable.

In 1997, the first year of the CSTF, there were a total of 480 requests for the report.

FINANCIAL REPORT

The Board administers an annual budget of approximately 3.7 million dollars annually for the biennium 2012-2014. All of the Board's revenues come from licensing, certification, and registration fees: the Board receives no state general fund money. The Board is audited annually by the Kohn Colodny CPA firm.

Board Reports (available on website)

- ❖ [Biennial Report \(NRS 639.060\) - Legislative, Regulatory and Administrative overview.](#)
- ❖ [Biennial AB128 Manufacturer and Wholesaler Compliance Audit Report \(NRS 639.570 3.\) Companies Compliant with AB128 Code of Conduct Annual Certification of Compliance.](#)
- ❖ [Annual Immunization by Pharmacists Report \(NRS 649.065\) - Immunizations administered by Pharmacists and includes Nevada immunization rates compared to US immunization rates.](#)
- ❖ [Annual Returned Drugs Report \(NRS 639.063\) -Return of drugs by exempt facilities to a provider pharmacy for re-issue to patients in that facility.](#)

WHAT LIES AHEAD FOR THE 2012-2014 BIENNIUM

Several foreseeable issues lie ahead for the Board in the 2012-2014 biennium and beyond, including:

PRESCRIPTION DRUG ABUSE PREVENTION MEASURE

- ❖ The Board staff is working with law enforcement both in Northern and Southern Nevada studying the abuse of prescription narcotic drugs, the monitoring of usage by patients, and developing methods to address and prevent prescription drug abuse.

<http://bop.nv.gov/resources/PrescriptionDrugAbusePreventionVideo/>

EDUCATIONAL PRESENTATIONS

The Board staff has been extremely active on providing live presentations both on site and via telephonic call in, and also in creating and posting video continuing education on the Board website. These presentations cover a variety of subjects.

- Continuous development and presentation of CE to practitioners, pharmacists and pharmacy technicians. http://bop.nv.gov/services/Continuing_Ed/
- CE for law enforcement and with law enforcement.
- Continuous education for fellow health care boards.
- Continuous education of the public through public meetings and JTNN.
- ❖ The Board Executive Secretary has addressed practically every medical discipline in Nevada on prescription drug abuse, as well as presentations to the National Association of Boards of Pharmacy; the Attorney General's Work Force; Project Echo through UNR and JTNN; Child Death Review Committee and the Washoe County Social Works Department. Continuing education presentations have been offered by practically all senior staff (Executive Secretary, General Counsel, Deputy Executive Secretary, Inspectors and Investigators) and our Prescription Monitoring Program (PMP) Administrator on the use of Nevada's PMP.

CONTINUING EDUCATION IN NEVADA PHARMACY LAW

- ❖ The Board of Pharmacy Executive Secretary, Larry Pinson, Deputy Secretary J. David Wuest, Inspector Luis Curras and Inspector/Investigator Joe Depczynski conduct live continuing education programs on pharmacy law for pharmacists, interns, technicians and technicians in training throughout the biennium to provide the one hour of Nevada pharmacy law that the Board of Pharmacy requires pharmacists and technicians to complete per biennium.
- ❖ Inspector Curras will also provide live telephone Nevada law continuing education throughout the biennium.

CONTINUING EDUCATION FOR ISMP RISK ASSESSMENT –

- ❖ In the interest of education on prevention of medication errors, the Board approved 4 hours of continuing education credit for pharmacists and continuing education credit hours for technicians up to 11 hours certified by the pharmacy manager for reviewing the *Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change*.

The Board of Pharmacy continues to reach out to practitioners in a number of ways such as through articles in professional publications; soft education through its inspection efforts (i.e., educating practitioners about what is expected of them and reviewing the regulations that control their practices); the disciplinary process to try and curb professionals whose conduct violates Board statutes and regulations; and in some cases intervention by law enforcement when appropriate. The Board will continue its efforts to work with practitioners to bring their medical practices into compliance in its effort to protect the public.

THE BOARD AND STAFF HAVE TAKEN A LEADERSHIP ROLE WITH OTHER BOARDS

- ❖ The Board staff continues to coordinate with other health care boards on public safety relating to medical issues, both licensed and unlicensed entities.
 - Review of scope of practice issues in health care.
 - Oversight of medical spas.
 - This includes a national resolution with the National Association of Boards of Pharmacy (NABP) regarding the oversight of medical spas.

WORKSHOPS AND PUBLIC HEARINGS TO ADOPT NEW NEVADA ADMINISTRATIVE CODE

- ❖ "What lies ahead?" The hospital regulations work group forges onward in this daunting task. Board staff has been very active in dealing with unlicensed health care activities occurring in Nevada, much of which occurs in underground medical clinics and in the medical spa arena. We have taken an active role in conjunction with the Department of Agriculture and the Veterinary Board to address the issue of antibiotics getting into our food source through feed stores.
- ❖ The Board continues to bring forward regulations needed to protect the public based on facts presented by various government agencies and law enforcement.
 - The primary regulatory concern identified by the development of this report is the need for a complete overhaul of our institutional regulations. Present institution regulations do not

reflect the modern practice of medicine in today's hospitals and correctional institutions. Present regulations were implemented over twenty years ago and apply to both hospitals and correctional facilities, which in today's world, have only one similarity, that being the number of beds. It is anticipated that changes are necessary in all three practice acts and will require a regulatory overhaul that will take several years and a ton of work. We cannot say what the final product will look like, however this agency will not compromise the safety of the public, the health of Nevada's citizens, our public trust, or the respect of the pharmacists and pharmacies that we regulate. We will continue to make regulatory changes in the future to meet the demands of both the Legislature and the public we serve, but feel that the regulatory challenge of updating institutional regulations should be our focus.

- The Nevada State Board of Pharmacy has renewed its efforts to confront unlicensed dispensing of controlled substances and dangerous drugs by medical personnel. The Board has visited a number of medical practices that dispense dangerous drugs and controlled substances without proper regulatory authority or are misusing their authority. In some instances, the practitioners at these medical facilities, some of which are known as “medi-spas” or “medical spas,” have no lawful authority to possess, administer, or dispense controlled substances. In other instances, practitioners at such facilities have the appropriate registrations but are using the registrations in ways that violate the laws of Nevada.