

Nevada State Board of Pharmacy

BIENNIAL REPORT

July 1, 2008 – June 30, 2010

431 W. Plumb Lane

Reno, Nevada 89509

(775) 850-1440

Fax: (775) 850-1444

Website: <http://bop.nv.gov/>

E-mail: pharmacy@pharmacy.nv.gov

THE BOARD

Don Fey, Pharm. D. President
Pharmacist Member
Las Vegas

Keith W. Macdonald, RPh.
Pharmacist Member
Carson City

Chad Luebke, RPh.
Pharmacist Member
Las Vegas

Mary Lau
Public Member
Carson City

Kam Gandhi, RPh.
Pharmacist Member
Las Vegas

Beth Foster, RPh.
Pharmacist Member
Reno

Kirk Wentworth, RPh.
Pharmacist Member
Carson City

BOARD STAFF

Larry L. Pinson, Pharm. D.
Executive Secretary
Reno Office

Carolyn Cramer, J.D.
General Counsel
Reno Office

Fred Ackermann
Investigator/ Supervisor
Las Vegas Office

Joanee Quirk
Program Administrator
Reno Office

Joseph Depczynski
Investigator/ Inspector
Reno Office

Jeri Walter
Board Coordinator
Reno Office

Lisa Adams
Special Projects Coordinator
Reno Office

Candy Nally
Licensing Specialist
Reno Office

Lisa Hedaria
Administrative Assistant
Reno Office

Arlene Marshall
Administrative Assistant
Reno Office

Ron Shockey, RPh.
Inspector
Las Vegas Office

Daniel Garcia
Investigator/ Inspector
Las Vegas Office

Ray Seidlinger, RPh.
Inspector
Las Vegas/Reno Offices

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, half in Las Vegas and half in Reno. 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.

2008-2010 Biennium

- ❖ The 2008-2010 biennium saw continued growth in the Board's various categories of registration and licensure. The number of licensees and registrants increased by 8.86% 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.
 - The Board now licenses Ambulatory Surgery Centers (see licensure report). Ambulatory Surgery Centers are licensed under the institutional classification along with hospitals.

- The only class of registration that declined was in pharmacists at a negative 2.14% while the technician/technician in training registrations increased 34.40%. Part of the increase may be attributed to the change in regulation increasing the ratio of technicians and technicians in training (in any combination of 3:1) per pharmacist. The regulatory change increasing the ratio for 2:1 to 3:1 requires that only registered personnel can enter prescription data into the computer.
- ❖ The table below shows the change in the number of licensees and registrants for all regulated categories, by category, since the last biennium, 2006-2008.

License or Registration Category	Change (number)	Percent Change
Controlled Substances Registrations	336	3.95%
Dispensing Practitioners	151	65.09%
Dispensing Technicians	309	-----
Institutional (Hospitals and Ambulatory Surgery Centers)	117	-----
Interns	60	9.40%
Manufacturers	1	100.00%
Medical Devices, Equipment, & Gases	139	48.26%
Pharmaceutical Technicians & Pharmaceutical Technicians-in Training	1317	34.40%
Pharmacies	25	2.70%
Pharmacists	(180)	(2.14%)
Prescribing Practitioners	71	25.54%
Warehouses	1	20.00%
Wholesalers	80	16.06%
TOTALS	2118	8.86%

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, 2008 through June 30, 2010.

ACCOMPLISHMENTS FOR 2008-2010 BIENNIUM

While the 2008-2010 biennium contained two busy years for the Board, accomplishments in several important areas are worth mentioning:

ADMINISTRATIVE ACCOMPLISHMENTS

❖ **VERSA Licensing and Enforcement Program -**

- VERSA has enhanced capabilities for online registration and license renewal.
- Percent of renewals online-
 - 2007 Pharmacists 35%
 - 2009 Pharmacists 50%
 - 2006 All other categories of licensees and registrants 40%
 - 2008 All other categories of licensees and registrants – due to a software change the percent of renewals online is unavailable
- VERSA provides for real time online investigation documentation.
- VERSA provides enhanced versatility allowing Board staff to control various functions, reports, etc.
- VERSA includes an inspection module to streamline inspections and allow real time monitoring of inspections.
- VERSA has enhanced management of cash (licensing fees) features.

❖ **Board Website** - The Board staff, working closely with DoIT staff, has continued to make the website more informative and user friendly.

- Agendas 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 meeting are also posted on the site.

❖ **Inspections** - The Board staff has converted all inspection forms to word format giving the staff the ability to update inspection forms to reflect changes to Nevada Revised Statutes or Nevada Administrative Code. The forms now include inspecting for safety recommendation statements to call attention to processes, both manual and technological, and procedures that can increase the awareness of pharmacists, interns and technicians on patient safety recommendations.

- ❖ **Pharmaceutical Technician Advisory Committee** – The Board approved creation of this committee in July, 2008. The committee meets quarterly. The purpose of the committee is to involve technicians in discussing and identifying pharmacy issues that can be addressed to improve patient safety. Examples of issues addressed include dispensing errors and diversion of pharmaceuticals. Committee members also actively contribute to the Board of Pharmacy newsletter.
 - See regulatory developments – Nevada Law CE required for technicians
- ❖ **H1N1 vaccine** - The Board staff worked with the Nevada Immunization Coalition and the Nevada Department of Health to identify pharmacists who are certified to administer immunizations. These pharmacists were able to provide additional support in immunizing the citizens of Nevada against the H1N1 influenza virus. Pharmacists in Nevada administered 42,438 H1N1 immunizations in addition to 131,230 seasonal flu immunizations from April 1st, 2009 through March 31st, 2010.
- ❖ **USP 795 and 797 Training** – Inspectors completed an on-line course that reviewed United States Pharmacopeia 795 (non-sterile) and 797 (sterile) compounding standards as a part of the Board of Pharmacy’s focus on inspecting for patient safety.
- ❖ **MDEG (Medical Devices, Equipment and Gases) Advisory Committee** – The Board created this committee in 2002. The committee meets on a quarterly basis. The committee purpose is to provide recommendations on regulations needed to protect and improve patient safety. Recommendations by the committee have strengthened the Board’s ability to assess MDEG applicant’s capability to service the public safely, competently and legally. The committee also helps keep the Board informed on changes in the industry, both regulatory and technology based, that need to be addressed by the Board.
 - See regulatory developments - MDEG
- ❖ **Controlled Substance Abuse Prevention Task Force** –
 - The Board of Pharmacy is currently in the process of changing data collection and Prescription Monitoring software vendors. The new vendor combines the data collection and PMP software into a hosted solution eliminating the need for the Board of Pharmacy to maintain any hardware and associated individual software licensing i.e., anti-virus, database licensing etc.
 - By contracting with a new vendor, the Board has saved upwards of \$100,000 per year in software maintenance and licensing fees. The Task Force has received two separate Federal grants, one for \$400,000 (extended until June 30, 2011) and the second grant for \$52,000 (one year period ends September 30, 2010)

❖ **Inspecting for Quality and Safety - Continuous Focus on Patient Safety** - An important part of the inspection and compliance process is the focus of the board on educating and inspecting for Quality and Safety. The Board is proactive in providing information on minimizing medication errors by the communication of information to the Board's registrants and licensees. The information provided comes from studies done by the medication safety focused organizations, including ISMP (Institute for Safe Medicine Practice), that study and evaluate causes of medication errors.

- 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 Executive Secretary in conjunction with Your Success Rx has developed a one hour PowerPoint presentation on Preparing for Regulatory Inspections and Medication Safety Practices. The Executive Secretary and Your Success Rx are presenting the PowerPoint presentation to practitioners in the state.
- In addition to the PowerPoint presentation, a video of the Preparing for Regulatory Inspections and Medication Safety Practices has been taped. The video will be available in the future in the "Pharmacist's Letter" once final agreement is reached with Pharmacist's Letter.

❖ **Fred T. Mahaffey Award - The Board was recognized on May 26th, 2010** by the National Association of Boards of Pharmacy at the annual National Association meeting for the second time in 5 years for the Board's focus on protecting the public. This year's recognition was for being the first state to develop inspections based on safety in addition to inspecting for compliance with statutes and administrative code.

- The media release by the National Association of Boards of Pharmacy reads as follows:
- **FOR IMMEDIATE RELEASE** May 26, 2010 **NATIONAL ASSOCIATION OF BOARDS OF PHARMACY HONORS LEADERS AT THE FOREFRONT OF PUBLIC HEALTH PROTECTION AT THE ASSOCIATION'S 106TH ANNUAL MEETING**

The Nevada State Board of Pharmacy has been chosen by the Executive Committee of the National Association of Boards of Pharmacy (NABP) to receive the prestigious Fred T. Mahaffey Award for 2010 because of Nevada's recent initiative of "inspecting for safety", which focuses on continuous quality improvement and patient safety. The Board's initiative included a retooling of its inspection process to include the safety of the patient as the primary inspection goal. The Board's goal with inspecting for safety is to keep all pharmacies in Nevada compliant with the law and to emphasize patient safety.

The impressive team effort took the support of all Board members as well as the cooperation of the Board's investigators, staff and inspectors.

The Fred T. Mahaffey Award is named after the late NABP Executive Director Emeritus who held the executive director position from 1962 to 1987. The National Association of Boards of Pharmacy represents the state boards of pharmacy in all 50 states, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, New Zealand, eight Canadian provinces, two Australian states and South Africa. It is an extremely high honor for our state to be recognized for its exemplary performance in advancing the protection of the public health. Incidentally, this is the second Fred T. Mahaffey Award bestowed upon the Nevada Board of Pharmacy in five years.

- ❖ **Investigations** – Investigators Fred Ackermann and Daniel Garcia in Southern Nevada and Joe Depczynski in Northern Nevada investigate all complaints received by the Board and provide the results of their investigations to Board of Pharmacy discipline review committee for possible administrative hearing.
- ❖ **Continuing Education in Nevada Pharmacy Law -**
 - The Board of Pharmacy Executive Secretary, Larry Pinson, Inspector Ron Shockey 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 Shockey also does live telephone Nevada law continuing education throughout the biennium.
 - See **Inspecting for Quality and Safety - Continuous Focus on Patient Safety** for additional continuing education provided to Nevada Board of Pharmacy registrants.
- ❖ **Multi-State Jurisprudence Examination (MPJE) –**
 - Inspector Shockey is the Nevada representative on the National Association of Boards of Pharmacy (NABP) law review committee. Inspector Shockey each year reviews current exam questions and answers to ensure that the questions and answers are still valid under Nevada NRS and NAC. Inspector Shockey also writes 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 and Advanced Nurse Practitioners who wish to practice in Nevada. Fred Ackermann, Supervisor, administers the law test in Southern Nevada by appoint on Thursdays and in Northern Nevada the test is given by appointment only.

❖ **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.
 - See Controlled Substance Task Force Database – (AB326 NRS 453.1545)
- Executive Director Pinson, lectures to various groups on the problem of increasing 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 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.
- Three pharmacy schools are presently part of the student rotation program:
 - North Dakota State University
 - Idaho State University
 - Creighton University

LEGISLATIVE ACCOMPLISHMENTS

The Board did not have any bills presented in the 2009 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 2009 Legislature.

- ❖ **Cancer Donation (AB213 NRS 457.400-490)** – The Nevada Legislature passed legislation (AB213 - NRS 457.400 through NRS 457.490) creating a Cancer Drug Donation Program. The Program will distribute and dispense cancer drugs donated to the Program to cancer patients. It also authorizes persons to donate cancer drugs at any pharmacy, medical facility, health clinic or provider of health care that participates in the Program. The donated drugs must be in the original, unopened and sealed packages and must not be adulterated or misbranded. Part of the bill provides immunity from civil liability for damages caused by any act or omission of a person who donates a cancer drug to the Program, or who accepts, distributes or dispenses a cancer drug donated to the Program.
- ❖ **Controlled Substance Task Force** – The CSTS was strengthened with the requirement that practitioners must access the database in certain situations prior to prescribing controlled substances. Along with this requirement, the Board made regulatory changes to the reporting time frame.

❖ **Controlled Substance Task Force Database – (AB326 NRS 453.1545)**

- Now include the contact information of each person who elects to access the database of the program
- The Board shall provide Internet access to the database of the program to each practitioner who is authorized to write prescriptions for and each person who is authorized to dispense controlled substances listed in schedule II, III or IV who elects to access the database of the program; and completes the course of instruction described in the statute.
- **Section 9** of this bill requires the Legislative Committee on Health Care to conduct a study of the abuse of prescription narcotic drugs and the manner of monitoring and addressing such abuse in this State and to submit a written report to the Director of the Legislative Counsel Bureau for transmittal to the next regular session of the Legislature on or before January 15, 2011.
 - Larry Pinson, Executive Secretary, and Carolyn Cramer, General Counsel, are active participants in the Legislative Committee group that is studying the abuse of prescription narcotic drugs, the monitoring of usage by patients, and developing methods to address and prevent prescription drug abuse.

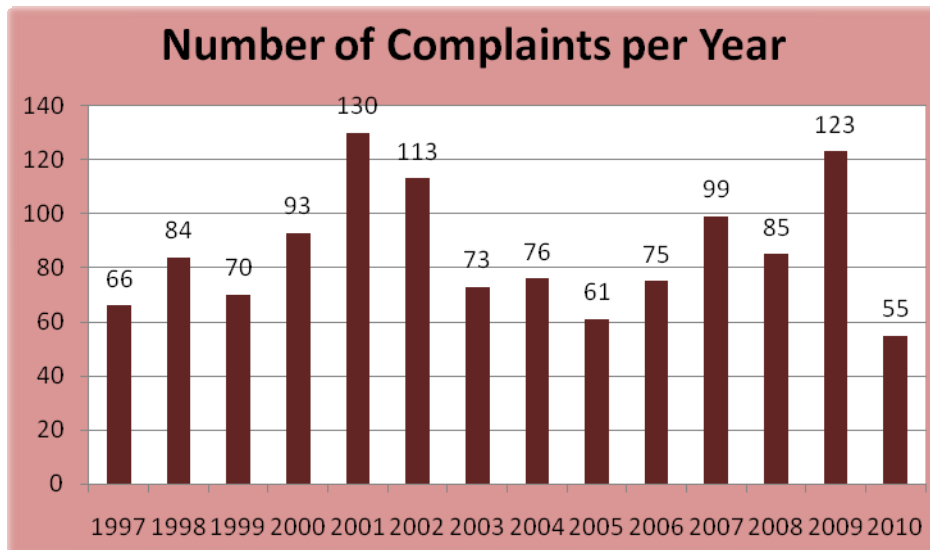
❖ **Returned Drugs Program expansion to Non-Profit Pharmacies (SB197) – NRS 639.2676** Sets the requirements for reissue of unused drugs transferred to a nonprofit pharmacy.

❖ **Blood Glucose Testing –**

- The 2009 Nevada legislature amended Chapter 639 of NRS by adding thereto a new section to read as follows:
- *A registered pharmacist or a registered intern pharmacist may perform a blood glucose test using devices for monitoring approved by the Food and Drug Administration for use in the home. The performance of such a test must be in compliance with standards of practice recommended by the American Association of Diabetes Educators or its successor organization.*
- The change in Nevada Revised Statute allowing pharmacists to perform blood glucose testing will allow pharmacists to support medical practitioners in the care of patients with diabetes. The change increases the access of Nevada citizens to healthcare professionals who can educate, monitor and assist patients in controlling their blood glucose levels.

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 2010 is the number of complaints made through June 30, 2010.

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:

- ❖ **ASC (Ambulatory Surgical Centers) - Oversight by Consultant Pharmacists** (NAC 639.4992 and NAC 639.4996) –
 - All centers must contract with a pharmacist to establish, maintain and review policies and procedures. The policy shall establish procedures, without limitation, for the storage of, disposition and when necessary the destruction of contaminated, damaged, or expired medications.

- The consultant pharmacist will audit compliance with policy and procedures at least once a quarter and will periodically audit for compliance with controlled substance laws and regulations.
- The consultant pharmacist will conduct a performance audit at least once a month using a random selection of records, including, without limitation, records relating to the purchasing, storing, administering and dispensing of drugs and investigational drugs.
- ❖ **Technicians** (NAC 639.240 and NAC 639.254) –The Board reviewed and approved The Institute for the Certification of Pharmacy Technicians (ICPT) as the second approved technician certification body in Nevada. PTCB (Pharmacy Technician Certification Board) is the other approved certification body.
 - Continuing education necessary for recertification by the PTCB or ICPT can be used towards the 12 hours of biennial in-service training required for NAC 639.240.
- ❖ **Immunization** (NAC 639.2971 NAC 639.new) – Nevada remains one of least immunized states in the nation. The Board amended the immunization regulations to allow pharmacists, trained and certified by completing a course approved by the Accreditation Council for Pharmacy Education, to administer immunizations by intranasal, intramuscular or subcutaneous injection under a written protocol with a physician.
 - A physician may approve a deviation from the protocol by noting the deviation in the patient’s chart.
 - The regulation also requires pharmacists to submit data on all immunizations they administer to the Immunization Information system established by the Department of Health and Human Services.
 - The Annual Immunization Report April 1, 2009 – March 31, 2010 – Immunizations by Pharmacists is available from the Board of Pharmacy on request.
 - Recognizing the importance of complete and accurate data on immunizations administered in Nevada, The Board, on recommendation of the Board’s Continuing Education Committee, approved two hours of accredited continuing education for Pharmacists who enroll in and complete training on how to access and enter data the WebIZ immunization registry. (July 2009)
- ❖ **Electronic Record Keeping (LCB file R050-07)** The Board amended administrative code to allow for electronic documentation and record keeping if the pharmacy desires to keep electronic records and the computer system is approved by the board.
 - The computer system must make and retain a record that creates a date and time stamp, the record cannot be deleted nor modified, and the software uses a method to ensure that signatures or initials accurately depict the identity of the person entering the signature or initial.

❖ **Reciprocity – California and Florida Pharmacists**

- Nevada will accept reciprocation of pharmacists licensed in all states, including California (as of July 1, 2008) and Florida.
- Pharmacists reciprocating from California will need to have been issued a license by taking and passing the NAPLEX exam. Therefore, Nevada will only accept California pharmacists who were licensed after January 1, 2004. There are no restrictions for pharmacists reciprocating from Florida, so all Florida pharmacists may apply.

❖ **Changes in Controlled Substance schedule II administrative code (NAC 453.450) –**

- Schedule II prescriptions no longer need to be hand canceled, dated, and the pharmacist no longer has to write his/her registration number on the prescription if the pharmacy computer software can capture the identity of pharmacist who filled the CII prescription.

❖ **Controlled Substance Abuse Prevention Task** - In addition to the legislative action noted under legislative accomplishments, the Board, by regulation, changed the reporting of controlled substances dispensed by pharmacies and other licensed entities dispensing controlled substances from every two weeks to weekly. The change allows a physician to have the most current data on a patient's use of controlled substance medications thus allowing the physician to better evaluate a patient's controlled substance medication history prior to prescribing medications for the patient.

❖ **Pharmacist Inactive Status (NAC 639.219 and NAC 639.new) –**

- Allows a pharmacist to inactivate his license but requires biennial registration renewal and proof of continuing education on reactivation of registration.

❖ **Correctional Facilities (NAC 639.480) –**

- Changes the requirement for inspections of correctional facility drug rooms from monthly to quarterly.

❖ **Counseling – (NAC 639.707)** The Board revised the counseling regulations to allow Pharmacists to use their professional judgment to determine the important information a patient needs on new prescriptions, focusing on quality and not quantity of information provided to the patient.

❖ **Nevada Law CE requirement (NAC 639.254) -**

- The Board now requires pharmacy technicians to obtain 1 hour of Continuing Education in Nevada law each biennium. The Board believes this recommendation of the Technician Advisory Board will greatly enhance the understanding of the legal responsibilities of technicians and their part in ensuring the safety of the public.

❖ **MDEG (Medical Devices, Equipment and Gases) (LCB file R033-07) -**

- The Board removed oxygen concentrator from the definition of Life Sustaining to be consistent with the FDA definition of life sustaining equipment.
- The Board adopted (NAC 639.new) certain standards of professional conduct; requiring a medical products provider that wishes to sell, lease or otherwise provide to a consumer a customized orthotic or prosthetic device to be approved by the State Board of Pharmacy; establishing the requirements for such approval; establishing the requirements to sell, lease or otherwise provide such a device; requiring an order or prescription from a practitioner to obtain a customized orthotic or prosthetic device; requiring a medical products provider that provides an insulin pump to a consumer to provide training to the consumer concerning the pump; requiring a medical products provider that provides certain pressurized stockings to a consumer to provide training to the consumer concerning the stockings; providing that redundant life-sustaining equipment provided to a consumer must operate in substantially the same manner as the primary life-sustaining equipment provided to the consumer; making various changes concerning medical products providers and medical products wholesalers; and providing other matters relating to Medical Devices, Equipment and Gases.

❖ **Your Success Rx** – In collaboration with Your Success Rx, Inc., a Carson City company, the Board has 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 Board looks forward to continued use of this program to continually improve the practice of pharmacy for both pharmacies and pharmacists.

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

Clients Assessed	2008-2010 Biennium	Jan 2006 July 2010
Pharmacists		
Retail Pharmacists	4	9
Infusion Pharmacists	0	1
Hospital Pharmacists	0	3
Total Clients (Pharmacists)	4	13
Site Inspections		
Hospital Pharmacies	1	2
Independent Pharmacies	2	4
Total Site Inspections	3	6

- The Your Success RX training program consists of one-on-one time with the pharmacist and focuses on the specific systems and operations of their current practice site and how they interact and affect those systems. Your Success Rx reviews safe practice behaviors and error prevention, as well as discusses patient counseling techniques, the handling of medication errors and customer service excellence. Your Success Rx offers several workplace personality tests which help the individual assess their strengths and weaknesses within their practice. Several weeks later, Your Success Rx makes 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 assesses the systems and operations of the specific practice location. These assessments vary depending upon the type of pharmacy practice; however, the assessment typically consists 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 are 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) is administered by the Board, the Bureau of Alcohol and Drug Abuse (BADA), and the Department of Public Safety (DPS). A multi-disciplinary panel oversees the operations of the Task Force, and the panel includes representatives from: the Board, BADA, DPS, physicians, dentists, other medically-related licensing boards, practitioners' associations, and prosecuting attorneys' offices. The panel meets once or twice a year to set policy and to discuss the operation of the program.

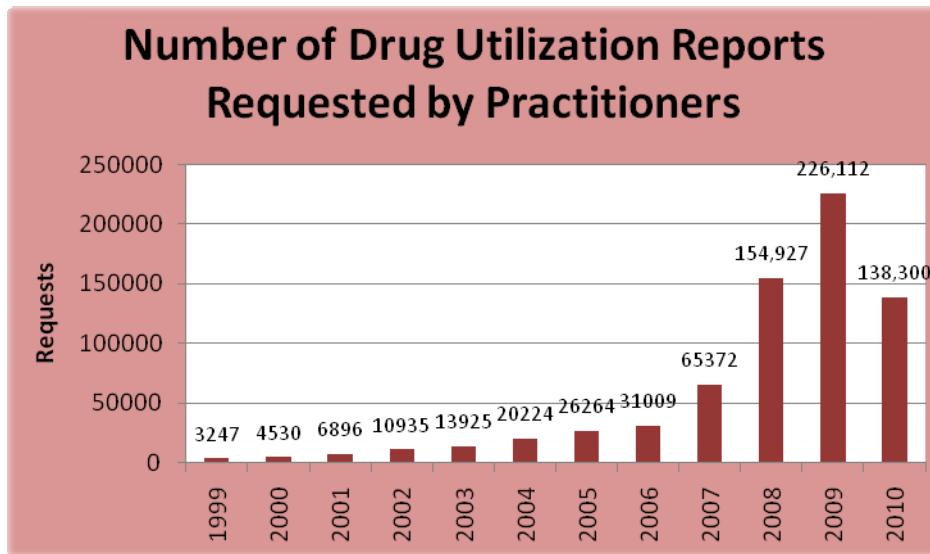
The Task Force's first-in-the-nation Pre-Criminal Intervention Program has become a model for the nation. The program identifies patients who appear to be misusing and abusing prescription controlled substances and intervenes with these patients through a Pre-Criminal Intervention Officer who directs 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 is totally federally grant funded. The federal grant has been extended to include an additional year of the intervention officer.

The Task Force has been able to successfully intervene with over 96 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 on-line 24/7 access to registered users of the system. This has worked great efficiencies for the practitioners because they are getting their data online, often within minutes of their request and while the patient is still in the office, rather than receiving the data three or four days later. The Task Force received additional federal grants to sustain and expand the program in the upcoming biennium.

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



Note: the figure for 2010 is the number of requests through June 30, 2010.

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 2.2 million dollars for the biennium 2010-2012. All of the Board's revenues come from licensing, certification, and registration fees: the Board receives no state general fund money. The Board has itself audited annually by the Kohn Colodny CPA firm.

Board Reports

- ❖ 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.

LICENSURE REPORT

The Board issues and regulates the following license or registration categories. The Board's total licensure counts at the end of the 2008-2010 biennium (as of July 1, 2010) are shown in the following table.

License or Registration Category	In State	Out of State	Total
Controlled Substances Registrations	8,836	0	8,836
Dispensing Practitioners	383	0	383
Dispensing Technicians	309	0	309
Institutional (Hospitals and Ambulatory Surgery Centers)	117	0	117
Interns	391	307	698
Manufacturers	2	0	2
Medical Devices, Equipment, & Gases	220	207	427
Pharmaceutical Technicians & Technicians in Training	4,723	423	5,146
Pharmacies	464	488	952
Pharmacists	2,134	6,084	8,218
Prescribing Practitioners	334	15	349
Warehouses	6	0	6
Wholesalers	31	547	578
TOTALS	17,950	8,071	26,021

WHAT LIES AHEAD FOR THE 2010-2012 BIENNIUM

Several foreseeable issues lie ahead for the Board in the 2008-2010 biennium and beyond, including:

- ❖ **Hospital Regulations** – Review and rewrite hospital regulations to include the recently passed compounding regulations adopted by the Board to meet USP (United States Pharmacopeia) 795 and 797 standards for compounding non sterile and sterile compounds and to address new technology and standards of care.
- ❖ **Workshops and Public Hearings to adopt new Nevada Administrative code**
 - **Satellite Pharmacies – (NAC 639.7125) NOT EFFECTIVE**
 - **Pharmacist Alternate Practice Sites (NAC 639.new)**
 - **NAC 639.7125 Mail order Rx act as fulfillment pharmacy NOT EFFECTIVE**
 - **SB197 NON profit reissue of drugs NOT EFFECTIVE**