

NoDak Pharmacy

Volume 28, No.2

March 2015

THE FUTURE

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NDPhA 2015 Convention Registration Form



Voice for Pharmacy since 1885



North Dakota Annual Pharmacy Convention

April 24-26, 2015 in Bismarck, North Dakota - Registration Form

Name:

Guest/Spouse Name:

Mailing Address:

City/State:

Zip Code:

Phone:

Email Address:

Registration Fees (Entire Convention)

Make Checks Payable to: NDPhA 2015 Convention

POSTMARKED	Before April 3	After April 3
Member Pharmacist	\$200	\$250
Member Technician	\$100	\$125
Student (pharmacist/technician)	\$50	\$75
Non-Member Pharmacist	\$350	\$400
Non-Member Technician	\$175	\$225

Registration includes all meals. Please note any special meal considerations or accommodations here or call 701-258-4968.

Anticipated Meal Attendance: Please select which meals you plan to attend so that we have a better idea of how many to prepare for.

Please enter number attendance (No. Attending) for each meal.

ALA-CARTE

Spouse/Guest Meals Each	Breakfast/Lunch \$20	Dinner \$30
Student Sponsor	\$50 per student	

☐ NDPhA Member Only

☐ NDSHP Member Only

☐ NDPhA and NDSHP Member

Registration Total: \$ _____

Friday

☐ Breakfast

☐ Lunch

☐ Banquet

No. Attending

No. Attending

No. Attending

Saturday

☐ Breakfast

☐ Lunch

☐ Banquet

No. Attending

No. Attending

No. Attending

Sunday ☐ Breakfast

No. Attending

Type of Card (circle one)

Visa

or

Mastercard

Credit Card Number

Expiration Date

CVV (3 digit code)

Name on Card:

Billing Address, City, State, Zip Code

Signature:

Date:

Mail Completed Forms and Payment to:

NDPhA, 1641 Capitol Way, Bismarck, ND 58501

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COLLEGE OF PHARMACY,
NURSING, AND
ALLIED SCIENCES



2015 Calendar

MARCH

Mar 17	St. Patrick's Day
Mar 20	Spring Begins
Mar 29	Palm Sunday

APRIL

Apr 5	Easter
Apr 24-25-26	NDPhA 130th Annual Convention Radisson Hotel • Bismarck, ND

MAY

May 12-13	NCPA Legislative Conference Arlington, VA
May 15	Pharmacy Hooding Ceremony NDSU Festival Concert Hall Fargo, ND

JUNE

Jun 6-10	ASHP Summer Meeting Denver, CO
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OCTOBER

Oct 10-14	NCPA Annual Meeting Washington, D.C.
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DECEMBER

Dec 6-10	ASHP Midyear Clinical Meeting New Orleans, LA
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NDPhA/NDPSC Tentative Board Meetings
all to be held in Bismarck:

June 3, Sept 9, Dec 9

Thursday, April 23

6:00 PM-8:00 PM Registration

8:00 PM-10:00 PM **Event**

Pre-Convention Social

Friday, April 24



NDSU BISON PRIDE DAY

Wear your Green & Gold or stop by the ASP booth. Pick up something new and support our future pharmacists.

7:00 AM - 3:00 PM Registration

7:00 AM - 8:00 AM Breakfast Buffet

8:00 AM - 9:00 AM **Session**

Probiotics, Prebiotics, and the Host Microbiome

Bob Marshall

9:00 AM - 10:30 AM **Concurrent Sessions**

¹**Drug Induced Vitamin Deficiencies**

Peter Ford

²**Transitions of Care/Ambulatory Care Practice – ASHP**

10:30 AM - 11:00 AM Coffee Break

11:00 AM - 12:00 PM **Concurrent Sessions**

¹**New and Emerging Therapies to Treat Depression**

Amy Werremeyer, PharmD

²**Legally Mine**

Dan McNeff

12:00 PM - 1:00 PM Lunch

12:00 PM - 4:00 PM **Event**
Exhibitors

1:00 PM - 4:00 PM **Session**
Public Health Poster Session

3:30 PM - 4:00 PM **Event**
Ice Cream Social

4:00 PM - 6:00 PM **Session**
First NDPhA Business Session

6:00 PM - 7:00 PM **Event**
Social

7:00 PM - 10:00 PM **Event**
NDPhA Opening Banquet and Awards Ceremony
Apothecary Olympics

Saturday, April 25

7:00 AM - 8:30 AM Registration/
Breakfast

7:30 AM - 8:30 AM **Session**
Amgen Product Theatre Presentation

8:30 AM - 10:30 AM **Session**
Emily Jerry Foundation

10:00 AM - 10:30 AM Coffee Break

10:30 AM - 12:00 PM **Concurrent Meetings**

¹**2nd NDPhA Business Meeting**

²**Health System Practice Town Hall**

12:00 PM - 1:00 PM **Concurrent Sessions**
NAPT/NDShP/NDPhA Meetings

12:00 PM - 1:00 PM Lunch

1:00 PM - 2:30 PM Session

¹Epigenetics and Pharmacy

Charles Sefcik

²USP 797/795 Demo/Hands-on Education

2:30 PM - 3:30 PM Concurrent Sessions

¹Pharmacy Security

Bis. Police

²Congestive Heart Failure

Cole Helbling

3:30 PM - 4:00 PM Session

Pharm Assist Committee

Tim Carlson

4:00 PM - 5:00 PM Session

Accreditation and National Standards

Barb Lacher

5:00 PM - 6:00 PM Event

Past President's Social/Phun Run

6:00 PM - 7:00 PM Event

Pre-Supper Social

7:00 PM - 11:00 PM Event

NDPhA President's Awards Banquet

Scholarship Auction

Apothecary Olympics

Sunday, April 26

7:00 AM - 8:00 AM Breakfast

8:00 AM - 8:45 AM Event

Memorial Service

8:45 AM - 9:45 AM Meeting

3rd NDPhA Business Meeting

9:45 AM - 10:00 AM Coffee Break

10:00 AM - 11:00 AM Session

Updates on Laws & Rules of Pharmacy in ND

Mark Hardy

11:00 AM - 12:00 PM Round Table

Pearls Round Table Topics

Convention Schedule Subject to Change!

2015 ANNUAL PHARMACY CONVENTION FRIDAY APRIL 24, 2015 TO SUNDAY APRIL 26, 2015

**RADISSON HOTEL
605 E BROADWAY AVE, BISMARCK, ND**

PLEASE MAKE RESERVATIONS BY MONDAY, MARCH 23, 2015 BY CALLING (701) 255-6000
ROOMS AVAILABLE FOR \$114.00+ TAX PER NIGHT

NDPhA 130TH ANNUAL CONVENTION



**APRIL 24 - 26, 2015
RADISSON HOTEL
605 E BROADWAY AVE, BISMARCK, ND**

Student Auction Donation Form

PLEASE PRINT THE INFORMATION REQUESTED BELOW AND RETURN TO:

PhAC AUCTION, NDPhA, 1641 Capitol Way, Bismarck, ND 58501-2195

Fax: 701-258-9312 Ph: 701-258-4968 email: ndpha@nodakpharmacy.net

DONOR Name

ADDRESS (City, St, Zip)

EMAIL ADDRESS

PHONE

ITEM QUANTITY

DOLLAR VALUE

ITEM QUANTITY

DOLLAR VALUE

ITEM QUANTITY

DOLLAR VALUE

ITEM QUANTITY

DOLLAR VALUE



DELIVERY IS THE RESPONSIBILITY OF THE DONOR.

Items are appreciated by 10:00 AM-Saturday, April 25.

The auction will be held on **Saturday, April 25, 2015.**

The Pharmacy Advancement Corporation Scholarship Annual Auction will be held Saturday April 25, 2015 after the President's Banquet during the NDPhA convention at the Radisson Hotel, Bismarck. The auction committee would like to invite everyone to participate by donating items. The North Dakota Pharmacists Association is celebrating 130 years so come on you woodcrafters, quilters, and other artisans help us celebrate this momentous occasion. As in years past, several items will be placed on a silent auction with the highlight of the evening being the "live" auction.

Please forward any questions to Lorri at ndpha@nodakpharmacy.net or call 701-258-4968.

Thank you for your participation in the past and we look forward to another outstanding auction.



Spring is around the corner and even though it has been a mild winter, it will be nice to see the changes that come with the warmer weather. Changes continue to happen in the world of pharmacy as always, just like the seasonal weather changes. Sometimes they happen either too soon or too late like the weather. Two things that will probably have the biggest impact going forward are Medication Therapy Management (MTM) and Provider Status. I also believe these two will in some ways go together.

Provider status will be extremely important to the practice of pharmacy. It is amazing that pharmacists have not been considered health care providers by CMS. I believe there are very few professions that can have a greater impact on overall health care and expenditures than pharmacy. To not be considered providers and to not be able to bill for services is ridiculous. I believe there is enough support at both the state and federal level to finally get something accomplished on this. In the very near future, I believe pharmacists will finally be able to bill for the services they provide and prove their value to the health care system.

One of the things that goes with provider status will be MTM services. If we, as a profession, want to be able to be considered providers, we will have to show and document the services we provide. This is where MTM comes in. This is a major change to how workflow happens in the traditional pharmacy. Traditional dispensing will still be a large part of the day, but time will have to be made to meet the MTM needs. This leads to the next issue of reimbursement for services. I think most will agree that MTM is a good thing, but it also has to be financially viable. To provide a full CMR for \$50 to \$60.00 will not cut it. The profession is going to have to stand up and be heard about what adequate reimbursements will need to be, to be able to provide the MTM services required. This will be a huge challenge and everyone will need to be involved and provide input.

This will be my last journal entry as president and I would like to thank everyone for the help and support. This was a very exciting and challenging year, and the amount of support I received was truly amazing and appreciated. I believe in this last year what the practice of pharmacy means to North Dakota was shown by the citizens of this state. This support is because of the excellent job that each of you do every day. It was an honor to serve you over the last year and thank you for everything.

Sincerely,

Steve Boehning R.Ph

President NDPhA

2014 Recipients of the “Bowl of Hygeia” Award



Mike Mikell
Alabama



Scott Watts
Alaska



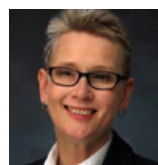
Crane Davis
Arizona



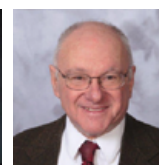
Eric Shoffner
Arkansas



Walter Cathey
California



Wendy Anderson
Colorado



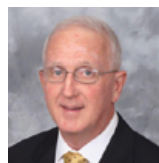
Philip Bunick
Connecticut



Donald Holst
Delaware



Norman Tomaka
Florida



Robert Bowles
Georgia



Jeani Jow
Hawaii



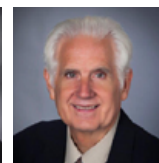
Susan Cornell
Illinois



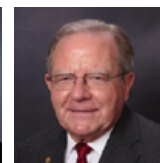
Sean McAlister
Indiana



Craig Clark
Iowa



Richard Bieber
Kansas



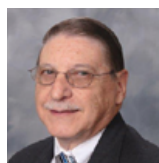
Jerrold White
Kentucky



Robert Hollier
Louisiana



Mark Polli
Maine



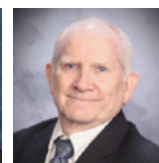
Donald Taylor
Maryland



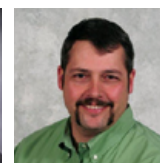
The “Bowl of Hygeia”



Erasmo Mitrano
Massachusetts



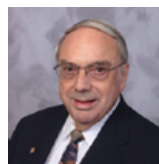
Joseph Leonard
Michigan



Brent Thompson
Minnesota



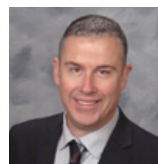
Carter Haines
Mississippi



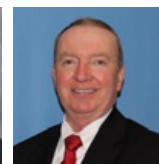
Kenneth Michel
Missouri



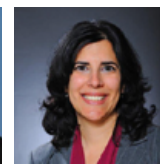
Mark Donaldson
Montana



Christopher Shea
Nevada



Lawrence Routhier
New Hampshire



Maria Leibfried
New Jersey



Stephen Burgess
New Mexico



Karl Fiebelkorn
New York



Ronald Maddox
North Carolina



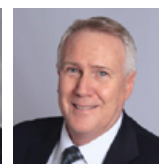
Charles Peterson
North Dakota



James Liebetrau
Ohio



Henry Roberts
Oklahoma



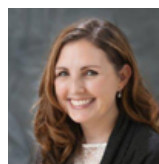
Larry Cartier
Oregon



Julie Gerhart-Rotholz
Pennsylvania



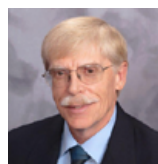
Blanca Delgado-Rodriguez
Puerto Rico



Katherine Kelly Orr
Rhode Island



Gene Reeder
South Carolina



Earl Hinricher
South Dakota



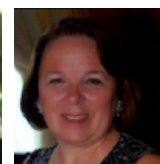
Robert Shutt
Tennessee



May Jean Woo
Texas



Brent Olsen
Utah



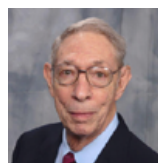
Cynthia Warriner
Virginia



Patricia Slagle
Washington



Wallene Bullard
Washington D.C.



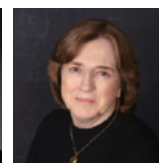
Arlie Winters
West Virginia*



Nicole McNamee
West Virginia



Terry Maves
Wisconsin



Ardis Meier
Wyoming



The Bowl of Hygeia award program was originally developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community. We offer our congratulations and thanks for their high example. The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility for continuing this prestigious recognition program. All former recipients are encouraged to maintain their linkage to the Bowl of Hygeia by emailing current contact information to awards@naspa.us. The Bowl of Hygeia is on display in the APhA Awards Gallery located in Washington, DC.

Boehringer Ingelheim is proud to be the Premier Supporter of the Bowl of Hygeia program.

* 2013 recipient not previously pictured.

2014 Medical Services Directory is Available!

The North Dakota Medical Association is thrilled to announce that the latest and greatest version of the Medical Services Directory is available for purchase. The Medical Services Directory is an invaluable reference for information on physicians and healthcare facilities in North Dakota. The 160-page, spiral bound directory provides an up-to-date source of information:

- Licensed physicians residing in North Dakota (pictorial)
- Ambulatory surgery centers
- Basic health care providers
- Clinics
- Physicians licensed to practice in North Dakota living out-of-state
- Home health care providers
- Hospice facilities
- Hospitals
- Health agencies & organizations
- Nursing homes
- Physician Assistants
- Public health units

You can order your directory online through NDMA's website or you can print an order form, complete it, and mail it to NDMA with payment.

Please contact NDMA directly any questions or concerns at **701-223-9475**.



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Recycling Organization

To **COLLECT** and **REDISTRIBUTE**
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BENEFIT those in **NEED.**

.....

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www.HEROFargo.org

NAPT President's Message

On behalf of the NAPT Scholarship Committee I would like to congratulate the first recipients of this scholarship; Jill Entzi from Lehr and Elizabeth Enger from Lisbon. Good luck on your career as pharmacy technicians!

While the members at the General Business meeting felt it important to include the PATSIM students, with the upcoming changes affecting this program the scholarship application will be implemented in two phases.

Make a plan to attend the NDPhA 130th Annual Convention this spring. The planning committee has secured many presenters with interesting and educational topics. The convention will be held April 24-26 in Bismarck at the Radisson Hotel.

More than 10 continuing education credits may be earned by attending the sessions offered. Pharmacy technicians are required to earn 10 CE's yearly.

Did you find the "Convention Bucks" voucher in the Winter Mailing? Make sure to include this blue slip with your registration and save \$25 off the convention registration fee.

Note: The blue voucher must be included at the time of registration in order to take advantage of this offer.

If you didn't receive the Winter Mailing in February, let a board member know.

At the last NAPT (Northland Association of Pharmacy Technicians) Executive Board meeting, discussion took place to consider changing the duties of Vice President and President and changing the Immediate Past President position to Chairperson. NAPT is an academy under NDPhA and we are reviewing their current structure to see if it would be a benefit to our organization.

Responsibilities would change as follows:

Vice President - would entail more of a learning experience with limited responsibilities only as delegated.

President – would be in charge of awards, assisting the Fall Conference planning committee for the following year, and to fill in when the Chairperson isn't available at a meeting.

Chairperson – would be responsible for the overall business of the group and conduct meetings.

Perhaps this change would make the position of Vice President a year of learning and could help the board be stronger through an extra year of experience before leading the board.

The NAPT board is currently reviewing our bylaws and we plan to have recommendations and possible bylaw changes for consideration at the NAPT General Business meeting held during the NDPhA Convention. The business meeting is scheduled on Saturday, April 25th from 12 noon – 1:00pm during lunch, please join us.

The board will have the following positions open for the upcoming 2015-2016 term: Vice President/President Elect and Secretary. Look for the ballot in this issue to cast your vote. If you would be interested in serving on the board in the future or have questions regarding a position, you may contact me by email at dskup@wil.midco.net. This is a great opportunity for pharmacy technicians to become involved and provide leadership within our organization.

Looking ahead to the Fall Conference..... plans are already under way for an educational and fun time for attendees.

Stay tuned for more information in the coming months.

Remember, if you are a Registered Pharmacy Technician you are a member of NAPT and we would love to have you become involved!

I look forward to seeing many of you at the NDPhA Annual Convention in April.

Sharon Kupper, NAPT President

NAPT

Board of Directors

NAPT President

Sharon Kupper
Employer: Workforce Safety & Insurance, Bismarck
Work#: 701.328.3800
Email: dskup@wil.midco.net

NAPT Vice-President

Brittany Butler
Employer: Tara's Thrifty White, Oakes
Work#: 701.742.3824
Email: britsmith@hotmail.com

NAPT Secretary

Tamara Link
Employer: Gateway Pharmacy, Bismarck
Work#: 701.677.1843
Email: taktlink@me.com

NAPT Treasurer

Kerri Ring
Employer: KeyCare Pharmacy, Minot
Work#: 701.857.7888
Email: kerriring@gmail.com

NAPT Parliamentarian

Danika Braaten
Employer: Northland Community & Technical College, East Grand Forks, MN
Work#: 701.793.2568
Email: danikaj@hotmail.com

NAPT Member-At-Large

Autumn Guilbert
Employer: White Drug, Rugby
Work#: 701.776.5741
Email: autumn_guilbert@hotmail.com

NAPT Member-At-Large

Amanda Olason
Employer: Thrifty White Pharmacy, Jamestown
Work#: 701.252.3181
Email: a.s.o.092291@gmail.com

Immediate Past President

Donna Kisse
Employer: Thrifty White Drug, Fargo
Work #: 701.269.8747
Email: dkisse@thriftywhite.com

ND Board of Pharmacy Liaison

Diane Halvorson
Employer: Vibra Hospital, Fargo
Work #: 701.451.6632
Email: dhalvo1034@cableone.net

NDSCS Pharmacy Technician

Liaison
Barbara Lacher
Employer: ND State College of Science, Wahpeton
Work #: 701.671.2114
Email: barbara.lacher@ndscs.edu



Northland Association of Pharmacy Technicians

Executive Officer Ballot

Vote once for each position

VICE PRESIDENT/PRESIDENT-ELECT

_____ **Amanda Olauson**

_____ *(Write in candidate)*

SECRETARY

_____ **Tamara Link**

_____ *(Write in candidate)*

Please complete this form
and return to:

NDPhA
Attention: NAPT Election
1641 Capital Way
Bismarck, ND 58501

MUST BE
POSTMARKED BY
4/10/2015

E-MAIL ADDRESSES

Remember to update the Board of Pharmacy with any changes to your address, place of employment, and your email address. This may be done on the Board of Pharmacy website. When information is sent we want to make sure all pharmacy technicians are receiving these communications.

SAVE THE DATE:

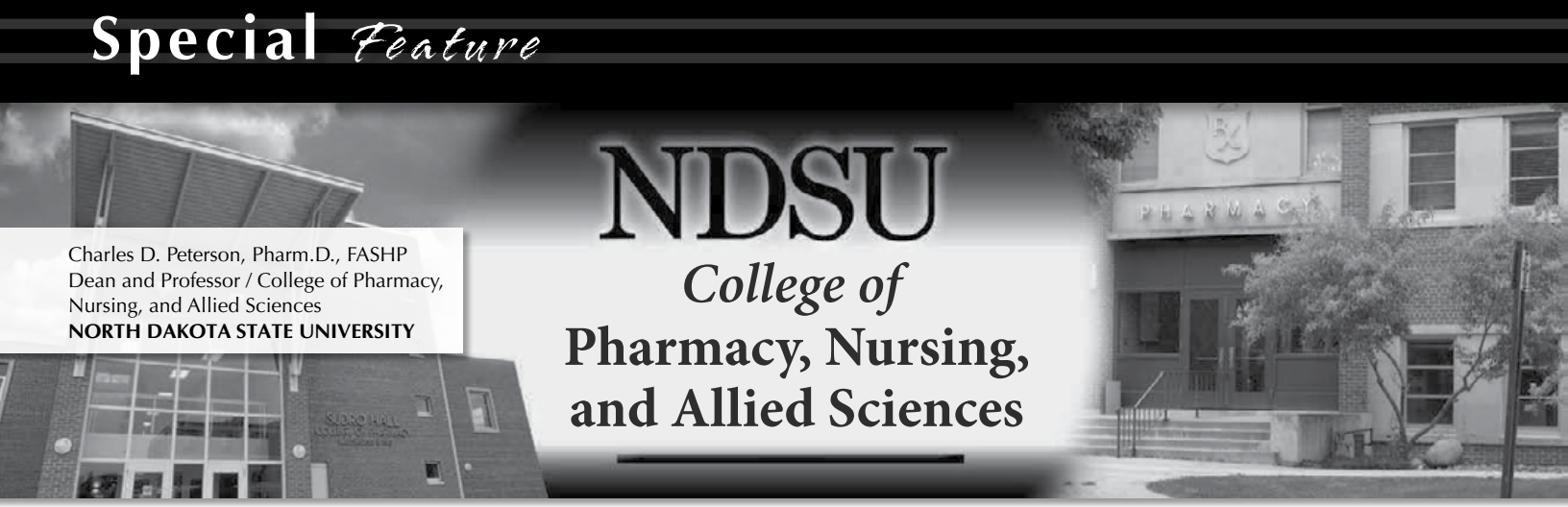
NAPT Fall Conference 2015
Grand Forks, ND
October 23-24, 2015

NAPT Scholarship Recipients

******Congratulations******

\$250 - Jill Entzi Lehr, ND

\$200 - Elizabeth Enger
Lisbon, ND



Charles D. Peterson, Pharm.D., FASHP
Dean and Professor / College of Pharmacy,
Nursing, and Allied Sciences
NORTH DAKOTA STATE UNIVERSITY

NDSU *College of* **Pharmacy, Nursing, and Allied Sciences**

Considering the Utility of a Universal Medication Entering System

Britni Hendrickson, PharmD candidate and Mark A. Strand, PhD, North Dakota State University, Pharmacy Practice.

Contact: Mark.Strand@ndsu.edu

From 1999 to 2009 the number of prescriptions dispensed in pharmacies in the United States increased from 2.8 billion to 3.9 billion.¹ Of significant concern is that more than 50% of Americans do not take these medications as they were prescribed and about one third skip doses or do not finish the course of therapy.² This has led to the need for a prescription medication Take Back Program.

North Dakota has established a sound legal basis by which to handle the disposal of prescription medications. The North Dakota Board of Pharmacy website provides clear instructions on proper disposal of expired or unused medications.³ Furthermore, North Dakota Attorney General Wayne Stenehjem has established a Take Back Program for the state.⁴ Of the 53 North Dakota counties, 36 have designated take back sites all located in the Sheriff's Office or the Police Department. However, from a public health perspective, a more progressive approach is needed in order to truly reduce the volume of prescription medications that are present in the community, and therefore available for abuse and misuse. This is the basis for the recommendation made here that pharmacists increase their involvement in promoting the Take Back Program and taking responsibility to protect the health of the public. As pharmacists, we have an obligation to participate in population health and to help prevent harm. So while under the current circumstances, a Take Back Program is not financially profitable, it is the right thing for pharmacists to do.

A prescription medication Take Back Program is a legal and safe way by which to receive unused or expired medications from patients and then to dispose of them in an environmentally and personally safe manner. In this way, a Take Back Program is a way to address disease prevention

by reducing the number and volume of medications in the community available for misuse. It can also address health promotion by educating patients, parents, other healthcare providers, and various other members of the community on potential harms and how to properly dispose of prescription drugs. One of these harms is the misuse of prescription drugs in teenagers.

According to a study in 2005, 2.1 million teens abused prescription drugs.⁵ "About half of teens who abuse prescription painkillers say they are easy to get from their parents' medicine cabinets; half of teens say the drugs are easy to obtain through other people's prescriptions, and more than half say the drugs are available 'everywhere'."⁶ Over 50% of teens said that prescription drugs were easier to obtain than illegal drugs.⁶

There are three main areas involved in creating an effective Take Back Program: necessary physical equipment, the pharmacist's time, and educational information. The main piece of equipment needed is a medication receiving receptacle, much like a secure mail drop box, where people can drop off their unused, unwanted, or expired drugs. The pharmacist will then dispose of the medications collected by working with local law enforcement to ensure the medications are incinerated. These receptacles can be placed at participating clinics, pharmacies, and law enforcement facilities.

Pharmacists are very busy, and for the retail or community pharmacist, time is invested in income-generating activities. The most critical resource needed for a Take Back Program as is being recommended here is a group of pharmacists willing to take on the intervention. This means investing time in managing such a program.

These pharmacists will be liaisons to the facilities, other pharmacists, and the community. Pharmacists' time will be needed to answer questions, promote the Take Back Program, advertise, communicate with facilities that have the receptacles to determine when they are getting full or need to be emptied, and will also be required to communicate with local law enforcement agencies on when the drugs can be dropped off for incineration. The pharmacists doing the collecting will need to obtain special permission in order to receive controlled substances.⁷ The pharmacists doing the collecting will need to obtain permission to receive controlled substances, a secure bag or bin to transport substances, and a vehicle to transport the drugs from the facilities to the law enforcement center. In order to pay for the equipment, there would have to be funding from federal, state, and/or local government. Pharmacists will also be required to comply with the Secure and Responsible Drug Disposal Act of 2010.⁷ Pharmacists will also need to advertise their involvement in the Take Back Program.

The third main area involved in creating an effective Take Back Program is the provision of high-quality educational information. In order to address medication abuse among teenagers, the Take Back Program could produce brochures for parents at schools as well as posters at participating facilities in the community. Brochures could also be distributed at pharmacies, clinics, hospitals, and long term-care facilities.

There are numerous benefits for the participants of a pharmacy-centered Take Back Program. These benefits include a reduction in unused, unwanted, and expired drugs being stockpiled in patients' home. It will also provide a safe way to dispose of these drugs that is more accessible and possibly more welcoming than in law enforcement centers. This safe disposal will reduce the risk of drug abuse by teens self-medicating from left-over medications, and a reduction in environmental exposure from people inappropriately disposing of drugs. It can also be utilized when family members die and the remaining family doesn't know what to do with their medications. A wide variety of populations stand to benefit from a Take Back Program run by community pharmacists.

Ultimately, prescription drug abuse may be worsened by the presence of unused or expired medications. These medications are easy for teens to access, which might become a gateway for illicit drug abuse. By increasing accessibility and awareness of Take Back Programs, families can gain

perspective on the potential for prescription medications to be abused and take necessary action. For pharmacists to become involved is to be pro-active in promoting safe medication use, and proper medical disposal. In this way, pharmacists can contribute to population health by reducing the collateral effects that result from unused, unwanted and expired prescription medications in the community.

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Bills to Monitor during the 64th (2015) Legislative Assembly

Author: *Katlyn Weigel, PharmD Candidate/ND Board of Pharmacy Intern*

The North Dakota Legislative Assembly is the formal designation of the state legislature and it is comprised of a Senate and a House of Representatives. The 64th Legislative Assembly convened on January 6, 2015 and consists of 47 senators and 94 representatives.

One way to get involved and give back to the pharmacy profession is through advocacy efforts. The most important way to advocate for pharmacy is by contacting your legislators and enlightening them on issues that are important to you and that impact your daily practice. Meeting face-to-face is one of the best ways to build a long-term relationship. It also gives the legislator a chance to connect your face to subsequent letters and phone calls, giving them a greater personal significance. The North Dakota Legislative Branch website, www.legis.nd.gov, contains information about who your elected officials are and how to contact them.

North Dakota has one of the most open legislatures in the nation. Every bill must have a public hearing before a legislative committee, must be publicly voted upon by the committee, and then must come before the House or Senate for yet another public vote. The opportunity to testify on a bill is at the committee hearing, which is generally informal so do not be nervous or worried about doing something wrong. Legislators are just your friends and neighbors who want to hear what you have to say. Legislative committees meet in rooms on the ground floor or in the legislative wing of the State Capitol. You can enter a committee meeting at any time, even if the door is closed or a hearing is in progress.

Before the Hearing You Should:

- Find out when and where your bill will be heard. Be on time because once a hearing is closed on a particular bill, usually no further testimony is heard.
- Plan your testimony. It is not necessary, but it is helpful, to have printed copies available.
- See if others will be testifying on the bill. If so, try to coordinate your testimony before the hearing to avoid duplication.
- Contact the Secretary of State's office if you are going to testify on behalf of anyone but yourself to see if you must register as a lobbyist.

At the Hearing You Should:

- Be present at the start of the hearing. All persons present usually get a chance to speak, but sometimes because of large turnouts it is not possible to give everyone a chance to speak. If you do not get a chance to testify, your presence may be acknowledged and you might be asked if you favor or oppose the bill. Also, you can always submit written testimony.
- Sign the witness sheet at the lectern. Give the bill number, whether you favor or oppose the bill, your name, your lobbyist registration number if you have one, and who you represent if other than yourself.
- Wait your turn. The chairman announces the beginning of the hearing on a particular bill. The clerk will read the bill. The first speaker is usually the bill's sponsor. The chairman then asks for testimony first from proponents and then opponents.
- Plan on following the custom (although it is not absolutely necessary) of beginning your remarks by addressing the chairman and committee members, giving your name and why you are there. For example: "Mr. or Madam Chairman and members of the committee, my name is John Public from Edwinton. I'm in favor of this bill because, etc."
- Be brief and do not repeat what others have said. The hearings are informal so be conversational. Avoid using acronyms or technical references unless you first explain what they mean.
- Expect some questions and comments from committee members. These questions are not designed to embarrass you but merely to provide additional information.
- Avoid any clapping, cheering, booing, or other demonstrations.

After the Hearing:

- Some committees vote right after a hearing. Others wait until the end of the meeting or postpone voting until another meeting.
- All committee action is public so you can stay to listen to committee debate and its vote even though the public comment portion is over.
- One or two days later you can check with the

committee clerk, your legislator, or the legislative information kiosk to find out how the committee voted on your bill.

Adapted from the ND Legislative Branch website:
<http://www.legis.nd.gov/general-information>

Lists of the legislative committees, their members, and hearing schedules are available at the ND Legislative Branch website and at the legislative information kiosk in the State Capitol. Committee hearing schedules can also be viewed on the monitors by the information kiosk and in the hall of the ground floor at the Capitol. For individuals who would like to follow the action but are unable to attend floor sessions, they will be live video streamed and publicly available at the North Dakota Legislative Branch website.

Although the pharmacy profession is not the center of heated debate during this legislative session, there are still a number of important bills to monitor. The following is a summary of the top 5 bills that may have an impact on pharmacy.

1. House Bill (HB) 1430- Relating to medical marijuana and to provide a penalty. If passed, it would allow people with a debilitating medical condition to receive a prescription for cannabis, up to 2.5 ounces in processed form or up to 6 cannabis plants.
2. Senate Bill (SB) 2104-Relating to immunity from liability related to opioid antagonists and limited

prescriptive authority for Naloxone rescue kits. If passed, it would allow a health care professional (physician, physician's assistant, advanced practice registered nurse or pharmacist) to prescribe, distribute, or dispense an opioid antagonist to an individual at risk of experiencing an opioid-related overdose or an at risk individual's family member, friend, or other caregiver.

3. SB 2121 Relating to medical peer review records. If passed, the Board of Pharmacy would look to promulgate a rule of continuous quality improvement programs.
4. SB 2173 Relating to the governance of prescriptive practices for pharmacists. If passed, it would expand collaborative practice agreements to include community pharmacies.
5. SB 2320 Relating to the creation of a medication therapy management program for Medicaid-eligible individuals. If passed, it would create a MTM program for Medicaid-eligible individuals.

Other bills to watch that pertain to pharmacy or healthcare: HB 1041, HB 1072, HB 1149, HB 1423, SB 2060, SB 2070, SB 2086, SB 2100, SB 2194, & SB 2259. To view all bills in their entirety or to create your own legislative bill tracking list, go to the ND Legislative Branch website referenced earlier.

NDPhA Legislative Update

We know most of you are seasoned veterans at this process but we figured we would include the following link.

How a Bill Becomes a Law:

<http://www.legis.nd.gov/files/resource/miscellaneous/bill-law.pdf>

The Legislative Council website has been re-done and it is very easy to navigate.

You will find the homepage at:

<http://www.legis.nd.gov/>.

If you don't know who your Legislators are, or you want to help someone else find out who their Legislators are, there is a nifty "Legislator Locator" which you can find at:

<https://www.legis.nd.gov/lcn/assembly/constituentViews/public/findmylegislator.htm>.

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**GO TO THIS WEBSITE TO SEE THE STATUS AND BILL LANGUAGE
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<http://www.legis.nd.gov/assembly/64-2015/bill-inquiry>

NDPhA 2015 Pharmacy-Related Legislation Grid

House Bills

Bill	Description	House Comm	House Hearing	Comm Action	House Action	Senate Comm	Senate Hearing
HB 1003	University Systems Budget Bill (NDSU Budget) <i>Amended</i>	Education Approp	Ongoing	DO PASS 18-5	DO PASS 69-23		
HB 1038	Relating to NDPERS coverage of telemedicine <i>Amended</i>	Gov't & Veterans Affairs	1-22-15 8:00 AM	DO PASS 12-1-1	DO PASS 88-5	Human Services	3-11-15 10:00 AM
HB 1041	Relating to PBM services for the Medicaid Expansion Program <i>Amended</i>	Human Services	1-12-15 9:30 AM	DO PASS 13-0	DO PASS 93-0	Human Services	
HB 1149	Relating to rules governing the PDMP	Human Services	1-19-15 9:00 AM	DO PASS 12-0	DO PASS 91-0	Human Services	
HB 1072	Relating to coverage of cancer treatment medications <i>Amended</i>	Human Services	1-19-15 11:00 AM	DO PASS 11-1-1	DO PASS 60-33	Human Services	3-11-15 9:00 AM
HB 1102	Relating to the definition of health care provider for WSI	Industry, Business and Labor	1-13-15 8:00 AM	DO PASS 11-2-2	DO PASS 76-17	Industry, Business and Labor	3-9-15 9:00 AM
HB 1184	Relating to the veterinarian client patient relationship <i>Amended: Turned into a legislative study bill</i>	Agriculture	1-30-15 11:30 AM	DO PASS 10-1	DO PASS As amended 90-0	Agriculture	3-12-15 9:00 AM
HB 1396	Relating to loan repayment for health providers up to \$100,000 (pharmacists included)	Human Services	2-3-15 10:15 AM	DO PASS 11-2	DO PASS 78-13	Human Services	3-9-15 9:00 AM
HB 1430	Relating to the use of medical marijuana	Human Services	2-4-15 9:00 AM	DO NOT PASS 8-3	DO NOT PASS 26-67		
HB 1464	Relating to the prohibition of powdered alcohol products <i>Amended see House Journal</i>	Judiciary	1-28-15 10:50 AM	DO PASS As amended 11-2	DO PASS 88-1	Judiciary	3-10-15 10:00 AM

NDPPhA 2015 Pharmacy-Related Legislation Grid

Senate Bills and Other

Bill	Description	House Comm	House Hearing	Comm Action	House Action	Senate Comm	Senate Hearing	Comm Action	Senate Action
SB 2070	Relating to immunity from criminal liability for individual who reports medical emergency involving drugs	Judiciary	3-10-15 10:00 AM			Judiciary	1-13-15 9:15 AM	DO PASS 6-0	DO PASS 46-0
SB 2086	Relating to wholesale drug distribution and third-party logistic providers	Industry, Business and Labor				Industry, Business and Labor	1-14-15 11:00 AM	DO PASS 7-0	DO PASS 46-0
SB 2100	Relating to the scheduling of controlled substances	Human Services	3-10-15 9:00 AM			Judiciary	1-14-15 9:30 AM	DO PASS 6-0	DO PASS 45-0
SB 2104	Relating to immunity to liability related to opioid antagonists and limited prescriptive authority for Naloxone rescue kits	Human Services	3-10-15 9:15 AM			Human Services	1-20-15 11:00 AM	DO PASS 6-0	DO PASS 46-0
SB 2121	Relating to Medical Peer Review records – pharmacists <i>Amended</i>	Human Services	2-18-15 9:15 AM	DO PASS 13-0	DO PASS 86-0	Human Services	1-28-15 11:00	DO PASS 6-0	DO PASS 46-0
SB 2173	Relating to the Governance of prescriptive practices for pharmacists <i>Amended to include NP's</i> <i>PASSED sent to Senate Floor</i>	Human Services	3-10-15 9:45 AM			Human Services	1-28-15 10:30	DO PASS 6-0	DO PASS As Amended 47-0
SB 2194	Relating to the regulation of Naturopaths (prescribing and dispensing and minor office procedures)	Human Services				Human Services	1-19-15 11:15 AM	Sent to the floor without Action from committee	DO PASS 25-22
SB 2320	Relating to the creation of an MTM program for Medicaid patients <i>Referred to Senate Appropriations Committee</i> <i>Referred to Senate Approp Subcommittee on Human Services</i>	Human Services	3-10-15 11:00 AM			Human Services Full Sen. Approp Sen App Subcomm Human Services	1-28-15 10:00 2-4-15 10:00 AM 2-13-15	DO PASS 5-1 Do Pass 12-1 DO PASS 3-0	DO PASS 46-0
SB 2259	Relating to the use of experimental drugs	Human Services	3-10-15 10:30 AM			Human Services	2-2-15 9:30	DO PASS 5-1	DO PASS 32-15
Senate Resolution 4016	Related to the use of experimental drugs for PKAN	Human Services				Human Services	02-09-15 9:00	DO PASS 6-0	PASSED
HCR 3038	Relating to the study of Zohydro to determine if proper measures are in place to make the prescription of this drug a last resort					Human Services	02-23-15 9:00	DO NOT PASS 8-5	FAILED
HCR 3059	Relating to studying the legalization of medical marijuana for individuals with serious medical conditions	Human Services	3-10-15 2:00 PM						

Medicare Updates Pharmacy Practice Expectations for Critical Access Hospitals Summary

Author: *Shelby Monson, 2015 Pharm.D. Candidate/NDPhA Intern*

The Centers for Medicare and Medicaid Services (CMS) provided a directive to state survey agencies on January 16th regarding expectations for compounding and other activities at critical access hospitals. Many pharmacists believe this is beneficial for patients because CMS is incorporating well-established practices that ASHP, the Institute for Safe Medication Practices, the United States Pharmacopeial Convention and other groups have endorsed for quite some time. One of the main concerns many pharmacists at critical access pharmacies have is finding time to document compliance with the CMS required practices and making sure that policies are up to date. A few topics discussed in the directive include sterile and nonsterile compounding; infection prevention and control; medication safety, handling, administration, and storage; and contracted operations.

Surveys.

State survey agencies are responsible for certifying that hospitals not accredited by a deeming organization, such as the Joint Commission, meet the Medicare program's conditions of participation (CoPs). Only 33% of critical access hospitals in fiscal year 2013 were Medicare-certified through a deeming agency while 83% of hospitals overall met this criteria. Therefore, it is noted that state survey agencies have a major part in making certain that critical access hospitals meet Medicare's CoPs. Additionally, federal regulations require accrediting organizations with deeming authority to follow survey procedures similar to those used by state survey agencies, including new requirements enforced by CMS.

Compounding.

The CMS directive officially establishes United States Pharmacopeia (USP) chapter 795 and USP chapter 797 as the minimum standards for practices related to nonsterile compounding and sterile compounding, respectively. One requirement put forth by CMS states that compounding is to be performed "only by a pharmacist or other personnel authorized in accordance with State and Federal law." This may be a problem for many sparsely staffed critical access hospitals. In addition, critical access hospitals that contract for compounding activities must have access to the vendor's quality assurance data to verify compliance with USP chapters 795 and 797 as well as document that it obtains and reviews this data. The CMS document also recognizes FDA's preference for hospitals to use official outsourcing facilities to obtain compounded sterile products, however, these facilities do not appear to be completely meeting federal regulators' expectations. According to the FDA, only one of the 42 FDA-registered outsourcing facilities that had been inspected by the agency had passed the review with no "significant objectionable condition" as of the end of January.

1. Traynor K. Medicare Updates Pharmacy Practice Expectations for Critical Access Hospitals. *Am J Health Syst Pharm*. 2015 Mar 02. Available from: http://www.ashp.org/menu/News/PharmacyNews/NewsArticle.aspx?id=4182&utm_source=Real%20Magnet&utm_medium=Email&utm_campaign=69048587

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