

VSHP News Summer 2010

Spring Meeting- New Format, Same Quality

The annual Spring Meeting of VSHP was held on Friday, May 14th at the beautiful Sheraton Waterside in downtown Norfolk, VA. The new format, which centered around a one day meeting instead of two days, was a success. The Opening Night Banquet, sponsored by Plexus Communications, was held on Thursday evening before the meeting. With over 70 persons in attendance, Rob Anderson, Corporate VP of Clinical Pharmacy Services, St Barnabas Healthcare System in New Jersey, kept the audience spellbound with his innovative solution for “*Optimizing Anemia Management Through Medication Reconciliation: Applying Joint Commission Safety Goal Requirements*”. This presentation had attendees whispering throughout the talk about how they could apply these same principles at their own hospitals.

The meeting kicked-off, for the early birds, at 7am on Friday morning with a breakfast presentation sponsored by Ortho McNeil. As the late sleepers rolled into the meeting, Jeremy Fox, PharmD, BCPS, Assistant Professor, Shenandoah University started the continuing education programming with an explanation of ‘*Hyponatremia; Complications and Management*’. He was followed by Joshua Dakon, PharmD, Clinical Pharmacist, Roanoke Memorial Hospital who presented an ‘*Update on Antiplatelet Therapy During Percutaneous Intervention*’. Both sides of the controversial topic of ‘*Glycemic Control in the Hospital Setting*’ were explained by Kimberly Varney Gill, PharmD, BCPS, VCU Health System. Next was a presentation by representatives from the Virginia Board of Pharmacy summarizing the implications of the new inspection process and answering ‘Frequently Asked Questions’. Lunch in the Exhibit Hall followed the State Board speakers. This gave attendees a chance to mingle with old, and new, friends; to learn about what’s new in the pharmaceutical industry; and to solve the world’s problems. After a relaxing lunch and conversation, the program began with the suggestively positioned ‘*Dietary Supplements for Weight Loss*’ lecture given by Gayle Scott, PharmD, BCPS, Medical Communications & Consulting. This was followed by Vi Do, PharmD, PGY-2 Resident, VCU Health System who spoke to the topic ‘*Update to the Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents*’. To close out the continuing education portion of the meeting, Susan Cogut, PharmD, Drug Information Specialist, UVA Health System enlightened attendees with the annual ‘*New Drug Update*’. The presentation of this always popular topic didn’t disappoint anyone and attendees had a whole new quiver of arrows to aim at diseases.

While the pharmacists were enjoying their educational program, the technicians were participating in their own symposium. Six hours of technician specific continuing education was provided by a variety of speakers. Amber Ormsby, PharmD, BCPS, UVA Health System gave the introductory talk; ‘*Medication Formulations*’. This was followed with a discussion of ‘*Analgesic Medications in the Health-System Settings*’ by David Volles, PharmD, BCPS, UVA Health Systems. Next, Janet Neal, PharmD, UVA Health System talked about ‘*The Management of Extravasation*’. To close out the technician symposium, Donna White, RPh, CDE, UVA Health System gave a hands-on presentation entitled ‘*Dia **BEAT** es: It’s Never Too Late to Prevent Diabetes*’. Prepared with all types of food stuffs, she showed the group how each food group fit into a diabetic’s diet and talked about ‘hidden’ calories. She even allowed the attendees to perform blood glucose self-monitoring by performing finger sticks, although several people declined to stick themselves.

The packed seminar agenda allowed for two Exhibitor Sessions. These breaks in the formal educational program gave attendees the opportunity to mingle with the pharmaceutical representatives and enhance their knowledge of medications, plus learn all of the latest innovations in the areas of medical devices and pharmacy infrastructure supplies. Additionally, this time provided a great opportunity to get to know the representatives on a more casual basis and allowed for networking among the fellow pharmacists in attendance. The meeting closed with a final reception in the Exhibit Hall and meeting attendees left Norfolk laden with knowledge, friendships, and memories. All in all, the new format, a single day meeting, was considered a success. Start planning now to attend the Fall Seminar, which is currently in the planning stages. Be sure to check the website, www.vshp.org periodically for updates.

PRESIDENT'S MESSAGE

by Stephen LaHaye

As we move into 2010, the Board of Pharmacy inspection process will have a few changes of which everyone should be aware.

New Pharmacy Inspection Process

The Board will soon implement a new inspection process for routine inspections of pharmacies, wherein deficiencies cited by the inspector may lead to the issuance of an expedited consent order with monetary penalties. The consent order will be against the pharmacy permit and will be issued by the inspector at the conclusion of the inspection. The Board identified several more egregious or “major” deficiencies that independently warrant a monetary penalty if cited. Additionally, the Board identified many “minor” deficiencies that alone do not warrant a monetary penalty; however, if three of these minor deficiencies are cited during a routine inspection, then a \$250 monetary penalty will be imposed. For each additional minor deficiency after the original three, another \$100 penalty will be added. The list of major and minor deficiencies, and associated monetary penalties, are listed in Guidance Document 110-9, found at www.dhp.virginia.gov/pharmacy/guidelines/110-09%20Pharmacy%20Inspection%20Deficiency%20Monetary%20Penalty%20Guide%209-2009.doc.

A consent order with monetary penalties will offer the pharmacy permit holder resolution of the inspection deficiencies by consent through the submission of the signed consent order, payment of the total monetary penalty indicated on the form, and documentation that all deficiencies have been corrected. If the Board receives all required documents within the required time frame, then the case associated with the inspection will be closed. Alternatively, the process will also offer the opportunity to request an informal conference in lieu of settling the matter by signing the consent order. If an expedited consent order is issued, and there is no response from the pharmacy within 30 days, an informal conference will be automatically scheduled and a notice will be sent. A signed consent order, as well as any order resulting from of an informal conference, is a public document. It should be noted that the Board continues to maintain the goal of promoting voluntary compliance with laws and regulations, and hopes that all pharmacies will operate in full compliance at all times. Additionally, any monetary penalties resulting from the new inspection process, by law, must be transferred to the Literary Fund and do not remain with the Virginia Board of Pharmacy.

Preparing for a Pharmacy Inspection

The Board is currently revising its inspection reports and will post the new documents as soon as possible and prior to implementing the new inspection process. Please look for these revised documents later this month at www.dhp.virginia.gov/Enforcement/enf_guidelines.htm. The Board hopes that all pharmacists and pharmacy technicians will review the newly revised inspection reports to ensure that their pharmacy is in full compliance with Virginia's laws and regulations. Performing a self-inspection of the pharmacy is suggested and will assist the pharmacist-in-charge in identifying possible areas of noncompliance that need correcting. Additionally, the creation of a notebook or

folder containing all required inventories, along with information indicating the location of all required documents for an inspector to review, is essential in ensuring that all staff, even floater staff who may be on duty at the time of an unannounced inspection, know where to locate required documents. This level of organization will decrease the citing of unnecessary deficiencies, for example, citing a deficiency for not performing and maintaining a biennial inventory when in reality the inventory had been performed, but could not be located during the inspection.

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Congratulations to VSHP's New Officers:

The final results of the election have been tabulated using the recently implemented electronic voting system. These persons will be officially installed at the Fall Seminar. Your new VSHP Officers for 2010-2011 are (drum roll please):

President-elect: Bess Brierton

Secretary: Craig Kirkwood

Treasurer: Cindy Hamilton

Nominations for Regional Officers have been called for and you should soon be receiving an e-mail message requesting that you vote for your favorite Regional Officer.

MEETING DATES:

Jul 9: NCAP Residency Conference, Greensboro, NC, www.ncpharmacists.org

Aug 1-4: VPhA Annual Meeting, Virginia Beach, VA, www.vapharmacy.org

Aug 19-21: ASHP National Residency Preceptors Conference, Washington DC, www.ashp.org

Sep 10-12: ACC Pharmacology 39th Annual Meeting, Baltimore, MD, www.accp1.org

Oct 13-15: AMCP 2010 Educational Conference, St Louis, MO, www.amcp.org

Oct 17-20: ACC Pharmacy Annual Meeting, Austin, TX, www.accp.com

Oct 18-21: Joint Services Pharmacy Seminar, Chattanooga, TN, www.pharmacist.com

Dec 5-10: ASHP Mid-Year Clinical Meeting, Anaheim, CA, www.ashp.com

Acetaminophen Toxicity: Are You Aware?

by Jessica Jefferies

PharmD Candidate

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Acetaminophen toxicity is a major concern amongst health care professionals and U.S. Food and Drug Administration (FDA) officials. Although it is the most widely used drug to treat pain and fever, and considered a safer alternative to other analgesic and antipyretic agents, the risk of consumers developing hepatotoxicity as a result of intentional and unintentional misuse poses a serious threat to the general public. Moreover, consumers are not aware of the seriousness and easiness of developing such toxicity. Lack of the public's common knowledge of the association between acetaminophen and liver damage makes awareness difficult.

Acetaminophen, also known as paracetamol or APAP, is found in many over-the-counter (OTC) and prescription (Rx) products. It is available in the U.S. as 325-mg and 500-mg immediate-release tablets, and as a 650-mg extended-release preparation marketed for arthritis treatment. A range of children's dissolvable, chewable, and liquid formulations of acetaminophen are available. The recommended maximum dose of acetaminophen is 4 grams per day in adults and 90 mg/kg per day in children. Over the years, the US FDA has discovered that the current recommended dose of acetaminophen leaves little room for error. Many cases of overdose are caused by patients inadvertently taking more than the recommended dose of a particular product, by taking more than one product containing acetaminophen, or continuous use of higher amounts of acetaminophen¹. This

can cause potential liver damage, ranging from abnormalities in liver function blood tests, to acute liver failure, and in some cases death. The hepatotoxic effect of acetaminophen is due to a toxic metabolite which binds with liver proteins causing cellular injury. The ability of the liver to remove this metabolite before it binds to liver protein influences the extent of liver injury¹. This is completely dependent on the amount of glutathione available for metabolism². Consumers who ingest alcohol or have existing liver problems are more susceptible to liver toxicity because of the decreased availability of glutathione.

In beginning of 2009, a final rule for OTC acetaminophen labeling was issued that reinforced liver-related warnings, guaranteed that the ingredient name, acetaminophen, is more prominent, and added a warning to avoid other acetaminophen-containing products. In June 2009, a joint meeting of the Drug Safety and Risk Management Advisory Committee, Nonprescription Drugs Advisory Committee, and the Anesthetic and Life Support Drugs Advisory Committee resulted in critical discussion of the FDA's considered options for additional steps that can be taken to minimize acetaminophen-related liver injury. No final ruling was made during this meeting but the opinions of the multidisciplinary team are being heavily considered when the final decisions are completed.

The US FDA's purpose of stressing the importance of acetaminophen misuse is not to remove it from the market. It is to warn consumers who are uninformed on the severity of the toxic effects of the widely used product and to minimize the risk of Hepatotoxicity. As a future health care professional, we must all take part in educating patients on OTC medications containing acetaminophen and noticing the daily utilization of acetaminophen contained in Rx medications. Although this charge may be challenging to convey to the general public, strong efforts and actions are currently being taken to educate the world on safer use of acetaminophen.

REFERENCES:

US Food and Drug Administration. Public health problem of liver injury related to the use of acetaminophen in both over-the-counter (OTC) and prescription (RX) products. Available at <http://www.fda.gov/AdvisoryCommittees/Calendar/ucm143083.htm>. Accessed November 25, 2009.

Baker, Daniel E. Acetaminophen: Is It Time for a Change in Utilization to Decrease the Risk of Hepatotoxicity? Hospital Pharmacy. Vol 44, No. 9, pp 843-845.

US Food and Drug Administration. Organ-specific warnings; internal analgesic, antipyretic, and antirheumatic drug products for over-the-counter human use. Federal Register. 2009 Apr 29;74(81). Available at <http://edocket.access.gpo.gov/2009/pdf/E9-9684.pdf>. Accessed November 25, 2009.

ASHP Names 2010-2011 Committee Members

The following VSHP members were selected among hundreds of submissions to serve on the various ASHP Committees. Congratulations to our hard working members.

Michelle McCarthy: Commission on Credentialing [Vice-Chair]

Janet Silvester: Commission on Goals [Chair]

Deb Saine: Council on Pharmacy Practice [Chair]

Stephen LaHaye: Council on Pharmacy Practice

Board of Pharmacy Renewal Notices

When the renewal notices for both in-state and non-resident pharmacies were printed, they were printed with the regular fee (\$270) rather than the one-time reduction fee (\$210), and mailed or distributed before the Board noticed. Please immediately notify the appropriate person/department that the correct renewal fee this year is \$210 per pharmacy. If your pharmacies have already renewed, the Board will issue a refund check which will take approximately 6 to 8 weeks to process.

If the renewal was done online, the overpayment amount will be credited to the credit card used. If you have already mailed a check/checks, but the Board has not processed them, it will be returning the check to you and requesting that you issue one in the correct amount. If you have not already mailed a check or renewed online, please do so at the correct fee of \$210. The Board apologizes for the error and inconvenience, and appreciates your cooperation in getting this corrected. The Board has sent out a letter to each individual pharmacy informing them of the circumstances. They also sent an email blast to all pharmacists, pharmacy technicians, and pharmacies for which email addresses were available, so your corporate office may be getting calls from them as well. Again, the Board apologizes for the error and thanks everyone for their patience and assistance.

Please take note of this for your own pharmacy renewal(s), and feel free to pass this message along to anyone else that you can think of. The Board has sent messages to VPhA, VACDS, CVS, Walgreens, Kroger, Rite Aid, and several other chain store representatives.

Member News

Paul William Heron: NEWPORT NEWS - Dr. Paul William Heron, 26, died tragically in a motor vehicle accident in Chesapeake, March 19, 2010. In 2005, Paul began his education in Virginia Commonwealth University's School of Pharmacy and graduated in 2009 as a Doctorate of Pharmacy. He practiced as a pharmacist at Kroger Pharmacy in Churchland, where, even in the short amount of time he worked there, he had great impact on his patients and the community. Paul is survived by his parents, Bill Heron and Pamela Jennings; and stepparents, Timothy Jennings and Mary Heron. Paul touched the lives of all who knew him. He was an amazing son, brother and friend. His love of life, unforgettable smile, great sense of humor, dedication to his family and friends, and devotion to his profession will be deeply and sadly missed. His life was full, savored much and filled with good friends, good times and so many who loved him. Though his physical presence will be missed, his memory and spirit will live on in all of those close to him.

Cindy Worsley Hamilton, PharmD, principal of Hamilton House, a medical writing and editing firm in Virginia Beach, Va., has been named 2009-2010 immediate past president of the American Medical Writers Association (AMWA). A 1975 graduate of the University of North Carolina School of Pharmacy and a 1977 graduate of University of the Sciences in Philadelphia, Hamilton earned a doctor of pharmacy degree from the university when it was known as the Philadelphia College of Science. She is an adjunct assistant professor in the Biomedical Writing Program at USP. She has worked as a clinical pharmacist, a clinical research scientist, a teacher of pharmacy courses and a writer in a medical communications company. Since 1990, she has been principal of Hamilton House, a medical writing and editing firm in Virginia Beach, Va.

Hamilton has taught curriculum workshops at AMWA's national meetings on ethics and other topics and was responsible for organizing AMWA's 2003 Annual Conference in Miami and handling local arrangements for the 2001 Conference in Norfolk, Va. She also has served AMWA as president, treasurer and administrator of chapters, and chaired a task force to develop an influential position statement on acknowledging medical writers' contributions to scientific publications. She was named

an AMWA Fellow in 2004 in recognition of her service to AMWA and her professionalism in medical communications, and is a credentialed Editor in the Life Sciences through the Board of Editors in the Life Sciences.

Michelle McCarthy, Pharm.D., University of Virginia Health System, Charlottesville, VA has been selected as a Fellow in the American Society of Health-System Pharmacists. She was installed at the recently held ASHP Annual Meeting. Michelle can now proudly add the initials **FASHP** after her name. Congratulations!!!!

Being Accountable

by Snoe Powell, PharmD Candidate,
Hampton University School of Pharmacy

The pharmacy technician has an important role in the pharmacy profession, whether it's hospital, retail or any other setting. To be part of the pharmacy team, one has to have proper education, training, and a clean criminal record. In many instances the technician is the person compounding and filling the prescription. The pharmacist's job is to check the final product assuring accuracy. To do such a task one would assume that both the pharmacy technician and the pharmacist are highly qualified. An incident in Ohio showed that this is not always the case.

A two year old patient named Emily Jerry died due to a medication error. Emily was to receive her last dose of chemotherapy but ultimately died as a result of a highly concentrated normal saline injection. Instead of preparing the infusion with 0.9% sodium chloride, the technician compounded a 23% sodium chloride solution.¹ In the pharmacy board investigation; it was determined that the technician had spent time on the internet "planning her wedding."² Instead of bringing her personal life into work she should have left her outside endeavors for her lunch time or at home. The pharmacist did not catch the mistake stating he had been rushed "which caused me to miss any flag that (she) had done something wrong."²

As a result of this incident, the Ohio state legislature proposed the 'Pharmacy Technician Training & Registration Act of 2008' in February 2008. The Ohio Senate Bill 203 or '**Emily's Law**', as it became known, received the signature of Governor Ted Strickland making the law official in the state of Ohio in January 2009. It was originally drafted with the assistance of the National Pharmacy Technician Association. ¹ Emily's Law requires pharmacy technicians to be at least 18 years of age, possess a high school diploma or certificate of high school equivalence and pass a Board approved competency exam. It also includes specific requirements related to technician training; education and criminal backgrounds checks.³

U.S. Representative LaTourette (R-OH), introduced a similar bill in the U.S. Congress.⁴ This bill mandates nationwide testing of all pharmacy technicians, whether they work in the hospital, retail, or any other setting. In addition, each state would be required to report prescription errors to state pharmacy boards. It limits the number of technicians supervised by each pharmacist.² The bill failed, but Congressman LaTourette plans to reintroduce it in the near future.

In Virginia, pharmacy technicians have strict requirements already in place. They are required to complete an approved training program, pass a board approved exam, and prove current PTCB certification.⁴ As of right now, the federal government doesn't have a law mandating pharmacy technician education and training. However, once standards are in place for the technicians, it's then the responsibility of the pharmacist to insure all policies and procedures are followed.

One of the responsibilities of a pharmacist is to supervise. With checks and balances as part of hospital protocols, they should be followed at all times to insure medication safety. If all parties involved follow all procedures accordingly then it decreases the chance for error. The pharmacist has to be aware of everything that comes in and goes out of the pharmacy. If he or she is not taking the time to check everything twice, then maybe after hearing about Emily Jerry, his or her mind will change or improve their practices. If an employee is not following proper procedures then a correction must be made. In the health care field there is no room for mistakes even unintentional ones. In addition, each pharmacist should set expectations for their technicians, for example, when at work only conduct work related business. It is a shame that this tragedy had to take place in order for regulations and laws to be implemented. One thing to always remember: No matter how busy you are or how competent you think your technician is; take the time to check everything because it is your license on the line; so keep it safe.

References:

1. National Pharmacy Technician Association. Emily's Law Signed by Governor. Available at <http://www.pharmacytechnician.org/en/art/?277> [Accessed 6-23-09]
2. USATODAY. Rx for errors: Drug error killed their little girl. Available at http://www.usatoday.com/money/industries/health/2008-02-24-emily_N.htm [Accessed 7-13-09]
3. Ohio State Board of Pharmacy. Pharmacy Technicians in Ohio. Available at http://pharmacy.ohio.gov/Pharmacy_Technicians_060109.pdf [Accessed 7-13-09]
4. Bobb DW. Legal Capsules. *JAF Pharm*, 2009;16(1):39-40.
5. Virginia Board of Pharmacy. Regulations Governing the Practice of Pharmacy. Available at http://www.dhp.virginia.gov/Pharmacy/pharmacy_laws_regs.htm [Accessed 6-23-09]

Pharmacy Organizations Launch New Certification Exam Prep Program

The American Pharmacists Association (APhA) and the American Society of Health-System Pharmacists (ASHP) are partnering to develop and deliver a certification exam preparation program to support pharmacists interested in taking the new Board of Pharmacy Specialties (BPS) Ambulatory Care Pharmacy Specialty Certification Examination. The prep program will encompass the knowledge domains covered in the exam that will be offered for the first time in the fall of 2011. The BPS, an agency whose purpose is to recognize pharmacy specialties and certify pharmacists' knowledge and skills at the specialty practice level, announced the recognition of the specialty in Ambulatory Care Pharmacy Practice in June 2009, making it the first newly recognized specialty since 1996. The action followed the Board's receipt of a petition for the specialty in November 2008, jointly submitted by the American College of Clinical Pharmacy (ACCP), the American Pharmacists Association and the American Society of Health-System Pharmacists.

A live version of the prep course will be offered in conjunction with the ASHP Midyear Clinical Meeting in December 2010, in Anaheim, Calif., and at the APhA Annual meeting in March 2011 in Seattle, Wash. Plans for a central U.S. or east coast offering of the program will also be announced and an online version will be released during the first half of 2011.

The availability of an examination preparation program for the new certification exam will enable pharmacists wishing to sit for the exam to brush up on content areas in which they may need a refresher and build confidence in their body of knowledge. More information about the program will be available from the APhA and ASHP websites in the coming weeks.

NEWS SHORTS

Ohio Pharmacist Discusses Error That Sent Him to Prison:

Two Institute for Safe Medication Practices (ISMP) staff visited Eric Cropp, the Ohio pharmacist serving a 6-month jail sentence for not catching a mixing error that resulted in a child's death, and decided to share their experiences at the prison as well as Mr. Cropp's thoughts on the incident. <http://www.ismp.org/Newsletters/acutecare/articles/20091203.asp>

Study Results Retracted: A report by Wakefield, published in 1998 in *Lancet*, has been retracted. The study linked autism to administration of the measles-mumps-rubella [MMR] vaccine. The U.K. General Medical Council (GMC) Fitness to Practise Panel concluded that the author provided false information and acted with “callous disregard” for the children in the study. As a result of the original study that rates of MMR vaccination decreased tremendously. In 2007, the rate of MMR vaccination was 85%; the U.K. Department of Health indicates that the vaccination rate should be around 95% to provide herd immunity. In 2004, the Institute of Medicine reviewed all of the autism-MMR studies and reports and concluded that there is no link between the two.

CDC Guidelines for Physical Activity: Recently released, the Center for Disease Control and Prevention states that a minimum of 150 minutes of moderate-intensity physical activity [e.g. brisk walking] per week, or 75 minutes of vigorous-intensity physical activity is necessary to produce substantial health benefits in adults. The full set of physical activity guidelines for both children and adults can be found at www.healthgov/PAGuidelines/.

ASHP Publishes Guidelines for Outsourcing Pharmacy Sterile Compounding: The guidelines offer an overview of factors and processes for health care organizations to consider when exploring the outsourcing of pharmacy sterile compounding, including an examination of the potential long-term consequences of outsourcing as well as the short-term outcomes expected during a contract's performance period. The ideas presented can be used for strategic planning, drafting of initial contract provisions, comparing prospective compounding pharmacies, preparing for contract negotiations, or evaluating a compounding pharmacy's performance. The guidelines were published in the May 1, 2010, issue of the American Journal of Health-System Pharmacy. They are available online at www.ajhp.org.

CFC Metered-Dose Inhalers (MDIs) to be Phased-Out: The final seven MDIs used to treat asthma and COPD will gradually be removed from the US market. These inhalers contain chlorofluorocarbons (CFCs), which are said to deplete the ozone layer. The last dates that these devices can be made, sold, or dispensed in the U.S. are as follows:

- June 14, 2010: Tilade (nedocromil); Alupent (metaproterenol)
- December 31, 2010: Azmacort (triamcinolone); Intal (cromolyn)
- June 30, 2011: Aerobid (flunisolide)
- December 31, 2013: Combivent (albuterol/ipratropium); Maxair (pirbuterol)

Pharmacists and PCMH: An article in the May 2010 issue of *Health Affairs* argues for the inclusion of pharmacists in Patient-Centered Medical Homes. As explained by the authors, pharmacists can play important roles by optimizing patient's therapeutic outcomes and promoting safe, cost-effective medication use.

Tips from our Southern Neighbor: From the January 2010 edition of the NC Board of Pharmacy Newsletter, <http://www.nabp.net/indexncbop.asp> comes two items of interest.

1. Before you hire pharmacy personnel, be sure to check the Federal Excluded Individuals list, <http://exclusions.oig.hhs.gov/>. Failure to do so can lead to serious problems. Persons on the excluded list are forbidden from participating in federal healthcare programs and cannot be paid with government money for anything related to any health care or related services. For example, entering prescriptions that will be billed to the Federal Government [i.e. Medicare, and maybe Medicaid].
2. Advanced Practice Pharmacy Technician Bill allowing certain, trained technicians to check the work of other technicians in acute care hospitals.

New Board Specialty? The Board of Pharmacy Specialties (BPS) is currently evaluating options for expanding the number of pharmacy certification exams in several specialty practice areas including Pain Management and Palliative Care. In this process one of the first things that must be completed is a “Needs Assessment”. BPS will move forward on the “Needs Assessment” if there is justification to support the development of a separate exam. If you would like to comment on this proposed specialty area contact BPS at <http://www.bpsweb.org/>