

ONE HUNDRED THIRTY-FOURTH

ANNUAL REPORT

NORTH CAROLINA

BOARD OF PHARMACY

2015



ONE HUNDRED THIRTY-FOURTH ANNUAL REPORT
NORTH CAROLINA BOARD OF PHARMACY

October 1, 2014 – September 30, 2015

Available at: <http://www.ncbop.org/about/about.htm>

MEMBERS AND ORGANIZATION

PER REQUIREMENTS OF N.C.G.S. § 93B-2

William A. Mixon, Hickory, President Term expires April 30, 2017
Carol Yates Day, Carrboro, Vice President..... Term expires April 30, 2017
R. Joseph McLaughlin, Jr., New Bern..... Term expires April 30, 2016
Gene Winston Minton, Littleton Term expires April 30, 2020
Robert A. Graves, Asheboro..... Term expires April 30, 2020
L. Stanley Haywood, Asheboro Term expires April 30, 2020

Executive Director

Jack W. Campbell IV, Hillsborough

Associate Executive Director

Ellen Vick, Durham

General Counsel

Clinton R. Pinyan, Greensboro

Investigators/Inspectors

Joshua Kohler, Director, Raleigh
Krystal Brashears, Assistant Director, Clayton
Cindy Parham, Coordinator, Mebane
Summer Canoy, Stem
Catherine Collier, Aberdeen
Christie Cutbush, Lumberton
Maria Fabiano, Wilmington
Holly Price Hunt, Lincolnton
Sandra Knuckles, Boone
Lisa Mendez, Raleigh
Jason Smith, Monroe
Melinda Smith, Greenville
Loretta Wiesner, Asheville
J. Ken Wilkins, Walnut Cove

Licensing

Debbie Stump, Director, Mebane
Wendy Watson, Durham
Missy Betz, Chapel Hill
Stacie Mason, Pittsboro
Leslie Wilson, Chapel Hill

Financial and HR Services

Gail Brantley, Director, Durham
Rhonda Jones, Pittsboro

Operations

Kristin Moore, Director, Durham
Thomas Buedel, Chapel Hill
Nellie Jones, Durham

Chapel Hill, North Carolina
October 29, 2015

Governor Pat McCrory
Raleigh, North Carolina

Dear Governor McCrory:

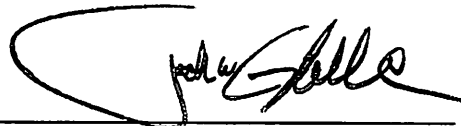
In compliance with N.C.G.S. § 93B-2, the Board of Pharmacy is pleased to submit to you the One Hundred Thirty-Fourth Annual Report of the North Carolina Board of Pharmacy.

Please note that this report and past annual reports are available to the public through the Board's website at this address: <http://www.ncbop.org/about/about.htm>

Respectfully yours,

NORTH CAROLINA BOARD OF PHARMACY

by:

A handwritten signature in black ink, appearing to read "Jack W. Campbell IV", written over a horizontal line.

Jack W. Campbell IV, Executive Director

Note Concerning the Timing of this Annual Report and the Board's Financial Statement and Audit Report

The Board of Pharmacy's fiscal year runs from October 1 through September 30. Accordingly, the Board cannot submit its audited FY2014-15 financial statement contemporaneously with this report. The Board's annual financial audit is scheduled for November 2-6, 2015. Board staff anticipates receipt of its financial audit report in December 2015. Board staff further anticipates that, consistent with prior years, the Board members will review and approve the audit report at its regularly scheduled business meeting in January 2016.

Per instructions from the Office of State Budget and Management ("OSBM"), Board staff has informed OSBM of its year end date and will submit the audited financial report no later than four months after year end.

Please note that the audited FY2013-14 financial report was previously submitted in January 2015 to the appropriate agencies as required by Chapter 93B. That financial report is resubmitted as an attachment to this report.

Introduction

The Board of Pharmacy is pleased to present this summary of events and activities for FY 2014-15. The below information, and much more, may be found on the Board's website, www.ncbop.org; in the Board's quarterly newsletters, <http://www.ncbop.org/newsletters.htm>; and in the agendas for, and minutes of, the Board's regularly scheduled meetings, <http://www.ncbop.org/about/meetings.htm>.

Board Personnel

Members

On May 1, 2015, Board Member Gene Minton began serving his second five-year term as the Northeastern District member.

On the same date, Board Member Stan Haywood began serving a five-year term as the Central District member. From 2001 to 2010, Mr. Haywood served two terms as a Board member.

Likewise, on May 1, 2015, the Board welcomed Robert Graves as the Governor's appointed public member of the Board. Mr. Graves served for 29 years as a member of the North Carolina State Highway Patrol. After retirement from the Patrol, he joined Randolph Community College as the Director of Safety and Emergency Preparedness. Mr. Graves also serves as a member of the NC Criminal Justice Information Network Governing Board. Mr. Graves was awarded The Order of the Long Leaf Pine in 2009.

In Spring 2015, the Board of Pharmacy conducted elections for the Southeastern District seat, presently held by Joey McLaughlin. John Andrew "Andy" Bowman of Lillington, NC was elected to a five-year term. Dr. Bowman will begin his term on May 1, 2016, once commissioned by the Governor pursuant to N.C.G.S. § 90-85.6.

The Board expresses its appreciation to the other candidates for Board membership from the Southeastern District: Ashley Abode, Lisa Ashworth, Jennifer Buxton, Henry Herring, and Mark Lyons.

In Spring 2016, the Board will hold elections for the Western and Northern District seats, presently held by Board President Bill Mixon and Board Vice-President Carol Day. Nominations for those positions will be open through March 15, 2016. In early 2016, Board staff will hold candidate interest forums in the districts to answer questions and discuss what it means to serve on the Board.

All Board members completed their N.C.G.S. § 93B-5(g) required biennial refresher training during FY 2014-15.

Device and Medical Equipment Subcommittee

By rule, the Board has a Device and Medical Equipment Subcommittee that is composed of DME permit holders and serves a body of experts to advise and recommend actions to the Board in the specific field of DME regulation. In June 2015, the DME Subcommittee held an election for the Rehabilitation Technology Supplier representative seat. This seat was held by DME Subcommittee member Edward Dressen, who ran unopposed and was re-elected by NC DME permit holders to serve a second term.

The Board certified the election result at its July 21, 2015 meeting. Mr. Dressen will serve for four years. The Board congratulates Mr. Dressen and appreciates his continued service.

Staff

As discussed below, the Board's Department of Investigations and Inspections has expanded and reorganized over the past two years. The Board hired new field staff as part of that effort.

2014 saw three additions. In June, Catherine "Liz" Collier was hired as an investigator/inspector for the central region of the state. Ms. Collier's background includes nursing practice and education, as well as several years' practice as a pharmacy technician. In August, Lisa Mendez joined the Board as an investigator/inspector, also in the central region of the state. Ms. Mendez served as a member of the Raleigh Police Department for ten years prior to joining the Board. In September, Maria Fabiano came aboard as an investigator/inspector for the southeastern region of the state. Ms. Fabiano brings to the Board approximately fifteen years' experience as a pharmacy technician and supervisor.

2015 likewise saw three additions. In April, Christie Cutbush joined the Board as an investigator/inspector for the southeastern region of the state. Ms. Cutbush brought nearly twenty years' experience as a pharmacy technician to the position. In June, Sandra Burns Knuckles and Summer Canoy began their employment as investigators/inspectors. Ms. Knuckles' responsibilities are in the northwestern region of the state. Ms. Knuckles was previously a Board inspector/investigator, and staff is delighted to have her back. Ms. Canoy serves in the northeastern region of the state. She brings several years' experience working for the Florida Department of Agriculture as a regulatory consultant, as well as experience as a private investigator and investigator for a public defender.

Rulemaking Activity

The Board conducted several rulemakings during FY 2015, each of which was designed to streamline or reduce regulatory requirements and/or conform state law with federal law. Information about all in-progress Board of Pharmacy rulemaking proceedings is found at <http://www.ncbop.org/rulemakings.htm>.

Fee-Exempt Registration of Pharmacy Technicians Who Practice Solely at Free or Charitable Clinics. Amendments to 21 N.C.A.C. 46.3301, which governs pharmacy technician registration, went into effect on July 1, 2015. Among other things, amended Rule .3301 clarifies that pharmacy technicians who provide services solely at a free clinic (as defined at G.S. 90-85.44) are required to register as technicians, but are exempt from the registration fee. The registration fee will be waived upon verification of the free clinic site.

Delivery of Devices and Medical Equipment from Off-Site Storage Facilities. The Board amended 21 N.C.A.C. 46.2612, which governs the storage of devices and medical equipment. Members of the Board's Device and Medical Equipment Subcommittee recommended that Rule .2612 be amended to allow a properly trained employee of a permitted device and medical equipment facility to travel to an offsite storage facility (which does not hold a permit), retrieve medical equipment, and effect delivery to patients. The amendment will facilitate better service to patients – particularly where bulky medical equipment is concerned – without any appreciable risk to the public health and safety.

Right to Refuse a Prescription. The Board amended 21 N.C.A.C. 46.1801, which articulates the circumstances under which a pharmacist may – or must – refuse to dispense a prescription. Changes in medical practice models, particularly in the field of telemedicine, rendered certain provisions of Rule .1801 confusing for practicing pharmacists. The Board worked closely with the North Carolina Medical Board to affect changes to Rule .1801 that reflected the Medical Board's views on appropriate medical practice, ensuring that prescribers, pharmacists, and patients will have their needs met in a timely, safe way.

Dispensing of Epinephrine Auto-Injectors to School Personnel by Health Department Registered Nurses. Responding quickly to a provision in the 2014 state budget amendments and the recommendation of the State Health Director, the Board amended 21 N.C.A.C. 46.2401 and .2403 to authorize registered nurses at public health departments to dispense epinephrine auto-injectors to school personnel. Doing so provided another convenient avenue for school personnel to obtain this life-saving drug.

Compounded Drug Products. The Board completed a rulemaking begun in FY2013-14 that consolidated and clarified the rules governing drug compounding. The rulemaking was necessitated by passage of the federal Drug Quality and Security Act of 2013. The amended rules, found in 21 N.C.A.C. Section 2800, ensure that state and federal standards for pharmacy compounding are aligned to best ensure the public health and safety. As well, the amendments consolidated all pharmacy compounding requirements into one section of the Board's rules, making them more accessible to practicing pharmacists.

Administrative Improvements

Team FOCUS (Field Optimization Created Using Specialization)

The North Carolina Board of Pharmacy is required to “enforce the provisions of the Pharmacy Practice Act and the laws pertaining to the distribution and use of the drugs” with a specific charge to “promptly conduct an investigation upon receiving information concerning a violation of the Pharmacy Practice Act that is a threat to the public safety, health or welfare.”

The North Carolina Board of Pharmacy Department of Investigations and Inspections conducts approximately 300 investigations annually. Furthermore, each investigation includes a full inspection of the pharmacy or the DME facility being investigated.

The North Carolina Board of Pharmacy Department of Investigations and Inspections performed 2611 inspections between January 1, 2012 and February 20, 2015. Each year, on average, Board staff conducts approximately 700 stand-alone inspections of retail, hospital and compounding pharmacies, as well as Durable Medical Equipment (DME) facilities.

Stand-alone inspection frequencies are risk-based, with risk determined by reference to the type of facility and the specific pharmacy services provided by the facility:

- all pharmacies/DME facilities are inspected at least every 4 years,
- facilities performing sterile compounding of high risk products are inspected at least annually,
- facilities performing sterile compounding of medium risk products are inspected at least every 2 years;
- facilities performing sterile compounding of low risk products are inspected at least every 4 years;

Historically, the Board has divided the state into geographical regions and assigned one member of the field staff primary responsibility for all inspections and investigations in that region. At the beginning of FY 2014-15, the state was divided into nine regions, up from seven in 2013.

Last year, Board staff undertook another analysis of field staff workloads and, in particular, the balance of investigative needs and inspections needs. Workload was (and remains) high, but field staff reported that their most significant challenge was maintaining the demanding stand-alone inspection schedule noted above while also completing investigations in a timely fashion. The amount of field time required to

complete a full investigation can vary substantially owing to the often unpredictable level of complexity for a given case, as well as the involvement of other law enforcement agencies.

In March 2015, staff proposed to optimize field operations by dividing the state into five geographical districts, each with a two-person team. One team member would focus primarily on investigations, and the other team member would focus primarily on inspections. Furthermore, the plan included a floating senior investigator/inspector who would train and mentor field staff, as well as offer back up for audits, investigations or inspections in any district showing a workload spike. All team members would be trained extensively on both investigations and inspections so that they may provide support and back up for one another. Specialization, however, would ensure that the risk-based inspection schedule is maintained and that investigations are completed in a thorough and timely fashion.

The Board members unanimously approved the Team FOCUS proposal, additional field staff was hired, and the program implemented July 1, 2015. The early results of the program have been as hoped. The program works well to provide coverage for each district at all times and to foster a team approach to perform the most effective and extensive investigations and inspections in order to protect the public health, safety and welfare of the citizens of North Carolina

Review of Programs and Services by the National Association of Boards of Pharmacy

In February 2015, through a Letter of Agreement with National Association of Boards of Pharmacy, Board requested an independent review of the Board's operations and systems. The primary objective of the review was to consider ways that the Board might operate more efficiently and effectively without compromising its core programs and services, and without reducing customer service. The review also included an assessment of the Board's response to the 2013 audit by the State Auditor.

The review was conducted in March and April 2015. Prior to a site visit, two NABP staff members reviewed policy manuals, job descriptions, a 2012 report from the state auditor, the Board's most recent annual report, laws and regulations, and other available policies and procedures. During a one-week site visit, most on-site Board staff members were interviewed, as well as three field inspectors/investigators, Board legal counsel, and the Board's contract software developer. There was some observation and demonstration of processes as well. An exit interview was conducted with the Board executive director to discuss some preliminary observations and obtain additional information and clarifications.

There review found that the Board is a well-run board of pharmacy. The Board handles its workload in all of its programs and services in a reasonable time frame with effective outcomes. A number of recommendations or suggestions for improvement were made, primarily to assist the Board staff in reducing workload by leveraging technology

where feasible. A number of these suggestions have already been implemented, and further improvement of IT infrastructure to improve efficiency and customer service is underway.

The review noted that, compared to other boards of pharmacy around the country, the Board has advantages in its Board structure and staff that allow it to be more efficient and effective. As an independent authority rather than one board among many within a consolidated department or agency, it has the ability to respond more rapidly and flexibly to emerging issues than some boards consolidated within an “umbrella” department. For example, it has the ability to contract for technology needs that are focused and specific to a board of pharmacy, rather than having to conform to technology needs that have to take into account multiple boards and their needs, which may sometimes be less functional and more expensive. Also, the Board has a pharmacist and attorney as its chief executive officer. Without a pharmacist as the CEO, board members who are already very busy with primary employment as well as board responsibilities may also have to handle or assist with the board business and correspondence that requires professional pharmacy expertise. NABP found that the Board embraces transparency and openness to the public and the regulated community, as evidenced most recently by its streaming Board meetings live on YouTube. NABP noted that Board staff is vested in improving efficiency of operations, but not at the expense of allowing customer service to suffer in these efforts.

The Board had a financial audit by the North Carolina State Auditor in 2013. The auditor did report one finding that the Board did not conduct inspections of pharmacies on a regular basis, with several contributing factors including a lack of inspection requirements in state law, absence of a Board policy that requires periodic inspections, failure to adequately monitor and track last inspection dates of pharmacies, and inadequate number of inspection staff. NABP concluded, based on information gathered and observations during the site visit, that the Board has completely addressed this finding by the State Auditor.

Since the audit report, the Board has implemented a number of steps to correct the deficiency and conduct regular inspections on an ongoing basis including formalizing its inspection policy, improving inspection checklists and practices, updating the database to run reports showing inspection dates, enhancing the database to identify risk levels for pharmacies that impact inspection schedules, and implementing additional training for inspectors. Additionally, at the time of the NABP visit, Board staff was developing the now-implemented (and above-discussed) Team FOCUS plan to further optimize field operations.

Other Highlights From 2014-15

The Board maintains a website – www.ncbop.org – designed to provide information on a wide variety of topics to the public the Board serves and to the pharmacists, pharmacies, technicians, dispensing physicians, dispensing nurse

practitioners, dispensing physician assistants, and device and medical equipment facilities that the Board regulates.

In addition, the Board publishes a newsletter quarterly that focuses on both state- and national-level issues of importance in the pharmacy regulatory community. Those newsletters may be found here: <http://www.ncbop.org/newsletters.htm>.

The Board livestreams its meetings on a YouTube channel, providing a no-cost option for the public to attend, at least virtually, each meeting. Instructions on how to access the Board's live-streamed meetings (as well as view archived recordings of past meetings) are found here: <http://www.ncbop.org/livestreamboardmtgs.html>.

Pharmacy Compounding Regulation

Inspection for, and enforcement of, compliance with proper pharmacy compounding standards remains an area of focus for the Board. As noted above, in FY2015, the Board completed a rulemaking that harmonized state regulation of pharmacy compounding with requirements of the federal Drug Quality and Security Act. The rulemaking also consolidated and substantially clarified a number of requirements, which has improved access to and understanding of them by regulated entities.

Board field staff train continuously on pharmacy compounding standards, ensuring that inspections are focused, efficient, and most protective of the public health and safety. This training, and the improvements it brings to all aspects of the Board's inspection program, continues to pay tremendous public health dividends.

Furthermore, the Board's Associate Executive Director, Ellen Vick, has provided extensive service to the National Association of Boards of Pharmacy in its development of the Verified Pharmacy Practice ("VPP") program, which has as its aim the creation of a nation-wide database of inspection data on pharmacies available to every board of pharmacy in the country. A central piece of that program is refinement of a multi-state pharmacy inspection blueprint that will assist boards of pharmacy to obtain consistent, useful information on the safety and legality of pharmacy practices. Dr. Vick is now recognized as one of the foremost experts on this process, and the hard work done at the North Carolina Board of Pharmacy to improve its inspection tools has substantially impacted the form and content of the multi-state blue print.

Another area of concern – and action -- are instances in which some compounding pharmacies – typically using salespeople or “runners” – market topical “pain” creams to patients. National news reports have detailed instances in which patients receive these topical compounds despite no recollection of having authorized them and no interaction whatsoever with the prescribing physician. These patients often later find that their insurance policies have been billed tens (or even hundreds) of thousands of dollars for these “pain” creams.

Unscrupulous pharmacies have particularly (though not exclusively) targeted beneficiaries of various federal payer programs (such as TRICARE) – especially military veterans – in these schemes. A few news stories detailing these activities may be found at the following links.

- www.cbsnews.com/news/investigation-insurance-billed-18000-for-unwanted-pain-meds
- www.militarytimes.com/story/military/benefits/healthcare/2015/04/10/tricare-compound-medicationstactics/25535291
- <http://wtop.com/national/2015/05/report-military-vetsgetting-dubious-pain-drugs-astronomical-taxpayerexpense>

Board staff are monitoring these developments and, where appropriate, working with federal authorities to identify and take proper action against pharmacies engaged in fraudulent activities of this nature. Indeed, alert work by a Board field investigator identified a pharmacy in western North Carolina engaged in these practices. The pharmacy was quickly shuttered and Board field staff's work was instrumental in the opening of a civil and criminal investigation by the Department of Defense.

Prescription Drug Diversion

The Board continues to partner with other North Carolina and federal agencies (such as the North Carolina Department of Health and Human Services, the North Carolina Medical Board, North Carolina Board of Nursing, State Bureau of Investigation, the Drug Enforcement Administration, and local law enforcement agencies) to do its part to prevent, detect, and punish prescription drug diversion. Such activity has, of course, always been a substantial aspect of the Board's core mission.

The Board consistently educates pharmacies and pharmacists on best practices that must be employed to mitigate this national public health crisis. For instance, the Board has published a statement of expected practices for use of the North Carolina Controlled Substances Reporting System ("CSRS"), which is found here: <http://www.ncbop.org/PDF/NCBOPStatementConcerningCSRSUseOct2014.pdf>

The Board has also partnered with the University of North Carolina Eshelman School of Pharmacy to produce a continuing education module focused not only on the nuts and bolts of CSRS access, but also on case-based learning approached designed to maximize the utility of the CSRS in day-to-day pharmacy practice. Once completed (anticipated early 2016), the continuing education module will be made available without cost to all pharmacists and pharmacy technicians in the state.

The Board continues to work closely with its public health partners to maximize the ready distribution of naloxone, an opioid antagonist that has resulted in dozens of North Carolina lives saved from overdose deaths in the past year alone.

* * *

Again, the on-line and print resources noted above detail the wide scope of public health and safety activities undertaken by the Board. The statistics reported below further demonstrate the Board's active licensing, permitting, registration, and disciplinary docket.

N.C.G.S. § 93B-2 Report Contents

North Carolina Board of Pharmacy
Census of Licenses, Permits, and Registrations
As of September 30, 2015

These statistics, and statistics for previous years, may also be found here:
<http://www.ncbop.org/about/statistics.htm>

PHARMACISTS

Total number of active pharmacists licensed	15,511
Total number of active pharmacists residing in North Carolina	11,570
Inactive pharmacists residing in North Carolina.....	2,474
Total number of active pharmacists residing outside of North Carolina.....	3,941
Total number deceased in FY 2015	6

Breakdown of Employment Settings In-State

Retail Pharmacy – Chain.....	3,858
Retail Pharmacy – Independent	1,718
Hospital Pharmacies.....	2,937
Nursing Homes	108
Government, Health Departments and Teaching	154
Pharmaceutical Manufacturing and Wholesale Sales	89
Other	1,630
Sales and Research.....	79
Unknown Position.....	997

Age and Gender of Active Pharmacists in North Carolina

Under 30 years of age	1,507
30 – 39 years of age	3,048
40 – 49 years of age	2,933
50 – 59 years of age	2,081
60 – 65 years of age	1,049
Over 65 years of age	952
In-state Pharmacists – Female.....	6,842
In-state Pharmacists – Male	4,728

PHARMACIES

Total in-state Pharmacy permits on roster.....	2,776
Retail Pharmacy – Chain.....	1,288
Retail Pharmacy – Independent	721
Hospital Pharmacies.....	189
Nursing Homes	27
Health Departments.....	85
Free Clinics	39
IV Infusion	42
Automated Dispensing Systems.....	100
Others.....	285
Total out-of-state Pharmacy permits on roster.....	634

DEVICE AND MEDICAL EQUIPMENT

Total DME permits on roster	857
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DISPENSING PHYSICIANS

Total Physicians registered	820
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PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS

Total PA’s and NP’s registered to dispense.....	269
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PHARMACY TECHNICIANS

Total Pharmacy Technicians registered	17,736
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(1) *The Address of the Board, and the Names of Its Members and Officers*

Board offices are located at 6015 Farrington Road, Suite 201, Chapel Hill, NC 27517.

The Board members and officers are noted on the cover page of this report.

(2) *The Number of Persons Who Applied to the Board for Examination*

655 persons applied to the Board for licensure by examination in FY2015.

(3) *The Number of Persons Who Were Refused Examination*

One (1) candidate was refused on the basis that the candidates did not possess the qualifications necessary to sit for examination.

(4) The Number of Persons Who Took the Examination

621 candidates sat for examination in FY2015. 16 candidates withdrew from examination. No candidate failed to appear for examination. As noted above, one (1) candidate was refused examination.

(5) The Number of Persons to Whom Initial Licenses Were Issued

The Board issued 592 licenses by examination in FY2015.

(6) The Number of Persons Who Failed One or More Licensure Examinations

52 candidates failed one or more of the licensure examinations in FY2015.

(7) The Number of Persons Who Applied for License by Reciprocity or Comity

376 persons applied for licensure by reciprocity in FY2015.

(8) The Number of Persons Who Were Granted Licenses by Reciprocity or Comity

369 persons were granted licensure by reciprocity in FY2015.

(9) The Number of Complaints Involving Licensed and Unlicensed Activities, The Number of Disciplinary Actions Taken Against Licensees and Nonlicensees (Including Injunctive Relief), The Number of Licenses Suspended or Revoked

Total number of complaints received involving licensee and unlicensed activities	340
Total number of inspections conducted	807
Total number of “no action” decisions after investigation (<i>i.e.</i> , investigation did not find any violation of law)	50
Total number of “no action” decisions due to Board having no jurisdiction over complained-of behavior	71
Total number of injunctions obtained to halt unlicensed practice	1
Total number of warning letters issued post pre-hearing conference or by administrative disposition	94
Total number of cases resulting in consent orders	12
Total number of cases resulting in full board hearings	16
Pharmacist license applications denied	1
Pharmacist licenses revoked	0

Pharmacist licenses suspended	6
Pharmacist licenses surrendered	18
Pharmacy technician registration applications denied	22
Pharmacy technician registrations revoked	1
Pharmacy technician licenses suspended	5
Pharmacy technicians surrendered	34
Pharmacy permit applications denied	62
Pharmacy permits revoked	0
Pharmacy permits suspended	4
Pharmacy permits surrendered	2
DME permit applications denied	0
DME permits revoked	0
DME permits suspended	1
DME permits surrendered	3

(10) *The Number of Licenses Terminated For Any Reason Other than Failure to Pay the Required Renewal Fee*

Beyond the number of licenses suspended or revoked for disciplinary reasons (see number 9 above), no licenses, permits, or registrations were terminated for reasons other than failure to pay the required renewal fee.

(11) *The Substance of Any Anticipated Request by the Occupational Licensing Board to the General Assembly to Amend Statutes Related to the Occupational Licensing Board*

The Board of Pharmacy may have a limited request to the General Assembly to amend the Pharmacy Practice Act in FY2016. As part of its review of operations (discussed above), the Board is considering means by which it could improve its licensee background-check efforts and do so in a way that leverages technology to reduce administrative burdens to would-be licensees and Board staff. Doing so may require a minor modification to the Pharmacy Practice Act.

The Board also notes that various public health authorities have discussed a potential request to the General Assembly to grant pharmacists an independent authority to prescribe and dispense naloxone for treatment of opioid overdose.

(12) *The Substance of Any Anticipated Change in Rules Adopted by the Occupational Licensing Board or the Substance of Any Anticipated Adoption of New Rules By the Occupational Licensing Board*

The Board may undertake rulemaking on the following topics during FY2016:

- The Clinical Pharmacist Practitioner Joint Subcommittee (“CPPJS”) is composed of three members each from the Pharmacy and Medical Boards. As the name suggests, the CPPJS regulates the credentialing and practice competency of Clinical Pharmacist Practitioners. The CPPJS is contemplating a consolidation of primary regulatory responsibility in the Board of Pharmacy. Doing so will require a handful of amendments to 21 N.C.A.C. 46.3101.
- The Board remains active in reviewing technology-based improvements and opportunities in the practice of pharmacy. That review could trigger a need to complete modernizing amendments to certain of the Board’s rules in FY 2016.
- The Board is reviewing the means by which it accredits, tracks, and audits continuing education requirements for the state’s pharmacists, with an aim to streamlining each of them. Substantial changes to any of those processes could require the Board to amend its rules governing continuing education.

Interested parties may obtain complete information about any in-progress Board of Pharmacy rulemaking here: <http://www.ncbop.org/rulemakings.htm>