



National Association of State  
Controlled Substances Authorities



## NASCSA NEWS

July 27, 2015

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### NASPER Legislation Introduced in Congress Last Week

U.S. Rep. Ed Whitfield, along with U.S. Rep. Joe Kennedy III, pushed bipartisan legislation to reauthorize the National All Schedules Prescription Electronic Reporting Reauthorization Act, better known as NASPER, through the Energy and Commerce Health Subcommittee late last week.. The NASPER program provides states grant funding to foster the use of prescription drug monitoring programs to combat the raising prescription drug abuse epidemic in states like Kentucky, according to a news release. NASCSA will

### President's Message

The agenda for the annual NASCSA meeting, highlighted in this issue, is a testament to the extraordinary breadth and scope of the issues that controlled substances authorities face on a daily basis. Recent national attention to the unintended consequences of prescription drug misuse is welcome news. NASCSA's voice has been heard at the national level, along with the voices of many other organizations concerned about the issue. The problem isn't one that NASCSA and the other organizations can tackle alone, however. Rather, this problem requires all federal, state and local partners involved to work together. There's been a sea of change in the problem of drug diversion and abuse in recent years and it will take a sea of change both to respond to it and conquer it.

The various committees of NASCSA have been working hard over the past several months on behalf of NASCSA members. Highlights from these committee activities are more fully described below.

I would also like to report that Trish D'Antonio from the District of Columbia, who was elected to the board at our last conference, recently accepted a position to Senior Director, Professional Affairs with the Gerontological Society of America. Pursuant to the Bylaws, the Executive Committee has appointed Barbara Carter of the Minnesota Board of Pharmacy to assume that role. We wish Trish well and welcome Barbara to the Board.

Have a happy and safe summer and I look forward to seeing you this October.

*Ralph Orr, President, NASCSA*

be monitoring developments on this legislation in the coming months.

### Travel Scholarships Announced

This year saw an unprecedented number of applicants for one of eight (8) travel scholarships to attend this year's conference making it a difficult decision for the Membership Committee who was responsible for evaluating the applicants. The following states were selected and were approved by the Executive Committee: Connecticut, Massachusetts, New Hampshire, New York, Ohio, South Dakota, Texas and Wisconsin. Three alternates were chosen in the event a representative from one of the selected states is unable to attend. The Executive Committee will be discussing continuation of these popular scholarships sometime early next year.

DEA Announces Drug Take Back Day

The US Drug Administration (DEA) has announced that it

## Save the Date for the Annual Conference

### Program Available online

The 31st annual conference will take place at the [Hotel Valley Ho](#) in Scottsdale, Arizona October 20-23, 2015 in the heart of beautiful Scottsdale, Arizona.

The hotel is in the heart of the historic district and within easy walking distance of many of the finest restaurants in the city as well as shopping and historic sites. Members of the Program Committee and the Executive Committee are confident that members will be thrilled with this year's program. Registration information as well as information on hotel accommodations is available on our website [here](#). It is not too early to book your hotel and make sure you are not disappointed. If you attended NASCSA's conference several years ago you know that the Hotel Valley Ho is an amazing property. A final program is available [here](#) and includes a number of exciting topics and speakers as well as several workshops to choose from.

Please feel free to [register](#) for the conference now. Please note that those interested in attending sessions on Prescription Monitoring Programs should plan to attend at 9 a.m. on Tuesday, October 20, 2015 so please plan your travel accordingly.

The room rate is \$163 per night single/double occupancy. The hotel features complimentary Wi-Fi access. There are a number of transportation options available to attendees, which are listed [here](#). We will again be hosting a welcome dinner as well as a networking luncheon that provides a unique opportunity for attendees to stay on the property and network with their colleagues.

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### NASCSA Committees Hard at Work

This year NASCSA has six committees that have been hard at work on a variety of projects. Committee members, comprised of volunteers from members states as well as associate members are the backbone of the organization and we would encourage all members to consider volunteering. For a list of committees and their members click [here](#). Below is a description of committee highlights.

**Membership -**

will hold a National Prescription Drug Take-Back Day on September 26, 2015. Participating collection sites will be available on the DEA [website](#) on September 1.

### DEA Announces Temporary Placement of Acetyl Fentanyl Into Schedule I

The Administrator of the Drug Enforcement Administration is issuing this final order to temporarily schedule the synthetic opioid, N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide (acetyl fentanyl), and its optical, positional, and geometric isomers, salts and salts of isomers, into schedule I pursuant to the temporary scheduling provisions of the Controlled Substances Act. This action is based on a finding by the Administrator that the placement of this opioid substance into schedule I of the Controlled Substances Act is necessary to avoid an imminent hazard to the public safety. As a result of this order, the regulatory controls and administrative, civil, and criminal sanctions applicable to schedule I controlled substances

In addition to developing the criteria for this year's travel scholarship and making recommendations to the Executive Committee, the committee is hard at reviewing the dissemination of NASCSA's periodic newsletter and has been considering other organizations to reach out to join as members.

**Program** - Committee members have been hard at work finalizing this year's program which is found [here](#). Many hours have been spent this year reviewing the conference evaluations as the committee worked to develop what promises to be yet another exciting program.

**Survey/Data** - The committee has been hard at work over the past several months and has conducted one survey of Prescription Monitoring Program (PMP) administrators which are posted [here](#). A second survey was conducted this spring, the results of which are found [here](#) and contains a great deal of information specific to drug disposal. and practitioner training. If you would like additional information please contact the NASCSA office. The committee is currently exploring options to collect data in a more robust way in order to create a new database of state issues/responses. Additional information will be forthcoming. A special thanks to Bill Ward, NASCSA's webmaster for compiling the results in an easy to follow format.

**Resolutions/Bylaws** - The committee has reviewed the bylaws and will be proposing additional changes to the bylaws this year. To view the proposed bylaw changes click [here](#). In addition, the committee is reviewing potential resolutions for consideration by members at the annual conference. We would encourage all members to provide their suggestions on possible resolutions. In addition, that all members are permitted to submit proposed resolutions in accordance with our Bylaws, found at Article XI. Draft resolutions will be distributed in early September (45 days prior to the annual meeting). Any proposed bylaw changes will be distributed 60 days in advance of the meeting.

**Special Projects** - The Committee has wrapped up PMP grants awarded several years to states to provide enhancements to their programs, and will be working to identify future projects in the coming year. In addition, the committee will be reviewing a draft White Paper on Pseudoephedrine commissioned by NASCSA for dissemination to members this fall.

**Prescription Monitoring Program** - As many of you

will be imposed on persons who handle (manufacture, distribute, import, export, engage in research, or possess), or propose to handle, acetyl fentanyl. This final [order](#) is effective on July 17, 2015.

## Staff Changes

### Massachusetts -

Adele Audet recently announced her retirement as Assistant Director of the Drug Control Program.

### New York - Joshua S.

Vinciguerra was recently appointed as the Director of the Bureau of Narcotic Enforcement.

### New Hampshire - The

New Hampshire Board of Pharmacy is pleased to welcome its new Executive Director, Michael R. Dupuis, R.Ph., MHA. Mike is a graduate of the Massachusetts College of Pharmacy and he brings to the Board over 30 years of experience as a pharmacist, along with extensive healthcare management and clinical expertise. Mike also earned his Master's Degree in Healthcare Administration from Bellevue University and is actively involved in several professional pharmacy / healthcare organizations.

know, this committee was formed last year to make recommendations to NASCSA's Executive Committee as the organizations works to incorporate PMP interests into NASCSA and provide enhanced services. The committee met numerous times earlier this year to develop a set of recommendations has been accepted by the Executive Committee. A copy of the final report is found [here](#). NASCSA has retained a consultant, Sherry Green, of Sherry L. Green & Associates, who is currently conducting interviews of PMP administrators to determine data needs additional resources needed for PMP administrators. Additional information will be provided at the annual conference.

## Legislation Introduced in Congress to Expand Treatment for Heroin and Prescription Drug Addiction

Senator Edward J. Markey (D-Mass.) last month introduced new legislation to expand treatment for opioid addiction. The legislation, co-sponsored by lawmakers from regions around the country impacted by the crisis including Senators Diane Feinstein (D-Calif.), John D. Rockefeller (D-W.V.), Sherrod Brown (D-Ohio) and Mazie Hirono (D-Hawaii), would expand the ability of trained medical professionals to provide life-saving medication-assisted therapies such as buprenorphine (also called Suboxone) for patients suffering from heroin and prescription drug addiction. Unfortunately, due in part to federal restrictions, of the approximately 2.5 million Americans who abused or were dependent on opioids in 2012, fewer than 40 percent received medication-assisted therapy for their condition.

The Recovery Enhancement for Addiction Treatment Act (S. 2645, TREAT Act) would help increase the number of patients who have access to treatment by increasing the number of patients doctors can prescribe treatment for, and for the first time, allow certain nurse practitioners and physician assistants to treat addicted patients by providing access to medication assisted treatments. Combined with behavioral therapy, effective medication assisted treatment programs for opioid addiction can decrease overdose deaths, be cost-effective, reduce transmissions of HIV and viral hepatitis, and can reduce other social harms such as criminal activity. The legislation thoughtfully lifts existing federal restrictions that limit access to life saving therapies, emphasizing addiction medicine expertise and

## Time

As a small nonprofit organization, NASCSA relies on dues from its members to help support its operations and to continue to provide valuable services to our members. Dues statements for this year (July 1, 2015 through June 30, 2016) have been distributed to members. If you have any questions please feel free to contact the office. If you need to update any information, please make sure to complete the membership [application](#) to ensure we have updated contact information. Please note that in order for states to be eligible for full participation in the organization, including voting, running for office, and travel scholarships, dues must be paid in full.

## FDA Revamps REMS Website

The Food and Drug Administration has launched REMS@FDA, a new version of its Risk Evaluation and Mitigation Strategies (REMS) [website](#) that standardizes data on drugs and biologics, and provides other, more detailed information for

quality.

A copy of the legislation can be found [here](#). A one-page summary can be found [here](#).

## NABP Update on Interconnect Program Prescription Drug Abuse

The National Association of Boards of Pharmacy® (NABP®), recognizing the importance of prescription monitoring programs (PMPs) and other state efforts to fight against prescription drug abuse and diversion, recently approved continued funding to support participation in NABP PMP InterConnect® at no cost to the state PMPs through June 2018.

"Continuing to support the states and assist them in their efforts to tackle this complex public health issue is not only logical, but provides a crucial resource for combating prescription drug abuse and diversion," says NABP President Edward G. McGinley, MBA, RPh. "With nearly 30 states now live and successfully sharing secure prescription drug data with one another, we are continuing to support efforts to supply millions of health care providers with critical tools for their prescribing and dispensing decisions. While some suggest that a national PMP is needed, the Association and its member boards continue to see the benefits of the state-based PMPs and how the success of PMP InterConnect has enhanced their effectiveness."

By successfully facilitating the secure sharing of interstate PMP data, PMP InterConnect enhances the benefits of state PMPs by providing health care providers with access to a more complete record of a patient's controlled substance medication history. More comprehensive data can assist health care providers in identifying patients who may be misusing controlled substances or struggling with abuse, especially those patients that cross state lines to obtain multiple controlled substance medications.

PMP InterConnect is also unique in its ability to facilitate the integration of interstate PMP data directly into health care providers' workflow, including electronic health records and pharmacy management systems. Such workflow integrations make it easier for providers to access interstate PMP data and potentially increase the rate of use of the data. NABP anticipates that 70% of the state PMPs will be either connected to or working toward a connection in 2015. Currently, 29 states are participating in PMP InterConnect, with Iowa being the latest state to go

pharmacists and other healthcare providers. FDA transformed the site after identifying it as a priority project under the Prescription Drug User Fee Act (PDUFA).

"There was not much consistency in how the documents are presented, and they have a lot of regulatory terminology that can be confusing," said Adam Kroetsch, MSPPM, operations research analyst for FDA's Center for Drug Evaluation and Research (CDER), during an FDA webinar earlier this week. "The variation [in each drug's REMS] makes it difficult for stakeholders to adapt when new REMS come online." See [article](#) of interest.

Interested in PMP Legislation?

Due to our recent collaboration with the National Alliance for Model State Drug Laws (NAMSDL), we have been provided with an updated compilation of information on state and federal legislation and regulations pertaining to Prescription Monitoring Programs as a courtesy to members. The latest listing is found [here](#) under the

live in May 2015. Several other states have signed memorandums of understanding to participate in the program.

Launched in 2011, PMP InterConnect was developed by NABP to facilitate national interoperability and interstate data sharing between state PMPs by providing a highly secure communications exchange platform for participating states. Importantly, the system does not house any data and ensures that states retain control of their data and that each state's data access rules are enforced. Since launching, PMP InterConnect has processed more than 14 million requests from authorized users, and PMP InterConnect is now processing an average of over 1 million requests per month for a consolidated multistate PMP report.

Additional information about PMP InterConnect, including the most up-to-date information about state participation is available in the Programs section of the NABP website at [www.nabp.net](http://www.nabp.net).

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## NASCSCA Continues/Enhances Partnership With NAMSDL

NASCSCA continues to work closely with the National Alliance for Model State Drug Laws (NAMSDL) to collaborate on a variety of initiatives that will provide invaluable services to members of both organizations. Among these initiatives that falls within the mission of NAMSDL include acting as a liaison to members of Congress and their staffs on key positions of NASCSCA, providing NASCSCA with state legislative charts of particular interest to NASCSCA's members; periodic updates on federal bills of interest to NASCSCA's members, acting as a liaison to other non-profit organizations that have missions similar to NAMSDL and NASCSCA and working on joint projects or endeavors. As such, we have posted a recent compilation of federal legislation of interest to NASCSCA members that may be found here. In addition, NASCSCA recently created a separate link on its main landing [page](#) for NAMSDL highlighting many key topic areas of interest to members.

PMP section of our website.

## State Regulatory Developments

Did you know that NASCSA publishes a monthly compilation of state regulatory actions related to pharmacy and controlled substances. State Regulatory Developments is located on the website [here](#).

## Follow NASCSA on Twitter

NASCSA is pleased to announce that it is now on Twitter and the number of followers continues to grow each month so please follow us at @NASCSA.

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