



California State Board of Pharmacy

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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING MEETING
MINUTES**

DATE: March 8, 2011

LOCATION: Department of Consumer Affairs
First Floor Hearing Room
1625 N. Market Boulevard
Sacramento, CA 95834

**COMMITTEE MEMBERS
PRESENT:**

Deborah Veale, RPh

**COMMITTEE MEMBERS
NOT PRESENT:**

Greg Lippe, Public Member, Chair
Ryan Brooks, Public Member
Rosalyn Hackworth, Public Member
Kenneth Schell, PharmD

**STAFF
PRESENT:**

Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Robert Ratcliff, Supervising Inspector
Kristy Schieldge, DCA Staff Counsel
Debbie Anderson, Licensing Manager
Tessa Miller, Staff Analyst

Call to Order

Acting Chair Deborah Veale called the meeting to order at 9:36 a.m.

Ms. Veale advised that due to scheduling conflicts for the other members of the committee, the meeting will be conducted by a subcommittee of the committee.

1. Update on the Board's Psychometric Evaluation for the ExCPT and PTCB Examinations

Assistant Executive Officer Anne Sodergren provided that Business and Professions Code (B&PC) section 139 requires a psychometric assessment description of the occupational analysis serving as the basis for the examination and an assessment of the appropriateness of prerequisites for admittance to the examination.

Ms. Sodergren stated that during the April 2009 Board Meeting, the board voted to direct staff to take the necessary steps to secure a vendor to complete the necessary psychometric assessments of the Pharmacy Technician Certification Board (PTCB) and Exam for the Certification of Pharmacy Technicians (ExCPT).

Ms. Sodergren provided that the results of the review would ensure that the applicants who qualify for licensure as a pharmacy technician have passed a validated exam, consistent with the requirements in B&PC 139. She indicated that upon completion, the committee will be advised on the findings at which time it may recommend a change to the statutory requirements for licensure detailed in B&PC 4202.

Ms. Sodergren provided that after obstacles in securing a contract to complete the assessment, the board was advised last year that the department's Office of Professional Examination Services (OPES) will conduct these evaluations for the board which should be completed in June 30, 2011.

Ms. Sodergren provided that board staff recently signed an interagency agreement with the OPES.

Public Comment

Michael Negrete asked whether an assessment of the job description will be conducted.

Ms. Sodergren provided that the department will be doing this for the board. She stated that the review will include an evaluation on the process of how an exam is developed and whether this process conforms with B&PC 139.

There was no additional discussion or public comment.

2. Discussion About a Proposal to Specify Continuing Education Credit for Pharmacists in Specific Content Areas

Ms. Veale discussed that at several prior meetings of the board or its committees, there has been general discussion about developing requirements for pharmacists to earn continuing education (CE) in specific subject matter areas.

Ms. Veale provided that at the February 2011 Board Meeting, the board directed that the committee continue its discussion about such a requirement.

Ms. Veale reviewed suggested content areas including the following:

- a. Emergency/Disaster Response:
- b. Patient Consultation
- c. Maintaining Control of a Pharmacy's Drug Inventory
- d. Patient Consultation
- e. Ethics
- f. Drug Abuse
- g. Defined Content Areas

Presentation

Mark Chew representing the Orange County Health Care Agency and Glen Tao from the County of Los Angeles Department of Public Health provided a presentation to the subcommittee regarding the role of pharmacists in emergency response.

Dr. Chew provided an overview of emergency disasters in California and the role that pharmacists can play in the response to these situations. He reviewed the three primary hazards in California: (1) earthquakes, (2) floods, and (3) wildfires and stated that pharmacists are ideally positioned to aid in these situations as they possess basic skill sets and are accessible to the public.

Dr. Chew discussed that to better prepare pharmacists for this role, pharmacists should earn continuing education in emergency response.

Dr. Tao reviewed arguments in favor of mandatory emergency response preparedness CE courses including the following:

- Courses will reach 100 percent of registered pharmacists
- May help to increase the number of Disaster Healthcare Volunteers
- Consistent with the board's Disaster Response Policy Statement
- Will keep pharmacists aware of basic emergency preparedness principles even during long periods of non-emergencies
- Pharmacies have greater public access than physician offices and clinics
- The pharmacy profession is an existing resource of skill sets that can be tapped in times of emergency

Ms. Veale asked the presenters to elaborate on suggested content for CE in this area.

Dr. Tao discussed that the first course could focus on the board's policy statement on this issue to inform licensees that they can provide emergency response services.

Dr. Chew discussed other potential CE course topics including planning, personal preparedness, and how to prepare a pharmacy to be a dispensing site for mass dispensing and vaccinations.

Public Comment

Dana Grau, representing the California Department of Public Health (CDPH), stated that there was a lack of understanding amongst pharmacists during the H1N1 epidemic. He discussed that CE in this area will provide a better understanding and comfort for pharmacists to assist and provide services.

Ms. Veale asked whether pharmacists have indicated any resistance in providing emergency services and the applicability of earning CE in this area.

Dr. Chew stated that he has received some input and concern from pharmacists expressing skepticism that they will actually be impacted by a local disaster. He discussed the benefit of having plans prepared in the event there is a local emergency or disaster.

Patrick Lynch discussed the benefit of showing pharmacists how they fit into the state system and how they can assist during a disaster. He suggested that pharmacists develop a home plan, a family plan, and a continuation of business plan.

Ms. Veale asked whether there is currently CE available on this subject.

Dr. Chew provided that there are some Web sites that provide emergency preparedness CE. He suggested that pharmacy schools also be encouraged to provide CE in this area.

Ms. Herold provided comment on the board's policy statement on this issue. She reviewed that the board needs to determine whether basic knowledge in this area is in the best interest of the public. Ms. Herold discussed that it is challenging to train volunteers during a disaster, and pre-disaster training is thus preferred.

Ms. Veale expressed concern regarding whether a three hour training would be sufficient.

Mike Negrete discussed that using "emergency" instead of "disaster" may make this issue more applicable. He provided comment in support of an introductory course on emergency preparedness including the development of a family plan. Dr. Negrete discussed that during an emergency, pharmacists will need to ensure that their families are safe before responding for service to the public.

Jon Roth, CEO of the California Pharmacists Association (CPHA), discussed that there should be a demonstrated deficiency that would warrant mandated CE in this area. He stated that CPHA has a policy in opposition to mandated CE. Mr. Roth discussed the extent to which CE will actually correct a deficiency. He encouraged the board to establish a process to evaluate and determine deficiencies for proposed mandated CE subjects in the future.

Ms. Herold discussed that the board needs to evaluate the value of CE. She provided that 20 percent of licensees audited for CE requirements are deficient and can not provide proof of completing CE which was required to renew their license and for which the pharmacist certified they had completed.

Supervising Inspector Robert Ratcliff stated that the goal of requiring CE is to protect the public. He discussed that the public is not protected if no one is equipped to respond to an emergency.

Hamdi Saramah, suggested that licensees earn certification in emergency response. He discussed that this certification would be similar to flu shot certification. Mr. Saramah provided that pharmacies can advertise that they are certified in this area and certified pharmacists can take a leadership role during an emergency response.

Discussion continued. It was emphasized that the committee and the board must first decide whether to move forward with mandated CE and then identify specific content.

Dr. Ratcliff discussed that the board currently allows licensees to earn 20 hours of CE every two years for attending meetings of the board. He expressed concern and stated that this hour allowance seems excessive and may not be appropriate.

Nr. Negrete agreed with the concern raised by Dr. Ratcliff. He also provided comment regarding "live" CE and encouraged the board to consider Standard 7 regarding active learning activity as established by the Accreditation Council for Pharmacy Education (ACPE).

Ms. Herold referenced a handout provided to the subcommittee listing mandatory CE requirements by other states. She stated that the list identifies requirements for "live" CE as well.

Mr. Roth encouraged that the board also review the CE requirements established by other healing arts boards, such as the Dental Board.

Ms. Veale provided that CE regarding drug abuse or in maintaining control of a pharmacy's drug inventory has also been proposed as a topic for mandatory CE.

Mr. Roth asked whether the board imposes CE in a particular area on pharmacies or pharmacists-in-charge who are found to be in violation of pharmacy law.

Ms. Herold indicated that the board does require CE as part of disciplinary action.

Dr. Ratcliff provided that the board's cite and fine program can also mandate up to 6 hours of CE as well.

Dr. Chew suggested that that the board recommend topics for seminars hosted by pharmacy associations.

Dr. Negrete discussed that some CE topics may be more applicable and beneficial for pharmacists-in-charge (PIC). He asked whether consideration has been given to require specific topics for PICs.

Ms. Herold stated that most PICs want to be well trained. She discussed that the self assessment is a tool to assist with the operation of a pharmacy.

Philip Swanger, representing California Society of Health-System Pharmacists (CSHP), indicated that if the board wants to focus on content specific CE each year, CSHP would be open to incorporating these areas in preparation for its Annual Seminar.

Ms. Veale reviewed other suggested topics for CE including patient consultation, ethics, and drug abuse.

Mr. Grau suggested that the board consider dividing the CE hour requirement into certain categories rather than mandating specific topics. He stated that this will allow flexibility for licensees.

Ms. Veale discussed that this will add another level of validation for board staff during the CE audit process.

Ms. Shellans suggested that licensees can self certify on the renewal form that they earned the required amount of CE hours in each category.

Ms. Herold advised that a citation and fine will be issued to a licensee who is unable to produce proof of completing the required CE when audited by the board.

Ms. Shellans shared that the most common CE subjects across all boards are ethics and substance abuse. She discussed that these subjects are significant to public safety and serve both a remedial and preventive purpose.

Dr. Negrete suggested that a sunset date be established for required topics.

Ms. Herold provided that there was a previous CPR CE requirement that has expired.

There was no additional discussion or public comment.

3. Request to Modify 16 California Code of Regulations Section 1732.2

Ms. Herold provided that currently undergoing promulgation by the board as a regulation are proposed modifications to 16 California Code of Regulations Section 1732.2 regarding approval of specific continuing education credit for various types of pharmacist activities, including attending a board or committee meeting, being certified by the Commission for Certification in Geriatric Pharmacy or for certain activities as a Competency Committee member.

Ms. Herold provided that the executive officer was advised after the completion of the 15-day comment period that there are other certifications that some pharmacists earn that perhaps should be considered as fulfilling portions of the CE requirements for renewal of a pharmacist license. She highlighted the following suggestions by Professor Katherine Besinque, PharmD:

1. Menopause Practitioner Examination- interdisciplinary examination available from NAMS (The North American Menopause Society) (www.menopause.org)
2. Board of Pharmacy Specialties (BPS) has recognized six specialty practice areas: note –these certification examinations also require recertification every 7 years (re-certification by examination should also be permitted for credit) (www.bpsweb.org)
 - [Ambulatory Care Pharmacy](#) (2011)
Includes the provision of integrated, accessible healthcare services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and participating in the context of family and community.
 - [Nuclear Pharmacy](#) (1978)
Specialists seek to improve and promote the public's health through the safe and effective use of radioactive drugs for diagnosis and therapy.
 - [Nutrition Support Pharmacy](#) (1988)
Specialists promote the maintenance and/or restoration of optimal nutritional status, designing and modifying treatment according to the needs of the patient.
 - [Oncology Pharmacy](#) (1996)
Specialists recommend, design, implement, monitor and modify pharmacotherapeutic plans to optimize outcomes in patients with malignant diseases.
 - [Pharmacotherapy](#) (1988)
Specialists are responsible for ensuring the safe, appropriate, and economical use of drugs in patient care and frequently serve as a primary source of drug information for other health care organizations.
 - [Psychiatric Pharmacy](#) (1992)
Specialists address the pharmaceutical care of patients with psychiatric disorders.

Ms. Herold indicated that Dr. Besinque also suggests that:

- as new board specialties are added to BPS they be added to the list.
- re-certification by examination be include as well (re-certification by CE does not need to be included)

Ms. Herold advised that if the board determines it wishes to add these components in the future, this will need to be done as a new rulemaking to section 1732.2.

Ms. Veale discussed that she received CE after completing a college course and passing the exam.

Public Comment

Mike Negrete clarified that these items are competency assessments, not courses.

Ms. Herold provided that this item will be further discussed at the May 2011 Board Meeting.

There was no additional discussion or public comment.

4. Update on the Board's Efforts to Implement 16 California Code of Regulations Section 1702, Mandatory Submission of Fingerprints for Pharmacists

Ms. Veale provided that the board was previously advised that because of staff reductions with the Department of Justice, implementation on the electronic fingerprint submissions would be delayed until the necessary program changes could be implemented. She indicated that as the necessary changes are now in place, staff is developing letters that will be sent to all affected licensees advising them about the regulation change as well as providing them with the necessary forms. Ms. Veale stated that it is anticipated that this information will be mailed this in April 2011. She provided that pharmacists will be advised to retain a copy of their livescan form or other receipt confirming compliance with this provision.

Ms. Veale provided that implementation of the arrest and conviction disclosure requirements was not delayed.

No public comment was provided.

5. Discussion Concerning DCA's Focus on Continuing Competency

Ms. Herold provided that in addition the California Protection Enforcement Initiative (CPEI), the DCA also has an initiative underway to promote that all health care boards initiate periodic assessment of continuing competency in their licensed practitioners.

Ms. Herold provided that continuing competency assessment requires periodic evaluation (and perhaps re-testing) of licensed providers to ensure they are maintaining their skills necessary to practice safely.

Ms. Herold provided that the DCA has encouraged the board to pursue this issue. She referenced to the document prepared last year at the Consumer Advocacy Council's annual meeting provided in the meeting materials.

Cindy Kanemoto, representing the DCA Licensing for Job Creation, discussed the department's efforts to provide the healing arts boards with information in order to

implement a model in this area. She discussed that the healing art's boards will be invited to a conference call to discuss a recommendation to replace continuing education with a continuing competency model.

Ms. Kanemoto discussed the efforts by other states in this area including Washington, Michigan, and Florida. She discussed a comparison chart of the CE requirements for all of California's health care boards. Ms. Kanemoto offered to provide a copy of this chart to the board.

Ms. Kanemoto discussed different pathways to complete a continuing competency requirement. She stated that the competencies for a profession as well as the board certification requirements must first be identified. Ms. Kanemoto reviewed a five step model including a self evaluation, peer assessment, and a professional development plan. She emphasized that this process is different than just earning CE credit.

Ms. Veale sought clarification regarding the management of such a system.

Ms. Kanemoto reviewed that, dependant on the model, associations or accrediting bodies may maintain the records and ensure that the correct CE is completed.

Ms. Herold provided that this would require statutory modification. She discussed that the board would be delegating part of its authority away if an association was involved in this process.

Ms. Shellans provided comment regarding how other agencies have implemented similar processes. She discussed that this usually revolves around CE for education, requalification of the license, and peer review.

Public Comment

Dr. Negrete sought clarification regarding the peer review process.

Ms. Shellans discussed that the accrediting body establishes requirements for this process and a procedure manual for the training of peer reviewers. She stated that peer reviewers assess the licensee's performance on patient cases and compile a report that is submitted to a committee of the accrediting agency. Ms. Shellans indicated that negative reports are actionable by the board.

Dr. Ratcliff discussed that competency assessments are not currently required for all professions in healthcare including physician assistants and physicians who have been exempted. He stated that this may cause concern for various pharmacy associations.

Ms. Kanemoto discussed that the CAC has suggested that boards consider how hospitals recertify their staff and evaluate whether this is a mechanism to qualify competency.

Ms. Herold discussed that the majority of pharmacists do not work in a hospital setting. Ms. Veale discussed that there is regular review of competency in a variety of settings and by employers.

Mark Chew discussed that he regularly evaluated pharmacy staff while serving as a pharmacy director. He stated that he was also evaluated for the same competency.

Ms. Kanemoto advised that the conference call to further discuss this issue should be scheduled within the next month.

There was no additional discussion or public comment.

The subcommittee recessed for a break at 11:11 a.m.

The subcommittee reconvened at 11:27 a.m.

6. Office of Statewide Health Planning and Development's Manpower Assessment and Survey of Licensees

Ms. Sodergren provided that as part of Senate Bill 139 (Chapter 522, Statutes of 2007) the Office of statewide Health Planning and Development (OSHPD) was directed to establish the California Healthcare Workforce Clearinghouse (Clearinghouse) to serve as the central source for collection, analysis, and distribution of information on the healthcare workforce employment and educational data trends for the state.

Ms. Sodergren reviewed that the bill included a provision that OSHPD work with the Employment Development Department's Labor Market Information Division, state licensing boards, and state higher education entities to collect, to the extent available, all of the following data:

- a. The current supply of health care workers, by specialty.
- b. The geographical distribution of health care workers, by specialty.
- c. The diversity of the health care workforce, by specialty, including, but not necessarily limited to, data on race, ethnicity, and languages spoken.
- d. The current and forecasted demand for health care workers, by specialty.
- e. The educational capacity to produce trained, certified, and licensed health care workers, by specialty and by geographical distribution, including, but not necessarily limited to, the number of educational slots, the number of enrollments, the attrition rate, and wait time to enter the program of study.

Ms. Sodergren discussed that many of the boards within the DCA, including the Board of Pharmacy, do not collect several of the data elements being requested by OSHPD.

Ms. Sodergren reviewed a model developed by the Medical Board including a survey that is designed to collect several elements. She stated that the survey is provided to

licensees along with their renewal application. Ms. Herold indicated that she is unsure whether participation in this survey is mandated or is voluntary.

Ms. Sodergren provided that Acting Director Brian Stiger is encouraging all boards to collect the necessary information to assist OSHPD in their charge to, among other items, serve as the repository for comprehensive data and standardize data collection tools and methods.

Ms. Sodergren provided that as mandating submission of this information would require either a regulation and/or statutory change, board staff recommends that the board consider development of a survey that could be accessed from the board's Web site. She discussed that an on-line resource such as Survey Monkey, could serve as an easy collection method that would have minimal impact on board staff. Ms. Sodergren clarified that the survey would be completed on a voluntary basis.

Cindy Kanemoto, representing the DCA Licensing for Job Creation, provided that a memorandum of understanding or an agreement may be necessary if information is being provided to OSHPD. She clarified that participation in the Medical Board's survey is required.

Ms. Kanemoto discussed that she is recommending that OSHPD create the survey and also house the data. She stated that the board could provide a link on its Web site to the survey. Ms. Kanemoto advised that the licensees would be directly inputting the information to OSHPD and the board would still have access to the data. She provided that the department is exploring this option as an interim solution until the implementation of the BreEZe system.

Ms. Kanemoto discussed that each survey will be targeted towards the specific licensing types of each board.

Public Comment

Phillip Swanger, representing California Society of Health-System Pharmacists (CSHP), asked whether any data would be released to the public.

Ms. Sodergren discussed that if released, the data would be released by OSHPD.

Ms. Shellans discussed that the board does not collect certain information regarding its licensees as there is no mandate and there are legal and privacy concerns regarding certain information that is not necessary for licensure.

Ms. Veale provided comment in support of pursuing the survey as a voluntary option.

There was no additional discussion or public comment.

7. Presentation by the Emergency Management Services Agency on the Role and Involvement of Pharmacists in Emergency Response in California

Patrick Lynch, representing the Emergency Medical Services Authority (EMSA), provided an overview of the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP), a registration system for healthcare professionals to volunteer in the event of a significant disaster or a public health emergency. He discussed that volunteers are verified with the appropriate licensing board, assessed for whether or not they are actively practicing, and are added to the statewide registry. Mr. Lynch stated that during a disaster, state or local officials will determine what kind of health professionals are needed, search the database for available volunteers, and send an alert to selected members via email, telephone and pager.

Mr. Lynch provided that there are currently 515 pharmacists, 105 pharmacist interns, and 18 pharmacy technicians registered in the system.

Ms. Veale provided that she is registered in the system.

Ms. Herold offered to distribute brochures in the board's office.

Ms. Sodergren suggested that brochures also be provided to the department.

Mr. Lynch stated that he would like to work with the board to establish a link to the ESAR-VHP on the board's Web site. He also proposed that information regarding the system be provided on renewal notices.

Ms. Herold provided that the board compiled a list of emergency compounders during the H1N1 epidemic.

No public comment was provided.

8. Competency Committee Report

Ms. Veale provided that both Competency Committee workgroups have meetings scheduled in the spring of 2011 to work on examination development. She stated that the Competency Committee will ensure the new outline will be used to develop examinations administered after April 1, 2011.

No public comment was provided.

9. Licensing Statistics

Ms. Sodergren provided an overview of the statistics for licensing workload beginning in July 2010. She stated that as of March 1, 2011, the board has received over 11,300 applications for licensure; almost 6,800 are seeking licensure as a pharmacy technician. Ms. Sodergren discussed that there has been a significant increase in pharmacy technician applicants over the last few years. She stated that the board has issued over 9,800 new licenses and processed about 1,270 change applications (e.g. change in pharmacist-in-charge, change of permits, etc.) Ms. Sodergren reviewed that the board has about 4,900 applications pending, a portion of these applications are awaiting receipt of deficient items and almost 800 are eligible pharmacist exam applicants that have not taken the exam.

Ms. Sodergren provided that a three year comparison will be provided to the board at the July 2011 Board Meeting.

No public comment was provided.

10. Public Comment for Items Not on the Agenda

No public comment was provided.

The meeting was adjourned at 11:59 a.m.

Virginia Herold, Executive Officer
Stan Weisser, President of Board of Pharmacy
California State Board of Pharmacy
Licensing Committee
Department of Consumer Affairs
1625 N. Market Street, 1st floor hearing room
Sacramento, CA 95834

March 7, 2011

RE: March 8th, 2011 Licensing Committee; Public Comment to the Board; Pharmacist professional responsibility to report unethical behavior in regards to acquiring CE credits.

Dear Ms. Herold and Mr. Weisser,

As an experienced pharmacy director, a leader in our state professional association, and a pharmacy advocate, I bring to your attention an area for improvement in regards to the area of pharmacy continuing education.

There currently exists a multitude of venues online where Pharmacists may acquire continuing education pursuant to requirements of Article 4. Section 1732. However, due to the nature of online technology, individuals are able to log on. They go directly to the answer sheet, expediently enter in answers to questions, and therefore quickly acquire CE credit. While there is nothing wrong with that in and of itself. A concern may be where pharmacists are acquiring the answers to the questions inappropriately and therefore are not experiencing the benefit pursuant to the spirit of the law requiring continuing education.

Most pharmacists are well networked with other pharmacists. All pharmacists share the same responsibility of the requirement of continuing education. While pharmacists are generally “nice”, kind and cooperative, pharmacists who share CE answers with others be it solicited or not, deliver a disservice to them and their good intentions are misguided.

In the interest of high ethical standards for our profession and in particular, “effective continuing education” for pharmacists, I urge the board to deliberate and consider possible regulation requiring pharmacists report unethical behavior specifically around “cheating on CE”.

Sincerely,

Bill Young, RPh JD CHC

williambenjaminyoung@yahoo.com

(925) 377-7008

11. Continuing Pharmacy Education Requirements

53 boards of pharmacy require that pharmacists participate in CPE activities as a prerequisite for relicensure. The requirements are fairly uniform regarding the types of programs that are recognized and the prescribed range of acceptable content matter.

NOTE: One (1) CEU is equivalent to ten (10) contact hours (1 contact hour = 0.1 CEU).

NOTE: States highlighted in color denote revisions from 2010 edition.

Board Continuing Pharmacy Education Requirements for Relicensure

ALABAMA

A pharmacist may carry over and receive credit for twelve (12) hours of CE in the succeeding calendar year; however, a pharmacist must obtain in each calendar year no less than three (3) hours live by attendance.

ALASKA

Each pharmacist seeking renewal of a license shall satisfactorily complete thirty (30) credit hours of CPE biennially offered by ACPE-approved providers during the previous licensure period. Only programs administered by ACPE-approved providers will be accepted by the Board of Pharmacy.

ARIZONA

Pharmacists must satisfactorily complete three (3) CEUs biennially of continuing professional education activities sponsored by ACPE- or Board-approved providers. At least 0.3 CEUs shall be pharmacy law subjects. Satisfactory proof of participation should be retained by participants for five (5) years. No carry over of credit is allowed.

ARKANSAS

Beginning with the 2010-2011 biennium – for licensure in the 2012-2013 biennium, and in all future two-year periods – the requirements for CPE will be as follows:

1. Thirty (30) hours of CPE each biennium, as approved by the Arkansas Tripartite Committee on Continuing Education.
2. A minimum of twelve (12) CPE hours, of the thirty (30) required hours, must be live contact hours as defined by the committee.
3. A minimum of twelve (12) CPE hours of thirty (30) required hours must be accredited by ACPE.

Continuing competency for certification for Authority to Administer Medications/Immunizations must be maintained. A minimum of two (2) hours of the thirty (30)-hour requirement for CPE, each biennium, must be dedicated to this area of practice. Nursing home consultant pharmacists must annually obtain three (3) hours of CE specifically relating to his or her role as a consultant in a nursing home, in addition to the CPE required for all pharmacists.

CALIFORNIA

CPE is not required for a pharmacist's first license renewal. Thereafter, pharmacists must complete thirty (30) hours of approved CPE every two (2) years. All CPE providers must be approved by ACPE or the Pharmacy Foundation of California. No carry over of credit is allowed. Coursework that meets the standard of relevance to pharmacy practice and has been approved for CPE by the Medical Board of California, the California Board of Podiatric Medicine, the California Board of Registered Nursing, or the Dental Board of California shall, upon satisfactory completion, be considered approved CE for pharmacists.

COLORADO

Pharmacists must obtain twenty-four (24) hours of ACPE-approved CPE prior to renewal date of October 31 of odd-numbered years. Up to six (6) hours may be pharmacy-related CME and up to four (4) hours may be obtained by attending regularly scheduled Board meetings.

CONNECTICUT

Pharmacists are required to complete fifteen (15) hours of CPE in the previous calendar year (January to December). At least five (5) of those hours must be at a live presentation. Only courses that are ACPE-, CME-, Continuing Nursing Education-, or Commission-approved are accepted. At least one (1) of the fifteen (15) credits must be related to pharmacy law.

DELAWARE

Pharmacists must obtain thirty (30) hours of CPE during each biennial renewal period. No carry over of credit is allowed. See specific laws for biological and nuclear pharmacies at www.dpr.delaware.gov.

DISTRICT OF COLUMBIA

An applicant for renewal of a license shall have completed a minimum of forty (40) contact hours of CE credit in approved programs, which shall include at least two (2) hours in Human Immunodeficiency Virus (HIV) training and at least two (2) hours in medication/dispensing errors training during the two (2) year period preceding the date the license expires. Not more than thirty (30) contact hours of CE credit may be accepted in any renewal period, or for reinstatement or reactivation of a license for approved home study or other mediated instruction CE courses. A minimum of ten (10) contact hours of the required forty (40) CE credits shall be obtained by attendance at live CE programs. Pharmacists with added authority to immunize and vaccinate must complete two (2) hours of CE each renewal period relevant to the administration of immunizations and vaccinations as part of the CE credits required. Additional information regarding CE credits may be found in DCMR Chapter 65.

FLORIDA

Pharmacists must complete thirty (30) hours of approved courses of CPE every two (2) years as a condition of relicensure. Ten (10) of those hours must be from an approved live program. Two (2) of those hours must be a Board-approved course on medication errors. A Board-approved one-hour course on AIDS/HIV is required prior to first renewal of licensure. In addition, twenty-four (24) hours of consultant pharmacist coursework is required for biennial renewal of a consultant license. Additionally, twenty-four (24) hours of nuclear pharmacist coursework is required for biennial renewal of nuclear license. No carry over of credit is allowed.

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11. Continuing Pharmacy Education Requirements (cont.)

GEORGIA

Pharmacists must obtain thirty (30) hours (3 CEUs) of CPE credit every two (2) years as a condition of relicensure. Three (3) hours must be in emergency disaster preparedness as approved by the Board. All ACPE-approved providers giving a program in Georgia are required to submit a copy of the Program Description Form to the Georgia State Board of Pharmacy sixty (60) days prior to the date of the program. Non-ACPE-approved providers must apply for and obtain a Georgia State Board of Pharmacy identification number for each program and have a sixty (60)-day prior approval for their programs.

GUAM

Each pharmacist seeking renewal of a license shall satisfactorily complete one-and-one-half (1.5) CPE units (15 hours) in an approved CPE program or programs approved by the Board, unless he or she has passed an examination given by the Board. CPE programs attended by Guam-licensed pharmacists for purposes of satisfying licensure requirements of another state must be approved by the Guam Board of Examiners for Pharmacy in order to be recognized for purposes of renewal of Guam license.

HAWAII

Prior to renewing their pharmacist license, the pharmacist must have completed at least 30 hours of CE in the prior biennium, which consists of courses approved by ACPE or CME that serve to improve patient safety and to maintain quality national standards in the prevention of medical errors. After January 1 of the renewal period, the Board of Pharmacy conducts a random audit and pharmacists selected must submit proof of satisfying the CE requirement. (A licensee who graduated from an accredited pharmacy school within one year of the licensee's first renewal period shall not be subject to the CE requirement for the first license renewal.)

IDAHO

134. Amount of Continuing Education. The equivalent of one-and-one-half (1.5) CEUs shall be required annually of each applicant for renewal of license. One (1) CEU is the equivalent of ten (10) clock hours of participation. (07-01-93)

01. ACPE, CME. At a minimum, eight (8) clock hours (0.8 CEU) will be all or a combination of ACPE- or CME-accredited activities. (12-07-94)

02. Pharmacy law. One (1) clock hour (0.1 CEU) must be Board of Pharmacy-approved jurisprudence (pharmacy law) programs. (07-01-93)

03. Non-ACPE. A maximum of six (6) clock hours (0.6 CEU) may be non-ACPE accredited activities. (12-07-94)

04. Live attendance. Three (3) clock hours (0.3 CEU) of the required one-and-one-half (1.5) CEUs must be obtained by attendance at live continuing education programs. (07-01-97)

ILLINOIS

Pharmacists must obtain thirty (30) hours (3 CEUs) of CPE from ACPE-approved providers during the 24 months preceding the expiration date of the certificate.

INDIANA

Pharmacists are required to complete thirty (30) hours of approved CE every two (2) years. No more than six (6) hours

of business- or computer-related CE is accepted. No carry over of credit is allowed. At least half of total hours must be ACPE-approved; any other hours must be approved by the Board.

IOWA

Requires thirty (30) hours (3 CEUs) of approved CPE every two (2) years as a condition for license renewal. Fifty percent of CPE must be in drug therapy-related coursework from an ACPE-approved provider. Credits earned within three (3) months of renewal may be carried over to next renewal.

KANSAS

Requires thirty (30) hours (3 CEUs) of approved CPE for biennial registration. No carry-over of credit is allowed.

KENTUCKY

Each licensee is required to complete a minimum of fifteen (15) hours (1.5 CEUs) annually in accredited programs. One (1) hour must be earned from a Kentucky Cabinet for Human Resources-approved HIV/AIDS program every ten (10) years during the decennial year. Non-ACPE-approved programs must contain the Kentucky Board of Pharmacy identification number. Non-ACPE-approved courses given out-of-state are not reviewed for credit. Credit must be obtained between January 1 and December 31 each year. No carry-over credit is permitted.

LOUISIANA

Fifteen (15) hours (1.5 CEUs) of CPE from ACPE-approved providers must be completed annually as a prerequisite for relicensure. No carry over of credit is allowed. Of the fifteen (15) hours, at least three (3) hours must be via live presentation, as designated by ACPE. In the alternative, if choose no live CPE, then earn an additional five (5) hours by other means for a total of twenty (20) hours.

MAINE

Pharmacists must submit satisfactory proof of participation in not less than fifteen (15) hours of approved programs of CPE during the calendar year. Credit must be obtained between January 1 and December 31 each year. No carry over of credit is allowed.

MARYLAND

To qualify for biennial license renewal, pharmacists must have accumulated thirty (30) hours of CPE credit in approved programs by the last day of their birth month prior to obtaining licensure renewal. No carry over of credit is allowed. The Board, at its discretion, may grant an extension, but a pharmacist may not practice pharmacy until requirements are met.

MASSACHUSETTS

Pharmacists must complete fifteen (15) hours (1.5 CEUs) of CPE every year (thirty [30] hours [3.0 CEUs] per two [2]-year renewal period). No carry over of credit is allowed from year to year. Of the fifteen (15) hours required per year, at least two (2) hours shall be in the area of pharmacy law and not more than ten (10) hours shall be credited through correspondence courses. A pharmacist may not earn more than eight (8) hours of CPE in a calendar day

MICHIGAN

To qualify for biennial license renewal, pharmacists must have accumulated thirty (30) hours of CPE credit in approved

11. Continuing Pharmacy Education Requirements (cont.)

programs. No carry over of credit is allowed. Ten (10) hours face-to-face or live programs.

MINNESOTA

Requires at least thirty (30) hours of credit from accredited CPE programs every two (2) years. Carry over and splitting of program hours are not allowed.

MISSISSIPPI

Pharmacists are required to submit to the Board of Pharmacy evidence of completion of ten (10) hours (1 CEU) in approved programs every one (1) year. No carry over of credit is allowed.

MISSOURI

Pharmacists are required to obtain thirty (30) hours (3 CEUs) of CPE for each biennial license renewal period. No carry over credit is allowed. An audit of randomly selected renewed licenses is conducted.

MONTANA

Pharmacists are required to participate in fifteen (15) hours (1.5 CEUs) of ACPE-, CME-, or Board-approved programs each year following the first license renewal. A minimum of five (5) hours (0.5 CEUs) is to be obtained in ACPE-, CME-, or Board-approved group (ie, live) programs. One (1)-year carry over of credit is allowed.

NEBRASKA

Every two (2) years, pharmacists will be required to complete thirty (30) hours (3 CEUs) of CPE that meet ACPE criteria for quality. Each pharmacist is responsible for keeping his or her own records. No carry over of credit is permitted.

NEVADA

Pharmacists must submit proof, if audited, of receiving thirty (30) hours of CPE within the two (2) years preceding the current renewal period. In-state registrants must have at least fifteen (15) hours in accredited programs, including one (1) hour in a Nevada jurisprudence program. The one (1) hour of Nevada jurisprudence must either be (a) approved by the Board, (b) provided by the Board, or (c) earned by attending one (1) full day of a Board meeting. Attending one (1) full day of a Board meeting will provide three (3) hours of accredited CPE in addition to one (1) hour of Nevada jurisprudence. Out-of-state registrants may submit thirty (30) hours of acceptable CPE. Carry over of credits is not allowed.

NEW HAMPSHIRE

Requires fifteen (15) hours (1.5 CEUs) for annual relicensure. A minimum of five (5) hours (0.5 CEUs) must be didactic (live presentation) hours. No carry over of credit is allowed. Programs must be from ACPE-approved providers **or** approved by any board of pharmacy **or** CME Category I-accredited.

NEW JERSEY

Chapter 79, C. 45:14-11.11. CE required of pharmacists.
1. The Board of Pharmacy of the State of New Jersey shall require each person registered as a pharmacist, as a condition for biennial certification pursuant to R.S. 45:14-11 and P.L. 1972, c. 108 (C.45:1-7), to complete thirty (30) credits of continuing pharmacy education and submit proof thereof, as provided in section 2 of this act, during each biennial registration period. C.45:14-11.12. Standards for CE. 2. a. The Board shall: (1) Establish standards for continuing pharmacy

education, including the subject matter and content of courses of study, the selection of instructors, and the type of CE credits required of a registered pharmacist as a condition for biennial certification; (2) Approve educational programs offering credit towards the continuing pharmacy education requirements; and (3) Approve other equivalent educational programs, including, but not limited to, home study courses, and shall establish procedures for the issuance of credit upon satisfactory proof of the completion of these programs. b. In the case of education courses and programs, each hour of instruction shall be equivalent to one (1) credit.

The Board automatically accepts ACPE-approved CPE credits. Programs presented by non-ACPE providers must apply to the Board for approval of these presentations for accreditation. There is a \$50 fee for this review. Individuals attending non-ACPE programs who wish to receive CPE credit can have these programs reviewed for a \$10 fee. Non-ACPE courses must be issued a New Jersey number to be acceptable for CPE credit.

NEW MEXICO

Pharmacists are required to submit evidence of thirty (30) hours (3 CEUs) of CPE. A minimum of 1.0 CEU (10 contact hours) per renewal period shall be obtained through “live programs” that are approved as such by ACPE or the Accreditation Council for Continuing Medical Education (ACCME). A minimum of 0.2 CEU (2 contact hours) per renewal period shall be in the area of patient safety as applicable to the practice of pharmacy. A minimum of 0.2 CEU (2 contact hours) per renewal period shall be in the subject area of pharmacy law offered by the New Mexico Board of Pharmacy. Resident pharmacists must attend a program presented by the inspection staff **or** take a one hundred (100)-question examination and receive a score of 80% or better. The examination costs \$100. Nonresident pharmacists may take an ACPE-accredited law course.

NEW YORK

During each triennial registration period, pharmacists must complete a minimum of forty-five (45) hours of acceptable formal CPE with no more than twenty-two (22) hours consisting of self-study courses. Every pharmacist is required to complete three (3) of the forty-five (45) hours in the area of strategies used to reduce medication errors.

NORTH CAROLINA

Requires fifteen (15) hours (1.5 CEUs) of CPE per year, with no more than seven (7) hours (0.7 CEUs) of noncontact (ie, correspondence/home-study) program credit.

NORTH DAKOTA

Requires fifteen (15) hours (1.5 CEUs) of CPE offered by ACPE-approved providers every year for license renewal. One (1)-year carry over of credit is allowed.

OHIO

Requires that evidence of six CEUs of CPE offered by approved providers be submitted at intervals of three (3) years. 0.3 CEUs must be in Board-approved jurisprudence. No carry over of credit is allowed.

OKLAHOMA

Relicensure or licensure by reciprocity requires satisfactory proof of not less than fifteen (15) clock hours of participation in accredited CPE programs per calendar year. Carry over of credit is not allowed. Recommend three (3) hours of live format CPE.

States highlighted in color denote revisions from 2010 edition.

Continued on page 32

11. Continuing Pharmacy Education Requirements (cont.)

OREGON

Each year pharmacists must satisfactorily complete fifteen (15) hours (1.5 CEUs) in approved CPE programs. Eleven (11) of the fifteen (15) hours must be in therapeutics; one (1) hour must be in law; and a one-time seven (7) hour pain management CPE. No carry over of credit is allowed. Within twenty-four (24) months of first license renewal there is a one-time requirement to complete one (1) hour pain management course provided by the Pain Management Commission of the Oregon Department of Human Services; and six (6) hours of CE in pain management.

PENNSYLVANIA

The Board will renew the license of a pharmacist who has completed a minimum of thirty (30) contact hours (3 CEUs) of CPE during the preceding biennial renewal period. Beginning with the license period commencing on October 1, 2012, two of the required thirty (30) contact hours shall be completed in courses from the ACPE topic designator "Patient Safety." In addition, for licenses with authority to administer injectable medications, biologicals and immunizations in accordance with section 9.2 of the act (63 P.S. §390-9.2) and §27.401 (relating to qualifications for authority), at least two (2) of the required thirty (30) hours must concern the administration of injectable medications, biologicals and immunizations, including, but not limited to, disease epidemiology, vaccine characteristics, injection technique, emergency response to adverse events and related topics. Only CPE programs offered by ACPE-accredited providers of CPE targeted toward pharmacists are acceptable to the Board.

PUERTO RICO

Pharmacists must complete thirty-five (35) hours (3.5 CEUs) of CPE for recertification every three (3) years. No more than fifteen (15) hours may be obtained through professional journals, research, or CPE presentations. Three (3) hours on infection control are required.

RHODE ISLAND

Pharmacists must complete fifteen (15) hours (1.5 CEUs) of CPE offered by approved providers. Five (5) hours of credit must be obtained through participation in live programs. No carry over of credit is allowed.

SOUTH CAROLINA

Pharmacists must complete fifteen (15) hours of ACPE-approved CPE or CME Category I to be eligible for active license renewal. At least six (6) hours of the total must be from live presentations. At least seven-and-a-half (7.5) hours must be concerning drug therapy or patient management. Excess credits may be carried forward one (1) calendar year.

SOUTH DAKOTA

Pharmacists must provide evidence of completion of twelve (12) hours of CPE in approved programs in order to be eligible for annual relicensure. The continuing education must be completed within the twenty-four (24) months before the pharmacist's certificate of registration expires.

TENNESSEE

Pharmacists must complete thirty (30) hours of CPE every two (2) years for license renewal. No carry over of credit is allowed. At least twenty-four (24) hours must be ACPE-approved, and

fifteen (15) hours must be obtained through ACPE-designated "live" contact programming.

TEXAS

Pharmacists must complete and report thirty (30) hours of approved CPE during a two-year license period.

UTAH

Pharmacists shall complete thirty (30) hours of CPE approved by the division and the Board every two (2) calendar years. A minimum of twelve (12) hours must be obtained through attendance at approved lectures, seminars, or workshops; a minimum of fifteen (15) hours must be in drug therapy or patient management; and one (1) hour in law and ethics. CPE hours for licensees who have not been licensed for the entire year will be prorated from the date of licensure at a rate of one (1) hour for each month of licensure. No CPE hours may be accrued as excess and carried forward to the succeeding reporting period. An approved provider is an individual, institution, organization, association, corporation, or agency that has been approved by ACPE, education meetings sponsored by pharmacy professional associations, and training/education provided by the division.

VERMONT

The licensee must complete a total of thirty (30) CPE hours per renewal period. A minimum of ten (10) hours shall be obtained during participation in live programs (didactic sessions). Continuing pharmacy education participation must be reported every two (2)-year renewal period. For newly licensed pharmacists: Applicants granted an initial license to practice by the Board, accumulation of CPE's shall commence on the opening date of the first biennial renewal period following receipt of initial Vermont licensure.

VIRGINIA

§54.1-3314.1. **Continuing education requirements; exemptions; extensions; procedures; out-of-state licensees; nonpractice licenses.**

A. Each pharmacist shall have obtained a minimum of fifteen (15) continuing education hours of pharmaceutical education through an approved continuing pharmaceutical education program during the year immediately preceding his license renewal date. **B.** An approved continuing pharmaceutical education program shall be any program approved by the Board. **C.** Pharmacists who have been initially licensed by the Board during the one (1) year preceding the license renewal date shall not be required to comply with the requirement on the first license renewal date that would immediately follow. **D.** The Board may grant an exemption from the continuing education requirement if the pharmacist presents evidence that failure to comply was due to circumstances beyond the control of the pharmacist. **E.** Upon the written request of a pharmacist, the Board may grant an extension of one (1) year in order for a pharmacist to fulfill the continuing education requirements for the period of time in question. Such extension shall not relieve the pharmacist of complying with the continuing education requirement for the current period. **F.** The pharmacist shall attest to the fact that he has completed the continuing education requirements as specified by the Board. **G.** The following shall apply to the requirements for continuing

11. Continuing Pharmacy Education Requirements (cont.)

pharmaceutical education: (1) The provider of an approved continuing education program shall issue to each pharmacist who has successfully completed a program certification that the pharmacist has completed a specified number of hours. (2) The certificates so issued to the pharmacist shall be maintained by the pharmacist for a period of two (2) years following the renewal of his license. (3) The pharmacist shall provide the Board, upon request, with certification of completion of continuing education programs in a manner to be determined by the Board. **H.** Pharmacists who are also licensed in other states and who have obtained a minimum of fifteen (15) hours of approved continuing education requirements of such other states need not obtain additional hours. **I.** The Board shall provide for an inactive status for those pharmacists who do not wish to practice in Virginia. The Board shall require upon request for change from inactive to active status proof of continuing education hours as specified in regulations. No person shall practice in Virginia unless he holds a current active license. **J.** As part of the annual fifteen (15)-hour requirement, the Board may require up to two (2) hours of continuing education in a specific subject area. If the Board designates a subject area for continuing education, it shall publish such requirement no later than January 1 of the calendar year for which the specific CE is required.

WASHINGTON

Pharmacists are required to complete fifteen (15) hours (1.5 CEUs) of professional CPE as a prerequisite for annual license renewal. No carry over of credit is allowed.

WEST VIRGINIA

Two (2)-year reporting period – thirty (30) hours required. Two (2) hours in end-of-life care (required only during the first two (2) years of licensure) including pain management required every two years. Six (6) hours of live CPE required every two (2) years.

WISCONSIN

Effective with the June 1, 2000 renewal, pharmacists are required to complete thirty (30) hours of CE every two (2) years to renew their licenses.

WYOMING

Each pharmacist must complete a minimum of twelve (12) credit hours (1.2 CEUs) of accredited CPE each year. Those who have been inactive must demonstrate completion of back-CPE for a maximum of five (5) years prior to reactivation.

States highlighted in color denote revisions from 2010 edition.

NABPLAW Online Search Terms

Continuing Pharmacy Education Requirements *(type as indicated below)*

- ◆ continuing & education & hours
- ◆ continuing & education & renewal & required
- ◆ continuing & education & requirements

For additional information regarding specific requirements, contact the appropriate board of pharmacy.
For additional information about the ACPE Provider Approval Program, contact:
Accreditation Council for Pharmacy Education, 20 N Clark St, Suite 2500, Chicago, IL 60602; 312/664-3575.

Developing Pharmacists for Emergency Response in California



Mark Chew, Pharm.D.
Orange County
Health Care Agency



County of Los Angeles

Glen Tao, Ph
Department of F Health



The three primary hazards of California:

Earthquakes

Floods

Wildfires

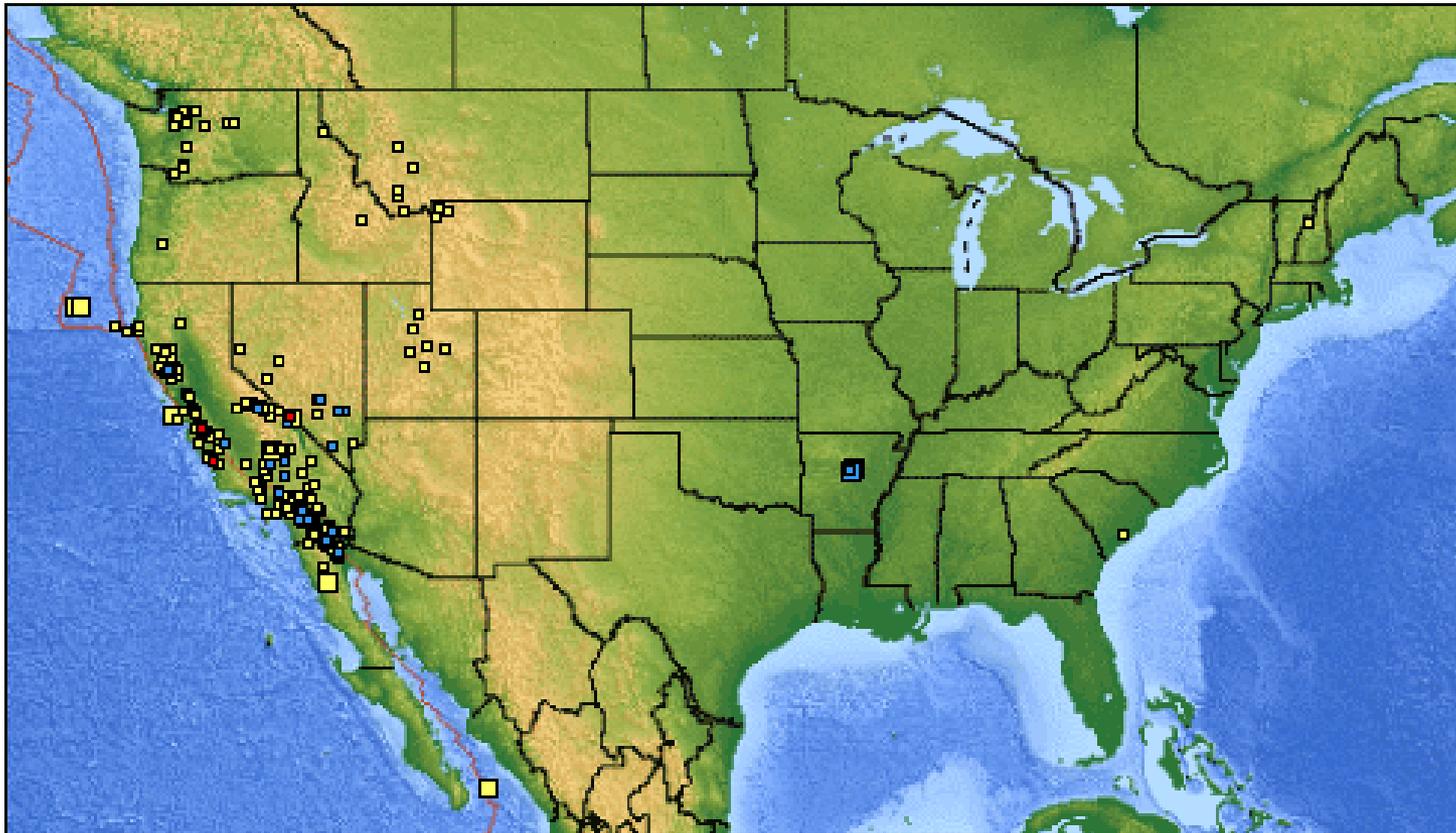
Based on the State of California Office of Emergency Services (O.E.S.) 2007 Multi-Hazard Mitigation Plan's Hazard, Vulnerability and Risk Assessment:



When Will it Happen?

Mon Feb 28 15:50:34 UTC 2011

728 earthquakes on these maps



CONTERMINOUS 48 STATES



When Will it Happen?



AP



This happens every year:



This happens every year.



In the journal Comprehensive Therapy, the article titled “Treating the victims after disaster physical and psychological effects” suggests disaster victims present in 3 waves.

1. The initial group presents traditionally suffering from mild physical injuries.
2. Usually 6 hours later a group may typically have more serious trauma not adequately treated.
3. Untreated medical problems days after initial disaster.

“Treating the victims after disaster, Physical and psychological effects,”

Shayna Murdoch and Tyler Childs Cymet

Comprehensive Therapy Vol. 32, Number 1, 39-42 , 2006



Pharmacists are ideally positioned to address the victims' needs.

Not only do pharmacies have the needed minor medical supplies, but they have the expertise to respond to needs of patients from each wave.



As a result of the Kentucky Ice Storms of 2009: Allows Kentucky pharmacists limited emergency powers...



For Immediate Release

Contact:
Brad Hall
Kentucky Pharmacists Association
(502) 319-1239
bradhall@kphanet.org

Michael Goins
Blue Sky Communications, LLC
(502) 316-4574
blueskycommunications@hotmail.com

Bill to allow pharmacies to open during emergencies is signed into law

House Bill 300 gives pharmacists authorization to provide care during a declared state of emergency

FRANKFORT, Ky. (March 26, 2010) – A new law that will allow patients to get their prescriptions during emergencies is now law in Kentucky. House Bill 300 sponsored by Rep. Mike Cherry (D)-Princeton, was signed into law this week by Governor Steve Beshear. The Kentucky Pharmacists Association and its 1,400 member pharmacists supported HB 300 during the legislative session because of its focus on patient care during emergencies.

“Last year’s major ice storm had a tremendous impact on Kentuckians who needed to get their prescriptions filled,” said Brad Hall, Executive Director of the Kentucky Pharmacists Association. “Now that House Bill 300 is law, it will guarantee that patients won’t have to go without needed medication due to a weather emergency or disaster. The Kentucky Pharmacists Association and our member pharmacists express our appreciation to Governor Beshear, Representative Cherry and the other co-sponsors of House Bill 300 for their bi-partisan support in making this bill law.”

The new law allows the governor during a declared state of emergency to give Kentucky pharmacists limited emergency powers through issue of an Executive Order. Among the emergency powers that could be issued to pharmacists include:

- Dispense up to a 30 day emergency supply of medication*
 - Administer immunizations to children pursuant to a protocol
 - Operate on a temporary basis a pharmacy not in a designated area on the pharmacy permit
 - Dispense drugs as needed to prevent or treat the disease or ailment responsible for the emergency pursuant to a protocol
- *Does not include controlled substances*

Whether all or some of the emergency powers available to pharmacists under the law during an emergency would be left to the discretion of the governor.

In addition to Rep. Cherry, other co-sponsors of HB 300 were Rep. Dwight Butler (R)-Harned; Rep. Will Coursey (D)-Benton; Rep. C.B. Embry, Jr. (R)-Morgantown; Rep. Jeff Greer (D)-Brandenburg; Rep. Melvin Hensley (D)-Murray; Rep. Martha Jane King (D)-Lewisburg; Rep. Fred Nesler (D)-Mayfield; Rep. Steven Rudy (R)-West Paducah; Rep. Sal Santoro (R)-Florence; Rep. Tommy Thompson (D)-Owensboro; Rep. Ken Upchurch (R)-Monticello; and Rep. Brent Yonts (D)-Greenville.

-30-

The Kentucky Pharmacists Association (KPhA), based in Frankfort, has a membership of more than 1,400 across the commonwealth. The mission of the Kentucky Pharmacists Association is to promote the profession of pharmacy, enhance the practice standards of the profession, and demonstrate the value of pharmacist services within the health care system. For more information on KPhA, go to www.kphanet.org.



During the Kentucky ice storms of 2009, there was an account of a pharmacy utilized as a temporary shelter.



Georgia State Board of Pharmacy

Requires 3 hours of Emergency Preparedness Continuing Education.



The Office of Secretary of State

TO : Georgia Pharmacists
FROM: Georgia State Board of Pharmacy
DATE : December 15, 2010
RE : Updated Memo – Emergency Disaster Preparedness

Effective February 14, 2010, all Georgia licensed pharmacists are required to acquire continuing education hours in disaster preparedness. Please see update board rule 480-3-.03 as follows:

480-3-.03 Continuing Pharmacy Education.

- (1) The Georgia State Board of Pharmacy has the statutory responsibility and authority for the requirement of continuing education as prerequisite for a license renewal.
- (2) The purpose of continuing education for pharmacists is to maintain and enhance the professional competency of pharmacists licensed to practice in Georgia for the protection of the health, safety and welfare of the people of the State of Georgia.
- (3) As a requirement for the biennial renewal of his/her license, a pharmacist must complete not less than thirty (30) hours of approved continuing education.
 - (a) Of these 30 hours, at least 3 must be in disaster preparedness for pharmacist as approved by the Board.

Continuing education providers for the disaster preparedness training must be approved by ACPE and the Georgia State Board of Pharmacy. The following providers have been approved:

1. **University of Georgia** - UGA has developed a special webpage for this program. Go to: www.rxugace.com. The point of contact in their office is Christy Hilliard and her number is 706-542-6232. They have also set up a special information line 706-542-6665.
2. **Pharmacist's Letter**- Contact Colleen West, P.O. Box 8190, Stockton, CA 95208
Phone: (209) 472-2240
3. **W-F Professional Associates, Inc.**
"CE PRN---Disaster Preparedness for the Pharmacist"
400 Lake Cook Rd, Suite 207
Deerfield, IL 60015
Phone: (847) 945-8050

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440
www.sos.ga.gov



Why are Pharmacists vital to emergency response?

1. Pharmacists have the largest network of health care providers that are ***trained and easily accessible*** to the public. There are pharmacists and pharmacies in nearly every county in the state.
2. Possess basic skill sets useful in emergency response.



2. Pharmacists can ***work under protocols***. ***Mass dispense or mass vaccinate faster*** with medical volunteers.



**To prepare pharmacists for this role,
pharmacists should receive some basic
training in emergency/disaster preparedness.**



Current status of Emergency-Disaster Preparedness related courses in the pharmacy schools.

Most schools offer:

Immunizations



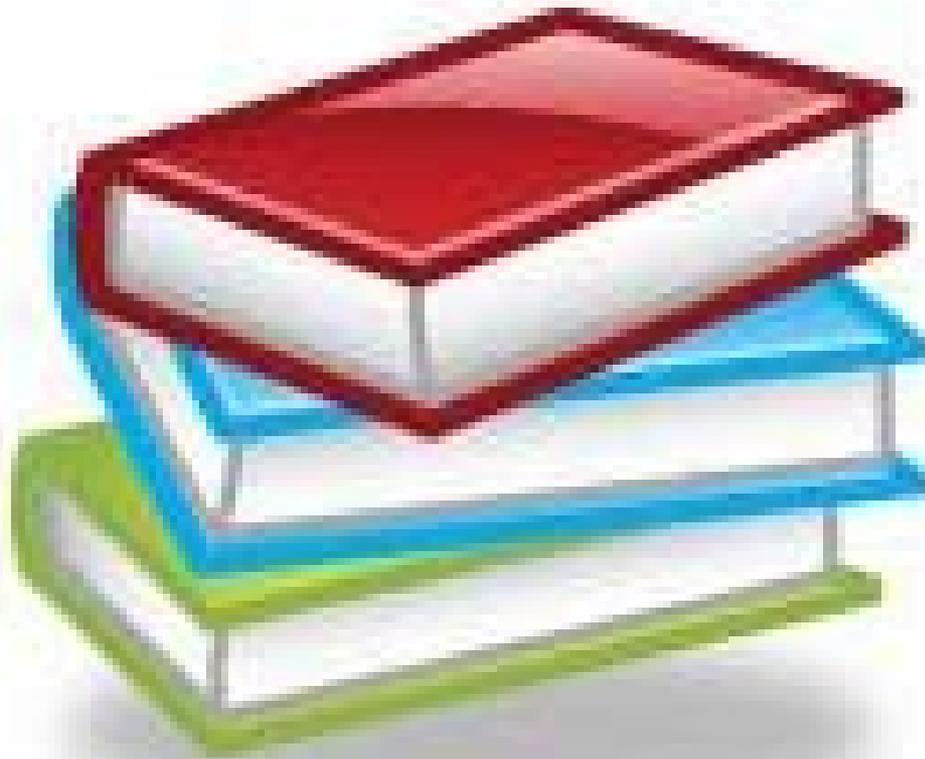
First Aid



CPR



Mandatory Continuing Education on Basic Emergency Preparedness Should Be Available



Argument in Favor of Mandatory Emergency Preparedness CE Courses

- Courses will reach 100% of registered pharmacists
- Is in the best interest of the public
- Will increase the awareness of existing emergency pharmaceutical and medical supply caches
- May help to increase the number of Disaster Healthcare Volunteers (515 out of about 30,000 registered pharmacists in CA as of March 7, 2011)
- Consistent with the CA Board of Pharmacy Disaster Response Policy Statement, the first of its kind in the nation
- Will keep pharmacists aware of basic emergency preparedness principles even during long periods of non-emergencies

Argument in Favor of Mandatory Emergency Preparedness CE Courses (continued)

- Most pharmacists are unaware of the pharmaceuticals and medical resources available in emergency stockpiles created after 9-11 and the anthrax attacks of 2003
- The number of pharmacists involved with emergency preparedness and response is very low compared to the population served.
- The priority to rapidly mass dispense medications to the public will be dramatically improved by greater adherence to safeguards that will be possible with larger numbers of pharmacists involved
- Pharmacists can be utilized to provide services, such as emergency compounding of oral formulations
- Recent survey after recent disasters shows that first responders look favorably at chain pharmacies providing mass dispensing and mass vaccination to the public

Argument in Favor of Mandatory Emergency Preparedness CE Courses (continued)

- Pharmacy schools already train students on vaccinations, first aid, and CPR, the baseline for emergency response
- The pharmacy profession is an existing resource of skill sets that can be tapped in times of emergency
- Pharmacies carry many of the supplies for emergency preparedness kits, yet do not market this capability
- The remote computer servers of chain pharmacies carry prescription information on their patients that can be accessed locally during disasters
- Pharmacies have greater public access than physicians offices and clinics
- Pharmacists should be prepared to respond, as physicians, nurses, PAs, paramedics, EMTs, or non-health care professionals will not be able to offer the same level of expertise

Mark A. Chew, Pharm.D.

Chief Pharmacist, Public Health, Health Disaster Management Division

County of Orange Health Care Agency

Chief Pharmacist, DMAT CA-1

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Santa Ana, Ca. 92701

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E-mail: mchew@ochca.com

Glen K. Tao, Pharm.D.

Pharmacy Services Chief I

Strategic National Stockpile Coordinator

Emergency Preparedness and Response Program

County of Los Angeles Department of Public Health

600 S. Commonwealth Ave., Suite 700 Los Angeles, Ca 90005

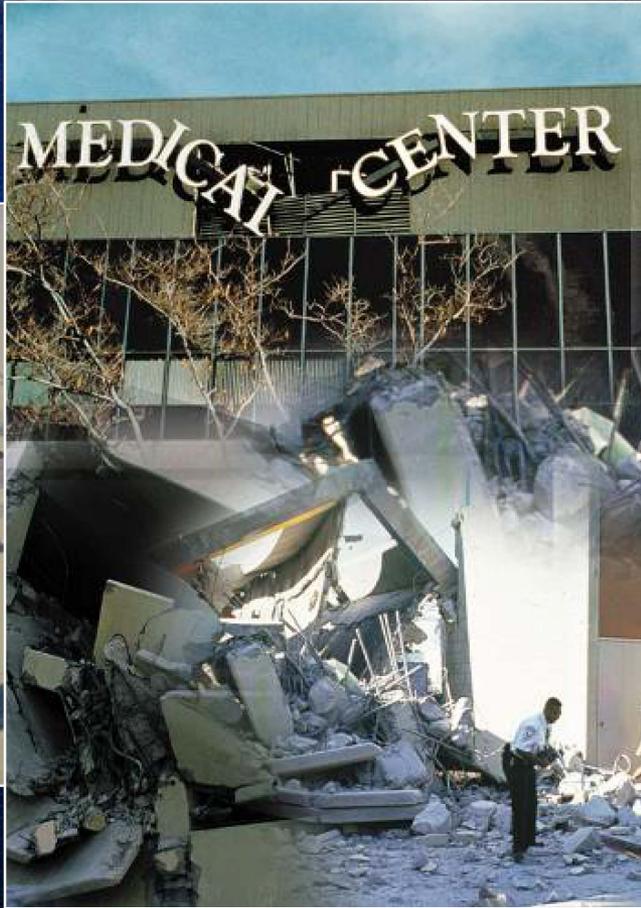
- Office: (562) 941-3115, Mobile: (323) 842-9781
- Fax: (562) 906-0045
- E-mail: gtao@ph.lacounty.gov





Disaster Healthcare Volunteers

Patrick Lynch, RN, BA
Manager, Response Personnel Unit
California Emergency Medical Services
Authority



EMERGENCY MEDICAL SERVICES

CALIFORNIA

ESAR-VHP

Emergency System for the Advance Registration of
Volunteer Health Professionals

- ESAR-VHP in California: Disaster Healthcare Volunteers (DHV)
- Response to 9/11 and Hurricane Katrina efforts
- Federal mandate—each state develops own system
- Includes verification of licenses/certifications
- Allows for pre-registration of volunteer health professionals and identification of:
 - Skills and interests
 - Specialties and subspecialties
 - Deployment preferences



What is Disaster Healthcare Volunteers?

- Manages 12,000+ volunteers
- Allows for individual volunteers to enter information about their licenses, skills, preferences, and availability
- Checks the validity of 48 clinical license types by electronic interface
 - Also electronically checks DEA licenses
- Checks the validity of other certifications, such as board certification
- Allows local management of VHPs

California Board of Pharmacy

- Pharmacists 515
- Pharmacy Interns 105
- Pharmacy Technicians 18

Who are Disaster Healthcare Volunteers?



- Professionals like you who want to volunteer

Why Volunteer?

- Healthcare volunteers are essential to our state during major incidents and disasters
- Local resources can be stretched thin by a disaster or widespread infectious disease outbreak

What Role Will You Have?

- Medical response efforts
- Public health activities
- Training and exercise opportunities
- Surge response (fires, floods, disasters, pandemic)
- Mass prophylaxis staffing
- Other healthcare emergencies

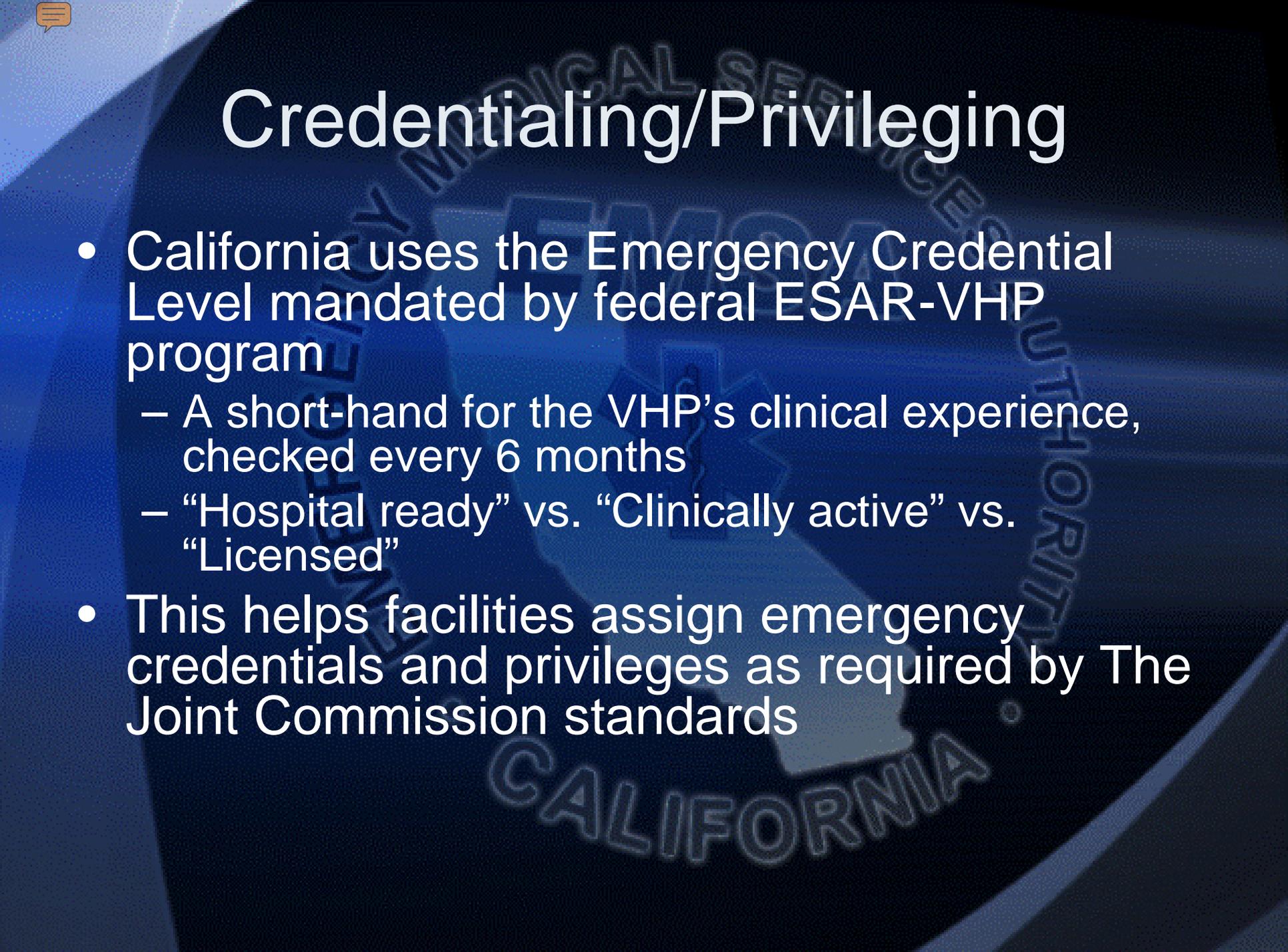


What to Expect as a DHV Registrant

- Once registered, your professional license will be verified electronically with your licensing board
- Your secure, verified information will then be available so you can be called upon
- During a disaster, state or local (county) officials will determine the need for your skills
- You have the option to accept or decline the volunteer request
- If you accept, you will receive specific instructions on where and when to report

DHV's Notification System

- Allows for immediate communication with volunteers across the state
 - Multiple routes: text message, fax, email, phone (interactive phone system)
- Provides for 2-way communication with volunteers
- Able to monitor responses to ascertain availability to respond to a particular mission
- Allows for the rapid communication of key deployment information to the volunteers



Credentialing/Privileging

- California uses the Emergency Credential Level mandated by federal ESAR-VHP program
 - A short-hand for the VHP's clinical experience, checked every 6 months
 - “Hospital ready” vs. “Clinically active” vs. “Licensed”
- This helps facilities assign emergency credentials and privileges as required by The Joint Commission standards

The background of the slide features a large, semi-transparent watermark of the California EMSA Authority seal. The seal is circular and contains the text "EMERGENCY MEDICAL SERVICES AUTHORITY" around the top edge and "CALIFORNIA" at the bottom. In the center of the seal is a map of California with a caduceus symbol overlaid on it.

Professional Liability

- Broad protections exist under federal and state laws
 - Federal Volunteer Protection Act
 - Various state “Good Samaritan” laws
 - Other specific state provisions granting immunity during proclaimed emergencies



Workers' Compensation

California has a Disaster Service Worker volunteer program that:

- Requires a registration process
- Covers volunteers during disasters and in their training/exercising

DHV Homepage

DHV of California - Mozilla Firefox

File Edit View History Bookmarks Tools Help

California Emergency Services Authority (US) <https://www.healthcarevolunteers.ca.gov/index.php> Google

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DHV of California

CA.GOV **DISASTER HEALTHCARE VOLUNTEERS**  **EMSA** **EMERGENCY MEDICAL SERVICES AUTHORITY**

[Home](#) [Register Now](#) [Contact Us](#) [FAQ](#) [Terms of Service](#) [Privacy Policy](#)

GOVERNOR SCHWARZENEGGER
Visit his Website 

EMSA Director STEVE THARRATT, MD
Visit his web page 

Quick Links

- [EMSA Home](#)
- [Healthcare Volunteer Resources Page](#)

Welcome to the Disaster Healthcare Volunteers Site

Username:

Password:

>> [Forgot Username or Password?](#)

>> [Not Registered?](#)

>> If you have already completed the registration process or wish to return to a registration which you've started but not completed, you can log in and update your profile.

Here you'll find the online registration system for medical and healthcare volunteers.

If you're a healthcare provider with an active license, a public health professional, or a member of a medical disaster response team in California who would like to volunteer for disaster service, you've come to the right place!

What does it take to register for disaster service?

1. During the on-line registration process, you will be asked to enter information regarding your license (if applicable).
2. Enter information about the best way to contact you, and other relevant background information.
3. Once you've registered, your credentials will be validated - before an emergency - so that you can be deployed quickly and efficiently. Your information will only be viewed by authorized system managers.

Once I'm registered, what happens next?

1. During a State or national disaster, (e.g., an earthquake severe weather event, or public health emergency), this system will be accessed by authorized medical/health officials at the State Emergency Operations Center or your county.
2. If a decision is made to request your service, you will be contacted using the information you enter on the site. If you agree to deploy, your information will be forwarded to the appropriate field operational officials.

Thank you for Volunteering!


WHO CAN VOLUNTEER?


FAQ'S & TESTIMONIALS

<https://www.healthcarevolunteers.ca.gov/instructions.php>

Welcome Page

DHV of California (training): Home - Mozilla Firefox
https://california.training.collaborativefusion.com/welcome.php

CA.gov **DISASTER HEALTHCARE VOLUNTEERS**

Help | Log Out

Advanced Search Search

HOME | MY PROFILE | MISSIONS | MESSAGES | RESPONDERS & GROUPS | ADMINISTRATION

Home

Welcome, Laura Szilaj

Profile



Your profile is:
97 % Complete

Physical Thera...
Account Status: **Active**
[Edit Account Status](#)

Contact Numbers:
Home 555-555-5625 x7257
SMS 555-555-5983 x58
Fax 555-555-5179 x34
[More contact numbers](#)

Email:
[More email addresses](#)

Unit Affiliation:
Alameda County Unit
[More unit affiliations](#)

Last Logged In:
09/08/10
[\(view full profile\)](#)

Updates

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Date	Subject
No Results Found	

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Recent Messages

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Method	From	Subject	Date
	Cooper, Colleen	DHV of California (training) Deployment Request: This is a test. ...	Jan 27
	Snowden, Timothy	DHV of California (training) Deployment Request: This is a test. ...	11/04/09
	Carter, Laura	URGENT: Alert For Immediate Deployment: This is a test. The following message is ...	11/04/09
	Lindsay, Shawn	DHV of California (training) Deployment Request: This is a test. ...	10/29/09
	Stearns,	DHV of California (training) Deployment	10/29/09

Schedule Manager

September 2010

S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

Today is: September 13, 2010
Time Zone: GMT-7:00 (PDT)

Did you know?

Contacting CFI
Did you know you can contact customer support for this system? Call us at 1-800-613-9380 or [email us](#).

Updating profile info
Did you know you can modify your profile information by clicking on the edit button on any section of your user profile?

Questions?

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www.healthcarevolunteers.ca.gov