



**Regulation Matters:  
a CLEAR conversation**

## **Episode 51: Evaluating Policy Changes Made During the Pandemic March 8, 2022**

**Line Dempsey:** Welcome back to our podcast Regulation Matters: a CLEAR conversation. I'm your host, Line Dempsey. We've got a great one for you today. I'm currently, the Chief Compliance Officer with Riccobene Associates Family Dentistry here in North Carolina. And I'm also CLEAR's President Elect.

As many of you are probably aware, the Council on Licensure, Enforcement and Regulation, or CLEAR, is an association of individuals, agencies, and organizations that comprise the international community of professional and occupational regulation. This podcast is an opportunity for you to hear about important topics in our regulatory community.

Today, our guest is Al Carter. He is the executive director and secretary of the National Association of Boards of Pharmacy. So, we're super glad to have you with us today. Welcome.

**Al Carter:** Thank you, Line. I'm really excited to be here.

**Line:** Well, we're certainly glad to speak with you. And also let me thank our listeners for joining us today. On today's podcast, we're talking about a report from the NABP (National Association of Boards of Pharmacy) Workgroup to consider extending waivers that were issued during the pandemic. Now, before we do a deep dive into that, for our listeners who may not be pharmacy regulators, can you give maybe a quick introduction to the NABP?

**Al:** National Association of Boards of Pharmacy is a non-profit organization. We were founded in 1904. And our true focus is support and working with our members, which are state boards of pharmacy, to protect public health.

Our members consist of the 50 United State Boards of Pharmacy, as well as the Boards of Pharmacy in the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. And we have association membership with the 10 Canadian provinces and the Bahamas.

And, really, our focus is on efforts to increase prescription drug safety through examinations for licensure for pharmacists, as well as verification services and various degree of pharmacy accreditations.

**Line:** That's excellent. Well, thank you for that. I think that's very helpful for our listeners. So, you know, kind of to set the stage, if you would, for our conversation today, can you give me some background of this workgroup and its specific charge that maybe the board of directors had given it?

**Al:** This workgroup was really focused on looking at current provisions due to COVID-19 and what should be permanent based off these provisions moving for your future. And so, the workgroup was charged with three items. It was (1) to review all the provisions that were waived by boards of pharmacy during COVID, (2) to advise which of these waivers, if any, could safely remain in effect beyond COVID-19 for public health emergency, and then (3) to amend our model act, which boards of pharmacy use as guidance when developing regulations and statutory changes within their state.

**Line:** Well, clearly COVID-19, the pandemic, has forced us all to adapt our work in different ways. I mean, people working from home in all kinds of different industries now, that maybe wasn't even an option before. You know, some of the changes brought about kind of unexpected positive results. And it says, 'Hey, you know, is it better to do it this way,' right? You're asking that question. But, other changes kind of reflected a last resort way of doing something. You know, is it better or even necessary to return to how it was done previous to the pandemic? So, I understand that the workgroup looked at the pharmacy waivers through that kind of optic, if you would, and determined that there are three basic categories. Can you lay out those categories for us?

**Al:** Sure. So, we looked at it in three ways. One is, what should be looked at for permanent consideration in all circumstances? Second is, what should be considered for special or unusual public health circumstances or concerns, such as drug shortages that were a topic of issue at the beginning of COVID. And then also those that are declared emergencies—when you look at natural disasters and other emergencies that occur, how do we address those and what should pharmacists have the capability to do in those scenarios?

**Line:** Well, gotcha. Obviously you're considering policy changes that are specific to pharmacy regulation. But I think from CLEAR's audience from a wide range of professions, they would probably be interested to hear what criteria and considerations you utilized when you went through and did the evaluation and categorizing of the policy changes that you have into those categories that you just described. Or what would you say that needs to go bad? I mean, can you share from the workgroup considerations and maybe how you could apply to regulators and other professionals who are currently evaluating their policy changes that have occurred thanks to this pandemic?

**Al:** I think that it occurs in a couple of ways. And we've also worked with the Federation of State Medical Boards and our counterparts within nursing and dentistry as well to look at this.

And some of those are instances such as performing therapeutic substitutions or dispensing emergency medicine where there is this ongoing pandemic or there is some type of emergency where a patient can't get to their prescriber to see them for additional medications on their routine or chronic condition. So working with them to make sure we establish processes and procedures so they can do so going forward in a more formal way.

Because really what happens—and you'll see this not only with the pandemic and at the beginning of the pandemic, but also with some national emergencies—where, say, a hurricane comes (and I can relate to that). A hurricane comes and closes down a physician's office for weeks at a time, or what if it destroys the physician's office and patients can't get in touch with their physicians to renew their medications or their refills? It's working with the patients and, in those instances, being able to dispense emergency pill for 30, 60, or 90 days until they're able to get to see their primary care physician or specialist, making changes to the regulation to allow for that through emergency considerations. Those were a lot of what was considered.

Especially with COVID, point of care testing—so having the capability to test patients upon their exposure to see if there was a positive test or negative COVID exposure and how to help with treating that. In many situations over the last two years, patients haven't had the capability to get to a prescriber. In many ways, we've worked with so many prescribers or physicians who say, 'go to your pharmacy where they have this capability to do so.' So, looking at those types of tests where we can continue to offer that service, whether it needs to be permanent or whether it's something that's done during an emergency or as an undeclared minute emergency, as has been seen in many instances over the last few years.

So, those were kind of the basis for how the task force looked at it and moving forward with making recommendations.

If you look at the recommendations that the task force looked at to adjust permanently: allowing pharmacy technicians to administer vaccines to help facilitate that. Pharmacists were pulled in so many different directions with COVID and being able to do testing and these different interactions with the patient and also the prescribers. We needed to have a way to allow additional support and additional assistance when you're in a weakened environment because the different exposures and the different burnout issues that we're all dealing with as healthcare professionals.

And so, that was one: technicians can administer vaccinations. And it was seen before COVID but not on a very large scale. But now, you've seen a lot of states move towards a permanent extension of allowing pharmacy technicians to do so.

Others, as I mentioned earlier, is on a temporary or emergency basis, but that's some of the things that this task force was looking at.

**Line:** That's a great example. You know, we dealt with that in North Carolina as well. The governor gave some extended rights on being able to give vaccines, and dentists were one of those. I work in the field of dentistry now, and we were one of the only dentists in the state, and one of only a few in the country, that were actually able to offer that to the patient, to be able to do it. As an EMT, I can do it; but we didn't have a doctor that I worked directly under, so I had to do all the paperwork. I didn't actually get to give the shot; I actually had to use a dentist. But that same impact can be felt across the board.

So, I guess going back to maybe what you have worked on, would you like to maybe highlight a few of the specific policy changes that the workgroup recommended in maybe each of the categories?

**Al:** Sure. So, there's a couple. First, looking at remote practice and having the capability to do prescription processing and verification remotely. And the use of more telepharmacy digital health and the lax of requiring in-person consultation.

So, one of the things that the task force agreed to was that we have to have more of a digital presence and have a little bit more digital flexibility. And so they removed a lot of the requirements on the in-state practice to be able to do certain responsibilities that a pharmacist can do remotely.

Looking at therapeutic substitutions and discharge medications is another that we made a recommendation. So, they agreed that pharmacists should be allowed to perform therapeutic substitutions within a same FDA drug class in instances unless it was prohibited by the prescriber. That's another one.

I mentioned the allowance of technicians to administer vaccines and make recommendations to push that forward. And then the other is electronic prescribing; I think that was a big focus. Electronic prescribing and agreed that under emergency declarations, paper prescriptions should be allowed to be used if not restricted by applicable federal.

And that's one of the things that we saw a lot of is, prescribers couldn't get into their offices or were working remotely. Where there weren't requirements that that prescription had to be sent in using a E-prescription system, [having] the capability to fax it in or use another method of prescribing and getting that information to the pharmacist to dispense medications to the patient was something that was looked at.

**Line:** Excellent. Well, what are your next steps for the work group? Based on everything they've done, what are your next steps?

**Al:** Yes, so, what we're doing now is we've made changes to our model act that had been reviewed and accepted by our board.

And now, we have been spending and communicating these changes to all of our member boards of pharmacy and working with them, providing them with language, to help them and assist them in rewriting their statutes and regulations within their states.

And so, that's probably been the biggest focus that we've had in communicating that to our membership on a regular basis.

**Line:** Well, thanks, Al. I think this has been a great conversation. So, thank you for speaking with us today.

**Al:** Line, I greatly appreciate it. And if there's anything else that we can do, you know we're full of collaboration and partnership with all healthcare professionals—and I think we have to be moving forward, with the pandemic and any other emergency that comes about. So, thank you again.

**Line:** Well, absolutely! It's certainly been our pleasure!

Well, I also want to thank our listeners for tuning in to this episode. And, we invite you, as we do each episode, to continue this conversation through our CLEAR discussion forum. Now, this podcast episode will be posted in CLEAR Communities, and members can reply to the post with your comments or reactions. Some questions to think about for your own profession: Within that profession what changes were made during the pandemic that you are planning to put in place permanently? For what changes or waivers is it necessary to revert back to the pre-pandemic policy? And what criteria are you using when making those recommendations and decisions?

We'd love to hear more about this from our community. So, please utilize CLEAR Communities to keep this discussion moving.

We'll be back with another episode of Regulation Matters: a CLEAR conversation very soon. If you are new to the CLEAR podcast, please subscribe to it. You can find it on PodBean or any of your favorite podcast services. If you've enjoyed this podcast episode, please leave a rating or comment in the app. Those reviews and comments help us to improve our ranking and make it easier for new listeners to find it.

Feel free to visit our website at [www.clearhq.org](http://www.clearhq.org) for additional resources, as well as a calendar of upcoming online programs and events.

Finally, I'd like to thank our CLEAR staff, specifically Stephanie Thompson. She is our content coordinator and editor for this program. Once again, I'm Line Dempsey, and I look forward to speaking to you again very soon.

*The audio version of this podcast episode is available at [https://podcast.clearhq.org/e/evaluating\\_pandemic\\_changes](https://podcast.clearhq.org/e/evaluating_pandemic_changes).*