



# **OHIO STATE BOARD OF PHARMACY**

77 South High Street, 17th Floor; Columbus, Ohio 43266-0320

-Equal Opportunity Employer and Service Provider-

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## **ANNUAL REPORT**

**TO THE MEMBERS  
OF THE  
OHIO PHARMACISTS ASSOCIATION**

**MARCH 30, 1996**

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**PRESENTED BY FRANKLIN Z. WICKHAM, R.Ph., M.S.  
EXECUTIVE DIRECTOR OF THE OHIO STATE BOARD OF PHARMACY**

**ANNUAL REPORT TO O.P.A.  
MARCH 30, 1996**

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## ANNUAL REPORT TO THE OHIO PHARMACISTS ASSOCIATION

MARCH 30, 1996

### MISSION OF THE BOARD

The Ohio State Board of Pharmacy shall act efficiently, consistently, and impartially in the public interest to pursue optimal standards of practice through communication, education, legislation, licensing, and enforcement.

### GOALS

The goals of the Ohio State Board of Pharmacy are to effectively and efficiently administer and enforce the laws governing the legal distribution of drugs and the practice of pharmacy. The purpose of these laws is to ensure the quality and safety of drugs administered or dispensed to Ohio's citizens; the competency of persons licensed to practice pharmacy in Ohio; and to prevent the diversion of drugs of abuse from the legal channels of distribution for illegal purposes.

### **112 YEARS OF PROFESSIONAL PEER REVIEW (1884-1996)**

**M**any changes have occurred since the Board of Pharmacy was established by the Ohio General Assembly on March 18, 1884. The law creating the State Board of Pharmacy provided for a board of five members to be appointed by the Governor. Governor George Hoadly appointed the following pharmacists as members of the first Ohio Board of Pharmacy:

*E. S. Wayne, Cincinnati, for a term expiring March 31, 1889; J. A. Nipgen, Chillicothe, for a term expiring March 31, 1888; Phillip Bruck, Columbus, for a term expiring March 31, 1887; Edgar M. Hatton, Zanesville, for a term expiring March 31, 1886; and F. T. Bower, Toledo, for a term expiring March 31, 1885.*

The first meeting was held in Columbus on April 8, 1884. The law provided that anyone operating a drug store in the state, or being opened in such business as proprietor or manager at the time the law became effective, was entitled to registration as a pharmacist, or assistant pharmacist without examination, provided the necessary proof was furnished in writing to the Board and under oath within three months after publication of such notice.

The number of pharmacists registered under this provision of the law was 2,788 and the number of assistant pharmacists 918. Today, the Ohio Board of Pharmacy has 12,841 pharmacists and 1,477 pharmacy interns licensed to practice in Ohio. Following the three-month grace period in 1884, future pharmacists were only licensed after successfully completing an examination compiled and administered by the Board members.

Today, pharmacists are licensed only after successfully completing a national standardized examination in pharmacy, federal jurisprudence, and an exam compiled by Board staff on state laws. After September 1998, pharmacists will be licensed by successfully completing an examination in pharmacy that is valid for both Canada and the United States through computer adaptive testing and a computer adapted test in jurisprudence that is valid for both national and state laws in the state or United States territory where the candidate wishes to be licensed (see page 22 regarding NAPLEX).

These exams will be available when the candidate has been authorized to sit for the examination by the state(s) or United States territory in which they wish to be licensed to practice. A candidate will be able to sit for the examinations at any authorized testing site in the United States or its territories for licensure in any participating state or territory.

It is not hard to imagine the day when exam candidates will be able to take the examinations for licensure as an Ohio pharmacist in other countries or on different continents provided authorized testing centers are available to administer the examinations.

#### **Number Of Board Members Increased To Eight**

The Board was expanded to eight members in 1971 for the purpose of providing an opportunity for the "various phases of the practice of pharmacy" to be represented. Beginning in 1971, Board members were appointed to four year terms instead of five and could be reappointed to a second term of four years. The first Board member to represent a different phase of pharmacy practice other than community retail pharmacy was J. Richard Wuest, Pharm.D. Dr. Wuest practiced as a hospital pharmacist prior to joining the full-time faculty at the University of Cincinnati College of Pharmacy in 1974 as Director of the Professional Experience Program.

In 1977, another phase of pharmacy practice was represented on the Board through the appointment of Phyllis Wilson, R.Ph. from Columbus, Ohio. Ms. Wilson owned and operated Nursing Center Services, a pharmacy servicing long-term-care facilities.

#### **Number Of Board Members Increased To Nine - Public Member Added**

In 1990, legislation was enacted to expand the Board's membership once again. The purpose of the legislation was to include a representative of the public who is sixty years of age or older. The first public member appointed to the Board was Mr. Nicholas Repke of Gahanna, Ohio in July of 1992.

**Board Members Reappointed** *(Term of Office: July 1, 1995 - June 30, 1999)*

Ruth Plant, R.Ph., a resident of Hudson, Ohio and consultant pharmacist with NCS HealthCare in Mentor, Ohio, and Mr. Paul Lamping, R.Ph., Cincinnati, Ohio were reappointed by Governor Voinovich in June, 1995. Mr. Lamping is a community retail pharmacist and is employed by Kroger in Cincinnati. Prior to joining Kroger, Mr. Lamping owned and operated his own pharmacy in Cincinnati, Ohio for 23 years.

**Scope Of Board's Authority And Responsibility**

Many laws regarding drugs and their legal distribution have been enacted over the last 112 years by the Ohio General Assembly. These laws have provided the Ohio Board of Pharmacy with the responsibility for administering and enforcing all of the state laws governing the legal distribution of drugs. These laws include the following:

Pharmacy Practice Act; Controlled Substance Act; Dangerous Drug Distribution Act; Pure Food and Drug Act; and the Criminal Code dealing with drugs.

The wide scope of the Board's responsibilities establishes it as the single state agency where the public, health care practitioners and providers, other government agencies, other drug law enforcement agencies, and criminal justice employees may obtain information regarding drugs and the laws or rules governing their distribution in Ohio. These responsibilities result in the Board members having to devote a considerable amount of time conducting Board business.

Board members not only attend and participate in the regularly scheduled business meetings but also participate in special one day meetings for the purpose of considering a request for a summary suspension of a license, other business items requiring an immediate decision, and meetings regarding specific aspects of the operations of the Board.

Each fiscal year the Board reorganizes by electing a president and vice-president during the April or June Board meeting. The new officers for the next fiscal year are installed at the last meeting of the current fiscal year (June). In August, the Board president assigns the individual members certain areas of responsibility regarding the operations of the Board. The following appointments are in effect for the current fiscal year (96):

Administration/Probationary Reports	Mr. Littlejohn
Budget/Finance	Mr. Hanna
Compliance/Enforcement	Mr. Lamping
Consumer Affairs/Public Relations	Mr. Cavendish
Continuing Education	Mr. Maslak
Exams/Internship/Reciprocity	Mr. Miller
Legislation/Rules	Mrs. Neuber
Licensure/Registration	Mr. Repke
Personnel	Mrs. Plant

The following Board committees also meet as needed each fiscal year and contribute to the workload of the Board members:

Ad Hoc Advisory Committee on Rule Review	Mrs. Neuber, Chair Mr. Littlejohn
Pharmacy Internship Subcommittee	Mr. Miller, Chair
Budget Committee	Mr. Hanna, Chair Mr. Lamping Mrs. Plant
Coalition on Pharmacy Practice	Mr. Lamping Mr. Miller
Nurse Practitioner Formulary Committee	Mr. Hanna
Joint Health Regulatory Board meetings	Mr. Lamping Mrs. Plant

For the first time in the history of the Board, a “Strategic Planning Retreat” was held by Board and staff in October 1995. The strategic planning retreat resulted in two additional committees being constituted by the Board - Recruitment and Reorganization. The recruitment committee was established due to the fact that the present Executive Director has announced that he will leave employment with the State Board on December 31, 1998. The reorganization committee has been established due to the significant changes that are occurring in government, the health professions, and the health care industry. The purpose of these committees is to continue the theme of the Board and staff retreat held in November, 1995, “Preparing For The Future.”

**RECRUITMENT COMMITTEE:** *Members of the Board making up this committee are Wayne Miller, R.Ph.; Suzanne Neuber, R.Ph.; Ruth Plant, R.Ph.; and Nicholas Repke, Public Member. Also serving on the committee is Executive Director Frank Wickham, R.Ph. The committee will examine the current position description and pay range of the Executive Director with the goal of ensuring that the Board will be able to recruit the most qualified individual to replace the current Executive Director upon his retirement in order that the Board can effectively and efficiently carry out its responsibilities in the future.*

**REORGANIZATION COMMITTEE:** *Members of the Board making up this committee are Robert Cavendish, R.Ph.; John Hanna, R.Ph.; Amonte Littlejohn, R.Ph.; and Joseph Maslak, R.Ph. Also serving on the committee is Executive Director Frank Wickham, R.Ph. The committee is examining the current organizational structure of the Board with the goal of ensuring that the Board will be able to effectively and efficiently carry out its responsibilities in the future. The following administrative staff are also working with this committee: Timothy Benedict, Compliance Administrator; Robert Cole, Compliance Supervisor; Nancy Little, Licensing Administrator; David Rowland, Legal Affairs Administrator; and William T. Winsley, Assistant Executive Director.*

One of the biggest challenges facing the Ohio Board of Pharmacy is ensuring that it is able to effectively carry out its responsibilities in the future. An important aspect of the "information technology" revolution and the Board's ability to attain its goals and mission is how effectively and efficiently the Board obtains, manages, and disseminates information to the public, licensees, registrants, and other government agencies.

Information technology is not only shaping the future of healthcare, it is also shaping the future of federal, state, and local government agencies - emphasizing their role as effective gatherer, analyzer, and disseminator of information. This information is not only invaluable to policy makers, legislators, and government agencies, but also to the public in making good decisions about their health and well being.

Information is defined as timely or specific knowledge. Today, vast amounts of real-time information are readily available on every topic imaginable to anyone with a computer and a modem. The problem, however, is the quality or factual basis of the information provided. In a society that emphasizes free speech and encourages entrepreneurs in the marketplace, a significant amount of the information made available to the public is what can be referred to as "advocacy", "promotional", or "marketing" literature. The major goal of such literature is to promote the use and sale of a product - not to provide factual information that may reflect adversely on the product or service.

Included in this report are many indicators of "The Information Age" and its impact on the State Board of Pharmacy. As noted on the first page of this report and on page 40, the Ohio Board of Pharmacy now has its own "Home Page" on the World Wide Web, is connected through computers with the other members of the National Association of Boards of Pharmacy, and maintains a Local Area Network (LAN).

The Board is also participating in the development and implementation of a community health management information system that would link already-existing regional and enterprise networks. This system is being developed and implemented by the Ohio Corporation for Health Information (OCHI).

## BOARD OF PHARMACY PERSONNEL

### MEMBERS OF THE BOARD

**Robert B. Cavendish**, R.Ph.; Johnstown [Term Expires 06/30/96]  
**John L. Hanna**, R.Ph.; Hillsboro [Term Expires 06/30/98]  
**Paul F. Lamping**, R.Ph.; Cincinnati [Second Term Expires 06/30/99]  
**Amonte B. Littlejohn**, R.Ph.; Cleveland Heights [Term Expires 06/30/97]  
**Joseph J. Maslak**, R.Ph.; Canal Winchester [Term Expires 06/30/98]  
**Wayne C. Miller**, R.Ph.; Columbus [Term Expires 06/30/96]  
**Suzanne L. Neuber**, R.Ph.; Sylvania [Term Expires 06/30/97]  
**Ruth A. Plant**, R.Ph.; Hudson [Second Term Expires 06/30/99]  
**Nicholas R. Repke**, Public Member; Gahanna [Term Expires 06/30/96]

**ADMINISTRATIVE SECTION**

**EXECUTIVE DIRECTOR**

*Franklin Z. Wickham, R.Ph.*

**ASSISTANT EXECUTIVE DIRECTOR / DIRECTOR OF INTERNSHIP**

*William T. Winsley, R.Ph.*

**ADMINISTRATIVE ASSISTANT**

*Sandra Butler*

**FISCAL SPECIALIST**

*Karen Prather*

**LICENSING SECTION**

**LICENSING ADMINISTRATOR / COMPUTER SYSTEMS MANAGER**

*Nancy L. Little, R.Ph.*

**PROGRAMMER/ANALYST**

*Matthew Cooke*

**CERTIFICATION/LICENSING EXAMINERS**

**Internship and Licensure Exams Coordinator**

*Mary Flovin*

**Pharmacists and Reciprocity Coordinator**

*Yolanda Ferguson*

**Continuing Pharmacy Education Coordinator**

*Michelle McGee*

**Dangerous Drug Distributors Coordinators**

*Erika Curtis*

*Sharon Prentice*

**OFFICE ASSISTANT / RECEPTIONIST**

*Debra Smith*

**LEGAL AFFAIRS SECTION**

**LEGAL AFFAIRS ADMINISTRATOR**

*David L. Rowland, Esq.*

**OFFICE ASSISTANTS**

**Legal Affairs Secretary**

*Susan Orr*

**Drug Identification Coordinator**

*Vacant*

**COMPLIANCE SECTION**

**COMPLIANCE ADMINISTRATOR**

*Timothy J. Benedict, R.Ph.*

**COMPLIANCE SUPERVISOR**

*Robert L. Cole*

**COMPLIANCE SPECIALISTS**

*Robert Amiet, R.Ph.*

*Mark Keeley, R.Ph.*

*Paul Kover, R.Ph.*

*Louis Mandi, R.Ph.*

*William McMillen, R.Ph.*

*Joann Predina, R.Ph.*

*New Position (to be filled by May, 1996)*

**COMPLIANCE AGENTS**

*David Avery*

*Lynn Mudra*

*Frank Bodi*

*William Padgett*

*Michael Cluxton*

*George Pavlich*

*Dale Fritz*

*Christopher Reed*

*David Gallagher*

*James Reye*

*Joseph Holliday*

*Cheryl Rooks*

*Kevin Kinneer*

*Fred Williams*

**OFFICE ASSISTANTS**

**Compliance Secretaries**

*Kathi Baker*

*Laurie Sturtz*

**BOARD COUNSEL - OFFICE OF THE ATTORNEY GENERAL**

**ASSISTANT ATTORNEY GENERAL**

*Mary L. Hollern, Esq.*

**BOARD MEETINGS**

**Fiscal Year 95 (July 1, 1994 - June 30, 1995) Meetings**

The Board held eight official Board meetings during Fiscal Year (FY) 95 for a total of 37 days. The Board meetings were generally held from 10:00 a.m. on Monday through Noon on Friday. Eight Board meetings are regularly scheduled each fiscal year. Regularly scheduled business meetings are held in the months of August, September, October, December, January, March, April, and June.

One-day Board meetings are scheduled as needed to address issues which cannot wait until the next regularly scheduled Board meeting. In order to keep costs at a minimum, these meetings are held with only five voting members. The majority of the five Board members generally attending these one-day meetings are those who practice or reside in the central Ohio area.

Six special one-day Board meetings were held in FY 95 to consider evidence regarding the summary suspension of pharmacists' licenses whose continued practice or method of distributing controlled substances presented a danger of immediate and serious harm to others. Collectively, the nine Board members attended 409 days of meetings in carrying out their responsibilities. The Board President for Fiscal Year 95, Ruth Plant, participated in 66 days of official Board meetings. Paul Lamping, Vice-President of the Board for Fiscal Year 95, participated in 52 days of meetings.

### **Fiscal Year 96 (July 1, 1995 - June 30, 1996) Meetings**

The full Board has held six official Board meetings to date in FY 96 for a total of 29 days and presently has two five-day Board meetings scheduled for the months of April and June. Board members have attended 291 days of official meetings to date this fiscal year. Board meetings are presently scheduled for the months of April and June for a total of 10 more days.

Accordingly, it is anticipated that collectively, another 110 days of Board meetings will be attended this fiscal year by the members. These 110 days of additional meetings include 90 days for official business, and 20 days related to the individual Board members' responsibilities as committee chair and/or committee members.

An official two-day Board business meeting was held November 10, 11, 1995 in Cincinnati due to the fact that the Annual Meeting of District IV of the National Association of Boards of Pharmacy/American Association of Colleges of Pharmacy was being co-hosted by the Ohio Board of Pharmacy and the University of Cincinnati College of Pharmacy. This meeting is hosted by the Ohio Board and an Ohio College of Pharmacy every four or five years since the different states making up District IV take turns in hosting the meeting. The four Ohio Colleges of Pharmacy also take turns in co-hosting this annual meeting every four to five years. District IV includes Illinois, Indiana, Michigan, Ohio, Wisconsin, and New South Wales, Australia. This meeting provides an opportunity for the executive and administrative officers, members, and inspectors of the boards, and the deans and faculties of the colleges of pharmacy in each of the member states to interact and share information.

A precedent-setting two-day Strategic Planning retreat was held by the Board at Deer Creek State Park Lodge on October 23 and 24, 1995. Board members and administrative staff spent the two days planning for the future. The retreat resulted in the Board establishing two special committees - Recruitment and Reorganization (see page 4).

Two special one-day Board meetings have been held to date in FY 96 for the purpose of considering evidence regarding the summary suspension of pharmacists' licenses whose continued practice or method of distributing controlled substances presented a danger of immediate and serious harm to others. Three of the 12 summary suspensions issued by the Board thus far this fiscal year were issued following a special one-day meeting of five voting members (see Summary Suspensions - page 47).

<u>FY</u>	<u>Number of Meetings</u>	<u>Meeting Days</u>	<u>Days of Per Diem</u>	<u>Hearings Held</u>	<u>Notices Considered</u>	<u>Hearings Pending</u>
90	8	37	306	98	na	33
91	8	33	272	37 [15]	38	10
92	9	38	321	61	7	19
93	13	38	341	38	6	47
94	11	40	401	46 [2]	9	33
95	14	43	409	51	8	16
96	8 td	31 td	291 td	27 [1] td	6 td	11 td

*[Hearings held by one member serving as Hearing Officer]*  
na - not available est - estimated td - to date (03/10/96)

Each meeting of the Board is open to the public and the following is a tentative schedule of the meetings through the end of FY 97:

**TENTATIVE MEETING SCHEDULE**

<u>Date</u>	<u>Time</u>	<u>Location</u>	<u>Purpose</u>
04/22/96	10am-5pm	77 S. High Street, Room 1914	Board Meeting
04/23/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
04/23/96	1pm-3pm	77 S. High Street, Room 1919	Reciprocity Hearing
04/24/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
04/25/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
04/26/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
06/24/96	10am-5pm	77 S. High Street, Room 1914	Board Meeting
06/25/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
06/25/96	8am-6pm	Rhodes Bldg., Ohio Expo Center	NABPLEX Exam
06/25/96	1pm-3pm	77 S. High Street, Room 1919	Reciprocity Hearing
06/26/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
06/26/96	8am-12pm	Rhodes Bldg., Ohio Expo Center	FDLE/Juris Exam
06/27/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
06/28/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
08/06/96	8am-5pm	Salt Fork State Park	Board Meeting
08/07/96	8am-5pm	Salt Fork State Park	Board Meeting
08/08/96	8am-5pm	Salt Fork State Park	Board Meeting
08/09/96	8am-5pm	Salt Fork State Park	Board Meeting
09/16/96	10am-5pm	77 S. High Street, Room 1914	Board Meeting
09/17/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
09/17/96	8am-6pm	(To Be Announced)	NABPLEX Exam
09/17/96	1pm-3pm	77 S. High Street, Room 1952	Reciprocity Hearing
09/18/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
09/18/96	8am-12pm	(To Be Announced)	FDLE/Juris Exam
09/18/96	12pm-3pm	Villa Milano Party House; Columbus	Licensure Ceremony
09/19/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
09/20/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting



10/21/96	10am-5pm	77 S. High Street, Room 1914	Board Meeting
10/22/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
10/22/96	1pm-3pm	77 S. High Street, Room 1919	Reciprocity Hearing
10/23/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
10/24/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
10/24/96	10am-12pm	77 S. High Street, Room 1914	OH Pharmacy Deans
10/24/96	1pm-3pm	77 S. High Street, Room 1914	OPA
10/25/96	8am-5pm	77 S. High Street, Room 1914	Board Meeting
12/02/96	10am-5pm	77 S. High Street	Board Meeting
12/02/96	1pm-3pm	77 S. High Street	Reciprocity Hearing
12/03/96	8am-5pm	77 S. High Street	Board Meeting
12/03/96	1pm-3pm	77 S. High Street	Rules Hearing
12/04/96	8am-5pm	77 S. High Street	Board Meeting
12/05/96	8am-5pm	77 S. High Street	Board Meeting
12/06/96	8am-5pm	77 S. High Street	Board Meeting
01/27/97	10am-5pm	77 S. High Street	Board Meeting
01/28/97	8am-5pm	77 S. High Street	Board Meeting
01/28/97	8am-6pm	(To Be Announced)	NABPLEX Exam
01/28/97	1pm-3pm	77 S. High Street	Reciprocity Hearing
01/29/97	8am-5pm	77 S. High Street	Board Meeting
01/29/97	8am-12pm	(To Be Announced)	FDLE/Juris Exam
01/30/97	8am-5pm	77 S. High Street	Board Meeting
01/30/97	10am-12pm	77 S. High Street	OSHP
01/31/97	8am-5pm	77 S. High Street	Board Meeting
03/03/97	10am-5pm	77 S. High Street	Board Meeting
03/04/97	8am-5pm	77 S. High Street	Board Meeting
03/04/97	1pm-3pm	77 S. High Street	Reciprocity Hearing
03/05/97	8am-5pm	77 S. High Street	Board Meeting
03/06/97	8am-5pm	77 S. High Street	Board Meeting
03/07/97	8am-5pm	77 S. High Street	Board Meeting
04/21/97	10am-5pm	77 S. High Street	Board Meeting
04/22/97	8am-5pm	77 S. High Street	Board Meeting
04/22/97	1pm-3pm	77 S. High Street	Reciprocity Hearing
04/23/97	8am-5pm	77 S. High Street	Board Meeting
04/24/97	8am-5pm	77 S. High Street	Board Meeting
04/25/97	8am-5pm	77 S. High Street	Board Meeting
06/23/97	10am-5pm	77 S. High Street	Board Meeting
06/24/97	8am-5pm	77 S. High Street	Board Meeting
06/24/97	8am-6pm	(To Be Announced)	NABPLEX Exam
06/24/97	1pm-3pm	77 S. High Street	Reciprocity Hearing
06/25/97	8am-5pm	77 S. High Street	Board Meeting
06/25/97	8am-12pm	(To Be Announced)	FDLE/Juris Exam
06/26/97	8am-5pm	77 S. High Street	Board Meeting
06/27/97	8am-5pm	77 S. High Street	Board Meeting

The only meeting dates that do not appear on this tentative schedule are those meetings called when needed to consider the results of an investigation regarding an impaired pharmacist or pharmacy intern or special meetings called to consider a matter which needs to be decided before the next regularly scheduled Board meeting. Notice of these meetings are mailed at least 24 hours prior to the meeting to those individuals and organizations that subscribe to the "Sunshine Notice" service of the Board. This service presently costs \$15.00 per fiscal year and includes not only notices of meetings but also notices of Chapter 119. public rules hearings, State Board Newsletters, Compliance Bulletins, and News Releases. Subscriptions must be renewed annually on the first day of July of each fiscal year.

Anyone planning to attend a Board meeting should contact the Board office at least two weeks prior to the tentative published date to confirm the date, time, and location. All of the meetings are held on the 19th Floor of the Vern Riffe Center for Government and the Arts, 77 South High Street, Columbus, Ohio. The only exception is the August meeting.

**REVENUE/APPROPRIATIONS**

The Ohio Board of Pharmacy generates revenue through licensing and registration fees, examination fees, fees for services, imposing monetary penalties, and the collection of fines levied by the courts of Ohio for drug law violations. The Board also generates funds for drug law enforcement purposes through its investigation and criminal prosecution of violations of Chapter 2925. of the Ohio Revised Code. These funds are derived from mandatory fines levied by the Ohio courts in cases involving the Board staff as well as asset forfeitures in state and federal cases.

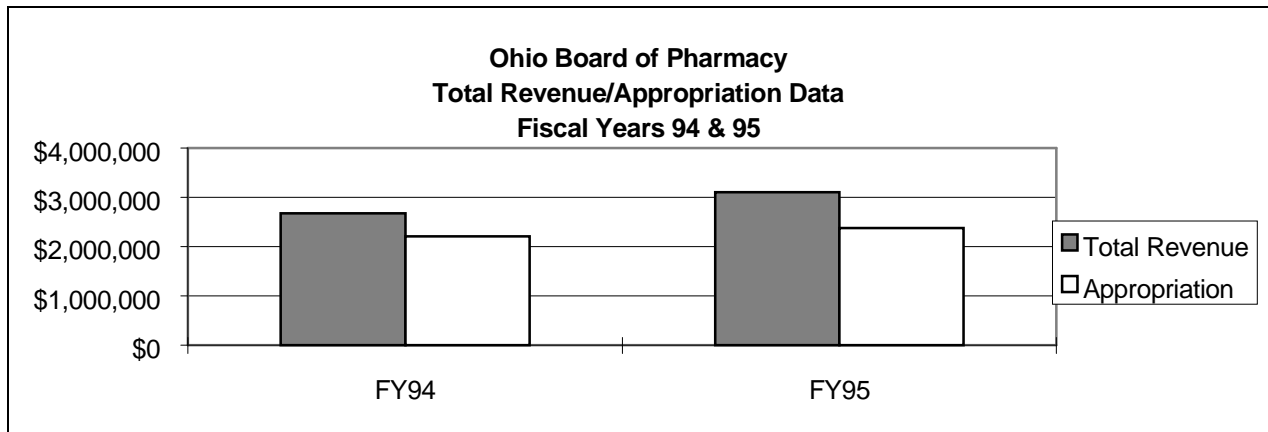
Sixty-six percent (66%) of the revenue generated by the Board of Pharmacy during FY 94 and 68% during FY 95 came from licensing and registration fees and service fees. The following table indicates the percentage of revenue generated by the different sources of revenue for FYs 94 and 95. Monetary penalties are imposed by the Board as the result of a disciplinary hearing or consent agreements while fines and bond forfeitures are imposed by the criminal courts in Ohio.

OHIO BOARD OF PHARMACY				
Sources of Revenue - Fiscal Years 94 & 95				
Revenue Sources	FY 94	%	FY 95	%
Licensing/Service Fees	\$1,762,335	65.8	\$2,111,485	68.1
Monetary Penalties	31,533	1.2	38,075	1.2
Fines	882,601	33.0	953,781	30.7
<b>Total Revenue</b>	<b>\$2,676,469</b>		<b>\$3,103,341</b>	

The total amount of revenue (licensing/registration fees & fines) collected by the Board of Pharmacy has exceeded the amount appropriated by the Legislature for use by the Board in carrying out its responsibilities as indicated in the following table with the exception of FY 92. The total amount of revenue collected by the Board in FY 92 was less than the reduced appropriation by \$15,560 (0.9%). Due to cost-cutting measures, however, the actual expenditures for FY 92 were \$16,407 less than the reduced appropriation (\$1,721,836).

TOTAL REVENUE/APPROPRIATION DATA				
FY	TOTAL REVENUE	APPROPRIATION	DIFFERENCE	%
95	\$3,103,341	\$2,374,296	\$729,045	23.5
94	\$2,676,469	\$2,205,761	\$470,708	21.3
93*	\$2,022,500	\$1,757,366	\$265,134	13.1
92*	\$1,722,683	\$1,738,243	(\$15,560)	(0.9)

\*appropriation was cut by \$35,474 for FY 1992 and \$54,352 for FY 1993 in January 1992.



The following table indicates the amount of the Board's appropriation for FYs 92 through 95 that is covered by drug fines. Approximately 28% (\$263,000) of the drug fines collected in FY 95 were used by the Board of Pharmacy in carrying out its drug law enforcement responsibilities.

Ohio Board of Pharmacy AMOUNT OF APPROPRIATION COVERED BY FINE REVENUE (O.R.C. Sections 3719.21 & Div. (A) of 4729.65)			
FY	Fine Revenue	Amount Of Appropriation Covered By Fine Revenue	% of Fine Revenue
95	\$953,781	\$262,811	27.6
94	\$882,601	\$474,492	53.8
93	\$689,170	\$424,036	61.5
92	\$630,116	\$630,116	100.0

All fines imposed by courts for violations under Ohio Revised Code Section 2925.03 have been divided among the law enforcement agencies responsible for the case since November 20, 1990 (effective date of H.B. 258). Only 50% of fines imposed by the courts for violations of all of the other Ohio Revised Code Chapter 2925. (Drug Crimes) sections were deposited into the treasury of the state of Ohio. The remaining 50% was divided among the law enforcement agencies responsible for the case according to the extent of their involvement and deposited with the appropriate government agency (e.g. - city or county treasurer, etc.).

Recognizing the decreasing amount of revenue that the State would realize from drug fines due to H. B. 258 when it was enacted by the Legislature, and the fact that the Board of Pharmacy is involved in many cases involving drug law violations, the Legislature amended O.R.C. Section 4729.65 (S.B. 218 effective 10/11/91) to provide the Board of Pharmacy with the ability to qualify for moneys realized from mandatory fines levied by the courts of Ohio and asset forfeitures. Accordingly, the Board is receiving its share of the mandatory fines and asset forfeitures resulting in prosecution of individuals violating both state and federal laws (S.B. 218). The law restricts the use of these funds and they may only be used to subsidize the drug law enforcement efforts of the Board.

**O.R.C. § 4729.65 (B)(1)(a):** *There is hereby created in the state treasury the board of pharmacy drug law enforcement fund. All moneys that are derived from any mandatory fines or forfeited bail to which the board may be entitled under [divisions (J) and (K) of section 2925.03] or division (B)(5) of section 2925.42 of the Revised Code and all moneys that are derived from forfeitures of property to which the board may be entitled pursuant to Chapter 2925. of the Revised Code, section 2923.32, 2923.35, or 2933.43 of the Revised Code, any other section of the Revised Code, or federal law shall be deposited into the fund. .... The moneys in the fund shall be used solely to subsidize the drug law enforcement efforts of the board.*

The Board's Drug Law Enforcement Fund received \$91,838 during Fiscal Year 95. This revenue is not included in the Total Revenue Data table since use of these funds is restricted by federal and state laws. The total revenue data table includes only those funds which may be used to cover expenses associated with the operation of the Board (i.e.-expenses such as rent, travel, and payroll).

BOARD OF PHARMACY DRUG LAW ENFORCEMENT FUND			
FY	Amount Collected	Difference	% Change
91	\$375.00		
92	\$44,237.76	\$43,862.76	99.1
93	\$154,028.99	\$109,791.23	71.2
94	\$68,678.96	(\$85,350.03)	(55.4)
95	\$91,838.24	\$23,159.28	33.7

HISTORICAL FINE/BOND FORFEITURE DATA (funds deposited in General Revenue Fund)			
Fiscal Year	Amount Collected	Difference	% Change
80	\$435,219	+ \$168,496	63% increase
81	\$513,913	+ \$ 78,698	18% increase
82*	\$646,408 <sup>1</sup>	+ \$132,491	26% increase
83	\$631,092 <sup>2</sup>	- \$ 15,316	2% decrease
84	\$590,948 <sup>3</sup>	- \$ 40,144	6% decrease
85	\$688,323 <sup>4</sup>	+ \$ 97,375	16% increase
86	\$667,143 <sup>5</sup>	- \$ 21,180	3% decrease
87	\$784,885 <sup>6</sup>	+ \$117,742	18% increase
88	\$788,229 <sup>7</sup>	+ \$ 3,344	0.4% increase
89	\$842,921 <sup>8</sup>	+ \$ 54,692	7% increase
90**	\$819,639 <sup>9</sup>	- \$ 23,282	3% decrease
91	\$667,388 <sup>10</sup>	- \$152,251	19% decrease
92	\$630,116 <sup>11</sup>	- \$ 37,272	5.6% decrease
93	\$764,427 <sup>12</sup>	+ \$134,311	17.5% increase
94	\$821,790 <sup>13</sup>	+ \$ 57,363	6.9% increase
95	\$991,856 <sup>14</sup>	+ \$170,066	20.7% increase

\* Am. H.B. 135 enacted (effective 10/6/81)  
\*\* S.B. 258 (effective 11/20/90) decreased the amount of drug crime fines deposited into the General Revenue fund due to mandatory drug crime fines and their distribution to local and state drug law enforcement agencies rather than the State's General Revenue fund.

Monetary penalties imposed by the Board (included in totals above).

1 \$ 2,350	6 \$152,050	11 \$ 21,432
2 \$ 2,375	7 \$ 74,033	12 \$ 75,257
3 \$ 11,700	8 \$ 86,261	13 \$ 31,533
4 \$ 28,150	9 \$ 63,639	14 \$ 38,075
5 \$ 30,850	10 \$ 33,650	

The licensing and regulatory boards are expected to generate sufficient revenue from their licensing fees and fees for services in order to cover their operating expenses. The Board of Pharmacy, however, collects fines levied by the courts in Ohio for drug law violations and this revenue is included in the total revenue estimates of the Board for appropriation purposes. This is due to the fact that the Board has drug law enforcement responsibilities as well as the licensing and regulation of the practice of pharmacy and the legal distribution of drugs in Ohio.

The amount of revenue that the Board will receive from this source will significantly decrease in FY 97 due to the enactment of Sub. S. B. 2 by the 121st General Assembly (Criminal Sentencing/Criminal Law changes) on June 29, 1995. Sub. S. B. 2 made further changes in the distribution of drug fines which will not become effective until July 1, 1996, the beginning of Fiscal Year 97. It is anticipated that the provisions of this legislation will decrease the fine revenue by approximately 85-to-90 percent.

The following table illustrates the amount of revenue generated from licensing fees and fees for services for FYs 84 through 95. This revenue source generated \$2,111,485 in FY 95 or approximately \$349,150 (19.8%) more than the amount collected in FY 94.

<b>FEE REVENUE / APPROPRIATION DATA</b>				
FY	Fee Revenue	Appropriation	Difference	%
95	\$2,111,485	\$2,374,296	(\$262,811)	(11.1)
94	\$1,762,335	\$2,205,761	(\$443,426)	(20.1)
93	\$1,258,073	\$1,757,366	(\$499,293)	(28.4)
92	\$1,092,567	\$1,738,243	(\$645,709)	(37.1)
91	\$1,319,067	\$1,661,904	(\$342,837)	(20.6)
90	\$1,194,025	\$1,581,579	(\$387,554)	(24.5)
89	\$ 926,008	\$1,426,895	(\$500,887)	(35.1)
88	\$ 837,628	\$1,498,011	(\$660,383)	(44.1)
87	\$ 739,535	\$1,127,172	(\$387,637)	(34.4)
86	\$ 741,635	\$1,177,192	(\$435,557)	(37.0)
85	\$ 686,323	\$ 880,677	(\$194,354)	(22.1)
84	\$ 692,896	\$ 857,289	(\$164,393)	(19.2)

The increase in revenue from this source in FY 96 will be significantly greater than in FY 95 due to implementation of Am. Sub. H.B. 391. This legislation provided for the licensing of retail sellers of oxygen, food processors who use nitrous oxide, and non-territorial pharmacies (see section of this report on terminal distributors of dangerous drugs - page 28). S.B. 88 also authorized the Board to license animal shelters operated by humane societies and dog wardens to purchase dangerous drugs for the purpose of euthanizing animals. The number of licenses issued to date in these new classifications are as follows:

Non-Territorial Pharmacy	62
Non-Territorial Pharmacy serving long term care facilities	2

Animal Euthanasia	22
Retail Seller of Medical Oxygen	211
Oxygen Reseller [contingency stock (LTCF)]	226
Food Processors (nitrous oxide)	<u>3</u>
Total	526

Ohio State Board Of Pharmacy  
**LICENSING/REGISTRATION REVENUE DATA**  
(includes fees for services/publications)

<b>Fiscal Year</b>	<b>Amount Collected</b>	<b>Difference</b>	<b>% Change</b>
70	\$ 174,862		
71	\$ 192,605	+ \$ 17,743	10% increase
72	\$ 283,743	+ \$ 91,138	47% increase
73	\$ 270,573	- \$ 13,170	5% decrease
74	\$ 285,115	+ \$ 14,542	5% increase
75 <sup>1</sup>	\$ 296,231	+ \$ 11,116	4% increase
76	\$ 368,927	+ \$ 72,696	25% increase
77	\$ 374,242	+ \$ 5,315	1% increase
78	\$ 403,032	+ \$ 28,790	8% increase
79	\$ 422,788	+ \$ 19,756	5% increase
80	\$ 449,009	+ \$ 26,977	6% increase
81	\$ 492,358	+ \$ 43,349	10% increase
82 <sup>2</sup>	\$ 516,494	+ \$ 24,136	5% increase
83	\$ 719,498	+ \$ 203,000	39% increase
84	\$ 692,896	- \$ 26,602	4% decrease
85	\$ 686,323	- \$ 6,573	1% decrease
86	\$ 741,635	+ \$ 55,042	8% increase
87	\$ 739,535	- \$ 2,100	3% decrease
88 <sup>3</sup>	\$ 837,628	+ \$ 98,093	13% increase
89	\$ 926,008	+ \$ 88,380	11% increase
90 <sup>4</sup>	\$1,194,025	+ \$ 268,017	29% increase
91	\$1,319,067	+ \$ 125,042	11% increase
92 <sup>5</sup>	\$1,092,567	- \$ 226,500	17% decrease
93 <sup>6</sup>	\$1,258,073	+ \$ 165,506	13% increase
94	\$1,762,335	+ \$ 504,262	40% increase
95 <sup>7</sup>	\$2,111,485	+ \$ 349,150	20% increase

- 1 - Am. Sub. H.B. 300 enacted (1975 Drug Abuse and Controlled Substance Act)
- 2 - Am. Sub. S.B. 4 enacted (Emergency Medical Systems - three categories of dangerous drugs/differing fees/free satellite licenses/practitioner corporations & partnerships exempted from licensure)
- 3 - R.Ph. (07/01/88) and Dangerous Drug Distributor (08/10/87) license and registration fees increased to implement provisions of FY 88 appropriation to provide for an Administrative Assistant for Legal Affairs and clerical-technical support
- 4 - Licensing fees increased by Legislature (07/01/89) and Board (09/01/89)
- 5 - Revenue decreased due to fewer takeovers and licensing of same sites during the fiscal year
- 6 - The Drug Laws of Ohio publication has been granted to the Banks-Baldwin Law Publishing Company for handling and distribution
- 7 - Sub. H.B. 391 and S.B. 88 enacted (Retail sellers of Oxygen, food processors, and animal shelters)



Ohio State Board Of Pharmacy  
**TOTAL REVENUE DATA**

Fiscal Year	Licensing Fees	Drug Fines/ Bond Forfeitures	Total Collected	Difference	% Change
70	\$ 174,862	\$ 18,686	\$ 193,548		
71	\$ 192,605	\$ 67,341	\$ 259,946	+ \$ 66,398	34% increase
72	\$ 283,743	\$105,894	\$ 389,637	+ \$129,691	50% increase
73	\$ 270,573	\$192,937	\$ 463,510	+ \$ 73,873	19% increase
74	\$ 285,115	\$288,485	\$ 573,600	+ \$110,090	24% increase
75	\$ 296,231	\$383,438 <sup>1</sup>	\$ 679,669	+ \$106,069	18% increase
76	\$ 368,927	\$271,306	\$ 640,233	- \$ 39,436	6% decrease
77	\$ 374,242	\$207,028	\$ 581,270	- \$ 58,963	9% decrease
78	\$ 403,032	\$229,699	\$ 632,731	+ \$ 51,461	9% increase
79	\$ 422,788	\$266,723	\$ 689,504	+ \$ 56,773	9% increase
80	\$ 449,009	\$435,219	\$ 884,228	+ \$194,724	28% increase
81	\$ 492,358	\$513,917	\$1,006,275	+ \$122,047	14% increase
82	\$ 516,494 <sup>2</sup>	\$646,408	\$1,162,902	+ \$156,627	16% increase
83	\$ 719,498	\$631,092	\$1,350,590	+ \$187,688	16% increase
84	\$ 692,896	\$590,948	\$1,283,844	- \$ 66,746	5% decrease
85	\$ 686,323	\$688,323	\$1,374,646	+ \$ 90,802	7% increase
86	\$ 741,635	\$667,143	\$1,408,778	+ \$ 34,132	3% increase
87	\$ 739,535	\$784,885	\$1,524,420	+ \$115,642	8% increase
88	\$ 837,628 <sup>3</sup>	\$788,229	\$1,625,857	+ \$101,437	7% increase
89	\$ 926,008	\$842,921	\$1,768,929	+ \$143,072	9% increase
90	\$1,194,025 <sup>4</sup>	\$819,639 <sup>5</sup>	\$2,013,644	+ \$244,715	14% increase
91	\$1,224,250	\$667,388	\$1,891,639	- \$ 122,005	6% decrease
92	\$1,092,567	\$630,116	\$1,722,683	- \$ 168,956	9% decrease
93	\$1,258,073	\$764,427	\$2,022,500	+ \$299,817	15% increase
94	\$1,762,335	\$914,134	\$2,676,469	+ \$653,969	32% increase
95	\$2,111,485 <sup>6</sup>	\$991,856	\$3,103,341	+ \$426,872	16% increase

1 - Am. Sub. H.B. 300 enacted (1975 Drug Abuse and Controlled Substance Act)  
2 - Am. Sub. S.B. 4 enacted (Emergency Medical Systems - three categories of dangerous drugs/differing fees/free satellite licenses/practitioner corporations & partnerships exempted from licensure)  
3 - R.Ph. (07/01/88) and Dangerous Drug Distributor (08/10/87) license fees increased to implement provisions of FY 1988 appropriation to hire Administrative Assistant for Legal Affairs and clerical support  
4 - Licensure fees increased to cover greater percentage of appropriation (Budget Bill and Controlling Board action)  
5 - H.B. 258 was enacted by the General Assembly in Calendar Year 1990 and will decrease the amount of drug crime fines deposited into the General Revenue fund due to mandatory drug crime fines and their distribution to drug law enforcement agencies  
6 - Sub H.B. 391 (07/21/94) & S.B. 88 (06/29/94) enacted (retail sellers of Oxygen, food processors, non-territorial pharmacies, animal shelters)

## LICENSING

The licensing of individuals to practice pharmacy is one of the mechanisms for protecting the public by ensuring that candidates are qualified to practice pursuant to the provisions of the Pharmacy Practice Act.

### PHARMACY INTERNS

College students who are pursuing an entry level degree in Pharmacy may obtain a license to practice pharmacy under the personal supervision of a pharmacist if they meet the following qualifications:

1. are of good moral character and habits;
2. are not addicted to or abusing drugs or liquor; and
3. have successfully completed forty-eight semester or seventy-two quarter hours of college and have been accepted into a school or college of pharmacy recognized and approved by the board, or
4. have obtained a first professional degree in pharmacy from a program which has been recognized and approved by the board, or
5. have established education equivalency by obtaining a Foreign Pharmacy Graduate Examination Commission certificate, and have established proficiency in spoken English by successfully completing the Test of Spoken English (TSE) or its equivalent.

The Board proposed to deny two applicants for licensure as a pharmacy intern in FY 95. One of the applicants was denied a license to practice as a pharmacy intern in Ohio and the other applicant was granted a license following a Chapter 119. public hearing before the full Board.

### PHARMACISTS

**Licensure by Examination** - Competency is determined initially through the use of examinations. In order to qualify to sit for an examination for licensure as a pharmacist, individuals must:

1. Be of good moral character;
2. Be a graduate of an accredited program in pharmacy or if a graduate of a foreign college of pharmacy have obtained a Foreign Pharmacy Graduate Examination Committee certificate;
3. Have successfully obtained 1500 hours of practical experience in a pharmacy; and
4. If a foreign pharmacy college graduate, demonstrate his/her proficiency in the English language (written and spoken).

### **Foreign Pharmacy Graduate Equivalency Examination (FPGEE)**

The Ohio Board of Pharmacy utilizes the Foreign Pharmacy Graduate Equivalency Examination (FPGEE) in order to determine whether or not a foreign pharmacy graduate's education is equivalent to a graduate from a college of pharmacy in the United States. This examination is a comprehensive measure of the foreign pharmacy graduate's knowledge of pharmacy. It is a written examination that includes between 300 and 400 multiple-choice questions and is given in English. The exam is comprised of the following five major content areas: pre-clinical sciences, pharmaceutical sciences, biomedical sciences, social and behavioral sciences, and pharmaceutical services management.

Foreign pharmacy graduates qualify to sit for the licensure examination in Ohio by successfully completing the Foreign Pharmacy Graduate Equivalency Examination, the Test of English as a Foreign Language (TOEFL), the Test of Spoken English (TSE), and obtaining 1500 hours of internship following registration as a pharmacy intern.

### **National Association of Boards of Pharmacy Licensure Examination (NABPLEX) Federal Drug Law Examination (FDLE)**

The national examinations known as NABPLEX and FDLE are two of the three examinations used to determine whether or not an individual is initially qualified to practice pharmacy in Ohio. The NABPLEX exam is a straightforward, unambiguous, and relevant test of pharmaceutical knowledge that is requisite to the safe dispensing and use of drugs, drug products, and devices. The exam is used by all states (with the exception of California), and by the District of Columbia and the Commonwealth of Puerto Rico.

A NABPLEX Candidate's Review Guide is published by the National Association of Boards of Pharmacy each year. The Guide includes sample questions which are representative of the types and format of the questions which appear on the actual examination. The topics of the examination questions are based on competency statements in the following general areas: Interpreting and dispensing prescriptions/medication orders (25% of test); Assessing prescriptions/medication orders and the drugs used in dispensing them (10% of test); Compounding and calculation involved in the extemporaneous preparation of prescriptions/medication orders (15% of test); Monitoring drug therapy (25% of test); and Counseling patients and health professionals (25% of test).

A copy of the NABPLEX Candidate's Review Guide is provided free of charge to each graduating senior each year in both written and computerized form. The computerized form is run using an IBM-compatible computer loaded with DOS. The 1995-96 computerized NABPLEX Candidate's Review Guide is provided on two 3-1/2 inch disks.

The FDLE consists of 70 multiple-choice questions. Sixty-five (65) of the questions on the FDLE have been pretested and validated in previous exams and are used to determine the candidate's score. Five of the 70 questions, however, are being "pretested" and evaluated for use in future examinations. Responses to these five questions are recorded for statistical purposes, but do not play any part in calculating the candidate's score. The pretest questions are indistinguishable from the other questions, and are scattered throughout the examination. Sixteen (16) states and the District of Columbia presently use the FDLE to evaluate their candidates for licensure.

A Federal Drug Law Examination (FDLE) Candidate's Review Guide is also published by the National Association of Boards of Pharmacy and is distributed free of charge to graduating seniors in those states where the examination is used. Topics covered by questions on the FDLE are as follows: federal Controlled Substances Act and regulations (45% of test); federal Food, Drug, and Cosmetic Act and regulations (40% of test), and miscellaneous topics in federal law (15% of test). The miscellaneous federal laws include United States Postal regulations, child-resistant packaging, and OBRA 90's Title IV requirements (prospective DUR and patient counseling for Medicaid patients).

**State Jurisprudence Examination**

The third mechanism used to assess a candidate's ability to practice in Ohio is a Jurisprudence examination compiled by the Board. This exam tests the candidate's knowledge regarding state laws and regulations governing the legal distribution of drugs. The state jurisprudence examination consists of 50 questions.

The following table provides data concerning the number of candidates sitting for the licensure examinations in Ohio since FY 83, the number of candidates who were successful in all required examinations, and the number who were not. The figures for FY 96 are current through March 1, 1996 (includes September 1995 & January 1996 exams).

PHARMACY PRACTICE ACT LICENSURE EXAMINATION STATISTICS (FY 83 through FY 96 to date)				
FY	NUMBER OF CANDIDATES	NUMBER SUCCESSFUL	NUMBER FAILING	PER CENT FAILING
83	305	271	34	11.1 %
84	329	278	51	15.5 %
85	311	261	50	16.0 %
86	338	304	34	10.0 %
87	337	315	22	6.5 %
88	328	303	25	7.6 %
89	369	346	23	6.2 %
90	401	373	28	7.0 %
91	391	356	35	9.0 %
92	358	323	35	9.8 %
93	437	353	84	19.2 %
94	510	424	86	20.3 %
95	496	408	88	17.7 %
96 <i>td</i>	213	173	40	18.8 %

*td - to date (September 1995 & January 1996 exams)*

**Testing for Competency To Practice (License reinstatement)**

The Board uses the NABPLEX, FDLE, and a state Jurisprudence exam whenever a pharmacist's competency to continue in the practice of pharmacy is in doubt due to substance abuse, mental impairment, repeated violations of federal and state laws, or when a pharmacist has not continuously practiced pharmacy in another state and let his/her license lapse for a period longer than three years.

Nine FDLE and State Jurisprudence examinations were administered in FY 95 and three to date in FY 96 pursuant to adjudication orders issued by the Board.

**Licensure by Reciprocity (Licensure transfer)**

One of the major purposes of the National Association of Boards of Pharmacy is to facilitate the transfer of pharmacists' licenses between active members of the association. At the present time, pharmacists may freely and quickly transfer their licenses to practice between all of the states, Washington D.C., and Puerto Rico with the exceptions being the states of California and Florida.

Two hundred thirty-two (232) pharmacists transferred their licenses to Ohio in FY 95 and 101 pharmacists have transferred their licenses to practice in Ohio to date in FY 96 (does not include March 1996 Board meeting). Pennsylvania has had the largest number of pharmacists transferring their licenses to Ohio for the last three fiscal years (FY 94 - 23; FY 95 - 44; and FY 96 to date - 20). Pharmacists transferred their licenses from 27 different states in FY 94; 35 in FY 95; and 25 to date in FY 96.

Reciprocity hearings are held during regularly scheduled Board meetings in the months of September, October, December, January, March, April and June of each fiscal year. A special reciprocity hearing is conducted by administrative staff during the month of July in order to free up time for the Board to conduct other business during the August Board meeting. Two more reciprocity hearings are scheduled for FY 96 and the numbers transferring their licenses to Ohio will be significantly higher than in previous years.

The Board proposed to deny one applicant for licensure by reciprocity in FY 95. A public hearing was held during the January 1995 meeting and the candidate was permitted to transfer her license to Ohio provided she obtained a score of 550 or better on the Test of English as a Foreign Language (TOEFL).

This fiscal year (96), the Board proposed to deny one application for licensure by reciprocity. The Board hearing was held during the September 1995 board meeting, and the application was approved and the pharmacist placed on probation for two years.

### **The National Association of Boards of Pharmacy**

**T**he Ohio Board of Pharmacy was instrumental in the founding of the National Association of Boards of Pharmacy in 1904. The purpose for establishing this organization was to facilitate the transfer of licenses to practice pharmacy between the states by developing uniform standards regarding the education and practical experience obtained by pharmacy students in the different states.

Uniformity has been established through the efforts of NABP and pharmacists are the only health professional that can easily and quickly transfer their licenses to practice between the states that are active members of the association. California and Florida are the only two states that do not reciprocate with the other states at this time.

National standards for the education of pharmacists were established through the formation of the American Council on Pharmaceutical Education in 1932. The organizations establishing ACPE were the American Pharmaceutical Association, The American Association of Colleges of Pharmacy, and the National Association of Boards of Pharmacy.

Further steps in facilitating transfer of licenses between the states were taken by NABP in 1968 with the development of a national standardized licensure examination in pharmacy. The exam was first known as the national "Blue Ribbon Exam" and eventually became known as "NABPLEX".

**T**he National Association of Boards of Pharmacy has now taken another major step towards not only facilitating the transfer of licenses between the states but also the United States and Canada. The National Association of Boards of Pharmacy notified its member Boards on March 8, 1996 that the computerized adaptive test that will be implemented in March 1997 will be known as "**The North American Pharmacy Licensure Examination (NAPLEX)**". Validation studies conducted by the National Association of Boards of Pharmacy with the cooperation of Canadian regulators resulted in the following announcement in a letter dated March 8, 1996 that was mailed to all Boards in the United States:

*"... An analysis of North American respondents to the validation survey indicated that every U.S. state and Canadian province was represented in the response dataset, and that the demographics and practice data of respondents indicated that the results from the survey sample could be generalized with confidence to the North American population of licensed pharmacists. Meeting participants evaluated data and examination blueprints based upon United States pharmacists only, Canadian pharmacists only, and the combined North American sample of U.S. and Canadian pharmacists."*

**A**nother major step in facilitating the transfer of licenses between the member states of NABP is the establishment and implementation of the "**Electronic Licensure Transfer Program**" (ELTP) in March of this year. The ELTP is a computerized communication network connecting the member boards for the purpose of streamlining procedures for licensure transfer between the states and thereby decreasing the amount of time necessary to transfer a license.

**LICENSE RENEWAL**

**Pharmacy Interns/Pharmacists**

The Board is continually modifying its licensing system and procedures for the purposes of renewing and issuing licenses in a timely manner as well as enforcing the laws regulating the practice of pharmacy in a cost-effective manner. Twelve thousand one hundred twenty-six (12,126) applications for renewal were mailed to pharmacists in July of 1994 for the 1994-1995 licensure year (3,855 were required to report continuing pharmacy education) and 1,391 were mailed to pharmacy interns. Also, 42 interns who did not pass the June 1994 licensure exam were sent renewal applications to renew their intern license. This fiscal year (96) 12,522 applications were mailed to pharmacists in July of 1995. Of these, 3,422 also received continuing pharmacy education report forms. Applications for renewal were also mailed the same week to 1,337 pharmacy interns and, 47 interns who did not pass the June 1995 licensure exam were sent renewal applications to renew their intern license.

The timeliness of issuing the licenses each year is directly related to the submission of a completed application form for renewal with the required fee and, if appropriate, other required documents. Applications that have not been completed or have not been submitted with the correct fee are returned to the applicant and the renewal license not issued until the problem has been corrected.

**1994-1995 Licensure Year (09/15/94 - 09/15/95)**

Licenses (identification cards) for the 1994-1995 licensure year were mailed by the Board office to pharmacists and pharmacy interns as follows:

DATE ISSUED	TOTAL NUMBER LICENSES ISSUED	RPH	INTERNS
07/26/94	2956	2956	0
07/27/94	51	51	0
07/28/94	1617	1358	259
08/12/94	2502	2155	347
08/16/94	2203	2007	196
08/30/94	2549	2268	281
09/07/94	619	524	95
09/08/94	122	84	38
09/14/94	95	73	22
<b>SUB-TOTAL</b>	<b>12714 (95.3%)</b>	<b>11476 (94.6%)</b>	<b>1238 (86.4%)</b>
09/15/94	48	22	24
09/16/94	5	5	0
09/19/94	21	19	2
09/28/94	45	45	0
10/04/94	202	164	38
10/05/94	61	61	0
10/21/94	52	44	8
<b>TOTAL</b>	<b>13148</b>	<b>11836</b>	<b>1310</b>
<b>% RENEWED</b>	<b>97%</b>	<b>97.6%</b>	<b>91.4%</b>

% LAPSED	3%	2.4%	8.6%
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**1995-1996 Licensure Year (09/15/95 - 09/15/96)**

Licenses (identification cards) for the 1995-1996 licensure year were mailed by the Board office to pharmacists and pharmacy interns as follows:

DATE ISSUED	TOTAL NUMBER LICENSES ISSUED	RPH	INTERNS
06/28/95	1813	1813	0
07/12/95	812	812	0
07/24/95	1492	1492	0
07/26/95	2481	1908	573
08/08/95	1458	1340	118
08/22/95	2760	2537	223
08/27/95	265	229	36
08/28/95	615	557	59
09/06/95	737	631	106
09/08/95	382	306	76
09/11/95	344	291	53
09/12/95	161	112	49
09/13/95	70	53	16
09/13/95	43	42	1
09/14/95	55	44	11
09/15/95	<u>29</u>	<u>22</u>	<u>7</u>
<b>SUB-TOTAL</b>	<b>13518 (97.2%)</b>	<b>12189 (97.3%)</b>	<b>1328 (96%)</b>
09/18/95	25	17	8
09/20/95	35	29	6
09/25/95	38	26	12
09/27/95	27	24	3
10/02/95	38	35	3
10/03/95	11	6	5
10/06/95	28	27	1
10/16/95	<u>26</u>	<u>22</u>	<u>4</u>
<b>SUB-TOTAL</b>	<b>228</b>	<b>186</b>	<b>42</b>
<b>TOTAL</b>	<b>13746</b>	<b>12375</b>	<b>1370</b>
<b>% RENEWED</b>	<b>98.8 %</b>	<b>98.8%</b>	<b>99%</b>
<b>% LAPSED</b>	<b>1.2%</b>	<b>1.2%</b>	<b>1%</b>

**Continuing Pharmacy Education**

Continued competency is ensured through license renewal. Ohio pharmacists and pharmacy interns are required to submit evidence that they are continuing their pharmacy education in order to qualify for renewal.



### Pharmacy Interns

Pharmacy interns must be enrolled in a college of pharmacy in order to qualify for renewal while pharmacists must submit evidence that they have successfully obtained 4.5 CEUs (Continuing Education Units) every three years. One hundred fifteen (115) pharmacy interns were required to acquire and return Certificates of Acceptance forms verifying that they were either enrolled in a college of pharmacy or that they had been accepted for enrollment with their renewal applications for the 1995-1996 licensure year. These pharmacy interns did not appear on the enrollment lists submitted to the Board by the four Ohio Colleges of Pharmacy at the beginning of the 1995-1996 academic year. If they were enrolled in one of the Ohio Colleges of Pharmacy, the Board needs to know whether or not they have transferred to a college of pharmacy in another state or if they have decided to not pursue a career in pharmacy.

### Pharmacists

One-third of the pharmacists holding current licenses to practice in Ohio must submit evidence of successfully completing 45 hours of continuing pharmacy education every three years. Continuing pharmacy education must be obtained from providers who have been approved by the Board. Approved providers include national providers who have been approved by the American Council on Pharmaceutical Education and individuals or organizations located in Ohio who have submitted applications to the Board and have been approved as an in-state provider.

As of March 1, 1996, 102 in-state providers were approved by the Board. Three new in-state providers were approved and 31 in-state providers of continuing pharmacy education were re-approved by the Board for another three years during FY 95.

### Continuing Pharmacy Education Requirement - Jurisprudence

Pharmacists who must report continuing pharmacy education towards renewal of their licenses for the 1996-1997 licensure year must have obtained 0.1 CEU by participating in a jurisprudence program approved by the Board. Paragraph (A) of O.A.C. Rule 4729-7-02 (Requirements for renewal of a pharmacist identification card) was amended by the Board on February 15, 1995 and reads as follows:

- (A) Evidence of four and one-half C.E.U.s of approved continuing education shall be submitted with the application for renewal of a pharmacist identification card at intervals not to exceed three years. At least 0.3 C.E.U.s of the total required 4.5 C.E.U.s must be obtained from board approved programs in jurisprudence. Pharmacists required to report continuing education in 1996 must show evidence of 0.1 C.E.U. of jurisprudence. Pharmacists required to report continuing education in 1997 must show evidence of 0.2 C.E.U.s of jurisprudence. Pharmacists required to report continuing education in 1998 and after must show evidence of 0.3 C.E.U.s of jurisprudence. [emphasis added]

The jurisprudence requirement applies to:

- all pharmacists who hold a current license to practice pharmacy in Ohio and who reside and practice in the state; and
- those pharmacists who hold a current license to practice pharmacy in Ohio and are not practicing pharmacy in another state that requires continuing education in order to renew their license.

Pharmacists who are actively practicing pharmacy in another state where continuing education is required for renewal of their license to practice in that state may renew their Ohio identification card (license to practice) by using the following statement on their continuing pharmacy education report form:

*"I declare under penalties of falsification that I hold a current and valid pharmacist license, number (insert license number), in the state of (insert name of state), and that I have met the continuing education requirements of this state and I do not presently reside or practice pharmacy in the state of Ohio. I hereby agree to immediately notify the board of pharmacy if I return and commence the practice of pharmacy in the state of Ohio."*

Additional information regarding the continuing pharmacy education requirement in Jurisprudence may be found in the November 1995 and February 1996 State Board Newsletters. Each issue of the State Board Newsletter will include a listing of future jurisprudence programs that have been approved by the Board. This listing will also appear on the Board of Pharmacy's Home Page on the World Wide Web.

**T**he February 1996 State Board Newsletter also contained the first Jurisprudence Quiz for continuing education credit. Pharmacists successfully completing the quiz according to the instructions included in the Newsletter receive 0.1 C.E.U. in jurisprudence towards renewal of their license. A quiz will be included by the Board in each February issue of the Newsletter and will cover the material appearing not only in the current February issue but also the material appearing in the previous three issues - May, August, and November. The continuing education report form has been modified this year to include a separate area for reporting approved jurisprudence courses.

### **Continuing Pharmacy Education Audit**

In order to spread out the administrative workload, the Board's continuing pharmacy education program requires that one-third of the registered pharmacists who hold current licenses to practice (identification cards) report the continuing pharmacy education that they have obtained in order to qualify for renewal. Consequently, 3,422 pharmacists reported continuing pharmacy education in FY 96 and approximately 10% of those reporting were audited (361).

CONTINUING PHARMACY EDUCATION AUDIT					
FY	Date of Notice	Total Audited	Total PTD	Total Cleared Post-PTD	Total Denied (mon.pen.)
90	12/08/89	324	na	na	na
91	11/05/90	332	6	4	2
92	10/16/91	330	2	0	1*(1)
93	10/21/92	367	3	2	1
94	10/08/93	399	4	1	2 (1)
95	10/07/94	346	2	0	1 (2)
96	upon receipt	361	0	0	0

(mon.pen. = monetary penalty of \$100 imposed)  
 na-not available PTD-proposed to deny \*-one withdrew application

The procedure for conducting the continuing pharmacy education audit was changed for the 1995-1996 licensure year. The continuing pharmacy education audits were conducted by Board staff prior to issuing the license to practice. Identification cards were not issued until the pharmacists required to report continuing education credit cleared the audit.

**DANGEROUS DRUG DISTRIBUTORS**

**L**icensing of sites engaged in the legal distribution of dangerous drugs is the foundation of drug law compliance and enforcement programs. Licensing requires a determination that those individuals wishing to engage in such activity meet certain qualifications. Those that do not qualify are not licensed by the Board.

This determination is made administratively by a careful review of the application and a background check of the applicant, their agents, officers, and employees. If the site being licensed is located in another state, the agency licensing the applicant in that state is contacted to verify if they are currently licensed in that state and whether or not their license is in good standing. If the applicant is licensed or registered with any federal drug law enforcement agency, a check is also made with that agency to verify licensure and determine the standing of such license.

New sites located in Ohio are licensed only after a Board compliance agent has visited the site and determined that they qualify. A continuing review of the licensee's qualifications for licensure is made during routine, unannounced compliance inspections. Renewal applications are also carefully reviewed each year to determine whether or not the license should be renewed.

The Board proposed to deny one applicant for licensure as a wholesaler and five applicants for licensure as a terminal distributor of dangerous drugs in FY 95. The six licenses were issued following Chapter 119. hearings.

**Wholesale Distributors of Dangerous Drugs  
 Manufacturers and Wholesalers of Controlled Substances**

The Dangerous Drug Distribution Act provides that all firms or businesses distributing dangerous drugs at wholesale in Ohio register with the Board of Pharmacy as a wholesale distributor of dangerous drugs. These firms register with the Ohio Board even if their place of business is located in another state. If the wholesale distributor of dangerous drugs is also engaged in the manufacture or wholesale distribution of controlled substances, they are licensed with the Board to engage in such activity. The following table illustrates the number of wholesale distributors (in-state and out-of-state) registered with the Board of Pharmacy as of June 30, 1995 and who hold manufacturer or wholesale licenses to also distribute controlled substances at wholesale in Ohio. The number registered as of March 7, 1996 appears in parentheses.

WHOLESALE DANGEROUS DRUG DISTRIBUTORS FY 95(FY 96 td)				
	Number [mcs]	Number [wcs]	Total [mcs&wcs]	Number [wddd]
In-state	10 (10)	245 (239)	255 (249)	536 (552)
Out-of-state	32 (42)	277 (255)	309 (287)	517 (508)
Totals	42 (42)	522 (494)	564 (536)	1053 (1060)
KEY: mcs - manufacturer of controlled substances      td - as of March 7, 1996 wcs - wholesaler of controlled substances wddd - wholesale dangerous drug distributor				

**Terminal Distributors of Dangerous Drugs**

Ohio's Dangerous Drug Distribution Act provides for the licensing of most of the sites where dangerous drugs are stored in the state of Ohio for legal purposes. These purposes include the administration or dispensing of the drugs to patients (humans or animals) when diagnosing and/or treating illnesses or injuries. The drugs may also be used for purposes of teaching or in conducting research or drug analysis.

The sites where the dangerous drugs are stored for these purposes are licensed as **terminal distributors of dangerous drugs**. The Board has established 48 different classifications of terminal dangerous drug distributors for licensing and regulatory purposes. The table on Page 30 lists the different classifications and the number of licenses in each classification of terminal distributors as of March 1996.

The following table indicates the trends occurring among different categories of terminal distributors of dangerous drugs operating pharmacies in Ohio:

	FY 92	%	FY 93	%	FY 94	%	FY 95	%	FY 96 td	%
<b>Retail Pharmacies</b>										
Independent (1 outlet)	746	33%	704	31%	642	29%	602	27%	559	26 %
Small Chain (2-11 outlets)	452	20%	419	18%	381	17%	366	17%	342	16 %
Large Chain (12 or more)	1078	47%	1154	51%	1186	54%	1252	54%	1294	59 %
Total retail pharmacies	<b>2276</b>	<b>84%</b>	<b>2277</b>	<b>84%</b>	<b>2209</b>	<b>83%</b>	<b>2220</b>	<b>84%</b>	2195	84 %
<b>Hospital Pharmacies</b>	240	9%	242	9%	236	9%	231	9%	233	9 %
Pharmacy serv. LTCF	34	1%	38	1%	42	2%	48	1%	47	4 %
Fluid Ther/HHC Pharmacy	81	3%	80	3%	88	3%	83	3%	73	3 %
Clinic Pharmacy	24	1%	25	1%	24	1%	25	1%	27	1 %
HMO Pharmacy	21	1%	19	1%	18	1%	22	1%	24	1 %
Mail Order Pharmacy	14	1%	14	1%	17	1%	18	1%	16	1 %
Nuclear Pharmacy	10	0%	11	0%	12	0%	12	1%	13	1 %
Total Pharmacies	<b>2700</b>		<b>2706</b>		<b>2646</b>		<b>2659</b>		2628 td	

Ohio's Dangerous Drug Distribution Act was amended in 1984 to provide for three different categories of dangerous drugs. The categories indicate those drugs which the licensed terminal distributor is permitted to purchase and possess for distribution or use in Ohio. The license may also be limited to certain drugs within a category of dangerous drugs. In these instances the drugs are listed on the license addendum. The three categories of dangerous drugs are as follows:

**CATEGORY I** - Single dose injections of intravenous fluids, including saline, Ringer's lactate, five percent dextrose and distilled water, and other intravenous fluids or parenteral solutions included in this category by rule of the board of pharmacy, that have a volume of one hundred milliliters or more and that contain no added substances, or single-dose injections of epinephrine to be administered pursuant to division (B) of section 3303.08 of the Revised Code.

**CATEGORY II** - Any dangerous drug that is not included in category I or III.

**CATEGORY III** - Any controlled substance that is contained in schedule I, II, III, IV, or V.

The Category III license authorizes the person to possess, have custody or control of, and distribute Category I, II, and III dangerous drugs.

The following table lists the number of the six different categories of terminal distributor of dangerous drugs licensed by the Board.

<u>CATEGORY OF TERMINAL DISTRIBUTOR LICENSES</u>			
(td - 03/11/96)			
	<u>FY 94</u>	<u>FY 95</u>	<u>FY 96 td</u>
Category I	4	3	1
Limited Category I	238	11	8
Category II	265	228	271
Limited Category II	326	769	1297
Category III	5474	5575	5546
Limited Category III	1304	1441	1401
<b>Total</b>	<b>7611</b>	<b>8027</b>	<b>8524</b>

TERMINAL DISTRIBUTORS	NUMBER LICENSED		
	<u>FY 94</u>	<u>FY 95</u>	<u>FY 96 td</u>
Retail Pharmacy	2209	2229	2195
<i>Independent (1 outlet)</i>	642	606	559
<i>Small Chain (2-11 outlets)</i>	381	370	342
<i>Large Chain (12 or more outlets)</i>	1186	1253	1294
Hospitals	236	235	227
Fluid Therapy/Home Health Care	88	78	74
Pharmacy serving LTCF	42	47	49
Clinic Pharmacy	24	24	25
HMO	18	19	24
Mail Order Pharmacy	17	18	18
Nuclear Pharmacy	12	13	15
Specialty Pharmacy	7	6	5
Pharmacy/employees only	3	5	6
Non-territorial Pharmacy	na	46	62
Non-territorial Pharmacy serving LTCF/institutions	na	2	2
Health Care Facility Pharmacy	1297	1343	1331
Pharmacy (contingency stock - LTC)	5	4	8
Custodial Care	5	8	9
Industrial First Aid	312	324	303
Convalescent/rest/nursing home	14	11	10
DME (Medical Equipment)	6	2	4
Practitioner Corporation	232	245	233
Private Practitioners	19	22	22
Clinic	997	1008	999
Home Health Care Agency	106	119	120
Correctional Institution	70	83	86
Mobile Clinic	1	1	1
Emergency Medical Systems	1341	1405	1408
<i>Headquarters</i>	804	827	816
<i>Satellites</i>	537	578	592
Animal Euthanasia	na	14	22
Animal Control (dog wardns/humane soc. shlters)	39	44	40
Veterinary Facilities (includes zoos)	124	122	122
Laboratories/research	206	201	185
Teaching Institution	66	65	66
Sports Training Facility	12	11	10
Incinerators (Waste disposal)	10	8	9
Dog Trainer	19	21	20
Hospice	3	8	7
Corporate Headquarters	1	1	1
Physical Therapy	55	76	71
Retail Seller of Medical Oxygen	8	136	211
Oxygen Reseller - Contingency Stock	na	na	226
Other	6	23 *	47**
<b>TOTAL NUMBER OF LICENSED TERMINAL DISTRIBUTORS</b>	<b>7611</b>	<b>8027</b>	<b>8251</b>

td = March 11, 1996                      na = not applicable

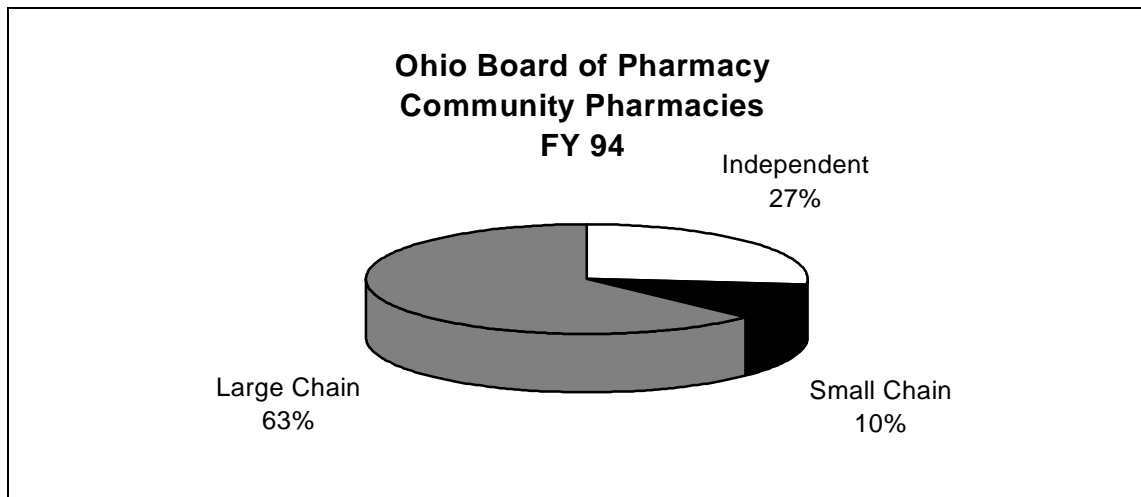
\* The other category of terminal distributors of dangerous drugs for FY 95 includes manufacturer process use (3), food processors licensed to purchase nitrous oxide (3), SWAT EMS (2), Hospice ambulatory clinic (1), group home drug use supervision (3), chemical treatment facility (1), blood banks (6), consulting pharmacies (2), and miscellaneous (5).

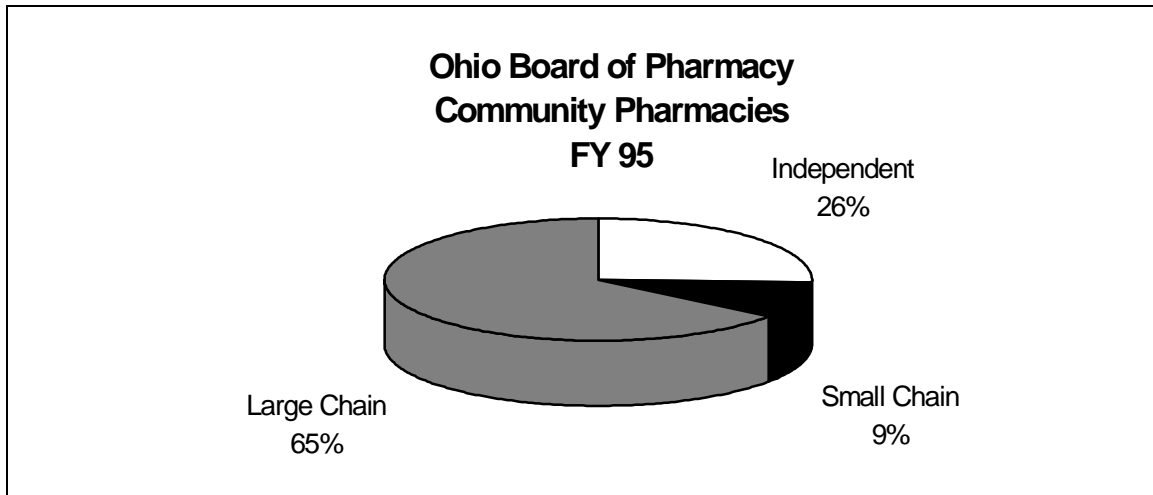
*\*\* The other category of terminal distributors of dangerous drugs for FY 96 to date includes manufacturer - process use (4), food processors licensed to purchase nitrous oxide (8), SWAT EMS (1), group home drug use supervision (3), chemical treatment facility (1), blood banks (9), consulting pharmacies (1), emergency transport only (1), Helicopters - physicians (2), and miscellaneous (16).*

Data concerning practice sites continues to document the decrease in the number of hospital, independent and small chain pharmacies licensed with the Board. The number of independent pharmacies has decreased by 222 licensed sites since FY 91. Eighty-six (86) independent pharmacies discontinued business during FY 93; 62 discontinued business in FY 94; 15 discontinued business in FY 95; and 43 have discontinued business to date in FY 96 (as of March 11, 1996).

Further demonstrating a concentration of pharmacy ownership is the decrease in number of sites licensed as small chain pharmacies. One hundred seventeen (117) small chain pharmacies have discontinued business in Ohio since FY 91. Twenty-four (24) small chain pharmacy sites have discontinued business to date in FY 96.

Large chains showed the largest increase in the number of licensed practice sites. The number of retail pharmacies operated in the state of Ohio by large chains (12 or more outlets) has increased every fiscal year since FY 91. The largest increase occurred during FY 93 when 76 large chain sites were licensed by the Board. Fifty-nine percent (59%) of all retail pharmacies located in Ohio are presently operated by large chains.





At the end of FY 94, there were 236 hospital pharmacies in Ohio. As of March 11, 1996, there were 227. Fourteen (14) hospital pharmacies have discontinued business in the state of Ohio since FY 91.

As is occurring in other industries and businesses in the United States, the ownership in pharmacies is being concentrated due to purchases of independent proprietors, mergers, and takeovers of corporations. This is occurring not only in the retail operations but in the wholesale industry. Another major phenomenon is the increasing vertical integration occurring in the pharmaceutical industry.

The following table consists of information generated by the Board's licensing system. "Active practice" includes pharmacists who are working full-time (40 hours or more per week) and those working part-time (less than 40 hours per week).

<u>REGISTRANTS AND PRACTICE SITE DATA</u>						
<b>PHARMACY PRACTICE ACT</b> (As of March 12, 1996)	<u>Total</u>	<u>%</u>	<u>Female</u>	<u>%</u>	<u>Male</u>	<u>%</u>
<b><u>REGISTERED PHARMACISTS</u></b>	<b>12506</b>	<b>100%</b>	<b>4920</b>	<b>39%</b>	<b>7586</b>	<b>61%</b>
<b><u>Active Practice</u></b>						
In Ohio	8066	100%	3154	39.1%	4912	60.9%
Out-of-state	2463	100%	1021	41.5%	1442	58.5%
<b><u>Active Practice Site In Ohio</u></b>						
Large chain (12+ outlets)	3147	100%	1281	40.7%	1866	59.3%
Private hospital	1586	100%	774	48.8%	812	51.2%
Independent (1 outlet)	1197	100%	294	24.6%	903	75.4%
Small chain (2-11 outlets)	468	100%	152	32.4%	316	67.5%
Government hospital (fed/state/local)	347	100%	160	46.1%	187	53.9%
Mail order pharmacy	274	100%	138	50.4%	136	49.6%
Clinic/Medical Bldg.	190	100%	78	41.0%	112	59.0%
Long-term care pharmacy	166	100%	78	47.0%	88	53.0%
HMO	125	100%	71	56.8%	54	43.2%
Military/V.A. hospital	104	100%	47	45.2%	57	54.8%
Fluid therapy pharmacy	93	100%	41	44.1%	52	55.9%
Nuclear pharmacy	43	100%	13	30.2%	30	69.8%
Pharmacy servicing nursing home(s)	122	100%	60	49.2%	62	50.8%
Nursing home	27	100%	16	59.2%	11	40.8%
<b><u>Pharmacy-related practice sites</u></b>						
Pharmaceutical manufacturer	144	100%	38	26.4%	106	73.6%
Pharmaceutical wholesaler	2	100%	1	50.0%	1	50.0%
<b><u>PHARMACY INTERNS</u></b>	<b>1512</b>	<b>100%</b>	<b>938</b>	<b>62%</b>	<b>574</b>	<b>38%</b>

The following tables provide "age by gender" data for the four main sites of practice in Ohio. These four practice sites account for 79% or 6,335 of the pharmacists engaged in active practice in Ohio. The numbers in the brackets indicate the number of practice sites in each of the four classifications of dangerous drug distributors.

<b>Independent Pharmacy [606]</b>			
(1 outlet)			
<u>Age By Gender Data as of June 30, 1995</u>			
(in-state only)			
<u>Age (years)</u>	<u>Female</u>	<u>Male</u>	<u>Total</u>
24 yrs or less	8	6	14
25 - 29	40	35	75
30 - 34	59	40	99
35 - 39	57	189	246
40 - 44	49	123	172

45 - 49	18	98	116
50 - 54	9	102	111
55 - 59	7	85	92
60 - 64	12	111	123
65 - 69	14	103	117
70 - 74	5	40	45
75 - 79	2	31	33
80 or greater	0	10	10
TOTALS	280 (22.4%)	973 (77.6%)	1253

<b>Large Chain Pharmacy [1253]</b> (12 or more outlets)			
<u>Age By Gender Data as of June 30, 1995 (in-state only)</u>			
<u>Age (years)</u>	<u>Female</u>	<u>Male</u>	<u>Total</u>
24 yrs or less	41	18	59
25 - 29	476	263	739
30 - 34	252	213	465
35 - 39	216	246	462
40 - 44	128	263	391
45 - 49	38	258	296
50 - 54	27	155	182
55 - 59	33	175	208
60 - 64	15	166	181
65 - 69	4	94	98
70 - 74	2	25	27
75 - 79	0	12	12
80 or greater	0	0	0
TOTALS	<b>1232 (39.5 %)</b>	<b>1888 (60.5%)</b>	<b>3120</b>

**Small Chain Pharmacy [370]**  
 (2 to 11 outlets)  
Age By Gender Data as of June 30, 1995  
 (in-state only)

<u>Age (years)</u>	<u>Female</u>	<u>Male</u>	<u>Total</u>
24 yrs or less	5	6	11
25 - 29	27	13	40
30 - 34	27	27	54
35 - 39	31	36	67
40 - 44	24	46	70
45 - 49	14	41	55
50 - 54	4	32	36
55 - 59	8	27	35
60 - 64	4	35	39
65 - 69	4	25	29
70 - 74	1	13	14
75 - 79	0	3	3
80 or greater	0	1	1
TOTALS	149 (32.8%)	305 (67.2%)	454

**Private Hospital [232]**  
Age By Gender Data as of June 30, 1995  
 (in-state only)

<u>Age (years)</u>	<u>Female</u>	<u>Male</u>	<u>Total</u>
24 yrs or less	36	17	53
25 - 29	158	85	243
30 - 34	161	106	267
35 - 39	178	145	323
40 - 44	121	194	315
45 - 49	44	106	150
50 - 54	23	60	83
55 - 59	11	29	40
60 - 64	9	20	29
65 - 69	2	12	14
70 - 74	1	7	8
75 - 79	0	3	3
80 or greater	0	0	0
TOTALS	744 (48.7%)	784 (51.3%)	1528

Sixty five percent (65%) of the pharmacists actively practicing in retail pharmacies are employed by the large chains. Twenty-six percent (26%) are actively practicing in independent pharmacies and nine percent (9%) in small chain pharmacies.

All Ohio R.Ph. Age By Gender Data as of June 30, 1995 (in-state only)			
<u>Age (years)</u>	<u>Female</u>	<u>Male</u>	<u>Total</u>
24 yrs or less	114	57	171
25 - 29	899	528	1427
30 - 34	754	556	1310
35 - 39	744	774	1518
40 - 44	548	904	1452
45 - 49	199	710	909
50 - 54	113	487	600
55 - 59	89	428	517
60 - 64	70	491	561
65 - 69	60	414	474
70 - 74	32	203	235
75 - 79	0	0	0
80 or greater	4	45	49
TOTALS	<b>3626 (39.3%)</b>	<b>5597 (60.7%)</b>	<b>9223</b>

**REGULATION**

**Ad Hoc Advisory Committee on Rule Review**

Each calendar year the Board appoints an Ad Hoc Advisory Committee on Rule Review. The members of this committee are volunteers and serve at their own expense. This committee was first established by the Board of Pharmacy in 1984 due to the enactment of the Regulatory Flexibility Act by the Ohio General Assembly. The sections of law making up this act requires each state agency to review each rule that effects individuals, small businesses, or small organizations at least once every five years.

The purpose of this review is to determine whether a rule should be continued without change, be amended, or rescinded, so as to minimize the economic impact of such rule on such persons. The following questions must be considered in reviewing each of the Board's rules:

- (1) Does the rule effect a "small business" (i.e.-an independently owned and operated business having fewer than 400 employees), or a "small organization (i.e.-an unincorporated association, sheltered workshop, or non-profit enterprise having fewer than 400 employees)?
- (2) Does the rule effect any individual in his or her capacity as an officer or employee of a "small business" or "small organization"?
- (3) Is the rule needed?

- (4) What is the nature of any written complaints or comments regarding the rule?
- (5) Does the rule duplicate, overlap, or conflict with other rules?
- (6) What is the degree of change that has occurred in the area affected by the rule in respect to technology, economic conditions, and other relevant factors?

The committee is appointed by the Board from lists of names submitted by organizations whose members are affected by rules adopted pursuant to the laws governing the practice of pharmacy and the legal distribution of drugs. Sub-committees are appointed in areas where members require a special expertise in addressing the required questions. For example, nuclear pharmacists serve as members of a subcommittee of the Ad Hoc Advisory Committee on Rule Review when the nuclear pharmacy rules are reviewed pursuant to the Regulatory Flexibility Act of 1984.

The following rules were reviewed by the Ad Hoc Advisory Committee on Rule Review during 1995:

<u>RULES REVIEWED</u> <u>CALENDAR YEAR 1995</u>	
<u>Rule Number</u>	<u>Title</u>
4729-5-04	Violations as evidence for denial of a pharmacist or intern license
4729-5-16	Labeling of drugs dispensed on prescription
4729-5-32	Criteria for licensure by reciprocity
4729-9-12	Verification of license as a distributor of dangerous drugs
4729-9-18	Posting of terminal, wholesale, or manufacturer license
4729-9-19	Violations as evidence for denial of terminal, wholesale, or manufacturer license
4729-9-20	Drugs manufactured or repackaged by a pharmacy
4729-17-01	Definitions; institutional facility
4729-17-02	Pharmacist-in-charge of an institutional pharmacy
4729-17-03	Security and control of drugs in an institutional facility
4729-17-04	Records; institutional facility pharmacy
4729-17-05	Definitions; health care facility
4729-17-06	Responsible pharmacist for a health care facility
4729-17-07	Security and control of drugs in a health care facility
4729-17-08	Minimum standards for institutional facility and health care facility pharmacies
4729-17-09	Drug orders for patients of institutional and health care facilities
4729-17-10	Labeling of prescriptions for patients of an institutional or health care facility
4729-17-11	Labeling of prescriptions for outpatients
4729-17-12	Records; health care facility pharmacy
4729-17-13	D.E.A. numbers for hospital employed practitioners

The following rules will be reviewed by the 1996 Ad Hoc Advisory Committee on Rule Review:

<u>RULES FOR REVIEW</u> <u>CALENDAR YEAR 1996</u>	
<u>Rule Number</u>	<u>Title (Current Effective Date)</u>
4729-1-01	Public hearing notice (03/19/87)
4729-1-02	Notice of meetings (04/01/89)
4729-1-03	Public records (03/19/87)
4729-1-05	Advisory committees (07/01/92)
4729-3-01	Definitions (07/01/94)
4729-3-02	Registration as a pharmacy intern (07/01/92)
4729-3-03	Application for registration as a pharmacy intern (07/01/94)
4729-3-04	Pharmacy intern identification card renewal (07/01/92)
4729-3-05	Internship credit (07/01/94)
4729-3-09	Expiration of pharmacy intern registration (07/01/92)
4729-5-07	Recognized and approved colleges of pharmacy (07/01/92)
4729-5-17	Recordkeeping (07/01/93)
4729-5-19	Serial numbering of prescriptions (03/01/92)
4729-5-24	Prescription copy (07/01/92)
4729-5-25	Dispensing of drugs and compounding of prescriptions (03/19/87)
4729-6-01	Definitions; impaired pharmacists (07/01/92)
4729-6-02	Applicability (07/01/92)
4729-6-04	Approval of treatment providers (07/01/92)
4729-6-06	Qualifications of approved treatment providers (07/01/92)
4729-6-08	Requirements for approved treatment providers and limited approved treatment providers (07/01/92)
4729-6-10	Summary suspension, license of impaired pharmacist (07/01/92)
4729-9-01	Definitions (07/01/92)
4729-9-04	Returned drugs (07/01/92)
4729-9-07	Procedure for discontinuing business as a wholesale or a terminal distributor of dangerous drugs (07/01/92)
4729-9-16	Minimum requirements for wholesalers (07/01/92)

Fourteen (14) Ohio Administrative Code rules were amended and four were rescinded by the Board pursuant to the recommendations of the 1995 Ad Hoc Advisory Committee on Rule Review. The amendments were effective January 10, 1996 and a copy of the amended rules may be obtained by contacting the Board office or downloading the "Summary of Rules" titled "Rules Effective 01/10/96" from the Board's Home Page on the World Wide Web:

**URL: <http://www.odn.ohio.gov/ohio/pharmacy/>**

The following is a history of the rules that were amended and rescinded effective January 10, 1996:

**RULE TRACKING RECORD**  
**(LAST UPDATED 12-29-95)**

**KEY:**    **NW** - New    **AM** - Amended    **RN** - Renumbered  
           **NO** - No Change    **RS** - Rescinded    **EM** - Emergency  
           **()** - Available    **\*** - Emergency Rules (Effective 90 days)  
           **^** - Recommendations Not Adopted by Board

<u>Rule Number</u>	<u>Current Title</u>	<u>Effective Dates</u>	<u>Reviewed / Change</u>
<b>4729-5-13</b>	Prescription format	<b>960110</b> 940701 880321 760910	1995 / AM 1993 / NW 1987 / RS
<b>4729-5-34</b>	Successful completion of the "Test of Spoken English"	<b>960110</b> 880321	1995 / AM 1993 / NO 1987 / NW
<b>4729-9-12</b>	Verification of license as a distributor of dangerous drugs or exempt status of a practitioner	<b>960110</b> 950313 910701 870319 711001	1995 / AM 1990 / NW 1986 / RS
<b>4729-9-19</b>	Violations as evidence for denial of terminal, wholesale, or manufacturer license	<b>960110</b> 910701	1995 / AM 1990 / NW
<b>4729-9-20</b>	Drugs repackaged by a pharmacy	<b>960110</b> 910701	1995 / AM 1990 / NW
<b>4729-12-09</b>	Exceptions	<b>960110</b> 941215 940824*	1995 / AM
<b>4729-17-01</b>	Definitions; institutional facility	<b>960110</b> 950313 910701 850901 760910	1995 / AM 1994 / AM 1990 / AM
<b>4729-17-02</b>	Pharmacist-in-charge of an institutional pharmacy	<b>960110</b> 910701 900701 851101 760910	1995 / AM 1990 / AM 1989 / AM
<b>4729-17-03</b>	Security and control of drugs in an institutional facility	<b>960110</b> 910701 850901 760910	1995 / AM 1990 / AM

Rule Number                      Current Title                      Effective Dates    Reviewed / Change

<b>4729-17-04</b>	Records; institutional facility pharmacy	<b>960110</b> 910701 850901	1995 / AM 1990 / AM
(17-05)		<b>960110</b> 950313 910701 850901	1995 / RS 1994 / AM 1990 / AM
(17-06)		<b>960110</b> 920701 850901	1995 / RS 1991 / AM 1990 / AM^
(17-07)		<b>960110</b> 910701 850901	1995 / RS 1990 / AM
<b>4729-17-08</b>	Minimum standards for an institutional facility pharmacy	<b>960110</b> 900701 850901 760910	1995 / AM 1990 / NO 1989 / AM
<b>4729-17-09</b>	Drug orders for patients of an institutional facility	<b>960110</b> 941125 910701 900701 850901 760910	1995 / AM 1994 / AM 1990 / AM 1989 / AM
<b>4729-17-10</b>	Labeling of prescriptions for patients of an institutional facility	<b>960110</b> 910701 850901	1995 / AM 1990 / AM
<b>4729-17-11</b>	Labeling of prescriptions for outpatients	<b>960110</b> 910701 850901	1995 / AM 1990 / AM
(17-12)		<b>960110</b> 910701	1995 / RS 1990 / NW

**COMMUNICATIONS**

**WORLD WIDE WEB**

**Ohio Board of Pharmacy Home Page**

**URL: <http://www.odn.ohio.gov/ohio/pharmacy/>**

As stated earlier in this report, information technology is rapidly moving everyone into "The Information Age" whether we like it or not. As the single state agency responsible for administering and enforcing the laws governing the legal distribution of drugs, the Ohio Board of Pharmacy receives numerous inquiries and telephone calls from the public about drugs, the laws governing their distribution, adverse side effects, their use, and where certain drug products - old and new - may be purchased.

As might be expected, the Board also receives complaints about drug products, pharmacies, pharmacists, prescribers, and incident reports of possible violations of drug laws by members of the public or health professionals. The Board is receiving an increasing number of requests for information about these topics.

In an effort to make the information more readily available and to cut down on the time required to answer many of the same questions or provide the same information, the Board has established a "Home Page" on the World Wide Web. The Board may also be contacted by E-mail at:

**[bop\\_butler@ohio.gov](mailto:bop_butler@ohio.gov)**

The Home Page includes general information about the Board, tentative meeting schedules, the current official Minutes of the Board, Summaries of Laws, Rules, and/or Requirements regarding many topics, Compliance Bulletins, current Newsletters and reports published by the Board. Information about registration as a pharmacy intern, pharmacist, or dangerous drug distributor will also be included on the Home Page as the documents are prepared for publication.

**COMPLIANCE BULLETINS**

The Board's computer system provides the Board with the ability to communicate in a timely and cost-effective manner with those pharmacists or dangerous drug distributors having a "need to know" or whose professional practice/business has been or will be affected by laws, rules, or policy decisions made by state or federal regulatory agencies. Compliance bulletins are issued by the Board on an as-needed basis to those licensees and registrants being affected.

Two compliance bulletins were issued by the Board since last year's report. Compliance Bulletin 96-001 was mailed on January 5, 1996 to all pharmacists actively practicing pharmacy in Ohio and discussed two amended rules - Ohio Administrative Code (O.A.C.) Rule 4729-12-09 (Ephedrine products excepted from Schedule V of Ohio's Controlled Substance Act) and O.A.C. Rule 4729-5-13 (Prescription Format).

Approximately 35,000 copies of Compliance Bulletin 96-002 were mailed on January 6, 1996 to all prescribers in the state of Ohio regarding amended O.A.C. Rule 4729-5-13.

## COMPLIANCE

Licensing is a process by which government grants permission to engage in a particular business or profession. Licensing is an effective tool for enforcing laws and obtaining compliance in that it ensures that those individuals who are permitted to engage in the business are qualified. Licensure also provides the licensing agency with the opportunity to effectively monitor compliance with the laws and rules governing the business by conducting compliance inspections.

### VOLUNTARY COMPLIANCE

Patient Counseling and Prospective Drug Utilization Review - The Ohio Board of Pharmacy continues to educate pharmacists regarding the importance of counseling patients and performing prospective drug utilization review when dispensing prescription medications. These efforts have included the publication of an article in the November 1995 issue of the State Board Newsletter (*Over-the-Counter Drug Products/Drug Utilization Review*); presentations by Board staff to groups of pharmacists and pharmacy students, and meeting with the Directors of Pharmacy Operations of chains operating pharmacies in Ohio (May 17, 1995).

### COMPLIANCE/ENFORCEMENT ACTIVITIES

Monitoring of compliance with the patient counseling rules has been occurring during routine inspections of pharmacies as instructed by the Board in January, 1995; when investigating complaints or allegations of violations of drug laws and rules; and when investigating reports of dispensing errors. Pink sheets are being issued by Board agents and specialists for not complying with the rules regarding the maintenance of patient profiles, performing prospective drug utilization review, and patient counseling.

**Failure to counsel patients** - The first pink sheet that included a "failure to counsel patients" was issued on February 6, 1995. Six hundred eighty-six (686) retail pharmacies were inspected and 111 pink sheets were issued by the field staff during the last two quarters of FY 95 (January 1, 1995 through June 30, 1995). Twenty-two (22) of the pink sheets issued by the Board field staff during this time period included a "failure to counsel patients".

Five hundred fifty (550) retail pharmacies were inspected by field staff during the first two quarters of FY 96 (July 1, 1995 through December 31, 1995) and 86 pink sheets were issued. Five pink sheets issued during this time period included a "failure to counsel patients".

**Failure to perform prospective Drug Utilization Review** - Ten (10) investigations were assigned to field staff in FY 95 due to allegations that prospective Drug Utilization Review (DUR) had not been performed by the dispensing pharmacists. Fourteen (14) investigations were assigned during the first two quarters of FY 96.

Information submitted by the Ohio Department of Human Services and the Bureau of Worker's Compensation alleging that prospective DUR had not occurred was carefully reviewed by the Board's compliance specialists and 13 cases have been closed to date. Thirteen (13) of the "failure to perform DUR" cases were closed on the basis that they were unfounded. The remaining case was investigated by a field staff agent and the case was closed by a written warning being issued ("pink sheet") by the field staff agent.

The 13 cases that were closed as "unfounded" document a fundamental problem that exists in our health care system today - the inability of the practicing pharmacist to obtain and/or access pertinent patient information in order to effectively perform prospective drug utilization review. Effective prospective DUR could not be performed by the pharmacists in the 13 cases due to the fact that they did not have access to the patient's records that existed in other pharmacies or the prescriber's office.

The information provided to the Board of Pharmacy by the two state agencies documented the fact that the dispensing pharmacists did not have access to the prescription and patient data necessary to perform prospective DUR. The information did, however, document possible criminal activity on the part of several of the patients and/or prescribers. Accordingly, new cases have been opened by Board agents and specialists regarding the following potential violations of state drug laws:

1. Deception to obtain dangerous drugs;
2. Trafficking in controlled substances;
3. Corrupting another with drugs;
4. Fraud.

Three "Notices of Opportunity for a Hearing" were issued by the Board to date in FY 96 that include allegations that pharmacists dispensing prescriptions did not perform patient counseling and prospective drug utilization review. The pharmacy and both pharmacists involved in dispensing the patient's prescriptions have been issued "Notices". The allegations in these Notices emphasize the importance of both of these activities occurring at the time of dispensing the initial prescription by the pharmacist.

**Electronic Rx Networks** - The Board of Pharmacy is presently addressing the issue of electronic prescription networks and the conditions required to ensure that the systems provide accountability for all prescriptions issued and dispensed by professionals using such systems. A pilot project is planned for the southwestern area of the state of Ohio and will involve prescribers and pharmacies located in at least three states - Indiana, Kentucky, and Ohio. It is expected that the Board will be adopting a rule in June of this year if the pilot projects are successful and ensure accountability on the part of the users pursuant to the conditions outlined by the Board during their December 1995 meeting.

The systems must not only provide for confidentiality of the patient drug therapy information but also assign accountability without question to both the prescribing and dispensing of drugs. In order to provide accountability at the prescriber level for all prescriptions issued by a prescriber using an electronic prescription system, the Board has required that the following statement be included in all prescribers' user contracts:

**Notice to Ohio Users**

The following paragraph has been drafted by and included at the request of the Ohio State Board of Pharmacy:

In response to a request for interpretation, the Ohio State Board of Pharmacy has determined that an Ohio pharmacist may accept, without further verification of the prescriber's identity needed, prescriptions issued through use of the [software name] system only if the prescribers, regardless of the location of their practice, review a daily log of prescription drug orders, both new and refill, transmitted pursuant to the [software name] system and certify to the authenticity and accuracy of such prescription orders by manually signing each daily log in the same manner as the prescriber would sign a check or legal document. Such review and signature must be completed within twenty-four (24) hours of the transmission of the prescription drug order. Such daily logs must be made available to persons entitled to review records of prescription drugs under Ohio law, and shall be maintained at the practice location for a period of three (3) years from the date of issuing a new or refill prescription. Failure of a prescriber transmitting prescriptions to Ohio pharmacies through the use of the [software name] system to comply with this record-keeping system could result in the termination of such prescriber's license to use the [software name] software in the sole discretion of [software vendor].

These networks have the potential for addressing the problems outlined above regarding effective prospective DUR once they include all pharmacies where a patient may be obtaining prescription drugs and provide access to the patient's complete drug therapy record. The most immediate benefit of the electronic prescription network, however, is their potential for providing pharmacists with additional time to counsel patients regarding their medications.

**COMPLIANCE INSPECTIONS**

Ideally, each site licensed with the Board should be inspected on an annual basis. This, however, is not feasible due to the increasing number of licensees and registrants, the increasing number and complexity of investigations, and legal problems associated with the enforcement of the drug laws.

The following table illustrates the total number of dangerous drug distributors licensed by the Board for FY 83 through FY 94 and FY 95 to date, number of inspections conducted each fiscal year, and percentage of sites inspected.

Ohio Board of Pharmacy COMPLIANCE INSPECTIONS			
FY	No. of Sites (out-of-state)	No. of Inspections	%
83	6828 (250)	3078	47%
84	6635 (237)	2778	43%
85	6894 (262)	2665	40%
86	7013 (269)	1811	27%
87	6997 (287)	1983	28%
88	7590 (285)	2248	30%
89	7879 (315)	1705	22%
90	7701 (349)	2593	34%
91	7645 (338)	2421	32%
92	8208 (324)	2196	28%
93	8044 (455)	1747	23%
94	8630 (487)	1434	18%
95	8515 (565)	1823	21%
96	9012 (572) <i>td</i>	896 <i>td</i>	10% <i>td</i>

*td - as of March 11, 1996*

It is expected that approximately 20% of the sites licensed with the Board will be inspected by the close of this fiscal year (June 30, 1996). Two new field staff employees were hired this fiscal year - a compliance agent and a compliance specialist. The new compliance specialist's responsibilities include the following counties - Carroll, Coshocton, Columbiana, Harrison, Holmes, Jefferson, Knox, Stark, Summit, Tuscarawas, and Wayne. The new compliance agent's territory includes Lorain, Medina, and Summit counties. Another Compliance Specialist will be hired by May, 1996. This Compliance Specialist's responsibility will include Adams, Brown, Butler, Clermont, Clinton, Fayette, Hamilton, Highland, and Warren counties.

Other factors influencing the number of inspections conducted each year include an increasing number of summary suspensions of registered pharmacists' licenses each year pursuant to the provisions of Ohio Revised Code Section 3719.12 (Am. Sub. H.B. 615 - effective March 27, 1991); and the complexity and extent of investigations involving drug trafficking or fraud by health professionals and/or employees of dangerous drug distributors. These factors, plus the increasing number of new dangerous drug distributors being licensed by the Board, result in a smaller percentage of licensed sites being inspected each fiscal year.

**"PINK SHEETS"**

Compliance agents and specialists issue a "pink sheet" during a compliance inspection if there are certain deficiencies or violations of laws and rules governing the legal distribution of dangerous drugs. The "pink sheet" requires a written response by the responsible person within 20 days documenting the steps that have been taken to correct the deficiencies and/or violations of laws and rules. The compliance agent determines during the next compliance inspection if corrections have been made and whether or not the licensee or registrant is now in compliance.

Failure to be in compliance at the time of the follow-up inspection results in a citation (Notice of Opportunity for a Public Hearing) being issued and disciplinary action being taken by the Board. Compliance agents issued 146 pink sheets during FY 94 and 158 during FY 95. Eighty-six (86) pink sheets were issued by field staff through the end of the second quarter of this fiscal year.

The following table indicates the top 15 items cited during compliance inspections conducted by the field staff for FYs 94 and 95.

<u>PINK SHEETS</u>		
DESCRIPTION	FY 94 RANKING (#)	FY 95 RANKING (#)
Drug accountability	1 (41)	1 (64)
DEA Inventory (biennial)	3 (30)	4 (24)
Outdated drugs	6 (21)	8 (16)
Drug security	2 (36)	5 (23)
RPh Initials/date	4 (28)	2 (29)
Improper dispensing	4 (28)	7 (17)
Key security	10 (11)	15 (3)
Library	7 (18)	3 (27)
Drug labels (incomplete)	5 (25)	11 (12)
Rx information missing	8 (16)	9 (15)
Illegal Sales	9 (12)	10 (13)
I.D. cards	12 (9)	12 (8)
OTC/Syringes	13 (3)	12 (8)
Rx copies	11 (10)	14 (6)
Patient Counseling	na	6 (21)

**ENFORCEMENT**

**INVESTIGATIONS**

The following table indicates the number of investigations assigned to the field staff for Calendar Years 1990 through 1995.

<u>INVESTIGATIONS ASSIGNED TO FIELD STAFF</u> (Calendar Years 1989 - 1994)					
<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>
1073	976	1052	1167	1085	1159
(40%↑)	(9%↓)	(8%↑)	(11%↑)	(7%↓)	(7%↑)

Incident reports received by the Board from pharmacists, dangerous drug distributors, other health professionals, law enforcement agencies, and the public regarding alleged violations of the federal and state drug laws are classified by subject matter before they are assigned to the field staff for investigation. The following table indicates the top five classifications assigned to the incident reports for FYs 94 and 95.

INCIDENT REPORTS BY CLASSIFICATION [Investigations Assigned To Field Staff]		
	FY 94 Rank (# of reports)	FY 95 Rank (# of reports)
THEFT OF DRUGS	1 (222)	1 (225)
ERROR IN DISPENSING	3 (113)	5 (91)
FORGERY OF DRUG DOCUMENTS	5 (80)	4 (106)
TRAFFICKING IN DRUGS	4 (112)	3 (131)
DECEPTION TO OBTAIN	2 (134)	2 (184)

As indicated in this table, four of the top five classifications of incident reports received by the Board in FYs 94 and 95 allege violations of Ohio Revised Code Chapter 2925. (Drug Crimes). Investigations of these incident reports alleging violations of this chapter are presented to the appropriate prosecutors and often result in the arrest and criminal prosecution of the alleged violators. The following table provides data concerning individuals arrested following investigations conducted by Board of Pharmacy field agents during FYs 94, 95, and 96 to date.

ARRESTS Drug Law Enforcement / Criminal			
	FY94	FY95	FY96td
PHARMACIST/INTERN	31	22	8
REGISTERED NURSE	7	22	8
LPN	9	7	2
MD/DO	6	15	6
DDS	1	0	0
Pharmacy Employee	4	0	0
Physician Assistant	0	2	0
Podiatrist	0	1	1
Sales Representative	1	1	0
Other	<u>84</u>	<u>67</u>	<u>34</u>
Total Arrests	143	137	59

*td - 12/31/95*

Investigations by the Board resulted in the arrest of 67 health care professionals in FY 95. Twenty-five (25) licensed health care professionals have been arrested to date in FY 96. The results of these investigations were presented to the appropriate prosecutors for criminal prosecution.

**SUMMARY SUSPENSIONS WITHOUT A HEARING**

**D**ivision (C) of Ohio Revised Code Section 3719.121, as amended by Am. Sub. H. B. 615 effective 03/27/91, provided that the license or registration of a practitioner, nurse, pharmacist, manufacturer, or wholesaler shall be immediately suspended without a hearing by the appropriate board when a prosecutor has notified the board that the registrant or licensee has:

- (1) pled guilty to, or a judicial finding [has been made] of his guilt of, a felony drug abuse offense;
- (2) a judicial finding [has been made] of eligibility for treatment in lieu of conviction;
- (3) a judicial finding [has been made] of his guilt of an offense in another jurisdiction that is essentially the same as a felony drug abuse offense; or
- (4) a judicial finding [has been made] of his eligibility for treatment in lieu of conviction in another jurisdiction.

The amended statute further provided that the suspension shall remain in effect until a hearing is held by the licensing board. This legislation also provided the Board of Pharmacy and the other health professional licensing boards with the authority to suspend a license without a hearing provided there is clear and convincing evidence that continuation of the individual's professional practice or method of distributing controlled substances presents a danger of immediate and serious harm to others.

The Board of Pharmacy has placed a high priority on those cases where the licensee or registrant presents a danger to the public. Accordingly, these cases have first priority among the duties of the field staff and are quickly and thoroughly investigated. As discussed earlier, special one-day meetings of at least five voting Board members are scheduled when substantial and probative evidence has been obtained by the field staff in order to issue a summary suspension order. Six special one-day Board meetings were scheduled during FY 95 in order to issue six summary suspensions.

**Fiscal Year 1994 (July 1, 1993 - June 30, 1994)** Nine registered pharmacists' licenses were summarily suspended in FY 94 pursuant to notification by a prosecutor of judicial findings of guilt of a felony drug abuse offense. Nineteen (19) pharmacists' licenses were summarily suspended in FY 94 based upon clear and convincing evidence that their continued professional practice presented a danger of immediate and serious harm to others.

**Fiscal Year 1995 (July 1, 1994 - June 30, 1995)** Two registered pharmacist licenses were summarily suspended in FY 95 pursuant to notification by a prosecutor of judicial findings of guilt of a felony drug abuse offense. Twenty two (22) pharmacists' licenses were summarily suspended in FY 95 based upon clear and convincing evidence that their continued professional practice presented a danger of immediate and serious harm to others.

**Fiscal Year 1996 to date (July 1, 1995 - March 15, 1996)** No registered pharmacist licenses have been summarily suspended to date in FY 96 pursuant to notification by a prosecutor of judicial findings of guilt of a felony drug abuse offense. Twelve (12) pharmacists' licenses have been summarily suspended to date in FY 96 based upon clear and convincing evidence that their continued professional practice presented a danger of immediate and serious harm to others.

<b>SUMMARY SUSPENSIONS</b>				
(O.R.C. § 3719.121 effective 03/27/91)				
R.Ph.	<u>FY 93</u>	<u>FY 94</u>	<u>FY95</u>	<u>FY 96 td</u>
Felony Drug Abuse (Prosecutor's notification)	17	9	4	0 td
Danger To Public	11	19	17	12 td
Total Summary Suspensions	28	28	21	12 td
[td - 03/15/96]				

**ADJUDICATION ORDERS**  
 (Applications Denied/Disciplinary Orders)

**Fiscal Year 1995 (July 1, 1994 through June 30, 1995)** Seventy (70) Notices of Opportunity for a Hearing have been issued during FY 95 with two of these being settled by agreements between the respondent and the Board. Fifty-seven (57) Adjudication Orders have been issued to date by the Board in FY 95 of which 51 were the result of hearings before the full Board, and eight were issued by the Board following the consideration of evidence and testimony where the respondents did not request a hearing.

Eleven (11) pharmacists' licenses were revoked by the Board in FY 95. One application for licensure as a pharmacy intern was denied and one was approved by the Board following hearings before the full Board in FY 95. The Board has also approved seven petitions for reinstatement and denied two petitions for reinstatement of suspended pharmacist licenses in FY 95.

**Fiscal Year 1996 to date (July 1, 1995 through March 15, 1996)** Forty four (44) Notices of Opportunity for a Hearing have been issued during FY 96 to date. Thirty-seven (37) Adjudication Orders have been issued to date by the Board in FY 96 of which 29 were the result of hearings before the full Board, two were heard by a hearing officer(s), and six were issued by the Board following the consideration of evidence and testimony where the respondents did not request a hearing.

Seven pharmacists' licenses have been revoked to date by the Board in FY 96. One application for licensure as a pharmacy intern was approved following a hearing before the full Board, and one application for registration as a terminal distributor of dangerous drugs has been denied to date by the Board in FY 96. Two applications for reinstatement of pharmacists licenses have been denied to date.

The Board has also approved three pharmacists petitions for reinstatement of their licenses to practice and approved three applications for licensure by examination following hearings before the full Board thus far this fiscal year.

#### **PROBATION - IMPAIRED PRACTITIONERS**

**T**he license of an impaired pharmacist is immediately suspended by the Board without a hearing if continuation of his/her professional practice and/or method of distributing controlled substances presents a danger of immediate and serious harm to others. If requested by the pharmacist, a Chapter 119. public hearing is held to determine whether or not the pharmacist's license will be reinstated and, if so, whether or not limitations will be imposed on his/her professional practice and employment.

A license to practice is reinstated by the Board if the pharmacist has submitted satisfactory evidence at the public hearing that they are no longer impaired and that they will not present a danger of immediate and serious harm to others. Restrictions are often placed on the licenses of these individuals for a period of time as well as certain conditions which they must fulfill during the time stipulated by the Board. The restrictions vary from not being permitted to serve as a preceptor for a pharmacy intern or as the responsible pharmacist for a terminal distributor operating a pharmacy.

Often, the Board also requires that the pharmacist continue to receive counseling; attend regular meetings of support groups; submit written reports to the Board on a monthly or quarterly basis; be monitored by an approved limited treatment provider for a period of time; and submit to random, observed urine screens. The Board also stipulates that the pharmacist not violate any federal or state laws and regulations governing the legal distribution of drugs or the practice of pharmacy.

Twenty eight (28) pharmacists have had their licenses reinstated and are on probation or practicing under certain restrictions as of March 15, 1996.

#### **CONTROLLED SUBSTANCE ACT**

Following this report, a copy of the Board's Drug Abuse/Misuse Report on Ephedrine is included for your information. This report will be updated as new information is received. It also appears on the Board's HomePage.

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