1. Resolution and Bylaws Amendments
   - Final Reading, Discussion, and Voting on Bylaws Amendments
   - Final Reading, Discussion, and Voting on Proposed Resolutions
2. Election of Executive Officers and Members at Large
Final Reading, Discussion, and Voting on Bylaws Amendments

PRESENTED BY
JOE FONTENOT
VICE PRESIDENT
Proposed Bylaws Amendments

Article V. Annual Conference
The annual conference of the Association shall be held at a time and place determined by the Executive Committee. A notice setting out the time and place of the annual conference shall be sent to each member of the Association at least 120 days prior to the conference. The Executive Committee shall set the agenda and fees for the annual conference. The annual conference is open to all members in good standing.

Article VII. Executive Committee
(1)  – (2) (no changes)

(3) Four persons shall serve as Members at Large of the Executive Committee. Two members shall be elected at the annual business meeting, normally held during each annual conference for a term of two years, or until the next election is held. Executive Committee members may serve no more than two successive terms in the same position on the Executive Committee.

(4) The terms of all Executive Committee members shall commence upon their installation and they shall hold office until their successors are elected and have been installed. The officers shall be installed before the conclusion of the business meeting annual conference at which they are elected.
Article VIII. Committees
(1) (no changes)

(2) The President shall appoint a Nominating Committee that will be responsible for presenting a slate of nominees at the **annual business meeting, normally held during each** annual conference. The Chair of the Executive Committee shall chair the Nominating Committee.

(3) The President shall appoint a Resolutions and Bylaws Committee, which will be responsible for presenting proposed bylaw changes and/or resolutions to the membership during the **annual business meeting, normally held during each annual conference** of the Association. The Vice President shall chair the Resolutions and Bylaws Committee.

(4) The President shall appoint a Finance Committee, which will be responsible for reviewing the financial instruments and records of the Association at least annually and reporting its findings at the **annual business meeting, normally held during each** annual conference. The Secretary/Treasurer shall chair the Finance Committee.

(5) The President shall appoint a Prescription Monitoring Program Committee (PMP) that will serve as a resource to the Executive Committee and the entire membership. The committee shall be responsible for providing both the expertise and support in providing guidance and recommendations in the development of programmatic needs and development of policy statements as needed that further the establishment, enhancement and operation of Prescription Monitoring Programs. The President shall appoint a chair each year who shall be a **state PMP administrator**. **Prescription Monitoring Program representative of a regular member.**

(6) (no changes)
Article XIII. Amendments to Articles
Any proposal to amend, alter, repeal or reenact NASCSA’s Articles of Incorporation with respect to NASCSA’s qualifications and operations as a non-profit, non-stock corporation of the state of South Carolina, the merger or consolidation of NASCSA, the division of NASCSA, the voluntary dissolution and winding up of NASCSA, or the sale of a substantial portion of NASCSA’s assets will require the affirmative vote of both (a) two-thirds (2/3) of the entire Executive Committee at a duly convened meeting of the Executive Committee called for such purpose, and (b) two-thirds (2/3) of all members of NASCSA at a duly convened annual conference or business meeting of NASCSA, or at any duly convened special meeting called for such purpose.
Final Reading, Discussion, and Voting on Proposed Resolutions

PRESENTED BY
JOE FONTENOT
VICE PRESIDENT
Proposed Resolutions


- **2019-02** – A Resolution Encouraging State Controlled Substances Authorities and/or Licensing Boards to Require Prescribers of Controlled Substances for Human Use and Pharmacists Licensed to Dispense Controlled Substances to Complete Continuing Education and Training Concerning Pain Management and Substance Use Disorder Treatment

- **2019-03** - A Resolution Encouraging State Controlled Substance Authorities and Boards of Pharmacy to Strengthen and Enhance the Physical Security Controls Required for Schedule II Controlled Substances in Pharmacies

- **2019-04** - A Resolution Encouraging the Substance Abuse and Mental Health Services Administration to Allow Opioid Treatment Programs to Disclose Dispensing Data to State Prescription Drug Monitoring Programs
Resolution 2019-01

A Resolution Endorsing the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, United States, 2016

Whereas, opioid abuse continues to plague families and communities throughout the United States, where over 46 people die each day from overdoses involving prescription opioids\(^1\), and prescription opioids continue to account for more than 35% of all opioid overdose deaths\(^1\); and

Whereas, more than 11.5 million Americans, aged 12 or older, reported misusing prescription opioids in 2016\(^2\); and

Whereas, an estimated 11% of adults experience daily pain and millions of Americans are treated with prescription opioids for chronic pain\(^2\); and

Whereas, it is important that patients receive appropriate treatment for pain with careful consideration of the benefits and risks of treatment options; and

Whereas, the CDC guideline provides recommendations for prescribing opioids for chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing) in primary care settings (e.g., treatment by family physicians and internists) to patients aged 18 years and older outside of active cancer treatment, palliative care, and end-of-life care; and

Whereas, the guideline is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose; and

Whereas, improving the way opioids are prescribed through clinical practice guidelines can help ensure patients have access to safer, more effective chronic pain treatment while reducing the number of patients who may misuse or overdose from these drugs; and

THerefore, BE IT RESOLVED, that the National Association of State Controlled Substances Authorities (“NASCSA”) endorses the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, United States, 2016.
Resolution 2019-02

A Resolution Encouraging State Controlled Substances Authorities and/or Licensing Boards to Require Prescribers of Controlled Substances for Human Use and Pharmacists Licensed to Dispense Controlled Substances to Complete Continuing Education and Training Concerning Pain Management and Substance Use Disorder Treatment

WHEREAS, the United States is currently experiencing a serious problem concerning opioid use, misuse, abuse, and diversion; and

WHEREAS, controlled substance medications approved for medical use by the U. S. Food and Drug Administration, including opioids, have an important therapeutic role in patient care; and

WHEREAS, the appropriate diagnosis and treatment of pain are integral to the legitimate provision of medical care; and

WHEREAS, the implementation of best practices for responsible opioid prescribing and dispensing requires that prescribers and pharmacists have an understanding of relevant pharmacologic and clinical issues in the appropriate use of opioid analgesics and have sufficient targeted continuing education and training on the safe prescribing, dispensing, and disposal of opioids and the treatment of substance use disorders; and

WHEREAS, state controlled substances authorities and/or licensing boards are responsible for determining a prescriber’s and pharmacist’s initial and continuing qualification for the practice of their profession;

THEREFORE, BE IT RESOLVED, that the National Association of State Controlled Substances Authorities (NASCSA) encourages state controlled substances authorities, medical boards, osteopathic boards, nursing boards, pharmacy boards, and/or other relevant licensing authorities to require all individuals authorized to prescribe or dispense controlled substances to complete continuing education and training regarding pain management, safe prescribing, dispensing, and disposal of opioids, and substance use disorder treatment.
A Resolution Encouraging State Controlled Substance Authorities and Boards of Pharmacy to Strengthen and Enhance the Physical Security Controls Required for Schedule II Controlled Substances in Pharmacies

WHEREAS, the federal Controlled Substances Act (“CSA”) is the statute that regulates the manufacture, importation, exportation, distribution and dispensing of substances of abuse and listed chemicals; and.

WHEREAS, the CSA was enacted in 1970; and

WHEREAS, Title 21 of the Code of Federal Regulations (“CFR”), §§ 1301.71-.76 implement the security requirements for controlled substances under the CSA; and

WHEREAS, 21 C.F.R. § 1301.71(a) requires that “all applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances”; and

WHEREAS, 21 C.F.R. § 1301.75 (a) and (b) requires practitioners to store Schedule I and II controlled substances in a securely locked, substantially constructed cabinet, but allows pharmacies and institutional practitioners to disperse Schedule II-V controlled substances throughout their stock of noncontrolled substances with the intent to obstruct theft or diversion; and

WHEREAS, 21 C.F.R. § 1301.75 (a) and (b) have not been revised since they were originally implemented almost 50 years ago; and

WHEREAS, by contrast, 21 C.F.R. § 1301.72(a) and (b) require nonpractitioners, including manufacturers and distributors, to store Schedule I and II substances, where small quantities permit, in a safe or steel cabinet or vault; and

WHEREAS, legitimate controlled substances pose a potential danger to the public; and

WHEREAS, a number of states have authorized cannabis and other substances that remain federally controlled as Schedule I substances for medicinal and other purposes that pharmacies and others now handle, store, and dispense requiring they be secured to non-practitioner standards; and
WHEREAS, between 2014 and 2017, the incidence of controlled substance theft including customer theft, employee theft, and nighttime break-ins increased in 28 states; and

WHEREAS, according to the DEA, employee pilferage accounts for roughly 48% of pharmacy thefts; and

WHEREAS, the total estimated impact of Controlled Prescription Drug ("CPD") diversion and abuse costs were estimated at $78.5 billion in 2017; and

WHEREAS, every theft and internal diversion from pharmacies and other registrants, can potentially impact our communities with legal, though abused controlled substances, contributing to the nationwide opioid epidemic and subsequent deaths; and

WHEREAS, enhanced physical security controls required for pharmacies such as purpose-built pharmacy and narcotics safes with UL Type 1 electronic access control that manages and audits all users for reporting purposes, partitioned central alarm hook-up and additional security features may reduce theft and internal diversion; and

WHEREAS, the physical security controls outlined in Title 21 C.F.R. § 1301.75 (a) and (b), in today's current environment, are inconsistent with C.F.R. §1301.71 (a) and

WHEREAS, some national statistics demonstrate that securing controlled substances consistent with DEA’s non-practitioner requirements mandated by 21 C.F.R. § 1301.72 (a) can potentially reduce crime by 75-85%; and

THEREFORE, BE IT RESOLVED, that the National Association of State Controlled Substances Authorities ("NASCSA") encourages state-controlled substance authorities and boards of pharmacy to strengthen and enhance the Schedule II physical security requirements for pharmacies consistent with 21 C.F.R. § 1301.72 (a).


https://www.dea.gov & Pharmacist Mutual White Paper - The Impact of the Opioid Crisis, 2018


A RESOLUTION ENCOURAGING THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION TO ALLOW OPIOID TREATMENT PROGRAMS TO DISCLOSE DISPENSING DATA TO STATE PRESCRIPTION DRUG MONITORING PROGRAMS

WHEREAS, Use of Prescription Drug Monitoring Program (PDMP) information assists prescribers and dispensers to make informed treatment and dispensing decisions; and

WHEREAS, patient safety is of paramount importance, and many drugs dispensed by opioid treatment programs (OTPs) could have life-threatening and even deadly consequences if not properly coordinated with those prescribed and dispensed outside of OTPs; and

WHEREAS, PDMPs are more effective healthcare tools when they include all available controlled substance dispensing information for all patients; and

WHEREAS, the Department of Health and Human Services is accepting comments regarding changes to the Confidentiality of Substance Use Disorder Patient Record regulations until 5 p.m. on October 25, 2019.

THEREFORE, BE IT RESOLVED, that the National Association of State Controlled Substances Authorities (NASCSA) strongly encourages the Substance Abuse and Mental Health Services Administration (SAMHSA) to add § 2.36 to 42 CFR Part 2 permitting opioid treatment programs (OTPs) to disclose dispensing data, as required by applicable state law, to PDMPs.

THEREFORE, BE IT RESOLVED, that NASCSA submit this resolution by 5 p.m. on October 25, 2019 in support of the aforementioned proposed changes to the Confidentiality of Substance Use Disorder Patient Record regulations.
A RESOLUTION ENCOURAGING THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION TO ALLOW OPIOID TREATMENT PROGRAMS TO DISCLOSE DISPENSING DATA TO STATE PRESCRIPTION DRUG MONITORING PROGRAMS

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WHEREAS, the Department of Health and Human Services is accepting comments regarding changes to the Confidentiality of Substance Use Disorder Patient Record regulations until 5 p.m. on October 25, 2019.

THEREFORE, BE IT RESOLVED, that the National Association of State Controlled Substances Authorities (NASCSA) strongly encourages the Substance Abuse and Mental Health Services Administration (SAMHSA) to amend § 2.36 to 42 CFR Part 2 permitting opioid treatment programs (OTPs) to disclose dispensing data with no requirement for patient consent, as required by applicable state law, to PDMPs.

THEREFORE, BE IT RESOLVED, that NASCSA submit this resolution by 5 p.m. on October 25, 2019 in support of the aforementioned proposed changes to the Confidentiality of Substance Use Disorder Patient Record regulations.
ELECTIONS

CONDUCTED BY
RALPH ORR
CHAIR
## 2019-2020 Election Slate

### Officers
- **President**
  - Joe Fontenot (Louisiana)
- **Vice President**
  - Christie Frick (South Carolina)
- **Secretary/Treasurer**
  - Josh Vinciguerra (New York)

### Members at Large
- **2-Positions**
  - Eric Griffin (Ohio)*
  - Alan McGill (Pennsylvania)*
  - Sidney Seal (Mississippi)
  - Doug Skvarla (Arizona)
  - Jason Slavoski (Delaware)

*incumbents

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**NASCSA**
National Association of State Controlled Substances Authorities
Election Results

~President~

~Vice President~

~Secretary/Treasurer~

~Member at Large~

~Member at Large~