Don’t Miss NASCSA’s 35th Annual Conference October 21-24, 2019

It's hard to believe that that NASCSA's 35th annual conference is next month!

The conference will take place at the Omni Hotel October 21-24, 2019 in Richmond, Virginia. Online registration is available under the NASCSA room block here. Conference registration information is located here. We strongly urge attendees to book your hotel early as this is a particularly busy time of year and the hotel is extremely popular. The room block will be held until September 27, 2019 and after that we cannot guarantee room availability.

This year's program promises to be an exciting one with a variety of topics and speakers of importance to all including the following:

- Keynote speaker Robin Farmanfarmaian
- Updates from the US Drug Enforcement Administration and key federal partners
- An overview of the Support for Patient & Communities Act (HR6)
- Numerous topics specific to state Prescription Monitoring Programs
- Suspicious Order Monitoring
- Legislative and Regulatory Update
- State Marijuana, CBD and Hemp Laws
- Controlled Substances Issues Affecting Ambulances and Air Ambulance Services
- Many other topics

A draft program has been posted, however there may be periodic updates so please make sure to check the 2019 conference website frequently.
The conference provides a unique opportunity for networking with individuals and agency representatives involved with controlled substances and PMP issues and we look forward to seeing everyone in Richmond next month!

**Important Information for Members**

**Bylaws** - A number of changes to the bylaws are being recommended to the membership and will be voted on at the business meeting at the annual conference. We strongly encourage all members to review the proposed bylaw changes in advance of the meeting. The proposed bylaw changes are [here](#).

**Business Meeting** - A preliminary agenda for the business meeting to take place at the annual conference has been posted [here](#). Please review in advance of the meeting.

**Resolutions** - Proposed regulations for consideration will be distributed to the membership in accordance with the bylaws later this month.

**Trump Administration Announces $1.8 Billion in Funding to States to Continue Combating Opioid Crisis**

Last week the U.S. Department of Health and Human Services (HHS) announced more than $1.8 billion in funding to states to continue the administration's efforts to combat the opioid crisis by expanding access to treatment and supporting near real-time data on the drug overdose crisis. The Centers for Disease Control and Prevention announced more than $900 million in new funding for a three-year cooperative agreement with states, territories, and localities to advance the understanding of the opioid overdose epidemic and to scale-up prevention and response activities, releasing $301 million for the first year. The Substance Abuse and Mental Health Services Administration awarded approximately $932 million to all 50 states as part of its State Opioid Response grants. To read the full press release click [here](#).

**Study Finds That Co-Prescribing Mandates Increase Naloxone Dispensing**

If you are interested in becoming a sponsor please visit our website [here](#).

A full list of sponsors will be available later this month.

NASCSA is on Twitter

NASCSA is pleased to announce that it is now on Twitter and the number of followers continues to grow each month so please follow us at @NASCSA.
As five states - Arizona, Florida, Rhode Island, Vermont, and Virginia - have now adopted laws mandating that health care providers co-prescribe naloxone with opioids to high-risk patients, a study published in *JAMA Network Open* finds evidence that these mandates are associated with substantial increases in naloxone dispensing. The study used data from retail pharmacies in 50 states and the District of Columbia, with researchers finding that naloxone co-prescription mandates resulted in a rate of naloxone dispensing 7.75 times higher than states without.

The study found that:

Eighty-eight naloxone prescriptions per 100,000 patients were dispensed in Virginia, and 111 prescriptions per 100,000 patients were dispensed in Vermont during the first full month the mandate was effective. Approximately 16 naloxone prescriptions per 100,000 patients were dispensed in 10 states without mandates and with the highest opioid death rates. Six prescriptions per 100,000 patients were dispensed in the remaining 39 states.

"Public policy efforts aimed at increasing naloxone access have focused on standing-order and third-party prescribing provisions. Although this study and others have shown these provisions to increase naloxone access, additional efforts are needed if we are to meet the US Surgeon General's goal of broadening the availability and use of naloxone to reduce OOD [opioid overdose] mortality," the researchers wrote in their conclusion. "Our study findings suggest that legally mandated naloxone prescription[s] for persons at risk for OOD may increase naloxone dispensing and further reduce harm and save lives."

**Study Finds That Co-Prescribing Mandates Increase Naloxone Dispensing**

As five states - Arizona, Florida, Rhode Island, Vermont, and Virginia - have now adopted laws mandating that health care providers co-prescribe naloxone with opioids to high-risk patients, a study published in *JAMA Network Open* finds evidence that these mandates are associated with substantial increases in naloxone dispensing. The study used data from retail pharmacies in 50 states and the District of Columbia, with researchers finding that naloxone co-prescription mandates resulted in a rate of naloxone dispensing 7.75 times higher than states without.

The study found that:
Eighty-eight naloxone prescriptions per 100,000 patients were dispensed in Virginia, and 111 prescriptions per 100,000 patients were dispensed in Vermont during the first full month the mandate was effective. Approximately 16 naloxone prescriptions per 100,000 patients were dispensed in 10 states without mandates and with the highest opioid death rates. Six prescriptions per 100,000 patients were dispensed in the remaining 39 states.

“Public policy efforts aimed at increasing naloxone access have focused on standing-order and third-party prescribing provisions. Although this study and others have shown these provisions to increase naloxone access, additional efforts are needed if we are to meet the US Surgeon General’s goal of broadening the availability and use of naloxone to reduce OOD [opioid overdose] mortality,” the researchers wrote in their conclusion. "Our study findings suggest that legally mandated naloxone prescription[s] for persons at risk for OOD may increase naloxone dispensing and further reduce harm and save lives."

Missouri Board of Pharmacy Opens Applications for New Drug Take-Back Program to Combat the Opioid Crisis

JEFFERSON CITY, Mo. - The Missouri Board of Pharmacy has opened the application process for those wishing to participate in a new take-back program for unwanted prescription drugs - a program born out of a 2017 Senate bill aimed at combating the ongoing opioid epidemic.

The RX Cares for Missouri Medication and Disposal Program has opened applications for law enforcement agencies, hospitals, and other clinics to collect and send the medication to a Texas-based waste management company under contract with the state. It set a suggested deadline of Oct. 1 so the board can anticipate funding needs for next year. To read more click here.

NABP Launches New Consumer-Oriented Site

MOUNT PROSPECT, IL - The National Association of Boards of Pharmacy® (NABP®) is pleased to announce the launch of www.safe.pharmacy as an NABP-branded site featuring consumer-oriented information on September 4, 2019. Consumers will find information on preventing prescription drug abuse, how to safely use medication,
how boards of pharmacy and pharmacists can serve as resources, and where to find permanent drug disposal locations.

For several years, the safe.pharmacy site has featured the branding of the .Pharmacy Verified Websites Program and was used to provide consumers with information about buying safely online. The site has been redesigned so that consumers can find the prescription drug safety information that NABP provides all in one spot. The site educates consumers on prescription drug safety, and will include the .Pharmacy Program as well as NABP's AWARxE® Prescription Drug Safety Program information.

In addition, an improved interface for finding safe online pharmacies will be available and will feature a search tool to find out if a site is verified or Not Recommended. Presenting this content with the new NABP branding will build on NABP's consumer education campaigns and the Association's efforts to create awareness of NABP and the boards of pharmacy as providers of safe pharmacy resources and a guardian of public health.

Ohio PMP Reduces 'Doctor Shopping' by 89%

The Ohio Automated Rx Reporting System (OARRS), the prescription monitoring program (PMP) used in Ohio, has had a significant impact on the number of patients resorting to "doctor shopping" for prescription drugs. According to a press release published to the Governor of Ohio's website, OARRS has helped to reduce doctor shopping activity by 89% from 2011 to 2018, as reported by the State of Ohio Board of Pharmacy. In addition, data indicate that the state saw a 4.6 million decline in opioid prescriptions from 2012 to 2018. The program receives more than 800,000 queries on average during weekdays from roughly 43,000 health care providers, according to Governor Mike DeWine, who spoke on OARRS at a press conference last month.

"As the use of OARRS has increased, Ohio has not only seen a significant decrease in the number of individuals who 'doctor shop' by visiting multiple prescribers to obtain multiple prescriptions, but this system has also empowered doctors and pharmacists to be a part of Ohio's efforts to prevent addiction," said Governor DeWine in the press release.

"Although it is impossible to know how many lives were saved thanks to use of the OARRS system, we do know
that it has become an indispensable tool in Ohio's work to help those suffering from addiction."