NEBRASKA BOARD OF PHARMACY

MEETING MINUTES

November 4, 2024

ROLL CALL

Todd Larimer, R.P., Chairperson, called the meeting of the Board of Pharmacy to order at 9:00 a.m. in the Husker Room at the Hampton Inn & Suites, located at 7343 Husker Circle, Lincoln, Nebraska. The meeting was conducted In-Person and by WebEx. The following Board members answered the roll call:

Todd Larimer, R.P., Chairperson
Sabrina Beck, R.P., Vice-Chairperson
Charles Tomlinson, R.P., Secretary
Kenneth Kester, R.P., J.D.
Darrell Klein, J.D.

A quorum was present, and the meeting convened.

Also present were: Dean Willson, R.P., Pharmacy Inspector; Melissa Pollard, R.P., Pharmacy Inspector; John Hayes, R.P., Pharmacy Inspector, Vonda Apking, Program Manager; Heather Ord, Health Licensing Coordinator; Mindy Lester, Assistant Attorney General; Jeanne Burke, Attorney General Office; Teresa Hampton, Department Attorney; Anna Harrison, RN, BSN, Compliance Monitor; Jeff Newman, Investigator.

Larimer announced that there is a copy of all the public documents being reviewed at this meeting available in the meeting room pursuant to the Open Meetings Act.

In accordance with Neb. Rev. Stat. § 84-1411 of the Nebraska Open Meetings Act, copies of the agenda were e-mailed to the Board members and other interested parties, posted on the DHHS web site: https://dhhs.ne.gov/licensure/Pages/Agendas-and-Minutes.aspx and posted on the Bulletin Board at the main entrance of the NSOB (Nebraska State Office Building) 14th & M Streets on August 29, 2024.

REVIEW OF AGENDA

Adoption of Agenda

Beck moved, seconded by Kester, to approve the agenda as presented with the Chair having the authority to rearrange agenda items as needed. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

Additions, Modification, Reordering

There are no additions, modifications, or reordering at this time.

Adoption of Consent Agenda(s)

The Board requested that the following applications be removed from the Consent Agenda:

- Lonetta Lee – Pharmacy Technician
- Mareesia Avila – Pharmacy Technician
- Julie Slobastewski (e-mail ballot) – Pharmacy Technician
- Matracia Wright (e-mail ballot) – Pharmacy Technician
- Logan Johnson – Pharmacist Intern
- Gabriel Peitz – Pharmacist Intern
- Lisa Kwapniowski – Pharmacist Reinstatement AFTER Dicipline

The Board requested that the following applications be removed from the Pharmaceutical Care Agreements Consent Agenda:

- HyVee NE Immunization Protocol Gossman William

Kester moved, seconded by Klein, to approve the adoption of the Consent Agenda as amended. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

INVESTIGATIONAL REPORTS, DISCIPLINARY REPORTS, CONTROLLED SUBSTANCES AUDIT REPORTS & APPLICATION REVIEW – CLOSED SESSION

Beck moved, seconded by Kester, to go into closed session at 9:05 a.m. for the purpose of review and discussion of investigative reports, licensure applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

Board Break 10:45 a.m.
Board Returned 10:55 a.m.

The Board returned to open the session at 11:17 a.m.

APPROVAL OF MINUTES – OPEN SESSION

Klein moved, seconded by Kester, to approve the September 9, 2024, minutes with the following corrections:

> Page 1: Roll call was called by Todd Larimer not Charles Tomlinson and “Pharmacy Inspector” was added after “John Hayes, R.P.”
> Page 2: No changes.
> Page 3: No changes.

Klein moved, seconded by Kester, to approve the September 9, 2024, minutes with the above corrections. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

BOARD RECOMMENDATIONS ON APPLICATIONS FOR LICENSURE AND REGISTRATION

Pharmacy Technician Application(s) (4)

LEE, LONETTA – Application to practice as a Pharmacy Technician – Klein moved, seconded by Beck to recommend approval of the application of the Pharmacy Technician Registration. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

SLOBASTEWSKI, JULI – Application to practice as a Pharmacy Technician – Klein moved, seconded by Beck to recommend approval of the application of the Pharmacy Technician Registration. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

WRIGHT, MATRACIA - Application to practice as a Pharmacy Technician – Klein moved, seconded by Beck to recommend approval of the application of the Pharmacy Technician Registration. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

AVILA, MAREESIA - Application to practice as a Pharmacy Technician - Klein moved, seconded by Kester to recommend approval of the application of the Pharmacy Technician Registration with a fine of 50 dollars. The basis for the fine is failure to disclose material recent misdemeanor convictions on her application. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

Pharmacist Reinstatement Application(s) (1)
KWAPNIOWSKI, LISA – Reinstatement After Discipline Application to practice as a pharmacist – Tomlinson moved, seconded by Klein to recommend the denial of Lisa Kwapniowski's pharmacist license (license number 10867). The basis for the denial is the insufficient evidence to justify reinstatement and prior disciplinary action. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

Pharmacist Intern Application (2)

JOHNSON, LOGAN – Application to practice as a Pharmacy Intern – Tomlinson moved, seconded by Beck to recommend approval of the application for pharmacist intern application on probation for 2 years with no other convictions can occur, submission of quarterly reports from the school to the board or pharmacy, proof of informing the school and future employers during 2-year probation, and following all state and federal laws. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

PEITZ, GABRIEL – Application to practice as a Pharmacy Intern – Tomlinson moved, seconded by Beck to recommend approval of the application for pharmacist intern application on probation for 2 years with no other convictions can occur, submission of quarterly reports from the school to the board or pharmacy, proof of informing the school and future employers during 2-year probation, and following all state and federal laws.

Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

RATIFICATION OF E-MAIL BALLOTS SINCE LAST MEETING

- A pharmacy technician registration was issued to Stella Jensen on 9/10/2024. His registration number is 15187.
- A pharmacy technician registration was issued to Elizabeth Swanson on 9/10/2024. Her registration number is 15184.
- A pharmacy technician registration was issued to Silvia Lopez on 9/10/2024. Her registration number is 15185.
- A pharmacy technician registration was issued to Kelsey Stevens on 10/18/2024. Her registration number is 15288.
- A pharmacist Intern license was issued to Delaney Patocka on 10/18/2024. Her license number is 10741.
- A pharmacist Intern license was issued to Lake LaVae on 10/18/2024. Her license number is 10742.
- A Pharmacist license was issued to Ryan Butler on 9/10/2024. His license number is 18402.

REVIEW OF PHARMACEUTICAL CARE AGREEMENT(S) (1)

- HyVee NE Immunization Protocol Gossman William – nurses cannot be a part of the pharmaceutical care agreements.

LEGISLATION UPDATE

There are no updates at this time.

REGULATIONS UPDATE

There are no updates at this time.

BOARD OF MEDICINE CHAIR MEETING REPORT – PHARMACISTS SCOPE OF PRACTICE

October 29, 2024, the chair from both the pharmacy board and medical board met to discuss concerns about the pharmaceutical care agreements scope of practice starting to expand to gender affirming medication. Pharmacy board char, Todd Larimer, states pharmacists should not be involved in this. Concerns were discussed where the pharmaceutical care agreements were only reviewed but was not commented on. Leaving the pharmaceutical care agreement participants assumption that they are not doing anything wrong. Mindy Lester, from the attorney general office, states that the board does not have authority or power to accept or comment on the pharmaceutical care agreements to make needed changes. Program manager, Vonda Apking, mentions talking to each of the chairs from the pharmacy, medical and nursing boards to come up with a solution to where everyone is on the same page when it comes providing the best care and protects the public and licensees with the pharmaceutical care agreements.

ON GOING SHORTAGE OF TIRZEPAIDE INJECTION LETTER

State Boards of Pharmacy Via Email October 11, 2024

RE: Ongoing shortage of Tirzepatide injection despite its removal from the FDA's Drug Shortage List

Dear Members of the State Boards of Pharmacy,

I am writing to express my concern and to request the assistance of each State Board of Pharmacy regarding the FDA's premature notice that the shortage of Tirzepatide injection (commercially marketed as Mounjaro® and Zepbound®) has been "resolved." It appears that FDA based its decision solely upon limited information provided by the drugs' manufacturer, and that it does not appreciate the actual supply and demand conditions affecting pharmacies and their patients. As a regulatory attorney representing 503A compounding pharmacies and 503B outsourcing facilities licensed throughout the country, I have been informed by numerous pharmacies that commercially manufactured Tirzepatide remains in critically short supply, leaving most of the pharmacies' patients without access to important medications. One pharmacy has reported backorders in excess of 2,000 prescriptions they are unable to fill.

Tirzepatide has quickly become a crucial medication prescribed by doctors to treat patients with Type 2 diabetes and other conditions related to weight management. Tirzepatide is a dual GIP (glucose-dependent insulinotropic polypeptide) and GLP-1 (glucagon-like peptide-1) receptor agonist. It works by stimulating the body's natural hormones to help regulate blood sugar levels. Tirzepatide targets two key hormones involved in glucose regulation. GIP is an incretin hormone that promotes insulin release after meals, while GLP-1 helps regulate blood sugar by slowing gastric emptying and decreasing appetite. Tirzepatide has been so successful at treating Type 2 diabetes and other weight-related conditions that the manufacturer quickly became unable to satisfy the growing demand. As a result, on December 15, 2022, the FDA added Tirzepatide injection to its Drug Shortage List where it remained until October 2, 2024.

Compounding pharmacies and outsourcing facilities have been instrumental in providing hundreds of thousands, if not millions, of patients with access to Tirzepatide therapies during the nationwide shortage. However, the FDA's premature removal of Tirzepatide injection from its Drug Shortage List restricts patients' ability to obtain compounded versions of the drugs even though most still have no access to the commercially manufactured products.

Congress regulated drug compounding in two provisions of the Federal Food, Drug, and Cosmetic Act ("FDCA"): Section 503A (21 U.S.C. § 353a) applies to compounding pharmacies and Section 503B (21 U.S.C. § 353b) applies to outsourcing facilities.

Under Section 503A, compounding pharmacies are prohibited from compounding "essentially copies" of commercially available drugs "regularly or in inordinate amounts." Id. § 353a(b)(1)(D). Although Congress did not define "regularly or in inordinate amounts," FDA has interpreted that phrase as limiting a compounder to filling "four or fewer prescriptions for the relevant compounded drug product in a calendar month."' However, when a drug appears on the FDA's Drug Shortage List, it is not considered to be "commercially available" and the "essentially copies" restriction does not apply.

Similarly, Section 503B bars outsourcing facilities from compounding a drug that is "essentially a copy of one or more approved drugs." Id. § 353b(a)(5). Section 503B also prohibits compounding from bulk drug substances (i.e., active ingredients) unless "the drug compounded from such bulk drug substance appears on the drug shortage list...at the time of compounding, distribution, and dispensing"[2] or, alternatively, the bulk drug substance appears on a separate list of ingredients for which there is a "clinical need." Id. § 353b(a)(2)(A)(ii). FDA has construed the term "clinical need" so narrowly that an FDA-approved drug not in shortage will rarely meet the clinical-need standard. This essentially leaves the FDA's Drug Shortage List as the only pathway by which a 503B outsourcing facility can perform bulk drug compounding using the active ingredients of an FDA-approved drug.

*During the nearly two years that Tirzepatide injection was included on the FDA's Drug Shortage List, compounding pharmacies and outsourcing facilities throughout the country collectively filled **tens of thousands** of prescriptions for compounded Tirzepatide **every day.** However, when FDA declared without warning on October 2, 2024, that the shortage was suddenly "resolved," millions of patients immediately lost access to compounded versions of the medications — literally overnight. Patients, prescribers, and pharmacies have searched in vain to locate the supply of commercially manufactured Tirzepatide that supposedly exists to satisfy the continually increasing demand. However, drug wholesalers are severely rationing sales of commercially manufactured Tirzepatide to pharmacies because their own inventories are so low, making it virtually impossible for pharmacies to fill even a small percentage of the new and existing Tirzepatide prescriptions using the commercially manufactured product.*

(I See FDA Guidance for Industry, "Compounded Drug Products That Are Essentially Copies of a Commercially Available Drug Product Under Section 503A of the Federal Food, Drug, and Cosmetic Act," (Jan. 2018). https://wwwida.gov/regulatory-information/search-fda-g uidance-documentskompounded-d r u g-p rod ucts-are-essentially-copies-commerci a v-a va ilab le-dru g- product-un der-section.

[2] Section 503A merely restricts compounding of essentially copies of commercially available drugs. Unlike Section 503B, it does not prohibit post-shortage dispensing of drugs that were compounded while the FDA-approved drug was still on the shortage list. Id. § 353a(b)(1).)

*Although FDA has declared that the national shortage of Tirzepatide is "resolved," major wholesalers' supply of branded Tirzepatide is so limited that they have imposed the following daily ordering limits[3] on pharmacies who are trying to fill 200-300 prescriptions **per day:***

- *Cardinal Health: 24 units for most strengths, 3 units for some strengths*
- *McKesson: >100 units for most strengths[4]*
- *Smart-Source:[5] 1-2 units for most strengths*
- *Anda: 1 unit for most strengths, 0 units for 7.5mg*

When pharmacies cannot obtain the commercially manufactured drugs through normal drug wholesaling distribution channels, they cannot fill their patients' prescriptions. Patients that lose access to their medication because of the ongoing shortage will be forced to abruptly stop their treatment regimens. This will cause immediate and potentially irreparable harm to patients who rely on Tirzepatide to manage their often very serious diabetes- or weight-related health problems.

Earlier this week, a lawsuit[6] was filed by a 503A compounding pharmacy and a trade organization representing 503B outsourcing facilities in which the plaintiffs seek, inter alia, a temporary restraining order and an order vacating the FDA's removal of Tirzepatide injection from the Drug Shortage List. A copy of the complaint is enclosed for your review.

The complaint alleges that the FDA failed to engage in formal notice-and-comment rule making procedures before issuing a final rule that the shortage was resolved, which decision will subject compounding pharmacies and outsourcing facilities to discipline if they continue to compound Tirzepatide. The complaint further alleges that the FDA's sole basis for removing Tirzepatide from the Drug Shortage List was its reliance upon the drug's manufacturer's representation that "product availability and manufacturing capacity can meet the present and projected national demand." But, as FDA's own notice acknowledges, it cannot base its decision solely upon representations of a manufacturer: it must include consideration of "a variety of factors" including (without limitation) "the company's ability to meet current and historical demand, the amount in a manufacturer's stock, affected market share, ability of alternate manufacturers to cover the demand, and confirmed market stabilization." The FDA has acknowledged in its notice that it did not take any of those other factors into consideration.

([3] Data current as of October 10, 2024.
[4] McKesson short-dates its inventory, so it is unclear what the current availability of each strength is. McKesson will not notify a pharmacy what its actual inventory status is and merely advises at check-out how many of the requested units it is able or willing to sell. McKesson further provides a notice for the most common strengths of Tirzepatide (2.5mg and 7.5mg) warning that vendor supply issues persist.
[5] Formerly Amerisource.
[6] Outsourcing Facilities Association and North American Custom Laboratories, LLC d/b/a Farmakeio Custom Compounding v. United States Food and Drug Administration, et al., U.S. Dist. Ct. for N. Dist. TX, Ft. Worth Div.; CAFN: 4:24-cv-953.)

The plaintiffs further contend that FDA's notice does not address the fact that before October 2, 2024, large segments of the market, and much existing patient need, for Tirzepatide were being served by compounders. Nor does it indicate that the FDA considered the fact that delisting the drug will prohibit much or all of the compounding of Tirzepatide to occur. FDA's notice provides no reason for it to conclude that manufactured supply alone (without compounding) can meet patient needs or market demand. FDA's notice of decision does not acknowledge this phenomenon at all. To the contrary, as discussed above, if the FDA had simply reached out to the wholesalers and pharmacies, there is an abundance of evidence that the shortage is not resolved and that the supply of commercially manufactured Tirzepatide is woefully inadequate to satisfy the still-increasing demand for the drug.

In light of the impending crisis that will soon occur in the coming days and weeks as millions of patients find themselves unable to fill or re-fill their Tirzepatide prescriptions, I make the following request upon each Board of Pharmacy:

1. *Contact the FDA at Drugshortages@fda.hhs.gov and CommissionerEg.fda.hhszov and request that the FDA place Tirzepatide injection back on its Drug Shortage List until the actual supply of commercially manufactured Tirzepatide available to pharmacies through normal drug wholesaling channels is truly sufficient to satisfy the current market demand.*

2. *Solicit data from the drug wholesalers, compounding pharmacies, and outsourcing facilities licensed in your state regarding to the supply of commercially manufactured Tirzepatide and their ability to meet the current demand through normal channels of wholesale drug distribution.*

3. *Continue to communicate with the FDA concerning the current supply and demand of commercially manufactured Tirzepatide to enable the FDA to make an informed decision based on a "variety of factors" as to when the shortage is truly resolved.*

Thank you for your attention to this serious matter that impacts millions of patients across the country, including tens or even hundreds of thousands of patients in each of your respective States. If you need further information concerning the ongoing shortage, please feel free to contact me or, better yet, please contact the wholesalers, compounding pharmacies, and outsourcing facilities licensed in your state to obtain the most current data directly from them.

Sincerely,

Stephen T. Snow

Larimer declined to reach out to the FDA requesting them to place Tirzepatide injection back on its drug shortage list.

MULTISTATE PHARMACY JURISPRUDENCE EXAMINATION (MPJE)- UNIFORM PHARMACY JURISPRUDENCE EXAMINATION (UPJE) REPORT FOR SEPTEMBER 20, 2024, AND OCTOBER 16-18, 2024 MEETINGS

MPJE/UPJE Group - Kevin Borcher, Ally Dering-Anderson, Teri Miller, Ken Kester September 20, 2024 Meeting

1. *Should Nebraska be involved with NABP in developing and implementing the UPJE?*
    a. *Teri, Kevin, and Ken favor retaining the jurisprudence exam requirement and developing/implementing the UPJE*
    b. *Ally would prefer to eliminate the requirement for a jurisprudence exam, but supports utilizing the UPJE if Nebraska continues to require an exam*
2. *Potential benefits of implementing the UPJE*
    c. *Permits multiple licenses more economically and expeditiously than current practice*
    d. *Permits professional mobility*
    e. *May be helpful in attracting students to pursue pharmacy education in Nebraska*
    f. *Takes administrative pressure off the State*
    g. *Retains the Board's protection of public safety by requiring a jurisprudence exam*
3. *Requirements for the UPJE*
    h. *Must not conflict with NE laws or regulations*
    i. *Must be entry level*
    j. *Must be patient safety-based*
    k. *Must be representative of all pharmacy practice*
    l. *Must be transparent with associated metrics; i.e., identify areas that score well and that score poorly*
        i. *The Board must know what topics new pharmacists in NE struggle with*
        ii. *This could assist pharmacy law professionals in selecting education topics*
        iii. *This could also guide the Plus feature CE*
4. *UPJE Plus CE requirements*

a. The group supports UPJE Plus CE requirements

iv. The Board should consider making Plus CE apply to pharmacists applying for re-licensure as well as new licensees

v. Consider having Plus CE requirement costs be included in licensure fees

b. CE should focus on new legislation/regulations of the year as well as the most common infractions observed by inspectors

c. CE should also highlight specific areas that make Nebraska unique from other states, and thus not covered in the UPJE exam

5. Considerations for new licensees

m. The group supports permitting students to take the test before they have final transcripts and diplomas

n. Consider permitting taking the exam after third year and prior to starting fourth year rotations.

UMPJE Review Committee meeting summary
Oct 16-18, 2024

1. *Will likely be called UMPJE or something similar to avoid issues with states that require "MPJE" per statutes/regs*
2. *Attendees*
    a. *3 pharmacy law teachers/professors (TX, PA, VA/OH - retired)*
    b. *3 state board of pharmacy staff members (GA, OH, MS)*
    c. *2 mail order pharmacy leaders (ND, ID)*
    d. *1 telepharmacy leader (NE)*
3. *States represented: TX, PA, VA, OH, GA, MS, ND, ID, NE*
4. *Agenda*
    a. *Day one - Content Outline Development*
    b. *Day two - Content Outline Development cont.; Content Review*
    c. *Day three - Content Review cont.*
5. *URC activities*
    a. *Review exam purpose, scope, timeline*
    b. *Define core competencies*
    c. *Review resources (pharmacy law)*
    d. *Establish comprehensive exam blueprint (aka competency statements, exam content outline)*
6. *Development*
    a. *Phase 1 initial development (i.e., Oct 2024 meeting*
    b. *Phase 2 survey*
    c. *Phase 3 finalization*
    d. *Go-live goal - 2026*
7. *Future meetings*
    a. *Item development June 2025*

   b. *Committee meeting Aug 2025*
8. *Next step - surveys*
   a. *Smaller group of targeted stakeholders*
   b. *Larger group of those who have active license info from two or more jurisdictions*
   c. *Goals - assess relevance and rate the importance of areas the URC discussed in October*
   d. *Surveys will likely go out in Nov/Dec 2024*

UNIVERSITY OF NEBRASKA MEDICAL CENTER PRECEPTOR CONTINUING EDUCATION FOLLOW UP

Presenter: Hannah Stonewall, Clinical Assistant Professor
UNMC-College of Pharmacy
986145 Nebraska Medical Center
Omaha, NE 68198

Dr. Hannah Stonewall, UNMC COP Office of Experiential Programs; Dr. Carrie McAdam-Marx, UNMC COP Office of Experiential Programs

1. Overview/Background
   a. *The UNMC College of Pharmacy (COP) is petitioning the Nebraska Board of Pharmacy for recognition of CE credits for pharmacists who precept UNMC pharmacy students.*
      i. *Goals – Encourage preceptor retention, enhance preceptor development and support UNMC COP Strategic Plan initiatives*
   b. *North Carolina and New Jersey currently recognize precepting for CE credits*
      i. *NJ – preceptor may attain 3 credits per student with maximum of 6 credits every 2-year renewal cycle; New Jersey regulations show these are hours approved by the board.*
      ii. *NC – preceptor may receive 5 credits per year if they serve as a preceptor for a minimum of 160 hours*

	New Jersey	North Carolina
Who authorizes CE?	Board of Pharmacy	Board of Pharmacy
Hours awarded	3 credit hours/student[1]	5 credit hours per year if minimum 160 hours of precepting completed
Maximum precepting credit hours per licensure cycle	6 Total 30 hours required per CE cycle (20% from precepting)	10 (5/year x 2 years)[2] Total 15 hours required annually (33% from precepting)
Managing verification	College of Pharmacy	College of Pharmacy
Quality assurance in precepting CE	Not required	Not required

[1] New Jersey does NOT define how many hours the pharmacist must precept the student
[2] North Carolina requires annual accrual of CE (15 hours for a pharmacist; 36 hours for an advanced practice pharmacist). Only 5 hours per year are allowed.

c. *Current NE DHHS Rules/Title*

iii. MAINTAINING COMPETENCY Continuing Competency During the 24 months prior to the license renewal date, individuals holding an active pharmacist license must complete 30 of continuing education hours from an approved continuing education provider or have obtained or maintained an approved certification as listed in this chapter.

iv. Approved Continuing Education Providers The following are approved continuing education providers: (A) The Accreditation Council for Pharmacy Education (ACPE); (B) The Nebraska Pharmacist Association; (C) The Accreditation Council for Continuing Medical Education (ACCME) Category 1 continuing education; ***or (D) Other providers demonstrating the same quality continuing education standards as those established in the Criteria for Quality of Accreditation Council for Pharmacy Education (ACPE) and approved by the Board of Pharmacy****. 172 NAC Chapter 128-005.*

2. Proposal

a. *The UNMC College of Pharmacy is applying for recognition of precepting CE under Title 172, Chapter 128 005.01 option D [Other provider demonstrating the same quality continuing education standards as those established by ACPE].*
b. *Definition/eligibility for precepting CE credits*
    - *i. Holds an active, State of Nebraska Pharmacist License*
    - *ii. Must be the preceptor of record or a co-preceptor for the student (i.e., assigned as primary preceptor or co-preceptor in CORE Experiential Learning Management System (ELMS)) AND complete the final evaluation, including ACPE-like questions/attestations, for each student in which the preceptor is claiming CE.*
    - *iii. Note that to be a primary preceptor, a pharmacist must have an adjunct faculty appointment with the UNMC College of Pharmacy as a preceptor.*
        1. *Pharmacists who are involved in precepting students but who have not been appointed as a preceptor for UNMC College of Pharmacy may apply for an adjunct faculty appointment. In doing so, they agree to the criteria and expectations aligned with quality standards for precepting.*
        2. *Once approved, they may become a primary preceptor/co-preceptor and obtain CE credits.*
    - *iv. CE Credits for Precepting*
        3. *1 APPE, community IPPE, and/or institutional IPPE student = 1 CE credit*
        4. *1 drug information IPPE student = 0.25 CE credits*
        5. *Maximum of 4 credits per 2-year CE credit/renewal cycle*
    - *v. Team based precepting considerations*
        6. *UNMC may offer the use of the "co-preceptor" designation in CORE which allows two UNMC appointed preceptors with*

a 50:50 precepting arrangement to complete and submit evaluations. Therefore, both preceptors would meet criteria for claiming precepting CE.

7. *UNMC will not be able to provide precepting CE to pharmacists who contribute to precepting but who are not a UNMC appointed preceptor. These preceptors would not meet the defined criteria as they are not primary or co-preceptors in CORE and not submitting required final evaluations or completing the ACPE-like questions/attestations.*

c. *Verification of hours/credits obtained:*
   i. *The UNMC College of Pharmacy will not report precepting CE credits to the NABP CE monitor; however, the UNMC COP Office of Experiential Programs (OEP) will provide additional supporting documentation in the event someone is audited upon request.*
   ii. *To ensure UNMC and preceptors are compliant with FERPA, the Office of Experiential Programs will not include student names in any CE related reporting to the preceptor or to the Board.*
   iii. *The UNMC Office of Experiential Programs has the ability to run reports and send confirmation emails to preceptors via the messaging center in CORE. See below.*
      1. *"The UNMC Office of Experiential Programs confirms that you have precepted a student for "X" hours during "X" time frame. You may claim precepting CE credit up to 4 credits per CE cycle. You may only claim CE credit if you have completed the final evaluation(s) (including ACPE-like questions/attestations) for the student(s) you precepted. Please keep this message for your records in the event your CE is audited."*
      2. *Confirmation messages will be sent to preceptors after each APPE block (12 per year), in September for all community and institutional IPPE preceptors, and biannually (in December and May) for all drug information IPPE preceptors*

d. *Ensuring Quality Standards*

i. UNMC COP will be moving from activities-based evaluations to competency-based evaluations for the 2025-2026 experiential year per the new ACPE standards.

3. *By requiring preceptors to complete the final evaluations of students, they are showing that they are effectively assessing students on these competency-based skill sets. To assess someone on these competencies, one must be well versed, knowledgeable and competent themselves in these defined areas. Since all preceptors must assess and evaluate (in writing via CORE) all students they precept, this ensures a quality standard is well-defined and is being met.*
4. *This standard also supports ACPE's definition of continuing education for the profession of pharmacy which is defined as "an educational activity designed or intended to support the continuing professional*

development of pharmacists and/or pharmacy technicians to maintain and enhance their competence." Precepting is well-known to be an area that promotes continued professional development and the competency-based evaluation standards will continue to enhance professional competence.

ii. *The updated evaluations will also contain the following questions/attestations (only visible to admins in CORE) to comply with ACPE post-program questions. These must be completed by preceptors in order to claim CE credit.*
    5. *What did you learn from precepting a student this rotation block?*
    6. *Do you plan to make any changes to your current practice model, site or rotation after taking a student this rotation block? If so, what are those changes?*
    7. *I attest that I was directly responsible for precepting the student for ≥75% (or ≥50% for co-preceptors) of the student's time on rotation at this site. If I have not spent ≥75% (or ≥50% for co-preceptors) of the rotation block in a direct precepting role with the student as noted above, I will not be able to utilize these hours to claim CE credit for precepting.*

iii. *UNMC OEP ensures quality of sites and preceptors by complying with our site visit policy as well as providing new preceptor orientation to all new preceptors.*

iii. *The UNMC COP and OEP also provides several opportunities for preceptor development through the Annual Preceptor Retreat as well as other preceptor development sessions throughout the year. If these development opportunities are associated with CE, these credits are through an ACPE accredited provider and are separate from direct precepting CE.*

	New Jersey	North Carolina	Nebraska (Proposal)
Who authorizes CE?	Board of Pharmacy	Board of Pharmacy	Board of Pharmacy
Hours awarded	3 credit hours/student[1]	5 credit hours per year if minimum 160 hours of precepting completed	0.25 CE credits /1 drug information IPPE student 1 CE credit/ 1 APPE, community IPPE, and/or institutional IPPE student
Maximum precepting credit hours per licensure cycle	6 Total 30 hours required per CE cycle (20% from precepting)	10 (5/year x2 years)[2] Total 15 hours required annually (33% from precepting)	4 Total of 30 hours required per CE cycle (13% from precepting)
Managing verification	College of Pharmacy	College of Pharmacy	College of Pharmacy
Quality assurance in precepting CE	Not required	Not required	UNMC College of Pharmacy and Office of Experiential Programs

3. Next steps

a. Determine Board's final decision
b. If approved, finalize plans for implementation
c. If approved, notify UNMC preceptors of approved precepting CE credits
d. If approved, anticipated Go-Live – January 1, 2026 (next CE cycle)

Tomlinson moved, seconded by Beck, to approve the proposal for accepting continuing education credits for precepting. Voting aye: Beck, Kester, Klein, Larimer, Tomlinson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

PUBLIC COMMENTS

There are no public comments at this time.

FUTURE MEETING DATES

The next Board of Pharmacy meeting is scheduled for January 13, 2024.

To view the projected schedule for 2025, go to: https://dhhs.ne.gov/licensure/Pages/Agendas-and-Minutes.aspx

ADJOURNMENT

The Board adjourned the meeting at 12:37 p.m.

Respectfully submitted,

(signature on file with the Department)

Charles Tomlinson, R.P., Secretary
Board of Pharmacy