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ALABAMA STATE BOARD OF PHARMACY

BUSINESS MEETING

Wednesday, April 16, 2014

9:10 a.m.

LOCATION: Alabama State Board of Pharmacy
111 Village Street
Hoover, Alabama 35242

REPORTER: Sheri G. Connelly, RPR

1 APPEARANCES

2

3 BOARD MEMBERS:

4 Mark Conradi, President

5 Tim Martin, Vice President

6 Dan McConaghy, Treasurer

7 Buddy Bunch, Member

8 David Darby, Member

9

10 ALSO PRESENT:

11 Henry Burks, Chief Inspector

12 Susan Alverson, Director of Professional
13 Affairs and Secretary

14 Jim Ward, Board Attorney

15 Dr. Mike Garver, Director Wellness
16 committee

17 Rhonda Coker

18 Lynn Martin

19 Mark Delk, Inspector

20 Eddie Braden, Inspector

21 Terry Lawrence

22 Tracy Davis

23 Louise Jones

- 1 Jack Burns
- 2 Gary Mount
- 3 Cara Leos
- 4 Tammie Koelz
- 5 Ryan Teal
- 6 Christy Garner
- 7 Rick Stephens
- 8 Julie Hunter
- 9 Melanie Smith
- 10 Meredith Gray
- 11 Boopathy Sivaraman
- 12 Stephanie Adams
- 13 Matthew Muscato
- 14 Paul Rengering
- 15 Kim Watkins
- 16 Brian Wensel
- 17 Kristen Larremore
- 18 Kelli Newman
- 19 Clemice Hurst
- 20 Kayla Bratcher
- 21 Steve Bethea
- 22 Eddie Vanderver
- 23 Bart Bamberg

- 1 Kyle Frederick
- 2 Melanie Smith
- 3
- 4
- 5 Kristen Larremore
- 6 Cara Leos
- 7 Gary Mount
- 8 Louise Jones
- 9 Bart Bamberg
- 10 Matthew Muscato
- 11 Eddie Vanderver
- 12 Julie Hunter
- 13 Kyle Frederick
- 14 Clemice Hurst
- 15 Kelli Newman

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19 MR. CONRADI: Welcome to April 16
20 Alabama Board of Pharmacy meeting -- business
21 meeting. Of course, if you've been here before,
22 you know the first thing we do is everybody
23 stand up, say who you are and who you represent,

1 if anybody, loud enough that this young lady to
2 hear it and type it into the record, so we'll
3 start here with Ms. Rhonda.

4 MS. COKER: Rhonda Coker, Board of
5 Pharmacy.

6 MS. MARTIN: Lynn Martin, Board of
7 Pharmacy.

8 MS. JONES: Louise Jones, Alabama
9 Pharmacy Association.

10 MS. DAVIS: Tracy Davis representing
11 Alabama Pharmacy Association.

12 MR. BURNS: Jack Burns with Capsa
13 Solutions.

14 MR. MOUNT: Gary Mount, director of
15 pharmacy, Baptist South Montgomery.

16 MS. LEOS: Cara Leos with ALSHP.

17 MS. KOELZ: Tammie Koelz, Walgreens
18 Pharmacy.

19 MR. TEAL: Ryan Teal, Walgreens
20 Pharmacy.

21 MR. LAWRENCE: Terry Lawrence, Board
22 of Pharmacy.

23 MS. GARNER: Christy Garner, CVS

1 Pharmacy.

2 MR. STEPHENS: Rick Stephens, Senior
3 Care Pharmacy.

4 MS. HUNTER: Julie Hunter, Omnicare.

5 DR. GARVER: Mike Garver, Wellness
6 committee.

7 MS. SMITH: Melanie Smith, BuzzeoPDMA.

8 MS. GRAY: Meredith Gray, student at
9 Creighton University.

10 MR. SIVARAMAN: Boopathy Sivaraman,
11 Auburn University, fourth-year pharmacy student.

12 MS. ADAMS: Stephanie Adams, Samford
13 University, pharmacy student.

14 MR. MUSCATO: Matthew Muscato,
15 Walgreens Pharmacy.

16 MR. RENGERING: Paul Rengering,
17 Walgreens Pharmacy.

18 MS. WATKINS: Kim Watkins, Wal-Mart
19 Pharmacy.

20 MR. WENSEL: Brian Wensel, Cigna
21 Health Spring.

22 MS. LARREMORE: Kristen Larremore,
23 Waller Lansden.

1 MS. NEWMAN: Kelly Newman, Alabama
2 Medicaid.

3 MS. HURST: Clemice Hurst, Alabama
4 Medicaid.

5 MS. BRATCHER: Kayla Bratcher, fourth-
6 year student at Samford.

7 MR. BRADEN: Eddie Braden, Alabama
8 State Board of Pharmacy State drug inspector.

9 MR. DELK: Mark Delk, State drug
10 inspector, State board.

11 MR. BETHEA: Steve Bethea, USA Medical
12 Center Mobile.

13 MR. VANDERVER: Eddie Vanderver, CAPS,
14 Incorporated.

15 MR. BAMBERG: Bart Bamberg, Publix
16 Supermarkets.

17 MR. FREDERICK: Kyle Frederick, I'm
18 not representing anyone.

19 MR. CONRADI: Thank you. To start it
20 off, we'll need to get approval of the agenda.

21 MR. DARBY: Do you need a motion?

22 MR. CONRADI: I need a motion.

23 MR. DARBY: I move we approve the

1 agenda.

2 MR. BUNCH: Second.

3 MR. CONRADI: All in favor?

4 MR. DARBY: Aye.

5 MR. BUNCH: Aye.

6 MR. MCCONAGHY: Aye.

7 DR. MARTIN: Aye.

8 MR. CONRADI: We do have a quorum, all
9 five board members being present.

10 We'll go a little off the order. I'm
11 going to have Mr. Mike Garver get up and give us
12 the Wellness report. He has another meeting to
13 go to. Mike.

14 DR. GARVER: Thank you. Good morning.
15 Just a couple of remarks if I can. There's a
16 big article in the USA Today that came out
17 yesterday concerning the impairment of health
18 professionals across the United States where
19 they estimate there's over 100,000 untreated
20 health professionals. The study revolves around
21 the failed board and wellness attempt in
22 California to where the program was actually
23 shut down in 2008 because of a lot of lawsuits.

1 It also dwells on the lack of board
2 oversight. It also talks about the program
3 hiding of health professionals out, not
4 monitoring them. It also talks about lack of
5 discipline component in dealing with health
6 professionals. It's by Peter Eisler, so if you
7 get a chance, look at it online or look at it in
8 the newspaper.

9 And I just want to tell you that the
10 profession of pharmacy as I know it as a
11 practicing dentist has more safeguards in play
12 than any other profession in the United States.
13 The retail pharmacies with their random urine
14 screens and oversight through cameras and other
15 means have really lowered the amount of problems
16 that are facing other professions. So I just
17 want to let the Board of Pharmacy know that you
18 guys and the profession of pharmacy are light
19 years ahead of dentistry, the physicians, the
20 nurses, the respiratory therapists, and others.

21 Also, very quickly, the State Board --
22 this State Board does provide oversight of its
23 Wellness committee. It also provides a

1 disciplinary component to every rehabilitation
2 of every pharmacist. So you guys need to be
3 proud that your program that you have here and
4 what you do as Board members here are ahead of
5 what other people are doing. You're ahead of
6 the curve for what's going on in the United
7 States, especially since we are now the number
8 one consumer in the United States of hydrocodone
9 in the world. That's a -- that's a pretty big
10 indictment of the drug problem in the United
11 States.

12 I'm going to read this into the record
13 if you don't mind. There are presently 134
14 people in our screening program with signed
15 contracts and consent orders. This number
16 includes any individuals on a diagnostic
17 monitoring contract but does not include any of
18 the professionals listed below.

19 We have one pharmacist currently in
20 treatment. We have three pharmacists in halfway
21 house. There are six pharmacists waiting for a
22 period of time to be reevaluated before coming
23 to the Board. There are six other pharmacists

1 who need some sort of disposition and the staff
2 is aware of these and we are currently working
3 on them.

4 There are no techs presently in
5 treatment. There are no students presently in
6 treatment. There are seven techs who need
7 disposition of some sort. They're either just
8 getting out of treatment, just going into
9 treatment, or waiting to be reevaluated, and all
10 of these people that I've talked about are
11 currently -- currently have suspended licenses,
12 so none of them can leave and practice and there
13 are 72 individuals in facility-driven aftercare
14 and that's the April current report of the
15 Wellness committee.

16 Are there any questions?

17 MR. CONRADI: Anybody have any
18 questions of Dr. Garver?

19 DR. MARTIN: No questions.

20 MR. DARBY: No.

21 DR. GARVER: All right. Thank you.

22 MR. CONRADI: You're doing a great
23 job. Thank you, Dr. Garver.

1 DR. GARVER: Thank you. See you next
2 month.

3 MR. CONRADI: We have a presentation
4 by First Dose. We'll let them go ahead and do
5 that so we can get that machine out of the
6 middle of everybody's way.

7 MR. BURNS: I want to start off by
8 apologizing for having this machine. I wanted
9 the Board though to take a look at it and see
10 the physical footprint. That's why I did bring
11 it in.

12 MR. CONRADI: What's your name?

13 MR. BURNS: My name is Jack Burns with
14 Capsa Solutions. I do want to thank the Board
15 for giving me a few minutes today to present the
16 FirstDose product.

17 I'm going to just follow the slide
18 presentation right here. If there's any
19 questions throughout the presentation, please
20 don't hesitate to jump in and ask me.

21 Capsa Solutions, we are currently
22 making Artromick medication carts and MMI
23 medication carts for the long-term care arena.

1 Our company has been doing that for well over 50
2 years. This month I will have been with the
3 company 24 years.

4 This is a product that we introduced
5 in August with a lot of feedback from pharmacies
6 out there throughout the country that have been
7 looking for something as an answer to their
8 current solutions with the tackle box and
9 handwriting documentation and doses. I do want
10 to point out though with the picture that you
11 see up here, to the left is a tackle box with a
12 lot of different compartments to put the
13 medications. Each state has different amounts
14 of medications that can go in the tackle boxes.

15 Next to it is a med dispensing system
16 called a Pyxis. The FirstDose is by no means a
17 med dispensing piece of equipment. It is more
18 in the line of an electronic tackle box.

19 MR. CONRADI: Does it cost more than
20 than a tackle box?

21 MR. BURNS: Yes, sir, we're going to
22 have to add -- we're going to have to add a
23 couple of zeros here but we're not going to have

1 nearly the amount that we have right here, okay.
2 Very good question.

3 What is an e-kit? We talked about
4 that. What do nursing homes use an e-kit for?
5 That's for new admits getting out the first
6 doses of medication that may not be in a
7 medication cart. They'll go to a med room, go to
8 the tackle box, break the safety seal, pull out
9 the medications. A lot of facilities now have a
10 lot of times three different tackle boxes: One
11 for the narcotics, one is for the medications,
12 and one for the IVs.

13 Our FirstDose product does allow all
14 three of those to be in one unit where you have
15 the narcotic box up top here that's double
16 locked, the medications here, and down below in
17 the deep drawer we can also put the IVs. What
18 is wrong with the way it's done today? Well,
19 it's fairly apparent from when pharmacies and
20 facilities talk to me, they say, Jack, a lot of
21 times the nurses are in a hurry. They go to the
22 tackle box, break that safety seal, grab the
23 medications, give the doses to the resident, and

1 a lot of times there could be family members or
2 there should be some distractions, so a lot of
3 times we don't get that documentation down on
4 who got into it, what medication they got out,
5 and who got that medication. So those are the
6 three things that we at Capsa wanted to make
7 sure we captured with our FirstDose product
8 here.

9 The FirstDose cart is built off an
10 ACSI. That is an acute care small integrated
11 cart. This cart has been in the hospitals for
12 well over 20 years. The software that runs the
13 ACSI cart has been around for about 15, 18 years
14 that does tracking of who got into the cart and
15 what got into the cart. What we did is we've
16 just tweaked that software a little bit and made
17 it more toward a FirstDose product. The
18 computer here is an all-in-one computer. It
19 will talk realtime with the pharmacy on who got
20 into the cart, what medications were taken out
21 of the cart.

22 Here is a quick overview of what the
23 cart looks like and some of the features and the

1 benefits here. That's why I wanted to bring it
2 in here physically to see that it is a large
3 screen. For some of our veteran nurses, they
4 are able to see the screen very well right
5 there. The -- a polite way of saying that we're
6 all getting a little older.

7 We have different size bins right here
8 to customize the cart. It can hold up to 330
9 medications. Each one of the individual bins
10 right here can be customized for the size of the
11 medication that's going to go in it. There are
12 the four different models that we offer. We
13 offer some right here that can be all oral
14 solids. We also offer here with high density
15 liquids and low density liquids with the deep
16 drawer down below for the IVs.

17 There are the specifications. That's
18 why I thought it might be a little bit better to
19 bring it in. You could look at those and say,
20 well, what does that actually look like? It's
21 actually smaller than a treatment cart that most
22 facilities have and again, it would be housed
23 behind the med station in a med room where the

1 current tackle boxes are now.

2 Okay. Some of the key selling points
3 right here, we talked about capturing and
4 billing accountability. One of the most
5 important things we write -- see right here it
6 says, lowers pharmacy costs associated with
7 on-call or emergency medication deliveries or
8 back-up pharmacies. The latest medication
9 management system for long-term care. This is a
10 web-based software, so pharmacies and
11 pharmacists can access this and view this
12 remotely as can certain nurse managers that have
13 the ability and the rights to look at that.

14 Some of the key selling points here is
15 it's a little bit safer. I'm hoping that I can
16 point that out that a tackle box of what they're
17 currently using. It maintains and organizes the
18 medication inventory that can be arranged to
19 pharmacy and facility preferences. We talked
20 about the ability for a pharmacy to customize it
21 for each individual facility. The all-in-one
22 features a large, crisp interface. The cart
23 also locks and unlocks itself automatically and

1 everything is accessed through the mouse and on
2 the cart. So that locks it, unlocks it, and
3 there's a second authorization code that would
4 get into the narcotic drawer, so there would be
5 two ways to get into the narcotic drawer.

6 Some of the selling points we talked
7 about here -- the three basic things we talked
8 about: Who's getting into the cart, what's
9 being taken out, and who is it for. When a
10 nurse at a facility needs to access or wants to
11 access the FirstDose, he or she will come up to
12 the screen in the dashboard and on the desktop,
13 there's only going to be one icon. It's not
14 going to be cluttered. It's going to be one
15 icon and it's going to say FirstDose. The nurse
16 would then click on the FirstDose icon and what
17 would pop up would be a log-in screen here and
18 the nurse would log in the user name and a
19 password that would be given to him or her from
20 a nurse manager at the facility. So right there
21 we've immediately captured who got into this
22 cart, okay.

23 Then the next thing is who is the

1 medication for, okay. There's just a few spots
2 right here that they need to fill out -- the
3 first and last name. We wanted to make this as
4 simple as we could because if it's a little bit
5 cumbersome, the nurses aren't going to want to
6 use it and therefore it's going to render this
7 product ineffective. So we feel that logging in
8 should be a fairly simple step, what resident is
9 getting the medication, and what medication are
10 they getting.

11 MR. CONRADI: Is there a list of
12 residents in there so they don't have to type
13 them all in?

14 MR. BURNS: No, sir, no, sir. We
15 elected at this time for the nurses to enter the
16 resident's name in case there's a John Smith and
17 they click on the wrong John Smith from a long
18 drop-down. So right now we would like the
19 nurses to enter John Smith's name.

20 Now, the medications will be entered
21 from a master list from the pharmacy and as the
22 nurse starts entering characters, it will
23 tighten that window from what medications they

1 have to choose from. Now, a nurse could
2 essentially type in Mickey Mouse, Babe Ruth,
3 whatever, but I log in initially so therefore a
4 nurse manager can see what name I put in there,
5 okay. So now we have captured who got into the
6 cart, which was me, who got the medication, and
7 what medication they got, and that is a very
8 good and proper way to get the medications to
9 the right resident at the right time.

10 Okay. There's all kinds of reports
11 that can be printed out, a fulfillment report on
12 when the medications get low, transaction report
13 who got into the cart, when they got into it,
14 what they took. That can all be viewed at the
15 facility from a nurse manager and be printed
16 out. It can also be viewed remotely from the
17 pharmacy. They can also let know when the
18 medications are low.

19 To remove an item, once the nurse
20 enters the resident, the med, and a room number
21 or birthdate or both, it's going to tell them
22 where in this cart that medication is located.
23 It's going to highlight the individual bin and

1 it's highlighted in green there and when the
2 nurse clicks on this little green box here, it's
3 going to pull up a mirror image of the
4 individual bin and what cell that medication is.
5 It's not going to spit out that dose.

6 Right now the nurse -- the process is
7 they go to the tackle box, they open it up, they
8 kind of hunt and peck for the medication or they
9 look at a list of where it is supposed to be.
10 Here we're trying to help them locate that
11 medication by highlighting it. Once they
12 highlight it, it says, okay, tell us how many
13 you took out and we'll also have an expiration
14 date there. If there's one that expires before
15 that, it's going to pop up a little window to
16 remind the nurses, hey, Jack, you've got a med
17 in there that expires before this one.

18 The fulfillment report is what we
19 talked about on the mid-max level here. It's a
20 dashboard that pharmacies can pull up every
21 morning to find out the level of each cart and
22 again, this can be done remotely throughout the
23 state. If pharmacies have multiple first does

1 in multiple facilities, it will give them kind
2 of a little fuel gauge if you will right here on
3 the mid-max level.

4 Stocking the cart, there's a couple of
5 ways -- we have a little over 60 of these units
6 out in the field throughout the United States.
7 We introduced this product in August.
8 Pharmacies are doing it different ways. Some of
9 them are actually using a cassette exchange and
10 that was why I went ahead and gave you all the
11 brochure up there. Inside the brochure, if I
12 could get you just to take a peek, in the
13 left-hand side you will see a nurse pulling out
14 a cassette. That in essence is a tackle box,
15 very similar to the process what the pharmacies
16 are doing now and I will show you real quick
17 here, this is one way to exchange the medication
18 just like a removable tackle box here, put a
19 safety seal here, bring one from the pharmacy
20 that is full, and exchange it out just like
21 they're doing the tackle boxes now.

22 Or there is a possibility that the
23 pharmacy can fill on demand. It's whatever the

1 pharmacies would like to do, how they want to
2 customize the exchange on restocking the cart.
3 We've already talked about that.

4 This is the expiration report. There
5 are four very important reports that we have
6 right now. We talked about the expiration
7 report, the fulfillment report. The most
8 important report that we are finding feedback
9 from pharmacies and facilities is the
10 transaction report -- who got into that cart,
11 when they got into the cart, what time they got
12 into it, and what they took out of that cart and
13 that's kind of it in a nutshell because I know I
14 am under a time window here for about 45 minutes
15 but I wanted to leave it open for questions but
16 I hope I'll be able to answer. If not, I do
17 have a field service technician waiting on
18 standby on his cell phone or I could get some
19 email questions and answer them for you.

20 MR. CONRADI: On controlled drugs --

21 MR. BURNS: Yes, sir.

22 MR. CONRADI: -- it says two ways to
23 get in.

1 MR. BURNS: Yes, sir.

2 MR. CONRADI: When you open that
3 drawer, is there other controls they could get
4 to?

5 MR. BURNS: Not on -- not on the
6 narcotics.

7 MR. CONRADI: Okay.

8 MR. BURNS: Only -- only on the
9 regular medications. So you're right, it's just
10 like a tackle box, if I open up the tackle box,
11 I could get other ones but not on the narcotics.
12 Each individual one is sealed and secure.

13 MR. CONRADI: Okay.

14 MR. BURNS: Yeah. Very --

15 MR. CONRADI: How many typical drugs
16 do you see put in those in a nursing home --
17 numbers -- different drugs?

18 MR. BURNS: Well, I live in Atlanta
19 and I cover five states in the Southeast.
20 Tennessee, I've got six units up there that have
21 about 175, 180; down in Florida, close to 220.
22 Georgia, I'm just starting to make headway there
23 and it's well over 100. Please help me here, is

1 it 60?

2 MR. CONRADI: Fifty.

3 MR. BURNS: Fifty, okay, and I think
4 Mississippi is also a lower number too. So
5 again, it's kind of all over the map with what
6 pharmacies are putting in there. I do have some
7 pharmacies that are going to set this up as an
8 oral solid medication all the way down and a
9 separate IV cart where they just have deep
10 drawers and you can put them side by side.
11 Again, right now pharmacies tell me, hey, Jack,
12 I've got three of them I've got to keep up with,
13 three tackle boxes, you know, from a controlled
14 to the IV to the oral solids and we're trying to
15 condense it all right here.

16 As you see it set up right here with
17 this particular system, this can handle 220
18 medications and they get dropped into an
19 individual bin that you see right here and you
20 can take these dividers out and customize it any
21 way that you want, make it as big as you want.

22 MR. CONRADI: You just pulled that
23 drawer out, so you don't have -- it won't

1 release it when you type in the drug and all,
2 they can pull it out at any time.

3 MR. BURNS: When you access the
4 cart -- let me see if I understand the question.
5 When you access the cart --

6 MR. CONRADI: Like you just went and
7 pulled that out just right then.

8 MR. BURNS: Uh-huh.

9 MR. CONRADI: But you didn't sign in
10 the patient's name or anything?

11 MR. BURNS: No, and what I did is I
12 actually overrode this on a keyboard. There
13 will not be a keyboard on the cart themselves.
14 That's just for my demo to open it quickly.

15 MR. CONRADI: Okay. So they can't get
16 in that drawer until they put the information
17 in?

18 MR. BURNS: Correct.

19 MR. CONRADI: And only the one drawer
20 that has that drug in it?

21 MR. BURNS: Well, when you come here
22 and sign in and I sign in Jack Burns and I put
23 my user name, the cart will automatically

1 unlock. I do have access to these. I don't
2 have access to the control yet but I can take as
3 many as I want up here.

4 MR. CONRADI: So nothing is stopping
5 the nurse from putting in one drug and then
6 getting whatever she needed out of it.

7 MR. BURNS: Absolutely. But then the
8 next nurse that comes in that signs in or a
9 nurse manager that's looking at the report on
10 who got into it, they will know that there are
11 doses missing.

12 MR. CONRADI: Yeah, I mean, it's no
13 different than a tackle box.

14 MR. BURNS: Correct, exactly correct.

15 DR. MARTIN: I see that under the
16 options and accessories you have a scanner
17 holder.

18 MR. BURNS: Yes.

19 DR. MARTIN: So you're going to take
20 advantage of barcodes?

21 MR. BURNS: Absolutely.

22 DR. MARTIN: Tell us a little about
23 that.

1 MR. BURNS: We are talking -- our
2 software people right now are getting close to
3 having barcode scanning available. We think
4 it's going to be available the end of the second
5 quarter along with interfacing with a lot of the
6 pharmacy softwares being Framework, QS/1. Right
7 now this talks realtime to a sequel server back
8 at the pharmacy. The facility would set up a
9 VPN, so we would have the security, and
10 eventually we're going to get to the point where
11 we are going to have barcode scanning.

12 Right now the all in one has the
13 capability to have a camera in it but we choose
14 not to do that right now because of HIPAA. If
15 I'm standing here signing in and I want it to
16 take a picture of me, we don't know if it might
17 capture a resident behind us, so right now at
18 this time we choose not to do that.

19 You log in by your name and your
20 password. We do have the ability to do that
21 along with the -- now, barcode scanning is high
22 on the list along with interfacing with QS/1 and
23 Frameworks for billing purposes.

1 DR. MARTIN: You'd be scanning out but
2 not necessarily scanning in.

3 MR. BURNS: Correct.

4 DR. MARTIN: Okay. When the nurse
5 removes an item from the cart, the expectation
6 would be that is a FIRST dose that's needed or
7 those are used to fulfill all the patient's
8 medication needs.

9 MR. BURNS: Correct, correct.

10 DR. MARTIN: Is it limited to first
11 dose or all of the patient's medication needs
12 stored in the cart.

13 MR. BURNS: Well, basically on a new
14 admit if -- if the medications have not made it
15 to the facility yet to the actual med cart.

16 DR. MARTIN: Yes.

17 DR. MARTIN: That's when they will go
18 to the tackle box --

19 DR. MARTIN: Right.

20 MR. BURNS: -- or to our first dose.

21 DR. MARTIN: Right.

22 MR. BURNS: -- and there will be the
23 50 medications in here.

1 DR. MARTIN: Right.

2 MR. BURNS: And if there are some that
3 are not in here, then it would fall to the
4 protocol with what are they doing now with their
5 current tackle boxes.

6 DR. MARTIN: I guess the question is
7 do you envision this now or eventually replacing
8 the med cart?

9 MR. BURNS: No, we do not. I've been
10 with the company as I said 24 years this month.
11 We are still doing the medication carts that
12 have eMAR that do the documentation for the
13 medication records.

14 DR. MARTIN: Yeah.

15 MR. BURNS: This is totally a separate
16 entity for the first dose documentation.

17 DR. MARTIN: So you would expect the
18 work flow to be something like the nurse
19 enters -- gathers the information, knows the
20 patient, knows the patient room, enters the
21 cart, removes medication, goes immediately to
22 the bedside to administer the medication, no
23 interruptions in between.

1 MR. BURNS: (Indicating fingers
2 crossed.)

3 MR. CONRADI: That's the ideal.

4 MR. BURNS: Yes, exactly, on the nose.

5 MR. MCCONAGHY: How many more zeroes
6 were you adding on to that tackle box?

7 MR. BURNS: If it's just between you
8 and I here and nobody else in the room --

9 MR. MCCONAGHY: That's more like it.

10 MR. BURNS: This unit -- this unit --
11 she's still typing over here. This unit comes
12 in at \$5,500, okay, and that's all in for the
13 all-in-one unit, the cassette exchanges, and
14 also our implementation team flying from
15 Portland to wherever the pharmacy is located,
16 let's say here in Birmingham, to get the
17 software loaded onto the pharmacy, train the
18 pharmacy for a full day. The next day we will
19 go out to the first facility that the pharmacy
20 wants to install the FirstDose and we will train
21 the nurse managers there. That is all part of
22 that \$5,500 is we make sure that the product is
23 rolled out properly and in service properly and

1 then from that point on, it's going to be more
2 like trainer train everybody else.

3 MR. BUNCH: Just a curiosity question:
4 Do you have a monthly fee to maintain it?

5 MR. BURNS: There you go. I did not
6 mention that. We do have a monthly IT
7 maintenance fee that's \$41 per month per cart.
8 That would be for any upgrade on the software,
9 like if we had barcode scanning, it would
10 automatically be done because it is web based,
11 cameras, any software updates. I forgot to
12 mention that. Thank you.

13 MR. DARBY: What problems have you run
14 into in the states you are already operating?

15 MR. BURNS: Nurses forgetting their
16 user password and logging into the cart. If
17 this cart -- it will be plugged in, so it's
18 electronic and it's not -- even though it's on
19 wheels, it's not meant to roll up and down the
20 hallway because ideally -- and the cart is going
21 to automatically lock itself because it's on a
22 five-minute delay, which is something else I
23 forgot to mention -- that if the nurses walk

1 away from the cart and don't click the mouse
2 that says lock the cart, the cart automatically
3 locks itself.

4 We're really finding it's a lot of --
5 a lot of users getting into it but once they get
6 into the cart, it works extremely well. If the
7 electricity goes down and we have a thunderstorm
8 and the power goes off in the facility and the
9 generators don't kick on immediately and they
10 don't have it plugged in to a red plug, then
11 this turns into a very expensive manual cart
12 that you lock and unlock with the key and then
13 whatever the protocol is for the pharmacy and
14 the facility, they would document it like
15 they're doing now until the power comes back on.
16 So that would be lock number one. And on the
17 back of the cart there is a way to access hidden
18 away a key to unlock the narcotics, so that
19 would still constitute the double lock for the
20 security on the narcotics.

21 MR. CONRADI: Until everybody found
22 out about both keys.

23 MR. BURNS: Yeah, and that's a good

1 question because people say, Jack, who has the
2 keys? I say, who do you want to have the keys?
3 Do you want a nurse manager? Do you want the
4 administrator, DON? Again, I do not want to
5 dictate the policy and procedures on how this
6 cart is implemented. What I'd like to do is
7 have the policies and procedures that are in
8 place with the tackle box now but we just have a
9 better way, I feel, of documenting.

10 DR. MARTIN: The time-out is
11 adjustable?

12 MR. BURNS: Yes, it is, between one
13 minute and 99 minutes. It comes in from the
14 factory at a default of five minutes and we feel
15 that that's long enough that if a nurse realizes
16 that he or she didn't lock the cart, it's going
17 to lock. A minute is pretty quick.

18 MR. BUNCH: You just built a better
19 mouse trap.

20 MR. BURNS: That's right. I hope so.

21 DR. MARTIN: The picking of the dose
22 that has the nearest expiration date is going to
23 be a challenge, you already know that, so short

1 of scanning. If you scan the product and it's
2 got an expiration date embedded, you might could
3 force that a little bit.

4 MR. WARD: I want to know what you had
5 to eat today with all of that energy.

6 MR. BURNS: I had three cups of
7 coffee.

8 MR. CONRADI: Adderall 30.

9 MR. WARD: You got some stuff -- you
10 got some stuff in that thing?

11 MR. BURNS: No, no energy drinks, no,
12 sir.

13 MR. CONRADI: Any other questions?

14 DR. MARTIN: Well, I do have one, so
15 based on what you said earlier on the other
16 states you're working in and the installs you
17 already have, we can expect -- in fact I think
18 there's already been some talk of the need to
19 increase the number in Alabama from 50 to
20 something greater than 50.

21 MR. BURNS: Yes, yes, yes, I've heard
22 that absolutely.

23 MR. CONRADI: Twenty-five?

1 DR. MARTIN: Fifty-five.

2 MR. BURNS: Fifty-five. It does hold
3 up to 330. I have not heard of anybody getting
4 close to the 330 meds. As you see it right
5 here, it could hold 220. I've had a couple down
6 in Florida get close to that in the high 190s
7 but -- and that's just loaded.

8 DR. MARTIN: We're aware that that's
9 an issue that needs to be dealt with.

10 MR. CONRADI: Susan, do you have a
11 question?

12 MS. ALVERSON: Yes. Does it have a
13 screen that shows everything in the cart because
14 the physicians will often call and say, well,
15 which antibiotics do you have, for example. Can
16 I pull that up?

17 MR. BURNS: Well, currently right now
18 you can only pull up what is in the cart by
19 identifying the medication. If you want, the
20 pharmacy can put together a master list of what
21 is in each cart and each cell as a quick
22 reference guide.

23 MS. ALVERSON: But it wouldn't -- it

1 will not show on the screen?

2 MR. BURNS: Right now it will not show
3 on the screen. That --

4 MR. CONRADI: Didn't you just say you
5 could search it?

6 MR. BURNS: Yeah, you can search,
7 absolutely, but I think she was trying to get a
8 quick overview of everything. But if you put in
9 the medication and start typing in the
10 characters, it will tell you immediately if it's
11 in there and where it's located.

12 MS. ALVERSON: But I have -- I can
13 only find it by one name at a time. I can't
14 find --

15 MR. BURNS: Correct. Now, if that is
16 something, since we do have the monthly
17 maintenance fee for the IT, if that is something
18 that we are getting more and more feedback the
19 more units we get out into the field, I don't
20 think that would be that difficult for our
21 software engineers to implement. Right now if
22 we waited for all the enhancements for the
23 FirstDose product, we would have never launched

1 this product and we launched it just back in
2 August.

3 MS. ALVERSON: I think federal law
4 requires that there be a list associated with
5 the cart showing all ingredients and all
6 expiration dates.

7 MR. BURNS: Well, it is. It's just --

8 MS. ALVERSON: Rick may know --

9 MR. STEPHENS: That would be no
10 different than what goes with the tackle box
11 now.

12 MS. ALVERSON: Right.

13 MR. STEPHENS: It would just be on a
14 list.

15 MS. ALVERSON: A separate.

16 MR. BURNS: Do you know what, that's a
17 good point. You could do exactly like you're
18 doing with the tackle box now and have it in one
19 of the drawers like the deep drawer or some
20 other location. Yeah, that's a good point.

21 MS. ALVERSON: Now, my second question
22 was a lot of facilities have multiple tackle
23 boxes, not the three different kinds but if it's

1 a four-floor facility when there's an emergency,
2 you don't want to run from one to the other or
3 run from wing to wing, so do your customers tend
4 to buy multiples of this?

5 MR. BURNS: Yes, they do, and I like
6 those customers.

7 MS. ALVERSON: I'm sure you do. And
8 my last question was if -- if I have to take out
9 a couple of ingredients, once I've accessed it,
10 put in the drug name, I open the drawer and I
11 need to get this antibiotic and some Lasix, I
12 could grab both without having entered the name
13 of both.

14 MR. BURNS: Absolutely correct, and
15 here's a step that I'm hoping during our
16 in-service with the facilities that they follow
17 that protocol and procedure is as you put in
18 Jack Burns, the medication, and I pull that
19 dose, I've done it successfully. I've logged
20 it. You can go right back up into the same
21 window, go to the item locator, and type in the
22 next medication so that there is documentation.
23 You don't have to fill that screen out again but

1 you would and we would like the nurses to fill
2 in that medication and when you do and click it,
3 it identifies where it is and what bin so you
4 can pull it but nurses have been known to find
5 shortcuts --

6 MS. ALVERSON: I've worked in
7 long-term care a long time and --

8 MR. BURNS: -- to streamline the
9 process.

10 MR. CONRADI: That's no different than
11 a tackle box though.

12 MR. BURNS: But it's no different than
13 a tackle box.

14 MS. ALVERSON: No, it is no different
15 than the tackle box, right, but it doesn't
16 prevent that --

17 MR. CONRADI: Oh, no.

18 MS. ALVERSON: -- function from
19 happening.

20 MR. BURNS: No, it does not. No, it
21 does not. We're just --

22 MR. CONRADI: You have to get up to
23 \$25,000 to --

1 MR. BURNS: That's right.

2 MS. ALVERSON: And then something
3 comes out and slaps your hand.

4 MR. CONRADI: Electric shock.

5 MR. BURNS: Electric shock.

6 MR. CONRADI: Any more questions?

7 MR. BURNS: I do appreciate this.

8 MR. CONRADI: Rick, put y'all on the
9 spot, is this something y'all would actually
10 consider using?

11 MR. STEPHENS: If you would raise that
12 50 number.

13 MR. CONRADI: That's something y'all
14 to petition the Board to ask for. That's a
15 rule. That's easy to -- it could be done.

16 MR. STEPHENS: I've already written a
17 rule so I get the petition up next.

18 MR. CONRADI: Yeah.

19 MS. SMITH: I have a question. In a
20 typical nursing home with these tackle boxes, if
21 somebody opens the controlled substance part,
22 you're supposed to immediately call the
23 pharmacy, and sometimes it doesn't happen, and

1 get it traded out, so you've got at least kind
2 of a quick view of what might have happened if
3 they don't record it correctly.

4 In this case here, say you had 50
5 Lortab in your controlled substance little box
6 there and the first nurse gets one for herself
7 and one for the patient and the next nurse maybe
8 does the same thing or maybe gets several, at
9 what point -- you're not going to get an
10 immediate -- be able to reconcile. It may go a
11 period of time and then you've got to go back
12 and backtrack. Well, these ten nurses had
13 access. Who took -- who's been taking the
14 extras?

15 MR. BURNS: That's a god point.

16 MS. SMITH: Is there -- is there an
17 inventory or blind counts?

18 MR. BURNS: Yes, yes, there is.

19 COURT REPORTER: Your name, ma'am?

20 MS. SMITH: My name is Melanie Smith.

21 MR. BURNS: Great point. There's a
22 couple of ways to access the narcotic box, okay.
23 You put your name -- you put your name and user

1 passcode in. You get the regular medication.
2 You have to put a second authorization code in
3 to get into the narcotic box and there's three
4 ways to get that access and authorization.

5 Number one, call the pharmacy for a
6 one-time user code, okay. But again, we're
7 hearing conflicting -- and we've got facilities
8 using all three of these. I call the pharmacy.
9 I get a one-time authorization code but I have
10 to get called back because I'm waiting here for
11 the pharmacy to give it to me but that's one
12 way. There is a record for that one-time
13 authorization.

14 Number two, go to the nurse manager at
15 the facility to get a one-time user
16 authorization code. Or number three, I have an
17 authorization code tied to my name and user
18 that's totally separate than my user code to get
19 into the cart. So I type in Jack Burns, 1234.
20 I get the regular meds. I want to get into the
21 narcotics, I go 5, 6, 7, 8, so it ties it with
22 me.

23 Now, at that point I have access. If

1 I close the drawer, I need another authorization
2 code but let's say I have it open. I pop open
3 that one cubey or cell, break the safety seal.
4 There's ten tablets, one for me, one for them.
5 Put it back in. You can either put -- some
6 pharmacies are saying put a yellow safety seal
7 back on that one, the rest of them are red or
8 blue to know that it's been opened. Close the
9 drawer. What is the policy and procedure now on
10 the tackle boxes for the narcotics? Is there a
11 blind count at the end of every shift like a
12 regular med cart? Whatever the protocol that
13 the facility and pharmacy want to set up, they
14 will be able to do that.

15 Now, as I take that one dose out, it's
16 going to tell me, Jack, what did you take out?
17 I took out one -- took out one Ambien. How many
18 are left? There's a little window right there
19 that I could put in whatever number I want but
20 then the next nurse that comes back will be able
21 to check and that time period could be a matter
22 of hours or what is the policy and procedure now
23 for the pharmacy? Do they come every 24 hours?

1 Do they come as soon as that seal is broken?
2 Some pharmacies as soon as this cart is gotten
3 into, they get an email immediately who got into
4 it, what they took out, when they took it out.

5 So there is a way for the nurses to
6 catch it but yes, to answer your question, one
7 for me, one for them, you could still do it.
8 But we hope that that time period won't be as
9 long as it is now with the tackle boxes.

10 MS. SMITH: So you've got that -- you
11 say you put the yellow seal on there. Is that
12 for the pharmacy -- when they come to notice
13 that or what if the next nurse notices, she'll
14 have to cut it to get that second drug out?

15 MR. BURNS: Correct, some pharmacies
16 are doing that. Some pharmacies, that is their
17 procedure that when that safety seal is broken,
18 you put a different safety seal on that that is
19 numbered and identified. Again, you can -- you
20 can customize how you swap out meds, how you
21 load the cart, and the policies and procedures
22 to retrieve medications from the narcotics. I
23 think it's very important and that's where I try

1 to totally stay out of it because I'm not a
2 pharmacist but I do know that I've got, you
3 know, we have over 60 units out in the field and
4 people are using it different ways so I have a
5 lot of referrals for people to call and get
6 feedback.

7 MR. BEAR: I'd like to make a comment
8 if I could. My name is Mark Bear.

9 I'm glad to hear that you have a
10 one-time passcode. It's very important to
11 know -- the pharmacy to know that they have a
12 valid prescription before they authorize
13 dispensing from an automated dispensing system
14 like that, so I'm glad to hear that. That would
15 solve our problem.

16 MR. BURNS: Appreciate it.

17 MR. CONRADI: Thank you, Jack.

18 MR. BURNS: Thank you all very much.
19 Thank you for your time.

20 MR. CONRADI: If you'll move that.

21 MR. BURNS: Now they get to see you
22 all.

23 MR. CONRADI: Thank you.

1 DR. MARTIN: Thank you.

2 MR. CONRADI: The next thing on the
3 agenda, Dan, do you have your treasurer's
4 report?

5 MR. MCCONAGHY: Maybe.

6 MR. CONRADI: Okay. Or do you want us
7 to do the minutes first?

8 MR. MCCONAGHY: No, I can go ahead.

9 MR. CONRADI: Okay.

10 MR. MCCONAGHY: If y'all have looked
11 at it in the Dropbox there, I'll remind you that
12 we're on pretty much like a two-year cycle and
13 as far as the budget goes, we have already run
14 out of money for this year as far as the income
15 that came in this year but at the six-month
16 mark, I think probably the important thing to
17 look at is where we stand on expenses and we're
18 pretty much in line there.

19 The personnel expenses are at 51
20 percent, in-state travel is 51, out-of-state is
21 a little high at 64 but that will smooth out
22 over a couple of months where there's not a
23 whole lot of travel going on. The repair and

1 the maintenance is at 50 percent, operational is
2 at 45, supplies 42, and your overall expenses
3 are -- you'd thought I'd wrote it up this way --
4 49.91 percent at the 50-percent mark, so
5 we're -- we're right on track on expense wise
6 but if you look at the overall numbers, we're --
7 David, we're losing 200,000 out of the checkbook
8 right now.

9 MR. DARBY: I noticed that.

10 MR. MCCONAGHY: That's pretty much
11 right on track and by the end of this fiscal
12 year, we will still have enough money in the
13 checkbook to pay the bills. That's it. Unless
14 you've got questions.

15 MR. CONRADI: Anybody have any
16 questions?

17 MR. BUNCH: No questions.

18 DR. MARTIN: I move we accept the
19 report of the treasurer.

20 MR. DARBY: I second that.

21 MR. CONRADI: All in favor?

22 DR. MARTIN: Aye.

23 MR. DARBY: Aye.

1 MR. MCCONAGHY: Aye.

2 MR. CONRADI: Aye.

3 MR. BUNCH: Aye.

4 MR. CONRADI: We've got to approve the
5 minutes from last meeting. Do I have a motion
6 to approve the March 19 board minutes?

7 MR. BUNCH: I make a motion we approve
8 the March 19 minutes.

9 MR. DARBY: Second.

10 MR. CONRADI: All in favor?

11 DR. MARTIN: Aye.

12 MR. MCCONAGHY: Aye.

13 MR. DARBY: Aye.

14 MR. BUNCH: Aye.

15 MR. CONRADI: How about the March 19
16 board work session? Did we have a work session?

17 MR. DARBY: No, just interview.

18 MR. CONRADI: And then March 19
19 interviews.

20 MR. BUNCH: I make a motion we approve
21 the March 19 interviews.

22 MR. DARBY: Second.

23 MR. CONRADI: All in favor?

1 DR. MARTIN: Aye.

2 MR. BUNCH: Aye.

3 MR. CONRADI: Have I got one more aye
4 down there?

5 MR. DARBY: Aye.

6 MR. MCCONAGHY: Aye.

7 MR. CONRADI: Henry, have you got a
8 report for us?

9 MR. BURKS: Yes, sir, this will just
10 take a second. The monthly enforcement report
11 for March of 2014, there were 86 inspections
12 completed for a total of 310 from the beginning
13 of the year. We have received 26 -- I mean,
14 excuse me, six complaints in the month of March,
15 completed seven in the month of March. We've
16 received a total of 38 complaints from January 1
17 until March 31 and 27 were completed but some of
18 those 27 were from 2013 and then I have some
19 things to discuss in executive session.

20 MR. CONRADI: Anybody have any
21 questions for Henry?

22 DR. MARTIN: No questions.

23 MR. WARD: No.

1 MR. CONRADI: Secretary report,
2 Ms. Alverson?

3 MS. ALVERSON: All right. We have now
4 completed all online renewals for all permits in
5 the state. We will be testing those over the
6 next couple of months but come this fall, we
7 plan on renewing all pharmacists and all
8 facilities online. Right now we're talking
9 about staggering that because you know and I
10 know no matter how perfect we claim any system
11 is, there's going to be a glitch once it's -- we
12 implement it, no matter how much planning we do.

13 And so we're thinking about having
14 pharmacists begin renewal -- maybe pharmacies
15 begin renewal a few weeks later so we don't have
16 every glitch show up the same week the staff
17 quits, so we'd rather stagger our glitches. So
18 we will probably begin some renewals September 1
19 and we will most certainly be letting you know
20 when we put that schedule out there.

21 We have a meeting this week in
22 finalizing the new website. We're hoping to
23 have a new website up within the next few months

1 that we hope will be user friendly. We will
2 still be rewriting some of the individual pieces
3 but we hope things will be easy to find and easy
4 to use. We are always open to suggestions. If
5 you have any issues, please call us. We'd
6 rather hear you here than have you sitting in
7 Opp, Alabama, calling us bad names or any other
8 place. That was just the shortest word that
9 came to mind.

10 For the next newsletter it seems we
11 have a lot of questions about e-prescribing.
12 It's very common questions we get, so we plan to
13 publish something in the next newsletter about
14 e-prescribing.

15 The Board yesterday talked with us
16 about CE hours. That always seems to be a
17 question, what if this, what if that, and so
18 that has been finalized, rewritten. Mr. Ward is
19 preparing that and that's the other thing I
20 have -- well, will go out in the next newsletter
21 so that everybody can say, this is it, it's in
22 black and white, and this is where the Board
23 stands.

1 I mentioned VPP. I was going to give
2 this to the Board. I know they've seen this.
3 Just so you know what's happening -- I'm trying
4 to be you, Jim.

5 MR. WARD: I don't know why. Oh,
6 yeah, like the hearings.

7 MS. ALVERSON: Doing the Vanna thing
8 here.

9 NABP has initiated, as you probably
10 all know, an inspection program for community
11 pharmacy and are moving toward a time that they
12 will -- would like to be inspecting all
13 pharmacies -- all community pharmacies in the
14 United States. But what's happening right now
15 is this particular article I've distributed to
16 the Board, Virginia is one of the first states
17 to use -- utilize this service and so any
18 company that wants to as an out-of-state company
19 ship products into the State of Virginia, that
20 company must have an inspection from their home
21 state and that must have been completed within
22 the last six months and it must meet Virginia
23 standards.

1 And so our compounding pharmacies in
2 particular have said, we need an inspection and
3 we need it quickly to meet this deadline in
4 Virginia and some of you have been in that
5 situation. Fortunately our inspection forms for
6 compounding meet Virginia's requirement, so our
7 pharmacies in this State have not had to go to
8 NABP to have an inspection in their pharmacy to
9 be able to ship into Virginia but we foresee
10 more and more of that happening.

11 From our perspective within the
12 office, we would like to keep our inspections of
13 a high-enough quality that you're not going to
14 have to go out and buy an inspection from an
15 outside source unless that is just your -- your
16 choice to do. We are in the process of
17 upgrading just our general inspections for
18 retail pharmacies, nothing that we're planning
19 to spring on you but just maybe to cover a few
20 more bases. All right.

21 We are in the process of having our
22 computers -- software be able to take technician
23 applications online, so this past fall we did

1 technician renewals online. The permit that we
2 do most frequently is technicians, as you can
3 well imagine, and we would like to automate that
4 process. We haven't quite figured out how we're
5 going to automate pictures. We know those under
6 25 would put a picture I think on the moon if
7 they wanted to. People my age still are having
8 trouble with cameras. The gentleman previously
9 mentioned the big screen, I'm going that's me.
10 Anyway, so we will have to work with how we will
11 handle submission or capturing pictures but
12 other than that, we're hoping to have technician
13 applications done online. All right.

14 As you've noticed, we have office
15 staff at every meeting now. Our inspectors are
16 invited to the meetings that we have and we
17 would like you to feel comfortable talking to
18 the office staff. We'd like you to feel
19 comfortable talking to any inspectors that are
20 here for meetings.

21 The building is somewhat locked down.
22 I know as you walk in you -- there's a sense of
23 we -- of security and there are meetings that we

1 have and days that we have that we need to do
2 that but personally, I feel Wednesdays are our
3 regulars. They're kind of our friends that are
4 here on Wednesdays and so if you feel you need
5 to do work here with the Board staff or the
6 inspectors, I mean, please feel free to do that.
7 If that means walking back to someone's office
8 with someone to get work done, I just don't want
9 you to feel and I -- I haven't checked this with
10 the Board -- I would hope they would feel the
11 same way.

12 We are here to serve you. We want you
13 to feel comfortable here with all of us. We
14 want you to feel comfortable in this building
15 and so we -- we're trying to move in that
16 direction. If you've got work here to do on
17 Wednesday, please feel free to do that work here
18 and feel we're welcoming to you while you're
19 here.

20 I have one last thing. I hold in my
21 hand an item that I've been working for one year
22 to get my hands on. You've heard about it in
23 meetings. There have been complaints. Louise,

1 I have in my hand a database --

2 MS. JONES: Don't tease me.

3 MS. ALVERSON: -- for your CE of names
4 and addresses and emails and I bequeath this to
5 you, sorted by active, nonactive, whatever.

6 MS. JONES: Does it have deceased?

7 MS. ALVERSON: No.

8 MS. JONES: Okay, good.

9 MS. ALVERSON: Well, it has others.

10 MS. JONES: I see dead people, yeah.

11 MS. ALVERSON: If this doesn't work,
12 would you wait until tomorrow to call me? I'd
13 like 24 hours of thinking it's good. You're
14 welcome.

15 MS. JONES: Thank you. And don't call
16 you later and tell you I lost it.

17 MS. ALVERSON: You can call Terry and
18 tell him you lost it but don't call me.

19 MR. MCCONAGHY: I thank you too,
20 Susan.

21 MS. ALVERSON: Is there anything else?

22 DR. MARTIN: Thank you, very good.

23 MR. CONRADI: I just say I'd like to

1 see -- use the VPP at least on virtual
2 wholesalers, things that we have a hard time
3 putting our hands around and seeing if they're
4 legal, so if they do that. I don't know if
5 they -- I know they do facilities and
6 pharmacies.

7 MS. ALVERSON: We have tightened what
8 we expect for out-of-state facilities. It used
9 to be -- and I'm sure for every state this has
10 been the case -- do you have a license, send us
11 your information. The more and more we read
12 with what's happening out of state in places we
13 can't control so we now require -- are beginning
14 to -- well, we are going to require an
15 inspection and it's up to them to come up with
16 an inspection that will meet our standards
17 that's -- that's current and if that means they
18 have to go to NABP, so be it, because some
19 states don't inspect.

20 We are requiring that they -- if
21 they're compounders that they fill out our
22 inspection forms, 797 and 795, which would be
23 self-reporting. We're requiring their actual

1 data on particle counts and viable particle
2 counts so we can review those kinds of things,
3 so it's going to become -- we're expecting more
4 information before we're going to give someone
5 the ALBOP stamp of approval to ship into this
6 state.

7 And I've spent hours searching for
8 information from the FDA looking at reports from
9 Iowa. We are really trying to track down and
10 know who we are approving before they come into
11 this state.

12 DR. MARTIN: Thank you, Susan.

13 MR. CONRADI: Thank you, Susan.

14 Mr. Ward, do you have any report?

15 MR. WARD: No, I do not.

16 MR. CONRADI: Old business, have we
17 got any old, unfinished business? I wasn't here
18 last month to know.

19 MR. WARD: Is Kristen here?

20 MS. LARREMORE: Yes.

21 MR. WARD: Do you want to come up here
22 for a minute?

23 MS. LARREMORE: Sure. Hi.

1 MR. WARD: Come here for a second.

2

3 (Whereupon, a conversation occurred
4 between Ms. Larremore and Mr. Ward
5 outside the hearing of the court
6 reporter.)

7

8 MR. CONRADI: Any new business?

9 Louise.

10 MS. JONES: I just wanted to make the
11 Board aware that based upon the compounding
12 meeting that was held here, was that last week,
13 a week ago, whenever that was, APA has scheduled
14 a compounding meeting at our annual convention
15 when we felt like a large majority of
16 compounding pharmacists would be present. I
17 have notified Susan of that meeting and anyone
18 is welcome to attend and we will send out notice
19 to all of the attendees at the last meeting at
20 the State board to let them know as well where
21 we hope to hold some discussion on what action
22 items the compounding pharmacists of this State
23 would request of the State board on those issues

1 so.

2 MR. CONRADI: All right, thank you.
3 We've got to go into executive session to talk
4 about individuals and their ability to practice
5 pharmacy safely. We'll go into it at 10:20,
6 expect to come out at 10:40, and when we come
7 out, we will just have just that -- we will vote
8 on just that meeting -- just those items
9 discussed in that meeting and no more business
10 after that, so you're welcome to stay and come
11 back at 10:40, but the meeting, we'll adjourn it
12 then. So appreciate y'all coming.

13 MR. WARD: Need a vote.

14 MR. CONRADI: I'm sorry.

15 MR. MCCONAGHY: Aye.

16 MR. CONRADI: All in favor of --

17 MR. WARD: You can't do it that way.

18 DR. MARTIN: Person -- voice vote.

19 MR. CONRADI: Voice vote.

20 MR. WARD: First of all it needs to be
21 seconded.

22 MR. DARBY: I'll second it.

23 MR. WARD: Okay.

1 MR. CONRADI: Dan, how do you vote?

2 MR. MCCONAGHY: Aye.

3 MR. CONRADI: David?

4 MR. MCCONAGHY: Aye.

5 MR. CONRADI: Tim?

6 DR. MARTIN: Aye.

7 MR. BUNCH: Aye.

8 MR. CONRADI: Aye.

9

10 (Whereupon, a brief recess was taken
11 from 10:10 a.m. to 10:19 p.m.)

12 MR. CONRADI: We're out of executive
13 session.

14 Complaint number 13-0621,
15 recommendation, no merit. Do y'all agree? All
16 in favor?

17 MR. DARBY: Agree.

18 MR. MCCONAGHY: Agree.

19 DR. MARTIN: Agree.

20 MR. BUNCH: Agree.

21 MR. CONRADI: 13-0639, nondisciplinary
22 letter of concern, and I think that's it, isn't
23 it?

1 MR. DARBY: Agree.

2 MR. CONRADI: How do y'all -- agree to
3 that?

4 MR. MCCONAGHY: Yeah.

5 MR. DARBY: Yes.

6 MR. BUNCH: Yes, sir.

7 MR. CONRADI: 14-0031, no evidence to
8 substantiate and 14-0034, no evidence to
9 substantiate. How do y'all vote?

10 MR. MCCONAGHY: Aye.

11 MR. DARBY: Aye.

12 MR. BUNCH: Aye.

13 DR. MARTIN: Aye.

14 MR. CONRADI: Aye.

15 And 14-0012, accept permanent
16 surrender from the tech and bring statement of
17 charges against supervising pharmacist and
18 permit holder. How do y'all vote?

19 MR. DARBY: Aye.

20 MR. BUNCH: Aye.

21 DR. MARTIN: Aye.

22 MR. MCCONAGHY: Aye.

23 (Meeting concluded at 10:40 a.m.)

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CERTIFICATE

STATE OF ALABAMA
SHELBY COUNTY

I, Sheri G. Connelly, RPR, Certified Court Reporter, hereby certify that the above and foregoing hearing was taken down by me in stenotype and the questions, answers, and statements thereto were transcribed by means of computer-aided transcription and that the foregoing represents a true and correct transcript of the said hearing.

I further certify that I am neither of counsel, nor of kin to the parties to the action, nor am I in anywise interested in the result of said cause.

/s/ Sheri G. Connelly

SHERI G. CONNELLY, RPR

ACCR No. 439, Expires 9/30/2014

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