

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23

ALABAMA STATE BOARD OF PHARMACY

WORK SESSION

Wednesday, April 16, 2014

8:10 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 Eddie Braden, Investigator

15 Mark Delk, Investigator

16 Lynn Martin

17 Rhonda Coker

18 Cara Leos

19 Gary Mount

20 Steve Bethea

21 Tammie Koelz

22 Paul Rengering

23 Matthew Muscato

1 Meredith Gray

2 Tracy Davis

3 Brian Wensel

4 Kelli Newman

5 Clemice Hurst

6 Kayla Bratcher

7

8 \*\*\*\*\*

9

10 MR. CONRADI: I want to welcome y'all  
11 to the April work session. Like I said, we  
12 don't have any formal agenda. We thought we  
13 would have the automatic dispensing for nursing  
14 home rule maybe ready to read and tweak a little  
15 bit but we don't.

16 First off I'd like to start in the  
17 front of the room and y'all go around and tell  
18 who you are, who you're with, and we'll do that  
19 again at the business meeting, so.

20 MS. LEOS: Okay. Good morning, Cara  
21 Leos with ALSHP.

22 MR. MOUNT: Gary Mount, director of  
23 pharmacy, Baptist South Montgomery.

1 MS. MARTIN: Lynn Martin, Board of  
2 Pharmacy.

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

5 MR. BETHEA: Steve Bethea, USA Medical  
6 Center Mobile.

7 MS. KOELZ: Tammie Koelz, Walgreens.

8 MR. RENGERING: Paul Rengering,  
9 Walgreens Pharmacy.

10 MR. MUSCATO: Matthew Muscato,  
11 Walgreens Pharmacy.

12 MR. GRAY: Meredith Gray, Creighton  
13 University student.

14 MS. DAVIS: Tracy Davis, I represent  
15 the Alabama Pharmacy Association.

16 MR. WENSEL: Brian Wensel, Cigna  
17 Health Spring.

18 MR. BRADEN: Eddie Braden, State drug  
19 inspector.

20 MR. DELK: Mark Delk, State drug  
21 inspector.

22 MR. CONRADI: Thank you.

23 MR. DARBY: Where did you say you were

1 a student at?

2 MS. GRAY: Creighton University.

3 MR. DARBY: That's what I thought you  
4 said.

5 MS. GRAY: Yeah, that's -- that's --

6 MR. BUNCH: What in the world are you  
7 doing here?

8 MS. GRAY: That's my second time to  
9 get that question. I'm from Alabama originally.

10 MR. BUNCH: Oh, okay.

11 MR. DARBY: Are y'all like on spring  
12 break or are you just --

13 MS. GRAY: No, actually I do a  
14 distance program.

15 MR. DARBY: Oh, okay.

16 MS. GRAY: So I can live wherever so  
17 I'm with my family right now but I was in  
18 Nashville for my first few years.

19 MR. DARBY: Okay. Glad to have you.

20 MR. CONRADI: So I guess I'll just  
21 throw it open, see if y'all have any -- any  
22 topics we want to talk about or bring -- bring  
23 something up that we might need to talk about

1 in a future work session or anything. Has  
2 anybody got anything?

3 Tim, have you got anything on your  
4 side -- hospital side?

5 DR. MARTIN: There are a couple of  
6 things that are still underway, still some  
7 dialogue going back and forth on collaborative  
8 practice and for -- I know for the Board members  
9 you've heard this and probably for several who  
10 are out in the audience have heard that we had a  
11 really, really good session with MASA with  
12 their -- actually with their physician  
13 leadership, had a scheduled 30-minute session  
14 that ended up going two hours.

15 MR. CONRADI: Wow.

16 DR. MARTIN: Good dialogue and  
17 interchange, so we're in a -- we're in the best  
18 position we've ever been. This wasn't the best  
19 legislative session to try to get something  
20 introduced and the timing wasn't quite right, so  
21 I expect you'll see that, if at all possible,  
22 prefiled next spring.

23 There's still conversation taking

1 place on traditional hours. What started as a  
2 rather small topic of traditional hours has  
3 grown to traditional hours and preceptor and  
4 preceptor training and preceptor certification  
5 and number of hours required per students and  
6 it's launched over into some ACPE requirements  
7 and it's easier to get a consensus on a small  
8 issue than a big, broad issue like that  
9 obviously. We're still making progress and  
10 we're expecting that that's going to happen  
11 pretty soon.

12           The only thing for today that I'm  
13 aware of, I know Steve, you had had some  
14 conversations about pharmacists that come into  
15 facilities and perform functions, whatever they  
16 are, but they're not on the staff of the  
17 hospital, so do you want to give us a little  
18 more background about that so we make sure we're  
19 hearing the question right?

20           MR. BETHEA: Sure. One of the  
21 concerns or one of the questions is it kind of  
22 boils down to the definition of how you define  
23 the practice of pharmacy for a particular

1 pharmacist. Is it filling the prescription,  
2 interpreting the prescription, discussing drug  
3 interactions with a physician, discussing drug  
4 therapy with a physician, discussing medication  
5 therapy with a patient. Some of those are part  
6 of the practice of pharmacy and some of them not  
7 and if they're all considered part of the  
8 practice of pharmacy, which is something we've  
9 all done throughout our lives, does it require  
10 the pharmacist to be an employee of the location  
11 or the place where this is taking place or can  
12 they do this in a separate area -- doctor's  
13 office, clinic, on the sidewalk. Are there  
14 parameters where they can and cannot practice  
15 pharmacy.

16           And with regard to what you were  
17 talking about pharmacists coming into the  
18 hospital to counsel patients on the drug therapy  
19 from the time they enter to the time they leave,  
20 basically to insure the patients are getting the  
21 best possible care from a drug management  
22 standpoint and also making sure once discharged  
23 the patients are connected with the pharmacy



1 where that therapy -- that medication therapy  
2 can continue or to be connected with the lab if  
3 it's going to require a lab test or connected  
4 with a physical therapist if that's going to  
5 take place.

6 So they work closely with the social  
7 workers but they also work with indigent drug  
8 programs and they work closely with other  
9 caregivers besides doctors. Where do these  
10 pharmacists need a separate permit, say a  
11 pharmacy services permit, or do the institution  
12 they work for need that, what if they're  
13 independent contractors.

14 DR. MARTIN: Well, you know, you're  
15 asking a question that is difficult to answer  
16 because we never state in the Practice Act, this  
17 is the role of the pharmacist. We just say,  
18 technicians can't do this and this and this. I  
19 can give you my opinion and invite the other  
20 board members to chime in if they'd like to.

21 MR. MCCONAGHY: Let me chime in with  
22 this before that.

23 DR. MARTIN: Yeah, go ahead.

1                   MR. MCCONAGHY: The -- I just had a  
2 message from a couple of Medicaid folks and RCO  
3 folks, which that's what we had a lot of  
4 conversations about that issue on that and  
5 they're -- they're near the building so.

6                   DR. MARTIN: So we can drag this out a  
7 little bit until they get here.

8                   MR. MCCONAGHY: If we can drag it a  
9 little while until they get here.

10                  DR. MARTIN: Yeah.

11                  MR. MCCONAGHY: And see what kind of  
12 thought they have already about it. I don't  
13 know -- do you know what kind of -- what they  
14 had discussed so far, I mean.

15                  MR. BETHEA: I know a bit about it. I  
16 have not read in to what their plan is. I don't  
17 know what their policies and procedures are. I  
18 just didn't want to go -- it's a forward  
19 thinking way to do things but it's forward  
20 thinking for Alabama. It's not forward thinking  
21 for a lot of places because this has been done  
22 in a number of other states quite successfully  
23 in reducing the cost of care and improving

1 outcomes for the patients. So from a standpoint  
2 of it being a good thing, it's a great thing.  
3 We just want to make sure that we don't cross  
4 any hard-drawn boundaries that might come back  
5 and bite us is basically the purpose of it.

6 MR. MCCONAGHY: Yeah, I've been  
7 sitting in on a lot of these RCO meetings that  
8 the Medicaid folks and all have been putting on  
9 and so far they have carefully avoided the  
10 pharmacy issue at all in those discussions about  
11 how the RCO was going to -- was going to go and  
12 I -- you know, the way I'm looking at it, I'm  
13 like you, it's like that's probably the best  
14 piece of the whole deal is if you've got the  
15 pharmacist in there looking at all the things  
16 and helping to improve the outcomes and reduce  
17 the costs because they're the only ones that  
18 really know both sides of it but the -- they  
19 have -- in the meetings that they put on around  
20 the State, they have -- you -- they don't even  
21 mention the word pharmacy for the most part.  
22 They stay away from that as much as they can and  
23 I suspect there's a reason for that but the --

1    yeah, what you're talking about there, I've had  
2    a lot of discussions on that already even on the  
3    ACO model that -- like the one down in Mobile  
4    that you probably got -- had some -- a lot of  
5    contact with those pharmacists down there. What  
6    do you -- what do you think about how they're  
7    handling things?

8                   MR. BETHEA:  It's -- right now they  
9    haven't come into the hospital.

10                   MR. MCCONAGHY:  Right.

11                   MR. BETHEA:  So I couldn't address  
12    that.  My concern is when we've had other  
13    pharmacists come in like from pharmacy schools  
14    to carry students around and round with our  
15    team, what we don't want to happen is for the  
16    physicians and the caregivers to get two  
17    different messages, one from this pharmacist  
18    from this outside source and another one from  
19    our hospital pharmacists who really have to take  
20    care of getting that medication, taking that  
21    recommendation, and the pharmacist gave a  
22    position and turning it into a more per patient  
23    when the drug is not on formulary or the dose is

1 way out of bounds or, you know, it turns into  
2 it's his fault that type of thing. That's what  
3 we would like to avoid.

4           Where does the -- where does one leave  
5 off and the other pick up. We're taking care of  
6 the same patients -- two different pharmacy  
7 organizations caring for the same patient. We  
8 need to make sure that the policies and  
9 procedures are in place, so that's a smooth  
10 hand-off and if it don't, we'll run into these  
11 battles -- either turf battles or care battles  
12 or differences of opinion. They typically occur  
13 on Friday nights or Saturday mornings, you know,  
14 and that's what we want to avoid.

15           It's a good thing. We want to make  
16 sure we do it in the right way and if -- if we  
17 go down the road of saying that a certain permit  
18 is needed, then that really opens up a larger  
19 can of worms for well, what about people that  
20 are practicing managed care with the Blue  
21 Cross -- the pharmacist at Blue Cross Blue  
22 Shield about other scenarios that you can think  
23 of.

1 DR. MARTIN: Consultant pharmacists.

2 MR. BETHEA: Exactly.

3 DR. MARTIN: That's the one that comes  
4 to mind for me, so before we get over into the  
5 ACO RCO part, we'll give our other friends a few  
6 minutes to arrive, let's talk a little bit about  
7 the faculty piece.

8 So the way I see it is -- and I'm not  
9 suggesting this is the only way to see it or  
10 even the right way to see it, but that it's very  
11 similar to what happens with consultant  
12 pharmacists that if I'm a nursing home, for  
13 example, and I have to have a consulting  
14 pharmacist come in to perform those functions  
15 that are required, as the nursing home person in  
16 charge, I can decide it's going to be that  
17 person or it's going to be that person, nothing  
18 compels me to take either one and then I can  
19 build the constraints around that relationship  
20 that protect me and perhaps protect the  
21 consultant pharmacist.

22 So I can say yes, you can be the  
23 consultant pharmacist and when you're here,

1 here's what I expect of you and maybe we sign an  
2 agreement or a contract or something like that.  
3 But that consultant pharmacist isn't working  
4 under a permit. They're working under their own  
5 pharmacy license.

6           So if you believe that and you extend  
7 that thinking into the faculty member that's in  
8 the hospital, and I know across the State  
9 there's probably lots and lots of pharmacy  
10 school faculty practicing in hospitals who are  
11 not practicing under the permit of the hospital  
12 and are not practicing under anything else like  
13 a pharmacy services permit. So they're  
14 practicing under their license, so I would think  
15 in that case talking about faculty that we're  
16 talking about the relationship between the host  
17 organization, the hospital, and those people  
18 that it chooses to allow to come in to do those  
19 things and that if the host facility is  
20 concerned about a pharmacist, let's say a member  
21 of a faculty coming into a hospital and  
22 complicating a process, making recommendations  
23 that are not consistent with what the hospital

1 pharmacist made, or doing something that's  
2 detrimental to the transition of care,  
3 discharge, that the facility would correct that  
4 and perhaps, you know, build in those  
5 expectations into the agreement of the contract  
6 if there is one, but I see that pharmacist is  
7 still practicing under their license. I mean,  
8 am I seeing it right?

9 MR. MCCONAGHY: Yeah, and that's what  
10 Kelli -- we were kind of waiting on them because  
11 I know they were wanting to be in on this  
12 discussion. If you can remember what you said  
13 just a few minutes ago, that's about the best  
14 summary I've heard of the concerns that I think  
15 we need to be looking at or we can get her to  
16 read it back if you don't remember exactly what  
17 it was but I think you know -- just tell it  
18 where they can hear it because that was a really  
19 good summary of all the issues I think we're  
20 looking at.

21 MR. BETHEA: Yeah, I would be happy to  
22 repeat it. I'm not so sure I could repeat it  
23 verbatim but the concern is -- basically



1 revolves around the definition of what a  
2 pharmacist -- the practice of a pharmacist is,  
3 the dispensing of drugs, certainly reading a  
4 prescription, filling medication order,  
5 discussing drug therapies with the physicians,  
6 the patients, providing -- discussing the  
7 patient care with other health caregivers,  
8 physical therapists, laboratory department. All  
9 of these things encompass the practice of  
10 pharmacy but they're not tied to a particular  
11 location.

12 They are for the pharmacists that are  
13 employed by a hospital. They are for  
14 pharmacists employed by a drug store but outside  
15 of that and I guess the concern we had was --  
16 was a different -- was a pharmacy services  
17 permit needed to practice pharmacy, either from  
18 a separate organization in contract to a  
19 hospital or to a physician's office or could  
20 they operate under their license doing the  
21 practice of pharmacy without being affiliated  
22 with a pharmacy and the concern was if we do  
23 that, how does this relate to some issues we've

1 had with pharmacy school faculty operating  
2 really under their license to come in and make  
3 rounds with physicians and talk to patients and  
4 then the follow-up problem is what happens when  
5 they're gone, they're gone on weekends and work  
6 nights and we have these questions that arise  
7 from physicians or patients, well, this  
8 pharmacist told me that, your staff told me  
9 this. It's conflicting.

10 We want to make sure we -- and we want  
11 to make sure we have an avenue to cover all of  
12 the bases of the policies or procedures so that  
13 we know when one party starts and the other one  
14 stops but what we didn't want to do is cross any  
15 boundaries with laws governing the practice of  
16 pharmacy to make sure that this -- this is the  
17 appropriate thing to do.

18 DR. MARTIN: I think -- I think the  
19 law is clear and we would probably agree on  
20 two -- the law is clear on two out of three of  
21 the categories I can think of and I think we  
22 would agree on two out of three of those  
23 categories. One is eventually the Board -- this

1 board or some future board is going to have to  
2 deal with this issue of what is the practice of  
3 pharmacy and is it here or is it here or is it  
4 here. All those things that you mentioned, like  
5 you can lump it altogether, whether it's  
6 preparing a product for dispensing, dispensing  
7 the product, stocking an automated drug --  
8 preparing an automated drug cabinet inventory  
9 for stocking by someone else, giving out drug  
10 information, giving recommendations to  
11 physicians and other providers.

12 I think we would agree that those are  
13 functions we see that a person who's not a  
14 pharmacist shouldn't be doing. So I think we  
15 agree that those should be things that a  
16 pharmacist do and I think we would also agree,  
17 and this is just me talking, I think we would  
18 also agree that there's some functions that when  
19 the pharmacist is performing that function, they  
20 need to be doing that under a permit and to me  
21 the simplest way of thinking that -- think of  
22 that is if they're working in a pharmacy and  
23 handling drug products and dealing with those

1 things, the facility piece is what's -- what's  
2 permitted.

3           And then the other piece is the --  
4 this relatively recent category called pharmacy  
5 services permit that came up primarily because  
6 of the need to have -- a facility have a permit  
7 at one location where a lot of functions were  
8 happening but no drugs were involved. And so if  
9 we try to extend the purpose of the pharmacy  
10 services permit to cover faculty or somebody  
11 coming in to the hospital from a Medicaid  
12 contractor to look at a patient, the pharmacy  
13 services permit doesn't fit because the pharmacy  
14 services permit is for a location just like the  
15 other permits for a location.

16           So I think what that brings me back to  
17 is kind of the consultant model that if I'm  
18 consultant or let's just -- let's just put it in  
19 more real terms. If I work for one of the --  
20 and I hope I'm using this terminology right when  
21 I say a Medicaid contractor, okay, and I go into  
22 a facility, I'm going in there under my license  
23 as a pharmacist. I'm not going in there under

1 the permit of the facility. I'm going in there  
2 perhaps, hopefully even, with the permission,  
3 awareness, you know, BAAs in place and all of  
4 that but I'm not practicing pharmacy under the  
5 permit of that facility and I'm not practicing  
6 under a pharmacy services permit because it  
7 doesn't fit.

8           So the only thing that leaves is me as  
9 a pharmacist performing those functions that we  
10 agreed were pharmacist functions but they don't  
11 have to be performed under a permit. That puts  
12 the burden clearly, if there's concern about  
13 what that pharmacist is going to say, do, puts  
14 the burden back on the host facility to say,  
15 we'll let you in here, we'll sign a business  
16 associate's agreement, this is a win-win. It's  
17 in your interest, our interest for these  
18 functions to be performed but these are the  
19 conditions.

20           So if the site is concerned about this  
21 or that happening, it could be built into an  
22 agreement or in the absence of an agreement, it  
23 would just be call up the head of the --

1    whatever the organization is called and say,  
2    hey, you know, Steve's really, you know,  
3    creating havoc here, I don't want him back.  
4    That's kind of -- that's my view on it but  
5    that's just the view of one person.

6                   MR. BETHEA:   Well, the least  
7    complicated would be the best and that's, you  
8    know, whether getting into additional permits or  
9    rules I think --

10                   DR. MARTIN:   Well, let's take it to  
11   the worst case scenario.  Let's say that there  
12   was a Medicaid contractor in a hospital  
13   facilitating a transition in care and they made  
14   a bad decision and that somehow got to the Board  
15   of Pharmacy.  Would the Board of Pharmacy be  
16   anxious to speak with you as the facility permit  
17   holder or be more anxious to speak to that  
18   individual pharmacist?  My opinion is if that  
19   were to be asked of me, I would say that doesn't  
20   come under Steve and his permit, that's  
21   different.

22                   MS. NEWMAN:   Do I have the opportunity  
23   to ask --

1 DR. MARTIN: I tell you what, y'all  
2 introduce yourselves so your names are on the  
3 record before you speak if you don't mind.

4 MS. NEWMAN: Kelli Littlejohn Newman,  
5 Alabama Medicaid.

6 MS. HURST: Clemice Hurst, Alabama  
7 Medicaid.

8 MS. BRATCHER: Kayla Bratcher,  
9 student, Samford.

10 MS. NEWMAN: Thank you, Board, and  
11 gentlemen for allowing us to come and talk and  
12 we apologize for being late. We honestly left  
13 at 6:15 this morning but just not accustomed to  
14 the Birmingham traffic. But Steve and I have  
15 been in discussion about this and we actually  
16 even had online discussion with the Board and it  
17 brings a good question, you know. First of all,  
18 Medicaid, we want to follow the law, number one.  
19 That's our number one goal in everything we do.

20 And number two is we -- we want to  
21 facilitate these -- these networks. The  
22 pharmacists are doing a great job. They've been  
23 doing it for years. We want to follow the law

1 but we also understand that the hospital has  
2 some concerns, you know, with permitting and  
3 we -- we support that.

4 One thing that we've tossed around --  
5 that we've tossed around and we even mentioned  
6 to Steve that, you know, where does it -- where  
7 does this go? Where does it lead just for the  
8 things that you've said, Tim, you know, the  
9 things that we do, Clemice and I as pharmacists,  
10 and we have students that rotate through us. We  
11 practice pharmacy every day at Medicaid, make  
12 drug decisions that affect a million people, and  
13 talk to physicians each and every day and we are  
14 not permitted so that, you know, but who's -- an  
15 additional question where do we -- what are our  
16 options? What about the Medicaid? What about  
17 the Blue Cross Blue Shields? What about or HID  
18 or PA contractors who are making decisions on a  
19 thousand drug decisions a week, so you know, we  
20 are just at the Board's mercy.

21 We're here to talk and discuss and you  
22 tell us -- you advise us what we need to do  
23 if -- if an option is for Medicaid to be



1 permitted and that cover the gamut of  
2 everything -- all of our different contractors,  
3 that might be an option or just as you said,  
4 Tim, that we are liable as my own pharmacist  
5 license, I'm liable for the decisions I make.  
6 Clemice is the same and her preceptor and our  
7 preceptor license covers the students. So you  
8 know, just -- there's so many additional  
9 questions that -- not just in this one  
10 particular hospital network because now we have  
11 got four networks but in the future there could  
12 be five different RCOs. There could be all  
13 sorts of things that we just don't know right  
14 now, so thank you for that. It's just those  
15 additional questions that we just don't know the  
16 answer to.

17 DR. MARTIN: One thing that we can  
18 say -- and thank you Kelli and I believe that's  
19 right on target. One thing we can say today is  
20 a facility permit would not fit. The second  
21 thing we can say today is a pharmacy services  
22 permit would not fit, so that means there's no  
23 existing permit that would fit for this

1 application, so I think it pushes us back to can  
2 we live with saying that pharmacist practicing  
3 under those conditions is practicing under his  
4 or her own license. That's where it takes me.

5 MR. BUNCH: Maybe taking another step  
6 out of the two institutions there, the Medicaid  
7 and the hospitals, you know, we have pharmacists  
8 that are asking us about leaving -- independent  
9 pharmacies leaving their store setting and going  
10 out and doing MTM and this type thing and the  
11 rules basically say you can't do that because  
12 you're tied to the pharmacy so.

13 DR. MARTIN: And now we're saying he  
14 probably can.

15 MR. BUNCH: Probably can, so it's  
16 considering --

17 MR. CONRADI: Getting paid may be  
18 different.

19 MR. BUNCH: Well, yeah.

20 DR. MARTIN: Getting paid always  
21 complicates it.

22 MR. BUNCH: Yeah, and just getting the  
23 money out of it, you know, the guy won't, you

1 know, they want to be able to go to the  
2 patient's house and consult them and talk to  
3 them about their drugs and you know, this kind  
4 of type of thing if they're not in the pharmacy,  
5 so it's a -- what is that following, you know,  
6 (inaudible) not told them they can do that.

7 MR. MCCONAGHY: Well, my total concern  
8 in the whole issue when I think about the big  
9 picture is the patient -- and we're here to  
10 protect the public health -- is the patient.  
11 You've got a -- a hospital has a formulary and  
12 their physicians and pharmacists are going to go  
13 toward that formulary no matter, you know, how  
14 you look at it. You know, ideally all of us as  
15 pharmacists would like to make sure the patient  
16 gets the optimal therapy but we all know that  
17 doesn't always happen because of a formulary or  
18 what somebody is willing to pay for.

19 When you've got a hospital with that,  
20 maybe Medicaid only covers certain things here,  
21 the PBMs, we won't even get into them, that's --  
22 you know, are pushing people toward a certain  
23 formulary basically of what they want the

1 patient to use and whoever does this is going to  
2 have to be familiar with all of that and be able  
3 to coordinate it for the patient to get the best  
4 outcome out of it and that's the thing that  
5 concerns me more than anything is -- is the  
6 patient going to get the best benefit out of  
7 this overall deal because of the different  
8 entities and which way they're going to get  
9 pushed and pulled and the doctors are going to  
10 be right in the middle making the final decision  
11 anyway.

12 MR. MCCONAGHY: Cara, you  
13 had something.

14 MS. LEOS: Yeah, and I guess I've been  
15 fortunate to work in both of the positions that  
16 Steve is addressing, both as a faculty member  
17 and as one of the first four pharmacists with  
18 Kelli in the East network and I held that  
19 position for two years -- two years. So I mean,  
20 I know exactly what those pharmacists are doing  
21 when they go in the hospital and everything  
22 because I did that job and you're exactly right,  
23 there's a lot of issues there with the

1     transitioning and to be perfectly honest and  
2     when Kelli wrote the RFP, I could definitely see  
3     her fingerprints all over that thinking about  
4     where we wanted to go with pharmacy in the State  
5     because we are the best person -- the best  
6     profession for that.

7             However, in my experience both as a  
8     faculty member coming into a hospital doing so  
9     too under Auburn -- two different hospital  
10    systems and as this network pharmacist, the key  
11    was really to address the issues that you have  
12    about, you know, well, what happens on the  
13    evenings, weekends, or whatever, is the  
14    communication, you know. And my director of  
15    pharmacy in both hospitals in both situations I  
16    worked at did exactly what Tim was saying.  
17    Here's -- here's the expectations and we even  
18    sat down regularly and spoke, especially when  
19    the care network was first getting up and going  
20    and we were still trying to figure out how we  
21    were going to push this out, what it was going  
22    to look like, what our network policies and  
23    procedures were going to look like.

1           So I mean, I would just encourage you  
2   that because Dan and I talked twice informally  
3   about this because as we were crafting the rules  
4   and everything for the pharmacy services permit,  
5   you and I shared a call about 30 minutes when we  
6   were both driving home from a board meeting one  
7   day --

8           MR. MCCONAGHY: Oh, yeah.

9           MS. LEOS: -- saying do we think the  
10   networks are going to need to go here and you  
11   know, the fact of the matter is the wording does  
12   not yet permit cognitive thought. That's what  
13   our license kind of does and that was kind of  
14   the conclusion we came to both times because  
15   we -- we discussed it at first and then we came  
16   back to it about a year later and talked about  
17   it again, so I would just say I would just  
18   encourage you as being somebody that's now been  
19   on both sides of this to really open up that  
20   conversation and to make sure that they're  
21   integrated and understand your formulary and  
22   what their role is going to be in that.

23           MR. BETHEA: Yeah, that's much less a

1 concern I had. We can work that out but  
2 especially with our local pharmacists. I've  
3 known two out of the three since they were in  
4 diapers, so they're friends as well as  
5 colleagues. I have no question about the  
6 competence and doing the right thing and Dan,  
7 you brought up a good point in talking about the  
8 care of the patients, what's best for the  
9 patient without the formulary because we've  
10 already had situations where we've had to expand  
11 our formulary even to the financial disadvantage  
12 of the hospital because it's better for the  
13 patient because if we know if we put them on a  
14 drug they're going to have problems with at  
15 discharge, they're going to be right back in the  
16 hospital. So that goes hand in hand with what's  
17 the overall best thing for the patient and this  
18 certainly is and when we moved down that -- that  
19 road, my concern was, is there a law against so  
20 it so that if not --

21 DR. MARTIN: I don't think so.

22 MR. BETHEA: And we wanted to make  
23 sure the Board was in like mind with this

1 program.

2 DR. MARTIN: Yeah, I think we are and  
3 you're touching on an issue that's -- that's as  
4 you said earlier, it's a big issue of -- and you  
5 can take it to -- in many different directions,  
6 so I think I'm going to call on Brian in just a  
7 second. I know you raised your hand. I didn't  
8 want you to think we were ignoring you.

9 I think we have to be careful today as  
10 we talk about this particular situation that  
11 we're talking about this particular situation  
12 that next week, next month, next year, there  
13 might be another thing that pops out that well,  
14 does that apply to this and I think they're  
15 going to be kind of onesies as they come up  
16 until we develop some comfort and precedent of  
17 how we're going to do it. So I just ask you to  
18 keep that in mind and as we're considering the  
19 solution in this situation, it's for this  
20 situation.

21 Brian, you had a comment, I think.

22 MR. WENSEL: Yeah, I was going to say  
23 coming from the Medicare Advantage side, there's



1 a very good possibility and touching on what  
2 Buddy had mentioned about the MTM services that  
3 within the next two to three years, we could see  
4 that as a star measure for the Medicare  
5 Advantage health plans. So I think there's  
6 going to be a huge opportunity for pharmacists  
7 to make an impact there as well.

8 DR. MARTIN: Yeah, in fact, it would  
9 be the next one that pops out that you have to  
10 deal with.

11 MR. WENSEL: Uh-huh.

12 DR. MARTIN: There's one piece we're  
13 missing here and nobody has said it so I'm going  
14 to step in and say it, okay. This is -- falls  
15 in a category of what I would call kind of  
16 cutting edge practice, okay, and if it's cutting  
17 edge practice, it probably means -- it does mean  
18 we're going to see more of it. So it's not so  
19 much that it's Steve in Mobile or Tim in  
20 Tuscaloosa or Clint in Montgomery or whoever,  
21 it's that what we're saying is we now are  
22 expecting a different skill mix for the  
23 pharmacists who are practicing in these

1 situations.

2           So it's not a -- it's not an  
3 exception. It's becoming the norm and we have  
4 to not only enable it, monitor it, make sure  
5 it's safe, we also have to show students about  
6 it, you know, and we have to teach that, hey, if  
7 you're the person with the license coming into  
8 this environment, then coordinating formulary  
9 issues is part of your job. That is now part of  
10 your skill mix to deal with those really sticky,  
11 uncomfortable situations when you've got the  
12 patient on one thing, the payer as they leave  
13 the hospital is going to say another thing, and  
14 that's part of the job now and we've got to  
15 have -- we've got to have people out there who  
16 know how to do it and can be models for the  
17 students that are coming up because it's only  
18 going to continue.

19           MR. BETHEA: It's interesting you  
20 mentioned that because I had a conversation with  
21 Karen Barlow, the dean of the pharmacy school at  
22 Auburn -- Auburn's branch, and I have a meeting  
23 with her next week to discuss getting pharmacy

1 students involved in this very -- this very  
2 program. They are teaching in that direction  
3 now, having a daughter that's finishing up her  
4 third year of pharmacy school, they are going to  
5 patient's houses. They are counseling patients  
6 on changing therapies to alleviate the side  
7 effects -- it's part of the curriculum now and  
8 to have a -- have a service like a patient care  
9 network pharmacist available to the teaching  
10 institutions would just be phenomenal.

11 DR. MARTIN: Let's give Susan a shot.

12 MS. ALVERSON: I think one of the  
13 issues that we have to consider too is  
14 liability. When someone does go in on behalf of  
15 a university into an institution or you have  
16 someone coming in on behalf of Medicaid and  
17 making decisions, who -- who is liable?

18 MR. CONRADI: That would be part of  
19 your BAA contract, I would think.

20 MS. ALVERSON: And if I'm liable, then  
21 I want the last word. So I think a lot of that  
22 we have to all consider when we're writing  
23 contracts about, you know, where is the hammer

1 going to fall if it falls.

2 DR. MARTIN: And what we've seen --  
3 what we've seen so far, at my institution at  
4 least, is if we have faculty members in the --  
5 in the facility giving advice, making  
6 recommendations, doing counseling, facilitating  
7 transition perhaps, the contracts that are in  
8 place and that are required to be in place  
9 between the host facility and the university  
10 tend to not address that very well. So what I'm  
11 hearing you say is we have an opportunity not  
12 only for training pharmacists preparing to train  
13 students but as we're entering into these  
14 arrangements being careful that we're addressing  
15 liability in a way that makes sense.

16 MS. ALVERSON: Right. And I think in  
17 a more universal sense, pharmacy has been able  
18 to hide to some degree behind a longstanding  
19 legal precedent that is the doctor's final  
20 decision. The doctor wrote the order, and so  
21 when push comes to shove, I can wash my hands  
22 and say, I just filled it. But I think those  
23 days are also coming rapidly to an end.

1                   I remember when our daughter wanted to  
2 go to med school and we were speaking to her  
3 pediatrician and the pediatrician said, you  
4 know, I could teach you 95 percent of my job is  
5 technical but what I can't teach you and what  
6 nobody wants to take on is who's going to say  
7 it's on me, I'm the one that made the decision  
8 if the patient dies, it's on me because the lab  
9 person doesn't want to say it's their fault.  
10 The nurse doesn't want to say it's their fault.  
11 Nobody wants to say it's my fault.

12                   DR. MARTIN: Yeah.

13                   MS. ALVERSON: And I think pharmacy as  
14 we take on new roles is moving into that  
15 position of being, I've got to step up and say  
16 it's on me.

17                   DR. MARTIN: I think Cara, you had  
18 one.

19                   MS. LEOS: Yeah, Kelli -- I can't  
20 remember because I carry my own liability  
21 insurance, like I'm sure most of us in this room  
22 do too. I can't remember when we set all of  
23 that up -- I can't remember if I ever had to

1 provide -- how did we -- how did we -- because I  
2 know you and I talked about it but I can't  
3 remember.

4 MS. NEWMAN: The network pharmacist  
5 much like -- I mean, my work in community or  
6 long-term care or when I worked all these other,  
7 I never had to show proof of my liability  
8 insurance. They are working as an individual  
9 pharmacist under the liability. I carry -- I  
10 carry a policy for myself working at Medicaid  
11 for the decisions I make because I -- that's  
12 what we do as a pharmacist. So we don't --  
13 Medicaid is not -- we don't have a liability  
14 agreement between the network and Medicaid on  
15 the individual decisions that are made, much  
16 like we don't have that for an individual  
17 practitioner.

18 MS. LEOS: And I think what we did  
19 and -- because in these networks, at least there  
20 was and correct me if I'm wrong, there's three  
21 roles for pharmacists. There's one on the board  
22 for the -- the executive board for the network.  
23 They're saying network pharmacists, who is just

1 kind of that individual responsible for the  
2 oversee and then there is a, quote, clinical  
3 pharmacist who is the one that -- and Kelli puts  
4 some pretty touch stipulations as to who can  
5 actually be in that role. Not just any  
6 pharmacist can actually be in that role. And so  
7 what I did was when we were presenting  
8 everything to our board and our pharmacist on  
9 our board and everything else was that I  
10 presented what my credentials were because not  
11 only did I have to pass that aspect for the RFP,  
12 but I also presented my proof of liability  
13 insurance so that my board at the network felt  
14 comfortable with that as well.

15 As far as the faculty, I don't know --  
16 the university -- Auburn used to carry insurance  
17 on us as well -- as well as our own insurance,  
18 so.

19 DR. MARTIN: Well, this has been a  
20 good discussion. If there are any -- any  
21 summary remarks anyone would like to make or  
22 burning last comments. We'd like stop at about  
23 10 minutes to 9:00 and prepare for the business

1 session but Board members, anything you'd like  
2 to say before we move to wrap it up?

3 MR. MCCONAGHY: I've got one. I kind  
4 of disagree with you, Tim, that this is like a  
5 cutting-edge thing because I grew up in a  
6 pharmacy family in a rural area and my dad was  
7 the pharmacist. The doctor -- there were only  
8 two doctors in the area and they came by and  
9 they did their MTM stuff together drinking  
10 coffee in the mornings. He went to the hospital  
11 and basically ran the hospital pharmacy and  
12 decided what the patients needed to get. There  
13 was a small nursing home there. He did the same  
14 thing. He went to people's house. I mean, it's  
15 not a new concept. It's what pharmacy is in my  
16 opinion and it's just gotten away from --  
17 because of all the business entity part of it,  
18 the different players pulling in different  
19 direction, the pharmacy profession has gotten  
20 away from what it really is and into a bunch of  
21 segments of different interest groups but the  
22 profession itself, that's what it is. That's  
23 what it was. That's what I grew up wanting to



1 be a pharmacist for is because that's what my  
2 dad did.

3 MR. BUNCH: I agree. I think we need  
4 to make it -- that goes back to what I said a  
5 while ago, the guy that wants to go out to the  
6 lady's house and talk to her about her  
7 medications, we've all done it, but you know,  
8 it's illegal to do it technically.

9 DR. MARTIN: Is it -- is it not  
10 illegal?

11 MR. BUNCH: It's not illegal.

12 MR. CONRADI: I'm glad Ward ain't  
13 here.

14 MR. BUNCH: I don't know how do we end  
15 up addressing that, you know, to make it legal  
16 but I think that's the role.

17 DR. MARTIN: But you know, that's a  
18 very -- that's a very important point and this  
19 will get into, you know, kind of board  
20 philosophy and whether you -- whether the Board  
21 chooses to step out to endorse something or  
22 whether the Board chooses to remain silent but  
23 have a position.

1 MR. BUNCH: Yeah.

2 DR. MARTIN: And I think what we're  
3 choosing is to remain silent but have a  
4 position.

5 MR. BUNCH: And that's -- that's kind  
6 of what I had recommended to some of these  
7 folks, see if they wanted to do that to -- maybe  
8 to instigate it through -- or initiate it  
9 through APA or through a cooperative or whoever  
10 and get it going and then the Board, as you say,  
11 not be the driving force. I don't know that  
12 it's our job to get behind that and do it but  
13 rather to write the rules.

14 DR. MARTIN: So our job in this case  
15 seems to be that an issue has come up, the issue  
16 has been brought to the Board, the Board  
17 considering whether this presents a threat in  
18 any way to public safety as it relates to care  
19 with medications and our opinion is that it does  
20 not.

21 Now, at some point in the future, we  
22 might be asked to codify that in some way but I  
23 don't think the Board is saying -- at this point

1 I'm not even attempting to speak with the  
2 Board -- that we're ready to codify it today.

3 THE COURT: Nothing says you can't  
4 practice pharmacy outside of a pharmacy. You  
5 just can't do the dispensing function for that  
6 type thing. It's nothing if you're at the  
7 grocery store and give advice. If somebody  
8 walks up to you just like a physician --

9 MR. BUNCH: Well, we had a gentlemen  
10 come before the Board and ask to be able to do  
11 that and we didn't think that he could.

12 MR. CONRADI: Right.

13 MR. BUNCH: We didn't tell him he that  
14 he could.

15 MR. CONRADI: We didn't tell him he  
16 couldn't though, did we?

17 MR. BUNCH: Well, no, but he wanted  
18 something to defend himself.

19 MR. CONRADI: Yeah.

20 MR. BUNCH: I mean, you know, he  
21 didn't want to be called back in on a Tuesday  
22 and say, we didn't tell you you could do that  
23 but we didn't tell you you couldn't, so he's --

1 he's in limbo.

2 DR. MARTIN: Buddy's got a good point.  
3 That's not -- those kind of things, it's a fine  
4 line and until you sit in one of these chairs,  
5 it's hard to understand where that fine line is  
6 and I'm not even sure I clearly understand it  
7 all the time but the things that need to be  
8 initiated, pushed forward by the Board of  
9 Pharmacy, there are things that need to be  
10 initiated and pushed forward by the profession.  
11 That means the associations and other people out  
12 there or outside of the Board, but from the  
13 Board perspective, we don't see this presenting  
14 a threat to the public.

15 MR. BUNCH: That's well said.

16 DR. MARTIN: In my opinion.

17 MR. BUNCH: Well, I second that.

18 DR. MARTIN: Okay. Cara, last  
19 comment.

20 MS. LEOS: I know. I just want to ask  
21 for one point of clarification on there. The  
22 question that was brought forward to y'all today  
23 was about these network pharmacists coming into

1 a hospital and doing what they're doing and you  
2 know, and we're saying that no, we don't think  
3 that that's a problem. However, Buddy brought  
4 up a question because that's very important  
5 because as that network pharmacist, not only did  
6 I come see the patient in the hospital but guess  
7 what I did within seven days of them going home,  
8 I went to their house and performed MTM in their  
9 house.

10 So I know we're saying today what --  
11 you know, on this network pharmacist aspect as  
12 far as what Steve has brought forward that no,  
13 you don't think a permit is there but I'm also  
14 hearing this whole limbo conversation, which is  
15 really the just of that as it should. I mean,  
16 working with the patient out in the community --  
17 because my job is to keep them out of the  
18 hospital. So I mean, I worked more with a  
19 patient in their home or in their doctor's  
20 office than anything else. So I just wanted to  
21 make sure that we had that point of  
22 clarification. Are we saying, no, we don't  
23 think a permit is needed for the hospital aspect

1 of it only or no, we don't think a permit is  
2 needed for what these pharmacists do with the  
3 networks period.

4 MR. BUNCH: That's the reason I  
5 brought that up.

6 MS. LEOS: Yeah.

7 MR. BUNCH: It's really the same  
8 thing.

9 MS. LEOS: It is the same thing.

10 DR. MARTIN: In my mind it's clear.

11 MR. CONRADI: I don't see anything  
12 that prohibits you from going out to a home.

13 MR. MCCONAGHY: There's probably --

14 MR. CONRADI: You can't -- you can't  
15 dispense drugs and all.

16 MR. MCCONAGHY: There's two  
17 different --

18 MR. CONRADI: Use your knowledge, two  
19 different things, yeah.

20 MR. MCCONAGHY: -- mindsets, I guess,  
21 that everybody thinks about in terms of it and I  
22 think a lot of you know where mine is but the --  
23 there's those that want every rule spelled out

1 that this is what you can do, this is what you  
2 can't do, either this side or that side. But  
3 we're a profession that's supposed to allow you  
4 to go out there and you've maybe got a better  
5 idea than anybody else does on how to do it and  
6 that's why patients want to come to you.

7 We're a profession. We should be just  
8 staying within the guidelines and taking care of  
9 patients and not having to spell out, you know,  
10 that's for technicians or where you -- this is  
11 what you do, one, two, three, period. We're a  
12 profession and we shouldn't be getting into that  
13 discussion of ABC type stuff. Just get the  
14 guidelines and stay within them.

15 MS. LEOS: Thank you. I think most of  
16 us would agree. That's great. Thank you.

17 MR. CONRADI: Let's take about a  
18 five-minute break and we'll get back started.  
19 Thanks.

20

21 (Whereupon, the work session was  
22 concluded at 8:56 a.m.)

23

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23

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



**WORD INDEX**

< 1 >	33:5	associate's 21:16	bit 3:15 10:7, 15
10 39:23	advice 36:5 43:7	Association 4:15	14:6
111 1:19	advise 24:22	associations 44:11	bite 11:5
16 1:10	Affairs 2:13	attempting 43:1	Blue 13:20, 21, 21
< 2 >	affect 24:12	Auburn 29:9	24:17, 17
2014 1:10 48:22	affiliated 17:21	34:22 39:16	<b>BOARD</b> 1:2, 18
< 3 >	agenda 3:12	Auburn's 34:22	2:3 4:1, 3 6:8
30 30:5 48:22	ago 16:13 41:5	audience 6:10	9:20 18:23 19:1, 1
30-minute 6:13	agree 18:19, 22	automated 19:7, 8	22:14, 15 23:10, 16
35242 1:20	19:12, 15, 16, 18	automatic 3:13	30:6 31:23 38:21,
< 4 >	41:3 47:16	available 35:9	22 39:8, 9, 13 40:1
439 48:22	agreed 21:10	avenue 18:11	41:19, 20, 22 42:10,
< 6 >	agreement 15:2	avoid 13:3, 14	16, 16, 23 43:2, 10
6:15 23:13	16:5 21:16, 22, 22	avoided 11:9	44:8, 12, 13
< 8 >	38:14	aware 7:13	<b>Board's</b> 24:20
8:10 1:12	ahead 9:23	awareness 21:3	<b>boils</b> 7:22
8:56 47:22	ain't 41:12	< B >	<b>boundaries</b> 11:4
< 9 >	ALABAMA 1:2, 18,	BAA 35:19	18:15
9 48:22	20 4:15 5:9 10:20	BAAs 21:3	<b>bounds</b> 13:1
9:00 39:23	23:5, 6 48:3	back 6:7 11:4	<b>Braden</b> 2:14 4:18,
95 37:4	alleviate 35:6	16:16 20:16 21:14	18
< A >	allow 15:18 47:3	22:3 26:1 30:16	<b>branch</b> 34:22
a.m 1:12 47:22	allowing 23:11	31:15 41:4 43:21	<b>Bratcher</b> 3:6 23:8,
ABC 47:13	ALSHP 3:21	47:18	8
able 27:1 28:2	altogether 19:5	background 7:18	<b>break</b> 5:12 47:18
36:17 43:10	Alverson 2:12	bad 22:14	<b>Brian</b> 3:3 4:16
absence 21:22	35:12, 20 36:16	Baptist 3:23	32:6, 21
ACCR 48:22	37:13	Barlow 34:21	<b>bring</b> 5:22, 22
accustomed 23:13	answer 9:15 25:16	bases 18:12	<b>brings</b> 20:16 23:17
ACO 12:3 14:5	answers 48:9	basically 8:20	<b>broad</b> 7:8
ACPE 7:6	anxious 22:16, 17	11:5 16:23 26:11	<b>brought</b> 31:7
Act 9:16	anybody 6:2 47:5	27:23 40:11	42:16 44:22 45:3,
action 48:16	anyway 28:11	battles 13:11, 11, 11	12 46:5
additional 22:8	anywise 48:16	becoming 34:3	<b>Buddy</b> 2:7 33:2
24:15 25:8, 15	APA 42:9	behalf 35:14, 16	45:3
address 12:11	apologize 23:12	believe 15:6 25:18	<b>Buddy's</b> 44:2
29:11 36:10	APPEARANCES	benefit 28:6	<b>build</b> 14:19 16:4
addressing 28:16	2:1	best 6:17, 18 8:21	<b>building</b> 10:5
36:14 41:15	application 26:1	11:13 16:13 22:7	<b>built</b> 21:21
Advantage 32:23	apply 32:14	28:3, 6 29:5, 5	<b>Bunch</b> 2:7 5:6, 10
	appropriate 18:17	31:8, 17	26:5, 15, 19, 22
	April 1:10 3:11	Betha 2:20 4:5, 5	40:20 41:3, 11, 14
	area 8:12 40:6, 8	7:20 10:15 12:8,	42:1, 5 43:9, 13, 17,
	arrangements 36:14	11 14:2 16:21	20 44:15, 17 46:4,
	arrive 14:6	22:6 30:23 31:22	7
	asked 22:19 42:22	34:19	<b>burden</b> 21:12, 14
	asking 9:15 26:8	better 31:12 47:4	<b>Burks</b> 2:11
	aspect 39:11 45:11,	big 7:8 27:8 32:4	<b>burning</b> 39:22
	23	Birmingham 23:14	<b>business</b> 3:19

21:15 39:23 40:17	<b>clear</b> 18:19, 20 46:10	16:14 24:2 28:5	<b>counseling</b> 35:5 36:6
< C >	<b>clearly</b> 21:12 44:6	<b>concluded</b> 47:22	<b>COUNTY</b> 48:4
<b>cabinet</b> 19:8	<b>Clemice</b> 3:5 23:6 24:9 25:6	<b>conclusion</b> 30:14	<b>couple</b> 6:5 10:2
<b>call</b> 21:23 30:5 32:6 33:15	<b>clinic</b> 8:13	<b>conditions</b> 21:19 26:3	<b>COURT</b> 43:3 48:7
<b>called</b> 20:4 22:1 43:21	<b>clinical</b> 39:2	<b>conflicting</b> 18:9	<b>cover</b> 18:11 20:10 25:1
<b>Cara</b> 2:18 3:20 28:12 37:17 44:18	<b>Clint</b> 33:20	<b>connected</b> 8:23 9:2, 3	<b>covers</b> 25:7 27:20
<b>care</b> 8:21 10:23 12:20 13:5, 11, 20	<b>closely</b> 9:6, 8	<b>Connelly</b> 1:23 48:6, 20, 21	<b>crafting</b> 30:3
16:2 17:7 22:13	<b>codify</b> 42:22 43:2	<b>Conradi</b> 2:4 3:10 4:22 5:20 6:15	<b>creating</b> 22:3
29:19 31:8 35:8	<b>coffee</b> 40:10	26:17 35:18 41:12	<b>credentials</b> 39:10
38:6 42:18 47:8	<b>cognitive</b> 30:12	43:12, 15, 19 46:11, 14, 18 47:17	<b>Creighton</b> 4:12 5:2
<b>careful</b> 32:9 36:14	<b>Coker</b> 2:17 4:3, 3	<b>consensus</b> 7:7	<b>cross</b> 11:3 13:21, 21 18:14 24:17
<b>carefully</b> 11:9	<b>collaborative</b> 6:7	<b>consider</b> 35:13, 22	<b>curriculum</b> 35:7
<b>caregivers</b> 9:9 12:16 17:7	<b>colleagues</b> 31:5	<b>considered</b> 8:7	<b>cutting</b> 33:16, 16
<b>caring</b> 13:7	<b>come</b> 7:14 11:4 12:9, 13 14:14 15:18 18:2 22:20	<b>considering</b> 26:16 32:18 42:17	<b>cutting-edge</b> 40:5
<b>carry</b> 12:14 37:20 38:9, 10 39:16	23:11 32:15 42:15	<b>consistent</b> 15:23	< D >
<b>case</b> 15:15 22:11 42:14	43:10 45:6 47:6	<b>constraints</b> 14:19	<b>dad</b> 40:6 41:2
<b>categories</b> 18:21, 23	<b>comes</b> 14:3 36:21	<b>consult</b> 27:2	<b>Dan</b> 2:6 30:2 31:6
<b>category</b> 20:4 33:15	<b>comfort</b> 32:16	<b>Consultant</b> 14:1, 11, 21, 23 15:3 20:17, 18	<b>Darby</b> 2:8 4:23 5:3, 11, 15, 19
<b>cause</b> 48:17	<b>comfortable</b> 39:14	<b>consulting</b> 14:13	<b>daughter</b> 35:3 37:1
<b>Center</b> 4:6	<b>coming</b> 8:17 15:21 20:11 29:8 32:23 34:7, 17 35:16 36:23 44:23	<b>contact</b> 12:5	<b>David</b> 2:8
<b>certain</b> 13:17 27:20, 22	<b>comment</b> 32:21 44:19	<b>continue</b> 9:2 34:18	<b>Davis</b> 3:2 4:14, 14
<b>certainly</b> 17:3 31:18	<b>comments</b> 39:22	<b>contract</b> 15:2 16:5 17:18 35:19	<b>day</b> 24:11, 13 30:7
<b>CERTIFICATE</b> 48:1	<b>communication</b> 29:14	<b>contractor</b> 20:12, 21 22:12	<b>days</b> 36:23 45:7
<b>certification</b> 7:4	<b>community</b> 38:5 45:16	<b>contractors</b> 9:13 24:18 25:2	<b>deal</b> 11:14 19:2 28:7 33:10 34:10
<b>Certified</b> 48:6	<b>compels</b> 14:18	<b>contracts</b> 35:23 36:7	<b>dealing</b> 19:23
<b>certify</b> 48:7, 14	<b>competence</b> 31:6	<b>conversation</b> 6:23 30:20 34:20 45:14	<b>dean</b> 34:21
<b>chairs</b> 44:4	<b>complicated</b> 22:7	<b>conversations</b> 7:14 10:4	<b>decide</b> 14:16
<b>changing</b> 35:6	<b>complicates</b> 26:21	<b>cooperative</b> 42:9	<b>decided</b> 40:12
<b>charge</b> 14:16	<b>complicating</b> 15:22	<b>coordinate</b> 28:3	<b>decision</b> 22:14 28:10 36:20 37:7
<b>Chief</b> 2:11	<b>computer-aided</b> 48:11	<b>coordinating</b> 34:8	<b>decisions</b> 24:12, 18, 19 25:5 35:17 38:11, 15
<b>chime</b> 9:20, 21	<b>concept</b> 40:15	<b>correct</b> 16:3 38:20 48:12	<b>defend</b> 43:18
<b>chooses</b> 15:18 41:21, 22	<b>concern</b> 12:12 16:23 17:15, 22 21:12 27:7 31:1, 19	<b>cost</b> 10:23	<b>define</b> 7:22
<b>choosing</b> 42:3	<b>concerned</b> 15:20 21:20	<b>costs</b> 11:17	<b>definitely</b> 29:2
<b>Cigna</b> 4:16	<b>concerns</b> 7:21	<b>counsel</b> 8:18 48:15	<b>definition</b> 7:22 17:1
<b>clarification</b> 44:21 45:22			<b>degree</b> 36:18

<p><b>dialogue</b> 6:7, 16  <b>diapers</b> 31:4  <b>dies</b> 37:8  <b>differences</b> 13:12  <b>different</b> 12:17  13:6 17:16 22:21  25:2, 12 26:18  28:7 29:9 32:5  33:22 40:18, 18, 21  46:17, 19  <b>difficult</b> 9:15  <b>direction</b> 35:2  40:19  <b>directions</b> 32:5  <b>Director</b> 2:12 3:22  29:14  <b>disadvantage</b> 31:11  <b>disagree</b> 40:4  <b>discharge</b> 16:3  31:15  <b>discharged</b> 8:22  <b>discuss</b> 24:21  34:23  <b>discussed</b> 10:14  30:15  <b>discussing</b> 8:2, 3, 4  17:5, 6  <b>discussion</b> 16:12  23:15, 16 39:20  47:13  <b>discussions</b> 11:10  12:2  <b>dispense</b> 46:15  <b>dispensing</b> 3:13  17:3 19:6, 6 43:5  <b>distance</b> 5:14  <b>doctor</b> 36:20 40:7  <b>doctors</b> 9:9 28:9  40:8  <b>doctor's</b> 8:12  36:19 45:19  <b>doing</b> 5:7 16:1  17:20 19:14, 20  23:22, 23 26:10  28:20 29:8 31:6  36:6 45:1, 1  <b>dose</b> 12:23  <b>DR</b> 6:5, 16 9:14,  23 10:6, 10 14:1, 3  18:18 22:10 23:1</p>	<p>25:17 26:13, 20  31:21 32:2 33:8,  12 35:11 36:2  37:12, 17 39:19  41:9, 17 42:2, 14  44:2, 16, 18 46:10  <b>drag</b> 10:6, 8  <b>drinking</b> 40:9  <b>driving</b> 30:6 42:11  <b>drug</b> 4:18, 20 8:2,  3, 18, 21 9:7 12:23  17:5, 14 19:7, 8, 9,  23 24:12, 19 31:14  <b>drugs</b> 17:3 20:8  27:3 46:15</p> <p>&lt; E &gt;  <b>earlier</b> 32:4  <b>easier</b> 7:7  <b>East</b> 28:18  <b>Eddie</b> 2:14 4:18  <b>edge</b> 33:16, 17  <b>effects</b> 35:7  <b>either</b> 13:11 14:18  17:17 47:2  <b>employed</b> 17:13, 14  <b>employee</b> 8:10  <b>enable</b> 34:4  <b>encompass</b> 17:9  <b>encourage</b> 30:1, 18  <b>ended</b> 6:14  <b>endorse</b> 41:21  <b>enter</b> 8:19  <b>entering</b> 36:13  <b>entities</b> 28:8  <b>entity</b> 40:17  <b>environment</b> 34:8  <b>especially</b> 29:18  31:2  <b>evenings</b> 29:13  <b>eventually</b> 18:23  <b>everybody</b> 46:21  <b>Exactly</b> 14:2  16:16 28:20, 22  29:16  <b>example</b> 14:13  <b>exception</b> 34:3  <b>executive</b> 38:22  <b>existing</b> 25:23</p>	<p><b>expand</b> 31:10  <b>expect</b> 6:21 15:1  <b>expectations</b> 16:5  29:17  <b>expecting</b> 7:10  33:22  <b>experience</b> 29:7  <b>Expires</b> 48:22  <b>extend</b> 15:6 20:9</p> <p>&lt; F &gt;  <b>facilitate</b> 23:21  <b>facilitating</b> 22:13  36:6  <b>facilities</b> 7:15  <b>facility</b> 15:19 16:3  20:1, 6, 22 21:1, 5,  14 22:16 25:20  36:5, 9  <b>fact</b> 30:11 33:8  <b>faculty</b> 14:7 15:7,  10, 15, 21 18:1  20:10 28:16 29:8  36:4 39:15  <b>fall</b> 36:1  <b>falls</b> 33:14 36:1  <b>familiar</b> 28:2  <b>family</b> 5:17 40:6  <b>far</b> 10:14 11:9  36:3 39:15 45:12  <b>fault</b> 13:2 37:9, 10,  11  <b>felt</b> 39:13  <b>figure</b> 29:20  <b>filled</b> 36:22  <b>filling</b> 8:1 17:4  <b>final</b> 28:10 36:19  <b>financial</b> 31:11  <b>fine</b> 44:3, 5  <b>fingerprints</b> 29:3  <b>finishing</b> 35:3  <b>First</b> 3:16 5:18  23:17 28:17 29:19  30:15  <b>fit</b> 20:13 21:7  25:20, 22, 23  <b>five</b> 25:12  <b>five-minute</b> 47:18  <b>folks</b> 10:2, 3 11:8</p>	<p>42:7  <b>follow</b> 23:18, 23  <b>following</b> 27:5  <b>follow-up</b> 18:4  <b>force</b> 42:11  <b>foregoing</b> 48:8, 12  <b>formal</b> 3:12  <b>formulary</b> 12:23  27:11, 13, 17, 23  30:21 31:9, 11  34:8  <b>forth</b> 6:7  <b>fortunate</b> 28:15  <b>forward</b> 10:18, 19,  20 44:8, 10, 22  45:12  <b>four</b> 25:11 28:17  <b>Friday</b> 13:13  <b>friends</b> 14:5 31:4  <b>front</b> 3:17  <b>function</b> 19:19  43:5  <b>functions</b> 7:15  14:14 19:13, 18  20:7 21:9, 10, 18  <b>further</b> 48:14  <b>future</b> 6:1 19:1  25:11 42:21</p> <p>&lt; G &gt;  <b>gamut</b> 25:1  <b>Gary</b> 2:19 3:22  <b>gentlemen</b> 23:11  43:9  <b>getting</b> 8:20 12:20  22:8 26:17, 20, 22  29:19 34:23 47:12  <b>give</b> 7:17 9:19  14:5 35:11 43:7  <b>giving</b> 19:9, 10  36:5  <b>Glad</b> 5:19 41:12  <b>go</b> 3:17 9:23  10:18 11:11 13:17  20:21 24:7 27:1,  12 28:21 29:4  30:10 35:14 37:2  41:5 47:4  <b>goal</b> 23:19  <b>goes</b> 31:16 41:4</p>
---	--	---	---

**going** 6:7, 14 7:10  
9:3, 4 11:11, 11  
14:16, 17 19:1  
20:22, 23 21:1, 13  
26:9 27:12 28:1, 6,  
8, 9 29:19, 21, 21,  
23 30:10, 22 31:14,  
15 32:6, 15, 17, 22  
33:6, 13, 18 34:13,  
18 35:4 36:1 37:6  
42:10 45:7 46:12  
**Good** 3:20 6:11,  
16 11:2 13:15  
16:19 23:17 31:7  
33:1 39:20 44:2  
**gotten** 40:16, 19  
**governing** 18:15  
**Gray** 3:1 4:12, 12  
5:2, 5, 8, 13, 16  
**great** 11:2 23:22  
47:16  
**grew** 40:5, 23  
**grocery** 43:7  
**groups** 40:21  
**grown** 7:3  
**guess** 5:20 17:15  
28:14 45:6 46:20  
**guidelines** 47:8, 14  
**guy** 26:23 41:5

## &lt; H &gt;

**hammer** 35:23  
**hand** 31:16, 16  
32:7  
**handling** 12:7  
19:23  
**hand-off** 13:10  
**hands** 36:21  
**happen** 7:10 12:15  
27:17  
**happening** 20:8  
21:21  
**happens** 14:11  
18:4 29:12  
**happy** 16:21  
**hard** 44:5  
**hard-drawn** 11:4  
**havoc** 22:3  
**head** 21:23

**Health** 4:17 17:7  
27:10 33:5  
**hear** 16:18  
**heard** 6:9, 10  
16:14  
**hearing** 7:19  
36:11 45:14 48:8,  
13  
**held** 28:18  
**helping** 11:16  
**Henry** 2:11  
**hey** 22:2 34:6  
**HID** 24:17  
**hide** 36:18  
**holder** 22:17  
**home** 3:14 14:12,  
15 30:6 40:13  
45:7, 19 46:12  
**honest** 29:1  
**honestly** 23:12  
**Hoover** 1:20  
**hope** 20:20  
**hopefully** 21:2  
**hospital** 6:4 7:17  
8:18 12:9, 19 15:8,  
11, 17, 21, 23 17:13,  
19 20:11 22:12  
24:1 25:10 27:11,  
19 28:21 29:8, 9  
31:12, 16 34:13  
40:10, 11 45:1, 6,  
18, 23  
**hospitals** 15:10  
26:7 29:15  
**host** 15:16, 19  
21:14 36:9  
**hours** 6:14 7:1, 2,  
3, 5  
**house** 27:2 40:14  
41:6 45:8, 9  
**houses** 35:5  
**huge** 33:6  
**Hurst** 3:5 23:6, 6

## &lt; I &gt;

**idea** 47:5  
**ideally** 27:14  
**ignoring** 32:8  
**illegal** 41:8, 10, 11  
**impact** 33:7

**important** 41:18  
45:4  
**improve** 11:16  
**improving** 10:23  
**inaudible** 27:6  
**independent** 9:13  
26:8  
**indigent** 9:7  
**individual** 22:18  
38:8, 15, 16 39:1  
**informally** 30:2  
**information** 19:10  
**initiate** 42:8  
**initiated** 44:8, 10  
**Inspector** 2:11  
4:19, 21  
**instigate** 42:8  
**institution** 9:11  
35:15 36:3  
**institutions** 26:6  
35:10  
**insurance** 37:21  
38:8 39:13, 16, 17  
**insure** 8:20  
**integrated** 30:21  
**interactions** 8:3  
**interchange** 6:17  
**interest** 21:17, 17  
40:21  
**interested** 48:16  
**interesting** 34:19  
**interpreting** 8:2  
**introduce** 23:2  
**introduced** 6:20  
**inventory** 19:8  
**Investigator** 2:14,  
15  
**invite** 9:19  
**involved** 20:8 35:1  
**issue** 7:8, 8 10:4  
11:10 19:2 27:8  
32:3, 4 42:15, 15  
**issues** 16:19 17:23  
28:23 29:11 34:9  
35:13

## &lt; J &gt;

**job** 23:22 28:22  
34:9, 14 37:4

42:12, 14 45:17

## &lt; K &gt;

**Karen** 34:21  
**Kayla** 3:6 23:8  
**keep** 32:18 45:17  
**Kelli** 3:4 16:10  
23:4 25:18 28:18  
29:2 37:19 39:3  
**key** 29:10  
**kin** 48:15  
**kind** 7:21 10:11,  
13 16:10 20:17  
22:4 27:3 30:13,  
13 32:15 33:15  
39:1 40:3 41:19  
42:5 44:3  
**know** 6:8 7:13  
9:14 10:13, 13, 15,  
17 11:12, 18 13:1,  
13 15:8 16:4, 11,  
17 18:13 21:3  
22:2, 2, 8 23:17  
24:2, 6, 8, 14, 19  
25:8, 13, 15 26:7,  
23 27:1, 3, 5, 13, 14,  
16, 22 28:20 29:12,  
14 30:11 31:13  
32:7 34:6, 16  
35:23 37:4 38:2  
39:15 41:7, 14, 15,  
17, 19 42:11 43:20  
44:20 45:2, 10, 11  
46:22 47:9  
**knowledge** 46:18  
**known** 31:3  
**Koelz** 2:21 4:7, 7

## &lt; L &gt;

**lab** 9:2, 3 37:8  
**laboratory** 17:8  
**lady's** 41:6  
**larger** 13:18  
**late** 23:12  
**launched** 7:6  
**law** 18:19, 20  
23:18, 23 31:19  
**laws** 18:15  
**lead** 24:7  
**leadership** 6:13

**leave** 8:19 13:4  
 34:12  
**leaves** 21:8  
**leaving** 26:8, 9  
**left** 23:12  
**legal** 36:19 41:15  
**legislative** 6:19  
**Leos** 2:18 3:20, 21  
 28:14 30:9 37:19  
 38:18 44:20 46:6,  
 9 47:15  
**liability** 35:14  
 36:15 37:20 38:7,  
 9, 13 39:12  
**liable** 25:4, 5  
 35:17, 20  
**license** 15:5, 14  
 16:7 17:20 18:2  
 20:22 25:5, 7 26:4  
 30:13 34:7  
**limbo** 44:1 45:14  
**line** 44:4, 5  
**little** 3:14 7:17  
 10:7, 9 14:6  
**Littlejohn** 23:4  
**live** 5:16 26:2  
**lives** 8:9  
**local** 31:2  
**LOCATION** 1:18  
 8:10 17:11 20:7,  
 14, 15  
**longstanding** 36:18  
**long-term** 38:6  
**look** 20:12 27:14  
 29:22, 23  
**looking** 11:12, 15  
 16:15, 20  
**lot** 10:3, 21 11:7  
 12:2, 4 20:7 28:23  
 35:21 46:22  
**lots** 15:9, 9  
**lump** 19:5  
**Lynn** 2:16 4:1  
  
**< M >**  
**making** 7:9 8:22  
 15:22 24:18 28:10  
 35:17 36:5  
**managed** 13:20

**management** 8:21  
**Mark** 2:4, 15 4:20  
**Martin** 2:5, 16 4:1,  
 1 6:5, 16 9:14, 23  
 10:6, 10 14:1, 3  
 18:18 22:10 23:1  
 25:17 26:13, 20  
 31:21 32:2 33:8,  
 12 35:11 36:2  
 37:12, 17 39:19  
 41:9, 17 42:2, 14  
 44:2, 16, 18 46:10  
**MASA** 6:11  
**matter** 27:13 30:11  
**Matthew** 2:23 4:10  
**McConaghy** 2:6  
 9:21 10:1, 8, 11  
 11:6 12:10 16:9  
 27:7 28:12 30:8  
 40:3 46:13, 16, 20  
**mean** 10:14 16:7  
 28:19 30:1 33:17  
 38:5 40:14 43:20  
 45:15, 18  
**means** 25:22  
 33:17 44:11 48:10  
**measure** 33:4  
**med** 37:2  
**Medicaid** 10:2  
 11:8 20:11, 21  
 22:12 23:5, 7, 18  
 24:11, 16, 23 26:6  
 27:20 35:16 38:10,  
 13, 14  
**Medical** 4:5  
**Medicare** 32:23  
 33:4  
**medication** 8:4  
 9:1 12:20 17:4  
**medications** 41:7  
 42:19  
**meeting** 3:19 30:6  
 34:22  
**meetings** 11:7, 19  
**Member** 2:7, 8  
 15:7, 20 28:16  
 29:8  
**MEMBERS** 2:3  
 6:8 9:20 36:4

40:1  
**mention** 11:21  
**mentioned** 19:4  
 24:5 33:2 34:20  
**mercy** 24:20  
**Meredith** 3:1 4:12  
**message** 10:2  
**messages** 12:17  
**middle** 28:10  
**million** 24:12  
**mind** 14:4 23:3  
 31:23 32:18 46:10  
**mindsets** 46:20  
**mine** 46:22  
**minutes** 14:6  
 16:13 30:5 39:23  
**missing** 33:13  
**mix** 33:22 34:10  
**Mobile** 4:6 12:3  
 33:19  
**model** 12:3 20:17  
**models** 34:16  
**money** 26:23  
**monitor** 34:4  
**Montgomery** 3:23  
 33:20  
**month** 32:12  
**morning** 3:20  
 23:13  
**mornings** 13:13  
 40:10  
**Mount** 2:19 3:22,  
 22  
**move** 40:2  
**moved** 31:18  
**moving** 37:14  
**MTM** 26:10 33:2  
 40:9 45:8  
**Muscato** 2:23 4:10,  
 10  
  
**< N >**  
**names** 23:2  
**Nashville** 5:18  
**near** 10:5  
**need** 5:23 9:10, 12  
 13:8 16:15 19:20  
 20:6 24:22 30:10  
 41:3 44:7, 9

**needed** 13:18  
 17:17 40:12 45:23  
 46:2  
**neither** 48:14  
**network** 25:10  
 28:18 29:10, 19, 22  
 35:9 38:4, 14, 22,  
 23 39:13 44:23  
 45:5, 11  
**networks** 23:21  
 25:11 30:10 38:19  
 46:3  
**never** 9:16 38:7  
**new** 37:14 40:15  
**Newman** 3:4  
 22:22 23:4, 4, 10  
 38:4  
**nights** 13:13 18:6  
**norm** 34:3  
**number** 7:5 10:22  
 23:18, 19, 20  
**nurse** 37:10  
**nursing** 3:13  
 14:12, 15 40:13  
  
**< O >**  
**obviously** 7:9  
**occur** 13:12  
**office** 8:13 17:19  
 45:20  
**Oh** 5:10, 15 30:8  
**Okay** 3:20 5:10,  
 15, 19 20:21 33:14,  
 16 44:18  
**once** 8:22  
**ones** 11:17  
**onesies** 32:15  
**online** 23:16  
**open** 5:21 30:19  
**opens** 13:18  
**operate** 17:20  
**operating** 18:1  
**opinion** 9:19  
 13:12 22:18 40:16  
 42:19 44:16  
**opportunity** 22:22  
 33:6 36:11  
**optimal** 27:16  
**option** 24:23 25:3

<p><b>options</b> 24:16</p> <p><b>order</b> 17:4 36:20</p> <p><b>organization</b> 15:17 17:18 22:1</p> <p><b>organizations</b> 13:7</p> <p><b>originally</b> 5:9</p> <p><b>outcome</b> 28:4</p> <p><b>outcomes</b> 11:1, 16</p> <p><b>outside</b> 12:18 17:14 43:4 44:12</p> <p><b>overall</b> 28:7 31:17</p> <p><b>oversee</b> 39:2</p> <p>&lt; P &gt;</p> <p><b>PA</b> 24:18</p> <p><b>paid</b> 26:17, 20</p> <p><b>parameters</b> 8:14</p> <p><b>part</b> 8:5, 7 11:21 14:5 34:9, 9, 14 35:7, 18 40:17</p> <p><b>particular</b> 7:23 17:10 25:10 32:10, 11</p> <p><b>parties</b> 48:15</p> <p><b>party</b> 18:13</p> <p><b>pass</b> 39:11</p> <p><b>patient</b> 8:5 12:22 13:7 17:7 20:12 27:9, 10, 15 28:1, 3, 6 31:9, 13, 17 34:12 35:8 37:8 45:6, 16, 19</p> <p><b>patients</b> 8:18, 20, 23 11:1 13:6 17:6 18:3, 7 31:8 35:5 40:12 47:6, 9</p> <p><b>patient's</b> 27:2 35:5</p> <p><b>Paul</b> 2:22 4:8</p> <p><b>pay</b> 27:18</p> <p><b>payer</b> 34:12</p> <p><b>PBMs</b> 27:21</p> <p><b>pediatrician</b> 37:3, 3</p> <p><b>people</b> 13:19 15:17 24:12 27:22 34:15 44:11</p> <p><b>people's</b> 40:14</p> <p><b>percent</b> 37:4</p> <p><b>perfectly</b> 29:1</p> <p><b>perform</b> 7:15 14:14</p>	<p><b>performed</b> 21:11, 18 45:8</p> <p><b>performing</b> 19:19 21:9</p> <p><b>period</b> 46:3 47:11</p> <p><b>permission</b> 21:2</p> <p><b>permit</b> 9:10, 11 13:17 15:4, 11, 13 17:17 19:20 20:5, 6, 10, 13, 14 21:1, 5, 6, 11 22:16, 20 25:20, 22, 23 30:4, 12 45:13, 23 46:1</p> <p><b>permits</b> 20:15 22:8</p> <p><b>permitted</b> 20:2 24:14 25:1</p> <p><b>permitting</b> 24:2</p> <p><b>person</b> 14:15, 17, 17 19:13 22:5 29:5 34:7 37:9</p> <p><b>perspective</b> 44:13</p> <p><b>pharmacies</b> 26:9</p> <p><b>pharmacist</b> 8:1, 10 9:17 11:15 12:17, 21 13:21 14:14, 21, 23 15:3, 20 16:1, 6 17:2, 2 18:8 19:14, 16, 19 20:23 21:9, 10, 13 22:18 25:4 26:2 29:10 35:9 38:4, 9, 12 39:3, 6, 8 40:7 41:1 45:5, 11</p> <p><b>pharmacists</b> 7:14 8:17 9:10 12:5, 13, 19 14:1, 12 17:12, 14 23:22 24:9 26:7 27:12, 15 28:17, 20 31:2 33:6, 23 36:12 38:21, 23 44:23 46:2</p> <p><b>PHARMACY</b> 1:2, 18 3:23 4:2, 4, 9, 11, 15 7:23 8:6, 8, 15, 23 9:11 11:10, 21 12:13 13:6 15:5, 9, 13 17:10, 16, 17, 21, 22 18:1, 16 19:3, 22 20:4, 9,</p>	<p>12, 13 21:4, 6 22:15, 15 24:11 25:21 26:12 27:4 29:4, 15 30:4 34:21, 23 35:4 36:17 37:13 40:6, 11, 15, 19 43:4, 4 44:9</p> <p><b>phenomenal</b> 35:10</p> <p><b>philosophy</b> 41:20</p> <p><b>physical</b> 9:4 17:8</p> <p><b>physician</b> 6:12 8:3, 4 43:8</p> <p><b>physicians</b> 12:16 17:5 18:3, 7 19:11 24:13 27:12</p> <p><b>physician's</b> 17:19</p> <p><b>pick</b> 13:5</p> <p><b>picture</b> 27:9</p> <p><b>piece</b> 11:14 14:7 20:1, 3 33:12</p> <p><b>place</b> 7:1 8:11, 11 9:5 13:9 21:3 36:8, 8</p> <p><b>places</b> 10:21</p> <p><b>plan</b> 10:16</p> <p><b>plans</b> 33:5</p> <p><b>players</b> 40:18</p> <p><b>point</b> 31:7 41:18 42:21, 23 44:2, 21 45:21</p> <p><b>policies</b> 10:17 13:8 18:12 29:22</p> <p><b>policy</b> 38:10</p> <p><b>pops</b> 32:13 33:9</p> <p><b>position</b> 6:18 12:22 28:19 37:15 41:23 42:4</p> <p><b>positions</b> 28:15</p> <p><b>possibility</b> 33:1</p> <p><b>possible</b> 6:21 8:21</p> <p><b>practice</b> 6:8 7:23 8:6, 8, 14 9:16 17:2, 9, 17, 21 18:15 19:2 24:11 33:16, 17 43:4</p> <p><b>practicing</b> 13:20 15:10, 11, 12, 14 16:7 21:4, 5 26:2,</p>	<p>3 33:23</p> <p><b>practitioner</b> 38:17</p> <p><b>precedent</b> 32:16 36:19</p> <p><b>preceptor</b> 7:3, 4, 4 25:6, 7</p> <p><b>prefiled</b> 6:22</p> <p><b>prepare</b> 39:23</p> <p><b>preparing</b> 19:6, 8 36:12</p> <p><b>prescription</b> 8:1, 2 17:4</p> <p><b>PRESENT</b> 2:10</p> <p><b>presented</b> 39:10, 12</p> <p><b>presenting</b> 39:7 44:13</p> <p><b>presents</b> 42:17</p> <p><b>President</b> 2:4, 5</p> <p><b>pretty</b> 7:11 39:4</p> <p><b>primarily</b> 20:5</p> <p><b>probably</b> 6:9 11:13 12:4 15:9 18:19 26:14, 15 33:17 46:13</p> <p><b>problem</b> 18:4 45:3</p> <p><b>problems</b> 31:14</p> <p><b>procedures</b> 10:17 13:9 18:12 29:23</p> <p><b>process</b> 15:22</p> <p><b>product</b> 19:6, 7</p> <p><b>products</b> 19:23</p> <p><b>profession</b> 29:6 40:19, 22 44:10 47:3, 7, 12</p> <p><b>Professional</b> 2:12</p> <p><b>program</b> 5:14 32:1 35:2</p> <p><b>programs</b> 9:8</p> <p><b>progress</b> 7:9</p> <p><b>prohibits</b> 46:12</p> <p><b>proof</b> 38:7 39:12</p> <p><b>protect</b> 14:20, 20 27:10</p> <p><b>provide</b> 38:1</p> <p><b>providers</b> 19:11</p> <p><b>providing</b> 17:6</p> <p><b>public</b> 27:10 42:18 44:14</p> <p><b>pulled</b> 28:9</p>
--	---	--	---

**pulling** 40:18  
**purpose** 11:5 20:9  
**push** 29:21 36:21  
**pushed** 28:9 44:8, 10  
**pushes** 26:1  
**pushing** 27:22  
**put** 11:19 20:18 31:13  
**puts** 21:11, 13 39:3  
**putting** 11:8

## &lt; Q &gt;

**question** 5:9 7:19 9:15 23:17 24:15 31:5 44:22 45:4  
**questions** 7:21 18:6 25:9, 15 48:9  
**quite** 6:20 10:22  
**quote** 39:2

## &lt; R &gt;

**raised** 32:7  
**ran** 40:11  
**rapidly** 36:23  
**RCO** 10:2 11:7, 11 14:5  
**RCOs** 25:12  
**read** 3:14 10:16 16:16  
**reading** 17:3  
**ready** 3:14 43:2  
**real** 20:19  
**really** 6:11, 11 11:18 12:19 13:18 16:18 18:2 22:2 29:11 30:19 34:10 40:20 45:15 46:7  
**reason** 11:23 46:4  
**recommendation** 12:21  
**recommendations** 15:22 19:10 36:6  
**recommended** 42:6  
**record** 23:3  
**reduce** 11:16  
**reducing** 10:23  
**regard** 8:16  
**regularly** 29:18

**relate** 17:23  
**relates** 42:18  
**relationship** 14:19 15:16  
**relatively** 20:4  
**remain** 41:22 42:3  
**remarks** 39:21  
**remember** 16:12, 16 37:1, 20, 22, 23 38:3

**Rengering** 2:22 4:8, 8  
**repeat** 16:22, 22  
**REPORTER** 1:23 48:7  
**represent** 4:14  
**represents** 48:12  
**require** 8:9 9:3  
**required** 7:5 14:15 36:8  
**requirements** 7:6  
**responsible** 39:1  
**result** 48:17  
**revolves** 17:1  
**RFP** 29:2 39:11  
**Rhonda** 2:17 4:3  
**right** 5:17 6:20 7:19 12:8, 10 13:16 14:10 16:8 20:20 25:13, 19 28:10, 22 31:6, 15 32:13 36:16 43:12  
**road** 13:17 31:19  
**role** 9:17 30:22 39:5, 6 41:16  
**roles** 37:14 38:21  
**room** 3:17 37:21  
**rotate** 24:10  
**round** 12:14  
**rounds** 18:3  
**RPR** 1:23 48:6, 21  
**rule** 3:14 46:23  
**rules** 22:9 26:11 30:3 42:13  
**run** 13:10  
**rural** 40:6

## &lt; S &gt;

**safe** 34:5

**safety** 42:18  
**Samford** 23:9  
**sat** 29:18  
**Saturday** 13:13  
**saying** 13:17 26:2, 13 29:16 30:9 33:21 38:23 42:23 45:2, 10, 22  
**says** 43:3  
**scenario** 22:11  
**scenarios** 13:22  
**scheduled** 6:13  
**school** 15:10 18:1 34:21 35:4 37:2  
**schools** 12:13  
**second** 5:8 25:20 32:7 44:17  
**Secretary** 2:13  
**see** 5:21 6:21 10:11 14:8, 9, 10 16:6 19:13 29:2 33:3, 18 42:7 44:13 45:6 46:11  
**seeing** 16:8  
**seen** 36:2, 3  
**segments** 40:21  
**sense** 36:15, 17  
**separate** 8:12 9:10 17:18  
**service** 35:8  
**services** 9:11 15:13 17:16 20:5, 10, 13, 14 21:6 25:21 30:4 33:2  
**SESSION** 1:8 3:11 6:1, 11, 13, 19 40:1 47:21  
**set** 37:22  
**setting** 26:9  
**seven** 45:7  
**shared** 30:5  
**SHELBY** 48:4  
**Sheri** 1:23 48:6, 20, 21  
**Shield** 13:22  
**Shields** 24:17  
**shot** 35:11  
**shove** 36:21  
**show** 34:5 38:7

**side** 6:4, 4 32:23 35:6 47:2, 2  
**sides** 11:18 30:19  
**sidewalk** 8:13  
**sign** 15:1 21:15  
**silent** 41:22 42:3  
**similar** 14:11  
**simplest** 19:21  
**sit** 44:4  
**site** 21:20  
**sitting** 11:7  
**situation** 32:10, 11, 19, 20  
**situations** 29:15 31:10 34:1, 11  
**skill** 33:22 34:10  
**small** 7:2, 7 40:13  
**smooth** 13:9  
**social** 9:6  
**solution** 32:19  
**somebody** 20:10 27:18 30:18 43:7  
**soon** 7:11  
**sorts** 25:13  
**source** 12:18  
**South** 3:23  
**speak** 22:16, 17 23:3 43:1  
**speaking** 37:2  
**spell** 47:9  
**spelled** 46:23  
**spoke** 29:18  
**Spring** 4:17 5:11 6:22  
**staff** 7:16 18:8  
**standpoint** 8:22 11:1  
**star** 33:4  
**start** 3:16  
**started** 7:1 47:18  
**starts** 18:13  
**STATE** 1:2, 18 4:18, 20 9:16 11:20 15:8 29:4 48:3  
**statements** 48:10  
**states** 10:22  
**stay** 11:22 47:14  
**staying** 47:8  
**stenotype** 48:9

<p><b>step</b> 26:5 33:14 37:15 41:21</p> <p><b>Steve</b> 2:20 4:5 7:13 22:20 23:14 24:6 28:16 33:19 45:12</p> <p><b>Steve's</b> 22:2</p> <p><b>sticky</b> 34:10</p> <p><b>stipulations</b> 39:4</p> <p><b>stocking</b> 19:7, 9</p> <p><b>stop</b> 39:22</p> <p><b>stops</b> 18:14</p> <p><b>store</b> 17:14 26:9 43:7</p> <p><b>Street</b> 1:19</p> <p><b>student</b> 4:13 5:1 23:9</p> <p><b>students</b> 7:5 12:14 24:10 25:7 34:5, 17 35:1 36:13</p> <p><b>stuff</b> 40:9 47:13</p> <p><b>successfully</b> 10:22</p> <p><b>suggesting</b> 14:9</p> <p><b>summary</b> 16:14, 19 39:21</p> <p><b>support</b> 24:3</p> <p><b>supposed</b> 47:3</p> <p><b>sure</b> 7:18, 20 8:22 11:3 13:8, 16 16:22 18:10, 11, 16 27:15 30:20 31:23 34:4 37:21 44:6 45:21</p> <p><b>Susan</b> 2:12 35:11</p> <p><b>suspect</b> 11:23</p> <p><b>systems</b> 29:10</p> <p>&lt; T &gt;</p> <p><b>take</b> 9:5 12:19 14:18 22:10 32:5 37:6, 14 47:17</p> <p><b>taken</b> 48:8</p> <p><b>takes</b> 26:4</p> <p><b>talk</b> 5:22, 23 14:6 18:3 23:11 24:13, 21 27:2 32:10 41:6</p> <p><b>talked</b> 30:2, 16 38:2</p>	<p><b>talking</b> 8:17 12:1 15:15, 16 19:17 31:7 32:11</p> <p><b>Tammie</b> 2:21 4:7</p> <p><b>target</b> 25:19</p> <p><b>teach</b> 34:6 37:4, 5</p> <p><b>teaching</b> 35:2, 9</p> <p><b>team</b> 12:15</p> <p><b>technical</b> 37:5</p> <p><b>technically</b> 41:8</p> <p><b>technicians</b> 9:18 47:10</p> <p><b>tell</b> 3:17 16:17 23:1 24:22 43:13, 15, 22, 23</p> <p><b>tend</b> 36:10</p> <p><b>terminology</b> 20:20</p> <p><b>terms</b> 20:19 46:21</p> <p><b>test</b> 9:3</p> <p><b>Thank</b> 4:22 23:10 25:14, 18 47:15, 16</p> <p><b>Thanks</b> 47:19</p> <p><b>therapies</b> 17:5 35:6</p> <p><b>therapist</b> 9:4</p> <p><b>therapists</b> 17:8</p> <p><b>therapy</b> 8:4, 5, 18 9:1, 1 27:16</p> <p><b>thereto</b> 48:10</p> <p><b>thing</b> 7:12 11:2, 2 13:2, 15 18:17 21:8 24:4 25:17, 19, 21 26:10 27:4 28:4 31:6, 17 32:13 34:12, 13 40:5, 14 43:6 46:8, 9</p> <p><b>things</b> 6:6 10:19 11:15 12:7 15:19 17:9 19:4, 15 20:1 24:8, 9 25:13 27:20 44:3, 7, 9 46:19</p> <p><b>think</b> 12:6 13:22 15:14 16:14, 17, 19 18:18, 18, 21, 21 19:12, 14, 16, 17, 21 20:16 22:9 26:1 27:8 30:9 31:21 32:2, 6, 8, 9, 14, 21 33:5 35:12, 19, 21</p>	<p>36:16, 22 37:13, 17 38:18 41:3, 16 42:2, 23 43:11 45:2, 13, 23 46:1, 22 47:15</p> <p><b>thinking</b> 10:19, 20, 20 15:7 19:21 29:3</p> <p><b>thinks</b> 46:21</p> <p><b>third</b> 35:4</p> <p><b>thought</b> 3:12 5:3 10:12 30:12</p> <p><b>thousand</b> 24:19</p> <p><b>threat</b> 42:17 44:14</p> <p><b>three</b> 18:20, 22 31:3 33:3 38:20 47:11</p> <p><b>throw</b> 5:21</p> <p><b>tied</b> 17:10 26:12</p> <p><b>Tim</b> 2:5 6:3 24:8 25:4 29:16 33:19 40:4</p> <p><b>time</b> 5:8 8:19, 19 44:7</p> <p><b>times</b> 30:14</p> <p><b>timing</b> 6:20</p> <p><b>today</b> 7:12 25:19, 21 32:9 43:2 44:22 45:10</p> <p><b>told</b> 18:8, 8 27:6</p> <p><b>topic</b> 7:2</p> <p><b>topics</b> 5:22</p> <p><b>tossed</b> 24:4, 5</p> <p><b>total</b> 27:7</p> <p><b>touch</b> 39:4</p> <p><b>touching</b> 32:3 33:1</p> <p><b>Tracy</b> 3:2 4:14</p> <p><b>traditional</b> 7:1, 2, 3</p> <p><b>traffic</b> 23:14</p> <p><b>train</b> 36:12</p> <p><b>training</b> 7:4 36:12</p> <p><b>transcribed</b> 48:10</p> <p><b>transcript</b> 48:13</p> <p><b>transcription</b> 48:11</p> <p><b>transition</b> 16:2 22:13 36:7</p> <p><b>transitioning</b> 29:1</p> <p><b>Treasurer</b> 2:6</p> <p><b>true</b> 48:12</p>	<p><b>try</b> 6:19 20:9</p> <p><b>trying</b> 29:20</p> <p><b>Tuesday</b> 43:21</p> <p><b>turf</b> 13:11</p> <p><b>turning</b> 12:22</p> <p><b>turns</b> 13:1</p> <p><b>Tuscaloosa</b> 33:20</p> <p><b>tweak</b> 3:14</p> <p><b>twice</b> 30:2</p> <p><b>two</b> 6:14 12:16 13:6 18:20, 20, 22 23:20 26:6 28:19, 19 29:9 31:3 33:3 40:8 46:16, 18 47:11</p> <p><b>type</b> 13:2 26:10 27:4 43:6 47:13</p> <p><b>typically</b> 13:12</p> <p>&lt; U &gt;</p> <p><b>Uh-huh</b> 33:11</p> <p><b>uncomfortable</b> 34:11</p> <p><b>understand</b> 24:1 30:21 44:5, 6</p> <p><b>underway</b> 6:6</p> <p><b>universal</b> 36:17</p> <p><b>University</b> 4:13 5:2 35:15 36:9 39:16</p> <p><b>USA</b> 4:5</p> <p><b>use</b> 28:1 46:18</p> <p>&lt; V &gt;</p> <p><b>verbatim</b> 16:23</p> <p><b>Vice</b> 2:5</p> <p><b>view</b> 22:4, 5</p> <p><b>Village</b> 1:19</p> <p>&lt; W &gt;</p> <p><b>waiting</b> 16:10</p> <p><b>Walgreens</b> 4:7, 9, 11</p> <p><b>walks</b> 43:8</p> <p><b>want</b> 3:10 5:22 7:17 10:18 11:3 12:15 13:14, 15 18:10, 10, 14 22:3 23:18, 20, 23 27:1, 23 32:8 35:21</p>
--	---	---	---



37:9, 10 43:21  
 44:20 46:23 47:6  
**wanted** 29:4 31:22  
 37:1 42:7 43:17  
 45:20  
**wanting** 16:11  
 40:23  
**wants** 37:6, 11  
 41:5  
**Ward** 41:12  
**wash** 36:21  
**way** 10:19 11:12  
 13:1, 16 14:8, 9, 10  
 19:21 28:8 36:15  
 42:18, 22  
**Wednesday** 1:10  
**week** 24:19 32:12  
 34:23  
**weekends** 18:5  
 29:13  
**welcome** 3:10  
**Well** 9:14 13:19  
 18:7 22:6, 10  
 26:19 27:7 29:12  
 31:4 32:13 33:7  
 36:10 39:14, 17, 17,  
 19 43:9, 17 44:15,  
 17  
**Wensel** 3:3 4:16,  
 16 32:22 33:11  
**went** 40:10, 14  
 45:8  
**we're** 6:17, 17 7:9,  
 10, 18 13:5 15:15  
 16:19 24:21 26:13  
 27:9 32:11, 17, 18  
 33:12, 18, 21 35:22  
 36:13, 14 42:2  
 43:2 45:2, 10 47:3,  
 7, 11  
**we've** 6:18 8:8  
 12:12 17:23 24:4,  
 5 31:9, 10 34:14,  
 15 36:2, 3 41:7  
**willing** 27:18  
**win-win** 21:16  
**word** 11:21 35:21  
**wording** 30:11  
**WORK** 1:8 3:11  
 6:1 9:6, 7, 8, 12

18:5 20:19 28:15  
 31:1 38:5 47:21  
**worked** 29:16  
 38:6 45:18  
**workers** 9:7  
**working** 15:3, 4  
 19:22 38:8, 10  
 45:16  
**world** 5:6  
**worms** 13:19  
**worst** 22:11  
**Wow** 6:15  
**wrap** 40:2  
**write** 42:13  
**writing** 35:22  
**wrong** 38:20  
**wrote** 29:2 36:20  
  
 < Y >  
**y'all** 3:10, 17 5:11,  
 21 23:1 44:22  
**Yeah** 5:5 9:23  
 10:10 11:6 12:1  
 16:9, 21 26:19, 22  
 28:14 30:8, 23  
 32:2, 22 33:8  
 37:12, 19 42:1  
 43:19 46:6, 19  
**year** 30:16 32:12  
 35:4  
**years** 5:18 23:23  
 28:19, 19 33:3