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ALABAMA STATE BOARD OF PHARMACY

BOARD WORK SESSION

Wednesday, January 15, 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 Mitzi Ellenburg, Interim Secretary

12 Henry Burks, Chief Inspector

13 Susan Alverson

14 Shirley Feagin

15 Diane Decker

16 Mark Delk

17 Glenn Wells

18 Nitya Pant

19 Whitney Bernreuter

20 Amanda Gosnell

21 Eric Morgan

22 Clint Peevy

23 Greg Gamble

- 1 Charlie Thomas
- 2 Lynn Stevenson
- 3 Scott Clark
- 4 Eric Staley
- 5 Bill Moseley
- 6 Justin Meyer
- 7 Thomas R. Bruno
- 8 Kelli Robinson
- 9 Tracy R. Davis
- 10 Cara L. Leos
- 11 Gary Mount
- 12 Aubrey Bush
- 13 Louise Jones
- 14 Jay McEniry

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18 MR CONRADI: We'll get started with
19 the work session. We really don't have a whole
20 lot planned for the work session. I'm thinking
21 next quarter we'll have a -- hopefully we'll
22 have a rule written and a reading on the
23 automated dispensing machines in nursing homes,

1 so we'll see how that goes.

2 Tim is going to talk a little bit
3 about where we are on traditional hours and if
4 any of y'all have any questions or comments you
5 want to ask or get started between now and
6 9:00 -- 8:45, we'll entertain those. So we'll
7 start off with Susan on the front row. If you
8 would, speak up, tell -- tell who you are and
9 who you represent. We'll have to do this again
10 at nine o'clock.

11 MS. ALVERSON: I'm Susan Alverson and
12 I work for the Board of Pharmacy.

13 MR. CONRADI: Yeah, you.

14 MS. GOSNELL: Hi, I'm Amanda Gosnell.
15 I'm a second-year student at Samford University.

16 MR. CONRADI: And where are you
17 rotating?

18 MS. GOSNELL: I'm rotating at
19 Princeton Hospital currently.

20 MS. BERNREUTER: Hi, I'm Whitney
21 Bernreuter. I'm also a second-year student at
22 Samford School of Pharmacy and I'm also rotating
23 at Princeton.

1 MS. PANT: Hi, I'm Nitya Pant. I'm a
2 fourth-year student at Samford and I'm rotating
3 at Princeton Hospital.

4 MR. CONRADI: Thank you.

5 MR. MEYER: I'm Justin Meyer. I'm a
6 second-year pharmacy student. I am at BMC
7 Citizens in Talladega under Jim Easter.

8 MR. BRUNO: I'm Tom Bruno. I'm also a
9 second-year pharmacy student and I am at BMC
10 over in Talladega as well and also rotating
11 under Jim Easter.

12 MS. STEVENSON: Lynn Stevenson, Auburn
13 University, Harrison School of Pharmacy.

14 MR. GAMBLE: Good morning, my name is
15 Greg Gamble with Walgreen Co.

16 MS. ROBINSON: Kelli Robinson, I'm a
17 health care lawyer with Sirote and Permutt.

18 MR. CONRADI: A new face.

19 MS. ROBINSON: New face.

20 MS. DAVIS: Tracy Davis, Alabama
21 Pharmacy Association.

22 MR. CLARK: Scott Clark, Humana
23 Pharmacy Solutions.

1 MR. STALEY: Eric Staley, I'm with GL
2 Solutions. We're the software vendor that the
3 Board uses for their data management system.

4 MR. MOSELEY: And I'm Bill Moseley
5 with the same company.

6 MR. DELK: Mark Delk, Alabama State
7 Board of Pharmacy.

8 MR. WELLS: Glenn Wells, Alabama State
9 Board of Pharmacy.

10 MR. MORGAN: Eric Morgan, Prattville
11 Baptist Hospital and immediate past president of
12 ALSHP.

13 MR. PEEVY: Clint Peevy, system
14 director of pharmacy for Baptist Health in
15 Montgomery.

16 MS. DECKER: Diane Decker, Board of
17 Pharmacy.

18 MS. FEAGIN: Shirley Feagin, Board of
19 Pharmacy.

20 MR. THOMAS: Charlie Thomas, Alabama
21 Department of Public Health.

22 MR. CONRADI: All right, Tim.

23 DR. MARTIN: I was noticing when Eric

1 said past president of the Alabama Society of
2 Health System Pharmacy, he had a smile on his
3 face.

4 Welcome this morning. We're glad
5 you're here and I think Mark laid the good and
6 the appropriate groundwork for the morning
7 session. For those of you who have been
8 attending work sessions for -- well, since we
9 started them I guess, I guess it was year before
10 last, we went month by month by month for a
11 while. We had a lot of topics we needed to
12 digest and get input on and that kind of tapered
13 off a good bit, so we've moved those meetings or
14 these meetings to quarterly now so you can
15 expect to see them posted on the Board's website
16 and agenda listed quarterly if you'd like to
17 continue to refer to that to know what time to
18 come to the meeting.

19 Regarding traditional hours, there's
20 been some energy that the Board has been aware
21 of for some time about making some changes to
22 the rules and possibly the law related to the
23 requirement for traditional hours and I think I

1 was one of the people somewhat vocal about that
2 need and therefore I got assigned the
3 responsibility to work with a group.

4 We formed a group and we had a phone
5 conference call to check for consensus to see if
6 the group was pretty much aligned already about
7 the direction that it seemed like we needed to
8 go and we had a good phone call, lasted about an
9 hour and 15, an hour and a half, had -- if I
10 remember right, about 12 points of agreement we
11 were seeking and we made it through maybe nine
12 of those or so and had a few left over but
13 pretty strong consensus on -- especially on the
14 first one. So some of what my remarks will
15 involve today will be comments sent in by the
16 members of the -- we'll call it the task force
17 or working group in relation to those --
18 those 12 or so directions.

19 The second time the group met was
20 actually here at the Board office and we took
21 one of the work sessions to talk about just the
22 traditional hours and it was -- it was not a
23 normal work session agenda. It was just the

1 task force on traditional hours that met and
2 unfortunately at that meeting we -- we kind of
3 took a step backwards. It may have been my
4 fault in planning because there were some people
5 at the face-to-face meeting who for whatever
6 reason were not able to attend the phone
7 conference, so we ended up spending a lot of
8 time rehashing things that we pretty much
9 already had consensus over. So that wasn't a
10 very -- very productive meeting.

11 Lynn suggested that we for the sake of
12 time and coordination try to use an online poll
13 to gather some additional comments and she
14 graciously set that up and gathered the comments
15 and so those are the things I'm going to speak
16 about today. So if you want to take notes or
17 however you want to try to keep up with this, I
18 don't have a handout for you.

19 The other thing I want to say is this
20 has already started, pretty much unlike what we
21 want the work sessions to -- to go. The work
22 sessions are not intended for this to be a board
23 out to you kind of thing. It's meant to be a

1 dialogue, so we're a little bit hampered by the
2 fact that you're out there and we're over here
3 in the first place, and secondly that I'm doing
4 a lot of talking and you're not.

5 So as soon as I read through these, I
6 really invite you and not only invite you but
7 encourage you to engage in the conversation to
8 let us know your thoughts because if we -- if we
9 are going to get these changes, whatever they
10 are, done in time to affect the graduates that
11 are about to come up, we're going to need to
12 move on that pretty quickly, like maybe get some
13 proposed -- some formal proposed changes to laws
14 and rules before this group next month.

15 Okay. Any questions about where we're
16 going or how we ought to do that? So you get to
17 listen to me a little bit read off of some
18 papers.

19 There were several common areas of
20 interest and I'm going to focus it around that
21 theme. The first common area of interest seems
22 to be do we want to keep the topic traditional
23 hours or not keep the topic of traditional

1 hours. There was overwhelming consensus that
2 the term traditional hours be removed for those
3 people that participated in the poll and some --
4 everyone agreed and some people strongly agreed.

5 The second point was, so if we remove
6 the word traditional hours, should it be
7 replaced by a laundry list of things that are
8 expected that would kind of think go into
9 traditional hours and the consensus around that
10 was no, we should not try to enumerate this and
11 this and this, whatever number of functions
12 because as soon as we list it, we're going to
13 leave one out or we're going to think of one or
14 a new one comes into practice, you know, a year
15 from now and we end up having to change it
16 again. So there was a general consensus --
17 well, first of all, there was a strong consensus
18 that we not use a laundry list.

19 There was a general consensus though
20 that we do include some phrases but that those
21 phrases be rather general, things around
22 preparing, assessing, dispensing, educating,
23 monitoring, and managing medications. They're

1 vague enough to get across -- specific enough to
2 get across the meaning but vague enough to not
3 paint us into a corner if those things change,
4 you know, over the foreseeable future. It was
5 also pointed out by some of the people who
6 responded that if we chose to use those terms,
7 they would be consistent with OBRA '90 and also
8 consistent with portions of the law that's
9 already on the books, so we thought that was a
10 good idea.

11 Another question that went before the
12 task force was should the law or the rule
13 specify the practice setting where these
14 traditional hours should be gained, and again,
15 from the people who responded to the poll, there
16 was overwhelming consensus, in fact I think I
17 can say there's unanimous response, that it does
18 not need to be written in the law or the rule
19 nor interpreted by the Board of Pharmacy that
20 these practice settings have to be in the
21 community.

22 So far so good. Any questions? Let
23 me stop there and just ask briefly if there are

1 any questions about what I've said, not that you
2 disagreed with it or you have a different
3 opinion but if there's anything I've said that's
4 not clear. Okay. I'm going to go ahead.

5 There was an observation that we do
6 need to leave in the 400-hour requirement and
7 the reason for that is some students who gain
8 their hours in Alabama and subsequently transfer
9 to another state have to meet that state's
10 requirement for hours. So the other state may
11 not say in a traditional setting or it may not
12 say any specific verbiage but it might say
13 outside of the curriculum. So there's some
14 states, I don't know how many, but there's some
15 apparently contiguous to Alabama that there is a
16 requirement for 400 hours that are not related
17 to schoolwork, so we felt like that was
18 necessary to leave it in there but again, not
19 specify it as traditional.

20 As far as the other hours, there was
21 some discussion about -- and you may know by now
22 that the -- I think it's our rule that says
23 1,500. It also says, will never be less than

1 NABP, but currently NABP is 1,700. So the
2 question was, well, should we say we're going to
3 require 1,700 or should we just say no less than
4 required by NABP and I'd say there's consensus
5 around that statement, no less than required by
6 NABP. I wouldn't say it's unanimous but there's
7 at least a consensus around that.

8 There was a lot of comment about the
9 ACPE and the stringent requirements that schools
10 are held to in their educational program to meet
11 ACPE requirements. So the task force wanted the
12 Board to understand that while on one hand, the
13 Board may be somewhat uncomfortable letting go
14 of some of that process as if we're giving it
15 over to someone else, but at the same time
16 understand that in this case, we're giving it
17 over to a group that is highly directed about
18 how they need to go about delivering that
19 education and that, the group felt, should be
20 somewhat of a comfort to the Board that ACPE,
21 number one, is imminently more capable of
22 setting up those standards and holding schools
23 accountable than we would ever hope to be.

1 Number two, the Board of Pharmacy
2 doesn't want to get in the business of telling
3 schools how to teach what they need to be
4 teaching, and number three, there's already
5 built into the ACPE process a mechanism for
6 those requirements to be updated over time. So
7 where we would be -- if we had a laundry list in
8 there trying to chase ourselves to say, you
9 know, are we current, are we current, that's
10 already part of what ACPE is about and we should
11 have full confidence that that's not going to go
12 south or derail, you know, at any point in the
13 future. That was a strong -- strong message
14 from the group.

15 There was also agreement and in some
16 cases strong agreement that if we make these
17 changes, we need to allow the students to begin
18 gaining their hours as soon as they get into
19 pharmacy school. So in P1 the students go
20 through the training in school but they're also
21 going through these additional -- initial
22 professional practice experiences, and to gain
23 the 1,700, as I understand it, the NABP is

1 saying that that 1,700 would be over the entire
2 educational experience in pharmacy school. So
3 we're now I believe we allow it to begin at P2,
4 we would back that up to P1.

5 Then there was some debate about
6 preceptor requirements. The first question had
7 to do with should we at the same time that we're
8 addressing these requirements for hours and
9 taking out traditional, should we go ahead and
10 take a look at preceptor requirements and get
11 that over with, and again, there was unanimous
12 agreement that that should be considered. Then
13 the questions began to be a little more
14 tailored.

15 For example, the question came up
16 about if I'm a preceptor and I'm delivering
17 training as part of the school's curriculum, so
18 I'm either on faculty or adjunct faculty, should
19 I be required to go through a Board of Pharmacy
20 preceptor certification process and the
21 consensus there is -- I'd say consensus, not
22 necessarily unanimous, that those preceptors not
23 be required to go through a training process

1 from the Board, that it would be the
2 responsibility, again, of the school to
3 determine that those preceptors delivering that
4 training had the basic abilities to deliver that
5 training and that had been assessed, you know,
6 by the schools. I'm sure that the schools will
7 be doing that in an ongoing manner as opposed to
8 the way that the Board is currently doing that.

9 For those preceptors who would be
10 offering training outside of the curriculum and
11 this could be, for example, after graduation and
12 prior to boards, could be on weekends. It could
13 be on holidays or other times when the training
14 that's being given to the intern or extern is
15 not part of a -- of a school, a class, that
16 those individuals do need to be board certified
17 preceptors and that was pretty unanimous.

18 We had at least one suggestion that we
19 not require -- that the Board, that is, not
20 require these individuals who have to be board
21 certified preceptors to come back every three
22 years to go through a course to show them how to
23 do that but instead, an individual would request

1 of the Board to become a preceptor, that there
2 would be a three-hour program, that it would be
3 done one time, not every three years, and that
4 there would be a test. An individual would have
5 to pass the test to gain that credential. There
6 was not strong opinion about whether that
7 three-hour program should or should not have
8 CEs. It was less than 50/50 there and most
9 people just didn't have an opinion.

10 The question came up that if we
11 implemented these changes and reached back into
12 the law and touched everything that would have
13 to be touched, and from my memory that it seemed
14 like there are about five or six laws that have
15 to be touched and at least the one main rule, I
16 think it's .16 if I'm not mistaken, and there
17 may be another rule in there, and was the group
18 aware that this was going to be a process that
19 required changes in laws and rules and the group
20 was aware and said, yes, they're fully aware
21 that these could not be accomplished without
22 these significant changes.

23 The group pointed out as I've stated

1 at the beginning of my remarks that these need
2 to be in place by no later than May of 2014 if
3 we hope to accomplish this for the class that's
4 going to be finishing up pretty soon.

5 Okay. That's kind of an encapsulized
6 version of that and before I just open it up for
7 general comments and questions, I want to ask --
8 I didn't prepare Lynn for this, so she doesn't
9 know I'm about to call on her, but I want to ask
10 her to make any comments that she would like to
11 make because she was an integral part of the
12 task force and put together these remarks from a
13 document -- she didn't make the document. The
14 document is the literal comments sent in, typed
15 in by individuals on the task force who were
16 invited to participate and was there anything,
17 Lynn, that I overlooked or underemphasized that
18 you think the group ought to know about?

19 MS. STEVENSON: I don't think so, Tim.
20 I guess the only thing I would add is the task
21 force was provided with several documents from
22 the ACPE accreditation standards that relate to
23 the practice experiences and I provided those

1 trying to show the group that, you know, all of
2 requirements that schools are held accountable
3 for as far as student training. That would be
4 the only thing I would add to that.

5 I did -- you may want to wait on
6 questions. I had one point of I guess question
7 or clarification on one of the things that you
8 said regarding --

9 DR. MARTIN: Why don't you go ahead
10 and move into that and then we'll open it up for
11 everyone.

12 MS. STEVENSON: Okay. The leaving in
13 400 hours related to requirements outside the
14 curriculum, can you clarify kind of what the
15 thought was on that? I wasn't sure exactly how
16 that would play in to the requirements that --
17 the other requirements that we talked about
18 changing.

19 DR. MARTIN: Yeah, I mean, if the
20 school has got to deliver the 1,700 as a result
21 of the curriculum and meet all of those others,
22 how -- how are we going to have the individuals
23 get the 400? Are we going to require -- does

1 that mean requiring actually 2,100, you know --

2 MS. STEVENSON: Right.

3 DR. MARTIN: -- instead of 1,700 and I
4 don't know the answer to that. One person
5 pointed out that there are some studies, and I
6 don't know if that means one or 49, that require
7 that those individuals gain some training and
8 experience outside of the curriculum prior --
9 either prior to sitting for the boards or maybe
10 taking their boards but prior to becoming
11 licensed, so I don't know how big or small that
12 is.

13 MS. STEVENSON: I don't know that
14 either. I do know that Georgia is one of those
15 states that requires students to -- I believe
16 it's 500 hours that they have to obtain when
17 they are not enrolled in school, so meaning
18 during the summers, during holiday breaks,
19 whatever the case may be. And then on the other
20 end of that also, there are some states who
21 don't count hours at all and simply say that if
22 a student has graduated from an accredited
23 school of pharmacy, then they're eligible for

1 licensure.

2 DR. MARTIN: Yeah.

3 MS. STEVENSON: So there's a lot of
4 variability there.

5 DR. MARTIN: Yeah, and then I guess
6 their -- that state's Board of Pharmacy is
7 trusting that that school is in touch with that
8 NABP requirement or you know, maybe sometime in
9 the future NABP gets to the point where they
10 remove the 1,700 requirement.

11 MS. STEVENSON: Yeah.

12 DR. MARTIN: Yeah, good points. I
13 don't have the answer to those by the way.

14 MS. STEVENSON: Yeah, I don't
15 either.

16 DR. MARTIN: Eric.

17 MR. MORGAN: Talking about the 400
18 hours, if we -- if we eliminate the traditional
19 vernacular from the law, what would you qualify
20 those 400 hours as?

21 DR. MARTIN: At this point, the task
22 force is only saying that since some other
23 states may require that, that we should consider

1 leaving the 400 requirement in but they're not
2 saying what it should consist of other than
3 hours gained outside of the curriculum. Anyone
4 else?

5 MS. STEVENSON: I guess if we're
6 thinking that way, and this is just my opinion,
7 I would say that those 400 hours should count
8 toward the 1,700. That would be my opinion on
9 that.

10 DR. MARTIN: Okay.

11 MS. STEVENSON: So it wouldn't be
12 2,100. It would be 1,700 including those 400 --

13 DR. MARTIN: Yeah.

14 MS. STEVENSON: -- extracurricular
15 hours.

16 DR. MARTIN: Yeah, yeah. Well, I
17 think practically, you know, what might happen
18 and it may be too early to be getting down in
19 the weeds on this but I think practically what
20 might happen is they get their 1,700 from the
21 curriculum anyway and then they have to get
22 their 400. So whether it ends up at 1,700 or
23 2,100, there are at least 1,700 hours.

1 MS. STEVENSON: Sure.

2 DR. MARTIN: And those are delivered
3 by the school in a way that meet ACPE
4 requirements. It's kind of like, you know, when
5 I graduated, we had to have a boat load of
6 hours, you know, after you graduate and so
7 it's -- I don't know exactly how it's going to
8 turn out.

9 DR. MARTIN: Hey Cara.

10 MS. LEOS: So is there a way to find
11 out -- I graduated from one of those states
12 where you had to get whatever the curriculum was
13 plus work hours as well before you sat for the
14 boards. Is there any way to find out in this
15 current era with the hours being upped by NABP
16 and everything what other states are requiring
17 and what are they doing because I guess part of
18 me too is kind of wondering, I don't know how to
19 ask this any other way, what does it matter what
20 we require here in Alabama if we're worrying
21 about students leaving here and going out of
22 state to other boards of pharmacy?

23 DR. MARTIN: Well, I think that brings

1 up a couple of good questions. One is can we
2 determine what the requirements are in other
3 states and the answer to that is yes. Can we do
4 it -- is it going to be easy to do that or not
5 easy? I don't have an answer to that. I'd
6 probably have to defer to Mitzi.

7 MS. ELLENBURG: We do a pharmacy law
8 survey through NABP every year and that's part
9 of it. It's called NABPLAW and you can go in
10 there and find out.

11 DR. MARTIN: So you think that
12 information exists in a matter of just
13 researching it to determine that, so we should
14 be able to determine, if I'm understanding what
15 you're saying, how many other states require --
16 what their requirements are?

17 MS. ELLENBURG: Yes, sir.

18 DR. MARTIN: If there's a curricular
19 requirement, if there's a noncurricular
20 requirement, and what those numbers are.

21 MS. ELLENBURG: Yes, sir.

22 DR. MARTIN: And can you help me put
23 that together? I'll work with you and we'll --

1 MS. ELLENBURG: Sure.

2 DR. MARTIN: We'll get those numbers.

3 The second question, and let's see, I
4 was looking for Jennifer or Patricia. They're
5 not here this morning so I'm going to have to
6 depend on Lynn. What would happen in the case
7 of a student who went to Auburn or Samford and
8 let's say that this was in place and we did not
9 have the 400 or 500 and then they went to
10 Georgia, how does Georgia address that? They
11 have to work 400 in Georgia?

12 MS. STEVENSON: I would think they
13 have to work however many -- I think it's 500
14 hours before they would be able to get their
15 license.

16 DR. MARTIN: Yeah.

17 MS. STEVENSON: Would be my
18 interpretation of that.

19 DR. MARTIN: Yeah. So right now --
20 I'll come to you in just a second.

21 MS. JONES: That's fine.

22 DR. MARTIN: So right now it's
23 perceived by some students -- and I think we

1 have a pretty good representation of students
2 here this morning who may want to respond --
3 that the traditional hour component is a burden
4 for those people in Alabama that have to seek
5 out those traditional experiences as interpreted
6 currently by the Board. And as a result of
7 that, some -- some students actually have left
8 the State of Alabama to go to places where
9 that's not required.

10 So it might just flip the table where
11 if you received your training in Alabama and you
12 seek to be registered in Alabama that penalty is
13 not there but the penalty is on the other side.
14 If you go to Georgia, if you go to another state
15 that requires hours, you'd just have to meet
16 their requirements and that would probably be a
17 smaller number of student -- obviously that
18 would be a smaller number of students affected
19 that way than, you know, the way we're affecting
20 them now.

21 MS. STEVENSON: True.

22 DR. MARTIN: Do you guys have any
23 comments on this? I know we have y'all. Let us

1 know how you feel about it.

2 COURT REPORTER: State your name
3 first, please.

4 MS. GOSNELL: Amanda Gosnell. I've
5 worked in pharmacy for seven years full-time
6 even while I'm in school and so it's not going
7 to be a problem for me to get those hours at all
8 but I know that there are several students in my
9 class that have had issues finding jobs outside
10 because we are a pretty saturated area and so
11 that's -- that's where I would see the issue
12 being is with some of those people that haven't
13 had prior pharmacy practice trying to go in as
14 an extern, get hired in as an extern with no
15 experience to get those 400 hours.

16 DR. MARTIN: Yeah, that's pretty much
17 consistent with what we're hearing.

18 Louise, you had a comment, I believe.

19 MS. JONES: Mine was just more on the
20 time line. I heard you mention earlier that to
21 have it really be helpful for this year, it
22 would need to be effective May. So knowing the
23 administrative procedures process is usually

1 about a three-month turnaround at the quickest
2 unless you do an emergency rule, which I don't
3 think this would qualify for, you would be -- I
4 would just recommend that if you could work out
5 what you think you would want those hours
6 requirements to be, let's go ahead and have
7 y'all kind of work on that, file it, and then as
8 the research is done in the next month, you
9 could come back and amend based on those
10 comments and that research so that you don't
11 lose a month during that valuable time line
12 would just be my suggestion.

13 DR. MARTIN: I think that's exactly
14 what the plan has to be if we're going to have
15 any hope of getting that done and we're hoping
16 and believing that the bulk of these changes
17 will go -- excuse me, are going to be reflected
18 in the rule and not in the sections of the law
19 that have to be updated, and you know, I
20 probably shouldn't say this on the record but
21 you know, I think the rule is the main part and
22 if there's a law and if it touches preceptors
23 and it takes us a while to wash that out, I

1 don't see a problem with that. That would be at
2 the mercy of, you know, the other board members
3 agreeing to that.

4 MS. STEVENSON: One thing, Tim, that I
5 didn't mention earlier related to preceptors and
6 preceptor training, and folks may be aware of
7 this, I don't know, but schools are required to
8 provide preceptor development ongoing. So any
9 preceptor who is a preceptor of the schools of
10 pharmacy receive preceptor development on an
11 ongoing basis, so.

12 DR. MARTIN: Good. Well, we've got
13 about three minutes left for any final comments;
14 otherwise, I'll begin a wrap-up. So no
15 additional comments, okay.

16 Mark has stepped out and I believe Dan
17 did too but I'm going to take a risk of opening
18 the floor to ask if there are any other -- we
19 won't have time to talk about topics this
20 morning but if there are topics that you would
21 like to see in the future work session, you
22 know, feel free at this point to let us know
23 what they are so we can begin scheduling those

1 for a future agenda, okay.

2 MS. JONES: I have one that I haven't
3 researched yet so this is still very fresh for
4 me. I had a call this week from a pharmacist
5 who works in a community setting where they do
6 not have a space that is truly private, and I
7 use that term very loosely, and she was just
8 stating concerns that if she had someone
9 approach the counter and she felt like there was
10 a forgery potentially, something fraudulent with
11 the prescription, she had nowhere to go where
12 she could make a phone call to the authorities
13 without the patient hearing her and she feared
14 for her safety in those situations and she said
15 she finds herself squatting behind a counter
16 with a telephone draped down trying to whisper
17 into the phone because she's actually even had
18 patients follow her home before and threaten
19 her.

20 And so just in more of a safety issue,
21 understanding your charge is public safety but
22 it is also still looking at the requirements of
23 a pharmacy so that adequate space is there for

1 private conversations, be it consultation
2 required by OBRA '90 or for a pharmacist to be
3 able to contact authorities in extreme
4 situations in privacy, I was just curious if the
5 Board had had complaints like that from
6 pharmacists that you've considered or what
7 guidance you can give us in responding to that
8 or however you would like us to respond or what
9 you're thinking along those lines.

10 DR. MARTIN: I can you give the
11 opinion of one person and there are two others
12 here who would probably be willing to offer
13 their opinions that I haven't heard of that
14 before and I do know that there is a requirement
15 that there be a counseling area in all
16 pharmacies so -- but I could see also where that
17 there may not be a telephone in that counseling
18 area. So the possible remedy is to put a phone
19 extension in the counseling area where they can
20 step over there and have a conversation that is
21 not overheard but I can see where that would be
22 something that would be threatening, you know,
23 to an individual when they think they're dealing

1 with someone who is brazen enough to bring in a
2 forged prescription, they could be brazen enough
3 to do something else and I guess the individual
4 has approached their PIC or their manager or the
5 owner to say, you know, hey, I'm unsafe here, I
6 feel unsafe and can we get another phone line
7 and things like that but I'm sure --

8 MS. JONES: It's in a large chain
9 that's a national chain and so they've exhausted
10 what they felt like were their measures that
11 they could with their supervisor and she did
12 state that there is a counseling area but it's a
13 very open air, there's not really privacy, and
14 she stated that the patients will continually
15 line up right behind it, so there's not really
16 any privacy that's guaranteed there for them and
17 she was just expressing concern for her own
18 safety --

19 DR. MARTIN: Yeah.

20 MS. JONES: -- in those situations, so
21 I just wanted to kind of put that out there,
22 make you aware that we've been made aware of
23 that. I don't really know, you know, what

1 platform there is to do anything about that, to
2 require pharmacies to have a, you know, an area
3 that a pharmacist could go to to make a phone
4 call to authorities --

5 DR. MARTIN: Yeah.

6 MS. JONES: -- or to get behind if
7 they felt like someone was about to threaten
8 them in some way.

9 DR. MARTIN: Yeah, yeah.

10 MS. JONES: So I just didn't know if
11 there were any requirements I wasn't aware of.
12 I know that the counseling area is required but
13 it doesn't have to be safe as far as like closed
14 in. It doesn't have to be -- have a phone.

15 DR. MARTIN: Yeah.

16 MS. JONES: So I just didn't know if
17 there was anything that you were aware of that I
18 could assure her of.

19 DR. MARTIN: You know, I don't know
20 anything. I'm going to defer to David and Buddy
21 but, you know, if one of the inspectors came in
22 and they saw a counseling area and they saw four
23 people standing in it and they weren't related

1 to the individual receiving the counseling,
2 there might be a remark or further action, you
3 know, about that. But I think the onus is going
4 to be on the pharmacy chain to do that and
5 David --

6 MR. DARBY: I'll -- go ahead.

7 MR. BUNCH: I never have run into
8 that, you know, before, never had that question
9 asked but just off the top of my head, I
10 would -- everyone has cell phones. If she felt
11 that threatened, I would take a cell phone, go
12 into the ladies restroom and make a telephone
13 call. That would be the quickest thing to do if
14 she felt threatened, I think, maybe do that.
15 That may not be the best way to handle it, but
16 again, going up the chain of command. Evidently
17 that's not getting her anywhere either if she's
18 done that. I don't know a good answer except
19 just to get your cell phone and hide in the
20 corner and call the police.

21 MR. WELLS: I just have one
22 suggestion. If you have got a forged script, I
23 would say come back in an hour when it's ready.

1 Go find the police and if they pick it up, then
2 they can arrest them once they pay for it.

3 MR. BUNCH: That's good -- yeah,
4 that's good. That kind of takes it out of their
5 hands, call the police and then let them come in
6 and handle it. Yeah, that's good.

7 MR. DARBY: I've had -- you know, I
8 work in a very small space and I understand what
9 she's saying that, you know, where we have -- we
10 have to go the back. We have a back office and
11 we always have multiple pharmacists there and I
12 think probably the issue that this pharmacist is
13 having is that she's there by herself, and so if
14 she were to leave the pharmacy and go to the
15 restroom, now she's got to lock up the pharmacy
16 and get everybody out and so you've got those
17 issues as well. But I think -- I think that's
18 the best alternative is just say, I've got a
19 question -- you know, tell the person, I've got
20 a question on this script.

21 That's probably going to solve it
22 right there because they don't want, you know,
23 any attention brought to it, so it's -- it does

1 put the pharmacists in a very uncomfortable
2 position but I've actually made the call in
3 front of people a lot of times, just let them
4 know, and you'd be surprised how many of them
5 will wait around. But there's -- there's not a
6 good -- there is not a good solution to it.
7 It's always a very uncomfortable situation to be
8 in whether you're in a glass encased pharmacy
9 or -- or you're out there in the open.

10 Now, I think probably her fear is when
11 she leaves the pharmacy more so than --

12 MS. JONES: Well, and on top of that,
13 she said that her employer is now requiring her
14 to post a picture of all -- each staff has to
15 post their picture and their full name and even
16 their address.

17 DR. MARTIN: I'd push back on that.

18 MR. DARBY: Yeah, I don't know if --

19 MS. JONES: She said she's had people
20 come to her house.

21 MR. DARBY: Yeah, I don't know if
22 that's a place for the Board to intervene but
23 certainly --

1 MR. BUNCH: You have to post all of
2 that in the store?

3 MS. JONES: Uh-huh, she said she's
4 told her supervisor she's not putting it up.

5 MR. DARBY: Yeah.

6 DR. MARTIN: I wouldn't either.

7 MS. JONES: So she may not have a job
8 there anymore but it just was very concerning to
9 me to have that kind of call and I thought, wow,
10 it's that bad. I knew that y'all were on the
11 front lines with certain things but.

12 MR. DARBY: Yeah, I think that's a
13 marketplace situation as far as a workplace
14 environment and her remedy is probably outside
15 the Board of Pharmacy on something like that.

16 MR. BUNCH: Glenn, Mark, do y'all see
17 that in the stores you're going in, do you see
18 the pharmacist's name and their address and all
19 posted up there?

20 MR. WELLS: Yes, sir, I haven't seen
21 the address but I've seen the name and the
22 picture right next to their license.

23 MR. BUNCH: Right, I've seen that but

1 I've never seen the address.

2 MR. WELLS: No, sir.

3 MR. DELK: You know, like they'll have
4 a picture of RPh Bunch is your pharmacist today
5 or something to that extent.

6 MR. BUNCH: Yeah, yeah.

7 MR. DELK: But the problem is, what
8 Louise is talking about, is you've got different
9 perceptions on how you want the pharmacy. Do
10 you want an enclosed area like a gas station
11 where, you know, you're passing scripts
12 underneath or do you want it open and friendly
13 to the public and I see what you're saying and
14 then when the Board came out with the
15 consultation rule, the rule was good and the
16 intent was good but then you've got to train
17 your customers and I've gone in, you know, you
18 go in pharmacies every day where you'll be
19 sitting at the cash registers and go in waiting
20 to meet the pharmacist and somebody yell over
21 the counter, hey, can I take this with so and so
22 and they don't use the consultation area.

23 MR. BUNCH: It happens every day in my

1 store they come in.

2 MR. DELK: But there is -- there is
3 more of a threat out there as you say, Louise,
4 and more and more people, there's a criminal
5 intent, and you know, the pharmacies have got a
6 lot of what the public wants.

7 DR. MARTIN: Yeah.

8 MR. DELK: But I wouldn't put my
9 address up there.

10 DR. MARTIN: But I think -- I think
11 David is right, that the fear is probably
12 extending beyond the work hours, so at that
13 point it becomes a little more of a personal
14 safety issue.

15 MR. BUNCH: And that's just a --
16 that's just a real issue of having to deal with
17 all the robberies and kidnappings are a lot of
18 the problems of pharmacists, I'm very aware of
19 that myself even in a small town.

20 DR. MARTIN: Well, I appreciate your
21 participation. We're running a little bit
22 over --

23 COURT REPORTER: I need everyone to

1 introduce themselves that hasn't.

2 DR. MARTIN: If you came in after we
3 went through the introductions initially, would
4 you just please stand up and state your name,
5 who you represent for our court reporter.

6 MS. LEOS: Cara Leos with ALSHP.

7 MR. MOUNT: Gary Mount, director of
8 pharmacy, Baptist South Montgomery.

9 MR. BUSH: And I'm Aubrey Bush with
10 Baptist South Montgomery.

11 MR. McENIRY: Jay McEniry with
12 MediStat.

13 MS. JONES: Louise Jones, Alabama
14 Pharmacy Association.

15 DR. MARTIN: We'll take about a five-
16 or ten-minute break and convene back sometime
17 between 9:00 and 9:05 for the business session.
18 Thank you.

19

20 (Whereupon, the work session was
21 concluded at 8:53 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 work session 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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