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ALABAMA STATE BOARD OF PHARMACY

BUSINESS MEETING

Wednesday, January 20, 2016

9:11 a.m.

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

REPORTER: Sheri G. Connelly, RPR

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ATTENDEES

BOARD MEMBERS:

- Tim Martin, President
- Buddy Bunch, Vice President
- David Darby, Treasurer
- Donna Yeatman, Member
- Ralph E. Sorrell, Member

ALSO PRESENT:

- Susan Alverson, Ph.D., Executive Secretary
- Cristal Anderson, Director of Compliance
- Mitzi Ellenburg, Director of Operations
- Michael Garver, DMD, Wellness Committee
- Eddie Braden, Chief Inspector
- Mark Delk, Drug Inspector
- Glen Wells, Drug Inspector
- Peyton Zarzour, Drug Inspector
- Mitzi Ellenburg, Director of Operations
- Terry Lawrence, Board of Pharmacy
- Rhonda Coker, Board of Pharmacy
- Lindsay NeSmith, Intern
- Hamad Nawaz

- 1 Shalyn Creel
- 2 Amy Borders
- 3 Cherry Jackson
- 4 Charlie Cook
- 5 Clint Peevy
- 6 Gary Mount
- 7 Nancy Bishop
- 8 Matthew Muscato
- 9 Dane Yarbrough
- 10 Tim Koch
- 11 Chad Souers
- 12 Micah Mathews
- 13 Ronda Lacey
- 14 Becky Sorrell
- 15 Louise Jones
- 16 Tracy Davis
- 17 Kelli Newman
- 18 Ballard Smith
- 19 Clemice Hurst
- 20 Bruce Harris
- 21 Chris Burgess
- 22 Carter English
- 23 Bart Bamberg

- 1 Eddie Vanderver
- 2 Julie Hunter
- 3 Jon Linna
- 4 Wes Averett
- 5 Lee Foreman
- 6 Dan McConaghy
- 7 Glenn Wells

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11 DR. MARTIN: Welcome to the January  
12 2016 meeting of the Alabama State Board of  
13 Pharmacy. We are glad you are here. We will  
14 start in just a second once we have everybody  
15 back.

16 To begin the meeting, I'll ask the  
17 Board members to take a look at the agenda  
18 that's in front of you, give you a second to  
19 look at that. Do you have any changes proposed  
20 for the agenda?

21 (No response.)

22 DR. MARTIN: Hearing none, I'll  
23 entertain a motion to adopt the agenda for

1 today.

2 MR. DARBY: I make a motion we adopt  
3 the agenda as presented.

4 MS. YEATMAN: Second.

5 DR. MARTIN: All those in favor?

6 MR. SORRELL: Aye.

7 MR. DARBY: Aye.

8 MR. BUNCH: Aye.

9 MS. YEATMAN: Aye.

10 DR. MARTIN: And I notice that we do  
11 have a quorum and we can proceed. And our first  
12 presentation we'll take today is from Marshall  
13 Medical Center.

14 No, we're going to take it out of  
15 order. We're going to allow Dr. Garver to give  
16 us a report on Wellness --

17 DR. GARVER: Great. Always glad to go  
18 first. Thank you.

19 DR. MARTIN: -- and let you get out of  
20 here and back on the road.

21 DR. GARVER: That's great. I've got  
22 to go to Bradford this morning and I appreciate  
23 that.

1 I do want to wish y'all a Happy New  
2 Year and just tell you a little bit of a -- I  
3 found a -- something new about my parents and my  
4 mom, especially, during the holidays. My mom's  
5 birthday falls between Christmas and New Year's,  
6 so we always use Christmas to kind of celebrate  
7 her birthday and she's 91, and so we had her  
8 over and we had Linda's mom over, she's 96, and  
9 after they knocked a bunch of paint off the wall  
10 getting their scooters in the house and knocking  
11 the tea over at the table by banging in the  
12 table and they're complaining the whole time.

13 We had a great meal. The grandkids  
14 loved it. They all left. We're sitting around  
15 the fire in the den, I get a phone call and it's  
16 a dentist that I have in treatment. So I go in  
17 the living room, and I sit and the guy's real --  
18 you know, he's morose and sad. He's not with  
19 his family, of course, during Christmas. So we  
20 talk about 20 minutes and he hangs up the phone.  
21 I literally try to get up off the sofa and the  
22 phone rings again and it's a pharmacist that I  
23 have in treatment.

1           They do the same thing. They talk to  
2 me and she's very sad, and you know, we go  
3 through all the stuff you pretty much have to go  
4 through when you're not with your family and  
5 scared and angry, and so I get off the phone and  
6 I start to get up again and I look and my mother  
7 has wandered in with her little mobile walker  
8 and she's frowning and she looks at me and says,  
9 you know, it's just rude for people to call on  
10 Christmas Day.

11           I said, well, we talk to all our  
12 relatives on Christmas Day. She said, no, it's  
13 business. You need to get another job and she  
14 does the mama thing with her finger and I just  
15 kind of looked at her and I said, well, this job  
16 doesn't have any hours. It's kind of all the  
17 time and I needed to talk to these people. She  
18 said, well, it's just rude and you need to get  
19 another job.

20           So I start to get up and Linda's  
21 mother comes in on the scooter and she bangs  
22 into the big, old antique thing Linda has got in  
23 there and something kind of falls against the

1 wall and she's smiling and she says, what are  
2 y'all talking about? And Mother says, he needs  
3 to get another job, and she says, I'm tired of  
4 hearing about jobs, just like that to me. I'm  
5 tired of hearing about jobs. This is Linda's  
6 mother.

7                   So I'm thinking, okay, here's 187  
8 years worth of women sitting here and as far as  
9 I know, neither one of you have ever been  
10 gainfully employed their entire lives and  
11 Ms. Hasty looks at me and she says, so what.  
12 She wheels around and goes back to the fire and  
13 my mother looks at me and she said, it's just  
14 real sad, you need another job. So she wanders  
15 out.

16                   So I'm sitting on the sofa and I'm  
17 thinking, you know, I'm starting to get a little  
18 hot here and here and so all of a sudden I  
19 thought, you know, these two old women live in a  
20 retirement home where they are literally waited  
21 on hand and foot day in and day out. They go to  
22 the movies. They go to the mall. They get  
23 their shots. They get taken to vote and they

1 don't have anything else to do other than what  
2 they do and what they do, their only employ,  
3 their only job is to say whatever they want, to  
4 whoever they want, about whatever they want to  
5 say without any regard as to what it means to  
6 other people.

7           And so I -- the gratitude that I felt  
8 right then was that's a job I can look forward  
9 to. I'm serious, that's what I thought. So  
10 with that, I'm just going to read this into the  
11 record.

12           DR. ALVERSON: I'll be there in about  
13 five years, so.

14           DR. GARVER: Thank you.

15           DR. ALVERSON: You're welcome.

16           DR. GARVER: There are presently 153  
17 people in our screening program with signed  
18 contracts and orders. This number includes any  
19 individuals on a diagnostic monitoring contract  
20 but does not include any of the health  
21 professionals listed below.

22           There are currently three pharmacists  
23 in inpatient treatment. There is one pharmacist

1 going for evaluation and there is one tech going  
2 for evaluation.

3 Now, that's changed since the end of  
4 the year. Just this week we have a pharmacist  
5 who reported to me and who is in treatment. We  
6 have another pharmacy health professional, I  
7 don't know if they're a tech or a pharmacist,  
8 who is at the treatment center but so far  
9 refuses to report their name and report to the  
10 Pharmacy Board, but I'm headed up there today to  
11 talk to them and see if we can work something  
12 out to get them to go ahead and do the right  
13 thing, so we do have two people that are fresh  
14 into this new year.

15 The total number of pharmacy health  
16 professionals identified and worked with in 2015  
17 is 37. There were 21 pharmacists, 12 pharmacy  
18 techs, and four students. That was 37 people.  
19 That's down a little bit from last year, but  
20 still it's very healthy. All of these people  
21 have been worked with either satisfactorily or  
22 conclusively in some sort of way in 2015.

23 There are 78 individuals in facility-

1 driven aftercare and all the people, including  
2 those 37 people that we've -- we've worked with,  
3 all of those who have been in a position to  
4 finish treatment, evaluations, and treatments  
5 either have hearings scheduled or in the queue  
6 to have hearings scheduled and have mentors and  
7 are being monitored by the committee at this  
8 time, so that's it.

9 Any questions? Anything I can answer  
10 for anybody?

11 DR. MARTIN: Questions for Dr. Garver?

12 (No response.)

13 DR. MARTIN: Thank you for a good  
14 report but especially thank you for starting our  
15 new year off with some levity.

16 DR. GARVER: Well, yeah, I'm hoping  
17 that she'll be around to provide some more.  
18 Good to see you.

19 DR. MARTIN: Before we proceed with  
20 the presentations, let's have introductions of  
21 our guests so this is for the purpose of the  
22 record for the reporter, so if you would, stand,  
23 tell us who you are, who you represent or

1 otherwise why you're here and address your  
2 remarks to this young lady so she can get your  
3 name in the record, please, and we'll start  
4 right here on the front row and proceed around.

5 MS. NESMITH: Lindsay NeSmith, Samford  
6 University.

7 MS. COKER: Rhonda Coker, Board of  
8 Pharmacy.

9 MS. ELLENBURG: Mitzi Ellenburg, Board  
10 of Pharmacy.

11 MR. LAWRENCE: Terry Lawrence, Board  
12 of Pharmacy.

13 MR. NAWAZ: Hamad Nawaz, Harrison  
14 School of Pharmacy.

15 MS. CREEL: Shalyn Creel, Harrison  
16 School of Pharmacy.

17 MS. BORDERS: Amy Borders, Harrison  
18 School of Pharmacy.

19 MS. JACKSON: Cherry Jackson, ALSHP.

20 MR. COOK: Charlie Cook, Marshall  
21 Medical Centers and ALSHP.

22 MR. PEEVY: Clint Peevy, Baptist  
23 Health, Montgomery, Alabama, and ALSHP.

1 MR. MOUNT: Gary Mount, Baptist  
2 Health.

3 MS. BISHOP: Nancy Bishop, Department  
4 of Public Health.

5 MR. MUSCATO: Matthew Muscato,  
6 Walgreens Pharmacy.

7 MR. YARBROUGH: Dane Yarbrough,  
8 Walgreens Pharmacy.

9 MR. KOCH: Tim Koch, Wal-Mart  
10 Corporation, Bentonville, Arkansas.

11 MR. SOUERS: Chad Souers, Wal-Mart.

12 MR. MATHEWS: Micah Mathews, Wal-Mart.

13 MS. LACEY: Ronda Lacey, McWhorter  
14 School of Pharmacy.

15 MS. SORRELL: Becky Sorrell, Ritch's  
16 Pharmacy, Mountain Brook.

17 MS. JONES: Louise Jones, Alabama  
18 Pharmacy Association.

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

21 MS. NEWMAN: Kelli Newman, Medicaid.

22 MS. SMITH: Ballard Smith, Harrison  
23 School of Pharmacy.

1 MS. HURST: Clemice Hurst, Medicaid.

2 MR. HARRIS: Bruce Harris, APCI.

3 MR. BURGESS: Chris Burgess, Heritage  
4 Compounding Pharmacy, Mobile.

5 MR. ENGLISH: Carter English,  
6 Department of Mental Health.

7 MR. BAMBERG: Bart Bamberg, Publix  
8 Supermarket.

9 MR. VANDERVER: Eddie Vanderver, CAPS,  
10 Incorporated.

11 MS. HUNTER: Julie Hunter, Omnicare.

12 MR. LINNA: Jon Linna, Senior Care  
13 Pharmacy.

14 MR. AVERETT: Wes Averett, Turenne  
15 PharMedCo.

16 MR. FOREMAN: Lee Foreman, Turenne  
17 PharMedCo.

18 MR. MCCONAGHY: Dan McConaghy,  
19 miscellaneous.

20 MR. ZARZOUR: Peyton Zarzour, Board of  
21 Pharmacy.

22 MR. WELLS: Glenn Wells, Board of  
23 Pharmacy.

1 DR. MARTIN: There are at least two  
2 things that make this a momentous day. Number  
3 one, it's the first time in five years  
4 Mr. McConaghy has not been on this side of the  
5 bench, and number two, we have a new board  
6 member I'd like for you to help me welcome,  
7 Mr. Ralph Sorrell, to my far right.

8 Okay. I think now we're ready for  
9 presentations. Charlie.

10 MR. COOK: I want to thank the Board  
11 for the opportunity to represent Marshall  
12 Medical Center Health System. I didn't really  
13 think I was going to get this, but pretty much  
14 we're asking permission of the Board to be able  
15 to have remote order entry between our health  
16 care systems.

17 We actually have -- we're in Marshall  
18 County. Our health system is basically owned by  
19 the County. We have an authority board that our  
20 CEO basically reports to. The pharmacies are  
21 managed by myself and Mike Burr, who is actually  
22 employed by Cardinal Health, so we have  
23 management contracts by that.

1           We have about 195 practitioners  
2 throughout our county. That's included as mid-  
3 level as well. We have South, which I'm just  
4 going to kind of throw up the stats. I know  
5 time is short, to make sure we get through it  
6 and you have plenty other time for other things.

7           But we have about 39,000 ER visits a  
8 year and then North. We have the cancer center  
9 in between. Going back to the map, you can see  
10 one is on one end of the county, the other is on  
11 the other end of the county, and then the cancer  
12 center is kind of in the middle where we have 16  
13 infusion chairs. And then there's North, who  
14 has about 30,000 ER visits as well.

15           We share -- pretty much our core  
16 electronic system is the same, which is CPSI.  
17 They changed their name in the last year, which  
18 was Evident. That's the example of it on the  
19 top and then our automated dispensing machines  
20 are Omnicell, which is down at the bottom.

21           Our hours of operation, neither one of  
22 us is 24/7, and so North stays a little bit  
23 longer open until about eight o'clock at night.

1     Saying all of that, we do have pharmacists on  
2     call where they get called in.  Primarily one of  
3     the main reasons is with the way health care is  
4     changing, our CEO is thinking that there could  
5     be possibly a mandate or a requirement that we  
6     would have to have 24/7 coverage at some point  
7     in time, so we're trying to go ahead and get  
8     this permission so that way we could have that  
9     ready so that moving forward, if we needed to  
10    open up a 24/7 pharmacy, we'd already have the  
11    permission and then South could possibly or  
12    North could possibly cover the other hospital  
13    while we're open -- while they're open.

14             The other thing being sometimes  
15    there's surges.  We come in in the morning and  
16    so the orders have been scanned throughout the  
17    night so then we're doing our 24-hour review and  
18    looking at the orders and so looking at both  
19    hospitals early in the morning, there's a huge  
20    amount of orders that has to be done and so if  
21    something were to happen to a pharmacy  
22    personnel, South would be able to help or pull  
23    out North or North would be able to help and

1 pull out South, especially during that time to  
2 make things a lot more safer.

3           Again, this is kind of what they look  
4 at every morning when the pharmacist comes in.  
5 To the left, you see all the little notations  
6 there. That is normally queued up. It can be  
7 anywhere from 90 all the way down to 40, just  
8 depending -- there's a variation on our census  
9 and what's coming in and that's what it looks  
10 like to the pharmacist there to the right and  
11 then they pretty much verify it in the CPSI  
12 system, the orders being entered in or they  
13 enter them in theirselves or you have CPOE where  
14 the doctor has entered them in and so then they  
15 verify those.

16           This is kind of just a typical remote  
17 order entry system where we would follow and  
18 pretty much due to our sizes, we're small  
19 hospitals, both of us, but combined together  
20 we're -- I mean, it's almost 240 beds if you put  
21 us both together. We're just covering the  
22 entire county. Together we have a census that  
23 can go from where we have 40 all the way up to

1 maybe 80 and then that's just one hospital and  
2 then it can go the same way. So it depends on  
3 the time of the year. It depends on the season  
4 and it depends on what's happening with those  
5 particular patients, so we get a surge or a  
6 variation of how many orders we would have.

7           So again, being able to help cover one  
8 another or being able to help one another out  
9 where there's a bind is -- is really one of the  
10 main reasons why the CEO is asking for this  
11 right now. He did say and I did ask him would  
12 there be any reduction of staff or anything like  
13 that and he assured us that there would not be  
14 any. In fact, more than likely, there would  
15 probably be an increase in staff, especially if  
16 he decides to go to where we have a 24/7  
17 pharmacy and have a third-shift pharmacy, so  
18 that's kind of the proposal in a nutshell.

19           If y'all have any other questions -- I  
20 tried to keep it brief, so.

21           DR. MARTIN: So to be clear and for  
22 the record, what you're asking for is I believe  
23 two things: One, remote order processing

1 between the two facilities or have you already  
2 had that?

3 MR. COOK: No, sir, we don't have it  
4 where we're covering each other's orders.

5 DR. MARTIN: Or after hours?

6 MR. COOK: No, sir.

7 DR. MARTIN: So you're asking for both  
8 remote order processing and work -- what we call  
9 work balancing.

10 MR. COOK: Yes, sir.

11 DR. MARTIN: Questions from the Board?

12 MR. DARBY: Would the cancer center be  
13 part of this as well?

14 MR. COOK: Yes, sir, potentially it  
15 could be, yes, sir. A pharmacist there can  
16 also, where they are trained as well on CPSI and  
17 Omnilink, where they could enter in orders  
18 too.

19 MR. SORRELL: Do you have a pharmacy  
20 in the cancer center?

21 MR. COOK: Yes, sir, we do, yes, sir,  
22 and it's normally open 8:00 to 4:00, primarily  
23 they, themselves, are just mixing making the

1 chemo as well as -- that's 100 percent CPOE, so  
2 the oncologists are entering those orders and  
3 they're verifying them there, so.

4 DR. MARTIN: Any other questions?  
5 Charlie, there's some reporting requirements if  
6 the Board chooses to approve your request.

7 MR. COOK: Yes, sir.

8 DR. MARTIN: And we'll get those to  
9 you in the email of how you send those in but in  
10 general, the requirement would be that someone  
11 from your facility or facilities submit that  
12 information on a monthly basis for a year.

13 MR. COOK: Yes, sir.

14 DR. MARTIN: And there's a good track  
15 record there, then we move to quarterly  
16 submission. I believe I have that right. I'm  
17 seeing heads nod in several places.

18 MR. COOK: Yes, sir.

19 DR. MARTIN: We'll entertain a motion  
20 if anybody would like to propose one.

21 MR. BUNCH: I'll make a motion that we  
22 allow Marshall Medical Centers to go ahead and  
23 begin the remote order entry processing.

1 DR. MARTIN: Is there a second?

2 MS. YEATMAN: Second.

3 MR. DARBY: Second.

4 DR. MARTIN: Any further discussion?

5 (No response.)

6 DR. MARTIN: All those in favor of  
7 allowing Marshall to have after-hours coverage  
8 and work balancing, please say aye.

9 MR. DARBY: Aye.

10 MR. BUNCH: Aye.

11 MS. YEATMAN: Aye.

12 MR. SORRELL: Aye.

13 DR. MARTIN: Any opposed?

14 (No response.)

15 DR. MARTIN: Motion passes.

16 MR. COOK: Thank y'all very much. I  
17 appreciate it.

18 DR. MARTIN: Next on the agenda, I see  
19 the treasurer's report, David Darby.

20 MR. DARBY: This is my first  
21 opportunity to give a treasurer's report and  
22 each of you has it in your -- in your Dropbox  
23 already and I would like to point out that Buddy

1 left me with a deficit and I'll have a deficit  
2 all year until -- but in October, I'll pull it  
3 out and I'll hand it over to Donna with plenty  
4 of money, so that -- because that's the way we  
5 think.

6 The important thing to note on there  
7 is that we are 25 percent through the fiscal  
8 year and on the expense side, we have spent 24.5  
9 percent of our budget, so good job to the office  
10 staff staying within the budget and we're on  
11 track.

12 DR. MARTIN: Great. Do we have any  
13 questions of David about the budget? I'll  
14 entertain a motion to receive the treasurer's  
15 report.

16 MS. YEATMAN: I make a motion that we  
17 accept the treasurer's report as eloquently  
18 presented by Mr. Darby.

19 MR. BUNCH: You didn't say that when I  
20 gave it.

21 DR. MARTIN: Is there a second?

22 MR. SORRELL: I second.

23 DR. MARTIN: All those in favor?

1 MR. SORRELL: Aye.

2 MR. DARBY: Aye.

3 MS. YEATMAN: Aye.

4 MR. BUNCH: Aye.

5 DR. MARTIN: The treasurer's report is  
6 received as presented. We need to approve some  
7 previous -- some meetings of previous board  
8 meetings and I'm seeing December 16 board  
9 meeting minutes on my list and so we'll  
10 entertain a motion to have those either approved  
11 or amended, if needed.

12 MR. DARBY: What was that date? Let  
13 me double-check that date. It is the 16th -- on  
14 the cover sheet it says December 15 but it was  
15 actually December 16 according to my calendar.

16 DR. MARTIN: Okay. It's the 16th  
17 here.

18 MR. DARBY: Yeah, it's -- on the  
19 actual minutes it says the 15th.

20 DR. MARTIN: So we do need a  
21 correction to the minutes for the date, so would  
22 you like to, Mr. Darby, propose --

23 MR. DARBY: I make a motion we amend

1 the minutes to accurately reflect the date as  
2 being Wednesday, December 16, 2015.

3 MS. YEATMAN: Second.

4 DR. MARTIN: There's a motion and a  
5 second and I'm assuming that would include the  
6 amending of the minutes and approval as amended?

7 MR. DARBY: Yes.

8 DR. MARTIN: All those in favor?

9 MR. SORRELL: Aye.

10 MR. DARBY: Aye.

11 MS. YEATMAN: Aye.

12 MR. BUNCH: Aye.

13 DR. MARTIN: Any opposed?

14 (No response.)

15 DR. MARTIN: Any other minutes to be  
16 approved today?

17 MR. DARBY: We need to approve the --  
18 I make a motion we approve the minutes of the  
19 December 16, 2015, interview meeting.

20 DR. MARTIN: Is there a second?

21 MS. YEATMAN: Second.

22 DR. MARTIN: Any discussion?

23 (No response.)

1 DR. MARTIN: All those in favor?

2 MR. SORRELL: Aye.

3 MR. DARBY: Aye.

4 MS. YEATMAN: Aye.

5 MR. BUNCH: Aye.

6 DR. MARTIN: They stand approved. Any  
7 other minutes to be approved?

8 MR. DARBY: That's all.

9 DR. MARTIN: Thank you. Mr. Braden,  
10 inspector report.

11 MR. BRADEN: Yes, sir. As the Board  
12 can see on the Dropbox, the complaints that we  
13 received last month along with the inspections  
14 that were completed last month. We're  
15 continuing to do the yearly -- give the yearly  
16 amount and that's what you see beneath that and  
17 we had some additional activities that some  
18 inspectors were involved in.

19 I'd also like to bring up the matter  
20 of in last year's budget, the beginning of this  
21 fiscal year, the Board approved us for two new  
22 positions. Peyton Zarzour was hired in October  
23 and we have the second position filled, Mark

1 Hebert, from Mobile County, Mr. McConaghy's home  
2 county, will start February 1.

3 DR. MARTIN: Did you say Mobile County  
4 was Mr. McConaghy's home county?

5 MR. BRADEN: Well --

6 DR. MARTIN: Is that in South Alabama?

7 MR. BRADEN: It is in South Alabama,  
8 real South Alabama.

9 MR. WARD: As opposed to Andalusia,  
10 which is in Central Alabama.

11 MR. DARBY: Yeah, I will remind you  
12 that Mr. McConaghy no longer has a vote up  
13 here.

14 MR. BRADEN: Yes, sir, and I know  
15 we're in North Alabama. Mr. Darby taught me  
16 well on that yesterday.

17 DR. MARTIN: Any questions for  
18 Mr. Braden?

19 I know we'll have some material to  
20 take up in executive session and we're looking  
21 forward to the addition of a new staff member.

22 MR. BRADEN: Yes, sir, thank you.

23 DR. MARTIN: Susan, secretary's

1 report.

2 DR. ALVERSON: Well, first we'd like  
3 to report that we have completed the renewal  
4 cycle for technicians and I'd like to commend  
5 our staff, everybody in the licensing side for  
6 how hard they worked. We were here New Year's  
7 Eve working as fast as we could and entering as  
8 many renewals as we possibly could.

9 Our challenge this year was to comply  
10 with Alabama law, we needed to enter proof of  
11 citizenship for every technician that was  
12 renewing who had been licensed anytime before  
13 about a year ago, which was almost everybody,  
14 and so that required that they email in a copy  
15 of their driver's license. We had to match  
16 that -- I shouldn't say we. They had to match  
17 that with the application that came in and I am  
18 proud to say when we left here at the end of the  
19 day New Year's Eve, we were up to date with  
20 matching everything that had come in up to about  
21 a half hour before we left, so there really was  
22 nobody or maybe one or two people who submitted  
23 things and we did not get their information done

1 in a timely manner.

2 So I've asked Rhonda to be here to  
3 report on the numbers for you and let you know  
4 where we are with all of that. Rhonda Coker.

5 MS. COKER: Okay. My official yellow  
6 sticky note. We had 10,024 actual renewals --  
7 technician renewals this year. We still have,  
8 and this is approximate because it changes every  
9 30 minutes, we have 1,042 who still have not  
10 turned in their citizenship to us.

11 We are very pleased with our computer  
12 company that we're working with now. That has  
13 made things so much easier. Had we not had this  
14 citizenship problem, it would have been smooth  
15 but we always have something that, you know, we  
16 have to throw in the mix but -- so that's --  
17 that's basically my report.

18 MR. DARBY: What's the status of those  
19 1,042? Are they -- are they just in limbo with  
20 no --

21 MS. COKER: They are in limbo. We  
22 have them on administrative hold and we have not  
23 sent their license out to them yet.

1 MR. DARBY: So there are 1,042  
2 potentially working without a current  
3 registration?

4 MS. COKER: That's correct, and we  
5 also put it on the website on the verification,  
6 when somebody is looking up an employee, if  
7 it -- okay, let me back up.

8 For the computer program to still  
9 perform for this month, through end of the  
10 month, it has to technically show that that  
11 technician is active, but we have asked them to  
12 look at the expiration date. If the expiration  
13 date says 2015, that means that that person has  
14 not renewed. If it says '17, it means they have  
15 renewed but it also should have a status of  
16 administrative hold if they have not turned in  
17 their citizenship yet.

18 MR. DARBY: Is there a process to  
19 notify their employers or --

20 MS. COKER: I talked to our computer  
21 guy about sending out an email or something like  
22 that but he said we don't have that capability  
23 yet. Plans are to get him to do like address

1 labels and we can just send out like a form  
2 letter to everybody that we're still holding and  
3 at least let those people know for sure that  
4 their license is on hold.

5 MR. WARD: Let me ask a question.

6 MS. COKER: Okay.

7 MR. WARD: If a pharmacist or a  
8 pharmacy wants to check the tech registration  
9 and they fall into that category, will it be  
10 clear to the person checking that that person  
11 does not have a valid registration?

12 MS. COKER: I think it's -- you know,  
13 technicians, you can't ever explain things in a  
14 good way, but I think it's pretty explanatory.

15 MR. WARD: Well, let's say --

16 DR. ALVERSON: We have put front and  
17 center on our web page an explanation --

18 MR. WARD: Good.

19 DR. ALVERSON: -- that says that if  
20 your tech does not have a paper renewal form --

21 MR. DARBY: They're not --

22 DR. ALVERSON: -- there's a problem.

23 MR. WARD: What I'm thinking about is

1 someone -- what probably is going to happen is  
2 someone is going to try to get a job somewhere  
3 else and they're going to look and see if they  
4 have a registration. I just want to make sure  
5 it's clear to a prospective employer that they  
6 do not have a good registration.

7 DR. ALVERSON: That is part of the  
8 explanation --

9 MR. WARD: Good.

10 DR. ALVERSON: -- front and center on  
11 the web page and it's also going to be in the  
12 newsletter.

13 MR. BUNCH: Do you have a breakdown of  
14 that group on where they -- if they were like  
15 chain or independent, you don't have any way to  
16 break it out?

17 MS. COKER: No, I don't have any way  
18 to know out.

19 MR. BUNCH: I was thinking if there's,  
20 you know, like a lot of chain you can shoot  
21 one --

22 MR. DARBY: Like if there's one  
23 particular chain that --

1 MR. BUNCH: Yeah.

2 MR. DARBY: Like CVS, Donna.

3 MS. YEATMAN: Thank you, David.

4 DR. ALVERSON: I think my  
5 understanding is most of the chains required  
6 people to actually show their paper copy to  
7 their supervisory pharmacist. I can't say  
8 everybody did it but --

9 MR. DARBY: Yeah, that's -- that's  
10 a -- that's ten percent of them. That's a lot  
11 of people.

12 DR. ALVERSON: It is. It surprised us  
13 that that many people just disregarded  
14 instructions.

15 MR. DARBY: Yeah.

16 DR. MARTIN: Rhonda, do we know how  
17 many chose not to renew?

18 MS. COKER: I want to say we had like  
19 around 13,000 that were active at the time of  
20 renewal, so you know, 10,024 of those.

21 DR. MARTIN: So does that mean there's  
22 about 3,000 pharmacy technicians who were  
23 registered previously but at this time are not

1 registered?

2 MS. COKER: Yes.

3 DR. MARTIN: So they've changed  
4 jobs --

5 MS. COKER: Right, and y'all all know  
6 there's a lot of turnover with technicians.

7 DR. MARTIN: -- out of the profession.  
8 Well, that about would be 3,000 out of 10,000,  
9 that's 30 percent.

10 MS. YEATMAN: But is that -- when you  
11 talk about the 1,000 that are still waiting on  
12 citizenship, are they part of the 3,000 or are  
13 they part of the 10,000?

14 MS. COKER: No, no, they would be  
15 included.

16 MS. YEATMAN: In the 10,000?

17 MS. COKER: They have actually  
18 submitted their renewal, yeah.

19 MS. YEATMAN: Okay.

20 MR. DARBY: So just for curiosity  
21 because the State has gone to great expense and  
22 great trouble to make people prove they're  
23 citizens, how many noncitizens did we catch?

1 DR. MARTIN: And what do we do when we  
2 do?

3 MS. COKER: Yeah.

4 MR. WARD: Do you think anybody really  
5 cares about that? They don't care about that.  
6 They just want the ink that they've got to  
7 pass.

8 DR. ALVERSON: It's created, I'm sure  
9 for every agency just like ours, a lot of work  
10 and a lot of expense.

11 DR. MARTIN: I think those are known  
12 as unfunded mandates, aren't they?

13 Other questions about technician  
14 renewals? Susan, do you have other material?

15 DR. ALVERSON: Our next project with  
16 the computer is going to be to put new  
17 applications for pharmacists on the computer.  
18 That's already finished. We just have to put  
19 the application into the computer and go live.  
20 We didn't want to do that while we were in the  
21 midst of renewing all of these technicians, one  
22 change was enough, so that will most likely  
23 happen before the next board meeting.

1           We have someone from iGov, which is  
2           the new name for CyberBest.

3           DR. MARTIN: Tell us the name again.

4           DR. ALVERSON: iGov.

5           DR. MARTIN: I-G-O-V?

6           DR. ALVERSON: Right, like iRobot.  
7           They'll be here Wednesday. We have installed  
8           the case management system but it is extremely  
9           complex in moving a case from here to there and  
10          back and who signs it and who reads it and so  
11          we're going to spend the day Wednesday looking  
12          at improvements to that system.

13          All of the investigators and Cristal  
14          and I were in Mississippi last week for two days  
15          training CriticalPoint, which has a division  
16          called Pharmacy OneSource. It's probably  
17          considered the premiere training agency in the  
18          country for sterile compounding, did a two-day  
19          training. We were there. Of course Mississippi  
20          was there.

21          We had people from New Orleans, from  
22          Arkansas, from Oklahoma, and from Georgia, and  
23          it was aimed at investigators. So not only was

1     there the didactic part of presenting sterile  
2     compounding but then they gave us practice  
3     scenarios, flashed pictures, what would you do  
4     about this situation, what's wrong with that  
5     situation. I think we all found that one of the  
6     most helpful parts of it.

7                     We have received a letter from Larry  
8     Dixon, who's the director for the Alabama Board  
9     of Medical Examiners, in response to our letter  
10    and we asked if Larry would appoint a committee  
11    from the Board of Medical Examiners to meet with  
12    us on collaborative practice and he said he  
13    would work on that at their February meeting.

14                    We have spoken with the Board of  
15    Medical Examiners. We've spoken with the  
16    Medical Association and we have gotten very  
17    positive response from both of them. That's not  
18    a promise or a guarantee of anything. I'm just  
19    saying we're very hopeful about that moving  
20    forward.

21                    MS. YEATMAN: Susan, can I mention one  
22    thing on that?

23                    DR. ALVERSON: Yes.

1 MS. YEATMAN: We discussed at the last  
2 Board meeting that we would have a committee  
3 from the Board and that that committee would be  
4 represented by chain, community, and hospital.

5 DR. ALVERSON: Right.

6 MS. YEATMAN: And so just for the  
7 record, I wanted everyone to know who those  
8 representatives would be. So I'll be  
9 representing chain as the only one on the Board  
10 from a chain and Dr. Martin will be representing  
11 hospital, those were easy choices, and then  
12 David Darby has graciously volunteered to step  
13 into the independent position.

14 DR. ALVERSON: That would be great.

15 MS. YEATMAN: So those will be the  
16 three members of the Board that will represent  
17 the Board.

18 DR. ALVERSON: All right. And if the  
19 Medical Board appoints four or five people, I  
20 most certainly think we should feel --

21 MS. YEATMAN: Absolutely.

22 DR. ALVERSON: -- we should do the  
23 same.

1 MS. YEATMAN: Uh-huh.

2 DR. ALVERSON: We are going to be  
3 doing a closed CE program at the end of next  
4 week. I know I've invited you to be there. We  
5 have some people coming from Mississippi to  
6 discuss administrative issues for billing for  
7 pharmacies. I've somewhat given you those dates  
8 and times that that will be upcoming.

9 While we were in Mississippi, Eddie  
10 and I met with their director and also with  
11 their person who handles the equivalent to our  
12 PDMP and they are presently using the NABP  
13 InterConnect as a mechanism of sharing  
14 information with surrounding states and  
15 Mississippi said they would so like to be  
16 connected to Alabama because obviously drug  
17 problems don't stop at the state line.

18 I then had a meeting with Nancy Bishop  
19 and we spoke with the equivalent to our PDMP  
20 person in Tennessee and Nancy, I hope you'll  
21 join in in anything that we say but Tennessee is  
22 using a different database but is also using  
23 NABP Interconnect and both states said they've

1 had no trouble in any way and that, in essence,  
2 our data would be going through NABP, not to  
3 NABP, and that it is possible if you were going  
4 to sign a contract to say this data cannot be  
5 opened up midstream. This data can only go to  
6 the other state and it's not to be opened up and  
7 used at NABP.

8 DR. MARTIN: Are you saying that that  
9 might be something we would add to a contract or  
10 something that's already present in the  
11 contract?

12 DR. ALVERSON: Something that we could  
13 add to a contract and I got the impression other  
14 people have already used that in contracts.

15 MR. WARD: I'm not sure it's legal.

16 MS. BISHOP: There is wording in the  
17 current contract that we're looking at that says  
18 that NABP or anybody else cannot use the data  
19 unless the State gives them the right to do  
20 that. The analogy I was given is that when  
21 Alabama sends it out, it's in a letter and that  
22 letter is locked and it cannot be unlocked  
23 except by the State that it's going to and we

1 assign roles -- for example, a physician in  
2 Alabama would match a physician in Tennessee,  
3 but if Tennessee had -- if they let their RNs  
4 have access and we did not, we would block that.  
5 We would not do that little check mark, so an RN  
6 over there would not have access.

7 MR. WARD: Nancy, has your lawyers  
8 looked at the statute --

9 MS. BISHOP: They have.

10 MR. WARD: -- to make sure that it can  
11 be shared with other states?

12 MS. BISHOP: I'm sorry?

13 MR. WARD: Are you sure that the  
14 prescription information that is sent to the  
15 databank here can be shared with other states?

16 MS. BISHOP: They have reviewed the  
17 NABP contract and we also have MOUs in place  
18 with other states such as Kentucky and Maine  
19 already and we're working on Florida. The only  
20 problem with Florida is going to be a one-way  
21 sharing. They will be able to look at our data  
22 but their law prohibits them from sharing their  
23 data to us.

1                   MR. WARD:  And your lawyers think our  
2  law does not prohibit it?

3                   MS. BISHOP:  I'm sorry.  I'm having a  
4  hard time hearing you.

5                   MR. WARD:  That the statute  
6  establishing the databank here, someone at  
7  your -- the Department of Health has reviewed  
8  that and does not feel that it's a problem for  
9  an Alabama regulatory board to share that  
10 information with other states?

11                   MS. BISHOP:  They have reviewed it,  
12 yes.

13                   DR. MARTIN:  So to be specific, Jim, I  
14 think you're talking about the existing PDMP law  
15 in the State of Alabama.

16                   MR. WARD:  It's pretty -- it's pretty  
17 tight about how it's worded about who is allowed  
18 to access it, so I want to make sure that we  
19 have a legal -- we have a legal opinion to do  
20 it.

21                   MS. BISHOP:  Right.  The law states  
22 that we can't share unless that other state, and  
23 this gets a little bit complicated, but unless

1 their architecture for their system is IJIS  
2 approved, that's the PMIX architecture. They  
3 have looked -- well, IJIS gave us approval that  
4 the PMPI architecture that Mississippi and  
5 Tennessee used is PMIX compliant. So it does  
6 get quite complicated but our attorneys have  
7 looked at it and said that since PMPI is PMIX  
8 compliant that they would -- it would be okay to  
9 share with them.

10 DR. MARTIN: So to belabor it just a  
11 minute, I guess perhaps for the benefit of the  
12 Board members but also for the benefit of those  
13 other individuals present, this contract would  
14 be between the Alabama Department of Public  
15 Health and whatever agency in the other state  
16 would be running the PDMP system and it would  
17 refer to the NABP as the conduit?

18 MS. BISHOP: That's right.

19 MR. WARD: There's a statute that  
20 says shared -- recognized by the Alliance of  
21 Prescription Drug Monitoring Programs having  
22 procedures developed (inaudible) exception on  
23 that.

1 DR. MARTIN: Yeah, I think that's what  
2 Nancy was saying, that particular approval that  
3 has to be gained is in place.

4 MS. BISHOP: It is.

5 DR. ALVERSON: And I'm not asking the  
6 Board to make a decision on anything or  
7 suggesting anything today. I just wanted you to  
8 know we -- that we have had those discussions  
9 and are continuing to have those discussions.

10 DR. MARTIN: I guess maybe a little  
11 tiny sticking point is to be sure that the  
12 contract not only says they can't put somebody  
13 in the conduit process, specifically NABP, not  
14 only -- specifically that they -- they can't  
15 look at it. So I think I heard you say, Nancy,  
16 correct me if I'm wrong, that they can't do  
17 anything with it but we would like for -- I  
18 think I speak for the Board and if I don't, I'm  
19 sure the other members will speak up, we would  
20 like for NABP not even to be able to see that  
21 material in its content.

22 DR. ALVERSON: Would the Board like me  
23 to schedule for Nancy to be here to present

1 information for you at another meeting?

2 DR. MARTIN: I think at some point in  
3 the future we probably need to have some  
4 information once the InterConnect is up and  
5 running and we're satisfied that all of the  
6 legal requirements have been achieved that we --  
7 we may want an example of how it's used, the  
8 benefit, how we're going to make that  
9 information available to providers and others in  
10 a state, you know, as the law allows and how  
11 they should --

12 MR. WARD: Yeah, it needs to be  
13 thought out because I did it for law enforcement  
14 reasons, okay, but does that mean a pharmacist  
15 now has to look at it before he dispenses a  
16 controlled substance, am I going to be required  
17 to look at all -- at all the states that are  
18 hooked up, you know. You've got to -- you've  
19 got to think about what it's all going to  
20 mean.

21 DR. ALVERSON: I agree with you and  
22 Dr. Harrison, who's president of the Board of  
23 Medical Examiners, told us in a meeting when he

1 was here that it takes 45 seconds to access it  
2 and Nancy said that that's kind of --

3 MS. BISHOP: Yeah, that's kind of  
4 long.

5 DR. ALVERSON: -- over -- that's  
6 exaggerated but Mississippi --

7 DR. MARTIN: Exaggerated high or low?

8 DR. ALVERSON: High.

9 DR. MARTIN: So it takes less than 45  
10 seconds?

11 MS. BISHOP: But it really --

12 MR. WARD: Here's what's -- here  
13 what's always been amazing to me that -- and I  
14 don't understand to this day its legislation, so  
15 there's a section after they go through all of  
16 this about how important it is to stop drug  
17 abuse, prescription abuse, and all of that. It  
18 specifically says that there's no obligation to  
19 look at it.

20 MS. BISHOP: And I don't have a  
21 history of 2004 when the legislation was created  
22 and why that's in there but it does say that.

23 DR. ALVERSON: I think there are some

1 expectations of Medical Board perhaps wanting to  
2 create requirements for when and how often and  
3 what percent of business pharmacists may have to  
4 use the system. Mississippi said their system  
5 takes two seconds. Kroger, as I understand, has  
6 developed software that it actually is  
7 integrated into the filling of a prescription.  
8 So as you fill the prescription, you might get a  
9 warning that says, this person has had this  
10 filled multiple places or multiple times. So  
11 the system actually notifies you when you have a  
12 problem patient. That's a lot different than --

13 MR. SORRELL: It is, but don't we  
14 still have a problem with people having so many  
15 different aliases. They'll use a maiden name on  
16 one, a first initial on one. I can't imagine  
17 how Kroger in that type of system would possibly  
18 be able to do an exhaustive search of checking  
19 maiden names, middle names, change initial in  
20 the middle, birthdays.

21 MR. DARBY: Or just the same name in  
22 there 15 different times.

23 MR. SORRELL: I am leery of a system

1 that is that easy.

2 MR. DARBY: Let me ask a question: If  
3 Alabama information is misused by a  
4 practitioner, by law enforcement, by anybody,  
5 say in Mississippi, what would our recourse be?  
6 We don't have any recourse over those people.

7 DR. ALVERSON: We would have to go to  
8 the boards as I understand.

9 MR. DARBY: So we would be relying on  
10 a board in another state --

11 DR. ALVERSON: Correct.

12 MR. DARBY: -- to protect the  
13 information of Alabama citizens.

14 DR. ALVERSON: Correct. And as I  
15 said, I'm not proposing anything today.

16 MR. DARBY: I'm just asking.

17 DR. ALVERSON: No, that's a great  
18 question.

19 MR. SORRELL: It just sounds like we  
20 don't need to necessarily open it up to the  
21 whole country but maybe our --

22 DR. MARTIN: Contiguous states --

23 MR. SORRELL: -- contiguous states and

1 have relationships with those boards and equal  
2 understanding that we're going to work together.

3 DR. ALVERSON: We can do that. We can  
4 designate states.

5 MR. DARBY: I think it needs to be  
6 written into the agreement that if Alabama  
7 information is misused by practitioners in other  
8 states, that those boards will take action.

9 MR. BUNCH: Do you have any indication  
10 that the physicians would utilize it to a  
11 greater extent, kind of stopping the problem  
12 before it even gets to us?

13 DR. ALVERSON: If it were from another  
14 state -- if we were connected with another  
15 state?

16 MR. BUNCH: Yeah, I mean, even at all,  
17 I mean, even within the state.

18 DR. ALVERSON: I can't say that at  
19 all. So I'll go on. Nancy, thank you for  
20 pitching in.

21 DR. MARTIN: Can I editorialize just a  
22 moment on that and I'll make it brief. This  
23 is -- this is very valuable, very important, and

1 no small thing. I mean, it is tantamount to  
2 starting NABP -- NABP -- PDMP over again. It's  
3 like relaunching, you know, the product almost,  
4 so I think this is healthy dialogue and I really  
5 appreciate Nancy being here and I see that  
6 you're taking notes and writing things down as  
7 we're saying them. On behalf of the Board, we  
8 appreciate, you know, the relationship between  
9 the Board of Health and the Board of Pharmacy  
10 and any way we can help in that process, you  
11 know, please let us know.

12 MR. BUNCH: Hey Tim, can I piggyback a  
13 question on this. It's kind of similar but a  
14 little different too and Charlie might could  
15 step in on it too. The hospitals are asking  
16 pharmacies to provide prescription data to them  
17 like emergency room type situations, so we all  
18 get -- we all get calls from the ER and they're  
19 asking for what prescriptions Ms. Jones is  
20 taking and so this would be a way to expedite  
21 this. This is not to be on -- they're not  
22 looking for abuse or controlled substances as  
23 such but just to get the list of medications

1 that a patient has and --

2 MR. COOK: We basically -- our P and T  
3 for this last year ranked medication  
4 reconciliation as one of the number one big  
5 problems. Our physicians were having problems  
6 when the patients get admitted being able to get  
7 their home meds and knowing exactly what they're  
8 on and they call around and they'll either call  
9 the pharmacy and get a list or they ask a loved  
10 one and they get a second list and so you get  
11 your loved one into the -- in the bed and all of  
12 a sudden they've got multiple different drugs,  
13 it will be 15, 20, and they're really only  
14 taking five and so they ask us to try to come up  
15 with a solution to it.

16 And so one of the companies, I won't  
17 mention that particular company's name, but  
18 pretty much what they're doing is what Mr. Buddy  
19 is saying is that they've got a database and  
20 they've asked the local pharmacies around in our  
21 county to be a part of this so that they, being  
22 our nurses or the physicians or whoever, will  
23 tap into that database when the patient gets

1 admitted to our ED or a direct admit to the  
2 floor and they look at that list and then  
3 they're able to get more of a solid list that  
4 they can compare that the physicians can either  
5 continue or discontinue and so we've asked like  
6 his particular pharmacy to be a part of that and  
7 other pharmacies, so.

8 MR. BUNCH: Yeah, and that's just kind  
9 of -- I was going to run that by Jim this --  
10 this week anyway. Do you see any problem with  
11 that? Are you picking up on that?

12 MR. WARD: As long as we have a legal  
13 opinion that we can -- I think -- I think if  
14 it's done pursuant to this section, we can do  
15 it. Our law -- this law limits its use to  
16 investigative, investigations, or to use as  
17 evidence. It's the only way you could get  
18 access to it. Otherwise, it's confidential, so  
19 we need to make sure that the laws of these  
20 other states don't allow access beyond that.

21 MS. BISHOP: And that's where we get  
22 into if we check the role of law enforcement in  
23 that other state.

1                   MR. WARD: I don't know if do you  
2 all -- do your patients know that -- you have  
3 that access?

4                   MR. DARBY: I think a lot of them  
5 know.

6                   MR. WARD: Do you tell them before  
7 they come to you?

8                   DR. MARTIN: I don't think there's a  
9 requirement to disclose --

10                  MR. WARD: Do you establish it when  
11 taking their health information?

12                  MR. DARBY: We give them a -- no, we  
13 give them a, you know, a HIPAA statement that we  
14 can disclose it where required by law but we  
15 don't specifically say when we fill that  
16 prescription that this is going to a database.

17                  DR. ALVERSON: Would patients --

18                  MR. WARD: I'm just thinking ahead.

19                  MR. DARBY: Yeah.

20                  MR. WARD: Let's say we got one. I  
21 want to make sure, Eddie, for example, we have a  
22 case and we have someone who will need the  
23 records from these other states in order to

1     prove the case.  It's not going to be much fun  
2     not to be able to get them and so we need to  
3     make sure that we have a -- not only that  
4     there's access to them but they can be used.  
5     Otherwise, there's no sense in doing it.

6                     If it's going to be -- if it's going  
7     to be reported and it can't be used, so all of  
8     these other states are going to have to give us  
9     some opinion that we're going to be able to have  
10    access to it to use if we need it and I guess  
11    we're going to have to tell them that they're  
12    going to have to have access to it in their  
13    cases.

14                    MR. BRADEN:  I think that's a question  
15    Nancy -- Nancy, on the other states like that  
16    shared with LE here in this state, if there's an  
17    investigation and there's an affidavit signed  
18    and there's a case number assigned to that, are  
19    the other states doing that too?

20                    MS. BISHOP:  It depends.  I don't know  
21    the answer to that because we haven't looked --  
22    we do not have law enforcement being able to  
23    share data with the two states now with Maine

1 and Kentucky and it would be just a matter of  
2 not checking that roll for them to even be able  
3 to access our system. Now, if they come to us  
4 with a subpoena, I don't know that that's ever  
5 happened, so I would have to --

6 MR. WARD: Yeah, that's what I was  
7 going to ask, has your department ever been  
8 asked to provide the databank information you  
9 have to a -- to another state?

10 MS. BISHOP: We have and we have not  
11 provided it.

12 MR. WARD: Have not provided it.

13 MS. BISHOP: We have not provided  
14 it.

15 MR. WARD: See, that proves the  
16 point.

17 MR. BRADEN: I know we have had that  
18 issue in Georgia when we have submitted a  
19 subpoena for records and that -- and that  
20 facility refused because they said they would  
21 not honor an Alabama subpoena.

22 MR. WARD: Well, you can get it off  
23 the databank, can't you?

1           MR. BRADEN: Well, if we had access to  
2 it. See, the only thing we have access to right  
3 now as far as the regulatory board is the  
4 pharmacies. We can look at the pharmacies and  
5 see what's being dispensed out of pharmacies.  
6 From the LE aspect, if we're doing an  
7 investigation, we have to submit an affidavit to  
8 the PDMP program that we have an active  
9 investigation. We have to put a case number  
10 into that form that we have to fill out in order  
11 to get that patient's information.

12           MR. WARD: All right. So let's say  
13 we didn't do that. Would you not -- if all this  
14 works out, would you get the information  
15 involving these other states as well?

16           MR. BRADEN: Well, that would be  
17 whether that agreement had that and obviously  
18 Nancy just said they don't have that right now,  
19 so we would not be able to get that. We just  
20 had a situation kind of like this. An  
21 individual that's licensed in both this state  
22 and Mississippi and we were able to get the  
23 information from our state but not from the

1 state of Mississippi.

2 MR. WARD: Well, it just seems to me  
3 that if you do it, you need to start there.  
4 That needs to be the first thing you need to  
5 find out, are you going to do it on access,  
6 because if you aren't, there's not any point of  
7 doing it.

8 MR. BRADEN: I think it would identify  
9 though if practitioners are -- are utilizing  
10 physicians in other states.

11 MR. WARD: Okay. Say they are,  
12 then -- then -- then what are you going to do?  
13 You send a subpoena to a practitioner in Macon,  
14 Georgia, he's going to tell you to go to hell,  
15 he doesn't have to provide it to you. The only  
16 way it's going to have any use is if you can get  
17 the information from the databank.

18 MR. BRADEN: Like you said before,  
19 we'd have to depend on the other boards.

20 DR. ALVERSON: I would like to suggest  
21 that since we now have Mr. McConaghy, who's  
22 going to work on special projects for us, that  
23 he take this on as a special project to gather

1 this data and provide such information.

2 MR. WARD: Well, I want to speak on  
3 Dan's behalf. I would like to say that any  
4 project he would undertake would be special.  
5 It's redundant.

6 DR. ALVERSON: Are you saying he's a  
7 special pharmacist?

8 MR. WARD: I was going to say if -- it  
9 is redundant to say special project when it  
10 refers to Dan. Project would work; right?

11 DR. ALVERSON: That's something that  
12 perhaps the Board could look into.

13 DR. MARTIN: Obviously it's  
14 complicated and this is the first of several  
15 discussions I'm sure we'll be having over the  
16 next several months.

17 MR. BUNCH: Jim, on my question that  
18 kind of piggyback on that and you were studying  
19 and Charlie and I were talking about the  
20 hospital wants to gather data from the  
21 pharmacies so that if Ms. Smith comes in and she  
22 doesn't know what she takes, that they have  
23 that, that they're ready as opposed to calling

1 the pharmacy and see what medications they're  
2 taking. So the way I would assume it would  
3 work, any prescription refill would go through  
4 the switch and it would go to the company that  
5 the hospital was using so they would have that  
6 data. It's kind of like a PDMP except it's not,  
7 you know.

8 MR. WARD: There's a disclosure if it  
9 covers them, if your HIPAA release that's on  
10 there allows you to do that and you understand  
11 what it's being to be used for, used for proper  
12 use, I don't see a problem with that.

13 MR. BUNCH: I already told them we'd  
14 do it, so that's good. I like that.

15 DR. MARTIN: To kind of complete that  
16 loop, it's important on the front end when the  
17 patient is admitted to the hospital, it can also  
18 be important on the back end when the patient is  
19 leaving the hospital and going to a downstream  
20 provider, they'd have access to that also.

21 Okay. I think --

22 DR. ALVERSON: The last thing that I  
23 had is I would like to get permission from the

1 Board to bring you proposed legislation at the  
2 next meeting. Our legislation on sterile  
3 compounding is extremely outdated and I'd like  
4 to propose that we replace it with a statement  
5 that we'll follow USP 797, so I would like to  
6 bring you that at the next meeting.

7 MR. WARD: We already have that. What  
8 we need is other things -- these other  
9 categories.

10 MR. DARBY: The other license  
11 categories.

12 MR. WARD: Yeah.

13 DR. ALVERSON: Right, we --

14 MR. WARD: Remember we talked about  
15 this, it's --

16 DR. ALVERSON: Right, and I thought  
17 you were going to prepare that.

18 MR. WARD: Yeah, I want to make sure  
19 when the -- when the -- what I call the sample  
20 bill was passed, the prescription drug  
21 something --

22 DR. MARTIN: PMA.

23 MR. WARD: No, not -- okay, we -- the

1 Board adopted 23-33-32-.1. It said that all of  
2 the requirements of that law would have to be  
3 met, so it seems to me the easiest thing to do  
4 is to amend the statute to say -- there's a  
5 category like 503B. So many of them say they  
6 have to comply with federal law and we don't  
7 know what that is yet. We don't want to have to  
8 keep going back and writing everything, so we  
9 just have it -- say it's going to have to comply  
10 with that, just like we did with that section.

11 DR. ALVERSON: If you will bring us --

12 MR. WARD: I will.

13 DR. ALVERSON: -- what you want us to  
14 carry forward, we need to get it in pretty  
15 quick.

16 MR. WARD: The reason I don't want to  
17 refer specifically to 797 is because if  
18 something else changes, so I think -- I'm  
19 confident that the statute we have on purity of  
20 drugs is 34-23-, I think it's 9.

21 DR. ALVERSON: But we have two pages  
22 that describe requirements for sterile  
23 compounding and they're horrible.

1 MR. WARD: That's the -- in our -- in  
2 our law.

3 DR. ALVERSON: Yes.

4 MR. WARD: Yeah, well, that's a  
5 separate --

6 DR. ALVERSON: But I would like to get  
7 it out of there because people call and say,  
8 hey, it says in your law that we have to do this  
9 and we don't want them to do that.

10 MR. WARD: Well, that law -- that law  
11 was passed I think in 1990-something and it said  
12 the Board is supposed to promulgate rules.

13 DR. ALVERSON: Right.

14 MR. WARD: I hope no one has been  
15 holding their breath.

16 DR. ALVERSON: I just want to know  
17 what I need to do to get it out of there.

18 MR. WARD: I got you. I got you.

19 DR. ALVERSON: Okay.

20 MR. DARBY: So y'all are going to work  
21 together and get all of this?

22 DR. ALVERSON: If we must. We'll get  
23 Dan to help.

1 MR. WARD: Fred Astaire and what was  
2 her name?

3 DR. MARTIN: Ginger Rogers.

4 MS. YEATMAN: Ginger Rogers.

5 MR. WARD: Right.

6 DR. ALVERSON: That's the -- oh,  
7 and --

8 MR. DARBY: When does the session  
9 start this year?

10 MS. JONES: February 2.

11 MR. DARBY: February 2.

12 DR. ALVERSON: I knew it was early  
13 February. USP 800 we were told is coming out  
14 February 1 in its final form, but they are not  
15 asking to have it implemented until 2018 because  
16 it will be such a big change for so many people.

17 That's the end of my report.

18 DR. MARTIN: Any questions for Susan?

19 MR. SORRELL: Have you seen an  
20 advanced copy of the new USP guidelines?

21 DR. ALVERSON: 800?

22 MR. SORRELL: Yeah.

23 DR. ALVERSON: I have not.

1 DR. MARTIN: It's big and a lot of  
2 people are waiting to see exactly what the final  
3 version is going to say and it could literally  
4 be hundreds of thousands of dollars for some  
5 facilities to comply.

6 DR. ALVERSON: Which we understand  
7 they're changing the requirements for using an  
8 isolator. It used to be you could easily use a  
9 an isolator in a non-ISO 7 room but that's been  
10 changed.

11 DR. MARTIN: Did I understand there's  
12 a question for Susan?

13 MR. DARBY: No.

14 DR. MARTIN: No.

15 DR. ALVERSON: Thank you.

16 DR. MARTIN: No other questions.

17 Thank you, Susan. Mr. Ward, do you have  
18 anything for the Board today?

19 MR. WARD: No, sir, I don't. I have  
20 perhaps one matter in executive session today  
21 and that's a pending case but other than that.

22 DR. MARTIN: Okay. Any questions for  
23 Mr. Ward?

1 (No response.)

2 DR. MARTIN: Seeing none, we'll move  
3 into old business. I see we have listed two  
4 items of old business. The first item being  
5 off-site immunizations by pharmacists and it  
6 refers to Board policy 2014-1015.

7 MS. ANDERSON: Yes, we really don't  
8 have a good policy in place. We have a lot of  
9 people calling up to the Board asking us  
10 questions in regards to immunizations and then  
11 when they want to see the solid, we can't  
12 find --

13 MR. DARBY: We made a statement -- Dan  
14 might remember --

15 MS. ANDERSON: I have the one from  
16 2014, I believe, that was made by Mr. Ward. "In  
17 order to promote public health and accessibility  
18 to a measure that would prevent disease, the  
19 Alabama State Board's position is that a  
20 pharmacist is authorized to administer  
21 immunizations to patients pursuant to an order  
22 from a physician."

23 MR. WARD: If required.

1 MS. ANDERSON: If required and I  
2 was --

3 MR. DARBY: How much more clear do  
4 they want?

5 MR. WARD: I can't say it. Whoever  
6 wrote that --

7 MS. ANDERSON: In addition, I would  
8 like to kind of lump this all into maybe a new  
9 policy of maybe the first one this year, 16-0001  
10 and add on that -- with y'all's approval that  
11 you do approve a pharmacist performing off-site  
12 immunizations in accordance to the Alabama  
13 Public Health Department's regulations and the  
14 recommendations in the CDC's pink book.

15 MR. DARBY: I'm not familiar with -- I  
16 would be approving -- what's in the pink book?

17 MS. ANDERSON: The pink book is -- it  
18 provides in-depth storage and handling protocols  
19 for immunizations during transportation and it's  
20 epidemiology and prevention of vaccine  
21 preventable diseases, the actual volume.

22 DR. ALVERSON: We discussed that  
23 pharmacists do not have to stay in the pharmacy

1 to give immunizations and when we've gone back  
2 and read minutes and read minutes and read  
3 minutes, we can't find that it's in the minutes.  
4 So we need to say it during a board meeting that  
5 we had made the decision that pharmacists can  
6 give immunizations outside the actual walls of  
7 the pharmacy. So when we're asked for that, we  
8 can't --

9 MS. ANDERSON: And I can -- I can just  
10 say in accordance to the Alabama Public Health  
11 Department's regulations, if that would make you  
12 feel more comfortable.

13 MR. DARBY: It would me, just -- and  
14 there's probably no problem with the pink book.  
15 I'm just not familiar.

16 MS. ANDERSON: Understandable.

17 MS. YEATMAN: I'm with David, I don't  
18 know the pink book so I would take that out.

19 MS. ANDERSON: Okay. So we'll strike  
20 the pink book and say in accordance with Alabama  
21 Public Health Department's regulations.

22 DR. MARTIN: What's it called? How do  
23 you spell that?

1 MS. ANDERSON: P-I-N-K.

2 MR. WARD: Oh, pink book.

3 MS. ANDERSON: It's kind of like we  
4 have the orange book and they have the pink  
5 book.

6 MR. WARD: Yeah, do you know why,  
7 y'all used every acronym known to man with  
8 letters and now you have to go to colors.

9 DR. ALVERSON: And legalese is so  
10 clear.

11 MR. WARD: It's not. It's not  
12 supposed to be. How else are you going to make  
13 a living?

14 MS. ANDERSON: What color is your  
15 book, Jim?

16 MR. WARD: What book?

17 MS. ANDERSON: The lawyer's book.

18 MR. WARD: Yeah, it's a lot of  
19 different colors.

20 DR. MARTIN: Black and white, black  
21 and white, with a little gray in the middle.

22 MR. DARBY: Shades of gray, 50 shades  
23 of gray.

1 MR. BUNCH: He's read them all.

2 DR. ALVERSON: Score one for David.

3 MR. WARD: I was listening to Tim --  
4 what did he say, shades of gray?

5 DR. MARTIN: Shades of gray.

6 DR. ALVERSON: It's appropriate in  
7 more ways --

8 MS. YEATMAN: You're still on the  
9 record.

10 MR. WARD: I know. I hate that.

11 DR. MARTIN: Okay. I'm in a little  
12 unchartered territory here but I'm going to  
13 suggest that we ask the Board if there's an  
14 opinion about whether a pharmacist can  
15 administer vaccinations off site and if -- if  
16 the Board were to take action on that topic,  
17 would that -- in the record, would that meet  
18 your need?

19 MS. ANDERSON: Yes.

20 MS. YEATMAN: My opinion is yes, they  
21 absolutely should be able to give them off site  
22 and I think it is in the best interest of the  
23 public health of the State of Alabama if we do

1 provide additional access to patients, so that's  
2 my opinion. I agree with you.

3 DR. MARTIN: Then we will -- to make  
4 it official and in the record and retrievable  
5 and citable in the future, we will entertain a  
6 motion to that regard if you'd like to state it  
7 as such.

8 MS. YEATMAN: I move that we accept  
9 Cristal's dictated documentation to show that  
10 the Board supports off-site immunization.

11 MR. WARD: Of the same (inaudible) --

12 MS. YEATMAN: Right, that's in --

13 COURT REPORTER: I can't hear you.

14 DR. MARTIN: So we have a motion.  
15 Before we go any further, let's see if we have a  
16 second.

17 MR. BUNCH: Second.

18 MR. DARBY: Can you reread that?

19 MS. ANDERSON: Sure, reread it in the  
20 current form?

21 MR. DARBY: Right.

22 MS. ANDERSON: We already have the  
23 first part so just the off-site part.

1 MS. ANDERSON: "In regards to a  
2 pharmacist performing off-site immunizations in  
3 accordance to the Alabama Public Health  
4 Department's regulations."

5 MR. DARBY: That's all we're adding to  
6 it?

7 MS. ANDERSON: That's it.

8 MR. WARD: So does that cover flu  
9 shots?

10 MS. YEATMAN: Yeah, this would be all  
11 immunizations.

12 MR. SORRELL: Do we need public health  
13 regulations? Don't we have our own regulations?

14 MS. ANDERSON: We don't really in  
15 our -- in our -- in the pharmacy law.

16 MS. YEATMAN: In the public health  
17 regulations, we go around --

18 MR. WARD: You can -- yeah, hold on a  
19 minute. Wait a minute now.

20 MR. SORRELL: I don't want the public  
21 health regulations to be promulgated that says  
22 we can is what I'm --

23 MR. WARD: You can administer -- the

1 law says you can administer. That means give a  
2 shot, okay. You can do that in the pharmacy if  
3 you have a prescription for it, okay. So you  
4 want to be able to do the exact same thing but  
5 not in a pharmacy.

6 MS. ANDERSON: Correct.

7 MR. WARD: That's all you've got to  
8 say.

9 MR. SORRELL: Leave out the public  
10 health.

11 MR. WARD: The same rules, the same  
12 requirements --

13 MS. ANDERSON: Okay.

14 MR. WARD: -- that you would do it in  
15 the pharmacy, you can do it off site. It  
16 doesn't change anything.

17 MS. YEATMAN: So how do you want this  
18 worded?

19 MR. DARBY: Why don't we amend that to  
20 say -- just add under, it can be performed or  
21 administered off site under the same  
22 conditions.

23 MS. YEATMAN: Under the same

1 conditions as required --

2 MR. WARD: And requirements if it was  
3 administered in the pharmacy.

4 MR. BUNCH: Say that again. Read it,  
5 Cristal.

6 MS. ANDERSON: Okay. As we just  
7 discussed.

8 MS. YEATMAN: Yes.

9 MS. ANDERSON: "A pharmacist  
10 performing off-site immunizations under the same  
11 requirements as in the pharmacy."

12 MS. YEATMAN: Done.

13 DR. MARTIN: So that is being proposed  
14 as amendment to the previous motion. Does the  
15 person who entered the previous motion agree  
16 with the amendment?

17 MS. YEATMAN: Yes, I do.

18 DR. MARTIN: Second, agree to the  
19 amendment?

20 MR. BUNCH: Second.

21 DR. MARTIN: Do you agree to the  
22 amendment?

23 MR. BUNCH: Yes.

1 DR. MARTIN: Any further discussion?

2 (No response.)

3 DR. MARTIN: All that's in favor?

4 MR. DARBY: Aye.

5 MS. YEATMAN: Aye.

6 MR. BUNCH: Aye.

7 DR. MARTIN: Any opposed?

8 (No response.)

9 DR. MARTIN: Does that give you what  
10 you need?

11 MS. ANDERSON: That's it. Thank you,  
12 guys and gals.

13 DR. MARTIN: Okay. Next under old  
14 business, deadline for 797 compliance in in-  
15 state pharmacies. I'm sorry, did I say 797 --  
16 795 is what it says. Deadline for 795  
17 compliance/in-state pharmacies. That's listed  
18 as old business. Anybody prepared to address  
19 that?

20 MR. DARBY: I'm not.

21 DR. ALVERSON: Do you want me to  
22 comment on what we're talking about?

23 DR. MARTIN: Please.

1 MR. DARBY: Two of us know what you're  
2 talking about.

3 DR. ALVERSON: We've been inspecting  
4 pharmacies and have been asking community  
5 pharmacies to at least have these requirements:  
6 that they have a clean work space, that any  
7 adjacent walls be washable, that the ceiling  
8 above be washable, and the floor on which  
9 they're standing in that compounding area be  
10 washable, and that's already in Alabama law.  
11 It's written in our law, so.

12 MR. DARBY: We enforce all Alabama  
13 laws.

14 DR. ALVERSON: We try to. But we are  
15 asked frequently by people when is the deadline  
16 and until we come up with a you have to have  
17 this done.

18 MR. DARBY: I think the answer is  
19 there is no deadline.

20 MR. WARD: It's already passed.

21 MR. DARBY: Yeah, it's in the law.

22 MR. WARD: It's law.

23 DR. MARTIN: Today.

1 MR. DARBY: You can't have a  
2 deadline --

3 MR. WARD: It's something that's  
4 already required.

5 MR. DARBY: Yeah.

6 DR. ALVERSON: Well, we've been -- all  
7 right. So if someone doesn't have it and our  
8 investigators --

9 MR. DARBY: It would be the discretion  
10 of the investigators.

11 DR. ALVERSON: -- say you don't have  
12 it and that's a charge.

13 DR. MARTIN: That's correct.

14 DR. ALVERSON: That's your  
15 understanding that we may begin doing that.

16 DR. MARTIN: That's correct.

17 DR. ALVERSON: Thank you.

18 DR. MARTIN: That may be a topic  
19 suitable for the website or newsletter.

20 MR. DARBY: I think it would be  
21 like --

22 MS. YEATMAN: Well, I guess I --

23 MR. DARBY: It would be like any

1 other --

2 MS. YEATMAN: I have a little issue  
3 with that. This is just an opinion but it  
4 hasn't been being enforced this whole time, so I  
5 think to go in tomorrow and say, do you know  
6 what, it's been there, we haven't enforced it  
7 before but now we're going to, might not be the  
8 best way to move forward and I know you don't  
9 agree with me, Jim, but if we're -- if we're  
10 going to be back and forth, I think we need to  
11 say it's in place. We've given you time and now  
12 we're telling you this is the drop dead date and  
13 fines will begin after this date.

14 DR. ALVERSON: We have published this  
15 in the newsletter. We have been telling people.  
16 We've been talking about it for close to two  
17 years. We have given the impression that there  
18 will be a date.

19 MS. YEATMAN: And that's where I  
20 think my concern is.

21 MR. DARBY: Well, what date would you  
22 be comfortable with?

23 MR. WARD: February 1.

1 MS. YEATMAN: February 1.

2 MR. WARD: I mean, how long has it  
3 been --

4 DR. ALVERSON: I mean, I think June 1  
5 is reasonable since we've been --

6 MS. YEATMAN: But if you tell people  
7 we're going to give you a date and you don't  
8 give a date.

9 MR. WARD: Why haven't we been --

10 MS. YEATMAN: I'm just telling you.

11 MR. DARBY: Also, I think it needs to  
12 be clearer to the inspectors and the pharmacies  
13 alike that -- what we're saying. We're not  
14 saying that to mix two creams together that you  
15 have to have a clean room, you know. You have  
16 to have a -- because I think that's where the  
17 trouble gets in that -- that some people say,  
18 well, I can't do that because I don't have this  
19 separate room that's completely washable and all  
20 of that. You just make a good-faith effort to  
21 have, you know, a clean environment.

22 MR. BUNCH: Well, that's not really  
23 how it reads though, what --

1 MR. SORRELL: Yeah.

2 MR. DARBY: Yeah, that's what -- it's  
3 got to be a washable ceiling.

4 MR. BUNCH: A washable ceiling.

5 MR. DARBY: A washable wall.

6 DR. ALVERSON: If it's adjacent, it  
7 has to be a washable wall.

8 MR. DARBY: Right, yeah.

9 DR. ALVERSON: Washable counter.

10 MS. YEATMAN: Washable counter.

11 DR. ALVERSON: And floor.

12 MR. DARBY: And like how the -- how my  
13 inspector explained it to me was a washable  
14 floor can be a mat that's washable.

15 MS. YEATMAN: Well, and see, that's  
16 where that's been -- that's part of the issue  
17 too because there hasn't been a complete  
18 consensus on we did tile floors. Tile wasn't  
19 acceptable because there were creases and so  
20 that wasn't considered --

21 DR. ALVERSON: Tile is acceptable.

22 MR. WARD: I have a great idea. I  
23 have a great idea. We can get Dr. Motu down

1 here. He's an expert.

2 MR. BUNCH: He teaches classes.

3 DR. ALVERSON: I will make sure all  
4 investigators, we are all on the same page with  
5 what is allowable.

6 MR. DARBY: Well, I think that's  
7 the --

8 DR. ALVERSON: That's critical.

9 MR. DARBY: Yeah.

10 DR. ALVERSON: We are trying to get  
11 away from shag carpet and rugs.

12 DR. MARTIN: Yeah, it seems to me that  
13 we're sitting here trying to debate the contents  
14 of 795 when there's a panel of renowned national  
15 experts that came together and wrote that.  
16 Unless they just did a terrible job of writing  
17 it, we ought to be able to read it and  
18 understand what it's saying.

19 MR. DARBY: Well, yeah, once you get  
20 into it, there's a world of difference when you  
21 start talking about compounding between what  
22 Chris Burgess does back there and what I do. I  
23 mean, yeah, it's one thing mixing two creams

1 together that has been done for years and years  
2 and another thing to use bulk products and Chris  
3 might disagree with that but I don't think he  
4 will.

5 MR. BUNCH: But if you mix two creams  
6 together, you've got to have a washable floor  
7 and a washable ceiling.

8 DR. MARTIN: Mr. Burgess would like  
9 to --

10 MR. DARBY: I invoked his name so he  
11 likes to --

12 DR. MARTIN: Mr. Burgess would like to  
13 make a comment to the Board. Mr. Burgess.

14 MR. BURGESS: We're getting 795 and  
15 state code mixed up. They're two different  
16 things.

17 What Alabama did before 795 came out  
18 was the washable walls and the ceilings and  
19 floor, like that. That's been on -- that's been  
20 Alabama code 15-plus years. 795 doesn't go into  
21 that much detail and I think it appears the  
22 Board is getting it confused. The biggest  
23 problem I have with 795 and with what other

1 pharmacies are doing is beyond use dates and  
2 when they're mixing two creams together, they're  
3 putting year, two-year expirations on these  
4 things and they don't understand 795 and beyond  
5 use date. That's the issue that I'm seeing as a  
6 compounder.

7 MR. WARD: That's not a compliance  
8 issue necessarily. That's -- I think what  
9 they're talking about, Chris, is people that  
10 haven't gotten their pharmacies to the  
11 requirements that it needs to be to even make a  
12 compound; is that right?

13 MS. YEATMAN: Well, and I'll be the  
14 first one to say you're going to be much more  
15 knowledgeable at this clearly than I am. In  
16 795, are there specifications for washable  
17 ceilings, washable floor?

18 MR. BURGESS: No, I haven't seen it,  
19 not to wash --

20 DR. ALVERSON: But it does -- does  
21 require a clean environment.

22 MR. BURGESS: Correct, it does require  
23 a clean environment and that's where, I mean, if

1 we want to sit down and go through it, we can,  
2 and I'd love to have the Board put a special  
3 committee on that and we could knock this out  
4 quickly because again, this has been on -- USP  
5 795 and 797 came out in 2004, so we need to get  
6 this done. If not, we're going to see the FDA  
7 and DC come in and tell us how we have to do it.  
8 We need to get on this quicker than later.

9 MR. WARD: Chris, I wouldn't worry  
10 about that. They can't even figure out what  
11 they passed in 2013. Don't worry.

12 DR. ALVERSON: When we -- our  
13 investigators go into pharmacies, we've actually  
14 run into a pharmacy without hot and cold running  
15 water in the pharmacy. We see sinks full of  
16 birthday cake plates left over from last week  
17 and casserole dishes --

18 MS. YEATMAN: And I agree with that.

19 DR. ALVERSON: -- with lasagna in them  
20 and we are interested in enforcing both our law  
21 but we also feel that 795 speaks to it doesn't  
22 say if you make a lot of compounds. It just  
23 says if you're compounding period and so we

1 would like to have anyplace that does any kind  
2 of compounding have basic cleanliness.

3 DR. MARTIN: So here's -- here's what  
4 I --

5 MS. YEATMAN: But Susan, I guess  
6 that's where I'm -- and I'm really not trying to  
7 make this longer than it needs to be. If you do  
8 basic compounding, then that would include  
9 Benzamycin. That's going to be every pharmacy  
10 out there.

11 MR. DARBY: Is that -- would it  
12 though, I mean.

13 MS. YEATMAN: That would be if you  
14 read 795 --

15 MR. DARBY: You're reconstituting --

16 MS. YEATMAN: If you read 795,  
17 Benzamycin would be a compounded medication and  
18 therefore, every pharmacy is going to be  
19 required to have the ceiling, whatever.

20 MR. BURGESS: 795 is clear in what's  
21 compounding and what's not -- it's clear to me.  
22 I mean, I've read it probably more than anybody  
23 in the room.

1 MS. YEATMAN: Well, we read it, David,  
2 isn't that -- did you get the same --

3 MR. DARBY: The Benzamycin.

4 MS. YEATMAN: Yeah, I mean, unless  
5 I'm --

6 MR. DARBY: I guess because you're  
7 reconstituting the powder and then you're  
8 incorporating that into the cream.

9 MS. YEATMAN: Uh-huh.

10 DR. MARTIN: I'm going to suggest  
11 that, number one, we're not going to solve this  
12 today and number two, that I'm going to ask the  
13 Board members who have an interest in this topic  
14 work directly with Susan to get a better  
15 description of the issue because I believe the  
16 worst thing we could do is take some action  
17 today that we're just going to have to rescind  
18 or modify in the future. So any board members  
19 who would like to work directly with Susan on  
20 the Board's position and any directions  
21 needed -- needing to take place moving forward,  
22 let me know at this time.

23 MR. DARBY: I'd like -- yeah, you've

1 got everybody who works in it.

2 DR. MARTIN: Okay.

3 MS. ANDERSON: I'm hoping we can  
4 develop at least a minimal standard that is  
5 black and white for all of us.

6 MS. YEATMAN: With a deadline and  
7 let's have something in place and we know where  
8 we are and we move forward. I agree with that.

9 MR. BUNCH: Yeah, I don't think we  
10 need -- I don't think we need the inspectors  
11 going out tomorrow and writing up people because  
12 they don't know. I mean, although it's been on  
13 the books for 15 years, they've never done it  
14 so --

15 MS. YEATMAN: That's my answer.

16 MR. BUNCH: -- it's not fair to do  
17 this tomorrow.

18 DR. ALVERSON: And I wasn't -- I'm not  
19 asking for that.

20 MS. YEATMAN: Right.

21 DR. ALVERSON: But I do want there to  
22 be something that says that we can say, take  
23 your tuna fish salad sandwich off the glass

1     compounding plate.

2                   MR. DARBY:   Well, I think we've got  
3     that.

4                   MS. YEATMAN:   See, I think that's --

5                   MR. DARBY:   I'd say logical people  
6     will agree that that's not --

7                   MS. YEATMAN:   Yeah, that basic  
8     cleanliness is different than necessarily in my  
9     opinion looking for your scrubbable ceilings.  
10    If you walk in and there's tuna fish and  
11    birthday cake and whatever else, that's a  
12    completely -- even if they don't compound, I  
13    would hope that we would address that just by  
14    virtue of the fact they are a pharmacy.

15                   DR. ALVERSON:   However, the response  
16    we get is, show me where it says I have to.

17                   MR. DARBY:   To have a clean pharmacy?

18                   DR. ALVERSON:   Yeah.

19                   MR. DARBY:   Is it not in the rules?

20                   MR. WARD:   I tell them to look at  
21    680-X-2-.22.

22                   DR. ALVERSON:   I will be glad to work  
23    with y'all on resolving this.



1 business. That is an amendment to regulating  
2 technicians who are in schools. Is anyone  
3 prepared to address that today?

4 MR. WARD: I sent some language to  
5 y'all to look at a couple of months ago that  
6 would require an amendment to your powers and  
7 duties.

8 MS. YEATMAN: And my understanding is  
9 I presented that last month and it was released  
10 for 30-day comment.

11 MR. WARD: That's not a rule.

12 MR. DARBY: We've got Mitzi --

13 MR. WARD: That's a law.

14 MS. YEATMAN: See, that's why I'm  
15 asking.

16 MS. ELLENBURG: It was published in  
17 the December 12 -- no, I sent it down on the  
18 29th of December, which had missed the deadline  
19 for the rule, so the hearing is set up for next  
20 month.

21 MR. WARD: Is that for the background  
22 check, Mitzi?

23 MS. ELLENBURG: Yes.

1 MR. WARD: We need a statute for the  
2 rules and I sent you some language on it.

3 MR. DARBY: Yeah, I've got it here.

4 DR. MARTIN: It went to LRS on the  
5 29th of December?

6 MS. ELLENBURG: Right, but it missed  
7 the deadline for publication in December.

8 DR. MARTIN: It was right on the edge,  
9 yeah, okay.

10 MS. ELLENBURG: Yeah, so it will come  
11 out in January and the hearing is set for  
12 February meeting.

13 DR. MARTIN: And that is related to  
14 the background checks?

15 MS. YEATMAN: That's the background,  
16 sorry.

17 MR. WARD: The other requires a law  
18 change.

19 DR. MARTIN: So that has no -- did you  
20 say you proposed something already?

21 MR. DARBY: Yeah, here -- this is what  
22 he proposed. He said, keep it simple and just  
23 consider the following to be added to Code of

1 Alabama (1975) 34-23-92, "Formulate rules by  
2 which training, educational, technical,  
3 i-vocational, or any other institution which  
4 provides instruction for pharmacy technicians  
5 are approved."

6 MR. WARD: That language is -- similar  
7 language is used in other practice acts. It's  
8 not -- you go to the legislature, see you've  
9 already passed this and related to this  
10 profession.

11 MR. DARBY: So my suggestion would be  
12 when you and Susan talk about the other couple  
13 of statutes, let's go ahead and get this one --

14 MR. WARD: I'd like you to go ahead  
15 and vote that in. You might want to do them  
16 separately in case there's problems with part of  
17 it.

18 MR. DARBY: All right. I'll make a  
19 motion that --

20 MS. YEATMAN: Will you read it again  
21 because I believe that i in i-voc is a miss --  
22 it's a -- it should not have an i. It just  
23 should just be common vocational.

1 MR. DARBY: Leave the i out.

2 MS. YEATMAN: Yeah, the i should just  
3 come out.

4 MR. DARBY: Okay, all right.

5 DR. MARTIN: But we -- so we're  
6 about -- we're about to hear a motion from  
7 Mr. Darby?

8 MR. DARBY: Yes. I want to make a  
9 motion that we support the Code of Alabama  
10 (1975) 34-23-92 under powers and duties  
11 generally be amended to read, "Formulate rules  
12 by which training, educational, technical,  
13 vocational, or any other institution which  
14 provides instruction for pharmacy technicians  
15 are approved."

16 DR. MARTIN: Do we have a second?

17 MS. YEATMAN: I second that.

18 DR. MARTIN: I have a second. Go  
19 ahead, Jim.

20 MR. WARD: Just an anecdotal story.  
21 Yesterday we had a case where a young lady had  
22 spent \$19,000 in loans to go to a school here to  
23 be a pharmacy tech, \$19,000, and no one told her

1 at all about what requirements are to be a tech.  
2 She had a significant criminal history and the  
3 school doesn't care, they got their 19,000, and  
4 this poor girl is going to be paying back this  
5 19,000 -- it starts at \$80 a month. She will  
6 never pay it back.

7 That's what the Board is seeing over  
8 and over again and this is -- this is why we  
9 want to get this so the Board can have some  
10 control because a lot of these -- a lot of these  
11 people are going to these schools and getting  
12 their money. They come up here to get their  
13 registration and they can't get it. They don't  
14 comply at all. They've got something in the  
15 background that you wouldn't want them in  
16 your -- your profession. This girl was on  
17 probation -- active probation by the court.  
18 That's what we're trying to deal with. Buddy  
19 can name them and hopefully can use his clout in  
20 the legislature.

21 MR. BUNCH: Well, it is, it's just  
22 sad, you know. You see them sitting down there.  
23 They have no clue that they're not going to get

1 a registration. They don't know, you know, and  
2 \$19,000 is a whole lot of money to anybody but  
3 especially to some of these folks. And I asked  
4 her yesterday what -- how was she -- if she got  
5 a license -- or she did not get a license how  
6 was she was going to pay it back. Well, her  
7 plan now was \$80 a month on \$19,000 plus  
8 interest that she will never pay off.

9 DR. MARTIN: There's another aspect of  
10 this and that is that that position that that  
11 individual has been occupying for 18 months is  
12 an individual that could have been occupied by  
13 someone else who did make it through the program  
14 and did make it through the registration process  
15 and contributes to the workload and the care of  
16 patients in the State of Alabama and it's a --  
17 we believe that's a misallocation of resources  
18 and that's why the Board -- that's one of the  
19 reasons why the Board has interest in that.

20 Okay. So we have a motion and a  
21 second to proceed with modification of the law  
22 as it currently exists. Any further discussion?

23 MR. DARBY: What will be if we approve

1 this, will we pass this on to Logan and give it  
2 to him, okay.

3 DR. ALVERSON: Yes, and probably to  
4 Elaine to introduce it.

5 MR. DARBY: Okay.

6 DR. MARTIN: Last chance for  
7 discussion. Call -- ready for the vote? All  
8 those in favor?

9 MR. DARBY: Aye.

10 MR. SORRELL: Aye.

11 MS. YEATMAN: Aye.

12 MR. BUNCH: Aye.

13 DR. MARTIN: Aye.

14 Any opposed?

15 (No response.)

16 DR. MARTIN: Hearing none, that motion  
17 passes.

18 Any other new business at this time?

19 Any board members, new business?

20 (No response.)

21 DR. MARTIN: Seeing none, the only  
22 remaining item on the agenda for today is  
23 executive session and I will at this time

1 entertain a motion for the Board to go into  
2 executive session for the purpose of discussing  
3 the qualifications and competency of those  
4 regulated by the Board. The executive session  
5 will begin at 10:50 and will end at 11:30.

6 For the audience's benefit, when the  
7 Board returns to the public meeting, we will  
8 only vote on the matters discussed during the  
9 executive session and then we will adjourn. Do  
10 we have a motion to that effect?

11 MR. DARBY: I make a motion to that  
12 effect.

13 DR. MARTIN: Is there a second?

14 MS. YEATMAN: Second.

15 DR. MARTIN: I believe we need a voice  
16 vote. Mr. Sorrell?

17 MR. SORRELL: Yes.

18 DR. MARTIN: Mr. Darby?

19 MR. DARBY: Yes.

20 DR. MARTIN: Ms. Yeatman?

21 MS. YEATMAN: Yes.

22 DR. MARTIN: Mr. Bunch?

23 MR. BUNCH: Yes.

1 DR. MARTIN: I vote yes.

2 MR. WARD: I've got -- as an attorney  
3 licensed to practice law in the State of  
4 Alabama, I certify that one of the reasons for  
5 the executive session is to discuss resolution  
6 of pending cases.

7 DR. MARTIN: Thank you. We stand  
8 adjourned for executive session.

9

10 (Whereupon, a recess was taken for  
11 executive session from 10:43 a.m. to  
12 12:27 p.m.)

13

14 DR. MARTIN: This is the Alabama Board  
15 of Pharmacy completing executive session and a  
16 vote. Do we need a vote to come out?

17 MR. WARD: No.

18 DR. MARTIN: We are ready to come out  
19 of executive session and take action on the  
20 items that needed action.

21 MR. DARBY: I make a motion on case  
22 number 14-0192 that we accept the recommended  
23 action of no violation.

1 MS. YEATMAN: Second.

2 DR. MARTIN: Any discussion?

3 (No response.)

4 DR. MARTIN: All in favor?

5 MS. YEATMAN: Aye.

6 MR. SORRELL: Aye.

7 MR. DARBY: Aye.

8 MR. BUNCH: Aye.

9 DR. MARTIN: Any opposed?

10 (No response.)

11 MR. DARBY: I make a motion that on  
12 case number 15-0112 we accept the recommended  
13 action of a plan of action to be adopted with  
14 adequate documentation with speaking with  
15 doctor's office and implementation of an  
16 improved processing and checking  
17 prescriptions.

18 MS. YEATMAN: Second.

19 DR. MARTIN: Any discussion?

20 (No response.)

21 DR. MARTIN: All in favor?

22 MS. YEATMAN: Aye.

23 MR. SORRELL: Aye.

1 MR. DARBY: Aye.

2 DR. MARTIN: Any opposed?

3 (No response.)

4 DR. MARTIN: Passes.

5 MR. DARBY: I make a motion on case  
6 number 15-0102 that we accept the recommended  
7 action of -- to the complainant that no  
8 violation was found, referral to the FDA for no  
9 sufficient data to pursue at a state level.  
10 Also to the pharmacy a warning letter to be  
11 issued for not seeking manufacturer's  
12 credentials prior to ordering the  
13 manufacturer's, also out of Canada, which  
14 requires pharmacy to possess an import.

15 MS. YEATMAN: Second.

16 DR. MARTIN: Any discussion?

17 (No response.)

18 DR. MARTIN: Hearing none, all in  
19 favor?

20 MS. YEATMAN: Aye.

21 MR. SORRELL: Aye.

22 MR. DARBY: Aye.

23 DR. MARTIN: Any opposed?

1 (No response.)

2 DR. MARTIN: Passes.

3 MR. DARBY: On case numbers 15-0131  
4 and also related to case number 15-0012, I  
5 accept -- I make a motion we accept the  
6 recommended action of a permanent surrender.

7 MS. YEATMAN: Second.

8 DR. MARTIN: I have a motion and I  
9 have a second. Any discussion?

10 (No response.)

11 DR. MARTIN: Hearing none, all in  
12 favor?

13 MS. YEATMAN: Aye.

14 MR. DARBY: Aye.

15 MR. BUNCH: Aye.

16 DR. MARTIN: Any opposed?

17 (No response.)

18 DR. MARTIN: Passes. Any other  
19 business at this time?

20 (No response.)

21 DR. MARTIN: I will entertain a motion  
22 to adjourn.

23 MR. BUNCH: I make a motion that we

1 adjourn executive session.

2 MS. YEATMAN: Second.

3 DR. MARTIN: All those in favor?

4 MR. SORRELL: Aye.

5 MR. DARBY: Aye.

6 MS. YEATMAN: Aye.

7 MR. BUNCH: Aye.

8 DR. MARTIN: Any opposed can stay.

9

10 (Whereupon, the hearing was adjourned  
11 at 12:31 p.m.)

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CERTIFICATE

STATE OF ALABAMA

SHELBY COUNTY

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

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

/s/ Sheri G. Connelly

SHERI G. CONNELLY, RPR

ACCR No. 439, Expires 9/30/2016

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