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ALABAMA STATE BOARD OF PHARMACY

BUSINESS MEETING

Wednesday, February 25, 2015

9:21 a.m.

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

REPORTER: Sheri G. Connelly, RPR

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APPEARANCES

BOARD MEMBERS:

- Dan McConaghy, President
- Tim Martin, Vice President
- Buddy Bunch, Treasurer
- David Darby, Member
- Donna Yeatman, Member

ALSO PRESENT:

- Susan Alverson, Executive Secretary
- Eddie Braden, Chief Inspector
- Steven Wade
- Brenda Carlisle
- Sue Esleck
- Bill Maguire
- Roger Bates
- Bruce Harris
- Cherry Jackson

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MR. MCCONAGHY: Now we will open the

1 regular business session for the State Board of  
2 Pharmacy, February 25, 2015, the public meeting  
3 and I lost my agenda there. Do we have -- well,  
4 number one we need to adopt the agenda. Has  
5 everybody looked over the agenda or got any  
6 problems with the way it's laid out there?

7 MS. YEATMAN: No.

8 MR. DARBY: I move we adopt the  
9 agenda.

10 MS. YEATMAN: Second.

11 MR. BUNCH: Second.

12 MR. MCCONAGHY: All in favor?

13 MR. DARBY: Aye.

14 DR. MARTIN: Aye.

15 MS. YEATMAN: Aye.

16 MR. MCCONAGHY: It is adopted. If we  
17 have any presentations.

18 DR. ALVERSON: Yes, from Brookwood,  
19 Mitzi put it on the agenda yesterday.

20 MR. MCCONAGHY: That's fine. That's  
21 good. We'll start with Brookwood.

22 MR. WADE: Okay. My name is Steven  
23 Wade. I'm the director of pharmacy at Brookwood

1 Medical Center and this didn't make your packets  
2 and what I want to do is to present Brookwood's  
3 plans for pharmaceuticals to be handled at a  
4 freestanding emergency department.

5           The Alabama Department of Public  
6 Health has granted two, as far as I am aware,  
7 has granted two facilities in the State of  
8 Alabama the right to open freestanding emergency  
9 departments. Brookwood is one of those two and  
10 one of the -- one of the issues is making sure  
11 that on my behalf is that we meet the  
12 pharmaceutical regulations and so what I wanted  
13 to do is present what our plans are at Brookwood  
14 to meet what we feel -- to do what we think will  
15 meet the Board of Pharmacy regulations on  
16 pharmacy distribution at the freestanding  
17 emergency department.

18           One of the things that we want -- a  
19 separate location -- by definition, a  
20 freestanding emergency department is part of the  
21 facility just like a department -- just like the  
22 emergency department is attached to the  
23 facility. I think one of the regulations or one

1 of the rules is that it be within 35 miles of  
2 the parent facility. Brookwood plans to open a  
3 freestanding emergency department very close to  
4 here, right across the street actually  
5 practically, and it is a separate, licensed  
6 provider-based department of Brookwood Medical  
7 Center.

8           So we intend to request a -- since it  
9 is a different physical location, we intend to  
10 request an institutional license for that  
11 facility and going through the Alabama law or  
12 regulations I should say, I've looked at points  
13 that are there to make sure that we meet those  
14 standards and our freestanding emergency  
15 department, or FED, THE pharmacy will be under  
16 the supervision of a pharmacist in and control  
17 of a registered pharmacist who will be the  
18 supervising pharmacist at that facility. The  
19 pharmacy will not provide any outpatient  
20 services. This is strictly to serve the FED.

21           The oversight for the FED  
22 pharmaceuticals will receive the same oversight  
23 and follow the same policies and procedures as

1 other departments at Brookwood Medical Center,  
2 so they'll be in compliance with us. The  
3 anticipated hours for the FED pharmacy will be  
4 Monday, Wednesday, and Friday from 8:00 until  
5 noon and that's anticipated based on the fact  
6 that we'll be needing to fill some automated  
7 dispensing devices in the FED and also receive  
8 orders from prime vendors and from other  
9 sources.

10 We plan to use a Pyxis or automated  
11 dispensing devices at the FED. The supervising  
12 pharmacist -- one of the places in the  
13 regulations say the supervising pharmacist will  
14 need to be there 50 percent of the open hours  
15 and of course we'll comply with that. The  
16 pharmacy access will be restricted to pharmacy  
17 access at the FED -- it will be restricted to  
18 pharmacy personnel. No technicians will be  
19 accessing the FED pharmacy without a pharmacist  
20 present -- the pharmacy technicians.

21 The logistics of it is all  
22 pharmaceuticals will be secured, monitored, and  
23 controlled in the same manner they do with the

1 pharmaceuticals at the regular facility. All  
2 C-II controlled substances will be received at  
3 the FED with a DEA-222 and accountability of the  
4 inventories will be the same as it is at other  
5 departments of the facility.

6           We will use automated dispensing  
7 devices at the FED and the monitoring and  
8 oversight of those automated devices will be the  
9 same as it is performed at the main facility.  
10 The source of pharmaceuticals will come from a  
11 prime vendor or wholesaler as well as in direct  
12 orders and from the main facility and the  
13 decision of where we will get those will be  
14 based on the package sizes that are available  
15 and the package labeling because everything will  
16 have to be bar coded for administration. All  
17 pharmaceutical inventory accountability will be  
18 the same as it is at the main facility.

19           MR. WARD: So it's going to be  
20 transfer of drugs from the hospital to you -- to  
21 this place?

22           MR. WADE: To the FED, there will be  
23 transfer of drugs from the hospital to there.

1           MR. WARD:  You'll have a separate DEA  
2  there?

3           MR. WADE:  We will have -- that's the  
4  goal is to get a separate DEA.  Anything that's  
5  C-II will have to be transferred on 222s on a  
6  separate -- with a separate DEA number.  And one  
7  of the things we want to disclose is that the  
8  remote processing -- there will be remote  
9  processing of orders.  Pharmacists at the main  
10  facility will process some orders at the FED and  
11  pharmacists at the FED may be processing orders  
12  at the main facility and that is to kind of  
13  balance out of the workload between the two.

14           The FED will be on the same computer  
15  system as the facility physician ordering.  The  
16  Pyxis machines -- it happens to be Pyxis  
17  machines.  There are also some Omnicells used  
18  for supplies but the automation will be on the  
19  same computer system and monitored through the  
20  same process, same oversight.  So it's really  
21  just like a facility that's attached to the  
22  hospital electronically, it just happens to be  
23  down here and it is under the authority of the

1 Alabama Department of Public Health.

2 So really what I want to do is present  
3 to you what as the oversight for pharmacy, how  
4 we anticipate meeting your expectations and give  
5 you the opportunity before we open because we  
6 are just now breaking ground so we have several  
7 months before I would actually get an  
8 institutional license, pharmacy license, and  
9 apply for a DEA. So this is the request for you  
10 to oversee our process and concur that we are  
11 moving in the right direction.

12 MR. WARD: Do you also have to get  
13 a -- a CON for this?

14 MS. CARLISLE: We did.

15 MR. WADE: Two were granted in the  
16 state, yes, we did.

17 MR. WARD: Will you submit that to us  
18 as well?

19 MR. WADE: I have two people with me  
20 that will.

21 MS. ESLECK: We can, yes. We can get  
22 you a copy of the certificate of need, not a  
23 problem.

1                   MR. WADE:   And I unfortunately didn't  
2   make your packet but we do have a copy of the  
3   rules of the -- Alabama Department of Public  
4   Health's rules for freestanding emergency  
5   departments and we can provide you with that  
6   link.

7                   MS. CARLISLE:   Basically it states  
8   that we comply with the Alabama State Board of  
9   Pharmacy.

10                  DR. MARTIN:   Are you going to be the  
11   director of both?

12                  MR. WADE:   I don't -- if I could I  
13   would but right now I have a pharmacy manager  
14   who either -- we will either hire a pharmacy  
15   manager to be the supervising pharmacist or one  
16   of my current pharmacy managers will become a  
17   supervising pharmacist.   I have -- when it comes  
18   to the automation and stuff, while I don't  
19   personally do the automation stuff, the person  
20   who does the automation stuff will be down there  
21   a lot, so they will likely be the supervising  
22   pharmacist; however, I will be over -- oversight  
23   on everything just like now.

1                   MR. DARBY: That was really my  
2 question.

3                   DR. MARTIN: Steve, we knew when the  
4 Alabama Department of Public Health passed the  
5 rules related to freestanding emergency  
6 departments that we sooner or later would have  
7 someone wanting to put a pharmacy in one and we  
8 would have to cross this bridge. So as far as  
9 you know, this is the first FED in Alabama where  
10 we have -- where we see a pharmacy in the FED?

11                  MR. WADE: There are two granted in  
12 the State of Alabama. One is I think Med West  
13 here in Birmingham and I don't know their exact  
14 plans but what I tried to do was look at the  
15 regulations and design my plans around to meet  
16 the regulations and not ask for anything  
17 uniquely special.

18                  DR. MARTIN: Okay. Well, we  
19 appreciate you cracking the ice and we -- I  
20 appreciate you taking the position of coming to  
21 the Board ahead of time and laying out your plan  
22 and trying to make sure you've got all your  
23 bases covered.

1           MR. WADE: I have talked to a DEA  
2     inspector and told him what my plans were and he  
3     pointed out that we will have to have a DEA  
4     license and we will have to transfer products in  
5     and out based on 222s. And just for what it's  
6     worth, I said we'll do the same oversight as we  
7     do at the facility. We have a perpetual  
8     inventory on all controlled substances, not just  
9     C-IIIs.

10           MR. WARD: Will you be -- will you be  
11    subject to the five-percent transfer rule?

12           MR. WADE: Based on my interpretation  
13    of even Alabama regulations, we are the same  
14    facility under the same ownership so that  
15    shouldn't apply -- the five percent shouldn't  
16    apply to that.

17           MR. WARD: Maybe not but see we don't  
18    know that you're the same facility under the  
19    same ownership.

20           MR. WADE: Well, we are and actually  
21    the Public Health Department definition of  
22    granting us an FED indicates that it would have  
23    to be a part of it. The FED is just like a

1 department of the facility -- of the parent  
2 facility.

3 MR. WARD: I'm the Board's lawyer, so  
4 you've brought me something else I'm going to  
5 have to learn. Thank you.

6 MR. WADE: Probably so. It's the  
7 Public Health Department's.

8 MR. WARD: Who's the owner? Is  
9 Affinity the owner?

10 MS. ESLECK: No, we're Tenet  
11 Healthcare is our upline parent company but  
12 we're Brookwood Health Services doing business  
13 as Brookwood Medical Center.

14 MR. WARD: Dallas?

15 MS. ESLECK: Dallas, yes, sir.

16 DR. ALVERSON: Are there going to be  
17 products that will -- that will be there under  
18 lock and key other than in the automatic  
19 dispensing device?

20 MR. WADE: Not by plans, not  
21 pharmaceuticals.

22 DR. ALVERSON: All right.

23 MR. WADE: And I think I might have --

1 IV add mixtures, I don't think I mentioned that.  
2 In compliance with USP 797, we do not -- we will  
3 not be doing any anticipatory compounding at the  
4 FED. All IV compounding -- there will be -- all  
5 IV compounding will be done for immediate use at  
6 bedside and we will try to purchase as many  
7 commercially products -- made products as  
8 possible for that facility and we will not  
9 transfer compounding products from the main  
10 facility down there for that purpose because  
11 that would not be compliant with USP 797, I  
12 don't think.

13 DR. MARTIN: Do you know if there  
14 is -- I'm more or less addressing the Board  
15 members at this point to say that I think Steve  
16 has done a pretty thorough job of getting his  
17 plan together and if there are gaps there, I  
18 don't know what they are but now I'm guessing  
19 that in the process of getting it up and running  
20 and having some additional discussions, we're  
21 going to find some gaps and we'll have to  
22 address them along the way but it certainly  
23 looks like at least the large visible issues

1 have been addressed. I don't know what kind of  
2 feedback the Board wants to provide Steve with  
3 today other than proceed. We don't see any  
4 reason not to proceed and as we uncover -- if we  
5 uncover additional issues, we'd certainly let  
6 you know those and we'd ask that you do the  
7 same.

8 MR. WARD: Well, we don't have an  
9 application yet so it's going to be the issue  
10 of -- it's going to be the issue of not only  
11 that but of processing and there's a bunch of  
12 moving pieces and I've got to read these rules  
13 to make sure they're --

14 DR. MARTIN: I think what we're going  
15 to find is that the ADPH rule is going to be  
16 silent on the issue of permitting the pharmacy.  
17 That's my recollection when I looked over it.

18 MR. WADE: It does -- there is a  
19 statement in there that says that there will be  
20 pharmaceutical services on site at the facility  
21 and I think that's the main thing, the pharmacy  
22 services.

23 DR. MARTIN: Yeah.

1                   MR. WADE:  And as far as the  
2   regulatory portion, they kind of left it up to  
3   the existing regulatory boards except it did  
4   define the facility as a department of the  
5   hospital; therefore, we would see it as an -- I  
6   interpret that and request that y'all interpret  
7   that as an institutional pharmacy because not  
8   being an institutional pharmacy would be a --  
9   would open another bag of worms.  There will not  
10  be any outpatient services prescription wise  
11  from the FED.

12                  DR. MARTIN:  So currently, again as  
13  far as I know, this Board has granted  
14  institutional permits to three off-site  
15  facilities that are connected in this fashion  
16  back to the hospital and the Board's decision up  
17  and to this time has been for those facilities,  
18  namely UAB's Comprehensive Cancer Care Center on  
19  Acton Road, Montgomery Cancer Center that's  
20  affiliated with Baptist in Montgomery, and the  
21  Mitchell Cancer Center affiliated with the  
22  University of South Alabama at Mobile was that  
23  the Board agreed that facilities of that nature

1 would qualify themselves as an institutional --  
2 qualify for an institutional practice permit, so  
3 this will be the first time we've seen an FED  
4 and the first time we've seen anything beyond a  
5 cancer care clinic seeking an institutional  
6 permit. It seems to me to fall in line with the  
7 president of the Board has -- we'll have to  
8 continue to flesh that out and if we come up  
9 with difference -- differences of opinion on  
10 that, we'll have to deal with it.

11 MR. MCCONAGHY: I just think the fact  
12 that you're applying for a separate permit at a  
13 separate location makes it --

14 MR. WARD: A lot easier.

15 MR. MCCONAGHY: -- makes it a lot  
16 easier on everybody and the inspectors included  
17 that they can do that and I know you and I  
18 talked and the way you've put it together, you  
19 can't ask for any more from that from the Board  
20 or the regulatory board that you have  
21 anticipated this much stuff and I can't imagine  
22 as things come up that you won't notify the  
23 Board and say, hey, this is what we'd like to do

1 and hopefully it will fit in.

2 MR. WADE: Absolutely. Thank you very  
3 much.

4 DR. MARTIN: I think what I heard out  
5 of that is proceed with the application as soon  
6 as you're ready.

7 MR. WADE: Thank you.

8 DR. ALVERSON: They have stayed in  
9 touch with our office also, so they really have  
10 made every possible effort to keep us in the  
11 loop.

12 MR. WADE: Thank you.

13 MS. ESLECK: So we need to supply CON  
14 copies and the ADH rules for each Board  
15 member -- a copy?

16 DR. ALVERSON: If you'll get it to me,  
17 I'll get it to the Board.

18 MR. MCCONAGHY: Just one.

19 MR. WARD: Ownership, anything that  
20 the -- anything that the -- that those rules  
21 provide. I don't need to know everything but  
22 you know, those commonality things, same  
23 ownership, CON, if you would provide that, that

1 would be great.

2 MR. WADE: Thank you.

3 MR. MCCONAGHY: We're going to need to  
4 get y'all to tell us who you are again so Sheri  
5 can have it on the record there. Roger Bates,  
6 Alabama Pharmacy Association.

7 MR. BATES: Roger Bates, Alabama  
8 Pharmacy Association.

9 MR. HARRIS: Bruce Harris, APCI.

10 MS. JACKSON: Cherry Jackson, ALSHP.

11 MR. MAGUIRE: Bill Maguire, Omnicell.

12 MR. MCCONAGHY: Buddy, are you  
13 prepared to do the treasurer's report?

14 MR. BUNCH: I am fully prepared this  
15 time. You've got it in the Dropboxes this month  
16 and even got a printout so we're good.

17 Treasurer's report, I'm happy to  
18 report it looks good from what I can tell. The  
19 expenses are on budget. We have 95 percent of  
20 the income that we'll get is in. This is the  
21 year where we have money but we have to live off  
22 of that money for another year so Dan left us in  
23 good shape. Any questions? Got any questions,

1 Dan?

2 MR. DARBY: I will point out, it's not  
3 really a question but on the data processing if  
4 anybody asks, we're significantly over budget  
5 for the year but that's because we've made a  
6 payment to our new computer people.

7 MR. BUNCH: Yeah.

8 MR. DARBY: But other than that, all  
9 the expenses look in line.

10 DR. MARTIN: When will the expenses to  
11 the current but soon previous data processing  
12 company fall off?

13 DR. ALVERSON: Right now we must keep  
14 the present company until August 31. We will  
15 begin installing the new company August 1 and  
16 the changeover date will be September 1.

17 DR. MARTIN: Great, thank you.

18 DR. ALVERSON: Our contract with the  
19 present company is due for annual renewal in  
20 April and so we plan to go to the lowest  
21 possible cost. I've also been working with our  
22 other lawyer, Joe Wilson, and I had an email  
23 this week from him outlining all the things we

1 did not receive on this contract and he's been  
2 talking to the CEO of the present company to say  
3 we should receive a reduced rate or money back  
4 or stop paying because you didn't deliver on  
5 what was promised even within these time frames.

6 MR. BUNCH: Need to move for  
7 treasurer's report.

8 DR. MARTIN: I move we accept the  
9 treasurer's report as submitted.

10 MS. YEATMAN: Second.

11 MR. MCCONAGHY: Any discussion?

12 (No response.)

13 MR. MCCONAGHY: All in favor?

14 DR. MARTIN: Aye.

15 MR. DARBY: Aye.

16 MS. YEATMAN: Aye.

17 MR. BUNCH: Aye.

18 MR. MCCONAGHY: Any volunteers to do  
19 the Board of Pharmacy Wellness Committee report?

20 DR. MARTIN: Do you just need it read?

21 MR. DARBY: It's in the Dropbox  
22 here.

23 DR. MARTIN: Yeah, I'll be glad to

1 read it. Let's see, Susan, would you want to  
2 read it?

3 DR. ALVERSON: No, that's okay. It  
4 would be great if you would read it.

5 DR. MARTIN: Okay. I'm going to read  
6 this as if I know what I'm doing.

7 DR. ALVERSON: You do.

8 DR. MARTIN: This is a report from  
9 Dr. Michael C. Garver, program administrator of  
10 the Alabama State Board of Pharmacy Wellness  
11 Committee. It's dated February 19, 2015.

12 Gentlemen and Ladies, There are  
13 presently 144 people in our screening program  
14 with signed contracts and orders. This number  
15 includes any individuals on a DMC, that's a  
16 diagnostic monitoring contract, but does not  
17 include any of the professionals listed below.

18 Under current work Dr. Garver lists  
19 there's one pharmacist in inpatient treatment.  
20 There's 16 pharmacists who are either being held  
21 out for some reason or are in the process of  
22 being investigated, evaluated, or made ready for  
23 presentation to the Board. There's also one

1 technician in treatment. There are ten  
2 technicians who are either being held out for  
3 some reason or are in the process of being  
4 investigated, evaluated, and may be ready for  
5 presentation to the Board.

6 In addition there is one student who  
7 is in inpatient treatment. There is one student  
8 who has completed outpatient treatment who  
9 refused recommendations and wants to get an  
10 extension and be monitored. There is one  
11 student who has relapsed, has been withdrawn  
12 from school, and may not be able to return and  
13 this individual will need a disposition. All of  
14 the individuals who are in treatment or in  
15 evaluation or undecided are presently out of the  
16 workplace and without license. There are 85  
17 individuals in facility-driven aftercare.

18 The completed work portion of the  
19 monthly report is as follows: We've met  
20 personally with all licensees returning to work  
21 to sign contracts and explain how monitoring  
22 works. All returning licensees have been placed  
23 in a caduceus, either pharmacy or a health

1 profession.

2 Thank you for letting me serve  
3 recovering pharmacy professionals. Reports for  
4 the inspectors and attorney on current  
5 recommendations for Wellness folks that you are  
6 seeing this meeting have been emailed to the  
7 Board's office and that concludes Dr. Garver's  
8 report.

9 DR. DARBY: I move we accept the Board  
10 of Pharmacy Wellness Committee report.

11 MR. BUNCH: Second.

12 MR. MCCONAGHY: Any discussion?

13 (No response.)

14 MR. MCCONAGHY: All in favor?

15 MR. DARBY: Aye.

16 DR. MARTIN: Aye.

17 MR. BUNCH: Aye.

18 MS. YEATMAN: Aye.

19 MR. MCCONAGHY: Next on the agenda we  
20 have the Board minutes from the January meeting  
21 and we need to approve them individually so I  
22 need a motion.

23 MR. DARBY: Move to approve the

1 minutes of the January 14, 2015, Board business  
2 meeting.

3 MS. YEATMAN: Second.

4 MR. MCCONAGHY: Any discussion?

5 (No response.)

6 MR. MCCONAGHY: All in favor?

7 MR. DARBY: Aye.

8 DR. MARTIN: Aye.

9 MR. BUNCH: Aye.

10 MS. YEATMAN: Aye.

11 MR. MCCONAGHY: Opposed?

12 (No response.)

13 MR. DARBY: I move we approve the  
14 minutes of the January 14, 2015, interview  
15 meeting.

16 MS. YEATMAN: Second.

17 MR. MCCONAGHY: Any discussion?

18 (No response.)

19 MR. MCCONAGHY: All in favor?

20 MR. DARBY: Aye.

21 DR. MARTIN: Aye.

22 MR. BUNCH: Aye.

23 MR. MCCONAGHY: Opposed?

1 (No response.)

2 MR. MCCONAGHY: Okay. Eddie, you're  
3 up next with the inspector report.

4 MR. BRADEN: Yes, sir, Mr. President,  
5 if you look at the Dropbox, you'll see the  
6 statistics for the month of January, how many  
7 inspections were completed, which also included  
8 USP 795 and USP 797 inspections. We had the  
9 number that you will see, the received  
10 complaints that we actually received, the  
11 completed investigations that we did on  
12 complaints, which is the bottom number, and then  
13 we also have several investigations ongoing that  
14 are intense investigations from 2014 but we've  
15 almost completed all investigations that were  
16 initiated in 2014. You'll see we assisted some  
17 agencies and met with several agencies in regard  
18 to issues that we both have mutual interests in.

19 MR. MCCONAGHY: Thank you.

20 Susan, have you got a secretary's  
21 report today?

22 DR. ALVERSON: I do. I'm going to  
23 curtail a few of the things that I was going to

1 say because I could go on for a period of time  
2 as you know. We received a notice this week  
3 that the State financial auditor will be here on  
4 Monday at nine o'clock and about three pages of  
5 information which we will have to have  
6 available. They're auditing 2011, 2012, 2013,  
7 and 2014. There will be nothing from the  
8 beginning of this fiscal year, which was  
9 October, nothing from that point forward.

10 A lot of the information are things  
11 like all the minutes from all four years of  
12 every meeting and they check to make sure all of  
13 those statements that you have to read when you  
14 break to go into private -- we have all of  
15 those, that all of them are signed. They said  
16 they will be here for a period of weeks.

17 We had met with the gentleman who is  
18 in charge of that office previously. We asked  
19 him here and explained that there's been a  
20 turnover in who manages that, we're under a new  
21 system, there are new people here, we do  
22 understand there were some issues previously.

23 We can do nothing about 2011 or any part of 2012

1 other than to provide documentation that we have  
2 corrected all things that were found wrong on  
3 the previous audit and when that gentleman was  
4 here he said, you know, we can expect nothing --  
5 nothing else. You can't fix what wasn't under  
6 your control. We will be looking to make sure  
7 you've corrected -- you've put in place things  
8 to make sure that those kind of things don't  
9 happen again.

10           It's unfortunate that it's during tax  
11 season because that will put added pressure on  
12 Blake, our CPA, but he has worked out methods to  
13 be here. He'll be working from here rather than  
14 his office at times.

15           We are not expecting any problems and  
16 we feel pretty good about where we stand about  
17 everything that's been put in place but of  
18 course, an audit is an audit and you never know  
19 until the auditor gets here and you go through  
20 things. I will be glad to send you an email as  
21 often as you want -- daily, weekly, you know.  
22 They'll take days just reading all the minutes.  
23 So you know, I can send you an email, keep you

1 up to date every time I think there is  
2 something -- we've learned one more thing. Is  
3 that all right with everybody? They'll be gone  
4 by the time you get back.

5 MR. MCCONAGHY: Maybe.

6 DR. ALVERSON: Maybe, right.

7 MR. MCCONAGHY: The last time they  
8 were here for several --

9 DR. ALVERSON: My guess is they may  
10 want some board members here, if not all board  
11 members, for the exit interview and I will keep  
12 you apprised of everything I know about that and  
13 give you as much lead time as I can, all right.

14 MS. YEATMAN: We're very confident.

15 DR. ALVERSON: The gentleman who is  
16 managing our new computer program was going to  
17 be doing a presentation today but driving from  
18 Atlanta and back with the weather was iffy for  
19 him and so we have moved that to the next  
20 meeting. So you know, they have already put all  
21 of our inspection forms into the new computer  
22 system. They've put a good part of our renewal  
23 systems into the computer already. So what

1 we've seen -- they have shown us screenshots of  
2 what they're doing and we've been very pleased  
3 so far, again.

4 All right. I guess the next big thing  
5 is to let you know that we received or we  
6 downloaded information from the FDA. I gave you  
7 a binder yesterday. So the FDA has sent a draft  
8 of the memorandum of understanding that they  
9 will ask each state to sign and if you sign it,  
10 then pharmacists in your state will be allowed  
11 to compound without submitting a new drug  
12 application for every compound. I don't know  
13 how the State could function if we don't sign  
14 the memorandum of understanding. I personally  
15 have some issues with it.

16 There will be a meeting in Washington  
17 March 18 and 19. Eddie is going and I'm going.  
18 Cristal is going. Dan is going. Jim -- I  
19 believe Jim is going. I think David is going  
20 also, so we really want to be represented and  
21 have our position heard but these are the high  
22 points in it and I would really like -- I'm just  
23 going to give you my opinion but I want to

1 represent the Board when we're there, all right.

2           So all 503A pharmacies, which are --  
3 we would call a traditional pharmacy will be  
4 under the jurisdiction of the State Board of  
5 Pharmacy and those are called 503A pharmacies.  
6 They may only fill prescription -- only compound  
7 based on a prescription for an individual and  
8 there must be a doctor-patient-pharmacist  
9 relationship.

10           The new category, the 503B pharmacies,  
11 are really a version of a manufacturer and they  
12 will be inspected by the FDA. We will also be  
13 inspecting them, but they will come under FDA  
14 and they will have to comply with good  
15 manufacturing practices.

16           DR. MARTIN: Is that the full GMP  
17 or --

18           DR. ALVERSON: As I understand a full  
19 GMP.

20           DR. MARTIN: I thought it was  
21 abbreviated GMP for some reason.

22           DR. ALVERSON: It turns out they have  
23 not trained any of their inspectors yet. We

1 have spoken with their inspectors and -- to try  
2 to get some answers on questions, so we'll have  
3 to see when they train them how they train them,  
4 all right. So here are the things that I --  
5 that I personally would question.

6 MR. WARD: Susan, wait a minute. We  
7 have -- we're required, however, to inspect 503A  
8 pharmacies that compound and ship over state  
9 lines.

10 DR. ALVERSON: We're required to  
11 inspect all compounding pharmacies that are  
12 503A.

13 MR. WARD: The way I read it only  
14 interstate, the way I read it.

15 DR. ALVERSON: Okay. Well, we would  
16 be inspecting them anyway but we have to report  
17 on the ones that ship interstate.

18 MR. WARD: Right. The MOU requires  
19 only all of that as to interstate.

20 DR. ALVERSON: Okay. That's one of my  
21 first concerns -- if a pharmacy is restricted to  
22 ship no more than 30 percent of their products  
23 over state lines. At the last meeting they said

1 they will make an exception of about a 50-mile  
2 radius for a pharmacy that is on the state line,  
3 all right.

4 MR. DARBY: That's not in the MOU  
5 though, is it, the 50-mile radius?

6 DR. ALVERSON: No, it is not.

7 MR. DARBY: Okay.

8 DR. ALVERSON: And so, you know, I  
9 think it should be added because someone could  
10 interpret it to say, it's not the law, we don't  
11 do it. My concern is this: I don't see where  
12 shipping 25 percent, 35 percent speaks to the  
13 quality of a pharmacy, and what we're seeing  
14 happen already is pharmacies are buying small,  
15 ready-to-go-out-of-business pharmacies. They're  
16 really not treating them as a -- they want to  
17 develop this business. They're just using it as  
18 a place to get another 30 percent out of it, so  
19 if you put enough business in there, you can use  
20 that site as a method to increase what you can  
21 ship.

22 DR. MARTIN: And avoid coming under  
23 503B.

1 DR. ALVERSON: Correct, all right.  
2 We've seen one pharmacy that has now purchased  
3 four such pharmacies that have just become a  
4 place with a license. We've spoken to  
5 Mississippi and the same thing is happening in  
6 Mississippi also.

7 MR. WARD: Plus it doesn't define, it  
8 says 30 percent in any month. How many months  
9 do you go back? I mean, if you -- if you look  
10 at 24 months and one month they were 30 and then  
11 they qualify, I mean, it's so poorly written.

12 DR. ALVERSON: Right, right. So I  
13 don't know where you stand on that. I'd like  
14 your opinion.

15 The second is we have to send  
16 inspections of compounding pharmacies that ship  
17 across state lines to the FDA and as I read it,  
18 and Jim, maybe you have a different  
19 interpretation, it sounds as though anything we  
20 find wrong, we have to report to the FDA. Now,  
21 in my opinion, if the compounding pharmacy is  
22 compounding beyond the rights of a 503A or their  
23 sterile technique is atrocious or something of

1 that nature, but you know, if they didn't get  
2 their techs registered on time, I don't see  
3 where the State needs to be reporting every  
4 possible violation or every part of an  
5 inspection report to FDA.

6 MR. WARD: I just read it as having to  
7 report adverse events and quality, those two  
8 terms. That's all. That's how I read it.

9 DR. ALVERSON: I just don't know how  
10 they're going to interpret that quality. I  
11 mean, what -- what are they going to say?

12 MR. WARD: Well, they define it --  
13 that's what I'm trying to say. They define it  
14 as an actual event occurring, not the  
15 possibility of an event, an event occurring.

16 DR. MARTIN: Like an untoward  
17 outcome.

18 MR. WARD: It has to be something has  
19 to happen, so like I said the other day, that  
20 would be like a DUI law saying you can drive as  
21 drunk as you want as long as you don't hit  
22 anybody, which is kind of stupid.

23 DR. MARTIN: Yeah.

1 DR. ALVERSON: You know, they can  
2 define an event. Like I said, if it's a  
3 compounding event that would change their  
4 status, I understand that. In some ways, I feel  
5 the FDA said we want the right to supervise  
6 people who manufacture. They have that right  
7 and they've stated the rest remain with the  
8 State. So I think there's an issue of whether  
9 or not the FD -- how far the FDA can go in  
10 monitoring pharmacies that are state pharmacies.

11 MR. WARD: Well, what's going to be  
12 skillful about this I think is be careful not to  
13 ask certain questions and just interpret it the  
14 way you think rather than ask and get an answer  
15 you don't want.

16 DR. ALVERSON: And the last thing that  
17 concerns me is on every document they've sent,  
18 it says, in cooperation with NABP. I actually  
19 talked to FDA yesterday and raised that. I  
20 said, do you plan on sharing our inspection  
21 reports with NABP and they said, oh, no, we  
22 would never do that but NABP has gotten  
23 information and they openly admit it and I think

1 my -- in my opinion again, I don't know if the  
2 State has the right to send information which  
3 would be shared with a body that does not have  
4 legislative authority, so that's my concern on  
5 that.

6 DR. MARTIN: There was some discussion  
7 earlier about the definition of interstate  
8 commerce and what that might entail. Has that  
9 been resolved or is that a nonissue?

10 MR. WARD: Yeah, they call it  
11 inordinate amounts. An inordinate amount is  
12 defined as more than 30 percent. That's going  
13 to be their cutoff of whether it should be a  
14 503A or (b).

15 DR. MARTIN: Yeah, that's how I read  
16 it. So if a patient comes from Florida to  
17 David's pharmacy and has a prescription  
18 filled.

19 MR. WARD: That doesn't count. They  
20 address that.

21 MR. DARBY: They address that. They  
22 do have it in their -- for serious product  
23 quality issue, which I think would go to maybe

1 your point.

2 MR. WARD: But if a patient comes from  
3 Florida, goes to Dave's store, Dan's store,  
4 Buddy's store, and takes it back across state  
5 lines, that does not count.

6 MR. DARBY: It's the point of  
7 dispensing but I think they do hit on the  
8 product quality issue in the inspection you  
9 reveal a problem with the quality of somebody's  
10 product, then that's reportable.

11 DR. MARTIN: That's reportable.

12 MR. WARD: It makes no difference how  
13 much they're doing. If they are sending it  
14 interstate and there's an adverse action, then  
15 there's a problem.

16 DR. MARTIN: Correct. So if filling a  
17 prescription for someone in another state when  
18 they travel over to your pharmacy and go back is  
19 not interstate commerce.

20 MR. WARD: It's not distribution as  
21 they define it.

22 DR. MARTIN: What is distribution?

23 DR. ALVERSON: If you mail it.

1 MR. WARD: Mail it.

2 DR. MARTIN: Put it in the United  
3 States Postal Service, FedEx, UPS is  
4 considered --

5 DR. ALVERSON: Delivered by truck or a  
6 courier.

7 MR. DARBY: Wherever the patient  
8 receives it at determines if it's interstate or  
9 not.

10 MR. WARD: If it's distribution or  
11 not.

12 MR. DARBY: Yeah.

13 DR. MARTIN: Will the decision about  
14 whether they fall into 503 -- I'm trying to put  
15 myself in a position of a facility that  
16 compounds and I may be right on the 30-percent  
17 line, how do I know if I need to submit an  
18 application for 503B?

19 DR. ALVERSON: All right. Well, I was  
20 going to tell you that -- what would make you  
21 503B.

22 DR. MARTIN: Okay. Sorry, got ahead  
23 of you.

1 DR. ALVERSON: No, no, no. There's a  
2 document that says these are the people that  
3 should apply to be a 503B, all right. If you  
4 wish to compound and you wish to sell those  
5 compounds without a prescription, so if you wish  
6 to sell to a physician or to a hospital. Now,  
7 the regulation states that when you transfer it,  
8 it cannot be transferred again, so a physician  
9 could not then sell those products to a patient  
10 and what we have been telling people is the  
11 physician cannot have a program in place such as  
12 a weight loss program and the injections are  
13 part of the overall charge for that program  
14 because you are then selling those injections.

15 DR. MARTIN: If they're obtained from  
16 the 503 source.

17 DR. ALVERSON: If they're obtained  
18 from the 503B.

19 DR. MARTIN: If they're obtained from  
20 the commercial source, they couldn't.

21 DR. ALVERSON: Right, but a 503B must  
22 label their products not for resale, for office  
23 use only, all right.

1 DR. MARTIN: Okay.

2 DR. ALVERSON: And so when we've  
3 inspected pharmacies, we've seen where  
4 physicians write a prescription but they want a  
5 prescription delivered to the office and they  
6 will pay for it and then they will bill the  
7 patient, so that can't occur with the 503B. All  
8 right. A 503B --

9 MR. DARBY: How would -- how would the  
10 503B facility know what happens to it once it  
11 left their control?

12 DR. MARTIN: Yeah, who would get  
13 dinged?

14 MR. DARBY: Do you know what I'm  
15 saying?

16 DR. ALVERSON: Right. I would think  
17 that they would have to have something to say  
18 we've informed whoever purchased this that --

19 MR. DARBY: Do they have to be the  
20 terminal user?

21 MR. WARD: Well, better yet, what  
22 about someone who wants to do that, they  
23 follow -- they follow GMP, do everything, but

1 they want to be able to do exactly what you can  
2 under 503B, what are they?

3 DR. ALVERSON: You mean if they want  
4 to sell it to someone who will resell it?

5 MR. WARD: Yeah.

6 MR. DARBY: They have to be a  
7 manufacturer.

8 DR. ALVERSON: They have to become a  
9 manufacturer in the full sense of the word.

10 DR. MARTIN: Or a byproduct of --

11 MR. WARD: How is that going to be  
12 different than a 503B? They still have to  
13 follow GMP. They aren't going to have to have  
14 them -- how is it different? That's what I  
15 don't get.

16 DR. ALVERSON: A manufacturer can  
17 prepare a product. They're inspected under  
18 GMP.

19 MR. WARD: So is the 503B; right?

20 DR. ALVERSON: Right, but a --

21 MR. DARBY: Aren't there some labeling  
22 issues that a manufacturer has to go through  
23 that a 503B would not?

1 DR. MARTIN: Register.

2 DR. ALVERSON: A manufacturer has  
3 to -- if they create a compound, they have to  
4 apply for a new drug application.

5 MR. WARD: What if I'm doing the exact  
6 same thing that a 503B is, exactly, but instead  
7 of writing office use, the physician is going to  
8 sell it. It's the exact same drug. Everything  
9 is exactly the same except he's going to sell to  
10 his patient.

11 DR. ALVERSON: Well, the pharmacy is  
12 going to have to protect -- the 503B is going to  
13 have to protect itself.

14 MR. WARD: That's what I mean. How  
15 would they do it? That's the thing.

16 DR. ALVERSON: Well, they're going to  
17 have to notify them and I would think maybe get  
18 a signed contract with the physician.

19 MR. WARD: Isn't that kind of stupid  
20 that you have to do a whole different set of  
21 rules doing the exact same thing? It depends on  
22 what the end user is going to do with it.  
23 You're manufacturing it. What's the difference

1 between manufacturing something for office use  
2 and manufacturing for the doctor to use in the  
3 office but sell to the patient. That's what I  
4 don't know. I'm not fussing at you. I don't  
5 understand that.

6 DR. ALVERSON: Right.

7 MR. WARD: I don't know what the right  
8 answer is.

9 MR. BRADEN: My understanding is they  
10 don't have to go through the new testing  
11 procedures.

12 MR. WARD: Well, why would they have  
13 to go through new testing procedures? It's  
14 exactly the same. Think about it.

15 MR. BRADEN: If they're a  
16 manufacturer, they have to do that.

17 MR. WARD: But it's exactly the same.  
18 It is exactly the same. They're doing the exact  
19 same thing except instead of writing office use  
20 on it, they're selling it to the doctor with an  
21 invoice. It's exactly the same drug made the  
22 exact same way.

23 DR. ALVERSON: Well, that's what

1 they're saying, it's not made the same way and  
2 if I'm a manufacturer, I can sell it all over  
3 the United States and if something goes wrong --

4 MR. WARD: You sell it to doctors all  
5 over the United States.

6 DR. ALVERSON: Right, but  
7 manufacturers are under much stricter control  
8 than 503B is.

9 MR. WARD: I know but you could  
10 manufacture -- someone who wants to do this  
11 could manufacture gobs and gobs and gobs of it,  
12 more than -- as much as any manufacturing, just  
13 sell it to physicians for office use all day  
14 long.

15 DR. ALVERSON: Well, and it's our job  
16 to make sure they're not selling that  
17 quantity.

18 DR. MARTIN: I think you're right. I  
19 think the 503B pharmacy would have to --

20 MR. WARD: But there's no limit on  
21 quantity. They can do -- they can make as much  
22 as they want.

23 DR. MARTIN: They would have to engage

1 in some kind of a written understanding with the  
2 physician's office or whoever they're selling to  
3 if it was not available for resale.

4 DR. ALVERSON: And we -- we saw the  
5 order sheet that our one 503B was using and it  
6 was pretty obvious when we saw their order  
7 sheet, you're selling this to the doctor to  
8 resell because the doctor wouldn't go through  
9 two dozen jars -- four-ounce jars for office use  
10 of a pain cream.

11 DR. MARTIN: Yeah.

12 DR. ALVERSON: I mean, a physician  
13 wouldn't be doing that.

14 MR. MCCONAGHY: Guys, we all know we  
15 could discuss this for the next three days.

16 MR. WARD: Yeah.

17 MR. MCCONAGHY: And I think we really  
18 do need to set up either one of our work  
19 sessions or Susan like one of the -- where we  
20 invited folks here to just go through that full  
21 discussion part of it but with the weather  
22 coming in, I think we need to move on today.

23 DR. ALVERSON: All right. Let me just

1 mention the last thing and we're having trouble  
2 enforcing this but we are enforcing it, we're  
3 getting a lot of pushback, which is you may not  
4 make a copy of a drug that's already on the  
5 market, whether it's brand or generic. If it's  
6 on the market as a generic and you make a copy,  
7 you have to apply as a generic manufacturer. I  
8 received a call from Mississippi last night from  
9 Sherry and apparently the Mississippi  
10 legislature has a product that's being pretty  
11 frequently compounded and somebody came out with  
12 a brand name of this product and of course the  
13 price went way up and so there's a bill in the  
14 Mississippi legislature that's moving through  
15 pretty quick and they're voting to say, well, we  
16 don't care if there's a brand name product on  
17 the market or not, our pharmacists can compound  
18 it and sell it to Medicaid at a lower price, so  
19 it will be interesting to watch that  
20 legislation.

21 DR. MARTIN: That flies in the face of  
22 existing federal directives.

23 DR. ALVERSON: Right, I think that

1 it's not going to work but it's going to be fun  
2 watching.

3 MR. WARD: You're telling me you're  
4 surprised Mississippi won't follow federal regs.  
5 That's such a shock.

6 MR. DARBY: And I'm sure we're going  
7 to be a long way behind that too.

8 MR. WARD: Yeah, I know. I know.

9 MR. MCCONAGHY: Kind of like on a lot  
10 of the stats, thank God for Mississippi --

11 DR. ALVERSON: Right.

12 MR. MCCONAGHY: -- we're not number  
13 50.

14 DR. ALVERSON: That's primarily what I  
15 needed y'all to know.

16 DR. MARTIN: That's very good, Susan.

17 MR. WARD: I'm with you, I don't  
18 understand it. I'd like to be able to figure it  
19 out but it makes no sense to me.

20 MR. MCCONAGHY: Jim, have you got an  
21 attorney's report that applies to anything other  
22 than 503?

23 MR. WARD: No, no, I have -- it's

1 in -- it's in the executive session, a couple of  
2 cases we need to talk about.

3 MR. MCCONAGHY: Okay.

4 MR. DARBY: Do we need to act on any  
5 of this?

6 MR. MCCONAGHY: Do we have any old  
7 business?

8 DR. ALVERSON: I'd like to act on it  
9 in -- well, I guess we have to vote on it. Do  
10 you want this in executive session? We have a  
11 pharmacist who has sent a letter asking to be  
12 able to be a supervising pharmacist.

13 MR. WARD: Yes, this needs to be in  
14 executive session.

15 DR. ALVERSON: All right.

16 MR. MCCONAGHY: Moving into old  
17 business, is there any old business?

18 (No response.)

19 MR. MCCONAGHY: New business?

20 MR. DARBY: This council, do we need  
21 to appoint --

22 DR. ALVERSON: Pardon?

23 MR. DARBY: Do we need to appoint

1 somebody to the Southeast Alabama EMS Council?

2 DR. ALVERSON: Yes.

3 DR. MARTIN: Southeast Alabama EMS  
4 Council. What areas does that serve, Dan?

5 MR. DARBY: Dan doesn't know geography  
6 in this state.

7 DR. MARTIN: Oh, this is southeast,  
8 not southwest.

9 DR. ALVERSON: It's in Dothan.

10 DR. MARTIN: David, do you know what  
11 area this is?

12 MR. DARBY: I don't know the exact  
13 counties. They say it's I think 18 counties. I  
14 would guess that it would be -- my guess it will  
15 be -- it would probably go up towards Lee County  
16 over to Montgomery and down through Covington.  
17 That's a general definition of Southeast  
18 Alabama.

19 MR. MCCONAGHY: And by the way, I do  
20 know the geography. It's David that says he  
21 lives in south Alabama and this is the correct  
22 terminology. You live in southeast Alabama.

23 MR. DARBY: Actually south central.

1 DR. ALVERSON: Thank you, James  
2 Spann.

3 DR. MARTIN: I think we should take  
4 advantage of the opportunity to appoint someone  
5 to the -- to the EMS council and it seems to me  
6 it most likely should be someone living in that  
7 area.

8 MR. DARBY: Thank you. I'd be willing  
9 to serve on it if that was the Board's  
10 pleasure.

11 MR. WARD: Is he in the correct  
12 geographical area, Dan?

13 MR. MCCONAGHY: Yes, absolutely.

14 DR. MARTIN: And I guess we should  
15 anticipate there could be other EMS councils  
16 across the State that requests participation in  
17 the future.

18 DR. ALVERSON: Could be.

19 DR. MARTIN: I have one item of new  
20 business, Mr. President.

21 MR. MCCONAGHY: All right, Tim.

22 DR. MARTIN: This goes back to the  
23 rule that was read today for the changes in

1 680-X-2-.18 on Institutional Pharmacies. So  
2 it's my understanding that this rule has been --  
3 this change has been properly logged with the  
4 State and now proper action has been taken to  
5 make the change that was discussed earlier today  
6 in the session -- in the rulemaking session  
7 prior to this meeting and I'm in support of  
8 those changes and appreciate moving forward with  
9 those.

10           There are some additional changes that  
11 I think need to be made and if I'm  
12 understanding Mr. Ward correctly, those will  
13 need to be considered as a separate topic and  
14 possibly at a separate time. I don't know what  
15 all of those are going to be but I can tell you  
16 at least one of those is dealing with the first  
17 page under definitions, so that's number 2.8,  
18 institutional facility.

19           It currently reads, "Institutional  
20 facility means any organization whose primary  
21 purpose is to provide a physical environment for  
22 inpatients -- to obtain, rather, healthcare  
23 services including but not limited to," and then

1 it's laundry list of places considered  
2 institutional settings and part of that sentence  
3 I read has become problematic, particularly the  
4 word inpatients and I believe that what we'll  
5 see is a request to drop the word inpatients and  
6 allow that to say patients, because  
7 institutional facilities on a daily basis  
8 commonly provide care for patients who are, in  
9 fact, not inpatients at that location.

10 MR. WARD: We have to use the word  
11 patients because you can -- you're talking about  
12 in the pharmacy, so you're going to have to come  
13 up with a different word than patients.

14 DR. MARTIN: So that -- for those of  
15 you who were here during the earlier portion  
16 today, the rulemaking portion, that's what I was  
17 pointing at and so I -- with your understanding  
18 and I guess with your permission, I'll forward  
19 this document back to the ALSHP group who will  
20 probably have the most interest in addressing  
21 that point and possibly some other points in the  
22 document and that's all I needed to say about  
23 that.

1 MR. MCCONAGHY: Any other new  
2 business?

3 (No response.)

4 MR. MCCONAGHY: No new business. Then  
5 at this time we will go into executive session  
6 for the purpose of discussing the competencies  
7 of professionals, permit holders, registrants,  
8 and other legal matters. We will start the  
9 executive session at 10:30 and probably end it  
10 by 10:45. At that time there will be no further  
11 business but we'll have to come back into  
12 session to read into the minutes any decisions  
13 that were made during the executive session.

14 You're welcome to come back but there  
15 won't be any further business other than hearing  
16 some numbers that are to be written in. In  
17 order to go into executive session, we're going  
18 to need to take an individual vote.

19 MR. WARD: Mr. President, excuse me,  
20 I've got to say though that as an attorney  
21 licensed to practice law in the State of  
22 Alabama, one of the purposes of executive  
23 session will be to consider the resolution of

1 pending cases, which is under legal matters.

2 MR. MCCONAGHY: Have you got that  
3 clarification, resolution of legal cases falls  
4 under legal matters.

5 MR. WARD: Correct.

6 MR. MCCONAGHY: We'll spell that out  
7 in the future if we need to.

8 MR. WARD: You know, the auditors will  
9 look for that -- that little blurb. Why, I  
10 don't know. That's the only reason I said it.

11 MR. MCCONAGHY: Yeah, we'll definitely  
12 add that to it so -- that part of it. So, let's  
13 see, Buddy, yea or nay going into executive  
14 session?

15 MR. BUNCH: I say yea.

16 MR. MCCONAGHY: Donna?

17 MS. YEATMAN: Yea.

18 MR. MCCONAGHY: Tim?

19 DR. MARTIN: Yes, sir.

20 MR. MCCONAGHY: Dave?

21 MR. DARBY: Yea.

22 MR. MCCONAGHY: Dan is yea. We are  
23 adjourned for executive session and we'll return

1 at 10:45.

2

3 (Whereupon, a recess was taken for  
4 executive session. Member Buddy Bunch  
5 left the meeting when it was recessed  
6 for executive session.)

7

8 MR. DARBY: On request of the license  
9 number 13688 that she be granted to be a  
10 supervising pharmacist, the request is granted.

11 On case number 14-0120, case number  
12 14-0141, case number 14-0155, case number  
13 14-0156, case number 14-0157, case number  
14 14-0167, and case number 14-0184, case number  
15 14-0028, case number 15-0015, recommendation of  
16 no violation.

17 MR. WARD: Motion.

18 MR. DARBY: I make a motion that -- of  
19 no violation.

20 MR. MCCONAGHY: Second. All in favor?

21 DR. MARTIN: Aye.

22 MR. DARBY: Aye.

23 MS. YEATMAN: Aye.

1 MR. DARBY: Case number 14-0190, case  
2 number 14-0118, case number 14-0135, make a  
3 motion that those be sent to the Board's  
4 attorney.

5 MS. YEATMAN: I move that those be  
6 sent to the Board's attorney. Second.

7 MR. WARD: You second.

8 MR. DARBY: Yeah, you second.

9 MS. YEATMAN: I second.

10 MR. MCCONAGHY: All in favor?

11 DR. MARTIN: Aye.

12 MS. YEATMAN: Aye.

13 MR. MCCONAGHY: Aye.

14 MR. DARBY: Case number 14-0006, I  
15 make a motion that we have a -- accept a  
16 permanent surrender.

17 MS. YEATMAN: Second.

18 MR. MCCONAGHY: All in favor?

19 DR. MARTIN: Aye.

20 MR. DARBY: Aye.

21 MS. YEATMAN: Aye.

22 MR. DARBY: Case number 14-0177, make  
23 a motion that a letter of warning and corrective

1 action plan.

2 MS. YEATMAN: Second.

3 MR. MCCONAGHY: All in favor?

4 DR. MARTIN: Aye.

5 MS. YEATMAN: Aye.

6 MR. MCCONAGHY: Aye.

7 MR. DARBY: Case number 14-0162, make  
8 a motion that a letter of concern restating  
9 HIPAA laws and a letter to complainant referring  
10 him to HHS.

11 MS. YEATMAN: Second.

12 MR. MCCONAGHY: All in favor?

13 DR. MARTIN: Aye.

14 MS. YEATMAN: Aye.

15 MR. DARBY: Aye.

16 Case number 15-0001, I make a motion  
17 that a letter of concern and warning be sent.

18 MS. YEATMAN: Second.

19 MR. MCCONAGHY: All in favor?

20 MS. YEATMAN: Aye.

21 DR. MARTIN: Aye.

22 MR. DARBY: Aye. Case number 15-0003,  
23 I make a motion that a letter of concern and

1 corrective action -- corrective action plan to  
2 the pharmacy, refer responsible physician to the  
3 Alabama Board of Medical Examiners.

4 MS. YEATMAN: Second.

5 MR. MCCONAGHY: All in favor?

6 MS. YEATMAN: Aye.

7 DR. MARTIN: Aye.

8 MR. DARBY: Aye. And case number  
9 15-0018, I make a motion that a letter of  
10 concern to improve communications with patients  
11 and need to cancel on any change on a  
12 prescription be made.

13 MS. YEATMAN: Second.

14 MR. MCCONAGHY: All in favor?

15 MR. DARBY: Aye.

16 MS. YEATMAN: Aye.

17 DR. MARTIN: Aye.

18 MR. DARBY: I think that's all. Did I  
19 miss one?

20 MR. BRADEN: 0196, did we include that  
21 on no violation? I know you just decided on  
22 it.

23 MR. DARBY: On case number 14-0196, I

1     make a motion for no violations.  
2                   MS. YEATMAN:    Second.  
3                   MR. MCCONAGHY:  All in favor?  
4                   MR. DARBY:    Aye.  
5                   DR. MARTIN:   Aye.  
6                   MS. YEATMAN:   Aye.  
7                   DR. MARTIN:   I move we adjourn.  
8                   MR. DARBY:    Is that all?  
9                   MR. BRADEN:   Yes, sir.  
10                  MR. DARBY:    I make a motion we  
11     adjourn.  
12                  DR. MARTIN:    Second.  
13                  MR. MCCONAGHY:  All in favor?  
14                  DR. MARTIN:    Aye.  
15                  MS. YEATMAN:   Aye.  
16                  MR. DARBY:    Aye.  
17                  MR. MCCONAGHY:  Adjourned.

18  
19                   (Whereupon, the meeting was  
20                   adjourned.)  
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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 business meeting 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 9/30/2015

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