ALABAMA STATE BOARD OF PHARMACY

BOARD MEETING

Wednesday, March 16, 2016

9:20 a.m.

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

REPORTER: Sheri G. Connelly, RPR

INDEX

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
Dan McConaghy, Board of Pharmacy
Eddie Braden, Chief Inspector
Scott Daniel, Drug Inspector
Mark Hebert, Drug Inspector
Peyton Zarzour, Drug Inspector
Mark Delk, Drug Inspector
Glenn Wells, Drug Inspector
Rhonda Coker, Board of Pharmacy
John Holley
Jeff Kerley

Chris Bossi

Billy Lawley

Charlie Cook

Brenda Denson

Chris Burgess

Dane Yarbrough

Paul Rengering

Jeff Freese

Lee Forman

Wes Averett

Eddie Vanderver

Tammy Foshee

Clemice Hurst

Kelli Newman

Gary Mount

Louise Jones

Roger Bates

Carter English

Scott Daniel

Jim Easter

DR. MARTIN: Good morning. Welcome to the March meeting of the Alabama Board of Pharmacy. We're glad you're here and I'll try to stay on track and not leave anything out like I did the last couple of months. You'd think with two months' experience I'd have this down pat.

To begin with, we need to note that all board members are present so we do have a quorum and we will entertain at this time a motion to adopt the agenda as proposed.

MR. DARBY: Move to adopt the agenda.

MS. YEATMAN: Second.

DR. MARTIN: All in favor, please say aye.

MR. SORRELL: Aye.

MR. DARBY: Aye.

MS. YEATMAN: Aye.

MR. BUNCH: Aye.

DR. MARTIN: Any opposed?

(No response.)

DR. MARTIN: The agenda is adopted.

Before we begin, we would like to have a record of your attendance today, not only where you signed in downstairs but also for the record that Sheri is keeping over here to my right, so we're going to ask beginning with Mitzi if we would just go through the room, if you would state loudly and clearly so she can hear it, who you are and who you represent.

MS. ELLENBURG: Mitzi Ellenburg, Board of Pharmacy.

MS. COKER: Rhonda Coker, Board of Pharmacy.

MR. HOLLEY: John Holley, Holley Pharmacy.

MR. KERLEY: Jeff Kerley, LTC Ventures.

MR. BOSSI: Chris Bossi, In Range Systems.

MR. LAWLEY: Billy Lawley, Wal-Mart, Inc.

MR. COOK: Charlie Cook, ALSHP.

MS. DENSON: Brenda Denson, ALSHP.

MR. BURGESS: Chris Burgess, Heritage

Pharmacy.

MR. YARBROUGH: Dane Yarbrough, Walgreens.

MR. RENGERING: Paul Rengering, Walgreens Pharmacy.

MR. FREESE: Jeff Freese, Turenne PharMedCo.

MR. FORMAN: Lee Forman, Turenne PharMedCo.

MR. AVERETT: Wes Averett, Turenne PharMedCo.

MR. HEBERT: Mark Hebert, Board of Pharmacy.

MR. VANDERVER: Eddie Vanderver, CAPS, Incorporated.

MS. FOSHEE: Tammy Foshee, Senior Care Pharmacy.

MS. HURST: Clemice Hurst, Alabama Medicaid.

MS. NEWMAN: Kelli Newman, Alabama Medicaid.

MR. MOUNT: Gary Mount, Baptist Health Montgomery.

MS. JONES: Louise Jones, Alabama Pharmacy Association.

MR. BATES: Roger Bates, Alabama Pharmacy Association.

MR. DELK: Mark Delk, State Board of Pharmacy.

MR. ZARZOUR: Peyton Zarzour, State Board of Pharmacy.

MR. WELLS: Glenn Wells, State Board of Pharmacy.

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

MR. DANIEL: Scott Daniel, Board of Pharmacy.

MR. EASTER: Jim Easter, Baptist Health System.

DR. MARTIN: Thank you very much, appreciate you doing that.

Board members, are there any items on the agenda that you wish to take out of sequence this morning? I see we're going to get Wellness as a written report. I'm guessing, Susan, you'll be presenting that --

DR. ALVERSON: I will.

DR. MARTIN: -- on behalf of Dr. Garver. Then we'll move right on into the agenda with presentations and if you'll give me the privilege, I'll -- I'm going to be making a presentation this morning. I'll save that to last. We'll start with In Range Systems and Christopher Bossi, did I get that right?

MR. BOSSI: You got it, perfect.

DR. MARTIN: Come on up.

MR. BOSSI: Thank you. Thank you very much for giving me the opportunity to present. What I'd like to present to you today is our first dosing emergency kit for long-term care facilities. The purpose of actually making this presentation is both informational and also to make sure that there aren't any regulations which prohibit the sale of the system to long-term care pharmacies for use in long-term care facilities and also to confirm the interpretation that we had -- that such units can be placed in any defined long-term care facility, including developmental disability

centers. So that's really the two purposes here.

To give you a little bit, and I apologize I didn't bring it in actually. It's not in my briefcase. What our e-kit solution does is actually the exact same function of existing e-kits, which tend to be -- they look like fish tackle boxes and I have one in my car unfortunately, but they're not extremely secure. You can pry the lid open. They have little plastic locks and they have medication stuffed in them and when somebody in the long-term care facility needs to administer an emergency dose or a first dose, they then have to cut the lock, open up the box. It's got narcotics and other medications in it and then manually record all of the transactions.

This little unit that you're looking at actually replaces that fish tackle box. This unit holds 30 different medications typically, or up to 300 total doses, and it holds it in a more secure storage and retrieval enclosure. It provides medication tracking down to the lot and

expiration date of all of the medications. It reduces the risk of diversion as I'll explain in a minute how it works. It improves patient safety and it can automatically inventory the medications that are inside the unit on a scheduled basis. So whether you want it once a night, once a week, once a month, there are sensors in the unit that can count and verify the number of pills in the unit. These features are especially beneficial for the control of narcotics and trying to eliminate diversion.

A little bit about how this works. Medications are packaged by the long-term care pharmacy in blister cards in individual unit doses. On the back of the blister card, each dose, because when the ME unit delivers a dose, it will actually punch them out of the blister card and deliver them still sealed inside a unit dose and each unit dose is labeled with the particular medication, the lot, and also the NDC number of the medication. All of that is on each individual blister.

These blister cards are loaded into

the unit through this little front door. When they're put in, the person loading it has to confirm the number of medications in there. It will compare to what the pharmacy packaged, so there's complete chain of custody. The unit then inventories the verifying deed that the unit sees the same number of medications. If not, it's sending the notification back to the pharmacy and this communicates either by cellular or wifi back to the pharmacy into a central database.

When medications are needed on a first dosing or emergency basis, a nurse at the facility can go to any computer terminal through a secure login. They can pull up the inventory in their ME unit. They can view that, have a conversation on any substitutions with the physician. They then from that computer put in their requests in terms of what they want out of the unit. That then gets sent to the pharmacy. If it's a drug that needs approval by the pharmacist, the pharmacist can then approve it from their -- their computer at their facility.

Then the ME unit, which stands for an electronic medication management assistant is where the name came from, this little unit will then allow the nurse to sign in. They can scan a badge. It videotapes the entire transaction and then it will only deliver those doses that they are authorized to receive and it will record that transaction. It sends it into the pharmacy system and records the electronic medical record and then these medications come out through this little door in the front and that is the -- really what the whole emergency kit is. It is secure.

If this were operating, once it's turned on and running, if I were to pick it up, an alarm is going to sound and it's going to notify -- send out text messages to various people saying that it's being moved and same way, if you take the cover off, it's going to do the exact same thing.

So again, it's really designed to replace the little fish tackle box. There are other systems out there that do it. Most of

them are cabinet based. This one is unit dose based so that it -- whomever is getting the medications does not have access to any other medications except those that they are authorized to receive and again, the purpose of coming here today was (a) to present and make you aware of ME, to see if the Board knew of any regulations that prohibited us from selling these units to long-term-care pharmacies, and last to confirm that disability -- developmental disability centers do qualify to have a unit like this. They are locked in secure rooms and so this is not only a secure cabinet but it's also locked, typically in a med room within a facility. Are there any questions?

DR. MARTIN: Board members?

MR. SORRELL: I've got one. I mean, obviously it's much better than a tackle box. My only concern would be does it have so many doses in it that a caregiver nurse type person would use repeated doses as a get-around for getting a reviewable order to the pharmacy and being reviewed by the pharmacy and dispensed by

the pharmacy? I mean, right now the box is little. If -- it would be nothing to increase the size of the box and then we would be having pharmacy oversight cut out of the system. Tackle box size, awesome concept.

MR. BOSSI: Right.

MR. SORRELL: But concern is how many -- let's see, that's one medication you've got there.

MR. BOSSI: Right.

MR. SORRELL: How many doses of each medication do you normally put into one of these things?

MR. BOSSI: Ten doses is typically what is put in there.

MR. SORRELL: So you think you would have in a 24-hour period ten patients who might need a one-time dose of that medication?

MR. BOSSI: Well, typically they're loaded up and they -- a pharmacy will reload it. Now, they can monitor the inventory on when it's getting low, but typically they will only reload maybe once a week as it's needed, you know.

They typically will see one or two patients a night that are after-hours patients that need the first dosing from the pharmacy and outside of that, they have it.

It is still up to the pharmacy to police the abuse but every request gets funneled to the pharmacy so that they can see it. They can see who made the request, who the physician was, all of that information is forwarded to the pharmacy and depending on the state, in the case of narcotics, the pharmacist must approve it before it's then authorized on the machine. If they elect to decline it, then that -- the machine will not release the order.

MR. SORRELL: It's definitely better than a tackle box.

MR. BUNCH: What about when it malfunctions, do you come out?

MR. BOSSI: It's a great question. Two things that this is set up to do: Worst case scenario -- I'm going to go from the worst to the other issues -- is if the medication doesn't come out, the machine totally fails, the

pharmacy is in the exact same position that they're in today when they don't have a medication in the fish tackle box. It's because somebody has woken up at two o'clock in the morning, goes into the pharmacy and does an emergency fill. If the Internet is lost and they don't have a connection, the pharmacist -- a nurse at the facility can call the pharmacist and they can give them a code, which is good for that calendar day or until the Internet comes back up, to allow them to manually release a medication.

Now, all of those transactions are recorded and the minute the unit reconnects, it sends that information up to the pharmacy so they have record of it. If the machine -- it's got a lot -- this is actually an FDA class two medical device because we do use it in home for managing prescription medications that have already been dispensed, so it has a lot of features in there that picks up whether or not there is a failure. We have a system that notifies us and it notifies the pharmacy.

If in the event of a power loss, this has a battery backup. It won't last indefinitely but it will last for continuous use at about three hours, and again, an e-kit continuous use is probably closer to about 10 minutes, so it does have, you know, features in there to mitigate that issue.

DR. MARTIN: Other questions?

MR. BOSSI: Yes.

DR. ALVERSON: If the Board's done.

MR. WARD: I have a question too.

DR. ALVERSON: Go ahead.

MR. WARD: Define a disability -- whatever you said -- developmental disability center.

MR. BOSSI: And I ask for your assistance with this.

MR. KERLEY: I think this could actually incorporate a lot of the mental health facilities where you've got kids -- I guess the acuity level depends on, you know, you might break that off at some point but a lot of these kids that may be in a -- in some of the

residential treatment homes that have the similar situation to what a skilled nursing facility might have where you have these kids that are -- a lot of them are nonverbal. I think when you get to the acuity levels, we might have a breakoff point.

MR. WARD: I'm not comfortable as a lawyer saying you have approval to send them to whatever you -- however you described it without any more detail than that.

MR. KERLEY: Right, and I think that's where the -- you know, there has to be a breakoff point because I know there's going to be different levels of kids that --

MR. BOSSI: If I can ask, what is the -- and that was part of my --

MR. WARD: I was afraid you were going to ask me that. I don't know.

MR. BOSSI: Because that was actually -- our question is, is what that definition is and where the lines are drawn.

MR. WARD: Well, the rule allows for it -- the rule -- our rule says that

disability -- developmental disability center listed in one of the places. No one has ever really -- we've never really talked about it. I'm going to be very frank with you, I'm not sure exactly what it means. There's also this mental health facility, so I'm not -- I don't know what the author had in mind or what the Board had in mind. I just want to make sure that while we're at it, there's a good chance for them to talk about what it means.

MR. BOSSI: Right.

DR. MARTIN: And members of the Board, are you aware of any emergency boxes or stat boxes entering developmental disability centers at this point?

MS. YEATMAN: What's the place, like Glenwood?

DR. MARTIN: In your preparation for today, did you run across any of those in our state that we don't know about?

MR. BOSSI: That I do not. It's actually a new market --

DR. ALVERSON: Carter English is here.

You might want to ask him.

DR. MARTIN: Who is that?

DR. ALVERSON: Carter is here.

MR. ENGLISH: Are you talking about group homes and those kind of things? I don't know.

MR. KERLEY: Yeah, I think we've got two different sets there. I think with group homes, you're usually going to have one central location and then you're going to have the group homes out there, so I don't know if this would be something locked securely in their central location so the nurses could go in and get it or if it's residential treatment where you've got the patients that are inside the facility just like you would in a -- and a lot of them would be secure that may be, you know, sent there for corrections or something like that but there's a number of different levels of those that are all autistic.

MR. WARD: Well, the rules are pretty -- the rule go into lots of detail about what has to happen.

MR. BOSSI: Right.

MR. WARD: So you know, that -- whether there's a pharmacy there or not and what the pharmacist is responsible for, so that's just -- that's comforting to me in terms of how it's going to be used is that like the Exceptional Foundation, that's what I'm thinking about.

DR. MARTIN: Right, developmental disability.

MR. WARD: I don't think they need it.

MS. YEATMAN: Yeah, but they're not -- they're not residential; right?

MR. WARD: Is that --

DR. MARTIN: Carter, do you know if there's a definition of somewhere else on developmental disability centers?

MR. ENGLISH: I didn't hear you.

DR. MARTIN: Do you know if the definition exists somewhere about what a developmental disability center is?

MR. ENGLISH: There's so many shades

of gray there as far as group homes and then you have institutional type stuff and those kind of things, so it's going to vary and it would vary whether there would actually be a pharmacist or a pharmacy there versus a retail location supplying the medication and those kind of things.

DR. MARTIN: Right, right.

MR. WARD: Maybe we should think about defining it as those licensed by the mental health, at least we know what they are.

DR. MARTIN: So that's a -- we're obviously going to have to define this.

MR. BOSSI: That was my -- that's one of the reasons for my question is what the definition is so you answered that question.

DR. MARTIN: So in your -- in your vision of how this is used, are you speaking of centers that have residents or daytime care?

MR. BOSSI: I think --

MR. KERLEY: I think it would -- I think you've got two different ones. That's what I was referring to if you've got the

facilities where they're living in house in this facility or if it is a place like you mentioned, daytime, they have got a day program and a -- you know, and a -- I guess a company that has group homes out there and they have a day program that they have there but most of their office work is done in this one location, then you might have one locked room that only has, you know, you've got a security level I guess that has to be given to be able to get in there, so it might be the same way to get into that room as the med room.

DR. MARTIN: Right.

MR. KERLEY: Because a lot of them are coming in and using meds as they come in.

MR. BOSSI: Again, this is designed for first-dose use, not as a delivery.

MR. BUNCH: So that would -- that would differentiate that between like a long-term care dispensing machine, is that what they're talking about? How many different drugs does that hold?

MR. BOSSI: This can hold up to 30

different medications with that, yeah. And again, it's for very short-term emergency needs until the pharmacy is open again. So it's for that first-dose situation.

DR. MARTIN: Here's what I'm going to suggest. Give me just a second. We like it -- the concept. It's typically not, as you probably are aware, the role of the Board to say this is a good machine, this is bad machine.

MR. BOSSI: Right.

DR. MARTIN: We try not to get into that, so the work on your side is to, you know, go forth and find customers. The work on our side is to be sure that this definition that you proposed is something that we can live with and have a clear understanding what it is and I've heard several things from Board members. I've heard the possibility of collaborating with mental health to say it's something they recognize.

MR. WARD: Well, I -- I think the way the rules read, it's going to rule out a lot of places if you don't have the appropriate staff.

MR. BOSSI: Correct.

MR. WARD: So in order to have -- in order to have one of these kits, there's lots of things that have to happen.

MR. BOSSI: Correct.

MR. WARD: There's lots of rules that have to be followed and I think it may rule out places -- a lot of places.

DR. MARTIN: Right. So we'll do our work to further define this and decide where it needs to land, how it needs to be defined, and you can do your work on selling it.

MR. BOSSI: Okay, terrific. Is there somebody that we could potentially send, you know, some suggestions for, you know, what we envision on this just as a -- place that you could start?

DR. MARTIN: Sure, sure.

MR. BOSSI: Can I go to Mitzi and --

DR. MARTIN: Send them through to Mitzi --

MR. WARD: So you have a vision as to where you could sell them.

MR. BOSSI: That's correct.

MR. WARD: Be sure you look at the rule we have.

MR. BOSSI: Oh, I have gone through that very carefully.

MR. WARD: Make sure that it meets all those things.

MR. BOSSI: Yeah.

DR. MARTIN: We need to hear from Susan. She's been very patient raising her hand. Go ahead, Susan, and then I want to make one other remark.

DR. ALVERSON: A couple of different things. These come in different sizes, so --

DR. MARTIN: As far as capacity?

DR. ALVERSON: Right. You also make a 120 drug; is that right?

MR. BOSSI: That is cabinet for your nonnarcotics, you know, that --

DR. ALVERSON: I just want to be sure we know what -- what we're approving.

MR. DARBY: Is that for narcotics?

MR. BOSSI: This is primarily for

narcotics, high-dose medications, some of your, you know, what from the pharmacies would be your more dangerous medications, maybe some of your antipsychotics or psychotropic medications may go in this and any other high-cost med that they want to control. Some of the other medications where you do have nurse access, you know, they're done in a cabinet basis but there they can access multiple doses in that particular cabinet. That is a different cabinet that we do sell, that's correct, right.

DR. ALVERSON: So I just want to be sure if the Board does approve something, they know which size they're approving.

MR. BUNCH: Because we're in the process of trying to get --

MR. BOSSI: And that's a good point. I'll be happy to forward that -- that over so that everybody, you know, fully understands that.

DR. ALVERSON: I had another -- some other comments --

MR. BOSSI: Sure.

DR. ALVERSON: -- if I could. I haven't read CMS regs on long-term care in about three years but there is a requirement now in there that the pharmacy must provide the first dose as needed. So it is against federal regulations now to say, well, we'll get that dose in the morning, we'll get it on the next run. That cannot be done. The patient comes in, you're supposed to have the next available dose there.

There are also, I think, federal regulations that describe what are emergency kits and how many you can have and what requirements there are for emergency kits and I think our regulations also allow for one emergency kit. So I want to be sure we look at both federal and state regulations to look at what we say and what they say is allowable in a facility.

MR. SORRELL: And I think it's important to note that first dose of maintenance medicine is certainly not an emergency.

MR. BOSSI: Correct.

MR. SORRELL: And you know, that needs to be defined and clearly understood.

DR. ALVERSON: Right, and that's why I want to be sure we don't get that mixed up, although you do have to have that first dose there relatively soon.

MR. SORRELL: You do.

DR. ALVERSON: I'm sorry.

MR. SORRELL: But it's not the same as an emergency.

DR. ALVERSON: No, it's not.

MR. SORRELL: And I'm assuming these things are really well secured, someone just can't pick one up and walk off with it? It's like an ATM?

MR. BOSSI: No, it will alarm. It will -- just like your phone, this has a gyroscope in it. It's going to pick up. It also has a GPS in it but it will pick up that it's moving and it sends off text messages and everything else, and an alarm goes off.

MR. SORRELL: I can see that driving down the road with whatever narcotics --

MR. BOSSI: I had it do it in an airport one time. That actually was not a lot of fun while I was checking my bag. Yeah, the state regulation does specify the number of medications that are allowed in a facility, you're correct, 250 on an emergency basis, so there are regulations around that.

DR. ALVERSON: We've also had --

MR. BOSSI: And there are federal as well, that's correct.

DR. ALVERSON: Right. We've also had regulations at one time at least about how many actual kits you may have, so we haven't really been enforcing that.

MR. BOSSI: Right.

DR. ALVERSON: But that has been traditional.

DR. MARTIN: I'm sorry, we're having a little side discussion. You know, what makes this a little tedious guys, it's not about whether we like it or don't like it. It's at the end of the day is what the law says it is, so that's our job is to try to make sure we're

not putting people in a bad position by not having an adequate explanation.

MS. YEATMAN: So it has to be noncontrolled?

MR. DARBY: Yeah.

MR. BOSSI: That's your stat cabinet, correct.

MS. YEATMAN: Well, and I guess this is the point, if you want to bring it in under this rule, that's all that can be is a stat cabinet. If you're looking for it to be anything more than that, then we're going to have to wait because we're working on legislation or the rule now for long-term care facilities.

MR. BOSSI: Okay. The rule dealing with the contents of the emergency kit for the stat cabinet definition, I understand that but then for the controlled medications, you know, wouldn't this fall under that -- allow you to use this.

MS. YEATMAN: Where are you seeing controlled?

MR. BOSSI: It's under, "In the absence of a pharmacist."

DR. MARTIN: Yeah.

MR. WARD: Stat cabinets is not controlleds.

MS. YEATMAN: Where are you seeing the reference to the controlled?

MR. DARBY: Tim showed me the controlled -- he show me the controlled. I hadn't seen that.

DR. MARTIN: Section 6.

MS. YEATMAN: That's a different section.

MR. WARD: But that's not -- that's not what this is.

MS. YEATMAN: That's not stat cabinet.

MR. WARD: That's an automated dispensing cabinet. This is not supposed to be that. This is supposed to be the stat cabinet. If he wants it to be an automatic dispensing system, we haven't approved that yet -- that rule. He's defining it as an emergency kit.

MR. BOSSI: And it says all emergency kit provide -- drugs provided under 6(b) where you get into --

DR. MARTIN: 6(b), yes.

MR. BOSSI: Right now it's the replacement of the fish tackle box. I mean, that's the --

MR. WARD: If it's going to be used only as a stat cabinet, then it can't have controlleds. If you're going to use it for something more than that, then the Board rule is not yet done.

MR. BOSSI: If I may ask, how is the -- isn't this under section six covering the fish tackle boxes which are used for narcotics?

MS. YEATMAN: No, that's different -- that's a Pyxis.

MR. BOSSI: Okay.

MS. YEATMAN: That's a completely separate legislation.

MR. BOSSI: But it says the emergency kit drugs.

DR. MARTIN: Are you reading from

section six?

MR. BOSSI: Section 6(b).

DR. MARTIN: Let's see, I think you may be reading something that's not fully adopted.

MR. DARBY: Yeah, I think that's what the --

MS. YEATMAN: This -- this is in transition right now.

MR. BOSSI: Oh, is it.

DR. MARTIN: Yeah, this -- that has not been fully finalized but.

MR. WARD: Well, first of all, it's limited to skilled nursing facilities. That's the first place. Six applies to only skilled nursing facilities.

MR. BOSSI: Facilities, okay, which is where all of our existing customers are outside.

MR. WARD: Yeah, so that -- so don't get confused about it. You've got to read -- you've got to read the whole rule. Six in big caps says skilled nursing facilities. Those

rules -- that rule applies only to skilled nursing facilities. Everything else, you can't put on a dispensing machine anywhere else except the hospital or a skilled nursing facility. Everything else it has to be a stat kit.

MR. BOSSI: Okay. If -- so let me just for clarification: In skilled nursing facilities then can this be used as a e-kit for controlleds?

DR. MARTIN: If -- if number 6 is included in the facility you're speaking about, but yes, in a skilled nursing facility, yes.

MR. BOSSI: Okay. So it can --

MS. YEATMAN: But again, I'm not comfortable approving it because we haven't finished 6.

DR. MARTIN: Well, 6 is not finalized, yes.

MS. YEATMAN: It's being revised, so I don't want to tell you something now when I know that it's being revised if that makes sense.

MR. BOSSI: Okay. So under the current regulation --

MR. WARD: Under the current regulation, you can put that thing in any institutional facility that doesn't have any controlleds in it.

MR. BOSSI: Okay.

MR. WARD: Until we get the other part fixed -- the intent of -- the intent of 6 was to be -- was not to cover emergency kits. It was to be an automated dispensing system just like a Pyxis and that -- approve this whole thing with this legislation that we had so we might have clean that up to make sure that's clear.

MS. YEATMAN: But going back to your assertion that this is going to replace a tackle box.

MR. BOSSI: Correct.

MS. YEATMAN: If that's the case, then there can be no controlleds in it.

MR. BOSSI: Okay. Even though there are controlleds in fish tackle box today.

MS. YEATMAN: There better not be.

MR. WARD: There better not be.

MR. BOSSI: Okay. Because federal law

requires you have those to be able to administer in a --

MS. YEATMAN: That's not what this says.

DR. MARTIN: Stat cabinet consists of noncontrolled drugs.

DR. ALVERSON: It's my understanding that a stat kit is meant for someone who is having a crisis situation.

MR. WARD: Right.

DR. ALVERSON: So you're going to have bags of fluid in there, adrenaline, epinephrine are the same thing. I mean, that's what's in a stat kit -- what most people see, I think, as a stat kit. The other is an emergency kit and at least by federal law, it depends on what the pharmacist and the facility decide as to what goes in there. So a hospice may very well have pain medication in an emergency kit where another facility may not have controlleds but at least at the federal level, it's a decision made between the pharmacist, the medical director, the director of nursing for what's really needed

on an emergency basis.

MR. WARD: Why do you care? You're not supplying drugs, are you? You're just selling that fancy tackle box.

MR. BOSSI: Correct, but the controlleds and narcotics is the issue because of the issue with the diversion that in -- you know, most sniffs when you're discharged after hours, the number one medication they need are the painkillers.

MR. WARD: Right. Well, we'll have a rule for sniffs.

DR. MARTIN: So I think in the consideration of time, we're going to say that the Board has some work to do obviously for clarification of that. We appreciate you bringing that to our attention that it has a gap there that now we can go back and address.

MR. BOSSI: Okay.

DR. MARTIN: So stay tuned and if you have any language you'd like to propose that we consider, send it through Susan or Mitzi, we'll be glad to look at it.

MR. BOSSI: Okay, terrific. Hey, thank you very much.

DR. MARTIN: Board members, any questions before we move on?

MR. DARBY: No.

DR. MARTIN: Next we have Mr. Holley -- John Holley. Do you have a presentation for us today?

MR. HOLLEY: I'm sorry?

DR. MARTIN: Do you have a presentation for us today?

MR. HOLLEY: Well, I do. Actually I came before the Board today because I need to ask your permission to get a waiver. We have two different pharmacy permits. One I've had for over 20 years in Elba at Southeast Pharmaceuticals. We're a closed shop, primarily a home medical equipment supply and we do some wholesale.

DR. MARTIN: That's a retail pharmacy permit?

MR. HOLLEY: It is a retail pharmacy permit, yes, sir.

DR. MARTIN: Okay.

MR. HOLLEY: We have since -- primarily the only patients that we serve out of that pharmacy at this point are respiratory medication patients that are tied to our Medicare Part B number and our accreditation. We have recently built a new pharmacy in Enterprise, Alabama, and we received a permit recently from --

DR. MARTIN: That's also a retail permit?

MR. HOLLEY: That is a retail pharmacy, yes, sir.

DR. MARTIN: Is it closed or open?

MR. HOLLEY: It is open -- well, you mean as far as whether or not it's for retail traffic.

DR. MARTIN: Can a person bring a prescription for a pharmaceutical?

MR. HOLLEY: Absolutely, yes, sir.

MR. WARD: So what do you want, a supervising pharmacist waiver?

MR. HOLLEY: Yes, sir, and I'm also

asking for a waiver for the hours of operation for Southeast Pharmaceuticals. The workload at Southeast Pharmaceuticals --

DR. MARTIN: Which one is that, Enterprise or Elba?

MR. HOLLEY: That is in Elba, permit 110474.

DR. MARTIN: Okay.

MR. HOLLEY: I have not memorized the one from Enterprise yet.

MR. WARD: And that's the closed-door pharmacy?

MR. HOLLEY: Yes, sir, yes, sir. The workload there was just -- suffice it to say that work can be done in probably less than a day a month.

DR. MARTIN: Okay. So you have -- let's see if we've got this right. You've got Elba that's a closed shop, primarily dispensing home medical supplies and respiratory type, Part B.

MR. HOLLEY: Right.

DR. MARTIN: And then you have a new

operation?

MR. HOLLEY: We have a new operation in Enterprise.

DR. MARTIN: In Enterprise --

MR. HOLLEY: Holley Pharmacy.

DR. MARTIN: -- called Southeast?

MR. HOLLEY: Holley Pharmacy will be the one in Enterprise.

DR. MARTIN: What's it called?

MR. HOLLEY: Holley Pharmacy.

DR. MARTIN: Holley Pharmacy?

MR. HOLLEY: Yes, sir.

DR. MARTIN: And the other one is called Southeast?

MR. HOLLEY: Yes, sir.

DR. MARTIN: Okay. And it is an open door and you're asking for a waiver on what, hours of operation and --

MR. HOLLEY: I'm asking for a waiver on hours of operation of the Elba location.

DR. MARTIN: Uh-huh.

MR. HOLLEY: And also a waiver for me to be the supervising pharmacist in both

locations for both permits.

DR. MARTIN: Okay.

MR. DARBY: I would make a motion we grant the request of -- to allow him to be the supervising pharmacist of both locations and to reduce the required number of hours at the Southeast location in Elba.

MR. WARD: I think we need to just --

MR. DARBY: Do them separate?

MR. WARD: Did you make a written request for this?

MR. HOLLEY: No, sir, I have not.

MR. WARD: I think the Board should have that to have a record of it --

MR. HOLLEY: Be glad to.

MR. WARD: -- so we'll know how many hours.

MR. DARBY: Are you going to have standard hours in Elba or it's just as needed?

MR. HOLLEY: It's pretty much as needed but you know, we certainly would -- we would list standard hours and that way at least the Board inspector would know when

someone should be available for him to come and inspect and do those type things.

MR. SORRELL: And if your Elba practice expands and you become more busy, then we want to revisit this.

MR. HOLLEY: And I completely understand that. Actually, what I -- what I haven't worked through yet is we have some class of trade issues because we do some wholesale work with medical supplies in Elba, thus the reason we basically built a new location. I've got all that part B stuff tied up in that same corporation and I'm trying to figure out how to move it.

MR. DARBY: Why don't you just put your part B in Enterprise?

MR. HOLLEY: And that's something we're talking about.

MR. DARBY: Yeah.

MR. HOLLEY: But I have several hundred patients that we're servicing now. I haven't got the new location open yet and it's just fluid at this point. I certainly don't

mind revisiting that and for ease of administration, eventually the two being together, I need to figure out a way to do that.

MR. DARBY: Yeah.

DR. MARTIN: Mr. Ward, would it be appropriate to move forward with the motion contingent on the submission of the request in writing and that being consistent with what we've heard today?

MR. WARD: Yeah, yeah, you can just adopt -- you can agree to it and he can just send in the letter.

DR. MARTIN: So David, would you repeat your motion, please?

MR. DARBY: I make a motion that Mr. Holley be allowed to be supervising pharmacist at both locations in Elba and Enterprise and also to reduce the hours of operation in Elba to less than the minimum required.

DR. MARTIN: Is there a second?

MS. YEATMAN: Second.

DR. MARTIN: Is there any additional discussion?

MR. HOLLEY: I need to ask a question.

DR. MARTIN: Hang on just a second. Did you say in your motion that -- contingent on --

MR. DARBY: No. Contingent on the written request that is consistent with what I stated.

DR. MARTIN: Does the second accept that?

MS. YEATMAN: Second.

DR. MARTIN: Okay. Now, any further discussion from the Board?

(No response.)

DR. MARTIN: Yes, sir.

MR. HOLLEY: The question is we would -- when we're talking about the hours of operation in Elba, you know, that being kind of a fluid situation, would the Board accept if we listed that we were going to be open eight hours a week? That would be --

MR. WARD: The rule just says hours of operation.

MR. HOLLEY: Okay.

MR. WARD: So I think that would be okay.

MR. HOLLEY: Okay. That's kind of what I was getting at. My interpretation of it was we were kind of stuck on a number of hours per week.

MR. WARD: Well, it probably is but you don't know.

MR. HOLLEY: Correct. I understand. I just want to clarify that. I understand.

DR. MARTIN: So get us that in writing and don't make any changes until we get that -- get back with you.

MR. DARBY: Yeah, before you leave here, just write it out.

DR. MARTIN: Okay. Any other discussion on this topic? I'll take a vote. All those in favor, please say aye.

MR. DARBY: Aye.

MR. BUNCH: Aye.

MS. YEATMAN: Aye.

MR. SORRELL: Aye.

DR. MARTIN: Any opposed?

(No response.)

DR. MARTIN: Motion passes.

MR. HOLLEY: Thank you very much.

DR. MARTIN: The next piece of business has to do with actually my work site and for that, I'm going to turn the meeting over to our esteemed vice president, Mr. Bunch.

MR. BUNCH: I had to pay him to say esteemed. I feel so powerful now. I need to see some identification from you.

Dr. Martin, I understand you'd like to make a presentation.

DR. MARTIN: Thank you, Mr. Bunch. Yes, I'm here today representing three hospitals in the DCH Health System -- the DCH Regional Medical Center, the Northport Medical Center, the Fayette Medical Center, and you'll note from the material I'm handing out that we previously had asked the Board to grant remote order processing between some of those facilities and

the good news is we have decided that our Northport facility needs to remain open 24 hours a day and needs to be staffed by a pharmacist.

So we've hired -- we've created two new positions and we've hired those individuals and they're actually in training at this time and we hope with your approval that we'll be operating that facility on the third shift and shifting some of that work.

So I'll just run down the bullet points on the sheet kind of quickly. What we're asking for is that you not only allow us to do remote processing when necessary, if necessary, but also work balancing. And the reason we're asking for the remaining remote approval is because sometimes we have technology issues, as everyone else does, and this will give us an opportunity so if we have a technology issue at one facility, we can cover that at the other facility.

Just some data that you may be interested in in making your decision. It was back in the year 2010 that the Board granted its

permission for the DCH Regional Medical Center and Northport Medical Center to enter into remote processing and then in 2012 we asked you again to expand that to the Fayette Medical Center. Since we began in 2010, we've processed over 735,000 orders without any problems and we don't expect this change to change that in any way.

All three of the hospitals are part of the DCH Health System. We are under common corporate control. We all use the same computer system, that's Meditech. We use essentially the same formulary. Sometimes we'll have a little bit of difference in the nature of patients in a facility, so we may have a drug one place, not at the other but it's very seldom.

All three facilities we have computerized provider order entry or CPOE and currently over 70 percent of the orders that are processed by pharmacists have been previously entered by a physician and as I mentioned earlier, we've added the two new positions at the Northport facility.

I'd be glad to try to answer any questions if you have any.

MR. SORRELL: Have you decreased any of the positions at the other facility? You added two at one, Tim. Did you decrease anywhere else?

DR. MARTIN: We have not decreased any positions at any of the other facilities. It worries me when Mr. Ward has a sidebar with a Board member.

MS. YEATMAN: I'll tell you later.

DR. MARTIN: Okay.

MR. BUNCH: Any other questions of Dr. Martin?

MR. DARBY: I don't have questions.

MR. BUNCH: Do you want to entertain a motion?

MR. DARBY: I make a motion that we allow the Druid City Health System to proceed with the workload balancing between the three facilities.

MR. BUNCH: Do I hear a second?

MS. YEATMAN: Second.

MR. BUNCH: Any discussion -- any discussion?

(No response.)

MR. BUNCH: All in favor?

MR. DARBY: Aye.

MS. YEATMAN: Aye.

MR. SORRELL: Aye.

MR. BUNCH: Aye.

DR. MARTIN: Thank you very much. Thank you, Mr. Bunch. Appreciate that.

MR. BUNCH: Yes, sir.

DR. MARTIN: So we are finished with presentations and we're ready to move to the treasurer's report. Mr. Darby, do you have something for us today?

MR. DARBY: I do. They're in your Dropbox. There is a treasurer's report. The important thing to recognize is we are 5/12 of the way through the year and like Mr. Trump, I'm good at math, that's right at 42 percent and if you had noticed, the expenses are right at 42 percent, so we're doing a good job on expenses.

We're ahead of schedule on revenue, so we've got money in the bank and bills are getting paid.

If you have any questions, I'll be happy to answer them.

DR. MARTIN: That's a very good report. Do we have any questions from the Board members for Mr. Darby related to the treasurer's report?

MS. YEATMAN: No questions.

MR. BUNCH: No.

DR. MARTIN: We have no questions. We'll entertain a motion to receive the treasurer's report as submitted.

MR. SORRELL: I make a motion we accept the treasurer's report.

DR. MARTIN: Do we have a second?

MS. YEATMAN: Second.

DR. MARTIN: All those in favor?

MR. BUNCH: Aye.

MR. SORRELL: Aye.

MS. YEATMAN: Aye.

DR. MARTIN: Any opposed?

(No response.)

DR. MARTIN: The report is received. We're ready for the Wellness report and Susan, I understand you'll be presenting that.

I'm sorry, Mitzi.

MS. ELLENBURG: We need to have a hearing on Rule .32, prescriptions by electronic means.

DR. MARTIN: We need to have a -- say that again.

MS. ELLENBURG: Rulemaking hearing.

DR. MARTIN: On what?

MS. ELLENBURG: .32, prescriptions by electronic means. It was scheduled for nine o'clock.

DR. MARTIN: Okay. We'll have that hearing -- we'll have that hearing at the end of this meeting.

MS. ELLENBURG: Thank you.

DR. MARTIN: Thank you. Appreciate you calling that to our attention. In fact, I think if we can pull it off, what we'd like to do is --

MR. DARBY: We go into executive

session --

DR. MARTIN: Mr. Ward, can we adjourn to executive session but then have the rule hearing before we actually do that or do we have to have the hearing.

MR. WARD: You can come back after executive session and do it then.

DR. MARTIN: After executive session.

MR. WARD: I'd do it before.

DR. MARTIN: Can we do it before?

MR. WARD: Sure.

DR. MARTIN: How can we do that?

MR. DARBY: Suspend this meeting and go into the other --

MR. WARD: Well, it's not on the -- it's a hearing about a rule, isn't it?

DR. MARTIN: Yes.

MR. WARD: So that's public.

DR. MARTIN: Okay. Is it possible to be in a business session and in a hearing at the same time? Am I getting too picky?

MR. WARD: I think you can -- you can

finish the business meeting and then start the hearing.

DR. MARTIN: Yeah, that will be the plan.

MR. WARD: Go into executive session after the hearing.

DR. MARTIN: Mitzi, thank you for bringing that to our attention. Darn, I thought I was going to have a clean month. I've had one every month so far. Maybe by April I'll get this down.

Okay. Now, Susan, are you prepared to present the report from Dr. Garver?

DR. ALVERSON: I am. Gentlemen and ladies, there are presently 152 people in our screening program with signed contracts or orders. This includes any individuals on a diagnostic monitoring contract but does not include any of the professionals listed below.

Current work: We have one pharmacist in inpatient treatment; two pharmacists going for evaluation, treatment will be indicated; one pharmacist seeking reinstatement for after

dementia diagnosis, a new case, waiting on doctors' reports; two technicians in treatments, they have not identified themselves yet; and two students going for evaluation and treatment will be indicated for both.

The total number of pharmacy professionals identified and worked with in 2016 is nine: Six pharmacists, one technician, and two students. All of these individuals who are in treatment or in evaluation or undecided are presently out of the workplace and without a license. There are still over a dozen others who are working their way through halfway house, Time Out for Recovery, or who are in the process of being investigated and scheduled for hearings. There are 78 individuals in facility-driven aftercare.

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

professional.

Thank you for letting me serve recovering pharmacy professionals, Dr. Garver.

DR. MARTIN: Thank you, Susan. Board members, do you have any questions for Susan?

MR. BUNCH: No, thank you.

DR. MARTIN: Okay. Hearing none, we'll move to the portion of the agenda where we will ask for approval of previous minutes or any corrections, if there need to be any.

MR. DARBY: I make a motion we approve the February 17 board business minutes as written.

DR. MARTIN: Is there a second?

MS. YEATMAN: Second.

DR. MARTIN: Any discussion?

(No response.)

DR. MARTIN: All those in favor?

MR. DARBY: Aye.

MS. YEATMAN: Aye.

MR. SORRELL: Aye.

MR. BUNCH: Aye.

DR. MARTIN: Aye.

MR. DARBY: I make a motion that we approve the February 17 board interview minutes.

DR. MARTIN: Is there a second?

MS. YEATMAN: Second.

DR. MARTIN: Any discussion?

(No response.)

DR. MARTIN: All those in favor?

MR. DARBY: Aye.

MR. BUNCH: Aye.

MR. SORRELL: Aye.

MS. YEATMAN: Aye.

DR. MARTIN: Aye.

Any opposed?

(No response.)

DR. MARTIN: Any other minutes to be approved at this time?

(No response.)

DR. MARTIN: Thank you. Mr. Braden, inspector's report.

MR. BRADEN: Yes, sir, Mr. President, and Board members, as you can see in the Dropbox the amount of inspections that were completed in

the month of February, along with the number of complaints that we received, the number that we investigated as completed, and then some additional activities and training that we had at the bottom.

DR. MARTIN: Thank you, Mr. Braden. Any questions for Mr. Braden?

MS. YEATMAN: No.

DR. MARTIN: I look forward to material that you'll be presenting to us during the executive session.

MR. DARBY: Do you have anything?

MR. BRADEN: We don't have anything today.

DR. MARTIN: There's nothing this month.

MR. DARBY: Does that mean we have no problems in the state right now?

MR. BRADEN: No, sir, it means a lot of things went to Mr. Ward.

DR. MARTIN: Well, that will be great, okay.

MR. WARD: I've got several things.

DR. MARTIN: Okay. For executive session, you mean?

MR. WARD: Yes, sir.

DR. MARTIN: So Jim said he'd take your time in executive session.

MR. BRADEN: Yes, sir.

DR. MARTIN: Next on the agenda, secretary's report from Susan.

DR. ALVERSON: All right.

DR. MARTIN: I believe the Board members have a copy of that.

DR. ALVERSON: In the Dropbox, I also gave you a paper copy.

DR. MARTIN: Both.

DR. ALVERSON: Because I'm never sure it makes it to the Dropbox.

MR. SORRELL: It did.

DR. ALVERSON: It did. I've mentioned this before but we are continuing to look at how we are going to license various groups required by the federal agency but one of the reasons we are so focused on it is we have to finish development of applications for businesses so

they can reregister for fall and we would like to be as accurate as we can in putting information in those applications so that once they're designed for the computer, we don't have to do a tremendous job of reworking them. So to that point, we've been speaking to Mississippi who has hired a consultant who is working with them. The three of us have had a phone call, Mississippi, Alabama, and the consultant. He will be here this upcoming week, although I can't give you the date right now. He has yet to let us know and we will begin looking at what those requirements are going to be for those licenses.

What we do know is we are going to have to separate our manufacturer license from our wholesale/distributor license. The feds are now calling manufacturers labelers, so if you look up a manufacturer in a category, it will often say labeler. My first thought what's a labeler, it's a manufacturer, and as we have said before, we will have to have a license for repackagers, third-party logistics providers,

and somewhere in here we're going to have to work virtual manufacturers, whether we do that under regular manufacturers but that's a decision we do have to make.

Secondly, it has been our understanding recently that we are going to be inspected -- expected to monitor what products come into the state and we thought we had a good hold on that or we knew what was coming in but we heard from Mississippi that they asked their major wholesaler in the state to give them a list of all businesses that's shipped in to that wholesaler and of the list, only 20 percent were registered, and so we plan to undertake that process to get a grip on how many people are shipping into Alabama and are not licensed in Alabama, all right.

We have done most of the work on a new retail application. Staff have looked at it. We've made tweaks. The thing I have not done on that yet is to add a section for 503Bs and 503As so we can collect that information and find a place to have it put into the computer.

Stop me if anyplace along here that you have questions.

DR. MARTIN: Do we intend to eventually have a 503B license?

DR. ALVERSON: The Board had said you did want to have a 503B license. If we have that ready by fall, that would be phenomenal.

DR. MARTIN: Right.

DR. ALVERSON: But in case we don't have it ready by fall, I don't want to go another two years without collecting the information we feel we need about those businesses.

DR. MARTIN: That's a good point.

MR. SORRELL: That's good.

DR. ALVERSON: I think we've had some conversation, at least emails back and forth, about what's been going on in the legislature. Things have been going well for us this month in the legislature. So Scott has been there. I've been there. And we've been working with the three pharmacists that are in this legislature. I must say Elaine Beech has been extremely

helpful to us. It's Elaine's birthday today, so if you choose to send Elaine a text and put War Eagle at the end no matter what you think, I'm sure Elaine would appreciate that.

So the legislation that have been introduced to allow dialysis manufacturers to send drugs directly into the state without oversight by the Board of Pharmacy, the person who introduced that withdrew their -- what they had introduced.

The proposal for the Board of Pharmacy to not be completely bound by fair trade concerns, which is piggybacked on to what the Medical Board has done and the Dental Board has done the same thing, that was presented in the last health committee meetings by Ron Johnson and Jimmy Beasley who have both been very helpful in speaking up for pharmacy. That went through unanimously in both the House and in the Senate committees -- the health committees, so that should be on its way.

We were discussing while we were there last week that one of the issues for pharmacy is

that there is legislation supposedly moving through in Washington which might provide access to payment under Medicare Part B for pharmacists but the state has to designate pharmacists as health providers and when we brought that up in discussion, Representative Beech said, well, I'll put through a resolution as fast as I can if you can get me that wording.

So we sent the wording by the next day. A resolution is not legislation. A resolution, as I understand and I'm open for any support that we get here to explain it -- a resolution would be more like testing the waters -- who's on our side, who's going to support us, or do we have anybody who's going to fight us on this and everybody that we spoke to in Montgomery said that seems that it should go through quite easily. We asked for nothing other than to be labeled as health providers in that resolution.

I had mentioned at one time that veterinarians were asking to be removed from PDMP and that has gone through and I mentioned

here at the bottom how helpful Senator Beasley and Johnson have been and also Representative Beech in taking us around, introducing us to people, speaking up for us in meetings, and also that the director of the Medical Board came to our meeting under fair trade practices to provide his support or the Medical Board's support in getting our legislation passed.

DR. MARTIN: Do you know if that Fair Trade Commission part of the LRS is active and is already reviewing material?

DR. ALVERSON: It is not yet. Norris Green, who is an assistant to Larry Dixon, did I thought an excellent presentation while we were there to explain what -- what the boards were asking for, which was that if we have a piece of legislation, it would go to the Legislative Review Committee first to see where that legislation stood in regard to fair trade.

MR. WARD: It's a rule -- by rule.

DR. ALVERSON: Pardon?

MR. WARD: It's a rule. We sent a rule.

DR. ALVERSON: But it also means we would have to -- we will have to prepare for anything we send to that committee. We will have to defend if we think we are going to go against fair trade why we think that is the case and why that would be to the public's benefit for that to happen, all right. The only pushback we had was from three insurance companies and PBMs who were concerned that if there were a hearing and one of the medical boards wanted to not be bound by fair trade practices, they wanted there to be a mechanism in place that there could be a public hearing, so somebody from the outside would also have an opportunity to comment, and as it was explained, that's already in administrative rules, so I think the fight is going to be is everyone going to be happy with the administrative rule or are they going to want it to be written into this new legislation but that was the only concern that came up.

So once our efforts had gone through that process, they would then come back and

we would just handle it as we would any other thing that went forward to the legislation, so it would be that step in the middle. All right. Does that answer that?

At the end of the meeting we met with Blue Cross Blue Shield, representatives for CVS Caremark, and representatives for Express Scripts, and everybody came to an agreement that the only issue was that if requested, their public -- people from the public could appear in the process and voice their concerns, but other than that, everybody there agreed that it should go through.

DR. MARTIN: Thank you.

DR. ALVERSON: All right. We had a call from John Segrest, I'm not positive I spelled his name right, but there is one issue remaining on our audit and it appears we overpaid Logan Gray's office and we are looking into that to find out what happened. John said he'd like to be here on April 1 at 8:30. Any Board members that wish to be here are more than welcome. What I don't know from John yet is all

he wants to look at is just that one budgeting issue or is this going to be our exit interview, which I'm sure would make a big difference with whether you want to take the time to show up for that. He said because of the legislative process, he kind of functions from day to day and even saying I'll be there April 1 is -- he could cancel on us at the last minute. He said we will then move on to the sunset audit, so that is apparently in our very near future.

All right. Any other -- we have met in the office to look at setting priorities for how we do work and we did it by office function. For licensing, their primary concern is to get all applications done and have them ready and in place by fall because we have all those renewals coming up. We also have large numbers of duplicates in the system and Rhonda has been working to eliminate those. Someone had registered one time and they put their name in with a different initial, so we're trying to get -- get rid of all of that and develop a system that it won't happen again. All right.

And we are looking at -- and I'd like bring this for your approval or not -- we estimate we have about 6,000 paper records of pharmacies that are no longer in business, all right. We would like to have those scanned in and saved into our computer database so we could eliminate those paper files because we're running out of space for paper files, so I don't know if you want to give us your opinion on that when I get done but.

In Mitzi's area, Mitzi has been the last area that we're trying to implement the case management system, so Vance now has access to the system and he is inputting his data. The very last one will be Dr. Garver, so coordinating getting all of that done is on Mitzi's desk right now and it's a tremendous effort to get that altogether and that's one of her major concerns. Then Mitzi handles our legislative issues and it's a bit of a challenge when we think we're done with something and then we wordsmith it. We've already sent it off to Montgomery and we have to stop that process,

start over, so we're just mentioning that to let you know.

DR. MARTIN: I'm sure we have no idea what you're talking about.

DR. ALVERSON: So when I walk down the hall and Mitzi's door is closed, I know to stay away because she's -- she never closes her door. I'm joking.

On the enforcement side, we really had to look at priorities and we would like your opinion definitely on this. So we feel our number one priority is to inspect the pharmacies, pharmacy businesses that we have in the State of Alabama, all right. We also have to inspect the compounding pharmacies that we have in the state, which can sometimes take weeks. We have to do -- I said to be efficient with in-state inspections, I meant investigations. We have to investigate those things which come up in state. It's what you hear on Tuesday, all right.

What is bogging us down are out-of-state applications. We must have at

least 40 out-of-state applications for compounding pharmacies. I'm not talking about CVS opening a new store or I'm not talking about Bergen Brunswig coming in. I'm talking about pharmacies we've never heard of all over the United States wanting to ship compounded drugs into Alabama.

Cristal handles more of this than I do but I know with the small amount that I handle, it's really bogging us down. I have been told off and Cristal has been told off by so many people from out of state, I've had my application in there for six weeks and what's the matter with you people in Alabama, I don't have an answer.

MS. ANDERSON: That's when I usually send it to Jim.

DR. ALVERSON: This is our problem: We find, even though we ask for information, as you've seen on Tuesdays, people lie about who owns the business. People lie about who's the supervising pharmacist. People routinely lie about disciplines. We want to know what drugs

you're intending to ship into Alabama because things are being shipped in here that we won't allow our people to process and even though we get that, we spend hours trying to research and get answers on that, all right. So let me -- I can give you examples, I won't like -- that's our situation.

So we would like to propose that when we get an application for an out-of-state compounding pharmacy, we send a letter saying, do not expect an answer in anything less than 90 days. It's going to take some time, all right. We would like to be able to extend that if we find someone has lied to us. If we find that there's been a discipline and you said there were no disciplines in your history, then all bets are off. We'll get to you but we shouldn't have to meet a time line to discover your -- the things you lied about to us. So we're hoping that that -- the Board would allow us to do that so we can focus more time on Alabama. We feel we shouldn't be spending time on --

MS. ANDERSON: Doing their research.

DR. ALVERSON: Right.

MS. ANDERSON: Pulling their records when they should be sending it to us.

MR. BRADEN: We have reviewed -- Mr. McConaghy has sat on this committee with us also -- reviewed other states and they have a process for that type of license and we're trying to develop that type of process for us because there are a lot of requirements that we're not asking at the present time that other states are.

DR. ALVERSON: We did bring a list of requirements to the Board, I think about four months ago, and you approved that list so I won't go back through all of that again.

All right. And lastly, District III, Donna you brought this up I think at the last meeting and maybe the one before. This is where we are with District III. As you know, the schools are invited to this District III meeting along with the boards. You can read what -- what we've proposed there as an agenda. We have not firmed up the Sunday afternoon. Samford is

working on that but we are proposing with them to look at technician training as something that would be of interest to boards and to schools and Tuesday morning we were considering us having a speaker on these new licenses. I don't know if that would be of interest to the schools or not but for the sessions on Monday morning, we have proposed having a session and then kind of break out by table to work for everything the schools of pharmacy wanted to tell the Board that they think the Board doesn't know and the Board could tell the schools everything they think the schools don't understand.

DR. MARTIN: That could be a long session.

DR. ALVERSON: It could be, but we will have a stop watch and a report at the end. We just never are really honest with each other and tell each other some of the things that -- it's just two different perspectives on the world and it helps to walk in the other man's shoes, so that's that proposal and that's the end of my report.

DR. MARTIN: Board members, do you have any questions for Susan?

(No response.)

DR. MARTIN: Susan, thank you. You covered a lot of material. Mr. Ward.

DR. ALVERSON: Can -- I'm sorry, Tim. Can I take that as the Board approving us doing the 90 days with --

MR. DARBY: Yes, no doubt.

MR. SORRELL: Absolutely.

MR. DARBY: Let me ask you --

MR. SORRELL: And let me talk to whoever gives you a hard time, okay. We have plenty of -- the public health of Alabama is well served by lots and lots of compounding pharmacies from out of state and the public health would not be well served by us diluting our efforts spending time on adding more as opposed to taking care of our own and I'd be glad to talk to anybody that gives you a hard time.

MS. ANDERSON: It's more pestering.

MR. DARBY: Do we rely solely on out-

of-state boards --

DR. ALVERSON: Pardon?

MR. DARBY: Do we rely solely on out-of-state board inspections for compounding pharmacies?

DR. ALVERSON: Right now we do but we would like to, and I don't want to do that at this meeting but maybe at the next meeting, come up with a list that says if you don't have an inspection by this, this, or this, then you're going to have to get an inspection by one of these one or two.

MR. DARBY: Because there are probably -- some states probably do a more thorough job than others.

DR. ALVERSON: Yeah, some of them --

MS. ANDERSON: Some are still one-pagers.

MR. DARBY: Right.

DR. ALVERSON: Right, you know, you have a refrigerator, the temperature is --

MR. DARBY: I think you should reserve the right to send our own team in there at their

expense.

DR. MARTIN: Yes.

DR. ALVERSON: Oh, we totally agree with that.

DR. MARTIN: I don't see a bit of problem with that.

MS. YEATMAN: Susan, can you also -- I'd have to look and see the application again but for an out-of-state compounder, do you give them a list of everything that's required and can you put a caveat at the bottom that says, if you don't provide everything with your application, we're not going to process it?

MR. BRADEN: That's what we're working on right now.

DR. ALVERSON: That's what we're working on. We have a list but it's not what we need.

MR. WARD: Big bold letters.

MS. YEATMAN: Yeah, I would just -- if they're not going to send in the information --

MR. WARD: Yeah, we don't have to even fool with it.

MS. YEATMAN: -- then just throw it in the trash and move on.

MR. WARD: I did that with the -- I did that with one of the other boards I represent and you wouldn't believe how effective it was in cutting down all of that. It was in big bold on the form.

MR. BRADEN: Some states if you do that, if something like that happens, their process has to start all over again. They stop right then and they make you start the process all over.

MS. YEATMAN: Have them waste their time, not yours.

DR. ALVERSON: I also think the Board, when they're considering fees, ought to consider how much money it costs us to process out-of-state compounding, just a thought for the future.

DR. MARTIN: Very good.

MR. SORRELL: It's taking our resources.

DR. MARTIN: Yeah.

MR. BUNCH: Susan, on District III, with the boards and the schools, is it also the state association that attends that?

DR. ALVERSON: No, sir, it's just the boards and the schools.

MR. BUNCH: Okay.

DR. MARTIN: AACP District III and NABP District III.

MR. BUNCH: Okay. I knew I had been to a District III.

DR. MARTIN: In the past that group of -- somebody help me with the name of it.

DR. ALVERSON: Maltagon.

DR. MARTIN: Southern society of people who are officers in associations, what's the name of that, Louise?

MS. JONES: Southeastern Officers Conference.

DR. MARTIN: Southeastern Officers Conference has in the past sometimes met with District III. I don't know if that's the intent this time or not.

MS. JONES: There have -- in the past

there have been joint meetings of the three groups where we held at the same time at the same place and we had some joint sessions as well as some separate.

MR. BUNCH: What was that in Savannah, Georgia, that year?

MS. JONES: That was --

MR. BUNCH: I was president of APA. I wasn't on the Board but I went to that.

MS. JONES: Right.

MR. BUNCH: The APA.

MS. JONES: That's right.

MR. DARBY: I think in Charleston -- at Charleston two years ago, I think the associations were there but not last year in Jacksonville.

MS. JONES: Is the District III meeting open to the public, like can anyone else go or is it simply -- is it restricted only to --

MS. ELLENBURG: You have to be a member of NABP or --

DR. ALVERSON: You have to be one of

those two groups.

DR. MARTIN: You can be a past board member, I believe. You don't have to be a serving board member.

DR. ALVERSON: Right. I'm sure you could be a past board member in District III.

MR. BUNCH: It was on Maltagon at one time.

DR. MARTIN: Good dialogue. Anything else for Susan? One more time.

(No response.)

DR. MARTIN: Mr. Ward, do you have anything for us today in business session?

MR. WARD: No, sir, only in executive session.

DR. MARTIN: Thank you very much. We'll move into old business. I see two items on your old business. The first item I see is 34-23-92 and is anyone prepared to address that?

MR. BUNCH: Yeah, on the -- where are we on adopting the rule on the technician training?

DR. MARTIN: So this was the --

MR. DARBY: It's actually a statute.

DR. MARTIN: This is a statute that was to add under section two that one of the powers and duties generally of the Board was to adopt rules by which training, educational, technical, vocational, and any institution which provides instruction for pharmacy technicians are approved.

MR. WARD: That's already been entered.

MR. DARBY: Yeah, it's in process -- it's in the legislative process. It has not been passed yet.

DR. MARTIN: Okay. So that was --

MS. YEATMAN: So that doesn't even need to be on there.

DR. MARTIN: I think it may have just been a placeholder, so we'll come back and say where is it, what's the status, and we're hearing that the status is that it has been filed, it is in the process, and when that comes out of the other side, we'll let you know, okay. Anything else on 34-23-92?

(No response.)

DR. MARTIN: Then we'll move on to 680-X-2-.14. I believe you'll find that in your Dropbox.

MS. YEATMAN: This was the addition of the requirement for the criminal background check for all technicians. It has gone through LRS and been approved and so I would like to make a motion that it be accepted by the Board and placed into action.

MR. WARD: Once it goes through LRS, it becomes effective by law, 35 days after.

MS. YEATMAN: So I don't have to do anything. So yea, we have background checks.

MR. DARBY: It will become effective April 20, 2016.

DR. MARTIN: Is that the right day, Mitzi?

MS. ELLENBURG: (Nods head.)

DR. MARTIN: Yeah. For the record, let's just make sure that we have just in the right order because as we're going to learn in a minute, it's easy to miss a step or delay a step

and to have some impact.

So Mitzi, it has, in fact, passed this Board's final approval. It has gone forward to LRS and now the clock is -- the only remaining part is the effective date, which I believe Mr. Darby just cited; is that correct?

MS. ELLENBURG: Well, the -- the period for comments has just gone out, so the Board needs to approve it as written and then it goes back to being finalized and becomes effective within 35 days.

MS. YEATMAN: Okay. So I'm going to go back and say, again, I make the motion that we accept 680-X-2-.14 as written.

MR. DARBY: Second.

DR. MARTIN: We have a motion. We have a second. Is there any discussion?

(No response.)

DR. MARTIN: Are you prepared to vote? All those in favor of the motion, please say aye.

MR. SORRELL: Aye.

MR. DARBY: Aye.

MS. YEATMAN: Aye.

MR. BUNCH: Aye.

DR. MARTIN: Anyone opposed? I said aye by the way. Any opposed?

(No response.)

DR. MARTIN: No opposition, the motion passes.

Do we have any other old business today?

MS. YEATMAN: May I make one comment concerning this?

DR. MARTIN: Certainly.

MS. YEATMAN: Can we go ahead and get with Gogle, is that his name, to make sure that we have something on the website for the application process that starts alerting people as soon as --

DR. ALVERSON: We can put that on there. My -- my concern has been the start-up date, so everything is done as far as signing the contract with the background check people with the computer, so if it's okay with the Board, we will begin publishing that.

MR. DARBY: Yeah, what's the -- what's the fee going to be initially?

DR. ALVERSON: The fee is going to be $35.

MR. DARBY: Okay.

MS. YEATMAN: That's fine.

DR. MARTIN: First-time application.

DR. ALVERSON: First-time application for a technician.

DR. MARTIN: Not every year, so when they apply, first-time background check at their expense.

DR. ALVERSON: Right. May I make a comment since you just said every year?

DR. MARTIN: Every other year.

DR. ALVERSON: Right. When we've been discussing these new licenses that the feds are requiring, we've heard a rumor they're going to require that you renew it every year. I don't want to deal with that today but.

DR. MARTIN: Well, we may -- we may not be in compliance with that for a while. Okay. Any other old business?

(No response.)

DR. MARTIN: New business, I see we have one item under new business. That has to do with the 680-X-2-.18 and we've been alluding to -- several times -- we have alluded to several times during the meeting today about how important it is for us to follow the rules and get things in on time and we missed the LRS cutoff by one day on .18, so we'll begin that process again next month with a hearing and based on what we heard earlier today in the presentation from In Range, we might consider making an adjustment if that's the way it falls but I think we're going to have to assign that work to a couple of board members to see if we want to -- if we want to do it that way or just leave it as it is. Any comments about that? Comments or questions?

(No response.)

DR. MARTIN: Okay. Any other new business?

(No response.)

DR. MARTIN: I believe I -- the way

I'd like to do this is to entertain a motion for the business session to be in recess and if that motion is presented and passes, the business session will be in recess and we'll move to the hearing of 680-X-2-.32, so do we have a motion for the business session to stand in recess.

MR. BUNCH: I make a motion that we recess -- go into recess on the business meeting.

DR. MARTIN: Is there a second?

MS. YEATMAN: Second.

DR. MARTIN: All those in favor?

MR. DARBY: Aye.

MR. SORRELL: Aye.

MS. YEATMAN: Aye.

MR. BUNCH: Aye.

DR. MARTIN: Aye.

Any opposed?

(No response.)

DR. MARTIN: We stand in recess in the business session. Thank you for your tolerance in letting us do it that day. If the president had read the written agenda or the Dropbox, he

would have realized that rulemaking was prominently on the agenda.

(Whereupon, a recess was taken to conduct a rulemaking hearing on Rule 680-X-2-.32.)

DR. MARTIN: I'd like to ask for a motion to come out of recess for the business session.

MR. BUNCH: I make a motion that we do come out of recess.

DR. MARTIN: Do we have a second?

MS. YEATMAN: Second.

DR. MARTIN: All those in favor of coming out of recess, please say aye.

MS. YEATMAN: Aye.

MR. DARBY: Aye.

MR. SORRELL: Aye.

MR. BUNCH: Aye.

DR. MARTIN: Aye.

Any opposed?

(No response.)

DR. MARTIN: Thank you very much. One last call for any new business.

(No response.)

DR. MARTIN: Hearing none, at this time, I will entertain a motion for the Board to go into executive session for the purpose of discussing the qualifications and competency of those regulated by the Board. The executive session will begin at 10 minutes after 11:00 and we will end at 11:40.

When the Board returns to the public meeting, we will only be voting on the matters discussed during the executive session and then we'll adjourn the business meeting for the day. You are welcome to join us back for that if for some reason you want to be a part of that. It will be, you know, pretty quick and then we'll be finished.

Mr. Ward, do you need to --

MR. WARD: I need to say that part of the -- one of the purposes of going into executive session would be to discuss possible resolution of settlement of cases pending before

the Board and I say that as an attorney licensed to practice law in the State of Alabama.

DR. MARTIN: Thank you, Mr. Ward. We will need a voice vote to go into executive session. Do we have a motion to go into executive session?

MR. SORRELL: I make a motion we go into executive session.

DR. MARTIN: Do we have a second?

MS. YEATMAN: Second.

DR. MARTIN: I need a voice vote. Mr. Sorrell?

MR. SORRELL: Yes.

DR. MARTIN: Mr. Darby?

MR. DARBY: Yes.

DR. MARTIN: Ms. Yeatman?

MS. YEATMAN: Yes.

DR. MARTIN: Mr. Bunch?

MR. BUNCH: Yes.

DR. MARTIN: I vote yes. The motion passes. We will now go into executive session. Thank you for being here.

(Whereupon, a recess for executive session was taken from 10:55 a.m. to 12:45 p.m.)

DR. MARTIN: This is the Alabama Board of Pharmacy. We are coming out of executive session. There are no items that need action from the executive session. Do we have a motion to adjourn?

MR. SORRELL: I make a motion we adjourn.

DR. MARTIN: Is there a second?

MS. YEATMAN: I second.

DR. MARTIN: All those in favor, say aye.

MR. SORRELL: Aye.

MR. DARBY: Aye.

MS. YEATMAN: Aye.

MR. BUNCH: Aye.

DR. MARTIN: Any opposed?

(No response.)

DR. MARTIN: We're adjourned.

(Business mtg. adjourned - 12:45 p.m.)

CERTIFICATE

STATE OF ALABAMA
SHELBY COUNTY

I, Sheri G. Connelly, RPR, Certified Court Reporter, hereby certify that the above and foregoing 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 9/30/2016