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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

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ATTENDEES

BOARD MEMBERS:

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

ALSO PRESENT:

- Susan Alverson, Ph.D., Executive Secretary
- Cristal Anderson, Director of Compliance
- Mitzi Ellenburg, Director of Operations
- 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

- 1 Chris Bossi
- 2 Billy Lawley
- 3 Charlie Cook
- 4 Brenda Denson
- 5 Chris Burgess
- 6 Dane Yarbrough
- 7 Paul Rengering
- 8 Jeff Freese
- 9 Lee Forman
- 10 Wes Averett
- 11 Eddie Vanderver
- 12 Tammy Foshee
- 13 Clemice Hurst
- 14 Kelli Newman
- 15 Gary Mount
- 16 Louise Jones
- 17 Roger Bates
- 18 Carter English
- 19 Scott Daniel
- 20 Jim Easter
- 21
- 22
- 23

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

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

12 MR. DARBY: Move to adopt the  
13 agenda.

14 MS. YEATMAN: Second.

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

17 MR. SORRELL: Aye.

18 MR. DARBY: Aye.

19 MS. YEATMAN: Aye.

20 MR. BUNCH: Aye.

21 DR. MARTIN: Any opposed?

22 (No response.)

23 DR. MARTIN: The agenda is adopted.

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

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

11 MS. COKER: Rhonda Coker, Board of  
12 Pharmacy.

13 MR. HOLLEY: John Holley, Holley  
14 Pharmacy.

15 MR. KERLEY: Jeff Kerley, LTC  
16 Ventures.

17 MR. BOSSI: Chris Bossi, In Range  
18 Systems.

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

21 MR. COOK: Charlie Cook, ALSHP.

22 MS. DENSON: Brenda Denson, ALSHP.

23 MR. BURGESS: Chris Burgess, Heritage

1 Pharmacy.

2 MR. YARBROUGH: Dane Yarbrough,

3 Walgreens.

4 MR. RENGERING: Paul Rengering,

5 Walgreens Pharmacy.

6 MR. FREESE: Jeff Freese, Turenne

7 PharMedCo.

8 MR. FORMAN: Lee Forman, Turenne

9 PharMedCo.

10 MR. AVERETT: Wes Averett, Turenne

11 PharMedCo.

12 MR. HEBERT: Mark Hebert, Board of

13 Pharmacy.

14 MR. VANDERVER: Eddie Vanderver, CAPS,

15 Incorporated.

16 MS. FOSHEE: Tammy Foshee, Senior Care

17 Pharmacy.

18 MS. HURST: Clemice Hurst, Alabama

19 Medicaid.

20 MS. NEWMAN: Kelli Newman, Alabama

21 Medicaid.

22 MR. MOUNT: Gary Mount, Baptist Health

23 Montgomery.

1 MS. JONES: Louise Jones, Alabama  
2 Pharmacy Association.

3 MR. BATES: Roger Bates, Alabama  
4 Pharmacy Association.

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

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

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

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

13 MR. DANIEL: Scott Daniel, Board of  
14 Pharmacy.

15 MR. EASTER: Jim Easter, Baptist  
16 Health System.

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

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



1 DR. ALVERSON: I will.

2 DR. MARTIN: -- on behalf of

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

9 MR. BOSSI: You got it, perfect.

10 DR. MARTIN: Come on up.

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

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

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

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

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

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

23 These blister cards are loaded into

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

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

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

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

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

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

16                   DR. MARTIN: Board members?

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

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

5 Tackle box size, awesome concept.

6 MR. BOSSI: Right.

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

10 MR. BOSSI: Right.

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

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

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

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

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

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

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

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

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



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

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

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

8           DR. MARTIN: Other questions?

9           MR. BOSSI: Yes.

10          DR. ALVERSON: If the Board's done.

11          MR. WARD: I have a question too.

12          DR. ALVERSON: Go ahead.

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

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

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

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

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

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

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

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

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

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

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

11 MR. BOSSI: Right.

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

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

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

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

23 DR. ALVERSON: Carter English is here.

1 You might want to ask him.

2 DR. MARTIN: Who is that?

3 DR. ALVERSON: Carter is here.

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

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

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

1 MR. BOSSI: Right.

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

9 DR. MARTIN: Right, developmental  
10 disability.

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

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

15 MR. WARD: Is that --

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

19 MR. ENGLISH: I didn't hear you.

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

23 MR. ENGLISH: There's so many shades

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

8 DR. MARTIN: Right, right.

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

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

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

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

20 MR. BOSSI: I think --

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

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

13 DR. MARTIN: Right.

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

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

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

23 MR. BOSSI: This can hold up to 30



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

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

10 MR. BOSSI: Right.

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

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

1 MR. BOSSI: Correct.

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

5 MR. BOSSI: Correct.

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

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

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

18 DR. MARTIN: Sure, sure.

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

20 DR. MARTIN: Send them through to  
21 Mitzi --

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

1 MR. BOSSI: That's correct.

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

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

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

8 MR. BOSSI: Yeah.

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

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

15 DR. MARTIN: As far as capacity?

16 DR. ALVERSON: Right. You also make a  
17 120 drug; is that right?

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

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

22 MR. DARBY: Is that for narcotics?

23 MR. BOSSI: This is primarily for

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

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

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

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

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

23                   MR. BOSSI: Sure.

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

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

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

23 MR. BOSSI: Correct.

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

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

7           MR. SORRELL: You do.

8           DR. ALVERSON: I'm sorry.

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

11          DR. ALVERSON: No, it's not.

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

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

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

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

8           DR. ALVERSON: We've also had --

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

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

15          MR. BOSSI: Right.

16          DR. ALVERSON: But that has been  
17 traditional.

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

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

3 MS. YEATMAN: So it has to be  
4 noncontrolled?

5 MR. DARBY: Yeah.

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

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

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

22 MS. YEATMAN: Where are you seeing  
23 controlled?



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

3 DR. MARTIN: Yeah.

4 MR. WARD: Stat cabinets is not  
5 controlleds.

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

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

11 DR. MARTIN: Section 6.

12 MS. YEATMAN: That's a different  
13 section.

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

16 MS. YEATMAN: That's not stat  
17 cabinet.

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

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

4                   DR. MARTIN: 6(b), yes.

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

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

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

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

18                   MR. BOSSI: Okay.

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

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

23                   DR. MARTIN: Are you reading from

1 section six?

2 MR. BOSSI: Section 6(b).

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

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

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

10 MR. BOSSI: Oh, is it.

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

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

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

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

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

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

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

13 MR. BOSSI: Okay. So it can --

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

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

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

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

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

5 MR. BOSSI: Okay.

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

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

16 MR. BOSSI: Correct.

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

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

21 MS. YEATMAN: There better not be.

22 MR. WARD: There better not be.

23 MR. BOSSI: Okay. Because federal law

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

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

5 DR. MARTIN: Stat cabinet consists of  
6 noncontrolled drugs.

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

10 MR. WARD: Right.

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

1 on an emergency basis.

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

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

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

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

19 MR. BOSSI: Okay.

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

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

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

5                   MR. DARBY:    No.

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

9                   MR. HOLLEY:    I'm sorry?

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

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

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

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



1 DR. MARTIN: Okay.

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

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

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

14 DR. MARTIN: Is it closed or open?

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

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

20 MR. HOLLEY: Absolutely, yes, sir.

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

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

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

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

6 MR. HOLLEY: That is in Elba, permit  
7 110474.

8 DR. MARTIN: Okay.

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

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

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

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

22 MR. HOLLEY: Right.

23 DR. MARTIN: And then you have a new

1 operation?

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

4 DR. MARTIN: In Enterprise --

5 MR. HOLLEY: Holley Pharmacy.

6 DR. MARTIN: -- called Southeast?

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

9 DR. MARTIN: What's it called?

10 MR. HOLLEY: Holley Pharmacy.

11 DR. MARTIN: Holley Pharmacy?

12 MR. HOLLEY: Yes, sir.

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

15 MR. HOLLEY: Yes, sir.

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

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

21 DR. MARTIN: Uh-huh.

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

1 locations for both permits.

2 DR. MARTIN: Okay.

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

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

9 MR. DARBY: Do them separate?

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

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

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

15 MR. HOLLEY: Be glad to.

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

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

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

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

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

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

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

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

19 MR. DARBY: Yeah.

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

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

5 MR. DARBY: Yeah.

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

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

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

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

22 DR. MARTIN: Is there a second?

23 MS. YEATMAN: Second.

1 DR. MARTIN: Is there any additional  
2 discussion?

3 MR. HOLLEY: I need to ask a  
4 question.

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

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

11 DR. MARTIN: Does the second accept  
12 that?

13 MS. YEATMAN: Second.

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

16 (No response.)

17 DR. MARTIN: Yes, sir.

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

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

3                   MR. HOLLEY: Okay.

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

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

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

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

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

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

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

22                  MR. DARBY: Aye.

23                  MR. BUNCH: Aye.



1 MS. YEATMAN: Aye.

2 MR. SORRELL: Aye.

3 DR. MARTIN: Any opposed?

4 (No response.)

5 DR. MARTIN: Motion passes.

6 MR. HOLLEY: Thank you very much.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 MS. YEATMAN: I'll tell you later.

12 DR. MARTIN: Okay.

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

15 MR. DARBY: I don't have questions.

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

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

22 MR. BUNCH: Do I hear a second?

23 MS. YEATMAN: Second.

1 MR. BUNCH: Any discussion -- any  
2 discussion?

3 (No response.)

4 MR. BUNCH: All in favor?

5 MR. DARBY: Aye.

6 MS. YEATMAN: Aye.

7 MR. SORRELL: Aye.

8 MR. BUNCH: Aye.

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

12 MR. BUNCH: Yes, sir.

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

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

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

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

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

9 MS. YEATMAN: No questions.

10 MR. BUNCH: No.

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

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

16 DR. MARTIN: Do we have a second?

17 MS. YEATMAN: Second.

18 DR. MARTIN: All those in favor?

19 MR. BUNCH: Aye.

20 MR. SORRELL: Aye.

21 MS. YEATMAN: Aye.

22 DR. MARTIN: Any opposed?

23 (No response.)

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

4 I'm sorry, Mitzi.

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

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

10 MS. ELLENBURG: Rulemaking hearing.

11 DR. MARTIN: On what?

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

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

18 MS. ELLENBURG: Thank you.

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

23 MR. DARBY: We go into executive

1 session --

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

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

8 DR. MARTIN: After executive  
9 session.

10 MR. WARD: I'd do it before.

11 DR. MARTIN: Can we do it before?

12 MR. WARD: Sure.

13 DR. MARTIN: How can we do that?

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

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

18 DR. MARTIN: Yes.

19 MR. WARD: So that's public.

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

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



1 finish the business meeting and then start the  
2 hearing.

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

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

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

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

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

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

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

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

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

1 professional.

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

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

6 MR. BUNCH: No, thank you.

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

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

14 DR. MARTIN: Is there a second?

15 MS. YEATMAN: Second.

16 DR. MARTIN: Any discussion?

17 (No response.)

18 DR. MARTIN: All those in favor?

19 MR. DARBY: Aye.

20 MS. YEATMAN: Aye.

21 MR. SORRELL: Aye.

22 MR. BUNCH: Aye.

23 DR. MARTIN: Aye.

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

4 DR. MARTIN: Is there a second?

5 MS. YEATMAN: Second.

6 DR. MARTIN: Any discussion?

7 (No response.)

8 DR. MARTIN: All those in favor?

9 MR. DARBY: Aye.

10 MR. BUNCH: Aye.

11 MR. SORRELL: Aye.

12 MS. YEATMAN: Aye.

13 DR. MARTIN: Aye.

14 Any opposed?

15 (No response.)

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

18 (No response.)

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

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

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

6 DR. MARTIN: Thank you, Mr. Braden.

7 Any questions for Mr. Braden?

8 MS. YEATMAN: No.

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

12 MR. DARBY: Do you have anything?

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

15 DR. MARTIN: There's nothing this  
16 month.

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

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

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

23 MR. WARD: I've got several things.

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

3 MR. WARD: Yes, sir.

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

6 MR. BRADEN: Yes, sir.

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

9 DR. ALVERSON: All right.

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

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

14 DR. MARTIN: Both.

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

17 MR. SORRELL: It did.

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

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

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

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

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

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



1 Stop me if anyplace along here that  
2 you have questions.

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

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

8 DR. MARTIN: Right.

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

14 DR. MARTIN: That's a good point.

15 MR. SORRELL: That's good.

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

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

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

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

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

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

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

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

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

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

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

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

21 DR. ALVERSON: Pardon?

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

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

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

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

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

14 DR. MARTIN: Thank you.

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

23           MS. ANDERSON: Doing their research.

1 DR. ALVERSON: Right.

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

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

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

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

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

14 DR. MARTIN: That could be a long  
15 session.

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

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

3 (No response.)

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

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

9 MR. DARBY: Yes, no doubt.

10 MR. SORRELL: Absolutely.

11 MR. DARBY: Let me ask you --

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

22 MS. ANDERSON: It's more pestering.

23 MR. DARBY: Do we rely solely on out-

1 of-state boards --

2 DR. ALVERSON: Pardon?

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

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

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

16 DR. ALVERSON: Yeah, some of them --

17 MS. ANDERSON: Some are still one-  
18 pagers.

19 MR. DARBY: Right.

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

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

1 expense.

2 DR. MARTIN: Yes.

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

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

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

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

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

19 MR. WARD: Big bold letters.

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

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



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

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

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

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

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

20 DR. MARTIN: Very good.

21 MR. SORRELL: It's taking our  
22 resources.

23 DR. MARTIN: Yeah.

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

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

6 MR. BUNCH: Okay.

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

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

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

13 DR. ALVERSON: Maltagon.

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

17 MS. JONES: Southeastern Officers  
18 Conference.

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

23 MS. JONES: There have -- in the past

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

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

7             MS. JONES:   That was --

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

10            MS. JONES:   Right.

11            MR. BUNCH:   The APA.

12            MS. JONES:   That's right.

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

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

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

23            DR. ALVERSON:  You have to be one of

1 those two groups.

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

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

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

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

11 (No response.)

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

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

16 DR. MARTIN: Thank you very much.  
17 We'll move into old business. I see two items  
18 on your old business. The first item I see is  
19 34-23-92 and is anyone prepared to address that?

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

23 DR. MARTIN: So this was the --

1 MR. DARBY: It's actually a statute.

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

9 MR. WARD: That's already been  
10 entered.

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

14 DR. MARTIN: Okay. So that was --

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

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

1 (No response.)

2 DR. MARTIN: Then we'll move on to  
3 680-X-2-.14. I believe you'll find that in your  
4 Dropbox.

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

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

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

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

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

19 MS. ELLENBURG: (Nods head.)

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

1 and to have some impact.

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

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

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

15 MR. DARBY: Second.

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

18 (No response.)

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

22 MR. SORRELL: Aye.

23 MR. DARBY: Aye.

1 MS. YEATMAN: Aye.

2 MR. BUNCH: Aye.

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

5 (No response.)

6 DR. MARTIN: No opposition, the motion  
7 passes.

8 Do we have any other old business  
9 today?

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

12 DR. MARTIN: Certainly.

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

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



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

3 DR. ALVERSON: The fee is going to be  
4 \$35.

5 MR. DARBY: Okay.

6 MS. YEATMAN: That's fine.

7 DR. MARTIN: First-time application.

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

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

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

15 DR. MARTIN: Every other year.

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

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

1 (No response.)

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

19 (No response.)

20 DR. MARTIN: Okay. Any other new  
21 business?

22 (No response.)

23 DR. MARTIN: I believe I -- the way

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

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

10 DR. MARTIN: Is there a second?

11 MS. YEATMAN: Second.

12 DR. MARTIN: All those in favor?

13 MR. DARBY: Aye.

14 MR. SORRELL: Aye.

15 MS. YEATMAN: Aye.

16 MR. BUNCH: Aye.

17 DR. MARTIN: Aye.

18 Any opposed?

19 (No response.)

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

1 would have realized that rulemaking was  
2 prominently on the agenda.

3

4 (Whereupon, a recess was taken to  
5 conduct a rulemaking hearing on Rule  
6 680-X-2-.32.)

7

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

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

13 DR. MARTIN: Do we have a second?

14 MS. YEATMAN: Second.

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

17 MS. YEATMAN: Aye.

18 MR. DARBY: Aye.

19 MR. SORRELL: Aye.

20 MR. BUNCH: Aye.

21 DR. MARTIN: Aye.

22 Any opposed?

23 (No response.)

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

3 (No response.)

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

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

19 Mr. Ward, do you need to --

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

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

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

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

9 DR. MARTIN: Do we have a second?

10 MS. YEATMAN: Second.

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

13 MR. SORRELL: Yes.

14 DR. MARTIN: Mr. Darby?

15 MR. DARBY: Yes.

16 DR. MARTIN: Ms. Yeatman?

17 MS. YEATMAN: Yes.

18 DR. MARTIN: Mr. Bunch?

19 MR. BUNCH: Yes.

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

23

1           (Whereupon, a recess for executive  
2           session was taken from 10:55 a.m. to  
3           12:45 p.m.)

4  
5           DR. MARTIN: This is the Alabama Board  
6           of Pharmacy. We are coming out of executive  
7           session. There are no items that need action  
8           from the executive session. Do we have a motion  
9           to adjourn?

10           MR. SORRELL: I make a motion we  
11           adjourn.

12           DR. MARTIN: Is there a second?

13           MS. YEATMAN: I second.

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

16           MR. SORRELL: Aye.

17           MR. DARBY: Aye.

18           MS. YEATMAN: Aye.

19           MR. BUNCH: Aye.

20           DR. MARTIN: Any opposed?

21                           (No response.)

22           DR. MARTIN: We're adjourned.

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

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CERTIFICATE

STATE OF ALABAMA  
SHELBY COUNTY

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



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