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ALABAMA STATE BOARD OF PHARMACY

BOARD MEETING

Wednesday, May 25, 2016

9:11 a.m.

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

REPORTER: Sheri G. Connelly, RPR

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ATTENDEES

BOARD MEMBERS:

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

ALSO PRESENT:

- Susan Alverson, Ph.D., Executive Secretary
- Cristal Anderson, Director of Compliance
- Dan McConaghy, Board of Pharmacy
- Eddie Braden, Chief Inspector
- Rhonda Coker, Board of Pharmacy
- Terry Lawrence, Board of Pharmacy
- Saeeda Iqbal
- Anne Thibodeaux
- Chris Kudirka
- Charlie Cook
- Brenda Denson
- Tracy Davis
- Mark Boesen

- 1 Chidi Nnorom
- 2 Ashley Nance
- 3 Makayla Porter
- 4 Matthew Muscato
- 5 Dane Yarborough
- 6 Paul Rengering
- 7 Eddie Vanderver
- 8 Jon Linna
- 9 John Rocchio
- 10 Chris Burgess
- 11 Cammie Burgess
- 12 Rod Harbin, Jr.
- 13 Becky Sorrell
- 14 Pam Smith
- 15 Ali Stringberg
- 16 Nilay Modi
- 17 Sarah Nesmith
- 18 Tiffany McIlwain
- 19 Jim Easter
- 20 Zach Palmer
- 21 Julie Hunter
- 22 Lee Foreman
- 23 Bart Bamberg

- 1 Clemice Hurst
- 2 Kelli Newman
- 3 Brooke McGee
- 4 Thomas Cobb
- 5 Jennifer Mooney-Thompson
- 6 Cherry Jackson
- 7 Kevin Ryan
- 8 Ginny Gates
- 9 Lindsay England

10

11 *****

12

13 DR. MARTIN: Welcome to the meeting of
14 the Alabama Board of Pharmacy. I've been
15 informed this is still the month of May. I was
16 stuck in --

17 MS. YEATMAN: February.

18 DR. MARTIN: -- stuck in a void back
19 there at some point. The Board has had quite an
20 interesting month, so if we look a little shell-
21 shocked, you'll understand why.

22 First thing on the agenda, we do need
23 to establish that we have a quorum and I see all

1 members present and therefore we have
2 establishment of a quorum. I do need a motion
3 for the adoption of the agenda.

4 MR. DARBY: Move to adopt the agenda
5 as written.

6 MS. YEATMAN: Second.

7 DR. MARTIN: All those in favor,
8 please say aye.

9 MR. SORRELL: Aye.

10 MR. DARBY: Aye.

11 MS. YEATMAN: Aye.

12 MR. BUNCH: Aye.

13 DR. MARTIN: Thank you. Motion
14 passes. At this point, it's customary for us to
15 ask people who are in the audience to stand up.
16 This young lady needs to know your name so you
17 need to say it loud, clear so she can get it so
18 you get credit for being here. Unfortunately,
19 that doesn't come with CE. You do get credit
20 for being here, whatever that's worth.

21 MR. DARBY: And who you represent.

22 DR. MARTIN: Yeah, we'd like to know
23 who you represent also so we can start -- let's

1 just start over here.

2 MS. IQBAL: I'm Saeeda Iqbal and I'm
3 here with Ms. Donna.

4 DR. MARTIN: If she can't hear you,
5 she's going to ask you to repeat it, okay.

6 MS. IQBAL: Okay.

7 MS. THIBODEAUX: I'm Anne Thibodeaux.
8 I'm a student intern here at the Board and I'm
9 incoming third year at Samford.

10 MR. KUDIRKA: I'm Chris Kudirka. I'm
11 a fourth-year pharmacy student and I'm here with
12 my rotation with Dr. Alverson.

13 MS. COKER: Rhonda Coker, Board of
14 Pharmacy.

15 MR. COOK: Charlie Cook, ALSHP.

16 MS. DENSON: Brenda Denson, ALSHP.

17 MR. LAWRENCE: Terry Lawrence, Board
18 of Pharmacy.

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

21 MR. BOESEN: Mark Boesen, GenRX,
22 Scottsdale, Arizona.

23 MS. NNOROM: Chidi Nnorom, GenRX,

1 Scottsdale, Arizona.

2 MS. NANCE: Ashley Nance, McWhorter
3 School of Pharmacy.

4 MS. PORTER: Makayla Porter, I'm with
5 Charlie Cook on a rotation with Samford
6 University.

7 MR. MUSCATO: Matthew Muscato,
8 Walgreens Pharmacy.

9 MR. YARBROUGH: Dane Yarborough,
10 Walgreens Pharmacy.

11 MR. RENGERING: Paul Rengering,
12 Walgreens Pharmacy.

13 MR. VANDERVER: Eddie Vanderver, CAPS,
14 Incorporated.

15 MR. LINNA: Jon Linna, Senior Care
16 Pharmacy.

17 MR. ROCCHIO: John Rocchio, CVS
18 Health.

19 MR. BURGESS: Chris Burgess, Heritage
20 Compounding Pharmacy.

21 MS. BURGESS: Cammie Burgess, UAB.

22 MR. HARBIN: Rod Harbin, Jr., Wellness
23 Pharmacy.

1 MS. SORRELL: Becky Sorrell, Alabama
2 Pharmacy Association.

3 MS. SMITH: Pam Smith, CareServices On
4 Call.

5 MS. STRINGBERG: Ali Stringberg,
6 Harrison School of Pharmacy.

7 MR. MODI: Nilay Modi with Harrison
8 School of Pharmacy.

9 MS. NESMITH: Sarah Nesmith with
10 Harrison School of Pharmacy.

11 MS. MCILWAIN: Tiffany McIlwain with
12 Samford University here on my rotation with Jim
13 Easter.

14 MR. EASTER: Jim Easter, Baptist
15 Brookwood Health.

16 MR. PALMER: Zach Palmer, Auburn
17 University on rotation with Jim Easter.

18 MS. HUNTER: Julie Hunter, Omnicare.

19 MR. FOREMAN: Lee Foreman, Turenne
20 PharMedCo.

21 MR. BAMBERG: Bart Bamberg, Publix
22 Supermarkets.

23 MR. MCCONAGHY: Dan McConaghy, State

1 Board.

2 MS. HURST: Clemice Hurst, Alabama
3 Medicaid.

4 MS. NEWMAN: Kelli Newman, Alabama
5 Medicaid.

6 MS. MCGEE: Brooke McGee, Harrison
7 School of Pharmacy.

8 MR. COBB: Thomas Cobb, Jackson
9 Hospital and Clinics.

10 DR. MARTIN: Great, thank you. Did
11 you get all of that? Super.

12 Okay. I don't see Dr. Garver, so
13 we'll wait for the Wellness report during the
14 normal point on the agenda. If that's okay with
15 you, we'll go ahead and proceed with
16 presentations and we have a presentation this
17 morning from CareServices On Call, so y'all come
18 on up, have a seat in the front.

19 We've got two items in the Dropbox.
20 Somebody will have to direct us to which one
21 you'll be working off of.

22 MR. DARBY: She's on the PowerPoint.

23 MS. SMITH: This is the PowerPoint.

1 DR. MARTIN: Okay. The floor is all
2 yours.

3 MS. SMITH: Go for it. Thank you.
4 Good morning.

5 DR. MARTIN: Good morning.

6 MS. SMITH: CareServices On Call is a
7 pharmacy and a call center and we primarily
8 provide on call after-hours pharmacy services
9 for long-term care pharmacies across the
10 country. We're owned by CareServices, which is
11 our umbrella company. We're one of several
12 lines of business that are owned by CareServices
13 and CareServices, a portfolio partner of New
14 Capital Partners, which is located here in
15 Birmingham.

16 CareServices started in the PBM
17 business. Their main focus is hospice and
18 long-term care PBMs. They own several PBMs.
19 You saw MedCall on there, which is one that my
20 line of business primarily works with. MedCall
21 maintains a national network of retail
22 pharmacies. These retail pharmacies have agreed
23 to provide emergency and backup pharmacy

1 services for skilled nursing facilities,
2 assisted living facilities, group -- excuse me,
3 group homes and other types of facilities that
4 are located nearby. They contract with the PBM
5 who then contracts with us to provide the
6 after-hours on-call service.

7 So our clients are long-term care
8 pharmacies, who when they roll their phones at
9 the end of the day, when they close their
10 pharmacy, their phones come to us. We answer
11 their phones as if we are the pharmacy. Nurses
12 and med techs and physicians, anyone at the
13 centers that have a need for medication prior to
14 the pharmacy opening up the next day or making
15 their delivery will call us and we will assist
16 them with obtaining any stat or emergency
17 medications that they need.

18 We also have a stat medical delivery
19 service called Complete Delivery Solutions that
20 sort of rounds out our suite of services. These
21 folks are a national network of couriers and
22 drivers that do stat medical deliveries. They
23 are credentialed for medical deliveries and

1 HIPAA trained, as are all of our staff.

2 Our after-hours pharmacy call center
3 is staffed with 100 percent certified
4 technicians. We only hire certified
5 technicians. Because of the complexity of
6 long-term care pharmacy and the laws across the
7 country, we feel that's the best way to staff
8 our pharmacy and then, of course, clinical
9 pharmacists who provide oversight.

10 Our pharmacy is open 24/7, 365. The
11 services that we provide are primarily after
12 hours overnight, weekends, and holidays but we
13 are there at any time for our clients if they
14 have an emergency situation that they have to
15 close their pharmacy, they can always forward
16 their phones to us and we're there and available
17 to provide backup services for them. Our
18 pharmacists provide drug information and
19 consultation for the nurses and physicians who
20 are working with patients and residents in these
21 centers. We process emergency refills,
22 emergency fills, and transfers on behalf of our
23 client pharmacies.

1 Our pharmacists perform a prospective
2 DUR for new orders, primarily new admits, but
3 anytime there's a new order that they do not see
4 the patient has been on before, they will check,
5 make sure that there's no allergies or no drug
6 interactions. A lot of what we do is process
7 controlled substance requests after hours. Most
8 of our clients maintain some sort of emergency
9 kit or automated dispensing cabinet. They will
10 very often require some sort of authorization
11 code or verification that there is an
12 appropriate and valid hard script in place for
13 the medication required and we will assist them
14 with that.

15 We're currently licensed in the 30
16 states where we're doing business and under
17 review for most of the other 48 continuous
18 states so that we will be able to expand our
19 business in the future.

20 Just to walk you through the process
21 very quickly, the phones generally are rolled to
22 us or the nurses at the facility have our number
23 so they call us directly. They have a

1 medication request or they have a need for a
2 medication. That's taken by a triage customer
3 service rep who takes the basic information
4 down, goes to a certified order entry tech.

5 We have access to all of our clients'
6 pharmacy systems so we log into the client
7 pharmacy system. We can review everything that
8 is on the profile for that patient so we can all
9 see all patient information. We can see all of
10 their active medications. We can see all of the
11 prescriptions that are there. So the order
12 entry tech will go in, verify that there is an
13 active and valid script on file for that
14 patient. They'll pull a copy of that patient
15 out of their system and fax it into ours. We
16 then transcribe that order into our system. It
17 goes to a pharmacist for verification, excuse
18 me, and clinical review.

19 There is a lead tech check, which
20 seems a little silly to come behind the
21 pharmacist tec, but that is more of a client
22 services, customer service check. So some of
23 our clients have very specific requests about

1 how we handle certain medication requests that
2 are not related to clinical functions or legal
3 functions but just say how the pharmacy would
4 like situations processed, so the lead tech does
5 a final check to make sure that we're meeting
6 all of our customer service goals and
7 requirements.

8 At that point, the prescription is --
9 the medication request is faxed out to the
10 backup pharmacy with a copy of the order from
11 the client system with a request to provide
12 either an initial fill, a refill, a transfer, or
13 an emergency fill based on this specific
14 situation. We do have some customer service
15 representatives on the back end who insure that
16 the pharmacy has received that faxed request,
17 make sure that they don't need a pharmacist-to-
18 pharmacist transfer if that's required, get a --
19 obtain a ready time and then either set up for a
20 delivery of that medication to the facility or
21 inform the facility of the time that it can be
22 picked up.

23 For controlled substances we are set

1 up to follow all DEA rules and regulations. We
2 also recognize that a lot of our states have
3 some rules that are more stringent than the DEA
4 required, so in those cases we insure that we
5 meet those rules. We do make sure that there is
6 a valid prescription order. We provide
7 authorization for the nurses to enter their
8 automated dispensing cabinet or emergency kit if
9 appropriate to remove the medication. If
10 there's not a script available, we can contact
11 the physician, of course, either obtain a verbal
12 authorization or let him know that we will need
13 a written prescription to be able to fill this
14 request.

15 We provide pharmacist-to-pharmacist
16 transfer of any script that is necessary to be
17 transferred to the backup pharmacy and then we
18 provide a transaction report to our client the
19 next day with all the necessary information on
20 it for them so that if we have pulled an
21 unfilled script from their system, they know
22 that. If we've transferred, they have all the
23 official transfer information for their

1 documentation so that they can adjust their
2 records appropriately.

3 Transfers, again, we follow all of the
4 rules and regulations for transfers. They are
5 done pharmacist to pharmacist. We provide and
6 obtain all the legally required information for
7 that and send that to our client the next
8 morning when they open. We have put in place a
9 robust continuous quality improvement program to
10 monitor our technicians and their work and our
11 pharmacists. All of our staff are monitored.
12 All of our calls are recorded. Our supervisors
13 review recorded calls on a regular basis and
14 score those calls and documentation on a
15 scorecard. Each staff member receives at least
16 two feedback sessions per month on their
17 performance.

18 We also maintain a perpetual complaint
19 log for any complaints that come in from our
20 clients or from our facilities and we stratify
21 those by medication errors, medication delays,
22 or processing delays or complaints, so we are
23 tracking those and reviewing those. We have a

1 CQI committee that reviews our scorecards, our
2 complaint logs, and any medication errors on a
3 monthly basis.

4 Just through some examples of some of
5 the items that we would review, these are our
6 scorecards. We do have another pharmacy in
7 Texas that provides a similar service, so when
8 we report, we compare our results. This is an
9 old slide. There's actually an error on there.
10 You're going to see a score of 32 for the first
11 month and that was a math error. That really
12 should say 82, so we did not have as bad a month
13 as it looks on this slide.

14 Our Texas pharmacy has been in
15 business a little longer and has been doing this
16 a little longer and so we -- we make our staff
17 aware of the goals for their scores. Their
18 goals by the way for satisfactory scores are 85
19 in all of these areas, so they're very close or
20 over.

21 These are our complaints, medication
22 errors from April. We did not have any actual
23 medication errors reported. We processed over

1 4,000 transactions. A transaction can be
2 anywhere from one to 20 prescriptions based on
3 the patient and the situation. We did have 29
4 client complaints reported. Most of those were
5 just change -- differences between what they
6 would like us to do from a customer service
7 standpoint and how our team actually functioned.

8 We are such a new company, we're still
9 forming a lot of our corporate policies, so I
10 did send as part of the application for the
11 permit a HIPAA policy. It is not as robust as
12 we would like. We are currently working on our
13 HIPAA policy but I did want to insure you that
14 the important safeguards that we need for our
15 pharmacy are in place. We are a closed-door
16 pharmacy, authorized access only. The doors are
17 locked 24/7 and staff must have a key card to
18 enter and exit the building as well as the
19 pharmacy itself.

20 We have a robust visitor policy that
21 requires that visitors sign in and be escorted
22 while they're within the pharmacy. Our
23 protected health information is stored and

1 managed electronically. Our communication of
2 this PHI is via telephone or fax primarily. If
3 we do need to email something to a client, we do
4 use encrypted email. We provide HIPAA training
5 on hire and annually and even with our other
6 lines of business within the company that we
7 work closely with, our PBM businesses as well as
8 our delivery, they do not have access to our
9 pharmacy system and we provide only the
10 information that they need to be able to do the
11 job that they're being requested to do.

12 As far as downtime systems, when I
13 started with this company a year ago, we
14 actually were on paper, so we have a pretty
15 robust paper process that is still fresh in
16 everyone's minds that we can use if our system
17 goes down. Our pharmacy system data are stored
18 both on a local server as well as on the Cloud.
19 That transaction data is backed up regularly and
20 full database backups daily.

21 So we have the ability to move our
22 pharmacy to another location for an emergency
23 basis if we needed to. Our pharmacy system is

1 web-based and so we would be able to function
2 during system downtimes as required.

3 I hope that I have covered all the
4 areas of concern. I would appreciate feedback
5 and am happy to answer any questions. Thank
6 you.

7 DR. MARTIN: Board members?

8 MR. DARBY: Who are your technicians
9 certified by?

10 MS. SMITH: PTCB, uh-huh.

11 MR. DARBY: Okay. And I noticed you
12 had a list of technicians and pharmacists.
13 What's the ratio when they're at work?

14 MS. SMITH: North Carolina allows us
15 to staff with a one to five pharmacist to
16 technician ratio with a requirement that at
17 least 60 percent of those technicians be
18 certified. As I said, we went to 100 percent.
19 We felt that was important but we are staffing
20 at one to five currently.

21 DR. MARTIN: What type of permit are
22 you seeking?

23 MS. SMITH: Special services.

1 DR. MARTIN: Pharmacy services
2 permit.

3 MS. SMITH: Yes.

4 DR. MARTIN: So you don't stock drugs
5 on site?

6 MS. SMITH: No, we don't order or
7 stock drugs. The dispensing is all done through
8 the retail network that the PBM maintains.

9 MR. SORRELL: Who is your 11:00 to
10 7:00 retail network? Is it a chain that's open
11 or is it a hospital that's open in the middle of
12 the night?

13 MS. SMITH: It can be either actually.
14 Our network consists of -- well, all the major
15 chains have stores that are in our network.
16 We're really looking for something close to the
17 facility and hopefully that's open 24 hours, so
18 ideally we would have someone just down the
19 street that's open 24 hours. We use hospitals
20 and we also use home infusion companies for
21 backup IVs.

22 MR. SORRELL: How many beds is one
23 pharmacist responsible for? What's your ratio

1 of pharmacist per patient beds before you add
2 another pharmacist on?

3 MS. SMITH: Well, I'm not sure I can
4 totally answer that. We service about 10,000
5 facilities across the country, but again, this
6 is an emergency service. So we're not
7 processing all new orders, we're only processing
8 their stat medication requests. On a given in a
9 12 -- my pharmacists work seven on, seven off,
10 12-hour shifts. They're generally reviewing
11 about 60 transactions during that shift, which
12 probably translates to about 80 to 100 scripts.

13 MS. YEATMAN: In a 12-hour shift?

14 MS. SMITH: Uh-huh.

15 DR. MARTIN: And a transaction can be
16 one to some greater number of medication orders?

17 MS. SMITH: It could be a new admit
18 and processing everything that patient needs or
19 it might just be a single new order or it could
20 just be providing an authorization code to go
21 into an e-kit.

22 MR. SORRELL: And you need five
23 technicians to do that?

1 MS. SMITH: That seems -- it does seem
2 like a lot but because we have to access the
3 client systems, so we have to maintain separate
4 policies for every client that we service, log
5 in to their system, go through all of their
6 firewalls, and then, of course, we have to know
7 how to work in their system as well, so it does
8 take a technician about ten to 15 minutes to go
9 into that system and pull out all the
10 information that's needed. Of course, when they
11 call, it's an emergency call. They want
12 delivery as quickly as we can do it, so that's
13 why we have such a high number of techs so that
14 we can get that labor-intensive work done, get
15 it to the pharmacist as quickly as possible, and
16 get it to backup.

17 MR. DARBY: I notice on your list of
18 permits from other states most of them were
19 issued in 2015. Was that the initial date of
20 issue that's listed on there?

21 MS. SMITH: Yes.

22 MR. DARBY: Okay.

23 MS. SMITH: Yes, the pharmacy -- this

1 pharmacy was actually purchased by CareServices,
2 so they were in business under another owner
3 until the end of 2015 and that's when
4 CareServices purchased them and took over
5 management.

6 DR. MARTIN: So a long-term care
7 facility is paying your group a fee to take the
8 call and coordinate the transaction?

9 MS. SMITH: It's actually the pharmacy
10 that provides service to that long-term care
11 facility, so the pharmacy is our client.

12 DR. MARTIN: The --

13 MS. SMITH: The pharmacy that services
14 that facility primarily during the day pays
15 us --

16 DR. MARTIN: Yeah.

17 MS. SMITH: -- basically to take call
18 for them overnight.

19 DR. MARTIN: That's right. So you
20 take call instead of them taking call.

21 MS. SMITH: Correct.

22 DR. MARTIN: You provide the
23 continuity, the connections. You insure the

1 delivery, things like that.

2 MS. SMITH: Yes.

3 DR. MARTIN: Okay. Board members,
4 other questions?

5 MR. BUNCH: Any idea about how many of
6 these type companies or services there are in
7 the country?

8 MS. SMITH: I wish I had a better
9 idea.

10 MR. BUNCH: Is it a lot?

11 MS. SMITH: There really aren't a lot
12 of us out there. The major long-term care, the
13 very big long-term care companies like the
14 Omnicares and PharMericas typically do their own
15 on call as well as a lot of the very small
16 long-term pharmacies will take their own call,
17 so our niche is sort of the middle-sized
18 pharmacy where it's financially feasible for
19 them to give their own pharmacist a break and
20 allow us to take call for them. When
21 CareServices purchased these two pharmacies, we
22 became the largest after-hours on-call provider
23 in the country.

1 DR. ALVERSON: Would this fall in the
2 category of businesses that require us to have a
3 licensed pharmacist in the business or not?

4 MS. YEATMAN: I would say yes.

5 DR. MARTIN: I would think so.

6 MS. YEATMAN: Yes.

7 DR. MARTIN: Because you never know
8 where that question is going or that situation
9 is going. So if I understand right, Ms. Smith,
10 you already have an application to the Board --
11 in to the Board; is that correct?

12 MS. SMITH: Yes.

13 DR. MARTIN: And are you waiting on
14 the Board to take action on that?

15 MS. SMITH: Yes.

16 DR. MARTIN: Susan, do you know --

17 DR. ALVERSON: I do not.

18 DR. MARTIN: -- of any other issues
19 here -- any other issues that we might need to
20 take into consideration related to their
21 application?

22 We've got a copy of your app here.

23 MR. DARBY: A lot of times we'll

1 impose a more stringent technician ratio than
2 five to one. Would that be -- would you be able
3 to segregate the Alabama stores or the Alabama
4 clients?

5 MS. YEATMAN: Alabama clients.

6 MS. SMITH: If that is your
7 requirement, yes, we would make that happen.
8 Currently we're not servicing, of course, any
9 clients in Alabama.

10 MR. DARBY: Right.

11 MS. SMITH: So that would depend of
12 course on the client and the amount of revenue
13 and if we would have the ability to staff it
14 with a more stringent ratio. It could impact
15 our ability to do business in the State of
16 Alabama if we could not make that financially
17 feasible.

18 MS. YEATMAN: I think that -- I mean,
19 you'll discuss it but I think that's a
20 consideration you have to look at. You have to
21 have a pharmacy -- a supervising pharmacist at
22 the facility that's licensed in the State of
23 Alabama.

1 MR. DARBY: Which you are; right?

2 MS. SMITH: Which I am, yes, I have an
3 Alabama license.

4 MS. YEATMAN: And then we would have
5 to have a three-to-one ratio for any scripts
6 coming in Alabama for the review of
7 prescriptions for Alabama.

8 DR. MARTIN: Sorry. Go ahead.

9 MS. YEATMAN: No, I was just
10 clarifying my statement. You're good.

11 DR. MARTIN: I'm trying to consider
12 what we can do to expedite this. I see a couple
13 of notes on the app. One says, first app
14 October '15. Was there a previous attempt to
15 submit an application and it didn't go through?

16 MR. DARBY: They didn't appear.

17 MS. SMITH: We actually had a change
18 in staffing.

19 MR. DARBY: Yeah, the person who was
20 going to come --

21 MS. SMITH: Yeah, he left the company.
22 I joined the company.

23 DR. MARTIN: That's fine, so we don't

1 need to worry about that.

2 MS. SMITH: Yeah, yeah.

3 DR. MARTIN: I also noticed here that
4 highlighted on my form is a blank that says name
5 of owners of this corporation and a list of all
6 officers and that's been intentionally left
7 blank.

8 MS. SMITH: No, I thought that I
9 submitted that with the application. I can
10 provide that information.

11 DR. MARTIN: Oh, as an attachment
12 perhaps?

13 MS. YEATMAN: It's not here.

14 MS. SMITH: If I left it off, I
15 certainly can provide it.

16 DR. MARTIN: Okay. That's something
17 that we would have to have taken care of. Board
18 members, what's your -- what's your pleasure?

19 DR. ALVERSON: Can I ask one more
20 question?

21 DR. MARTIN: Certainly.

22 DR. ALVERSON: When the facilities
23 inspected by their state health department,

1 however they do that, are you in any way
2 responsible for that scoring for what is
3 provided on time for a new admission or is that
4 totally the responsibility of the contracting
5 pharmacy and they just have to be sure you meet
6 their requirements?

7 MS. SMITH: Oh, it's our
8 responsibility as well but the North Carolina
9 Board of Pharmacy is who would inspect us and
10 they don't have any types of turnaround time
11 requirements or anything for the -- for the
12 business. Does that answer your question?

13 DR. ALVERSON: No, I guess I asked it
14 wrong. If a long-term care facility is
15 inspected, there are at least standards now that
16 say -- I'm sure you're well aware of this -- you
17 cannot say with a new admit, well, we'll have
18 them here by morning.

19 MS. SMITH: Right, right.

20 DR. ALVERSON: There's a requirement
21 that you meet that patient's needs within a very
22 short period of time, so I'm wondering what your
23 responsibility is in that. Do the state

1 inspectors ever look to you or do they just look
2 at the pharmacy and the pharmacy has to have a
3 contract that makes sure they get what they want
4 with you?

5 MS. SMITH: That actually has not come
6 up yet. I will tell you our clients hold us
7 very accountable for -- for getting those
8 medications out and we have a goal turnaround
9 time of the medication being available to the
10 patient within four hours of the call being
11 placed to the pharmacy, which has been industry
12 standard up until this point. I'm not aware if
13 the new laws have made any changes in that -- in
14 that particular time frame but that's something
15 we take very seriously. These are stat
16 prescriptions. A lot of times they're
17 antibiotics or pain medications and we want to
18 get those out to the patient as quickly as
19 possible and our clients certainly let us know
20 if it doesn't happen.

21 DR. ALVERSON: I'm sure, because
22 they're going to get written up by --

23 MS. SMITH: Correct.

1 DR. ALVERSON: -- the state health
2 department.

3 MS. SMITH: Yes.

4 DR. MARTIN: So most of those drugs
5 are already in the automated drug cabinet or
6 not?

7 MS. SMITH: It depends on the
8 facility. Most of them do have some basic
9 medications there available and of course, as
10 you know, all kinds of situations can arise.
11 They depleted it for another patient or they
12 want something different. It's a different
13 antibiotic, whatever. We do try to steer them
14 toward their floor stock or on-site inventory
15 that they have to get the medicine to the
16 patient faster, of course.

17 DR. MARTIN: Right. So since you're
18 providing care, that means you do not have to
19 enter into a business associate's agreement?

20 MS. SMITH: We do have BAAs --

21 DR. MARTIN: You do have a BAA.

22 MS. SMITH: -- with all of our
23 clients, yes.

1 DR. MARTIN: Since you're providing
2 the medications in an emergency situation, you
3 don't have to transmit P3?

4 MS. SMITH: Right.

5 DR. MARTIN: Okay. Any other
6 questions? Susan, anything?

7 DR. ALVERSON: (Shakes head.)

8 DR. MARTIN: Board members, are you
9 prepared to make a decision at this point on
10 allowing the permit to proceed or do you need
11 time to consider?

12 MR. DARBY: I'm ready.

13 MR. SORRELL: With the three-to-one
14 ratio.

15 MR. DARBY: Yeah, do you want to make
16 that motion?

17 DR. MARTIN: Yeah, we're trying to
18 decide how we're going to deal with your one to
19 five versus our typical three to one or one to
20 three.

21 MR. SORRELL: Yeah, I propose we
22 approve the permit provided they comply with our
23 standards of one pharmacist to three technician

1 ratio.

2 DR. MARTIN: Is there a second?

3 MR. DARBY: I second that.

4 DR. MARTIN: Any discussion on the
5 motion?

6 MS. YEATMAN: The only question I
7 would have is if you could give us some type of
8 SOP that's showing how Alabama will be handled
9 different than the other states so that we can
10 have something to verify.

11 MS. SMITH: Okay. I can submit that.

12 DR. MARTIN: I think as you grow,
13 you're going to bump into this in other places.

14 MS. SMITH: Probably so.

15 DR. MARTIN: Are you ready to vote?
16 Do you have any other need to discuss it?

17 (No response.)

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

20 MR. DARBY: Aye.

21 MR. SORRELL: Aye.

22 MR. BUNCH: Aye.

23 MS. YEATMAN: Aye.

1 DR. MARTIN: Any opposed, say no.

2 (No response.)

3 DR. MARTIN: It passes. Thank you
4 very much.

5 MS. SMITH: Thank you.

6 DR. MARTIN: Very informative.

7 According to my agenda, the next item
8 to be considered is the treasurer's report,
9 Mr. Darby.

10 MR. DARBY: Yeah, you have a copy of
11 the treasurer's report in your Dropbox. What's
12 worth noting there is we're a little ahead on
13 income, which is to be expected because most of
14 our income is derived from renewals and we're
15 past the renewal season. We're also right on
16 target overall on expenses, which if we fall
17 through to the end of the year on expenses,
18 we'll end up with a negative and we're actually
19 having to draw into our surplus accounts from
20 the previous years but that was budgeted to do
21 like that.

22 One thing noteworthy, we've bought all
23 the cars that we had budgeted for so we should

1 be done buying cars for the year unless some
2 inspectors tear them up or whatever or they bump
3 into things and we have to paint them.

4 DR. MARTIN: What do you call that,
5 Mr. Braden, hot pursuit?

6 MR. BRADEN: It wasn't hot.

7 MR. DARBY: Actually we're right
8 online where we had budgeted to be so we're in
9 good shape. If y'all have any questions, I'll
10 be happy to try to answer them.

11 DR. MARTIN: Do we have any questions
12 for Mr. Darby?

13 (No response.)

14 DR. MARTIN: Seeing none, since this
15 is a treasurer's report and it involves money,
16 I'm going to ask for a motion to adopt the
17 report.

18 MS. YEATMAN: I make a motion we adopt
19 the report as presented.

20 MR. BUNCH: Second.

21 MR. SORRELL: Second.

22 DR. MARTIN: All those in favor?

23 MS. YEATMAN: Aye.

1 MR. BUNCH: Aye.

2 MR. SORRELL: Aye.

3 DR. MARTIN: Any opposed?

4 (No response.)

5 DR. MARTIN: The motion carries. The
6 treasurer's report is adopted.

7 Susan, Board of Pharmacy Wellness
8 Committee report, I believe you will be bringing
9 that one today.

10 DR. ALVERSON: I will. I just looked
11 at what was printed and it was May of 2015.

12 DR. MARTIN: You were worse off than I
13 was.

14 DR. ALVERSON: Yeah. So once again,
15 Eddie has saved me. So you can bump all the
16 cars you want.

17 Gentlemen and ladies, there are
18 presently 150 people in our screening program
19 with signed contracts and orders. This number
20 includes any individuals on a diagnostic
21 monitoring contract but does not include any of
22 the professionals listed below.

23 Current work: There are two

1 pharmacists in inpatient treatment, four techs
2 in treatment, one tech going for evaluation, two
3 students in treatment. The total number of
4 pharmacy professionals identified and worked
5 with in 2016 is 19 total: Ten pharmacists,
6 seven techs, two students. All of these
7 individuals who are in treatment or in
8 evaluation or undecided are presently out of the
9 work force and without a license. There are
10 about seven others who are working their way
11 through halfway house, Timeout for Recovery, or
12 who are in the process of being investigated or
13 scheduled for hearings. There are 75
14 individuals in facility-driven aftercare.

15 The completed work portion of the
16 monthly report is as follows: We have met
17 personally with all licensees returning to work
18 to sign contracts and explain how monitoring
19 works. All returning licensees have been placed
20 in a caduceus, either pharmacy or health
21 professional. Thank you for letting me serve
22 recovering pharmacy professionals.

23 DR. MARTIN: Any questions for Susan?

1 (No response.)

2 DR. MARTIN: Please express our
3 appreciation to Dr. Garver for a nice, concise
4 report.

5 We have the need to approve some board
6 minutes at this point, so I'll entertain motions
7 from a board member for the approval of those.

8 MR. DARBY: Actually, we didn't have a
9 copy of the minutes in our Dropbox so if we
10 could postpone that until next month.

11 DR. ALVERSON: Mitzi is on vacation
12 this week.

13 MR. DARBY: Yeah.

14 MS. YEATMAN: That's okay.

15 MR. DARBY: That's no problem. We'll
16 just wait until next month to approve them.

17 DR. MARTIN: Let's go ahead and put
18 that on the record in the form of a motion that
19 somebody move that we postpone that.

20 MR. DARBY: I move we postpone the
21 approval of the last month's minutes until the
22 June 2016 meeting.

23 MS. YEATMAN: Second.

1 DR. MARTIN: Thank you, Mr. Darby, and
2 there's a second, Ms. Yeatman. Any discussion?

3 (No response.)

4 DR. MARTIN: Seeing none, all in favor
5 say yes.

6 MR. DARBY: Yes.

7 MR. SORRELL: Yes.

8 MR. BUNCHY: Yes.

9 DR. MARTIN: Any opposed, say no.

10 (No response.)

11 DR. MARTIN: The motion passes. We'll
12 cover that next month. Now we're up to the
13 inspector's report, Mr. Braden.

14 MR. BRADEN: Yes, sir, Mr. President
15 and Board members, as you see, we have the
16 statistics for April for inspections completed
17 and complaints received and completed.

18 I just want to make note if you see
19 there was a spike in the PDMP complaints that we
20 received in the month of April, the -- usually
21 what the Board requires if we have those type of
22 things that we ask for an action plan to make
23 sure that it won't happen again type situation.

1 I had some communication with Nancy Bishop and I
2 found out it's quite simple for the facilities
3 to correct their -- their actual software but if
4 it's been over six months, PDMP cannot correct
5 it in their system, so I just want to make
6 everybody aware of that situation.

7 DR. MARTIN: Okay.

8 MR. BRADEN: And of course, we had
9 some additional activities, one primarily being
10 due to the case we're currently here on.

11 DR. MARTIN: Okay. Anything else,
12 Mr. Braden?

13 MR. BRADEN: No, sir.

14 DR. MARTIN: Questions for Mr. Braden?

15 (No response.)

16 DR. MARTIN: Thank you very much.

17 Mr. Ward -- no, I'm sorry, I skipped Susan. Let
18 me go ahead and get Susan. I'll come back to
19 you, Jim.

20 DR. ALVERSON: Thank you. For the
21 record, both Board members and staff attended
22 the national NABP meeting in San Diego. We had
23 three board members and two staff members attend

1 that meeting and it seems nationally people are
2 facing the same issues that we are: diversion,
3 increased use of narcotics, technician training.
4 All were issues that were spoken of during that
5 meeting and it did give us a chance -- I think
6 everybody talked to other states which was great
7 to see who does what and how they do it.

8 So just to keep you apprised, I met
9 with Logan Gray -- Scott Daniel and I met with
10 Logan Gray in Montgomery to just do a summary of
11 this legislative year and to discuss or to begin
12 planning for the upcoming year.

13 So people understand, Ward has had a
14 fairly -- I don't know if it's a major case or a
15 verbose case, so we've been hearing one case.
16 We're now in our sixth day of hearing so the
17 Board members have taken an additional six days
18 away from work this month to be here and I'd
19 like to thank them for all of that. Most of us
20 can't pull six extra days out of our workplace
21 for that kind of service.

22 We did implement background checks for
23 technicians starting in May. We have now

1 processed over 110 new technician applications
2 and have received the background checks on all
3 of them. They show up in that person's file on
4 our data system. To date, we have not had
5 anyone with a problem, which is good news for
6 all of us, but it's going very smoothly to
7 date.

8 MR. DARBY: How much time is it adding
9 to the process of getting the registration?

10 DR. ALVERSON: Let me ask Rhonda.

11 MS. COKER: Not very much. You just
12 have to verify the information that's in there.
13 They're actually sending an email to us now
14 whether it's cleared or not and then we can just
15 go in there and mark them clear and process the
16 license, so it's not -- it hasn't really slowed
17 down the process but we haven't had anybody with
18 negative consequence yet either, so I mean.

19 MR. DARBY: Yeah.

20 MS. COKER: But we'll handle it the
21 same way we've always handled it.

22 DR. ALVERSON: We are continuing to
23 work with staff from District III to get ready

1 for the summer meeting.

2 The whole licensing side of our
3 operation continues to work on developing new
4 applications, so every category that we'll be
5 registering this fall, will be doing so on a new
6 application and one of the reasons I mentioned
7 that is often board members or Montgomery will
8 call us and say, how many pharmacists do we have
9 registered who, you know, like barbecue and we
10 just don't have that in the database. So for
11 those kinds of questions, we're trying to think
12 of everything we could possibly be asked so we
13 don't have to go through thousands of files to
14 figure it out.

15 So if -- if there's something the
16 Board members think of or anybody else thinks of
17 that would be great if we knew, we will add
18 that -- that demographic to these applications
19 as we complete them.

20 This is not really part of my report
21 but I'd like to mention to people in here who
22 are planning to attend Tripartite meeting
23 today or -- I shouldn't still say Tripartite. I

1 should use the correct term now. That's what I
2 remember.

3 DR. MARTIN: Pharmacy Stakeholders
4 something or other.

5 MS. YEATMAN: Forum.

6 MR. SORRELL: Forum.

7 DR. MARTIN: Forum.

8 MR. DARBY: Everybody knows who you're
9 talking about.

10 DR. ALVERSON: All you guys, the six-
11 day trial that I mentioned has continued today.
12 Since we had the Board, we wanted to continue
13 this afternoon, which means our space is taken
14 up, and Matthew Muscato with Walgreens came to
15 our rescue this morning and volunteered space
16 with overhead projectors, et cetera. So
17 Matthew, if you could explain where people
18 should go, I'd really appreciate it.

19 MR. MUSCATO: 5346 Stadium Trace
20 Parkway, just about a half mile up from the
21 Hoover Met off of 150, second floor -- 5346
22 Stadium Trace.

23 DR. ALVERSON: All right. And we

1 really appreciate your doing that.

2 MR. MUSCATO: Thank you.

3 DR. ALVERSON: Can I announce your
4 announcement?

5 MR. MUSCATO: Certainly.

6 DR. ALVERSON: Matthew will be leaving
7 us. He's taken a hazardous duty position
8 outside San Francisco, California, and Hawaii;
9 is that right?

10 MR. MUSCATO: That's the region, yeah.

11 DR. ALVERSON: That's the region.

12 MR. MUSCATO: I won't be in Hawaii.

13 DR. ALVERSON: So he's been given a
14 promotion, has a new title, and we're going to
15 all miss you, Matthew.

16 MR. MUSCATO: I'll miss you guys too.
17 Thank you.

18 DR. ALVERSON: I've left an article at
19 your desk this morning. You may have seen this
20 already but there was a significant article
21 published in the British Medical Journal in May
22 and they had studied a number of countries to
23 look at what impact medical errors -- I'm not

1 saying medication errors but overall medical
2 errors have, and in the United States, medical
3 errors are the third leading cause of death in
4 the United States. It's right behind cancer and
5 cardiac conditions. It's in front of diabetes.
6 It's in front of respiratory.

7 I had always read that it was the
8 number five cause of death but apparently with a
9 very well done study, it's actually number three
10 cause of death and I'm emphasizing that to say I
11 think sometimes the Board of Pharmacy thinks,
12 oh, we've got to, you know, see where your
13 inventory report is, yada, yada, but I think the
14 Board plays a significant role as do the people
15 in this room who have leadership
16 responsibilities in minimizing those numbers, at
17 least on pharmacies we have.

18 DR. MARTIN: As I understand from
19 previous research conducted in the United States
20 that of the medical errors, medication errors
21 represent the single largest category at about
22 20 percent.

23 DR. ALVERSON: I agree. That doesn't

1 all fall on pharmacists.

2 DR. MARTIN: No, no, it's a complex
3 system and you know, while we want to make
4 progress, you know, going from five to three is
5 not the right -- not the right direction.

6 DR. ALVERSON: The right direction,
7 right, but I think the information says life
8 could be better if you had a good pharmacist
9 helping you.

10 DR. MARTIN: Yeah.

11 DR. ALVERSON: That's my report.
12 Thank you.

13 DR. MARTIN: Questions for Susan?

14 MR. BUNCH: Hey, Susan, on the
15 District III meeting, do you know what time the
16 first meeting will be that Sunday?

17 DR. ALVERSON: It starts at three
18 o'clock on Sunday.

19 MR. BUNCH: Okay.

20 MR. DARBY: And is the -- do we have a
21 website up where they can register online?

22 DR. ALVERSON: North Carolina puts
23 that up and they're waiting to get prices for

1 food from us, which we have, and I will talk to
2 Cindy the end of today or tomorrow.

3 MR. DARBY: Okay.

4 DR. MARTIN: And when you do, Susan,
5 please tell Cindy how much we appreciate her
6 doing that. She's -- she's done it every year I
7 know since I've been on the Board, she's taken
8 care of that every year.

9 DR. ALVERSON: And I'm sure she spends
10 her spring -- every spring harassing other
11 directors like me saying -- thank you.

12 DR. MARTIN: Mr. Ward.

13 MR. WARD: Only for executive session,
14 I have one case to discuss with you.

15 DR. MARTIN: I think we probably need
16 to -- in the spirit of some of what Susan has
17 mentioned, we need to recognize Mr. Ward and the
18 tireless efforts he's been bringing forth on
19 behalf of the Board in this extremely long and
20 drawn-out matter we're involved in and so from
21 the Board, we appreciate what you've been doing,
22 Jim.

23 MR. WARD: You're welcome. Thank you

1 very much. I've had lots of great help.

2 DR. MARTIN: Well, I thought you were
3 going to say you had lots of gray hair.

4 MR. WARD: I do have that too.

5 DR. MARTIN: Okay. Under old
6 business, I'm seeing four topics and if you
7 don't mind, we'll take those out of order. I
8 believe we're going to address -- sorry for all
9 the numbers. I'm going to read these slow for
10 anybody that wants to keep up with this.

11 680-X-2-.14 that's listed first. I'm going to
12 skip the next one. I'm going to go to
13 680-X-.2-.24, and 680-X-2-.40 and ask
14 Ms. Yeatman to give us an update.

15 MS. YEATMAN: Those were submitted to
16 LRS as previously read into the record; however,
17 LRS's comments back do not reflect what the
18 Board is asking with those changes, so we are
19 going to continue the dialogue with LRS and not
20 move forward with them at this time.

21 DR. MARTIN: Board members, any
22 questions for Ms. Yeatman on that?

23 (No response.)

1 DR. MARTIN: I'm kind of feeling a
2 need to go ahead and get a motion on this since
3 previously it's been in the minutes and we need
4 for this to be properly reflected, so all those
5 in favor of -- well, let me just ask you --
6 Donna, would you give you as motion and get a
7 second -- what you said in the form of a motion?

8 MR. DARBY: My question would be can
9 we just reject the changes that LRS made?

10 MR. WARD: I haven't seen this. I
11 don't understand how they can tell the Board how
12 to write -- write a rule and I haven't seen what
13 their comments are. Is it something with the
14 process or with the actual language?

15 MS. YEATMAN: No, it -- I think it's
16 contradictory but it's not --

17 MR. WARD: Well, let's look at it, try
18 to make it so they --

19 DR. MARTIN: There seems to be
20 confusion on the part of LRS that needs to be
21 addressed. Someone make a motion that we take
22 this action to further look into issues that
23 were brought up by LRS.

1 MS. YEATMAN: I move that we --

2 MR. WARD: I don't think you need to.

3 Tell them you'll report on this at the next
4 meeting. Tell them we will take other steps
5 necessary to try to get it cleared up and we
6 will report on it next month.

7 DR. MARTIN: That's fine. We won't
8 put it in the form of a motion but we will take
9 the steps necessary to move it forward.

10 Any other discussion on those three?

11 (No response.)

12 DR. MARTIN: The fourth one was
13 680-X-2-.18 and that's adding section (6), I
14 believe it is, to the institutional rule and it
15 deals with the use of automated drug cabinets in
16 skilled nursing facilities and if it's the
17 Board's pleasure, at this point, we will need a
18 motion for final adoption on that rule. It has
19 gone through the comment period, both written
20 and oral.

21 MR. DARBY: I would make a motion that
22 we approve the 680-X-2-.18 as written and
23 proposed.

1 DR. MARTIN: Is there a second?

2 MS. YEATMAN: Second.

3 DR. MARTIN: There's a motion and a
4 second. Any further discussion on .18?

5 (No response.)

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

8 MR. BUNCH: Aye.

9 MS. YEATMAN: Aye.

10 MR. SORRELL: Aye.

11 MR. DARBY: Aye.

12 DR. MARTIN: Any opposed, say no. The
13 motion passes and that will be forwarded on to
14 our friends at LRS.

15 Okay. I don't see any other old
16 business. Anyone aware of any additional old
17 business that we need to discuss today?

18 (No response.)

19 DR. MARTIN: Seeing none, we'll move
20 to new business. There's one item on the list
21 and there's one other one I'd like to bring up.

22 The item on the list simply has to do
23 with changing a date of the October meeting this

1 year to accommodate a conflict and we're not
2 exactly sure if the conflict is NCPA as it's
3 listed or if it's Maltagon. We're thinking it's
4 Maltagon.

5 DR. ALVERSON: I think it must be
6 Maltagon too because Maltagon wasn't posted
7 until just recently.

8 DR. MARTIN: Yeah. So whatever the
9 issue is, we want to officially change the
10 meeting date in October and I don't have in
11 front of me a calendar to know what we're
12 changing it to.

13 MR. SORRELL: We need to when
14 Maltagon is.

15 MR. DARBY: Yeah.

16 MR. SORRELL: When is that?

17 MR. DARBY: We currently have our
18 meeting dates October 11 and 12 is why I ask --
19 the hearings on the 11th and the meeting date on
20 the 12th.

21 DR. MARTIN: And that's early.

22 MR. DARBY: Yeah, well, NCPA is the
23 following week, so I'm guessing we could -- we

1 could change it to the 25th and 26th.

2 DR. MARTIN: Susan, any chance you
3 know what the Maltagon date is?

4 DR. ALVERSON: I'm just trying to look
5 it up real quick.

6 DR. MARTIN: If you don't have that,
7 we don't have to complete it today but it will
8 need to go in on next month's agenda to close
9 that out. Let's just say there's going to be a
10 date change and stay tuned.

11 DR. ALVERSON: All right.

12 DR. MARTIN: Because it's in October
13 so people have a while. Is the Board okay with
14 that?

15 MS. YEATMAN: Yes.

16 MR. SORRELL: Yes.

17 DR. MARTIN: The one I wanted to bring
18 up had to do with naloxone and the question has
19 come up to me from several individuals and I'm
20 guessing other board members have had questions
21 asking about the status of naloxone prescribing
22 in the State of Alabama and I just had a little
23 sidebar with Mr. Ward to make sure I had this

1 right that the legislature passed the law that
2 this can be done with the presentation of a
3 prescription. Do we have that right?

4 MR. WARD: Or an order, I think.

5 DR. MARTIN: Or an order.

6 MR. WARD: I believe so. It has to be
7 a written order. There's immunity to both the
8 physician and the pharmacist if it's given in
9 circumstances the law -- what the law allows.

10 DR. MARTIN: Okay.

11 MS. YEATMAN: Written?

12 MR. WARD: It's a written order.

13 MR. DARBY: Similar to
14 immunizations.

15 MR. WARD: Just like a -- just like a
16 protocol order.

17 MR. DARBY: Yeah.

18 DR. MARTIN: So that's probably the
19 best way to present it is to say like you were
20 giving an immunization.

21 MR. DARBY: You can refer them to
22 the -- to the law.

23 DR. MARTIN: Right.

1 MR. WARD: I mean, I -- you know, I
2 don't believe in the expression of Abe Lincoln
3 to remove all doubt, you're either foolish or
4 stupid by asking a question, but Matthew is the
5 one who told me about it a couple of years ago.
6 I wasn't even aware it was through the
7 legislature. It's been, what, two years now,
8 Matt, I think?

9 MR. MUSCATO: It was just fine-tuned
10 just recently, yes.

11 MR. WARD: Yeah.

12 MR. MUSCATO: A standing order
13 permits.

14 MR. WARD: Yeah, yeah, but that it
15 passed. If anybody wants the act number or
16 where it is, I can -- I can get it for you.

17 And by the way, one was just passed
18 for epipens as -- as well. That's a protocol
19 order as well.

20 DR. MARTIN: Yes, and those can be
21 written to an entity.

22 MR. WARD: Right, right, right, an
23 authorized entity, and we've already had some

1 questions about that and my opinion is like any
2 other script, if you're uncomfortable with
3 filling it, you don't have to fill it. If you
4 don't think the entity would -- would qualify in
5 your opinion, then you don't have to fill it.
6 It lists -- the law lists some of what they are
7 and then it says, or any others, so it's up --
8 it's up to the physician who writes it and it's
9 up to you and you file it. The patient in those
10 circumstances is the entity so you file that
11 just as you would a regular prescription.

12 Instead of being a real -- a live person's name,
13 it would be Crestline school or --

14 DR. MARTIN: A restaurant.

15 MR. WARD: You know, senior citizens
16 hall, home, something like that.

17 DR. MARTIN: Thank you, Mr. Ward. Any
18 other new business today?

19 (No response.)

20 DR. MARTIN: Hearing none, at this
21 point, I will entertain a motion for the Board
22 to go into executive session for the purpose of
23 discussing the qualifications and competency of

1 those regulated by the Board and this executive
2 session will begin at 10:20, that's ten minutes
3 from now, and will end at no later than 10:45.
4 When the Board returns to its public meeting
5 like we're having now, we will only vote on the
6 matters discussed during the executive session
7 and then we will adjourn so it won't be any --
8 it will be a lot of numbers of cases and things
9 like that and you're welcome to come back and
10 sit in on that but it's going to be a little
11 Greek to you if you do.

12 MR. WARD: Tell them you're serious
13 about the time line.

14 DR. MARTIN: Yeah, we're on a very
15 tight time line so I know, you know, one of --
16 one thing -- one of the things we enjoy as a
17 board is getting to come out and talk to you
18 after these meetings because it seems invariably
19 we get a lot of work done in those little
20 discussions, you know. Unfortunately today,
21 we're not going to have a lot of time to do
22 that, so say hi, and you know, anything that's
23 just ultra critical, discuss it. Otherwise, we

1 need to -- we need to move forward. We've got
2 resumption of that case at no later than 11
3 o'clock I believe it is. Mr. Ward, do you need
4 to make a disclosure?

5 MR. WARD: I do, that one of the
6 reasons for the executive session -- I certify
7 as a lawyer licensed to practice law in the
8 State of Alabama that one of the reasons for the
9 executive session is to talk and discuss
10 possible resolution of a pending case.

11 DR. MARTIN: Thank you. Do we have a
12 motion for executive session? It needs to be a
13 motion and individual voice vote. Do we have a
14 motion?

15 MR. DARBY: I make a motion for
16 executive session.

17 DR. MARTIN: We have a motion. Do we
18 have a second?

19 MR. SORRELL: Second.

20 DR. MARTIN: We have a motion and a
21 second. It doesn't require discussion. All
22 those in favor, Mr. Sorrell?

23 MR. SORRELL: Yes.

1 DR. MARTIN: Mr. Darby?

2 MR. DARBY: Yes.

3 DR. MARTIN: Ms. Yeatman?

4 MS. YEATMAN: Yes.

5 DR. MARTIN: Mr. Bunch?

6 MR. BUNCH: Yes.

7 DR. MARTIN: I vote yes. We are now
8 in executive session. Thank you very much for
9 attending.

10

11 (Whereupon, a recess was taken for
12 executive session from 10:12 a.m. to
13 11:06 a.m.)

14

15 DR. MARTIN: This is the Alabama Board
16 of Pharmacy. We are coming out of executive
17 session. In this -- the month of May, we have
18 no cases to report on. Any cases that might
19 have been under consideration are being deferred
20 for the month of June; therefore, being no cases
21 to consider, we are now out of executive session
22 and I'll entertain a motion to adjourn.

23

MR. DARBY: So moved.

1 MS. YEATMAN: Second.

2 DR. MARTIN: All those in favor?

3 MS. YEATMAN: Aye.

4 MR. DARBY: Aye.

5 MR. SORRELL: Aye.

6 MR. BUNCH: Aye.

7 DR. MARTIN: Any noes?

8 (No response.)

9 DR. MARTIN: We're adjourned.

10

11 (Whereupon, the hearing was adjourned
12 at 11:07 a.m.)

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CERTIFICATE

STATE OF ALABAMA

SHELBY COUNTY

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

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

/s/ Sheri G. Connelly

SHERI G. CONNELLY, RPR

ACCR No. 439, Expires 9/30/2016

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