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

INDEX

ATTENDEES

BOARD MEMBERS:

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

ALSO PRESENT:

Susan Alverson, Ph.D., Executive Secretary
Cristal Anderson, Director of Compliance
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

Chidi Nnorom

Ashley Nance

Makayla Porter

Matthew Muscato

Dane Yarborough

Paul Rengering

Eddie Vanderver

Jon Linna

John Rocchio

Chris Burgess

Cammie Burgess

Rod Harbin, Jr.

Becky Sorrell

Pam Smith

Ali Stringberg

Nilay Modi

Sarah Nesmith

Tiffany McIlwain

Jim Easter

Zach Palmer

Julie Hunter

Lee Foreman

Bart Bamberg

Clemice Hurst
Kelli Newman
Brooke McGee
Thomas Cobb
Jennifer Mooney-Thompson
Cherry Jackson
Kevin Ryan
Ginny Gates
Lindsay England

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

MS. YEATMAN: February.

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

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

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

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

MS. YEATMAN: Second.

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

MR. SORRELL: Aye.

MR. DARBY: Aye.

MS. YEATMAN: Aye.

MR. BUNCH: Aye.

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

MR. DARBY: And who you represent.

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

just start over here.

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

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

MS. IQBAL: Okay.

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

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

MS. COKER: Rhonda Coker, Board of Pharmacy.

MR. COOK: Charlie Cook, ALSHP.

MS. DENSON: Brenda Denson, ALSHP.

MR. LAWRENCE: Terry Lawrence, Board of Pharmacy.

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

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

MS. NNOROM: Chidi Nnorom, GenRX,

Scottsdale, Arizona.

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

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

MR. MUSCATO: Matthew Muscato, Walgreens Pharmacy.

MR. YARBROUGH: Dane Yarborough, Walgreens Pharmacy.

MR. RENGERING: Paul Rengering, Walgreens Pharmacy.

MR. VANDERVER: Eddie Vanderver, CAPS, Incorporated.

MR. LINNA: Jon Linna, Senior Care Pharmacy.

MR. ROCCHIO: John Rocchio, CVS Health.

MR. BURGESS: Chris Burgess, Heritage Compounding Pharmacy.

MS. BURGESS: Cammie Burgess, UAB.

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

MS. SORRELL: Becky Sorrell, Alabama Pharmacy Association.

MS. SMITH: Pam Smith, CareServices On Call.

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

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

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

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

MR. EASTER: Jim Easter, Baptist Brookwood Health.

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

MS. HUNTER: Julie Hunter, Omnicare.

MR. FOREMAN: Lee Foreman, Turenne PharMedCo.

MR. BAMBERG: Bart Bamberg, Publix Supermarkets.

MR. MCCONAGHY: Dan McConaghy, State

Board.

MS. HURST: Clemice Hurst, Alabama Medicaid.

MS. NEWMAN: Kelli Newman, Alabama Medicaid.

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

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

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

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

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

MR. DARBY: She's on the PowerPoint.

MS. SMITH: This is the PowerPoint.

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

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

DR. MARTIN: Good morning.

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

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

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

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

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

HIPAA trained, as are all of our staff.

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

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

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

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

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

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

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

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

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

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

For controlled substances we are set

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

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

documentation so that they can adjust their records appropriately.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. MARTIN: Board members?

MR. DARBY: Who are your technicians certified by?

MS. SMITH: PTCB, uh-huh.

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

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

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

MS. SMITH: Special services.

DR. MARTIN: Pharmacy services permit.

MS. SMITH: Yes.

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

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

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

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

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

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

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

MS. YEATMAN: In a 12-hour shift?

MS. SMITH: Uh-huh.

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

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

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

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

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

MS. SMITH: Yes.

MR. DARBY: Okay.

MS. SMITH: Yes, the pharmacy -- this

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

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

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

DR. MARTIN: The --

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

DR. MARTIN: Yeah.

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

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

MS. SMITH: Correct.

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

delivery, things like that.

MS. SMITH: Yes.

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

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

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

MR. BUNCH: Is it a lot?

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

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

MS. YEATMAN: I would say yes.

DR. MARTIN: I would think so.

MS. YEATMAN: Yes.

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

MS. SMITH: Yes.

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

MS. SMITH: Yes.

DR. MARTIN: Susan, do you know --

DR. ALVERSON: I do not.

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

We've got a copy of your app here.

MR. DARBY: A lot of times we'll

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

MS. YEATMAN: Alabama clients.

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

MR. DARBY: Right.

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

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

MR. DARBY: Which you are; right?

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

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

DR. MARTIN: Sorry. Go ahead.

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

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

MR. DARBY: They didn't appear.

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

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

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

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

need to worry about that.

MS. SMITH: Yeah, yeah.

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

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

DR. MARTIN: Oh, as an attachment perhaps?

MS. YEATMAN: It's not here.

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

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

DR. ALVERSON: Can I ask one more question?

DR. MARTIN: Certainly.

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

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

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

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

MS. SMITH: Right, right.

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

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

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

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

MS. SMITH: Correct.

DR. ALVERSON: -- the state health department.

MS. SMITH: Yes.

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

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

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

MS. SMITH: We do have BAAs --

DR. MARTIN: You do have a BAA.

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

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

MS. SMITH: Right.

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

DR. ALVERSON: (Shakes head.)

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

MR. DARBY: I'm ready.

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

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

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

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

ratio.

DR. MARTIN: Is there a second?

MR. DARBY: I second that.

DR. MARTIN: Any discussion on the motion?

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

MS. SMITH: Okay. I can submit that.

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

MS. SMITH: Probably so.

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

(No response.)

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

MR. DARBY: Aye.

MR. SORRELL: Aye.

MR. BUNCH: Aye.

MS. YEATMAN: Aye.

DR. MARTIN: Any opposed, say no.

(No response.)

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

MS. SMITH: Thank you.

DR. MARTIN: Very informative.

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

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

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

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

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

MR. BRADEN: It wasn't hot.

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

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

(No response.)

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

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

MR. BUNCH: Second.

MR. SORRELL: Second.

DR. MARTIN: All those in favor?

MS. YEATMAN: Aye.

MR. BUNCH: Aye.

MR. SORRELL: Aye.

DR. MARTIN: Any opposed?

(No response.)

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

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

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

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

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

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

Current work: There are two

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

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

DR. MARTIN: Any questions for Susan?

(No response.)

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

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

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

DR. ALVERSON: Mitzi is on vacation this week.

MR. DARBY: Yeah.

MS. YEATMAN: That's okay.

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

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

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

MS. YEATMAN: Second.

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

(No response.)

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

MR. DARBY: Yes.

MR. SORRELL: Yes.

MR. BUNCHY: Yes.

DR. MARTIN: Any opposed, say no.

(No response.)

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

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

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

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

DR. MARTIN: Okay.

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

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

MR. BRADEN: No, sir.

DR. MARTIN: Questions for Mr. Braden?

(No response.)

DR. MARTIN: Thank you very much. Mr. Ward -- no, I'm sorry, I skipped Susan. Let me go ahead and get Susan. I'll come back to you, Jim.

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

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

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

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

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

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

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

DR. ALVERSON: Let me ask Rhonda.

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

MR. DARBY: Yeah.

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

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

for the summer meeting.

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

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

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

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

DR. MARTIN: Pharmacy Stakeholders something or other.

MS. YEATMAN: Forum.

MR. SORRELL: Forum.

DR. MARTIN: Forum.

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

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

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

DR. ALVERSON: All right. And we

really appreciate your doing that.

MR. MUSCATO: Thank you.

DR. ALVERSON: Can I announce your announcement?

MR. MUSCATO: Certainly.

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

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

DR. ALVERSON: That's the region.

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

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

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

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

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

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

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

DR. ALVERSON: I agree. That doesn't

all fall on pharmacists.

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

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

DR. MARTIN: Yeah.

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

DR. MARTIN: Questions for Susan?

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

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

MR. BUNCH: Okay.

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

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

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

MR. DARBY: Okay.

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

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

DR. MARTIN: Mr. Ward.

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

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

MR. WARD: You're welcome. Thank you

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

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

MR. WARD: I do have that too.

DR. MARTIN: Okay. Under old business, I'm seeing four topics and if you don't mind, we'll take those out of order. I believe we're going to address -- sorry for all the numbers. I'm going to read these slow for anybody that wants to keep up with this. 680-X-2-.14 that's listed first. I'm going to skip the next one. I'm going to go to 680-X-.2-.24, and 680-X-2-.40 and ask Ms. Yeatman to give us an update.

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

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

(No response.)

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

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

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

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

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

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

MS. YEATMAN: I move that we --

MR. WARD: I don't think you need to. Tell them you'll report on this at the next meeting. Tell them we will take other steps necessary to try to get it cleared up and we will report on it next month.

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

Any other discussion on those three?

(No response.)

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

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

DR. MARTIN: Is there a second?
MS. YEATMAN: Second.
DR. MARTIN: There's a motion and a second. Any further discussion on .18?
(No response.)
DR. MARTIN: All those in favor, say aye.
MR. BUNCH: Aye.
MS. YEATMAN: Aye.
MR. SORRELL: Aye.
MR. DARBY: Aye.
DR. MARTIN: Any opposed, say no. The motion passes and that will be forwarded on to our friends at LRS.
Okay. I don't see any other old business. Anyone aware of any additional old business that we need to discuss today?
(No response.)
DR. MARTIN: Seeing none, we'll move to new business. There's one item on the list and there's one other one I'd like to bring up.
The item on the list simply has to do with changing a date of the October meeting this

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

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

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

MR. SORRELL: We need to when Maltagon is.

MR. DARBY: Yeah.

MR. SORRELL: When is that?

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

DR. MARTIN: And that's early.

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

could change it to the 25th and 26th.

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

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

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

DR. ALVERSON: All right.

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

MS. YEATMAN: Yes.

MR. SORRELL: Yes.

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

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

MR. WARD: Or an order, I think.

DR. MARTIN: Or an order.

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

DR. MARTIN: Okay.

MS. YEATMAN: Written?

MR. WARD: It's a written order.

MR. DARBY: Similar to immunizations.

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

MR. DARBY: Yeah.

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

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

DR. MARTIN: Right.

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

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

MR. WARD: Yeah.

MR. MUSCATO: A standing order permits.

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

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

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

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

questions about that and my opinion is like any other script, if you're uncomfortable with filling it, you don't have to fill it. If you don't think the entity would -- would qualify in your opinion, then you don't have to fill it. It lists -- the law lists some of what they are and then it says, or any others, so it's up -- it's up to the physician who writes it and it's up to you and you file it. The patient in those circumstances is the entity so you file that just as you would a regular prescription. Instead of being a real -- a live person's name, it would be Crestline school or --

DR. MARTIN: A restaurant.

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

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

(No response.)

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

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

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

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

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

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

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

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

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

MR. SORRELL: Second.

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

MR. SORRELL: Yes.

DR. MARTIN: Mr. Darby?

MR. DARBY: Yes.

DR. MARTIN: Ms. Yeatman?

MS. YEATMAN: Yes.

DR. MARTIN: Mr. Bunch?

MR. BUNCH: Yes.

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

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

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

MR. DARBY: So moved.

MS. YEATMAN: Second.

DR. MARTIN: All those in favor?

MS. YEATMAN: Aye.

MR. DARBY: Aye.

MR. SORRELL: Aye.

MR. BUNCH: Aye.

DR. MARTIN: Any noes?

(No response.)

DR. MARTIN: We're adjourned.

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

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