DRAFT/UNAPPROVED

VIRGINIA BOARD OF PHARMACY
MINUTES OF BOARD MEETING

June 14, 2016
Second Floor
Board Room 2

Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233-1463

CALL TO ORDER: The meeting was called to order at 9:17am

PRESIDING: Cynthia Warriner, Chairman

MEMBERS PRESENT:
Jody H. Allen
Melvin L. Boone, Sr.
Freeda Cathcart (departed at 3:00pm)
Michael I. Elliott
Sheila K. W. Elliott
Ryan K. Logan
Rafael Saenz
Ellen B. Shinaberry
Rebecca Thornbury

STAFF PRESENT:
Caroline D. Juran, Executive Director
Cathy M. Reiniers-Day, Deputy Executive Director
J. Samuel Johnson, Jr., Deputy Executive Director
Heather W. Hurley, Licensing Specialist
David Brown, Director, DHP
James Rutkowski, Assistant Attorney General (absent 10:00am-11:08am)
Elaine J. Yeatts, Senior Policy Analyst, DHP

QUORUM: With ten members present, a quorum was established.

APPROVAL OF AGENDA: The agenda was amended to not include the June 8, 2016 Special Conference Committee minutes for adoption. The agenda was approved as amended.

APPROVAL OF MINUTES: In addition to the minutes included in the agenda packet, a handout of the May 26, 2016 Regulation Committee Meeting minutes was provided to the Board. The following minutes were considered for approval:

- March 24, 2016, Regulation Committee Meeting
- March 25, 2016, Full Board Meeting
- March 25, 2016, Public Hearing for Scheduling Certain Chemicals
- April 13, 2016, Special Conference Committee
- May 26, 2016, Regulation Committee Meeting

MOTION: **The Board voted unanimously to adopt the minutes from March 24, 2016 through May 26, 2016 as presented.**
(motion by Saenz, second by Logan)

PUBLIC COMMENTS: John Lubkowski, Director, Augusta Health, thanked the Board for escalating the brown bagging/white bagging issues to the National Associations of Board s of Pharmacy (NABP). However, he wanted the Board to be aware that in some instances, patients such as hemophiliacs may need to carry the drugs with them and that brown bagging may be necessary.

Rusty Maney, President of Virginia Association of Chain Drug Stores (VACDS), addressed the Board concerning the legislative proposal requiring PTCB certification for initial registration of pharmacy technicians. He stated even though the VACDS supported the Board 's decision, it wanted the following to be taken into consideration:

- Grandfather existing technicians;
- Acceptance of other examinations, e.g., ExCPT;
- May be prudent to wait until 2020;
- Extend 9 month allowance for performing pharmacy technician duties prior to obtaining registration to 12 months to accommodate the 600 hours of practical experience required in an ASHP-accredited training program.

DHP DIRECTOR'S REPORT: Dr. Brown shared with the Board the success of the Department of Health Professions agency-wide training that was held in May. The overall rating was 4.4 out of 5 based off of a survey that was given to the employees regarding the sessions, and there was a lot of positive feedback. Dr. Brown also stated that the employees seemed to enjoy Secretary Hazel's opening remarks for the training. Dr. Brown also informed the Board that there will be another board member training scheduled sometime for the fall of this year that will be for all new and current board members.

UPDATE ON VCU COMPOUNDING CENTER: Joseph T. DiPiro, Dean of VCU School of Pharmacy and Barbara Jones Exum, Director, VCU Center for Compounding Practice and Research (CCPR) updated the Board on the progress of the new compounding center. The facility is a 5000 square foot learning center that will be utilized to teach pharmacy students sterile/non-sterile compounding as well as perform research and testing. There are very few pharmacy schools with similar facilities and VCU has the only compounding center in this region. Compounding was previously not a part of the core curriculum at the school and became more of a specialized training. Since the necessity of more patient-specific drugs and recent shortages of drugs, the need for compounding has increased. The purpose of the center is to help students to become adequately prepared with hands-on technology and advances. The center will also be focused on continuing education and certification programs for sterile and non-sterile compounding. Those who wish to enhance their skillset may also have access to the facility. VCU will be making basic compounding a required course that

will be included in the curriculum with advanced training available. Dr. Quamrun N. Masuda, Ph.D, RPh, Associate Professor, Pharmaceutics, Assistant Director, CCPR, stated that they hope that one of the functions of the center will be to work directly with the physicians there at the hospital and be able to provide medication to their special need patients.

REGULATORY UPDATE: Ms. Yeatts reviewed with the board the status report for pending regulatory actions which was provided in the board agenda packet. She stated that the regulation for the inclusion of diazepam rectal gel in emergency kits was passed in approximately 60 days from start to finish and will become final on August 1, 2016.

ADOPTION OF REGULATION TO SCHEDULE CERTAIN CHEMICALS INTO SCHEDULE I: Ms. Yeatts stated the Board needed to take action on the adoption of the amendments to section 18VAC 110-20-322 regarding the placements of certain chemicals in Schedule I. Stricken language represents chemicals that need to be deleted from regulation as they have been permanently scheduled in Virginia Code. This is an exempt action which will become effective 30 days from publishing in the Registrar, after permission is received to publish.

MOTION: **The Board voted unanimously to amend Regulation 18VAC 110-20-322 as presented which places the following chemicals into Schedule I:**

Classified as research chemicals:

- **Beta-keto-N, N-dimethylbenzodioxolylbutanamine (other names: Dibutylone, bk-DMBDB)**
- **1-(1,3-benzodioxol-5-yl)-2(ethylamino)-1pentanone (other name : N-ethylpentylone)**
- **1-[1-(3-methoxyphenyl)cyclohexyl]piperidine (other name: 3-methoxy PCP)**
- **1-[1-(4-methoxyphenyl)cyclohexyl]piperidine(other name: 4-methoxy PCP)**
- **4-Chloroethcathinone (other name: 4-CEC),**
- **3-Methoxy-2(methylamino)-1-(4-mehtylphenyl)-1-propanone (other name: Mexedrone)**

Classified as cannabimimetic agents:

- **Methyl 2-({1-[4-fluorophenyl)methyl]-1H-indazole-3-carbonyl}amino)-3-methylbutanoate (other names: AMB-FUBINACA, FUB-AMB)**
- **N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (other name: FUB-AKB48)**
- **N-(adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide (other name: 5F-AKB48)**
- **Naphthalen-1-yl 1-pentyl-1H-indazole-3carboxylate (other name: SDB-005)**
- **N-(1-amino-3-methyl-1-oxobutan-2-yl)-1(cyclohexylmethyl)indole-3-carboxamide (other name: AB-**

CHMICA)

Classified as synthetic opioids:

- **3,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methyl-benzamide (other name: U-47700)**
- **3,4-dichloro-N-{[1-(dimethylamino)cyclohexyl]methyl}benzamide (other name: AH-7921)**
- **N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-pentanamide (other nam: Pentanoyl fentanyl)**
- **N-phenyl-N-{1-(2-phenylethyl)-4-piperidinyl]-2-furancarboxamide (other name: Furanyl fentanyl)**
- **N-(3-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]-propanamide (other name: 3-fluorofentanyl)**

Classified as a benzodiazepine:

- **Clonazolam**

(motion by Shinaberry, second by S. Elliott)

REPORT FROM REGULATION COMMITTEE

- CONSIDERATION FOR CONVENING A REGULATORY ADVISORY PANEL (RAP) FOR PHARMACEUTICAL PROCESSORS TO PRODUCE AND DISPENSE CANNABIDIOL OIL AND THC-A OIL:

Ms. Shinaberry gave an overview of the discussion at the May 26, 2016 Regulation Committee meeting concerning the authorization of manufacturing and dispensing of Cannabidiol Oil and THC-A Oil for the treatment and alleviation of symptoms of intractable epilepsy. The Regulation Committee decided that the board chairman should appoint persons to a Regulatory Advisory Panel (RAP) that would consist of board members and other various stakeholders. The panel would meet 2-3 times over the summer and present the full board with proposed regulatory language at the September 7, 2016 full board meeting. Ms. Juran stated that a general notice was posted to Regulatory Town Hall for those persons interested in being appointed. Ms. Warriner announced the names of the persons appointed to the panel and that the individuals would be contacted following the meeting. Additionally, she announced that the RAP would meet on July 1, 2016, July 26, 2016, and August 30, 2016 (if 3rd meeting is necessary).

- FAST-TRACK REGULATIONS FOR AMENDING REGULATIONS FOR "PUBLIC PARTICIPATION GUIDELINES":

Ms. Shinaberry reviewed the proposed amendment made to 18VAC 110-11-20 concerning the Public Participation Guidelines to conform the regulation to the recently amended law. Ms. Shinaberry stated that the committee recommends adopting the amended regulation as presented as a fast-track action.

MOTION:

The Board voted unanimously to amend the Public Participation Guidelines, Regulation 18VAC110-11-20, by inserting into subsection A "and (ii) be accompanied by and represented by counsel or other

representative." as a fast-track action as recommended by the Regulation Committee.

- ADOPTION OF RE-PROPOSED REGULATIONS ON SETTING CERTAIN CONDITIONS ON WORK HOURS FOR PHARMACISTS:

Based on questions and comments that staff has recently received regarding the proposed regulations on setting certain conditions on work hours for pharmacists, Ms. Shinaberry stated that staff is concerned that the language adopted by the board at the March 2016 full board meeting may not accurately represent the board's intent. Staff indicated to the Regulation Committee that licensees were reading the originally proposed language to allow a permit holder to require a pharmacist to work more than 12 continuous hours as long as the permit holder offers 6 hours of off-time between consecutive shifts. It was recommended by the Regulation Committee that the amendment be "re-proposed" and sent for an additional 30 day comment period.

MOTION:

The Board voted unanimously, as recommended by the Regulation Committee, to adopt the re-proposed amendment to Regulation 18VAC110-20-110 by stating in subsection B, "Except in an emergency, a permit holder shall note require a pharmacist to work longer than 12 continuous hours in any work day and shall allow at least six hours of off-time between consecutive shifts. A pharmacist working longer than six continuous hours shall be allowed to take a 30-minute break."

- RECOMMEND THAT PMP ADVANCE LEGISLATIVE PROPOSAL TO AMEND "COVERED SUBSTANCES" TO INCLUDE SCHEDULE V:

Ms. Shinaberry provided the board with background regarding the Regulation Committee's recommendation that the Prescription Monitoring Program (PMP) advance a legislative proposal to amend "covered substance" to include Schedule V. The Virginia Pharmacist Association (VPhA) offered comment at the March 25, 2016 board meeting requesting that the Board should consider deeming promethazine with codeine a drug of concern and require dispensers to report dispensations of the drug to the PMP. Promethazine with codeine is classified as a Schedule V drug and the abuse of the drug appears to have occurred periodically over recent years, not continuously. The law currently only requires drugs in Schedules II-IV be reported to the PMP. Virginia is one of 18 states that does not require the reporting of Schedule V drugs to the state PMP. Every state surrounding Virginia and the District of Columbia does require the reporting of Schedule V controlled substances. The Regulation Committee therefore, recommended that the board not deem promethazine with codeine as drug of concern at this time, but rather recommend that the PMP advance a legislative proposal to expand the definition of "covered substance" to include drugs in Schedule V.

MOTION:

The Board voted unanimously, as recommended by the Regulation Committee, to recommend to the Prescription Monitoring Program (PMP) that it advance a legislative proposal to amend the definition

of "covered substance" in §54.1-2519 and its reference in §54.1-2520 to include Schedule V controlled substances.

- RECOMMEND GATHERING OF ADDITIONAL INFORMATION FROM NABP DISCUSSIONS REGARDING WHITE BAGGING AND BROWN BAGGING:

Ms. Shinaberry stated that the Pharmacy Benefits Manager Workgroup (PBM Workgroup) agreed that the Board of Pharmacy should address any identified issues of concern with white bagging and brown bagging, including the promulgation of regulations to reduce the potential for patient harm and promote consistency within the process. At the March 25, 2016 Board meeting, it was agreed that the Regulation Committee discuss the issues of white bagging and brown bagging. Oregon is the only state that staff is aware of that addresses white bagging in regulation and it appears to only address reconstitution, but not any other forms of compounding. There is no mention of brown bagging in Oregon's regulations. The Regulation Committee recommends gathering additional information from upcoming NABP discussions on white bagging and brown bagging based on a recently adopted NABP resolution on this matter.

MOTION:

The Board voted unanimously to accept the Regulation Committee recommendation to gather additional information from upcoming NABP discussions on white bagging and brown bagging based on a recently adopted NABP resolution on the matter.

- RECOMMENDED MEETING OF PBM TASK FORCE SUBGROUP TO ADDRESS CONCERNS WITH DESIGNATION OF SPECIALTY DRUGS:

The Regulation Committee recommends forming a subgroup with representation from those PBM Workgroup members who supported the policy option of the board considering the issue of specialty drugs to identify possible actions that would effectively address the concerns involving specialty drugs as identified in the PBM Workgroup report. Dr. Brown recommended that the board not limit itself to a subgroup of the PBM Workgroup, but to rather form an ad hoc committee and ensure that the committee's charge is aligned with the board's mission to protect the public. It was discussed that the main focus of the committee would be to address patient access to drugs. Those members expressing interest in participating on the committee included Freeda Cathcart, Michael Elliott, and Jody Allen.

MOTION:

The Board voted unanimously for the chairman to appoint members to an ad hoc committee to address concerns with specialty drugs as identified by the Pharmacy Benefit Manager Workgroup and that representation from the following groups, at a minimum, would be invited to participate on the ad hoc committee: board members, health plans, health system pharmacists, the Medical Society of Virginia, and the Virginia Pharmacists Association.
(motion by Shinaberry, second by S. Elliott)

RECOMMENDED ADOPTION OF 2017 LEGISLATIVE

PROPOSALS:

- COLLABORATIVE PRACTICE AGREEMENTS:

Ms. Shinaberry reviewed with the board the proposed legislative proposal concerning collaborative practice agreements. It was explained that the statement in §54.1-3300.1 "Nothing in this section shall be construed to supersede the provisions of §54.1-3303." appears to legally conflict with the authorization in the law for a pharmacist to implement, modify, continue, or discontinue drug therapy pursuant to written or electronic protocols and therefore, has led to questions as to how a pharmacist may legally perform these activities. The legislative proposal does not intend to expand on the pharmacist's authority to participate in collaborative practice agreements, but to clarify and support the existing authority in law. It was discussed that, if adopted, the legislative proposal should be shared with the Board of Medicine as well since the two boards jointly regulate collaborative practice.

MOTION:

The Board voted unanimously, as recommended by the Regulation Committee, to adopt the legislative proposal to amend the last sentence of §54.1-3300.1 to read "Notwithstanding the provisions of §54.1-3303, a pharmacist may issue a prescription to implement, modify, continue, or discontinue drug therapy pursuant to written or electronic protocols within a collaborative practice agreement."

- REQUIRING PTCB CERTIFICATION FOR INITIAL PHARMACY TECHNCIAN REGISTRATION:

Ms. Shinaberry reviewed with the Board the proposed legislative proposal concerning requiring Pharmacy Technician Certification Board (PTCB) certification for initial pharmacy technician registration. Ms. Juran informed the board that the American Society of Health-System Pharmacists had recently approved a national distance learning training program and that several other distance learning training programs were at various stages of applying for accreditation. It was also discussed that 5 states currently require PTCB certification for registration as a pharmacy technician and that the *Virginia's Pharmacy Technician Workforce: 2015* report indicates 66% of the workforce holds PTCB certification while 8% hold ExCPT certification. Ms. Yeatts commented that while the legislative proposal has a delayed effective date of July 1, 2018, PTCB will not require completion of an ASHP-accredited training program until 2020. There was discussion that the phrase "has satisfactorily completed a training program" should not be stricken as presented in the legislative proposal as the board wanted to require completion of a training program and not simply allow the passing of the PTCB exam. These training programs would not have to be ASHP-accredited until 2020. This proposal does not apply to existing pharmacy technicians holding a current active registration.

MOTION:

The Board voted unanimously to reinsert the phrase "has satisfactorily completed a training program" into the legislative proposal and adopt the legislative proposal as amended to require PTCB certification for initial registration as a pharmacy technician.

(motion by Saenz, second by Boone)

This issue was revisited later in the meeting, but no additional action was taken.

OTHER 2017 LEGISLATIVE PROPOSALS CONSIDERED:

- ADDRESSING COMPOUNDING BEST PRACTICES:

It was reported that the Regulation Committee reviewed The Pew Charitable Trusts' Best Practices for State Oversight of Drug Compounding. The Regulation Committee recommended no action on this subject. Much of the discussion at the full board meeting focused on the possible need to report adverse events to the board. There was not consensus on the subject. Some members did not want to require adverse event reporting solely from compounding pharmacists.

MOTION:

The Board voted unanimously to adopt a substitute motion to refer the matter back to the Regulation Committee for further review to determine if additional best practices in overseeing compounding should be required in law. (motion by Logan, second by Thornbury)

- REMOVING ONE PRESCRIPTION PER BLANK PROHIBITION:

The Regulation Committee reported that it reviewed the legislative proposal concerning the one prescription per blank prohibition and recommended to the Board that it take no action at this time based on concerns for patient safety which could result from difficulty in reading multiple prescriptions manually written on the same form. Ms. Elliott commented that the allowance could also preclude a patient from obtaining the best cost on individual drugs as it would prevent the patient from being able to present the individual prescriptions to different pharmacies. Ms. Warriner commented that chart orders containing multiple prescriptions is currently allowed in certain environments identified in law.

MOTION:

The Board voted unanimously, as recommended by the Regulation Committee, to take no action at this time regarding the draft legislative proposal to remove the prohibition of one prescription per blank in §54.1-3408.01.

- REQUIRING TEMPERATURE MONITORING DEVICES:

Ms. Shinaberry reported that the Regulation Committee reviewed the request from Michael Rush, Executive Director of Global Health Policy at Temptime Corporation to require temperature-sensitive drugs that are shipped via mail to be accompanied with a device to monitor temperature during shipping. The Regulation Committee recommended that the board take no action at this time.

MOTION: **The Board voted unanimously, as recommended by the Regulation Committee, to take no action at this time to require temperature-sensitive drugs that are shipped via mail to be accompanied with a device to monitor temperature during shipping.**

NEW BUSINESS:

- CONSIDERATION FOR ACCEPTING INSPECTIONS OR DOCUMENTATION, IN LIEU OF FDA INSPECTION OF OUTSOURCING FACILITY FROM THE FOLLOWING:

- Bestech GMP Contracting, Inc.:

Matthew Bestercy, Owner and Principal Consultant for Bestech GMP Contacting, Inc. requested that the Board allow non-resident outsourcing facilities to be able to utilize their inspection report for initial licensure in lieu of the FDA inspection report. Virginia law requires an outsourcing facility needs to produce an FDA inspection report which is no older than one year from the date of applying for licensure. However, the FDA does not routinely perform annual inspections which will make it difficult for these facilities to obtain licensure in Virginia. Mr. Bestercy presented an overview of his company, the inspectors' qualifications, and the process to be used to inspect outsourcing facilities. His company would inspect in a manner similar to FDA and does a complete and thorough inspection. Mr. Bestercy agreed to map out their process, finalize inspection forms, and provide them to board staff prior to the September 7, 2016 board meeting for further consideration.

- Florida Department of Health:

The Florida Department of Health inspectors have received training from the FDA on how to inspect facilities operating under current Good Manufacturing Practices, and have been performing outsourcing facility inspections within Florida and in other states. Florida has not finalized their inspection report, so it was not available for review. The Board decided to table the discussion of whether it could accept a Florida inspection report from a nonresident outsourcing facility in lieu of an FDA inspection until the Florida inspection report was available for review.

- RESULTS FROM 2015 HEALTHCARE WORKFORCE SURVEYS:

Dr. Elizabeth Carter, Ph.D., Director, HWDC presented the Board with handouts that updated the Board with the results from the 2015 Healthcare Workforce Surveys for pharmacists and pharmacy technicians. Dr. Carter said that there has been an increase of female pharmacists from last year, it went up from 62%-63%. Also, diversity increased to 47%, the amount of PharmDs went up to 57% and there is

now a 38%-40% that state they still have educational debt. The amount of pharmacists who work for chain stores dropped from 32% to 30% and 57% of the pharmacists are salaried employees. Dr. Carter also stated that there is a younger population of pharmacists which creates a good pipeline meaning that pharmacists will be in practice when the baby boomers retire. Dr. Carter reviewed the pharmacy technician 2015 survey with the board and there is now 6% of the pharmacy technician workforce that is not practicing. There is also another 14% that did not renew in 2015. The survey also showed that there are approximately 20% of pharmacy technicians that have an Associate Degree and 59% that has their high school diploma or GED.

OLD BUSINESS:

- AMEND GUIDANCE DOCUMENT 110-29, PHYSICIANS DISPENSING DRUGS, COUNSEL TO RESEARCH:

Ms. Juran briefed the board on the suggested amendments made to the language in Guidance Document 110-29 regarding physicians dispensing drugs. Counsel opined that he agrees with the following information: a physician licensed to sell controlled substances may only dispense to his own patients. However, with this license the physician may dispense pursuant to a prescription written by a nurse practitioner or physician assistant under the following conditions:

- The physician has a bona fide practitioner-patient relationship with the patient whom the nurse practitioner or physician assistant has prescribed a drug; and,
- The physician is the supervising physician of the physician assistant or the physician who has entered into a practice agreement with the nurse practitioner.

A physician may also dispense a refill of a prescription written by another physician licensed to sell controlled substances if the physician has a bona fide practitioner-patient relationship with the patient.

There was concern by the board that the determination of whether a bona fide relationship actually exists could be difficult and that incorporating these complex legal scenarios in the guidance document may cause confusion. It was recommended that it would be more appropriate to capture counsel's research in the minutes rather than the guidance document.

MOTION:

The Board voted unanimously to:

- **strike the following statements from the draft Guidance Document 110-29, but capture in the minutes: "A physician licensed to sell controlled substances may only dispense to his own patients. However, with this license the physician may dispense pursuant to a prescription written by a nurse practitioner or physician assistant under the following conditions:**
  - **The physician has a bona fide practitioner-patient relationship with the patient whom the nurse**

practitioner or physician assistant has prescribed a drug; and,

- **The physician is the supervising physician of the physician assistant or the physician who has entered into a practice agreement with the nurse practitioner.**

A physician may also dispense a refill of a prescription written by another physician licensed to sell controlled substances if the physician has a bona fide practitioner-patient relationship with the patient.";

- **amend Guidance Document 110-29 by adding the following information under the section entitled "Physicians Selling Drugs":**
  - **"With this license a physician ~~may only dispense to his own patients,~~ must comply with a set of regulations which relate specifically to this license~~, and dispensing under this license may not be delegated to anyone else, such as to a nurse practitioner, physician assistant, nurse, or pharmacy technician~~. If there is more than one physician dispensing within a single practice, each dispensing physician must obtain this license ~~and may only dispense to his own patients.~~ Effective June 4, 2016, a permit from the Board of Pharmacy must also be obtained for the facility from which practitioners of the healing arts dispense controlled substances and it shall meet compliance with the regulations for practitioners of the healing arts to sell controlled substances. Physicians licensed to sell controlled substances may dispense from any facility permitted for this purpose."**
  - **"While the regulation allows for a pharmacy technician, or trained nurse or trained physician assistant to assist the licensed physician in preparing the drug for dispensing, the physician is responsible for conducting a prospective drug review, offering to counsel the patient, inspecting the prescription product to verify its accuracy in all respects, and placing his initials on the record of sale as certification of the accuracy of, and the responsibility for, the entire transaction. The physician may not delegate the responsibility of dispensing a drug to a nurse practitioner or physician assistant; hence, no drug may be dispensed when a physician is not on-site."**
- **and amend by updating with the current language for §54.1-3301 and §54.1-3304.1. (motion by Shinaberry, second by M. Elliott)**

ELECTION OF OFFICERS:

MOTION: **The Board voted unanimously to elect Ms. Thornbury as chairman for the term beginning July 1, 2016 and ending June 30, 2017. (motion by Allen, second by Warriner)**

MOTION: **The Board voted unanimously to elect Mr. Logan as vice-chairman for the term beginning July 1, 2016 and ending June 30, 2017. (motion by Thornbury, second by Boone)**

REPORTS:

- CHAIRMAN'S REPORT: Ms. Warriner thanked the board for their service and support over the past year while serving as chairman. She also reminded the members of the upcoming NABP/AACP Districts 1 & 2 Meeting being held in West Virginia this September. She stated that those who wish to attend will need to register soon.

- REPORT ON THE BOARD OF HEALTH PROFESSIONS: Mr. Logan gave a brief update on the Board of Health Professions. He reported that they discussed the new requirements for when prescribers must query the PMP program and the formation of a PMP Advisory Committee.

- REPORT ON LICENSURE PROGRAM: Mr. Johnson reported the board currently licenses 35,551 individuals and facilities. The Board issued 914 licenses and registrations for the period of March 1, 2016 through May 31, 2016. Inspectors conducted 474 facility inspections including 162 routine inspections of pharmacies: 45 (28%) resulted in no deficiency, 48 (30%) with deficiencies and 69 (42%) with deficiencies and a consent order. Mr. Johnson also discussed a chart providing a graphic display of inspection deficiencies by quarter since September 2012. Mr. Johnson reviewed the report of Inspection Deficiencies. The report reflects changes approved at the March 25, 2016 removing the terms major and minor. Deficiencies numbered between 1 and 100 reflect the former major deficiencies. Deficiencies numbered above 100 reflect the former minor deficiencies. It was noted that deficiency 142, regarding compliance with CQI requirements, is the most frequently cited deficiency. Other frequently cited deficiencies include 16 regarding the perpetual inventory and 113 regarding other drug inventories.

  Mr. Johnson reported that of the 1,826 permitted (in-state) pharmacies, 453 (25%) have not been inspected within the past two years. Of the 453 pharmacies, 24 are more than two years past due. Of the 1,324 pharmacies that engage in compounding, 289 (22%) have not been inspected within 2 years. Thirty-five pharmacies that engage in sterile compounding have not been inspected within 2 years.

In response to a request made at the December 1, 2015 board meeting, Mr. Johnson reported he is working with the data department to break out hospital statistics from other pharmacies in the licensure report.

- REPORT ON DISCIPLINARY PROGRAM:

Ms. Reiniers-Day provided the Board with a handout and discussed the Board's Open Disciplinary Case Report comparing the case stages between the four report dates of September 28, 2015; November 30, 2015; March 24, 2016; and June 13, 2016. For the final date, she reported that there was one case at the entry stage; 63 at the investigation stage; 171 at the probable cause stage; four at the administrative proceedings division stage; twelve at the informal stage; one at the formal stage; and 124 at the pending closure stage.

- EXECUTIVE DIRECTOR'S REPORT:

Ms. Juran congratulated Ms. Warriner and Ms. Thornbury for their re-appointment to the Board for a second full term. She reported on the NABP Annual Meeting which she, Ms. Warriner, Ms. Allen, and Leo Ross attended May 14th -16th. She referenced the resolutions voted on during the meeting and that she was elected to serve on the 2016-2017 NABP Executive Committee representing District 2. The NABP District 1 & 2 meeting is being held at the Greenbrier in White Sulphur Spring, West Virginia this September 15th-17th. Ms. Juran stated that a "save-the-date" will be emailed out this week and registration is tentatively opening on June 24th. Ms. Juran gave an update on some of the meetings she had attended since the last Board meeting. She attended the Rx Partnership meeting on April 28, 2016, the Forensic Science Board meeting on May 11, 2016 and assisted with the Board of Medicine's Buprenorphine Workshop that was held on May 13, 2016.

SUMMARY SUSPENSION:

ADRIAN S. MOORE
Registration No: 0230-018157

Wayne Halbleib, Senior Assistant Attorney General, presented a summary of the evidence in the case for the Board to consider a summary suspension. Mykl D. Egan, DHP Adjudication Specialist, was also present.

Upon a motion by Mr. Elliott, and duly seconded by Mr. Boone, the Board voted 9-0 in favor of the motion that, according to the evidence presented, the continued practice by Adrian S. Moore, as a pharmacy technician poses a substantial danger to the public; and therefore, the registration of Adrian S. Moore to practice as a pharmacy technician be summarily suspended. Further, in lieu of a formal hearing, a Consent Order shall be offered to Mr. Moore for the indefinite suspension of his pharmacy technician registration for two years.

CONSIDERATION OF CONSENT ORDERS

Closed Meeting:

Upon a motion by Ms. Thornbury, and duly seconded by Ms. Warriner,

the Board voted 9-0 to convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of a Consent Order. Additionally, she moved that Cathy M. Reiniers-Day, Caroline D. Juran and James Rutkowski attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

Reconvene: The Board voted unanimously that only public business matters lawfully exempt from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion for closed meeting were heard, discussed or considered during the closed meeting.

MOTION: Upon a motion by Ms. Elliott and duly seconded by Mr. Saenz, the Board voted 9-0 in favor of accepting the Consent Order as presented by Ms. Reiniers-Day in the matter of Adrian S. Moore, a pharmacy technician.

ADJOURN: With all business concluded, the meeting adjourned at approximately 4:05pm.

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Cynthia Warriner, Chairman Caroline D. Juran, Executive Director

_____ _____

DATE: DATE: