

DRAFT/UNAPPROVED

**VIRGINIA BOARD OF PHARMACY
MINUTES OF BOARD MEETING**

March 25, 2016
Second Floor
Board Room 4

Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233-1463

- CALL TO ORDER:** The meeting was called to order at 9:12am
- PRESIDING:** Cynthia Warriner, Chairman
- MEMBERS PRESENT:** Melvin L. Boone, Sr.
Freeda Cathcart (departed at 2:00pm)
Ryan K. Logan
Raphael Saenz
Rebecca Thornbury
Ellen B. Shinaberry
Jody H. Allen
- MEMBERS ABSENT:** Sheila K. W. Elliott
Michael I. Elliott
- STAFF PRESENT:** Caroline D. Juran, Executive Director
Cathy M. Reiniers-Day, Deputy Executive Director
J. Samuel Johnson, Jr., Deputy Executive Director
Beth O'Halloran, Individual Licensing Manager
David Brown, Director, DHP
Lisa Hahn, Chief Deputy Director, DHP
James Rutkowski, Assistant Attorney General (absent 10:00am-11:08am)
Elaine J. Yeatts, Senior Policy Analyst, DHP
- QUORUM:** With eight members present, a quorum was established.
- APPROVAL OF AGENDA:** A handout for an amended agenda was provided. The amended agenda moved the discussion for amending Guidance Document 110-9 *Pharmacy Inspection Deficiency Monetary Penalty Guide* to the Report from Regulation Committee section along with discussion for amending Guidance Document 110-15 *Delegation of Authority for Disciplinary Matters*. Additionally, the minutes from the March 21, 2016 Special Conference Committee was added to the list of minutes for approval.
- MOTION:** **The Board voted unanimously to approve the amended agenda as presented. (motion by Allen, second by Boone)**
- APPROVAL OF MINUTES:** In addition to the minutes included in the agenda packet, a handout of the March 21, 2016 Special Conference Committee minutes was provided to the Board. The following minutes were considered for approval:
- November 23, 2015 Special Conference Committee

- December 1, 2015 Full Board Meeting
- December 1, 2015 Public Hearing for Hours of Continuous Work by Pharmacists
- December 15, 2015 Special Conference Committee
- December 29, 2015 Pilot Informal Conference Committee
- January 5, 2016 Regulation Committee
- March 21, 2016 Special Conference Committee

MOTION:

The Board voted unanimously to approve the minutes as presented for the meetings held between November 23, 2015 and March 21, 2016. (motion by Allen, second by Saenz)

PUBLIC COMMENTS:

Tim Musselman, Executive Director for the Virginia Pharmacists Association, provided a request by membership input for the Board to consider adding promethazine with codeine as a drug of concern so that it may be reported to the Prescription Monitoring Program.

Michael Rush, Executive Director of Global Health Policy at Temptime Corporation requested the Board consider legislative or regulatory changes to require temperature sensitive medications that are shipped via mail to be accompanied with a device to monitor temperature during shipping. He indicated Georgia recently passed such a law. Mr. Rush provided background on how this type of temperature monitoring has vastly reduced waste in third world countries, specifically in terms of vaccines. Mr. Rush provided examples of factors contributing to drug waste in today's society which included delays in patients receiving mailed packages containing temperature-sensitive drugs. Mr. Rush stated the temperature devices that his corporation provides fall within USP guidelines.

DHP DIRECTOR'S REPORT:

Dr. David Brown introduced the recently appointed Chief Deputy Director, Lisa Hahn. He then provided a summary of the report generated by the Pharmacy Benefits Manager Workgroup, stating that he believes Virginia is in a good position having now completed this work should legislators need information on the subject of the oversight of pharmacy benefit managers. The report summarizes the discussion on several issues identified by the workgroup and provides potential policy options. He stated there was consensus among the workgroup members that:

1. The Medical Society of Virginia along with the Virginia Pharmacists Association will meet with the Virginia Health Plans and other key stakeholders with technical expertise to address current concerns with the prior authorization process and develop a strategy for implementing electronic prior authorizations in the near future and encourage the use of e-prescribing by prescribers.
2. The Board of Pharmacy will review the practices of white bagging and brown bagging to address any identified issues of concern, including the promulgation of regulations to reduce the potential for patient harm and promote consistency within the processes.

He, also, indicated those representing pharmacists, pharmacies, and the Medical Society of Virginia generally supported options #3-5. VDH OLC found option #5 feasible with sufficient resources. Those representing health plans and PBMs did not support options #3-5.

3. The Board of Pharmacy will consider the issue involving specialty drugs and whether it should and has the legal authority to define the criteria for a specialty drug.
4. Future policy discussions should include the impact that the closing of pharmacies in a rural setting would have on patient care in that environment.
5. Increase oversight of the administration of pharmacy benefits by reviewing relevant statutes. Such oversight could provide VDH OLC with ability to:
 - a. license PBMs;
 - b. describe in regulation information which may be collected and/or prohibited from being collected by a PBM during the credentialing process of providers/pharmacies;
 - c. define “specialty drug” to describe the criteria to be used in determining drug eligibility; and
 - d. receive complaints against PBMs and take enforcement action when warranted.

Dr. Brown also commented generally that it was a busy legislative session and that there were a number of pharmacy-related bills. Ms. Warriner thanked Dr. Brown for his leadership.

REGULATORY ACTIONS:

- LEGISLATIVE UPDATE
- REGULATORY UPDATE

Ms. Yeatts provided an overview of the summary of bills, contained in the agenda packet, recently considered by the General Assembly. She stated most bills will become law on July 1, 2016 and some may require the Board to promulgate emergency regulations.

Ms. Yeatts provided an update of the recent regulatory actions affecting the Board of Pharmacy. Repackaging at PACE sites will become effective on April 21, 2016. The comment period has ended for the prohibition against incentives to transfer prescriptions and addressing hours of continuous work by pharmacists. The regulations for collection sites for disposal of unused drugs became effective March 24, 2016. Ms. Juran reported that staff will be including information regarding the collection site regulations in an upcoming blast email or e-newsletter.

REPORT FROM REGULATION COMMITTEE

- ADOPTION OF NOIRA FOR PERIODIC REVIEW OF CHAPTERS 20 AND 50

Ms. Shinaberry provided a report on the regulation committee meeting held on March 24, 2016. Ms. Juran reviewed the written comments received during the open comment period, November 30, 2015 through

December 30, 2015 and reported the Regulation Committee's recommendations which were as follows:

- Comment regarding tech-check-tech, received 12/24/15 = the Regulation Committee recommends not including this issue in the periodic regulatory review since licensees may potentially utilize pharmacy technicians to check other pharmacy technicians through approval of an innovative (pilot) program;
- Comment regarding regionalization of hospital packaging, received 12/11/15 = the Regulation Committee recommends not including this issue in the periodic regulatory review since the federal law does not appear to support 503A facilities providing non-patient specific compounded sterile products to other pharmacies for further dispensing, regardless of ownership;
- Comment regarding prescription department enclosures and access to the prescription department, along with lack of adequate technician help, received 12/30/15 = the Regulation Committee recommends including these issues in the periodic regulatory review;
- Comment regarding inconsistencies with regulations governing wholesale distributors, manufacturers, and warehouse with the provisions of the Drug Quality and Security Act = the Regulation Committee recommends not including this issue in the periodic regulatory review as it will be addressed in a separate regulatory package resulting from the amendments in law effective July 1, 2016.

A handout of the draft substance for a notice of intended regulatory action for the periodic review of chapters 20 and 50 which captured the Regulation Committee's recommendations from the March 24, 2016 meeting was provided. Ms. Shinaberry reviewed these recommendations with the Board. Ms. Juran added that a clarification may be needed to reflect the Regulation Committee's recommendation that Regulations 18 VAC 110-50-40 through 18 VAC 110-50-140 be reviewed to determine if similar requirements should also apply to manufacturers.

MOTION:

The Board voted unanimously to accept the recommendation of the Regulation Committee to adopt a Notice of Intended Regulatory Action for the periodic review of chapters 20 and 50 along with the identified regulatory sections in the draft substance as presented and amended with clarification that Regulations 18 VAC 110-50-40 through 18 VAC 110-50-140 be reviewed to determine if similar requirements should also apply to manufacturers. (motion by Allen, second by Saenz)

- AMENDMENTS TO
GUIDANCE
DOCUMENT 110-9
*PHARMACY
INSPECTION
DEFICIENCY*

Ms. Shinaberry then reviewed the Committee's recommendation to the full board regarding the amendments of Guidance Documents 110-9 and 110-15.

*MONETARY PENALTY
GUIDE AND 110-15
DELEGATION OF
AUTHORITY FOR
DISCIPLINARY
MATTERS*

MOTION:

The Board voted unanimously to accept the recommendations of the Regulation Committee to amend Guidance Document 110-9 as presented by:

- **Increasing the monetary penalty for Deficiency #1 to \$2,000 and Deficiency #2 to \$1,000;**
- **Removing reference to the terms “major” and “minor” throughout the document;**
- **Removing the subheadings of deficiency categories;**
- **Renumbering the previously termed “minor” deficiencies to begin with number 101; and**
- **Adding reference to “gloved fingertip test” to Deficiencies #25c and #26a;**

and to amend Guidance Document 110-15 as presented by including the following language in #4:

- **“Application for a change in pharmacist-in-charge (PIC) is submitted beyond the required timeframe for designating a new PIC-PHCO would impose recommended monetary penalty as indicated in Guidance Document 110-9 for either not having a PIC fully engaged in the practice at the pharmacy location or having a PIC in place, inventory taken, but application not filed with Board within the required timeframe.”**

Mr. Johnson stated that Mr. Musselman had identified after the Regulation Committee meeting that “gloved fingertip testing” should probably also be added to the “conditions” for Deficiencies 25a and 26.

MOTION:

The Board voted unanimously to further amend Guidance Document 110-9 by adding reference to “gloved fingertip test” to the “conditions” of Deficiencies #25a and #26. (motion by Allen, second by Cathcart)

Mr. Saenz commented that he would like to see the board discuss concerns with repeat deficiencies at a later time.

- **CONSIDERATION OF ANY SCHEDULING ACTION FROM PUBLIC HEARING**

Ms. Yeatts summarized the information from the public hearing held just prior to the Board meeting pursuant to subsection D of 54.1-3443 of the Code regarding the possible placement of six substances identified by the Department of Forensic Science into Schedule I of the Drug Control Act. If approved by the Board of Pharmacy, the placement of these substances in Schedule I in the Virginia Drug Control Act shall go into effect 30

days following publication of the proposed regulation and remain in effect for a period of 18 months. The chemicals will then be de-scheduled unless a general law is passed by the General Assembly placing the chemicals into Schedule I.

MOTION:

The Board voted unanimously to adopt a notice of intended regulatory action, pursuant to subsection D of 54-1-3443 of the Drug Control Act, for placing the following chemicals into Schedule I:

- **N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl]-butanamide (other name: butyryl fentanyl)**
- **Flubromazolam**
- **5-methoxy-N,N-methylisopropyltryptamine (other name: 5-MeO-MIPT)**
- **N-(1-Amino-3,3-dimethyl-1-oxobutan-2-yl)-1-[(4-fluorophenyl)methyl]-1H-indazole-3-carboxamide (other name: ADB-FUBINACA)**
- **Methyl 2-[1-[(4-fluorophenyl)methyl]-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate (other name: MDMB-FUBINACA)**
- **Methyl 2-[1-(5-fluoropentyl)-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate (other names: 5-fluoro-ADB and 5-Fluoro-MDMB-PINACA). (motion by Saenz, second by Boone)**

- **PETITONS FOR RULEMAKING**

- Allow long term care facility to provide prescription information for Schedule VI drugs to a backup pharmacy located near the facility

Ms. Yeatts summarized a petition for rulemaking from Bill Irvin with Omnicare to allow a pharmacy servicing long term care facilities to provide prescription information for “first fill” doses of Schedule VI drugs to a local backup pharmacy located near the long term care facility without the provision of information constituting a transfer of the prescription. The Board reviewed the three comments provided, all of which supported the request for rulemaking.

MOTION:

The Board voted unanimously to include the relevant sections of regulation in the NOIRA for the periodic review of chapters 20 and 50 in order to consider the petitioner’s request for allowing a pharmacy servicing long term care facilities to provide prescription information for “first fill” doses of Schedule VI drugs to a local backup pharmacy located near the long term care facility without the provision of information constituting a transfer of the prescription.. (motion by Shinaberry, second by Allen)

- Allow pharmacists in hospitals or free-standing emergency departments to adjust or order medications

Ms. Yeatts reviewed the petition for rulemaking from Angela Gilley to amend Part XI of the Regulations, Pharmacy Services to Hospitals, to allow pharmacists to make changes to orders according to clinical guidelines in hospitals and free-standing emergency departments. No comment was received during the open comment period. The Board discussed if this request was already covered under the collaborative

according to
clinically accepted
guidelines

practice allowance and if any necessary changes could be addressed in regulation or if a statutory amendment would be necessary. It was mentioned that the subject of collaborative practice agreements may be discussed at the May meeting of the Regulation Committee.

MOTION:

The Board voted unanimously to deny the petition for rulemaking to allow pharmacists to make changes to medication orders according to clinical guidelines in hospitals and free-standing emergency departments, but to research the issue further with counsel to determine if such allowance is already addressed under the collaborative practice agreement provisions. (motion by Saenz, second by Thornbury)

- Allow bar code and RFID scanning to extend the pharmacists check, once bar code or RFID scan has been verified.

Ms. Yeatts reviewed the petition for rulemaking from David Merryfield. No comments were received during the open public comment period. The Board discussed this proposal and Mr. Johnson remarked that there are several hospitals who have applied for and been granted a pilot program for this technology. The Board discussed that the pilot program allows for a facility to apply for this type of allowance while still under certain limitations as well as providing reports to the Board of the progress of the pilot program. It was stated that the use of and quality of technology, along with the impact of the technology can vary from pharmacy to pharmacy. There was consensus that the innovative pilot programs allow the board to pilot new technologies and monitor the processes closely to ensure the safety of the process prior to allowing widespread use of the technology via regulation.

MOTION:

The Board voted unanimously to:

- **deny the petition for rulemaking regarding the allowance of using RFID and bar code scanning to extend a pharmacist's check;**
- **direct staff to inform the petitioner that RFID and bar code scanning technology may presently be used to assist pharmacy staff in the dispensing process, but cannot be used to replace pharmacist verification; and,**
- **direct staff to recommend to the petitioner that he may wish to submit an application for an innovative (pilot) program for expanded use of this technology. (motion by Thornbury, second by Boone)**

- **ADOPTION OF PROPOSED REGULATIONS TO REPLACE EMERGENCY REGULATIONS FOR PERMITTED FACILITIES USED BY PRACTITIONERS OF THE HEALING ARTS TO SELL**

Ms. Yeatts provided background on proposed regulations for permitted facilities used by practitioners of the healing arts to sell controlled substances. The proposed regulations are identical to the emergency regulations that are currently in effect until June 6, 2017.

**CONTROLLED
SUBSTANCES**

MOTION:

The Board voted unanimously to adopt the proposed regulations for permitted facilities used by practitioners of the healing arts to sell controlled substances (motion by Cathcart, second by Allen)

- ADOPTION OF PROPOSED REGULATIONS TO REPLACE EMERGENCY REGULATIONS FOR OUTSOURCING FACILITIES

Ms. Yeatts provided background on proposed regulations for outsourcing facilities which are identical to the emergency regulations that are in effect until June 6, 2017.

MOTION:

The Board voted unanimously to adopt the proposed regulations for outsourcing facilities (motion by Shinaberry, second by Boone)

- ADOPTION OF PROPOSED REGULATIONS FOR A PROHIBITION ON INCENTIVES TO TRANSFER PRESCRIPTIONS

Ms. Yeatts provided background on the NOIRA for prohibiting incentives to transfer prescriptions and the public comments received. The Board reviewed the written comments received from individual pharmacists and VPhA during the open comment period, all of which were in support of the NOIRA. It was reported that the Regulation Committee adopted a recommendation at its January 5, 2016 meeting to recommend to the full board that it adopt the proposed regulations, as presented, for a prohibition on incentives to transfer prescriptions.

MOTION:

The Board voted unanimously to adopt the proposed regulations, as presented and recommended by the Regulation Committee, for a prohibition on incentives to transfer prescriptions.

- ADOPTION OF FINAL REGULATIONS ON SETTING CERTAIN CONDITIONS ON WORK HOURS FOR PHARMACISTS

Ms. Yeatts reviewed with the Board the proposed final regulations and a summary of the 15 comments received which mostly supported the proposed rulemaking.

MOTION:

The Board voted unanimously to adopt as presented final regulation to amend 18VAC110-20-110 by drafting a new subsection B to read, "Except in an emergency, a permit holder shall not require a pharmacist to work longer than 12 continuous hours in any work day without being allowed 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." (motion by Shinaberry, second by Logan)

- ADOPTION OF FAST TRACK AMENDMENT FOR 18 VAC 110-20-540,

Ms. Yeatts stated that a request had been received from Omnicare to amend Regulation 18VAC110-20-540 to allow a pharmacy providing services to a long term care facility to place diazepam rectal gel in the

EMERGENCY DRUG KIT

emergency drug kit. Omnicare provides services to a skilled nursing facility that provides sub-acute care for children that suffer from complex physical and neurological diseases with frequent seizures. It was stated that limiting access to this drug may threaten successful patient outcome up to and including the survival of the patient.

MOTION:

The Board voted unanimously to amend Regulation 18 VAC 110-20-540 by a fast-track action by inserting into subsection 2 the phrase “and diazepam rectal gel” following the word “Nitroglycerin SL”. (motion by Allen, second by Boone)

- POSSIBLE TOPICS FOR 2017 LEGISLATIVE PROPOSALS

Ms. Juran reviewed with the Board possible topics for their consideration of 2017 legislative proposals. They included a constituent’s request for removing the statutory prohibition of one prescription per blank, possible clarifications to the collaborative practice allowance, possible amendments to compounding requirements based on Pew Charitable Trust’s recent publication of best practices for overseeing compounding, and the possibility of a new requirement for temperature devices to be included in shipments of temperature-sensitive drugs. The Board agreed to consider all of these topics at its May Regulation Committee meeting for possible adoption by the full board in June, along with consideration for requiring PTCB certification for pharmacy technician registration.

OLD BUSINESS:

- Guidance for whether nurses may prepare methadone take-home bottles

Mr. Rutkowski stated that the statute is specific as to what duties a pharmacist and pharmacy technician may perform. A limited-use pharmacy permit as issued to a methadone clinic gives the Board the ability to waive certain regulatory requirements, however, the Board is not able to waive statutory requirements. Because the duties of a pharmacy technician are restricted in statute, the Board may not waive these requirements to allow a nurse to prepare methadone take-home doses. However, a nurse could consider obtaining registration as a pharmacy technician which could authorize the individual to perform duties otherwise restricted to a pharmacy technician.

NEW BUSINESS:

- Amend healthcare workforce pharmacist survey

Dr. Elizabeth Carter, Director for the Healthcare Workforce Data Center, provided information regarding a request to amend the pharmacist workforce survey to include informatics in both the residency and current pharmacy practice choices on the survey.

MOTION:

The Board voted unanimously to direct the Healthcare Workforce Data Center to update the annual pharmacist workforce survey, as necessary, to ensure the residency choices and current pharmacy practice choices listed in the survey represent the current residencies recognized by the American Society of Health-Systems Pharmacists (ASHP). (motion by Allen, second by Logan)

- Amend *Protocol for*

Based on the recent FDA-approval of Narcan nasal spray, Ms. Juran

*Prescribing and Dispensing
of Naloxone*

recommended that the Board consider amending the naloxone protocol to include this third drug option. She indicated the amendments as presented had been discussed with and agreed upon by representatives of the Board of Medicine, Department of Behavioral Health and Developmental Services, the Virginia Department of Health, and the Department of Criminal Justice Services.

MOTION:

The Board voted unanimously to amend the naloxone protocol as presented by adding reference to the recent FDA-approved Narcan nasal spray as a third naloxone delivery system. (motion by Allen, second by Shinaberry)

- Consideration for “white bagging, brown bagging” and “specialty drugs”

Ms. Juran provided an overview of the practices involving “white bagging” and “brown bagging” and indicated the practices don’t appear to operate in compliance with current regulations. She referenced comments on the subject within the Pharmacy Benefit Managers (PBM) Workgroup Report. There was a unanimous recommendation from the PBM workgroup that the Board discuss promulgating regulation for these practices. Ms. Shinaberry commented that this topic will be discussed at the NABP meeting in California in May as there is a resolution for consideration. Ms. Cathcart and Mr. Saenz agreed that this is a large public health issue that needs to be addressed. Ms. Juran stated that Colorado has addressed white bagging and brown bagging in regulation, but that the regulation only addresses reconstitution by the receiving pharmacy, not compounding by the receiving pharmacy.

A question was asked if the Board has the authority to define a “specialty drug”. Counsel opined that the Board does not presently have the authority to define “specialty drug” in regulation. He recommended the term be defined in statute or that the General Assembly could give the Board of Pharmacy the authority to define “specialty drug” in regulation. Ms. Allen provided statistics about the approval of specialty drugs and that CMS is often times changing the definition of specialty drugs as well as the cost of some specialty drugs.

ACTION ITEM:

There was consensus that the Regulation Committee should further discuss the issues of white bagging, brown bagging, and the defining of specialty drug at its May meeting.

- Amend Guidance Document 110-29 *Physician Dispensing Drugs*

Ms. Juran provided background regarding the changes in statute and regulation requiring the practitioners of the healing arts to sell controlled substances to obtain a permit for the location from which they dispense or sell drugs. Thus, there is a need to conform language in the guidance document to this new oversight. Additionally, the suggested amendments reflect counsel’s advice resulting from an opinion of the Attorney General as to under what circumstances a physician may dispense a prescription written by a mid-level practitioner. Suggested amendments further address counsel’s advice that a physician may also dispense a refill of a prescription written by another physician licensed to sell controlled

substances. Mr. Logan asked if the physician would have the ability to refill the prescription of another physician who is practicing at a different address, but possibly within a practice with shared ownership. Mr. Rutkowski stated he would need to research this further to answer that question.

ACTION ITEM:

There was consensus that the Board would table this issue until the June board meeting to allow counsel time to research whether a physician licensed to sell controlled substance may dispense a refill of a prescription written by another physician licensed to sell controlled substances regardless if he is practicing at a different address which may or may not have shared ownership with the other physician's practice.

REPORTS:

- Chairman's Report
Ms. Warriner reported that the annual meeting of the NABP will be held in San Diego, California in May and that it is an excellent opportunity for board members to get a picture of what is happening in pharmacy around the nation. Ms. Warriner also mentioned that Ms. Juran is running for a seat on the Executive Committee with NABP and the election will be held at this meeting in May.
- Report on Board of Health Professions
Mr. Logan recently attended the Board of Health Professions meeting. It was reported at that time that the PBM workgroup report would be ready soon. Dr. Carter provided the Healthcare Workforce Data Center (HWDC) report in which pharmacists were reported to be the youngest group of healthcare professionals. The HWDC hopes to use their website to educate others on future careers in healthcare. There was also a discussion on telehealth and that a recently developed Telehealth Report was sent to all executive directors and board chairmen for comment.
- Report on Licensure Program
Mr. Johnson reported the Board currently licenses 34,423 individuals and facilities. The Board issued 942 licenses and registrations for the period of November 30, 2015 through February 29, 2016. Inspectors conducted 378 facility inspections including 185 routine inspections of pharmacies: 54 (29%) resulted in no deficiency, 74 (40%) with deficiencies and 57 (31%) 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 Major & Minor Inspection Deficiencies. It was noted that Minor deficiency 42, regarding compliance with CQI requirements, is the most frequently cited deficiency. The Board discussed methods of educating pharmacists about the CQI requirement such as by newsletter, and "blast" email.
- 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 June 12, 2015; September 28, 2015; November 30, 2015; and March 24, 2016. For the final date, she reported that there were no cases at the entry stage; 69 at the investigation stage;

165 at the probable cause stage; one at the administrative proceedings division stage; two at the informal stage; one at the formal stage; and 105 at the pending closure stage.

Further, Ms. Reiniers-Day advised that between December 1, 2015, and March 24, 2016, 129 cases were closed. Additionally, when a Special Conference Committee met on March 21, 2016, 40 cases were presented.

- Executive Director's Report

Ms. Juran reviewed her report with the board which was provided as a handout. She indicated that staff is nearing completion of the transition, previously approved by the board, from the Virginia Federal and State Drug Law Exam to the Multistate Pharmacy Jurisprudence Examination (MPJE). As of July 1, 2016, the Virginia Federal and State Drug Law Exam will no longer be administered and pharmacist applicants must take and pass the MPJE. Notifications to the Virginia school of pharmacy deans and current applicants will be sent this week. She also reported that staff is reviewing the recently developed NABP universal inspection form to determine if it can begin piloting the form and providing feedback to NABP. Staff will continue to research this issue and seek ability from NABP to post the inspection form on the board's website, as requested by the Board. She then reported on a recent visit to the VCU School of Pharmacy Compounding Center and that Dean DiPiro would like to provide an update on the center to the board in June. She also provided an update regarding the new licensure programs for practitioners of the healing arts and outsourcing facilities, and reported on staffing issues.

CONSIDERATION OF CONSENT ORDERS

Closed Meeting:

Upon a motion by Ms. Thornbury, and duly seconded by Mr. Boone, the Board voted 10-0 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 two Consent Orders. Additionally, she moved that Cathy M. Reiniers-Day, Caroline D. Juran, Sammy Johnson and Jim 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. Shinaberry and duly seconded by Mr. Boone, the Board voted 7-0 in favor of accepting the Consent Orders as presented by Ms. Reiniers-Day in the matters of Matthew T. King and Samantha L. Warren, pharmacy technicians.

ADJOURN:

With all business concluded, the meeting adjourned at approximately 2:20 pm.

Cynthia Warriner, Chairman

Caroline D. Juran, Executive Director

DATE:

DATE: