

**MINUTES OF THE
IDAHO STATE BOARD OF PHARMACY
July 11, 2016**

**Conference Call
Idaho State Board of Pharmacy Office, Boise, Idaho**

This meeting of the Board was held to discuss the Board's draft rule dockets in advance of the August negotiated rulemaking session as well as potential agency legislation for the 2017 Legislative session.

Chairman Kris Jonas, PharmD called the meeting to order at 7:01 a.m. Roll call of those attending telephonically included Board members Rich de Blaquiére, PharmD, Nicole Chopski, PharmD, Holly Henggeler, PharmD, and Andy Snook, Deputy Attorney General, along with several members of the public. In attendance at the Board office were Chairman Jonas, PharmD, Alex J. Adams, PharmD, MPH, Executive Director, Misty Lawrence, Management Assistant, and Ellen Mitchell, Program Information Coordinator. Ed Sperry, Public Member was unable to attend.

Chairman Jonas asked Dr. Adams to frame the discussion regarding the Board's four draft rule dockets. Dr. Adams indicated that each of the draft dockets has been posted on the Board's website for public review.

Dr. Adams presented the proposed draft language contained in Docket No. 2701011601 - Statutory Conformance. The purpose of this docket is to update Board rules in conformance with legislation that passed during the 2016 legislative session, including the following proposals:

- 011.20 Definition of prescriber drug outlet includes an exemption for investigational drugs in accordance with Title 39, Chapter 93 Idaho Code;
- 140.05.a, c updates labeling requirements for legend drugs prescribed to a facility or entity as in the case of epinephrine auto-injectors and naloxone;
- 204 adds delegates and updates the language to reflect that controlled substance reporting to the Prescription Monitoring Program (PMP) must be done 'by the end of the next business day' which reflects the current practice, instead of 'weekly' as previously stated in the rule, and Board directed Dr. Adams to strike '...or more often as directed by the Board...' as any updates to reporting frequency should be made solely through the usual rulemaking process;
- 265.01 incorporates 'qualified donor' and exempts regional behavioral health clinics from verification of received drugs under specific circumstances; and
- 635 adds infusion clinics to the facilities that may possess legend drugs in their usual course of practice and maintain emergency kits and changes 'employed' to 'affiliated' as some home health personnel or infusion clinic personnel may be contracted by the clinic.

Dr. Adams presented the proposed draft language contained in Docket No. 2701011602 – Telepharmacy. He shared research with the Board regarding the 61 cities in Idaho that do not have a retail pharmacy, and the mile distance each city is from an existing pharmacy. Following

a discussion related to mile distances with which telepharmacies may operate without prior express permission from the Board, Dr. de Blaquiére motioned to have Dr. Adams and Mr. Snook formulate a question to submit to the Attorney General's office for a formal opinion. Dr. Chopski seconded, following further discussion the motion carried unanimously. In addition, the rule docket contains the following:

- PIC can oversee up to 2 sites, must follow the pharmacist/technician ratio of 6:1;
- ADS changed to 'electronic verification system' to better reflect the emerging technology;
- 071.03 Requires prior approval on registration and renewal of registration if certain criteria are met. Following discussion, the Board asked Dr. Adams to conduct research regarding retail pharmacies opening close to an existing telepharmacy effectively making the telepharmacy in violation of rule. For the purposes of public comment, the rule will remain as written;
- 710 Updates retail telepharmacy practice with remote dispensing sites, striking the requirement that a telepharmacy be located in a medical clinic;
- 710.03 updates that a designated pharmacist must be capable of being onsite within 12 hours of an emergency situation;
- 710.04 technician staffing - remove the 2,000 hour experience requirement for technicians, change 'open' to 'operational' to require supervision of technicians prior to opening and after closing of the pharmacy;
- 710.09 Delivery and storage of drugs changes to align with state and federal law;
- 710.07 Add verbiage 'closed to the public' for clarity; and
- 710.13 Added that a self-inspection must be conducted using a form provided by the Board for uniformity.

Dr. Adams presented the proposed draft language contained in Docket No. 2701011603 – Technician Modernization, which aims to improve patient care by allowing the delegation of routine tasks to appropriately-trained pharmacy technicians in conformance with what other states have allowed. The rule docket contains the following:

- 115 allows for transfer of prescriptions by a certified technician as long as one party to the transfer is a pharmacist;
- 321 updated to strike the 2,000 hours of experience requirement for remote data entry technicians. In addition, verbiage will be added indicating remote entry sites are open to inspection by the Board, and for the purposes of public comment, that remote data entry technicians do not count against the technician ratio;
- 330 update to reflect that the training must be obtained from an ACPE accredited continuing education provider; and
- 410 Change 'verification technician program' to 'accuracy checking technician program' to align with others pursuing this type of program. Clarified that such programs cover both new and refill medications that have undergone prospective drug review by a pharmacist, and that innovative packaging (e.g., blister packs) can also be checked by an accuracy checking technician.
- Dr. Adams presented the proposed draft language contained in Docket 2701011604 – Pharmacy Practice, which contains the following:
- Adds definitions for 'maintenance drug' and 'medication synchronization program';

- 032 Adds a requirement to complete 30 continuing education hours prior to sitting for the NAPLEX after 3 unsuccessful attempts and each subsequent attempt;
- 033 Add explicit language to the reciprocity rule indicating applicants that have current disciplinary action will be required to appear before the Board;
- 116 adds patient may request a pharmacist to extend a limited quantity necessary of a maintenance drug for medication synchronization program, with some exceptions;
- 143.03 update to allow a prescriber drug outlet to separately maintain certain records for prepacked products;
- 200.01.c. add 'or provider';
- 262 updated to allow for drug returns for destruction in accordance with federal law and clarifies the definition of 'hospital daily delivery system';
- 300 updated to clarify that a pharmacist in charge may oversee two pharmacies;
- 302 updated to add a required notification for medication errors with fatal outcomes;
- 503 updated to allow delivery of a controlled substance to a provider if intended for direct administration;
- 504 updates the list of required pharmacy references;
- 605 removes specifically delineated provisions of the pharmacy security rule, while requiring pharmacies to continue to take measures to prevent unauthorized access, acquisition, or use of controlled substances;
- 637 loosens the restrictions on emergency room outpatient dispensing; and
- 650 updates the rules for centralized pharmacy services to include product distribution in certain situations.

The Board also held a brief discussion on potential agency legislation for the 2017 Legislative session. Dr. Adams reviewed the concepts raised by the Board to date:

- Updating the license reciprocity statutes to reflect the intent of the National Association of Board of Pharmacy model act;
- Updating the Controlled Substance Act in conformance with recent decisions by the federal Drug Enforcement Administration;
- Updating the PMP language to add a five year record retention requirement for the Board's handling of PMP data, require pharmacist one-time free registration for the PMP in conformance with other health professionals, and to update the definition of delegate to include students; and
- Allowing direct pharmacy access for close contacts of patients with certain conditions such as pertussis.

Dr. Adams presented data regarding PMP registration for pharmacists. From January to June, pharmacist registration increased from 60% to 88% as a result of various staff actions. Dr. Adams stated his belief that nearly all pharmacists who should practically be registered for the PMP are registered, as the holdouts include many individuals Board staff recognized as retired or in non-dispensing positions. Dr. de Blaquiére motioned to submit the required legislative idea form to the Governor's office with the requirement for pharmacist registration. Dr. Henggeler seconded, the motion carried unanimously.

Dr. Chopski motioned to adjourn the meeting, Dr. Henggeler seconded, the motion carried unanimously. The meeting adjourned at 10:56 a.m.