

**MINUTES OF THE  
IDAHO STATE BOARD OF PHARMACY  
January 12-13, 2017**

**Holiday Inn – Boise Airport  
Boise, Idaho**

This meeting of the Board was held to conduct regular Board business.

Chairman Kristina Jonas, PharmD, called the meeting to order at 9:00 a.m. In attendance were Vice Chairman, Nicki Chopski, PharmD; Board members Rich de Blaquiére, PharmD; Holly Henggeler, PharmD; and Ed Sperry, Public Member. Also in attendance were Alex J. Adams, PharmD, MPH, Executive Director; Berk Fraser, RPh, Deputy Executive Director; Fred Collings, Chief Investigator; Lisa Culley, CPhT, Jaime Sommer and Wendy Shiell, Compliance Officers; Misty Lawrence, Management Assistant; Andy Snook, Deputy Attorney General; Ellen Mitchell, Program Information Coordinator, and several members of the public.

Dr. Chopski motioned to accept the minutes of the October 26-27, 2016 meeting as written. Dr. Henggeler seconded, and the motion carried unanimously.

Chairman Jonas exercised her discretion in re-ordering the agenda and asked Dr. Adams to provide an update on the status of current Board legislation and rules. Dr. Adams indicated the Board rules were heard by the House Health & Welfare committee on Wednesday and all five of the rule dockets were approved in full. There were a few questions regarding telepharmacy and whether they are required to report to the PMP. The Board's rules will be reviewed by the Senate today at 3:00 p.m. Mr. Fraser will sit in for Dr. Adams during the Board meeting if it is not finished by the start of the Senate hearing.

There was a question regarding Docket 27-0101-1603, specifically Board Rule 330.03 and the level of supervision required during technician immunization. Dr. Adams provided the following draft interpretation of supervision for the Board's review:

For the purposes of pending rule 330.03 in rule docket 27-0101-1603, supervision requires the supervisor to be physically present and immediately accessible."

Following a brief discussion Dr. Chopski motioned to adopt the interpretation as written. Dr. de Blaquiére seconded, and the motion carried unanimously. Dr. Chopski mentioned it may be a good time for the Board to review 'supervision' and how it is used in the entirety of the law book.

Dr. Adams noted that all of the Board's proposed agency bills will be introduced to the House Health & Welfare committee tomorrow morning at 9:00 a.m. RS24894 is amending 54-1704 to add tobacco cessation products to the list of products that

pharmacists may prescribe. Dr. Adams shared comments from the Idaho Board of Medicine. Following a brief discussion the Board decided to move ahead with the existing language. The Board noted that it reviewed the evidence on the safety and effectiveness of the products, as well as the outcomes achieved in other jurisdictions that allow pharmacists to prescribe these products. In consideration of this evidence, the Board believes its existing bill is well-tailored to achieve public health outcomes for Idahoans. The Board directed Dr. Adams to follow-up with the Board of Medicine, and to thank them for their feedback, as well as for their continued partnership around areas of mutual interest.

The Board took up the matter of the Consent Agenda, which contained the following matters:

- Board Performance Dashboard
- Travel Calendar
- Exercises of Delegated Authority
- Director's Expenses

Dr. Adams highlighted the pharmacists' use of PMP through the Board's online platform is 8%, with the use of PMP Gateway<sup>®</sup> cumulative use is now at 27%. Currently Gateway<sup>®</sup> is only being used by Fred Meyer/Smiths stores in Idaho.

Dr. de Blaquiére motioned to approve the Board Performance Dashboard, the Travel Calendar, and the Director's Expenses, and removing the Exercises of Delegated Authority for discussion. Dr. Chopski seconded, and the motion carried unanimously.

Dr. de Blaquiére indicated he had asked Board staff to add the Delegated Authority code to the spreadsheet to make clear what authority had been used. Following a brief discussion, Dr. de Blaquiére motioned to approve the Exercises of Delegated Authority, Mr. Sperry seconded, and the motion carried unanimously.

A review of the upcoming meetings on the Travel Calendar resulted in the following:

- Dr. Henggeler will attend the NABP Annual meeting in Orlando and is interested in the National Drug Abuse conference
- Mr. Sperry will attend both the NABP Annual meeting and the Northwest Convention in Coeur d'Alene
- Dr. Jonas will attend the NABP Annual meeting
- Dr. de Blaquiére will attend the Northwest Convention
- Dr. Chopski will attend the NABP Annual meeting, possibly the Northwest Convention and is interested in the APhA meeting

The Board took up the matter of the Consent Agenda: Stipulation and Consent Orders, which contained the following matters:

- First Pharmacy Associates LLD dba Riverpoint Pharmacy – Failed to renew their mail order pharmacy license in a timely manner and shipped 138 prescriptions to Idaho patients during the time they were unlicensed. The facility also operated without an Idaho licensed/registered pharmacist-in-charge. By signing the Stipulation and Consent Order Riverpoint Pharmacy agrees to pay \$20,000 in administrative fines.
- Walgreens #10314 – Closed four hours earlier than their posted hours. By signing the Stipulation and Consent Order Walgreen Pharmacy agrees to pay \$2,000 in administrative fines.
- Walgreens #12503 – Employed a pharmacist without a Controlled Substance Registration as their pharmacist-in-charge. By signing the Stipulation and Consent Order Walgreen Pharmacy agrees to pay \$2,000 in administrative fines.
- Ciara Minor, PharmD – Worked as a pharmacist/pharmacist-in-charge for Walgreen 12503 without a Controlled Substance Registration. By signing the Stipulation and Consent Order she agrees to pay \$200 in administrative fines.
- Samuel D. Gardner, DO – Received a 1,000 count bottle of phentermine and a 500 count bottle of zolpidem at his registered address. Dr. Gardner failed to obtain a Prescriber Drug Outlet registration, failed to maintain proper dispensing records, failed to report dispensations to the PMP, and removed the medication from his registered location to his home address. By signing the Stipulation and Consent Order Dr. Gardner agrees to not store, maintain, or dispense any controlled substances, including samples, in his office, home, automobile, or any other area. He also agrees to abstain from the personal use or possession of controlled substances, except those prescribed, administered, or dispensed to him by another so authorized by law who has full knowledge of his history.
- Timothy G. Biediger, PharmD – Filled a prescription for clorothiazide 250 mg with chlorthalidone. He adjusted the dosage of the chlorthalidone to match the dosage of clorothiazide 250 mg as ordered by the prescriber. Dr. Biediger did not counsel the patient's parent who picked up the medication. The patient became seriously ill and was transported to the local emergency room. By signing the Stipulation and Consent Order he agrees to pay \$2,000 in administrative fines, costs incurred by the Board for a hearing officer, and \$433.18 for the Board's prosecuting attorney's expenses, and a seven day suspension of his license and registration.

Dr. Henggeler motioned to remove the Stipulation and Consent Orders for Walgreens 10314 and Dr. Biediger; and accept the Stipulation and Consent Orders for First Pharmacy Associates, Walgreens 12503, Ciara Minor, and Samuel Gardner. Dr. Chopski seconded, and the motion carried unanimously.

Following a brief break the Board took up the matter of Walgreens 10314. This is the second time a Walgreens Pharmacy has closed due to a lack of staff. Following discussion Dr. Chopski motioned to accept the Stipulation and Consent Order. Dr. Henggeler seconded, and the motion carried unanimously.

The Board took up the matter of Timothy G. Biediger. Following a brief discussion Dr. de Blaquiére motioned to amend the Stipulation and Consent Order and reduce the fine to \$1,650, add completion of 'Patient Safety and Medication Error Prevention for Pharmacy' program provided by Oregon State University at a cost of \$350, the Board prosecutor's out of pocket expense of \$433.18, and a seven consecutive day suspension of his license and registration. Dr. de Blaquiére amended his motion to add the suspension is to be served within thirty days of the Order being fully executed. Dr. Henggeler seconded. Following a brief discussion, Chairman Jonas called for the vote, and the motion carried unanimously.

The Board took up the matter of the Administrative Complaint Hearing regarding Tony D. Wright, PharmD. Dr. Wright attended the hearing telephonically without legal counsel. Carl Withroe, DAG attended to represent the Board. It is alleged Dr. Wright refilled a controlled substance prescription four days after the initial fill, which should have lasted for ten days. Early filling of controlled substance prescriptions violates IDAPA 27.01.01.116.01.a. which reads "A pharmacist, utilizing his best professional judgment, may dispense a prescription drug that is not a controlled substance up to the total amount authorized by the prescriber including refills." Dr. Wright is also accused of unprofessional conduct as defined by IDAPA 27.01.05.500.06 which reads in part, "failing to follow the instructions of the person writing, making, or ordering a prescription as to its refills, contents or labeling."

Chairman Jonas swore Fred Collings, Chief Investigator, and Dr. Wright in and asked for opening statements. Mr. Withroe indicated the early refill was identified by Mr. Collings during a review of Unsolicited Reports (UR) run by Board staff. He indicated the computer system used in the pharmacy by Dr. Wright didn't alert him to the early refill. Dr. Wright doesn't believe he is in violation of the above mentioned rules as there is no definition of 'early refills' and he did follow the directions of the prescriber. Following testimony by Fred Collings, Chief Investigator, and Dr. Wright the Board began deliberations. Following deliberations Dr. de Blaquiére motioned to find Dr. Wright not to be in violation of the rules as stated in the complaint. Motion died for lack of a second. Following further deliberations Dr. de Blaquiére motioned to find Dr. Wright is not in violation of the rules as stated in the complaint and there be no penalty assessed. Dr. Henggeler seconded. The vote resulted in Drs. Henggeler and de Blaquiére in favor of the motion, with Dr. Chopski and Mr. Sperry opposed. Chairman Jonas broke the tie voting in favor of the motion, finding no violation of the rules as stated in the complaint.

The Board took up the matter of Theodore Kalkreuth, PharmD. Dr. Kalkreuth attended the meeting with his legal counsel, Steve Lamberson. Dr. Kalkreuth is requesting the Board approve his reciprocity application as staff was unable to approve it based on prior criminal history. Mr. Lamberson explained Dr. Kalkreuth does not have a felony conviction, it is instead a deferred judgement. Judgement has been deferred for 24 months, upon completion of the 24 month period with no criminal activity the charges will be dismissed. Following questioning by the Board, Dr. Henggeler motioned to accept the application once letters of good standing have been received from Washington and Colorado boards of pharmacy. The motion died for lack of a second. Following a brief discussion, Dr. de Blaquiere motioned to proceed with the application, Mr. Sperry seconded, and the motion carried unanimously.

Following a brief break the Board took up the matter of Margarita Baird. Ms. Baird attended the meeting telephonically without legal counsel. Ms. Baird is requesting the Board approve her Pharmacy Technician in Training application as staff was unable to approve based on prior criminal history. Ms. Baird was forthcoming with information for the Board and answered several questions. Mr. Sperry motioned to accept the application, Dr. de Blaquiere seconded, and the motion carried with Dr. Henggeler opposed.

The reinstatement hearing for Elizabeth Cameron, NP was vacated due to a lack of appearance by the respondent.

The Board took up the reinstatement hearing for Shelly Wray, NP. Ms. Wray attended the meeting telephonically without legal counsel. She is asking the Board to remove the restrictions placed on her Controlled Substance Registration on October 23, 2014. Following questions from the Board, Dr. Chopski motioned to remove the conditions and restrictions on Ms. Wray's registration and return it to an unconditioned status. Dr. de Blaquiere seconded, and the motion carried unanimously.

Mr. Fraser presented the Board with three draft policies, Conflict of Interest Policy, Email Records Retention Policy, and Meeting Travel Summary Policy. The Conflict of Interest Policy formalizes what Board members have done in the past when they have recused themselves from hearing specific topics or cases. When a Board member recuses themselves they are to remove themselves from the dais. The Email Records Retention Policy is designed to ensure records are kept by Board staff consistent with other state policies. The Meeting Travel Summary is a brief document to be completed by Board members and/or staff when traveling to meetings, trainings, or conferences. This brief recap will assist in determining the benefits of attending such functions. Following a brief discussion Dr. de Blaquiere motioned to approve all three policies as written, Dr. Henggeler seconded, and the motion carried unanimously.

Misty Lawrence, Management Assistant presented the Board's financial packet.

- As of December 31, 2016, 50% percent of the fiscal year has elapsed and 41% of the budget has been expended. There hasn't been any Capital Outlay (CO) expenses as of yet. The sale of 2 vehicles resulted in \$10,050 that will be used to set up the conference/board room the remaining \$250,000 in CO is for a new licensing system. Staff has been meeting with Division of Purchasing on a weekly basis to complete the RFP for the licensing system. There is one more next week to finalize a few items and then it will be posted.
- Personnel Costs are 49% expended with approximately \$30,000 in one-time salary savings due to vacancies and delays in filling the IT position. The CEC distribution instructions generally arrive in March and staff will determine if salary savings is usable.
- Operating Expenses are 41% expended. Budget to expenses are in line for the current period. Of note, the Board will experience about \$10,000 in savings from delaying the move into the new space until February 17. These funds will likely go toward the final set up of the space. The space is complete, the final city inspection took place yesterday with the final occupancy permit to arrive shortly. The audio/visual solutions are slated to be in place prior to the March meeting.
- The current Cash Fund balance is \$2,290,100. Disbursements are still exceeding revenue though the gap is much smaller.
- Reports are showing a 6% increase in revenue over this same period last year.
- Controlled Substance Registration renewal period resulted in 96.6% of registrants renewed on time.
- The Governor's recommendation to JFAC differs in employee benefit costs as estimates are used to create the budget and the actual costs are realized after the budget submission. The other variance is in the CEC line item because we use a 1% multiplier in the budget request but the Governor's recommendation is 3%.
- There are 2 additional line items in the budget revision that was submitted November 22, 2016. Item 4.30 is a supplemental request for \$60,000, for FY17 (current year) appropriation and Item 12.03 is \$180,000 for FY18. Both are line items are for required spending authority to contract with Health and Welfare to facilitate uptake in PMP Gateway® use by prescribers and pharmacists.

Dr. Henggeler shared the Pharmacy Technician Immunization training is going well. The technicians are excited about the opportunity. Dr. Adams was able to stop by during a training and noted the excitement of the technicians in being part of a historic change in their practice.

Dr. Adams returned to the meeting and provided the Board an update on today's legislative hearing before the Senate Health & Welfare committee. All five rule dockets were approved by the Senate. With both House and Senate approval, the Board's rules are poised to take effect upon adjournment of the legislature, which is anticipated to be March 24, 2017.

Dr. Henggeler motioned to adjourn, Mr. Sperry seconded, and the motion carried unanimously. Meeting adjourned at 4:08.

### **January 13, 2017 – Holiday Inn Boise Airport**

This meeting of the Board was held to conduct regular Board business.

Chairman Kristina Jonas, PharmD, called the meeting to order at 10:00 a.m. In attendance were Vice Chairman, Nicki Chopski, PharmD; Board members Rich de Blaquiére, PharmD; Holly Henggeler, PharmD; and Ed Sperry, Public Member. Also in attendance were Alex J. Adams, PharmD, MPH, Executive Director; Berk Fraser, RPh, Deputy Executive Director; Lisa Culley, CPhT, Jaime Sommer and Wendy Shiell, Compliance Officers; Misty Lawrence, Management Assistant; Andy Snook, Deputy Attorney General; Sharon Treese, Wendy Muir, and Sarah Kosty, Licensing Specialists; Ellen Mitchell, Program Information Coordinator, and several members of the public.

Dr. Adams presented information relating to a new licensing system and a review of current licensing deadlines.

In 2016, Board staff began working on a Request for Proposals (RFP) to identify a licensing system that best meets the agency's needs now and in the future. With an anticipated build-out of a new system for FY18, staff believes this as an opportune time to discuss potential changes to existing licensure process.

Dr. Adams presented a memo detailing research and considerations with respect to licensure renewal deadlines, with a goal of better balancing internal workload and revenue collection throughout the fiscal year. He noted that the Board may conclude that the current model is the best model for Idaho, though staff believes it is beneficial to have the conversation. The memo was a collaborative staff effort, with significant input and assistance from the licensing and compliance teams.

In considering the experiences of other state Boards of Pharmacy, as well as the other health regulatory boards in Idaho, Board staff identified twelve (12) potential licensing models for consideration. Board staff performed simulations on each of the twelve (12) models to project the monthly case load for renewals and the resulting monthly revenue. Data for each of the models was presented for the Board's consideration. Board staff recommends Birth Month Model 3, which they believe maximizes the benefits to the agency's workload and revenue while minimizing the downsides. Under this model:

- All individual licenses would be due for renewal by the end of the individual's birth month;
- All facility licenses would be due for renewal by December 31<sup>st</sup>.
- Both facilities and individuals would have a 60 days period to renew their license/registration (this would be modified from the current 10 week period)
- The late renewal period would remain as is -- up to 30 days from expiration date.
- Any license/registration lapsed by more than 30 days would require a full reinstatement application (including new fingerprints) and a new license/registration would be issued.

Following a discussion of the various models, the Board granted permission to move forward with drafting statute and rule changes to implement Birth Model 3 renewal process.

Dr. Adams next presented three (3) additional opportunities to streamline workload by reforming three license types for the Board's consideration:

1. **Technician-in-Training Renewals:**

Technician-in-Training registrations may currently be renewed twice. Thus, depending on the initial date of registration, the total duration a technician may remain in training status is variable. One option for consideration is creating a one-time technician-in-training registration with a two-year duration from the date of issue. This would standardize the length an individual may be a technician-in-training. In addition, all technicians-in-training need an association to an employer and Board staff has to routinely cancel registrations when such an association is terminated. Under the proposed model, technicians-in-training would be held to the same requirements as any other licensee (e.g., notifying Board staff of an employment change within 10 days).

Following discussion the Board granted permission to move forward with drafting rules to modify the Pharmacy Technician-in-Training to be a two-year, non-renewable registration with the notification requirements of other licensees. Dr. Adams will work with staff to make this change budget neutral.

2. **Non-Pharmacy Retail Outlets:**

The Board has 1,186 licensed non-pharmacy retail outlets. These include gas stations and other retailers that sell over-the-counter products to the public. Only Idaho and Arizona are known to require this type of registration. Dr. Adams noted that Board compliance officers have historically struggled to ensure all entities are licensed and inspected regularly.

Mr. Snook offered clarification on unlicensed activity indicating the statute must specifically say the Attorney General's Office has jurisdiction and if it doesn't the process starts with the local authority either county or city officials. If Board staff doesn't

have inspection authority over a facility it would prohibit the requirement for the facility to provide records, but would not prohibit staff from visiting the facility to see if they had expired medications on the shelves.

Following an extensive discussion that included questions about public safety and the limited inspection staff, the Board asked Dr. Adams to conduct additional research and provide the information at the April meeting.

3. **Pharmacist Controlled Substance Registration:**

Through our conversations with NABP, DEA, NAMSDL, and others, we have identified that Idaho is among a minority of states that require a controlled substance registration – in addition to pharmacist licensure -- in order to dispense controlled substances.

Following a brief discussion the Board granted permission to draft language to strike the Pharmacist Controlled Substance Registration.

Board staff also puts forth for consideration five (5) concepts to enhance clarification in license types. While these are not specifically geared towards staff workload and revenue collection, these would help address confusion amongst both staff and licensees.

1. **Interns vs. Externs:**

A common source of confusion in licensing is the difference between an “extern” and “intern” license defined below). Following a brief discussion the Board granted permission to draft language to strike the extern registration and condense it with interns.

2. **Inactive Status:**

While inactive pharmacists are exempt from continuing education requirements, the licensee must go through the traditional reinstatement process in order to return to an active license. Thus, there is no real advantage of an inactive license relative to having no license.

Following a brief discussion the Board granted permission to draft language to strike the inactive pharmacist status, while grandfathering in the current inactive pharmacists.

3. **Create a Student Pharmacy Technician Registration Category:** Board Rule 40 requires technicians to be at least eighteen (18) years of age and be a graduate of a high school or the recipient of a high school equivalency diploma. The rules of the Board currently permit age and education waivers to be granted by the Board’s executive director. A student pharmacy technician registration would allow individuals who are enrolled in a high school or technician training program to register without the need for an education waiver.

Following discussions the Board granted permission to move forward with drafting language to create a student technician category, and to also lower the minimum age for certified technicians and technicians-in-training to sixteen (16).

4. **Registered Pharmacists:**

Another common area of confusion is when out-of-state pharmacists must be licensed or registered to practice into the state. These instances are reviewed in Rule 29. Dr. Adams noted that as the business and technology environments change, it is becoming increasingly nuanced and difficult to determine if an individual must be licensed or if they may be registered to practice into Idaho. As an example, an out-of-state pharmacist performing centralized pharmacy services at a long-term care facility that is not registered as a pharmacy must be licensed; however if that facility ships a single product into the state, the pharmacist may be registered as opposed to licensed.

Dr. Adams noted that Board staff's recommendation is that if a nonresident individual is working for a non-resident facility registered with the Board, only the PIC must be licensed or registered. If a nonresident individual is working independently across state lines, the individual must be licensed by the Board.

Following an in-depth discussion the Board granted permission to draft language to clarify when a pharmacist must be licensed versus registered to practice into Idaho, in accordance with the staff recommendation.

5. **Prescriber Drug Outlet (PDO):**

Currently, prescriber drug outlets (PDOs) do not have to designate a PIC or director under Idaho law. Board staff has observed several recent disciplinary cases involving PDOs and feels that designating a point person who is responsible for compliance is a beneficial step toward improving patient safety. It may also be beneficial to further clarify that PDOs are expected to adhere to all pharmacy requirements, including dispensing only when the prescriber is present.

During discussion Ms. Sommer suggested these facilities be inspected prior to being issued a registration. The Board agreed that going forward the facilities would have an on-site inspection prior to a registration being issued and granted permission to move forward with drafting language to require a director for PDO facilities. The director must be an Idaho licensed prescriber with valid DEA and Idaho Controlled Substance registrations as appropriate.

Next, Dr. Adams noted that if the Board moves to a birth month model of renewal for individual pharmacist licensees, some changes may be necessary to the current continuing education requirements in order to enable staff to audit appropriately and efficiently. Staff believes that the carryover of unused credits would be extremely difficult to enforce in a birth month renewal model, as the carryover month would vary per individual.

In reviewing NABP's Survey of Pharmacy Law, Board staff identified several other areas of the current continuing education requirements in Idaho laws that are among the minority of states. These include the educator exemption, law requirement, sterile compounding requirement, live training requirement, and CME acceptance.

In addition, Dr. Adams drew a distinction between Board-led and Board-approved continuing education:

1. Board-led CPE – such as a law program led by the Executive Director, or a home study program developed by the Board and available on the Board's website; and
2. Board-approved CPE for private organizations such as pharmaceutical manufacturers, in which Board staff is asked to review a program for appropriateness and lend its stamp of approval.

Following an extensive discussion the Board was in favor of streamlining the continuing education to fifteen (15) hours of ACPE-approved credit, with no other delineated requirements. The Board also requested additional research on this topic to include the cost of ACPE accreditation for what we currently distinguish as Board-led programs.

Dr. Adams reviewed two additional miscellaneous topics. Currently, a facility must complete a Drug Outlet Registration form to register an Automated Dispensing System (ADS). There is no fee required with this registration, and all ADS's are covered by this rule. By contrast, federal law requires an ADS to be registered with the DEA *only* at an off-site location, such as a long term care facility, and *only* if the ADS is used for routine dispensing. In addition, the Board currently has a registration for nursing homes with a fee of \$35. We do not currently inspect nursing homes, and it is most common for nursing homes to be serviced by an off-site pharmacy and/or an ADS. Following discussion the Board granted permission to draft language striking the nursing home registration and harmonizing the ADS registration with federal law.

Current Idaho law requires mail service pharmacies to meet certain hour and day restrictions under rule 730. This matter has been raised by several mail service and specialty pharmacies as difficult to achieve under current business operations. Idaho shares this law with several states. Following a brief discussion the Board requested additional research on this topic for presentation at the April meeting.

Dr. Adams thanked Board staff and the licensing team for their input on these topics and their continued dedication.

The Board took up the agenda item Counseling Documentation. Of note was the article published by the Chicago Tribune on December 15, 2016. The article was an account of how Midwest pharmacies responded when a patient presented with prescriptions that, when taken together, could cause the patient significant harm. Mr. Fraser indicated he and the compliance officers had discussed the article and counseling at great length. He would like to create a secret shopper program to obtain hard data for Idaho. Dr. de Blaquiére believes a newsletter dedicated to the topic of patient counseling is in order.

During the discussion the Board directed compliance staff to collect two random prescriptions including documentation of counseling during each inspection. The data may be used for surveying compliance and possible discipline.

At the conclusion of the discussion the Board directed staff to approach the topic of counseling from an educational standpoint and they will revisit the topic at a future meeting. The compliance team will conduct a spot audit of prescription records to obtain a baseline on counseling.

Hearing no further business Mr. Sperry motioned to adjourn, Dr. de Blaquiére seconded, and the motion carried unanimously. Meeting adjourned at 4:47 p.m.