MINUTES OF THE
IDAHO STATE BOARD OF PHARMACY
October 25-26, 2017

Idaho State Capital Building
Boise, Idaho

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

Chairman Nicole Chopski, PharmD, called the meeting to order at 9:00 a.m. In attendance were Vice Chairman, Holly Henggeler, PharmD; Board members Rich de Blaquiere, PharmD; Kristina Jonas, 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 Thompson, and Wendy Shiell, Compliance Officers; Misty Lawrence, Management Assistant; Andy Snook, Deputy Attorney General; Ellen Mitchell, Program Information Coordinator, Colter Shirley, the Board's intern from Idaho State University (ISU), and several members of the public.

Dr. Jonas motioned to accept the minutes of the August 30, 2017 meeting with minor corrections. Mr. Sperry seconded, and the motion carried unanimously.

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

a. Board Performance Dashboard
b. Travel Calendar
c. Exercises of Delegated Authority
d. Director's Expenses

Dr. de Blaquiere motioned to approve consent agenda items a, b, and d. Dr. Henggeler seconded, and the motion carried unanimously. In response to a question on the high number of canceled controlled substance registrations, Mr. Fraser noted this stems from the notification provided by other medical boards to the licensing staff of non-renewal of professional licenses, which triggers the cancellation. The Board granted staff delegated authority to cancel registrations in this situation. Mr. Fraser explained the pharmacy extern registration that was canceled was due to notification from ISU College of Pharmacy that the student was no longer enrolled in the pharmacy program. He also indicated Board staff had issued three Corrective Action Plans (CAP) after the deadline for inclusion in materials for this meeting. Dr. Jonas motioned to approve the Exercises of Delegated Authority. Dr. Henggeler seconded, and the motion carried unanimously.

Dr. Chopski introduced the Proposed Rulemaking Session. She noted that in accordance with the Idaho Administrative Procedures Act, today marks the official close of the 21-day public comment period for the proposed rules the Board of Pharmacy published in the October 4, 2017 Idaho Administrative Bulletin. Board staff received some written comments in advance of the meeting and several individuals signed in to provide verbal testimony.

Dr. Chopski extended her thanks to the Board members for their hard work throughout the process and for adhering to their articulated primary goals to:

1) Ensure an open and transparent process; and

2) Ensure decisions are based on the best available information.

This is the seventh public meeting to discuss the rules, and the third officially noticed public hearing on the rules. Board staff also hosted 8 town hall meetings across the state, and met individually with Idaho stakeholder groups and federal agencies.

Dr. Chopski also extended thanks to the many members of the public who have actively engaged in the process. She noted the Board has tried to keep evidence front and center in their decision-making and many in attendance have helped strengthen its proposed rules.

Dr. Chopski indicated it was unlikely that all stakeholders agree with all of the decisions made by the Board to date, but believes everyone has the same goal: to ensure that the health, safety, and welfare of the public is preserved and protected, and that the active engagement of all parties has created a better end-product. Dr. Chopski indicated the Rule Dockets would be

addressed in the order in which they were published in the Administrative Bulletin. She also indicated any changes to the draft language would be published on the Board's website by tomorrow morning so stakeholders would have an opportunity to review them and provide feedback prior to the finalization of the pending rules.

Docket No. 27-0101-1701- Repeal

- No verbal comments were provided at the meeting, and Dr. Adams indicated that no written comments were received in advance of the meeting.

Docket No. 27-0101-1702 – Chapter 1 - General Provisions

- No verbal comments were provided at the meeting.
- Dr. Adams reviewed the written comments received in advance of the meeting:
    - Rule 023. Unprofessional conduct was proposed to be changed to read 'any licensee or registrant', based on staff comment. The Board directed Dr. Adams to include this in the written update to be posted before the final session.
    - Pam Eaton, Director of the Idaho Retailers Association and Idaho State Pharmacy Association submitted written comment asking for clarification on Rules 023.16 and 023.17. The Board felt these had both been adequately addressed at previous meetings and suggested no changes be made.

Docket No. 27-0102-1701 – Chapter 2 – Licensure & Registration

- No verbal comments were provided at the meeting.
- Dr. Adams reviewed the following written comment in advance of the meeting:
    - Jessie Modlin, PharmD submitted a comment requesting Idaho synchronize the continuing education (CE) requirement period with Washington making CE due at the time of birth month renewal instead of calendar year. Dr. Adams reminded the Board that a resolution was forthcoming at the National Association of Boards of Pharmacy (NABP) to standardize all CE due dates to coincide with the calendar year. Dr. Jonas stated it will lessen the burden of CE audits as all CE will be due at the same time. Dr. Adams noted staff will require Continuing Medical Education (CME) certificates to be submitted to the office between December 1 and December 31 each year. NABP is currently developing a mobile app to allow upload of CME certificates to the Continuing Pharmacy Education (CPE) Monitor, making it easier for licensees to submit and for staff to retrieve the certificates. Given that, the Board decided to not suggest any changes.

Docket No. 27-0103-1701 – Chapter 3 – Rules Governing Pharmacy Practice

- No verbal comments were provided at the meeting.
- Dr. Adams reviewed the following written comment received in advance of the meeting:
    - Quarles & Brady submitted a comment on Rule 400.05, requesting that records from an Automated Dispensing System be allowed to be kept at the central pharmacy. Dr. Adams suggested modifying the language to read 'Records may be retained at a central location in compliance with federal law.' Dr. Adams noted that this would allow any record – controlled or non-controlled – to be kept centrally in compliance with federal law, and the Board would not have to update the rule each time federal law changes. The Board directed Dr. Adams to include this in the written update to be posted before the final session.

Docket No. 27-0104-1701 – Chapter 4 – Prescriptive Authority

Dr. Chopski requested that Dr. Adams provide a brief overview of House Bill (HB) 191 that authorized the Board to promulgate this rule chapter. Dr. Adams noted that the bill did not create prescriptive authority for pharmacists, but changed the process in which prescriptive authority decisions were made. Idaho Pharmacists began prescribing in 1998, with drugs that pharmacists could prescribe independently being added frequently since 2011. HB191 allows

the Board to promulgate rules related to pharmacist prescribing of drugs, drug categories, and devices provided they meet one of the four statutorily authorized conditions. Controlled substances, compounded medications, and biological drugs are specifically excluded by the statute.

Dr. Chopski indicated there were several comments regarding this rule docket, and she noted that the remaining concerns rest with a minority of the drug categories and devices. There were no concerns expressed with two-thirds of the rules and she believes that is a great starting point.

She also noted a few written comments seemed to conflate the rules with the protocols that are required under the rules. Rule 020 requires that each pharmacist use a protocol that specifies the inclusion, exclusion, and referral criteria for each drug they intend to prescribe. She noted that protocols are powerful, evidence-based accountability tools.

Dr. Chopski further noted that the Board has previously stated it will post template protocols on their website for use, and they have extended an invitation to everyone wanting to participate in the process. The Board has been fortunate to have many physicians and pharmacists work together on template protocols, a sample of which was included in the public meeting materials posted on the Board's website prior to the meeting.

Dr. Chopski reiterated all interested parties are welcome to attend the protocol workshops. Information is available on the Board website, with workshops scheduled for November 16th and December 7th. The goal of the workshops is to collaboratively finalize the template protocols and ensure the appropriate safeguards are put in place while balancing patient access, choice, and competition. Dr. Chopski noted that while she encourages in-person participation, she realizes it can be difficult for those outside of Boise. The Board has provided a conference line to ensure maximum participation from any willing party.

Dr. Chopski believed many of the written comments suggested exclusion or referral criteria that would be better addressed in protocols instead of the rules. She reminded the Board members that when evaluating comments, they need to determine if recommendations are best addressed in rules or in template protocols. Rules take 9 to 12 months to update, and changes to clinical guidelines or the applicable standard of care, could necessitate constant temporary rules if the rules get too granular.

Dr. Chopski indicated comments would be organized by drug class, then general comments, and miscellaneous comments would be heard last.

Rule 021.01 Lice

- No verbal comments were provided at the meeting, and Dr. Adams indicated that no written comments were received in advance of the meeting.

Rule 021.02 Cold Sores

- Dr. Adams indicated that no written comments were received in advance of the meeting.
- Shasta Kilminster-Hadley, staff attorney for the Board of Medicine (BOM), offered verbal testimony indicating BOM believes cold sores require a diagnosis and are not appropriate for autonomous pharmacist prescribing. She indicated though cold sores fall within the legislative authority of HB191 a diagnosis is required to ensure a cold sore is not gonorrhea or genital herpes and thus it makes this drug category inappropriate for autonomous pharmacist prescribing.
- Dr. Adams briefly summarized that this drug category has been commonly prescribed by pharmacists with no known safety issues.

Rule 021.03 Motion Sickness

- Before taking public comment Dr. Chopski proposed amending this rule to narrow it to 'motion sickness prevention'. She noted that this category was initially added because Rule 25 for travel medicine is specific to the CDC Yellow Book, which is for international travel. She indicated it was arbitrary to allow a pharmacist to provide motion sickness patches for an Idahoan embarking on a Mediterranean cruise but not an Alaskan cruise. Many people have been worried about differential diagnosis for actual motion sickness,

though the intent has always been prevention, and making that clear in the rule would be an appropriate amendment according to Dr. Chopski. The Board members were all in support of this amendment.

- Ms. Kilminster-Hadley commented that narrowing the rule to motion sickness prevention would address BOM concerns.

- Mark Johnston, RPh, CVS Health commended the Board for the many opportunities provided for public comment during the rules re-write process. Mr. Johnston shared in 1991, Florida received statutory authority for pharmacist prescriptive authority for 20-30 individual drugs, many of which have since gone over the counter. One drug that has remained on the list is scopolamine patches. Mr. Johnston spoke with the Florida Board of Pharmacy to see if there had ever been complaints related to pharmacist prescribing for motion sickness. The representative from the Florida Board indicated they had not received a single complaint. Mr. Johnston again commended the Board on the work they had done on the topic.

- The Board directed Dr. Adams to narrow “motion sickness” to “motion sickness prevention” in the written update to be posted before the final session.

Rule 021.04 Nausea

- Dr. Adams reviewed the history of the addition of this category and believed it varied from the Board’s original intent. Nausea was originally added during conversations surrounding travel drugs and the 10-15 year history of pharmacists safely and appropriately prescribing nausea medications without incident. Pharmacist prescribing is limited to the CDC Yellow Book, which is specifically for international travel, not domestic travel. He believes it is appropriate to remove nausea from the list as the only other category potentially relevant in the CDC Yellow Book was altitude illness prevention, though he understands that making a change that late is not advisable.

- Kathleen Sutherland, MD, Chairman of the Board of Medicine, believes further discussion is in order regarding altitude illness prevention as it has to be determined if a patient has an underlying lung disease, which complicates the decision to prescribe medications for altitude illness prevention. She is not in favor off adding it to the rule.

- Mark Johnston, RPh, CVS, indicated he saw many Canadians with altitude illness when he filled prescriptions in the Lake Tahoe, Nevada area. He indicated they would ask for Gravol, as it was an over the counter medication in Canada. He acknowledged many of the evidence-based decisions that the Board has made have been based on decades of prescriptive authority in Canada. He suggested there isn't evidence of prescribing for nausea in Canada because Gravol is still an over-the-counter product. Moving motion sickness to preventative and then considering striking nausea, he believes the Board is missing a category that pharmacists are amply able to prescribe for according to protocols. He hopes if the Board chooses to remove it in full today, that they would consider it for next year. He is in support of not removing nausea, and is in favor of at least adding in altitude sickness prevention.

- Molly Steckel, Policy Director, Idaho Medical Association, asked for clarification on protocols. Dr. Adams responded that the rules mandate pharmacists to use protocols and that the Board will have templates available on its website. A pharmacist could deviate from the template only if they have good justification for doing so, as the protocol must be linked to clinical guidelines and evidence-based research. Part of the reason the Board didn't want to mandate protocols, is there are protocols that are widely available for all the conditions listed. A representative from the Washington State Pharmacy Association testified before the Board on August 1 indicating they had protocols in use in dozens of pharmacies throughout Washington for flu, strep, and UTIs, among other conditions. The Board did not want to create a monopoly for any private organization, but also did not want to prevent use of their validated protocols by imposing a government mandate on a bureaucratically developed protocol. Ms. Steckel indicated she is not aware of any other health profession that requires the use of protocols.

- Ms. Kilminster-Hadley – BOM has a number of concerns about including nausea and recommends removing it entirely. She expressed BOM's willingness to work with BOP over the next year to look at the prevention of altitude illness. She reiterated nausea should not be on the list as it is a symptom of so many diseases.

Following an extensive discussion the Board chose to pull nausea from the list for this year and directed Dr. Adams to strike it in the written update to be posted before the final session. Dr. Adams will place it on his work list for next year. Ms. Kilminster-Hadley reiterated BOM is committed to working with BOP throughout the year to see what categories can be called out that would not require a diagnosis.

Rule 021.05 Uncomplicated Urinary Tract Infections (UTI)

- Joseph Williams, MD, Idaho Urologic Institute expressed his concern regarding pharmacist prescribing for this category. He mentioned the guidelines indicate it is acceptable to treat for an appropriate UTI if it is demonstrated though microscopy and he doesn't believe it fits with a CLIA-waived test as microscopy requires a designation above and beyond a CLIA-waived laboratory testing, which requires physician oversight of the laboratory that is established.

- Sky Blue, MD, infectious disease specialist that has been practicing in Idaho for 20 years stated he has seen the resistance start to overtake antibiotic development. He believes having UTIs on the list crosses the line into diagnosing. He indicated that evidence based guidelines can vary from one expert to another and it comes down to the interpretation of a CLIA waived test without the use of other tests or a questionnaire in the clinical setting. He questions whether there is such a thing as an uncomplicated UTI.

- Ms. Kilminster-Hadley expressed BOM concern over UTIs being a condition that requires treatment with antibiotics. Antibiotics without proper stewardship can be dangerous. She stated that doctors in Idaho are graded based on their antibiotic stewardship as there is a growing problem with antibiotic and antimicrobial resistance that is developing super bugs that can't be treated.

- Andrea Winterswyk, PharmD stated she agrees there needs to be a detailed medical history, she also believes that history can be provided by the patient. Patient assessment is crucial, yet prescriptions are often issued to patients calling in to the prescriber's office that haven't seen the provider yet, and the prescription is issued based on symptomology. She indicated the rates of Ciprofloxacin resistance to E.coli, which is the most commonly isolated pathogen, has increased significantly. They are finding that pharmacists would have the ability to employ and refer to a stewardship for which they would be evaluated on their own independent licensure as well as the protocol. Access is important, and can be seen as a triage tool as it is face to face and not a phone call. Women are able to self-diagnose with 90% positive correct in value in studies based on symptomology.

- Paul Cady, PhD, Dean, ISU College of Pharmacy addressed the concepts of antibiotic stewardship assuring the Board this has been part of training of pharmacists for many years. Along with antibiotic stewardship, an important rule of pharmacists has been antibiotic de-escalation. In the late seventies, early eighties, his responsibility in the public health service was focused around antibiotic de-escalation with the treatment of UTIs and otitis media where the incidents and rate of resistance to the common antibiotic treatment or for anti-infective treatment, we were losing the ability to use common treatments because they had been misused by traditional prescribers.

Following public comment Dr. Adams provided a recap of the research that had been reviewed extensively at previous public meetings.

- Dr. Adams noted that the Board's intern also participated in a webinar by ACOG on September 20, 2017. Prior to the first statistic being presented, there was a poll of the attendees, asking the question: Before treating an uncomplicated UTI, which is recommended? The majority of the attendees answered: Treat based on symptoms

with a positive urine dipstick for leukocyte, esterase, or nitrate. That answer was incorrect. They cited a study that said there are two typical symptoms of uncomplicated UTI. If a patient has two or more symptoms, the likelihood of uncomplicated cystitis is greater than 90%. The other item from that webinar was UTIs are self-diagnosed more than 85 to 95% of the time by women.

- Dr. Adams noted that one option for the Board to consider is narrowing UTIs to 'recurrent' UTIs. Dr. Jonas expressed her concern over 'recurrent'. Dr. Adams suggested there is a difference between 'recurrent' and 'relapse' and this is where protocols would come in. The Board decided that this topic was best addressed in the protocol workshops. Dr. de Blaquiere reminded the Board there is a notification of the primary care provider attached to these rules as well.

- Dr. Sutherland applauded the Board for the notification of the primary care provider, though the problem is that a large percentage of the public doesn't have one. She indicated 25% of the patients seeking treatment from Saint Alphonsus' Telehealth group don't have a primary care provider. Dr. Adams agreed this would be a great area for collaboration, and referenced previous meetings in which this topic has been discussed.

Rule 022.01 Inhalation Spacers

- Laura Churns, PharmD, Director of Pharmacy Legislative and Regulatory Affairs at Albertsons expressed her support of pharmacist prescribing inhalation spacer as well as the devices that follow. They are common sense items that are easy to prescribe as they are indicated by the presence of another prescription.

- Dr. Adams indicated that no written comments were received in advance of the meeting.

Rule 022.02 Nebulizer

- Ms. Kilminster-Hadley – indicated BOM has no issues with nebulizers and indicated the other items in this category are excellent.

Rule 022.03 Diabetes Blood Sugar Testing Supplies

- No verbal comments were provided at the meeting, and Dr. Adams indicated that no written comments were received in advance of the meeting.

Rule 022.04 Insulin Pen Needles

- Dr. Adams received one comment requesting 'insulin' be stricken from the rule leaving 'pen needles'. The examples given were Byetta, Victoza and some of the new specialty drugs that use pen needles that are not insulin products.

The Board directed Dr. Adams to strike "insulin" in the written update posted before the final session.

Rule 022.05 Syringes

- Dr. Adams indicated that no written comments were received in advance of the meeting.

- Mr. Sperry requested 'patients with diabetes' be struck, leaving 'syringes'.

- The Board directed Mr. Snook to research this topic more prior to the final meeting.

Rule 023.01 Influenza

- Dr. Blue noted that treatment for influenza is only effective when instituted very early in the illness and that overuse of antivirals can cause resistance in influenza and other illnesses.

Rule 023.02 Group A Streptococcal Pharyngitis

- Dr. Malek noted that using the simple strep test doesn't rule out other potential complications of strep infection. Only an examination can rule out peritonsillar abscess,

or if the patient is only a carrier of strep.

- Dr. Blue indicated institution of the CLIA-waived test is dependent on pretest probability and has to be interpreted in context with symptoms.

- Dr. Adams noted that written comments have focused on antimicrobial resistance, though the studies suggest the opposite. There are suggestions that this would reduce antibiotic use 40-60%. No alternative studies were presented.

- Dr. John Holmes, Research Professor at ISU noted that ISU has implemented a new training on CLIA-waived tests for all students which include the strep test.

Rule 024.02. Short-Acting Beta Agonist (SABA)

- Dr. Sutherland expressed concerns about pharmacist prescribing of these medications as they don't have access to the patient's full medical history. She indicated that asthma is misdiagnosed by physicians on a daily basis. Just because a patient has a prior prescription for an inhaled steroid and a short-acting beta agonist doesn't mean they should get one at the pharmacy given the potential for the patient having been misdiagnosed. Their physician will know when they have received their last beta agonist and they don't prescribe these over the phone.

- Ms. Kilminster-Hadley believes one of the issues with how the rule is written is that it is written toward patients with a diagnosis of asthma and who have prior prescription for a SABA and who have a current prescription for a long-term asthma control medication. This could indicate the patient wasn't able to manage their therapy with a SABA or that they were overusing it in a way that became dangerous for their health and that their primary care provider is no longer willing to provide them with a prescription and instead has them on a different therapy. She indicated BOM believes pharmacists should be involved in medication management in this area, but more from the aspect of calling the primary care provider to see why the patient doesn't have a SABA and see if the provider will prescribe one.

- Jennifer Adams, PharmD, Associate Dean, ISU College of Pharmacy, provided comments as an asthma patient that has a primary care provider. She shared that she has had instances where her prescription for SABA had expired and needed a new one. It would have been very convenient for her if she could have gone to the pharmacy to have it refilled quickly. Dr. Adams provided additional comments as a licensed pharmacist in Idaho who has provided education to patients about the difference between their long-acting medications and their short-acting medications. Pharmacists are very capable of educating patients about medication adherence and using motivational interviewing. She believes it is a pharmacist's responsibility to ensure the patient understands which medication they're supposed to use on a daily basis and which one is for rescue.

- Dr. Winterswyk noted that her current position in a residential unit enables her to see a patient two-three times during their admission. She has the patient demonstrate using the inhaler so she can determine if they need a spacer and if they are rinsing their mouth. She believes pharmacists can have a great impact on patients in this area.

Rule 021.024. Statins

Dr. Chopski opened the discussion by asking for feedback on "clinically appropriate" situations in which a diabetic should not be on a statin beyond the well-known contraindications since that seemed to be the sticking point in written comments. No such comments were provided at the meeting.

- Dr. Holmes indicated there are many studies available on the use of statins in diabetic patients but that 40% to 50% of patients with diabetes are not prescribed statins despite the well-known guidelines. He noted a study found that 57% of this is attributable to practice-level variation. He noted a Lancet study on the benefits vs. risks of statins that found nearly all side effects attributed to statins are not actually caused by statins, and that the benefits far outweigh the risk. He believes any of the issues can be addressed in protocols.

- Dr. Malek noted that he would like to see baseline labs and adequate follow-up with the patient be included in the rule.

- Ms. Kilminster-Hadley indicated BOM agreed that statins are currently under-prescribed, and suggested a different way to approach this issue is to collaborate on an outreach campaign in the state to try to increase the use of statins for patients that need it.

- Dr. Adams presented written comments from Dr. Deeb Eid regarding expanding statin prescribing to all patients instead of just diabetic patients. Dr. Eid indicated these drugs are available over-the-counter in some countries, and studies have found this to be safe.

- Dr. Holmes mentioned a study indicating 80% of the time pharmacists call a provider when there wasn't a prescription for statins, so there is a gap in care. There is no reason except the one patient that had elevated liver function tests. Baseline labs can be done with CLIA waived tests. He reiterated there is a fear of statin side effects that has been caused by the news media and healthcare providers have bought into that fear. That fear is getting in the way of patient care. The evidence is very clear that the benefits outweigh the risks.

- Marcus Hurst, PharmD, District Manager, Broulims noted that one of Centers for Medicare and Medicaid Services (CMS) strategic goals is to improve the quality of care and general health for Medicare beneficiaries. Toward this goal CMS assigns star ratings to healthcare entities for services linked to patient outcomes. Dr. Hurst has been working toward having all eight of his pharmacies obtain a 5 star rating with CMS. In January 2017, with the help of a 3rd party, he identified 903 diabetic patients in his system that did not have a statin prescription. Several patients were removed from the list following review leaving 675 patients. Letters were sent to the providers of all 675 patients requesting collaboration to start the patients on statins. Dr. Hurst received 109 responses, and 13 new prescriptions for statins. There were some responses indicating the patient didn't need statins as their cholesterol numbers were within a healthy range, showing a lack of awareness of current clinical guidelines. Dr. Hurst supports the rule as written.

- Lorri Walmsley, RPh, Senior Manager, Pharmacy Affairs, Walgreens, expressed her support of the proposed rule. CMS has defined measures to improve quality of care. One of the ways pharmacists can address this measure is by using EQUIPP, which is a platform that evaluates Medicare Part D and identifies outlier patients. A review of the EQUIPP data for Idaho specifically, Idaho falls below the national average for this particular measure, as well as far below the five-star rating of 80.6%, Idaho is 72.5%. Based on this data, it's evidenced that there are true gaps in care for Idaho and actually beyond what there are at the national level. In a project that was conducted in one state for Walgreens, pharmacists contacted 226 patients for interventions. Of those patients, 29 patients had statins added. Pharmacists identified 48 patients that statins were inappropriate for care at that time. They concluded the biggest gap in care was the failure of physicians to respond. Of the 226 patients' physicians contacted, 48.7% did not respond after multiple attempts. She urged the Board to maintain the rules as proposed for this state as the evidence shows that the pharmacist may improve outcomes for these patients.

- Ms. Steckel, IMA, noted their board consists of 19 physicians of different specialties from around the state. Most of them have received notification from pharmacists for their patients. Anecdotally they have never changed their care based on being notified by a pharmacist as they had already done the evaluation and determined not to put their patient on the medication. They didn't like the idea of the pharmacist prescribing the drug for their patient.

- Katie Erickson, PharmD indicated that she prescribes statins and believes the fact that pharmacists have been prescribing statins for over 30 years just isn't being acknowledged. She understands the theoretical concerns over safety, but the data doesn't suggest that it has been a harmful practice.

- Dr. Churns echoed the support previously expressed and believes implementation of this rule will improve outcomes and ultimately reduce overall healthcare costs in Idaho. Roughly 10% of the adult population in Idaho has diabetes and not all of them are eligible to take statins. As the most accessible healthcare provider, pharmacists are well positioned to serve as critical access points to fill the medication gap. She reiterated that pharmacists aren't interested in replacing the role of the patient's primary care provider, but to work collaboratively with them. Prescribing isn't new for pharmacists and the communication is present whether the pharmacist prescribes to the patient or refers them back to their primary care provider.

- Dr. Adams suggested one way to narrow the rule is to say that it is only for patients who have a 'current' prescription for a drug for diabetes. Dr. Holmes asked why the Board would narrow it, when others have asked for the rule to be broadened. The Board instructed Dr. Adams to narrow it as proposed in the draft that will be posted prior to the final session.

Rule 021.025. Travel Drugs

Dr. Chopski noted that the Board added specific training requirements to this rule based on previous public comments. Pharmacists must complete a CPE or CME course on travel medications. ISU has several faculty members that have taught on this topic in the past and have volunteered to attend 'train the trainer' programs to ensure future pharmacists are proficient in this area. Dr. Cady confirmed this is the case.

- Ms. Walmsley noted that California promulgated rules last year that went into effect similar to the rules presented here.

- Ms. Kilminster-Hadley noted that the BOM has no opposition to travel drugs being included.

- Ms. Eaton expressed her support for the Board's proposed rules and commended them for their hard work.

Rule 021.026. Supplement an Infusion Order

- No verbal comments were provided at the meeting, and Dr. Adams indicated that no written comments were received in advance of the meeting.

Rule 021.027. Emergency Situations

- Dr. Malek noted that he believes that if there is a delay in EMS it is appropriate for a pharmacist to prescribe these medications. When EMS is readily available, he believes it should be EMS initiating therapy.
- Ms. Kilminster-Hadley suggested adding 'threatens the health and safety of the patient, and the pharmacist does not believe that emergency medical services can respond in time'. Ms. Kilminster-Hadley offered to provide draft language later in the meeting.

Rule 021.028. Lyme Disease Prophylaxis

- Dr. Malek expressed concern as the majority of tick bites do no result in Lyme disease and Idaho isn't an epidemic area for it.

- Dr. Adams noted that the link to clinical guidelines limits treatment to patients who traveled from such an area.

- Ms. Kilminster-Hadley suggested adding 'pursuant to CDC guidelines'. The Board instructed Dr. Adams to narrow it as proposed in the draft that will be posted prior to the final session

Following the lunch break Dr. Adams reviewed the proposed changes to the Controlled Substances Act. There were several changes in federal law, requiring changes to Idaho's law. Aside from the changes required by federal law Dr. Adams took up the mostly stylistic changes left by his predecessor, Mark Johnston. One item is a substantive change, 37-2727 that addresses controlled substances and opioid narcotic treatment programs. There is some

language that is not in the Controlled Substances Act, that requires take-home doses prepared pursuant to a valid order of the prescriber, be checked by a pharmacist. This requirement goes above and beyond the requirements in the federal Controlled Substances Act. Dr. Adams introduced Jason Austin, executive director, Raise the Bottom who spoke on how striking this requirement would affect practice.

Mr. Austin explained patients must meet certain criteria and milestones in their treatment in order to obtain 'take home' medications. Since a pharmacist is only at the facility once a week, patients that have emergencies are often denied medication. Mr. Austin is asking the Board to allow a nurse to dispense the medication and remove the requirement for a pharmacist to verify the order. Following discussion Mr. Sperry motioned to strike 'pharmacist' from the requirement. Dr. Jonas seconded, and the motion carried unanimously.

Dr. Chopski returned to Rule Docket 27-0104-1701 and called for public comment on Rule 020, Pharmacist Prescribing: General Requirements.

Rule 020.01. Education

- Ms. Kilminster-Hadley noted the BOM does not believe this rule sets any standards for competency.

- Dr. Cady stated the education process of pharmacists is extensive and involves diagnostic criteria. All colleges of pharmacy in the country are accredited, and pharmacists are trained healthcare providers. Healthcare professionals have a responsibility to achieve the training required to complete new functions within their field. If a healthcare provider fails to obtain the proper training they should be required to appear before their licensing board. He supports relying on the professionalism of pharmacists to obtain the training they need.

- Ms. Steckel noted the IMA feels schools and accreditation bodies bear the responsibility to evolve and teach what is required, not the role of the Board.

- Dr. Jennifer Adams noted that when students graduate from any health profession program they are educated based on what practice is like today and the future. As they work in their profession they will be exposed to new things, the practices evolve. ISU reviewed their curriculum in light of these rules and found that they've been training pharmacists for these practices for many years. ISU curriculum is competency based education and you'll find the same competency based education all over the country. She wants to see professionals practicing at the top of their education and training. She commended the Board for adding this section of education, recognizing it isn't required of any other healthcare provider in Idaho, and it adds one more layer of safety for Idaho patients. She is confident that ISU graduates are prepared for the additional responsibility.

- Dr. Malek expressed how much he values the PharmDs that he has worked with. He has benefited from their antibiotic stewardship, their suggestions in medication changes, and their many contributions to healthcare. He is still concerned about pharmacists making diagnosis and treating UTIs and other aspects of the rules.

- Ms. Walmsley expressed support for the way the education piece is outlined. She believes the pharmacy employers and the pharmacists that are exercising their prescriptive authority have all been properly trained without the regulatory burden. She indicated Walgreens provided training to their pharmacists to prescribe Naloxone though it was not required by the rules.

- Ms. Kilminster-Hadley recapped that the BOM has concerns with only 5 of the 22 drug and device categories that remain in the rules: cold sores, UTIs, strep throat, SABAs, and statins.

- Dr. Cady encouraged the Board to always put the patient first. You protect the public by allowing qualified individuals to provide necessary care.

Docket No. 27-0105-1701 – Chapter 5 - Compounding

- Dr. Adams noted he had received a comment from Shaver Pharmacy & Compounding Center supporting the strengthening of the compounding laws.

Docket No. 27-0106-1701 – Chapter 6 – DME, Manufacturing, & Distribution

- No verbal comments were provided at the meeting, and a lone written comment identified a typo that the Board has corrected.

The Board took up the matter of Precision Medical Pharmacy. Board staff was unable to process their renewal based on past disciplinary action, and current probation status in Utah. Kerry Brown, PIC attended the meeting without legal counsel. Mr. Brown shared a gap analysis he created to address the violations on the Utah inspection report. Following a detailed discussion, Mr. Sperry motioned to approve the application with a stipulation mirroring Utah's probation, reporting of any notices and/or action from Utah to the Board, Dr. de Blaquiere seconded. Following a brief discussion, the motion carried with Dr. Henggeler opposed.

Dr. Adams presented proposed the Board's Agency Legislation:

- 54-1705(4) definition of Counseling – strike 'shall'
- 54-1733 add (i) If a prescriber makes a diagnosis of an infectious disease in a patient, the prescriber may prescribe or dispense antimicrobials to an individual who has been exposed to the infectious person in accordance with clinical guidelines for chemoprophylaxis.
- 54-1733A(a) – add 'or a digital image thereof in accordance with rules adopted by the board'

Following a brief discussion the Board granted unanimous consent to move forward with the agency legislation as proposed.

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

- Wells Pharmacy Network – The Board's investigator reviewed the Board's PMP and Wells Pharmacy dispensing records and determined Wells Pharmacy was filling invalid controlled substance prescriptions for Idaho patients. By signing the Stipulation and Consent Order the Respondent agreed to pay the Board a $10,000 administrative fine.

- Stephanie Terrell, NP - Failed to notify the Board or DEA of a change in office location within 10 days; dispensed controlled substances to herself; failed to maintain proper dispensing records for controlled substances; and failed to obtain a Prescriber Drug Outlet registration as required. By signing the Stipulation and Consent Order, Ms. Terrell agreed to pay a $2,000 administrative fine.

- Larry Weiner, MD – Failed to register for the Prescription Monitoring Program, and failed to renew his controlled substance registration. By signing the Stipulation and Consent Order, Dr. Weiner agreed to pay a $2,000 administrative fine.

- Michael Barbo, PA – Following an Alford plea to a felony conviction in June 2016, Mr. Barbo entered into a Stipulation and Order with the Idaho Board of Medicine. By signing the Stipulation and Consent Order Mr. Barbo agreed to abide by the terms of his court ordered probation, the terms of the Board of Medicine Order, and the Board of Pharmacy Order.

Dr. Jonas motioned to remove Wells Pharmacy from the Consent Agenda and approve the remaining three items, Mr. Sperry seconded, and the motion carried unanimously.

Following a brief discussion, Dr. Henggeler motioned to approve the Wells Pharmacy Network stipulation as written. Dr. Jonas seconded, and the motion carried unanimously.

Dr. Chopski exercised her discretion as Chair and moved Item G: Financial Report to tomorrow's agenda.

Dr. de Blaquiere motioned to go into Executive Session citing 74-206(1)(f) To communicate with legal counsel for the public agency to discuss the legal ramifications of and legal options for pending litigation, or controversies not yet being litigated but imminently likely to be litigated. Dr. Henggeler seconded and the motion carried unanimously following a roll call vote; entered executive session 4:45 pm.

After communicating with the Board's legal counsel pursuant to Idaho Code 74-206(1)(f), Dr. Jonas motioned to leave executive session. Dr. de Blaquiere seconded, and the motion carried unanimously; executive session concluded at 5:18 p.m.

Hearing no further business, Dr. Jonas motioned to adjourn the meeting. Mr. Sperry seconded, and the motion carried unanimously. Meeting adjourned at 5:19 p.m.

October 26, 2017

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

Chairman Nicole Chopski, PharmD, called the meeting to order at 9:00 a.m. In attendance were Vice Chairman, Holly Henggeler, PharmD; Board members Rich de Blaquiere, PharmD; Kristina Jonas, 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 Thompson, and Wendy Shiell, Compliance Officers; Misty Lawrence, Management Assistant; Andy Snook, Deputy Attorney General; Ellen Mitchell, Program Information Coordinator, Colter Shirley, the Board's intern from Idaho State University (ISU), and several members of the public.

Misty Lawrence presented the Board's financial report. Mrs. Lawrence highlighted the following points:

Fiscal year 2018 budget with 25% per cent of the year elapsed and 22.4% of the budget expended.

- Personnel Cost (PC) is 23.13% expended – Currently trending approximately $4,000 in salary savings.
- Operating Expense (OE) is 28.02% expended.
- Capital Outlay (CO) $250,000 was originally appropriated for the licensing system in FY17, that amount has been carried over to FY18. Staff is working on the purchase of the Board laptops and the contract for the licensing system is in the final stages. The first payment to the software vendor is anticipated to be in December or January. Payment to the new vendor will be incremental as items are completed.

<u>Current Cash Balance</u>

- Cash Fund balance as of September 30, 2017. This fiscal year started with a cash balance of $2,610,200. Disbursements are currently exceeding receipts by $265,195 or 106%. This trend will not reverse until Nov/Dec when the revenue from Controlled Substance renewals starts to come in. First quarter revenue is also down.

<u>4 Year budget Trend Comparison Fiscal 1st QTR FY15-FY18</u>

- Expenditures are right on target for the first quarter and in line with appropriation at 22.4% expended
- Revenues are trending down 28%, $58,700 in this 1st Qtr.
  - This includes a decrease in:
    - Renewal Fees: ($34,495)
    - New application Fees: ($13,922)
    - Late/Reinstate: ($7,188)
    - Misc./Fine/Inspect: ($3,025)
- The renewal fee decrease is not actually a decrease but a matter of when the monies were collected. Late fees also decreased. At the August meeting staff reported a successful spring renewal and an increase in Licensing & Registration fees of $161,900 for the entire fiscal year. When comparing the last quarter of Fiscal years 16 and 17, there was an increase in renewal fees of $125,547. This is due to a higher percentage of registrants that renewed on-time, decreasing the number of registrants paying late fees.
    - When comparing the complete renewal periods Spring 16 to Spring 17 without regard to fiscal year, Apr-July, we realized an increase of $88,440 in Spring 17, although this increase came in Apr-Jun so we aren't seeing that in July (FY18).

- The decrease in application fees (New Applications & Background Checks) is seen across most application types although many of them have a variance of less than 10 applications and are not noteworthy this early in the year. No application type has seen an increase of 10 or more applications. We have received 143 less applications in the 1st qtr. compared to the 1st qtr. of FY17.

FY17 Monthly Cash Flow - Receipts and expenditures by month for the fiscal year.

August jumps out with a significant increase in expenditures. SWCAP (Governmental Overhead) annual payment of $62,900 and an Appriss payment in the amount of $97,240 for the Gateway and NarxCare licenses issued through the Health and Welfare contract. The Appriss payment was reimbursed by Health & Welfare but that revenue was not received until September.

- September revenue when removing the reimbursement was $32,460.

FY18 Budget/Appropriation changes

- Appropriation approved for FY18 2,049,200
- Re-appropriation $250,000, for the licensing system build. This re-appropriation was approved in the last legislative session along with our budget request.
- There is a request for a supplemental of $37,300 in order to have enough appropriation this fiscal year to fully expend the available funds through the Health and Welfare contract. There was $60,000 in appropriation in FY17 that we were unable to expend due to timing issues with contracts. Current FY18 appropriation is $180,000
    - The federal fiscal year runs Oct 1 – Sept 30 so monies available in a federal fiscal year cross over 2 state fiscal years. We were able to spend the $97,240 out of the money that was available in the first Federal Fiscal year, but not before the end of our FY17 so that full amount was expended in FY18. We have $217,300 available to be reimbursed in FY18 this includes the $97,240 already expended and the $120,000 we have available for reimbursement through September 2018. The supplemental of $37,300 will bring our appropriation for this project to the $217,300.
- If the supplemental is approved final appropriation for FY18 will be $2,336,500

FY19 Budget request – Maintenance items

- All one-time monies were removed from the FY18 budget ($475,700), this includes one-time appropriation for the DHW contract, licensing system build, and the replacement of board computers.
- Without these the FY19 ongoing base is $1,860,800
- No request for agency specific maintenance items for FY19, all items shown are required by DFM.
- 10.11 is a decrease of $28,700, the state anticipates a decrease of about $1,900 per employee for health insurance.
- 10.12 is a variable benefit increase of $6,100, as the workman's comp calculation increased from .0085 to .0087 and the state is projecting the retirement rate to increase from .1132 to .1194.
- The next two line items are SWCAP items. SWCAP items include: Treasure, Statewide Accounting and Payroll, Attorney General, and Risk management fees. The appropriation for these is the actual costs for each item in FY17 that will be paid in FY19. Agencies are automatically given appropriation for these expenses and there is only a line item request when the cost of these items changes by more than $50 in a given year.
- 10.41 Attorney General Fees. Increase of $18,000. In FY16 AG expenses were $37,200, FY17 they were $55,200.
- 10.45 Risk management fees – Decrease of $200. There was a decrease in Liability (100), and in Auto (100)
- 10.61 1% salary multiplier. This represents 1% of full time employee's salary. This is the place holder for CEC increases and will change depending on the increase approved,

we have seen a 3% increase the last couple of years. No word on what we might see this year.

Line item requests – Both ongoing requests

- 12.01 - $20,000 Annual Maintenance for Prescriber Report cards. Currently working with Appriss and DHW to roll out the Prescriber Report Cards this year. DHW will pay the implantation fee of $75,000 and the first year maintenance fee of $20,000. The Board will be responsible for the annual maintenance after the 1st year.
- 12.02 - $120,000, is for the Prescription Drug Overdose Prevention grant and DHW contract that tasks the Board with facilitating uptake of Gateway and NarxCare. Requesting as an ongoing appropriation as DHW anticipates this money could be available for several years. This will alleviate the burden of requesting this amount every year. When the money is no longer available the appropriation will be removed from the base.
- FY19 budget request with SWCAP is $2,003,900

Budget comparison

- The revenue on this report represents actual revenue for FY15-FY17, and estimated revenue numbers for FY18 & FY19, assumption to any increase or decrease in revenues estimated can be found on the B-11 page 7 of the budget request. In summary we are calculating a 5% increase in licensing revenue and the annual $120,000 for the DHW contract.
- Expenditure numbers are based on actual expenditures for FY15-17 and on either approved or requested appropriation for FY18 and FY19. For this comparison I did add in the supplemental request for FY18 and the SWCAP numbers for FY19.
- Overall our FY19 Budget request is a 14.3 % decrease, but all of the requests in our FY19 budget are ongoing and will increase our base budget by $143,000 or a 7.7% increase. Of this $120,000 is coming from the reimbursement contract. So the net increase to the base budget that will affect our cash flow is $23,000 or 1.3%
- What's missing?
    - Licensing system fee increase. The implementation fee will cover the build and the first year after GO LIVE. Go LIVE is slated to be June of 2018 so the licensing system fee is covered for FY19. We will be requesting an increase in the ongoing maintenance in FY20. I will be able to provide more detail on this at the next meeting.
- RFP update
    - Purchasing has indicated they hope to award a contract before November. If they are able to award the contract quickly staff will be able to start the project as soon as November 15.
    - The timeline is very aggressive and will take a large portion of staff time in order to meet the deadlines. Estimation at this point is 2.5 staff members for a full 12 weeks. Most of this staff time will come from Erik, Berk, and Misty, but will also include time from licensing staff.
- Staff update: Sharon Treese has officially put in her retirement application, her official retirement date will be December 31, 2017 though her last day in the office is November 24, beyond that she will be on vacation.

The Board thanked Mrs. Lawrence for her comprehensive update.

Dr. Chopski asked Dr. Adams to begin the finalization of the rule dockets. Proposed updates based on the prior day's discussion were posted online last evening so that stakeholders could review them in advance.

Docket 27-0101-1701 - Chapter Repeal

- No changes were made.

- Dr. de Blaquiere motioned to finalize Docket 27.0101.1701 as written. Dr. Jonas seconded, and the motion carried unanimously.

Docket 27-0101-1702 - General Provisions

- Rule 023. – replace ‘pharmacist, pharmacist intern, or technician’ with ‘any licensee or registrant’
- Dr. Jonas motioned to approve moving forward with Docket 27.0101.1702 with the change noted change to rule 023. Dr. Henggeler seconded, and the motion carried unanimously.

Docket 27-0102-1701 – Rules Governing Licensure and Registration

- Dr. de Blaquiere motioned to approve 27.0102.1701 as written. Dr. Jonas seconded, and the motion carried unanimously.

Docket 27-0103-1701 – Rules Governing Pharmacy Practice

- Rule 400 – modify to read ‘Records may be retained at a central location in compliance with federal law’

Dr. Henggeler motioned to approve 27.0103.1701 Dr. Jonas seconded, and the motion carried unanimously.

Docket 27-0104-1701 – Rules Governing Pharmacist Prescriptive Authority

- Rule 20.03 – Modified to read ‘The pharmacist must obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care’

- Added rule 020.03.e. - Any patient assessment protocol for a drug or drug category that is made available by the Board satisfies subsections (a) through (c) of this rule.

- Rule 021.03 – added ‘prevention’

- Rule 021.04 – Strike

- Rule 022.04 – Strike ‘insulin’

- Rule 024.01 – Modified to read ‘Statins, for patients who have a current prescription for a drug for diabetes.

- Rule 028. – Replace ‘clinical’ with ‘current CDC guidelines’
- Dr. Jonas motioned to approve the changes to 27.0104.1701 with the posted changes and the changes discussed today along with the addition of the protocols covering A, B, and C. Dr. Henggeler seconded and the motion carried unanimously.

Dr. de Blaquiere motioned to put in formal policy a commitment to develop protocols for the 5 remaining drug categories of concern to the BOM: cold sores, UTIs, Strep A, statins, and SABAs. In addition, even though there were no expressed concerns over influenza, the Board committed to a protocol for that condition as well. The Board further committed to working collaboratively with other stakeholders to develop these template protocols through upcoming protocol workshops. In addition the Board will update its proactive inspection forms for enforcement. Mr. Sperry seconded, and the motion carried unanimously.

Dr. Adams reiterated to BOM and IMA that he strongly encourages and hopes for participation and engagement during the upcoming protocol workshops. He stated Board staff is happy to co-host the workshops and/or engage in meetings between the workshops. Dr. Henggeler asked that some workshops be held in the evening to accommodate those that are unable to attend during the day, as in physicians and others. Dr. Adams is happy to accommodate as he has done in the past with town hall meetings. Often he conducts a 7:00 a.m. meeting and a 7:00 p.m. meeting to catch as many participants as possible.

Dr. Chopski expressed her appreciation for the physicians that attended the meeting yesterday and participated in the rules discussion. She believes the rules are much stronger with the active participation of the stakeholders yesterday.

The Board took up the matter of Twilla Wilkinson. Mrs. Wilkinson attended the meeting with her husband without legal counsel, to appeal to the Board for her pharmacy Technician-in-Training registration. Board staff was unable to approve her application based on a previous felony conviction. Following a brief discussion, Mr. Sperry motioned to approve the application. Dr. de Blaquiere seconded and the motion carried unanimously.

The Board took up the matter of Kim Warren. Ms. Warren attended the meeting telephonically and without legal counsel, to appeal to the Board for her pharmacy Technician-in-Training registration. Board staff was unable to approve her application based on her lack of a high school diploma. Following a brief discussion, Dr. Henggeler motioned to approve the application, with the understanding that she work toward and obtain her high school diploma or equivalency, and maintain employment at Shopko. Dr. Jonas seconded and the motion carried unanimously.

The Board took up the matter of Richard M. Sutton, RPh. Mr. Sutton attended the meeting without legal counsel. Mr. Sutton requested the Board release him from the requirement of maintaining his contract with Southworth Associates. Following Mr. Sutton's testimony and a brief discussion, Dr. Henggeler motioned to deny the request and require Mr. Sutton to maintain his current program. Dr. Jonas seconded and the motion carried with Mr. Sperry abstaining. Mr. Sperry acknowledged Mr. Sutton's progress and encouraged him to continue his program and engage with the groups on his area.

Mr. Fraser presented the Board an update on remote dispensing pharmacies (RDP). The Board currently has eight registered RDPs. Teton Pharmacy operates two locations, one in Ammon and one in St. Anthony. They currently rotate their supervising pharmacy. Teton Pharmacy in Idaho Falls maintains a pharmacist on duty at all times. The Mylar family will be opening a new clinic and RDP in Victor. K-Mart had a news release indicating they had converted one of their pharmacies in Illinois to an RDP and may convert the Idaho Falls store. Dr. Adams indicated he would add an RDP update to the Consent Agenda for future meetings.

Dr. Chopski questioned if there was an indication of how often the RDP video and/or audio systems go down. Mr. Fraser indicated there isn't a way to tell unless someone complains. One of the facilities was shutting the system down due to the noise from the host pharmacy. They were instructed not to turn off the system, as they are required to remain on during hours of operation. Mr. Fraser suggested RDP facilities may need to be inspected more frequently than the current 18-month rotation.

Mr. Fraser also presented the Board with the results of the CPE audit. He selected pharmacists that had less than 12 CPE credits. He also issued a secondary request letter, which he hasn't done in the past. He will accept responses until November 1. The advent of NABP's CPE Monitor increases the efficiency with which Board staff can conduct the annual CPE audit. Using data obtained from NABP's CPE Monitor on September 7, 2017, there were 100 pharmacists licensed in Idaho who had completed fewer than 12 ACPE-approved credits over the 2016 to 2017 license year (15 hours required). After a complete audit in which individuals were invited to submit statements of credit, Board staff determined 36 individuals did not pass this year's audit.

Number of Valid Credits	# of Pharmacists
Completed 0 or did not respond	13
Completed 1 to 6	4
Completed 7 to 10 hours	4
Completed 11 to 14 hours	6
Completed 15 hours but did not complete live or/and law	9
Total	**36**

Mr. Fraser recommended the use of delegated authority to resolve cases with the following penalties proposed:

- Pharmacists with 9 or fewer hours, $1000 per year the pharmacist falsely reported on license renewal that they were compliant with their CPE.

- $200 per missed CPE hour and the pharmacist must complete twice as many CPE hours for each hour missing within 60 days.
- For each pharmacist that completed the full amount of CPE hours but did not complete live and/or law $100 per missed CPE hour and the pharmacist must complete twice as many CPE hours for each hour missing within 60 days.

Following further discussion, Dr. Jonas motioned to accept the recommendations as presented. Mr. Sperry seconded. The vote resulted in Dr. Jonas and Mr. Sperry in favor of the recommendation, Drs. Henggeler and de Blaquiere opposed. Chairman Chopski voted in favor and the motion carried.

First Lady Lori Otter and Debbie Field, Truth208 Board Treasurer, attended the meeting to share information about Truth 208, which is the product of the Millennial Fund in response to medication abuse. Medication abuse accounts for over 60% of the overdose deaths in Idaho. Idaho currently ranks 4th in the nation per capita in overdose deaths. Mrs. Otter asked the Board to take over Truth 208 as she believes it would be a good fit. The program comes with existing grant money to pay for outreach and a contract employee. Mrs. Otter indicated the program has been successful and could be rebranded and sold to other states in the future. The Board agreed that it would be a good fit and believes the end of the fiscal year would be a good time for transition. Mrs. Otter and Dr. Adams will arrange planning meetings in the future.

Dr. Chopski called the hearing of Chad Jungert, RPh to order. Dr. Jungert attended the hearing with his attorney Grant Burgoyne. Steve Olsen, DAG represented the Board. Mr. Jungert is accused of violating the terms of his Stipulation and Consent Order dated June 2, 2016. Specifically, he is accused of failure to comply with his Pharmacists Recovery Network agreement. Each party presented evidence and testimony for the Board's consideration. Following extended testimony, Dr. Chopski called for a brief break.

Following the break, Dr. Chopski suggested continuing the hearing until a later date. She also moved the agenda item 2018 Meeting Dates to coincide with the hearing date.

Dr. de Blaquiere left the meeting at 6:30 p.m. for his return flight.

Dr. Henggeler motioned to adjourn, Dr. Jonas seconded, and the motion carried unanimously. Meeting adjourned at 6:49 p.m.

_____ _____

Nicole Chopski, Chairman Holly Henggeler, Vice-Chairman

_____ _____

Member Member

_____ _____

Member Alex J. Adams, Executive Director