

Board Members signed Pharmacy Technician original certificates to last the office until the next Board Meeting.

Since Rod St Aubyn and Constance Hofland are present at the meeting to sit in on the legislative proposals and updates, Executive Director Hardy requested the Board move to the consideration of those items. The Board members agreed.

It was moved by Pharmacist Dewhirst and seconded by Pharmacist Haroldson to modify the chemical categories in Schedule I of the substituted cannabinoids to be sure that all iterations of these substances were included under the Controlled Substances Act. There are also additions to the schedules for drugs, which the Drug Enforcement Administration [DEA] has scheduled since our last legislative session. All Board Members voted aye to support the controlled substances changes- the motion carried.

Executive Director Hardy discussed some changes to 43-15-31.4 Limited prescriptive practices collaborative agreements law. This would facilitate more efficient approvals by the Pharmacy and Medical Boards of minor changes made to existing collaborative agreements. Final decision on this proposal will depend on feedback from the Board of Medical Examiners, the ND Pharmacists Association and the ND Society of Health Systems Pharmacists. This will be addressed at a future meeting.

It was moved by Pharmacist Ziegler and seconded by Pharmacist Wendel to make modification in NDCC 43-15.3 Wholesale Drug Pedigree to separate outsourcing facilities and third-party logistics providers into a separate licensure categories and to modify the durable medical equipment descriptions and definitions for prescriptions for rental equipment. All Board Members voted aye - the motion carried.

It was moved by Pharmacist Wendel and seconded by Pharmacist Dewhirst to support legislation proposed by Representative George Keiser in NDCC 19-03.5-09 Authority to adopt rules, requiring regulatory Boards who license prescribers and dispensers of controlled substances to adopt rules relative to the use of the Prescription Drug Monitoring Program [PDMP]. All Board Members voted aye - the motion carried.

It was moved by Public Member Gronberg and seconded by Pharmacist Dewhirst to support a new section to NDCC 19-03.1 on the concept of "Overdose Prevention Immunity" for those calling 911 relative to a drug overdose patient. All Board Members voted aye - the motion carried.

It was moved by Pharmacist Dewhirst and seconded by Public Member Gronberg to support a new section to NDCC 23-01 and NDCC 43-15-11 relating to immunity from liability relative to opioid antagonists and limited prescriptive authority for Naloxone rescue kits and making these kits available to members of the public, law enforcement and ambulance personnel for use as an antidote in narcotic overdose situations. The motion includes the removal of the "and pharmacy technician" language from Section 1 - 1. (a). All Board Members voted aye - the motion carried.

It was moved by Pharmacist Wendel and seconded by Pharmacist Haroldson to support the proposed addition of "a Pharmacy and a Pharmacist" to NDCC 23-34-01 definitions in the Medical Peer Review Records to facilitate the adoption of rules by the Board of Pharmacy

relative to requiring a quality assurance program in each of our pharmacies. All Board Members voted aye – the motion carried.

Executive Director Hardy presented a brief report on the compliance with counseling situation. The pharmacy inspections indicate that our pharmacies are not always complying with the letter of the law in the counseling of patients. He presented several scenarios for correction or changes in our approach to patient counseling as a solution. A copy is as follows:

Discussion about issues and solutions around counseling issue:

- Our compliance officers have encountered a number of violations in the counseling requirements set forward in North Dakota Law.
- We are still running into a number of complaints that would have been prevented by a interaction with the patient (showing medication while counseling)
- It is my feeling out of the ballot initiative discussion that the public does not expect the interaction when going to a pharmacy and they should
- It is essential to the profession of pharmacy to have a interaction with each and every patient that comes to the pharmacy if we truly desire to be health care professionals (Howard's line "if the patient can't tell the difference... what difference does it make")
- Discussion from some pharmacists that counseling on every prescription by a pharmacist is not realistic in the current practice setting due to labor restraints

Potential solutions:

- We start strictly enforcing the provision of a counsel on each and every prescription. Every time a patient complaint comes surrounding compounding or if it is observed during inspections, we take administrative action.
 - Pros: Would hopefully get compliance by way of enforcement over time.
Keeps the counseling entirely in the capable hands of a pharmacist
 - Cons: Lead to many disciplinary actions
- We look at a mechanism that would involve Pharmacy Technicians in the process of screening a patient for a pharmacist on refilled prescription. May involve a Pharmacy Technician using their skills and knowledge to take care of a technical aspect of the counseling process.
 - Pros: Would provide an interaction with every patient with a health care professional
Need to be extremely specific on what they can do and what prompts intervention by a pharmacist
 - Cons: Could be viewed as a deficiency of service

President Halvorson suggested that recommended modifications of the counseling requirements or enforcement of the current counseling requirements be taken to the Technician Association as well as the Pharmacist Association for discussion, with the idea of determining the specificity needed. Once a new rule is adopted, it should be enforced once adopted.

Executive Director Hardy reported to the Board the enforcement of the requirement for an out-of-State pharmacy inspection which may include the Verified Pharmacy Program [VPP] inspection through the National Association of Boards of Pharmacy [NABP]. The rule stated each pharmacy must be compliant with their inspections by July 1st 2015. So, he wanted the Board Members to

know that those who renewed prior to July 1st, 2015 would have time to get their inspections, but any pharmacy renewing after the July 1st would be required to meet the inspection standards mandated by the rule.

Executive Director Hardy discussed the FARB CRT Training and iterated that several Boards wanted to bring the Federation of Association Regulatory Boards [FARB] to North Dakota to provide this training and that he hoped that the Board of Pharmacy would be willing to participate in helping financially. The total cost would be \$6,000 to bring in the speakers. The facility and attendants costs for each individual would be in addition to that figure. While Board Members thought this is a good idea, no specific actions were taken at this time.

Board Attorney David Lindell presented a Stipulated Settlement Agreement and Order for Pharmacist Wade A. Bilden, RPh4120. This action came about because Pharmacist Bilden had not been reporting to the Prescription Drug Monitoring Program [PDMP] as required.

It was moved by Public Member Gronberg and seconded by Pharmacist Haroldson to approve the Stipulation and Order for Wade A. Bilden, ND RPh4120. All Board Members voted aye – the motion carried.

Board Members broke for lunch which was delivered to the conference room to accommodate Executive Director Hardy's desire to accomplish as much of the agenda as possible before his departure.

Over lunch the Board discussed the potential expansion of telemedicine by the Board of Medical Examiners at their meeting scheduled for tomorrow November 21st. Either Executive Director Hardy or Chief Compliance Officer Anderson will attend their meeting on behalf of the Board of Pharmacy.

Pharmacist Irsfeld reported that he had information about a contact he had gotten for a prescription, where the patient was prescribed gout medication and had never seen the physician that had prescribed this medication.

It was moved by Pharmacist Irsfeld and seconded by Pharmacist Wendel to approve the reinstatement of Judy L Reichert -RPh4059, who had been cancelled for non-payment of renewal fees in 2012. All Board Members voted aye – the motion carried.

Executive Director Hardy discussed the possibility of pharmacist and pharmacy technician reinstatements could be handled administratively rather than being brought before the Board, which sometimes delays getting the individual back to work by months.

It was moved by Pharmacist Dewhirst and seconded by Pharmacist Haroldson to adopt a policy that the Executive Director could approve reinstatements, which complied with our policies and law for pharmacists and technicians as long as there were no extenuating circumstances, outstanding disciplinary issues in the past or present for the individual. All Board Members voted aye – the motion carried.

It was moved by Public Member Gronberg and seconded by Pharmacist Dewhirst to affirm the approval given by a round-robin request for the reinstatement of Louise Sigtryggsson Tech853. All Board Members voted aye – the motion carried.

It was moved by Pharmacist Ziegler and seconded by Pharmacist Haroldson to affirm the approval given by a round-robin request for the relocation of Thrifty White Drug #53 to 102 Division Ave South in Cavalier, which had previously been occupied by Ye Olde Medicine Center until their recent closing. All Board Members voted aye – the motion carried.

It was moved by Pharmacist Haroldson and seconded by Pharmacist Wendel to approve the revised collaborative agreement from Sanford Medical Home in Fargo submitted by Monte Roemmich, PharmD. Pharmacist Ziegler disclosed that she is employed with Sanford and unless there is an objection she intends to vote – none were voiced. All Board Members voted aye – the motion carried.

It was moved by Pharmacist Dewhirst and seconded by Pharmacist Ziegler to approve the revised collaborative agreement from Craven Hagen Anticoagulation Clinic in Williston submitted by Mercy Hospital Pharmacist David Sandberg for the following:

<u>Pharmacist</u>	<u>Physician</u>
Minzie-Bailey, Jacqueline	Grondahl, Heidi
	Keene, David
	Kemp, Robert
Song, Matthew	Miller, Cory
	Norby, Cherise
	Peterson, Lisa
	Small, William

All Board Members voted aye – the motion carried.

Dawn Mayer, PharmD of St Alexius Medical Center jointed the meeting to discuss with the Board a project they are working on to do admission medication reconciliation with pharmacy technicians. She explained how the medication reconciliation would work, particularly when pharmacists were not available to do the original medication list. The pharmacists would review the list later for verification of any discrepancies. Dr. Mayer expects it to take six to twelve months before they have a program in place. There were no concerns expressed by the Board Members about implementing this practice. However, they did ask that once policy and procedures were developed that they be submitted to the Board for review, both for the Board's benefit and the potential benefit of others potentially seeking a similar program.

It was moved by Pharmacist Dewhirst and seconded by Pharmacist Irsfeld to modify our current Application for Registration as a Technician-in-Training for the Pharmacist Assisted Technician Training Modules [PATSIM] to require that after the first year, upon renewal the individual must provide evidence of the completion of at least four module to qualify for renewal for the second year as a Technician-in-Training. All other Board Members voted aye – the motion carried.

Executive Director Hardy reviewed the financials with the board.

It was moved by Pharmacist Haroldson and seconded by Public Member Gronberg to approve the financials as presented. All other Board Members voted aye – the motion carried.

It was moved by Pharmacist Wendel and seconded by Pharmacist Dewhirst to approve up to 15 hours of Continuing Education to the five North Dakota Registered Pharmacy Technicians who attended the American Association of Pharmacy Technician's [AAPT] annual convention. Each of these technicians will need to send the Board Office a letter certifying that they attended certain sessions of the meeting and how many hours of CE they anticipate

receiving up to a maximum of 15 hours. President Diane Halvorson, RPhTech was one of the five attendees of the AAPT convention and announced that she would abstain from voting. On a vote by Roll Call: Pharmacist Dewhirst – Aye Public Member Gronberg – Aye Pharmacist Haroldson – Aye Pharmacist Irsfeld – Aye Pharmacist Wendel – Aye Pharmacist Ziegler – Aye Nays none – the motion carried.

At 2:00 PM Mr Chris Angel of the Great Lakes Clean Water called into the meeting to discuss their “Yellow Jugs Old Drugs” controlled substances take-back program. This is an alternative to working with Environmental Health Services Inc or Sharps Compliance to get a program up and running in North Dakota relative to the take-back of controlled substances.

It was moved by Public Member Gronberg and seconded by Pharmacist Dewhirst to allow Executive Director Mark Hardy to commit up to \$45,000 for a take-back program to be offered to all North Dakota Pharmacies. On a vote by Roll Call: Pharmacist Dewhirst – Aye Public Member Gronberg – Aye Technician Halvorson – Aye Pharmacist Haroldson – Aye Pharmacist Irsfeld – Aye Pharmacist Wendel – Aye Pharmacist Ziegler – Aye Nays none – the motion carried.

President Halvorson called for any further business – none was forthcoming.

The Board Members completed their vouchers and the meeting was adjourned at 3:10 PM.

Diane M. Halvorson, RPhTech.
President

Gary W. Dewhirst, R.Ph.
Senior Member

Public Member
Fran Gronberg

Member
Gayle D. Ziegler, R.Ph.

Member
Laurel A. Haroldson, R.Ph

Member
Shane R. Wendel, PharmD.

Member
Steven P Irsfeld, R.Ph.

Executive Director
Mark J. Hardy, PharmD