

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND
REGULATION

BEFORE THE SOUTH CAROLINA BOARD OF PHARMACY

JUNE 15, 2011

BOARD MEMBERS:

J. R. "BOBBY" BRADHAM, CHAIRMAN

DAN BUSHARDT, VICE CHAIRMAN

DOCK HENRY ROSE

ROBERT C."ROB" HUBBARD

DAVID BANKS

HUGH MOBLEY

ADDISON LIVINGSTON

DR. LEO RICHARDSON

LEE ANN BUNDRICK, ADMINISTRATOR

CHRISTA BELL, GENERAL COUNSEL

DEAN GRIGGS, ADVICE COUNSEL

This meeting is meeting is being held in
accordance with Section 30-4-80 of the South Carolina
Freedom of Information Act by notice mailed to the
State
Newspaper, Associated Press, WIS-TV and all other
requesting persons, organizations or news media. In

addition, the notice was posted on the bulletin boards at the two main entrances of the Kingstree Building, Columbia, South Carolina.

2

to

1 We'll begin the meeting by the Pledge Allegiance
2 the Flag and if you'll remain standing for a moment of
3 meditation following the Pledge of Allegiance to the
4 Flag.

Pharmacy.

5 MR. BRADHAM: At this time, I would like the members of
6 the board and the members of the audience to
7 introduce themselves, stating any entity or
8 organization in which they represent. And I'll
9 start here on my left with Dr. Leo Richardson, the
10 lay member of the South Carolina Board of

the

11 DR. RICHARDSON: As he said, Leo Richardson, lay member
12 of the board in Columbia. Just got reappointed by
13 the governor, after a period of time serving on
14 board. I'm delighted to continue to serve on the
15 board. Also, I have with me my granddaughter, our
16 little princess, Morgan, so she's with us.

17 MR. BRADHAM: School doesn't end when the year is
18 dismissed then.

19 DR. RICHARDSON: That's right.

20 MR. HUBBARD: I'm Rob Hubbard; I'm from Clemson. I
21 represent 3rd Congressional District.

22
Congressional

MR. ROSE: I'm Dock Henry Rose for the 4th

23

District from the heart of the Piedmont; Greer,

24

South Carolina, and I represent Greenville,

25

Spartanburg, Cherokee and Union and part of

Laurens

1 County.

2 MR. BUSHARDT: Dan Bushardt and I represent the 6th
3 Congressional District, and I'm from Lake City.

4 MR. BRADHAM: And I'm Bobby Bradham. I represent the
5 1st Congressional District and I live in
6 Charleston, South Carolina. 7:30 last night,
7 effective July the 1st, the Senate confirmed that

a

8 young lady who was in the same class I was in
9 pharmacy school, I was an old guy, she was a very
10 young child prodigy, so she's much younger than I
11 am, and this is Carol Small-Russell. And she will
12 be taking over this position as representing the
13 1st Congressional District July the 1st. And she
14 has with her two students. And I'll ask those two
15 students to stand while she introduces them.

16 MS. SMALL-RUSSELL: Actually, I have four students.

17 MR. BRADHAM: Four students, all right. If all four of
18 her students then please stand.

19 MS. SMALL-RUSSELL: James Letch, who is a fourth year
20 student that will be on rotation with me next
21 month, and he plans to go to law school next year,
22 so --

23 MR. BRADHAM: Remain standing while she introduces all

24 of you.

25 MS. SMALL-RUSSELL: And Gus, I'll have to ask you to

1 pronounce your last name.

2 MR. CATHONAVACUS: Cathonavacus.

3 MS. SMALL-RUSSELL: Is on rotation with me this month.

4 And Gunter is a second year pharmacy student on
5 rotation in the University Outpatient Pharmacy and
6 works with Don Neurof, who was another classmate

of

7 ours. And Tracy Duncan, who is on rotation, a

8 fourth year student on rotation this month as

well.

9 MR. BRADHAM: So, Carol is a very busy lady.

10 MR. MOBLEY: Hugh Mobley. I represent the 5th

11 Congressional District. I'm from Lancaster, South
12 Carolina.

13 MR. LIVINGSTON: I'm Addison Livingston from Swansea,
14 and I represent the 2nd Congressional District.

15 MS. LONG: I'm Rebecca Long from Columbia, and I'm the
16 at large member, appointed by Governor Nikki

Haley.

17 MR. ALTMAN: I'm Bill Altman. I'm the interim chief
18 investigator for the Office of Investigations and
19 Enforcement, Drug Diversion Unit. And filling in,
20 basically taking over for a position Ron Cook used
21 to hold, and hope I do a good job.

22 MS. BELL: Christa Bell, Division of Legal Services,

of

23 LLR.

24 MS. BUNDRICK: Lee Ann Bundrick, Administrator, Board

25 Pharmacy.

1 COURT REPORTER: Ciel Englert, your court reporter.

2 MR. NEWTON: Joe Newton, Board of Pharmacy Inspector.

3 MS. BOGUSKI: Rosemary Boguski, Board of Pharmacy
4 Inspector.

Pharmacy.

5 MR. SHULER: Ernie Shuler, Inspector, Board of

6 MS. SANDERS: Clelia Sanders, Inspector, South Carolina
7 Board of Pharmacy.

8 MS. CROUCH: Marilyn Crouch, Board of Pharmacy Staff.

is

9 MR. BRADHAM: I think that was the first one on there
10 your student that has already been introduced.

11 Okay. And the next person.

12 MS. POTTS: Margaret Potts, Greenville Tech student.

13 MR. POTTS: James Potts with Greenville Tech.

14 MR. VINCENT: James Vincent, Pharmacist (inaudible) in
15 South Carolina.

16 MR. RICO: Christopher Rico, Office of Experiential
17 Education, Presbyterian College, School of
18 Medicine.

19 MR. MCKELVEY: Lewis McKelvey, Experiential Education,
20 PC School of Pharmacy.

21 MS. RIZEL: Shamikel Rizel, Greenville Tech.

22 MS. (Inaudible): (Inaudible), Greenville Tech student.

23 MS. BAXTER: Mary Ann Baxter, Greenville Tech student.

24 MS. CALHOUN: Stephanie Calhoun, camera woman.

25 MR. PHILLIPS: Thomas Phillips CVS Pharmacy.

1 MR. GRANT: Larry Grant, part-time investigator.

2 MS. SOJOURNER: Caroline Sojourner, pharmacist with
3 DHEC.

4 MR. RAINEY: Larry Rainey, Inspector, Board of
Pharmacy.

5 MR. (Inaudible): (Inaudible), South Carolina Pharmacy
6 Association.

7 MR. BRADHAM: You can get the big guy down here at the
8 end on whether his name is Italian. I wasn't sure
9 when he pronounced it. I know yours is.

10 MR. (Inaudible): Don (inaudible), Medical University.

11 MS. STEPP: Lori Stepp, Greenville Tech.

12 MS. WILSON: Amber Wilson, Greenville Tech.

13 MR. BRADHAM: Okay. And those two guys have already
14 introduced themselves.

15 MS. JOHNSON: Kay Johnson, Greenville Tech.

16 MS. BROWN: Angela Brown, Greenville Tech.

17 MR. BRADHAM: And, Dr. Richardson's granddaughter is
18 here for her summer school with her grandfather as
19 the lead instructor.

20 MS. BRAGA: Sarah Braga, South University School of
21 Pharmacy.

22 MR. ELLIS: Tim Ellis, South Carolina College of
23 Pharmacy..

24 MR. VESS: Ed Vess, pharmacy consultants.

25 MS. PETTIT: Christy Pettit, Target.

1 MS. HARTZOG: Holly Hartzog, South Carolina College of
2 Pharmacy.

3 MS. (Inaudible): (Inaudible) South Carolina College of
4 Pharmacy.

5 MS. AMERSEN: Shanna Amersen, Capitol Information
6 Affiliates.

7 MR. HUNTER: Gareth Hunter, South Carolina College of
8 Pharmacy.

9 MR. BRADHAM: Okay. Well, thank you-all very much, and
10 we have a packed crowd. And I don't know whether
11 we have anymore chairs available for those
standing
12 outside; we'll work on that. At this time, it
13 calls for chairman's remarks, and I will extend
14 that privilege to a later time, and we will begin
15 with the next item on the agenda, the approval of
16 minutes from the April 27th, 2011 meeting. I'll
17 hear a motion from the board to accept these
18 minutes, and then we'll open it for any discussion
19 or corrections.

20 MR. LIVINGSTON: So moved.

21 MR. ROSE: Second.

22 MR. BRADHAM: There has been a motion made and a motion
23 seconded. Motion made by Addison Livingston and

24 seconded by Dock Henry Rose, that minutes be
25 accepted. Do I hear any discussion or correction

1 in these minutes?

2 MR. ROSE: I think it's pretty much verbatim, what you
3 said, good or bad what we said.

4 MR. LIVINGSTON: Yeah. I'd like to ask the court
5 reporter to make sure I use proper English when
6 prints this out.

7 MR. BRADHAM: That was my next statement. If you look
8 on Page 35, because when I was on the faculty of
9 the South Carolina College of Pharmacy, Medical
10 University campus, one of the students revealed to
11 me after I retired that she was elated that I had
12 retired because after I retired, she was going to
13 have her rotation, and she heard that in my next
14 life, my biggest goal was I wanted to be a grammar
15 professor. And so I'd like to correct a grammar
16 mistake I guess I made. But on Page 15 it says
17 "there was updates on South Carolina Medical
18 Association legislative issues." Now, that's
19 correct if the medical issues is considered one
20 unit. But I don't think it was considered one
21 unit, and so it needs to say "there were," "there
22 were updates."

she

don't

23 So that's the only correction I have. I
24 know whether I had a memory lapse there, but I
25 would not like my grammar professor at Woford

1 College to have a public record that I used
2 improper grammar. So that's the only mistake I
3 have and correction that I have.

4 MR. ROSE: I have one question.

5 MR. BRADHAM: That was Page 35.

across

6 MR. ROSE: Is it necessary that we have this line
7 the middle of each page? Because it seems like in
8 some cases that it was lined out.

9 MR. BRADHAM: I think that's --

our

10 MS. CROUCH: That is a copy error. We had a spot on
11 Xerox when I made copies.

12 MR. ROSE: Oh. I just thought it was something new.

correction.

13 MR. BRADHAM: I just thought it was my old age. So if
14 we can vote on that, with that one, the

15 All those in favor of the minutes, with that one
16 correction indicated, the uplifted right hand.

17 (Board members comply by lifting their
18 hand.)

19 MR. BRADHAM: Okay. And the motion carries. Next item
20 on the agenda is the approval of reciprocity
21 candidates for licensure. Do I hear a motion from
22 the board?

23 MR. ROSE: Mr. Chairman, I have two that I brought with
24 me today. Is it okay to vote on them two? Or --

25 MR. BRADHAM: I actually brought four with me today,

and

1 I think Dan brought some and you brought some. I
2 don't know of any other members. But I think they
3 will be included in the next meeting; is that
4 correct?

5 MS. CROUCH: Yes.

6 MR. ROSE: Okay.

7 MR. BRADHAM: It will not hold up their license or
8 anything. It was just the act of this board. So
9 to hear a motion that they be accepted.

10 MR. MOBLEY: So moved.

11 MR. BUSHARDT: Second.

12 MR. BRADHAM: Okay. Motion made by Hugh Mobley and
13 seconded by Dan Bushardt. All those in favor,
14 indicate by the uplifted right hand.

15 (Board members comply by lifting their
16 hand.)

17 MR. BRADHAM: Okay. The next item on the agenda is
18 administrator's report from Ms. Bundrick.

19 ADMINISTRATOR'S REPORT:

20 MS. BUNDRICK: Good morning, Mr. Chairman, and members
21 of the board. I'm pleased to announce that Dr.

Leo

22 Richardson was reappointed as the lay member of

the

His 23 board by Governor Nikki Haley on May the 19th.
24 term expires at the pleasure of the Governor. I
Columbia, 25 would like to welcome Ms. Rebecca Long of

pleasure

by

3,091

dispensing

1 South Carolina, as the new pharmacist at-large
 2 member. She was appointed by Governor Nikki Haley
 3 on May 19th, with her term expiring at the
 4 of the Governor. We look forward to working with
 5 Ms. Long in her new position on the board.

6 I would like to welcome Ms. Carol Small-
 7 Russell to our meeting today as an observer. As
 8 Chairman Bradham said earlier, she was confirmed
 9 the Senate late last night and is awaiting her
 10 letter from the Governor for a statewide
 11 appointment from South Carolina Board of Pharmacy.

12 As of this report, we have approximately
 13 active state-certified pharmacy technicians and
 14 6,943 active registered pharmacy technicians. We
 15 have 6,982 active licensed pharmacists and 3,935
 16 permanent facilities and three electronic
 17 prescribing routing companies.

18 The pharmacist inspectors have conducted 149
 19 inspections since the last board meeting: 75 were
 20 pharmacy permit inspections, 52 were non-
 21 drug outlet permit inspections, 5 were EMS permit

issued

22 inspections and 17 were medical gas DME permit
23 inspections. Of the 149 inspections, 22 new
24 permits were issued. No citations have been
25 since the last board meeting. Twenty-seven

1 reciprocity interviews have been conducted since
2 the last board meeting.

we

3 The Board of Pharmacy has continued to serve
4 as a site for pharmacy students on clinical
5 rotations from the South Carolina College of
6 Pharmacy, USC campus. During the month of June,
7 had Ms. Kristen Kellar on rotation with us. The
8 South Carolina Pharmacy Association has offered us
9 an opportunity to have an exhibit booth at the
10 upcoming annual convention, starting Thursday,
11 the 23rd in Hilton Head, South Carolina. Please
12 drop by and see us at the exhibit hall.

June

duties

13 I would like to thank Mr. Carmela in advance
14 for partnering with the board in an effort to
15 improve public awareness of the board in its
16 and responsibilities.

28th.

17 Mr. Wilbur Harley, Ms. Clelia Sanders and I
18 completed the new questions for the MPJE state-
19 specific law exam on specific competencies that
20 they requested and/or any changes in law. The
21 questions were submitted to NABP on April the

Clelia

and

22 My staff and I have participated in the
23 following meetings since April meeting. Ms.
24 Sanders, Mr. Ray Trotter, Ms. Stephanie Calhoun
25 I attended an Investigative Procedures and Case

1 Resolution Meeting with OIE LLR representatives on
2 April the 29th.

3 Ms. Clelia Sanders and I appeared before the
4 Board of Medical Examiners on May 2nd regarding
5 tele-medicine.

6 Ms. Stephanie Calhoun, Mr. Ray Trotter and I
7 attended a Compliance Monitoring Meeting with the
8 operational management area of the Office of Board
9 Services on May 3rd.

10 Staff attended the LLR Employee Appreciation
11 Picnic on May 4th. Governor Nikki Haley spoke to
12 the agency employees. Ms. Clelia Sanders was
13 awarded her five-year service appreciation pin at
14 that time.

15 Staff attended a bagels and coffee drop-in
16 hosted by director Katherine Templeton with the
17 medically-related boards on May the 11th.

18 USP 797/795 compounding task force met on May
19 11th. Mr. Addison Livingston chaired the meeting,
20 as a board meeting. Ms. Clelia Sanders, Mr. Joe
21 Newton and I attended as staff members.

22 Staff participated in a conference call with
23 OIE and DHEC Bureau of Drug Control on May the

24 11th.

25 Staff participated in a conference call with

1 legal regarding investigation on May the 13th.

2 The Pharmacy Practice Committee met on May
3 17th. Mr. Henry Rose, Mr. Hugh Mobley and Mr.
4 Bobby Bradham attended as board members. Mr.

Ernie

5 Shuler, Mr. Larry Grant, Ms. Rosemary Boguski, Ms.
6 Clelia Sanders, Mr. Joe Newton and I attended as
7 staff.

8 I attended a mandatory customer relations
9 training class sponsored by LLR on May the 18th.

I

10 attended the Senate Medical Affairs School
11 Committee with Ms. Carol Small-Russell regarding
12 her appointment to the board on May the 19th. She
13 received a favorable report.

14 Mr. Bobby Bradham, Mr. Dan Bushardt, Dr. Leo
15 Richardson, Ms. Rosemary Buguski, Mr. Ernie Shuler
16 and I attended NABP's 107th Annual Meeting in San
17 Antonio, Texas, May 20th through the 25th.

18 We had a telephone IRC meeting with Mr. Steve
19 Turner on May the 26th. Ms. Clelia Sanders
20 attended the administrator's meeting with the
21 Office of Board Services on May the 26th.

22 On June 1st, Ms. Clelia Sanders, Mr. Joe

in

23 Newton and I participated in a meeting with
24 representatives of an entity that provides
25 pharmaceutical services to the detention centers

1 the State of South Carolina regarding compliance
2 issues.

the

3 Ms. Clelia Sanders and I spoke with the
4 incoming students at South University regarding
5 tips to be an excellent pharmacy intern on June
6 8th.

school

7 Ms. Clelia Sanders met with Ms. Nancy Allen,
8 Education Associate, Health Science, for the South
9 Carolina Department of Education concerning
10 pharmacy technology courses offered for high
11 students, on June the 8th.

Clinical

Health

the

12 Ms. Clelia Sanders and I attended the South
13 Carolina Primary Health Care Association's
14 Network Retreat on June 10th and 11th in Myrtle
15 Beach. We participated on a panel regarding
16 Professional Rules and Regulations 101, with
17 representatives from the Nursing Board and from
18 Board of Medical Examiners. We presented
19 information on how the new FQHC laws -- on the new
20 FQHC laws and how to be in compliance with them.

21 Staff has attended other agency board staff

22 compliance and legal counsel meetings. I received
23 a copy of the Recognition Resolutions from the
24 107th NABP annual meeting that were approved in
25 recognition of deceased members who had
significant

1 contributions to NABP, to the protection of the
2 public health and to the practice of pharmacy.
3 NABP enclosed certificates for Joseph Hodge and
4 Thomas C. Lynch, Jr.

5 The upcoming NABP AACP District 3 Annual
6 Meeting will be August the 6th through the 9th in
7 Biloxi, Mississippi. The staff --

8 MR. BRADHAM: It's not under water yet?

9 MS. BUNDRICK: I hope not. Staff just received the
10 information afforded to you via email. This will
11 be discussed later in the meeting on the agenda.
12 In the near future, you will be receiving your
13 board information for board meetings from a secure
14 web link. The information will be in a PDF file
15 from a secure web folder. Information will be
16 to be accessed because you will be assigned a user
17 ID and password to access it. This will allow
18 staff to update information in the folder up to
19 point in the 24-hour posting of the notice of the
20 meeting and agenda. More information will follow,
21 as we proceed with this new feature.

22 The deadline for the third quarter Board of

able

the

23
approaching.

Pharmacy newsletter to NABP is quickly

24

If you have any suggestions for articles, please

25

let me know. We've been sending these to you for

1 your review and comment. If anyone's having
2 problems receiving them, please let me know.

3 Handouts for your review that are under the
4 administrator tabs that may be of interest to you
5 include a letter to Chairman Bradham from Heather
6 Kokko, Director of Pharmacy Services at MUSC,
7 requesting MUSC pharmacist to be considered for
8 Board of Pharmacy committees; a copy of Chairman
9 Bradham's letter to Director Templeton regarding
10 pharmacy investigations; a letter of introduction
11 from the Board of Directors, the Society for the
12 Education of Pharmacy Technicians; a letter to ATI
13 Allied Health, informing them on the specific
14 requirements regarding pharmacy technicians and
15 financial report.

the

16 I would like to thank the board for their
17 continued support of me and the rest of the staff
18 in the office. We always appreciate the
19 encouragement, support, and guidance that you give
20 us. And I would respectfully answer any questions
21 that you may have.

22 MR. BRADHAM: I know regarding the newsletter, I know
23 NABP has apportioned that they have in there. It

about 24 might be a good idea to have some information
in 25 the new ability that NAB is offering pharmacists

1 the nation to register with that central ACPE --

2 MS. BUNDRICK: Right.

3 MR. BRADHAM: -- site. Even though right now they're

4 only set up and geared for accepting ACPE CE.

What

5 I learned -- and I'm sure you did too, talking

with

6 the folks -- that they are looking at having the

7 ability to offer other than ACPE. But if they

8 don't have anything in there about it, that would

9 be my suggestion to give the folks the email

10 address that pharmacist can go on that site and

11 register, and the technicians can go on that site

12 and register.

13 MS. BUNDRICK: Would it be the national meeting, Ms.

14 Scotty --

15 MR. BRADHAM: Scotty Russell.

16 MS. BUNDRICK: Yeah. She works for NAB now, and she

17 used to be the chairman of the board, the Virginia

18 Board of Pharmacy. She --

19 MR. BRADHAM: She was executive director; wasn't she?

20 MS. BUNDRICK: Executive director.

21 MR. BRADHAM: Yeah.

22 MS. BUNDRICK: Yeah. But anyway, she wants to come to

23 the board in September to talk to them program.

24 MR. BRADHAM: Okay.

25 MS. BUNDRICK: She's asked to be on the agenda.

1 MR. BRADHAM: Okay.

2 MS. BUNDRICK: So she could probably give y'all more
3 information and details on the programs there.

4 MR. BRADHAM: Any other --

multi-

5 MR. ROSE: I have one. Do we have a date for the
6 guide yet?

7 MS. BUNDRICK: No, sir.

8 MR. ROSE: It's usually in September.

9 MS. BUNDRICK: It has been in September; it has been in
10 October. But we were hoping to get information on
11 it. We have not received that yet.

12 MR. ROSE: That will be from Georgia; is that correct?

13 MS. BUNDRICK: That is my understanding.

14 MR. ROSE: I was suppose to go to Georgia; for the 3rd
15 District ---

16 MS. BUNDRICK: Right.

17 MR. ROSE: -- now Mississippi or somewhere.

18 MS. BUNDRICK: More and more businesses.

19 MR. BRADHAM: Well, they may be above water. It's my
20 understanding that when they built that casino;
21 they built it on floating docks, so that --

22 MR. ROSE: They will rise?

23 MR. BRADHAM: It would rise in accordance with whatever

24 the water levels were. Might have to take a boat
25 to it. Any other comments?

1 MR. MOBLEY: Yeah. One thing that is on the immediate
2 horizon that -- if you watch state politics, you
3 know that redistricting is going on. And there
4 actually is a proposal to get a 7th Congressional
5 District -- 7th. It's the map that it falls in
6 that's proposed. Which, our statute will need to
7 be reevaluated in regards to that because number
8 one, the rotation cycle, as well as the additional
9 board member. So that would require statute
10 change.

11 And I don't know if that's something that we
12 want to go ahead and kind of start the ground work
13 on because, understanding, once it's approved by
14 the Justice Department, then that's in effect in
15 2012, or 2012 elections. And that's just really
16 right around the corner. So I think if we have
17 something at a doorstep, we'll have less time of
18 transition, because as we know, sometimes
19 appointments to the board take a while. So this
20 could even take longer, since that's the case.

21 Now, the other thing is, next year would be
22 '12, would be the second session of legislative
23 cycle, which, if that's going to occur, probably

24 need to have it at the doorstep to go in in
25 January, so that that additional seat could be

1 addressed. And I know there had been some
2 discussion about technician board member. I don't
3 know where that is or what we've done with that.
4 But that would take us from eight to ten board
5 members.

6 But I think that's something that probably
7 needs to be addressed between now and the January
8 session and a little bit of education done, the
9 legislature, because they do a lot of things that
10 are actually clean-up statutes. So that's
11 something that I think that we need to go ahead
12 prepare for.

and

13 MS. BUNDRICK: If I'm not mistaken, I think the statute
14 says just a representative from each congressional
15 district.

16 MR. ROSE: It doesn't say how many.

17 MS. BUNDRICK: It doesn't say how many congressional
18 districts.

19 MR. MOBLEY: Okay.

how

20 MS. BUNDRICK: But we would still need to figure out
21 to rotate people off --

22 MR. MOBLEY: Right.

23 MS. BUNDRICK: -- and that type of --

24 MR. MOBLEY: Plus, your license are going to change,
the

25 signature lines. I mean, there's just a lot of

1 little things that have to be worked on. And so,
2 if you've got to change the statute. Can we go
3 ahead and review it, make preparations, so that by
4 the time January comes, because the January 12
5 election will be right there. And then all that
6 will flow right in, rather than wait --

7 MS. BUNDRICK: Right.

8 MR. MOBLEY: -- till afterwards.

9 MR. BRADHAM: Can our legal advisor, Ms. Bell, can you
10 look at that and see what, if any, changes we need
11 to make? And have a report at our September
12 meeting regarding advice, and whoever the new
13 chairman appoints with the legislative committee
14 and meet with them before then, to give them some
15 education as to what, in your legal opinion, needs
16 to be done for the practice act --

17 MS. BELL: Certainly.

18 MR. BRADHAM: -- to adjust this. I know that Lee Ann
19 read out that I had received information or
20 requests to add certain members to various
21 committees. Over the past three to four months, I
22 have received many of those from many
23 organizations. And this is a good thing because

24 I've been on this board when we've been scrambling
25 around, trying to find members of committee. And

1 so it's a good thing that now we have many
2 entities, many organizations that are assisting in
3 that process.

4 And this is one of the reasons that at the
5 last meeting, I offered and you-all passed a
6 revised committee guideline structure because it
7 was getting difficult, and we didn't have any
8 guideline structure. We'd have some committees
9 with three members, and that was appropriate in
10 some cases. But not in all cases. And then you'd
11 have some committees with as many as 12 members.

12 And now with the guidelines that you-all have
13 adopted, we have a designated number of folks
14 representing various segments with professions.

So

15 we don't have a committee of 12 members and 11 of
16 them are just from one segment of the profession.
17 We've not had that, but we got close to that. And
18 so new guidelines will hopefully make that job for
19 whoever you-all elect today as the new chairman
20 complete that task.

21 Any other comments?

22 MR. LIVINGSTON: Are you saying that these board books
23 will be in a PDF file?

24 MS. BUNDRICK: That's what we're hoping to accomplish.

25 That way, you know, hopefully, outside the
meeting.

1 Hopefully, you can get the majority of it ahead of
2 time.

3 MR. BRADHAM: So we're going to get our computers back?

4 MS. BUNDRICK: We're still working on that too.

5 MR. BRADHAM: Okay. Thank you. All right. Any other
6 comments? questions? Thank you very much, Ms.

can

7 Bundrick. Quite a thorough report. And if you

do

8 make me a copy of that because I think I have to

9 such next week for Carmella and the South Carolina
10 Pharmacy Association. And so I usually use the

you

11 last report that you've given the board. So if

12 can make that available to me, I'd appreciate that
13 so much.

14 Next item on the agenda is reports from the
15 Office of Investigation and Enforcement. Is that
16 your name, Mr. Hanks?

17 MR. ALTMAN: That's me.

18 MR. BRADHAM: Mr. Altman.

Altman,

19 MR. ALTMAN: Again, introduction was going along rather
20 quickly last time. My name, again, is Bill

21 and I am the interim chief investigator for the

22 Drug Diversion Unit. And, basically, we'll be
23 doing most of the drug issues for the pharmacy
24 cases. And again, the same position that Ron Cook
25 used to have. And for the interim, filling in for

You've

1 him, so it's real short of short and sweet.

2 got Handout No. 4 with a case status report.

3 MR. BRADHAM: Is this the sheet right here?

4 MR. ALTMAN: Yes, sir. The one with the blue, like Ms.

5 Long has. There you go. Yes, sir. Basically, we

January

6 had 27 cases open during this period from 1

7 to date, or actually 13 June. And we closed three

8 and there are still 27 active cases that we're

9 working on. And I'll be glad to answer any

10 questions.

11 MR. BRADHAM: Mr. Mobley.

related

12 MR. MOBLEY: How many cases do we have that were

13 to diversion, versus practice issues?

and

14 MR. ALTMAN: I'm not sure, sir, I'd have to check it

15 get back to you. I'm not -- we don't -- I really

16 don't track it as far as the ones they -- and the

17 ones that are the practice issues and the

18 diversion.

19 MR. MOBLEY: What about, can you give us any status on

20 the backlog on any of these diversion cases?

21 MR. ALTMAN: I think what we're going to see, we have a

22 awful lot of cases that are -- have been
23 backlogged, quite honestly.

24 MR. MOBLEY: Right.

25 MR. ALTMAN: And we're I think at the point where that

1 dam is about to break. And we have a lot of cases
2 that are in the process of being closed. And that
3 will be hopefully reflective on the next time that
4 you'll see a lot of -- lot of closed cases. But,
5 you know, right now it's -- with the transition,
6 compliance with all that was going on, trying to
7 get all that done, you know, there has been a
8 backlog.

new

9 MR. LIVINGSTON: Are you -- I know you said you were
10 at this. Have you taken the time to review our
11 statute, in what it says in regards to
12 investigations?

13 MR. ALTMAN: Have I read the Practice Act?

14 MR. LIVINGSTON: Yes.

15 MR. ALTMAN: Yes, sir. Yes, sir.

do

16 MR. LIVINGSTON: And the part that says that where --
17 you have a pharmacist that works in your
18 department?

19 MR. ALTMAN: No, sir. No, what we do is we rely on Ms.
20 Bundrick and her inspectors to do the review of
21 each of the cases, so that every case is looked at
22 by a pharmacist.

23 MR. LIVINGSTON: That's a review versus actually, I
24 think what the statute says. I'm just asking a
25 question.

1 MR. ALTMAN: I'm not sure.

2 MR. LIVINGSTON: Okay. Thank you.

3 MR. BRADHAM: Any other questions or comments?

4 MR. MOBLEY: Are you a staff of one?

that

5 MR. ALTMAN: No, sir. There are five investigators

6 work on the Drug Diversion Unit. But we do all of

7 the health and medical-related boards, not just

8 pharmacy. We do all the boards, so --

hire

9 MR. MOBLEY: Would it be possible for your staff to

10 a pharmacist to work in that department to do

11 investigations, so we could be compliant with

12 staffing?

13 MR. ALTMAN: Sir, I think that's really not a question

14 for me. I have to think that I'd be out of place

15 to try to answer that.

16 MR. MOBLEY: Okay.

we

17 DR. RICHARDSON: Well, I think the mentality was that

18 didn't particularly need a pharmacist for this

19 group. That was the understanding. That we were

20 led to believe.

21 MR. ALTMAN: Well, again, if, you know, the decision --

22 the decision will be made above my head, as far as

23 if they feel like a pharmacist needs to be in with
24 -- there needs to be a pharmacist in there. And,
25 again, I just -- it's not appropriate for me to

We

1 answer that. I think we do the investigations.

2 do a good job in investigating.

3 DR. RICHARDSON: We don't question that.

4 MR. ALTMAN: You know, but the -- as far as the
5 interpretation of the statute and the part about
6 the pharmacist, that's above --

7 DR. RICHARDSON: Well, I think the big question I think
8 that Hugh was relating to, and the board, the
9 question that came up in the past was, we didn't
10 necessarily, you didn't necessarily need a
11 pharmacist for this group, as I understand it. I
12 think that's why he asked that question.

13 MR. ALTMAN: Yes, sir, I would agree.

14 DR. RICHARDSON: If I'm correct.

15 MR. MOBLEY: Well, and then I was trying to refer to
16 what the statute said about regarding the -- I
17 think it says there must be a pharmacist.

18 DR. RICHARDSON: Okay. And then I think we're just
19 trying to clear that up and make sure that that's
20 correct, in terms of the statute versus hearsay or
21 what is not in writing.

22 MR. ALTMAN: Right. My personal opinion, and just
that,

set

23 my personal opinion, is that the way we have it
24 up now, we have investigators working all those
25 cases, that have a lot of experience in

questions

1 investigations. And when we need help or
2 answered that were pharmaceutically directed, I
3 think we all know it's over our head and we go to
4 someone that can answer it.

5 DR. RICHARDSON: Well, I think that's --

6 MR. ALTMAN: But that's --

7 DR. RICHARDSON: -- appropriate response from you, in
8 reference to his question, whether or not there's

a

9 necessity, versus the statute.

10 MR. ALTMAN: Right.

11 DR. RICHARDSON: You see. So I think it appropriate,
12 your response. But the question still remains.

it,

13 The statute says this, and so we need to change

14 then we need to change it --

15 MR. ALTMAN: Right.

16 DR. RICHARDSON: -- when we get to changing it.

17 MR. ALTMAN: Well, again, that's just my opinion, that
18 the investigators don't necessarily need to be
19 pharmacists for the type of investigations that we
20 do.

21 MR. MOBLEY: Where it's drug related.

22 MR. ALTMAN: Yes, sir.

profession 23

MR. MOBLEY: Would you say that the pharmacy

24 has somewhat unique characteristics to it that

25 maybe some of the others don't?

1 MR. ALTMAN: Sure. I would.

2 MR. LIVINGSTON: What's your background?

3 MR. ALTMAN: Twenty years Army, special agent with the
4 CID, Criminal Investigation Division, 20-plus
years
5 in the Army, 15 of that as a special agent.

6 MR. LIVINGSTON: Okay.

7 MR. ALTMAN: And so most of my background has either
8 been in the private investigative industry, and
9 again as an agent, law enforcement, so --

10 MR. BRADHAM: So I heard you say the decision is made
by
11 the investigative team as to whether pharmacists
or
12 slash pharmacy input is needed; is that correct?

13 MR. ALTMAN: Yes, sir. I think each investigator, if
he
14 gets into something in an investigation that is
15 specific, he needs an answer on, then certainly,
we
16 all know to go and get that assistance. Most
17 often, that doesn't happen, for the type of
18 investigations that we're looking at, type of
19 investigations we do in the drug diversion arena.
20 You know, it's pretty much a -- hate to say cut-
21 and-dry investigation, but within the statutes and

22 the Practice Act, it's much more of an
23 investigation than it is pharmacy knowledge
24 concerning anything that's specific, I think.
25 MR. MOBLEY: So you're saying that most investigations

that

1 do not involve a pharmacist from LLR staff; is
2 what you just said?

3 MR. ALTMAN: What I'm saying is, all of our
4 investigations, the investigator was handling the
5 case. And then at the end, to comply with statute
6 as I understand it, they're all reviewed by Ms.
7 Bundrick as well as Ray Crocker. And, again, my
8 understanding, to fulfill the requirement of
9 involvement of a pharmacist.

10 MR. MOBLEY: Well, what are you calling the end of the
11 investigation?

saying,

12 MR. ALTMAN: Basically, when the investigator is

whether

13 "All right. I think I've got my investigation
14 complete," and they write it up on a litigation
15 summary. And that goes through the system,

again,

16 it's, you know, going to the IRC or it's a
17 resolution guideline case. Then to go from,

18 just that -- in the process of closing it, whether
19 the sanctions have been whatever, the --

20 MR. MOBLEY: So the sanctions have already been levied
21 before your staff or --

either

22 MR. ALTMAN: No, sir. No, no. The sanctions are

made

23 done at the IRC, as far as recommendations are

24 by Mr. Turner and the pharmacy representatives.

25 We, the investigators, don't have very little

1 input. That's really not our expertise. And we
2 have very little input in that process, as far as
3 what these sanctions are supposed to be or need to
4 be for that particular offense. And we just rely
5 on them for that.

6 And then once they've made that
7 recommendation, then it's going to come back to me
8 for a letter of caution, or it's going to go to
9 GC for formal complaint, or it's going to be
10 under resolution guideline, if that was what the
11 recommendation was.

the
closed

12 MR. BRADHAM: Earlier, Mr. Mobley asked you how many
13 cases were related to diversion and how many were
14 related to pharmacy practice issues and you said
15 you didn't keep statistics. And then later you
16 said "most of your investigations," without giving
17 it a number, "were involved in diversion." Are
18 those two correct statements?

19 MR. ALTMAN: Sir, what I was saying was all of my
20 investigations are diversion investigations,
21 talking about for all the boards, all the Practice
22 Acts. We do all the nursing board and all of the

23 boards. That's what I was saying as far as all of
24 the cases we investigate are drug diversion cases.

25 MR. LIVINGSTON: Can I read you something from -- I

just

to

Board

1 want to read you something from the statute. I
2 just pulled it up. And we don't write this, but
3 the legislature is actually the one that does it.
4 Section 40-43-60, Paragraph B, it says, "The Board
5 of Pharmacy shall have its own staff of inspectors
6 who must be pharmacists, licensed in South
7 Carolina, and shall conduct all pharmacy
8 inspections and investigations, and shall report
9 and be supervised by the administrator of the
10 of Pharmacy." Is the way y'all are doing it
11 compliant with that statement and statute?
12 MR. ALTMAN: Sir, I don't think I'm qualified to be the
13 one to answer that. It's a legal question.
14 MR. LIVINGSTON: Okay. Thank you.
15 MR. ALTMAN: Yes, sir.
16 MR. BRADHAM: Any other comments or questions? Any
17 other additions to your report, sir?
18 MR. ALTMAN: No, sir.
19 MR. BRADHAM: Thank you very much, Mr. Altman.
20 MR. ALTMAN: You're welcome.
21 MR. BRADHAM: Appreciate your being here. Next item is
22 Mr. Hanks, Office of General Counsel.

23 (Off-the-record interruption.)

24 MR. HANKS: Mr. Bradham, we have 35 cases that are
open.

25 But of those 35, nine of those are pending some

1 type of agreement, four of those are pending some
2 type of hearing. So we'll have 22 additional
3 matters to resolve. And we've closed 49 over on
4 the right.

5 MR. BRADHAM: Okay. What I like, a very succinct
6 report.

7 MR. HANKS: Yes, sir.

8 MR. BRADHAM: Any questions of Mr. Hanks?

9 (NO RESPONSE.)

10 MR. BRADHAM: Okay. Next item on the agenda is Office
11 of Information Services.

12 MS. BUNDRICK: This report is a handout. It gives you
13 the statistical data in regards to how many
14 licenses or credentials that we have by numbers.
15 We have a total of 22,820 in regards to

pharmacies,

16 pharmacy interns, pharmacies --

17 MR. BRADHAM: Is that report a hand out Ms. Bundrick?

18 MS. BUNDRICK: -- pharmacy technicians. Yes, sir.

That

19 looks like -- that's what you've got right there.

20 MR. BRADHAM: Everybody got it? Okay.

21 MS. BUNDRICK: And I ran this through the 13th.

22 MR. BRADHAM: Okay.

23 MS. BUNDRICK: And it shows you how many licenses had
24 been issued in that time frame, since the last
25 board meeting, 488. Ten were reinstated and 4,173

1 were renewed online so far. We still are in the
2 process of renewing pharmacies and technicians.

3 MR. MOBLEY: How many of those are backlogged or
4 delinquent?

5 MR. ROSE: How many are what, Hugh?

6 MR. MOBLEY: How many of them are not -- I mean, I know
7 the time hasn't expired, but what's the --

8 MS. BUNDRICK: Well, based on the renewal online
9 statistics from this report, certified pharmacy
10 technicians, 1191 out of 3,090 have renewed
online.

11 As of the registered technicians, 1406 have
renewed
12 out of almost 7,000. So we've got a lot more that
13 need to be renewed.

14 MR. MOBLEY: What about the permitted facility?

15 MS. BUNDRICK: It looks like here, for drug outlets,
375
16 out of 875 have renewed. The EMS, it looks like
17 none of those have renewed yet. Medical gas
loaded

18 device was 105 of 231. And the ones that has
zero,
19 those cannot renew online, the out of state ones,
20 because they have to send so much information into
21 us from other states. And it looks like as of the

22 permitted pharmacies in our state, 976 out of 1309

23 have renewed.

24 MR. MOBLEY: That's not a bad number there.

25 MS. BUNDRICK: No, that's not a bad number. The

1 technicians are lagging way behind.

2 MR. MOBLEY: Well, some of that may be related to
access

3 to being able to get online, I know. Might have
to

4 do it at work, so --

5 MS. BUNDRICK: Well, and some of it has to do with some
6 of them don't even have credit --

7 MR. MOBLEY: I know.

8 MS. BUNDRICK: -- cards either.

9 MR. MOBLEY: I know.

10 MR. ROSE: Could I ask a question?

11 MS. BUNDRICK: Yes, sir.

12 MR. ROSE: When we have a registered technician, what's
13 the identifiers for that? I mean, like, do they
14 have their birth dates? or social security number?
15 or what's the -- in other words, if somebody loses
16 their license, and then they get married and apply
17 for another license, will it show up? Because
I've

18 had people in my district say that it -- in
talking

19 about it, it's kind of like it's kind of funny
20 that some of these technicians that have been in
21 trouble change their name and got another

22 registration.

23 MS. BUNDRICK: We ask for Social Security numbers.

24 MR. ROSE: We do?

25 MS. BUNDRICK: Yes.

1 MR. ROSE: So you would cross check?

2 MS. BUNDRICK: The computer should do that.

3 MR. ROSE: I think some of them are getting around it
4 somehow, I think. How that would be -- it wasn't
5 funny to me at all.

6 MS. BUNDRICK: Well, if you know of any specific
7 individuals --

8 MR. ROSE: They didn't tell me who they were.

9 MS. BUNDRICK: -- we'll be glad to look --

10 MR. ROSE: They just said that they had known some
11 people that -- I don't know. I was just
wondering.

12 That's just several things about re-licensure and
13 re-registration that I was interested in
commenting

14 on. One of them was the -- I have an interview to
15 do next week that the lady has a Green Card. Do
we

16 allow Green Cards and J-1 Visas, things like that,
17 for registration for licensure in South Carolina?

18 MR. HANKS: I think you have to certify to jury, but it
19 would work, right? Just so it would legally work.

20 MS. BELL: There's an affidavit eligibility. There's
an
21 affidavit of eligibility that they have to fill

22 out, and they have to show all the required
23 paperwork to properly document that they are --
24 MR. ROSE: Because we could have somebody in a pharmacy
25 residency program in a hospital that's on a J-1

1 Visa that is not a U.S. citizen. And they would
2 have to be in a program of some kind or a job to
3 keep that -- J-1, you would probably have to be in
4 a program.

5 But what my question mainly is is whether or
6 not they're on a Green Card when we ask for
renewal
7 each year, do we check to make sure that Green
Card
8 is still valid?

9 MS. BUNDRICK: I would think that that's something --

10 MR. ROSE: I don't think it is.

11 MS. BUNDRICK: I'm not positive. I can check on that.

12 MR. ROSE: You said on a renewal?

13 MS. BUNDRICK: On a renewal? I doubt it on a renewal.

14 MR. ROSE: Their Green Card's either good for two years
15 or ten years. So I think that's something we need
16 to check every year. I don't know how you'd flag
17 those people if they don't have a Green Card in
the
18 computer.

19 MR. BRADHAM: We have had that issue with some intern
20 license we issue, that they have work or education
21 type visa. So we run into it for interns because
22 there is not an extra layer of work and

23 documentation that interns now have to provide for
24 the four years that they're in pharmacy school,
25 that have not been counted before. I think it's

so

that

1 new, the computer systems, the registration and
2 first time licensure or first time permitting have
3 not kept up with what our legal requirements are.
4 So that's an issue in that our legal folks come up
5 and give us some advice as to how to deal with
6 issue and those issues.

7 COURT REPORTER: I need you to speak just a little bit
8 louder for me.

9 MR. BRADHAM: Okay. Thank you.

10 COURT REPORTER: Thank you so much.

11 MR. BRADHAM: I told her to remind me when I develop my
12 senior citizen soft tone.

13 COURT REPORTER: That's okay. When we have any papers
14 rattling or whatever, that's conflicting your
15 voice.

16 MR. BRADHAM: Okay. Thank you very much. We'll try to
17 improve.

18 COURT REPORTER: Okay. No problem.

19 MR. ROSE: Mr. Chairman, and the reason I asked that
20 was, this is the first time I've ever had a non-
21 U.S. citizen that I interviewed -- you probably
22 have, since you do so many in Charleston. I never
23 have had one that was not a citizen before, and I

24 just didn't understand how we would keep up with
25 whether they're current with their ability to be

in

1 the United States or not, and whether we need to
2 continue to re-license. It --

3 MR. BRADHAM: All right.

4 MR. ROSE: -- seems like it could fall through the
5 cracks, and I'm sure there's other things that are
6 involved.

7 MR. BRADHAM: Good point, Dock.

8 MR. MOBLEY: Probably, we need to do that as well as, I
9 mean, do online verification. Because I know at
10 immigration, bill changes they were doing this
11 year, they were doing that for employers, that you
12 had to do online verifications. So I think that
13 that should be part of what we do, as well as
14 background checks. It's just my opinion.

15 MR. ROSE: Well, it needs to be. It's not fair to U.S.
16 citizens when somebody comes in the country and
17 gets licensed as a pharmacist, but then doesn't
18 keep up with their registration. So we want to be
19 at least fair with the U.S. citizens.

20 MR. LIVINGSTON: Lee Ann does staff -- y'all have done
21 an excellent job turning these permits around.

You

22 know, I have people telling me, "Wow, got it real
23 fast." Do you anticipate a problem because this

24 backlog is going to hit within two weeks?

25 Technicians --

1 MS. BUNDRICK: We are very busy. My people are working
2 a lot of overtime right now, because like I said,
3 every credential we have pretty much is renewal.
4 Got a lot of wonderful, dedicated employees, hard
5 working. We're trying to get the work done as
6 efficient and accurate as possible.

we

7 MR. MOBLEY: It's a great situation compared to where
8 were.

have

9 MR. LIVINGSTON: Yeah. I tell you, numerous people
10 reported that to me --

11 MR. MOBLEY: Yes.

12 MR. LIVINGSTON: -- and surprised that they got their
13 license early.

14 MS. BUNDRICK: Thank you all. I'll let the staff know.

15 MR. MOBLEY: I ran into Ms. Templeton yesterday and I
16 told her the very same thing, so --

that's

17 MS. BUNDRICK: And I will definitely let my staff
18 not participating in the meeting today know. I
19 appreciate that.

20 MR. BRADHAM: Yeah. People now are not saying "this
21 office," they're saying "this person." And
22 Marilyn's name is one that comes up as "because

23 that lady's terrific." And Sally Brown and
24 Stephanie and --
25 MR. ROSE: Sally Green?

1 MS. BUNDRICK: Sally Green?

2 MR. BRADHAM: Sally Green. What did I say?

3 MS. BUNDRICK: Sally Brown.

Sally's

4 MR. BRADHAM: Oh, Sally Green. Their's a lot of

5 and colors, which are also -- worked with a lot of

6 Sally's in my live, even one called Sally Smith.

7 So the people are recognizing that there is a

8 difference. Any other comments on office of

9 Information Services? The finance report on Item

10 No. 4, you have Item No. 3; is that correct?

11 MS. BUNDRICK: Yes, sir. You should have two. You

think

12 should have one for April and one for May. I

13 April made it in the book and May is a handout?

14 MR. LIVINGSTON: May's a handout.

15 MS. BUNDRICK: Yes, sir.

16 MR. BRADHAM: Okay.

17 MR. ROSE: I'd like for Mr. Livingston to explain that

18 to me.

quite

19 MR. LIVINGSTON: Mr. Livingston is not that bright

20 that bright.

21 MS. BUNDRICK: I will let you know, I met with Doris

22 Cupid, who's my counterpart at the Board of

report 23 Accountancy yesterday. And she took the May
24 hid some columns and made some changes and made it
is 25 a lot more user-friendly to determine what money

1 where and what's being spent and what's being
2 brought into the program. And she's going to help
3 Marilyn and I figure out how to -- teach us how to
4 do this where you can have a more easily readable
5 report for the next board meeting.

6 MR. LIVINGSTON: That would be appreciated. Thank you
7 very much.

8 MS. BUNDRICK: Because like you getting every time a
9 license was renewed or a license fee was on there,
10 she hid those columns and just gave me a total.

So

11 the report I think she gave me might be ten pages,
12 compared to the numerous pages you have.

13 But we, as of May, the end cash balance is
14 \$800,000 -- eight hundred and something thousand
15 dollars. So that should increase because June's
16 probably going to be our heavy month with the
17 pharmacies and out of state's and technicians that
18 haven't renewed.

to

19 MR. LIVINGSTON: Mr. Chairman, Lee Ann, would it help
20 move either the pharmacy renewal or the technician
21 renewal to, say, August or something like that?
22 Would that help y'all as far as --

23 MS. BUNDRICK: Possibly.

24 MR. LIVINGSTON: -- because it seems like you're
getting

25 slammed the first of July for June, the first of

1 July.

2 MS. BUNDRICK: Well, we really get slammed from --

3 MR. BRADHAM: March.

the

4 MS. BUNDRICK: -- April to -- March or April. Well,

5 facilities went out, I think in February.

6 MR. BRADHAM: Pharmacists go out in March.

7 MS. BUNDRICK: In March. The facilities, we try to get

8 out early too. But, yeah, that would have to be

9 changed to statute.

10 MR. LIVINGSTON: Oh, it does?

11 MS. BUNDRICK: Yeah. Because there's specific dates in

12 the statute that they have to be done by.

13 MR. LIVINGSTON: It just seems like it would help the

14 work flow a little bit to move one of them to

that

15 September or August or something like that, so

16 they wouldn't be --

17 MS. BUNDRICK: Well, it's always been our busy time.

18 And this year, it's been a little more

19 overwhelming, frustrating, because everything was

20 back -- on April 1. So I think once we iron

21 everything out, we'll get, you know, our policies

to

22 and procedures and the way we handle things back

23 the way they used to be, I think it won't be quite

24 as hectic.

25 MR. LIVINGSTON: I realize y'all have taken a lot of

1 phone calls too, so --

2 MS. BUNDRICK: Yes, sir. We were averaging 600 and
3 something phone calls a week. And --

4 MR. BRADHAM: You mean a day, don't you?

5 MS. BUNDRICK: That's a week, but it seems like a day,
6 if you're answering them. Ask my staff.

7 MR. BRADHAM: The times that I have been up here. And
8 I've been up here more than I would like to admit
9 that I've been, I think I've seen Marilyn go like
10 this (indicates), and Sally and Stephanie too.

And

11 I've been on the other end also.

12 MS. BUNDRICK: Well, I do know administration is re-
13 evaluating the progress of the programs and what
14 our needs are. And that's one of the biggest
15 comments that all the administrators have concerns
16 about is answering the phones and being able to do
17 the work. Because you get interrupted so many
18 times, it can make many mistake. So that's
19 something they're looking at. You know, before we
20 had our own receptionist. I don't know whether it
21 will come back to having our own receptionist or
22 possibly having one receptionist for two or three
23 boards or something. I'm not real sure. But they

24 are looking at that, because that is a need.

25 MR. LIVINGSTON: Lee Ann, did you notice any pattern

1 when all those phone calls -- and what I mean by
2 that is, since there's been this change and things
3 are coming back into your hands, is that creating
4 more phone calls, that could get better as
5 things --

6 MS. BUNDRICK: Possibly. But the 600-something average
7 per week, that's to the main line. That isn't to
8 like our direct lines. And we still get calls to
9 our direct lines too. So, I mean, that's --
10 not really an accurate total number because you
11 them to your lines too.

12 And as you know, most -- a lot of people know
13 our phone numbers because they used to call us
14 LOC was handling things and they weren't handled
15 appropriately, trying to get our help. So we get
16 lot of phone calls to our direct lines also.

17 MR. LIVINGSTON: But is there anything that we can do
18 improve -- I mean, do you get repetitive
19 questions?

20 MS. BUNDRICK: Yeah, I'm sure we do. We're trying to
21 make all our forms more user-friendly and trying
22 to

21 get the information on the website. But some
22 people, even though you can refer them to the
23 website, and then they want you to talk them
24 through every step of it. So, you know, we try to
25 get the information out there, where we won't have

1 as many calls. But we still have a lot.

2 MR. LIVINGSTON: Stephanie, you're shaking your head
3 back there. What do you hear again and again and
4 again?

5 MS. CALHOUN: There are a lot of repetitive questions.

public

6 I think a lot of it is -- and I think as the
7 in general, you know, we don't like to read. So,
8 therefore, we call them (inaudible) once the
9 information given to us instead of reading it.

10 MR. BRADHAM: I call your direct line, so that's at
11 least a hundred added every day.

12 MR. MOBLEY: Well, that's going to change after
13 tomorrow.

14 MR. BRADHAM: After July the 1st. But I'm teaching
15 Carol that direct line number.

16 There were several items under Item No. 4.
17 Does anybody have any question of anybody before

we

18 let these folks go, other than Pat, I think.

19 MR. MOBLEY: I did want to go back, and I apologize for
20 not thinking of this at the time, Mr. Altman, and
21 thank you for coming. I think this is the first
22 time we've had somebody in a while --

23 MR. BRADHAM: It is.

24 MR. MOBLEY: -- who's come give us a report. We

25 appreciate that very much. Very much appreciate

1 that.

2 MR. BRADHAM: You're a brave gentleman.

3 MR. MOBLEY: I did have another question or two in that
4 you were talking about this investigation in
5 general. How many boards within -- you said you
6 did the health-related boards?

7 MR. ALTMAN: Yes, sir. We do --

8 MR. MOBLEY: How many of those do you have? Or could
9 you name them?

10 MR. ALTMAN: There are eight health-related boards.

The

11 medical examiners pretty much have the medical
12 examiners do the drug investigations.

13 MR. MOBLEY: They do that themselves?

14 MR. ALTMAN: They are, yes. And --

15 MR. MOBLEY: They have their own inspectors, or
16 whatever, that do their own --

17 MR. ALTMAN: They have their own investigators. As far
18 as the medical -- as far as the medical board,

they

19 have their own investigators that are designated
20 medical board investigators.

21 MR. MOBLEY: Why is that?

22 MR. ALTMAN: Well, most of the boards are that way.

23 Nursing board, you know, has -- again, almost all
24 of them are that way.

25 MR. MOBLEY: Right.

They

1 MR. ALTMAN: They have investigators that that's what
2 they do primarily are nursing investigations.
3 have ones that do primarily medical board
4 investigations. The ones that we usually are
5 handling are, we do a lot of nursing, pharmacists
6 -- pharmacy techs are a lot of that. We have
7 everything from like veterinarians --

8 MR. HANKS: Dentistry.

9 MR. ALTMAN: -- dentistry, occupational therapy,
10 physical therapy --

11 MR. HANKS: Long-term health care.

that

12 MR. ALTMAN: -- long-term health care. We don't get a
13 lot of those peripheral cases. Again, the nursing
14 board has X number of investigators designated
15 that's all they do, are practice issues for the
16 nursing board.

17 MR. MOBLEY: Okay.

issues

18 MR. ALTMAN: And we handle all the drug diversion
19 for the nursing board.

20 MR. MOBLEY: Okay.

21 MR. ALTMAN: The same as we do for the other boards.

22 They have a regular investigator that would handle

23 regular vet cases. But if we get a case where a
24 vet is diverting tranquilizers for his own use,
25 then we would investigate that.

1 MR. LIVINGSTON: I know you said that the medical board
2 did their own; is that right?

3 MR. ALTMAN: Yes, sir.

4 MR. LIVINGSTON: Do they do their own, the whole thing?
5 Or do y'all do any of the medical boards?

6 MR. ALTMAN: We don't do -- at the moment, we don't do
7 any of the medical boards, with a couple of
8 exceptions. One here -- occasionally, we do, but
9 for the most part, they're incorporated, I think,
10 in something else, and it's a part of what they've
11 got going on anyway. So for the most part, they
12 just keep it in their hands.

13 MR. MOBLEY: Sounds like the way we used to have it.

14 MR. ADDISON: And that's kind of what the statute says
15 for us as well.

16 DR. RICHARDSON: Mr. Altman --

17 MR. ALTMAN: Yes, sir.

18 DR. RICHARDSON: -- let's not forget now, you heard
what
19 we said. We also heard the statute.

20 MR. ALTMAN: Right.

21 DR. RICHARDSON: This board -- I'm the lay member of
the
22 board.

23 MR. ALTMAN: Right.

24 DR. RICHARDSON: This board goes specifically by the

25 statute. Now, what the group before you are

trying

he's

and

that's

1 to tell us -- and this is what we're harping on --
2 they ignored the statute and said that "We don't
3 need a pharmacist in that group." And so what
4 read to you is the statute that we read to them
5 they said, "Hey, we don't need it." And so that
6 was a conflict the last couple of years. I just
7 want to remind you, until we get back to that, the
8 statute's going to be read to you over and over
9 again until you can do exactly what the medical
10 board's doing.

11 MR. ALTMAN: I understand that, sir. But, again,
12 over my head.

13 DR. RICHARDSON: But you understand what I'm saying?

14 MR. ALTMAN: I do.

15 DR. RICHARDSON: Okay.

16 MR. ALTMAN: I do.

17 MR. MOBLEY: We're not picking on you.

18 MR. ALTMAN: I'm just available. I'm just available.

19 MR. MOBLEY: Thank you for coming and answering the
20 questions truthfully.

21 MR. ALTMAN: Anything else?

anybody

22 MR. BRADHAM: Thank you. Any other questions of

23 under Item No. 4?

24 (NO RESPONSE.)

25 MR. BRADHAM: Item No. 5 is compliance and inspectors

1 report. And is this your ball game, Mr. Hanks?

2 MR. HANKS: Yes, sir. I don't know if you have copies
3 of the voluntary surrender. Do they, Lee Ann?

4 MR. BRADHAM: I don't think we have copies of the
5 voluntary surrenders. It is my understanding is

we

6 don't need to vote on these.

7 MR. HANKS: No, sir.

8 MR. BRADHAM: As we will see these --

9 MR. HANKS: In another --

10 MR. BRADHAM: -- at some later time.

11 MR. HANKS: Absolutely. So the first matter that we'll
12 deal with is 2008-139.

13 MR. BRADHAM: 2008-139?

14 MR. HANKS: Well, actually -- that's actually not the
15 order that they're in, is it, Lee Ann? They're

not

16 in the same order.

17 MS. BUNDRICK: It's a revised --

18 MR. HANKS: Okay. You guys have a revised agenda,

which

19 means that we'd be looking at 2011-23, excuse me.

20 MR. MOBLEY: No, we have 2008 -- 2008-139.

21 MR. BRADHAM: Okay. That will be under the revised --

22 June the 13th -- Number 2008-139.

23 MR. HANKS: 2008-139. This is a relinquishment matter.
24 This individual admitted that he diverted some
25 controlled substances for his own consumption down

be

1 in Dillon, South Carolina. And rather than go
2 through this entire process, this individual had
3 decided to relinquish his registration to act as a
4 pharmacy technician. He agrees that he will not
5 eligible to reapply in the future, and he
6 understands that this is a public document.

7 MR. BRADHAM: We need to vote on these individually and
8 separately, that correct?

9 MS. BELL: Yes.

10 DR. RICHARDSON: And tell me again, what was the number
11 again now?

12 MR. HANKS: This was 2008-139. And that was under the
13 small package that was revised, listed as
14 "revised."

15 DR. RICHARDSON: Okay.

16 MR. BRADHAM: Do we have a motion regarding --

17 MR. ROSE: I move we accept.

18 MR. LIVINGSTON: Second.

motion,

19 MR. BRADHAM: Dock Henry Rose, to accept and Addison
20 seconded. Discussion? All in favor of the
21 indicate by the uplifted right hand,

22 (Board members comply by lifting their

23 right hand.)

24 MR. BRADHAM: Motion carries. The next item, Mr.

25 Hanks.

CVS

then

1 MR. HANKS: Supposing it's 2010-80. And under 2010-80,
2 this individual was down in Charleston. She was
3 arrested for diverting well over \$10,000 worth of
4 controlled substances and alleging drugs from a
5 down in Charleston. And we were able to locate
6 her. And she decided that rather than go through
7 the disciplinary process, she would rather to
8 relinquish her registration.

9 MR. BRADHAM: Do we have a motion regarding this?

10 MR. MOBLEY: So moved.

11 MR. HUBBARD: Second.

12 MR. BRADHAM: Mr. Mobley accept and Mr. Hubbard
13 seconded. Discussion?

14 MR. LIVINGSTON: Mr. Hanks, this has absolutely no
15 bearing on any criminal charges that would be
16 brought against this person. This is strictly
17 pharmacy.

18 MR. HANKS: Pharmacy; that's right. Yes, sir. Yes,
19 sir. And the process typically would be is DHEC
20 would get the report from Loss Prevention, and
21 they would do their investigation, arrest the
22 individually. And, unfortunately, you know, 80

23 percent of the time they allow these people to go
24 through pre-trial intervention. And that's about
25 -- when they're starting through that process is

1 about when we're notified.

2 MR. ROSE: Move to accept.

3 MR. MOBLEY: Second.

4 MR. ROSE: Have we already done it? I'm sorry; we
5 already done it.

6 MR. BRADHAM: Any further discussion? All in favor of
7 the motion, indicate by the uplifted right hand.

8 (Board members comply by lifting their
9 hand.)

10 MR. BRADHAM: And the motion carries. All right, sir.

11 MR. HANKS: The next matter is in your main folder.

Are

12 they in order, Lee Ann? Or do they have two
13 different --

14 MS. BUNDRICK: I think they're in order.

15 MR. HANKS: Okay. Then 2011-23.

16 MS. BUNDRICK: That should be in your book.

17 MR. MOBLEY: It is.

18 MR. HANKS: So 2011-23, this individual was arrested by
19 DHEC for trafficking in oxycodone. And, again,
20 rather than going through the disciplinary

process,

21 she wishes to relinquish her registration permit.

22 MR. BRADHAM: Do I hear a motion?

23 MR. HUBBARD: We would accept.

24 MR. BRADHAM: Mr. Hubbard to accept. Do we hear a

25 second?

1 MR. BUSHARDT: Second.

2 MR. BRADHAM: Second from Mr. Bushardt. Discussion?

3 (NO RESPONSE.)

4 MR. BRADHAM: All those in favor, indicate by the
5 uplifted right hand.

6 (Board members comply by lifting their
7 hand.)

8 MR. BRADHAM: Motion carries.

9 MR. HANKS: Sir, 2011-32. This individual diverted
some seizure medication, Gabapentin, and other
10 controlled substances from the CVS up in Anderson.
11

12 MR. BRADHAM: Gabapentin is not controlled.

13 MR. HANKS: I'm sorry. A controlled substance; I'm
14 sorry.

15 MR. BRADHAM: Gabapantin and a controlled substance.

16 MR. HANKS: And rather than going through the
17 disciplinary process, this individual has decided
18 that she would give up her registration
permanently
19 also.

20 MR. BRADHAM: Do I hear a motion?

21 MR. LIVINGSTON: So moved.

22 MR. ROSE: Second.

and

23 MR. BRADHAM: Mr. Livingston made a motion to accept

24 Dock Henry Rose seconded. Discussion?

25 (NO RESPONSE.)

1 MR. BRADHAM: All those in agreement, indicate by the
2 uplifted right hand.

3 (Board members comply by lifting their
4 hand.)

5 MR. BRADHAM: Motion carries.

6 MR. HANKS: Sir, the next matter is 2011-34. This
7 individual diverted hydrocodone and was discovered
8 by Loss Prevention over in Lake City. And, again,
9 rather than going through the disciplinary
process,
10 this individual wants to permanently relinquish
her
11 registration.

12 MR. BRADHAM: Okay. You've heard the recommendation.
13 Do we hear a motion?

14 MR. ROSE: Accept.

15 MR. BRADHAM: Dock Henry Rose made a motion to accept.
16 Do I hear a second?

17 MR. MOBLEY: Second.

18 MR. ADDISON: Second.

19 MR. BRADHAM: Seconded by Mr. Mobley and Mr. Addison,
20 both. Any discussion?

21 (NO RESPONSE.)

22 MR. BRADHAM: All in those in favor of the motion,

23 indicate by the uplifted right hand.

24 (Board members comply by lifting their

25 hand.)

1 MR. BRADHAM: The motion carries.

2 MR. HANKS: Sir, 2011-35. We have an individual that

work

3 admitted that they diverted hydrocodone in the

4 place, and they were terminated. And rather than

5 going through the disciplinary process, they wish

act

6 to permanently relinquish their registration to

7 as a pharmacy technician.

8 MR. BRADHAM: Do I hear a motion?

9 MR. LIVINGSTON: Move to accept.

10 MR. BUSHARDT: Second.

11 MR. BRADHAM: A motion was made by Mr. Livingston to

12 accept and Mr. Bushardt seconded. Discussion?

13 (NO RESPONSE.)

indicate

14 MR. BRADHAM: All those in favor of the motion,

15 by the uplifted right hand.

16 (Board members comply by lifting their

17 hand.)

18 MR. BRADHAM: Motion carries.

19 MR. HANKS: Mr. Chairman, now we'll go into the consent

20 orders. In respect to Case No. 2007-98, the facts

21 are just a little bit confusing. This individual

22 actually has a prescription for hydrocodone.

23 However, the hydrocodone that she was taking was
24 provided to her by an individual, and she did not
25 receive the hydrocodone through a legitimate

1 channel. But she did not divert it from the
2 pharmacy either.

3 So she had a practitioner who gave her the
4 hydrocodone, although she does have a hydrocodone
5 prescription. Don't ask me why she did it, but
6 that's the way it went down. She was arrested for
7 that, and that's how the matter came to our
8 attention.

9 The IRC in this case is asking that this
10 individual's license be suspended, the suspension
11 be immediately stayed for a period of six months,
12 and that she suffer a \$500 fine.

13 MR. LIVINGSTON: So she got a legitimate prescription
14 from a physician practitioner. And then that same
15 practitioner gave her the drugs?

16 MR. HANKS: A different individual.

17 MR. LIVINGSTON: Without going through the transaction
18 of another prescription.

19 MR. HANKS: Yes, sir. And that person was a medical
20 practitioner.

21 MR. BRADHAM: The person who gave her the drug was a
22 medical practitioner, who was not the medical
23 practitioner that ordered her the prescription.

24 MR. HANKS: Correct, sir.

25 (Inaudible discussion.)

1 MR. BRADHAM: You've heard the motion. Still trying to
2 find my -- is that in the book?

3 MR. ROSE: Yes.

4 MR. MOBLEY: While you're looking, I got a question.

5 MR. HANKS: Yes, sir.

6 MR. MOBLEY: This happened in 2007?

7 MR. HANKS: Yes, sir. It happened in -- and she signed
8 -- she signed several different iterations of
9 consents and MOAs.

10 MS. BUNDRICK: She changed attorneys --

11 MR. HANKS: Yeah. And she changed attorneys three
12 times.

13 MS. BUNDRICK: -- in midstream.

14 MR. HANKS: But she did go through the IRP process.

15 MR. MOBLEY: Because I didn't know if this fell in that
16 backlog issue.

17 MR. HANKS: Well, it does I guess, really.

18 MR. MOBLEY: Well, I mean, four years. I don't know.

19 MR. LIVINGSTON: She's been working?

20 MR. HANKS: Yeah. She was cleared by --

21 MR. MOBLEY: And therein lies my -- and this is a
22 sidebar. Therein lies my question about how
23 efficiently we turn this process in order to

affect

24 safety for a consumer in practice. Because there

25 you had something that's, you know, floating in

the

dealing

1 ocean for four years.

2 MR. HANKS: Oh, no, no. It wasn't floating in the

3 ocean, sir. By the time these things are

4 investigated, they're handled by us. We're

5 with them with the public safety issues; you

6 understand. We send people to DHEC and suspend

7 people. And she would fall under that process

8 also.

9 MR. MOBLEY: Well, I don't remember seeing one quite

10 that --

11 MS. BUNDRICK: She was evaluated by RPP and released

12 with no diagnosis, so we did that up front.

13 MR. HANKS All the safety issues are dealt with before

14 they come here.

15 MR. MOBLEY: Okay.

16 MR. BRADHAM: With regards to 2007-98, do I hear a

17 motion?

18 MR. ROSE: Move to accept.

19 MR. BRADHAM: Dock Henry Rose, moved to accept it.

20 MR. HUBBARD: Second.

21 MR. BRADHAM: Seconded by Rob Hubbard. Any further

22 discussion?

23 (NO RESPONSE.)

indicate

24 MR. BRADHAM: All those in favor of the motion,

25 with the uplifted right hand, opposed by the same

1 sign.

2 (Board members comply by lifting their
3 hand.)

4 MR. BRADHAM: The next one?

5 MR. HANKS: Sir, in the case of 2009-58, the facts
6 that --

7 MR. BRADHAM: 2010-58?

8 MR. HANKS: 2010-58. The facts of this case, sir, are
9 going to apply to the next three or four
10 agreements. The permit holder is a mail order
11 pharmacy located in various states. They have
12 shipped --

13 MR. BRADHAM: And this particular case is in Texas,
14 right?

15 MR. HANKS: Yes, sir. But there will be ones located
in
16 other states that will come --

17 MR. BRADHAM: But the ones in other states have
18 different case numbers.

19 MR. HANKS: Yes, sir. But I don't want to re-do the
20 facts. These are the same facts that are going to
21 apply to three or four.

22 MS. BUNDRICK: This will be the case 2010-58, 59, 60
and

23 61.

24 MR. BRADHAM: Okay. All right.

25 MR. HANKS: And again, the facts that I'm iterating to

mail

2010.

1 you at this point are going to apply over the next
2 several cases. This individual permittee is a
3 order pharmacy located in various states, and they
4 have shipped prescriptions to patients in South
5 Carolina either without an authorization from a
6 practitioner or they didn't undergo a drug
7 utilization review by a pharmacist. One of those
8 two things happened in all of the cases and all of
9 the situations. And that's why all these matters
10 are before you. The facts of these situations all
11 occurred between February of 2010 to March of

12 And it was the result of a software error.

13 They have further submitted, Mr. Chairman,
14 that they took some corrective action, and they
15 determined that there was actually no harm to any
16 South Carolina patients, that they did a
17 retrospective drug utilization review. They also
18 said that new prescriptions have been secured.
19 That no -- well, we can't say that no control. We
20 suspect there might be one instance where a
21 controlled substance was dispensed.

22 But in each of the cases that you have before

23
dispensed.

you today, no controlled substances were

24

The patients have requested that these

25

prescriptions be refilled. There were no patient

things

1 complaints in the matter. And all prescriptions
2 were filled without error. So, again, these
3 were shipped basically after, I believe, the
4 prescriptions had expired and there was no drug
5 utilization review by our pharmacist.

6 So these things have been through the IRC
7 process. In respect to Case No. 2010-58, the IRC
8 has requested that this permit be placed in a
9 probationary status for a period of one year, and
10 that they suffer a \$500 fine.

11 MR. BRADHAM: I heard the recommendation. Do I hear a
12 motion?

13 MR. BUSHARDT: Could I ask one question first?

14 MR. ROSE: Is that your motion.

15 MR. BRADHAM: All right. Go ahead.

16 MR. ROSE: So moved.

17 MR. BRADHAM: Dock Henry Rose to accept. Is there a
18 second?

19 MS. LONG: Second.

20 MR. BRADHAM: Second with Ms. --

21 MR. HANKS: -- Long.

22 MR. BRADHAM: Ms. Long. Thank you. Senior moment for
23 that. Now we have discussion.

24 MR. BUSHARDT: Did they volunteer?

25 MR. HANKS: I think so.

1 MS. BUNDRICK: They self --

2 MR. HANKS: They self-reported?

3 MR. BUSHARDT: Okay. I was wondering how you'd catch
4 something like that.

5 MR. ROSE: You wouldn't.

2,

6 DR. RICHARDSON: Now, you also said that the next 1,
7 3, 4 cases, all of them are related.

8 MR. HANKS: Yes, sir.

9 DR. RICHARDSON: Same thing happened.

10 MR. HANKS: Yes, sir.

11 MS. BUNDRICK: Just different entities of the same
12 company.

13 MR. ROSE: Well, I had like -- did any of these
14 pharmacists that filled these prescriptions have a
15 South Carolina license?

16 MS. BUNDRICK: They are permitted with us.

17 MR. ROSE: But don't they have to -- they don't --

18 MS. BUNDRICK: They don't have to have a --

19 MR. ROSE: They don't have any pharmacist --

in

20 MS. BUNDRICK: Statute does not require non-resident
21 pharmacies to have a pharmacist that is licensed
22 South Carolina.

23 MR. BRADHAM: So they had a South Carolina --

24 MS. BUNDRICK: Permit.

25 MR. BRADHAM: -- permit.

1 MS. BUNDRICK: With us.

2 MR. BRADHAM: With you. But the prescriptions were
3 filled not pursuant to South Carolina law.

4 MS. BUNDRICK: Well, probably most laws in any state
5 because they --

6 MR. ROSE: They didn't have --

7 MS. BUNDRICK: -- they didn't have authorization from
8 the physician to fill one.

9 MR. BRADHAM: Okay. So that's the issue.

10 MS. BUNDRICK: Right.

11 MR. BRADHAM: Prescriptions were filled, but no
12 authorization from the prescriber.

13 MS. BUNDRICK: Right. The way I understand it is the
14 patient requested for a refill number, there were
15 no refills left. The pharmacy authorized to fill
16 it, dispense it to the patient and then mailed it.

17 MR. BRADHAM: Okay, so one was in Texas, one was in
18 Florida, one was in Illinois, and one was in
19 Alabama. But they all -- they have a central
20 computer system that controls in all of these
21 states. And so the glitch in the computer system
22 was in this same time period in all 1, 2, 3, 4
23 states.

24 MR. HANKS: That's right.

25 MS. BUNDRICK: Yes.

1 MR. BRADHAM: February the 25th, 2010 to March the 2nd,
2 2010, about a five or six day period.

3 MS. BUNDRICK: Correct.

4 MR. BRADHAM: Okay. And in this case in Texas, it was
5 one prescription; in Florida was 15; in Illinois
6 was eight; in Alabama was 278 prescriptions.

Okay.

7 Now, I've got it straight in my mind. Any other
8 discussion?

9 DR. RICHARDSON: Now, are we voting on all four of
these
10 cases?

11 MR. BRADHAM: We're voting on them separately.

12 MS. BUNDRICK: Separately.

13 DR. RICHARDSON: That's fine.

14 MS. BUNDRICK: Just similar files.

15 DR. RICHARDSON: Okay.

16 MR. BRADHAM: All those in favor of accepting the IRC
17 recommendation for Case 2010-58, indicate with
18 uplified right hand.

19 (Board members comply by lifting their
20 hand.)

21 MR. BRADHAM: Oppose by the same sign; motion carries.

22 Next one is 2010-59. Right, Mr. Hanks?

23 MR. HANKS: Yes, sir. And this is a Florida facility
24 with 15 prescriptions. And it's the exact same
25 result: One year probation, \$500 fine.

1 MR. BRADHAM: Is there a motion to accept?

2 DR. RICHARDSON: So moved.

3 MR. BUSHARDT: Second.

seconded

4 MR. BRADHAM: Motion made by Dr. Richardson and
5 by Mr. Bushardt. Any discussion?

6 (NO RESPONSE.)

indicate

7 MR. BRADHAM: All those in favor of the motion,
8 by the uplifted right hand.

9 (Board members comply by lifting their
10 hand.)

11 MR. BRADHAM: Motion carries.

Eight

12 MR. HANKS: Sir, 2010-60, same issue in Illinois.

13 prescriptions, same result: One year probation,
14 \$500 fine.

15 MR. BUSHARDT: Move to accept.

16 MR. BRADHAM: Motion made by Mr. Bushardt to accept.

17 MS. LONG: Second.

18 MR. BRADHAM: And Ms. Long seconded. Any discussion?

19 (NO RESPONSE.)

20 MR. BRADHAM: All those in favor, indicate by an
21 uplifted right hand.

22 (Board members comply by lifting their

23 hand.)

24 MR. BRADHAM: Opposed by the same sign and the motion

25 carries.

1 MR. HANKS: And, sir, finally, the Alabama facility
2 shipped 278 prescriptions. And their probation is
3 one year, however, their fine is \$5,000.

4 MR. BRADHAM: Okay. Do I hear a motion to accept?

5 MR. MOBLEY: Motion to accept.

6 MR. BUSHARDT: Second.

7 MR. BRADHAM: Motion made by Mr. Mobley and seconded by
8 Mr. Bushardt. Any discussion?

9 MR. ROSE: I have one question, Mr. Chairman. I think

I

10 can ask Lee Ann this. If some harm had come to

one

11 of these people because their prescription was
12 refilled -- say, for instance, the controlled
13 substance was refilled, and they had a traffic
14 accident or something like that, would only the
15 PBM; there wouldn't be any responsibility to the
16 pharmacist that actually checked the prescription.

17 MS. BUNDRICK: If they are not permitted in this state,
18 there's nothing we can do about them. We have to
19 hold it to what entity is licensed, registered or
20 permitted with us. Now, we could fine the permit
21 holder. We could add additional sanctions through
22 the IRC for a proposal for them to come to you if

23 there was harm that came to the patient or
24 something like that.

25 MR. ROSE: And so if there was a mistake made on the

1 prescription, it could be the same way.

2 MS. BUNDRICK: Yes, sir.

3 MR. ROSE: Even though it's just a refill, it'd be a
4 mistake on the original prescription and it would
5 carry on for another month, where a patient could
6 be harmed during that time. Say the directions
7 were wrong, the wrong strength of drug was given,
8 or the wrong drug completely. And we would have

no

9 way to sanction the pharmacist that filled it or
10 entered to check the prescription.

the

11 MS. BUNDRICK: No, sir. We would refer that part to

aware

12 sister Board of Pharmacy to make sure they're

in

13 that that happened, for them to please handle it

14 their state and let us know how they disposed of
15 that.

16 MR. BRADHAM: Any other discussion?

17 (NO RESPONSE.)

18 MR. BRADHAM: All in favor of the motion, indicate by
19 uplifted right hand.

20 (Board members comply by lifting their
21 hand.)

22 MR. BRADHAM: Motion carries.

23 MR. HANKS: Sir, under the next case, 2010-107, this
24 individual went on vacation and ingested some
25 marijuana, came back to work, had a drug screen,

1 tested positive. Went to RPP and RPP did a hair
2 test on him. His hair test came up negative, but
3 he admitted that he did on a one-time basis smoke
4 the marijuana. And therefore, he was suspended, I
5 believe, back last August. So we're going to give
6 him credit for being suspended and being in the
RPP
7 program for that period.

8 So we wanted to reinstate his license and
then
9 suspend it immediately, subject to four additional
10 years of probation, which he, obviously, is going
11 to have to remain in the RPP program, and that he
12 can't act as a pharmacist in charge or a permit-
13 holder during that period of time.

14 MR. ROSE: Move to accept.

15 MR. BRADHAM: Motion was made to accept by Mr. Rose.

Do
16 I hear a second?

17 MR. BUSHARDT: Second.

18 MR. BRADHAM: Seconded by Mr. Bushardt. Any
discussion?

19 (NO RESPONSE.)

20 MR. BRADHAM: All in favor of the motion, indicate by
21 the uplifted right hand.

22 (Board members comply by lifting their
23 hand.)

24 MR. BRADHAM: Motion carries.

25 MR. HANKS: Finally, Mr. Chairman, 2010-140 is a permit

PIC
the

1 holder that failed to notify the board that the
2 resigned and he did not obtain a new PIC within
3 registered of period of time. And, therefore, the
4 IRC has voted that he should suffer a \$500 fine.

5 MR. BRADHAM: Okay. Do I hear a motion?

6 MR. ROSE: Motion we accept.

7 MR. HUBBARD: Second.

8 MR. BRADHAM: Motion's been made to accept, motion made
9 by Mr. Rose. Seconded by Mr. Hubbard.

10 MR. BRADHAM: Any discussion?

11 MR. LIVINGSTON: During this time frame when they're
12 didn't have a PIC, didn't have a pharmacist, they
13 just didn't have a pharmacist in charge; is that
14 right?

15 MR. HANK: Apparently.

16 MR. ROSE: Lee Ann, did they notify the Board of
17 Pharmacy that that PIC had vacated? or not?

they

18 MS. BUNDRICK: By law, you're supposed to do it within
19 ten days. I'm not positive. I'll have to double-
20 check on that, whether they did notify us. If
21 did not notify us, then you would see it probably
22 in another order.

23 MR. BRADHAM: Any other questions? All those in favor
24 of this, indicate by your uplifted right hand.
25 (Board members comply by lifting their

1 hand.)

2 MR. BRADHAM: Vote by the same sign. The motion

3 carries.

4 MS. BUNDRICK: Mr. Chairman, I have one other thing,

5 unless Mr. Hanks has anything else.

6 MR. HANKS: Did we already deal with --

7 MS. BUNDRICK: That's what I was --

8 MR. HANKS: Okay.

9 MS. BUNDRICK: We need to over the IRC report done in

10 from the May 24th IRC meeting. That should be a

11 handout for you.

12 MR. BRADHAM: Is that No. 5?

13 MS. BUNDRICK: Yes, sir. That's it. Okay. The first

14 set of cases are just recommended for dismissal.

15 There are five cases. Do you want to review the

16 (inaudible)?

17 MR. BRADHAM: Do we have to vote on these?

18 MS. BUNDRICK: Yes, sir.

19 MR. BRADHAM: Okay. Separately.

20 MS. BUNDRICK: You can vote on them as a group, if you

21 would like to.

22 MR. BRADHAM: Okay. We have 2008-20, 2008-33, 2009-1,

23 2010-13 and 2011-6. All those in favor of taking

24 these as a group rather than individually, I'll
25 entertain a motion to that affect.

1 MR. ROSE: I so move.

2 MR. BRADHAM: Motion's been made by Henry Rose to
3 consider them as a group. Is there a second?

4 MR. LIVINGSTON: Second.

5 MR. BRADHAM: Second by Mr. Livingston. Any discussion
6 on that motion?

7 (NO RESPONSE.)

8 MR. BRADHAM: All in favor of doing this motion,
9 indicate by uplifted right hand.

10 (Board members comply by lifting their
11 hand.)

12 MR. BRADHAM: Motion by the same sign. The motion
13 carries. I'll now entertain a motion regarding
14 these five cases.

15 MR. LIVINGSTON: I move to dismiss.

16 MR. BRADHAM: Move to accept these five --

17 MR. LIVINGSTON: Yes.

18 MR. BRADHAM: -- dismissals? Okay. Mr. Livingston
19 made a motion to accept these five dismissals. Do
20 I hear a second?

21 MR. BUSHARDT: Second.

22 MR. BRADHAM: Okay. Second by Mr. Bushardt.
23 Discussion?

24

(NO RESPONSE.)

25

MR. BRADHAM: All those in favor of this motion,

1 indicate by the uplifted right hand.

2 (Board members comply by lifting their
3 hand.)

4 MR. BRADHAM: Oppose by the same sign, and the motion
5 carries.

6 MS. BUNDRICK: On the next set of cases, there's six
7 total. These are recommended for formal
complaint.

8 We have an issue description in regards to them.
9 This means that you are authorizing staff to move
10 forward on formal charges. And you'll see these
in

11 another manner, whether it be a consent order, a
12 memorandum of agreement or a formal hearing.

13 MR. BRADHAM: So do we need to vote anything?

14 MS. BUNDRICK: We need to vote.

15 MS. BUNDRICK: And we can do that as a unit.

16 MS. BUNDRICK: Yes, sir.

17 DR. RICHARDSON: So moved, Mr. Chairman.

18 MR. BRADHAM: All right. Motion's been made that we
19 accept 2010-6, 2010-143, 2010-156, 2011-2, 2011-3,
20 2011-15. Dr. Richardson made a motion we accept
21 these as a unit. Do I hear a second?

22 MS. LONG: Second.

23 MR. BRADHAM: Seconded by Ms. Long. Any discussion?

24 (NO RESPONSE.)

25 MR. BRADHAM: All those in favor of taking these as a

by

1 unit, which is what this motion states, indicate
2 an uplifted right hand.

3 (Board members comply by lifting their
4 hand.)

5 MR. BRADHAM: Opposed by the same sign, and the motion
6 carries. Now I will entertain a motion that we
7 accept the recommendation of IRC with regards to
8 these six formal complaints.

9 MR. HUBBARD: So moved.

10 MR. BRADHAM: Mr. Hubbard's made a motion to accept
11 these six formal complaints.

12 MR. LIVINGSTON: Second.

hear

13 MR. BRADHAM: And seconded by Mr. Livingston. Do I
14 any discussion?

15 MR. ROSE: Mr. Chairman, if it's appropriate at this
16 time to thank Mr. C. Turner for being our person
17 with the IRC committee. He's been doing this, I
18 think since I've been on the board really.

19 Probably --

20 MS. BUNDRICK: He's been doing it since he came on the
21 board --

22 MR. ROSE: Yes.

23 MS. BUNDRICK: -- for 12 years.

24 MR. ROSE: He's done a lion's job.

25 MR. BRADHAM: Yes, he has.

1 MS. BUNDRICK: We're fortunate to have him to have all
2 that knowledge and history of how the board's
3 handled things in the past. He's a excellent --

4 DR. RICHARDSON: I guess I have -- the second motion is
5 just a duplication of the this motion. I'm
asking.

6 MR. BRADHAM: The second motion --

7 DR. RICHARDSON: This motion that we're having now.

8 MR. BRADHAM: The motion we're having now is to accept
9 the recommendation of IRC regarding the six formal
10 complaints.

11 DR. RICHARDSON: Didn't we do that motion previously?

12 MR. LIVINGSTON: The first motion was to group them
13 altogether.

14 DR. RICHARDSON: Okay. Thank you.

15 MR. BRADHAM: Motion was to accept them as a unit.

16 DR. RICHARDSON: Okay.

17 MR. BRADHAM: The second is to accept the
recommendation
18 of IRC. So now we're voting on accepting the
19 recommendation of IRC.

20 DR. RICHARDSON: I'm clear.

21 MR. BRADHAM: Okay?

22 DR. RICHARDSON: Yeah.

23 MR. BRADHAM: Any further discussion? Everybody knows
24 what we're voting on?
25 DR. RICHARDSON: Yes.

1 MR. BRADHAM: All those approving this, indicate by an
2 uplifted right hand.

3 (Board members comply by lifting their
4 hand.)

5 MR. BRADHAM: Opposed by the same sign, and the motion
6 carries. Okay.

7 MS. BUNDRICK: That's all I have. We do not have a
8 resolution guideline to support because there were
9 no guidelines -- ready to come before the board.

10 MR. BRADHAM: Okay.

11 MS. BUNDRICK: Okay.

12 MR. BRADHAM: The next item on the agenda. Is that all
13 Mr. Hanks?

14 MR. HANKS: Yes, sir. Thank you.

15 MR. BRADHAM: You gentlemen are excused, unless you
16 would like to hang around see the rest of what is
17 proceeding. The next item the agenda --

18 MR. MOBLEY: Thank you, Mr. Altman. You come back.
19 Don't let us scare you.

20 MR. ALTMAN: Yes, sir.

21 MR. BRADHAM: Request release from probation. Is Mr.
22 James Vincent, Jr. present?

23 (Mr. Vincent comes forward.)

24 MR. BRADHAM: If you will remain standing, Mr. Vincent,
25 and the court reporter will swear you in. Do you

1 need to swear them in separately?

2 COURT REPORTER: She will testify?

3 MR. BRADHAM: She will be testifying. And she will
4 state her name and her role in this, please.

5 COURT REPORTER: Okay. I can swear them in at the same
6 time, but I need to get both their names, okay?

7 MR. BRADHAM: Okay.

8 (The witnesses are sworn in.)

9 COURT REPORTER: What was your name again?

10 MS. COOPER: Tia Cooper.

11 COURT REPORTER: Tia Cooper. T-I-A?

12 MS. COOPER: Yes, ma'am.

13 MR. BRADHAM: And you are representing?

14 MS. COOPER: RPP.

15 MR. BRADHAM: Okay. All right. Have a seat. Mr.

16 Vincent, this is your opportunity to share with
the

17 board why you're here today and what you are
18 requesting.

19 MR. VINCENT: Good morning. My name is James Vincent,
20 Jr., and I'm here today to respectfully ask your
21 permission to be released from probation, having
22 complied with the consent order over the past

year,

23 and that's it. Thank you.

24 MR. BRADHAM: Ms. Cooper.

25 MS. COOPER: I would like to concur that he has been

1 compliant with his one-year probation consent
2 agreement, dated 6/17/2010. He has been
compliant.

3 He has attended ADUSHA's weekly self-help
meetings.

4 Monthly drug screens have been negative. Last two
5 drug screens were June 1st and June 7th, and they
6 both were negative.

7 MR. BRADHAM: Okay. Any questions of board members?

8 MR. MOBLEY: He completed the requirements of the
order?

9 or the consent?

10 MS. COOPER: Yes.

11 MR. MOBLEY: In the period of time?

12 MR. ROSE: Yes.

13 MR. MOBLEY: Motion to approve.

14 MR. HUBBARD: Second.

15 MR. BRADHAM: Motion's been made by Mr. Mobley to grant
16 his request and seconded by Dr. Richardson.

17 DR. RICHARDSON: Mr. Hubbard.

18 MR. BRADHAM: Mr. Hubbard. I'm sorry. I knew it came
19 from that direction. And any further questions?
20 discussion?

21 (NO RESPONSE.)

22 MR. BRADHAM: All those in favor of this motion,

23 indicate by lifting your right hand.

24 (Board members comply by lifting their

25 hand.)

1 MR. BRADHAM: Opposed by the same sign, and the motion
2 carries. Thank you very much Mr. Vincent.

3 MR. VINCENT: Thank you.

4 MS. COOPER: Thank you.

5 MR. BRADHAM: Then next is a request to be released
from

6 order from Tim Keisler. Mr. Keisler indicated in
7 his petition that he would not be present for
this.

8 What is the pleasure of the board? Is Mr. Keisler
9 present? Or in any way represented?

10 MS. BUNDRICK: No, sir.

11 MR. BRADHAM: He is not present. Is he indicated --

12 MR. DURANT: Mr. Chairman. Just a minute, please. I
13 know Mr. Larry Griffin with RPP is here. If
you'll

14 let him through the door.

15 MR. BRADHAM: All right.

16 MR. DURANT: He is here on behalf of Tim.

17 MR. GRIFFIN: I had sent a letter. I trust the board
18 got it in their books.

19 MR. BRADHAM: We did.

20 MR. GRIFFIN: Good.

21 MR. BRADHAM: If you can stand there and be sworn in by
22 the court reporter, please, sir.

23

(The witness is sworn in.)

24

COURT REPORTER: And what is your name, sir?

25

MR. GRIFFIN: Larry Griffin.

1 COURT REPORTER: G-R-I-F-F-I-N?

2 MS. COOPER: Yes, ma'am.

3 COURT REPORTER: And Mr. Chairman, I need to find out
4 who spoke out here in the back, since that's part
5 of the record. I didn't even know who stood up.

6 MR. BRADHAM: Ms. Crouch.

7 COURT REPORTER: No. The gentleman back here.

8 MS. CROUCH: Eddie Durant.

9 COURT REPORTER: Who was it?

10 MS. CROUCH: Eddie Durant.

11 COURT REPORTER: Okay. I did not get that. Okay.

12 Thank you.

13 MR. BRADHAM: Okay.

14 MR. GRIFFIN: Yes, sir. Mr. Keisler signed up with me
15 on 4/11/2005. He has been a very regular, totally
16 compliant. He was completely easy to work with,
17 never missed a call, never missed a test. I
18 surprised couldn't ask for more cooperation. I was

19 when he wasn't coming. But when he gave me the
20 reason, I found that pretty admirable.

21 MR. BRADHAM: All right.

22 MR. GRIFFIN: But if you have any questions about his
23 compliance or anything similar, I would be glad to

24 address that.

25 MR. BRADHAM: Okay.

1 DR. RICHARDSON: Mr. Chairman, without question, I move
2 that we grant this request.

3 MR. HUBBARD: Second.

4 MR. BRADHAM: Okay. Dr. Richardson made a motion to
5 grant the request, and Mr. Hubbard seconded that
6 motion. And is there any discussion from the
7 board? or questions? All those in favor of this
8 motion, indicate by uplified right hand.

9 (Board members comply by lifting their
10 hand.)

11 MR. BRADHAM: Opposed by the same sign, and the motion
12 carries. Mr. Keisler's request is granted.

13 MR. GRIFFIN: Thank you, sir.

14 MR. BRADHAM: Item No. 6 is follow-up on letter to
15 director regarding investigations. I've heard no
16 response from --

17 MS. BUNDRICK: Excuse me.

18 MR. BRADHAM: -- that letter, so we'll --

19 MS. BUNDRICK: You have one more.

20 MR. BRADHAM: I'm sorry. Duane Cook.

21 MR. COOK: Yes, sir.

22 MR. BRADHAM: If you and your witness will please stand
23 and be sworn in by the court reporter. And then

24 she will ask appropriate names.

25 (The witness is sworn in.)

1 COURT REPORTER: And you're Mr. Duane Cook?

2 MR. COOK: That's correct.

3 COURT REPORTER: And what is your name?

4 MS. COLE: Julie Cole.

5 COURT REPORTER: C-O-L-E?

6 MS. COLE: Uh-huh.

7 MR. BRADHAM: Ms. Bundrick, have they been handed this?

8 MR. GRIGGS: Yes.

9 MS. BUNDRICK: They should have.

10 MR. GRIGGS: It's this one.

11 MR. BRADHAM: Which one?

12 MR. GRIGGS: Number C.

13 MS. BUNDRICK: Number C.

14 MR. BRADHAM: Okay. You've got all the information you
15 need? Okay. Mr. Cook.

16 MR. COOK: Yes, sir.

17 MR. BRADHAM: This is the opportunity for you to share
18 with the board the reason you're here today and
19 what is your request of the board, and the reasons
20 for that request.

21 MR. COOK: Well, thank y'all for seeing me today,
22 first of all. I'm requesting to have my petition
23 of the --

24 MR. BRADHAM: I think she wants you to speak up.

25 MR. COOK: I'm sorry.

restricted

1 COURT REPORTER: I sure do. Thank you so much.

2 MR. COOK: I apologize. I would like to --

3 MR. BRADHAM: I'm having a little trouble hearing you.

4 MR. COOK: I would like my petition to be PIC

5 from the band, so that I can, two purposes, first

6 of all, to actually go back to work and second, to

7 serve a purpose for the gentleman that I would be

8 working for, because the gentleman that is working

9 for him now has a temporary permit, a PIC.

10 MR. BRADHAM: A temporary?

11 MR. COOK: PIC.

12 MR. BRADHAM: Okay.

13 MR. COOK: If it would please the board, I would

14 appreciate that.

15 MR. BRADHAM: And you came under this order at what

16 date?

17 MR. COOK: In November of 2009, I signed a petition, a

18 consent order, okay.

19 MR. BRADHAM: And your release date from this order is

20 what?

21 MR. COOK: Five years from that date.

22 MR. BRADHAM: Any questions board members of Mr. Cook?

23 MR. BUSHARDT: You're not in practice right now?

24 MR. BRADHAM: You can have a seat.

25 MR. COOK: Thank you.

1 MR. BUSHARDT: Is that correct? You're not practicing
2 right now?

3 MR. COOK: That's correct. I'm just part-time.

4 just odd -- catching jobs when I can.

5 (On the record discussion.)

6 MR. BRADHAM: You want to share from RPP what --

7 MS. COLE: Sure.

8 MR. BRADHAM: -- and what your role is in this process?

9 MS. COLE: Sure. Thank you. Good morning. I'm Julie

10 Cole. I'm the recovery specialist with the

11 Recovering Professional Program. Mr. Cook

12 with me at RPP on January 1st of -- January 21st

13 2009. At that time, we referred him to

14 of Recovery in Tennessee for a four-day

15 evaluation. At that time, they came up with a

16 diagnosis of rule out opioid abuse and made a

17 recommendation for intensive outpatient. That was

18 as much for ongoing assessment for the rule out

19 diagnosis, as it was anything else.

20 He came back and enrolled here at Palmetto

Working

enrolled

of

Cornerstone

residential

their 21 Health in their Addiction Recovery Center for
And 22 intensive outpatient on February 18th of 2009.
of 23 he successfully completed that program March 9th
24 2009. His discharge diagnosis was opiate abuse.
25 Since that time he's been in full compliance

1 with his voluntary agreement. He would have been
2 with me as of two years January 21st of this year.
3 And so his testing has been all negative to-date.
4 He attends actually sometimes more than the
5 mandatory amount of AA or NA meetings. He also
6 voluntarily -- he lives in Newberry and the
closest
7 ADUSHA is over 25 miles. So he's not required to
8 attend, but he voluntarily attends ADUSHAs in
9 Columbia every week.

He
10 He turns in everything in a timely manner.

11 maintains really good contact with me. And he's
12 just -- we would support his request, if it would
13 be the decision of the board to grant it to him.

14 MR. BUSHARDT: And what's your rationale for us to
15 release him at this point?

16 MS. COLE: He's not requesting to be released from his
17 order. He's requesting to have his order amended
18 to allow him to be a pharmacist in charge. And
19 that's what we would be supporting. We wouldn't
20 support him being released from RPP at this time,
21 not until he's completed the five years of
22 monitoring.

make

23 MR. GRIGGS: If I may, based on your question, just
24 sure the board's clear, all he's asking is 1B of
25 the order, Page 2 of the consent agreement. Does

1 everybody have the consent agreement?

2 MR. BUSHARDT: Oh, yeah.

3 MR. GRIGGS: Page 2 of the consent agreement, 1,

4 subsection B is the only thing he's asking to be

5 released from at this point. Just to make that

6 clear for everybody. It's not going to affect his

7 RPP status at all.

8 MS. COLE: He'll remain in -- he'll remain in
monitoring

9 with RPP until he requests release from the board

10 and gets granted at that time. Which won't be --
I

11 mean, the earliest we'd be willing to do it would

12 be January 1st of 2000 and what? 14?

13 MR. COOK: 14.

14 MS. COLE: Uh-huh. So -- because that would be five

15 years of monitoring with us at that time.

16 MR. BRADHAM: I have a couple of questions. One --

17 MR. COOK: Yes, sir.

18 MR. BRADHAM: -- so you've been working part time since

19 2009; is this correct?

20 MR. COOK: That's correct.

21 MR. BRADHAM: I know the normal work year is 2080
hours.

22 That's a 40 hour week.

23 MR. COOK: Right.

24 MR. BRADHAM: Fifty-two weeks. Of the 2080 hours, it

25 would be 40 hours in 52 weeks, how much do you

1 think you've worked each year?

2 MR. COOK: A lot less than that, I'll be honest with
3 you, sir. Probably --

4 MR. BRADHAM: Half that?

5 MR. COOK: Less than half that. Yes, sir.

6 MR. BRADHAM: Less than half that.

7 MR. COOK: Yes, sir.

or

8 MR. BRADHAM: Has that been in one particular setting
9 pharmacy? Or several different settings?

10 MR. COOK: Just one in particular. The one that's in
11 question, that I would like to be at.

12 MR. BRADHAM: Which would be what segment of the
13 profession?

14 MR. COOK: Retail.

15 MR. BRADHAM: Okay. Has your employer provided any
16 documentation, that he would like you to be PIC?

17 MR. COOK: Yes, sir, he has.

18 MR. BRADHAM: Do we have that documentation?

19 MR. COOK: No, sir. I do not, with me.

20 MR. BRADHAM: Is he with you here today?

21 MR. COOK: No, sir. He's not.

22 MR. BRADHAM: Do we have a motion regarding this? Or a
23 motion to go into executive session?

discussed 24

MR. MOBLEY: I would think that it needs to be

25

in executive session. I don't know if you want to

1 do that now, if there are other issues you want to
2 do or -- I mean --

3 MR. BRADHAM: I think in the fact that we are behind in
4 the time line that can be done in executive
5 session.

6 MR. MOBLEY: I make a motion that it's discussed in
7 executive session, whenever we have it.

8 MR. BRADHAM: Are there anymore questions?

9 MS. BELL: It will have to be Mr. Griggs that will be
in
10 executive session on this particular issue versus
11 me, since Mr. Hanks and I are in the same office,
12 and this generated from OGC.

13 MR. BRADHAM: Okay.

14 MS. BELL: So --

15 MR. BRADHAM: So you're available the rest of the day?

16 MR. GRIGGS: Y'all can just call me when you need me.

17 Ms. Bundrick can -- Ms. Bundrick can tell me when
18 y'all want me to come back down. That will not be
19 a problem. That's fine. Y'all can just tell me
20 when you're going into executive session, and I'll
21 come back down.

22 MR. BRADHAM: Okay. All right. Anymore questions of

23 Mr. Cook or his witness before we move on?

24

(NO RESPONSE.)

25

MR. BRADHAM: This is an issue a little different from

1 what we've --

2 MR. COOK: Yes, sir.

3 MR. BRADHAM: -- been asked before. And so the board
4 will make the decision on this issue before we
5 adjourn today. You're welcome to stay around.
6 We've gotten behind on our schedule. And because
7 of that, we're going to move on. But we will make
8 a decision on this later today. After we meet

with

9 our attorney for some legal advice on this issue.

10 MR. COOK: All right, sir.

11 MR. BRADHAM: Okay.

12 MR. COOK: Thank you, sir.

13 MS. COLE: Thank you. Thank you.

14 MR. BRADHAM: Item No. 6, as I stated earlier, I've not
15 seen any communication regarding this letter that
16 was sent to the LLR director, so we will move on

to

17 Item No. 7. The first item under No. 7. Any

other

18 -- there are no other applications, are there,
19 Marilyn?

20 MS. CROUCH: Sir?

21 MR. BRADHAM: There are not any other?

22 MS. CROUCH: No, sir. Not until new business.

The

23 MR. BRADHAM: All right. We'll move to Item No. 7.

24 first item is No. D, request approval of

25 reciprocity application from Mr. Robert Grant. Is

1 Mr. Grant present?

2 MS. CROUCH: Yes, sir.

3 MR. BRADHAM: Okay.

4 MR. GRANT: Good morning.

up

5 MR. BRADHAM: Good morning, Mr. Grant. How's the air

three.

6 there? I'm named after two uncles who were six
7 foot three. I have a brother who's six foot

8 And when I turned a teenager, they were giving me
9 vitamins because I wasn't growing according to the
10 genetics of my family.

11 MR. GRANT: You're the exception.

12 MR. BRADHAM: And vitamins never did any good, as you
13 can see.

14 MR. GRANT: I think I ate pretty well as a child.

15 MR. BRADHAM: Well, my wife and I have a son who is six
16 foot two, so I guess, I don't know. But anyway,
17 welcome to the board. Do you have anyone other
18 than yourself appearing on your behalf?

19 MR. GRANT: No, sir.

20 MR. BRADHAM: Okay. Does he need to be sworn in?

21 COURT REPORTER: Yes.

22 MR. BRADHAM: Okay. If you can raise your right hand

23 and the court reporter will swear you in.

24 (The witness is sworn in.)

25 MR. BRADHAM: Thank you very much for being here today,

1 and your request to accept your reciprocity
2 application. You can share with the board why we
3 were not able to grant this and this reciprocity
4 interview. If you will share with the board your
5 reason for being here today, please, sir.

that

6 MR. GRANT: I just understood it was a requirement,

7 -- that an interview was required for reciprocity.

8 MR. BRADHAM: You answered "yes" to one of the
9 questions, I believe.

it

10 MR. GRANT: Yes, yes. I did. My license was suspended
11 in 1990, and I did enter rehab immediately. And
12 took two years to get my license back.

13 MR. BRADHAM: And what state was that?

14 MR. GRANT: Michigan. But I have -- I've been
15 practicing ever since with -- with no -- no other
16 legal issues.

17 MR. BRADHAM: Okay. Any questions of board members?

18 MR. MOBLEY: You're reciprocating, right?

19 MR. BRADHAM: He wishes to reciprocate into South
20 Carolina.

21 MR. MOBLEY: Where is your base license?

22 MR. GRANT: Michigan.

23 MR. MOBLEY: Okay.

24 MR. BRADHAM: Have you practiced in any other state?

Or

25 do you hold any other state license?

1 MR. GRANT: No. Just -- just Michigan.

2 MR. BRADHAM: And you will be -- you already have a
3 potential employer in South Carolina?

4 MR. GRANT: Nothing definite.

5 MR. BRADHAM: Okay. You wanted to get this issue
6 resolved and then pursue that. Is that correct?

7 MR. GRANT: Right. I think it will open more doors.

8 MR. BRADHAM: And I know this state is becoming one of
9 the most popular states for people to retire in,
10 but you don't look the retirement age to me. So

it

11 certainly will not be without reason. I know
12 Michigan has a lot of snow and other things. I
13 don't know if you have a desire to get away from
14 such weather. We do have hurricanes, though.

15 MR. GRANT: Oh, okay.

16 MR. BRADHAM: Any questions of board members at this
17 time?

18 DR. RICHARDSON: I'll move that we grant this request,
19 Mr. Chair.

Richardson

20 MR. BRADHAM: Okay. Motions been made by Dr.

21 that we grant his request. Do we hear a second?

22 MR. HUBBARD: Second.

23 MR. BRADHAM: Seconded by Mr. Hubbard. Any discussion?

24 MR. LIVINGSTON: For the initial reason in 1990 that

25 your license was suspended or taken, you have one

1 relapse in '92. Any problems since then?

2 MR. GRANT: No. I really have been doing very well.

pretty

3 Married and two teenage daughters keep me in

4 -- pretty good line.

not

5 MR. MOBLEY: So if you got two teenage girls, you're

6 doing very well.

-

7 MR. GRANT: Yeah. Well, yeah. No. No, it's -- been -

8 it's doing great. It's the best thing that ever

9 happened to me, really.

10 MR. BRADHAM: Any other questions of Mr. Grant? Or

11 anything else anybody would like to offer?

12 (NO RESPONSE.)

13 MR. BRADHAM: Heard the motion and was seconded. All

14 those in favor of this motion, indicate by a

15 uplifted right hand.

16 (Board members comply by lifting their

17 hand.)

18 MR. BRADHAM: Opposed by the same sign, and the motion

reciprocity

19 carries. Now, you may proceed with the

20 process, Mr. Grant.

21 MR. GRANT: Thank you very much. Thank you.

22 MR. BRADHAM: Next item on the agenda is request for
23 approval of pharmacy technician registration
24 application from Mr. David Cobb. Is Mr. Cobb
25 present?

1 MR. COBB: Yes.

2 MR. BRADHAM: Okay. If you would stand please sir, and
3 be sworn in by the court reporter. And raise your
4 right hand and face her, please, sir.

5 (The witness is sworn in.)

6 MR. BRADHAM: Do you have any other witnesses with you
7 that are going to be offering any testimony today?

8 MR. COBB: I do.

and

9 MR. BRADHAM: All right. If they could come forward
10 face the court reporter and raise their right hand
11 and be sworn in, please. And then afterwards, she
12 will ask you to give your name very slowly and
13 succinctly, so that she can record that.

14 (The witnesses are sworn in.)

15 COURT REPORTER: Again, I need your name, please.

16 MS. NEKOLA: Dawn Nekola.

17 COURT REPORTER: N-I?

18 MS. NEKOLA: N-E-K-O-L-A.

19 COURT REPORTER: N-E-K-O-L-A. And your name, sir?

20 MR. COVINGTON: It's Paul Covington, C-O-V-I-N-G-T-O-N.

21 COURT REPORTER: C-O-V?

22 MR. COVINGTON: I-N-G-T-O-N.

23 COURT REPORTER: Okay. Thank you very much.

24 MR. COVINGTON: Okay. Thank you.

25 MR. BRADHAM: And you can have a seat, Mr. Cobb. And

in

1 the southern fashion, we allow ladies to sit down
2 and gentlemen to stand. Mr. Cobb, this is an
3 opportunity for you to address the board regarding
4 your request.

5 MR. COBB: Yeah, I request for a technician
6 registration.

have

7 MR. BRADHAM: Okay. And why is the reason that you
8 to appear before the board to request this?

9 MR. COBB: Because in 1996, I had three charges against
10 me.

11 MR. BRADHAM: You need to speak up a little bit.

12 MR. COBB: I had three charges against me in 1996 and
13 '97, three misdemeanors.

14 MR. BRADHAM: And you were how old at the time?

15 MR. COBB: I was 16 and 17.

16 MR. BRADHAM: Okay. And you're how old now?

17 MR. COBB: Thirty-two.

18 MR. BRADHAM: Okay. Go ahead and proceed, and share
19 with us.

20 MR. COBB: What the charges were were simple possession
21 of marijuana, shoplifting and unlawful possession
22 of a pistol. And, yeah that was about 16 years

ago

23 in 1996.

24 MR. BRADHAM: And they were all three separate
incidents

25 on three separate dates; is this correct?

1 MR. COBB: That's correct.

2 MR. BRADHAM: Any further comments that you wish to
3 offer?

who

4 MR. COBB: Yeah. Those charges, it didn't represent

who

5 I was then, and it definitely doesn't represent

6 I am now. I definitely don't carry on with my
7 life. So I just hope that that doesn't stop me
8 from achieving the goals I'm trying to achieve
9 today.

10 MR. BRADHAM: And what steps are you taking to achieve
11 this goal of becoming a pharmacy technician?

12 MR. COBB: Well, I've been in school for the past one
13 year, for one year now. And I have about 28 more
14 credits to go until I can get into a pharmacy
15 school. And I'm just trying to get into pharmacy
16 tech before I --

17 MR. BRADHAM: So are you in a pharmacy technician
18 program? Are you in a higher education program,
19 trying to get pharmacy credits to enter pharmacy
20 school?

21 MR. COBB: That's correct.

22 MR. BRADHAM: Are you doing both?

23 MR. COBB: I'm doing that, prerequisites for pharmacy
24 school.

25 MR. BRADHAM: So you're not in pharmacy technician

1 school.

2 MR. COBB: No, sir.

3 MR. BRADHAM: And where are you in school?

4 MR. COBB: Trident Technical College.

5 MR. BRADHAM: Okay. And you have how many credits
6 earned thus far?

7 MR. COBB: I have 40 credits so far.

8 MR. BRADHAM: And you need how many more?

9 MR. COBB: Twenty-eight.

10 MR. BRADHAM: Okay.

11 MR. COBB: I have a GPA of 3.77 now.

12 MR. BRADHAM: Out of 4?

13 MR. COBB: Yes, sir.

14 MR. BRADHAM: Any questions of board members?

15 MR. LIVINGSTON: Do you have a pharmacy technician job
16 lined up?

17 MR. COBB: That's what I'm trying to achieve right now,
18 sir.

19 MR. BRADHAM: Any other questions of Mr. Cobb?

20 (NO RESPONSE.)

21 MR. BRADHAM: You have two witnesses here today. And
22 we'll let the ladies go first. And you can tell

us

23 how you know this young man and the reason for

24 being here to testify on his behalf.

25 MS. NEKOLA: I've known David for about three years.

1 He's my daughter's boyfriend. And he is a very
2 determined -- I can't imagine going back to school
3 at his age and doing as well as he's doing, having
4 to re-learn the studying process over. He studies
5 all the time. And he sacrifices having fun to
6 studying. He's very determined.

7 MR. BRADHAM: I notice you live on Battalion Drive. Do
8 you live on the water side of Battalion Drive?

9 MR. COBB: Yes, sir.

10 MR. BRADHAM: And you study a lot?

11 MR. COBB: Yes, sir.

12 MR. BRADHAM: I don't live very far from you. And I'm
13 thinking I have some friends that live on that
14 street, and they spend a lot of time out on boats
15 and docks.

16 MR. COBB: Oh, yeah.

17 MR. BRADHAM: So I just wanted to make sure you lived

on

18 that side of that street.

19 MR. COBB: Oh, yeah.

20 MR. BRADHAM: All right. Anything else you would like
21 to offer? Or any questions of board members?

22 (NO RESPONSE.)

23 MR. BRADHAM: Okay. And, sir, if you will share with

24 the board who you are, and why you're here today,
25 and your relationship with this young man.

tell

-

And

1 MR. COVINGTON: My name is Paul Covington. I'm
2 Michael's -- I'm his step-father. I've known
3 Michael for approximately 17 years. And I can
4 you the difference between when the charges were -
5 you know, when it happened. He was 16 and 17.

6 he's a completely different person now. He's much
7 more driven, much more purpose for his life.

8 MR. BRADHAM: How long did it take him to reform his
9 life?

10 MR. COVINGTON: Well, since those charges, he's really
11 not been in any -- any trouble. But to get -- he
12 had a construction business where he did home
13 improvements. And so he did that, and he was very
14 good at that. But just with the economy now, it's
15 -- it's hard to -- it's hard to do that. And so
16 that's when Michael decided to return to school.

17 MR. BRADHAM: You say he returned to school. He had
18 been in school at another time in his life?

19 MR. COVINGTON: No, not beside high school. That's --
20 that's it.

21 MR. BRADHAM: Any questions of board members? Have you
22 sought out potential employment with anyone, once

23 you overcome this hurdle?

24 MR. COBB: Yes, sir.

25 MR. BRADHAM: And what's been the response?

1 MR. COBB: That I need to get registered.

2 MR. BRADHAM: Any other questions of the board members?

3 Do I hear a motion regarding Mr. Cobb's request?

4 MR. MOBLEY: Motion to approve.

5 MR. LIVINGSTON: Second.

6 MR. BRADHAM: Motion by Mr. Mobley to approve and Mr.

7 Livingston has seconded. Any further discussion?

8 (NO RESPONSE.)

9 MR. BRADHAM: All those in favor of this request,

10 indicate by the uplifted right hand.

11 (Board members comply by lifting their

12 hand.)

13 MR. BRADHAM: Opposed by the same sign.

14 COURT REPORTER: I have a question, just for the
record.

15 Is David's middle name Michael?

16 MR. COBB: Yes.

17 MR. COVINGTON: Yes, it is.

18 COURT REPORTER: I just wanted to make sure for the
19 record, because all I have on my paperwork is
David

20 Cobb and he was referring to him as Michael. So I

21 just to --

22 MR. COVINGTON: That's -- that's correct.

23 COURT REPORTER: -- clarify that. Thank you.

you're

24 MR. BRADHAM: So that motion carries. And so now

25 open to pursuing the next step in your goal.

1 MR. COBB: Thank you. Thank you.

2 MR. BRADHAM: Thank you all very much.

3 MR. LIVINGSTON: I have one more question before he
4 leaves. He goes through this pathway. Hopefully,
5 he'll be applying for an intern license and come
6 back before us.

my

7 MR. BRADHAM: When you apply for an intern license and
8 they require a SLED report, and to get into
9 pharmacy school, it requires a SLED report. And

chairman

10 understanding is it probably will come up at that
11 point. And I think you-all have given the
12 the ability to offer grace at certain issues; is
13 that correct?

no

14 MS. BUNDRICK: If it's the same charges and there are

approved

15 additional charges, and y'all have already
16 it, in the past, the chairman's given me the
17 prerogative to sign off on it.

18 MR. BRADHAM: Okay.

19 MR. MOBLEY: Will he get a letter about this today?

20 Will he get a response letter?

21 MS. BUNDRICK: Usually when it's approved, we do not.

22 MS. BELL: Unless there's conditions or something on
23 there, typically.

24 MR. MOBLEY: Right. Only thing I was thinking, it
might
25 be good if you had a response letter, then he
could

1 put it in a file.

2 MS. BELL: I'll be glad to prepare one.

3 MR. MOBLEY: I mean, just something general, that he's
4 got record --

5 MR. BRADHAM: He will probably need that letter to even
6 to get into pharmacy school.

7 MR. MOBLEY: Yeah. That will save him a little time.

8 MR. BRADHAM: So don't add to your SLED report please
9 sir.

10 MR. COBB: Don't plan on it.

11 MR. BRADHAM: All right. Good luck to you and thank
12 you.

13 MR. COBB: Thank you. Bye.

14 MR. BRADHAM: Next item on the agenda is request for
15 approval of non-resident pharmacy permit
16 application, General Home Pharmacy. Are those
17 folks present?

18 MS. BUNDRICK: Yes.

19 MR. BRADHAM: And if you gentlemen will please remain
20 standing and raise your right hand and be sworn in
21 by the court reporter. And then afterwards, she
22 will ask each of you to slowly and distinctly give
23 her your name, so that she can enter that for the

24 court record. If you will each raise your right
25 hand and face the court reporter, she will swear

1 you in. Raise your right hand, please.

2 MR. DAYHUFF: The attorneys as well, Mr. Chair?

3 COURT REPORTER: We don't have to swear the attorneys.

4 MR. BRADHAM: Oh, okay.

5 (The witnesses are sworn in.)

6 MR. BRADHAM: And will you please -- I'm not sure we
7 have enough seats, but you're welcome to be
seated.

8 And Mr. Yadidi?

9 MR. YADIDI: Yes.

10 MR. BRADHAM: You are the president of this
organization

11 and Mr. Suarez?

12 MR. SUAREZ: Suarez, yes.

13 MR. BRADHAM: Suarez, you're the staff pharmacist of
14 this entity. Okay. And Mr. Hussim and Mr.
Dayhuff

15 are the two attorneys representing your clients.

16 This is an opportunity for you-all to offer

17 information regarding your request, please sir.

18 MR. DAYHUFF: Mr. Chairman, I'd like to again, just
19 briefly, if I may, first of all, thank you for
your

20 time and thank the board for your time. I

21 represent General Home Pharmacy. The trade name

22 for this organization is Sinus Dynamics. We are a
23 compounding pharmacy located in West Lake Village,
24 California. That's near Los Angeles, or even in
25 Los Angeles.

ship

1 We compound a product that is designed to
2 treat acute and chronic sinusitis. We receive
3 prescriptions from doctors in South Carolina and
4 elsewhere, and compound the medicine and often
5 it with a delivery device that's a nebulizer
6 directly to the patients in South Carolina and 40
7 other states.

8 We've been making this particular product in
9 South Carolina for about seven years. We're here
10 before you today, as you know, for a non-resident
11 -- to request a non-resident pharmacy permit. We
12 had such a permit back in 2009. Unfortunately, we
13 allowed that to lapse through an administrative
14 mistake. That is our responsibility. No fault of
15 anyone, but our own.

owner,

California,

16 We have been working since then with Ms.
17 Bundrick and your staff to get our licensure
18 straight. We have today, our president, our
19 our pharmacist in charge, Mr. Hussim, who is the
20 California counsel, the national counsel for this
21 organization. We brought them all from
22 in hopes that they can answer any questions you

done 23 have about the lapse of the permit, what we've
24 to make sure this doesn't happen again, and any
25 other questions you may have about compounding, or

1 anything else in our application. Again, we thank
2 you for your time.

3 MR. BRADHAM: Okay. Any questions?

4 MR. LIVINGSTON: In the lapse, have you continued to
5 ship into South Carolina?

6 MR. YADIDI: Excuse me?

7 MR. LIVINGSTON: Are you continuing to ship
8 prescriptions into South Carolina?

9 MR. YADIDI: We have, yes.

10 MR. LIVINGSTON: Right now, you are?

11 MR. YADIDI: We -- yes.

12 MR. LIVINGSTON: So without a permit, you're shipping
13 prescriptions into South Carolina.

14 MR. YADIDI: Yes. The reason behind it is that we have
15 a unique treatment. We do topical treatment for
16 chronic sinusitis of patients. And our treatment,
17 we have a exclusive distribution as for a nasal
18 drug delivery, a nebulizer that is -- we use, and
19 we are the only company who has the device which
20 has the particle size of a 1.0 to 3.2 micron in
21 particle sizes small enough to penetrate the
22 (inaudible), getting to this sinus cavity.

23 And on a topical level, for patients that

they

24 have chronic sinusitis and they are not able to be
25 treated with the systemic treatment or patients,

1 that they have gone through sinus surgeries, a lot
2 of the ENTs, that they do sinus surgeries, they
3 need this product and they -- we have a clinical
4 study that shows 80 to 90 percent success rate, as
5 far as our treatment goes.

and

6 We -- we know that we have made a mistake,
7 we take full responsibility for this. And -- but
8 the -- the patients, they really need this unique
9 device and the medication to be treated. So --

is

10 MR. DAYHUFF: Mr. Livingston, I'd add that we did self-
11 report the distribution and changed an answer on
12 our application, which is why I think we're here,
13 to "yes." And that yes is to the "violated the
14 South Carolina statute or regulation." And that
15 the distribution, why we have the lapsed permit.

that's

16 MR. HUSSIM: And if I could just clarify one thing. I
17 think the last shipment was on June 2nd, and
18 in the report.

19 MR. MOBLEY: And when did the license lapse?

20 MS. BUNDRICK: 2009.

21 MR. YADIDI: It was -- it was --

22 MS. BUNDRICK: It would probably be June 30th, 2009,

23 because that's when they normally expire.

24 MR. YADIDI: I believe it was October, if I'm not

25 mistaken.

1 MR. MOBLEY: I don't think his question was related so
2 much to the effectiveness of your therapy or your
3 delivery device. I think he was mainly
questioning
4 whether you were being compliant with the law. It
5 appears that, as the way I understand it, that the
6 answer to that is that you were not, even though
it
7 may have been June the 2nd. It looks like the
8 permit -- you applied for the permit prior to
that,
9 knowing then, I guess, that you didn't have one.
10 Is that right?

11 MR. HUSSIM: No. That's -- that's -- if I may, if you
12 note, the cover, when the application was
13 submitted, the understanding was that it was -- at
14 least from this end -- was that it was a renewal.

15 MR. MOBLEY: Right.

16 MR. HUSSIM: I -- I perhaps should have checked to see
17 the status at the time we submitted it, but we
18 thought it was a renewal. We were notified by Ms.
19 Gould respecting the fact then that the license
had
20 lapsed, and then we knew we had an issue.

21 MR. BRADHAM: But yet, you continued to ship.

22 MR. MOBLEY: After knowing that the license was lapsed.

23 MR. HUSSIM: Yes.

24 COURT REPORTER: Who said "yes" on that?

25 MR. MOBLEY: Mr. Hussim.

we

1 MR. BRADHAM: I know that we asked for certain
2 documents, and some of those were not sent. Had
3 had time to study them ahead of time, so can you
4 tell me when the last document was received by the
5 Board of Pharmacy?

6 MS. BUNDRICK: Marilyn has gone upstairs. I don't know
7 why you didn't get the handouts with -- they
8 actually sent us a list of the dates and what they
9 shipped and it states when the permit had lapsed
10 and the policy and procedure.

11 And I'd like to ask one question: Are y'all
12 shipping anything in here? Or practicing any
13 differently than you were when you had a permit
14 with us before?

15 MR. YADIDI: No.

16 MR. MOBLEY: But you self-reported the fact that you
17 were shipping in lapsed; is that right?

18 MR. YADIDI: Yes.

19 MR. MOBLEY: Okay.

20 MR. BRADHAM: Does the documentation that is here,
21 that's provided, indicate how many orders you had
22 shipped in 2009, when your license had lapsed, up
23 till when you stopped --

24 MR. YADIDI: Yes.

25 MR. BRADHAM: -- shipping? Indicates the number of

1 prescriptions that you've shipped?

2 MR. YADIDI: Yes.

3 MR. BRADHAM: Or the items that you've shipped? Which?

4 MR. YADIDI: It was about 750 patients.

5 MR. DAYHUFF: Prescription?

6 MR. YADIDI: Prescriptions.

7 MR. BRADHAM: My question is: How many prescriptions?

8 And my next question is: How many items did these

9 750 prescriptions represent?

10 MR. YADIDI: Probably, I would say, a patient could get

11 one prescription, or maybe a couple. So we

12 provided the list.

13 MR. BRADHAM: Was it 750 prescriptions?

14 MR. YADIDI: It was 750 patients.

15 MR. BRADHAM: Seven hundred and fifty patients.

16 MR. YADIDI: Correct.

17 MR. BRADHAM: And some of those patients had multiple

18 prescriptions.

19 MR. YADIDI: Yes. Some of them.

20 MR. BRADHAM: So 750 is the number of patients, not the

21 number of prescriptions.

22 MR. YADIDI: No.

23 MR. BRADHAM: Or the number of items shipped.

24 MR. YADIDI: Correct.

25 MR. BRADHAM: So does that documentation also include

items

1 the number of prescriptions and the number of
2 that were shipped?

3 MR. YADIDI: Yes. It -- it shows what we shipped to
4 each patient, what medication we shipped to each
5 patient.

6 MR. BRADHAM: Okay.

patients

7 MR. YADIDI: Yeah, we -- we provided the -- the
8 and the date and the name of the medications each
9 patient received.

10 MR. BRADHAM: Since your license lapsed in 2009?

11 MR. YADIDI: Correct. Yes, sir.

12 MR. DAYHUFF: Mr. Chairman, I have a copy of what we
13 provided, if you would like to see it.

14 MR. BRADHAM: If you would provide that to our
15 attorney.

to

16 MR. HUSSIM: If -- if -- if I may, Mr. Chairman, just
17 clarify. So what the list is, it's a dispense --
18 it's a list of dispenses, each dispense incident,
19 right, with the date.

20 MR. YADIDI: Yes.

21 MR. HUSSIM: And the prescription number.

22 MR. YADIDI: Right.

23 MR. BRADHAM: And what item it was.

24 MR. YADIDI: Yes. Yes, sir.

25 MR. MOBLEY: Did I understand that you just -- I think

you

1 I've heard you talk earlier about the fact that
2 have a product that's unique to treat. And then
3 you talked about your device. But you're talking
4 about multiple prescriptions. So you do multiple
5 prescriptions. I mean, different medications.

6 MR. YADIDI: Yes, we have --

7 MR. MOBLEY: But they're all delivered by your unique
8 device.

9 MR. YADIDI: Correct. Yes, sir.

10 MR. MOBLEY: That was --

11 MR. YADIDI: Yes.

12 MR. MOBLEY: -- what I did not understand.

13 MR. YADIDI: Yes.

14 MR. MOBLEY: Thank you.

15 MS. LONG: On your permit application, it says that
16 y'all do not do sterile compounding?

17 MR. YADIDI: No.

says

18 MS. LONG: Okay. Underneath your other permits, it
19 that (inaudible).

20 MR. SUAREZ: We did have one at one point. And then

21 California requires you to have a sterile

22 compounding license. But that actually was -- we

23 stopped that.

24 MR. BRADHAM: You need to speak up.

25 MR. SUAREZ: Oh, I'm sorry. We used -- we used to have

1 a sterile compounding license, which is required
by 2 California. But we stopped that. So we basically
3 discontinued that -- that side of our business.

4 MR. YADIDI: We used to do a IV business, and we
stopped 5 the IV business, so we don't do anymore, so we
6 stopped that licensure for the sterile
compounding.

7 We don't do anymore IV business ever since 2008.

8 MR. BRADHAM: So, do you do any sterile compounding?

9 MR. YADIDI: No. We don't do any sterile compounding.
hood. 10 But everything is done in a clean room, under

11 We still practice as a sterile company, but we
12 don't do -- we are not licensed as a sterile
13 compound.

14 MR. MOBLEY: So these solutions are they -- they're all
15 for sinus irrigation? Or --

16 MR. SUAREZ: They're -- they are all basically for
sinus 17 treatments. They could be nebulize treatments;
18 they can actually be irrigations. Oh, I'm sorry.

19 MR. YADIDI: They can -- they could both be for like
20 sinus treatments, nebulize treatments, as well as
21 irrigations.

22 MR. LIVINGSTON: So you're saying you do use nebulizer
23 treatments.

24 MR. SUAREZ: Yes.

25 MR. LIVINGSTON: Which is supposed to be a sterile

1 product.

unsterile,

2 MR. YADIDI: Well, according to California, the product
3 that we're using, since we're introducing it
4 actually into the nasal cavity, which is
5 the product does not need to be sterile.

6 MR. MOBLEY: So all yours go -- right. But an
7 inhalation goes in the mouth.

8 MR. YADIDI: Right.

kind

9 MR. SUAREZ: That's correct. Yes. We don't do any
10 of inhalation. We -- we don't do any respiratory
11 medications, pulmacord, any of that stuff that's
12 basically inhaled basically through the nasal
13 cavity. And that's where that device comes into -
14 into play.

-

15 MR. YADIDI: All of our devices are nasal nebulizers.
16 They are not to the mouth, but only through the
17 nasal cavity.

18 MR. MOBLEY: Do you do any in-product testing?

19 MR. YADIDI: Excuse me?

20 MR. MOBLEY: Do you do any in-product testing?

21 MR. YADIDI: The -- the devices are all FDA 510(k)
22 approved.

23 MR. LIVINGSTON: I know. But you're compounding
24 medication.
25 MR. SUAREZ: Oh, yeah.

1 MR. YADIDI: Yes.

2 MR. SUAREZ: Compounding medications, yes, we send it
to
3 a lab for inspection.

4 MR. ROSE: Can you tell me the process that y'all use
to
5 make this Budesonide, which is 500 micrograms per
6 2cc.

7 MR. SUAREZ: Yeah. What we do is -- it's constituted
of
8 a normal saline, just regular normal saline water
9 with -- we use a micronized Budesonide powder that
10 we dissolve in a little bit of dehydrid alcohol.
11 And then basically just bring it up to PH with
12 either citric acid or -- or lower it with sodium
13 hydroxide. And then we add a little bit of a
14 preservative --

15 MR. BRADHAM: She's having difficulty hearing you.

16 MR. SUAREZ: Oh, I'm sorry.

17 COURT REPORTER: You just have to speak up. I'm so
18 sorry.

19 MR. BRADHAM: Keep the volume up.

20 MR. SUAREZ: Okay. Sorry. The whole thing?

21 COURT REPORTER: Well, I hate to ask you --

22 MR. SUAREZ: Okay. Yeah, I'll do it again. Keep it

23 short.

24 COURT REPORTER: If I'm looking at you, I can read your

25 lips. I'm really good at that. But you're

1 facing that way.

2 MR. BRADHAM: Go ahead and repeat.

3 MR. SUAREZ: Okay. So the question was on Budesonide,

4 how do we -- how do we make that medication. We

5 make it basically for batches. We use normal

6 saline with a micronized Budesonide. We dissolve

7 the Budesonide in a little bit of dehydrated

8 alcohol. And then bring it up to the necessary

9 volume, check the PH, either lowering it with

10 citric acid or decreasing it with sodium
hydroxide.

11 We do add a little bit of a preservative, but it's

12 not really that much. It's basically a drop per

13 batch, so it's really not that much. So that's
how

14 we formulate the Budesonide.

15 MR. MOBLEY: Do you filter it?

16 MR. SUAREZ: Yes. We filter it at the end. All our

17 products are basically filtered through a .2
micron

18 filter, which is basically necessary for the

19 sterilization. Even though we don't need to, we

20 still go through that whole process.

21 I have a low voice, so I'm just going to look

22 at you. Sorry.

23 MR. MOBLEY: Have you ever -- have you ever did a
24 potency test on what you make in that process?
25 MR. SUAREZ: Yes. Yes. And that's when we send it to

1 the lab for testing, for sterility and -- and
2 potency testing as well.

3 MR. ROSE: And your products will be shipped -- if
4 you're shipping them into South Carolina, they
5 would be in the unit dose?

6 MR. SUAREZ: It would be in unit dose. The way they're
7 packed is usually when you do an irrigation, most
8 pharmacies will deliver it in a big, you know,
9 liter or liter bottle. We don't do that. They
10 actually come in little, individual respial vials.
11 They come in strips of five. So it makes it a
12 little bit easier for the patient to actually
13 utilize. It's actually one vial per treatment.

half

So

14 that's how we do it. We have a machine that
15 actually fills it and seals it for us.

16 MR. BRADHAM: And so you cease and desisted from doing
17 anything in South Carolina since June 2nd?

18 MR. SUAREZ: That's correct, sir.

19 MR. BRADHAM: And not shipped beyond that date.

20 MR. SUAREZ: No, sir.

21 MS. LONG: When you ship, are all the storage
22 requirements being met?

see

23 MR. SUAREZ: Yes, they are. Yeah. We get that -- we
24 basically get that information from our labs to
25 how -- you know, what -- what environment they're

1 actually stable in. So that's how shipped it,
2 so --

3 MR. BRADHAM: So your patients are being serviced by
4 other entities in the interim?

5 MR. SUAREZ: No, sir. Not -- not -- not to my
6 knowledge, no. And that's -- I think -- I believe
7 that's where the product comes into play. And

most

8 of the time, patients can get, you know, their
9 medications, whether be oral or IV, I mean,
10 throughout the whole United States, mostly local.
11 But since this product is out -- basically, the
12 only ones that provide it, so --

13 MR. BRADHAM: You have a patent on your products?

14 MR. SUAREZ: Patent pending, I believe.

15 MR. YADIDI: We have the patent pending on the device.

16 MR. BRADHAM: The device, not the product.

17 MR. YADIDI: Not the -- no.

18 MS. LONG: Are these prescriptions being written by
19 local doctors in South Carolina?

20 MR. YADIDI: Yes.

21 MR. SUAREZ: Yes.

have

22 MR. BRADHAM: And they're now aware that you do not

23 a permit to issue prescriptions to patients in
24 South Carolina?

25 MR. SUAREZ: Yes.

120

1 MR. BRADHAM: Do you have a copy of the documentation
2 that you've sent to the providers?

have

3 MR. SUAREZ: Do I have that documentation? I don't
4 that.

5 MR. YADIDI: What was that again? I'm sorry.

6 MR. BRADHAM: Do you have a copy of documentation that
7 you've sent to the providers that you're unable to
8 ship it in South Carolina, pending resolution of
9 this issue.

10 MR. YADIDI: We have communicated with them verbally.
11 We have received prescriptions. They're on hold
12 until we come to this meeting in front of you. So
13 we -- we haven't put anything in writing yet, but
14 we have informed them that we cannot ship until
15 resolution is finalized.

the

16 MR. BRADHAM: Do you have a copy, a list of the
17 physicians or prescribers that are in South
18 Carolina?

We

19 MR. YADIDI: We do -- we do have that in our office.
20 can provide that for you.

21 MR. HUBBARD: How is this product marketed? How do
22 these physicians in South Carolina know about this

23 product?

24 MR. YADIDI: We have a sales representative that goes
to

25 doctor's offices and they get our brochures and

1 marketing material, and they get to know about the
2 treatment, and they see the clinical studies, and
3 they fax us the prescriptions.

4 MR. BRADHAM: You have a marketing office in South
5 Carolina?

6 MR. YADIDI: No, we don't. We have individual who is
7 our employee and he lives in South Carolina, as

our

8 sales representative and marketing representative.

9 pharmacist?
pharmacist?

MR. BRADHAM: Is this a pharmacist? or a non-

10 MR. YADIDI: He's a non-pharmacist.

this

11 MR. BRADHAM: And you've provided us information on

12 individual?

13 MR. YADIDI: We would be able to provide you with that
14 information.

in

15 MR. MOBLEY: Revisit with me why you're not permitted

16 California for sterile. Here's the reason why.

scanned

17 The information that you're giving us, as I

at

18 through it -- of course, hadn't had time to look

related

19 it in detail -- is all, as I understand it,

not

20 to sterile compounding practice. And you chose

21 to be permitted for that in California.

22 MR. YADIDI: Right.

here

23 MR. MOBLEY: But I think there's a little confusion

24 because, typically, if you're practicing as a

25 sterile, then we would think that you need to meet

1 those guidelines here.

2 MR. YADIDI: Yes. California, because the -- the
3 medication goes through the nasal cavity, and I --
4 I believe that we have the visit from the state
5 board of California. And the inspector came and
6 saw exactly what we did. And they said since the
7 medication goes through the nostrils, and still
8 bacteria is in the nostrils. So there is no
9 -- it doesn't go through the mouth. So it -- it
10 doesn't need to be sterile.

11 But we still do practice as a sterile
12 compounding since we have clean rooms and hoods
13 machines that are -- all the compounding is done
14 inside the clean room. So he said, "You guys are
15 not doing anymore IV business, why are you keeping
16 this license?" And then we said -- so we are not
17 doing any IV business. We're not going to be
18 IV business in any time ever again. So we're just
19 going to go ahead and give that license away, and
20 we'll just go ahead and keep our non-sterile
21 compounding license.

the

reason

and

doing

22 And that's -- that's -- that was their
23 suggestion, the inspector's suggestion was,
24 honestly. We still operate under -- our
25 operation's still under sterile, but they said

"Why

1 do you need this if you don't do IV business?" We
2 said, "Okay."

3 MR. MOBLEY: So you're really operating under 795,
4 rather than 797; is that correct?

5 MR. SUAREZ: That's correct.

6 MR. YADIDI: Yes, sir.

7 MR. ROSE: I would assume that that would be the case
8 since you're -- but you're still compounding.

9 MR. YADIDI: Yes, sir.

10 MR. ROSE: Any time you mix a powder with a liquid,
11 you're compounding.

12 MR. YADIDI: Yeah.

13 MR. ROSE: Whether if be 795 compounding rather than
14 797.

15 MS. LONG: When were y'all made aware that your permit
16 had expired?

17 MR. YADIDI: We -- the truth is, we had a administrator
18 who was responsible for this -- for the renewal.
19 And we found out a few months after that, how come
20 we didn't get it. And she is no longer with us
21 because -- really, because of this reason. And
22 then we transferred the whole file to our
23 attorney's office. They've been working on it

24 since, and they've been trying to go ahead and get
25 us in front of you guys and try to work around it,

1 work with it. And honestly, that's -- that's the
2 whole situation.

3 We take full responsibility for this mistake.
4 It is my responsibility because it was one of my
5 staff. And she did not perform it. She did not
6 let me know. And -- and honestly, that -- that's
7 -- that's where the problem has been. And by the
8 time we found Mr. Travis as our attorney in South
9 Carolina, right now where we are.

10 MS. LONG: So you didn't apply for any permit, though,
11 until November of 2010?

12 MR. YADIDI: Yes.

13 MR. HUSSIM: Well, the permit application was December
14 2010. And at that time, was believed that in

South

15 Carolina, that there was a permit.

16 MR. MOBLEY: Have you had this happen in other states?

17 MR. YADIDI: Excuse me?

18 MR. MOBLEY: Have you had this happen in any other
19 state?

this

20 MR. YADIDI: We had a customer complaint because of

21 reason in North Carolina. And -- and we stopped
22 shipping to North Carolina, and that was it. And

23 we -- we got -- state board of California, we had
24 -- we had to pay a fine of \$250 because of that.
25 And that was it.

1 MR. BRADHAM: You paid the fine to the state of
2 California, not to the state of North Carolina?
3 MR. YADIDI: Correct. Yes, sir.
4 MR. BRADHAM: And you said you ceased shipping June the
5 2nd --
6 MR. YADIDI: Yes, sir.
7 MR. BRADHAM: -- even though you realized you didn't
8 have a license back in December '10. This record
9 that I have ends May the 16th. So do you have any
10 record between May the 16th and June the 2nd?
11 MS. BUNDRICK: (Inaudible.)
12 MR. YADIDI: The last shipment was June 2nd.
13 MR. BRADHAM: I'm having difficulty understanding why,
14 when you realized you had a license, continued to
15 -- did not have a license, you continued to ship.
16 MR. YADIDI: The doctors, they didn't know where to go.
17 And we -- really, you know, (inaudible) the -- a
18 business. And we really didn't want to go ahead
19 and discontinue our business, honestly, being up-
20 front and honest. And -- and this patients, they
21 -- they were -- they're hurting and they really
22 wanted this treatment and we have a few opinion
23 leaders in ENT society, that they are in South

24 Carolina, and they really want this products for
25 their patients. And we know we made a mistake.

We

1 know we -- we did make a mistake.

2 MR. BRADHAM: Did you consider contracting with a

3 licensed facility in South Carolina, so these

4 patients could be serviced?

5 MR. YADIDI: The facility, we -- they don't have the

6 fill and seal equipment machines that we have, and

7 we cannot give out the formula that we make the

8 medication that works with -- our nasal nebulizers

9 are unique to us. It's a company's, you know,

10 asset. So we are not able to give those out. And

11 we are not able to wholesale the nasal nebulizers

12 to another pharmacy. The manufactures only

13 licensed us to go ahead and sell it to the end

14 user. That's -- we don't sell anything or

15 wholesale anything.

16 MR. LIVINGSTON: So do you have a North Carolina permit

17 now?

18 MR. YADIDI: No, we don't. And we don't ship to North

19 Carolina.

20 MR. LIVINGSTON: Have you ever had a North Carolina

21 permit?

22 MR. YADIDI: No. We never did.

23 MR. LIVINGSTON: Have you ever applied for one?

24 MR. YADIDI: Yes, we have.

25 MR. LIVINGSTON: And what did they tell you?

1 MR. HUSSIM: No, no, we have not applied for --

2 MR. YADIDI: We have never -- no, we never. I'm sorry.

3 MS. BUNDRICK: Did North Carolina issue a cease and
4 desist in regards to the complaint from the person
5 that they knew?

6 MR. HUSSIM: Yes.

7 MR. BRADHAM: What states do you ship in, other than
8 South Carolina and California?

9 MR. YADIDI: We -- we have 40 other states that we ship
10 to. And we have license to ship to.

11 MR. BRADHAM: You are permitted in those --

12 MR. YADIDI: Yes, sir.

13 MR. BRADHAM: -- other states?

14 MR. YADIDI: Yes, sir.

15 MR. BRADHAM: Has that been provided to the Board of
16 Pharmacy, what states they're licensed in? or
17 permitted in?

18 MS. BUNDRICK: Excuse me.

19 MR. BRADHAM: Have we got a list of the states that
20 are permitted in, in the documentation?

21 MS. BUNDRICK: I am not positive if they submitted that
22 information or not.

23 MR. HUSSIM: We -- no. We could provide that

they

24 information.

25 MR. YADIDI: We can provide that for you. There are 40

1 of them.

2 MS. BUNDRICK: I do have one question. You did say you
3 were issued a cease and desist in North Carolina,
4 correct?

5 MR. HUSSIM: Yes.

"no"

6 MS. BUNDRICK: Well, your application, you answered
7 to if your permit's been disciplined, denied,
8 refused or revoked of any violations of any
9 pharmacy laws in South Carolina or any other

state.

10 MR. YADIDI: The application that we sent to you guys,
11 it was before we got the cease and assist from
12 North Carolina.

13 MS. BUNDRICK: And when did you get the cease and
14 desist?

15 MR. YADIDI: I -- I don't remember.

did

16 MR. HUSSIM: Let me -- the -- I don't think that that's
17 a question -- I'd have to go back and look. We
18 provide the board with the report, the inspection
19 report from California, which references the cease
20 and assist, I believe, in the initial application.
21 And it was also addressed in the cover letter that
22 we sent. And so we did -- the -- the pharmacy did

23 apprise the board of the North Carolina situation
24 at the time that the -- the application was filed.
25 I'd have to go back and look at, you know,

1 individual questions and see if those are
2 responsive. But the -- the board knew about the -
-
3 the North Carolina. Then North Carolina, of
4 course, informed the California board. And -- and
5 that --

6 MS. BUNDRICK: Then I think you would have to amend
your
7 application to reflect that.

8 MR. YADIDI: If that's the -- if that's the board's
9 opinion, we'll certainly see to that.

10 MR. BRADHAM: Any other questions before the members?

11 MS. BUNDRICK: I would like to make one statement. Ms.
12 Clelia Sanders looked up on the database, and
their
13 permit due to expire June 30th, 2009, based on
14 what's in our system, which is -- June 30th's when
15 all the permits expire.

16 MR. BRADHAM: That's what I thought.

17 MR. YADIDI: I'm sorry. I made the mistake. I think I
18 -- I -- I'm sorry. I made a mistake. I thought
it
19 was October.

20 MR. MOBLEY: Mr. Chairman, I would like to move that we
21 discuss this in executive session when we go into

22 executive session later today.

23 MR. BRADHAM: Have a motion that we discuss this later

24 in executive session. All those in favor of this

25 motion -- do I have a second to the motion?

1 MR. ROSE: Second.

2 MR. BRADHAM: Second by Mr. Rose. Any discussion?

3 MR. MOBLEY: For this one -- for this particular
4 situation, I'll ask that Ms. Bell --

5 MS. BELL: I apologize. One of the things, if it's
6 appropriate, the board would deem it appropriate

to

7 ask the applicants -- they have indicated in their
8 initial -- their initial presentation that they
9 have undertaken certain methods to make sure that
10 this kind of oversight doesn't happen again. I
11 didn't hear anything in their presentation, other
12 than they fired somebody who no longer is there
13 anymore. But I didn't hear anything presented by
14 them as to what measures --

15 MR. HUSSIM: Hussim, I think you --

16 MS. BELL: -- they are taking --

17 MR. HUSSIM: -- probably the best person to address
18 that.

19 MR. DAYHUFF: Well, they've -- that pharmacy has turned
20 its compliance over to -- to -- to McGuire Woods,
21 my law firm, and we've -- like we do for others,

we

22 have a database and we have regular ticklers. And

of 23 so we've -- we're making it our job to be on top
terms 24 all of their licensure in their 40 states, in
and 25 of calendaring renewals and self-worth. And --

1 also, of course, being on top of checking the
2 websites and checking status. So there -- this
3 isn't going to happen again, any place.

Obviously,

4 it's happened here.

5 MR. BRADHAM: It might do well in documentation that we
6 have asked for that needs to be provided, that
also
7 be provided.

8 MR. MOBLEY: Bobby, can I ask another question?

9 MR. BRADHAM: Have a motion and a second, and we're
10 discussing that motion. So I need to -- have any
11 discussion with regard to that motion? All those
12 in favor of this motion, indicate by the uplifted
13 right hand.

14 (Board members comply by lifting their
15 hand.)

16 MR. BRADHAM: And that is that at some point today,
17 we'll go into executive session to discuss this
18 issue. At this time, there is an opportunity for
19 you to offer any further testimony that you wish
to
20 offer and to argue this.

21 MR. HUSSIM: I personally want to apologize to the
board

McGuire

22 that this has happened. It has totally been an
23 oversight. We have forwarded everything to
24 Wood, for them to do our regulatory renewals with
25 any -- all the licensure. So it is not in our

1 firm's -- nobody will make a mistake anymore. We
2 have attorneys that are now handling these issues
3 for us for different states. And they are a very
4 large firm. They have 400 attorneys and they're -
5 they know what they're doing. And we really do
6 apologize. And we have -- our treatment is really
7 helping patients. And we really would appreciate
8 your consideration.

9 MR. DAYHUFF: Mr. Chairman, I would like to also submit
10 this for the board's consideration. It's more
11 information about the treatment itself. And I'll
12 give that to your attorney, in case anyone has
13 further questions after we depart. And I thank
14 for your time and consideration in this matter.

15 MR. BRADHAM: Thank you very much. Thank you for being
16 here. And we'll have an answer to you before we
17 adjourn today. You're welcome to wait around.
18 We've gotten somewhat behind in our schedule, as
19 you can very well see from the agenda. And so we
20 will address that issue up at the time.

21 MR. HUSSIM: Thank you very much for your time.

22 MR. BRADHAM: Would like to suggest that in the

you

23 meantime, you've heard documentation that we've
24 asked for, that we have not been provided. And
25 that you work towards getting that to us as

quickly

1 as possible.

2 MR. HUSSIM: We'll do that right away.

3 MR. BRADHAM: Okay.

4 MR. YADIDI: We will do that. Thank you very much.

5 MR. BRADHAM: All right. Thank you very much.

6 MR. HUSSIM: Thank you.

7 MR. BRADHAM: It is now 11:45. I will -- we can
proceed

8 back to some of the issues we've been over or we

9 can go into executive session. What is the
board's

10 pleasure.

11 MR. BUSHARDT: (Inaudible.)

12 MR. BRADHAM: Okay. Have that room available, so I'll

13 entertain a motion that we move into executive

14 session.

15 MS. BELL: Do you-all need Mr. Griggs?

16 MR. BRADHAM: Yes. And we might need you also. Okay?

17 So I have a motion. Do I have a motion --

18 MR. MOBLEY: So moved.

19 MR. BRADHAM: Okay. Mr. Mobley made a motion to go
into

20 executive session, and do I have a second?

21 MR. BUSHARDT: Second.

22 MR. BRADHAM: All right. Have a second from Mr.

23 Bushardt. All those in favor of this motion,
24 indicate by uplifted right hand.

25 (Board members comply by lifting their

1 hand.)

2 MR. BRADHAM: All opposed by the same sign, and the
3 motion carries. And we will move into executive
4 session. I'll share with you folks that I would
5 predict that we will come out of executive session
6 in time to go to lunch. So those of you who want
7 to proceed in that direction, I don't anticipate
8 any motions or any acute activity taking place
9 until 2 p.m, if you want to proceed in that
10 direction.

11 MR. MOBLEY: Go to lunch, is what he's telling you.

12 (Executive Session.)

13 MR. BRADHAM: We will go back to Item No. 5C, request
14 modification of order. We need to entertain a
15 motion to move out of executive session, and I'll
16 also entertain such a motion.

17 MR. ROSE: So moved.

18 MR. BUSHARDT: Second.

19 MR. BRADHAM: Let the record show that while we were in
20 executive session, no motions were made nor any
21 offered. And we'll move back to request
22 modification of order for E. Duane Cook. And what
23 is the board's pleasure.

24 MR. ROSE: Motion to deny.

25 MR. BRADHAM: Have a motion to deny. Do I hear a

1 second?

2 MR. BUSHARDT: Second.

3 MR. BRADHAM: Seconded by Mr. Bushardt. Any
discussion?

4 (NO RESPONSE.)

5 MR. BRADHAM: All those in favor of the motion,
indicate

6 by the uplified right hand.

7 (Board members comply by lifting their
8 hand.)

9 MR. BRADHAM: Opposed by the same sign, and the motion
10 carriers.

11 Picking back up with the agenda and item
under

12 "new business continued," request approval of
13 pharmacist reinstatement application, Tonya
Cooper.

14 Is Ms. Cooper present? Okay. If you can come
15 forward and stand and raise your right hand and be
16 sworn in by the court reporter, please, ma'am.

17 (The witness is sworn in.)

18 MR. BRADHAM: Ms. Cooper, this is your opportunity to
19 address the board of why you are here today and

why

20 you're requesting what you're requesting. And the

ask 21 board then in turn will have the opportunity to
that 22 you some questions. Do you have any witnesses
by 23 you brought with you today? Are you just coming
24 yourself?
25 MS. COOPER: No.

in

may

let

which

reason.

1 MR. BRADHAM: Okay. And for the court reporter
2 purposes, if you can speak up so that she can hear
3 every word that you're saying, that would assist
4 that process. That little microphone in front of
5 you aids and helps her in that process. So you
6 begin.

7 MS. COOPER: I'm just before the board to ask for
8 reactivation of my license that I inadvertently
9 lapse four years ago. It was due for renewal like
10 in 2007, but that was at the time that South
11 Carolina had transitioned from the annual to
12 biannual renewal time. And I'm in Texas now,
13 we've always done biannual. So I did not receive
14 my renewal notice in the mail, for whatever
15 And so I didn't think anything of it other than,
16 you know, "I'll get it next year. I must be on
17 that rotation." And, yeah, you'd think about it
18 every now and then, but I'd think, "Oh, I'll check
19 it when I get home," or whatever, and I -- I just
20 never followed up with it. But, like I said, I
21 kept waiting for the renewal. Basically, it comes

22 down to just 250.

23 MR. BRADHAM: And you've been practicing in Texas
24 without interruption?

25 MS. COOPER: Yes, sir.

in

1 MR. BRADHAM: Okay. Any questions of board members?

2 MR. LIVINGSTON: So you have an original license here

3 South Carolina and also original in Texas. You

4 didn't reciprocate.

5 MS. COOPER: I reciprocated to Texas.

6 MR. LIVINGSTON: So you were reciprocating -- so your

7 Texas license basically was invalid because this

8 license was not kept up; is that correct?

9 MS. COOPER: I would assume that's --

10 MR. BRADHAM: Has Texas taken any action against your

11 license?

12 MS. COOPER: They're not aware. I didn't even realize

13 it until December.

14 MR. BRADHAM: So the last license application you

15 submitted expired on April the 30th 2000 when? --

16 MS. COOPER: '7.

17 MR. BRADHAM: '7?

18 MS. COOPER: Yes, sir.

page

19 MR. BRADHAM: And I noticed that you have submitted

20 after page after page of CE.

time,

21 MS. COOPER: I wanted to show that during all that

22 I had maintained and done my CE course for South

23 Carolina. South Carolina is more stringent than
24 Texas. We have about the same number of CE hours
25 now, but South Carolina requires that you have

live

knew

1 CE and Texas does not. So I always attended a
2 seminar that took care of all my CE, because I
3 I had to keep my -- I knew I had to get my South
4 Carolina active. And I thought it was. I just
5 messed up.

a

6 MR. BRADHAM: I do have one question because I noticed
7 large portion of your CE from a provider called
8 Pharmcon at 404 Main Street in Conway, South
9 Carolina.

that

10 MS. COOPER: When I contacted the licensing, they told
11 me because of the number of years had expired,
12 I had to have a total of 60 hours of continuing
13 education within the past two years in order to
14 apply for relicensure. So I submitted what I had
15 and they told me I needed to get an additional 30
16 hours, so I did that as quickly as I could get it
17 done since December.

18 MR. BRADHAM: Okay. And so your hours, both those that
19 have to be live hours and those that -- and the
20 something other than live hours, have all been
21 done?

22 MS. COOPER: Yes sir.

23 MR. BRADHAM: What is Pharmcon in Conway, South
24 Carolina?
25 MS. COOPER: It's an online continuing education site

24 immediately got on the phone, verified. I had
25 moved in 2005. I verified that I did update my

new

1 address and everything with the Board of Pharmacy.
2 Because I thought, "Well, maybe that's why I never
3 got my renewal," but that was not the case. I had
4 updated and I was -- all the information -- my
5 current information was updated with the Board of
6 Pharmacy.

7 MR. BRADHAM: Okay. Any other questions of board
8 members?

9 MS. BELL: Excuse me a moment. I don't know if the
10 board has it in the packet. It appears that Ms.
11 Cooper was reprimanded by the Board of Texas since
12 her last renewal here. So I don't know if that's
13 something the board wants to explore with Ms.
14 Cooper.

15 MS. COOPER: That's an incident I was referring to, and
16 I thought that's why I was here, they told me,
17 because of the incident, that I needed to appear
18 before you.

19 MR. BRADHAM: That was with regard to a medication
20 with a product Ceron-DM

21 MS. COOPER: Yes, sir.

22 MR. BRADHAM: Okay. And you haven't informed the Texas
23 board of this situation, so you don't know what

24 action they're going to take?

25 MS. COOPER: Oh, no, no. It's all done. It's taken

met

1 over a year and a half to settle, but it's been
2 settled. And a letter was submitted to you from
3 the Texas Board of Pharmacy, stating that I had
4 all the -- paid the fines and did the CE that was
5 required for that, every court order.

6 MR. BRADHAM: I thought you said Texas wasn't aware --

7 MS. COOPER: They're not aware that my South Carolina
8 license has lapsed. They are aware of the error
9 that was made and I was fined for.

10 MR. BRADHAM: Because you know this situation will be
11 reported to the central database, and in turn will
12 then go to the Texas full board.

13 MS. COOPER: I would assume that they would have to be
14 notified.

15 MR. BRADHAM: And so you could be subject to
16 repercussion because of that situation.

17 MS. COOPER: I just have to do whatever I can do to try
18 to fix things and get it -- get it right.

19 DR. RICHARDSON: What happened to the child? It
20 doesn't tell us.

21 MS. COOPER: The child was fine. Child was very sleepy
22 and the mother took the child back to the doctor.

23 And the doctor was very nice and just said, you
24 know, just got too much; don't give them that
much.
25 And mother was very upset. And just told her if

1 she wanted to, to contact the Board of Pharmacy,
2 and she did file a complaint. And the Board of
3 Pharmacy followed up. I didn't know a complaint
4 was filed till seven months after the incident.
5 And that's when they investigated. And it took
6 another seven months for them to file an aggrieved
7 board order. And then you have to accept, and it
8 takes months.

9 MR. BRADHAM: Yeah. The Texas board is about three
10 times the size of this board.

11 MS. COOPER: It's a big state.

12 MR. BRADHAM: Yes.

13 MR. ROSE: Lee Ann, do you have to keep your original
14 license all the time?

15 MS. COOPER: You're supposed to, yes.

16 MS. BUNDRICK: You're supposed to.

17 MR. ROSE: But you don't have to.

18 MS. BUNDRICK: It might depend on what the statutes say
19 in the state that she reciprocated to. And I was
20 going to ask her if she knew whether or not Texas
21 asked a question on their renewals in regards to
22 have you let any license lapse.

23 MS. COOPER: They have never asked that question. They

24 always ask "are you licensed in another state."

25 And I always have said "yes" because I thought I

1 was, until this incident. And I was filling out
2 all the paperwork and I said, you know, I just
3 better double-check and make sure everything is
4 good. So on the last thing, I did say that I was
5 not licensed in Texas.

6 MR. BRADHAM: So you did inform them on the last --

7 MS. COOPER: The last form the application was filled
8 out with this aggrieved board order, I did let
them

9 know that I was no longer licensed in the state of
10 South Carolina.

11 MR. BRADHAM: When was that?

12 MS. COOPER: When it was submitted back to them in
13 December. And then they signed off on the board
14 order in February.

15 MR. BRADHAM: Okay. Any other questions?

16 MR. ROSE: Probably ought to recuse myself.

17 MR. BRADHAM: Okay. Mr. Rose is recusing himself.

18 MR. ROSE: I worked with her at the hospital.

19 MR. BRADHAM: Let the --

20 MS. COOPER: I didn't think you'd remember.

21 MR. BRADHAM: -- reflect that. What's the board's
22 pleasure? Do you want to take this up in
executive

23 session with some other matters we still have
24 pending? Or --
25 MR. LIVINGSTON: I make a motion to accept.

1 MR. BUSHARDT: I second.

2 MR. BRADHAM: Okay. Motion's been made by Mr.

3 Livingston and seconded by Mr. Bushardt that we

4 grant her the reinstatement of her application.

5 And she's completed all the requirements been

6 completed for someone whose license has lapsed for

7 four years?

8 MS. BUNDRICK: We will verify that once we get your

9 approval and make sure she meets the requirements

10 in 40-43-110. Those are the requirements that

says

11 if your license is lapsed for more than three

years

12 and if inactive for practicing for more than three

13 years and she has not.

14 MR. BRADHAM: Okay.

15 MS. BUNDRICK: So we will make sure before we issue her

16 license that she has met those requirements.

17 MR. BRADHAM: So your motion is subject to --

18 MR. LIVINGSTON: Yes.

19 MR. BRADHAM: -- meeting those requirements. And you

20 agree to that as a second. So you have a motion

21 before you to grant her reinstatement, subject to

22 the staff verifying that she's completed all her

23 requirements for the reinstatement of a license
24 that is lapsed for four or more years. And all
25 those in agreement with this motion, indicate by

1 the uplifted right hand.

2 (Board members comply by lifting their
3 hand.)

4 MR. BRADHAM: Those opposed by the same sign. And if
5 you'll get with the staff and make certain that
6 everything has been matriculated to allow that to
7 happen.

8 MS. COOPER: I will. Thank you so much.

9 MR. BRADHAM: Okay. Thank you very much. Good luck to
10 you. The next is Item No. H, request approval of
11 reciprocity application, Sandra Menard. Is she
12 present? Did I pronounce your last name
correctly?

13 MS. MENARD: Yes, sir.

14 MR. BRADHAM: Okay. All right. If you'll come forward
15 and stand and face the court reporter and raise
16 your right hand and she will swear you in. Do you
17 have anyone with you?

18 MS. MENARD: No, I don't, sir.

19 MR. BRADHAM: Okay. If you'll just raise the right
20 hand, please, ma'am, and she will swear you in.
21 And then you can be seated.

22 (The witness is sworn in.)

23 MR. BRADHAM: You can have a seat. And this is an

24 opportunity for you to share with the board what
25 you're requesting and why you are requesting

1 approval of your reciprocity application.

2 MS. MENARD: Thank you. I come from Massachusetts and

3 I'm --

4 MR. BRADHAM: That's hard to tell, with your dialect.

the

5 MS. MENARD: Is the accent that bad? I'm requesting

6 board to accept my application of reciprocity for

7 South Carolina, because I plan on relocating here

8 at least within the next year. So just setting my

9 stones in place for a possible retirement to South

10 Carolina.

near

11 MR. BRADHAM: One of our staff members sitting very

12 behind you, I think is -- is that the area you

13 migrated from, Marilyn?

14 MS. CROUCH: No, sir. Pittsburgh.

somewhere

15 MR. BRADHAM: Pittsburgh, okay. I knew it was

16 north of the Mason-Dixon line.

17 MR. ROSE: Well Marilyn's not always totally north --

18 it's further south.

19 MS. MENARD: Little further south.

20 MR. BRADHAM: And what is the reason that your

21 reciprocity application had to come before the

22 board? Can you share what happened, when it

23 happened and --

24 MS. MENARD: I believe there was a reprimand in the

25 state of Rhode Island, because I am also licensed

1 in Rhode Island, but my primary state is
2 Massachusetts. At the time, I was a pharmacy
3 manager of Wal-Mart. And there was an assistant
4 manger that worked in the Wal-Mart building at the
5 time, that was coming into the pharmacy department
6 at multiple times, whether I was there or not, to
7 do maintenance work, change light bulbs, fix the
8 sinks, CONA issues, and --

9 MR. BRADHAM: This was an assistant manager that was
10 non-pharmacist.

11 MS. MENARD: Non-pharmacist, but an employee of Wal-
12 Mart.

13 MR. BRADHAM: Okay.

14 MS. MENARD: And he would come into the store, into the
15 pharmacy department and literally take bottles of
16 Vicodin and slide them into his big, long, baggy
17 pants. And then we were not aware of it.

Multiple

got

18 pharmacists were filling in at the time. And I
19 a call one morning prior to my going into work and
20 he came to my home. And he said, "I need to talk
21 to you." And I said, "Okay. What are you doing
22 here at seven o'clock in the morning? I got to be

23 at work at nine." He says "I have a drug problem
24 and I want to be honest with you. I've been
25 stealing from the pharmacy. And I don't want you

148

1 to get in trouble for it, but I'd also" -- he
2 didn't want to get arrested for it either. I
said,

3 "Well, my job is, I have to -- I have to tell. I
4 have to tell my district manger and my pharmacy
5 supervisor," which I did.

6 It all went into an investigation, went in
7 front of the Board of Pharmacy in Rhode Island.
8 And they applied a reprimand because I was the PIC
9 of the store at the time. And, obviously,
somebody
10 has to be responsible for security.

11 So at that point, myself and my supervisor,
we
12 implemented security procedures in the pharmacy
13 where nobody gets in from front store, only
14 pharmacy personnel. And then if they are needed
to
15 be into the pharmacy department, they would have
to
16 be escorted at all times. And that's what was the
17 reprimand.

18 MR. BRADHAM: I think that's common in most stores
where

19 the pharmacy may be open 12 hours or the store is
20 open 24 hours, or whatever, the key and the code
to

pharmacy 21 get in the pharmacy is limited to licensed
22 personnel.
23 MS. MENARD: Correct.
24 MR. BRADHAM: And I'm sure Wal-Mart has taken measures
25 to correct that situation.

1 MS. MENARD: They have.

2 MR. BRADHAM: Any questions of board members?

3 MR. LIVINGSTON: Are you still licensed in Rhode
Island?

4 I didn't see that?

5 MS. MENARD: Yes, sir.

6 MR. LIVINGSTON: You are?

7 MS. MENARD: Yes, sir. I currently practice in the
8 state of Rhode Island.

9 MR. MOBLEY: And all this occurred in 2003?

10 MS. MENARD: Yes.

11 MR. BRADHAM: What is the board's pleasure?

12 MR. MOBLEY: I make a motion.

13 MR. LIVINGSTON: Second.

14 MR. BRADHAM: Mr. Mobley has made a motion to approve
15 and Mr. Livingston second that request. All those
16 in favor of this motion, indicate by the uplifted
17 right hand.

18 (Board members comply by lifting their
19 hand.)

20 MR. BRADHAM: Opposed by the same sign, and the motion
21 carriers.

22 MR. BRADHAM: Welcome to South Carolina.

23 MS. MENARD: Thank you.

24 MR. BRADHAM: No snow, but we do have hurricanes.

25 MS. MENARD: Very good. Thank you very much. I'm free

1 to go?

2 MR. BRADHAM: You're free to go.

3 MS. MENARD: Thank you.

4 MR. BRADHAM: We keep no prisoners. Next item on the
5 agenda is request for approval of reciprocity
6 application, Thelma Wilbur. Is Ms. Wilbur

present?

7 Okay. You can come forward and stand and be sworn

8 in by the court reporter. And talk very loudly
and

9 succinctly into that monitor; we'd appreciate it.

10 And if you can be sworn in, please.

11 (The witness is sworn in.)

12 MR. BRADHAM: And you can have a seat. This is an
13 opportunity for you to share with the board why

you

14 are here today and answer "yes" to one of the
15 questions on the reciprocity application. And the
16 board, in turn, may choose to ask you questions in
17 regard to that.

18 MS. WILBUR: Thank you. I am currently licensed in the
19 state of Alabama. And I would like to reciprocate
20 to South Carolina and hopefully retire to the
21 Greenville or Anderson area, if maybe not
22 Charleston.

23 MR. BRADHAM: Can you talk a little louder?

24 MS. WILDER: Okay.

25 MR. BRADHAM: The court reporter's having difficulty

1 hearing.

2 MS. WILDER: I'm sorry. I would like to reciprocate to
3 South Carolina from Birmingham, Alabama, just for
4 -- I have friends over here, and I like South
5 Carolina. So I'm requesting reciprocity.

6 MR. BRADHAM: And what is the reason you answered "yes"
7 to a question on the reciprocity application?

8 MS. WILDER: I surrendered my license to the Board of
9 Pharmacy in Alabama in 2005 for basically going
10 into treatment for alcoholism. And I was subject
11 to a five year probation, period, where you, you
12 know, you're on constant reporting and urinary
13 screens and that kind of thing for five years.

drug

And

14 you go to meetings and after-care and it's quite a
15 rigorous program that Alabama has to offer for

you.

16 And that was 2005. In 2010, my -- my license was
17 reinstated with Alabama, and I'm free and clear
18 there.

19 MR. BRADHAM: Okay. You have a license in any other
20 state, other than Alabama?

21 MS. WILDER: I do not.

22 MR. BRADHAM: Any questions from board members for Ms.

23 Wilbur's request?

during 24 MR. BUSHARDT: You didn't have any positive tests

25 that --

1 MS. WILDER: No.

2 MR. BUSHARDT: -- five year period?

one

3 COURT REPORTER: Mr. Bushardt, could you repeat that

4 more time?

5 MR. BUSHARDT: I asked if she had any positive test
6 results during that five year period.

7 MR. LIVINGSTON: Here in South Carolina, we have
8 something called RPP, Recovering Professional
9 Program. Does Alabama have something like that
10 that you went through?

turn

11 MS. WILDER: Yes, they do. But they -- even if you
12 yourself in, which I did, they automatically
13 suspend your license. And I was noticing with
14 South Carolina, there was maybe something a little
15 -- I don't know that you suspend licenses. I'm

not

16 -- I couldn't really tell exactly how it --

17 MR. BRADHAM: We suspend the license and then depending
18 on the circumstances, immediately reinstate that
19 license.

20 MS. WILDER: Right. That is what they did as well,
21 so --

22 MR. BRADHAM: And then a lot of times, that's pending

23 successful completion of treatment.

24 MS. WILDER: Right. And I did do that as well.

25 MR. BRADHAM: I think we have a minimum of a year, is

here

1 generally what -- I can tell you from being on
2 12 years, we've generally said in the case of
3 addiction problems that a minimum of being without
4 that license is a year. We don't always
5 immediately reinstate it. We allow them to have a
6 year in which to complete rehabilitation programs,
7 as well as ancillary programs in that regard.

8 MS. WILDER: They did. They had a pretty strong after-
9 care program there for two years, actually, that
10 you went to University of Alabama. And it was a -
-
11 it was a really good after-care program.

12 MR. BRADHAM: So you've had no problems.

13 MS. WILDER: No problems.

14 MR. BRADHAM: What is the board's pleasure? Do I hear

a

15 motion?

16 MR. BUSHARDT: Move to accept.

17 MR. HUBBARD: Second.

18 MR. BRADHAM: Motion's been made by Mr. Bushardt that

we

19 accept her request, seconded by Mr. Hubbard. Any
20 discussion?

21 (NO RESPONSE.)

22 MR. BRADHAM: All those in favor of this motion,
23 indicate by the uplifted right hand.
24 (Board members comply by lifting their
25 hand.)

the

1 MR. BRADHAM: Opposed to it by the same sign, and the
2 motion carries. The next item on the agenda is
3 CPE Monitor Program. We talked about this earlier
4 when Ms. Bundrick was giving her report. Is this
5 in the updated program?

6 MR. ADDISON: Well, I think she just handed you the CEs
7 that was in our packet.

about

8 MR. BRADHAM: Okay. Looking at the CPE monitor
9 information that was presented at the 107th annual
10 meeting of the NABP in San Antonio Texas. I know
11 that Mr. Bushardt has gone online and registered
12 with the program. He said it took him about two
13 minutes, as slow as you know I am; it took me
14 three minutes. So it is, to me, a blessing,
15 because I don't have to keep up with all those
16 pieces of paper. What have I done this year? Or
17 what did I do last year, regarding CE? Go on line
18 and constantly see where you are in the process of
19 have I done the hours, the amount of hours that
20 need to be done.

your

21 It won't do the thinking for you, in that
22 state may have -- be licensed in a state that says

23 you have to have X number of hours. And then of
24 those -- let's just choose a figure of a hundred;
25 let's say it was a hundred hours -- and ten of

them

155

to

ill

1 have to be on pharmacy law, and ten of them have
2 be -- three of them have to be on a chronically-
3 patient, and 40 of them have to be live CE. It's
4 not going to distinguish all of that for you, but
5 it will allow you to go online and see what live
6 hours, what non-live hours you have and what the
7 topics were.

8 And I can -- suggestion to this board, having
9 served on it 12 years, is that this will allow any
10 licensee to be audited, as far as the number of
11 hours are concerned, and cut down on this -- we
12 still can use some type of randomization. The
13 problem with the randomization that we have in
14 place, I think out of the last five years, has
15 chosen Lee Ann before.

16 And one other exported administrator, I think
17 it's chosen him four times. So it must love to
18 choose board administrators, or former board
19 administrators. So it's kind of like being picked
20 for jury duty. "Hey, I've been picked three years
21 in a row, and now you're telling me this is the
22 fourth year in a row that you've picked me for

jury

23 duty."

24 So it will allow anyone to be audited and

25 allow people who have lost documentation to -- I

156

\$300

something

per

you'll

and

myself

for

1 have had people in the 12 years say it cost me
2 because I had to ask for documentation of
3 I had done two years ago and three years ago. And
4 a lot of entities now charge you \$25, up to \$50
5 having to reprint those documents. So it can get
6 to be an expensive process.

7 So I recommend to this board that,
8 particularly over the next year, as you look at
9 getting the board back in aligned with all the
10 modernization and technology available, that
11 avail yourself of perhaps considering this a
12 requirement for all licensees, both technicians
13 both pharmacists.

14 I know a lot of the PIC responsibilities that
15 some of the industries have say it's the PIC's
16 responsibility for those 14 technicians that are
17 working for them. And a lot of people, like
18 and like Carol over here, have been responsible
19 an awful lot of technicians constantly on their

you've

20 back, reminding them, "Hey, in three months,

sure

21 got to have X number of hours in CE." And I'm

22 you haven't had that problem.

23 Like I said, she was a child prodigy in our
24 class, so she's better at staying up on this than
25 an old guy like me is. But it will -- I think it

1 will aid anyone who serves in the capacity of a
2 PIC.

3 MR. LIVINGSTON: So anyone is going to be able to look
4 at another person who's registered there?

5 MR. BRADHAM: No. That's not my understanding, but you
6 can -- if you are their supervisor, you can stand
7 by them and say, "Can you go online and show me
8 where you are in that process?" So --

9 MS. STEPP: Mr. Chairman, that way with CPHT, even
10 downloading (inaudible) for renewals for several
11 affiliation years, several cycles. So I'm sure the
12 between CPHT and NABP, they could download that
13 information.

14 MR. BRADHAM: Right.

15 MS. STEPP; And it's already done that way, so
16 basically, we're already there.

17 MR. BRADHAM: Okay. Did you hear that, Ms. Court
18 Reporter?

19 COURT REPORTER: I did. But I don't have her name.

20 MR. BRADHAM: Your name?

21 MS. STEPP: Lori Stepp.

22 COURT REPORTER: L-O-R-I?

23 MS. STEPP: Yes.

24 COURT REPORTER: And your last name?

25 MS. STEPP: S-T-E-P-P.

1 COURT REPORTER: Thank you.

2 MR. BRADHAM: Sarah.

3 MS. BRAGA: Mr. Bradham, I'm Sarah Braga. I'm licensed
4 in the state of Florida, and I can tell you that I
5 have made the comment several times, Florida does
6 not require, but highly recommends that you do

your

7 CE and it in online in a program. CEPRN is the

one

8 that they use in Florida. It's a every two-year
9 cycle for my renewal for my Florida license. Now,
10 I have to go in and log in where it's all secure.

11 But the Board of Pharmacy in Florida -- which
12 is called department of something else, but the
13 board is under a different department -- they can
14 -- you let them know that you're part of that, and
15 they go in and look. Because what it does, as you
16 have to put in like the number and how many hours
17 and the name of the program and the date you did

it

18 and whether it was live or not, it actually knows
19 automatically that South Carolina isn't an option
20 yet for me in that program. So Florida knows that
21 I need X number of hours, like you said, but it
22 actually checks off the requirements, as I'm

23 loading it in, based on the name and whatnot.

24 I would highly encourage y'all to do it

25 because it is so much easier than keeping a folder

1 of paper, in case I get audited with South
2 Carolina, because I've done it for six years,
3 through the state of Florida. So I just -- that
4 would great if y'all would recommend that.

5 MR. BRADHAM: Carmela Cenquincheck.

6 MR. CARMELA: Close enough. Carmela Cenquincheck, and
7 I'll spell that for you later. But Mr. Chairman,
8 it's my understanding the CPE Monitor is, it's
9 incumbent upon us, for example the South Carolina
10 Pharmacy Association as an ASPE provider, it's
11 incumbent upon us to upload that information.
12 Actually, it will be required as ACPE providers,
13 provide information at NABP. So anyone that
14 attends any of our accredited programs and any
15 other program, other accredited bodies, we would
16 required to provide electronic file to NABP.

to

be

that

why

17 Now, I'm somewhat familiar. I'm not sure
18 the user can go in and modify that record at that
19 point, meaning the pharmacist. So it's slightly
20 different than what Florida does, yeah. That's
21 I was just kind of pointing that out. But, again,

22 this is sort of going to be relatively new, and
23 it's coming up online relatively soon. But we'll
24 have more information. But as an ACPE provider,
25 we're going to be mandated to provide our
attending

160

1 list to -- to ADP.

a

2 DR. RICHARDSON: Mr. Chairman, as all of you know, I'm

Bobby

3 non-pharmacist. But at a NABP meeting in Texas, I

4 had the opportunity to walk through this with

5 and Dan while we were there, and it's a very

6 impressive experience for me, not having to do

7 this. But for those of you who do this, how

8 important it is and how really it is great for

9 South Carolina to become a part of this. So I was

10 very impressed.

11 MR. BRADHAM: And if I remember correctly, isn't this

12 the program, Lee Ann, that says that NABP will

no

13 guarantee for the first five years there will be

14 cost?

15 MS. BUNDRICK: Yes, sir.

16 DR. RICHARDSON: Yes.

17 MR. BRADHAM: To pharmacists or technicians or ACPE

18 providers --

19 DR. RICHARDSON: That's right.

20 MR. BRADHAM: -- whatever. They will underwrite the

21 cost for at least five years.

22 MS. BUNDRICK: That's what was said at the annual

23 meeting.

24 DR. RICHARDSON: For all states.

25 MR. BRADHAM: For all states.

1 MR. BUSHARDT: I think they actually said that they
2 would like for it to be no charge forever, is what
3 they said in the newsletter. Because I didn't get
4 to hear --

5 MR. BRADHAM: Next item on the agenda is approval of
6 accredited schools and colleges of pharmacy,
7 certified by the American Council on
Pharmaceutical
8 Education. Anyone want to make a comment on that?
9 I'm not sure, is this --

10 MR. ROSE: Are any of the schools here?

11 MR. MOBLEY: Lewis and Sarah.

12 MR. MCKELVEY: Yeah, we're here.

13 MS. BRAGA: Yeah.

14 MR. ROSE: That's South --

15 MS. BRAGA: South is fully accredited.

16 MR. ROSE: I think it would be nice for somebody from
17 the school to be here when we approve it each
year.

18 MR. BRADHAM: Is this the reason for that in our
19 notebook?

20 MS. BUNDRICK: Yes, sir. Every June, the board
approves
21 the accreditation of the colleges in our state.

22 MR. MOBLEY: Can Lewis -- I don't know if I'm speaking

is

23 out of line or not -- but since you're new, you
24 really -- you can get provisional accreditation;
25 that correct?

1 MR. MCKELVEY: New programs have a process to go by.
2 South was already accredited and the same for
3 Savannah. So as another campus, they're already
4 accredited right out the gate. We're a brand new
5 program, just like SCCP was. So we have to go
6 through the full pre-candidate, to candidate, to
7 accredited status. We currently have candidate
8 status. They were here -- how -- April. So the
9 official word comes out this month, or I think at
10 the end of this month, the official word. But
when
11 they left, they already told us that we had
12 candidate status. But the official word is yet to
13 come out, which is right on schedule. You do not
14 get accredited status until you graduate your
first
15 class, just like SCCP did last spring.

16 MR. MOBLEY: Thank you.

17 MS. BRAGA: At South, we had to, when we opened the new
18 campus in Columbia, we had to go through ACP
19 inspection. They came for a visit. We, you know,
20 had to show them what we were doing exactly, etc.
21 Went through a two-day visit. We did get
approval.
22 But now we're getting ready to go through our next

23 cycle of six years again. But we are fully
24 accredited.

25 MR. LIVINGSTON: I do have one comment before we take a

that,

this

1 session. Last year, actually the year before
2 we discussed with all the schools, and especially
3 the South Carolina College of Pharmacy, of the
4 importance of having the students attend our board
5 meetings. And I do take students from South
6 Carolina. And each month I mention to them, "I
7 know you've been told, but I would like to bring
8 you to a board meeting. And every student has
9 blank look on their face. And I specifically ask
10 them, "Have you been told that you need to come to
11 a board meeting before you graduate?" And I have
12 yet for one to tell me, "Yes, we have been told
13 that the Board of Pharmacy would like for you to
14 attend a board meeting before you graduate."

15 I think that was addressed to the schools in
16 the form of a letter. And I was really hoping
17 someone from South Carolina would be here to
18 address that concern I have because I think it's
19 important. I think that was something that we all
20 discussed and we wanted. And we were basically
21 assured by them that that would take place. And
22 there are some very, very bright students. So I'm

23 thinking there's some miscommunication somewhere.
24 MR. BRADHAM: We will convey that to Dr. Rowan, because
25 he actually -- campus is right here in this city.

1 And so it would be easy for him to facilitate to
2 that request.

3 MR. LIVINGSTON: So when our -- I don't know if we were
4 going to send letters to the schools once we take
5 this matter up, or how that's going to be
addressed
6 to him, but I would like for each school to be
7 reminded of that.

8 MR. BRADHAM: Okay.

9 MR. LIVINGSTON: And they can view it online.

10 MR. BRADHAM: All right.

11 MR. ROSE: I think that's what some of them were
12 planning to do, to have to view it online.

13 MR. LIVINGSTON: And there's wrong with that. But the
14 thing that concerns me is, I have yet for a
student
15 to tell me, "Yeah, I'm aware of that."

16 MR. BRADHAM: I think the students that rotate with us
17 are aware of it. They will be spending --

18 MR. LIVINGSTON: Yeah.

19 MR. ROSE: They don't have a choice.

20 MR. BRADHAM: Well, actually, Carol's students, I think
21 the ones that had rotations in the months that
22 there weren't board meetings, had shown up. I

23 don't know whether Carol puts the fear of God into
24 them, but anyway, they show up with bright,
25 smiling, shiny faces. I don't see Carol twisting

1 anybody arm, so --

2 MR. LIVINGSTON: I think the intent of the board when

we

3 that was discussed is just like this matter that

4 heard before lunch. When you're 16 years old or

can

5 you're 18 years old or you're 21 years old, you

6 do things that are immature and foolish, and we've

7 all done them. But it has consequences in our

8 profession throughout our career. And it's

9 important that students see that.

10 MR. BRADHAM: Okay. What is the board's pleasure

11 regarding reiterating, as we have to do annually,

12 the qualifications of applications for

a

13 pharmaceutical licensure examination? Do we have

14 motion?

15 MR. LIVINGSTON: So moved.

16 MR. BUSHARDT: Are we moving for the approval of the

17 schools; is that correct?

18 MR. BRADHAM: Yes. Okay. So Mr. Livingston's made a

19 motion.

20 MR. BUSHARDT: Second.

21 MR. BRADHAM: Mr. Bushardt seconded that motion. Any

22 further discussion? All those approving it,

23 indicate by the uplifted right hand.

24 (Board members comply by lifting their

25 hand.)

1 MR. BRADHAM: Opposed by the same sign, and the motion
2 carries. Next item on the agenda is the election
3 of 2011/12 board officers. Do we hear any motions
4 in that regard?

5 MR. MOBLEY: Move that Mr. Bushardt be chair and that
6 Mr. Rose be vice chair.

7 MR. LIVINGSTON: Second.

8 MR. BRADHAM: Okay. Motion's made by Mr. Mobley and
9 seconded by Mr. Livingston that Mr. Bushardt be
10 chairman, Mr. Rose be vice chairman. I'll
11 entertain a motion that all nominations be closed.

12 MR. LIVINGSTON: So moved.

13 MR. BRADHAM: Okay.

14 MR. MOBLEY: Second.

15 MR. BRADHAM: A motion's made, seconded. And Dan and
16 Dock, I'm sure you hear this freight train coming
17 through. And all those in favor of closing the
18 nominations, indicate by the uplifted right hand.

19 (Board members comply by lifting their
20 hand.)

21 MR. BRADHAM: Opposed by the same sign; motion carries
22 unanimously. All those in favor of electing Mr.
23 Bushardt as chairman and Mr. Rose as vice

chairman,

24 indicate by the uplifted right hand.

25 (Board members comply by lifting their

1 hand.)

2 MR. BRADHAM: Opposed by the same sign, and the motion
3 carries unanimously. Congratulations, gentlemen.
4 Election of 2011 and '12 IRC chairman, do I hear a
5 motion?

6 MR. LIVINGSTON: Move for Mr. C. Turner to continue his
7 job.

8 MR. BRADHAM: Has he indicated a willingness to do
that?

9 MS. BUNDRICK: Yes.

10 COURT REPORTER: I didn't hear that. I'm so sorry.

11 MR. BRADHAM: Made a motion that Mr. C. Turner --

12 MR. MOBLEY: Charles C. Turner.

13 MR. BRADHAM: -- continue doing that, as he's done for
14 the past, at least 12 years. Do we hear a motion
15 that we close the nominations?

16 MR. MOBLEY: So moved.

17 MR. BRADHAM: Mr. Mobley's made a motion to close the
18 nominations. Do I hear a second?

19 MR. ROSE: Second?

20 MR. BRADHAM: Seconded from Mr. Rose that we close the
21 nominations. All those in favor of closing the
22 nominations, indicate by the uplifted right hand.

23 (Board members comply by lifting their

24 hand.)

25 MR. BRADHAM: The motion carries. Opposed by the same

1 sign. All those in favor electing Mr. Turner as
2 the IRC chairman for next year, indicate by the
3 uplifted right hand.

4 (Board members comply by lifting their
5 hand.)

6 MR. BRADHAM: Opposed by the same sign, and the motion
7 carries unanimously.

8 MS. BUNDRICK: Chairman, I have one quick question.

Who

9 seconded the motion Mr. Mobley made for Mr. Turner
10 to be chairman?

11 MR. ROSE: I did.

12 MR. BRADHAM: Mr. Rose.

13 MS. BUNDRICK: Mr. Rose. Okay. Thank you.

14 MR. BRADHAM: Then next is a report of the NABP's 107th
15 Annual Meeting in San Antonio, Texas. I was the
16 delegate for that meeting. In the last session, I
17 gave up my delegate duties and handed them over to
18 Mr. Bushardt. It gave him the experience in that
19 area. Plus, I didn't know whether we were going

to

20 have people long-winded, and I had to get back to
21 Charleston to take three of my nine grandchildren
22 on a Disney cruise, and I didn't want to miss the

got

23 boat. And I almost did miss the boat because I
24 back at four o'clock in the morning, due to some
25 airline that failed, and I left within a few hours

1 to go on that Disney cruise with my three
2 grandchildren, who were planning to go without me
3 if I didn't show up.

not

4 MS. BUNDRICK: They wouldn't go without your wallet,
5 on that ship.

6 MR. BRADHAM: My wife --

7 MS. BUNDRICK: I've been on that ship.

8 MR. MOBLEY: The wife had the wallet; don't worry.

9 MR. BRADHAM: My wife had it.

10 MS. BUNDRICK: I pay for my Disney cruise every month,
11 around the 15th.

12 MR. BRADHAM: I was anxious to get back, to try to
13 control that wallet. But didn't do any good
14 anyway, so -- but it was a very good meeting.

quite

tweeting

15 We had a DEA update, which was very
16 informative. We had a speaker that was an
17 information technology specialist who gave a talk
18 on "To Tweet or Not to Tweet." And I learned
19 a bit in that technology session regarding
20 and all the other things.

21 MR. ROSE: Facebook.

22 MR. BRADHAM: Pardon?

23 MR. ROSE: Facebook.

24 MR. BRADHAM: Facebook and all the issues. We had some

25 -- the gentleman that is the scientist that's head

1 of the Mars program of landing satellites on Mars,
2 and whatever, he was very interesting, and I
3 learned quite a bit about the space exploration
4 program. And the dedication to -- hoping to
5 explore outer space. We had some just interacting
6 with folks from other states. There were
7 representatives from all 50 states, in addition to
8 some U.S. territories, a report from the past
9 president of NABP, the outgoing president and
10 incoming president, the outgoing board chairman
and
11 the incoming board chairman.

12 And Carmen Catizone from Illinois, who is the
13 executive director of NABP and I have had some
14 interesting experiences at the NABP office over
the
15 last couple of years serving on a task force for
16 looking at the MPJE exam. I will tell all the
17 students that are in the audience, that one of the
18 task forces, I took the MPJE exam. And on about
19 the third question, I thought -- which I was sure
20 I'd answered it correctly. And so I went --
21 because we had the option of allowing us to see
22 what the great answers were, camouflaging them, so

23 that we couldn't see the answers. And I chose to
24 have mine camouflaged, so that I couldn't see the
25 answers.

1 And so when I answered that third question,
2 and I was 100 percent sure that I had answered it
3 correctly. And so I went to the monitor and I
said
4 "There's something wrong with the exam, because I
5 know I answered that correctly." And she went and
6 looked at my monitor and she said, "Oh, you're not
7 taking the South Carolina's MPJE."
8 So that's all I know is about practicing
9 pharmacy in South Carolina. And so I felt good
10 after that. But before that, I was -- I had some
11 question about Question No. 1, which was not a
good
12 sign, and number two. But when they told me I had
13 missed No. 3, it said how long -- and this was how
14 long is a 2 prescription good to fill? And
options
15 were like, three days, 30 days, 90 days, one year,
16 and I think there was something else. And so I
17 knew in South Carolina, it was 90 days, and I
18 instantly answered that way. And dang, you're
19 wrong. And so I don't know what state I was
20 taking, but after that, it didn't matter to me. I
21 knew I was not going to pass it, so -- a fair
22 warning to you students.

23 I will say this, that some of the -- you can
24 rest assured that when you're taking this exam,
25 there are 90 questions on this exam, students.

But

1 only 60 of them actually count toward your score
2 and 30 of them are what they call hollow or
3 floating questions. So they're trying to find out
4 a particular law issue, how is the -- how should
5 the question be worded.

my

6 And I was a little cocky because when I did
7 master's degree, I did a minor major in testing.
8 And new all about balloons, taxonomy, for
9 educational objectives and designing questions for
10 recall and designing questions to take care of all
11 the cognitive thought processes and that sort of
12 thing. And it gave me a lesson in humility, that
13 my advice to students is: Even though you might
14 have worked all four years you've been in pharmacy
15 school, you've studied the Practice Act, you've
16 studied the DEA laws, and you read the last two to
17 three years of pharmacy quarterly newsletters
18 before you do not take that exam.

19 I think one thing that I have learned in the
20 12 years of dealing with students and dealing with
21 people taking the MPJE, that I learned through my
22 work at NABP office is that you're all worried
23 about the NAPLEX exam, and you should be. I will

24 share a little history. Carol and I were in the
25 first class in South Carolina that had to take

1 NAPLEX. So we couldn't talk with anybody who had
2 ever taken the NAPLEX, because that had never
3 happened in South Carolina. And so we were the
4 guinea pigs. And so study well for that exam.
5 Don't take the MPJE for granted, because you
worked
6 or think you know everything about pharmacy law.

7 Item No. O, elect a delegate for the District
8 3 NABP/AACP meeting which is being held in Biloxi,
9 Mississippi at the Beau Rivage Gambling Casino
10 August the 7th through the 9th, 2011. Do we hear
11 someone offer a motion to appoint a delegate for
12 that meeting? Someone who would like to
volunteer?

13 MR. ROSE: I'm planning on going.

14 MR. BRADHAM: Okay.

15 MR. MOBLEY: I thought the chairman normally goes.

16 MR. BRADHAM: I can't go. I'm going to be out of --
17 actually, out of the country on August the 9th.
So

18 raise your hand if you're interested in going to
19 that meeting.

20 (Several people raise their hand.)

21 MR. BRADHAM: Okay. Ms. Bundrick, Mr. Rose, Dr.

22 Richardson. I will share with you that the

23 director of LLR has changed the directive, in that
24 our administrator of the board, as long as
25 satisfactory documentation is supported, we can

23 rotates, that every time it came time for Puerto

24 Rico to do it --

25 MR. ROSE: They say "rotate again."

1 MR. BRADHAM: -- they'd say just bypass us again. Of
2 course, everybody wants to go to Puerto Rico to
3 have a District 3 meeting, but --

4 MR. MOBLEY: And there was something about Georgia too;
5 wasn't there?

6 MS. BUNDRICK: Well, a lot of it has to do with Georgia
7 having the money to do it.

8 MR. ROSE: Yeah. The --

9 MR. BRADHAM: Some states are in such dire financial
10 straights that they do not have the money --

11 MR. ROSE: -- the money that they take it.

12 MR. BRADHAM: Yeah. So --

13 MR. ROSE: Georgia was actually supposed to have it
this
14 year, this coming year. But they're going to do
15 the MALTAGON, supposedly, right, Lee Ann?

16 MS. BUNDRICK: That's what I understand.

17 MR. BRADHAM: I would suggest that Ms. Bundrick --
she's

18 active in that group, she's on several task force
19 and committees in that group, that certainly she
20 attend and that she rotate the staff members who
21 have not had the opportunity to be at board
22 meeting. A lot of it depends upon the programs

23 they offer that are appropriate. Some of them for
24 our compounding inspectors versus our inspectors
25 who are not compounding inspectors, so -- and

other

1 staff members who are dealing with issues related
2 to their jobs, such as Stephanie and Sally and
3 Allan and so on, so --

4 MR. MOBLEY: It was a good meeting last year, I
thought.

5 MS. BUNDRICK: Yeah.

6 MR. ROSE: Yeah, it was.

7 MR. BRADHAM: I know Marilyn having lived in the
8 northern area, had probably more experienced in
9 gambling than a lot of the ladies who've lived in
10 the south, where gambling was prohibited for a
11 number of years. I don't think the north has ever
12 outlawed gambling.

13 MS. CROUCH: That would maybe New Jersey; it wasn't in
14 Pennsylvania.

15 MR. BRADHAM: Okay. And Rosemary, you're from the
north
16 too; aren't you?

17 MS. BOGUSKI: Ohio.

18 MR. BRADHAM: Okay. Ohio. I knew you had a strange
19 dialect, but I -- or a different dialect. I
20 shouldn't say strange.

21 MS. BOGUSKI: Four or five years.

22 MR. BRADHAM: Well, I would say that since Mr. Rose and

23 Mr. Richardson have indicated they would, I would
24 entertain a motion that --
25 MS. MOBLEY: So moved.

1 MR. BRADHAM: -- I allow them to go. Would you be
2 interested in going?

3 MS. SMALL-RUSSELL: I would.

4 MR. BRADHAM: And add Carol's name to that group, and
5 Lee Ann to that group. So let's say Mr. Rose, Dr.
6 Richardson, Carol Small-Russell and then Lee Ann
7 and Lee Ann and the board members, one that will
8 available to do that and that have been recycled
9 are appropriate to the program. Would that be
10 acceptable, Lee Ann, you think?

11 MS. BUNDRICK: Yes.

12 MR. BRADHAM: And that the chairman -- the new chairman
13 will work in conjunction with you to make certain
14 that that is properly reflected.

15 DR. RICHARDSON: What about -- Lee Ann making any other
16 recommendations for staff?

17 MR. BRADHAM: Do you have any recommendations?

18 MS. BUNDRICK: Well, if I'm not mistaken, there's a
19 mandatory drug diversion seminar that all the
20 inspectors have to go to.

21 MR. BRADHAM: Okay.

22 MS. BUNDRICK: My boss is aware that I probably would

be
or

be

23 going to this and will not be there for the
24 mandatory drug diversion.

25 MR. ROSE: That's South Carolina or something?

1 MS. BUNDRICK: Uh-huh. The agency.

2 MR. BRADHAM: Okay. All right.

3 MS. BUNDRICK: So I don't know if any other staff would
4 be able to go.

to

5 MR. BRADHAM: Okay. All right. So I will offer that
6 you-all. Would someone want to entertain that
7 motion?

8 MR. MOBLEY: So moved.

9 MR. BRADHAM: Okay. So anyone second it?

10 MS. LONG: Second.

11 MR. BRADHAM: And seconded. Any discussion?

first,

12 MS. BUNDRICK: Woe, woe, woe. Mr. Mobley made it
13 before you started talking.

14 MR. BRADHAM: Oh.

15 MS. BUNDRICK: Who seconded?

16 MR. MOBLEY: Rebecca.

17 MR. ROSE: Pick any one of us three.

18 COURT REPORTER: I thought all three of you were
19 answering.

20 MR. ROSE: It's a multiple choice.

21 MR. BRADHAM: Any discussion?

22 (NO RESPONSE.)

23 MR. BRADHAM: All those in favor, indicate by the
24 uplifted right hand.
25 (Board members comply by lifting their

1 hand.)

2 MR. BRADHAM: Opposed by the same sign. The next is a
3 representative from MALTAGON. We're not sure if
4 that's going to be in September or in October at
5 this point; is that correct?

6 MS. BUNDRICK: Correct.

7 MR. BRADHAM: Okay.

8 MR. ROSE: Who actually will be in charge of that?

Will

9 it be like the University of Georgia? Or South
10 University -- pharmacy? Or --

going

11 MS. BUNDRICK: It was my understanding that it was
12 to be South University in conjunction with --

13 MR. ROSE: The Georgia Board --

14 MS. BUNDRICK: -- Georgia Board of Pharmacy.

15 MR. ROSE: South, it seemed to be that people that were
16 really interested in doing it more than anybody
17 else, really. Don't you think so, Hugh? South

was

18 a --

19 MR. BRADHAM: Do you have any idea what date they're
20 coming up with?

21 MS. BRAGA: I'm not sure. I could try to find out in
22 the next few moments.

23 MR. ROSE: Just send us an email.

24 MS. BUNDRICK: If you will defer that till tomorrow --

25 MR. BRADHAM: If we can defer that tomorrow. And

Sarah,

1 if you can find out something -- some other date.
2 And that would allow these folks to say "No, I'm
3 going to be out of town" or whatever, and we'll
4 just defer that until tomorrow.

5 MS. BUNDRICK: Well, we'll put it on this agenda, in
6 case the meeting was in September before our
board,
7 because we weren't real sure of the date.

8 MR. BRADHAM: Okay.

9 MR. ROSE: Might want to tell the new board members
what
10 MALTAGON means.

11 MR. BRADHAM: MALTAGON stands for Mississippi, Alabama,
12 Louisiana, Tennessee, Arkansas, Georgia, Oklahoma
13 and North Carolina. It was changed to MALTAGONS
14 when South Carolina joined it. And then Florida
15 joined it. They called it MALTAGONS F. And then
16 didn't Florida withdraw?

17 MR. ROSE: Florida has never shown up.

18 MS. BUNDRICK: They have not shown up, and MALTAGON has
19 threatened to suspend their membership. But they
20 have not, due to the fact that the budget being so
21 bad in the state of Florida, that they can't
afford
22 to do anything.

23 MR. BRADHAM: That's what MALTAGON stands for. It's
24 been around since Moses was a little boy. And
what
25 they did was when they created District 3
meetings,

1 some folks thought that was going to replace
2 MALTAGONS. And people in MALTAGONS do not exactly
3 coincide with District 3, so it was kept intact.

4 MR. ROSE: It's only the board of pharmacy, I believe.

5 MR. BRADHAM: Yes.

6 MR. ROSE: Not any educator.

7 MR. BRADHAM: And the next item is to change the
8 November the 14th, 2011, the Board of Pharmacy
9 meeting due to a DEA drug inversion program going
10 on at the same time, which would provide a
11 challenge for some of our staff being at both
12 programs. So --

13 MS. BUNDRICK: And actually, the board members can
14 attend also. That was -- it wasn't just staff.

15 MR. BRADHAM: So what is the proposal for changing the
16 day? To a different day of that week? Or a week
17 earlier? Or a week later? It's up to the board?

18 MS. BUNDRICK: That's left up to the board and to
19 determine if we have a room available.

20 MR. BRADHAM: Okay.

21 MS. BUNDRICK: There are rooms available the 9th, the
22 Wednesday before --

23 MR. MOBLEY: The 14th is on a Monday; isn't it?

24 MS. CROUCH: And there's the room available the
25 Wednesday afterward, which is the day before

1 Thanksgiving.

2 MR. BRADHAM: I didn't catch all that, Marilyn.

3 MS. CROUCH: November 9th, there's a room available,
4 which is the Wednesday before the original date.

5 And then November the 23rd, we have a room
6 available, but that is the day before

Thanksgiving.

7 MR. BRADHAM: I would suggest you staying away from

that

8 date.

9 MS. CROUCH: The date of the Summit is the 16th, which
10 is normally the date we would have a board

meeting.

11 MR. MOBLEY: Okay. So the 14th is just wrong in here.

12 MR. BRADHAM: So it should be --

13 MS. CROUCH: Yes. The 16th.

14 MR. BRADHAM: The program is on the 16th?

15 MS. CROUCH: Yes, sir.

16 MR. BRADHAM: So they could actually change the board
17 meeting to the 17th. But would that present a
18 challenge to the staff in having everything ready?

19 MR. ROSE: How about the 9th? How about the 9th there?

20 MR. BUSHARDT: The only thing would be if it -- if they
21 want the board members here for that 16th meeting,

and

22 it might be nice to have it so we can just come

of

23 spend the night and do both at one time, instead

24 having to make two trips.

25 MR. ROSE: If we were coming?

1 MR. BRADHAM: Just give me an indication. Raise your
2 hand if you prefer to be here for two days -- the
3 DEA program one day and the Board of Pharmacy
4 meeting the adjacent day, how many of you would
5 prefer that option?

6 MR. ADDISON: I do.

7 MR. BRADHAM: How many of you would prefer the option

of

8 the week before November the 9th?

9 MR. MOBLEY: I would. I'm definitely in the minority.

10 MR. ROSE: Lee Ann, what's this DEA thing?

11 MS. BUNDRICK: There was a letter in your book.

12 MR. ROSE: That's all right. I'll read it.

13 MS. BUNDRICK: But it's -- they wanted my staff and the
14 board to attend a Prescription Drug Summit at the
15 Koger Center. And the purpose is to address the
16 exponential growth of prescription drug abuse and
17 addiction. The one day summit would address all
18 aspects of prescription drug abuse from the
19 standpoint of public policy, health and medicine,
20 pharmacological impact in the law and will bring
21 together key -- exploration of the problem and
22 solution of these problems.

23 MR. ROSE: Where's it at?

it? 24 MS. BUNDRICK: It's under R. It's under R. You got

25 Is that it?

1 MR. ADDISON: I got it.

2 (Talking off the record.)

3 MR. MOBLEY: I do a pretty good job of reading this
4 book, and I don't remember seeing that.

5 MR. ROSE: That was in the handouts.

6 MR. BUSHARDT: I didn't take the time to read all the
7 handouts in that three minutes before I had to --

8 MR. BRADHAM: Okay. With regard to Item S, all those
9 in favor of wanting to meet November the 7th, the
10 week earlier --

11 MR. ROSE: November the 9th.

12 MR. BRADHAM: November the 9th, I'm sorry. Only had
one

13 to raise their hand. And November the 16th and
14 17th one for the DEA diversion and the other,
where

15 the other board members, unless you change it, the
16 September meeting, as chairman, I'm going to go
17 with the majority and say the meeting will be held
18 -- the board meeting will be held on the 17th do
to

19 indication from the vast majority of the board
20 members. Mr. new chairman, is that okay with you?

21 MR. BUSHARDT: Okay with me.

that

22 MR. BRADHAM: Okay. All right. That takes care of

23 item. This item, No. 3, is it somewhere on one of

24 the revised agendas about NHA marketing program?

25 MS. BUNDRICK: This was part of my report to the board

1 about that NHA marketing ATI Allied help. I got a
2 email advertising that this is a pharmacy
3 technician program. And we sent a letter to them
4 letting them know what the requirements are for a
5 formal academic training program for pharmacy
6 technicians in the State of South Carolina, like
we
7 did Virginia College and Southeastern. I was just
8 giving y'all the information that we did follow up
9 with them to let them know what the requirements
10 were.

11 MR. BRADHAM: I also had a conversation with Janet
12 Teeters from ASHP who handles the accreditation
13 process. And I know that we have several Virginia
14 College of Pharmacy throughout the state. The one
15 in Charleston is not yet ASHP accredited. They
16 were listed the first week of January of 2011.

The
17 ASHP board of directors will be meeting in August,
18 and they will take that issue up on the
19 recommendation from the visit. So that site is
20 close to the process, but they cannot be
officially
21 accredited until the full board meets in August.
22 And she'll get back to us, and I'll share that if

23 she calls me or if she calls you and know the
24 result of that. I'll certainly share it with
25 Carol.

23 MR. ROSE: I second.

24 MR. BRADHAM: Okay. Motion's made by Mr. Mobley and

25 seconded by Mr. Rose that this request not be

1 considered until an application is in hand. All
2 those in favor of the motion, indicate by the
3 uplifted right hand.

4 (Board members comply by lifting their
5 hand.)

6 MR. BRADHAM: Opposed by the same sign. And we have a
7 second of the motion. I did get a second; I'm
8 sorry. And the motion carries. Okay. So Mr.
9 Winter, if you could proceed to take care of that
10 matter, then the board can consider that. If you
11 have any questions, talk to our legal counsel.

12 MR. WINTER: Thank you.

13 MR. BRADHAM: Earlier in the day, we had Item No. 7F,
14 request approval of non resident pharmacy permit
15 application from General Home Pharmacy. What is
16 the board's pleasure?

17 MR. LIVINGSTON: Mr. Chairman, I move that we not
18 approve this request at this time. And that this
19 organization see our staff to rectify their
20 application, so that we can proceed with this
21 matter.

22 MR. BRADHAM: Okay. You have a motion. Do I hear a
23 second?

24 MR. ROSE: Second.

25 MR. BRADHAM: Motion's made by Mr. Livingston and

1 seconded by Mr. Rose. Discussion? I will share
2 with the board members that a great deal of the
3 information that is needed, I have in my
4 possession, and I will be providing that to the
5 staff, so that they can go through this and review
6 this properly and get this information to the
board
7 members. Okay? All those in favor of this
motion,
8 indicate by the uplifted right hand.

9 (Board members comply by lifting their
10 hand.)

11 MR. BRADHAM: Motion carries. Anyone oppose? None.
So
12 the motion does carry. Okay. Thank you very
much.

13 Next item on the agenda are committee reports and
14 pharmacy technician report.

15 MR. BUSHARDT: (Inaudible.)

16 MR. BRADHAM: That person has withdrawn their --
decided
17 not to appear before the board, but address this
18 issue in another manner. On the committee
reports,
19 pharmacy technician, Mr. Banks is not here. He
20 served in this capacity over a number of years.

21 And, of course, Mr. Bushardt, have y'all had a
22 meeting since then?

23 MR. BUSHARDT: No.

24 MR. BRADHAM: So no report. On compounding, Mr.
Mobley?

25 MR. MOBLEY: Committee report on compounding, I think

1 795 and 97.

2 MR. BRADHAM: Okay.

3 COURT REPORTER: Mr. Mobley, I didn't hear that.

4 MR. MOBLEY: I said we had no meeting. That 795/797
5 Task Force met.

have

6 MR. LIVINGSTON: We did indeed meet. And in your
7 package, you will see some of the work that we
8 -- some of the work that we've completed thus far.

is

9 Again, it's going to be a long process. So this
10 just an update; no action.

11 MR. BRADHAM: Really more for information before the
12 board. One of our new board members, Carol Small-
13 Russell, is on that Task Force. So really added
14 validity to that committee and its work.

Carol

15 MS. BUNDRICK: Mr. Chairman, I'd like to thank Ms.
16 Small-Russell for all her hard work. And the
17 students who have rotated with her, working on
18 this, they have made it so much easier for staff
19 for the minutes and working through making
20 appropriate changes.

21 MR. BRADHAM: I have a thank-you note for one of the
22 students who provided --

23 MR. LIVINGSTON: A lot of work.

24 MR. BRADHAM: A lot of work.

25 MR. LIVINGSTON: And did an excellent job.

1 MS. SMALL-RUSSELL: She earned her "A."

2 MR. LIVINGSTON: I'm glad she got that. And you might
3 want to inform her, whenever she gets her license,
4 she can be a part of this committee.

5 MR. BRADHAM: Okay.

6 MS. BUNDRICK: She did get a hundred, right?

7 MS. SMALL-RUSSELL: That's right.

8 MR. BRADHAM: If you can get a "A" out of Carol Small,
9 you're doing a lot. Any other comments?
10 Questions? The legislative committee, we have not
11 met.

12 MS. BUNDRICK: In regards to the legislative committee,
13 you know we sent a notice to the drafting for
14 (inaudible) --

15 MR. BRADHAM: Right.

16 MS. BUNDRICK: -- April 24th. It was in the register
17 and there was a 30-day response period. And we
did
18 receive a response from the National Association
of
19 Chain Stores, actually after the 30-day response,
20 if I'm --

21 MR. BRADHAM: I think that was in our packet.

22 MS. BUNDRICK: Right. At this point, the committee

23 probably needs to review that, and we need to
24 determine when we want to set up a public hearing
25 for comments and discussion in regards to that.

1 MR. BRADHAM: Okay. I'll work with you in stressing
2 that issue to the new chairman, since I was
3 chairman of the Legislative Committee, I'll work
4 with you on trying to bring that about.

5 AUDIENCE MEMBER: Mr. Chair, sorry. There was some
6 movement and I couldn't hear which topic you're
7 talking about.

8 MR. BRADHAM: On remote-(inaudible) the legislation was
9 filed April the 24th. And there was a 30-day
10 comment period. Comment was offered from the
11 National Association of Chain Drug Stores. It's
12 our book. At some point, we will need to have an
13 open hearing, so that the information that this
14 entity offered, as well as comments that other
15 entities might wish to offer to that legislative
16 process will happen. And my statement was, since
17 I'm outgoing chairman and outgoing chairman of
18 Legislative Committee, I will work with the new
19 incoming chairman, in order to bring that about.

20 AUDIENCE MEMBER: Thank you. And I noticed on the new
21 permit renewals, it asked the question: Do you
22 perform remote (inaudible) entry? Was that done

in

this

23 because of this topic? Or did you --

24 MS. BUNDRICK: It was requested that we --

25 AUDIENCE MEMBER: I'm sorry.

1 MS. BUNDRICK: -- the board had directed a request that
2 we add that on the (inaudible).

3 MR. BRADHAM: That was to help us as we worked through
4 this process. Okay?

5 AUDIENCE MEMBER: Thank you.

6 MR. BRADHAM: Any other comments or questions? The
7 Nuclear Pharmacy Committee, Dock Rose.

8 MR. ROSE: The Nuclear Pharmacy Committee hasn't met.
9 We will probably meet sometime in the fall maybe,
10 before or after the September meeting.

11 MR. BRADHAM: The next one is the Pharmacy Practice
12 Committee. Dock Rose, I think there's a
13 recommendation for this committee.

14 MR. ROSE: There's a lot of them, actually.

15 MR. BRADHAM: Okay.

16 MR. ROSE: I'd like to get Mr. Ed Vess to come up here.
17 And I'm going to need his help with some of this -

18 a lot of this stuff where you talked about
19 concerns, extended care facility pharmacies.

20 And Pharmacy Practice Committee did meet on
21 May the 17th @ 2:00 p.m. on Tuesday here in Room
22 20202. And one of the things that we discussed

23 actually had a recommendation to present to the
24 full board was the -- Mr. Vess asked us to pass a
25 board approval of chart orders for non-controlled

1 medications and what settings that that would take
2 place in. He was talking about some -- I think
3 mainly the assisted living facilities that are
more
4 like in-patient ICFs, I guess, extended care
5 facilities.

6 And what you are wanting to do as far as
7 having chart orders for those people, as opposed
to
8 just written prescriptions, I believe. So if you
9 would go over the guidelines that you've asked us
10 to pass, which we have passed.

11 MR. VESS: Yeah.

12 MR. ROSE: Appreciate it.

13 MR. VESS: One of the things that was presented, a
14 question was presented to me by a couple different
15 directors of nursing in facilities within the
16 assisted living community, and that's what we're
17 talking about. We've got a wide range of level of
18 care.

19 We've got some that are the old time rest
20 home-type communities where they're operating off
21 of prescriptions and need to do so. And then on
22 the other end of the spectrum, we've got those
that

23 are connected to continuing care residential
24 communities where they go from independent living,
25 into an assistant living setting, and then into a

1 skilled setting. And in those type of
communities,
2 often, the assisted living is operated in very
much
3 the same manner as the skilled nursing facility.

4 And I had several directors of nurses and
5 physicians complaining to me that they're writing
6 chart orders there in the assisted living, just
7 like they do in the skilled. And then the
pharmacy
8 is requiring that they write prescriptions,
9 repeating those same orders. And they're
10 concerned.

11 And after they expressed the concern -- I
12 agree with it -- was that when they're rewriting
13 the same information, there's a chance, a
14 significant chance, that they do a transcription
15 error or what they wrote in the chart on

Wednesday.

16 And I call them on Friday, telling them that they
17 need a prescription for, that there may be a
18 miscommunication.

19 So what I recommended to the committee would
20 be that first, that we allow those facilities to
21 utilize chart orders on the conditions, that only

22 nurse takes the order, that the physician visit or
23 review the chart periodically, and I think we
24 determined 90 days. And that a consultant
25 pharmacist review the chart quarterly. And went

to

1 back after the committee met, discussed this with
2 several of the facilities. And they're adhering
3 that already. So it wouldn't be an additional
4 burden to them.

5 I'm convinced that it would reduce the
6 potential for medication errors, from having a
7 chart order say one thing and a prescription say
8 something else. And just not having to -- not
9 having a good way to match it up.

10 MR. ROSE: This is situations where they have a lot of
11 skilled staff working there, too.

12 MR. VESS: Right.

13 MR. ROSE: There is not just aids, or whatever, they
14 have nurses, LPNs.

15 MR. VESS: Yeah, typically --

centers

16 MR. ROSE: These people are still taking care of the
17 regular nursing home patients too. So what he
18 wants to do is to make them assisted living

and

19 as extended care facilities, rather than just
20 assisted living centers, where they have a
21 professional staff to take care of the patients
22 that are in the habit of having chart orders.

23 And it might be a good idea to read this --
24 the main thing that Ed wanted was this, and he
25 wanted chart orders for non-controlled
medications,

1 with the exception, and a setting where a licensed
2 nurse is responsible for receiving and
transmitting
3 medication orders to the pharmacy. Number two,
the
4 resident's chart is maintained with current
5 medication and treatment ordered. Number three,
6 the attending physician reviews and renews
7 medication and treatment orders on no less than a
8 quarterly basis, which is also the consultant
9 pharmacist would also do that on a quarterly basis
10 too.

11 And this was -- a motion was made by Mr.
12 Mobley and seconded by Mr. Bradham and carried
13 unanimously. So it doesn't need a second. This
14 would be a motion coming from the Pharmacy

Practice

15 Committee.

16 MR. BRADHAM: You have a motion presented, which needed
17 no seconded since it comes from a standing
18 committee of the Board of Pharmacy. Is there any
19 discussion?

20 MR. ADDISON: The licensed nurse, that's a RN or an
21 LPN?

22 MR. VESS: Uh-huh.

the 23 MR. ROSE: It's just mainly that these people are in
the 24 same facility and being treated the same way as
25 skilled nursing care patients are. It might just

1 be one side of a wing really. It might not even
2 been a whole wing of the facility. It might just
3 be eight doors down one side and the other side's
4 skilled, and the same nurse is taking care of all
5 of it.

6 It's just a better way of preventing
7 medication errors and duplication. Like for
8 instance, they might write a prescription for
9 Augmentin 850 and then they come back on Monday
10 with a prescription that says Augmentin 500 EID,
11 you know. So it's going to be a fear thing for
12 nursing facilities, the pharmacy practice passage.

13 MR. BRADHAM: Any other questions or discussion?

14 MR. NEWTON: Mr. Chairman, I got one question. Now,
15 you talking about when you're transmitting the
16 order to the pharmacy?

17 MR. VESS: Right.

18 MR. NEWTON: And you're going to use the -- tell me how
19 you're going to transmit it to the pharmacy.

20 MR. VESS: Well, in these, they would transmit it by a
21 fax, just like they do in the nursing home. It
22 could be by a telephone order. It could be by a

23 physician's -- when they go out for a consult, the
24 physician's consult sheet where they ordered the
25 medications on there, or it could be a

1 prescription.

2 MR. NEWTON: Okay. So you're saying they're going to
3 send it to the pharmacy on the doctor's chart.

4 They're going to transmit --

5 MR. VESS: It could be the doctor's chart order, or the
6 doctor could call in a telephone order for them.

7 MR. NEWTON: Okay. Does that -- my question is: Does
8 that -- that charter order doesn't meet the South
9 Carolina law for prescription.

10 MR. VESS: That's correct. Does not. And that's what
11 we're asking for is -- the regulation is currently
12 saying in an extended care -- or is it long term
13 care or an extended care facility. One of the

two,

14 it says that we can use chart orders. But it
15 doesn't define what long term care is. I had

asked

16 Lee Ann. Lee Ann thought the same way I did. We
17 considered it only skilled nursing homes. So what
18 I'm asking is that we be able to include the
19 assisted living facilities that meet these
20 requirements, let us consider them, whether it's
21 extended care or long term care facilities. We
22 think it's -- I can't remember. Whichever term it

23 is which -- extended care facility, because that's
24 what we'll put in there.

25 MR. NEWTON: What I'm getting from my inspections,

1 people are showing me some orders for -- I mean,
2 they've even sent prescriptions over where a
3 pharmacist doesn't -- you know, does a rundown on
4 their medicines when they come out of the
hospital.

5 They send that in as a prescription.

6 MR. VESS: Right.

7 MR. NEWTON: And I've seen several different variations
8 of that. So I just wanted to get some --

9 MR. BRADHAM: So it's not a hospital faxing to a retail
10 pharmacy or order out of chart. This is not
11 allowed by this order. What is allowed is, this
is

12 an assisted living facility, and they can -- when
13 the doctor writes in that chart. And if Pharmacy
14 ABC is the pharmacy that services that facility or
15 if they have an in-house pharmacy, they can fax or
16 call that in-house pharmacy or that pharmacy that
17 they contracted with and use this chart order as
18 the prescription order. And if ABC pharmacy
19 provides them pharmacy services, but after hours,
20 subcontracts to XYZ pharmacy that may be a retail
21 pharmacy that's open 24 hours, as in the case of
22 the pharmacy where I work, then that chart order

23 can be sent in as a prescription order for -- if
24 it's Tylenol No. 3, one every four hours as
needed,
25 that can be sent in, as long as the nursing home

200

many

1 clarifies with that subcontracted pharmacy how

2 Tylenol No. 3 they are to be given.

3 MR. VESS: Except we won't be doing controls.

4 MR. BRADHAM: Huh?

5 MR. VESS: No controls.

6 MR. BRADHAM: Right. Okay.

7 MR. NEWTON: Okay. Thank you.

example.

8 MR. BRADHAM: Well, I used the wrong drug as an

and

9 MS. BUNDRICK: And the meds are picked up by someone

10 taken to the long term care facility?

11 MR. VESS: Yes.

12 MR. BRADHAM: Any other discussion with this issue?

13 Okay. All those in favor of this, indicate by the

14 uplifted right hand.

15 (Board members comply by lifting their

16 hand.)

17 MR. BRADHAM: Opposed by the same sign, and the motion

18 carries. All right. Don't leave, Ed. I think

19 there's a second part.

the

20 MR. ROSE: Oh, yes. The next motion we had concerns

21 use of automated dispensing machines as emergency

22 kits in nursing homes. And we had Wilbur Harling
23 there. Do we have a report from DEA at all?

24 MS. BUNDRICK: Yes. Ms. Overton actually emailed me
25 this morning. And she needs to research the DEA

1 guidelines, ensure that she had the correct
2 information. She apologizes that she had just
3 gotten back from extended leave and she will not
4 have an answer by the meeting today.

5 MR. BRADHAM: I think it was subject to --

6 MR. ROSE: It's going to be subject to her approval.

7 MS. BUNDRICK: Right.

8 MR. MOBLEY: And, Dock, remember, we weren't going to
9 call it an automated --

10 MR. ROSE: I realize that. We're actually -- we made a
11 motion that they should be called "electronic
12 emergency kits" rather than the former, which I'm
13 not going to say again. And it's been subject to
14 DEA approval. It was okay with DHEC. We just

need

15 to make sure that the Drug Enforcement
16 Administration, U.S. Drug Enforcement
17 Administration is okay with it. And I don't see
18 who made the motion. Well, I guess you did.

19 MR. MOBLEY: I did.

20 MR. ROSE: And then Mr. Bradham seconded it, which
21 carried it unanimously. So what we're wanting to
22 do -- what we have now is we have emergency kits
23 that's a fishing tackle box, basically, that they

24 might have a plastic slot things on it that you
25 break open, security to get open. And what we're

1 proposing is you have one that's electronic that
2 when they want to go in and get a medication out,
3 they have to put their password or whatever into
4 the machine before they can get it out. And they
5 have to say what they're taking out. What it's
for
6 -- all this kind of stuff. And then the machine
7 would give them the drug. And they would only
open
8 it for that one drug, so it's not like opening
9 these medication tackle boxes in nursing home
10 facilities where they can look at the whole box.
11 They just get that one drug out. It provides
12 better accountability for us. It also would help
13 prevent more medication errors, I would presume,
14 since it's going to be only that drug coming out.
15 And that's kind of the idea.

16 The problem we had -- I hate to even go into
17 it, but the problem we had was when they say those
18 magic words I said to start off with, they
envision
19 that every drug in the place is going to be coming
20 from these machines, and that's not what's going
to
21 happen. This is just going to be on emergency

22 basis, when the drug needs to be given to the
23 patient now. And they don't have time to get it
24 from the pharmacy that's serving the facility.

25 So this is a motion that comes from the

1 committee, so it doesn't need a second.

2 MR. BRADHAM: We have a motion from the committee. And

3 let me make clear to everyone that this is subject

4 to DEA approval. And so it is not enforceable

5 until that DEA approval is given. And if DEA does

6 not give the approval, then we'll see this again

at

7 the September meeting with whatever subject

8 stipulations that DEA has. If they have --

9 MS. BUNDRICK: Mr. Bradham, it might be better to wait

10 till hear back before you make a motion.

11 MR. BRADHAM: All right.

12 MS. BUNDRICK: Because there might be --

13 MR. ADDISON: I make a motion to table this until the

14 September meeting.

15 MS. BUNDRICK: -- more discussion. And it probably

16 needs to be tabled.

17 MR. BRADHAM: All right. So I have a motion to table

18 this until we have the official clearance from DEA

19 that will remove any ambiguity about what can and

20 cannot be done. So I have a motion on the floor

to

21 table this until we clear this with the DEA. Do I

22 have a second to that?

23 MR. ROSE: You have to deal with that question first, I
24 believe.

25 MR. BRADHAM: Okay. Is there a second to approve --

1 MR. ROSE: You don't have to have a second for that
2 motion I did. You just have to --

3 MR. MOBLEY: Got to thumb up or thumb down that.

4 MR. ROSE: You got --

5 MR. BRADHAM: All right. So we have a motion and a
6 second. All those opposed to this, so that we can
7 offer a substitute motion -- all those in favor of
8 it, indicate by the uplifted right hand.

9 (Board members comply by lifting their
10 hand.)

11 MR. BRADHAM: All those opposed to doing this, indicate
12 by the uplifted right hand. The motion is denied.
13 Now I will entertain a --

14 MR. MOBLEY: A motion to revisit this in September.

15 MR. BRADHAM: Okay.

16 MR. MOBLEY: Pending a decision by the DEA.

17 MR. BRADHAM: Okay.

18 MS. LONG: Second.

19 MR. MOBLEY: Second.

20 MR. BRADHAM: Okay. I have a second from Ms. Long and
21 from Mr. Mobley. Any discussion of this
substitute
22 motion?

23 MR. ROSE: I think one thing that you might not be

24 considering is you're talking about delaying this
25 for four more months. And it seems like to me,

???

1 get an answer from Ms. Overton in the next week or
2 so, it could be put in the newsletter, actually.

have

3 Goes out in August; is that right? When do we
4 to have --

when

5 MS. BUNDRICK: Yes, sir. But there's no guarantees
6 we'll hear --

7 MR. ROSE: I know that's fine. But there might be.

8 MR. MOBLEY: And you might --

can

9 MR. ROSE: I just don't see any reason to -- if anybody
10 on the Board of Pharmacy has a problem with the
11 resolution, I don't -- I just don't see making the
12 nursing homes wait four more months before this
13 happen, because it's a better system, if they want
14 to use it.

15 MR. BRADHAM: Any other discussion?

16 MR. ROSE: That's just my --

17 MR. BRADHAM: All those in favor of this motion,
18 indicate by the uplifted right hand.

19 (Board members comply by lifting their
20 hand.)

hand.

21 MR. BRADHAM: Opposed to it, by the uplifted right

22 And the majority rules, to accept this motion.

23 We have another -- and I think we're through

24 with you Mr. Vess.

25 MR. ROSE: Thank you, Ed.

1 MR. BRADHAM: -- third motion from this committee.

2 MR. ROSE: Yeah. Did we already talk about the
3 medication therapy management documentation and
4 prescriptions earlier in the meeting?

5 MR. BRADHAM: No, we hadn't.

6 MR. ROSE: This was not a motion, but it is a concern
7 about the procedure that people doing medication
8 therapy and management documentation. And if
9 they're using prescription numbers to document

that

10 they have done this medication therapy management.
11 Clelia was a person that had talked a lot about
12 this and she also brought a guy from -- was that
13 Publix Clelia that the guy came from?

14 MS. SANDERS: I just knew it was going to be --

15 MR. ROSE: Yeah. Okay. The problem was is that a lot
16 of the inspectors did not feel like that you

should

17 use a prescription number to document your
18 medication therapy management. It's a separate
19 prescription because it doesn't meet the qualities
20 or things that you have to have to have a
21 prescription, if y'all understand what I mean.
22 It's not a prescription order, is what I'm saying,

23 I guess. So --

24 MR. BRADHAM: An example would be if you had a

25 prescription for Cardizem CD 240 and the patient

1 already was taking Lipitor 40 milligrams, both of
2 those metabolize through the liver enzyme system,
3 and there is a conflict. So if that particular
4 prescription number was 1234, then they generated
5 another prescription called and it was 12345 that
6 said we worked in conjunction with the prescriber
7 for the Cardizem. It was also the same
prescriber
8 for the Lipitor. And he is aware of that and has
9 adjusted the doses, proportionate to this. And
10 also is having the patient do liver enzyme blood
11 work every three months to monitor the liver
enzyme
12 being within every month or whatever.

13 So they were saying that that second
14 prescription, 12345, did not meet all the
15 qualifications of a prescription. But the
software
16 system for this particular entity, to protect
their
17 liability with regard to the issue records it as a
18 prescription number, when it's really not a
19 prescription. It is their medication therapy
20 management documentation, that they documented
21 talking with the physician, documented talking
with

22 the patient, in handling this. Correct.

23 MR. ROSE: And they're using that number to retrieve
it,

24 if they need to --

25 MR. BRADHAM: Right.

1 MR. ROSE: -- retrieve it for the insurance company or
2 the --

3 MR. BRADHAM: Right.

4 MR. LIVINGSTON: I think this might be a -- we may be
5 making it a bigger issue than what it really is in
6 statute, because -- and Lee Ann, do you think you
7 can look at the statute as far as numbering
8 prescriptions? Because from my understanding from
9 the statute, and I actually received this
10 information somewhat through DHEC one time. And I
11 want every one of my numbers in my pharmacy
12 accounted for. And you told me at that time not
13 every number necessarily has to be accounted for.

14 So if I am numbering my medication therapy or
15 MTM, whatever it may be, from dispensing a
product.

16 And it's basically just a numbered note. It's not
17 being treated as a prescription. And I don't
think

18 the Practice Act or the statute requires us to
19 necessarily every number that we keep up with has
20 to be a prescription. Does that make sense?

21 The Practice Act says that the prescriptions
22 that we dispense, we need to number in a
sequential

23 manner. But just, you know, if I go from 1234 to
24 1236, that's a sequential manner, but it doesn't
25 necessarily say that 12345 has to be a

1 prescription.

2 MR. BRADHAM: I think they recognize that. And I think
3 our inspectors recognized that some of the PBM
4 auditors are -- I think were giving them
5 difficulty. And so to clarify that this was done
6 with approval from South Carolina Board of
7 Pharmacy, they asked that documentation of them
8 doing it in that manner, satisfied with the
9 peculiarities of some PBM auditors.

10 MR. LIVINGSTON: I'm in agreement that that practice of
11 putting that number in there is not a violation of
12 -- and I've seen it in other ways and we've talked
13 about this before with the OTC prescription. If I
14 want to keep a record of an OTC prescription, I

may

15 do that in my computer system, and it may get
16 assigned a number. So I have a file in my
17 prescription file that Mrs. Young may be on, you
18 know, extra strength Tylenol, or whatever it may
19 be. It doesn't necessarily mean it gets a
20 prescription. It's just a record of what she's
21 getting, and it helps with drug interactions and
22 things of that nature. But I don't think that I
23 ought to not be allowed to keep that record in my

number, 24 prescription files because it's taking up a
25 so to speak.

1 MR. MOBLEY: We've kind of been down that road.

2 MR. LIVINGSTON: I don't think it's a problem at all,
3 letting it take up a number.

would

4 MR. ROSE: What we kind of did was we said that it
5 be nice if pharmacy computer systems had a file
6 that you could put all these things in. You know,
7 a sheet to go by, that you could type into. And
8 then that would be a permanent file, and that
9 person profiled.

10 MR. LIVINGSTON: Right.

11 MR. ROSE: Right now you'd -- right now if you did it,
12 you'd probably have to make a dummy prescription.

13 MR. MOBLEY: Well, that's what I think they're doing.

would

14 MR. ROSE: They wouldn't have a drug number or any --
15 they would have to make up an MDC number that
16 be like 9999 whatever.

17 MR. MOBLEY: Right. And it wouldn't have a number.
18 When it makes a dummy prescription, it creates a
19 number.

20 MR. ROSE: Right.

21 (Talking over one another.)

22 MR. MOBLEY: -- a good bit. Like I said, the OTCs and

23 we have them in those files and that's how we keep
24 records of that number.

25 MR. BRADHAM: I know the software system that I use had

up

has

consulted

1 that situation. It goes into mandatory consult
2 required, and it will not ring that prescription
3 at the point of sales system until that consult
4 been done. And so we do the consult. And then I
5 put my initials and my passcode in the computer,
6 that I consulted with that patient and/or
7 with the physician and satisfied that proper
8 adjustments had been made. And in some cases, the
9 physician, particularly with regard to certain
10 antibiotics and certain P450 enzyme systems, the
11 physician says what antibiotic does not present
12 that problem with this diabetic patient or
13 whatever. And so it will forever and always hold
14 that information in a link to that prescription.
15 So different software systems have had different
16 peculiarities.

17 MR. LIVINGSTON: And in the other case where when you
18 made your consult, it assigned it a number.

19 MR. BRADHAM: No, it didn't assign a number.

20 MR. LIVINGSTON: No, no. But I'm saying in another --
21 with another computer system. If it did assign it
22 a number --

23 MR. BRADHAM: Right.

24 MR. LIVINGSTON: -- and you were the pharmacist and you

25 were looking over their profile, and you saw

1 Lipitor and you saw (inaudible). Then you saw the
2 mixed number that was a medication therapy
3 management. And it may say the physician said XYZ
4 or whatever. But it's a record that is easily
5 obtainable. And you can see as you're looking at
6 the profile --

7 MR. BRADHAM: Readily retrievable.

in

8 MR. LIVINGSTON: Whereas in the other system that was
9 another filing system, it may not be quite as
10 retrievable. And not that it's not retrievable,
11 but it's not as obvious.

12 MR. ROSE: I probably should read the last note here.

13 "And our discussed ensued and the committee found
14 that there had been no problems with compliance in
15 these matters." Which says it's okay to do it
16 right now, until something better comes along.

are

17 MR. LIVINGSTON: I guess what I'm getting at is PDMs

situation,

18 giving us trouble, that what we have going on is
19 affecting our patient care. And in this
20 it's another example of what they're doing --

21 MR. BRADHAM: Abuse.

22 MR. LIVINGSTON: -- is affecting patient care. We need

23 to remember that, and we need to pass that on to
24 people that could get us some PBF legislation.
25 MR. ROSE: Relief.

1 MR. LIVINGSTON: Another example; that's where I was
2 going.

3 DR. RICHARDSON: Mr. Chairman, if I may, ask Dock a
4 question back to No. 3 discussion? And there are
5 not any regulation on controlled substances in
6 emergency kits. And the best way -- that
7 dispensing machines be called electronic emergency
8 kits. Does that mean that these controlled
9 substances can be a part of these kits? Is that -

automatic

-

10 MR. ROSE: That's correct.

11 DR. RICHARDSON: That's what that means.

12 MR. ROSE: Well, they are part of the tackle box thing
13 that's used.

14 DR. RICHARDSON: This is automatic that they can give
15 them those drugs that they need.

16 MR. ROSE: That's the reason we got to wait for the

DEA,

17 I guess.

18 MR. BRADHAM: Yeah. Because there are controlled
19 substances.

20 MR. ROSE: I mean, they have to have pain medication --

21 DR. RICHARDSON: I understand.

that

22 MR. ROSE: -- and all that stuff. But for somebody
23 might have slipped and fall at night and broken a
24 hip, but they can't get anything better till the
25 next morning.

1 DR. RICHARDSON: But what you're also saying is, if Ms.
2 Overton said that we can do this, put it in the
3 newsletter and we can go ahead --

do

4 MR. ROSE: Well, we can't. They said no, so we can't
5 that.

6 DR. RICHARDSON: That's been denied.

7 MR. BRADHAM: And this last motion, Dock.

8 MR. ROSE: Oh, I'm sorry.

into

9 MR. ALTMAN: Before we leave that, please, I have had a
10 couple of calls in the past week, Rosemary's had a
11 couple, wanting to know if the people who come
12 the state to do MTM management, if they are
13 pharmacists, do they need to be licensed in this
14 state.

15 MS. BUNDRICK: Yes.

16 MR. ALTMAN: If they're practicing for --

17 MS. BUNDRICK: If they're practicing here, they have to
18 be licensed.

Does

19 MR. ALTMAN: If they're going to do MTM services, they
20 have to be licensed here as part of pharmacy.
21 their parent company, which is in another state,
22 need a permit in this state?

23 MR. ROSE: They do.

24 MR. BRADHAM: If they're doing pharmacy services from
25 that entity.

1 MR. ALTMAN: Would be a non-resident permit?

2 MR. BRADHAM: Yes.

3 MR. ROSE: But I would think if they were coming into
4 this state, they would need a regular pharmacy
5 permit, not just an out-of-state permit.

6 MR. ALTMAN: Would they have a location.

7 MS. BUNDRICK: They wouldn't have a location here --

South

8 MR. ROSE: So those people coming in could live in
9 Carolina, right?

10 MR. ALTMAN: Some do and some don't.

11 MS. BUNDRICK: Some don't. They could have a non-
12 resident pharmacy permitted with us and their
13 pharmacist come to our state to do MTM'S. But
14 those pharmacists would have to be licensed in
15 South Carolina because they're actually practicing
16 in South Carolina.

would

17 MR. LIVINGSTON: And I think you need to go one step
18 further too then, because of Teleman and things of
19 that nature. I can see that they have a face-to-
20 face MTM, I would expect that that pharmacist

the

21 be considered to still be providing services to

license

22 citizens of South Carolina. So they need a
23 as well. Well, the pharmacist would need a
24 license. In other words, if I'm in Florida
25 providing MTM via Skype, in order for me to do

1 that, I should have a South Carolina --

2 MR. BRADHAM: Right.

3 MR. LIVINGSTON: -- license, even though that I may not
4 be physically in South Carolina.

5 MR. BRADHAM: Exactly. Carmela.

6 CARMELA: To ask in point, what does that do to the
7 cases that are being pushed out of state? Because
8 there are thousands that are being handled outside
9 of the state by pharmacists that are licensed in
10 states other than South Carolina.

11 MR. LIVINGSTON: MTM is definitely under the definition
12 of practicing pharmacy, without a doubt. And our
13 statute says if you're practicing pharmacy, you --

14 MR. ROSE: In South Carolina.

15 MR. LIVINGSTON: -- in South Carolina, you have to have
16 a license. So those cases that are going out the
17 state need to be going to a pharmacist that's
18 licensed in the state.

19 MR. BRADHAM: Well if they are a mail order pharmacy,
20 they have already a non-resident permit --

21 MR. ROSE: Hopefully.

22 MR. BRADHAM: -- to mail into South Carolina. But we
23 don't necessarily require that pharmacist that's

time

24 filling that prescription and also at the same
25 providing MTM services. We don't require that

1 pharmacist to have a license, even though they're
2 doing both, correct?

3 MR. LIVINGSTON: You're right.

4 MR. ROSE: And some of it's --

5 MS. LONG: But if the prescription's dispensed in South
6 Carolina and they are pushing MTM's --

7 MR. BRADHAM: No. The prescription is dispensed in,
8 let's say a Texas mail order facility. And it's
9 being shipped from this mail order pharmacy. But
10 at the same time, they are also providing MTM
11 services with regard to that product that's being
12 shipped into South Carolina, we do not require the
13 pharmacists to have a South Carolina license.

14 MR. LIVINGSTON: But I think what you're talking about
15 is I could fill the prescription myself. And I'm
16 not provided MTM. So that service is being pushed
17 to a ancillary provider outside the state.

18 MR. ROSE: In some states where it's not required that

a

19 pharmacist provide those MTM services. It could

be

20 a technician in some other states that are
21 providing that service. Well nurses legally
22 probably can do it anyway.

23 MR. LIVINGSTON: But that person who's providing those
24 services -- again, to me, and I think from the way
25 the statute is written -- is providing pharmacy

1 services. Now, if they were -- if it is a entity
2 that has a permit, I would say we would have to go
3 by those same laws that the pharmacist may not
4 have. But I don't think it necessarily --

5 (Talking over one another.)

6 MR. LIVINGSTON: -- has to be a permit.

7 CARMELA: You got somebody like (inaudible), right?

8 They're contracting with pharmacists in a Arizona
9 call center in Arizona. You're filling the
10 prescription. You don't want to deal with the MTM
11 case. Then after a period of time, those cases

are

12 being assigned to a facility in Arizona. And the
13 pharmacists there are providing the MTM or Part D
14 plan in getting the compensation there.

15 MR. LIVINGSTON: Right.

16 CARMELA: But you're filling the prescription and
17 dispensing it here.

18 MR. LIVINGSTON: But my question is, is that place --
19 and I don't know enough about it, but the place in
20 Arizona, for example -- is that a -- is that a
21 corporation, or whatever it may be, a company that
22 has a pharmacy permit in South Carolina? Or is it
23 an individual pharmacists that is providing those

But 24 services? And I think it could be either way.
25 somebody needs to be permitted, whether it be a

a

1 individual pharmacist doing it out of his home or
2 company who is doing this for (inaudible). And if
3 so, then they need to have a permit.

4 CARMELA: I don't want to get off that topic too far,
5 but then it comes back to the permit -- what are
6 you permitting, if it's an individual?

7 MR. ADDISON: Well, I think you permit the -- permit
8 them as a pharmacist.

9 MS. BUNDRICK: License.

10 MR. ADDISON: Give them a license. Not a permit.

11 CARMELA: So then they have to apply and become
12 reciprocate and obtain a license in South
Carolina.

13 MR. ADDISON: Right. But if it is a, I guess a
14 corporation providing those services, they need to
15 have some type of permit in South Carolina.

16 MR. ROSE: A lot of times, they're going through with
17 patients that are asthmatic or diabetics and
18 they're seeing what prescriptions they fill. If
19 they're getting prescriptions filled for diabetes,
20 they will call them and tell them that this
service

21 is available, and they'll get paid by the truck
22 manufacturer or by the insurance company for doing

23 the MTM service.

24 MR. LIVINGSTON: I think this is a real important issue

25 for us to address pretty soon because we don't

know

220

MTM

you

basically

they're

the

out

1 what the person in Arizona is telling our patient
2 in South Carolina, you know. And the way I see
3 in the Merixa. You don't have to provide the
4 information back to Merixa of what you told the
5 person. You just have to provide evidence that
6 did indeed do it. Well, if we have someone who
7 really shouldn't be providing the MTM and
8 passing their --

9 MR. ROSE: Unscrupulous.

10 MR. LIVINGSTON: Yeah. -- passing everything through,
11 then we need to be able to hold that person
12 accountable for doing those things. And if
13 not licensed or they're not permitted, we have no
14 way to make them accountable.

15 MR. BRADHAM: One of the task force that I've been on
16 for NABP is multi-state licensure. An entity that
17 is pushing that is this entity that is providing
18 both products and MTM services and there are
19 entities that are handling one segment handling
20 product, another segment is subcontracting that

student 21 to provide the MTM services. They want the
exam 22 that graduates from South Carolina, taken MPJE
23 that is a multi-state MPJE and unsuccessfully
24 passing that exam will then be licensed in Region
25 4, let's say. And that would be ten states.

221

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from

the

"blank

I'm

do

a

1 So that when they take the MPJE, going back
2 that question that I had about how long are C2
3 prescriptions, the question would be: In South
4 Carolina a C2 prescription is good for 90 days
5 the date written. And it would say "blank from
6 time written." And in Maryland, it would be
7 days written." And then you have down in "A," a
8 (inaudible) type question, 90 days and 120 days or
9 one year. And so you'd have to match those up to
10 those blanks. So that's how that question would
11 then come up on an exam like that.
12 MR. LIVINGSTON: Well, let me pose this problem that I
13 can see happening in the near future to you men,
14 and it might help us answer this question. Say
15 to provide some MTM services to a patient, and I
16 that, and I bill Medicare. And I talk to the
17 patient and I tell them some specifics about their
18 drug care. Okay? And I make a recommendation to
19 physician who possibly does not agree with that.
20 But yet the patient heard from my face-to-face

21 interaction what I said, and they go and do that.
22 Okay. So they're doing something that I
instructed
23 them to do, but yet it's contrary to what the
24 physician says. Okay?
25 Physician makes a complaint to the Board of

to

1 Pharmacy. "Hey, this pharmacist told my patient
2 do XYZ and that's not what I wanted them to do."
3 How do you deal with that? Do you deal with that
4 from my permit? Do you deal with that from my
5 license? How do you investigate?

6 MR. BRADHAM: Have we had it to come up?

7 MR. LIVINGSTON: We may not have had to come up, but
8 it's coming.

9 MS. BUNDRICK: It would be your license, I would think.

10 MR. LIVINGSTON: Well then I think that answers the
11 question of how we deal with -- how we deal with
12 the pharmacists out of state providing --

13 MR. ROSE: They can have a South Carolina license in
14 order to deal with it, right?

15 MR. LIVINGSTON: That's what I'm saying.

Does

16 CARMELA: And I'm not sure, I have to verify this.

MTM?

17 Medicare Part D specifically state that a
18 pharmacist is the only person that can provide

-

19 And if it doesn't -- and I don't believe it does -
20 I'm not sure I'm -- I'm going to have to find out
21 -- we have to be very careful. You go down this

22 road. Those MTM cases can quickly, by Merixa or
23 anything else, be assigned to a nurse practitioner
24 or somebody else to handle.

25 MR. LIVINGSTON: Well, I think our Practice Act --

1 CARMELA: You won't have any --

2 MR. LIVINGSTON: -- in terms of MTM as being the
3 practice of pharmacy.

4 CARMELA: Yeah. I'm just saying, I have to find out.

5 I'm not sure. Does anybody know for sure whether
6 not Part D MTM has to be provided by a pharmacist?

7 MR. BRADHAM: That is my understanding. And the health
8 care package -- the new health care package that's
9 going into affect, it does specify that it must be
10 pharmacists because all the computer systems are
11 being upgraded to allow for documentation that our
12 services can provide it. And you're reimbursed in
13 like 15 minute blocks, or something like that.

But

14 in the present new health care reform package, it
15 does specify pharmacist, is what I have been told,
16 at a national level.

17 CARMELA: Okay. And for confirmation. In Part D, it
18 said it could include -- it can be pharmacists or
19 any other provider. So the new health care reform
20 may tighten that up to say it only can be provided
21 by a pharmacist. Now, I'm not talking about
22 private practice, other third party payers.
23 Talking about Part D. It was not limited to

24 pharmacists.

25 And if you -- if Merixa or anybody else has

what

1 hoops to climb through, I'm not suggesting whether
2 that's good or bad. I'm just factually saying
3 potentially could happen is that if they have a
4 license, all the pharmacists in Arizona and South
5 Carolina, they'll just farm it out to a third
6 practitioner or somebody else.

7 I'm just -- whether that's what we want or
8 don't want is not for me to decide. It's for you-
9 all. But just a potential --

can

10 MR. LIVINGSTON: I think we've got some latitude with
11 this issue because it already says in the Practice
12 Act what Pharmacy Practice Act is, to some degree.
13 And we can make that interpretation as a board;
14 we not? Can we not say that if you're going to
15 provide MTM services in South Carolina, it must be
16 done by a pharmacist? And we don't have to
17 necessarily say that. I think it says that in the
18 Practice Act already, that it's statute.

asthma

19 MR. ROSE: You know, we had a couple cases that came up
20 that we didn't actually have to rule on. But it's
21 where technicians were teaching diabetics or
22 patients how to inject insulin or use an inhaler.

23 And that was okay. But when it came to actually
24 talking to them about medication, therapy had to
be
25 done by a pharmacist only with South Carolina. Is

1 that not right?

2 MR. LIVINGSTON: That's what MTM -- it's talking about
3 your medicines, so -- I think --

4 MR. ROSE: We need to hold onto that.

5 MR. LIVINGSTON: We need to address that as a board
6 here, though. And I don't know how we do it, but

I

7 can tell you that he's exactly right. There's
8 different entities that are pushing MTM very hard
9 and they're pushing it to whoever will do it. And
10 that's -- a lot of it's going to be being done
11 outside the state. And it's going to be --

have

12 MR. ROSE: And they will migrate to the states that
13 the least requirements.

14 MR. LIVINGSTON: You're right. So any suggestion of
15 what we do?

that

16 MR. BRADHAM: I suggest we move onto the next topic
17 we got diverted from. As chairman, it's my
18 responsibility to keep you folks on track.

19 MR. ROSE: Thank you very much, Chairman.

20 MR. BRADHAM: The last recommendation --

21 MR. ROSE: The last thing we had under other discussion

talked

22 topics at the pharmacy practice meeting. We
23 about electronic prescriptions. And Mr. Bradham
24 made a motion to accept electronic records and not
25 to print the prescription. And any change to the

1 prescription would have to be made on the hard
2 copy. I think Mr. Vess seconded the motion and it
3 was carried unanimously.

4 MR. BRADHAM: So coming from the committee, it needs no
5 second. Any discussion of this?

6 MR. ROSE: Maybe you ought to fill it in a little bit,
7 Bobby, what was going on because you're actually
8 the one that brought this up.

9 MR. BRADHAM: What happens is when you get an e-
10 prescribed prescription from a physician, and I
11 think the statistics show that this is increasing
12 it like 2,000 percent, the electronic
13 prescriptions. And so there is some
interpretation
14 that when we get an e-prescribed prescription, we
15 have to print out an actual hard copy of what's on
16 the electronic record and put that in the record
17 file so that when you get the prescription number
18 and you start looking at the file, there's no hard
19 copy in there, representing that prescription
20 number. But it is in the electronic record.

21 And so I made the motion that we not have to
22 print that hard copy of paper and accept what's in
23 the electronic record, unless some change is made

24 after it is -- the electronic record is set. Then
25 you print it out and make a change there, or

1 document it somewhere that it was a verbal order
2 change and write it that way. But not have to in
3 every instance print out that extra piece of
paper.

4 So that is what that issue is doing. And as a
5 result, we'll probably save an area in South
6 Carolina in preserving trees per acre.

7 MR. HUBBARD: May I address something --

8 MR. BRADHAM: Sure.

9 MR. HUBBARD: -- on that? You said any change would
10 need to be made on the hard copy. So they
11 transmit, say, a 90 day supply and the patient
12 comes and says, "I can't afford a 90 day supply.

I

13 would rather have a 30 day supply." So if you
14 a change on that hard copy, it's already printed

90

15 days. And you make it 30 days, then when PBM
16 in and audits you and they get you for changing a
17 quantity on the hard copy, how are we going to
18 address that?

comes

19 MR. BRADHAM: PBMs right now can ignore South Carolina
20 law or North Carolina law, or Georgia law. They

the

21 have their own laws that they come up with. In

22 system that I worked with, you can actually

23 document on the electronic copy and it highlights

sent

24 it in yellow that "patient wanted -- physician

25 in a 30 day supply with 12 refills, and patient

the

1 wanted a 90 day supply, reducing the refills or
2 reverse." And you can actually record that note.

medication

3 I think what the committee was saying, if the
4 physician called in Vibramycin and it interacted
5 with a diabetic medication or some other
6 they were taking, and the physician changed that
7 from Vibramycin to Keflex 250 milligrams, one fib
8 or qid, whatever, you either needed to write in a
9 verbal order, hard copy prescription, or print out
10 that other prescription and write it all on that,
11 one or the other.

Because

12 MR. HUBBARD: But is that acceptable with PBMs?

13 I know of cases where they could come in and
14 they --

15 MR. BRADHAM: Exactly.

16 MR. HUBBARD: -- and they fine you for --

17 MR. BRADHAM: Exactly.

18 MR. HUBBARD: -- changing quantities.

19 MR. NEWTON: And they change their opinion every other
20 month.

21 MR. BRADHAM: Yes.

know,

22 MR. MOBLEY: And you're right about that. So, you

23 we're caught between a rock and a hard place --

24 MR. BRADHAM: Exactly.

25 MR. MOBLEY: -- doing this.

1 MR. BRADHAM: Yes, sir.

2 MR. HUBBARD: And the people that come in and do the
3 inspection are usually technicians or pharmacists,
4 and they need to have a South Carolina license.

5 MR. BRADHAM: It doesn't answer the issue with regard
to
6 PBM. It does answer that state itself and the
7 Board of Pharmacy does not require the hard copy
of
8 the prescription.

9 MR. HUBBARD: So we don't have to use the hard copy.
We
10 can make another -- we can call a physician, say,
11 you know, "Patient X does not want a 90 day
supply.
12 We would ask permission to change it to a 30 days
13 with 11 refills, instead of 90 with three
refills."
14 So we can write that out.

15 MR. BRADHAM: Yes.

16 MR. ADDISON: Treat it as a call-in; that's correct.

17 MR. BRADHAM: But this would resolve the issue that
some
18 inspectors have had, that with it going in, and
19 they are missing six prescriptions, and they were
20 all electronic.

21 MR. HUBBARD: Sure.

22 MR. BRADHAM: And we're saying, "It's okay for you as

an

23 inspector to accept that electronic record."

24 MR. HUBBARD: Okay.

25 MR. BRADHAM: Because some inspectors were and some

1 inspectors were not.

2 MR. HUBBARD: Yes. That's fine. But that stays the
3 other way too.

answer

4 MR. BRADHAM: I don't think we'll ever be able to
5 to the PBMs until we have a PBM law.

idea,

6 MR. ADDISON: You're correct. I think it's a good
7 the only thing that we all need, to keep in mind
8 about the PBM stuff, if you do print that, what we
9 do is we'll print out copy of what was
10 electronically sent over and we keep that in a
11 file. But if the PBM -- sometimes they'll use

your

12 own statutes against you. And it may not have two
13 signatures lines, one on the left, one on the
14 right. So therefore, they may view that as not a
15 valid prescription in South Carolina. Plus, our
16 statute says it has to have one on the left and
17 on the right. So even though I think this is a
18 good idea, you need to take caution to protect
19 yourself.

one

20 MR. HUBBARD: But the electronic is exempt from the --

21 MS. BUNDRICK: Two lines.

22 MR. HUBBARD: -- two lines.

23 MS. BUNDRICK: As long as there's (inaudible).

24 MR. HUBBARD: But the electronic is also on file on the

25 computer because, I mean, you can always pull that

right

1 back up and generate a hard copy, if you need to.

2 MR. BRADHAM: We have a motion from the practice
3 committee. What is your pleasure regarding this
4 recommendation from the practice committee
5 regarding electronic prescriptions? All those in
6 favor of the motion, indicate by the uplifted
7 hand.

8 (Board members comply by lifting their
9 hand.)

10 MR. BRADHAM: All opposed to the motion by the same
11 sign, and the motion carries. That concludes your
12 technology -- your practice committee.

13 MR. ROSE: Thank goodness, yes.

14 MR. BRADHAM: Next is the pharmacy technology committee
15 -- Mr. Bushardt.

16 MR. BUSHARDT: No report.

17 MR. BRADHAM: No report. Recovering Professional
18 Program, Dr. Richardson.

19 DR. RICHARDSON: We have not had a meeting since our
20 last meeting. We will probably have two meetings
21 before the September meeting.

22 MR. BRADHAM: Okay.

23 MS. BUNDRICK: (Inaudible) meeting is Friday.

24 DR. RICHARDSON: Yes, I'll be there.

25 MR. BRADHAM: The medication integrity committee, Mr.

1 Bushardt.

2 MR. BUSHARDT: We didn't have a meeting, but I learned
3 some stuff in NABP that I want to share with the
4 group real quick. One is that in the United
5 States, the road internet drug outlets is the most
6 common outlet for counterfeit. And they did a
7 study, came out in January 2011, and they found
8 that that 96 percent of internet drug outlets
9 reviewed were not operating in compliance with
10 state and federal laws of patient safety in
11 pharmacy practice standards. Seem to me, that's a
12 area that probably, if we don't do anything with
13 medication integrity, that's where we ought to go
14 first because that's where it seems to be the most
15 trouble.

16 And then the other part is that nearly 40
17 percent of the drugs Americans take are imported
18 and 80 percent of active ingredients in the drugs
19 in American market come from overseas sources.
20 Something that is going to be very, very hard to
21 regulate.

22 MR. HUBBARD: Plus this is also going to be a security
23 problem in the long run.

24 MR. BUSHARDT: Yeah, yeah. But it seems to me that the
25 security isn't even -- you know, is as big as the

1 internet, I mean, the providing of the service
2 through a rogue site. Seems to be a more major
3 problem at the present time. But that's something
4 that we'll probably have to start looking at a
5 little more closely.

6 MR. BRADHAM: Okay. Thank you very much. The next is
7 the finance committee report, Mr. Livingston.

8 MR. LIVINGSTON: We have not had a meeting. But it
9 looks like we're making money off this report that
10 DHEC gave us, so --

11 MR. MOBLEY: Did I raise you?

12 MR. LIVINGSTON: I haven't heard about that yet.

13 MR. BRADHAM: Ten percent times zero, and my math is
14 still zero. The next is continuing education, and
15 Mr. Banks is not here. Mr. Livingston and Mr.
16 Mobley, any --

17 MR. LIVINGSTON: We have not had a meeting. No report.

18 MR. BRADHAM: That concludes the committee reports.

And

19 then we have discussion topics. I have pharmacy
20 benefit manager under discussion topics. Is the
21 person who has this to be added to the open forum
22 discussion topics, the floor is yours.

Pharmacist 23

MR. HUBBARD: I have a patient safety issue.

24

gave me this scenario, that one of his patients

25

came in and brought an order from a mail order.

a

1 And the mail order contained 90 Ambien CR, 12 and
2 half milligrams, filled on May the 19th.
3 Pharmacist had just filled a prescription for
4 Ambien CR for the same patient on May the 12th for
5 a quantity of 30. Patient safety issue says that
6 patient never should have received a second
7 prescription seven days later.

the

after

8 So what safety measures are in place to
9 prevent this from happening? The patient's
10 insurance is the same as the mail order. So they
11 have the information. And if the pharmacist had
12 tried to -- if it had been in reverse order and
13 pharmacist had tried to fill the prescription
14 the mail order had sent it in, it would have been
15 rejected. The mail order pharmacy didn't get a
16 rejection, and they sent him a 90 day supply.

17 So --

18 MR. BRADHAM: That will continue until this PBM
19 legislation --

20 MR. HUBBARD: And, you know, the DEA, you would think
21 would monitor something like that. And does the
22 mail order pharmacy not have to comply with the

23 same thing that the pharmacist in South Carolina
24 in reporting the data every month for controlled
25 substances.

1 MR. BRADHAM: A mail order pharmacy, if it's located in
2 state XYZ, and there are shipping into the state,
3 of course, they have to have a non-resident

permit.

4 But if there's a conflict between the state --
5 let's say the state is North Carolina. While
6 they're shipping into North Carolina, my
7 understanding of DEA laws is basic shipping,
8 they'll ship to a North Carolina, they must adhere
9 to the North Carolina DEA laws, if they are
10 different from the federal DEA laws or more
11 stringent federal DEA laws. If they're shipping
12 into South Carolina, then they must comply with

the

13 South Carolina DEA laws, if they are more
14 than the federal DEA laws. And in this case,
15 apparently, that wasn't done.

stringent

16 MR. NEWTON: Well, the Board of Pharmacy holds the
17 permit for that out of state pharmacy to ship it
18 in. It seems like the Board of Pharmacy ought to
19 take action against that mail order that shipped

it

20 in, even though they knew that it was filled on

the

21 12th.

22 MR. BRADHAM: But since we do not inspect those out of
23 state mail order pharmacies, we go by the
24 inspections that are done by the states in which
25 they reside. Unless the patient registers a

1 complaint, we would not know about it.

2 MR. HUBBARD: So the patient would have to register a
3 complaint.

4 MR. ROSE: Who would contact that state?

5 MR. BRADHAM: Isn't that correct, Lee Ann?

know

6 MS. BUNDRICK: Yeah. They would file a complaint with
7 us and we had jurisdiction over it, we would send
8 it to that state, and ask that state to let us

9 the final disposition of the complaint. And if we
10 got that information back and we felt like it
11 warranted moving ahead with disciplinary action or
12 sanctioned in our state, then we would carry that
13 through our investigative review committee.

14 MR. BUSHARDT: The first thing I think we have to find
15 out is make sure if they really sent it through
16 that first time through insurance, or whether they
17 paid cash for it.

18 MR. HUBBARD: No. It was sent through on insurance.

19 MR. BUSHARDT: Okay.

20 MR. BUSHARDT: With documentation.

PBMs

21 MR. LIVINGSTON: I think what we're seeing is these

22 are -- when we transmit a claim, many times there

23 are immediately taken initiative to contact the
24 prescriber and get the prescription at their mail
25 order facility, so that they can take care of the

out

1 patient from that mail order facility. So that
2 sounds like that's what's happened. Whenever you
3 filled that claim, that would send a trigger to,
4 "Hey, let's get the prescription." And send it
5 sooner than what they really should have sent it
6 out, probably by their own standards, but -- and I
7 don't think it necessarily has to be the patient
8 itself.

9 MS. BUNDRICK: No, it doesn't.

10 MR. LIVINGSTON: Anyone can make --

11 MS. BUNDRICK: Anybody can --

12 MR. LIVINGSTON: -- complaint, so --

13 MS. BUNDRICK: -- make a complaint.

14 MR. HUBBARD: You just follow-up with that.

15 MR. BRADHAM: So you're pharmacist colleague could have
16 issued the complaint.

17 MR. HUBBARD: I have a second scenario, and this
18 happened to a patient. The patient left the
19 doctor's office and came to XYZ pharmacy. Thirty
20 minutes after leaving the doctor's office, they
21 presented a prescription for two -- a handwritten
22 prescription for two prescriptions. The

pharmacist

as

23 attempted to fill them and rejected it by the PBM.
24 PBM says "Mail order was filled on the same date
25 the patient's prescription," which happened to be

1 30 minutes earlier.

2 So patient was advised. Patient says "I've
3 never mail ordered anything in my life. I don't
4 know what -- I don't know what this is. I just
5 brought my wife from the doctor and he prescribed
6 this medicine and I need it.

7 So the pharmacist called the insurance
8 company. The insurance says "We just filled a 90
9 day supply" or whatever "and mailing it to them.
10 And I said, "Well" -- pharmacist said, "Well, the
11 patient is standing here before me with a hard
12 of the prescription. And states that he's never
13 mail ordered." Well, there's nothing we can do
14 about that.

copy

15 So the patient proceeded to talk to the PBM
16 and wanted to know what was going on. Said "I've
17 never ordered anything mail order." After about
18 minutes, he was able to get them to reverse
19 whatever they had done, so that he could get his
20 prescription and go home. Later on, he found out
21 that as he was checking out, evidently, somebody

45

in

22 the doctor's office had checked the wrong blank or

mail 23 something, automatically sent something to the
24 order.
25 But, you know, I just see these as abuses of

1 the system, and I think there's something that is
2 lacking there, something that we need to do to
3 protect the public from these type things. And
4 these are not the only things. I'm sure there are
5 other things around.

6 MR. BRADHAM: I know that you get the emails every day,
7 I do, from NCPA about incidences such as you have
8 garnered of that happening in other states. And
9 this organization is trying to initiate national
10 legislation, the national level, regarding the PBM
11 industry. And I think there -- more than half the
12 states now have PBM legislation in their
13 legislature to stop this aggressive behavior.

14 And I reiterate again, I served on their
15 government affairs committee for 14 years. Until
16 that industry is regulated by someone, and most
17 state PBM bills are regulated by the Board of
18 Pharmacy and the office of insurance services in
19 that state. Until that's done, we will see those
20 type of abuses continue and even worse scenarios.

21 MR. ROSE: And Mississippi just passed their PBM bill,
22 and we're behind Mississippi again. Of course,
23 most of the other states are too, but at least

they

24 got it passed.

25 MR. LIVINGSTON: I was telling someone earlier that I

1 was in Washington in one of our congressional
2 offices yesterday and this subject came up. And
3 the lobbyists from PBMs are basically telling the
4 South Carolina congressional people that they
5 need to be regulated at a federal level because
6 practice of pharmacy is regulated on a state level
7 which we all agree. And they follow the Practice
8 Act, so they don't need any federal regulation.
9 it's important that the state of South Carolina
10 pass PBM legislation.

don't

the

So

11 MR. BRADHAM: Every year when I went to Washington,
12 lobby abuse is like this. The next week, that
13 industry had six full-time big lobbyists counter
14 everything I had to say the week before.

15 MR. ROSE: And when they come up in South Carolina with
16 a PBM deal, they say that they're already
17 regulated; they don't need to be over regulated.
18 So they're working for both --

19 MR. HUBBARD: Both sides. That's exactly right.

20 MR. HUBBARD: And yet, no one's regulating.

21 MR. BRADHAM: Exactly.

22 MR. HUBBARD: They can play by any rules they want to.

23 And, you know, we're sacrificing patient safety.

24

25 MR. BRADHAM: Carmela, isn't that the chief objective

of

1 the South Carolina Pharmacy Association --

2 CARMELA: I apologize, I didn't hear --

3 MR. BRADHAM: The PBM legislation.

4 CARMELA: Absolutely, it still is. Yeah, and federal
5 legislation, that's out there as well. And that's
6 probably what they're going into delegation and
7 telling that they don't need the federal oversight
8 and looking to states. But to argue against the
9 state regulations as well.

physicians

10 AUDIENCE MEMBER: Back to the second scenario, I had a
11 company call me in my office. But these
12 are --

13 AUDIENCE MEMBER: Expensive.

straight

14 AUDIENCE MEMBER: Yes, expensive. That's what this
15 sounds like. They were offering graduates
16 out of my program the sun, the stars and the moon,
17 to come in and work as technicians in their
18 offices. And they were dispensing medication or
19 sending to mail orders through their office. And
I
20 imagine that's what happened there and that's how
21 they got that prescription. They marked the wrong
22 box, supposedly by mistake. And that's probably

23 what happened there. That's happened all over,
24 everywhere.

25 If you especially go -- I heard up in the

1 Upstate, like these, you know, urgent frequent
2 centers, you know, not with the hospital systems,
3 but these independent ones, they'll ask you do you
4 want to have your prescription filled there. I
had
5 to take my daughter there one time for something.
6 I'm like "What are you talking about?" And I said
7 "No way." And that's what it is. It's like this
8 little -- like a little box, you know, little med
9 box that you used to have a night, the nurses had.
10 And it's of that nature. So that's probably
what's
11 happening there with these people.

12 MR. BRADHAM: Any other topic or discussion in regard
to
13 this or any other issue?

14 MR. ROSE: I think one thing that we discussed in the
15 April meeting was the RIMS legislation, federal
16 legislation. We need to make sure that
pharmacists
17 that paid for that, it's not the responsibility of
18 pharmacists to do investigational work for a drug
19 company unless they do get paid. And it's also
all
20 this reporting that needs to be done. They need
to

out

21 be reimbursed for their time for doing that for
22 adverse reactions, or if they're having to give
23 patient data sheets or whatever. Because what
24 we're giving out now when we print a prescription
25 out is not going to meet these RIMS legislation.

1 Now, I don't know how hospitals are going to do it
2 or whether they're going to be exempt or not. But
3 it's a -- I wish I could remember what it stands
4 for. It's risk medication -- risk evaluation and
5 litigation and strategies, or something like that.

6 But anyway, it's requiring the drug
7 manufacturers to do post-marketing of a drug
8 surveillance forever on those -- this is to pick
9 things that aren't found in their book studies, is
10 what the purpose of it is. But I don't want to
11 it put on pharmacists, unless they're going to get
12 reimbursed for it.

13 MR. BRADHAM: Well, beginning January the 1st, 2012,
14 anyone who has a prescription filled on Medicare
15 Part D, prescription drug plan, if the plan
16 the prescription, the pharmacy will have to
17 written documentation to the patient, the options
18 that they have in getting that prescription filled
19 from their insurance company.

20 So even though we had nothing to do with
21 rejecting the prescription, it was all done by the

up

see

rejects

provide

22 patient's insurance company, we have to provide
23 documentation to them of how they can go about
24 getting that prescription hopefully filled for
25 their purpose.

1 MR. ROSE: The other thing I had was Saturday in
2 Greenville, South Carolina is the take back day
for
3 prescription drugs. Lee Ann, do you know if
that's
4 a national thing? Saturday is Saturday they --

5 MS. BUNDRICK: We're sponsoring it. We're part of
6 sponsorship.

7 MR. ROSE: Yeah. But is Saturday a national day for
8 taking back unused prescription medications? Or
do
9 you know?

10 MS. BUNDRICK: That just started to ask -- just, yeah.
11 The national take back day was April 24th.

12 MR. ROSE: No, they're supposed to be having another
one
13 coming up, though. Anyway, I know it is in
14 Greenville Saturday. So I just thought I'd
mention
15 that.

16 MR. BRADHAM: It's the last Saturday in April, I think
17 it was the 29th. Any other comments from the
18 public? Any public comments? If not, I will
19 entertain a motion that we adjourn.

20 MR. MOBLEY: So moved.

21 MR. ADDISON: Second.

22 MR. BRADHAM: All those in favor, stand up.

23 MR. DAYHUFF: Mr. Chair?

24 MR. BRADHAM: Yes.

25 MR. DAYHUFF: May I -- I have a question. We were

1 before you on a non-resident permit earlier today.

2 Did you-all have an executive session where you

3 took that up? I represent General Home Pharmacy.

4 MR. BRADHAM: Okay. We discussed that with our legal

5 counsel, yes.

6 MS. BUNDRICK: And they came back and reported on the

7 record.

8 MR. DAYHUFF: Okay. And I guess I can get with you to

9 understand --

10 MS. BUNDRICK: That's correct.

11 MR. DAYHUFF: -- what happened with that? Thank you.

12 *****

13 (Whereupon, the hearings were adjourned

14 at 4:56 p.m.)

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