

# NEW HAMPSHIRE BOARD OF PHARMACY

121 South Fruit Street, Ste 401

Concord, New Hampshire 03301-2412

603-271-2350



## PUBLIC MEETING MINUTES September 12, 2018

Board of Pharmacy Meeting convened at 8:44 a.m. with the following Commissioners present; Commissioner Merchant, Commissioner Rochefort, Commissioner Genovese, Commissioner Laliberte, Commissioner Pervanas.

Absent: Commissioner Bouchard

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Pre-Meeting: October 2 will be a strategic meeting, open to the public, the Board members, and also OPLC Leadership and including Administrator/Chief of Compliance Bullek, to help talk about our objectives with the upcoming year, what are we going to do with the resources that we have, and how to allocate those resources. November 21st Board meeting has been moved to November 14th to ensure we have a quorum.

Congratulations to Commissioner Genovese upon his Re-Appointment to the Board. And Welcome to Nicole Harrington, RPh upon her first appointment to the Board and visiting the Board meeting and not voting today.

On motion from Commissioner Genovese and a second from Commissioner Pervanas to re-appoint commissioner Merchant as President, with a Board vote of 5-0-0.

On motion from Commissioner Merchant and a second from Commissioner Laliberte to re-appoint Commissioner Genovese as Treasurer, with a Board vote of 5-0-0.

On motion from Commissioner Merchant and a second from Commissioner Laliberte to re-appoint Commissioner Rochefort as Secretary, with a Board vote of 5-0-0.

Roll Call verifies a quorum.

### 1. Consent Agenda Review:

Move Off: a-Public Meeting Minutes for August 15, 2018 move to 1-a before the PDMP Report.

Add On to the Public Agenda:

1. Item 12 - Declaratory Ruling
2. Item 10 - Rules/Statutes adding information to what is already there.
3. Item 4 - 10:00 hearing for LRGH, the Board's office received new information so hearing is tabled until October and moved to Non-Public to item K.

4. Item 3 - Order to Show Cause for Mr. Andy Tu Do will be moved to the October Board meeting.

On motion from Commissioner Genovese with a second from Commissioner Pervanas to approve the remaining items on the Consent Agenda, with a Board Vote of 5-0-0.

Remaining Items:

- a. Pic Change - Rite Aid #3310 - Derry, NH - Kyle Gundrum
- b. Pic Change - WalMart #10-1785 - Hudson, NH - Jennifer S. O'Connor
- c. Pic Change - Granite State Pharmacy - Concord, NH - Michael R. Bourque
- d. Pic Change - Sugar River Pharmacy, LLC - Newport, NH - Chad Beane
- e. Pic Change - Rite Aid #1095 - Goffstown, NH - David C. LaCasse
- f. Pic Change - Osco Pharmacy #0113 - Nashua, NH - Emily Jones
- g. Pic Change - St. Joseph Hospital - Nashua, NH - DeWayne Doyle
- h. FYI - Questionnaire for Facilities Performing IV Infusion According to Manufacturer Labeling - Part of updated inspection process
- i. FYI - Updated Manufacturer/Wholesaler/Distributor/Broker Application
- j. FYI - Advisory from the NH Board of Pharmacy to NH Licensed Veterinarians concerning Non-Resident mail order issue
- k. Pic Change - Wentworth-Douglass Hospital Inpatient Dover, NH - Tonya Carlton, RPh

- 1-a Public Meeting Minutes from August 15, 2018 moved from the Consent Agenda - Item 10 CVS discussion Commissioner Pervanas voted against this item. With a motion from Commissioner Genovese and a second from Commissioner Laliberte to accept with the amended changes, a Board Vote of 5-0-0.
2. PDMP Monthly Report - The new analyst, Marc Cioffe was introduced to the Board. He began with the program on August 31, 2018. In his week and a half with the office, he has taken the training through Apris and is working daily to get familiar with the program itself. Michelle Ricco-Jonas states Marc currently has two charges; the annual report due to the Legislature between November and January, and secondly he is looking at dashboards. The dashboard provides a snapshot of what the program looks like at a point in time. The Board would like to receive "very specific" reports provided to them each month, however at this point in time; the database does not have the ability to provide the specific reports. The 6<sup>th</sup> update of the audit plan was submitted to Administrative Services and it will go to Fiscal committee Friday September 21<sup>st</sup>. The Draft Strategic plan will be presented to the advisory council to be reviewed at their October 15<sup>th</sup> meeting and will be uploaded to the Board of Pharmacy at the same time in concert with each other to get edits from both groups and make necessary updates all at once and then have a revised draft to the November Board meeting. We are also reviewing outcome goals and outcome measures that will be included. Michelle is continuing to work on the contract extension which should be completed shortly.
3. 9:30 a.m. Order to Show Cause for Mr. Andy Tu Do - postponed until October Board meeting.
4. 10:00 a.m. Lakes Region General Hospital - received additional information, moved to non-public.
5. CVS Board Order - At the last meeting there was a motion to 'stay' the order and it should have been a motion to 'dismiss' the initial fines/order. On motion from Commissioner Pervanas with a second from Commissioner Genovese to dismiss the order with a Board Vote of 5-0-0.

6. Declaratory ruling on Vaccine Standing Order request from Robert Stout, RPh - Pharmacists ability to “prescribe” legend vaccinations without prescription. Administrator Bullek states there is no reference to a standing order for a flu vaccine, but there is a standing order for the other vaccines. Administrator Bullek will take this to the Attorney General’s office for their opinion. Commissioner Merchant would like to put this into the proposed statute changes and fix this problem. Administrator/Chief of Compliance Bullek will work it into the proposed statute changes and bring back to the Board in October.
  
7. Memo on Buprenorphine Prescribing and Treatment of MAT. The Board is aware of the current Prescribing and dispensing habits of 8mg SL Tablet Buprenorphine that is being dispensed currently in our state. The numbers being prescribed are concerning. A Board of Pharmacy Interns did some research and they collected data from other states about the prescribing habits and treatment of MAT. The state of Tennessee puts very strong limitations on the prescribing of Buprenorphine 8 mg SL tablets. Administrator/Chief of Compliance Bullek, Michelle from PDMP and the Board of Medicine Inspector had a discussion about looking into the prescribing of these drugs, and straight Buprenorphine is not the drug of choice treatment for MAT, it’s the combination product. Administrator/Chief of Compliance Bullek, Michelle from PDMP and the Board of Medicine Inspector are going to speak before the Board of Medicine at their next meeting to discuss this topic in October. Commissioner Pervanas would like to find out from a Medication Treatment Specialist and ask for their expertise on this. We don’t want to deny medication that is meant to assist persons that have substance abuse disorder and we don’t want to deny their access to their medication. The Board as a whole would like to have Administrator/Chief of Compliance Bullek bring the data and any information that he is going to provide the Board of Medicine brought to the Board of Pharmacy for review and discussion before meeting with the Board of Medicine. Chief of Compliance/Administrator Bullek will postpone his meeting with the Board of Medicine and see about asking a Medication Treatment Specialist to join the October meeting.
  
8. Proposed Statute and Rule changes for Board of Pharmacy -
  - A. 318:42 - (c) Nothing in this section shall prohibit a dental hygienist from possessing, administering, dispensing or prescribing of a fluoride supplement, topically applied fluoride and chlorhexidine gluconate oral rinse pursuant to RSA 317-A:21-c, l(g)
  - B. 318:42-v - (c) Reconstituting medications or dilutions using aseptic technique following manufacturer’s specific directions.
  - C. 403.01 - ~~CEAC~~ --Pharmacy Review Council means a group of individuals appointed by the Board of Pharmacy to serve in an advisory capacity to review Continuing Education on various pharmacy programs and other duties as assigned by the Board. Commissioner Pervanas opposed to taking on additional duties for the CEAC committee. Administrator/Chief of Compliance Bullek will bring this to the October meeting for discussion.
    - i. Pharmacy review council shall contain 7 members and be composed of 5 Pharmacists and two certified pharmacy technicians
    - ii. Members shall be appointed by the Board for a 3 year term. Maximum two term limit.
  - D. Ph403.02 Renewal Requirements - Pharmacists shall obtain 0.2 CEU’s annually (change to biennial licensing) complete training related to continuous quality improvement or error reduction.
    - i. Pharmacists shall obtain ~~0.2 ceu~~’s annually in pharmacy law (change to Biennial which would then require 0.4 ceu’s)

- E. 318:2 Board - Changing the Board from 7 members to 9 members to include 7 practicing pharmacists, at least one of who shall be a FT hospital pharmacist, ~~one shall be a full-time certified pharmacy technician~~, and one public member, each to be appointed by the governor, with the approval of the council, to a term of 5 years. No member shall be appointed to no more than 2 consecutive terms and no member shall serve for more than 10 consecutive years. Only Board members provided for in this section shall have the authority to vote in Board determinations. Commissioner Merchant feels the Board needs to have further discussion about the directions of the Board. We can as a Board through laws and rulemaking of the Board we can allow the Technicians to do more. The problem we run into is the liability falls back on the pharmacists, because they have a license. The Pharmacist is liable for everything the Technician does at this time. If we license the technician, they will have their own liability requirements separate from the pharmacist. We can pull this back and talk about this at the October Board meeting. We have sent these out 2 times now and they keep getting pushed back from JLCAR. The Board will pull these back for now. December 3<sup>rd</sup> is the last day to submit changes to JLCAR. Administrator Bullek will bring back to the October meeting.
- F. 318:5 Officers and Duties -  
Ph103.01 ~~One member shall be a Certified Pharmacy Technician~~. This is out at this time for future discussion about having a Certified Technician on the Board.  
Ph103.02 The Board shall have a president, vice-president, and a secretary, ~~and a treasurer~~ who shall be elected from among their number annually in the month of September.
- G. Ph103.04 Meetings
- i. Meeting date and time shall be posted in two (2) public locations.
  - ii. A quorum shall constitute 4 members of the Board whom have met the requirements of Ph103.05
  - iii. All Board actions concerning meetings, minutes, and other Board business shall follow the requirements stated in RSA 91-A.
- H. Ph 103.05 Financial Disclosure requirements. All members shall file a financial disclosure statement with the Secretary of State annually, no later than the third Friday in January.
- i. All members shall file a statement of financial interests within 14 days of Assuming the office, position, or appointment, unless previously filed during the calendar year.
  - ii. The Board President shall annually submit to the Secretary of State an organizational chart of all Board members required to file financial disclosure statements.
- I. See Senate Bill 333 - PH1607 - Pharmacy Interns-Administration of Vaccines.  
Ph1607.01 Qualifications - A Pharmacy Intern who seeks to engage in the administration of vaccines shall meet the requirements of:
- i. RSA 318:16-b, I, relative to education or experience.
  - ii. RSA 318:16-b, II, relative to professional liability insurance coverage; and
  - iii. RSA 318:16-b, III, relative to completion of ~~continuing education~~. An immunization certification.
    1. (b) A pharmacy Intern who seeks to engage in the administration of vaccines shall hold live/hands on current basic or higher certification in Cardiopulmonary resuscitation (CPR) from the American Heart Association, the American Red Cross, or from another organization or entity that is nationally-recognized as an issuer of such certifications.
    2. (c) Shall be in their first professional year of school.

3. Ph1607.02 Application.
4. A Pharmacy Intern who seeks to engage in the administration of vaccines shall file a completed "Pharmacy Intern Administration of Vaccines Application" form PI-2 (July 2018) or current electronic version as specified in RSA 318:16-b, IV. ~~An application fee of \$10.00 shall be filed with the Board and included with the above application and upon registration renewal.~~

On motion from Commissioner Genovese with a second from Commissioner Pervanas to accept the Revisions to Ph1607 - Pharmacy Interns - Administration of Vaccines with a Board Vote of 5-0-0.

Licensing changes to make all licensing biennial is still in review and discussion. RSA 318-47, C - Procedures for dispensing emergency contraception. That part of the statute is not needed any longer, all these are over the counter now, so not necessary to have in statute. Chief of Compliance/Administrator Bullek to rework the wording and take back to the October meeting.

Commissioner Merchant would like the PIC requirements that are in the Statute, to be pulled out and brought for discussion in October. Administrator/Chief of Compliance Bullek will pull that out and add to the statutes to be updated.

RSA 318:55 - Fines and Imprisonment; Penalties - II. In addition to the penalties under paragraph I, the board may impose a civil penalty not to exceed \$5,000 per violation upon any person who ~~willfully or repeatedly~~ violates any provision of this chapter. In here and in 3 different places, so Mike will identify all 3 areas and bring back to the Board for approval.

~~RSA 318:42 - Dealing in or Possessing Prescription Drugs - We have a large group of people who ask about licensing prescription devices, we are required to license them. If it does not require authorization of a provider, then yes, but if it requires the authorization of a medical provider then we need to continue licensure and inspecting them.~~ Administrator Bullek will take this out.

9. ***RSA 318:26-a Change in Name, Employment, or Residence.** – Any pharmacist or pharmacy technician who changes his or her name, place or status of employment, or residence shall notify the board in writing within 15 days. For failure to report such a change within 15 days, the board may suspend the pharmacist's license or the pharmacy technician's registration. Reinstatement shall be made only upon payment of a reasonable fee as established by the board.*

The Law above was discussed in order to ask the Board how best to handle these situations. We are finding that a large portion of our licensee's are not aware of how to notify the Board, or even if they have to notify the Board of any changes, or they feel they do not need to. However, it is a Law and the Board does have the right to suspend a license of a pharmacist license or technician registration. The Board does not want to take it this far, however understand that licensee's need to keep the Board's office informed of ANY changes to their employment, home address, mailing address, phone number, email, etc. In order to do this, there is a form on the Board's website (PDF fillable) that everyone can complete and submit. Please if you have had any changes, and need to notify the office, please go to [www.oplc.nh.gov/pharmacy](http://www.oplc.nh.gov/pharmacy) then on the Right hand side, select Licensing, then at the top of the page you will see **Report License Change To The Board**, please complete that form and submit according to the instructions on the form itself.

10. PDMP Rule Changes - The advisory council rule change request is because the way the current language is written, is was written for the development of the program and we should create rules for the management of the program. Michelle is asking the Board the come up with the language. She has provided some examples from other states showing what they have. She is asking the Board to provide

her guidelines that the Advisory Council is required to provide the Board on a regular basis. The NASCA Model Act language is provided in your paperwork and there are some similarities, like how often they meet, the make up of the advisory council, similar to New Hampshire's.

#### Ph1507 - Advisory Council

Ph1507.01 Membership: The members of the council shall be composed of a Appointed representative of each regulatory board submitting information to the Program, and 5 at large members appointed by the Board of Pharmacy.

Ph1507.02 Officers: At the scheduled meeting in September of each year the Council Shall elect a Chairman, Vice Chairman and Secretary.

- a. Council members shall be appointed to a term of 5 years. No member shall be appointed to more than 2 consecutive terms and no member shall serve for more than 10 consecutive years.

Ph1507.03 Financial Disclosure Requirements: All members shall file a financial disclosure with the Secretary of State annually, no later than the third Friday in January. All members shall file a statement of financial interests within 14 days of assuming the office, position, or appointment, unless previously filed during the calendar year.

#### Ph1507.04 Duties:

- a. The duties of the advisory council shall be assisting the Board with maintenance duties of the program and other duties as stated in RSA 318-B:38, II.
- b. The council chairman shall give a report to the Board monthly and shall attend Board meetings quarterly for the program updates.

#### Ph1507.05 Meetings:

- a. The council may meet monthly or as often as necessary to effectuate its goals.
- b. A quorum shall constitute 7 members of the council whom have met the requirements of Ph1507.03.
- c. A majority of the council may take action by telephone poll or written ballot provided that such action is ratified at a subsequent meeting of the council.
- d. Meeting dates and times shall be posted in two public locations.
- e. All council actions concerning meetings, minutes and other Board business shall follow the requirements stated in RSA 91-A.

318-B:38, I, Advisory Council Established: There is hereby established an advisory council to assist the Board in carrying out its duties under this subdivision. The members of the council shall be composed of a appointed representative of each regulatory board submitted information to the program, and 5 at large members appointed by the Board of Pharmacy. A through N in this original statute is deleted.

#### 318-B:38, II, The Council Shall:

- a. Develop criteria for reviewing the prescribing and dispensing information collected.
- b. Develop criteria for reporting matters to the applicable health care regulatory board for further investigation.
- c. Develop criteria for notifying practitioners who are engaged in obtaining controlled substances from multiple prescribers or dispensers.
- d. Collect information on the outcomes and impact of the program including; satisfaction of users of the program, impact on prescribing patterns, impact on referrals to regulatory boards, and other relevant measures.

- e. Assit the Board in meeting its responsibilities in RSA 318-B:32, I, to implement and operate the program.
- f. Assit the Board in adopting and revising the rules under RSA 541-A to implement the program.

Commissioner Merchant would like to take this time to talk about these rules and strategically plan. Part of the Audit requires that we address this information coming up in October. There is alot of information and as we migrate into a new environment we should look at all of this information together to include the new database, a look at the program data, and what we need to receive from the Advisory Council as a Board, we need to look at the composition of the council, and the role of the council. Before the Board makes any final determinations. We should also hear from the council as well with regards to the above metioned topics.

Ph 1506.01 Review and Reporting of Prescription Drug Monitoring Information:

Ph 1506.01 Review of the Program data:

- a. The program vendor shall collect and monitor all prescription drug monitoring information required by RSA 318-B:33, IV, and Ph1504.01(b).
- b. The program vendor shall review and evaluate the collected information in order to identify behavior that suggests possible drug abuse, misuse, or diversion, or possible violations of law or breaches of professional standards.
- c. The program vendor shall consider, at a minimum, the following patient-related factors in its evaluation in (b) above.
  - 1. Number of In-state prescribers;
  - 2. Number of out-of-state prescribers;
  - 3. Number of prescriptions;
  - 4. Number of doses;
  - 5. Overlapping prescriptions;
  - 6. Unhealthy combinations of controlled substances;
  - 7. Method of payment;
  - 8. Number and frequency of pharmacies used; and
  - 9. Dangerous levels of controlled substances.
- d. The program vendor shall consider, at a minimum, the following prescriber/dispenser-related factors in its evaluation in (b) above:
  - 1. Number of Prescriptions;
  - 2. Number of doses;
  - 3. Overlapping prescriptions;
  - 4. Unhealthy combinations of controlled substances;
  - 5. Number and frequency of pharmacies used;
  - 6. Dangerous levels of controlled substances;
  - 7. Electronic program access and use; and
  - 8. For dispensers only, method of payment.
- e. In addition, the vendor shall consider the following prescriber/dispenser/patient-related factors in its evaluation in (b) above:
  - 1. A patient's active current prescriptions are estimated to provide a daily dose of opiods that exceeds 90 100 MME (morphine milligram equivalent) over a 90 day period.
  - 2. A patient's active current prescriptions include both an opiod and a benzodiazepine over a 90 day period.
  - 3. A patient has obtained controlled substance prescription orders from at least 3 prescribers or 3 pharmacies over 90 days. (~~Note that multiple prescribers or dispensers may be associated with the same clinic, practice,~~

~~or location~~). The Board had discussed at the Strategic Meeting and have changed the criteria on the dispenser side; if they go to three different Rite-Aid pharmacies, that would be three different locations. The Board talked about this and we found out subsequently that because the pharmacist are not required to look at the PDMP data, the patients can go from one Rite Aid to another Rite Aid that they do not have the visibility, that opens up an issue for us. This is a change from the July meeting discussion.

#### Dispenser Registration:

Rationale: Addressing particularly Pharmacist Registration - Only those NH licensed pharmacists that are actually working as a pharmacist in the State of New Hampshire and dispensing controlled substances from the facilities they work in can register with the NH PDMP. This would alleviate providing credentials to pharmacists that are retired, working in enforcement roles, and insurance roles. In all cases, they should not have the capability to access the PDMP and the program has no clear strategy or ability to know who is work or not working as a dispenser of controlled substances. Requiring of the facility DEA field for pharmacist, like we have for other practitioners for their personal DEA#'s would eliminate those who are not currently working in the field. This will work nicely with our automated registration as well.

#### 318-B:31 Definitions:

IV - Dispenser - means a person who is lawfully authorized to ~~deliver~~ dispense a schedule II-IV controlled substance, but does not include:

- (a) A licensed hospital pharmacy that dispenses less than a 48 hour supply of a schedule II-IV controlled substance from a hospital emergency department or that dispenses for administration in the hospital.
- (b) A practitioner or other authorized person who is not employed by an entity that allows them to lawfully ~~deliver~~ dispense a schedule II-IV controlled substance. (would require the facility DEA field for registration).
- (c) A practitioner, or other authorized person who is in a role that requires them to dispense ~~administers~~ such a substance;
- (d) A wholesale distributor of a schedule II-IV controlled substance or its analog;
- (e) A prescriber who dispenses less than a 48 hour supply of a schedule II-IV controlled substance from a hospital emergency department to a patient; or
- (f) A Veterinarian who dispenses less than a 48 hour supply of a schedule II-IV controlled substance to a patient.

#### Dispenser Utilization Mandate:

##### 318-B:41 Rulemaking for Prescribing & Dispensing Controlled Drugs.

I (b) On or after January 1, 2019, the Board of Pharmacy shall submit to the Joint Legislative Committee on administrative rules final proposed rules for dispenser (or their delegate) having to check prescription monitoring information prior to dispensing schedule II, III, and IV opioids, benzodiazepines and stimulants to a person under any of the following circumstances:

- (a) The person is not a resident of this state or resides outside the usual pharmacy geographical area;
- (b) The prescription is from a prescriber with an address outside of this state or is located outside the usual pharmacy geographical area;
- (c) The person is paying cash when the person has prescription insurance on file;
- (d) The person is requesting an early refill of a prescription for a schedule II, III, or IV opioid, benzodiazepine or stimulant ~~substantially~~ in advance of when a refill would ordinarily be due;



- (e) According to the Pharmacy prescription record, the person has not had a prescription for a benzodiazepine, an opioid or a stimulant in the previous 12 month period.

The Board feels they would keep the above to put in rules; the Board will set the limits. So all of these items can be in the rules. The dispenser should be required to check the PDMP. All controlled substances. This should be in law. But change the statute so that the Board of Pharmacy writes the Laws and Rules.

A dispenser shall withhold a prescription until the dispenser is able to connect with the prescriber of that prescription, if the dispenser has reason to believe that the prescription is fraudulent or duplicative.

The duty to consult the system does not apply when the system:

1. Is determined by the department to be nonoperational; or
2. Cannot be accessed by the dispenser or delegate because of a temporary technological or electrical failure.

#### OTP Mandated Use:

In the case of an OTP (Opioid Treatment Program), a review must be completed of the NH Prescription Drug Monitoring Program of a New Hampshire patient that will be prescribed buprenorphine, methadone, or a drug containing buprenorphine:

1. At the patient's intake;
2. Before the administration or prescription of methadone, buprenorphine, or a drug containing buprenorphine;
3. After the initial 30 days of treatment;
4. Prior to any take-home medication being granted;
5. After any positive drug test;
6. At each ninety-day treatment review;
7. The prescriber shall access the NH Prescription Drug Monitoring Program database in order to ensure that the patient is not seeking prescription medication from multiple sources. The results obtained from the database shall be maintained with the patient record.

#### OTP Access/Use - Extended to LADC/mental Health Practitioners:

In the case of an OTP, the NH Prescription Drug Monitoring Program may provide access to prescription monitoring information to a licensed alcohol drug abuse counselor (LADC) and/or a licensed mental health practitioner providing treatment for substance abuse to patients at a residential or outpatient substance abuse treatment center licensed by \*\*\*\*, who certifies that the request for the purpose of providing health care to a current patient or verifying information with respect to a patient or a practitioner, and who furnishes the NH PDMP a written consent (NH PDMP consent form) of the patient for the LADC and/or mental health practitioner to obtain prescription monitoring information about the patient. The Board of Pharmacy shall establish, by rule, the terms and conditions under which a LADC/mental health practitioner may request and receive prescription monitoring information.

\*Other option would be to have the LADC/Mental health Practitioner work under the provider as a delegate.

#### Additional Legislative Actions:

1. Language that will allow the PDMP to be integrated with electronic health records (EHR)
2. Language that will alter and move NH towards only E-Prescribing for all controlled substances.

3. Language that would expand access to PDMP data (limited & indirect) to Medicaid (e.g. Lock in Program).
4. Language that would allow the PDMP to engage in data sharing agreements with key state data partners (e.g. Observation #17) in order to address limitations/gaps in data in achieving outcome measures.

Pseudoephedrine Bill that passed - This bill that passed will allow all mom and pop stores, if they meet the federal requirements to sell pseudoephedrine in their store. As of now, there is nothing in the legislation that has oversight of that. Administrator/Chief of Compliance feels we need to go back to the Legislature and ask for clarity to find out who has authority over this. We could be going into all mom and pop stores to be sure this medication is behind a locked cabinet behind the counter. This bill passed without any oversight and this is going to put a huge burden on a department, not sure if it is law enforcement or us, or who. Chief of Compliance/Administrator Bullek will bring this back to the October meeting as well.

11. Elizabeth Snarr, RPh, Collaborative Practice Agreement with Wentworth Douglas Hospital to prescribe anti-nausea medicine. I have been at Wentworth Douglas for 11 years and in the Cancer for about 1 year. Sue Stevens is a pharmacist there and I work under her there. The Board wants to Thank you for a Complete application including all signatures required. On motion from Commissioner Genovese with a second from Commissioner Lalibert to accept her application with a Board vote of 5-0-0.
12. Declaratory Ruling request from Mr. Stout, RPh - you have to sign a controlled drug e-script, or if the electronic signature works, or if you pull a hard copy you have to sign that. It's a controlled drug and it doesn't have to be signed. Previously the Board discussed this and said that we didn't need to have a signature on it. Mr. Stout is questioning anything that is put into the computer system and it is a controlled drug, some chains do still require that it be printed and those would have to be signed. As previously discussed, Chief of Compliance/Administrator Bullek will make changes to this statute and bring it back in October for review. The statute has been around for a while, so it does not define electronic signature, or ink signature, etc. Signature should be defined in the Statute.

\*Roll Call to move into Non-Public validated the following Board members present: Commissioner Merchant, Commissioner Rochefort, Commissioner Pervanas, Commissioner Genovese, Commissioner Laliberte are in attendance.

\*On Motion from Commissioner Merchant with a second from Commissioner Pervanas to adjourn the public meeting at 12:06 p.m. with a Board Vote of 5-0-0.

*\*At the end of the Public Agenda, the Board will go into a Non-Public meeting under RSA 91-A:3, II(c) Matters which, if discussed in public, would likely affect adversely the reputation of any person, other than a member of this board, unless such person requests an open meeting. This exemption shall extend to include any application for assistance or tax abatement or waiver of a fee, fine or other levy, if based on inability to pay or poverty of the applicant.*

Chair Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_